

# SUCCESSFUL AGING IN ANCHORAGE



A study of current and projected seniors' wishes and resources in Anchorage, Alaska

## FINAL REPORT

Anchorage Senior Citizens Advisory Commission

December 1999

## Forward

The following letter was published as a "Compass, Points of View From our Community" article in the *Anchorage Daily News* on Wednesday, September 30, 1998 and heralded the beginning of the Anchorage Senior Citizens Advisory Commission study of older persons living in the Municipality.

**Aging in Anchorage: City studies future needs  
by  
Patrick Cunningham**

The aging of America, Alaska, and Anchorage is a demographic truism and represents the beginning of a longevity revolution that will be felt for centuries to come. Some twenty percent of all people who have ever lived past the age of 65 are alive today. The fastest growing age category is 85 years and above.

A Census Bureau study noted that "rapidly expanding numbers of older people represent a social phenomenon without historical precedent...[that] has various economic implications for individuals, families, and public policy-makers." Elders today are literally pioneers of a new stage of lifespan development and the trail they blaze will determine, in part, the younger generations' passage through time.

Some researchers claim that the American public holds a fairly consistent image of what it's like to be old and what the so-called typical elder is like. Richard Kalish created a notion he calls the "New Ageism" in an article for the journal, *The Gerontologist*. This notion stereotypes the elderly in terms of the characteristics of the least capable, least healthy, and the least alert among the elderly. It perceives the older person as, in effect, a relatively helpless dependent individual who requires the support services of agencies. It encourages the development of services without adequate concern as to whether the outcome of these services contributes to reduction of freedom for elders to make decisions controlling their lives.

There is also evidence that this form of stereotype is being replaced by an equally misleading and dangerous one depicting the elder as rich and greedy, who is carefree and found on the golf course, or cruising the highways in a \$250,000 RV, or residing in the plush condos of resort areas, and living off the working masses. It is significant that elders share many of these same stereotypes even though generally they see themselves to be the exception. In reality, the elderly are the most heterogeneous of any age group.

Simone de Beauvoir, in her book, *The Coming of Age*, observed how historically the status of the old is never won, it is always granted. This country is a highly age-stratified society. We have laws and norms by which we consider if a person is too young to vote or, too old to be working. An older person's place in society is shaped by such institutions as work, religion, politics, economics, and the family. Many would argue this place is fraught with the view that elders should disengage from mainstream society and are relegated to being of less value and capability. On the other hand, the aging revolution will create large

numbers of careers and job opportunities in such areas as architecture, education, government, law, medicine, recreation, and social services. The older population is increasingly being appreciated as the next market frontier.

What is the older person's place in our community? How can we maximize and maintain productivity into late adulthood by tapping the wealth of elders' experience, wisdom, and expertise? How can we provide older adults, who elect to age in Anchorage, with a variety of options in retirement, leisure and recreational activities, housing, and life-long learning?

The Anchorage Senior Citizens Advisory Commission is composed of community volunteers, some elders, some not, who have anticipated the demographic changes coming to Anchorage in the next 20 years and want to be proactive in planning for successful living of an aging community. The elder population in Anchorage is currently 5 percent but when combined with the baby boomers (seniors in training) become 45 percent. When you include members of the community who care for seniors and live and engage with elders the numbers grow. The Commission is now in the process of conducting a major study to identify quality of life issues. It is not in the pursuit of funds to deliver services or offer programs, and it does not have a predetermined agenda. The major driving question is: What do residents of all age groups, all ethnic backgrounds, all economic strata, and all walks of life, from the physically active to the frail, think they will need to define and maintain an acceptable standard of living and lifestyle in Anchorage in the future? To kick-off this study three community forums are being offered. Monday, October 5, 1998 at Spenard Community Center, 5:30 to 7:30pm; Wednesday, October 7 at Eagle River Parks and Recreation Meeting Room (above Garcia's) 7 to 9pm; and Thursday, October 8, 1998 at the Girdwood School in the science room, 7:30 to 9:30pm. All interested people are encouraged to attend. A series of other meetings are scheduled for providers and consumers concentrating upon physical health, mental health/substance abuse, long-term care, housing, financial security, legal, lifelong learning, spiritual, tourism, transportation, employment, leisure and recreation. Telephone, newspaper, and face-to-face surveys will also occur. Findings will be presented in a final report in which public policy options and recommendations will be made, and potential public and private development opportunities will be suggested. All of this will help our community plan for and address what Anchorage's aging population desires in the way of services, programs, and facilities in the years to come.

An Internet home page, called the Anchor-aging Network, with additional information, is available at <http://www.anchor-aging.org/>

Aging Anchorage, it's everyone's future. Become a part of it by participating in this study.

(Patrick M. Cunningham, DSW, is an associate professor of social work at The University of Alaska Anchorage. He has taken a year sabbatical from the university to be the project manager for the study).

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*It is the meaning that men attribute to their life; it is their entire system of values that define the meaning and value of old age. The reverse applies by the way in which a society behaves toward its old people, it uncovers the naked, and often carefully hidden truth about its real principles and aims.*

--Simone de Beauvoir, *The Coming of Age* (1996)

## **INTRODUCTION**

If you plan to get older, are you prepared? This question is what the Anchorage Senior Citizens Advisory Commission posed as it embarked upon a yearlong study of senior citizens that began with a community forum October 5, 1998 in the Spenard Community Center. The intent of the study was to ask senior citizens, and people who will be seniors in the next 20 years, to share their thoughts, experiences, and wishes regarding how they want to age successfully in Anchorage. The Commission is made up of 15 community volunteers some of whom are seniors and some are younger. Its role is to advise the Mayor, Assembly, and municipal department heads with respect to aspects of aging which bear upon the welfare of senior citizens. Some activities are to conduct surveys and carry out educational and public relations programs designed to create public awareness of the needs of senior citizens.

These activities are represented in the senior study. The study itself promoted more an awareness of aging among Anchorage residents by virtue of the various planned projects that occurred from October 1998 to September 1999. The study successfully engaged over 2,300 people directly in various activities and many others indirectly who may have received invitation letters, or read news articles of the study, or spoke with people who were directly involved. Asking questions and soliciting recommendations stimulate people to ponder and consider the subject. The subject was aging, often a concept many people in our society wish to avoid and outright deny. In light of the fact that Anchorage is rapidly becoming a community of older people, along with the rest of the United States, the Commission felt that a study was essential so that some preparation may occur to avoid problems created by major shifts in population demographics as well as to seek a better quality of life for Anchorage residents.

At the present time, according to a demographic profile published in 1999 by the Municipality of Anchorage, there are over 13,000 people 65 years of age and older living in Anchorage. This represents five percent of the community. Ten years earlier it was 3.6%. Over the next 20 years, these seniors will be joined by the 26% of residents who are now 45 to 64 years old. When the "baby boomer" generation consisting of people born from 1946 to 1964 become seniors the percentage will swell to 45% of Anchorage. Anchorage is maturing rapidly

and has already moved from a median age of 23 in 1970, to a median of 32 in 1998.

Another phenomenon is that Anchorage is no longer a city of nomads who come and stay for a while and then leave, mostly traveling south. An October 4, 1998 article in the Anchorage Daily News titled "City of nomads begins to grow roots", supported this. People are staying in Anchorage longer and the rise in population is primarily "home-grown". People who have stayed have an investment in the community and are becoming more active in community affairs. Older people are preferring to "age in place". There are now second and third generations living here. The rapid growth of older people and, preferring to age in place reflects what is happening in the rest of the United States.

## **NATIONAL PICTURE**

Approximately 46 million Americans are age 60 and over, with persons 100 years of age and older, now the fastest growing segment in the country. Since 1900, the percentages of Americans 65 and over has more than tripled (4.1 % in 1900 to 12.8% in 1996), and the number has increased nearly eleven times (from 3.1 million to 33.9 million). About 1 in 5 Americans will be over the age of 65 by 2030. That is approximately 70 million older persons, more than twice their numbers in 1996. Four out of five people prefer to stay where they are living when they retire, rather than moving to another geographic area (US Administration on Aging, 1998).

The oldest old, 3.5 million persons in 1994, represented just over 1 percent of the population. By 2030, the size of the population age 85 and over is projected to reach 8.5 million. In less than 13 years, the vast majority of the 76 million baby boomers born between 1946 and 1964 will begin to join the ranks of older Americans. According to the Census Bureau, 1 of every 9 baby boomers will survive to at least 90 years of age. Increasing longevity is a rather new phenomenon and poses many challenges for older people (US Census Bureau, 1999).

Generations now alive are among the first in history to be raised with the expectation of old age. Some twenty percent of all humans who have ever lived past the age of 65 are now alive. So profound is this demographic revolution that every aspect of social life and society is affected. A late 1980s Census Bureau study noted that "rapidly expanding numbers of older people represent a social phenomenon without historical precedent...[that] has various economic implications for individuals, families, public policy-makers." Those now old are literally pioneers of a new stage of the life span and the life course they're trailblazing will determine, in part, future generation's passages through time. The study proposed by the Anchorage Senior Citizens Advisory Commission sought to discover the experiences of older residents and what form of "trailblazing" these pioneers wished to experience.

## **ANTICIPATED IMPACT OF "BABY BOOM" GENERATION**

During the next 3 to 4 decades, expected is a very dramatic increase both in the number of elderly persons and in the proportion of elderly persons in the population. In 2010, the arrival of the large baby-boom cohorts at age 65 will trigger the large increases in the number and percentage of elderly in the next half century. The present proportion of elderly persons now in the population at 13 percent, will rise to 20 percent by the year 2030, and the number of elderly is expected to double by that year. These changes have given rise to a general concern about the social, economic, and physical "health" of our Nation's population. There will be a vast increase in the numbers of persons requiring special services (health, recreation, housing, nutrition, and the like); participating in various entitlement programs; and requiring formal and informal care. It is important to recognize the implications of an aging society for the whole range of our social institutions, from education and family to business and government.

Many factors affect the need for special services by the elderly, participation in programs for the elderly, and the type and amount of support to which elderly persons have access. The list is long and the interrelations are complex. Among the major factors are marital status; children; living arrangements; household status; education; labor force participation and economic dependency; and income and poverty.

**Marital status.** Living with a spouse is a primary factor contributing to the support and independence of the elderly. The majority of elderly men, but only a minority of elderly women, are currently married and living with their spouses—a pattern that is expected to continue over the next several decades. In the age range of 75 years and older, three-fifths of the men and one-fifth of the women are currently married and living with spouses. Nearly three-fourths of the women were previously married, but are unmarried now. Age and sex differences in mortality, in particular the premature mortality of men, contribute significantly to the sex differences in the marital distribution in later life. By ages 85 and over, many married persons have died, leaving numerous widows and some widowers. Consequently, the proportion married is sharply lower in this oldest age group, 51 percent for men and 14 percent for women (US Bureau of the Census, 1998).

**Children.** Children, after spouses, are the next most important potential source of social support for elderly people. About one-third of white women and nearly one-quarter of black women aged 65 and over were married and had at least one child in 1995. Himes (1998) projected little change in these proportions from 1995 to 2000. Forty-seven percent of white elderly women were unmarried and had at least one child, and this proportion is expected to increase to only 48 percent in 2000. Fifty percent of black unmarried women aged 65 and over had at least one child, and that figure is expected to reach 52 percent by 2000.

The large increase from 1990 to 2000 reflects not only the continuing decline in the mortality of children and young adults but also the rise in fertility and marriage during the baby-boom era. The figures for elderly white men are very similar to those for elderly white women. The proportions of black men and women who have at least one child are much lower than for whites. In the final analysis, these

figures suggest that a great majority of elderly women will have a child available for support in 2010 (Himes, 1998).

Married elderly men and women without children may be able to depend on a spouse for support, but only as long as the spouse does not die or become disabled. This group is smaller than the elderly unmarried group and its numbers have been declining even more rapidly. Nine percent of white men and 12 percent of black men will belong to this group in 2000. For women the figures are 4 for white women and 5 percent for black women (US Bureau of the Census, 1998).

**Living arrangements.** Since most elderly men are married and most elderly women are not married, elderly women are more likely to live alone. One in eight elderly live with other relatives, not including a spouse. There has been a significant shift toward solitary living in recent decades. Many elderly persons choose to live alone if their health and finances permit. This pattern reflects the desire of most elderly to be independent. Some of those who live alone have a child or children living nearby. Others have a child or children living at a distance who regularly keep in touch with them.

Solitary living increases with advancing age. In 2000, 45 percent of those aged 85 and over will live alone. The proportion of Hispanics living alone is considerably lower than for whites. The figure for blacks and Asian and Pacific Islanders is substantially higher than for whites as a result of the higher percentages of blacks without living children (US Bureau of the Census, 1998).

**Household status.** Changes in marital status and living arrangements result in changes in the numbers and types of households. Households increase rapidly with increasing age up to about age 50 because of new family formations and remarriage of divorced persons. They continue to increase thereafter in spite of rapidly rising spousal mortality rates as the surviving widowed men and women continue to maintain their own homes. Census data indicate, however, a decline within the oldest age groups as householders move in with close relatives or into group quarters when health fails or income falls too low.

Households maintained by elderly persons are mostly either households maintained by married couples or households maintained by a woman with no relatives present. Married couple households are much less common, and female-headed non-family households are much more common at the older ages than at younger age groups. This shift is evident even within the older ages. As the age of the householder increases from 65 through 74 to 75 and over, the proportion of married couple households decreases and the number of female-headed non-family households increases. Male-headed family and non-family households are much less common among the elderly. One-fifth of all households are maintained by a person or persons aged 65 and over, and this proportion is expected to increase slightly between now and 2010 (US Bureau of the Census, 1998).

**Education.** The proportion of high-school graduates among the elderly will increase sharply in the decades to come as the more educated younger cohorts age. In 1995, 64 percent of the elderly were high-school graduates and the proportion is expected to increase to over 75% in 2010 and to nearly 88% in

2020. In spite of these increases in education overall, the elderly remain the least educated age group in our society. In addition to the 36 percent of the elderly who have not completed high school, an additional small proportion of elderly, especially Hispanic elderly, have limited facility in the English language, even though they may have completed high school.

**Labor force participation and economic dependency.** Trends in labor force participation among the elderly will have an important impact on economic support ratios and dependency. They affect: the proportion of total income derived from earnings and the proportion allocated to savings; the accumulation of credits for annuities, pensions, Social Security benefits, and Medicare; the balance of workers and non workers; and preemption of time and energy of adult children for support of dependent parents. Labor force participation drops sharply for both men and women with increasing age from ages 55 to 64 through the oldest ages. Two-thirds of the men and one-half of the women now work at ages 55 to 64, but relatively few men or women are still working at ages 75 and over. According to the latest labor force projections from the Bureau of Labor Statistics, labor force participation ratios for men at these ages will either remain unchanged or decline slightly, but those for women will continue to rise. By themselves, these patterns do not determine a particular pattern of change in the median age at retirement for either men or women, but they suggest a halt in its historical decrease and, possibly, a stabilization. A declining trend in median age at retirement has been evident over the last 4 decades for both men and women, but the trend has leveled off somewhat (Fullerton, 1995).

Currently, there are more than three workers for every older non-worker, but it is projected that in 2030 there will be less than two workers for every older non-worker. Most of these older non-workers are women. Historically, dependent or non-working members in a household have mostly been children. After 2010, these so-called dependents will more often be elderly. Children and even many adults under age 55 who do not work generally have to be supported. The proportion of children, virtually all of whom are not working and are therefore dependent, is expected first to decline and then to increase within narrow limits, and to be nearly equaled by the number of elderly by 2030 (Grendell and Siegel, 1998).

In planning the financial operations of the Social Security system, the SSA has regularly charted the ratio of the number of beneficiaries under Old Age Survivors and Disability Insurance (OASDI) to the number of covered workers. The ratio of beneficiaries to 100 covered workers was 30-31 in 1995. The ratio is expected to increase sharply to 49 by the year 2030 and then to 51 in 2050. The OASDI cost rates are expected to rise rapidly after 2010 because the number of beneficiaries is expected to rise more rapidly than the number of covered workers. This will occur because the relatively large number of persons born during the period of high fertility rates after the end of World War II through the mid-1960's will reach retirement age, while the relatively small number of persons born during the subsequent decades, 1965 to 2005, will comprise the labor force (Social Security Administration, 1998).

There are a number of implications for future employment and training programs. In 1995, there were about 41 million workers age 45 and older, representing about 31 percent of the labor force. By 2005, there will be about 55 million workers 45 and older, or about 37 percent of the labor force. Much of the increase will occur in the 50 to 60 year old category. After 2005, there will also be an increase in the 60 to 70 year old category until the early baby boomers begin retiring in large numbers after 2020.

Baby boomers in general have done better than any previous generation in terms of income and education. Real median household income is 35 to 53 percent higher than in their parents' generation, and about 25 to 30 percent of baby boomers have four or more years of college. Still, 11 to 13 percent lack a high school diploma. Younger baby boomers (32 to 40 year olds in 1996) have not done as well as those 41 to 50 years old. The wage stagnation that began in the mid-1970s particularly affected the younger baby boomers, especially those without high school diplomas. Baby boomers who have not graduated from high school have experienced real incomes that are 12 percent lower than for similarly educated persons in their parents' generation.

Based on historic participation, one can anticipate that the demand for employment services by older workers will increase as the baby boom generation ages over the next twenty years. That demand, mainly from those with relatively less education and work skills, may suggest that current employment and training programs should begin now to prepare for the aging of its participants and, possibly, for expanding program services to accommodate growing need. Even if the rate of participation by mature baby boomers is the same as for mature workers today, the number of persons 45 and older could nearly double between the present and 2005.

Policymakers need to consider ways to also leverage both public and private resources to minimize the number of older baby boomers who need extra public support, for example, by encouraging more flexible combinations of work and retirement. Also to maximize the productivity activity that this highly educated generation can continue to provide well into their sixties and beyond by such activities as encouraging and channeling more voluntarism and community service.

**Income and poverty.** Retirement income security in the United States has traditionally been based on the so-called three-legged stool: Social Security, private pensions, and other personal saving. Since World War II the system has served the elderly well: the poverty rate among elderly households fell from 35 percent in 1959 to 11 percent in 1998. But the future is uncertain. Partly because of the demographic bulge created by the baby boomers, Social Security faces a long-term imbalance. The solution, even if it involves privatization, must in some way cut benefits or raise taxes. The private pension system has changed dramatically in ways that give workers increased discretion over participation, contribution, and investment decisions and easier access to pension funds before retirement--thus raising questions about how well future pensions can help finance retirement. Personal saving, also problematic, has

remained anemic for over a decade. Net personal saving other than pensions has virtually disappeared.

These developments would be enough to raise concern about retirement preparations under the best of circumstances. But the prospect of a huge generation edging unprepared toward retirement raises worrisome questions about the living standards of the baby boomers in retirement, the concomitant pressure on government policies, and the stability of the nation's retirement system.

The income situation of the present elderly, on average, is relatively favorable, and the extent of poverty is less than among the rest of the population. Yet, there is a wide dispersion in the distribution of income and assets among the elderly population. A closer look reveals a pronounced economic disparity among subgroups within the elderly population. Many elderly fall either below the poverty level or have a yearly income that is less than 200 percent of the poverty level. Women, blacks, persons living alone, very old persons, those living in rural areas, and especially persons with a combination of these characteristics are subject to living in poverty to a disproportionate degree. However, more and more women in the older age groups as well as in the younger ones have been entering the labor force. As a consequence, these women are accumulating credits for annuities and pensions, as well as Social Security benefits and Medicare coverage, in their own right. Failure to have a pension has been linked directly to the probability of falling into poverty in old age. Projections of income to 2020 or 2030, in comparison with current estimates, reflect the decline of income and the increase in poverty with advancing age in the older age groups. They also reflect the considerable deficit in income of unmarried persons in comparison with married couples (US Bureau of the Census, 1998).

## **HEALTH CONDITIONS AMONG THE ELDERLY**

Among the many factors impacting the health of older people four will be summarized here. They are life expectancy, health status, disability, and nursing home usage.

**Life expectancy.** At birth by 2050, life expectancy is predicted to be 86 years for males and 92 years for females. At age 65 the figures are 25 years and 30 years respectively. These projections imply considerable increases over the current figures of 72.5 and 15.5 for males, and 79.3 and 19.2 for females. The inference that might be drawn from these projections is that there could be much progress in extending the average length of life and that a larger proportion of the population is likely to survive to the very advanced ages. (Administration on Aging, 1999)

**Health status.** Because of a lengthening longevity, a basic question is: Will people live well during these added years of life or will they be physically dependent on others because of serious health problems? More generally, how healthy will the elderly population be? Self-reported health status, demonstrates that about 10 percent of the elderly report themselves to be in poor health. Blacks reported poor health almost twice as often as whites and others. There is a general tendency for the proportion reporting fair or poor health to increase with

advancing age. Assuming that essentially the same proportion of each race group falls in each health category in 2030, the numbers of elderly with poor health are projected to increase sharply paralleling the population increase. From 1.0 to 1.4 million blacks would be in poor health in 2030, implying well over a doubling or even tripling of the number reported today.

**Disability.** The number of disabled persons at all levels of disability is anticipated as growing rapidly between today and 2040. The number of those severely or moderately disabled would more than triple during this period. Moreover, there is the possibility of a combination of high life expectancy with increased disability ratios. These assumptions result in a massive increase in the projected number of moderately or severely disabled elderly persons by 2040. The number would grow from about 5.1 million today to 22.6 million in 2040, or nearly 350 percent; the elderly population overall would grow by only 175 percent. There is also greater risk of impairment for persons with lower incomes: 71 percent of the impaired elderly population in the community have incomes under 200 percent of the poverty level, while only 48 percent of the general elderly population fall in this income class (Kunkel and Applebaum, 1998).

Among those included in the severely disabled category are those with clinically diagnosed Alzheimer's disease. Approximately 10.2 million cases are projected at ages 65 and over by 2050. There is the expected progression in numbers of cases with increasing age, a pattern that intensifies with the passage of time. By 2040, most of these cases, some 70 percent, occur among ages 85 and over. The number of cases at these ages will increase by over 300 percent, as compared with 25 to 50 percent for ages 65 to 74. This change reflects the entry of the baby-boom cohorts into the highest ages by 2040 (Evans et al., 1997).

**Nursing home usage.** Serious health or disabling conditions usually lead to residence in a nursing home because of the grave difficulties of home management of the patient. This outcome is all the more likely when social, financial, and housing resources are limited. Like Alzheimer's disease, nursing home residence is most common at the highest ages. Currently, at ages 65 and over, the percent of the population in nursing homes is 5 percent, but for ages 85 and over, the figure is 22 percent. The very high concentration of women in nursing homes, with increasing proportions of women in older age groups as age increases, is also likely to continue, if only because of the continuation of the difference in mortality between the sexes (Manton and Liu, 1997).

Future projections indicate that, if residency ratios remain unchanged, the number of persons residing in nursing homes will double or triple by 2030. The number could rise by over 300 percent for those aged 85 and over. Contrary to the general view, there is considerable turnover in nursing homes and residents often are discharged after short periods. Discharges because of death account for one-quarter to one-third of the total discharges in any year. An average resident, particularly one discharged to a residence or other similar arrangement, stays only a few months. Hence, one realistic indicator of the demand for nursing home services is the number of persons residing in nursing homes at any time during a year.

**SUMMARY.** The most rapid increases in the number and share of persons 85 years and over will occur between 2030 and 2050, when the baby-boom cohort reaches these ages. The cumulative growth of the population 85 years and over from the present to 2050 is expected to be over 400 percent, and the group should make up nearly 5 percent of the population in 2050 as compared with 1.4 percent today.

These changes will be brought about mainly by historical and prospective shifts in the number of births, birth rates, and the level and age pattern of death rates. The volume and age pattern of net immigration will be important in affecting the numbers too, but will be secondary in influencing the age distribution, that is, the share of elderly persons in the population. The rapid growth of the elderly, particularly the oldest old, represents in part a triumph of the efforts to extend human life, but these age groups also require a disproportionately large share of special services and public support. There will be large increases by 2030 in the numbers requiring special services in housing, transportation, recreation, and education, as well as in health and nutrition. There will also be large increases in some very vulnerable groups, such as the oldest old living alone, older women, elderly racial minorities living alone and with no living children, and elderly unmarried persons with no living children and no siblings. These are also groups with high percentages living in poverty or with low incomes. The number of persons requiring formal care (mainly nursing home care) and informal care (mainly care at home) will rise sharply even if the share of persons at each age remains unchanged. Accordingly, there will be a large increase in the numbers participating in various entitlement programs such as Social Security and Medicare.

Living alone presents an additional risk, and the risk mounts when the person living alone has no children or siblings. These characteristics are more common among those 85 years and over as compared with those under age 85. At ages 65 and over only 2 percent of the population have these characteristics in combination, but at ages 85 and over perhaps 6 percent have them. The outlook for the longevity and health of the elderly is not altogether clear. There will probably be a substantial increase in life expectancy, even at the older ages, but there are also likely to be large increases in the number of persons with poor health and disabilities, including Alzheimer's, if only because of the massive population increases projected to occur. If disability ratios fall sharply or mortality rates at the higher ages rise, or if both occur, the numbers of disabled persons could fall, but this now appears very unlikely.

Accompanying these general changes will be shifts in the racial/Hispanic composition of the elderly population. As compared with 15 percent today, in 2050, about one-third of the elderly will be other than non-Hispanic white. The rapid growth of these groups, in particular, will "color" the demand for special services. To the extent that these groups have distinctive social and economic characteristics (e.g., living arrangements, number of living children, income, education, and knowledge of English) that affect their risk of requiring formal and informal support, these services may require a different structure and orientation.

Most of the survivors at the highest ages are women and, in particular, widowed women. This will remain the prevailing sex-marital balance because its principal causes (the premature death of men, including married men, and the very low remarriage rates of elderly women) are expected to persist. The imbalance of the sexes and the low percent of married women have been associated with reduced income, greater poverty, poorer health, and greater risk of institutionalization of older women. The need and cost of support of dependent elderly can be mitigated by substituting home care for nursing home care and family, friends, and neighbors as caregivers for private caregivers. Another consideration is to work energetically to reduce the death rates of married men in mid-life. Some groups in our society have gone further than others in the use of family members, friends, and neighbors as caregivers. Support for these caregivers is essential.

The prospective changes in age structure and in labor force participation will lead to shifts in the balance of non workers to workers and, more specifically, the balance of OASDI beneficiaries to covered workers. The latter ratio is expected to increase from 31 beneficiaries per 100 covered workers today to 51 in 2050. The prospective increase in these balances can be offset by future rises in the birth rate, the volume of immigration, labor force participation ratios, worker productivity, and death rates at the older ages, and by reduced unemployment and underemployment. These are not all likely to occur, or to occur in sufficient degree to obviate the need to deal directly with the demographic and socioeconomic changes associated with aging into the 21st century.

The above represents a description of what is and a projection of what may occur as the baby boom population joins the ranks of the elderly. These are national estimations and it will be interesting to see how closely older people in Anchorage experience similarities and or distinct differences because the nature of life in Alaska.

## **PROMOTING QUALITY OF LIFE**

Americans are living longer and their transition into the ranks of old age will not simply be a matter of greater numbers and higher proportions of older Americans living within the policies, institutions, and economic and social contexts of today. The average age of the U.S. population has been increasing throughout this century. A 1997 longevity and retirement study revealed that 41 percent of people now working feel it is at least somewhat likely that they will live to age 85. Twenty-three 23 percent feel somewhat likely they will live to age 90, and 15 percent feel it is at least somewhat likely they will live to age 95. It is anticipated that this will result in quite extensive social change.

As people move into the 21st century, these demographic realities require people living in the United States to take stock of what an aging person means to them. Policymakers at all levels need to ensure that there are resources, programs and policies in place to provide much-needed support and information for an increasingly older population. Also, it is critical for each person to understand the importance of comprehensive planning for their own longevity.

Many people view aging with both optimism and worry. This need not be the case. The keys to enjoying later life are understanding and planning for what lies ahead. It is never too early or too late to begin. Aging well and leading a quality life depends on much more than what an individual has in the bank, although that is certainly an important consideration. It is also dictated in great part by personal health and well-being as well as lifestyle issues such as housing, leisure activities, volunteerism, spirituality, and life-long learning.

It is important for all people to understand that today's choices do have consequences in later life. Leading a quality life as one grows older is actually a three-legged stool that, if left unbalanced, will topple over and leave the individual open to negative consequences that can affect their whole sense of well-being. Health, financial and lifestyle choices can enhance the quality of an individual's later years.

**Financial.** Adequate income and assets are of critical importance to virtually all dimensions of well being in later life. Experts estimate that retirees will need, on average, 70 percent of their pre-retirement income, lower earners, 90 percent, or more to maintain their standard of living when they stop working. Social Security pays the average retiree about 40 percent of pre-retirement earnings if you retire at age 65. How well people understand their options for managing money and how well they have planned will be most critical factors in determining financial well being as one grows older.

