

# Alaskan Seniors Living Longer Growing Stronger

from the Alaska Commission on Aging

*The mission of the Alaska Commission on Aging is to ensure dignity and independence for Alaska's seniors and to assist them through programs and services, funded by the Commission, to lead useful and meaningful lives.*



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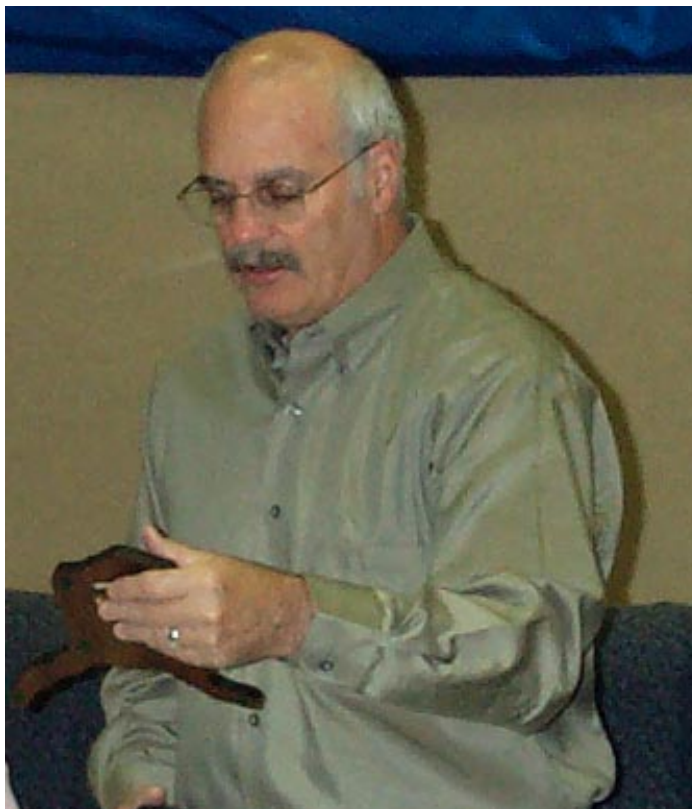
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Bob Taylor, Ph.D. left the Commission at the end of October. He had been appointed Executive Director in June. (ACoA Staff photo)

## Bob Taylor Resigns as Executive Director of ACoA

Robert Taylor, Ph.D. resigned as Executive Director of the Alaska Commission on Aging October 31st.

Bob started with the Commission in December 2001 as Nutrition, Transportation, and Support Services Associate Coordinator. Shortly after, he became Program Coordinator. When Dr. Lyn Freeman left the Commission Directorship in July 2002, Bob became Acting Director, and was named Executive Director June 2003.

During Bob's tenure he worked with staff to develop the new State Plan for Services, transitioned the Commission from the Department of Administration to the Department of Health and Social Services, and focused the Commission on setting goals for future advocacy.

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## Bob Taylor Resigns (continued from page 1)

The Commission hopes to interview for a new executive director by early December, which would possibly bring a new person in by early January. This is a tentative plan, as recent changes to the Commission's scope of work require a re-evaluation of the position's duties. It's not clear if an interim director will be appointed, but the Commission continues to have very experienced staff on board, as well as involvement from departmental officials.

Bob's plans for the future aren't firm, but he's interested in writing and possibly teaching. He said, "Working for the Commission for the last couple of years has been challenging, enlightening, and often fun. It's been a great experience but I'm ready to move on and try my hand at some new things." He also said, "I've found Alaska's seniors to be a wonderful group, who are always willing to say what they think and who face adversity with humor. I hope I get the chance, one way or the other, to keep working with them."

## Nutrition Important to Maintain Health and Encourage Well Being

*The Eleventh Annual Care of the Elderly Conference: "Focusing on Wellness" was held in Sitka in September. Although much of the conference focused on educating professional caregivers, several of the presentations offered information that many of us may find useful as we age. In this issue of Alaskan Seniors: Living Longer, Growing Stronger, we continue to summarize information from the conference.*

Janell Smith, MS RD CDE, presented *Encouraging Well Being: The Importance of Nutrition in Maintaining Health* at the Care of the Elderly Conference. She is a Research Associate at the Institute for Circumpolar Health Studies, University of Alaska Anchorage.

