

# Alaskan Seniors Living Longer Growing Stronger



Sarah Palin  
Governor

from the Alaska Commission on Aging

December 2006/January 2007



Karleen K. Jackson  
Commissioner

## Gov. Palin's Budget Reinstates Longevity Bonus for FY 2008; Senior Care Program Funded Also

After a hiatus of four years, the Longevity Bonus was front and center in Governor Sarah Palin's fiscal year 2008 budget, released on December 15, 2006. Her budget also contained funding for the Senior Care program, which is currently scheduled to sunset at the end of FY 2007 (June 30, 2007). Funding for both programs must be approved by the 2007 Alaska Legislature.

Fulfilling her campaign promise to reinstate the Longevity Bonus, a contentious political issue ever since the program was unceremoniously cut by the previous governor in 2003, the new governor included \$32 million for the program in her recent budget – the estimated cost of resuming Longevity Bonus payments to the remaining individuals who had previously received them. The Longevity Bonus program was created in the early 1970s as a gesture of gratitude to long-time Alaskans age 65 and over for investing their lives in building the state and its communities. The program was not based on demonstrated

financial need, but simply on long-term Alaska residency. The payments were intended to help offset the high cost of living in Alaska for seniors, most of whom live on a fixed income. In the mid-1980s, courts ruled that the program must be opened up to all Alaskan seniors, regardless of their length of residency.

With higher and higher program costs projected, the monthly payment for new Longevity Bonus applicants was gradually cut from \$250 per month to \$100 per month, and in 1996 the program was closed to new applicants. In 2003, Governor Frank Murkowski decreed an end to the program altogether, and replaced it with the needs-based Senior



Governor Sarah Palin, left, introduced several of her cabinet members on Dec. 13, 2006, including Karleen Jackson, right, who will continue to serve as Commissioner of the Department of Health & Social Services.

Care program which provides a \$120 monthly cash benefit (or an alternative prescription drug benefit) to low-income seniors only.

Governor Palin also included just over \$13 million for the Senior Care program in her FY 2008 budget, roughly the same amount authorized for that program in FY 2007.

**Alaskan Seniors:  
Living Longer, Growing Stronger**  
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Alaska 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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## ACoA Selects 2007 Advocacy Priorities

At its quarterly meeting in  
Anchorage on November 29th  
& 30th, 2006, the Alaska Com-  
mission on Aging voted to  
approve five advocacy pri-  
orities for the 2007 legislative  
session. (For more coverage  
of the November meeting, see  
the photo spread on pages 8-  
9.) The priorities, which were  
selected based on survey  
results from the Alaska Aging  
Advocacy Network and other  
input, include the following:

1. Increase the availability  
of affordable home- and  
community-based services  
by advocating for the Keep  
the Elders Home initiative.  
(The Keep the Elders Home  
Initiative is ACoA's request-  
ed \$3.5 million increment  
for senior services, to help  
available services keep  
pace with the rapidly-grow-  
ing senior population. The  
initiative can be found on  
ACoA's website, [www.alas-  
kaaging.org](http://www.alas-<br/>kaaging.org).)
2. Enhance opportunities  
for affordable and acces-  
sible care by expanding the  
Medicaid waiver program  
to include older Alaskans  
with Alzheimer's disease  
and related dementias  
(ADRD) and traumatic brain  
injury (TBI) conditions.
3. Renew financial safety  
nets by extending the Se-  
nior Care program (sched-  
uled to sunset on June 30,  
2007) and reconsider the

Longevity Bonus.

4. Advocate for the Housing  
Trust Fund and other oppor-  
tunities to increase senior  
housing options. (The Hous-  
ing Trust Fund is an initia-  
tive of the Alaska Mental  
Health Trust Authority.)

5. Advocate for establish-  
ing a task force to examine  
the issue of why physicians  
in Alaska are reluctant to  
accept Medicare patients.  
Work with the task force to  
propose solutions.

## Senior Legislative Teleconferences to Begin January 25th

The Alaska Commission on  
Aging will once again sponsor  
a series of senior legislative  
teleconferences during the  
upcoming legislative session.  
The session begins on Tues-  
day, January 16th, and the first  
senior legislative teleconfer-  
ence will be held on Thurs-  
day, January 25th, from 9:30  
to 11:00 a.m. The teleconfer-  
ences are held every other  
week till the last few weeks of  
the session, when they will be  
held weekly.

During the senior legislative  
teleconferences, ACoA staff  
present information about a  
variety of bills of interest to  
seniors. There is plenty of dis-  
cussion time for participants  
to express their views or ask  
questions, and occasionally a

guest speaker will provide in-depth insight on a particular issue.

Seniors and senior advocates may participate in the teleconferences by convening at host sites around the state. Senior centers, Pioneers Homes, and other programs serve as host sites. A list of participating host sites will be posted on the ACoA's website at [www.alaskaaging.org](http://www.alaskaaging.org) by mid-January. Any organization wishing to become a host site this year should call Rachel at (907) 465-3250.