**Health.** Great improvements in medicine, science, and technology have enabled today's older Americans to live longer and healthier lives than any previous generation. Yet, many people fail to make the connection between undertaking healthy behaviors today and the impact of these choices later in life. Research has established that there are distinct advantages to physical exercise, both aerobic and weight bearing. Individuals should design a program, which is right for them. Moreover, screening programs can lead to preventive measures, and early treatment interventions that can substantially reduce the impact of illnesses among older people. Just as important is diet. Nutritional status influences the progress of many diseases, and studies have shown that good nutritional status can reduce length of hospital stay. Spirituality is also a factor.

**Lifestyle.** Living quality lives as people grow older is defined almost entirely by individual financial planning followed by some level of acknowledgment of good health practices, but other lifestyle issues are rarely included in discussions related to longevity. Lifelong learning, volunteerism, caregiving, leisure pursuits, multiple careers, and transportation involve issues, which routinely impact on the lives of many people. However, many do not readily identify that decisions made in these areas are an integral part of preparing for their future.

People need to understand the importance of planning for later life. By gathering information and developing strategies to ensure the best quality of life possible, individuals can ensure that as they live longer, they are also growing stronger and remain capable. Advocacy efforts are necessary to promote the concepts of self-preparation, personal responsibility, choice, and achieving quality of life and aging well.

## DESCRIPTION OF PROJECT AND METHODOLOGY

Patrick Consulting Service was awarded the contract to conduct the study and Patrick Cunningham was designated project manager. He worked closely with the Senior Study Steering Committee, primarily made up of members of the Commission, to plan and implement the project. He also met, throughout the study period, with the full Commission at their regularly scheduled monthly meetings and at the Commission annual retreat.

The study plan had the following six major components.

- Conduct three community forums to be held during the month of October 1998. One in Anchorage, one in Eagle River, and another in Girdwood.
- Develop an Internet site to communicate news and information about the study. Provide links to sites of interest to the residents of Anchorage. Allow for opportunities for visitors to the site to complete on-line questionnaires and send e-mail messages to the study team. The Anchor-Aging Network was created and located at <http://www.anchor-aging.org/> (see Appendix D)
- Convene a series of 24 bi-weekly subject area meetings to be held from October 1998 through January 1999. These meetings are for providers and the public and covered 12 subject areas identified by the Commission as pertinent to aging.
- Design and administer a survey to be inserted in the December 1998 issue of the **Senior Voice**, a newspaper published monthly by the Older Persons Action Group, with a circulation of 10,000 throughout the State of Alaska.
- Develop a telephone survey to be administered to randomly selected Anchorage residents to determine their level of knowledge regarding aging and attitudes toward seniors in March 1999.
- Carry out an in depth personal interview of randomly selected Anchorage residents 45 years of age and older asking them to share information about their day-to-day living and what they would like, to improve their quality of life. Planning for the interview began in May and the actual interviewing occurred in June and July 1999.

The study heavily used volunteers throughout the project who were mostly seniors. Many were members of the Retired Senior Volunteer Program (RSVP). Their enthusiasm for the project was most profound and a major contributor to the success of data collection. The Older Persons Action Group generously provided office space and staff assistance throughout the project.

In addition to the above major components of the project, other data were collected from a variety of sources. Information was obtained from a number of meetings held in Anchorage during the project dealing with issues pertaining to seniors. Among them were long-term care, consumer fraud, accessibility to health care, transportation, senior services, mental health, spirituality, and care giving. Also, other meetings attended were of service providers, senior organizations, church groups, municipal commissions and projects. Students

from the University of Alaska Anchorage and Alaska Pacific University participated in the project, particularly during the survey activities.

More in depth description of the methodologies used for the various project activities are described in each project section later in this report.

## **ORGANIZATION OF THE REPORT**

This report will initially highlight the major findings and recommendations derived from the major project activities. It will be organized by first presenting general findings and recommendations. Specific findings and recommendations pertinent to each of the 12 subject areas will follow. Next will be separate in depth reports of the forum meetings, subject area meetings, newspaper survey, phone survey, and interview survey. There is some linearity present in that the earlier activities greatly influenced the later surveys and thus they will be presented in time order. Following these reports will be appendices with documents used in the study, selected resources followed by selected references.

## **EXECUTIVE SUMMARY: MAJOR FINDINGS AND RECOMMENDATIONS**

The reader is strongly urged to read the more in depth reports later in this report for other findings not included in this section.

### **General**

- Finding:  
Many people are ill prepared for their senior years. Many myths are perpetuated and believed by both seniors and non-seniors resulting in discrimination, withdrawal from activities, and unrealized potential. Systematic stereotypes, misinformation, and discrimination are quite evident denying seniors the variety of choices necessary for successful aging. Many seniors, themselves, believe such treatment to be part of the aging process.
- ❖ Recommendation:  
A major educational effort targeting aging across the life span is necessary, particularly emphasizing the challenges facing an aging Anchorage and the preparation needed for individuals and the community to insure quality of life in the senior years. Recommended are a series of educational fairs dealing with various aspects of aging and particularly emphasizing planning for the later years of a person's life. Younger people need to be better informed. A re-education process targeting them will be beneficial in promoting intergenerational bonding.
- Finding:  
Service providers in all fields of practice including social services, health, financial planning, law, architecture, recreation, teaching, and religion are

- lacking the expertise and knowledge necessary to adequately respond to the diversity of needs presented by elders.
- ❖ Recommendation:  
Professional preparation training programs need to expand content and research activities. Elders must be involved in the education process as teachers, consultants, and researchers.
  - Finding:  
Service delivery to older persons is highly fragmented requiring the need for care coordinators trained in preventing people from “falling through the cracks”. Many older people and their families either cannot afford a care coordinator or are unaware of this resource. Many families are ill prepared when faced with a challenge presented by an aging member in need of services beyond the capacity of the family to meet. Access to information and referral is difficult to obtain. Assistance in preparing for such emergencies is also minimal for many families.
  - ❖ Recommendation:  
Develop a well-publicized and centralized information and referral organization that may be accessed by all socio-economic groups. This organization will maintain an Internet web page with up to date information of community resources. Providers will develop letters of agreement with the organization resulting in effective communication among all in the older person’s network.
  - Finding:  
Many government, private for profit, private non-profit, self-help organizations, communities, and citizens are at cross-purposes in service provision to older people. There exists much duplication of services and gaps. Scarce resources result in narrow competition with negative results.
  - ❖ Recommendation:  
Develop collaborative partnerships among government, private for profit, private non profit, self help organizations, communities, and citizens to garner the resources necessary to insure successful aging for the Anchorage population.
  - Finding:  
There are a variety of community resources available to promote quality of life, however issues such as fragmentation, accessibility, affordability, acceptability, awareness, and availability are present.
  - ❖ Recommendation:  
Each of the above issues must be addressed individually and collectively. Often problem solving will target one or two areas and ignore the others. Planners must insist that they all be addressed in developing resources and providers must evaluate and monitor service delivery with this in mind.

- Finding:  
Older minority populations in Anchorage do not participate fully in all aspects of community life.
- ❖ Recommendation:  
Meet with the leadership of each minority community to explore this issue. Encourage the leadership to develop strategies that will remedy the problem. Liaison with other mainstream groups may be necessary to develop coalitions.
  
- Finding:  
Many Anchorage older people are isolated, at risk, and lack a nurturing support system.
- ❖ Recommendation  
Building caring communities in which outreach efforts are directed to isolated families and individuals providing informal support services is necessary. This should come not from agencies but community members. Develop a “gatekeepers” program similar to one operating in Spokane, Washington in which citizens, who come in contact with people on a regular basis, are trained to notice older people who are experiencing difficulty and connect them with needed services. Existing community organizations such as churches, fraternal groups, clubs, schools, may be helpful.

## **Subject Areas**

### **Employment**

- Finding:  
Barriers to employment exist for older workers. Employers believe many of the myths surrounding the older worker resulting in under-utilization of the older workers.
- ❖ Recommendation:  
A major education effort is needed to convey to the public the value and resources of seniors and to assist seniors in recognizing the strengths, knowledge, wisdom, and experience they have. The educational process will target all strata of the community with a heavy emphasis in schools and the business community. Municipal government will be a major participant. Seniors will be the primary educators. The goal will be to achieve a similar level of respect and appreciation for seniors found in the Alaska Native culture and other ethnic cultures who celebrate their elders. A mentoring model should be used for older workers needing to develop confidence and effective work skills. The development of a variety of employment and volunteer choices is needed to tap the diverse interests of seniors and utilize their many talents.

- Finding:
 

Job Training and Partnership Act (JTPA) has a training program for senior 55 years and older that is underutilized. There are a number of seniors who are not job ready. This is for a variety of reasons. Some seniors lack confidence, need pre-employment skill development such as time management, use of appropriate behavior on the job, and others don't feel they are valued and will be accepted for employment.
- ❖ Recommendation:
 

Develop more resources to assist the older workers to move into the work force. Enlisting the help of private and non-profit businesses who are in need of workers may be helpful.
  
- Finding:
 

Senior volunteerism in Anchorage is a major community asset. This needs to be publicized more.
- ❖ Recommendation:
 

Major agencies that utilize senior volunteers plus government should work together in this effort. More outreach is needed to provide other older people with the opportunity to volunteer.
  
- Finding:
 

There are good employment and training programs for economically disadvantaged seniors but few resources for the non-economically disadvantaged. The Anchorage Community College was a resource but now that it is absorbed into the University of Alaska Anchorage, access to the programs is more difficult. Parking is a problem plus the "university atmosphere" is not attractive to some older people.
- ❖ Recommendation:
 

Smaller training programs spread throughout the city that are easily accessible may be a solution. Using community schools when they are vacant is a possibility. Retired seniors should be used as trainers.
  
- Finding:
 

Once the "Baby Boomers" begin to retire in the next 10 to 20 years, there may be more jobs than people to fill them. Older workers may be a solution but much work is needed in conveying the assets of the older worker to employers.
- ❖ Recommendation:
 

Incentives for hiring older workers need to be developed. The business community has a partnership with schools and the question is can a partnership with the business community be forged with seniors? This should be explored. Needed is a central information site that is well publicized and has the capacity of providing up-to-date information for work, volunteer, training, and educational opportunities for older people. Older people should have a variety of options regarding employment, retirement, volunteering, training, and education from which to choose. A

message should be conveyed that seniors who are active and involved in the community remain healthy resulting in reducing subsidized health care costs while stabilizing and enriching community life.

## **Financial Security**

- Finding:

Older people are concerned that property taxes may continue to rise to a level that they will no longer be able to remain in the family home and will either have to sell it and move to a less expensive home or leave the state.
- ❖ Recommendation:

Preserve the property tax exemption and raise it to a level that will avoid the person having to sell the home. Seek other revenue sources such as increase “sin taxes”; implement a sales and income tax. Select taxes that consumers have control over such as a sales tax, rather than the property tax, which cannot be controlled by the consumer.
  
- Finding:

The majority of today's Anchorage seniors has a combination of Social Security, State entitlement programs, savings, and retirement plans to provide financial security in retirement. The same scenario may not be available to many who are in the 50 to 65 year age group because of wage reduction, the absence of adequate retirement programs and elimination of entitlement programs. Families need to consider various scenarios regarding maintaining financial security during working years and into retirement.
- ❖ Recommendation:

Education and financial planning efforts are needed for this group. Attention needs to be paid to this as soon as possible so that long range planning may take effect.

On another level, advocacy efforts are needed to seek livable wages for everyone. A person who wants to should be able to work full time and receive above poverty level wages with health insurance and a retirement program. Employers should be provided with inducement to provide the benefits. Government subsidies of food stamps, housing, and Medicaid to working poor must be eliminated.

## **Housing**

- Finding:

Lacking in Anchorage is a continuum of housing for people, as they grow older.

- ❖ Recommendation:
 

Needed is a community with independent housing, a retirement home, shared housing, assisted living with various levels, and skilled nursing homes. Housing needs to be made more attractive to seniors and that maintains their independence and a feeling of where they live is “theirs”. Housing transitions are less traumatic if move is in the same familiar community.
- Finding:
 

Older people wish to remain in their own home for as long as possible. As they age they may have to leave the home because of disrepair and lacking the funds to remodel. The home may have to be changed to accommodate physical aspects of aging.
- ❖ Recommendation:
 

Provide affordable loans to assist people with the costs of remodeling their home so that they may remain in it for as long as possible. Seek more funding for projects like Christmas in May to assist people without the necessary financial means.

Seniors need to anticipate housing needs for the future. Hold seminars to teach the need to plan for alternative living situations as the person ages and how to reduce costs in the home when on a fixed income.
- Finding:
 

There is a lack of suitable housing for older people in Anchorage, particularly at the middle income level.
- ❖ Recommendation:
 

Builders and architects need to be informed regarding the needs and desires of older persons regarding housing. Lacking is single level houses and condos, accessible to wheel chairs, with door levers, reachable appliances, safety features in the bathroom, and garages that can accommodate large vans. Often outsiders come up with a “one size fits all” approach to housing that is not specific to Anchorage.
- Finding:
 

Older people live in areas that are barriers to accessing needed services and goods. There are no sidewalks, snow removal is a problem, and if a person is unable to drive, transportation is difficult to obtain.
- ❖ Recommendation:
 

Increasing housing density particularly near areas where seniors may easily access services to meet their everyday economic, physical, social, and spiritual needs plus providing a variety of housing options to include housing rehabilitation will promote "aging in place". Provide affordable housing in the downtown area above businesses and with elevators.

## Legal

- Finding:

Anchorage has few attorneys specializing in Elder law. At present there are fewer than five attorneys in Anchorage that practice elder law. The need for legal services in this area will continue to grow. A lack of information is prevalent regarding legal services seniors may need and barriers to accessing an attorney need to be reduced.
- ❖ Recommendation:

Attorneys will need to be educated in elder law. Many attorneys have aging clients and this need will arise in the future. Provide courses with continuing education units in elder law. Use lawyers specializing in elder law to hold workshops and symposiums. Seek additional funding for Alaska Legal Services Corporation. Attorneys to publish their fees and dispel the belief that all legal services are expensive.
  
- Finding:

Seniors are often targets of consumer fraud and need education and a central source of help available to them.
- ❖ Recommendation:

The municipality should create an office of consumer affairs. A private non-profit organization should develop a program to provide outreach education to older people regarding how to be on the look out for fraud and whom to call. Use of the news media is another resource to explore.
  
- Finding:

Financial elder abuse by family members is quite prevalent.
- ❖ Recommendation:

Adult protective services should be given more resources to deal with financial exploitation of older people. Financial institutions should be mandated to report suspected abuse.

## Leisure and Recreation

### Finding:

- There are a large number of leisure and recreation opportunities and resources for older persons available in the Municipality. Many people are unaware of their existence and don't utilize them. There exists a need to coordinate and publicize public and private offerings.
- ❖ Recommendation:

Government should not be the sole provider of leisure and recreation activities. Government, however, should participate in providing information and highlighting the benefits of leisure and recreation activities. The Municipality, private non-profit, and for profit organizations engaged in leisure and recreation activities may find it useful to form an effort to assess what is available and how to pool resources in order to

provide maximum participation and citizen involvement. The Internet is a possible resource to list the offerings and it provides update flexibility. Focus energy on 50 years and older population and tie programming to age group. Also allow options of segregated programs, mixed gender, and intergenerational activities. Providing a variety of options is important.

- Finding:  
There are accessibility issues for frail and older people with disabilities. Many leisure and recreation resources are denied them.
- ❖ Recommendation  
The Municipality, private non-profit, and for profit organizations need to consider accessibility to resources for frail and disabled people. For example improving the accessibility to Ship Creek fishing for all groups.
- Finding:  
Many older people are sedentary and at risk for health problems. Exercise is rare and opportunity minimal. Transportation problems prevent people from going to centers for activities.
- ❖ Recommendation:  
A concerted outreach effort is needed to convey to this group the positive effects of exercise. . Featuring role models of older active men and women engaged in a variety of activities may induce others to consider participating. Rather than creating large centers, it may be more feasible to provide smaller centers closer to a person's home that does not necessarily require membership and may promote neighborhood solidarity and connection.

## **Lifelong Learning**

- Finding:  
There are many resources for life-long learning for older people and many possibilities exist for developing more, however some organizational effort is needed to coordinate these activities and publicize what is available and how to access it.
- ❖ Recommendation:  
Polling people regarding their interests is needed. Retired people organizations, senior centers, Loussac Library, UAA, APU, UA Extension Service, Anchorage School District, Older Persons Action Group were mentioned as leading the organizational effort.
- Finding:  
Accessing the university system for education courses is difficult for older people. The community college atmosphere is gone and parking very difficult. Some courses do not accommodate age differences.

- ❖ Recommendation:  
Explore the possibility of offering self-support short courses to older people at the colleges and other teaching organizations in Anchorage. Courses offered during the day rather than night are preferred. These courses could be for seniors only, as well as including courses that would bring intergenerational interaction.
- ❖ Recommendation:  
Over 200 Institutes for Learning in Retirement exist in the United States and Canada. This organization of retirement age learners is dedicated to meeting the educational interests of its members. These learners develop their own educational programs and often use their members as the teachers. Colleges often host the meetings however rooms in churches, public buildings, or other available meeting areas are used. Explore the development of an institute in Anchorage. Retired teachers may be a good resource to get this started.

## **Long-term Care**

- Finding:  
Nursing home care averages over \$100,000 a year in Alaska compared to \$36,000 to \$40,000 in the lower 48. Anchorage is the “Mecca” for long-term care needs in Rural Alaska. There is nothing in the villages. Many elders are coming to Anchorage to die. The burden of care for the sick is being shifted from the acute hospital to long-term care and home health.
- ❖ Recommendation:  
More alternatives are needed for people who can stay in the community rather than enter a nursing home. Rural Alaska needs to develop some assisted living facilities in hub areas and villages. Better-trained and compensated workers are necessary to provide more community based services.
- Finding:  
Recent Medicare policy has resulted in Hospice of Anchorage changing its policies. Medicare will no longer pay for care provided by Hospice of Anchorage.
- ❖ Recommendation:  
Advocacy efforts are need to change Medicare policy for Hospice services at the federal level.
- Finding:  
Consumers don’t think about long-term care until the need arises. When it does it is too late for planning effectively. Medicare information booklets are difficult to understand.
- ❖ Recommendation:  
Education is sorely needed in letting the public know what is long-term care, what coverage is available, and who is responsible for the financial

burden. People need to know what to do before a crisis hits and what is their responsibility in obtaining care. Financial planning needs to occur early and yet people are reluctant to consider long-term health care. The longer a person waits the more expensive long-term care insurance will cost. People with assets will need insurance to cover the cost or “spend down” before they become eligible for Medicaid paying for long-term care. Information may be provided through health fairs, pamphlets, Internet, news media, and in schools.

- Finding:  
Dementia has become more of an issue because people are living longer and surviving other illnesses. Alaska is the only state that does not recognize Alzheimer’s Disease as a primary admitting diagnosis for Medicaid admission to a Nursing Home. The person must have other medical problems in order to be admitted to a nursing home.
- ❖ Recommendation:  
A strong advocacy effort is needed to change this policy on the State level. It will require a coalition of strong organizations and broad constituency representation.
  
- Finding:  
The only adult day care services in Anchorage are for people with Alzheimer’s or other dementia. There are no resources for older people needing day care but not experiencing dementia. Many caregivers could use a day care facility for adults, particularly those who work and provide care at home.
- ❖ Recommendation:  
Seek the establishment of a day care center for older adults. Possible resources to explore are businesses that may be open to providing a day care for workers relatives. A number of businesses may share resources and create one center.
  
- Finding:  
Older people requiring some form of independent housing, assisted living, or nursing home care often must leave their community and neighbor and go to another area that is unfamiliar. This creates stress and often may be health threatening.
- ❖ Recommendation:  
Housing that provides a continuum of care ranging from independent housing units to assisted living to intensive nursing care within the same familiar community would ease the transition of the aging person and promote quality of life for as long as possible.
  
- Finding:  
Families are ill prepared to deal with local and distance long term care issues that arise for older family member. At present there is a prevalent

belief that Medicare will provide for long term care. There is presently a crisis regarding the costs of nursing home care and the lack of adequate, affordable assisted living facilities.

❖ Recommendation:

Preparation for long term care must occur early among families to avoid the crisis that often occurs. This preparation must involve an educational process outlining what is necessary, the current state of long-term care and needed policies to insure adequate and affordable care. Inducements are needed for purchasing long term care insurance policies. One inducement is for the policy to be adequate for Alaska and low cost.

## **Mental Health/Substance Abuse**

• Finding:

Alcoholism and substance abuse is prevalent among older persons like it is for other age groups. There are few age appropriate services available for older persons. Family practitioners may miss this problem in their clients.

❖ Recommendation

Service providers need to be encouraged to develop older person specific intervention services. Late onset problems respond well to specialized services. A demonstration grant may be available from funding sources. Service providers need to be more aware of the prevalence of this problem and include a screening for substance abuse in their assessment procedures.

• Finding:

Depression is a serious problem among older people and health care providers do often not diagnose it. Emotional difficulty may be viewed as part of the normal aging process or as a physical disorder. Much frustration is felt regarding how providers respond to mental health needs of seniors. Most medical treatment for mental illness among the elderly continues to be provided by physicians not trained in psychiatry. Medication used is not appropriate and outdated. There are few providers specifically trained in treating older people for mental illness. Psychiatrists not trained in geriatrics are unaware of unique treatment considerations with this population. Many hospitals and nursing homes are undereducated about mental illness, and may provide treatments or environments that actually aggravate symptoms.

❖ Recommendation:

More providers specifically trained in gerontology and geriatric medicine are needed. Education of providers is a must to include the use of appropriate medication and recognize depression. It is possible for a victim of Alzheimer's to be depressed. The public, including older people,

needs to be educated regarding the prevalence of depression and what resources are available.

- Finding:  
Medicare and Medicaid are very poor payers for mental health and substance abuse services. Private insurance policies are also limited. Many elders are without resources to pay for needed care.
- ❖ Recommendation:  
An advocacy effort is needed seeking parity for mental health and substance abuse services at a federal and state level.

#### Findings:

Mental health and substance abuse services are not well coordinated. The systems remain quite separate and consumers are ill served.

- ❖ Recommendation:  
There should be a single point of entry for substance abuse and mental illness problems. Separating them creates more problems with many people “falling through the cracks”.
- Finding:  
Grief and loss are major problems experienced by older persons. Isolation often may occur. Extended families and informal support networks are not available to many older persons.
- ❖ Recommendation:  
Normal grief should not be medicalized and other alternative “soft” interventions used. Outreach is necessary to engage older persons in a variety of activities. Providing transportation, phone pal programs, encouraging walking in the malls during all seasons, exercise classes, and leisure activities should be explored.

### **Physical Health**

- Finding:  
Some seniors who are Medicare eligible report difficulty in finding health care providers who will accept Medicare assignment or add additional patients with Medicare to their practice.
- ❖ Recommendation:  
Provide a highly visible and easily accessible resource that will link seniors who cannot find a Medicare provider with one. Develop an advocacy movement that will seek changes in Medicare policy that will improve accessibility to health care providers by consumers.
- Finding:  
Native Alaskans from villages are coming into Anchorage for health services and remaining in Anchorage. Many are ill equipped to deal with the culture shock they experience. Some become homeless.

- ❖ Recommendations:
  - A collaborative effort is needed among Native organizations, health care providers, government, and non-profit groups to respond to this problem. At another level, more resources are needed in the village to provide services on site rather than coming to Anchorage. Policy should state that a person must be allowed to remain in their home and home community for as long as possible. Home-based services are preferred. There needs to be education in the villages to better prepare people for a move to Anchorage. The Senior Voice can help with the education by printing articles.
  
- Finding:
  - More outreach services are needed to isolated older people who may be experiencing health care problems. Concern is that this is an under-served population.
- ❖ Recommendation:
  - In other communities, public health or visiting nurse services have been effective in reaching out to this group of seniors. Determine if this is feasible in Anchorage.
  
- Finding:
  - Older people and their families when faced with a medical crisis are not prepared to deal with it.
- Recommendation:
  - More education is needed to assist people in becoming more aware of the need to anticipate and prepare for crises before they arise. Health fairs should include this in their offerings. Families should be urged to talk among themselves prior to the crisis occurring.
  
- Finding:
  - Middle income seniors are in a financial bind. They can't qualify for financial assistance and they can't afford to pay for their medical expenses. They are forced to "spend down" in order to qualify for Medicaid or choose between buying food or their medication.
- ❖ Recommendation:
  - This will require an advocacy effort to seek changes in Medicaid rules and to develop other programs addressing this need at the federal and state level.
  
- Finding:
  - Medicare does not pay for medication and there is a need for low cost prescriptions. The cost of drugs is increasing more rapidly than any other health care expense. Medicare will not pay for dental work or glasses.
- ❖ Recommendation:
  - This will require an advocacy effort to seek changes in Medicare rules and to develop other programs addressing this need at the federal and state

level. All health care programs need to invest more coverage for prevention and wellness activities.

- Finding:  
Many seniors are over-insured medically, especially retired state employees. The potential for fraud or selling worried people insurance they don't need or with meager benefits is strong. Seniors are often surprised to learn how little these supplemental insurance policies cover once they use them.
- ❖ Recommendation:  
Consumers need to be more informed regarding the insurance they need and be especially careful in purchasing Medicare supplemental insurance. Consumers need to be educated regarding where they can go to obtain accurate information. There are Internet sites offering information plus holding an education fair may prove useful.

## **Spiritual**

- Finding:  
Aging in itself is a spiritual process. People all have spirit but it is a matter of the person developing an awareness of this dimension.
- ❖ Recommendation:  
Create a booklet of resources in the community to help people explore their spiritual side. It could list spiritual organizations from churches to learning centers like the ATOM (Ancient Teaching of the Masters) Center and IASC/Taoism Center for Wellness. The Interfaith Council may be a group interested in doing this.
  
- Finding:  
In the health care field, studies have found that spirituality may positive affect health.
- Recommendation:  
The model of the Doctor being in charge and making a patient well to be replaced by a more holistic approach of mind, body, and spirit with the patient taking an active part in treatment. Develop workshops exploring alternative/supplementary medical approaches emphasizing empowerment of the consumer.
  
- Finding:  
People who participate in a spiritual activity feel part of a larger community.
- ❖ Recommendation:  
Explore the use of spiritual activities to build a sense of community among Anchorage residents.

- Finding:  
Many professionals have had little training dealing with the spiritual dimension of clients and are uncomfortable in discussing this with clients.

Recommendation:

Professional preparation training programs should include this content.

Finding:

A challenge is how to help people become more aware of their spirituality.

- ❖ Recommendation:

Prayer is a common experience for many and is often used during a time of crisis as a coping device. Older people may be more prone to come into touch with their spirituality. Being open to an older person and listening to their story may provide an opportunity for him or her to express their spirituality.

- Finding:

People tend to become spiritual when they engage in hobbies, sports, learning, or other activities.

Recommendation

Reducing barriers to participation and reaching out to isolated people will enhance their spiritual dimension.

## **Tourism**

- Finding:

Tourism provides employment opportunities and volunteer public service positions in visitor centers, transportation, lodging, retail sales, gift shops, and other tourist related organizations.

- ❖ Recommendation:

Create a campaign in which the tourism industry is encouraged to consider older people who are residents of Anchorage as employees and emphasize what they have to offer. Some areas to emphasize are older people can work or volunteer the entire season of May through September whereas, younger workers often leave earlier for school. Life experiences of older people are valued assets. Many tour companies can employ seniors for counter work, tour drivers, or “step-on” guides. Step-on guides narrate to the passengers of a bus or train during a trip.

- Finding:

There are now some trails accessible for frail and persons with disabilities. All forms of transportation are available. Information regarding access to accommodations, and popular destinations throughout Alaska is only available from a private tour operator specializing in this area.

- ❖ Recommendation:

This information should be widely circulated. Public funding should pay for this.

- Finding:  
The “shoulder season” is referred to as May and September. This is the best time for residents to become tourists. Usually rates have come down and areas are less crowded.
- ❖ Recommendation:  
This information should be readily available to those wishing to access it. Tour operators in collaboration with government should advertise this well.
- Finding:  
Tourism is a renewable resource and adds millions of dollars into the State and Municipal economy each year. Tourism has leveled off in the last few years. One reason cited is the reduction of marketing dollars from the Alaska State Legislature.
- ❖ Recommendation:  
Both the Legislature and the Municipality need to invest more dollars in tourism marketing. The Anchorage bed tax is a source of more funding either in adjusting the percentage or tax received for marketing, or raising the percentage of the tax imposed, or both.
- Finding:  
Opportunity for tourist activity is limited in the winter.
- ❖ Recommendation:  
Improving and expanding the trail system and making the city more accessible to pedestrians, particularly the downtown area in the winter months, is recommended

## **Transportation**

- Finding:  
Anchorage is an auto-dependent community that creates access difficulties for individuals without auto transportation. Transportation difficulties increase at night and on the weekend.
- ❖ Recommendation:  
A collective efforts is needed from government, private for profit, private non profit, self help groups, communities, and citizens to effectively resolve this problem. Reliance on a single source of transportation is folly. Rather a variety of choices should be available. Choice of transportation should be the least expensive and resources should be tapped in the person’s informal network prior to using formal services. A transportation coordinator with this function should be explored. Senior Voice and other newspapers could do a series of articles on transportation and provide a regular column where transportation resources could keep the public updated on the latest transportation developments and do constructive problem solving. On another level, advocacy efforts should focus upon securing federal and state operating costs for public transportation.

