

Alaskan Seniors Living Longer Growing Stronger



Frank H. Murkowski
Governor

from the Alaska Commission on Aging

October 2006



Karleen K. Jackson
Commissioner

Seniors Track Issues, Prepare to Vote on November 7th

Merle Ritter will tell you she has not missed an election in 61 years. That includes the year she found herself in the hospital on election day, when she had poll workers bring a ballot to her bedside. Like many others in her age group, Ritter views voting as a sacred trust, and takes her responsibilities as an involved citizen very seriously. She pays attention to where candidates stand on the issues most important to her, and votes accordingly. She regularly talks politics with friends and neighbors, and is not above attempting to persuade them to change their minds if need be.

What are the issues at the top of seniors' lists this election season? Recently the Alaska Commission on Aging surveyed the Alaska Aging Advocacy Network (AAAN) about their top priority issues during this election season. [The AAAN began as a group of seniors and senior advocates who attended the ACoA's aging



Merle Ritter, at left, feeds her ballot into a vote-counting machine at the Juneau Senior Center polling station during the October 3, 2006 municipal election in Juneau. Poll worker Hali Denton assists, at right.

advocacy conference last June and who wished to remain active on advocacy issues of importance to seniors. Anyone wishing to join the AAAN can find a sign-up form at the ACoA website, <http://www.hss.state.ak.us/dsds/acoa/network.html>.]

The top issues identified by the Network were access to affordable health care, in

particular the need to address the issue of physicians refusing to accept Medicare patients; increased funding for home and community based services for seniors; and safe, affordable independent senior housing. These issues are similar to those identified in the ACoA's 2005 senior survey, in which

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Alaskan Seniors:

Living Longer, Growing Stronger
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Commission on Aging (ACoA).

The mission of the Alaska
Commission on Aging is to advocate
for policies, programs, and services
that promote the dignity and
independence of Alaska's seniors
and help them maintain a meaningful
quality of life.

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Seniors Track Issues (continued from page 1)

the top concerns
were financial
security, health care,
housing, quality
political leadership,
senior services, and
transportation.

The Alaska
Commission on
Aging expects to
address the top
issues through a
variety of efforts
during the coming
legislative season.

The ACoA is
sending a letter
to all candidates for state
office soliciting their support
for its new Keep the Elders
Home initiative to increase
state funding for home and
community based services.
[See article on page 4 about
this initiative.]

Other issues for older
Alaskans include heating fuel
assistance for seniors and
senior programs; continuation
of the Senior Care program
beyond its current expiration
date of June 30, 2007; support
and services for individuals
with Alzheimer's disease and
related dementias (ADRD),
who currently are not eligible
for the Medicaid waiver
program; increasing the
scope of senior transportation
programs; increasing the
number of assisted living
facilities in communities



Merle Ritter has not missed an election
in 61 years.

where they are needed; and
extending mental health and
substance abuse services to
seniors in ways designed to
meet their unique needs.

One indicator of the high
profile of senior concerns
in the upcoming election is
the fact that all of Alaska's
gubernatorial candidates
support reinstating the
Longevity Bonus.

One thing is clear to
candidates for governor
and legislature alike: older
Alaskans like Merle Ritter and
her friends pay attention to
politics. And they will be first
in line at their local polls on
Tuesday, November 7th.

AARP Questions Candidates for Governor on Top Issues

AARP of Alaska recently surveyed Tony Knowles (D), Sarah Palin (R), and Andrew Halcro (I) on several topics of strong interest to older Alaskans. Below are excerpts of the responses they received.

Public Retirement

Pension Plans:

Change the public employee retirement plan to a hybrid plan?

- Knowles: **Support**
- Palin: **Support**
- Halcro: **Support**

Return Alaska's public employees to the Social Security program?

- Knowles: **Support**
- Palin: **Oppose**
- Halcro: **Support**
- Knowles: "The change from a well-managed defined benefit system to a chaotic and risky defined contribution (401K) plan took Alaska from what was considered the best public and teacher retirement system in the country to the worst. We must change that and restore the defined benefit plan."
- Palin: "I am willing to re-open SB 141 in order to reach a compromise package that is a hybrid

of defined benefits and contributions in order to attract and retain the best possible people to get the job done."

- Halcro: "I believe the state's energy should be put into undoing the damage that SB 141 will do to Alaska's ability to attract and retain quality workers. In addition, recognizing the moral and legal obligation that exists in the \$6.9 billion unfunded pension obligation and aggressively find a way to fund it before it breaks communities."