## Nominations Open for Purpose Prize

Civic Ventures has opened nominations for the 2007 Purpose Prize, a major initiative that invests in Americans over 60 who are leading a new age of social innovation. The Purpose Prize provides five awards of \$100,000 and 10 awards of \$10,000 to people over 60 who are taking on society's biggest challenges. Winners in 2006 addressed such problems as intolerance, racial disparities, jobs for the disabled, and housing for the elderly poor. Nominations will close on Feb. 1, 2007. To enter a nomination, visit [www.purposeprize.org](http://www.purposeprize.org) or call (415) 222-7486.



## Tech Support

by Rachel Malley

(Editor's Note: ACoA's administrative assistant, Rachel Malley, begins a regular column this month in which she'll share tips and tools for dealing with the 21st-century technology now available to us. Readers are invited to send questions and suggested topics for future columns to Rachel at [Rachel\\_Malley@health.state.ak.us](mailto:Rachel_Malley@health.state.ak.us) – or call her at (907) 465-3250.)

### Cell Phone Savvy Can Lower Costs and Improve Connections

Everywhere we go – restaurants, movie theatres, the grocery store, work, or even just out for a walk – we hear the familiar sound of a ringing cell phone, or someone chatting away on one.

When cellular phones were introduced to the masses in the 1980s, they were simple. You picked up the phone and dialed the number, just like on your home telephone. There were no fancy extras such as text messages, the capability of taking photographs, or even the option to change the sound or the volume of the ring.

These days, flip phones, camera phones, phones that play music and have navigational capabilities, as well as online chatting functions, are all just the tip of the iceberg.

If you have ever felt apprehensive about purchasing a cellular phone, you may be

surprised to find out how non-threatening they can be.

Today, most cellular phone companies will provide a staff member to guide you through the process of selecting a phone and a service contract, and will demonstrate how to turn the phone off and on, how to make and end a phone call, adding someone to your list of callers, changing ring tones, putting the phone on silent or increasing or decreasing the volume, the basic requirements of using a cellular phone successfully. There are phones available for individuals not interested in text messaging, or taking pictures, or using the other available bells and whistles.

There are also other options for those individuals interested in a cell phone who do not want to get involved in a contract with a cellular phone company that could last anywhere from one to two years. You can purchase prepaid minutes, and when you run out of minutes, you purchase more. You choose the amount of money you want to spend on your cell phone each month. The drawback to this is you have to purchase the cellular phone at full price, usually ranging from \$129 up to \$299, whereas when you sign a contract you can usually get a break on the price of the phone, depending on what specials the carrier you choose offers that month.

Also, keep your eyes open

*(Continued on page 4)*

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## Tech Support

*(Continued from page 3)*

if you like to frequent second-hand stores, because (a little known fact) all cellular phones, whether with service through a cellular network or not, are available for use in an emergency. If you have a cellular phone, and an emergency occurs, you are able to dial 911 on the device, and you will be connected with an emergency dispatcher. So if you are interested in a cell phone for that purpose only, a second-hand cellular phone would be ideal.

Many folks living in Alaska have family or close friends who live in the lower 48 states, and typically do not call them as often as they'd like because of the high cost of long distance. People may not realize that most cellular phone companies offer unlimited night and weekend minutes with a contract. Depending on what service you select, you can opt to have free long distance in the evenings and on weekends, starting at 9 p.m. (generally) on Friday evenings, and going until 6 a.m. (again, typically) on Monday morning. This can help lower the cost of long distance tremendously, while allowing you to keep in better touch with your loved ones.

Cellular phones do not have to be something to fear. They are valuable tools that can provide a connection to family and friends and can even save your life.



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## Info Bytes and Websites

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the website may order or download a free long-term care planning kit.

### HHS Launches New Website Promoting Long-Term Care Planning

The U.S. Department of Health & Human Services' Assistant Secretary for Aging, Josefina G. Carbonell, has announced a new website to make it easier for consumers to get the information they need to plan for long-term care. The National Clearinghouse for Long-Term Care Information website provides comprehensive information about long-term care planning, services, and financing options, along with tools to help people begin the planning process.

The clearinghouse website is designed to increase public awareness about the risks and costs of long-term care and the potential need for services, and to provide objective information to help people plan for the future.

The new website also supports the "Own Your Future" education campaign, a joint federal-state initiative designed to increase consumer awareness about planning for long-term care.

