

# Alaskan Seniors Living Longer Growing Stronger



Frank H. Murkowski  
Governor

from the Alaska Commission on Aging

February 2005



Joel Gilbertson  
Commissioner

## Alzheimer's Services, Senior Grant Restoration, SeniorCare Expansion Top Commission on Aging's 2005 Legislative Agenda



Governor Murkowski introduces his expanded SeniorCare program at the Anchorage Senior Center in December 2004. Support for the expanded SeniorCare program is one of the Alaska Commission on Aging's top legislative priorities for 2005. (DHSS Staff photo.)

In January the Alaska Commission on Aging's Legislative Advocacy Committee identified their top concerns for the 2005 legislative season. Those concerns include improving the eligibility for services of persons with Alzheimer's Disease and Related Disorders (ADRD), obtaining an increase in General Funds/Mental Health (GF/MH) of \$437,500 for Senior Grant programs to offset recent funding reductions, and expanding the SeniorCare Program while ensuring that the program is adequately funded.

The Alaska Commission on Aging's statutes allow the Commission to advocate on behalf of older Alaskans. The ACOA may request that legislators sponsor needed legislation, and may also collaborate with other senior organizations such as AgeNet in its advocacy efforts.

Commission members completed a survey in which they each identified their top five priorities. Responses were compiled, resulting in the selection of three high priority issues for this year (several issues regarding the Older Alaskans Medicaid Waiver

were combined into the one concern regarding services for Alaskans with ADRD).

**Waivers for Alaskans with ADRD.** Alaska's Medicaid Home- and Community-Based CHOICE waiver programs utilize a medical model, rather than a functional model to determine eligibility for services. Individuals must require a level of medical assistance equivalent to nursing home care in order to be eligible for participation in the waiver program. This requirement leaves many who meet income eligibility requirements and  
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**Alaskan Seniors: Living Longer, Growing Stronger**  
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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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## Staying Warm a Matter of Life and Death

Every year, hypothermia kills about 600 Americans, half of whom are 65 and older, according to the U.S. Centers for Disease Control and Prevention. Hypothermia occurs when a person's normal body temperature drops from 98.6 degrees to 95 degrees or lower. Older people may be at greater risk for this condition if their body's response to cold is diminished by certain illnesses like arthritis and medications like some over-

the-counter cold remedies. To prevent hypothermia, make sure your home is warm enough. Set your thermostat to at least 68 degrees to 70 degrees. Even mildly cool homes with temperatures from 60 to 65 degrees can trigger hypothermia.

The best way to identify someone with hypothermia is to look for the "umbles" – stumbles, mumbles, fumbles, and grumbles. Changes in  
*(Continued on page 4.)*

## Commissioners' Corner



### New ACOA Commissioner Appointed

Governor Murkowski recently appointed Juneau resident Robert Head to fill the remaining vacant seat on the Alaska Commission on Aging. Head, a retired state employee and Juneau resident since 1980, currently works for GCI. Head served as a member of the Human Relations Commission under former Governor Walter Hickel. With Head's appointment, all seats on the Alaska Commission on Aging are now filled.

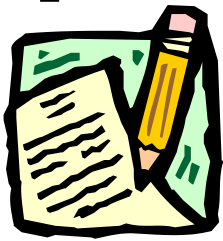
## Senior Grant Program News



### Senior Grant RFPs Coming

Requests for Proposals for the Senior Grant Program are scheduled to be issued in early March 2005. RFPs will include Nutrition, Transportation and Support Services (NTS), Family Caregiver services and Senior In-Home Services grants. This year the previous care coordination, respite care, and Alzheimer's Disease and Related Disorders (ADRD) services are combined into one grant (Senior In-Home Services) with which agencies may offer flexible services based on community needs. For a copy of these RFPs, visit the Department of Health and Social Services online public notice page at [www.hss.state.ak.us/publicnotice/](http://www.hss.state.ak.us/publicnotice/) or call Eleanor Martinez Oydna at (907) 465-4709.

## Project Updates



Frank Appel, Dan Karmun, Betty Keegan, and Banarsi Lal of the

Alaska Commission on Aging currently hold seats on the Alaska Systems Change Consumer Task Force. The task force is a statewide representative body of consumers and advocates who support the development of consumer directed services for seniors, individuals with

## ACOA Members participate on Consumer Task Force

disabilities, and their families.

Nancy Karacand, a planner for the Commission, serves as a resource person for the task force. The group has two face-to-face meetings and two teleconference meetings each year. In addition, members serve on workgroup subcommittees.

The Consumer Task Force currently tracks six different federal grants. The largest grant funds the development of self-directed Medicaid

waiver services for seniors and individuals with disabilities. Another program helps transition nursing facility residents back into their home communities. Other grant efforts followed by the task force provide information and referral for consumers, training in use of consumer directed services, and support to family members of consumers.