State Health Programs

Base eligibility for Denali KidCare and SeniorCare on a percentage of the federal poverty level?

- Knowles: **Support**
- Palin: **Support**
- Halcro: **Support**

Home and Community-Based Care:

Increase funding to eliminate all waiting lists for home and community based care?

- Knowles: **Support**
- Palin: **Support**
- Halcro: **Support**
- Knowles: "Long-term care is one of the biggest gaps in our health care system and must be included in future Medicaid and Medicare

reforms....Community and home care are less expensive and preferable to institutions, where feasible."

- Palin: "With our growing senior population, these services have to be expanded to meet the basic needs and also contain overall costs. Long-term care is very costly, and it also is inconvenient for families. People waiting for these basic services are suffering or even dying in place. This is unacceptable."
- Halcro: "Studies have consistently shown that meeting the health care needs on a home or community based level costs less and is healthier for the beneficiary as well as their families...Alaska needs a fiscal plan to ensure our ability to meet future needs in the face of shifting Medicaid costs from the federal government back to Alaskans."

Health Care Reform:

Shared approach (government, employers, and individuals) to providing health care coverage?

- Knowles: **Support**

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ACoA Promotes New Home- and Community-Based Services Initiative

With the support of the Alaska Mental Health Trust Authority, the Alaska Commission on Aging has created the Keep the Elders Home Initiative, requesting an increase of \$3.5 million in state funds for fiscal year 2008 for senior home- and community-based (HCB) services. \$2.5 million of the total would be used to increase funds for existing senior grant programs, while \$1 million in capital improvement funds would help senior programs with essential facility repair and the building of additional infrastructure.

Funding for grants for home- and community-based services – which include home-delivered meals, congregate meals at senior centers, chore service, respite care, adult day care, caregiver support services, and other services that help seniors to remain in their homes and communities as long as possible – has not kept pace with the growth in Alaska’s senior population over the past decade, and is not adequate to meet the needs of the many additional seniors who will soon be placing demands on the state’s

long-term care system. With the aging of the baby boom generation, the number of seniors in Alaska is projected to more than double in the next 20 years, bringing the state’s proportion of seniors to a level comparable to Florida’s today.

HCB services promote the well-being of older adults by allowing them to remain safe and comfortable in their own homes and communities as well as supporting the efforts of caregivers. These services also delay the entrance of individuals into much more costly nursing facilities.

The senior grant programs provide HCB services for those not eligible (by virtue of income or diagnosis) for Medicaid or Medicaid waiver services. Alaskan seniors have higher than average incomes overall; in FY 2006 only 15% received services paid for by Medicaid. However, many seniors with incomes too high for Medicaid eligibility are by no means wealthy, and cannot pay the full cost of “private pay” services. Those receiving grant services contribute to the cost of care on a sliding fee scale.

Seniors diagnosed with Alzheimer’s disease and related disorders (ADRD) present one of the most intensive sources of need for at-home and caregiver services. In Alaska, persons diagnosed with Alzheimer’s disease or related dementias do not qualify for Medicaid waiver services unless they require nursing home level of care in addition to meeting low income requirements.

Some grantee agencies report long wait lists of older persons wanting to receive basic HCB services. In other cases, agencies provide some services for all those requesting them, but are forced to cut back elsewhere – for example, providing meals on fewer days per week. For those who live in some rural and remote areas of the state, desired services such as home-delivered meals, congregate meals, and senior transportation may not currently be available at all in their communities.

The initiative has been submitted to the Department of Health and Social Services as a recommended budget increment for fiscal year 2008.



U.S. Customs to Stop Seizing Canadian Drug Shipments

From Senior Journal

(www.seniorjournal.com): U.S. Customs and Border Protection officials have announced that as of October 9th they will stop seizing prescription drugs sent by mail to U.S. residents from Canadian pharmacies. The change in procedure is believed to be linked to the near unanimous approval by Congress of a provision to allow U.S. residents to personally transport as much as a 90-day supply of medications from Canada. The prescription drugs from Canada must be FDA-approved medication.

The prescription drug provision had been added to the \$34.8 billion 2007 Homeland Security appropriations bill (HR 5441). The House voted 412 – 6 to pass the legislation, and the Senate later approved the bill by voice vote.

Customs officials had seized thousands of packages of prescription drugs sent from Canadian pharmacies to U.S. residents since Nov. 17, 2005, when the agency began to increase enforcement of federal laws that restrict the purchase of medications from abroad.