- Finding:
  - When public and private facilities are built, transportation access is often considered after the fact. This creates access problems for people.
- ❖ Recommendation:
  - There is a municipal code that states that transportation access must be considered prior to building. This code is not enforced. The code must be enforced with penalties for non-compliance.
  
- Finding:
  - Some older people are driving and are a threat to themselves and others because they are not capable drivers. Giving up driving represents for many a loss of freedom and subsequent isolation resulting in depression and health problems.
- ❖ Recommendation:
  - Older people at risk should be examined more frequently to determine their capability to drive. Those at risk should no longer drive. Providing substitute transportation giving the person the opportunity to go wherever he or she wishes will result in the person being more willing to give up driving.
- Finding:
  - The American Disabilities Act requires that taxicab companies using vans make these vans accessible for people with disabilities.
- ❖ Recommendation:
  - Taxicabs are regulated by the Municipality. The Municipality to require taxicab companies to have accessible vans in their fleets.
  
- Finding:
  - Alaska Native elders come from villages into Anchorage for health services. They experience much difficulty using the Municipal transportation services.
- ❖ Recommendation:
  - Hire Native elders familiar with the city and bus service to provide escort services using municipal transportation. They may be hired as travel ambassadors. Another possibility is to use Anchor Rides and People Mover as a job site for Title V Senior Employment Program.
  
- Finding:
  - Distance to travel, winter weather, and poor snow removal creates transportation problems.
- ❖ Recommendation:
  - Explore creative ways of shoveling snow for people during the winter months so that their vehicles may be used for transportation. A cooperative effort to shovel snow berms from driveways is needed. Decentralizing services and areas where goods are purchased will reduce the travel distance. The municipality and community councils should coordinate this effort; however, many different groups need to be involved.

## **Summary of Forum Meetings and Responses to Questionnaire**

Three community forums were held by the Anchorage Senior Citizens Advisory Commission in October 1998. Below are listed the date and location of each forum:

*Monday, October 5, 1998, Spenard Community Center, 5:30 PM to 7:30pm*

*Wednesday, October 7, 1998, Eagle River Parks and Recreation meeting room, 7:00pm to 9:00 PM*

*Thursday, October 8, 1998, Girdwood School, 7:30pm to 9:30pm*

These meetings were advertised in local newspapers and newsletters of social service and membership organizations. An article was written and published in the editorial section of the Anchorage Daily News, September 30, 1998, announcing the study and forum meetings.

The participants were asked to complete a short questionnaire (Appendix C). Ninety-three questionnaires were completed and are tabulated below.

### **Attendance at Forums:**

Age Groupings  
35-55 - 30%  
56-65 - 29%  
66-75 - 30%  
76+ - 11%

### **Top 5 areas of concern from Forum Participants**

1. Physical Health
2. Financial Security
3. Long-term Care
4. Housing
5. Transportation

85% plan to age in place.

74% find health care adequate or better.

74% feel that they are prepared for retirement.

89% have some knowledge regarding programs for seniors in Anchorage or better.

## Summary of the Forum Meetings

There was a good distribution of age groups for the forums. The senior study wishes to involve both seniors 65 years of age and older and adults 35 to 64. The study is to look at what is happening now and project to 20 years in the future. Obtaining information from the younger age group is important because they represent the next generation moving into senior categories. Below is a list of major challenges forum participants identified associated with maintaining quality of life.

- To have access to affordable, quality health care.
- To be able to maintain independence as long as possible.
- To be able to adapt to challenges of aging.
- To deal with age discrimination.
- To be able to access community resources.
- To obtain quality living throughout life within a supportive environment.
- To deal with challenge of moving from village to city.
- To remain mobile in a city that is heavily auto-dependent.

The following are recommendations solicited from the people in attendance to maintain, improve, and promote successful living:

- Provide resources that would supplement ability of a person to live independently. Caregivers are inadequately compensated.
- Provide a broad spectrum of housing options responsive to desires of an aging population and for all socio-economic levels.
- Provide a transportation system that would reduce danger, isolation, and open access to community resources.
- Increase the number of health care providers who accept Medicare assignment and provide adequate, affordable health care for all citizens.
- Reduce the expense of long-term care.
- Utilize seniors more fully in employment and volunteer activities.
- Build community response to the desires of its citizens by building partnerships and participation.
- Conduct media campaigns exposing false stereotypes held toward the aging population that denies them access to quality living and resources and promote a positive image that builds upon intergenerational bonding.
- Emphasize prevention and wellness as an ingredient to successful living.
- Educate people as to the means to adequately prepare for retirement and financial security.
- Educate providers and the public regarding challenges facing an aging population and the means to adequately deal with this. Change attitudes of health care providers that view elders as "frail old cranks".
- Provide a variety of choices available to people as they age and enjoy quality living.

- Address the needs of those working adults who are caring for aging parents as well as their own children (the "sandwich generation"). Quality day care services for both children and older adults are needed.
- Seek to establish an effective and seamless continuum of care that is supportive and preserves an individual's chosen life style for as long as possible throughout the aging process.
- Extend outreach services to seniors who are reluctant to ask for assistance by developing a "people watch" neighborhood response.
- Anchorage needs a comprehensive geriatric assessment center. Currently health related services are fragmented and often those with serious medical and mental health issues are not addressed due to this fragmentation.
- Tap the enormous knowledge base and experience of seniors in order to enrich communities.
- Reinstate the longevity bonus, the State wastes more in a month than the Program expended in a year.
- Extended aging is a recent phenomenon and more research, information, and education is necessary in order to respond adequately to this major change in our society.
- Seek to obtain a humane and dignified death for all.
- We need less expensive nursing homes and better quality assisted living homes.
- Seniors could be an incredible tourist asset - they usually have the time and the willingness to share stories and unique adventures that tourists would enjoy.
- Establish committee to provide a reservoir of expertise with retired seniors and younger persons approaching retirement and advertise findings to the community.
- Explore intergenerational opportunities that take the skills and wisdom of elders and use these to assist the younger generation. There's a predicted shortage of teachers in the future. How can seniors help meet some of the needs in our schools?
- Communal living (central cooking and small private suites) for non-fragile seniors should be promoted more. It's cost saving and provides social life, decreasing isolation.
- Continue to promote positive image of "golden years" use all mediums to do so... show seniors at colleges, volunteering in community, holding leadership positions, social activities, sport activities, making responsible choices, contributions, and enjoying life on another level.

These results were noted and referenced in planning for the next stages of the study. They were very pertinent to the twelve subject area meeting topics and the three surveys to be completed.

# **SENIOR VOICE SURVEY**

## **Introduction**

In the December 1998 issue of the **Senior Voice**, a monthly publication of the Older Persons Action Group, a survey was inserted in the 10,000 copies printed that month. It was titled "Senior Voice Readership Survey" Readers were asked to complete the questionnaire, fold it so that the "no postage necessary area" was showing on the return address side of the insert, and mail it back to the sender. A copy of the 25-question survey instrument is in Appendix C of this report. The survey solicited demographic and household information, length of residency in Alaska, financial and insurance program participation, housing and level of satisfaction, also, questions regarding employment, retirement, and the percentage of income spent in Alaska. It also included a health condition question, whether a provider had ever turned down the person with Medicare for service, and if care giving is provided to an elder. For respondents living outside the Municipality of Anchorage, they were asked if they traveled to Anchorage in the last year, for what purpose (s), and if they order goods from businesses in Anchorage. A final question asked for a selection of the single most important issue facing senior Alaskans today.

The information obtained from this survey, is to be added to other information gathered as part of Anchorage Senior Citizens Advisory Commission's Senior Study assessing the resources and wishes of seniors with a goal or promoting successful living and aging in the Municipality. Although the readership of the **Senior Voice** lives throughout the State of Alaska, some information received from all of the readership such as retirement plans, ordering goods and travel to Anchorage will be useful information.

## **Methodology**

The survey instrument was developed in collaboration with the Senior Study Steering Committee. This committee is made up of members of the Anchorage Senior Citizens Advisory Commission and includes a staff member of the Anchorage Department of Health and Human Services who is the Commission liaison. Responders to the survey were promised anonymity and told that the result would be reported in an aggregate form. Returned surveys were coded and entered into a data file for analysis, using a computer SPSS-PC statistical software package. Potential responders to the questionnaire included subscribers as well as anyone having access to a copy of the newspaper. The newspaper is sent to a variety of organizations who are service providers to seniors throughout the State. The community of the respondent was determined by the postal zip code included as part of the questionnaire. The opportunity of receiving \$100 was included in the survey as further motivation for some of the readers to complete and return the survey. The reader was asked to include his or her name and mailing address that would be used for a drawing to determine who will receive the \$100. The drawing was held February 16, 1999. Surveys continued to be received and included in the study ending July 1, 1999.

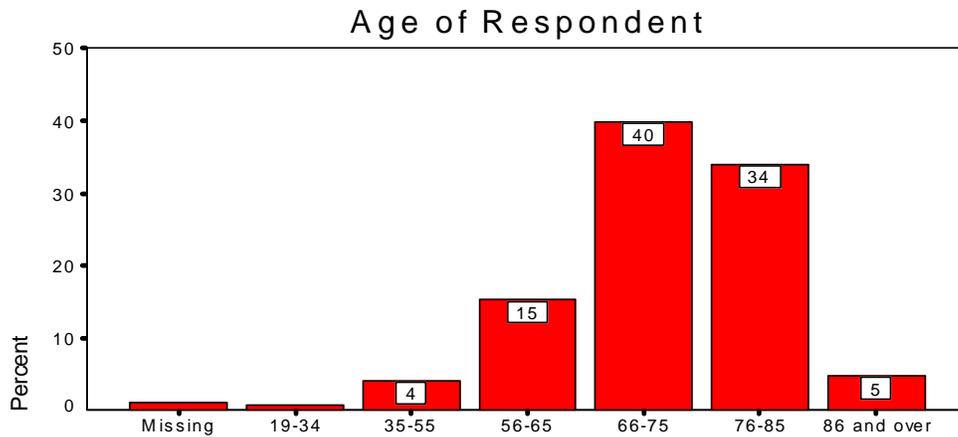
## Findings

A total of 1631 surveys were received of which 899 were from residents of the Municipality of Anchorage and 732 from the rest of the State. Figure 1 represents the distribution of the responses from throughout Alaska. Each pushpin represents one community. There were a total of 123 postal zip codes represented. Good representation from throughout the State with expected heavier concentrations coming from Anchorage, Fairbanks, and Juneau and their surrounding areas exists.

### Anchorage Results

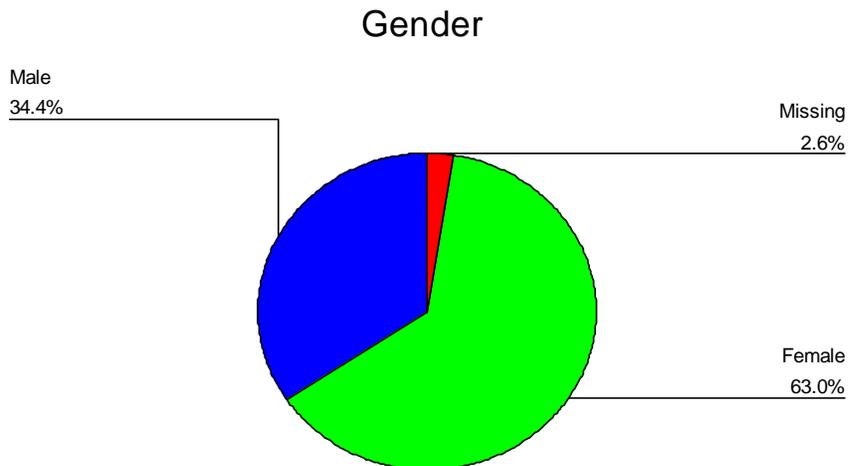
Selected findings deemed pertinent to the survey will be presented covering all Anchorage respondents and will be followed by a breakdown of findings by marital status.

Figure 2



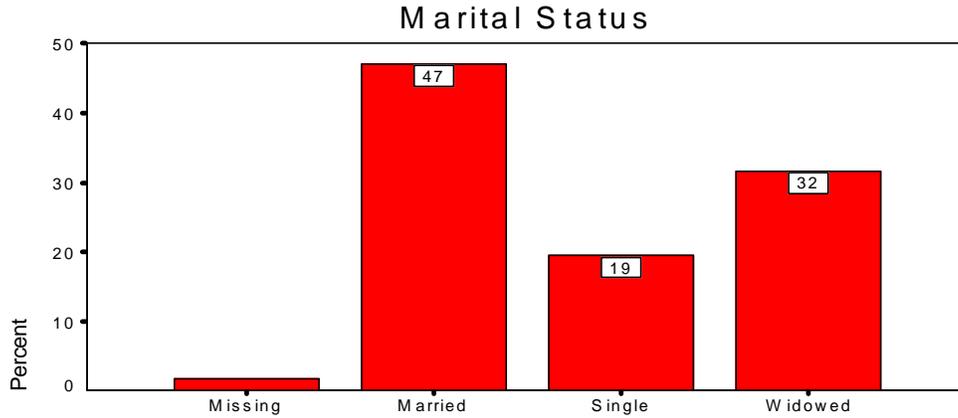
The median age group is 66-75 with 79% being 66 or older.

Figure 3.



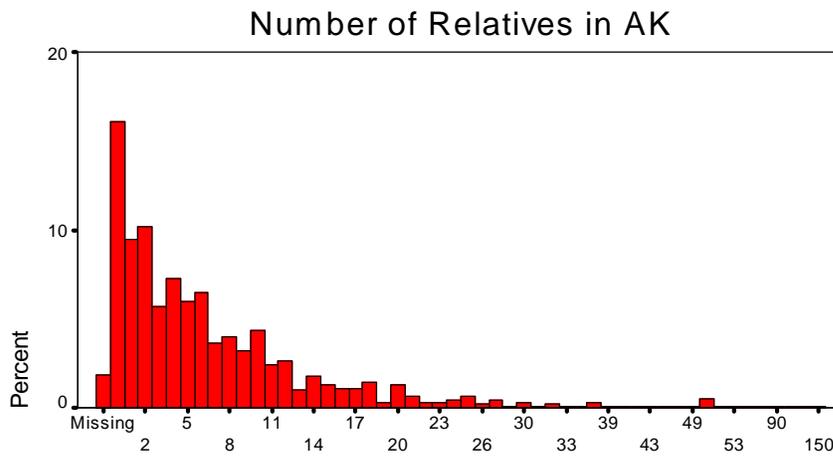
Women represent 63% compared to 34% for the men.

**Figure 4**



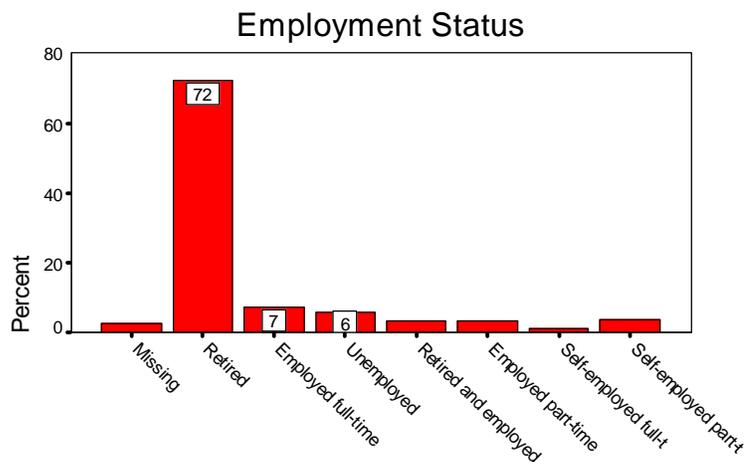
The majority are married (47%) followed by widowed (32%) and then single with 19%.

**Figure 5**



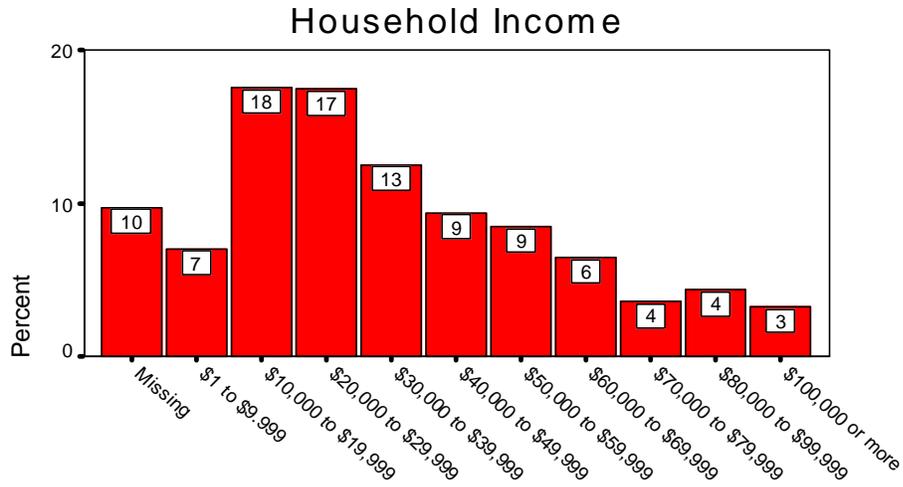
Respondents have a median of 5 relatives living in Alaska, however 16% have no relatives and 20% 2 or less.

**Figure 6.**



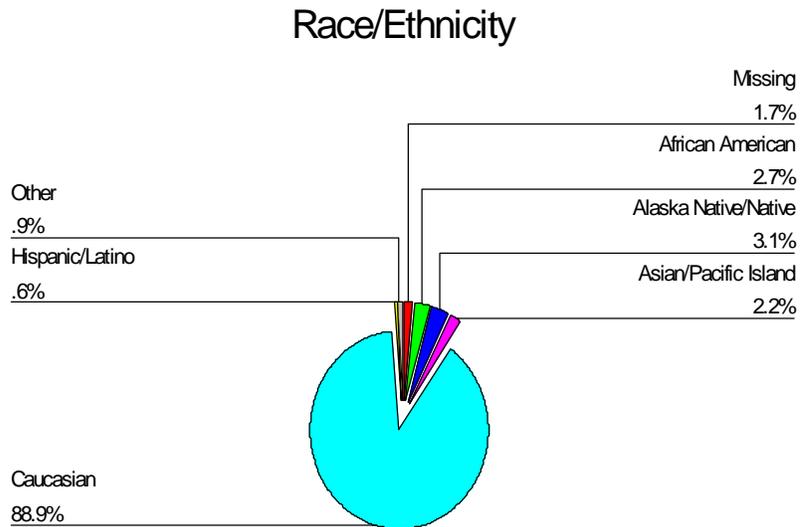
The majority are retired (72%) with 30% working in some form.

**Figure 7**



The average household income is \$34,000 with 52% having less than \$30,000 per year and 35% \$40,000 or more.

**Figure 8**



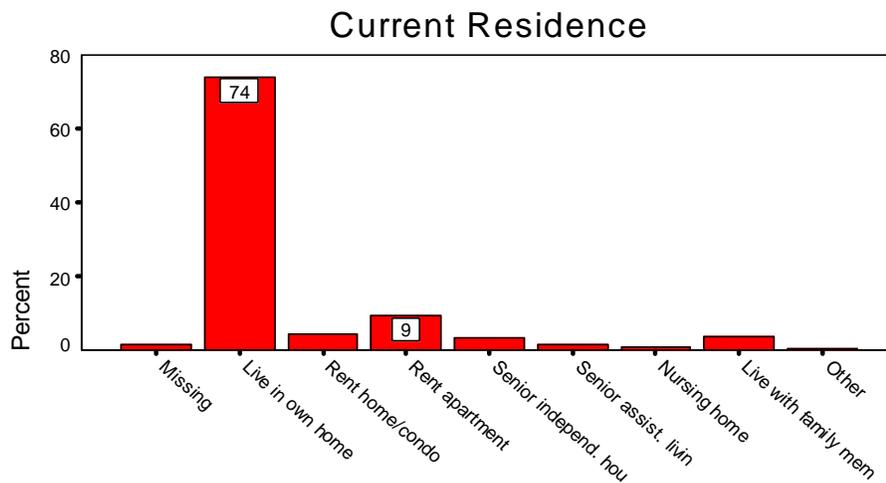
The race/ethnicity is 89% Caucasian with 10% representing other racial/ethnic groups. This is not representative of Anchorage which in 1998 was 27% “minority” and 73% Caucasian according to the Municipal Demographer.

**Table 1: Program Participation**

<b>Program</b>	<b>Percentage of Participation</b>
Public Retirement	33%
Private Retirement	23%
Social Security Retirement	76%
Social Security Disability	3%
Supplemental Security Income	4%
Permanent Fund Dividend	94%
Longevity Bonus	77%
Property Tax Exemption	61%
Renters Rebate	6%
Alaska Public Assistance	6%
Energy Assistance	3%

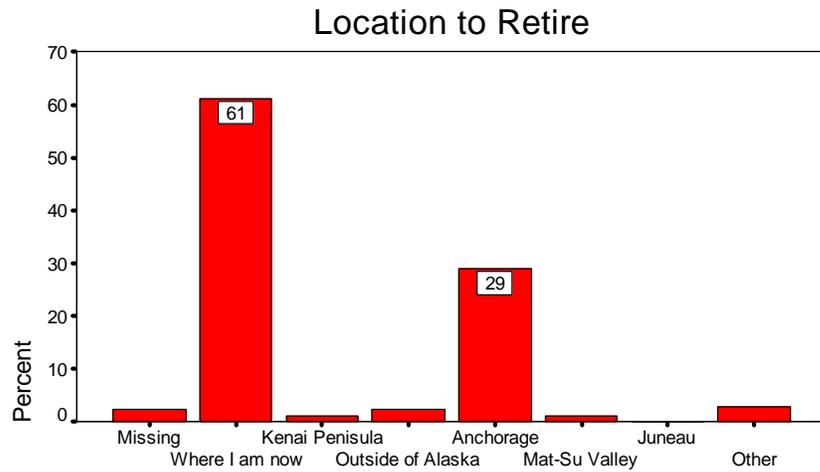
The majority of the respondents reported receiving a combination of either public or private retirement, Social Security Retirement, Permanent Fund Dividend, Longevity Bonus, and Property Tax Exemption. The latter three are specific to Alaska and are called senior entitlements. Over 91% reported spending at least 80% of their income in Alaska.

**Figure 9**



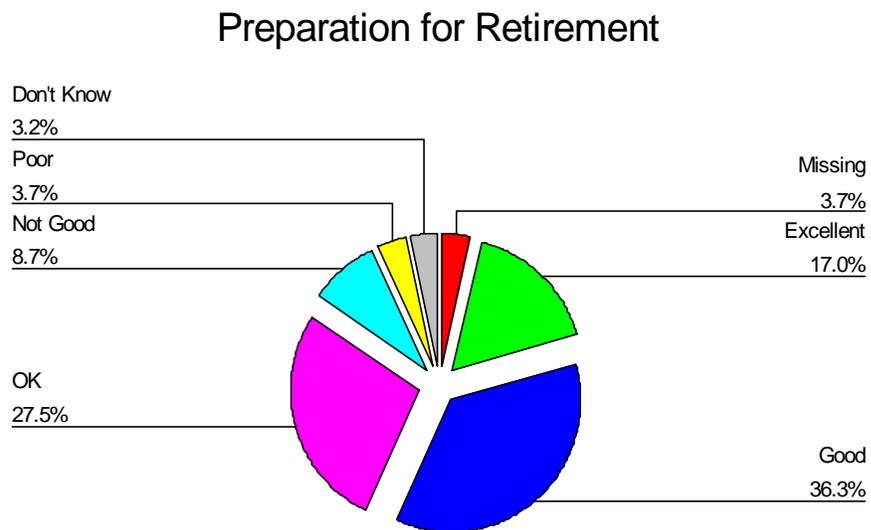
Almost two-thirds own their home followed by 11% who rent and 95% were satisfied with their living situation.

**Figure 10**



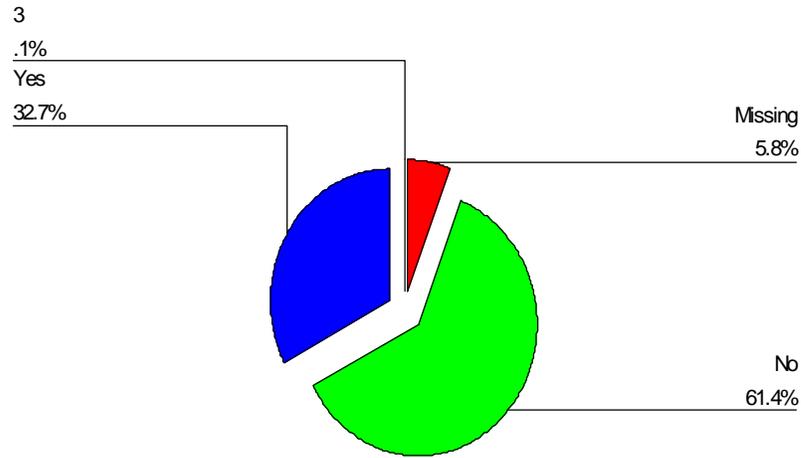
Present or future retirement in Anchorage represents 90% of the respondents. Only 3% plan to retire outside Alaska.

**Figure 11**



The level of preparation for retirement was good to excellent for over half the respondents, with 26 percent saying OK and 12% not good to poor preparation.

**Figure 12**  
**Serious Health Problem**



Having a serious health problem was reported by close to one-third.

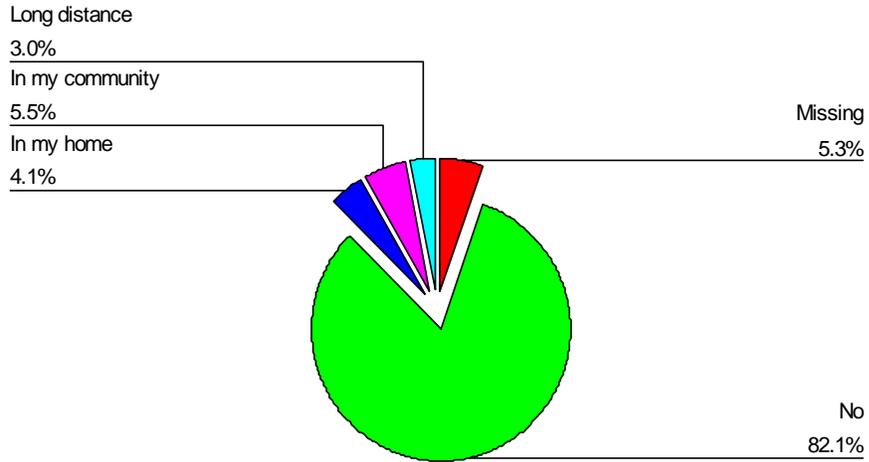
**Table 2: Health Program Coverage**

<b>Health Programs</b>	<b>Percentage Covered</b>
No Health Insurance	2%
Military Insurance	3%
Indian Health Service	3%
Long Term Care Insurance	14%
Medicaid	9%
Medicare	76%
Private Health Insurance	52%
Veterans Affairs	9%

The majority reported having a combination of Medicare and Private Health Insurance. Over 19% of those receiving Medicare reported being turned down for services by a health care provider.

**Figure 13**

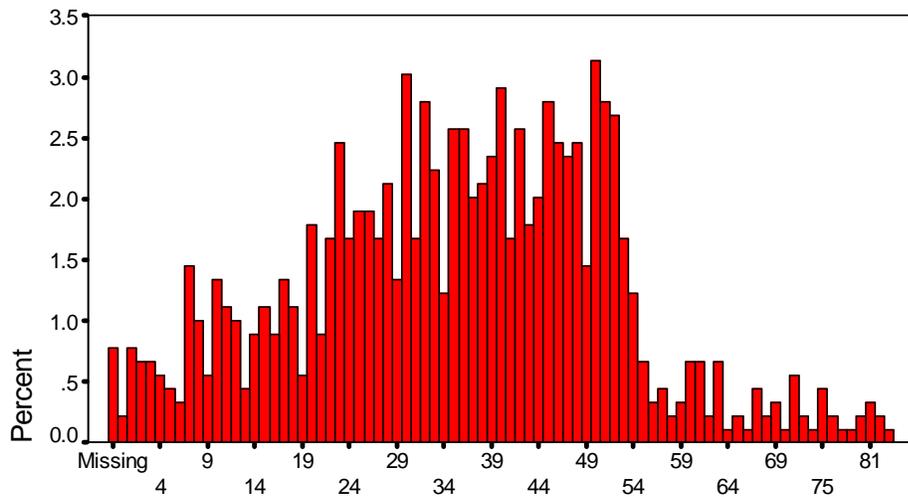
### Providing Care to an Elder



Approximately 13% provide care to an elder either long distance, in the community, or at home.