## ACOA Plans White House Conference on Aging Events

The first of several community forums sponsored by the Alaska Commission on Aging and the 2005 White House Conference on Aging will take place at the Juneau Senior Center on Friday, February 25, from 1 to 4 p.m. The community forums are an opportunity for seniors, family members, caregivers, providers and direct service workers, as well as any community members concerned with aging policy, to bring their ideas and recommendations on a wide range of issues to the Commission's attention.

The White House Conference on Aging is held approximately every ten years in Washington, DC to plan aging policy for the coming decade. In

past decades, Alaska held a large statewide conference in advance of the national event in order to gather recommendations from Alaskans. This year, because of funding limitations, the Alaska Commission on Aging will hold several smaller forums in communities in which members are already scheduled to meet during the first half of the year.

The Commission encourages other communities to hold their own events to capture residents' views on a wide range of topics. The ACOA has produced a forum blueprint packet that includes suggestions on how community organizations can help gather this information. Packets are being sent to senior centers, local senior

advisory commissions, and local planning departments, as well as to organizations responsible for services in rural areas. The blueprint packet is also available on the ACoA's website, [www.alaskaaging.org](http://www.alaskaaging.org).

All responses received at the official ACoA forums and the independent community forums will be compiled into a report to the national White House Conference on Aging committee, and a list of recommendations will be compiled for presentation at the national conference to be held in Washington, DC October 23 – 26, 2005.

## State-by-State Report Card on Healthy Aging Shows Older Alaskans' Health Risks a Mixed Bag

Alaskan seniors are much more likely than seniors in other states to be obese and to be current smokers. On the other hand, they report one of the lowest levels of physically unhealthy days, according to a report card document recently released by the Merck Institute of Aging and Health, the Centers for Disease Control and Prevention (CDC) and the Gerontological Society of America (GSA).

The national report card on healthy aging presents 15 indicators related to older adult health status, health behaviors, preventive care and screening, and injuries. The data on adults age 65 and older in all 50 states and the District of Columbia was

gathered by the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing phone survey conducted in conjunction with the CDC.

More Americans are living longer, and the proportion of the U.S. population that is age 65 or older is growing rapidly. Thanks to improved medical care and prevention efforts, life expectancy increased dramatically during the past century, from 47 years for Americans born in 1900 to 77 years for those born in 2001. Leading causes of death have shifted from infectious diseases and acute illnesses to chronic diseases and degenerative illnesses.

Although the risk of disease and disability clearly

increases with age, poor health is not an inevitable consequence of aging. The leading chronic disease killers are often preventable. Adopting healthier behaviors and getting regular screenings can dramatically reduce a person's risk for many chronic diseases, including the leading causes of death and disability.

The national report card shows the most current data for each health indicator and assigns a grade of "Pass" or "Fail" based on Healthy People 2000 targets. For more information, see "The State of Aging and Health in America 2004," available at [www.cdc.gov/aging](http://www.cdc.gov/aging) or [www.miahonline.org](http://www.miahonline.org).

**The report card's data is displayed on page 5 of this issue.**

### Staying Warm (continued from page 2)

a person's behavior may indicate that the cold is affecting how well their muscles and nerves work.

If you suspect that someone is suffering from the cold, and have a thermometer available, take his or

her temperature. If the body temperature is 96 degrees or lower, call 911 for emergency help.

Because heating costs are high, the U.S. Department of Health and Human Services recently allocated \$100 million in emergency funds from the Low Income Home Energy Assistance Program (LIHEAP) to help low income families pay their heating bills.

LIHEAP helps eligible families pay the costs of heating their homes in the winter and cooling their homes in the summer. More than 4.5 million households across the country receive assistance each year.

For help paying your home heating bill in Alaska, contact the Heating Assistance Program at 269-5777 (Anchorage) or 1-888-804-6330 (outside Anchorage). Details on program eligibility can also be found at the program's Web site, [www.hss.state.ak.us/dpa/programs/hap/](http://www.hss.state.ak.us/dpa/programs/hap/).

