# JUNEAU COMMISSION ON AGING

City & Borough of Juneau

## DRAFT Minutes of Regular Meeting

May 14, 2015

### CALL TO ORDER

The Commission met at the Senior Center. Chairperson MaryAnn VandeCastle called the meeting to order at 9:30 a.m. Other members present were: Mary Lou Spartz, Dixie Hood, and Pat Watt. Charles Wilson was absent. Also attending were seniors Cliff and Betty Cole, and Edward Chalmers, as well as Marsha Partlow of Southeast Senior Services and Sarah Hargrave from Juneau Public Health.

### AGENDA; DECLARATION OF A QUORUM

The agenda was adopted. It was declared that a quorum of members was present.

### APPROVAL OF MINUTES

The minutes for the regular meeting on April 9 were approved.

### SPEAKER: SARAH HARGRAVE, PUBLIC HEALTH NURSE FROM JUNEAU PUBLIC HEALTH

Juneau Public Health (JPH) is a state public health center near Twin Lakes. Its mission is to provide primary health care to unserved and underserved individuals. However, availability of services is affected by recent budget reductions including the loss of the clinic's Nurse Practitioner, a Public Health Nurse and an office assistant position. The state's public health centers offer services such as immunizations, family planning services, pregnancy testing, tuberculosis screening, STI (sexually transmitted infection) testing, etc. Miss Hargrave addressed services and information of particular interest to seniors:

***Vaccinations/Immunizations***: JPH does not bill Medicare or Medicaid, so services provided under those programs are generally not available to seniors but must be obtained through a doctor or pharmacy. Seniors covered by Medicare ***can be*** given 'flu shots if they have Part A ***only***. Medicare does not cover shingles shots, and JPH can provide them only to those between age 60 and 64. Pneumonia requires two shots, PPSV23 and PCV13. JPH will provide PPSV23 to those over 60 who have already had PCV13.

***Do Not Resuscitate (DNR)***: Ms. Hargrave emphasized the importance of seniors preparing advance directives, a living will, and a DNR order to cover situations where a patient's heart stops or they stop breathing. Because of confusion over what DNR means, seniors should discuss their concerns with their physician and make sure the language of their DNR order accurately and explicitly reflects their wishes and particular health concerns.

***Falls***: Seniors are prone to falling, and as a result suffering mild or serious injury. After a fall, the risk of death for a senior increases substantially. Tai Chi classes are useful in improving balance. In-home accommodations such as grab-bars, railings, good lighting, etc. are helpful. Ms. Hargrave provided a useful handout on falls (see attached) and encourages seniors to

exercise regularly. A helpful routine is available online at https://go4life.nia.nih.gov/workout-to-go. The Alaska Division of Public Health also has online suggestions and tools for fall prevention: http://dhss.alaska.gov/dph/Chronic/Pages/InjuryPrevention/falls/default.aspx

***Dementia***: Several types of dementia affect seniors, including Alzheimer's disease which accounts for about 2/3 of dementia cases. Dementias are all caused by changes to the brain, and current research is focusing on understanding causation and avenues for prevention. Ms. Hargrave provided a handout (attached) to help with early detection.

***Diabetes***: Type II Diabetes typically appears later in life, although is beginning to affect younger people, even children, who are obese. Risk factors include poor diet, lack of exercise and consumption of sweetened drinks, including fruit juice and those with artificial sweeteners.

PUBLIC COMMENT

Mr. Chalmers came to the Senior Center for lunch, and stayed for our meeting. He shared how in Metlakatla the fishermen had got together to provide fish to the village's Senior Center for lunches. The Chair and Ms. Watt recalled that the legislature was considering a bill (HB 179) to make it easier for various food service providers to receive and use donations of fish and game to food service programs. Currently acceptance is prohibited if recipients pay any charges for food. The Bill has been referred to Resources Committee. Mr. Chalmers had suggestions for the Senior Center lunch menu, and the Commission referred him to Senior Center management.

OLD BUSINESS

***Older American's Month***: Mary Ann and Mary Lou did five different spots that are being aired through the Juneau Radio Center on the AM stations. Dixie has arranged for KTOO to run spots also, Mary Ann will arrange for the Radio Center to send the sound files to KTOO for airing. This will also be the topic aired on Action Line on May 18.

