

Alaskan Seniors Living Longer Growing Stronger



Sarah Palin
Governor

from the Alaska Commission on Aging



Karleen K. Jackson
Commissioner

Autumn 2007

Legislative Audit Recommends 2016 Extension For Commission on Aging

A recent report by the Division of Legislative Audit found that the Alaska Commission on Aging “is helping older Alaskans lead dignified, independent, and productive lives” and recommended that the Commission’s June 30, 2008 sunset date be extended by eight years to 2016. They found that ACoA is emerging as a “hub” for seniors across the state.

The sunset review was conducted in accordance with Alaska statutes that require a periodic review of boards, commissions and other agencies which are subject to sunset in order to determine whether there is still a “demonstrated public need” for their continued existence. Typically, extensions of four years are recommended.

The audit looked at Commission operation and activities for the period of July 1, 2003 through June 30, 2007. The full report can be viewed online at <http://www.legaudit.state.ak.us>



PHOTO BY ACOA

Ouzinkie Express: The Alaska Commission on Aging group prepares to board a flight from Kodiak to Ouzinkie during its annual rural outreach trip in August, 2007. Pictured are Lesley Bullock (ACoA staff), Carolyn Smith (KANA – Kodiak Area Native Association staff), Anita Baylor (KANA staff), Tara Jollie (ACoA member and director of the Division of Community and Regional Affairs at the Dept. of Commerce, Community and Economic Development), Marlo Moore-Smith (Kodiak Senior Center staff member), Paula Pawlowski (ACoA member), Kay Branch (Alaska Native Tribal Health Consortium staff), Ed Zastrow (ACoA member), and Betty Keegan (ACoA member).

[ak.us/pages/audits/2007/pdf/20054rpt.pdf](http://www.legaudit.state.ak.us/pages/audits/2007/pdf/20054rpt.pdf).

Auditors reviewed statutes, files, state plans for senior services, and minutes of Commission meetings, attended a Commission meeting in May 2007, spoke with staff of affiliated agencies, and

conducted a survey of senior services providers regarding their views of the Commission’s effectiveness.

After describing the Commission’s 2003 transition, with a move from Dept. of Administration to the Dept. of Health &

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**Alaskan Seniors:
Living Longer, Growing Stronger**
is a quarterly publication of the
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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Patricia Branson
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Executive Director's Corner

By Denise Daniello

You have probably heard the statistics. According to Alaska Department of Labor estimates (2006), there are 71,683 Alaska seniors 60 years of age and older, a number that is projected to climb to 118,041 by 2015, when one in six Alaskans will be 60 years of age or older. Referred to as the "demographic transition," the face of Alaska is growing older. The aging of Alaska's baby boomer generation, those born between 1946 and 1964 who came to Alaska back in the 1970's for work, education, or to explore the last frontier, are responsible for much of the growth in the state's senior population. Unlike retirees of past decades who migrated south in search of warmer climates, more Alaska seniors and "almost seniors" are choosing to remain in-state to enjoy family, friends, and the unique Alaskan lifestyle, leaving their footprint for generations to come.

The aging of Alaska's population will have an unprecedented impact on the state's infrastructure for long-term care and services over the next twenty-five years as more of us live longer. Long-term care is distinct from acute care which focuses on curing an illness or restoring an individual to a previous stage of better health. Long

term care is provided in a range of settings known as the "continuum of care" that includes health care and supportive services to maintain an individual's quality of health whether at home or in community-residential settings, at the lower end of the continuum, to the highest intensive care provided in nursing homes.

New trends are emerging in the types of long-term care services that will be needed and desired. There is a growing preference for developing "person centered" services that promote a meaningful life and are tailored to meet individual needs and strengths as a member of a family, community, and culture. More seniors and their families are demanding services that are comprehensive, integrated, offered close to home and offer consumer control over the types of services, providers, and service setting. Behavioral health services, new to the service array for seniors, are becoming increasingly important to address high senior suicide rates, depression, and substance abuse disorders. Relatively low-cost prevention, intervention, and wellness programs are on the forefront of senior

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***Executive Director's Corner
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health care to promote healthy aging, which leads to greater cost effectiveness in health care. As we already know, ignoring prevention can be expensive with the onset of chronic illness.

Caring for the elderly is a major policy concern now that the oldest of 183,310 of Alaskan baby boomers turn 61 this year. The numbers of older Alaskans over age 65 will more than double by 2030. Seniors and their advocates are not alone in their attention to the quality of long-term care services. Based on recommendations from the Public Health Policy Group report (February 2007), the Legislature approved funds to the Department of Health and Social Services last session to develop a Long-Term Care Strategic Plan. The goal of this effort is to create a planning document that will provide guidance as to "what" long-term care services to implement and "how" to implement them in a cost effective and meaningful way for populations served by the long-term care system. The Alaska Commission on Aging (ACoA) has long advocated the need to develop a Long-Term Care Strategic Plan and we are pleased to participate in this process.

At the September meetings of the Alaska Mental Health Trust Authority ("the Trust"), interest in the development of long-

term care was evidenced by those who attended the Trust's Advocacy Summit, including advocates representing persons with developmental disabilities, individuals with behavioral and mental health needs, and those with traumatic brain injuries. By popular vote of those present, "long-term care supports" and the Trust's "Housing Trust," a project to provide shelter and supportive services for homeless Alaskans, tied as the top advocacy priorities for this legislative session. The Trust and its partners will advocate for these priorities in the upcoming legislative session.