**Figure 14**

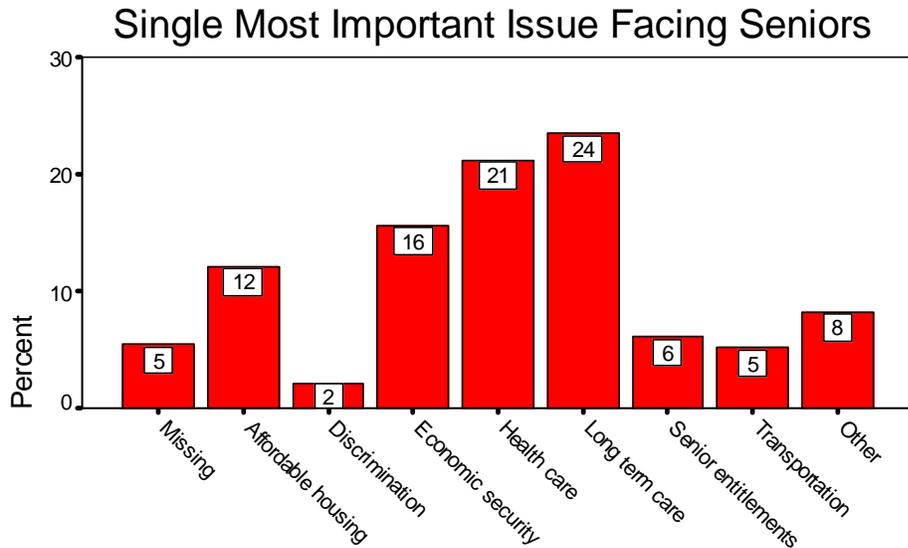
### Years Lived in Alaska



The respondents reported an average and median of 36 years living in Alaska. They represent long-time Alaskans. They were asked to identify the single most

important issue facing senior Alaskans today and the following figure is their response.

**Figure 15**



Long term care followed by health care and economic security represent over 61% of the responses.

### **Discussion**

These respondents, representing the Municipality of Anchorage, are not necessarily representative of all older residents but the information they provide is more than previously existed and offers a baseline that may be adjusted and compared, as more information becomes available. The majority represents a group of citizens that have lived in Alaska an average of 36 years and are over 66 years of age and retired. Longevity in years is more of a female characteristic and this cohort of seniors has either made Anchorage their retirement home or is planning to retire here. Subscribing to the **Senior Voice** may reflect that commitment to remain in Anchorage and remain informed. They participate in an average of 5 financial programs, three of which were created in Alaska to provide benefits that supplement income. Long term care, health care, and financial security representing the major issues selected are very closely related. Long term care, in the form of a nursing home, can very quickly threaten financial security. Health care alone is very expensive in Alaska. Thirty-three percent are already experiencing serious health problems. Only 14% report having long term care insurance. The risks of needing long term care increase dramatically once a person reaches age 85. Support systems and family constellations are also an important factor and the next section will look at Anchorage residents and marital status.

**Table 3: Comparison of Marital Status and Responses**

<b>Response</b>	<b>Married</b>	<b>Single</b>	<b>Widowed</b>
Predominant gender of respondent	Male (55%)	Female (80%)	Female (85%)
Age (median)	66-75	66-75	76-85
Care giving to an elder	19%	10%	5%
Retired	74%	61%	83%
Serious health problem	32%	31%	39%
Live in own home	88%	58%	70%
Senior housing	2.4%	11.6%	8.3%
Household Income (median)	\$40-49,000	\$20-29,000	\$20-29,000
Long term care issue	28%	22%	22%
Economic security issue	18%	22%	12%
Health care issue	23%	19%	24%
Turned down by provider for Medicare	20%	23%	16%
Preparation for retirement good-excellent	62%	40%	55%
Preparation for retirement not good to poor	11%	21%	11%
Alaska Native/Native American	3%	3%	4%
Relatives in Alaska(median)	6	2	5
Retire in Anchorage	91%	88%	97%
Not satisfied with home	4%	10%	3%
Years lived in Alaska (median)	36	33	41

Widowed respondents are the oldest of the three marital groups and have lived in Alaska longest. They are the highest percentage of female respondents, have a higher percentage of serious health problems, view health care as the biggest issue and are, or plan to retire in Anchorage more than married and single respondents. Married respondents, as compared to single and widowed, were the highest percentage of males (55%), provide more care giving to an elder, live in their own homes, have a higher income level and saw long term care as the major issue. They are well prepared for retirement and have the most relatives in Alaska. Respondents, who are single, are primarily female, live in their own home less than the other two groups and more in senior housing. They have been turned down more by a health care provider for Medicare, have significantly fewer relatives in Alaska and are less satisfied with their residence. They have lived in Alaska the fewest number of years compared to the married and widowed respondents. Overall, married respondents seem to be better off, followed by widowed persons, and then the single who may be more at risk.

### **Selected Results from Respondents Living outside Anchorage.**

This group of 732 respondents viewed long term care, health care, and economic security and the most important issues and in the same order as Anchorage residents. There was a higher number of Alaska Natives/American

Indians (13%) in this group. The majority planned to retire where they were now living with 2% planning to move to Anchorage. They averaged 8 trips to Anchorage for purposes listed in Table 4.

**Table 4: Purpose for Traveling to Anchorage**

<b>Purpose</b>	<b>Percentage</b>
Visiting friends or family	24%
Shopping	24%
To obtain health care services	22%
Leisure/recreation activities	10%
Conference or educational program	9%
Longer educational program	1%
Seeking employment	>1%
Business	6%
Obtaining professional services	2%
Other	2%

Ordering goods from businesses in Anchorage totaled 28%.

These results of this survey must be considered as coming from a group of people whose commonality is readers of the **Senior Voice** and who elected to respond to a survey as part of a study conducted by the Anchorage Senior Citizens Advisory Commission. The survey was asking for their input and contribution toward a long-range goal of defining and maintaining an acceptable standard of living and lifestyle. They do represent 899 people living in Anchorage with Alaska longevity of 36 years on average. It will be interesting to contrast these findings with other results obtained.

## SUBJECT AREA MEETINGS REPORT

Twelve subject areas were identified by the Senior Study Steering Committee as pertinent to seniors and seniors to be as they age in Anchorage. These areas are:

Employment  
Financial Security  
Housing  
Legal  
Leisure and Recreation  
Lifelong Learning  
Long-term Care  
Mental Health/Substance Abuse  
Physical Health  
Spiritual  
Tourism  
Transportation

Beginning October 12, 1998, two meetings were held each week dealing with a subject. One meeting was for providers and a series of questions were formulated to guide the discussion. The following agenda of questions guided the discussion for the majority of the meetings:

- What are the various service needs of elders?
- What information is available such as social indicators, provider data, surveys.
- What is the extent of senior and "baby boomer" participation in available programs?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

A second meeting was held for the public and those attending were asked what services, facilities, and programs they now access and are aware of, and what services, facilities and programs they think they will need in the future as either seniors or caregivers of seniors. The last meeting was completed January 21, 1999.

Each meeting was held for a two-hour period in the John C. Thomas Building at 325 East Third Avenue, Anchorage, Alaska. The meetings were tape recorded with the permission of the attendees. Identified key informants for each

subject area were sent invitation letters describing the purpose, time and location of the meeting and posing a set of questions to be address during the meeting. Time was allowed for any of the attendees to add to the agenda for the meeting. Over 30 letters were sent out for each provider meeting.

The public was informed of the meetings at the community forums held in Anchorage, Eagle River, and Girdwood the week of October 5<sup>th</sup>. Organizational newsletters serving seniors included the announcements, as did various local newspapers, including the Senior Voice. Attendance at these meetings was good. When winter set in, along with the darkness, fewer people attended the public meetings. The provider meetings remained consistently well attended. The total attendance for the 24 meetings held, came close to 300 people.

This report will present the agendas for the provider and public meeting and then summarize each subject area meeting by highlighting the major contributions of those attending. Much overlap among the subject areas occurred in the meetings because of the interrelationships that exist. For instance legal issues are embedded in the other subject areas. It is interesting to note that the providers attending not only provided information from a professional perspective but also offered personal information as caregivers of seniors, recipients of services, and included their wishes regarding quality of life in Anchorage as they age. A total of 253 people participated in these subject area meetings. Many, who were invited but unable to attend, provided information by mail or telephone. Their contributions are included under the pertinent subject area.

### **Leisure and Recreation Subject Area Meeting**

October 12, 1998

10:00 to 12:00 noon

PROVIDER AGENDA

Welcome and introduction of participants

Overview of Senior Study

Review of Agenda

Addition of other items

Review of leisure and recreation

Discussion questions:

- What kinds of programs are presently being offered in Anchorage?
- What barriers exist to participation?
- How available are programs? (availability)
- Can one get to the programs easily? (accessibility)
- Can one afford the cost? (affordability)

- How acceptable are the programs to the public? (acceptability)
- How does one find out about programs? (awareness)
- What changes are planned in existing programs?
- What new programs may be developed in the next 10 to 20 years?
- Who all should be involved in planning new programs?
- What resources are available for new programs?
- What resources are available including studies/information?
- What other key informants should be involved?

Summary and next steps

Adjourn

### **Leisure and Recreation Subject Area Meeting**

October 15, 1998

5:30 to 7:30pm

PUBLIC AGENDA

Welcome and introduction of participants

Overview of Senior Study

Review of Agenda

Addition of other items

Review of leisure and recreation

Discussion questions:

- What kinds of programs are you participating in at present?
- What barriers exist to participation?
- How available are programs? (availability)
- Can you get to the programs easily? (accessibility)
- Can you afford the cost? (affordability)
- Are the programs what you want? (acceptability)
- How do you find out about programs? (awareness)
- What changes would you like in existing programs?
- What new programs would you like?
- Who all should be involved in planning new programs?
- Do you know of any resources available for new programs?
- What resources are available including studies/information?
- What else should we talk about?

Summary and next steps

Adjourn

### **Findings and Recommendations**

- There are a number of leisure and recreation opportunities and resources for older persons available in the Municipality. There exists a need to coordinate and publicize public and private offerings. The Internet was suggested as a possible resource to list the offerings and it provides update flexibility. Focus energy on 50 years and older population and tie programming to age group. However, also suggested was to emphasize more intergenerational activities rather than segregate elderly. Providing a variety of options is important.
- The National Park Service is working toward improving accessibility to its many attractions for frail and disabled people.
- There is a need for certified activity specialists for the older population. Few exist in the State. Two are working at the Chugiak Senior Center.
- Encourage older people to seek out leisure and recreation and not expect others to provide it, especially government. Government, however, should participate in providing information and highlighting the benefits of leisure and recreation activities.
- Safety is an issue for the older population and programming needs to address this and provide outreach to reluctant people responding to safety concerns. Various group activities may result in more participation.
- The Municipality, private non-profit, and for profit organizations need to consider accessibility to resources for frail and disabled people. For example improving the accessibility to Ship Creek fishing for all groups.
- The Municipality, private non-profit, and for profit organizations engaged in leisure and recreation activities may find it useful to form an effort to assess what is available and how to pool resources in order to provide maximum participation and citizen involvement.
- The cohort of seniors today may be quite different from the “baby boomer” generation regarding leisure and recreation preferences. What exists for seniors today in places like a senior center may not be attractive to the younger generation. A survey focusing upon “baby boomer” preferences may inform future planning efforts. The survey should be consumer focused.
- Sedentary activities are often not as satisfying to older men and women than more active participation. Featuring role models of older active men and

women engaged in a variety of activities may induce others to consider participating.

- Some discrimination is evident resulting in less participation among older people. “Well-meaning” people may discourage participation because of age or preference to resources given to younger population. Access to softball fields was mentioned.
- Active participation in leisure and recreational activities develops in the young. Educational efforts should focus upon encouraging participation early in life as well as convincing older people that active participation much later in life is not only possible but is tied to good health.
- Volunteers are very much needed ranging from educating people to the value of participating in leisure and recreation to one-on-one outreach efforts to engage people in activities.
- Many seniors have disposable income and will be increasing in numbers in the next 20 years. Providers of leisure and recreational activities will find it to be good business to market to this age group.
- Providing a large member only senior center may not be the best approach to engaging seniors in leisure and recreational activities. Nationally only ten percent of seniors join senior centers. In Anchorage, it may be more feasible to provide smaller centers closer to a person’s home that does not necessarily require membership and may promote neighborhood solidarity and connection.

Twenty-one people participated in the meetings.

**Life-long Learning Subject Area Meeting**

October 19, 1998

10:00 to 12 noon

**PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Review of Agenda

Addition of other items

Review of life-long learning

Discussion questions:

- What kinds of programs are being provided at present?
- What is the extent of senior and "baby boomer" participation?
- What barriers exist to participation
  - How available are programs? (availability)
  - Can one get to the programs easily? (accessibility)
  - Can one afford the cost? (affordability)
  - How acceptable are the programs? (acceptability)
  - How does one find out about the program? (awareness)
- What gaps exist in programming?
- What modifications in programs are anticipated?
- What trends and/or positive developments are anticipated in the next 20 years?
- What approaches and methods can be used to enhance lifelong learning opportunities?
- Who all should be involved in planning new programs?
- Do you know of any resources available for new programs?
- What resources are available including studies/information?

Summary and next steps

Adjourn

### **Life-long Learning Subject Area Meeting**

October 22, 1998

5:30-7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Brief overview of Senior Study

Summary of Monday's meeting of providers

Discussion questions:

- What kinds of programs are you participating in at present?
- What barriers exist to participation
  - How available are programs? (availability)
  - Can one get to the programs easily? (accessibility)
  - Can one afford the cost? (affordability)
  - How acceptable are the programs? (acceptability)
  - How does one find out about the program? (awareness)
- What additional learning experiences would you like?
- What approaches and methods can be used to enhance lifelong learning opportunities?

- Who all should be involved in planning new programs?
- Do you know of any resources available for new programs?

Summary and next steps

Adjourn

### **Findings and Recommendations**

- Local college and university educational offerings to seniors need to be more user friendly. Seniors experience difficulty with the registration process and having information and assistance specifically addressed to them may encourage more to take courses. Some do not prefer semester long courses but rather like one or two-week courses similar to a workshop format. Courses specifically targeting seniors may also have greater appeal. Courses requiring new skill learning such as computer courses need to consider the seniors learning pace. Often seniors in computer courses with younger students can't keep up with the fast pace.
- Provide educational fairs similar to health fairs covering the 12 subject areas and including information specific to improving quality of life for seniors. Often seniors are unaware of the resources available to them. Workshops offered by seniors sharing with others how to prepare for later years and what information is needed would be a part of the fairs.
- Loussac Library provides many educational offerings. At present there are no offerings specific to seniors but input from them is welcome in planning future learning opportunities.
- The Anchorage School District Community Schools offers numerous courses. Older persons 55 years and older represented only 3% of those participating last year. The majority of these courses are offered at night and transportation may be a problem. Exploring the use of school buses, transportation cooperatives, and expanding municipal transportation to increase senior use of these courses were proposed. Another idea was to poll the 55-year and older population and determine what courses were desired.
- Over 200 Institutes for Learning in Retirement exist in the United States and Canada. This organization of retirement age learners is dedicated to meeting the educational interests of its members. These learners develop their own educational programs and often use their members as the teachers. Colleges often host the meetings however rooms in churches, public buildings, or other available meeting areas are used. The Institute network is also affiliated with Elderhostel, a national organization that offers short term educational adventures for people over 60. Exploring the development of an institute in Anchorage is proposed.
- The Educational Opportunity Center in Anchorage uses federal funds to provide the opportunity for people who are the first generation of their family to attend college. Older people are eligible for this program.

- The Museum of History and Art is a local treasure for life-long learning. Parking and transportation is a problem for older people. Effort is needed in securing better transportation and accessibility.
- Exploring the possibility of offering self-support short courses to older people at the colleges and other teaching organizations in Anchorage is needed. Courses offered during the day rather than night are preferred. These courses could be for seniors only, as well as including courses that would bring intergenerational interaction. The positive experience of the Foster Grandparent Program creating intergenerational bonding may also be effective in educational offerings.
- More older people are interested in learning computer skills. Two senior centers offer Web TV to their members. The Older Persons Action Group offers computer courses to seniors. Locating other potential resources is needed.
- Concern was voiced regarding the homebound and the possibility of lending books and videos, teaching computer skills, and volunteers going into the home to provide learning opportunities are suggested.
- There are many resources for life-long learning for older people and many possibilities exist for developing more, however some organizational effort is needed to coordinate these activities and publicize what is available and how to access it. Polling people regarding their interests is needed. Retired people organizations, senior centers, Loussac Library, UAA, UA Extension Service, Anchorage School District, Older Persons Action Group were mentioned as leading the organizational effort.

Nineteen people participated in the meetings.

### **Housing Subject Area Meeting**

October 26, 1998

10:00 to 12 noon

#### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Review of Agenda

Review of housing for seniors

Discussion questions:

- What kinds of programs are being provided at present?
- What is the extent of senior participation?
- What barriers exist to participation  
How available are programs? (availability)

Can one access the programs easily? (accessibility)  
Can one afford the cost? (affordability)  
How acceptable are the programs? (acceptability)  
How does one find out about the program? (awareness)

- What gaps exist in programming?
- What modifications in programs are anticipated?
- What trends and/or positive developments are anticipated in the next 20 years?
- What approaches and methods can be used to enhance housing options?
- Who all should be involved in planning new programs?
- Do you know of any resources available for new programs?
- What resources are available including studies/information?

Summary and next steps

Adjourn

### **Housing Subject Area Meeting**

October 29, 1998

5:30-7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Brief overview of Senior Study

Summary of Monday's meeting of providers

Housing options overview

Discussion questions:

- What has been your experience with the housing you have now?
- Have you thought of your future housing needs?
- What options would you like to have as you age?
- What barriers exist to adequate housing?
- What safety concerns do you have?
- What resources are required for acceptable housing to be available?
- What kinds of programs are you participating in at present?
- What barriers exist to obtaining the housing that you want?
- What approaches and methods can be used to enhance housing options?
- Who all should be involved in planning new options?
- Do you know of any resources available for housing?

Summary and next steps

Adjourn

### **Findings and Recommendations**

- Seniors need to anticipate housing needs for the future. Hold seminars to teach the need to plan for alternative living situations as the person ages and how to reduce costs in the home when on a fixed income.
- Older persons are no longer leaving Alaska when they become seniors but prefer to age in place. Their children and grandchildren are living in Anchorage. More people have been born and raised here. Housing resources to meet needs through a life span are needed.
- Builders and architects need to be informed regarding the needs and desires of older persons regarding housing. Lacking is single level houses and condos, accessible to wheel chairs, with door levers, reachable appliances, safety features in the bathroom, and garages that can accommodate large vans. Often outsiders come up with a “one size fits all” approach to housing that is not specific to Anchorage.
- Preferred is for seniors to remain in their home as long as possible. Many seniors are living in substandard housing. Some resources are available to assist eligible seniors to remain in their home. These are weatherization services, rehabilitation of older homes and reverse mortgages offered by banks to older persons. Christmas in May is a program that provides rehabilitation of older homes for seniors. Anchorage is not using housing money for rehabilitation but could if desired. There is a one-year waiting list for rehabilitation and 4 to 6 months for weatherization.
- People are concerned that they will not be able to remain in their homes because of increasing taxes and not being able to maintain the home as they grow older. A major concern is whether the homeowner’s tax exemption program will remain in effect.
- There is a group called Alaska’s Affordable Housing Partnership that meets bimonthly in Anchorage. It is hosted by the Alaska office of Housing and Urban Development (HUD), Office of the Community Builders. Membership includes banks, state, municipal and local housing organizations, social service providers, legislator, and consumers. This group may be a resource for the development of housing initiatives for older people.
- Alaska Housing Finance Corporation is offering 3% loans to build assisted living housing in Anchorage. Soon to open is Marlow Manor Assisted Living for Seniors. Assisted living is a growing housing option in Anchorage. The middle class cannot afford assisted living.
- Lacking in Anchorage is a continuum of housing for people as they grow older. Needed is a community with independent housing, a retirement home, shared housing, assisted living with various levels, and skilled nursing home. Housing needs to be made more attractive to seniors and that maintains their independence and a feeling of where they live is “theirs”. Housing transitions are less traumatic if move is in the same familiar community.

- Many children are bringing their older parents to Anchorage and experience difficulty in finding adequate housing for them. If they wish to add on to their home they may find zoning problems or increased taxes
- The Alaska Caregivers Association believes there is a need for uniform charging, assuring quality care, and developing a self-monitoring plan for assisted living facilities.
- Older people living in subdivisions are often isolated. There are no sidewalks, snow removal is a problem, and if a person is unable to drive, transportation is difficult to obtain. Needed is to provide more housing density in areas closer to needed services. Provide affordable housing in the downtown area above businesses and with elevators.
- People are moving from Bush Alaska to Anchorage for medical services and remaining. They are unprepared for city life and find it difficult to move around the city and access services. Much stress is created. The waiting list is long for Native housing and people become homeless. There needs to be education in the villages to better prepare people for a move to Anchorage. The Senior Voice can help with the education by printing articles.
- Housing organizations need to work more collaboratively and resist "turf protection", duplication, and funding problems.
- Seniors need more voice in the Anchorage 2020 planning efforts regarding housing, transportation, health, and well being.

Twenty-two people participated in the meetings.

### **Legal Subject Area Meeting**

November 2, 1998

10:00 to 12 noon

### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What legal services are available at present?
- What is the extent of senior and "baby boomer" participation in utilizing legal services.
- What barriers exist to obtaining appropriate legal council?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in services are anticipated?
- What trends and/or positive developments may occur in the next 20 years?
- What gaps exist in providing adequate legal council?
- What approaches and methods can be used to enhance the use of legal services?

Some identified topic areas for discussion are:

- Living Trusts
- In-Home Caregiver
- D.N.R.O./Living Wills
- Durable Powers of Attorney
- Elder Abuse, Neglect and Exploitation
- Estate Planning and Probate
- Financing Long-Term Care
- Guardianship and Conservatorship
- Health Care Decisions
- Health Care Quality Issues
- Independent Living Options
- Medicare, Medicaid and Other Public Benefits

Adjourn

### **Legal Subject Area Meeting**

November 5, 1998

5:30 to 7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- If you need legal assistance, where would you go? .
- What has been your experience with the legal system?
- What type of legal services do you anticipate you will need as you age?
- What barriers exist to obtaining appropriate legal council?(availability, accessibility, affordability, acceptability, awareness)
- What safety concerns do you have?
- What is needed to inform people regarding legal issues and information?
- What approaches and methods can be used to enhance the use of legal services?

Some identified topic areas for discussion are:

- Living Trusts
- In-Home Caregiver
- D.N.R.O./Living Wills
- Durable Powers of Attorney
- Elder Abuse, Neglect and Exploitation
- Estate Planning and Probate
- Financing Long-Term Care
- Guardianship and Conservatorship
- Health Care Decisions

- Health Care Quality Issues
- Independent Living Options
- Medicare, Medicaid and Other Public Benefits

Adjourn

### **Findings and Recommendations**

- Few attorneys in Anchorage are familiar with elder law. Attorneys have elderly clients and will eventually need to know elder law. At present there are fewer than five attorneys in Anchorage that practice elder law. There is a need for more training particularly regarding Medicaid.
- The Alaska Bar Association has an elder law committee consisting of attorneys, court visitors, family mediators, and representatives of the Office of Public Advocacy, Division of Public Assistance, Division of Senior Services, and Alaska State Association for Guardianship and Advocacy.
- The Disability Law Center provides free legal assistance for individuals with disabilities on matters pertaining to the disability. It also works with business and seeks compliance with the American Disabilities Act. Older people are not familiar with the Disability Law Center.
- The Anchorage Equal Rights Commission is a regulatory/adjudicatory commission that works to prevent and eliminate discrimination based on race, color, sex, religion, marital status, age, disability, housing, education and financing. Holds hearings and issues orders on charges of discrimination. When the discrimination involves age and employment, the Commission refers to the State because State law is stronger than the Municipality.
- Alaska Legal Services provides free civil legal assistance to low-income Alaskans. The program is funded through grants and contracts from federal, state, and local sources. The program typically handles cases involving family law (divorce, custody/visitation, child support, paternity, adoptions, guardianships, conservatorships, domestic violence), housing, consumer issues, government benefits, health issues (Medicaid, Medicare, and long-term care), wills, Native allotments, subsistence issues, and Indian/Tribal law. A grant from the Alaska Commission on Aging provides funding for additional services to Alaskans over the age of 60. Alaska Legal Services Corporation and the Alaska Pro Bono Program jointly sponsor a series of free, advice-only clinics designed to provide information to the public on a variety of legal issues. Topics include wills, bankruptcy, general family law issues, small claims, landlord/tenant law, child support, divorce, custody, and immigration and naturalization law. Last year 850 seniors were served. Miller trusts are also performed. This is a legal process that a person with too much income to be eligible for Medicaid selects in order to qualify. The Omnibus Budget and Reconciliation Act of 1993 required every state to formally recognize these trusts set up to ignore income when considering eligibility for Medicaid. "Miller" trusts must provide that all income received be available to pay the patient's personal needs allowance, family allowances, and Medicaid share of

cost. Upon the death of the Medicaid recipient, the leftover funds must revert to the state.

- Programs are complicated and consumers don't know where to turn for information. Alaska Legal services has publications available to the public to assist with will preparation, questions and answers regarding Medicaid and CHOICES programs (Community and Home Options to Institutional Care for Everyone) and Medicaid for Nursing Home Residents. Legal services doesn't handle guardianship and conservatorship cases
- Guardianship and Conservatorship caseloads have tripled in the last 14 years. Conditions associated with aging are the largest single cause of incapacity leading to guardianship care in Alaska. Alzheimer's and related dementia account for half the cases. The Office of Public Advocacy distributes a packet with information on guardianship and conservatorship. Alaska State Association for Guardianship and Advocacy has created a video. There is a recent publication published by the McDowell Group for the Alaska Division of Senior Services.
- Overpayment of Social Security is an issue. John Herring and Associates help with Social Security issues.
- People are not educated to make legal decisions until a crisis occurs and they find out what choices are available. Many lawyers are not willing to take cases involving elder law because they are unfamiliar with it and may become libel if mistakes are made.
- There is a need to encourage lawyers in Anchorage to become educated regarding elder law. Lawyers are too specialized. Continuing education units could be used. Make elder law attractive using mentors who keep up with the law. Regulations are a barrier and training needed. Target attorneys practicing estate planning, probate, and family law.
- Elders are reluctant to go to an attorney and need information first prior to choosing. There is a perception that any services involving an attorney are very expensive. People are reluctant to use lawyers to assist them in dealing with discrimination, landlord/tenant complaints, and consumer protection. Providing a legal fair with speakers representing various aspects of elder law is recommended. Attorneys and other professionals will participate.
- There is a need for access to reasonable legal services. Some seniors may need a consultation only and no need for a large retainer fee. Attorneys need to publish fees and rates. Legal Services often writes an article for the Senior Voice regarding legal issues.
- There is a need for care coordinators to have more legal training and to determine when a lawyer is needed and when a care coordinator can handle the situation.
- Doctors are often the first contact by seniors requiring legal assistance and they need training regarding elder law. There are numerous issues involving Alzheimer's patients, durable power of attorney, living wills, and advanced directives. Numerous experiences were reported of a person's wishes not being followed despite having legal documents outlining what the person

wanted in respect to health care. Much confusion exists over what is binding and what is not.

- Financial elder abuse by family members is quite prevalent. Financial institutions should be mandated to report suspected abuse,
- There is no State government consumer protection agency. The Municipality of Anchorage needs to establish a consumer protection division working on behalf of consumers. What exists now is an organization that is more business focused than protecting consumers.
- Driving policies must be changed to protect the public from older people who should no longer be driving. A suggestion was to require driver license renewal to occur every two years for older people rather than the five years now established.
- Content on how to appropriately respond to older people needs to be included in the training of law enforcement officers.
- People need to be more aware of the Division of Senior Services Adult Protection function as a resource. This service acts on reports of mental, financial or physical abuse, and neglect or self-neglect of vulnerable adults.
- Older people need to be encouraged to talk with their family and/or close friends regarding their wishes for end of life decisions long before the situation occurs.
- Anchorage is made up of smaller communities with their own identities. There needs to be more emphasis on building a sense of community among the people living there. Such things as establishing sidewalks, rerouting streets to promote safety, and creating gathering places where residents can get to know their neighbors will promote this.

Twenty-eight people participated in the meetings.