# Report Card on Health Risk Behaviors of Alaskans Age 65 and Older

Health Indicator	Alaska's Ranking	Unit of Measure	Alaska's Data	Pass or Fail	State Ranked #1	#1 State's Data	State Ranked #51	#51 State's Data
Physically Unhealthy Days	#2	Mean number of days in past month	3.7 days	N/A	Hawaii	3.0 days	Virginia	8.6 days
Frequent Mental Distress	#18	Mean number of days in past month	6.0 days	N/A	Iowa	4.0 days	Kentucky	11.8 days
Oral Health	#32	Percent with complete tooth loss	24.4%	Fail	California	13.2%	Kentucky	42.5%
Disability	#14	Percent limited by disability	29.1%	N/A	Hawaii	21.1%	Kentucky	39.1%
No Leisure-Time Physical Activity	#24	Percent with no leisure time physical activity	32.5%	Fail	Hawaii	19.5%	Tennessee	47.9%
<b>Separator</b>								
Eating 5+ Fruits & Vegetables Daily	#29	Percent eating 5+ fruits & vegetables daily	31.9%	Fail	Virginia	41.3%	Louisiana	21.0%
Obesity	#48	Percent obese	23.8%	N/A	Hawaii	11.7%	Michigan	25.2%
Current smoking	#50	Percent currently smoking	15.7%	Fail	Utah	4.8%	Kentucky	16.9%
Flu Vaccine in Past Year	#22	Percent receiving flu vaccine in past year	69.5%	Pass	Minnesota	76.6%	Florida	57.0%
Ever Had Pneumonia Shot	#38	Percent ever receiving pneumonia shot	59.8%	Fail	North Dakota	72.5%	District of Columbia	48.0%
<b>Separator</b>								
Mammogram in Past 2 Years	#33	Percent women having mammogram in past two years	76.6%	Pass	Rhode Island	85.8%	Arkansas, Oklahoma	68.4%
Ever Had Sigmoidoscopy or Colonoscopy	#3	Percent ever having sigmoidoscopy or colonoscopy	68.6%	Pass	Minnesota	75.3%	Nebraska	47.1%
Up-to-date on Selected Preventive Services (Men)	#2	Percent men who are up-to-date on selected preventive services		N/A	Minnesota	50.7%	Missouri	25.9%
Up-to-date on Selected Preventive Services (Women)	#2	Percent women who are up-to-date on selected preventive services	44.3%	N/A	Minnesota	50.1%	Louisiana	24.7%
Cholesterol Check in Past 5 Years	#38	Percent having cholesterol check in past 5 years	82.6%	Pass	District of Columbia	92.9%	Idaho	77.2%

## **ACoA's Legislative Agenda (continued from page 1)**

are functionally disabled, such as those with ADRD, ineligible for waivers because their medical needs may be minimal.

Currently, people with ADRD are eligible for certain Medicaid and Medicaid CHOICE waiver services only if they have a medical condition other than ADRD which qualifies them for these services. However, many with ADRD need personal care services or intermediate care facility services because they are functionally unable to manage activities of daily living without prompting and/or other assistance.

Many individuals with ADRD do not need a nursing home level of care, but cannot be maintained appropriately in their own homes. While the federal Medicaid program does allow states to provide waivers for individuals requiring an intermediate level of care, the State of Alaska has chosen not to include those categories of care on its Older Alaskans and Adults with Physical Disabilities waivers.

In order to make waiver services available to people with ADRD, the Department of Health and Social Services would need to change applicable regulations. In addition, a change is sought that would include the service category of "companion services" (Alaska's waivers currently do not allow this

type of service) in order to help maintain individuals with ADRD within their own homes and communities.

**Senior Grant Funding.** In fiscal year 2004, the governor and the legislature cut Adult Day grants by 10 percent and Care Coordination grants by 20 percent. This reduced grant funding in these areas for fiscal year 2005 as well. In fiscal year 2006, Senior Grants will not receive \$437,500 from the Alaska Mental Health Trust Authority (AMHTA) for ADRD Support Services for the first time in seven years.

Since the ACoA developed its legislative priorities, the Department of Health and Social Services has indicated that it will not seek increases to the general fund or the mental health budget for senior grant programs via the Governor's amended fiscal year 2006 budget process.

However, the Division of Senior and Disabilities Services hopes to restore the cuts to Adult Day and Care Coordination through budget reorganization in fiscal year 2006. They also plan to combine various grant services program funding to allow more flexibility so that funds can be applied where they are most needed for individualized care.

For fiscal year 2006, the Division may add approximately \$332,000 in

general funds to be used for care coordination and adult day services. There will be a requirement that a minimum number of individuals with ADRD be targeted for these services. Although these general funds will not compensate for the loss of \$437,500 in AMHTA funds, they will provide some additional funding for individuals with ADRD or their caregivers. ACoA and AMHTA staff are currently planning to develop a strategy to apply for new AMHTA funds that will provide services to Trust beneficiaries for long-term care services in the future.

**SeniorCare Program.** The current SeniorCare program, which offers the choice of a cash benefit of \$120 per month or a prescription drug benefit to low-income seniors, is scheduled to expire at the end of 2005. The vast majority of program participants elected to receive the cash benefit. The program was put in place after elimination of the popular Longevity Bonus program. Governor Murkowski's SeniorCare initiative, announced in December 2004, would continue the cash benefit in 2006 and beyond for seniors with incomes below 135 percent of the federal poverty level for Alaska.