For more information about the "Own Your Future" campaign and the National Clearinghouse for Long-Term Care Information, please visit [www.longtermcare.gov](http://www.longtermcare.gov). Visitors to

### Report Profiles 2007 Medicare Stand-Alone Drug Plans

A new analysis provides a profile of the Medicare stand-alone drug plans that are being offered in 2007. *Benefit Design and Formularies of Medicare Drug Plans: A Comparison of 2006 and 2007 Offerings* highlights some of the changes in plans between 2006 and 2007 and the need for consumers to consider how those changes might affect them. The analysis, released by the Kaiser Family Foundation, looks at premiums, covered drugs, the amount enrollees pay to fill a prescription, and other key features that would affect out-of-pocket costs and access to drugs. See [www.kff.org/medicare/7589.cfm](http://www.kff.org/medicare/7589.cfm)

### Latest Statistics on Older Americans Released

The U.S. Administration on Aging has released *A Profile of Older Americans: 2005*, which includes the latest key statistics on older Americans. Organized by subject area, the report presents basic demographic information as well as statistics on such topics as health insurance coverage, disability and activity limitations, caregiving, and

*(Continued on page 5)*



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## Director's Corner

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By Denise Daniello

### Commission on Aging Anticipates Productive New Year

It may be the holiday season, but there appears to be real excitement and new energy in the capital city as Governor Sarah Palin takes office and the 2007 Legislature begins its session in January. We are pleased that the Governor retained Karleen Jackson as Commissioner for the Department of Health and Social Services. We know Karleen understands the complexities of delivering services and the importance of health promotion and wellness programs as an investment in Alaska's future.

We look forward to working with Governor Palin, who has demonstrated a real understanding of and commitment to senior needs by proposing funding for the Senior Care Program and the Longevity Bonus, and with the Legislature as we promote issues of importance for Alaska seniors. Our advocacy issues emphasize consumer empowerment, choice, and control – which translate into independence and dignity for older Alaskans and their caregivers. At the November 2006 board meeting, ACoA commissioners approved the following legislative priorities to direct

our advocacy efforts for the upcoming session:

(1) Sponsor the Keep the Elders at Home initiative, a strategy to increase availability of home- and community-based senior services promoting healthy lifestyles, self-sufficiency, and an economically sustainable approach to long-term care.

(2) Promote affordable and accessible health care and services, supporting programs that strengthen nutrition and health education, developing behavioral health services targeting seniors, maintaining full funding for Medicaid, exploring options to expand the Medicaid waiver program to include persons with Alzheimer's disease and related dementia (ARD) and traumatic brain injuries (TBI), and advocating for increased access to physicians who will accept Medicare patients.

(3) Renew financial safety nets for seniors to maintain their financial security and independence.

(4) Support housing for all Alaskans, including the development of safe, affordable and accessible housing that expands the senior housing continuum and meets the basic housing needs of all Alaskans through investments such as the Alaska Housing Trust.

On behalf of the commissioners and staff of the Alaska Commission on Aging, we hope that your holidays are filled with good health, happiness, and the warmth of family and friends throughout the New Year.

Best,

*Denise Daniello*

Executive Director  
Alaska Commission on Aging

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### Info Bytes

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computer and Internet access. It includes both narrative and statistical charts. View the report at [www.aoa.gov/PROF/Statistics/profile/2005/profiles2005.asp](http://www.aoa.gov/PROF/Statistics/profile/2005/profiles2005.asp).

### Online P.A.D. Resources Available

The National Council on Aging (NCOA) has posted two new files on Peripheral Artery Disease (P.A.D.), a common but underdiagnosed disease, to its website. P.A.D. is a serious and prevalent condition in which the arteries that carry blood to the legs become narrowed or clogged due to the formation of plaque – and it more than doubles a person's risk of having a heart attack or stroke.

For Debunking the Misconceptions of P.A.D., go to [www.ncoa.org/content.cfm?sectionID=109&detail=1729](http://www.ncoa.org/content.cfm?sectionID=109&detail=1729). And for P.A.D. FAQs [Frequently Asked Questions] go to [www.ncoa.org/content.cfm?sectionID=109&detail=1730](http://www.ncoa.org/content.cfm?sectionID=109&detail=1730).



## Federal Notes

### **CMS Extends Medicare Rx Low-Income Enrollment Through 2007**

The Centers for Medicare & Medicaid Services (CMS) announced that it will extend the Medicare Part D Low-Income Subsidy Special Enrollment Period (LIS SEP) through 2007. Part D is the Medicare prescription drug benefit which began in 2006. This extension lets people who are newly eligible for the low-income subsidy apply for it and enroll in a plan at any time during 2007. The annual Medicare Part D open enrollment period runs from Nov. 15th to Dec. 31st each year.

The National Council on Aging (NCOA) worked closely with CMS to extend the LIS SEP. However, the NCOA is still concerned that those who enroll after Dec. 31, 2006 may face a late enrollment penalty, and is advocating that CMS waive the penalty and that Congress act to make both of these changes permanent.

### **CDC Publications Help Older Adults Prevent Falls**

The Centers for Disease Control (CDC), in partnership with the CDC Foundation and MetLife Foundation, has produced four posters and redesigned two of its popular

brochures to help older adults – and those who care for them – prevent falls and the injuries and deaths that result. These materials are important resources to protect the health and independence of older adults.