### **Physical Health Subject Area Meeting**

November 9, 1998

10:00 to 12 noon

#### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What are the various health service needs of elders?
- What information is available such as social indicators, provider data, surveys.
- What is the extent of senior and "baby boomer" participation in available programs promoting health?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)

- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance physical health service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

***The World Health Organization defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. (WHO Constitution, 1946)***

### **Physical Health Subject Area Meeting**

November 12, 1998

5:30-7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Brief overview of Senior Study

Discussion questions:

- If you are in need of physical health services, where will you go?
- What has been your experience with health services in Anchorage?
- What has been your experience with health insurance programs in Anchorage?
- Do you participate in health wellness programs? What are they?
- What is your level of awareness of prevention programs to increase the length of healthy living.
- What kinds of risks to health exist in Anchorage?
- What barriers exist to obtaining appropriate health services?(availability, accessibility, affordability, acceptability, awareness)
- What resources are required to maintain health?
- What approaches and methods can be used to enhance long term health?
- Who all should be involved in planning new options?
- What resources are necessary to maintain health?

Adjourn

### **Findings and Recommendations**

- Providers of health care services to older people need more education and training in geriatrics in their professional preparation and continuing education. There are few professionals in all the disciplines who have any expertise in this area. Training programs need to include more information and skill building in their curriculums focusing on older people. Care coordinators are heavily used in planning and obtaining services for older people. The service delivery system is highly fragmented, with many gaps, and most difficult for older people to access on their own. There is a major need for a well publicized, central source of information older people and caregivers can access to obtain health care information.
- Access to health care is a major issue for older people. There are few physicians who are specialists in Geriatrics in Anchorage. Because federal reimbursement levels are low, many physicians will not accept Medicare assignment and many of those that do, limit the number of patients they will accept. Forcing doctors to accept Medicare won't help the patient/doctor relationship. Few neighborhood walk-in clinics will accept Medicare. Seniors unable to see a doctor will end up in the hospital emergency room where the physician is required to take them. Federal laws states that if a health care provider accepts Medicare he or she must accept other Medicare patients. Also if federal funds from any source are received, the provider must accept Medicare.
- More outreach services are needed to isolated seniors who may be experiencing health care problems. Concern is that this is an under-served population. In other communities, public health or visiting nurse services have been effective in reaching out to this group of seniors.
- Care for chronic disease is often by "body part" rather than a comprehensive approach. Alternative medicine is becoming more an intervention of choice by consumers because it has a more holistic focus. Nutrition is an area needing a great deal more attention in respect to health maintenance.
- More people over 45 need to be encouraged to take advantage of the Health Fairs that are held in Anchorage throughout the year. In addition to screening tests there is a great deal of attention on wellness and prevention programs. Older people and their families when faced with a medical crisis are not prepared to deal with it. More education is needed to assist people in becoming more aware of the need to anticipate and prepare for crises before they arise.
- There are many people who are employed who do not have health care coverage. This is particularly the case with part-time workers who receive little or no benefits. The Municipality of Anchorage Health and Human Services Commission has formed the Anchorage Access to Health Care Coalition to study who lacks access to health care.
- Middle income seniors are in a financial bind. They can't qualify for financial assistance and they can't afford to pay for their medical expenses. They are forced to "spend down" in order to qualify for Medicaid or choose between buying food or their medication.

- Medicaid covers pediatric and family nurse practitioners but not geriatric nurse practitioners.
- Many seniors feel that they are not listened to when seeking services. Often symptoms are attributed to the aging process rather than further inquiry to the cause of the discomfort. Health care associations may be good resources for advocacy efforts on behalf of older people.
- Medicare does not pay for medication and there is a need for low cost prescriptions. The cost of drugs is increasing more rapidly than any other health care expense. Medicare will not pay for dental work or glasses. All health care programs need to invest more coverage for prevention and wellness activities.
- Seniors are experiencing difficult obtaining transportation to medical appointments and other activities. This includes being able to participate in prevention and wellness programs. The Senior Center provides health and fitness activities. Needed are additional low cost exercise places closer to a person's home reducing the need for transportation.
- There is a need for affordable chore services to help people stay in their homes instead of being put into institutions because they need help to perform their daily functions.
- Anchorage Neighborhood Health Center accepts Medicare, Medicaid, has a sliding fee scale, and prescription program. More older people need to be aware of this community resource.
- Veteran's Affairs is exploring the need to establish a long-term care facility in Alaska. Veterans don't know how to access the resources that are available to them. Retired military leave their health program at 65 years of age and many are moving over to Veterans Affairs health system.
- Native Alaskan elders are encourage to seek services under Medicare when they reach the age of 65 rather than continue with Indian Health Services. Some view this as quite disruptive and unsettling among the elders. There is a growing increase of elders coming into Anchorage from their villages for medical services and not returning home. They often stay with relatives, in Native housing, senior housing, assisted living homes, or nursing homes.
- Many seniors are over-insured medically, especially retired state employees. Long-term care insurance is very expensive for older people. It is less expensive the earlier in age a person is when purchasing it. Most people are gambling that they will not need long-term care insurance. The potential for fraud or selling worried people insurance they don't need or with meager benefits is strong. Consumers need to be more informed regarding the insurance they need and be especially careful in purchasing Medicare supplemental insurance. Seniors are often surprised to learn how little these supplemental insurance policies cover once they use them.
- One in 9 people over the age of 65 are vision impaired. This will increase to 1 in 4 in 2030. Services to this population are very under funded. Vision problems can produce isolation and depression creating the need for counseling. Vision impaired individuals usually cannot drive and taking public

transportation is scary and difficult to do. Public education is necessary to assist people in dealing with problems associated with vision impairment.

- Thirty-two people participated in the meetings.

**Mental Health/Substance Abuse Subject Area Meeting**

November 16, 1998

10:00 to 12 noon

**PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What are the various service needs of elders?
- What information is available such as social indicators, provider data, surveys.
- What is the extent of senior and "baby boomer" participation in available programs?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

**Mental Health/Substance Abuse Subject Area Meeting**

November 19, 1998

5:30-7:30 PM

**PUBLIC AGENDA**

Welcome and introduction of participants

Brief overview of Senior Study

Discussion questions:

- What prevention efforts are necessary to promote mental health and sobriety among older people?

- How can the stigma associated with emotional difficulties be reduced so that people can obtain the necessary help?
- What are some experiences associated with aging than may negatively result in emotional difficulties for people?
- The giving and receiving of care can result in overwhelming burdens. What is available to assist these families?
- How can you tell when an older person is experiencing emotional difficulty?
- What is available in Anchorage to assist people experiencing emotional distress?
- How adequate is this help and what is necessary to improve services?
- Who all should be involved in planning new programs/services?
- What is necessary to assist people with paying the costs of mental health or substance abuse services?
- What resources are available for new programs/services?

Adjourn

### **Findings and Recommendations**

- Older people experience other mental health problems besides Alzheimer's Disease and other dementia. Paranoia, bi-polar disorders, anxiety, grief, adjustment reactions, personality disorders, substance abuse, sleep and behavior disturbances and depression are among the problems often cited.
- Depression is a serious problem among older people and health care providers do often not diagnose it. Emotional difficulty may be viewed as part of the normal aging process or as a physical disorder. Much frustration is felt regarding how providers respond to mental health needs of seniors. Most medical treatment for mental illness among the elderly continues to be provided by physicians not trained in psychiatry. Medication used is not appropriate and outdated. There are few providers specifically trained in treating older people for mental illness. Psychiatrists not trained in geriatrics are unaware of unique treatment considerations with this population. Many hospitals and nursing homes are undereducated about mental illness, and may provide treatments or environments that actually aggravate symptoms. Education of providers is needed to include the use of appropriate medication and recognize depression. It is possible for a victim of Alzheimer's to be depressed. The public, including older people, needs to be educated regarding the prevalence of depression and what resources are available.

- Medicare and Medicaid are very poor payers for mental health and substance abuse services. Many elders are without resources to pay for needed care.
- Alcohol and substance abuse including prescribed and “over-the-counter medication is prevalent among older people. Substance abuse is a major problem in Alaska and as people age, they continue their abuse of substances. Denial of substance abuse among seniors is a major barrier to dealing with the problem. Public education and treatment services are directed to a younger population. Older people do not fit well into existing programs, are underserved, and delay coming into treatment until serious complications result. Late onset substance abuse may respond well to treatment if age appropriate services are provided.
- The current cohort of seniors is reluctant to seek treatment for mental illness or substance abuse. It requires a great deal of time to engage older persons in treatment. Effective outreach is necessary and has been non-existent in the past. Southcentral Counseling has a three-year demonstration project funded by the Alaska Mental Health Trust Authority called the Senior Psychiatric Outreach Team (SPOT). A similar project is needed for substance abuse. The Trust Authority funds new ways of providing services, and if effective, will solicit funding to continue the program.
- Questions were raised regarding the Municipality of Anchorage’s level of involvement in responding to mental health treatment and substance abuse prevention needs.
- There is a correlation between substance abuse, nutrition problems, and hospitalization. Also loss experienced by older adults can bring on substance abuse and emotional problems. People need to be educated regarding the use of alcohol and medication.
- Accessibility to services is a key issue. There are mobility and transportation problems resulting in older people not receiving the services they need.
- Advocates need to avoid competing with other age groups for scarce resources. Rather efforts should focus upon developing coalitions where funding sources are pressured to respond to the needs of all groups rather than pit one group against the other.
- Policies need changing that punishes people for seeking services. For example if a person goes to a day care center for older adults, he or she will lose their homebound status and insurance coverage.
- More seniors need to be involved in providing services to older adults. Most programs have younger staff members.
- Prevention and wellness programs encouraging people to assume more responsibility in recognizing problems earlier and knowing where to access help and information is needed. At present there is virtually no prevention effort toward building a future of good mental health among older people.
- There should be a single point of entry for substance abuse and mental illness problems. Separating them creates more problems with many people “falling through the cracks”.
- There is a need for transitional services to move people from residential treatment back into the community. Developing assisted living for people with

special needs is necessary. Often people will end up back in the hospital because providers lack the skills to deal effectively with them.

- We must avoid creating environments where older people are encouraged to become dependent and are conditioned to do what they are told. Some providers tend to talk down to seniors. Seniors feel that they are not listened to. Seniors must be full participants in programs, asked for input, and treated with respect.
- Grief and loss are major problems experienced by older persons. Isolation often may occur. Extended families and informal support networks are not available to many older persons. Outreach is necessary to engage older persons in a variety of activities. There is a "gatekeeper" program in another state where people who come into contact with older adults on a regular basis such as postal workers and store clerks are trained to identify and refer at-risk older people to support agencies that can intervene and solve a problem before it become a major crisis. Providing transportation, phone pal programs, encouraging walking in the malls during all seasons, exercise classes, and leisure activities were also suggested.
- Treatment centers need to address needs such as environmental design and procedures that reduce the dehumanizing aspect of residential care. Mentally ill and substance abusers do not have a constituency advocating on their behalf.

Twenty-three people participated in the meetings.

### **Long Term Care Subject Area Meeting**

November 30, 1998

10:00 to 12 noon

#### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What all encompasses long-term care?
- What is available in the community for long term care?
- What information is available regarding long term care such as social indicators, provider data, surveys?
- What is necessary to achieve quality long-term care?
- What is the extent of senior and "baby boomer" participation in available long-term programs?

- What barriers exist to obtaining long term care?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance long term care service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Long Term Care Subject Area Meeting**

December 3, 1998

5:30 to 7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What all encompasses long-term care?
- What has been your experience with long-term care as a provider and/or recipient?
- What is available in the community for long term care?
- What is necessary to achieve quality long-term care?
- What barriers exist to obtaining long term care?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services do you recommend?

- Have you anticipated what your experience may be regarding long term care?
- What approaches and methods can be used to enhance long term care service utilization?
- Who all should be involved in planning new programs/services?
- What resources should be available for new programs/services?

Adjourn

### **Findings and Recommendations**

- Long-term care was defined by some participants as no longer just skilled nursing home care. It is any social, health, recreational, nutritional support that can be given to individuals regardless of age in order to have a healthy life-style.
- A Long-Term Care Task Force was created in 1998 by the Alaska State Legislature to review this issue and develop a plan to provide affordable long-term care options for all of Alaska's senior citizens. The American Association of Retired Persons (AARP) has also targeted this area and have held meetings in the State. The cost of long-term care for the State was \$78 million last year and it is estimated that it will balloon to \$215 million in 2015.
- Community-based services such as the CHOICE (Community and Home Options to Institutional Care for Everyone) Program and assisted living homes have increased recently and temporarily reduced the population of the two nursing homes in Anchorage (Providence Extended Care and Mary Conrad Center). These homes are now at capacity. Columbia Regional Hospital has a transitional 16-bed facility where patients are transitioned from the hospital and then released into the community. Medicare primarily pays for this program. Nursing home care averages over \$100,000 a year in Alaska compared to \$36 to \$40,000 in the lower 48. In Providence Extended Care 60% of the residents are 65 years or older. There are between 50 and 60 Alaska Natives. Anchorage is the "Mecca" for long-term care. Rural Alaska is just starting to develop some assisted living facilities in hub areas. There is nothing in the villages. Many elders are coming to Anchorage to die. The burden of care for the sick is being shifted from the acute hospital to long-term care and home health.
- Home health services is another community-based program and three factors are important determiners affecting service. There needs to be more an awareness among the public of what services are provided, how reimbursement for these services are handled, and that there is a shortage of trained personnel to deliver services. Personal care attendants are particularly in short supply. Physicians need to be educated regarding what services are allowed by third party payees under home health.

- Many people may be able to remain in the community longer if social supports are available. Chore services, transportation, support groups, snow removal, home rehabilitation, and caring neighbors were mentioned.
- Medicaid pays for 80% of nursing home care in Alaska. Five years ago the caseload of Medicaid recipients was 500. Today it is 1,916. This includes people in nursing homes and in the CHOICE program. In order for persons 22 to 64 to be eligible for Medicaid, they need to be either pregnant or disabled. The Medicaid application requires three years of financial records and for many applicants, this slows down the process. It often takes three months for an application to be approved.
- Hospice of Anchorage provides services to the terminally ill and their families. The biggest challenge for Hospice is working with family and friends who are caregivers. Caregivers often juggle full-time work and caregiving. Hospice provides education and support for the caregivers. Hospice of Anchorage elected not to continue to be Medicare certified. Recent policies from Medicare resulted in physicians being reluctant to refer patients because they may be subject to financial and criminal charges if they falsely certify a person whose prognosis was 6mos or less and no curative treatment was being used. The average length of stay of patients referred to Hospice was 50-60 days and this was reduced to 14 days last year. Hospice was losing money and needed to change their policy. They now accept patients with a prognosis of a year or less regardless of what form of treatment the patient receives. They feel that this gives them more time to deal adequately with end of life issues, financial concerns, and spirituality. Medicare paying for hospice services for patients is a good program for patients but their policies are not good for the provider.
- Assisted living facilities are also experiencing some change in Medicaid regulations. It is forcing them to be more selective in who they admit. Payments are being reduced and what will be allowed is less. There is much confusion among the service providers. Middle-income people cannot afford to pay for assisted living. They are not eligible for Medicaid. The Division of Senior Services licenses assisted living facilities and
- A large gap exists between assisted living and nursing home care. A continuum is not in place and it is hard for an individual to move from one place to the other.
- Medicare and Medicaid do not pay for adult day care and respite services.
- Few people (6%) have long-term care insurance. Policies are primarily individual and thus the cost is higher. In Alaska, State employees are offered the option at retirement of purchasing long-term care insurance. The decision must be made immediately and, if not elected then, the insurance is no longer available. People who have long-term care may think they have good coverage however few policies are adequate in Alaska. The State program has minimum coverage.
- Consumers don't think about long-term care until the need arises. Education is sorely needed in letting the public know what is long-term care, what coverage is available, and who is responsible for the financial burden. People

need to know what to do before a crisis hits and what is their responsibility in obtaining care. Financial planning needs to occur early and yet people are reluctant to consider long-term health care. The longer a person waits the more expensive long-term care insurance will cost. People with assets will need insurance to cover the cost or “spend down” before they become eligible for Medicaid paying for long-term care. Some people falsely believe that Medicare will pay for long-term care. Medicare information booklets are difficult to understand. Information may be provided through health fairs, pamphlets, Internet, news media, and in schools.

- Prevention programs need to be rapidly created to maintain a healthier society to contain the cost of long-term care.
- Some care providers believe that 60 to 70% of people in assisted living facilities are there because of depression rather than physical problems. They lack having their social needs met in the community.
- It is difficult to recruit, train, and retain personal care attendants and certified nurse’s aids. Work is very difficult and the wages average \$6 to \$7 and hour. Retail sales wages are similar and the work less demanding. Providence Extended Care is a major trainer of certified nurse’s aids and experiences a high turnover rate. More and more skilled duties are being assigned to these paraprofessionals.
- Caregivers need outside help with decision making regarding long-term care. The system is complex and fragmented.
- Dementia has become more of an issue because people are living longer and surviving other illnesses. Alaska is the only state that does not recognize Alzheimer’s Disease as a primary admitting diagnosis for Medicaid admission to a Nursing Home. The person must have other medical problems in order to be admitted to a nursing home. The Pioneers Home has become an assisted living facility primarily for people with Alzheimer’s and other dementia. There remains a residential area. Once all people in the residential area leave, it will revert to assisted living entirely.
- The only adult day care services in Anchorage are for people with Alzheimer’s or other dementia. Senior centers offer some semblance of day care where people can go and spend a part of the day, but it is not called that. Many caregivers could use a day care facility for adults, particularly those who work and provide care at home. Some businesses in the lower 48 have an on-site adult day care center. Medicaid regulations have changed recently and allow family care givers to be paid if the person meets the personal care attendant qualifications. The Alzheimer’s Association offers respite to care giving families up to 40 hours a month and some overnight respite.
- An area requiring further study is long-term care of older persons in the prison system.

Twenty-nine people participated in the meetings.

### **Financial Security Subject Area Meeting**

December 3, 1998

10:00 to 12 noon  
**PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What all encompasses financial security?
- What is available in the community to promote financial security?
- What information is available regarding financial security such as social indicators, provider data, surveys?
- What is necessary to achieve financial security?
- What is the extent of senior and "baby boomer" participation in available financial security programs?
- What barriers exist to obtaining financial security?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance financial security?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

**Financial Security Subject Area Meeting**  
December 10, 1998  
5:30 to 7:30 PM  
**PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What all encompasses financial security?
- What has been your experience with financial security as a provider and/or recipient?
- What are some concerns you have regarding financial security?
- What is available in the community to promote financial security?
- What information is available regarding financial security such as social indicators, provider data, surveys?
- What is necessary to achieve financial security?
- What is the extent of senior and "baby boomer" participation in available financial security programs?
- What barriers exist to obtaining financial security?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance financial security?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Findings and Recommendations**

- Financial security is a private issue and difficult to define. In a basic sense, it is what is needed on a monthly basis to survive.
- For many people debt is a major issue. People are faced with whom to trust in seeking help? Consumer Credit Counseling Service of Alaska is a resource to assist people. Some seniors are taking a sizeable debt into retirement. People should avoid encumbering a large house payment just before retiring.

- Older Persons Action Group has proposed a pilot demonstration project to the Legislature to obtain statistics on consumer fraud. To date, there is no substantial data on fraud committed against seniors in the State. Part of the project will involve providing information, education, and mediation services.
- The public is confused regarding obtaining financial services and the Older Persons Action Group could be a central agency to contact for information as well as using the Senior Voice newspaper to provide information.
- Banks are in a good position to pick up the financial exploitation of consumers.
- Social Security has enough funding for full retirement benefits until 2052. It may then revert to 75% of benefits. It is possible before then that “baby boomers” will be dying faster than those coming on and the fund will continue to fund full benefits. Some current seniors view Social Security as the only retirement needed. “Baby boomers” recognize that it is not enough and other retirement resources are necessary. Social Security will be sending out personal earnings and benefits statements to contributors every year to assist them with financial planning for retirement.
- Social Security no longer administers Medicare. Approximately 10 years ago the Health Care Finance Administration (HCFA) took over administration.
- The Alaska Adult Public Assistance (APA) program is currently growing rapidly. This covers elders, the blind, and the disabled. This State program supplements the federal Supplemental Security Income (SSI) program.
- Health care costs threaten financial security. Medicare and Medicaid programs were intended to help seniors and medically indigent people pay for health care. Both programs are in need of reform. The US Congress is responsible for the Medicare program. Medicaid is the responsibility of Congress and State Legislature.
- People need better education regarding financial planning. Families need to consider various scenarios regarding maintaining financial security during working years and into retirement. Long term care needs careful consideration as early as possible. Many people need record keeping skills.
- At what age to file for Social Security is an important question consumers need to consider. From an income perspective, if a person expects to die before reaching the age of 77, it is better to retire when 62 years. A person living longer than that will be financially ahead by waiting to retire after 65 years of age. The age of receiving full retirement benefits will begin to go up one month at a time per year beginning in 2000. In 2023 full retirement benefits will not be given until the person reaches the age of 67.
- A number of people retire and then go back into the work force. Three of the main reasons are because of financial need, a new career, or not having enough to do.
- Older persons need to be encouraged to become more informed regarding financial planning and preparing for retirement. Full service banks are a good resource to obtain financial planning information. Consumers may also find a vast amount of information on the Internet. Some Internet sites are interactive and will allow the user to enter their financial picture into the

computer and will give them an appraisal of their financial situation and what resources are necessary for the person to retire in the style of living he or she prefers. The biggest challenge is to encourage people to get started with retirement planning and preparation. There is some evidence that younger people are planning and saving for retirement.

- The Alaska Legislature passed a law, which makes it easier for Alaskans to live in financial security, by borrowing on the equity built up on their homes. It allows lenders to give a special loan, called a reverse mortgage, to those who have equity in their homes.

Eight people participated in the meetings.

### **Employment/Volunteerism Subject Area Meeting**

December 14, 1998,

10:00 to 12:00

### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions for both providers and public:

- What employment opportunities are available for older people?
- What volunteer opportunities are available for older people?
- What programs are available to increase the employability of older people?
- What programs are available to increase volunteerism among older people?
- What are some options available for older people moving from full employment to full retirement?
- What barriers exist to obtaining employment? (availability, accessibility, acceptability, awareness)
- What barriers exist to becoming a volunteer? (availability, accessibility, acceptability, awareness)
- To what extent is discrimination evident in employment?
- To what extent is discrimination evident in volunteer programs?
- What positive outcomes are you aware of concerning older people in the workforce and in volunteer efforts?

- What information is available regarding employment and volunteerism among older people such as social indicators, provider data, surveys?
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance opportunities for older people in employment and volunteer activities?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Employment/Volunteerism Subject Area Meeting**

December 17 1998,

5:30 to 7:30 PM

#### **AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions for both providers and public:

- When approaching retirement age, what employment opportunities and choices would you like?
- When approaching retirement age, what volunteer opportunities and choices would you like?
- What has been your experience regarding employment and retirement?
- What has been your experience regarding volunteer programs?
- What programs are available to increase the employability of older people?
- What programs are available to increase volunteerism among older people?
- What are some options available for older people moving from full employment to full retirement?

- What barriers exist to obtaining employment? (availability, accessibility, acceptability, awareness)
- What barriers exist to becoming a volunteer? (availability, accessibility, acceptability, awareness)
- To what extent is discrimination evident in employment?
- To what extent is discrimination evident in volunteer programs?
- What modifications in programs/services are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance opportunities for older people in employment and volunteer activities?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Findings and Recommendations**

- Negative stereotypes and myths regarding seniors are a barrier to seniors obtaining employment, as well as seniors themselves believing that they are not employable and have little to offer.
- A major education effort is needed to convey to the public the value and resources of seniors and to assist seniors in recognizing the strengths, knowledge, wisdom, and experience they have. There are myths and stereotypes believed by both the public and seniors themselves resulting in under utilizing this valuable community resource. The educational process will target all strata of the community with a heavy emphasis in schools and the business community. Municipal government will be a major participant. Seniors will be the primary educators. The goal will be to achieve a similar level of respect and appreciation for seniors found in the Alaska Native culture and other ethnic cultures who celebrate their elders.
- Older Americans Act, Title V Senior Employment specialists, shared their experiences with consumers and employers. Many seniors have successfully moved into the unsubsidized job sector. These jobs are primarily entry level and slightly above the minimum wage. Examples are retail sales, clerical, telephone banks, and health care. Others have remained in Title V employment for a variety of reasons. Some sites are reluctant to lose the trained workers, some workers are content with where they are and because

of Social Security restrictions regarding the amount of income they can earn, do not want other employment and others have yet to reach a skill and attitude level where they will be able to obtain non-subsidized employment. Some consumers are looking for work that will pay more because they have more skill and experience than entry level work but entry level work is all they have been able to find. Others are not learning skills that are useful to them in obtaining other employment. Consumers with a criminal record have a hard time finding employment, even if the crime occurred many years ago. Some employers have a blanket policy not to hire anyone with a criminal record. Although difficult to prove, age discrimination on the part of employers creates a barrier to employment. Consumer motivation for employment is a major factor determining who moves on to unsubsidized jobs.

- Job Training and Partnership Act (JTPA) has a training program for senior 55 years and older that is underutilized. Some Title V consumers mix Title V work with participating in the training program. Some seniors who participate in the training elect not to work and “just wanted the training”. Others are successfully placed after training, while others won’t accept the entry level, low pay jobs offered.
- There are a number of seniors who are not job ready. This is for a variety of reasons. Some seniors lack confidence, need pre-employment skill development such as time management, use of appropriate behavior on the job, and others don’t feel they are valued and will be accepted for employment.
- The lack of transportation resources is a major barrier to employment for some older workers. Workers cannot keep employment if they are unable to go to work on a regular basis. Municipal transportation such as Anchor Rides may be unreliable at times. There is a major need to explore other transportation options. Models exist in other communities. It will take an organized effort to develop these resources.
- Senior volunteerism in Anchorage is a major community asset. This needs to be publicized more. More visible programs are the Foster Grandparents and Senior Companions Programs and Retired Senior Volunteer Program (RSVP). The Senior Companions program finds that some senior asking for companionship have been isolated and once in the program become active volunteers. Because of this experience, there may be other isolated seniors that may become more active if outreach or awareness of resources is made available.
- Intergenerational bonding may be one way of dispelling the myths and stereotypes of seniors. The experience of the Foster Grandparents Program attests to this. Schools want more senior volunteers to work with the children. The lack of transportation has prevented this.
- There are good employment and training programs for economically disadvantaged seniors but few resources for the non-economically disadvantaged. The Anchorage Community College was a resource but now that it is absorbed into the University of Alaska Anchorage, access to the

programs is more difficult. Parking is a problem plus the “university atmosphere” is not attractive to some older people. Some training programs are too costly for some seniors. Smaller training programs spread throughout the city that are easily accessible may be a solution. Using community schools when they are vacant is a possibility.

- Once the “Baby Boomers” begin to retire in the next 10 to 20 years, there may be more jobs than people to fill them. Older workers may be a solution but much work is needed in conveying the assets of the older worker to employers. Incentives for hiring older workers need to be developed. The business community has a partnership with schools and the question is can a partnership with the business community be forged with seniors? At present, it is the non-profit sector that is utilizing senior volunteers and providing work experience.
- There was a consensus among the provider group that the next generation of seniors may work longer for a number of reasons. One is economic necessity. They do not have the same retirement resources that present day seniors have. A second is increasing life longevity. A person in his or her 60s may want to work in the same field or a new career for a longer period of time. Another factor is that some may not be able to enjoy the fruits of long, hard work by being able to retire because of low wages and inadequate retirement benefits. Working to restore higher wages and benefits providing for retirement, for all workers, is essential.
- Needed is a central information site that is well publicized and has the capacity of providing up-to-date information for work, volunteer, training, and educational opportunities for older people.
- Older people should have a variety of options regarding employment, retirement, volunteering, training, and education from which to choose. A message should be conveyed that seniors who are active and involved in the community remain healthy resulting in reducing subsidized health care costs while stabilizing and enriching community life.
- Although many were invited, no employers in the private sector attended the meeting.

Seventeen people participated in the meetings.

### **Transportation Subject Area Meeting**

January 4, 1999

10:00am to 12:00pm

#### **PROVIDER AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What transportation issues emerge as a person ages in the community?
- What are the different service needs of elders?
- What is the extent of senior and "baby boomer" participation?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs are anticipated?
- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Transportation Subject Area Meeting**

January 7, 1999

5:30 to 7:30 PM

### **PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What transportation issues emerge as a person ages in the community?
- What are your transportation needs now and anticipated needs in the future?
- What barriers exist to obtaining transportation services?(availability, accessibility, affordability, acceptability, awareness)
- What modifications in programs do you recommend?

- What trends and/or developments are anticipated in the next 20 years?
- What gaps exist in programming?
- What approaches and methods can be used to enhance service utilization?
- Who all should be involved in planning new programs/services?
- What resources are available for new programs/services?