As of mid-July, Customs officials had seized more than 37,000 such packages. However, the seizures had come under fire from lawmakers for depriving tens of thousands of American seniors of their drugs and protecting the high prices charged by U.S. pharmaceutical companies, according to the Wall Street Journal.

Customs officials said that they will end the seizures and will begin to test random packages for counterfeit prescription drugs and medications with ineffective ingredients on randomly generated days throughout the fiscal year.

A Department of Homeland Security spokesperson said, “While we are reversing this policy, Customs and Border Protection remains committed, in cooperation with the FDA, to protecting the American public from unsafe and ineffective medications. We will be focusing our efforts to best protect the American public.”

Sen. Bill Nelson (D – Fla.) said, “This is a huge victory. For nearly a year, the White House has been punishing seniors for filling their

prescriptions at lower Canadian prices. Now it looks like the government is getting out of the business of harassing these consumers.”

Ken Johnson, senior vice president of the Pharmaceutical Research and Manufacturers of American, raised concerns about the decision to end the seizures. “We’re adamantly opposed to any importation schemes. Fake drugs are a very serious problem that is real and growing.”



Project Updates

Unmet Needs Survey Seeks Input for State Plan

As part of the process leading up to creation of a new State Plan for Senior Services, a very brief online Zoomerang survey is available for anyone to complete, asking for information about which types of senior services are unavailable or inaccessible in your community, and what the barriers are to seniors accessing existing services. To complete the survey, go to <http://www.zoomerang.com/survey.zgi?p=WEB225NNAJXN2X>. The new State Plan will incorporate the results of this survey in its discussion of unmet senior needs in Alaska.



Senior Grant Program News

Senior Grant Programs Serve Hundreds of Alaskans During FY 06

Cyndee Sugar, Associate Coordinator of Home and Community Based Services for the State of Alaska's Division of Senior and Disabilities Services, supplied the following statistics on people served by senior grant programs from July 1, 2005 through June 30, 2006.

In-Home Services. 13 statewide Senior In-Home Services grant programs provided the following services:

963 seniors received a total of 18,726 units of care coordination services (this averages out to 19 contacts a year or 1.6 contacts per month per senior)

225 seniors received 12,783 hours of chore services (this averages out to 57 hours a year or 4.7 hours per month per senior)

249 family caregivers received 38,114 hours of respite care (this averages out to 153 hours a year or 12.75 hours of respite a month per caregiver).

Of the seniors served through these programs, 32% had Alzheimer's disease or related dementia; 55% were frail and elderly; 4% had a

mental illness; 3% had a developmental disability; and 6% had a cognitive impairment other than ADRD.

Adult Day Programs.

12 adult day programs throughout the state provided 234,759 hours of adult day services to 520 individuals (an average of 451 hours a year or 37.6 hours a month per client). 67% of the individuals served in adult day programs had Alzheimer's disease or related dementia; 21% were frail and elderly; 5% had a mental illness; 3% had a developmental disability; and 3% had a cognitive impairment other than ADRD.

Caregiver Support

Programs. Eight National Family Caregiver Support programs throughout the state:

provided services to 2,953 identified caregivers and grandparents raising grandchildren

offered 15,612 units of respite, assistance, caregiver counseling, caregiver training, caregiver support groups, and supplemental services

conducted 833 general

outreach and community education activities reaching approximately 222,309 unduplicated potential family caregivers

All of these services helped older Alaskans to maintain their independence and continue living in their own homes.

Upcoming Site Reviews.

Staff from the Home and Community Based Services office conducted a site review of Senior Citizens of Kodiak during September, 2006, and will be reviewing the following adult day, senior in-home services, or National Family Caregiver programs soon:

October 16th & 17th – Tanana Chiefs Conference and Fairbanks Resource Agency
November 8th, 9th & 10th – Senior Citizens of Chugiak, Volunteers of America – Alaska, Serendipity Adult Day (Anchorage).



Director's Corner

By Denise Daniello

New Executive Director Takes the Helm at ACoA

Thanks to the support and encouragement from ACoA's commissioners and staff, and to the excellent training provided by Linda Gohl, ACoA's former executive director, I am feeling increasingly at home with my new position and life in Juneau.

One of my biggest adjustments resulting from the move from Fairbanks is the weather. Not exaggerating, I can count on one hand the number of sunny days we have had in Juneau since August. Although the weather may be gloomy, the people are "anything but," a quality that many locals attribute to Juneau's high coffee consumption.