The Governor's proposal would also change the SeniorCare drug benefit **(Concluded on page 8.)**

# Events Calendar



***The Future of Aging in Alaska, a 2005 White House Conference on Aging forum***, will be held in Juneau at the Juneau Senior Center on Friday, **February 25** from 1 to 4 p.m. Additional community forums are planned for Anchorage in April (in conjunction with the *Full Lives Conference*), the Mat-Su Valley in May, and Fairbanks in June. See future issues of *Alaskan Seniors: Living Longer, Growing Stronger* for details on these events.

**ACOA Legislative Teleconferences** are held every other Thursday from 9:30 to 11 a.m. (weekly toward the end of session) to discuss pending legislation of interest to seniors. If you wish to participate, visit the Commission's Web site at [www.alaskaaging.org](http://www.alaskaaging.org) to find a list of the bills to be discussed and to discover from which site(s) in your community you may access the teleconference. Future teleconference dates include **March 3, March 17, March 31, April 14, April 28, May 5, and May 12, 2005.**

**ARRD (Alzheimer's Disease and Related Disorders) Training** will be offered in three Southeast Alaska communities featuring Ron Lucchino, Ph.D. and Vicki Schmall, Ph.D. They will be in Sitka on **April 18th**, Juneau on **April 19th**, and Ketchikan on **April 21st, 2005**. In each location they will present a one-day training conference for in-home and community-based caregivers. Funding for participation and travel expenses is available through a grant from the Alaska Commission on Aging and Alaska Mental Health Trust Authority. Contact Chona Guilas at UAS Sitka for more information. She can be reached by phone at (907) 747-7728 or by email at [Chona.Guilas@uas.alaska.edu](mailto:Chona.Guilas@uas.alaska.edu).

**Full Lives Conference 2005 – Paths to Belonging** will be held at the Sheraton Anchorage Hotel on **April 21–22, 2005**. Full Lives is a statewide education, training and networking opportunity for senior services, mental health, developmental disabilities, and substance abuse direct service professionals (the hands-on, front line staff) those who supervise them, and individuals and families receiving services. On April 21 from 6 to 8 p.m., the Alaska Commission on Aging will sponsor a 2005 White House Conference on Aging community forum at the Sheraton Anchorage, following a reception from 5 to 6 p.m.

**Health and Wellness Strategies for Alaska Elders.** The UAF Northern Region Geriatric Education Center will present a mini-conference **April 23, 2005** at the Wedgewood Resort Gazebo Room in Fairbanks. Vicki Schmall of Aging Concerns, Marty Richards of the Northwest Geriatric Education Center, Dr. Carol Ballew of the Alaska Native Health Board, and Dr. Bert Mathieson of the Alaska Center for Natural Medicine will speak on strategies for promoting healthy aging. For more information, contact Denise Daniello at (907) 456-1380 or at [fnldl1@uaf.edu](mailto:fnldl1@uaf.edu).

## **Aging Conference Slated for Philadelphia in March**

The American Society on Aging and the National Council on Aging will hold a joint conference in Philadelphia, PA March 10 – 13, 2005. This is the most comprehensive conference in the field of aging, with more than 1,000 sessions in 50 subject areas.

More than 4,000 professionals in aging are expected to address "The Changing Face of Aging," and explore an array of subjects from Alzheimer's disease to workforce issues.

The conference will feature special programs focusing on key topics such as mental health, civic engagement, mobility, health promotion, advocacy, medicines and aging, older adult learning and strategic planning for the White House Conference on Aging.

For the most up-to-date schedules and conference details go to [www.agingconference.org](http://www.agingconference.org).

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to cover up to \$670 per year of Medicare Part D or comparable insurance prescription drug premiums and deductibles for Alaska seniors with incomes up to 300 percent of the poverty level. To qualify for this benefit, seniors would need an annual income less than \$34,890 for an individual, or \$46,830 for a couple, and liquid assets of \$50,000 or less for individuals or \$100,000 for couples. The federal poverty guidelines will be updated in early 2005 so the income eligibility levels may change at that time.

Other initiatives supported by the Alaska Commission on Aging include expanding Medicaid coverage for adult dental services to include preventive care, adding a full-time Adult Protective Services worker as included in the Governor's budget, fully funding the Governor's Mental Health budget, and adopting the Governor's capital project for providing deferred maintenance and equipment replacement to senior centers.

ACoA staff distributed information packets introducing the Alaska

Commission on Aging and its priority issues to all legislators. Commission members will visit legislators to discuss their legislative agenda during the week of their February 22-24 meeting in Juneau.

Staff tracks legislation of interest to seniors on a weekly basis, and the Commission hosts a bi-weekly statewide teleconference to discuss these bills. As needed, the Commission writes letters of support or testifies on behalf of legislation which will further the interests of older Alaskans.

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