*What YOU Can Do to Prevent Falls* outlines four key fall prevention strategies. Strategies include exercising regularly, having medicines reviewed to reduce side effects and interactions, having yearly eye exams, and reducing fall hazards in the home.

*Check for Safety: A Home Fall Prevention Checklist for Older Adults* guides readers in a room-by-room check of their home to find and fix hazards that can increase the risk of falling.

Four posters, designed for use in health care facilities, senior centers, and other community organizations, highlight the messages in the brochures.

Data released November 17, 2006, in CDC's Morbidity and Mortality Weekly Report, show that age-adjusted rates of deaths from falls among adults 65 and older have risen significantly in the past decade. Falls often lead to serious injury, including fractures and head traumas, which can rob older adults of their mobility and independence. Falls also claim the lives of thousands of older adults each year. In 2003, more than 13,700 people 65 and older died from falls; 1.8 million older adults were treated in emergency departments for nonfatal injuries

from falls, and more than 460,000 of these patients were hospitalized.

CDC's fall prevention brochures and posters are available in English, Spanish, and Chinese. To download or order free copies, go to [www.cdc.gov/ncipc/duip/fallsmaterial.htm](http://www.cdc.gov/ncipc/duip/fallsmaterial.htm).

To learn more about falls among older adults and about CDC's fall prevention activities, go to the Injury Center's newly updated falls website, [www.cdc.gov/ncipc/duip/preventadultfalls.htm](http://www.cdc.gov/ncipc/duip/preventadultfalls.htm).

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## **Community Transit Technical Assistance Available**

The Community Transit Association of America (CTAA) is soliciting applications for its Rural and Tribal Passenger Transportation Technical Assistance Programs. These programs enable the CTAA to offer free planning assistance to help rural and tribal communities. CTAA can provide a broad range of planning assistance for facility development, service improvements and expansion, system start-up, policy and procedure development, marketing, transportation coordination, and training. The program provides planning assistance; capital and operating assistance are not eligible activities. How-

*(Continued on page 7)*

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## Community Transit (Continued from page 6)

ever, the CTAA can help identify other sources of funding for implementation.

The technical assistance program provides assistance, not funds, directly through CTAA staff and consultants. There is no local match required, although recipients can provide in-kind assistance for projects. Selection of projects is competitive; the CTAA anticipates selecting four rural projects and three tribal projects. Applicants who are not selected for one of the seven major projects will be considered for short term assistance.

Eligibility guidelines are as follows:

- Rural projects must be located in a non-urbanized area.
- A not-for-profit or for-profit recipient needs to be identified for rural projects. If a government entity is proposing a project, the CTAA can usually identify an eligible not-for-profit or for-profit sponsor.
- Tribal projects should involve Federally Recognized Tribes.

Applications this year must be received at CTAA's Washington, DC office by January 8, 2007. Projects will be selected by January 31, 2007. For more information or for an application form contact Charles A. Rutkowski, CTAA's assistant director, at (202) 299-6593, or email [rutkowski@ctaa.org](mailto:rutkowski@ctaa.org).



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## Health News

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### Health Care System Must be Restructured to Meet Seniors' Needs, Says Report

The nation's health care system needs major structural reform to meet older adults' needs, says a new policy report from the International Longevity Center – USA. *Redesigning Health Care for an Older America*, drawn from a consensus conference with top health experts, recommends a complete overhaul and rethinking of a system that began with Medicare's creation 40 years ago. The new structure would focus on a proactive approach to health promotion, disease prevention, the treatment of chronic disease, and increased investment in aging research. The report may be found at [www.ilcusa.org/\\_lib/pdf/Redesigning%20Healthcare.pdf](http://www.ilcusa.org/_lib/pdf/Redesigning%20Healthcare.pdf).

### More Doctors = Greater Risk of Drug Errors Affecting Seniors

(From Medco Health Solutions, Inc.) A new analysis finds that the more doctors a senior sees, the greater his or her risk for dangerous drug errors.

An analysis of prescription drug alerts, conducted by Medco Health Solutions, Inc.,

found that the greater the number of physicians seen by a patient over age 65, the greater the number of prescriptions the patient fills, and thus the greater risk for dangerous drug errors, including drug-to-drug interactions, under- or over-utilization of a drug, duplication of therapies, and incorrect dosages.

The findings call into question how well different doctors and specialists caring for patients over 65 exchange information about the medications they are prescribing, and statistically correlates a larger care team with a greater risk for preventable medication errors.

According to the analysis, seniors receiving prescriptions from two different physicians filled an average of 27 prescriptions in a year, and were at risk for 10 potential prescription drug errors. However, when the care team consisted of five doctors, the number of prescriptions filled in one year doubled to 42, and the number of potential drug errors increased 60 percent to 16. When the care team reached 10 different physicians, patients filled an average of 66 prescriptions, and potential errors tripled.