***Commission Vacancies*****:** The terms for Mary Lou and Dixie end on June 30 and two vacancies are remaining to be filled. Dixie has requested reappointment, and Mary Lout will do so. Cliff Cole's term ended according to Board and Commission procedures because he was unable to attend too many meetings. Dixie will be attending an event at the Phiipino Center and will take applications forms.

***Senior Recreation Needs***: MaryAnn will finish drafting a communication promised to Mr. Duncan at the April meeting describing some unmet senior recreation needs. She will bring that to the June meeting for the Commission to review. As a result of the April discussion, and reflecting her own reliance on swimming as a means of exercise, Pat Watt indicated she had decided to apply for a position on the new Aquatics Board, feeling it was important that this Board have representation from the perspective of seniors and persons with disabilities.

NEW BUSINESS

***Review Commission Mission***: Pat Watt suggested it would be good to review the mission the Assembly has established for the Commission at an upcoming meeting, perhaps with the help of the Clerk's office, and to consider how realistically we can be most useful to the Assembly given our limited resources.

(Source: http://www.juneau.org/clerk/boards/Juneau_Commission_on_Aging.php)

> *"The powers and duties of the Juneau Commission on Aging may include but not necessarily be limited to the following:*
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> *(a) To promote programs which benefit and/or enhance health, safety, and welfare of senior citizens. (b) To promote maximum senior citizen participation in planning, development, operation and maintenance of facilities, services and programs designed to serve senior citizens principally.*
>
> *(c) To serve as a focal point for coordination of senior citizen functions among the several committees, subcommittees, task groups, city manager, and the Assembly of the City and Borough of Juneau.*
>
> *(d) To review and make recommendations upon plans, programs, budgets, staff, property and support facilities, management functions, contractual relationships affecting the senior citizens of Juneau and report findings directly to the Assembly.*
>
> *(e) To formulate and recommend to the Assembly a comprehensive areawide plan that identifies the concerns and needs of older Juneauites.*
>
> *(f) To collect facts and statistics, and make studies of conditions and problems pertaining to the employment, health, financial security, social welfare, and other concerns that bear upon the well-being of older Juneauites.*
>
> *(g) To make recommendations to the Assembly on establishment of special committees and/or task groups to meet both official and voluntary needs for coordination of functions with the Juneau Senior Center; Valley Senior Center; Alaska Housing Finance Corporation(AHFC); Alaska Commission on Aging (ACOA); Alaska Department of Commerce, Community and Economic Development; Alaska Department of Health and Social Services, Division of Senior and Disability Services; AARP; Retired Public Employees of Alaska (RPEA); National Association of Retired Federal Employees (NARFE) and similar groups. "*

MaryAnn will put this on the agenda for next meeting, and invite the Clerk's office.

***Flu and Other Shots for Seniors***: Dixie suggested it would be useful for the Commission to go on the record asking the Assembly to advocate for sufficient funding for Juneau Public Health to be able to address all unmet vaccination and immunization needs of seniors. MaryAnn will draft a letter for the Commission to review and act on at the next meeting.

***Senior Telephone Tree:*** Mary Lou suggested an item for future discussion – the need for a telephone tree to communicate with and check in on seniors living alone.

***Senior Center Newsletter:*** Marsha Partlow encouraged seniors to read monthly Juneau Senior Center Newsletters. These can be read online at http://ccsjuneau.org/193,juneauseniorcenter or a free paper subscription is available by contacting Carol Comoli at 463-6175. A $25 annual donation is encouraged to help cover the costs. MaryAnn will send information about upcoming Commission meetings prior to the deadline for each Newsletter.

***Annual Report***: MaryAnn will prepare a summary Annual Report and data sheet for the June meeting – the Commission is expected to submit an annual report to the Assembly each June[1].

CONCLUSION

The next meeting of the JCOA will be on June 11 at 1:10pm at the Juneau Senior Center. The change of time accommodates the work schedule of one of our members, and allows seniors at the Senior Center for lunch to stay for the Commission Meeting

The meeting was adjourned at 3:30 p.m.

[1] From Rules and Procedures for Advisory Boards:
*Rule 6. Reports. Advisory Boards shall report to the Assembly at least annually. Reports to the Assembly shall be approved by a majority vote of the board. Minority reports may accompany the report approved by the Majority. Each board shall submit to the Assembly a brief annual report setting forth the activities and accomplishments of the committee and the attendance record of each committee member during the preceding twelve months. The Assembly will strive to review each board's annual report -at the same time it takes up the annual appointments of members. A representative of the board should be present at any Assembly or Assembly committee meeting at which the report is to be considered.*

# Debunking the Myths of Older Adult Falls

Many people think falls are a normal part of aging. The truth is, they're not.