Two new members have recently joined the Alaska Commission on Aging – Lillian Boer Kasnick from Sitka, and Anchorage resident Paula Pawlowski. Lillian, a former Fairbanks resident, along with her husband Guy Kasnick, owned Pike's Landing restaurant for many years in Fairbanks. Paula is a dedicated community volunteer, PTA trainer, and vocal advocate of non-profit causes. They both bring new energy and a passion for

working for senior causes. We are very pleased to have Lillian Kasnick and Paula Pawlowski on the commission. The past six weeks have been very exciting. I want to share the major highlights with you:

ACoA Rural Outreach Site Visits and Board Meeting (September 26-28, 2006)

– The Commission on Aging visited a variety of agencies in four communities – Sitka, Ketchikan, Craig and Klawock – including senior centers, adult day facilities, tribal organizations, housing associations, community clinics, Pioneer Homes, hospice and other senior programs. Some of us took a tour of "White Cliff Center," a renovation project in Ketchikan that seeks to transform an abandoned 1927 school building into an innovative facility bringing together senior activities and arts programming in a multi-generational community center. [Note: Shortly after our visit, Ketchikan voters rejected the proposal to fund White Cliff Center through an additional sales tax.] The site visits were followed by a one-and-a-half day meeting held in Ketchikan. Our special guest was Dr. Chaz Kawabori,

Region X director for the Administration on Aging, who discussed the pending re-authorization of the Older Americans Act. We also had a large turnout for public testimony at the meeting, where people addressed a variety of issues such as the high cost of living in Southeast Alaska for seniors, the need for safe and affordable senior transportation, and more funding for home and community based services.

Keep the Elders Home Initiative – While Alaska's older adult population has increased almost 60% over the last ten years, the state's contribution to funding senior home and community based services has not kept pace during that period, resulting in an overall reduction of services for the senior population. This initiative, sponsored by ACoA, asks for an increase of state funds to support core services such as home-delivered meals, transportation, chore services, respite care, and other vital programs that help an older person remain healthy and able to live independently in their own home. This initiative is supported by the Alaska

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Mental Health Trust Authority, AgeNet, the Coalition of Mat-Su Senior Centers, and other organizations across the state. The time to invest in Alaska's continuum of long-term care is now, while the State of Alaska has additional funds from high oil revenues and before the baby boomers become of age and need services in large numbers.

University of Alaska Institute of Social & Economic

Research Report – Although release of the complete ISER report, “Issues Affecting the Economic Well-Being of Alaska Seniors,” remains pending, some findings from this study have been released. The report describes the scope of Alaska's retirement industry and its impact. Alaska seniors bring in \$1.5 billion a year to the state's economy in the form of retirement income, Social Security, and health care expenditures, providing 11,700 jobs in the state. This project is funded by the Alaska Mental Health Trust Authority, the Department of Health and Social Services, and the Alaska Commission on Aging.

Alaska Aging Advocacy

Network – The purpose of the Network, established at ACoA's June 2006 conference “The Future of Aging in Alaska,” is to build a coordinated force for change on senior issues through education and advocacy.

Recently, ACoA surveyed Network members for their priority senior issues and to evaluate senior services in their communities. Though full results are still forthcoming, members identified three main concerns: (1) accessibility of health care, (2) availability of home and community based services, and (3) safe and affordable senior housing. Recently we mailed a political tool-kit to the Network members, identifying senior issues, candidate and elected official contact information, advocacy strategies and other useful information. Jeannette Lacey, ACoA's MSW intern, has been working diligently on this important project. Thank you, Jeannette! [Note: Anyone wishing to join the Alaska Aging Advocacy Network may complete the form found on our website at <http://www.hss.state.ak.us/dsds/acoa/network.html>.]

ACoA State Plan for Senior Services 2007 – 2011

– ACoA is developing a comprehensive statewide plan for senior services and programs as required by statute and the Older Americans Act to address the current and future needs of older Alaskans and their caregivers. We intend to solicit public review and comment on the plan this winter. MaryAnn VandeCastle, ACoA's Planner II, is leading this project in

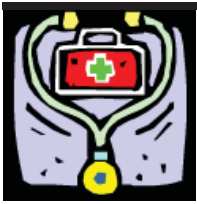
coordination with a dedicated committee of commissioners, staff, and agency providers. We plan to publish the plan on our website and to update it periodically with new data as appropriate.

Alaska Mental Health Trust Authority (AMHTA) Alaska Housing Trust Fund Resolution

– At the September board meeting, the Alaska Commission on Aging passed a resolution in support of the AMHTA Alaska Housing Trust Fund, a flexible funding source to create affordable housing, targeting very low income populations to reduce the number of persons who are homeless in Alaska.