“With more physicians providing care to patients, more prescriptions are being written – however, there is clearly a communication breakdown between practitioners,” said Dr. Gen Stettin, senior vice president, clinical and thera-

(Continued on page 10)

# Highlights from the Alaska Commission on Aging's November 29th-30th Meeting in Anchorage



Karla Jutzi, executive director of the Alaska Center for the Blind & Visually Impaired in Anchorage, provided the Alaska Commission on Aging members, staff, and guests with a lunch-hour tour of the Center's facilities on Thursday, November 30th. The Center offers its clients, many of whom are seniors, the opportunity for instruction in orientation and mobility, assistive technology, manual skills, braille, and activities of daily living to ensure that vision loss is not a barrier to meeting vocational goals or living safely and independently in retirement.



Representative Sharon Cissna, center, chatted with Paula Pawlowski, left, and Sharon Howerton-Clark of the Alaska Commission on Aging. Rep. Cissna addressed the Commission, observing that she has personally witnessed the amazing growth in the number of people needing home- and community-based services.



Long-Term Care Ombudsman Bob Dreyer addressed the Commission, providing a quarterly report on the activities of his program, which investigates complaints concerning residents of long-term care facilities.

Alaska Commission on Aging Executive Director Denise Daniello shares some thoughts with ACoA chair Frank Appel during a break in the Commission's meeting.



Anchorage Mayor Mark Begich addresses the Alaska Commission on Aging during its quarterly meeting on November 29th, 2006. Mayor Begich spoke about a number of issues of concern to Anchorage seniors, including transportation.



Angela Salerno, advocacy coordinator for the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse (ABADA), provides advocacy training for members of the Alaska Commission on Aging during their meeting. "The political process provides a way for people with conflicting values or opposing positions to resolve their differences," noted Angela.

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## Health News

### (Continued from page 7)

peutic solutions, Medco. “This analysis illustrates the potentially dangerous and unintended side effects of an expanded health care team – an issue that is exponentially more important now that Medicare has opened America’s medicine cabinet to many more older patients.”

The analysis reviewed the prescription drug claims between January and December 2004 of 2.4 million insured adults. The analysis identified the increased risk of drug errors associated with the number of physicians a patient sees and the number of pharmacies at which a patient fills his or her prescriptions – a growing trend referred to as polypharmacy. The analysis compared the potential error rates among patients 65 and older with the rates of patients under 65.

Additional findings of the analysis include:

- Patients over age 65 consistently experienced a drug error rate approximately seven times greater than patients younger than 65. Seniors faced an average of 13 potential drug errors per patient, compared to two per patient among those younger than 65.
- One in four seniors (24 percent) received prescriptions from five or more doctors. One in 20 received prescriptions from eight or more physicians.

- Among patients 65 and older, those seeing five physicians filled nearly twice as many prescriptions as those seeing one physician.
- Nearly one-quarter of the seniors in the analysis filled their prescriptions at 3 or more different pharmacies, with some seniors using as many as 11 different pharmacies for their prescriptions.

The implementation of Medicare Part D is expected to increase the number of seniors with prescription drug coverage and will likely increase medication utilization, potentially making this drug safety situation far worse.

“A wider array of physicians and specialists can improve care for the patient, but it is imperative that the team – physicians, pharmacists, and insurers – continually exchange information about what a senior is taking, how much of it is being prescribed, and for how long,” said Dr. Stettin.

### **Suicide Prevention Needed for Alcohol-Dependent Older Americans**

New research shows a growing need for suicide prevention programs that target middle-aged and older adults who are addicted to alcohol, according to a press release from the American Association of Suicidology.

Research from two new studies linking suicide with alcoholism was released. The stud-

ies, “Risk Factors for Suicide and Medically Serious Suicide Attempts Among Alcoholics” and “Moderators of the Relationship Between Alcohol Dependence and Suicide and Medically Serious Suicide Attempts,” found a need for suicide-risk recognition and prevention efforts targeted at middle-aged and older Americans.

Researchers said that increased age could serve as a marker for more chronic, treatment-refractory alcoholism, which is associated with greater risk for suicide.

Alcoholics who complete suicide are older and more likely to be male, have a mood disorder, relationship difficulties, and other interpersonal life events than control subjects, researchers said.

The researchers recommended enhanced suicide-prevention efforts for alcoholics that include a focus on depression and interpersonal factors, such as partner-relationship difficulties.

### **The Curry Cure? Indian Spice Found to Help Clear Brain Plaques**

Curcumin, a chemical found in curry and turmeric, may help the immune system clear the brain of amyloid beta, which forms the plaques found in Alzheimer’s disease.

Using blood samples from six Alzheimer’s disease patients, whose ages ranged from 65 to

*(Continued on page 11)*

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**Health News**

*(Continued from page 10)*

84, and three healthy control patients, UCLA researchers isolated cells called macrophages, which are the soldiers of the innate immune system and are present at birth. They travel through the brain and body, gobbling up waste products, including amyloid beta.