Most falls can be prevented—and you have the power to reduce your risk.

Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

Every year on the first day of fall, we celebrate National Falls Prevention Awareness Day to bring attention to this growing public health issue. To promote greater awareness and understanding here are 10 common myths—and the reality—about older adult falls:

## Myth 1: Falling happens to other people, not to me.

**Reality:** Many people think, "It won't happen to me." But the truth is that 1 in 3 older adults—about 12 million—fall every year in the U.S.

## Myth 2: Falling is something normal that happens as you get older.

**Reality:** Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

## Myth 3: If I limit my activity, I won't fall.

**Reality:** Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

## Myth 4: As long as I stay at home, I can avoid falling.

**Reality:** Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

## Myth 5: Muscle strength and flexibility can't be regained.

**Reality:** While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program. Even if you've been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.

## Myth 6: Taking medication doesn't increase my risk of falling.

**Reality:** Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.

## Myth 7: I don't need to get my vision checked every year.

**Reality:** Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

## Myth 8: Using a walker or cane will make me more dependent.

**Reality:** Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

## Myth 9: I don't need to talk to family members or my health care provider if I'm concerned about my risk of falling. I don't want to alarm them, and I want to keep my independence.

**Reality:** Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

## Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.

**Reality:** Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, finding a fall prevention program in the community, or setting up a vision exam.

alzheimer's association

# KNOW the 10 SIGNS

EARLY DETECTION MATTERS

## Have you noticed any of these warning signs?

**Please list any concerns you have and take this sheet with you to the doctor.**

*Note: This list is for information only and not a substitute for a consultation with a qualified professional.*

____1. **Memory loss that disrupts daily life.** One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical?** Sometimes forgetting names or appointments, but remembering them later.

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____2. **Challenges in planning or solving problems.** Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical?** Making occasional errors when balancing a checkbook.

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____3. **Difficulty completing familiar tasks at home, at work or at leisure.** People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical?** Occasionally needing help to use the settings on a microwave or to record a television show.

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____4. **Confusion with time or place.** People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical?** Getting confused about the day of the week but figuring it out later.

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____5. **Trouble understanding visual images and spatial relationships.** For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical?** Vision changes related to cataracts.

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____6. **New problems with words in speaking or writing.** People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a "hand clock"). **What's typical?** Sometimes having trouble finding the right word.

____7. **Misplacing things and losing the ability to retrace steps.** A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. **What's typical?** Misplacing things from time to time, such as a pair of glasses or the remote control.

____8. **Decreased or poor judgment.** People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. **What's typical?** Making a bad decision once in a while.

____9. **Withdrawal from work or social activities.** A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. **What's typical?** Sometimes feeling weary of work, family and social obligations.

____10. **Changes in mood and personality.** The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. **What's typical?** Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

**If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.**

**For more information, go to alz.org/10signs or call 800.272.3900.**

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

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# Important Public Notice

## Attention CBJ Senior Citizens

May 2015

The CBJ Assembly recently passed ordinance 2015-17 which limits the CBJ Senior Citizen Sales Tax exemption to only CBJ residents effective July 1, 2015.

To implement this change, it is necessary to issue new tax exemption cards to all CBJ resident senior citizens and their spouses who have previously been issued the sales tax exemption card. No fee will be charged.

New CBJ Senior Sales Tax exemption cards will be issued during the month of June at the following locations and dates from **9am to 4pm**:

| Centennial Hall (Hammond Room) | CBJ Assembly Chambers |
|---|---|
| June 1st, 2nd, 4th, 5th | June 3rd |
| June 8th, 9th, 11th, 12th | June 10th |
| June 15th, 16th | June 17th, 18th, 19th |
| June 22nd, 23rd | June 24th, 25th, 26th |
| June 29th, 30th | |

You must bring the following in order to be issued a new CBJ Senior Sales Tax Exemption card:

- **Photo ID**
- **Proof of CBJ residency** (AK Driver's License or utility bill)
- **Your Spouse** (If your spouse is under 65 years old)

We also request that you turn in your current CBJ Senior Sales Tax exemption card. **Your current senior exemption card will expire and no longer be valid after June 30, 2015.**

If you have any questions, please call the CBJ Sales Tax Office at 907-586-5265 or email at sales.tax.office@juneau.org.