Adjourn

### **Findings and Recommendations**

- Anchor Rides, a private contractor, is the major transportation broker and service provider for senior transportation door to door. Funding comes from three sources:
  1. Alaska Commission on Aging
  2. American Disabilities Act (ADA)
  3. Medicaid

For seniors, covered by Alaska Commission on Aging funding, services are limited to Monday through Friday from 6:30 am to 6:30pm. Priorities are for medical appointments and employment. The person must be 60 years of age or older. A donation may be given, however this is not mandatory. There is no same day service and reservation must be made. There are no weekend or evening trips. For seniors covered under ADA or Medicaid, service extends to 10pm during the week and weekend trips.
- Demand for Anchor Rides covered by Alaska Commission on Aging funds exceeds available funding and thus no trips for activities other than employment and medical appointments are made. With the expected increase in seniors next 10 to 20 years, the demand will be greater. A recent transportation summit sponsored by Anchor Rides found that social service agencies using Anchor Rides for their clients anticipate the transportation demand to be double in the next five years.
- Anchor Rides is experiencing an 11 to 13% cancel or no show rate and thus has instituted a policy that punishes a consumer who consistently cancels or does not show up for the transportation. A recent transportation meeting at the Senior Center to protest this policy, resulted in the recognition for more education for the riders and provider in creating a better process so that the system becomes more equitable.
- Anchor Rides wishes to be more efficient and provide more rides to seniors and for more activities than the two priorities. In order to do this, no shows must decrease and funding increase. The Older Americans Act funds senior transportation and insists that seniors not be charged for transportation. Senior may make a donation. Donations have decreased in the last year. It

is recommended that seniors be informed of the need to increase transportation services and that those who can afford it, make a donation. The more donations, the more trips. It costs \$10.95 a trip per person. Seniors who are covered under ADA or Medicaid should use these programs.

- Because Anchor Rides is limited seniors with other transportation resources are urged to use them. Some seniors without transportation are reluctant to ask family, friends, or neighbors for transportation and will call Anchor Rides.
- Anchor Rides offers free bus passes to seniors if they will take the fixed route People Mover Municipal buses. During the winter, seniors are charged 25 cents.
- Anchor Rides has recently received a grant from the Mental Health Trust Authority to explore the possibility of developing a volunteer transportation program to supplement the existing transportation system. They have developed a partnership with the Retired Senior Volunteer Program to work on this project.
- A long-term plan is to develop a multi-modal system and enter into partnerships with private non-profit organizations who have transportation needs. To date, other transportation programs are a gas voucher program in which a driver is given gas money to transport a friend or family member who would have used Anchor Rides. Vans are given to people who share a ride or organizations who regularly transport clients. At peak times, taxicabs are used if Anchor Rides is not available. The charge for cabs is \$15 compared to \$10.95 for Anchor Rides. Using cabs is avoided if at all possible in order to provide the maximum amount of rides.
- Anchor Rides and the Municipality are taking the lead in acting as a transportation broker and meeting with consumers and organizations to create a transportation system to meet the needs of Anchorage residents. To increase funding, private non-profit agencies are being asked to include transportation costs in their grant applications. Organizations with transportation resources are being asked to consider pooling this resource to achieve greater efficiency. There is a need for an ongoing education program targeting consumers, agencies, providers, and funding groups in order to develop an effective system. Anchor Rides and the Municipality have accumulated much data on the use of transportation. It has helped care coordinators track what is happening to their clients and being able to follow up on finding out why a client has been missing appointment.
- Currently there are sufficient federal transportation funds available for capital purchases (buses and vans). What is lacking is operating funds. To obtain operating funds from the federal government, lobbying for this with Alaska's congressional delegation is necessary. To obtain more operating funds locally, lobbying is necessary with the municipality and state government. Citizens including consumers, private for-profit and private non-profit organizations are also potential resources for operating funds.
- A recommendation was to create a coordinator of transportation system to deal with transportation requests. A priority would be established in which resources within the person's immediate family or informal support system

would be explored before utilizing resources from the formal transportation system. Using Anchor Rides would be the last option unless the person qualified for ADA or Medicaid.

- The American Disabilities Act requires that taxicab companies using vans make these vans accessible for people with disabilities. The Municipality regulates taxicabs. It was recommended that the Municipality require taxicab companies to have accessible vans in their fleets.
- There is a need for escort services for consumers using Anchor Rides. Some consumers need someone to accompany them to a medical appointment. Needed is creating a pool of escorts to provide this service and for someone to organize it.
- Community planners, be they private developers or social service providers, need to develop a transportation plan prior to building or establishing a program. Often this is not considered and difficulties are encountered regarding transportation. Public transportation often cannot get into the development or do not have fixed routes to the areas. There is a municipal code requiring builders to develop a transportation plan but it is not currently enforced.
- Alaska Native elders come from villages into Anchorage for health services. They experience much difficulty using the Municipal transportation services. Recommended was hiring Native elders familiar with the city and bus service to provide escort services using municipal transportation. The bus service has travel ambassadors that perform similar functions. Another possibility is to use Anchor Rides and People Mover as a job site for Title V Senior Employment Program.
- More emphasis is needed on encouraging seniors and their families to be responsible for their transportation needs and to use public transportation sparingly thus freeing up the resources for those without means.
- Better removal of snow is necessary so that people can get out of their homes to access transportation. Snow berms across driveways prevent cars from being driven. Anchorage Safe Cities reported that falls is the number one cause of accidents in Anchorage.
- One way to reduce the need for transportation is to reduce the distance traveled. This will require such things as bringing services closer to the person, increase housing density, and reducing the need to leave home.
- Safety issues involved seniors who should not be driving and how to intervene with the senior and family. People need to develop a plan to deal with this when and if the situation arises.
- Senior Voice and other newspapers could do a series of articles on transportation or provide a regular column where Anchor Rides could keep the public updated on the latest transportation developments and do constructive problem solving.

Twenty-four people participated in the meetings.

### **Spirituality Subject Area Meeting**

January 11, 1999  
10 to 12 Noon  
**PROVIDER AGENDA**

January 14, 1999  
5:30 TO 7:30 PM  
**PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What is meant by spirituality?
- What are the various dimensions of spirituality?
- How do you capture spirituality in everyday life?
- How may spirituality assist people with life's passages?
- How are wellness and spirituality connected?
- What are the different spiritual needs of elders and "baby boomers"?
- Are there gender differences regarding spirituality?
- What resources/outlets are available to those seeking to develop spirituality?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)
- What trends and/or developments are anticipated in the next 20 years that will impact spirituality?
- What approaches and methods can be used to enhance spirituality?
- Who all should be involved in planning new programs/services?

Adjourn

### **Findings and Recommendations**

- Spirituality has a variety of definitions for different people. It may include religion but is much broader in scope. Some may narrowly define it as simply

religious services to others feeling that talking, reading, and listening to music are nurturing to the spirit. It may involve finding a “passion” one can pursue. People all have spirit but it is a matter of the person developing an awareness of this dimension.

- Hospice of Anchorage includes spirituality in the services it provides to clients. When there is a serious illness people address life issues, their mortality, what is important in life and set priorities. When a person is dying there is a tendency to revert to their earlier religious background even though some may have not practiced it for years.
- There may be gender differences regarding spirituality. Women may be more aware of this dimension whereas men may need to be made more aware of its existence. Currently there is a renewed interest in spirituality in different parts of the country and also among men. A group called the Promise Keepers is an example. Spirituality is also appearing in popular movies and titles of popular books.
- Recommended was creating a resource booklet of resources in the community to help people explore their spiritual side. It could list spiritual organizations from churches to learning centers like the ATOM (Ancient Teaching of the Masters) Center and IASC/Taoism Center for Wellness. The Interfaith Council may be a group interested in doing this.
- A free T'ai Chi course is offered at the Fairview Recreation Center on Saturday from 8:30 to 10:30. Older people may find this Chinese form of exercise useful in improving balance and achieving relaxation. Participants spoke highly of the value of this course plus the mediation training offered at the ATOM Center. The ATOM center has a lending library dealing with a variety of spirituality topics.
- Some feel spiritual well being is a crucial element of successful aging. Spiritual wellness is the search for and the creation of meaning, value and purpose in life.
- In the health care field studies have found that spirituality may positively affect health. In a study of men undergoing heart by-pass surgery, those who were religious had one-third the mortality rate of those who were not. Another study found that spirituality might enhance a person's immune system. At Providence Hospital it is not uncommon for Doctors and Nurses to pray with the patients. The model of the Doctor being in charge and making a patient well is being replaced to a more holistic approach of mind, body, and spirit with the patient taking an active part in treatment. Some procedures use mental imaging in assisting a patient's recovery.
- Mabel T. Caverly Senior Center offers a wellness program that focuses upon both physical and emotional wellness.
- Alcoholics Anonymous has a strong spiritual dimension in its program.
- People who participate in a spiritual activity feel part of a larger community. Elements are a degree of comfort, reassurance, diversion, laughter, and love. An example given is the strong spiritual ties among Alaska Natives.

- Many professionals have had little training dealing with the spiritual dimension of clients and are uncomfortable in discussing this with clients. Professional preparation training programs should include this content
- A challenge is how to help people become more aware of their spirituality. Prayer is a common experience for many and is often used during a time of crisis as a coping device. Older people may be more prone to come into touch with their spirituality. Being open to an older person and listening to their story may provide an opportunity for him or her to express their spirituality.
- Some churches have become less spiritual and have eliminated many of the rituals that older people grew up with. They feel less attached to the church. Some churches need to be more responsive and reach out to former member or those who occasionally attend.
- People tend to become spiritual when they engage in hobbies, sports, learning, or other activities. Reducing barriers to participation and reaching out to isolated people will enhance their spiritual dimension.

•  
Eighteen people participated in the meetings.

### **Tourism Subject Area Meeting**

January 18, 1999

10:00 to 12:00 noon

#### **PROVIDER AGENDA**

January 21, 1999

5:30 to 7:30 PM

#### **PUBLIC AGENDA**

Welcome and introduction of participants

Overview of Senior Study

Discussion questions:

- What information is available regarding tourism in the Anchorage area?
- What is the impact of tourism on our community?
- In what way does tourism relate to successful living in Anchorage?
- What benefits are available to the senior citizen?
- To what extent is the tourism industry responsive to elder needs?
- How may seniors be resources to tourism?

- To what extent is accessibility to the variety of tourist activities available for seniors?
- What barriers exist to participation?(availability, accessibility, affordability, acceptability, awareness)
- What resources are available regarding consumer rights and tourism.
- What trends and/or developments are anticipated in the next 20 years that will impact tourism?
- Who all should be involved in planning for tourism?

Adjourn

### **Findings and Recommendations**

- Over one million visitors came to Anchorage in 1997 and again in 1998. Approximately 230,000 come in fall and winter with the rest coming in the summer. The economic impact for the Anchorage economy is \$67 million from tourists and \$59 million from conventions. The average tourist is a 52-year-old man who spends \$637 over a three-day stay.
- The Anchorage Visitors and Convention Bureau (AVCB) is a non-profit organization of 1350 members. It maintains 5 welcome centers and is the major marketer for Anchorage. An 8 percent bed tax is charged for hotel rooms in Anchorage. Half of the earnings are given to AVCB and the other half is put in the general fund of the Municipality. Last year \$10 million was collected. Anchorage has 6,000 hotel rooms. Other sources of information on tourism may be found at the Public Lands Information Center in downtown Anchorage, the Alaska Visitors Association, the senior center, Martin Luther King Center, and travel agencies.
- There are differing opinions regarding the enjoyment or dissatisfaction of tourists coming to Anchorage. Some are seen as unhappy with their treatment. Another view is that seniors traveling on conducted tours are provided with every consideration. The nature of conducted tours is that there are time schedules to meet and some "herding" is inevitable. There are tour operators who specialize in senior and physically impaired clients. More tourists are returning to Alaska and prefer not to purchase packaged tours.
- The Alaska visitor industry employs the highest percentage (84%) of Alaska residents of all basic private sector industries. It ranks second in private sector employment and third in economic impact to Alaska, generating over \$1.6 billion in revenues. In Anchorage, for every \$1 invested in tourism development a \$28 return is realized in the Anchorage economy.
- Tourism provides employment opportunities and volunteer public service positions in visitor centers, transportation, lodging, retail sales, gift shops, and other tourist related organizations. Knowledgeable residents can be

extremely important to information centers. Many tour companies employ seniors for counter work, tour drivers, or “step-on” guides. Step-on guides narrate to the passengers of a bus or train during a trip. Older people can work or volunteer the entire season of May through September whereas, younger workers often leave earlier for school. For older people wishing to work 4 or 5 months, this may be a good resource. Creating a campaign in which the tourism industry is encouraged to consider older people who are residents of Anchorage and emphasizing what they have to offer is plausible. The Alaska Visitors Association publishes a guide to tourism jobs in Alaska each year. Hiring usually begins in January.

- There are now some trails accessible for frail and persons with disabilities. All forms of transportation are available. Information regarding access to accommodations, and popular destinations throughout Alaska is only available from a private tour operator specializing in this area. Some tourist related businesses and attractions have not yet responded to the American Disabilities Act regarding accessibility mandates.
- The Internet is quickly becoming an excellent resource for exploring what is available in Alaska regarding tourism.
- The “shoulder season” is referred to as May and September. This is the best time for residents to become tourists. Usually rates have come down and areas are less crowded. The Alaska Tours and Marketing Council publish a state vacation planner each year. The tourist industry offers senior discounts ranging from 2% to 15%. Older Alaskans who are no longer able to hunt or fish, may obtain proxy licenses that allows another person to hunt or fish for them in situations where quotas are imposed.
- There are Elderhostel programs offering short term educational adventures for people over 60, are available in Alaska sponsored by the University of Alaska in Anchorage, Fairbanks, and Juneau. Alaska Pacific University also sponsors Elderhostel programs.
- The University of Alaska Anchorage has added more dormitory rooms and is exploring ways of keeping these rooms occupied during the summer months. Study and educational tours lasting 7 to 14 days may be a possibility. It would combine morning classes and afternoon tours.
- The Alaska Railroad is accessible to frail and people with disabilities. A new terminal is to be built at the airport. Commuter service for Mat-Su valley residents is planned. It will be a 30 to 40 minute commute. Shuttles will carry commuters to various parts of Anchorage. It is a guess at this point how many people will be willing to give up their automobile and take the train. The railroad employs mostly reservation and 30 tour guides during the summer months. Tour guide training is offered in the Anchorage School District.
- Tourism is a renewable resource and adds millions of dollars into the State and Municipal economy each year. Tourism has leveled off in the last few years. One reason cited is the reduction of marketing dollars from the Alaska State Legislature. Both the Legislature and the Municipality need to invest more dollars in tourism marketing. The Anchorage bed tax is a source of

more funding either in adjusting the percentage or tax received for marketing, or raising the percentage of the tax imposed, or both.

- Improving and expanding the trail system and making the city more accessible to pedestrians, particularly the downtown area in the winter months, is recommended.

Thirteen people participated in the meetings.

# TELEPHONE SURVEY

## Introduction

The purpose of this study is to survey Anchorage residents regarding their knowledge of aging and attitudes toward older adults. Older adults, for this survey, are defined as 65 years of age and older. Information gathered from the survey will be provided to the Anchorage Senior Citizens Advisory Commission. Among the purposes of the Commission, is to carry out educational and public relations programs designed to create public awareness of the needs of senior citizens. Determining the level of knowledge of aging among Anchorage residents and their attitudes towards seniors will assist the Commission in determining what educational and public relations strategies are necessary.

## Research Methodology

A survey instrument (Appendix C) was developed consisting of 30 questions. Following the questions, the respondent was asked demographic information consisting of age, level of education, race/ethnicity, and gender. Two other questions were regarding their contact with an older adult. They are:

Is there a person 65 years or older living in your home?

Do you have regular contact with someone 65 year or older?

The Project Manger and Commission Steering Committee began development of the questionnaire, January 1999. Questions were drawn from the Facts on Aging Quiz (Palmore, 1977 & 1984), The Aging Semantic Differential (Rosencranz & McNevin,1969) and others were developed by the Committee. The Facts on Aging Quiz (FAQ) has been in use for over 20 years. It is a 25 question True/False quiz that covers basic physical, mental, and social factors related to the most common misconceptions about the elderly. The Aging Semantic Differential is used to measure attitudes and quantify bias and negative stereotypes toward older people. Thirty questions were developed asking the respondent to select a response on a scale beginning with strongly disagree and ending with strongly agree. There was also a "don't know" response.

A pre-test of the instrument was conducted prior to data collection. Data collection occurred from March 2 to April 1, 1999. Volunteers were solicited to conduct the survey following an orientation and training session. Telephone numbers were selected randomly from 29 residential prefixes representing the Municipality of Anchorage. A table of random numbers was used in the selection process. This process assures that every Anchorage resident that has a phone and is listed in the telephone directory, has an opportunity of being called and participating in the interview. Calling times were varied to include all seven days of the week and morning, afternoon, and evening hours. Only persons 18 years of age or older were asked to participate in the survey. Results of the survey were entered into a computer data file, using SPSS-PC statistical software.

## Survey Results

A total of 219 surveys were completed. Table 1 shows the distribution of responses by geographic area.

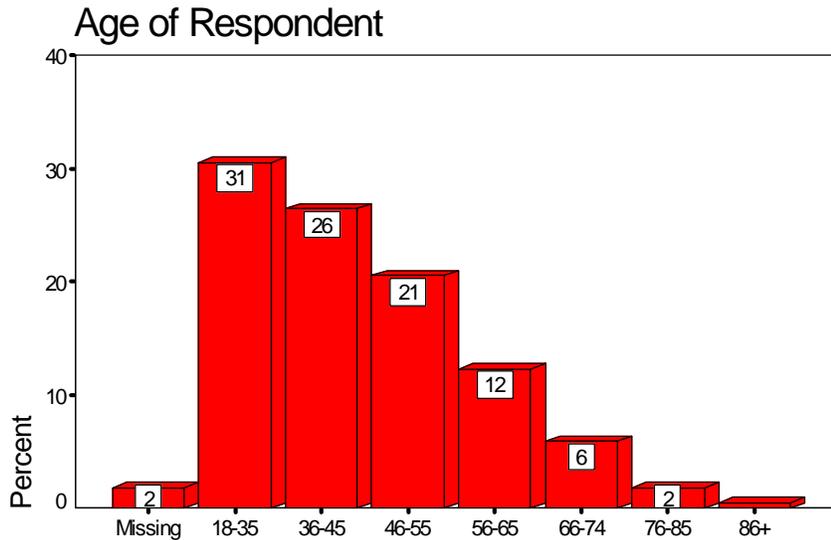
**Table 1: Response by Geographic Area, Municipality of Anchorage**

<b>Geographic Area</b>	<b>Percentage</b>
Eagle River & Chugiak	7%
Girdwood & Indian	3%
Mid-town	15%
East Anchorage	19%
North Anchorage & Downtown	19%
South Anchorage	30%
West Anchorage	7%

All 29 residential prefixes are represented and geographic distribution is somewhat proportional given the population in each area according to the March 1999 Demographic Profile report issued by the Municipality of Anchorage.

## Respondent Characteristics.

**Figure 1**



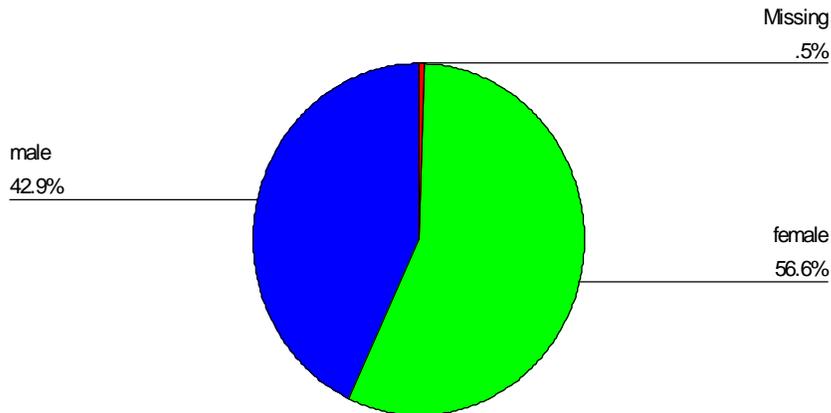
The age distribution closely reflects the 1998 Anchorage age distribution reported by the Municipality. Table 2 compares the survey results with the 1999 Anchorage Demographic Profile.

**Table 2: Comparison of Survey Results with Anchorage Population Age Distribution**

<b>Age Range</b>	<b>Survey</b>	<b>Anchorage</b>
18-35	31%	33%
36-45	26%	29%
46-55	21%	21%
56-65	12%	9%
66 and over	9%	7%

**Figure 2**

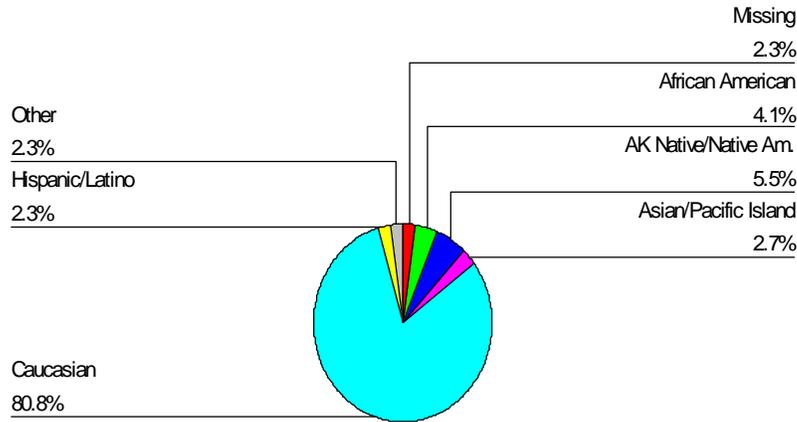
Gender



Females were the majority representing 57% of the respondents. Males are in the majority in Anchorage with 51% compared to 49% in 1998.

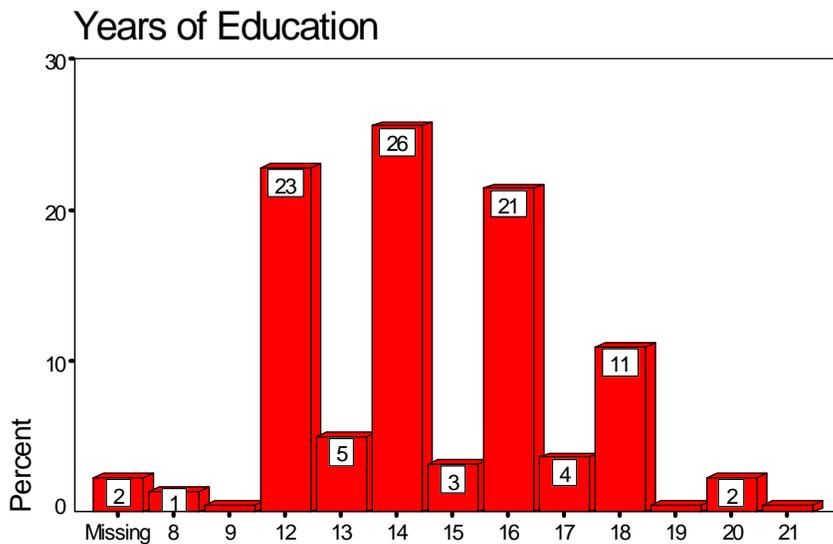
**Figure 3**

### Race/Ethnicity



In 1998, Anchorage had 78% White, 7% Asian/ Pacific Islander, 7% African American, and 8% Alaska Native/Native American with 6% of Hispanic Origin. Survey respondents represent all these groups with Caucasian slightly over-represented and the other groups under-represented.

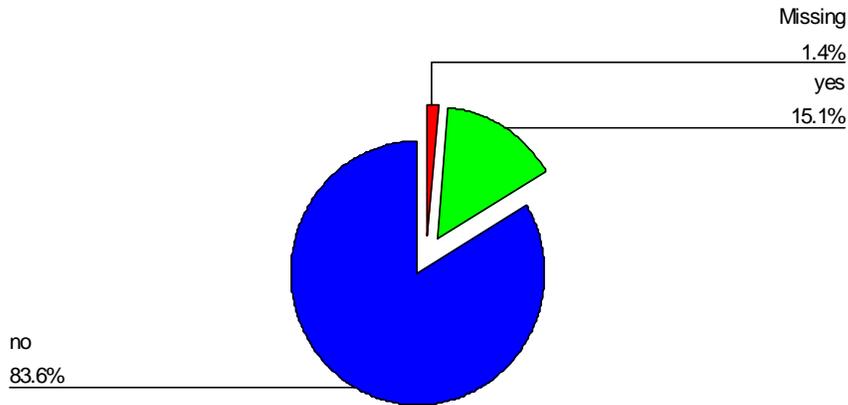
**Figure 4**



The median for education in years is 14. Seventy percent have two or more years of college.

**Figure 5**

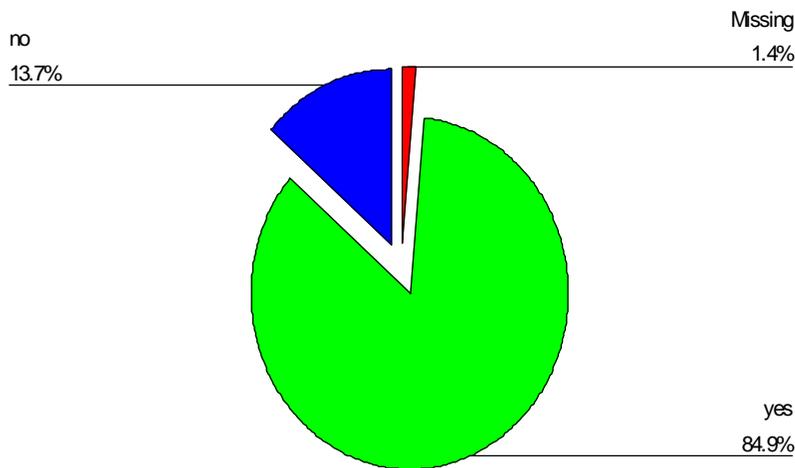
Person 65 years or older living at home



When asked if there was a person 65 years of age or older living at home, 15% replied yes.

**Figure 6**

Regular contact with a senior

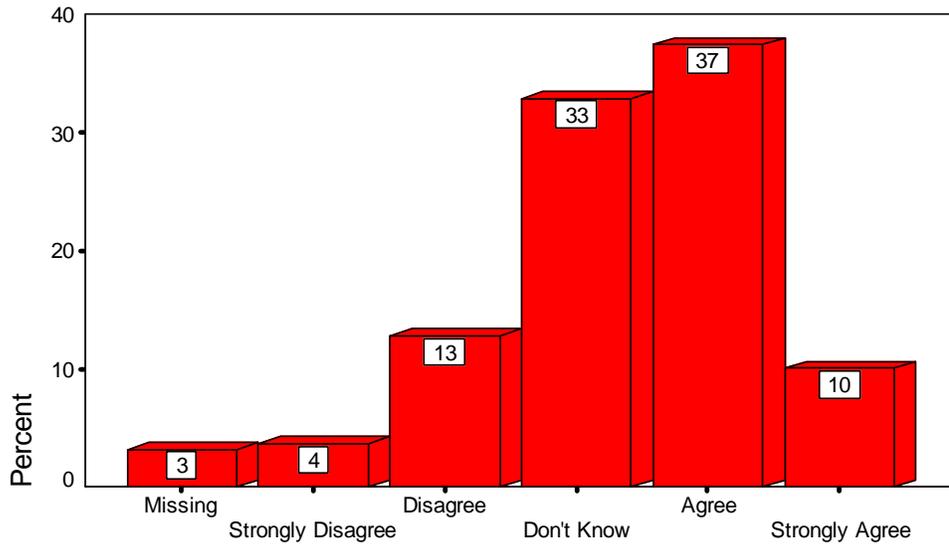


A large majority (85%) of the people surveyed said that they have regular contact with a person 65 years of age or older.

**Response to Questions**

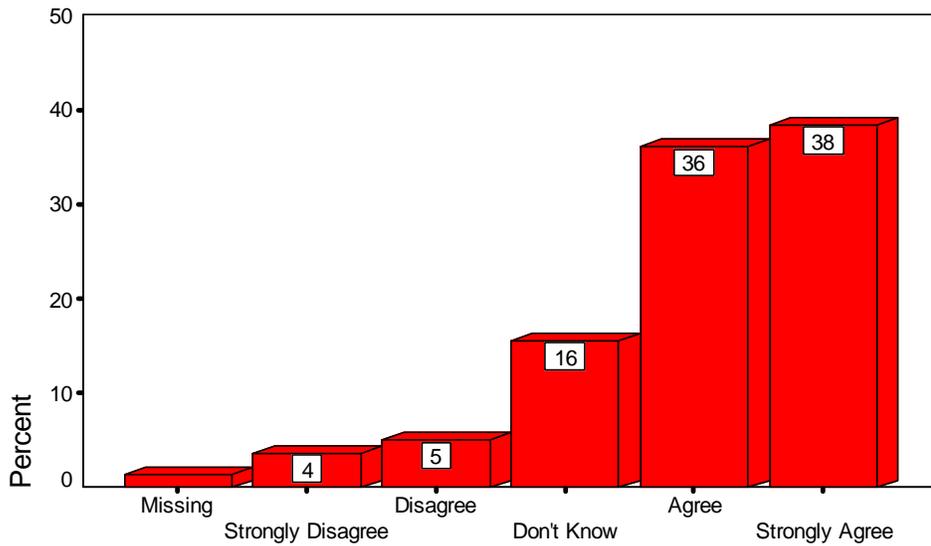
The responses to each of the thirty questions posed to the respondents are reported below. The question is given in the order it was asked and the figure under each question represents the distribution of responses.