The team treated the macrophages with a drug derived from curcumin for 24 hours in a cell culture and then introduced amyloid beta. The curcumin-treated macrophages from three out of six Alzheimer's disease patients were much more efficient than macrophages not treated with curcumin. Macrophages from the healthy controls, which were already clearing away the amyloid beta, showed no change when curcumin was added to them.

This finding, along with those of other researchers examining the effects of curcumin on Alzheimer's disease, may help explain why rates of Alzheimer's are much lower among the elderly in India than in their Western peers.

Previous studies have found that Alzheimer's affects just 1% of people over the age of 65 living in some Indian villages.

"Curcumin has been used for thousands of years as a safe anti-inflammatory in a variety of ailments as part of Indian traditional medicine," said Gregor Cole, a UCLA researcher. "What we really need, however, are clinical trials to estab-

lish safe and effective doses in aging patients," said Cole.

### **Trim, Active Older Adults Live Longer, Healthier Lives**

One of the largest, longest studies of aging found one more reason to stay trim and active: it could raise your odds of living to at least age 85.

In fact, chances of being healthy in old age are better than even for people who at mid-life have normal blood pressure, good grip strength, and several other physical characteristics associated with being fit and active.

These include normal levels of blood glucose and triglycerides, both also associated with avoiding excess calories and eating a diet rich in fruits and vegetables.

Other habits long linked with good health and well-being – avoiding smoking and excess alcohol, and being married – also improved chances of surviving well into the 80s.

The study involved 5,820 Japanese-American men from the Hawaiian island of Oahu, who were followed for 40 years, but the researchers said the results likely apply to women and men of other ethnic heritage as well.

"There appears to be a lot we can do about modifying our risk and increasing the odds for aging more healthfully," said lead author Dr. Bradley Wilcox, a scientist at the Pacific Health Research Institute in Honolulu.

The results appeared recently

in the *Journal of the American Medical Association*.

Most factors the researchers identified as contributing to longevity have long been associated with healthy living, but the study does a good job of "putting it together in one package" and showing the combined benefits, said Dr. Carl Levie, medical director of preventive cardiology at Ochsner Medical Center in New Orleans.

The study notes that people aged 85 and older are the fastest-growing age group in most industrialized countries and are among the largest consumers of health care resources. Figuring out how to help people remain healthy as they age is thus a major research priority, the study authors said.

"It's also a priority for doctors with middle-aged patients who want to know how to survive into old age," said Dr. Gary Schaer, a cardiologist at Rush University Medical Center in Chicago. "This kind of paper directly affects how I take care of patients," Schaer said. "It's a really important study."

Eleven percent of the men in the study reached a milestone the researchers dubbed "exceptional survival." That was reaching age 85 without any mental or physical impairment, including cancer, heart disease, stroke, lung disease, Parkinson's disease, or diabetes. The men who had none of nine disease risk factors at mid-life had a nearly 70 percent chance

*(Continued on page 12)*

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## Health News

*(Continued from page 11)*

of living to age 85 and a 55 percent chance of reaching the exceptional milestone.

By contrast, those with six or more risk factors at mid-life had a 22 percent chance of living to age 85 and a less than 10 percent chance of exceptional survival.

The nine mid-life risk factors were: being overweight (meaning a body-mass index of 25 or more); having high blood glucose levels; having high triglyceride levels; having high blood pressure; having low grip strength (unable to squeeze at least 86 pounds of pressure with a handheld device); smoking; consuming three or more alcoholic drinks daily; not graduating from high school; and being unmarried.

### **Join an Internet Health Learning Program to Prevent Hip Fractures**

Researchers from the University of Maryland, Baltimore, Schools of Nursing and Medicine are working on an exciting project that explores the effects of an Internet health learning program that focuses on preventing hip fracture through exercise, a healthy diet, good bone health, and a safe home environment.

Each year, in the United States, approximately 340,000 older adults experience hip fractures. Despite advances in our knowledge of causes and management of hip fractures,

many individuals do not have adequate information about preventive measures.

Participants in this program will learn about health topics using a two-week online program and will complete three online surveys. Upon completion of the study, as a token of appreciation, eligible participants will receive a check for \$40. Learn more and sign up at [www.seniornet.org/php/default.php?PageID=8155](http://www.seniornet.org/php/default.php?PageID=8155).



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## Consumer News

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### **New Email Scam “Phishing” for Personal Info from Seniors**

Older Americans should guard their personal information from the latest email scam seeking Social Security numbers, bank account information, and credit card information. The email says it is from the Social Security Administration and has the subject “Cost-of-Living for 2007 Update.” The message provides information about the 3.3 percent benefit increase for 2007 and says the recipient must update his or her personal information. The reader is then directed to a website designed to look like Social Security’s website. The phony site asks the reader to supply personal information such as

a Social Security number and bank account number.