The Alaska Commission on Aging meets November 29 and 30, 2006, at the Alaska Mental Health Trust Authority office, 3745 Community Park Loop in Anchorage. Meeting notices will be posted in the Anchorage Daily News and everyone is welcome to attend.

Please vote on Tuesday, November 7th.



Pot Beats Current Alzheimer's Drugs in Slowing Disease Progression

(From WebMD) The key compound in marijuana blocks the formation of brain-clogging Alzheimer's plaques better than the current Alzheimer's drugs. The finding, from test tube studies, comes from the lab of Kim Janda, Ph.D., director of the Worm Institute of Research and Medicine at Scripps Research Institute.

"While we are certainly not advocating the use of illegal drugs, these findings offer convincing evidence that THC possesses remarkable inhibitory qualities, especially when compared to [Alzheimer's drugs] currently available to patients," Janda says in a news release.

Janda found that THC blocks an enzyme called acetylcholinesterase, which speeds the formation of amyloid plaque in the brains of people with Alzheimer's disease.

The Alzheimer's drugs Aricept and Cognex work by blocking acetylcholinesterase. When tested at double the concentration of THC, Aricept blocked plaque formation only 22 percent as well as THC, and Cognex blocked plaque formation only 7 percent as well as THC.

The findings appear in the August 9th online edition of the journal *Molecular Pharmacology*, a publication of the American Chemical Society.

Mediterranean Diet May Ward Off Alzheimer's

Already known for its ability to protect against cancer and heart disease, the Mediterranean diet – rich in fruits, vegetables, whole grains, olive oil, and fish – has been found to significantly cut the risk for Alzheimer's disease as well. A study published in the *Annals of Neurology* (2006, vol. 59, no. 6) reported that researchers at Columbia University who followed a group of 2,258 individuals (with an average age of 77) for four years found that people with the highest adherence to a Mediterranean diet had a 40 percent lower risk of Alzheimer's than subjects with the lowest adherence. Researchers say it is likely the Mediterranean diet as a whole, rather than any specific ingredient, is responsible for the results.

"Getting Juiced" Dramatically Cuts Risk of Alzheimer's

(from an article by Emily Cook) Drinking fruit and vegetable juice more than three times a week can dramatically cut the chances of developing Alzheimer's disease, a new study has found. Researchers followed almost 2,000 volunteers for up to 10 years while monitoring their juice consumption and brain function. They found the risk of Alzheimer's was 76 percent lower for those who drank juices more than three times a week compared to those who drank them less than once a week.

The powerful results add to a whole raft of research showing that diet can play a key role in the prevention of the disease. Other studies have suggested that eating a "Mediterranean diet" with lots of fruit, vegetables, whole grains, fish and a little red wine can cut the risk of getting Alzheimer's by 40 percent.

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Other research has shown that eating curry can help stave off the disease and improve mental agility because of compounds found in the spice turmeric. Drinking more than two cups of green tea a day has also been shown to halve the risk of mental decline in old age.

The latest findings, carried out by researchers at Vanderbilt University in Nashville, were published in the *American Journal of Medicine*. Lead researcher Dr. Qi Dai said, “These findings are new and suggest that fruit and vegetable juices may play an important role in delaying the onset of Alzheimer’s disease.

The latest study did not specify which kinds of juices were found to reduce the risk of Alzheimer’s. However, it is known that red and orange fruits and vegetables and berries are a particularly rich source of anti-oxidants. Anti-oxidants are known to neutralize the effect of damaging compounds in the body called free radicals, which attack healthy cells.

Dr. Harriet Millward, deputy chief of the Alzheimer’s Research Trust, said yesterday, “Many scientists believe there is a link between the release of free radicals within the body and early changes to brain cells in people who ultimately go on to develop Alzheimer’s disease. Since fruits and vegetables are rich in anti-oxidants which ‘mop up’ free radicals, this interesting piece of research adds weight to this theory.”

Physical Activity Reduces Alzheimer’s Risk

Midlife physical activity is associated with a reduced rate of dementia and Alzheimer’s disease (AD), according to the results of a study published in *Lancet Neurology*. Twice weekly or more frequent leisure-time physical activity at midlife was associated with a reduced risk of dementia and AD. These associations persisted after adjustments for

age, sex, education, follow-up time, locomotor disorders, ApoE genotype, vascular disorders, smoking, and alcohol intake, but they were more pronounced in ApoE epsilon-4 carriers. [Note: Epsilon 4 is one type of allele or variant associated with the Apolipoprotein E or ApoE gene. Inheritance of the Epsilon 4 allele is associated with increased risk of Alzheimer’s disease.]