The FACES Campaign, or "Family And Caregiver Elder Supports," is a long-term care advocacy priority for the Trust, AARP, AgeNet (a statewide coalition of senior service providers), and ACoA this session. The FACES Campaign asks for a \$1.5 million operating fund increment to the budget base to support home and community based grant-funded services for seniors including home-delivered meals, congregate meals, transportation, chore services, homemaker services, respite for family caregivers, adult day services and education in addition to a \$2 million increase in the capital budget to support facility improvements for senior provider agencies. Core home and community services for seniors are cost effective in that they provide essential services to all older persons, including those not

Medicaid-eligible, helping them to remain healthy and in their own homes and communities for as long as possible, which is where most seniors want to be, delaying the need for more intensive care, and they support family caregivers in their efforts to care for aging family members at home. Despite an increasing senior population and rising costs of doing business, funding for these core services has remained relatively flat over the last ten years when inflation is taken into account. We thank our partners for their support of this important project for seniors and family caregivers.

In addition to the FACES Campaign, ACoA will also advocate for funding to support services, training, and infrastructure development targeting seniors with chronic mental health conditions, dementia, and behavioral health needs who are challenged to find appropriate long-term care placement. Most assisted living homes are not properly staffed and lack the appropriate licensure to provide care for this underserved senior population. We will support the Alaska Primary Care Association in their efforts to provide primary health care to Alaska's uninsured and under insured, including many older Alaskans who find it increasingly difficult to access physicians who accept Medicare because the provider reimbursement rate is too low. The Commission

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will advocate for increases to the Low-Income Heating and Energy Assistance Program (LIHEAP) to help older Alaskans of modest means with their heating costs. We also support the efforts of the Alaska Brain Injury Network to raise community awareness targeting seniors at risk of brain injury through fall prevention.

In early November, ACoA and our partners will begin the implementation process of the Alaska State Plan for Senior Services FY2008-FY2011. The Alaska State Plan has six core goals for improving health, safety, housing, a stable workforce, and supportive services for Alaska seniors and their family caregivers in addition to a number of strategies that outline an action plan. Senior and Disabilities Services, Behavioral Health, Public Health, the Trust, the University of Alaska, AARP, AgeNet, and other stakeholders will participate in this effort. Progress in the four-year implementation process will be reported on ACoA's website.

We thank Governor Palin for signing the Executive Proclamation identifying September 25th-29th, 2007 as "Employ Older Alaskan Workers Week." In cooperation with the Department of Labor's Mature Alaskans Seeking Skills Training (MASST) program, ACoA and the MASST program recognized the contributions of

older workers and employers of older workers to the economy and the workplace through certificates of appreciation, public service announcements, and other promotional activities.

Until next time...

Denise Daniello
Executive Director
Alaska Commission on Aging

New ACOA Chair Looks Forward to Challenge: An Interview with Banarsi Lal

Banarsi Lal of Fairbanks was elected chair of the Alaska Commission on Aging for fiscal year 2008 at the Commission's quarterly meeting in Fairbanks, May 23-24, 2007. Lal took over the leadership role from Frank Appel of Anchorage, who held the position of chair for the previous two years. Lal had served a previous stint as Commission chair. He took up the gavel again at the Commission's quarterly meeting in Kodiak, August 30-31, 2007.

In a recent interview with Commission staff, Lal shared some observations about the

Commission and outlined some ideas on its future direction.

Banarsi, tell us a little about yourself.

I arrived in Alaska in October 1972. I've lived in Fairbanks for the past 35 years. I started in the developmental disabilities field as a social worker, worked in vocational rehabilitation for the developmentally disabled, and spent 25 years in the substance abuse treatment field, including 3-1/2 years as director of behavioral health for Fairbanks Native Association.

I was a provider representative (recommended by my peers – a great honor) on the ABADA Board for about four years in the 1990s. I traveled in the Interior and saw that there was a lot to be done. It gave me a good understanding, though, of the challenges and costs of providing services in rural areas. That was where I first began to look at statewide needs, especially those in the rural communities.

How long have you been on the Alaska Commission on Aging?

I've been on the Commission since I retired in 2000. I replaced another person from Fairbanks who had stepped down. I've always been interested in community affairs and the well-being of my fellow citizens.

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***An Interview with Banarsi Lal
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Joining the ACoA gave me another challenge, and has broadened my horizons.

How do you see your role as Commission chair?

I'm a consensus builder. I want to help create consensus on issues so that people feel they have been heard. Everyone's opinion is equally valuable. We all have the right to be heard, and can contribute to resolving problems.

You've been a member of the Alaska Commission on Aging for seven years, giving you a unique breadth of perspective. Can you tell about some of the memorable turning points you've witnessed during that time?

The turning point for the Commission, I believe, was the 2005 White House Conference on Aging forums held in a number of communities statewide. These events gave the Commission much more visibility. In Fairbanks, senior providers became so involved in the preparation for this. Multiple preliminary events were held with different groups of seniors to prepare input for the forum. The statewide responses we received really helped connect the ACoA with the current needs and views of seniors; the forums gave them an opportunity to talk and us an opportunity

to listen. We learned a great deal about what's important to Alaskan seniors.

Another highlight has been the development of closer working relationships with AARP, AgeNet, and other advocacy groups. This coordination has increased tremendously in the past three years. Before that, we had enough resources that we felt we could do everything ourselves. Now we recognize the value of coordination and mutual support. We recently witnessed the acknowledgement of behavioral health services for seniors and long-term care as major priorities at the Alaska Mental Health Trust Authority's advocacy summit attended by its boards and commissions.

To sum up, the most important developments I've seen in my time serving on the Commission were (1) the White House Conference on Aging community forums; (2) the state plan development process, both for the 2003-2007 and the 2007-2011 plans; (3) the increased level of coordination with other agencies; (4) advocacy efforts have mushroomed – not just our legislative teleconferences, but we now engage in more specific, targeted advocacy efforts as needed, along with the Senior Advocacy Coalition, AgeNet, AARP, etc.; and (5) the educational efforts the Commission has launched, such as the current Healthy Body, Healthy Brain Campaign

– we need to do more of this.