The scam is an example of a criminal practice known as “phishing,” defined as an attempt to fraudulently acquire sensitive information, such as bank account and credit card details, by masquerading as a trustworthy person or business in an electronic communication.

If you receive the phony Social Security message, please call 1-800-269-0271 or report it online at [www.socialsecurity.gov/oig](http://www.socialsecurity.gov/oig).

### **Savvy Senior News Subscriptions Available Free**

Savvy Senior, an information service for older Americans, has created a free online news feed called Senior Newswire. Targeted to aging baby boomers and senior citizens, this unique service works like a search engine providing readers direct Web links to age 50-plus news and information from top-rated media resources in one convenient, easy-to-read, weekly email.

Through a variety of resources, Senior Newswire locates age 50-plus news articles and information from national media outlets, newspaper and magazine publications, Web resources, government agencies, and nonprofit organizations.

Each Monday, Senior Newswire is emailed directly to subscribers at no cost or

*(Continued on page 13)*

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## Consumer News (Continued from page 12)

obligation, providing approximately 50 Web links to the top boomer/senior related news and information of the week.

To sample Senior Newswire or to subscribe to this free service, visit [www.seniornewswire.org](http://www.seniornewswire.org).



## Project Updates

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### ACoA Website Redesign Coming Soon

For those who have grown frustrated trying to find information on the Alaska Commission on Aging's website, take heart – the website is scheduled for a major overhaul within the coming months. At this time, the ACoA is collecting ideas and suggestions for the site. The newly designed site is expected to be up and running by March, 2007.

Anyone with comments on features of the current website that do or don't work well, or suggestions for the design or contents of the new site, is invited to email their ideas to Deb Gregoire at [Deb\\_Gregoire@health.state.ak.us](mailto:Deb_Gregoire@health.state.ak.us) or call her at (907) 465-4793.

### Alaska Aging Advocacy Network News

Jeannette Lacey, coordinator of the Alaska Aging Advo-

cacy Network, is working on a fact sheet about home- and community-based services. The fact sheet will be sent to Network members as an aid in their advocacy for the Keep the Elders Home initiative (ACoA's \$3.5 million home- and community-based services initiative). The fact sheet will also be made available on the Commission's website, [www.alaskaaging.org](http://www.alaskaaging.org). Those wishing to join the Alaska Aging Advocacy Network can do so by completing a form at <http://www.hss.state.ak.us/acoa/network.html> or by calling the Alaska Commission on Aging at (907) 465-3250.

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### ACoA Adds New Staff Members

The Alaska Commission on Aging is fully staffed once again, with the addition of Deb Gregoire and Rachel Malley to its office in Juneau. The ACoA staff totals four people, including the executive director, two planners, and an administrative assistant. During the 2006-2007 school year, we are also fortunate to have an MSW student intern on staff.

**Deb Gregoire** joined the ACoA as a Health & Social Services Planner I beginning on October 16th. Deb brings a background in direct services and program management as well as a degree in Political Science. Deb is staffing the ACoA's Legislative



Deb Gregoire is the Alaska Commission on Aging's new Planner I

Advocacy Committee and will be working on the senior legislative teleconferences during the upcoming session, among many other duties. Understanding how policy is created and engaging in advocacy work are among Deb's primary professional interests.

Deb has worked for the Red Cross and other human services agencies, including those that serve developmentally disabled individuals and youth at risk. An avid outdoorswoman, she has led 35-day wilderness expeditions with at-risk youth.

Senior issues are an emerging interest for Deb. "My family members are aging and experiencing issues with the need for services, housing, and health care," she noted. "Working on senior concerns is a natural outgrowth of my previous human services experience, rounding out the whole spectrum." Deb and her family have lived in Juneau off and on for 11 years.

**Rachel Malley** joined the ACoA as its administrative assistant on November 2nd.

*(Continued on page 16)*

# ACoA to Run “Healthy Body... Healthy Brain” Ad Campaign

The Alaska Commission on Aging staff has been working with the public relations firm Northwest Strategies to create an advertising campaign to alert baby boomers and seniors to recent research findings showing that healthy lifestyle habits can have a preventive effect against Alzheimer’s disease and related dementias (ADRD).

The ads, which highlight the positive impact of healthy diet, physical activity, and mental engagement, convey a “Healthy Body...Healthy Brain” message which will be further developed by the ACoA in

conjunction with the State of Alaska’s Division of Public Health in a fiscal year 2008 project funded by the Alaska Mental Health Trust Authority. The “Healthy Body...Healthy Brain” project will provide ways for the aging network and other community groups to help seniors and aging baby boomers adopt ADRD-preventive lifestyle habits. The current ad campaign is also paid for by the Alaska Mental Health Trust Authority. Ads will run in a variety of newspapers statewide. Watch for them soon!

*Healthy Body*

*Healthy Brain*

You've told your kids and grandkids to eat their fruits and vegetables . . .