1. 3 out of 4 seniors are healthy enough to carry out their normal activities.



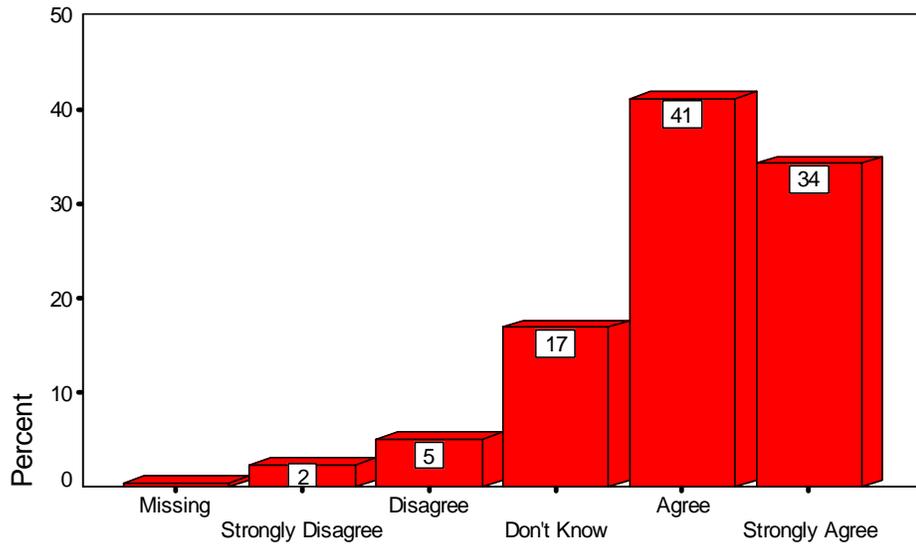
While 47% agree with this statement, 33% didn't know.

2. The aging process affects physical well being.



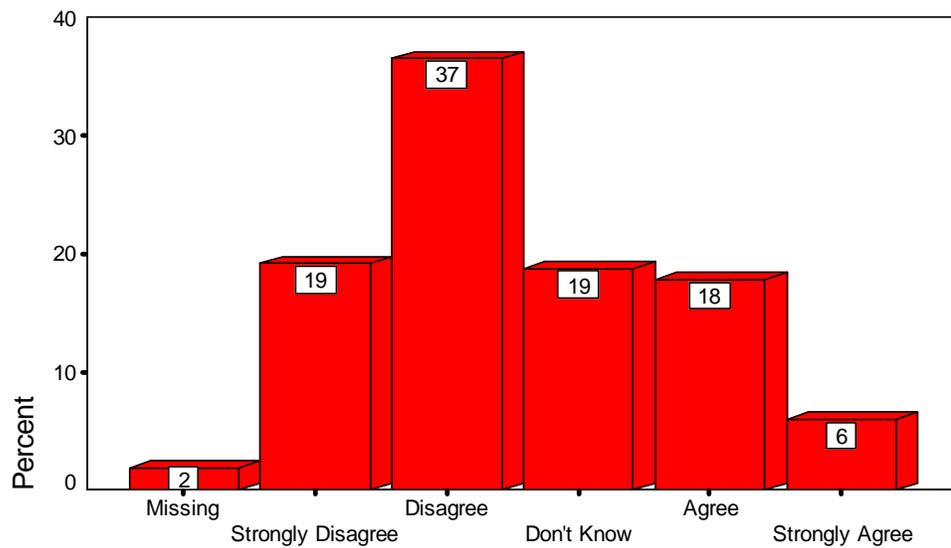
Seventy-four percent agree with this statement.

3. Many seniors live active lives.



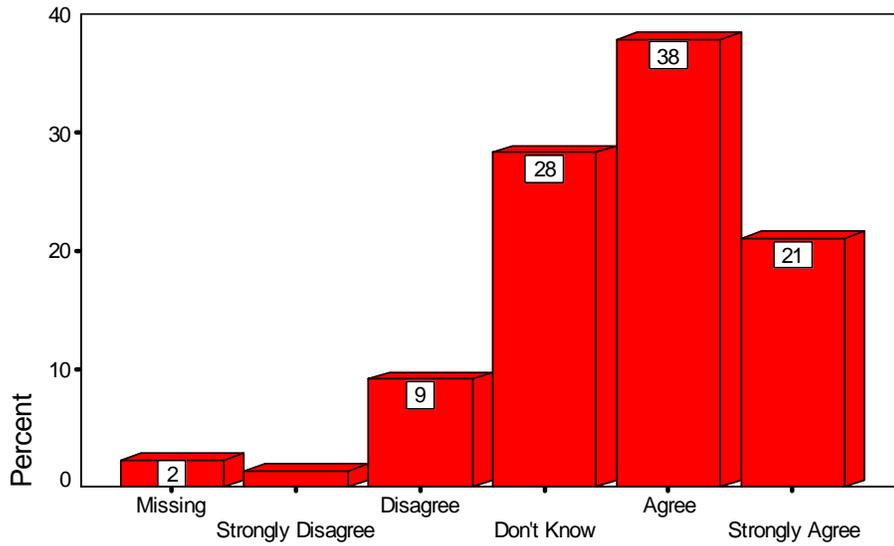
Seventy-five percent agree.

4. Seniors usually take longer to learn something new.



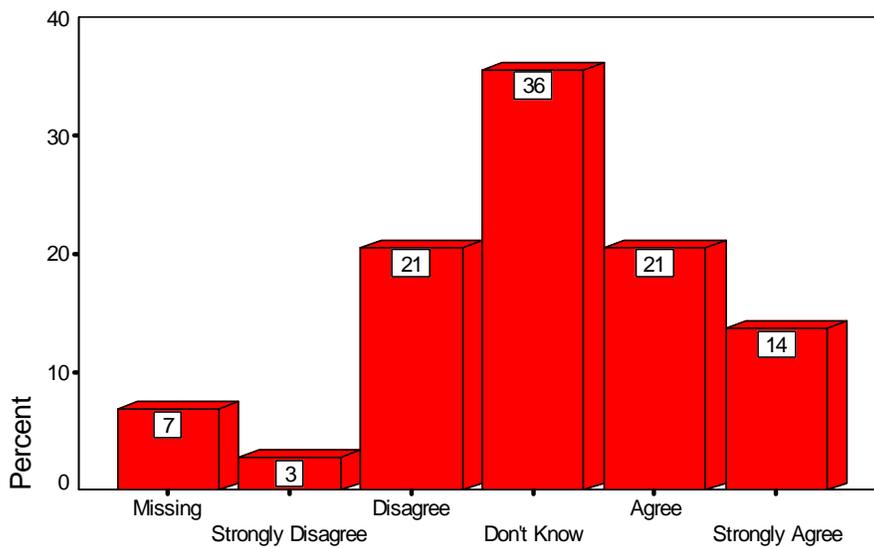
Fifty-six percent disagree.

5. Seniors tend to be more generous than selfish.



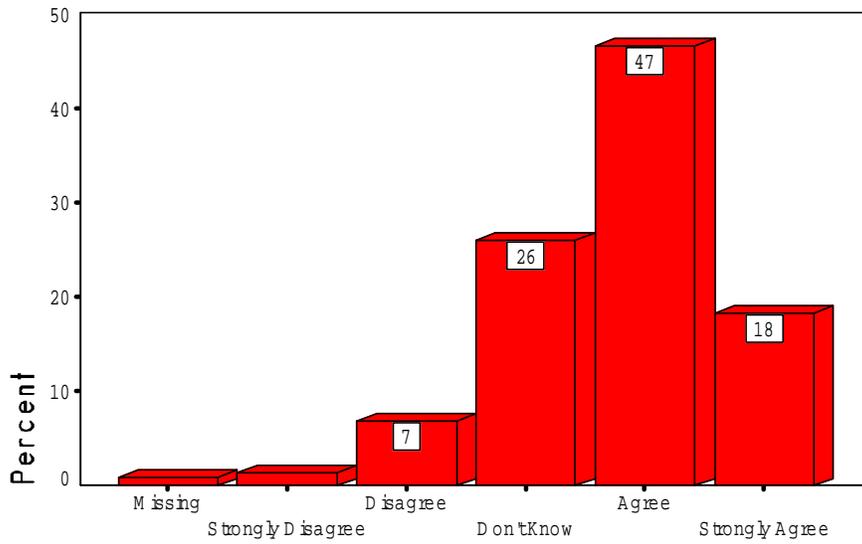
Fifty-nine percent agree.

6. Most medical practitioners tend to give low priority to seniors.



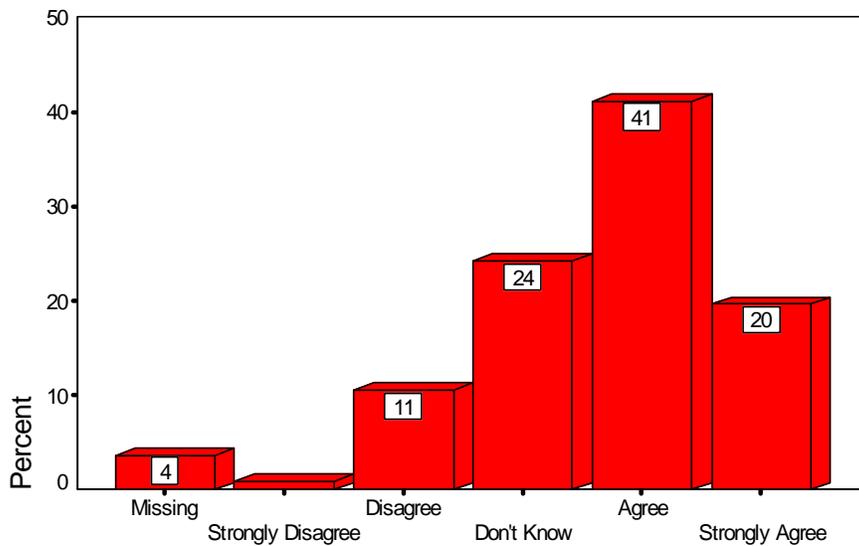
Thirty-five percent agree compared to 24% who disagree and the 36% didn't know.

7. The majority of seniors are working or would like to have some kind of work to do.



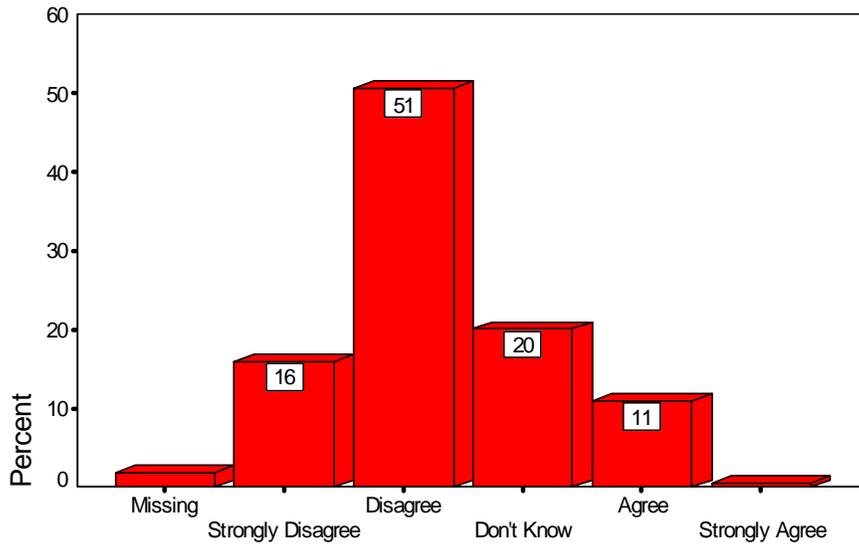
Sixty-five percent agree.

8. Seniors tend to become more spiritual as they age.



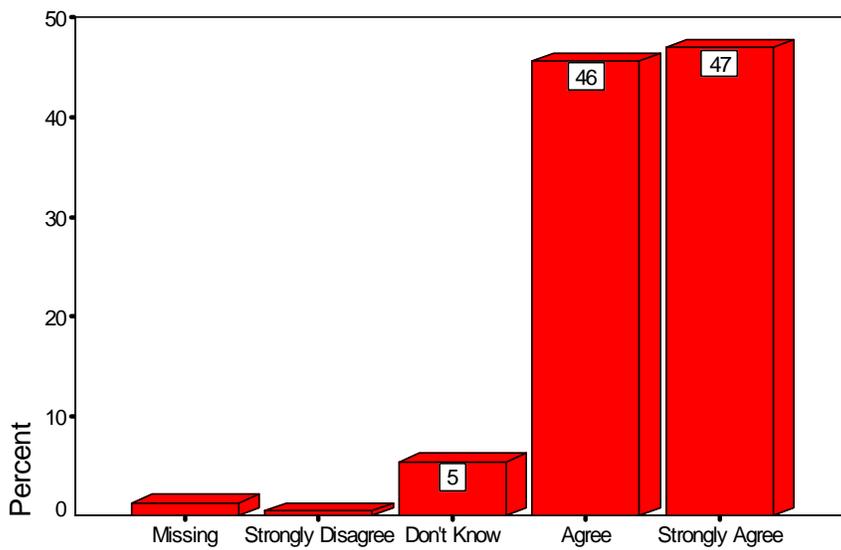
Sixty-one percent agree.

9. The majority of seniors have sufficient assets to meet their needs.



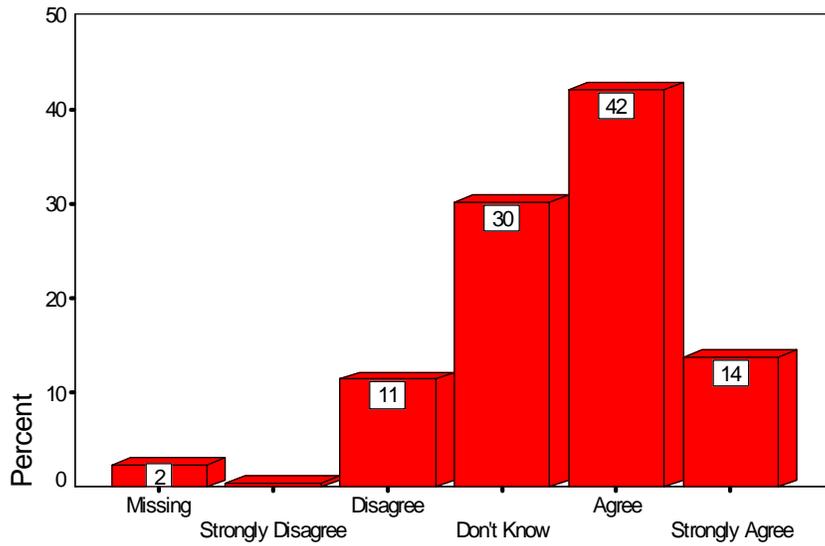
Sixty-seven percent disagree.

10. Seniors would rather be productive than withdraw from life.



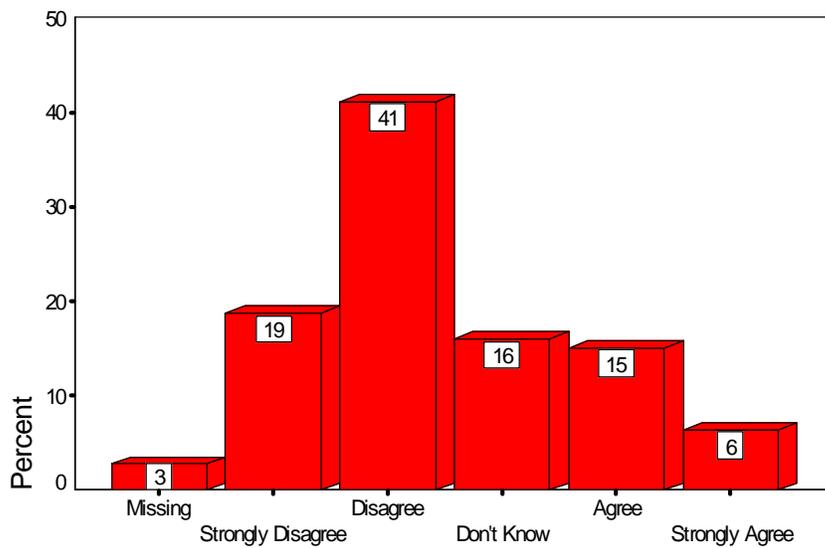
Ninety-three percent agree.

11. Seniors tend to be more independent than dependent.



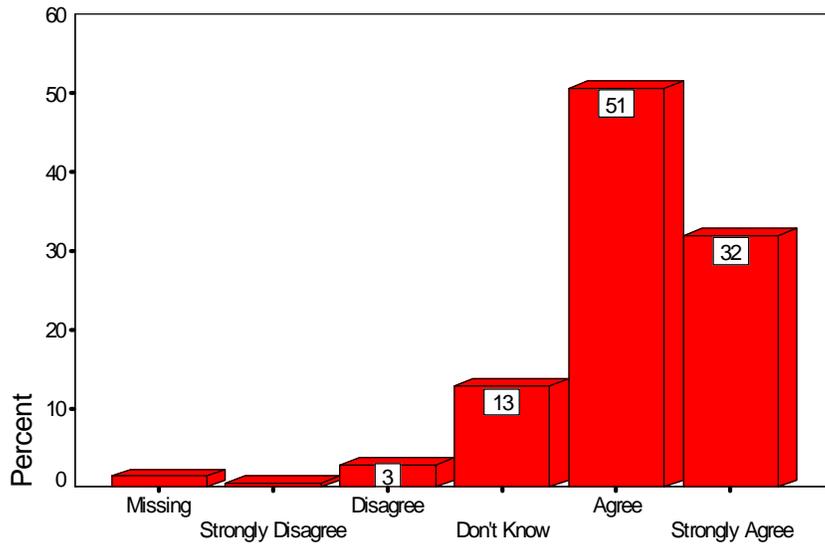
Fifty-six percent agree, 30% didn't know.

12. Retirement is not a very difficult experience for the majority of seniors.



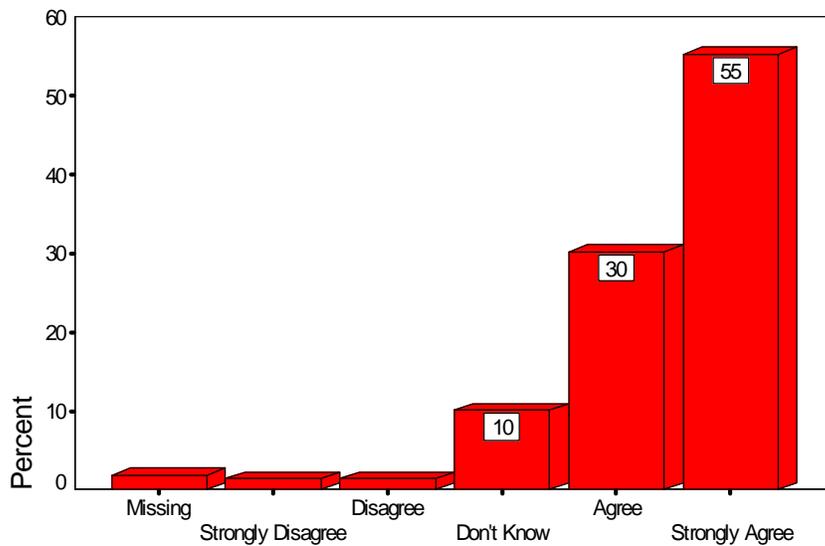
Sixty percent disagree.

13. The prevalence of vision and hearing impairments increases greatly with age.



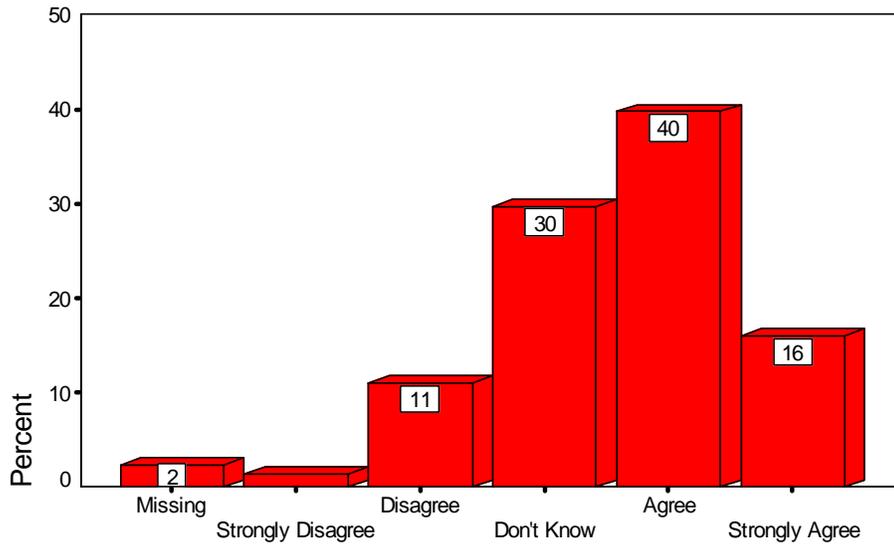
Sixty-three percent agree.

14. People with positive attitudes usually live longer than those with negative attitudes.



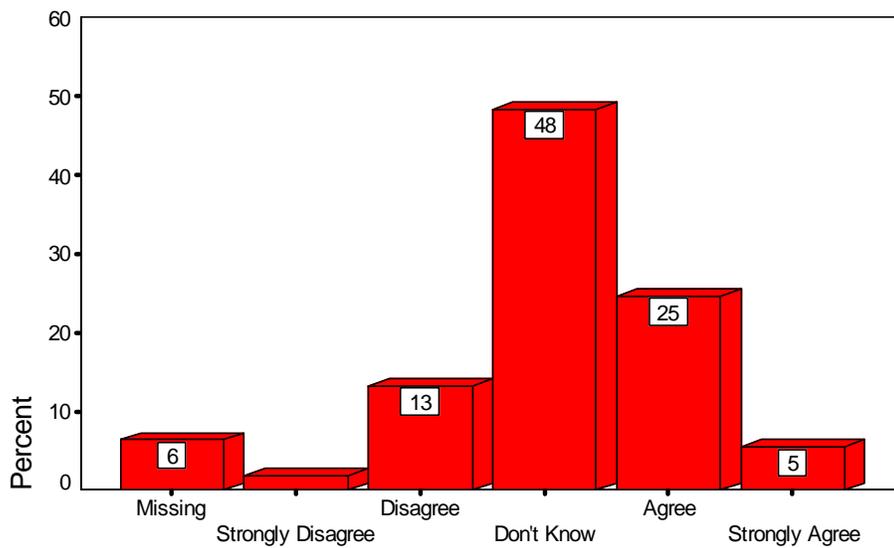
Eighty-five percent agree.

15. Many seniors are socially isolated and lonely.



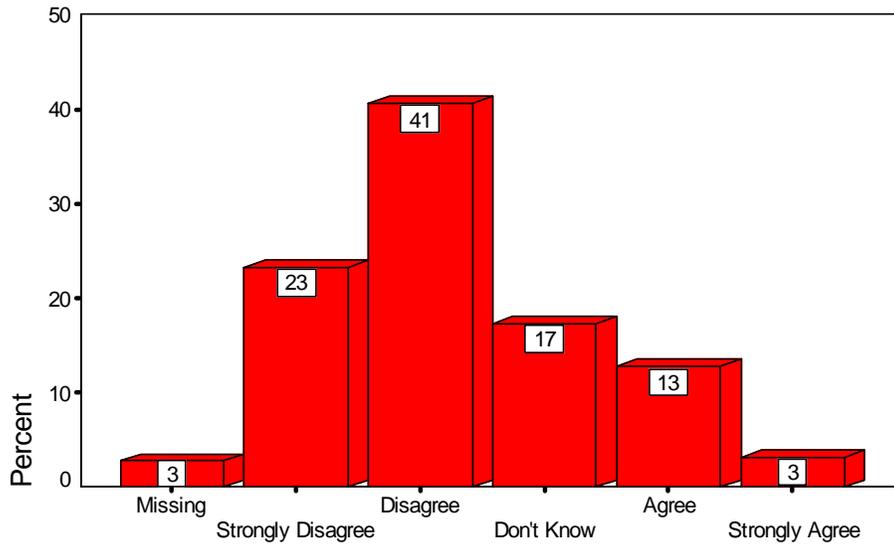
Fifty-six percent agree, 30% didn't know.

16. Seniors tend to be more optimistic than pessimistic.



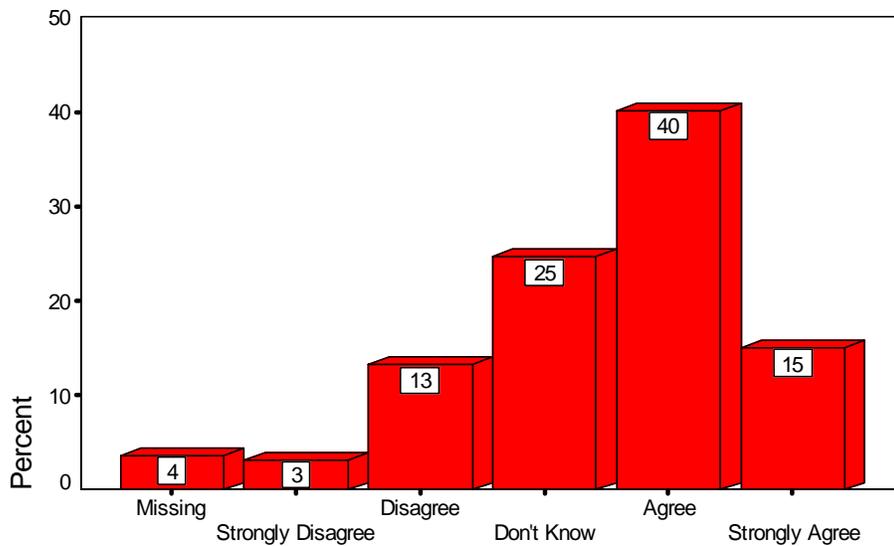
Thirty percent agree with 48% not knowing.

17. Mental abilities decline steadily after age 20.



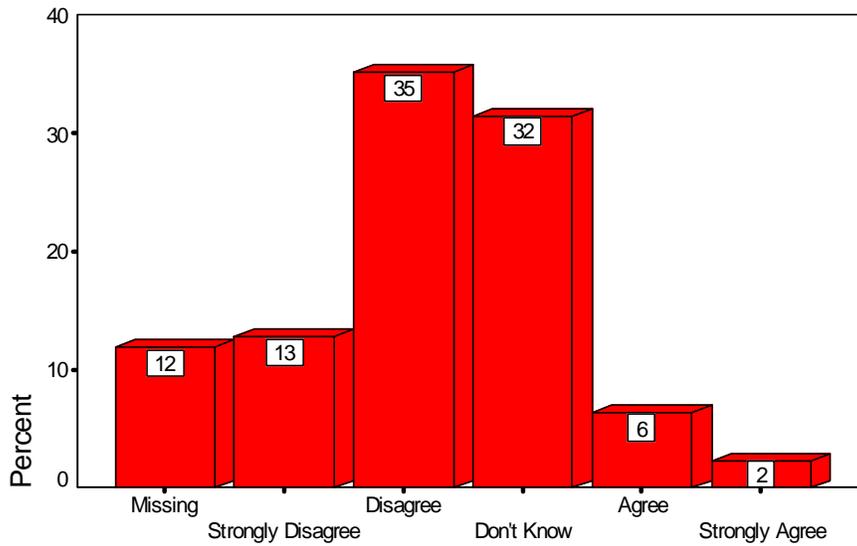
Sixty-four percent disagree.

18. Seniors are more likely than younger people to experience problems with sleeping.



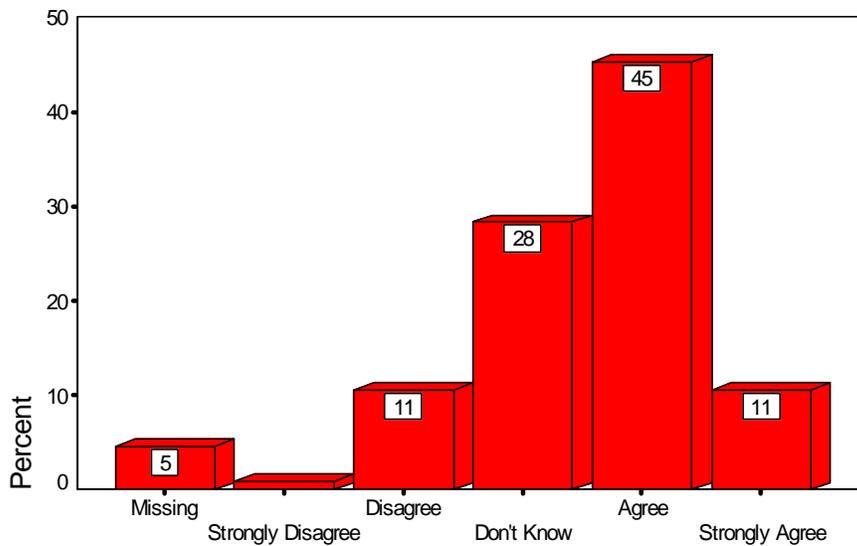
Fifty-five percent agree.