The recent report by Legislative Audit [recommending that the Commission's June 30, 2008 sunset date be extended to 2016] confirms that the public has a favorable impression of us and credits the Commission with giving seniors a voice and advocating for them with the legislature.

You chaired the Planning Committee that oversaw the development of the new state plan for senior services [2008-2011]. How is this plan different from the earlier one and how will this plan guide the work of the Commission?

The Commission put more substance into this new state plan. The previous document was put together by a consultant. We had a lot more interaction with the public and other agencies this time. Many more people got involved. The White House Conference on Aging events in 2005 began the process of our building a great relationship with the providers and advocates. Those local forums got people involved, gave seniors a forum to express their concerns, and sensitized us to the issues of concern, which we were then able to integrate into the new plan. Many other agencies helped us in the development of this new plan, and they will continue to be involved in the implementation process, which will continue over the next four

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An Interview with Banarsi Lal
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years. Our intent is that this be a working document for senior agencies and advocates statewide, and not simply collect dust on our shelves.

What are the needs and issues of greatest concern for Alaska seniors right now, in your view?

We've got two groups of seniors in Alaska – the majority who have the resources to be independent, and a smaller group who need support from State-funded services. However, those in group one can find themselves in group two under stressful circumstances, so there are many common interests for all seniors.

The availability of affordable health care is the number one concern. Seniors want to be assured that the care they need will be available at the time, place, manner, and price they need. If not, they want to know that somebody is working to make it available.

Housing in Alaska now is very expensive. How do we expect seniors to be able to afford it at a time in life when they have fewer resources, especially if they are no longer able to work?

Transportation and help with the high cost of home heating are other important issues many seniors are concerned about.

How can the Alaska Commission on Aging help meet these needs?

The Commission can educate the public about these needs and advocate for solutions. We can envision ways of meeting the needs that may not have been tried before. One thing we might look at is supporting the development of wrap-around services in each community, to the extent possible. This would involve putting together a continuum of care, including affordable housing, assisted living, nursing home or long-term care facility, senior center, etc. Sub-regional centers could do this – not necessarily every small village. It's more tolerable for an elder to move from Selawik to Nome, or from Unalakleet to Kotzebue, but a move to Fairbanks from Nome is devastating – it results in the person becoming too cut off from their home, family, and culture. We should give some thought to concentrating on these sub-regional hub communities. We should look at some models of how to package a seamless system of wrap-around services.

In some places with small populations, it's not economical to provide comprehensive services. There can also be workforce and other resource difficulties. Maybe just outreach to assist in problem identification and referral to appropriate regional services would be offered in those communities.

The baby boomers are beginning to enter their senior years. How do you think they will change things?

The boards of senior organizations are already changing dramatically. They used to be comprised of people 65 and older, interested mainly in the meal programs. Now, there are a lot of younger board members – people in their 40s and 50s. The thinking has changed – senior centers have to do things differently and offer the kinds of activities that will appeal to younger members. Currently, the younger seniors may not feel welcome at some senior centers, and the older group of seniors may view them as intruders.

One thing the Commission could do, perhaps in partnership with Senior and Disabilities Services, is to survey the senior centers in Alaska to find out what they are doing to bring the boomers into the fold.

What new directions do you see for the Alaska Commission on Aging as we move into the future?

We are looking at restructuring the format of our business meetings. Commission members have had some suggestions and we'll be taking a look at them in the near future. We want to allow for greater participation

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**An Interview with Banarsi Lal
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from local providers and the public, perhaps in a more casual format than formal testimony at a meeting. It could be some sort of relaxed format where people mill around and discuss their concerns with Commission members in a free flow of conversation. We have a valuable role to play in representing the needs of those who receive and provide services and to advocate on their behalf. We'll still take public testimony at the meetings, from outlying areas (via phone) or local people.

I'd like to see us attract more participation in our legislative teleconferences during the coming session. We need to find out if we are talking about topics of interest to our host sites and participants – perhaps survey them. Then we ought to send them a flyer on why we hold these teleconferences, how participation can be valuable to their community, how to publicize it, and so forth. The whole idea is to seek their input on pending legislation and enlist their efforts in advocating for legislation of concern to seniors.

Our senior advocates in Alaska are our most important asset. They are the eyes and ears of what's happening to fellow seniors in their community. We want them to be well-informed spokespersons. We need to evaluate what's do-able and what's not, and prioritize the

needs. During the off-season, we and our advocates should take the opportunity to meet with local legislators and bring these important needs to their attention. We should invite them to meetings to speak with various local groups, and even to groups of seniors having coffee.

Thank you very much for your open and candid observations! We look forward to working with you this year.



Project Updates

Copies of State Plan Now Available

Printed copies of the State Plan for Senior Services, FY 2008 – FY2011, are available on request from the Alaska Commission on Aging. The document, which discusses senior needs, programs, four-year goals and objectives, and funding, represents a broad approach to senior issues in Alaska. Created by an inter-agency committee, the plan was intended as a working document which will be utilized to guide the activities of multiple agencies over the next four years.

After an early-November implementation meeting with its agency partners, the ACoA

will add a Web site section dedicated to tracking its own and partners' activities as they address the many goals, objectives, and strategies included in the plan.

Healthy Body, Healthy Brain Campaign Begins

The Alaska Division of Public Health and the Alaska Commission on Aging have begun an information effort aimed at informing seniors and baby boomers about the latest research on the links between lifestyle habits and the risk of developing Alzheimer's Disease and Related Dementias (ADRD). Studies show that healthy eating, physical activity, mental challenges and regular enjoyment of family and friends can reduce one's chances of developing ADRD. Without substantial risk reduction efforts, a tremendous increase in the number of Americans with ADRD is predicted as the massive baby boomer generation ages.