**Don't forget to eat YOURS.**

*A healthy diet may reduce your risk of Alzheimer's Disease and similar dementias, just as it reduces risk for other health problems as you age. Learn more at the national Alzheimer's Association website, www.alz.org under Maintain Your Brain®.*

**You KNOW me**  
The Alaska Mental Health Trust  
www.mhtrust.org

A message funded by the Alaska Mental Health Trust for the Alaska Commission on Aging and the Alaska Division of Public Health.

*Healthy Body*

*Healthy Brain*

Physical activity keeps your body working . . .

**Exercising your BRAIN is just as important.**

*Exercising your brain with word and number puzzles and through social interaction may reduce your risk of Alzheimer's Disease and similar dementias, just as physical activity reduces risk for other health problems as you age. Learn more at the national Alzheimer's Association website, www.alz.org under Maintain Your Brain®.*

**You KNOW me**  
The Alaska Mental Health Trust  
www.mhtrust.org

A message funded by the Alaska Mental Health Trust for the Alaska Commission on Aging and the Alaska Division of Public Health.

*Healthy Body*

*Healthy Brain*

Physical activity keeps your body healthy . . .

**Turns out, staying active keeps your BRAIN healthy too.**

*Physical activity may reduce your risk of Alzheimer's Disease and similar dementias, just as it reduces risk for other health problems as you age. Learn more at the national Alzheimer's Association website, www.alz.org under Maintain Your Brain®.*

**You KNOW me**  
The Alaska Mental Health Trust  
www.mhtrust.org

A message funded by the Alaska Mental Health Trust for the Alaska Commission on Aging and the Alaska Division of Public Health.

**Happy Holidays!**



## Events Calendar

**AARP Financial Education and Consumer Protection Workshops** will be held at locations around the state. The two-day workshops are free, but seating is limited and registration is on a first-come, first-served basis; registrants must select EITHER the Financial Education OR the Consumer Protection Workshops, which will run concurrently. For more information, call AARP toll-free at (866) 227-7447. Workshop locations and dates include:

**Anchorage #1**, BP Energy Center, January 5th & 6th  
**Sitka**, Harrigan Centennial Hall, January 19th & 20th  
**Ketchikan**, Cape Fox Lodge, January 25th & 26th  
**Palmer/Wasilla**, Lake Lucille Inn, February 1st & 2nd  
**Juneau**, Centennial Hall, February 14th & 15th  
**Dillingham**, Bristol Bay Campus, March 1st & 2nd  
**Bethel, Kuskokwim Campus**, March 8th & 9th  
**Kenai/Soldotna**, Kenai Peninsula College, March 19th & 20th  
**Kodiak**, Best Western Kodiak Inn, March 22nd & 23rd  
**Fairbanks**, Westmark Hotel, March 29th & 30th  
**Barrow, Inupiat Cultural Center, April 5th & 6th**  
**Nome**, Nome Recreation Center, April 13th & 14th  
**Anchorage #2**, Egan Center, April 17th & 18th

**Alaska Commission on Aging Senior Legislative Teleconferences** will take place on a bi-weekly basis till the last few weeks of the 2007 legislative session, when they will be held weekly. The teleconferences share information about proposed legislation of interest to older Alaskans. Seniors and senior advocates can join the teleconferences at a senior center or other host site in their area. For more information, call the ACoA at 465-3250 or visit our website at [www.alaskaaging.org](http://www.alaskaaging.org) after the start of the legislative session. Dates of this year's teleconferences are:

January 25th	April 5th
February 8th	April 19th
February 22nd	May 3rd
March 8th	May 20th
March 22nd	May 17th

**Alaska Commission on Aging Quarterly Meeting**, Tuesday, Feb. 14th and Thursday, Feb. 16th, 2007, at Centennial Hall in Juneau. This is the ACoA's annual legislative advocacy meeting. Commission members will meet with their legislators on Weds., Feb. 15th. For the meeting agenda, check the ACoA's website shortly before the meeting: [www.alaskaaging.org](http://www.alaskaaging.org). There will be a period set aside for public testimony.

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**New Staff**

**(Continued from page 13)**

Rachel Malley has joined the ACoA's staff as an administrative assistant.



Rachel came to us from another Health & Social Services office – she has

worked in the Department for two years. Originally from Pennsylvania, she's lived in Alaska for four years.

Rachel is studying for a degree in computer science, with an emphasis in programming. "All I am is a nerd," says Rachel; however, she also plays softball and paints in her spare time. She was seeking a job with more responsibility where she could expand her knowledge base, and had previously enjoyed interacting with seniors when she worked

as a receptionist at an Urgent Care clinic.

Rachel developed a growing interest in the rights of seniors after seeing her grandmother treated poorly in a nursing home back east.

"I enjoyed staffing the November ACoA meeting," said Rachel, "and I look forward to learning more about the Commission and about senior issues in Alaska. I would like to become a vital part of the ACoA team."

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