“Regular physical activity may reduce the risk or delay the onset of dementia and AD, especially among genetically susceptible individuals,” wrote the study’s authors, from Karolinska Institutet in Stockholm, Sweden. “Exercise may promote brain plasticity. Exercise may even alleviate amyloid burden in the brain, as suggested by a recent study in a transgenic mouse model of AD.”

Senior Wealth Linked to Senior Well-Being

(excerpted from an article by Judy Gerstel)
A new study by a University of Toronto researcher has found that it’s not just greater purchasing power that older people with more money enjoy, it’s also greater physical prowess. And each increase or decrease in level of household income correlates to a similar change in physical functioning.

“The discrepancy between poorest and richest is huge,” said social work professor Esme Fuller-Thomson, “but even very high up the spectrum, the richer are doing better than the people just one step down.”

The research, published in the *New England Journal of Medicine*, found that Americans ages 55 to 84 who are wealthier have an easier time walking, carrying, reaching, lifting objects and climbing stairs than those with less money. People ages 55 to 84 who are living below the poverty level are six times more likely than the wealthiest groups to say they have functional limitations.

“We’ve known for a long time that people

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at the low end of the socio-economic spectrum do much more poorly health-wise than people at the higher end,” explains senior author Dr. Jack Guralnik, chief of the U.S. National Institute on Aging (NIA) Laboratory of Epidemiology, Demography and Biometry. “And many chronic conditions – heart disease, arthritis – can have an impact on functioning, strength and balance.”

He was surprised to find, however, that differences in functioning were reported even at the uppermost incremental levels of income. But York University professor and health policy researcher Dennis Raphael explains, “It reflects a lifetime of lived experience. And each step in income represents a difference in lived experience. These effects are independent of health care and they are evident in Canada as well.”

Observes Fuller-Thomson, “Almost every disease, you see higher rates in the poor. If it is causal, as we’re anticipating, the war on poverty was the right solution. Making sure there are no people in absolute poverty makes a huge difference, with a huge payback.”



Info Bytes and Websites

Activity: It's Ageless (and Other Health Tips)

The State of Alaska Division of Public Health's website each month features information and health tips on a particular topic. For the month of September 2006, that topic was the benefits of physical activity for older people. The site provides information aimed at encouraging older Alaskans to become more physically active. To locate this presentation as well as any of the other topics in the website's archives, go to http://www.hss.state.ak.us/dph/director/health_tips/archives.htm.

Extensive Chronic Disease Data Now Online

The Silver Book: Chronic Disease and Medical Innovation in an Aging Nation is a new free online resource that brings together statistics, graphs, and important information on the burden of chronic disease on an aging nation. The Silver Book gathers data often buried in dense reports and peer-reviewed papers in one easy-to-use location. The data base has more than 500 facts and statistics from more than 150 sources, and it is constantly updated. You also can download presentation slides for much of the data and can submit reports and data to be included in the database. The Alliance for Aging Research launched the site this spring. View the site at <http://www.silverbook.org>.

Some sample facts from *The Silver Book*:

- 4.5 million Americans now suffer from Alzheimer's disease. That number has more than doubled since 1980.
- 360,000 new cases of Alzheimer's disease are diagnosed every year – 980 every day, 40 every hour.
- Medicare spending for those with Alzheimer's disease will triple by 2015 – to \$189 billion from \$62 billion in 2000. By 2050, Medicare will be spending more than \$1 trillion on beneficiaries with Alzheimer's disease and related dementias.



Federal Notes

Older Americans Act Reauthorized at 11th Hour

The Older Americans Act (OAA), the law which provides funding and guidance for many programs serving seniors, was reauthorized just before Congress adjourned on September 30, 2006. The reauthorization assures the continuation of programs that are critical to seniors, including home-delivered meals, congregate meals, transportation, information and referral, legal services, senior community service jobs, long-term care ombudsman offices, help for family caregivers and other important services. According to the AARP, "Senate efforts to hold OAA hostage under Senate Unanimous Consent Rules to obtain concessions on unrelated bills were... turned back." Other Senate resistance related to a change in the funding formula agreement that allocates OAA dollars among the states.