Funded by the Alaska Mental Health Trust Authority, the Healthy Body, Healthy Brain Campaign will include a wide variety of activities to bring this message to Alaskans. The campaign will begin by surveying Alaskan adults to determine their level of knowledge of the effects of lifestyle elements on ADRD risk. A question will be added

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Project Updates *(Continued from page 7)*

to the 2008 Behavioral Risk Factor Surveillance System survey, longer surveys will be given to visitors to senior centers and public health centers statewide, and visitors to the Alaska Commission on Aging's website can click on "Take the Healthy Brain Survey!" to submit a survey response. Surveys will be repeated near the end of the two-year project to help determine the effectiveness of the campaign.

Other efforts now underway include distribution of project bookmarks as well as Healthy Body, Healthy Brain posters to senior centers and public health centers. The posters have been produced in senior and boomer versions, with bus posters of both versions also scheduled to be sent to municipal bus companies statewide. A Healthy Body, Healthy Brain section of the ACoA's website is under construction to help the public locate information on the latest ADRD research. Staff is developing radio and print ads as well as a curriculum for the presentation of short talks by public health nurses at senior centers and public health centers.

If funded, year two of the project would include small grants to community organizations who wish to implement innovative evidence-based programs

to encourage healthy lifestyle choices by seniors and baby boomers.



Technology Corner

BY LESLEY BULLOCK

[Note: Lesley will be taking over as author of this column.]

Help! The Holidays are Coming and I Don't Know What to Do!

The pressure is on for buying holiday gifts for the entire family. Things like gift cards are good, but maybe not as memorable as this suggestion.

Share your treasured photographs with friends and family. With technology today, anyone can make unique gifts from pictures. You can go online, use a catalogue, or visit a store that has a photo section.

Here are some ideas....

Create calendars. You can use a specific theme or random pictures. For instance, you could do a calendar on "my life in pictures." January could be your baby pictures, February pictures of you growing up, March school


graduations, April wedding pictures and so forth until you come to December which could have a current picture of you with your loved ones.

Another option would be to highlight a different family member each month. The ideas are endless and so easy to do.

In addition to calendars, you can place pictures on coffee mugs, pillows, beach towels, photo tapestry afghans, photo plates, sports bottles, serving trays, mouse pads, crystal ornaments, photo puzzles, photo Rubik's cubes, Wheaties boxes, T-shirts, plus so much more. You could also have old pictures restored and nicely framed for family and friends.



Here's how to create a gift of a lifetime...

Go to a store that offers this service such as Safeway, Wal-Mart, or Fred Meyer, and bring your printed photos or your digital photos on a CD, a flash drive  or the small "card" out of your digital camera. Follow the

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Technology Corner **(Continued from page 8)**

instructions on the kiosks or the store's printed order forms. The machines are simple to follow and many stores have clerks who are willing to help. Once you complete your order on the kiosks or on the order form you need to allow around four weeks for your gift(s) to arrive.

The other option is to order a gift through the internet. You can send the photo by mailing it along with a completed form and payment, or email the picture(s) and make the payment on-line. There are hundreds of sites to choose from and as many different gifts. Also look through your favorite catalogues for photo gifts and follow their ordering instructions.

Start thinking of ways to use those wonderful memories that will be around a long time. Then look forward to hearing, "Wow, what a cool gift!"

Lesley Bullock Joins Commission Staff

The Alaska Commission on Aging has hired Lesley Bullock as its Health and Social Services Planner I. She started with ACoA on August 1st and has a diverse background in health and social service programs.

Lesley grew up in Wisconsin and moved to Alaska in 1991 after 10 successful years

working for Camp Fire Boys and Girls in Portland, Oregon.

She served as program manager

working with programs that serve at-risk-youth including children with disabilities.

She was the executive director of the Tongass Alaska Girl Scout Council (serving Southeast Alaska) for 13 years and has worked in State service for the past three. During the 2005 legislative session, she worked for Representative Jim Elkins of Ketchikan. For the past 14 months, she has worked in the Grants and Contracts section of the Department of Health and Social Services.

Lesley has been interested in the work of the ACoA ever since her mother-in-law Evelyn Bullock served on the Commission in the mid 1990s. Senior issues are very important to Lesley. "I have a passion for working to improve the lives of Alaskans. I have spent the majority of my working career making things better for people and want to continue this endeavor. I am thrilled to be given the opportunity to work with such a wonderful group of dedicated individuals working to make the mission of the ACoA become a reality."

Lesley lives in Juneau with her husband, Don. She enjoys traveling, quilting, volunteering in the



LESLEY BULLOCK

community, photography, and video production

Please join us in welcoming our new planner!

The Commission Welcomes New Administrative Assistant

On October 29th, Sherice Ridges joined the Alaska Commission on Aging's staff as

Administrative Assistant. Sherice has worked in the Department of Health and Social Services for a year in the office of the Assistant Commissioner for Financial and Management Services. With her experience handling the State's travel, payroll, AKSAS system (accounting data base) and administrative procedures, Sherice will be a most welcome addition to the Commission's small office staff.

Sherice is a lifelong Juneau resident. She and her husband Kevin have a two-year-old daughter, Jasmine. Sherice's interests include nutrition, outdoor activities, and travel.

Please join us in welcoming Sherice to our staff!



SHERICE RIDGES



On the Road: Commission Visits Kodiak Island for 2007 Rural Outreach Meeting and Participates in Advocacy Summit in Anchorage



Taking Care of Business:

Steve Williams, right, program officer with the Alaska Mental Health Trust Authority, reports to the Alaska Commission on Aging on Trust activities during the Commission's late-August meeting at the Kodiak Senior Center. Commission members and staff shown include (left to right) Betty Keegan, Pat Branson, Sharon Howerton-Clark, Banarsi Lal (chair), Denise Daniello (executive director), Frank Appel, Ed Zastrow and Paula Pawlowski.