Ms. Smith noted that nutrition plays a key role, but partners equally with all aspects of good health. Diet, exercise, mental stimulation and engagement in life can overcome the limitations of chronic disease even if we alter our lifestyle habits late in life. The three leading causes of death for adults over 65, cardiovascular diseases, cancer, and stroke, all are affected by diet and lifestyle. The key objectives in health nutrition are to assure we eat enough to maintain proper protein levels, nutritional well being, and a healthy weight. Ms. Smith noted that low weight causes disability to increase just as high weight does. She also noted that energy requirements can change as we age. Those with Parkinson's Disease or who are disabled through paralysis or amputation face particular challenges: studies show that amputees walking on level ground used 25% more energy than fully-abled people walking at the same rate. A paraplegic may need the same amount of energy in four minutes that a fully-abled person would need to run a 400-yard dash! Each person's energy needs must be evaluated individually, but 2000 calories a day are generally recommended. A diet that provides less than 1800 calories a day may be deficient in vitamin A, vitamin E, calcium, and zinc, which fights infections and helps heal wounds.

Ms. Smith outlined the Nutritional Screening Initiative (NSI) as a useful tool in assessing one's nutritional health and looking for possible problems. NSI was developed in 1990 to more easily identify nutritional problems in older adults. It involves answering the 10 questions below and scoring your answers:

1. I have an illness or condition that made me change the kind or amount of food I eat (2 points)
2. I eat fewer than 2 meals per day (3 points)

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# How To Conduct a Family Care Meeting

Doctor Steve Pantilat spoke at the Care of the Elderly Conference on Organizing and Conducting Effective Family Meetings. Family meetings are a useful way to make decisions about one's plan of care, if used properly. These meetings can be useful before admission to a hospital or longterm care home, for discharge planning, when a patient's condition changes, quarterly reviews, or to explore options of care, or even provide general information. Hopefully, we all have health care providers that know how to conduct these meetings, but the following information may be useful if your doctor isn't skilled in this area. Knowing what to expect and what should happen can help you make such a meeting successful.

Dr. Pantilat provided the following guidelines for a successful family meeting:

## **Where should we meet?**

Find a quiet, private place to hold the meeting, somewhere that will comfortably hold everyone who needs to attend. The doctor's office, while logical, may not provide enough room, and could be intimidating to family members.

## **Who should attend?**

Make sure that everyone with decision making power and influence will be there. This includes family members, caregivers and the person whose care is being discussed. Use designees or representatives if necessary.

## **Who runs the meeting?**

Dr. Pantilat half-joked that the person who runs the meeting is usually the person who volunteers. It's important that someone lead the meeting, and it's often helpful to designate a leader. Usually this is the "authority figure" in the group, the doctor, or nurse, or the social worker, depending on the situation. This person has the responsibility to ensure that all concerns be expressed and addressed.

## **How should we prepare?**

Evaluate the care plan, review any charts that may apply. Notify everyone who will be involved of the purpose of the meeting, and what decisions will be made. It's good to have a goal identified ahead of time.

## **How do you start?**

Introductions are a good idea. State the reason for the meeting. This should be done carefully, as sometimes it may be necessary for the group to arrive at the reason during the course of the meeting, such as a situation where a "do not resuscitate" order may be needed. Ask for family concerns. Provide a summary of the patient's condition, beginning with what the patient and family understands, and being careful to avoid jargon. Make sure everyone understands what is going on. What does/would the patient want? Talk about what's going to happen *with* the patient, not *to* the patient.

## **How do you end it?**

Summarize what's been discussed and what decisions have been made. Check for agreement, but be careful to leave room for disagreement. Arrange for a follow up visit or call. If the meeting concerns someone who is terminally ill, Dr. Pantilat warns against making promises about when, where, or how the patient will die, as these are not easy to control.

Family meetings are a common but important way to work through tough life decisions. With careful planning and participation, family meetings provide support to everyone—the patient, the family, the staff, and the health care provider.