Some of the changes in the reauthorized OAA include:

- A new funding formula to be implemented over the next five years which will allocate more funds to states with greater population growth (while ensuring that

no state receives less than its FY 2006 level of funding)

- Enhanced federal, state and local coordination of long-term care services provided in home and community based settings
- Support for state and community planning to address the long-term care needs of the baby boom generation
- Increased cost-sharing requirements which will force more seniors to pay for OAA services
- Maintenance of SCSEP (the Senior Community Service Employment Program) but with a name change to the Older Americans Senior Employment Program and greater priority for service to those aged 65 and older
- Increased focus on civic engagement and volunteerism
- Outreach and service to a broader universe of family caregivers under the National Family Caregiver Support Program
- Strengthening of federal, state and local coordination of OAA services and planning, especially with regard to elder abuse, neglect and exploitation

Josefina Carbonell, the Assistant Secretary for Aging, issued a statement saying, "I commend the Congress for the successful passage of the 16th reauthorization of the Older Americans Act (OAA). I thank them for their

leadership and compassion in understanding the vital role this Act plays in redirecting our long-term care system to help older Americans remain active and engaged in their communities – the overwhelming preference of the American people."

New Pension Law Aims to Create Greater Retirement Security

In August 2006, the Congress passed (and President Bush signed) the Pension Protection Act of 2006, billed as "the most sweeping reform of America's pension laws in over 30 years." Precipitated by widespread calls for strengthened pension protections, the new law beefs up the pension insurance system while also assisting workers to save for retirement through defined contribution plans and other savings vehicles.

With regard to pensions, the law requires companies that under-fund their pension plans to pay additional premiums; requires that companies measure the obligations of their pension plans more accurately; raises caps on the amount that employers can put into their pension plans, so that they can add more money during good times and build

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a cushion that can keep their pensions solvent in lean times; and extends a requirement that companies that terminate their pensions provide extra funding for the federal pension insurance system. (Yes, companies will still be permitted to terminate their pension plans.)

According to the Administration on Aging, "President Bush has sent a clear message to businesses across America that they must keep their promises to workers. Businesses that offer a private pension plan to their employees have a duty to set aside enough money now, so

their workers get what they have been promised when they retire."

As for worker savings, the new law makes it easier for workers to participate in defined contribution plans such as IRAs and 401(k)s. It removes barriers that prevent companies from automatically enrolling their employees in defined contribution plans; ensures that workers have more information about their accounts; provides greater access to professional advice about investing for retirement; gives workers greater control over how their accounts are invested; and

makes permanent the higher contribution limits for IRAs and 401(k)s that were passed in 2001.

According to essayist Tom Rogers in the Rochester Democrat & Chronicle, "The message that our government is sending with this legislation is clear – retirement planning has undergone a paradigm shift. We can no longer count on company pensions or Social Security. Planning for retirement in the future means planning on saving your money today."

MSW Student Intern Helps Kick Off Advocacy Network

The Alaska Commission on Aging is hosting a most welcome addition to its office staff this fall through next spring. As an MSW student at the University of Alaska – Anchorage, Juneau resident **Jeannette Lacey** works in the ACoA office on Wednesdays and Thursdays as part of her practicum experience. Her tasks during the fall and spring semesters will include work on advocacy activities such as managing the Alaska Aging Advocacy Network and monitoring relevant legislation during session, as well as planning and policy activities such as assisting with drafting the State Plan for

Senior Services and tracking senior-related budget items through the State budget process.

In addition to her work with the ACoA, Jeannette works as a hospital discharge planner at Bartlett Regional Hospital in Juneau from Friday through Monday each week. Many of her clients are seniors. "My personal experiences with seniors in the hospital have touched me so that I have been moved to work for improvements in senior services," she explained.

"I am glad to have the opportunity to see where direct practice and policy

Jeannette Lacey, MSW student intern at the Alaska Commission on Aging for the 2006-2007 school year.



come together," said Jeannette. "From my experience at the hospital, I have a strong view of direct practice issues impacting seniors, and I'm looking forward to working from a policy perspective on changes that can impact direct practice."

"I'm grateful to have the opportunity to be in this placement to gain experience with policy. As I obtain my

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Alaska Commission on Aging Makes 2006 Rural Outreach Trip

During the last week of September, 2006, members and staff of the Alaska Commission on Aging, along with special guest Dr. Chaz Kawabori, Region X administrator of the federal Administration on Aging, conducted site visits to programs serving seniors in the Southeast Alaska communities of Sitka, Ketchikan, Craig, and Klawock. The Commission holds one of its quarterly meetings each year in a rural or remote part of the state, learning about the needs of seniors and senior programs in the area.