Hot Off the Press:

Commission members Betty Keegan and Ed Zastrow present one of the ACoA's new Healthy Body, Healthy Brain Campaign posters to Sandra Muller, Community Health Aide at the health clinic in Ouzinkie. The poster urges seniors to eat healthy, be physically active, have fun with others, and work on mental challenges like games and puzzles in order to help reduce their risk of Alzheimer's disease and related dementias.



Warm Welcome:

Commission member Iver Malutin, a Kodiak resident, presents a "Welcome to Kodiak" cake to the Alaska Commission on Aging during its visit to Kodiak. Iver and friends prepared a delicious dinner of local seafood (in addition to arranging entertainment by the Saint Innocent's Academy singers) for the Commission and its guests. The evening festivities were held at the Kodiak Fisheries Research Center.



Health Promotion:

Commission members Paula Pawlowski and Tara Jollie present Healthy Body, Healthy Brain Campaign posters to Bruce and Sarah Nelson of the Port Lions Health Clinic. The posters feature baby boomers and seniors leading healthy lifestyles to enhance brain health.



Brainstorming:

Commission chair Banarsi Lal reports the results of a small group discussion at the Trust's Advocacy Summit on September 5, 2007. The summit gathered members and staff of the Trust's associated boards and commissions to help set legislative priorities for 2008.



Lunch Bunch:

Commission members and staff joined Kodiak seniors for lunch at the Kodiak Senior Center. All lunches include soup and salad bar in addition to a balanced meal. Here, Pat Branson (Commission member and director of the Kodiak Senior Center) chats with Lola Harvey and Ileen Ellison as they await the day's entree.

PICTURES COURTESY OF THE ALASKA COMMISSION ON AGING



Info Bytes & Websites

Alaska 'Network of Care' System Unveiled: Links to Information on Community Services for Seniors, Caregivers, Others

The Alaska Statewide Independent Living Council (SILC) has recently introduced a community-based Web site that provides links to long-term care services, information, and education for seniors, people with disabilities, caregivers, and service providers.

Sponsored by a grant from the Alaska Mental Health Trust Authority and in partnership with Alaska's five Aging and Disability Resource Centers, the Alaska SILC developed the "Aging and Independence Network of Care" site (<http://alaska.networkofcare.org>). The site is designed to help seniors and others find the right service at the right time, educate themselves about issues of concern to them, find assistive devices, understand current policy initiatives and advocate directly to elected officials, and use online tools to manage their affairs, interactions, and important records.

The Network of Care provides a comprehensive service directory of approximately 300 service providers in Alaska. It also provides easy-to-search libraries and vital information about specific disorders, pending legislation and advocacy, as well as daily news articles from around the world concerning aging and disabilities.

Service providers can share challenges and ideas, as well as create new mechanisms to better serve seniors and persons with disabilities, by using Network of Care's communication tools such as message boards and community calendars. Service providers can even build their own free Web sites in the For Providers section.

Trilogy Integrated Resources LLC of San Rafael, California created, developed, and maintains Alaska's Network of Care site and several similar sites across the country. The Alaska SILC contracted with Trilogy to create the Aging and Independence Network of Care site.

Track State of Alaska Public Notices Online

If you are looking for information on State of Alaska grants, procurements, public notices, or new regulations, you can find notices of all current activities online at <http://notes4.state.ak.us/pn>.

Or, to make certain you don't miss the next grant deadline or important meeting notice, you can sign up for the State's daily notification service:

1. Go to <http://notes4.state.ak.us/pn>.
2. Click on "Notification Service."
3. Enter your name and email address.
4. Hit "Subscribe/Renew."
5. When you receive an email asking you to verify your request, hit the "Submit" button and you are ready to receive daily online notices.

Alaska Relay Assists Deaf Alaskans when Placing Calls (If Relay Calls, Don't Hang Up!)

Available 24 hours a day, 365 days a year, with no restrictions on the length or number of calls placed, Alaska Relay provides telephone accessibility to people who are deaf, hard-of-hearing or speech-disabled. In a relay call, a communication assistant verbally relays the words provided in text form by a relay client to the party the client wishes to speak to, and then relays the party's response to the client via text.

Alaska Relay is currently trying to decrease the frequency of hang-ups by businesses and people who are unfamiliar with relay, by increasing the awareness of the general public.

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Info Bytes & Websites
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The service provides state-of-the-art technology, a full range of features, and highly trained, professional communication assistants to ensure that users are able to communicate easily and effectively every time they place a relay call. All calls are strictly confidential and no records of any conversation are maintained.

The most common telephone device used to make a relay call is a TTY (text telephone). Alaska residents who are deaf, hard of hearing, deaf-blind, or speech-disabled are eligible to receive specialized telephone equipment at little or no cost. For more information on how to obtain specialized telephone equipment in your area, call toll free (866) 338-0035 (TTY), (907) 338-0035 (TTY), or (800) 697-5056 (voice).

Though other communications equipment is now often used by the deaf and hard-of-hearing, they are advised to keep their TTY in case of emergency. A TTY is still needed to make 911 calls. Videophones and other communications devices use a dynamic IP address, which does not allow for identification of call origins.

Visit Alaska Relay's Web site at www.alaskarelay.com for more information about this vital service.

An Alaskan Woman's Blog Details Journey of Caregiving

According to the National Association of State Units on Aging (October 2006), Alaska has over 100,000 family caregivers who provide 60.6 million hours a year in caring for their loved ones. This represents a market value of \$533,800,000!

Like many other Americans, Debbie Newsham is a family caregiver, struggling to balance a variety of roles and to navigate new fields of information. With help from her husband and three sons, Debbie, who lives in Eagle River, cares for her father, who has Alzheimer's disease, while she also holds down a job and advocates for caregiver rights and services. Debbie has recorded her personal journey of discovery in a weblog ("blog"), entitled "My So-Called (Caregiver) Life," on the website of Caring Today magazine.

View Debbie's blog at www.caringtoday.com/blogs/458.

Debbie also has written a blog called Caregiving 101, available at <http://caregiving102.blogspot.com/>.

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Federal Notes

Legislation Would Prepare Seniors for Digital TV Transition

Representatives Albert Wynn (D-MD) and G.K. Butterfield (D-NC) have introduced H.R. 3862 in the U.S. House of Representatives as a companion bill to Senator Herb Kohl's (D-WI) Preparing America's Seniors for the Digital Television Transition Act.

The legislation would create outreach and education efforts targeted to seniors about the switch from analog television broadcasting to digital broadcasting. As of February 17, 2009, all television stations will send only digital signals, which could pose problems for seniors without digital television sets.

A recent Senate hearing highlighted concerns that senior citizens are the most likely Americans not to be prepared when the broadcasting of analog television signals ends. Studies show seniors receive the majority of their information from television. "Without adequate planning and coordination, seniors will be left in the dark," noted Senator Kohl.

This legislation would establish a grant program to support

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Federal Notes

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non-profits and state and local government agencies, such as area agencies on aging, as they help seniors and other vulnerable populations navigate the transition, and a “coupon program,” which was created by the National Telecommunications and Information Administration (NTIA) to help subsidize the cost of a converter box for analog televisions.

Senator Kohl, chair of the Senate Aging Committee, announced the House bill and commended the National Association of Broadcasters for its commitment to fund a \$697 million campaign to educate people about this transition.

Medicare Part D Open Enrollment Begins November 15th

Seniors eligible for Medicare can enroll in a Medicare Part D prescription drug plan or change plans during the annual open enrollment period starting November 15th and ending December 31, 2007. Watch your mail for a booklet from the Centers for Medicare and Medicaid Services (CMS) describing drug plans specific to Alaska. If you need help, you may call toll-free 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov.

CMS has also announced that it will allow people eligible

for the Medicare Part D Low-Income Subsidy (LIS) to enroll in the program at any time, without penalty, through 2008. Granting a Special Enrollment Period (SEP) and waiver of the premium penalty for LIS eligibles allows organizations to continue their outreach efforts year-round and enroll people in this benefit program at any time.



Health News

New Clues Found to Stroke Role in Alzheimer's

BY ERIN DOONAN OF CELL.COM
(USED WITH PERMISSION OF CELL.COM, 10/25/2007)

Researchers have discovered key details of how stroke or traumatic brain injury can trigger Alzheimer's disease (AD) by enhancing formation of brain-clogging amyloid plaques. Their experiments established that “executioner” enzymes that kill brain cells during stroke or head trauma also interfere with the normal disposal of an enzyme that helps generate plaque. This interference increases the level of the enzyme in brain cells, they found.

The researchers, led by Guseppina Tesco

and Rudolph Tanzi of Massachusetts General Hospital, reported their findings in the June 7, 2007, issue of the journal *Neuron*, published by Cell Press.

The researchers sought to understand the mechanism by which stroke or brain injury causes the increase of an enzyme called BACE in the brain. BACE is a protein-cleaving enzyme that snips apart a brain protein called amyloid precursor protein to form a shorter protein called A beta peptide. It is this A beta peptide that is the building block of the amyloid plaques that are a hallmark of AD.

The researchers discovered that particular enzymes produced during brain injury, called caspases, somehow also enable BACE to linger in brain cells. Caspases are so-called “executioner” enzymes that destroy brain cells such as those damaged by oxygen deprivation during stroke.

In further exploring the link between caspase activation and higher BACE levels, the researchers found that one of the proteins snipped apart by caspase activity is GGA3. This protein is an adaptor protein necessary for shepherding BACE to the cell's garbage disposal machinery, the lysosome. The researchers found that caspase's snipping of GGA3 not only eliminates GGA3's ability to tag BACE for destruction but that the resulting fragments of

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GGA3 actively interfere with BACE disposal.

To test the role of GGA3, the researchers “silenced” activity of the GGA3 gene in brain cells, finding that the silencing caused increased levels of BACE and the amyloid proteins.

And they found that inducing strokes in rats caused GGA3 to be degraded and BACE levels to increase. Finally, when they analyzed brain tissue from people with AD, they found decreases in GGA3 levels that were inversely correlated with increases in BACE.

The researchers pointed out that studies have shown that “individuals with AD and cerebrovascular pathologies show greater cognitive impairment than those exhibiting either pathology alone. These studies indicate that there is an additive or synergistic interaction between AD and cerebrovascular pathologies.”

“Furthermore, evidence is accumulating that stroke and transient ischemic attacks significantly increase the risk of AD in elderly individuals... Thus, stroke may represent a precipitating or a triggering event in AD,” they wrote.

In summary, wrote Tesco, Tanzi, and their colleagues, other researchers’ studies, “taken together with our

current data, suggest that accumulative insults to the brain over one’s lifetime would progressively increase risk for AD by elevating cerebral A beta accumulation via BACE stabilization owing to caspase-mediated depletion of GGA3.”

ADRD DIGEST: Abundance of Alzheimer’s Research Yields New Insights

Recent studies of various aspects of Alzheimer’s disease have produced a wide variety of results:

Use It or Lose It: Mental Activity Confirmed as Protective Against Alzheimer’s: According to research by Robert S. Wilson in *Neurology Journal*, not only does mental activity help to reduce the risk of developing Alzheimer’s, but the type of activity need not be as complex as sophisticated computer games or mind-bending puzzles. Something as simple as reading the daily newspaper can help lower risks of Alzheimer’s and mild cognitive impairment. The study found that a cognitively active senior was 2.6 times less likely to develop dementia and Alzheimer’s disease than a cognitively inactive senior. Activities such as visiting a library or attending a play were associated with reduced risk of mild cognitive impairment.