The Sitka contingent visited the Center for Community, Sitka Pioneer Home, Sitka Senior Center, Sitka Tribal Council, Hospital Home Health program, and Faith in Action (a volunteer program offering respite care, hospice, and caregiver support). Those who traveled to Prince of Wales Island paid visits to the Craig Clinic, Klawock SEARHC clinic, Tlingit & Haida senior housing, and Klawock Senior Center. The Ketchikan group met with program managers and clients at Community Connections, the Ketchikan Senior Center, Alaska Legal Services (which provides services to seniors under



Alaska Commission on Aging member Pat Branson, at left, shares a lunchtime conversation with Sitka Senior Center visitors (from left to right) Marilyn Licari, Esther Ricaporte, Anita Wright, and Lucille Gray during the ACoA's 2006 Rural Outreach trip.

an Older Americans Act grant), Rendezvous Adult Day program, Seaview Terrace independent senior housing, SAIL (Southeast Alaska Independent Living), and the Ketchikan Pioneers Home. They also visited the old White Cliff School, subject of a proposal to create a new multi-generational facility ("White Cliff Center") which would provide a much-enhanced senior center as well as dance studio and theatre space for local arts groups. [Shortly after the group's visit, however, Ketchikan voters rejected the additional sales tax which would have funded the project.] The local chapter of AARP made a presentation to the Commission as well. Following their site visits, the groups converged in

Ketchikan for a one-and-a-half day business meeting, at which they heard reports from the Alaska Mental Health Trust Authority, AHFC, Alaska Department of Transportation, the Division of Senior & Disabilities Services and other agencies, and were addressed by Dr. Chaz Kawabori of the U.S. Administration on Aging's Region X. A number of Ketchikan residents addressed the Commission during its public comment period, raising a wide range of issues, including the cost of living for seniors in the Ketchikan area, the components of senior-friendly independent housing, the need for more investment in transportation to get seniors to local activities,

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Alaska Commission on Aging

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the sometimes irrational system of personal care which decrees that a person remain at home and receive more “help” than needed, the need for more funding for all of the community’s senior services, the need for an improved senior center facility and location, the need for programs to help disabled individuals under the age of 60 who are not

yet economically destitute, and problems with long delays, poor communication, and disorganization in the Medicaid waiver assessment process.

All Commission members expressed their gratitude for the friendliness and open dialogue offered by the people of Ketchikan and the other Southeast Alaska communities they visited.

MSW Student Intern

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MSW, my goal is to continue policy work while maintaining an active role in direct service practice.”

“We are very fortunate to have Jeannette working with us this year,” noted Denise Daniello, ACoA’s executive director. “Her background in and commitment to senior issues provide a great asset to our small staff.”

AARP Questions Candidates *(continued from page 3)*

- Palin: Support
- Halcro: Support
- Knowles: “Health care should be the right of all, not just a privilege for some...Most of Alaska’s uninsured are working families who make too much to qualify for Medicaid, do not receive health care benefits from their job, and cannot afford to purchase it. My shared approach to providing health care includes raising reimbursement rates and income limits for government programs while also allowing small businesses to buy in to existing insurance pools or new pools of small businesses.”
- Palin: “Before we begin talking about expanding coverage, we must address problems of access to health care for those who have coverage. Right now the federal rates for Medicare are unacceptably low, and providers are not taking patients. This is unacceptable. By working with our Congressional leaders, federal officials, and even state regulators, something must be done to allow our current Medicare system to allow proper access to care.”
- Halcro: “Health care costs are driven by the wellness of the population, the accessibility of care, the affordability of care and the financial condition of providers. We must begin by making our communities more healthy and making coverage more accessible and affordable by adopting a Denali Care program model for the 120,000 uninsured in Alaska.”



Events Calendar

Alaska Community Transportation Conference, Monday through Friday, October 23rd through October 27th, 2006, at the Hotel Captain Cook in Anchorage. For more information, see the Conference website at <http://www.signup4.net/public/ap.aspx?EID=ALAS23E&OID=50>.

Alaska Commission on Aging Quarterly Meeting, Wednesday and Thursday, November 29th and 30th, 2006, at the Alaska Mental Health Trust Authority (AMHTA) Conference Room, 3745 Community Park Loop, Anchorage. For meeting agenda, check the ACoA's website shortly before the meeting: <http://www.alaskaaging.org>.

There will be a period set aside for public testimony.

24th Annual Alaska Health Summit, Monday through Wednesday, December 4th through 6th, 2006, at the Sheraton Hotel, 401 East 6th Avenue, Anchorage. The Health Summit offers tracks on Behavioral Health, Environmental Health, Health Promotion, Injury Prevention, and Resources and Services. For more information and to register, visit the Summit's website, <http://www.alaskapublichealth.org/summit.shtml>.

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