Scratch-and-Sniff Test May Predict Alzheimer’s:

A study appearing in the *Archives of General Psychiatry* reports that difficulty identifying certain distinctive smells such as lemon, banana, and cinnamon may be the first sign of Alzheimer’s disease. Researchers had been aware that the microscopic lesions considered the hallmarks of Alzheimer’s appear first in a brain region important to the sense of smell. Other studies had linked the loss of the sense of smell to Alzheimer’s, but this was the first study to measure healthy people’s olfactory abilities and follow them for five years, testing along the way for signs of mental decline. Some 600 people between the ages of 54 and 100 were asked to identify a dozen familiar smells, choosing from among four answers for each scent. The subjects took 21 cognitive tests annually over the next five years. About one-third of the people developed at least mild trouble with memory and thinking. People who made at least four errors on the odor test were 50 percent more likely to develop problems than people who made no more than one error. Older people should report a loss in smell to their doctors. “If a person is old and has a very good sense of smell, that’s a very good sign,” said Claire Murphy, an Alzheimer’s researcher at San Diego

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State University who was not involved in the new study.

Even One Bout of Depression Can Raise Alzheimer's Risk:

New evidence links untreated depression with development of dementia. Even one bout of untreated depression can raise the risk of getting Alzheimer's or other forms of dementia later in life. A University of Pittsburgh study recently found one untreated major depression episode during late middle age can double the risk of getting dementia as a senior. Whether or how the depression is causing the dementia is not yet clear. One theory says that depression causes the release of certain hormones into the brain which can cause permanent physical changes. "The one thing that we feel you can really do to stave off Alzheimer's disease as much as you possibly can is to stay socially involved and stay interactive and mentally active," said Dr. James Brewer, a dementia researcher. It is very important for people with depression to see their doctors and get treatment. Depression can be successfully treated with medication, counseling, and exercise.

Obesity Linked to Alzheimer's – Epidemic Looms:

Experts expect the number of people with Alzheimer's to soar as a result of the obesity epidemic. Evidence is mounting that dementia, like heart attack

and stroke, has lifestyle causes. "If you are overweight at 60, you are twice as likely to have Alzheimer's by the time you are 75," said Clive Ballard, director research at Britain's Alzheimer's Society. Other studies have shown that exercise, even in the form of everyday activity, can stave off dementia, reducing the risk by 30% to 40%. Diets rich in vitamin C cut the risk by about 15% and sticking closely to a Mediterranean diet could cut the chances of developing dementia by up to 40%. Reducing blood pressure is also protective. "It is not hopeless. There is now a good evidence base. We can do something," said Professor Ballard. "We need to start working together to see dementia as part of a spectrum that includes stroke and heart disease. We need to recognize that it is a preventable disease," noted Tony Rudd, a consultant at Guy and St. Thomas Hospital in London.

Blood Marker May Point to Alzheimer's Risk:

Biomarkers in the blood, called cytokines, are hallmarks of heightened inflammatory response. Cytokines specific to Alzheimer's disease were found in greater numbers on white blood cells called mononuclear cells. Higher concentrations of inflammatory markers in the blood have been linked to Alzheimer's disease before. But other conditions of old age, such as heart disease and arthritis, can also trigger inflammation.

However, the newly discovered markers point specifically at Alzheimer's-linked inflammation in the brain, said scientists at the Memory Disorders Clinic at Beth Israel Deaconess Medical Center in Boston. Researchers found that individuals with the highest levels of mononuclear cell-derived inflammatory cytokines were twice as likely to develop Alzheimer's disease as those with the lowest levels of the inflammatory markers. If this finding is validated in other studies, it might become a test for future risk of Alzheimer's disease. The exact role of inflammatory processes in Alzheimer's remains a mystery, though numerous studies support the notion that they are associated with the illness.

Pesticide Exposure Linked to Parkinson's Disease Risk

Exposure to pesticides is associated with increased risk for Parkinson's disease, according to the results of a case-control study reported in the May 30 Online First issue of Occupational and Environmental Medicine.

The study included 959 cases of Parkinsonism and 1,989 controls. Interviewers administered a questionnaire about lifetime occupational and hobby exposure to solvents, pesticides, iron,

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Health News

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copper, and manganese. Multiple logistic regression analysis adjusted for age, sex, country, tobacco use, head trauma resulting in loss of consciousness, and family history of Parkinson's disease.

There was an exposure-response relationship for pesticides and for ever having been knocked unconscious. Hypnotic, anxiolytic, or antidepressant drug use for more than one year and a family history of Parkinson's disease were also associated with significantly increased odd ratios, whereas tobacco use was protective.

"The association of pesticide exposure with Parkinson's disease suggests a causative role," the authors conclude. "The exposure-response relationship suggests that pesticide exposure may be a causative and potentially modifiable risk factor."

Happy Holidays
from the Alaska Commission on
Aging and staff!



The Sun Also Rises...

(Continued from page 1)

Social Services and the shifting of grant-making responsibilities to the Division of Senior and Disabilities Services, Legislative Audit found that the Commission "has emerged from the reorganization as a respected planner, educator, and advocator for Alaska's seniors." The report's conclusion was that a public need does exist for the Alaska Commission on Aging, and that its sunset date should be extended by eight years.

The Division of Legislative Audit lauded the Commission's level of collaboration with other agencies and community-based programs (more than 90 percent of provider survey respondents, they report, agreed that the ACoA encouraged public participation in its decisions, and over 80 percent said that ACoA consults and cooperates with their community organizations on programs for older Alaskans).

After polling a number of watchdog agencies, the legislative auditors could find no record of any complaints filed against the Alaska Commission on Aging.

Other conclusions were that the Commission keeps older Alaskans informed on important issues and plays an important advocacy role on their behalf. It was noted that the Commission received recognition from the U.S. Administration on Aging on its recently completed state plan.

The report noted that the Older Americans Act requires states to establish an advisory council consisting of older individuals, service providers, and others to advise the area or state unit on aging on matters relating to the state plan, the administration of the plan, and operations conducted under the plan. In Alaska, the Alaska Commission on Aging satisfies this federal requirement. Alaska's state unit on aging is the Department of Health & Social Services.

The report contained only one recommendation regarding needed future actions: that finding outlined the need to amend Alaska Statutes to correctly reflect the Commission's current mission. Some of the statutes, for example, refer to grant and program administration duties no longer performed by the Commission.

The Commission will pursue these statutory updates during the 2008 legislative session.

If no action were taken by the Alaska Legislature to re-establish the Alaska Commission on Aging, the Commission's mandate would terminate in June 2008. The Commission would have one year from that date to conclude its administrative operations.

The Commission plans to work with legislators to introduce "sunrise" legislation to ensure its continuation.





Consumer News

Study Finds Rising Out-of-Pocket Costs for Medicare Beneficiaries

A new report in the journal *Health Affairs* found that a growing proportion of Medicare beneficiaries' income is spent on health care. "How Much 'Skin in the Game' Do Medicare Beneficiaries Have? The Increasing Financial Burden of Health Care Spending, 1997-2003" found that median out-of-pocket spending on health care rose to 15.5 percent in 2003.

According to a news release by the Kaiser Family Foundation, "The study found that growth in out-of-pocket health spending outpaced growth in income over time. Between 1997 and 2003, median out-of-pocket health spending increased by \$1,116 - a 50 percent increase, while median individual income rose by just 15 percent."

The study also found that the oldest, frailest and poorest Medicare beneficiaries spent a far greater portion of their income on premiums and health care than other beneficiaries. Overall, 40 percent of beneficiaries spent more than 20 percent of their income on health. In addition,

the 10 percent of beneficiaries with the highest out-of-pocket health spending shelled out almost 60 percent of their income on health services.

Web Site Guides Seniors in Internet Safety for Newbies

BY SHARON O'BRIEN, ABOUT.COM
SENIOR LIVING

Seniors are the fastest growing group of Internet users, but as the newest users they also tend to have the least online experience.

To help seniors, baby boomers, and other Internet users improve their Internet safety, the Federal Trade Commission (FTC) has developed a Web site providing tips, articles, videos, and interactive activities that teach consumers how to protect themselves from the risks associated with using the Internet.

Created in partnership with cybersecurity experts, online marketers, consumer advocates, and other federal officials, the FTC site, called "OnGuard Online," addresses important Internet safety topics including:

- ☒ How to recognize scams on the Internet
- ☒ How to shop securely online

- ☒ How to avoid hackers and viruses
- ☒ How to deal with spam, spyware, phishing, and peer-to-peer file sharing

The FTC Internet safety initiative offers plain, straightforward language in online materials aimed at helping computer users learn to be on guard against Internet fraud, to keep their computers secure, and to protect their personal information.

"Consumer education is critical to our success in securing the Web against hackers, viruses, spam, and spyware. Education truly is the first line of defense for computer users against fraud and deception online," said FTC Chairman Deborah Platt Majoras. "An aware computer user is more likely to recognize a phishing e-mail, more likely to download a spyware detector, and far less likely to disclose, expose, or unwittingly share personal information."

"Stop, Think, Click: Seven Practices for Safer Computing" and other OnGuard Online information materials are available from the FTC's Web site at www.onguardonline.gov and also from the FTC's Consumer Response Center. Send correspondence to: Consumer Response Center, Room 130, 600 Pennsylvania Avenue, N.W., Washington, D.C. 20580.



Events Calendar

December 3rd – 5th, 2007:

The 25th annual **Alaska Health Summit** will be held at the Anchorage Sheraton Hotel, 401 E. 6th Avenue. This year's theme is: "Making Alaska Healthy: Individuals, Communities, Policies, and Environment." For more information, visit the Alaska Public Health Association website at www.alaskapublichealth.org/summit.shtml.

December 3rd, 2007:

The Alaska Commission on Aging will hold two informal **Coffee Chats** at the Anchorage Senior Center. Seniors, caregivers, and service providers are welcome to meet informally with Commission members and staff to discuss any issues of concern with respect to services, advocacy, and other needs. The Commission will meet with seniors and caregivers from 10:30 am to noon, and with providers from 1:00 pm to 2:30 pm.

December 4th – 5th, 2007:

On December 4th the **Alaska Commission on Aging** will hold its **quarterly meeting** in Anchorage, at the Alaska Mental Health Trust Authority's conference room at 3745 Community Park Loop. The meeting is open to the public and will include a public comment period. Visit our website (www.alaskaaging.org) ten days before the meeting for the final agenda. On December 5th the **Alaska Commission on Aging** will meet at The Trust in the same room for board and staff leadership training and planning overview.

January 16th – 19th, 2008:

A 3.5 day leader training course for the "Living Well Alaska" chronic disease self-management program will be offered at Bartlett Regional Hospital in Juneau. Contact Leslie Shallcross for more information about the course at (907) 786-6313. For more information about Living Well Alaska, go to <http://www.hss.state.ak.us/dph/chronic/smp/default.htm>.

January 24th, 2008:

The first **Alaska Commission on Aging Senior Legislative Teleconference** of the 2008 legislative season will run from 9:30 to 11:00 a.m. Senior centers and other host sites call in to hear updates on legislation of interest to seniors and to participate in discussions of advocacy priorities. See below for a complete teleconference schedule that you can clip and save. Contact Sherice Ridges at (907) 465-3250 for more information about becoming a host site or finding a host site near you.

2008 Alaska Commission on Aging Teleconference Schedule:

January 24th
February 7th & 21st
March 6th & 20th
April 3rd, 10th & 17th



All teleconferences run from
9:30 am to 11:00 am
Call 1-800-315-6338
and use the code 3250#

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