19. Seniors, especially senior men, have a higher suicide rate than young people.



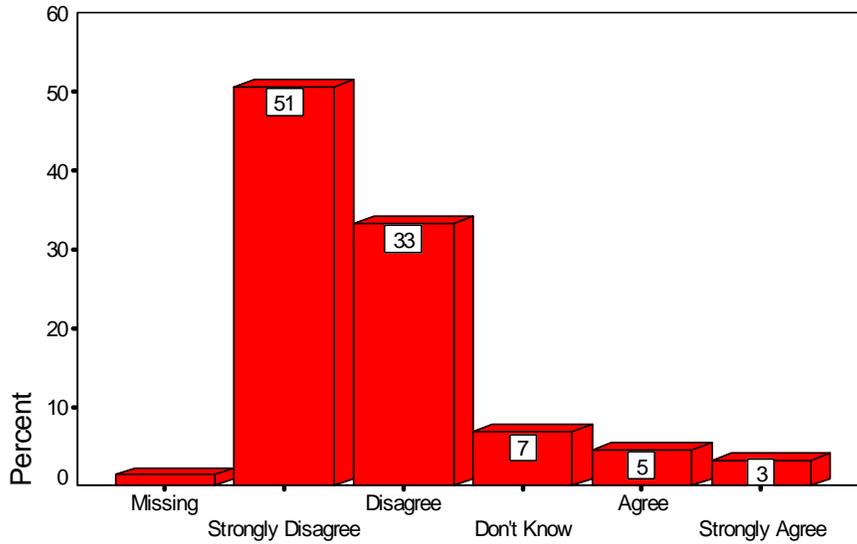
Forty-eight percent disagree with 32% not knowing.

20. Seniors tend to be more productive than unproductive.



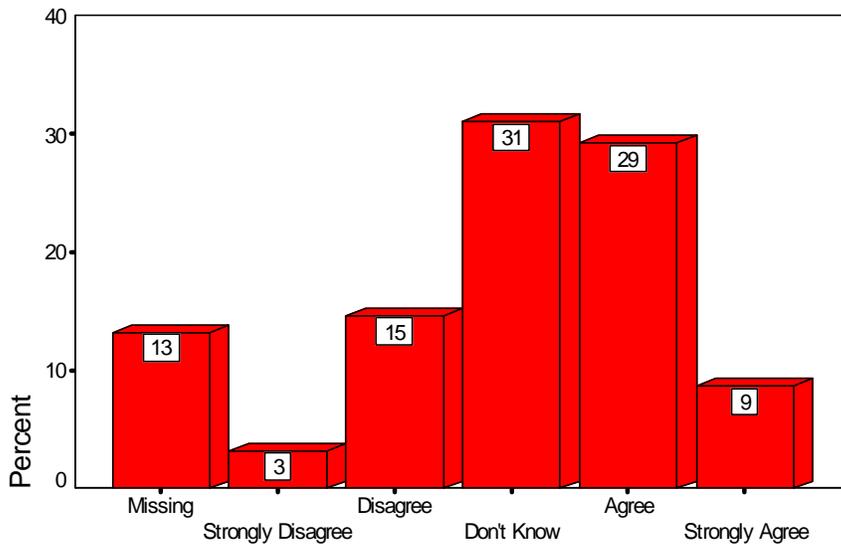
Fifty-six percent agree.

21. For those receiving it, Social Security by itself provides an adequate income for most seniors.



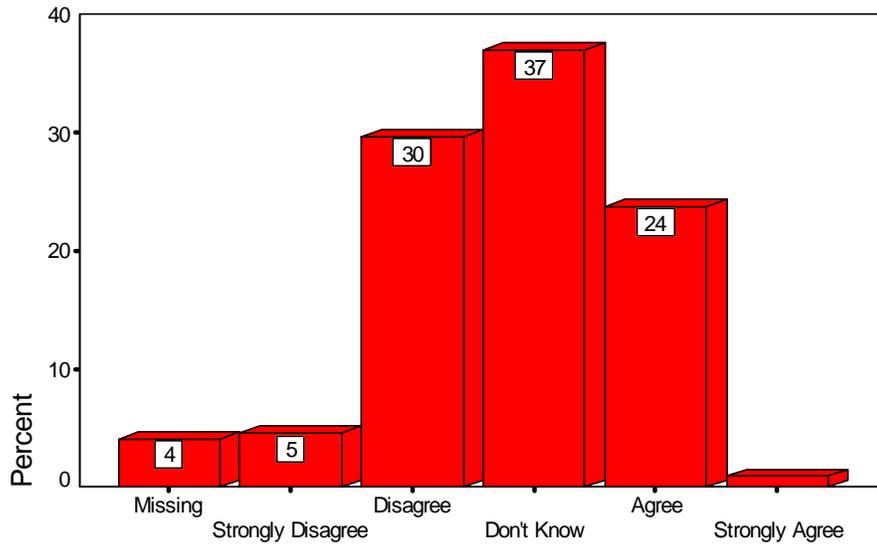
Sixty-four percent disagree.

22. Over 10% of all seniors live in long-term health care institutions (i.e. nursing homes, homes for the aged, mental hospitals, etc.).



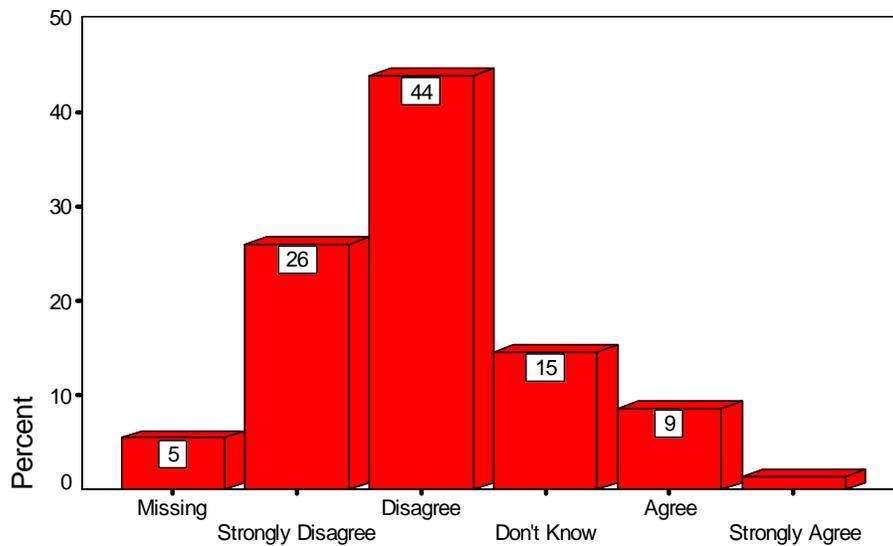
Thirty-eight percent agree with 31% not knowing.

23. Seniors tend to be more healthy than unhealthy.



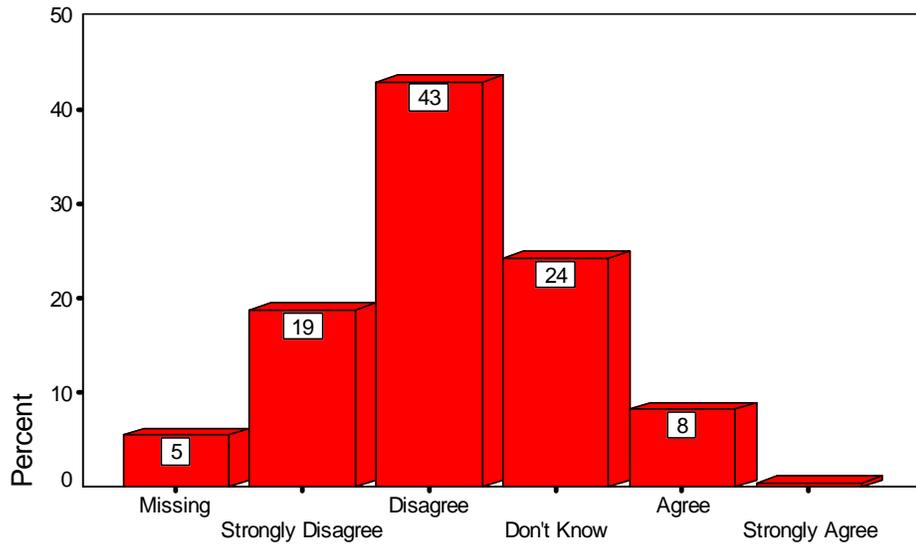
Thirty-five percent disagree with 37% not knowing.

24. Seniors pay very little for health care since Medicare covers almost all of their medical expenses.



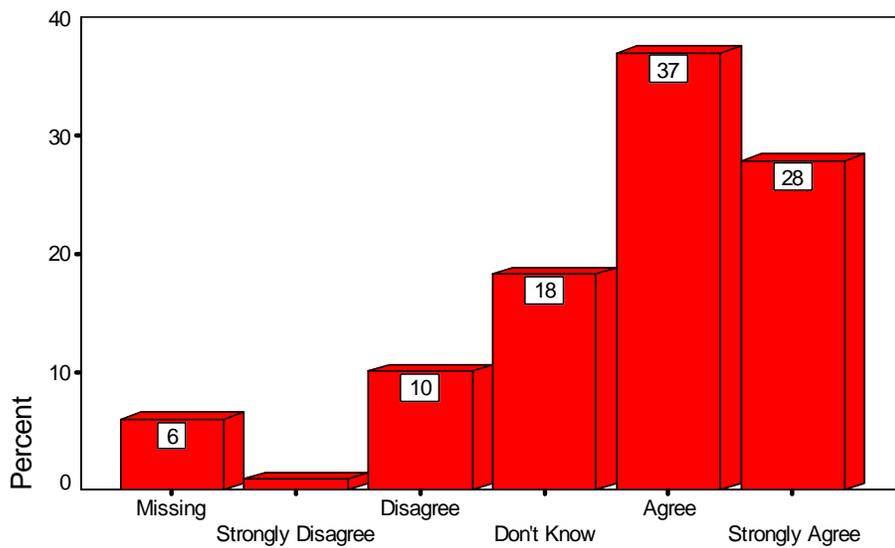
Seventy percent disagree.

25. Many seniors abuse alcohol and/or other drugs.



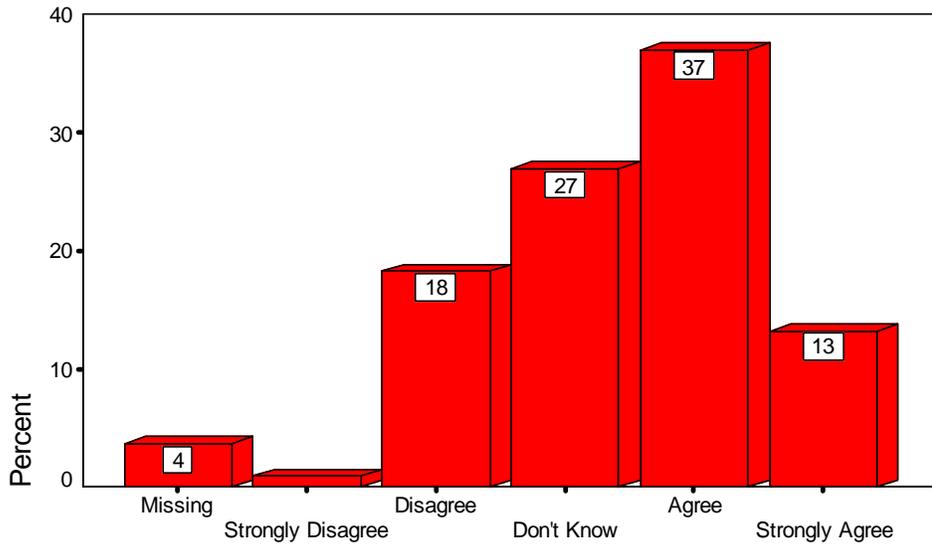
Sixty-two percent disagree.

26. More seniors vote than any other age group.



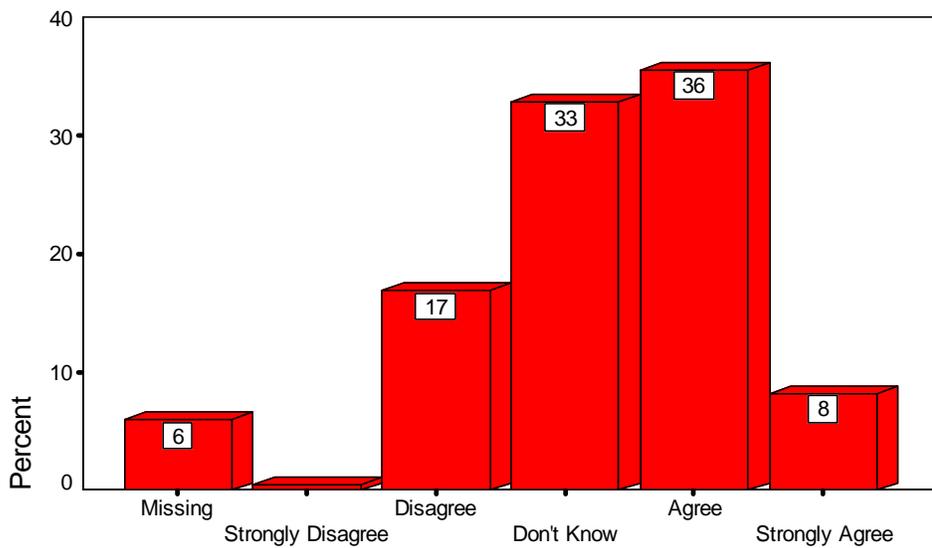
Sixty-five percent agree.

27. Seniors tend to be more trustful than suspicious.



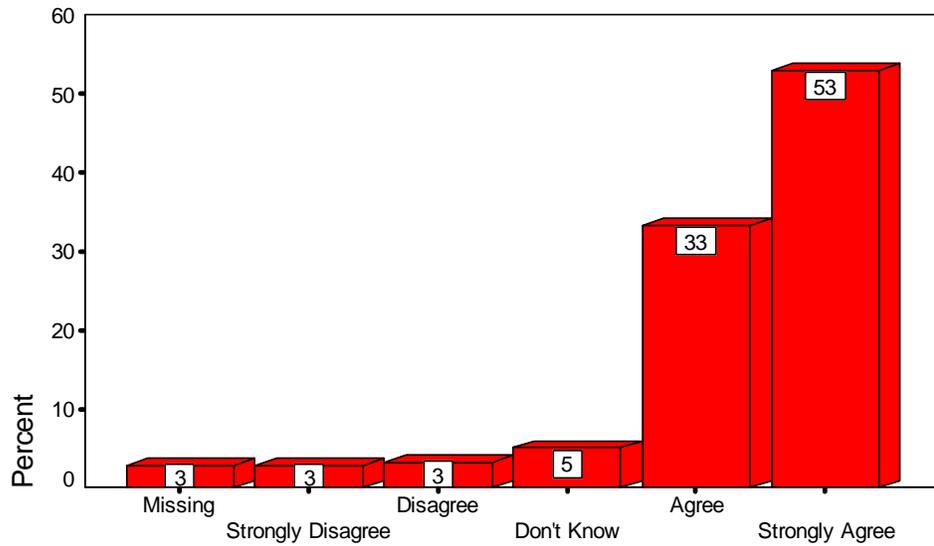
Fifty percent agree.

28. The majority of seniors live alone.



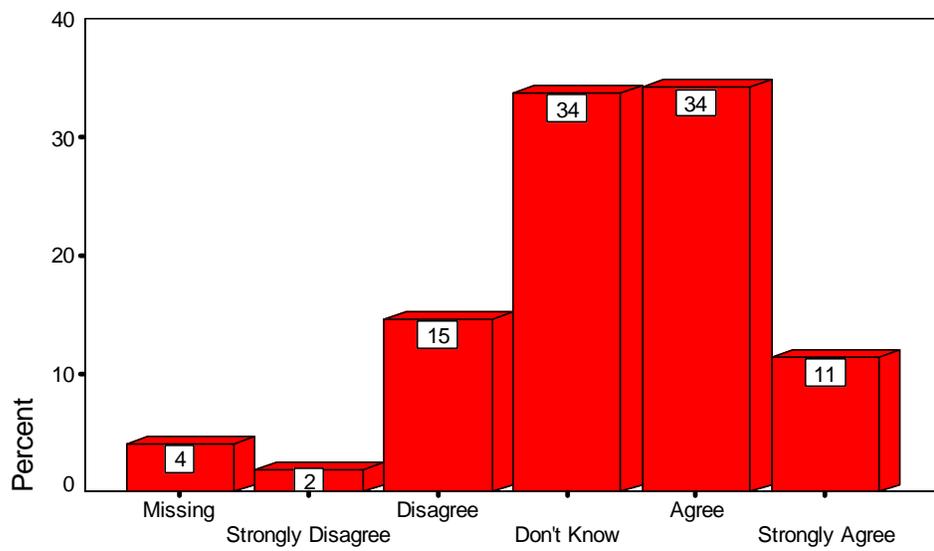
Forty-four percent agree with 33% not knowing.

29. It is illegal to discriminate against people for employment because of their age.



Eighty-eight percent agree.

30. Seniors tend to be more tolerant than intolerant.



Forty-five percent agree and 34% didn't know.

## Discussion.

Are these results representative of the knowledge and attitudes of Anchorage residents toward older people 65 years of age and older? The random sampling selection, when combined with an analysis of the respondents characteristics, compared to Anchorage demographics, suggest that this sample may be representative of Anchorage residents 18 years of age and older. Geographic distribution of the respondents, as depicted in Table 1, demonstrates a good coverage of the Municipality.

Twenty-two of the questions had a clear majority either agreeing or disagreeing with the statement. The other eight include a sizeable “don’t know” response of over 30%. The highest percentage among the respondents is viewing seniors as preferring to be productive rather than withdraw from life (93%). This was followed by 88% agreeing that it is illegal to discriminate against people for employment because of their age. The third highest response (85%) is agreeing people with positive attitudes usually live longer than those with negative attitudes.

On the low end of agreement was seniors tend to be more optimistic than pessimistic (30%); disagreeing that seniors tend to be more healthy than unhealthy(35%); and agreeing that most medical practitioners tend to give low priority to seniors. All three of these statements had over one-third of the respondents not knowing enough to agree or disagree.

When these questions are viewed as facts supported by scientific inquiry, the respondents correctly answered 21 of 30 questions, which is quite good. Table 3 lists the nine questions that were answered incorrectly by a majority of the respondents and the correct answer supported by scientific studies.

<u>Question</u>	<u>Correct Answer</u>
4. Seniors usually take longer to learn something new.	True
9. The majority of seniors have sufficient assets to meet their needs.	True
12. Retirement is not a very difficult experience for the majority of seniors.	True
15. Many seniors are socially isolated and lonely.	False
19. Seniors, especially senior men, have a higher suicide rate than young people.	True
22. Over 10% of all seniors live in long-term health care institutions (i.e. nursing homes, homes for the aged, mental hospitals, etc.).	False
23. Seniors tend to be more healthy than unhealthy.	True
25. Many seniors abuse alcohol and/or other drugs.	True
28. The majority of seniors live alone.	False

Questions 9, 15, 22, 23, and 28 when wrongly answered portrays the stereotypic view of the older person as poor, socially isolated and lonely, frail, and many living in long-term care facilities. Denial is evident when answering question 19 and 25. Viewing seniors as depressed and abusing alcohol and drugs is something rarely portrayed in the media and thus not believed.

Seven questions were selected from the Aging Semantic Differential survey, which is used to measure attitudes and quantify bias and negative stereotypes toward older people. They are questions 5, 10, 11, 16, 20, 27, and 30. The majority of the respondents agree with all of these questions resulting in their viewing seniors in a very positive manner. Five questions had over 50% of the respondents agreeing while the other two had more agreeing than disagreeing but both have a high don't know response. These questions were:

- 16. Seniors tend to be more optimistic than pessimistic.
- 30. Seniors tend to be more tolerant than intolerant.

The majority of respondents had a clear understanding of the limitations of Social Security Retirement Benefits and Medicare. They recognized that Social Security Retirement is not enough to provide an adequate income and that Medicare does not cover all health care expenses.

A final surprising finding was that 85% report regular contact with a senior 65 years of age and older. At present only 5% of Anchorage are seniors 65 years of age and older. This high level of contact may attest to the fact that Anchorage seniors live very active lives and prefer to be productive than withdraw from life.

### **Recommendations**

The findings suggest that Anchorage residents are quite knowledgeable regarding some knowledge about aging and have positive attitudes toward older people. There are also some areas where education and information made available to the public will be beneficial. Many of the questions had substantial don't know responses. Information fairs, news articles, talk show presentations, posters, and incorporating information within existing educational programs are among some of the strategies to be considered. Seniors themselves may believe some of the myths perpetuated about aging which may become self-fulfilling prophecies when accurate education may prevent such outcomes. Programs promoting intergenerational bonding and interaction are other interventions to be considered.

# SENIOR STUDY INTERVIEW SURVEY

## Introduction

This survey is part of yearlong study commissioned by the Anchorage Senior Citizens Advisory Commission. The Commission advises the Municipality Mayor, Assembly, and appropriate department heads with respect to aspects of aging which bear upon the welfare of senior citizens. Preceding this study, community forums, subject area meetings, a newspaper survey, and a telephone survey were conducted. Information obtained from these activities was used to develop the survey instrument and guide the methodology.

The major purpose of the survey is to obtain information from Anchorage residents 45 years of age and older to guide the Commission in their advisory capacity to the Municipality. The Commission decided to conduct a study asking residents their wishes for promoting a high level quality of life resulting in successful living. According to a demographic profile of residents published by the Municipality in March 1999, there are approximately 13,000 senior citizens 65 years of age and older living in Anchorage. This represents 5% of the population. Nationally, seniors represent 12% of the population. Rather than concentrate the study on the existing cohort of seniors, the Commission elected to look at the current population and then project ahead 20 years. This strategy is consistent with Anchorage 2020, a comprehensive planning process required by municipal charter, conducted by the Municipal Department of Community Planning and Development, that also projects ahead 20 years. With this in mind, the target population of current seniors and residents, who will be seniors in 20 years, represent 26% of Anchorage. When the “baby boomer” population of people born from 1946 to 1964 is included, it rises to 45% of people living in Anchorage. The Commission then, will utilize results from this survey, and the larger comprehensive study, to advise municipal government on what needs to be in place, assuring quality of life for seniors in the next 20 years. Results will also be made available to residents, public, private for-profit, and private non-profit organizations as well as any other group wishing information.

## Methodology

The major methodology for this survey was the administration of an interview questionnaire. The questionnaire was developed by the Senior Study Steering Committee comprised of members of the Commission and the study project manager. Providence Health Systems, Alaska Mental Health Trust Authority, and American Association of Retired People (AARP) representatives were consulted regarding the questions. Questions were included covering the 12 subject areas identified by the Commission as most pertinent to older people. The subject areas are:

- Employment
- Financial Security
- Housing

- Legal
- Leisure and Recreation
- Lifelong Learning
- Long-term Care
- Mental Health/Substance Abuse
- Physical Health
- Spiritual
- Tourism
- Transportation

Other questions were added to obtain demographic information, a residency in Anchorage profile, housing and community environment experience, knowledge of community services, and retirement experience and plans. Other questions asked about health status, insurance coverage, living situation opinions, participation in social activities and prediction of experiencing certain situations in the future. Throughout the survey were questions asking opinions and recommendations concerning quality of life issues.

The entire survey totaled 224 questions. The retirement section had different questions depending upon the person's retirement status. Retired persons were asked a total of 181 questions and non-retired, 173. A pre-test of the instrument was conducted prior to data collection. The average time to complete the survey was one hour.

The sampling plan was to randomly select people 45 years of age and older living in the Municipality of Anchorage. This included Chugiak-Eagle River and Turnagain Arm-Girdwood residents. The 1998 Polk Company City Directory for Anchorage was used to select the sample. It lists residents by address and phone number. The address section was used. Using a table of random numbers, names and addresses were chosen by randomly selecting the street and then an address on the street. A letter (Appendix D) was sent, inviting the recipient to participate in the study. A requirement was that the person must be 45 years of age or older and that anyone meeting that requirement in the household may volunteer for the interview. An addressed, stamped postcard was included for the person to return to the study office, including a phone number, best time to be called, and preference to be interviewed at home, another location, or the study office. Once the card was received, a volunteer contacted the person and scheduled an interview. Over 5,000 letters were mailed over a one-month period to the randomly selected addresses. The large volume was necessary because there was no way of determining if a person 45 years of age or older lived at the residence. Also a large number of letters were returned having inaccurate addresses or the wrong person living at the address, and many postcards were returned stating that no one over 45 lived in the home or declined participation in the interview. In addition, many who agreed to the interview were difficult to contact by phone or would not be available until after the study was completed.

Volunteers were used as interviewers for the survey. The majority were participants in the Retired Senior Volunteer Program (RSVP). Fifty volunteers

were trained to administer the questionnaire. Two volunteers were used for each interview. One would ask the questions and the other recorded the answers. The survey was standardized so that each interviewer asked exactly the same questions. The completed surveys were coded and entered into a computer using SPSS-PC software for analysis.

A major limitation of this survey is that the respondents represent residents whose addresses were listed in the Polk City Directory and elected to respond to the invitation letter by returning the postcard, and were available for an interview during the time period of the study. No specific groups were targeted, and the respondents who participated are the result of a random selection process. Whether these people are representative of those 45 years of age or older living in Anchorage must be considered in this light.

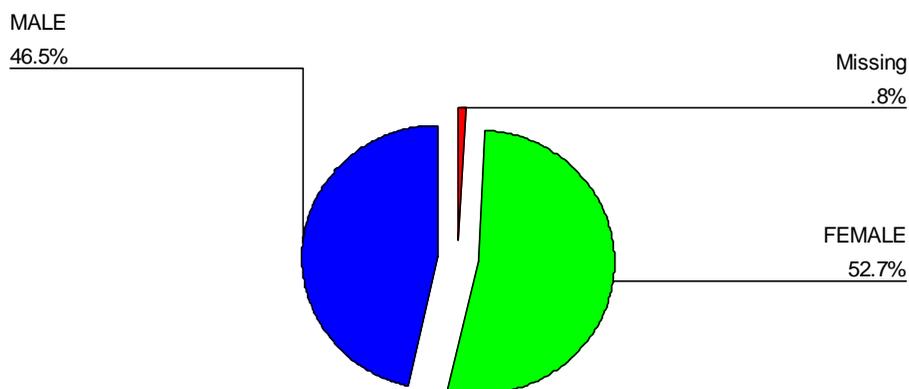
## Major Findings

### Characteristics of respondents

A total of 258 interviews were completed from June 16, 1999 to July 31, 1999. Figure 1 represents the geographic distribution of the sample. Not included in the figure is Girdwood. One person from Girdwood was interviewed. Not all 258 of the pushpins are visible. The figure demonstrates that there is good distribution across the Municipality. As can be seen from Figure 2, the majority of respondents were female representing 53%.

Figure 2

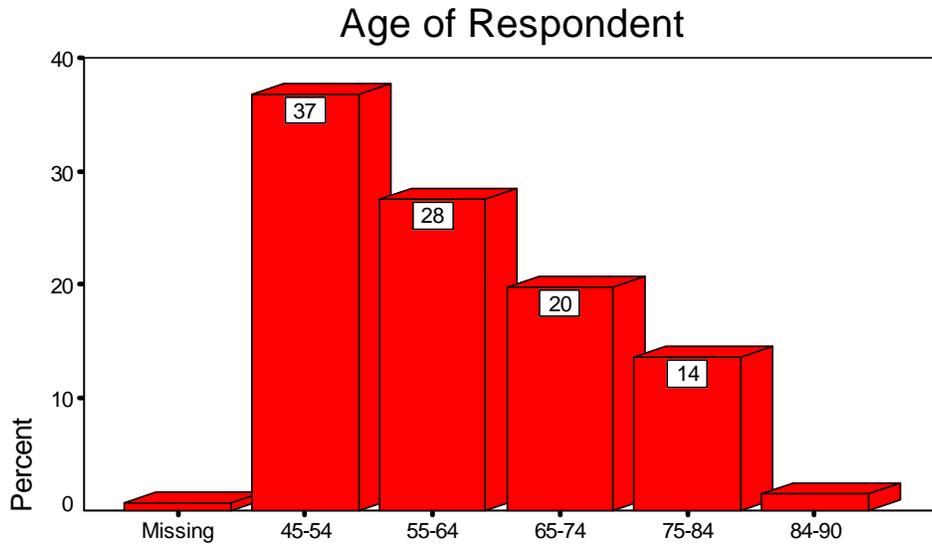
### Gender



This is just slightly above half. Anchorage indicators show that men and women 45 years of age or older in Anchorage are tied with 13% each of the population. After age 65, there are more women than men.

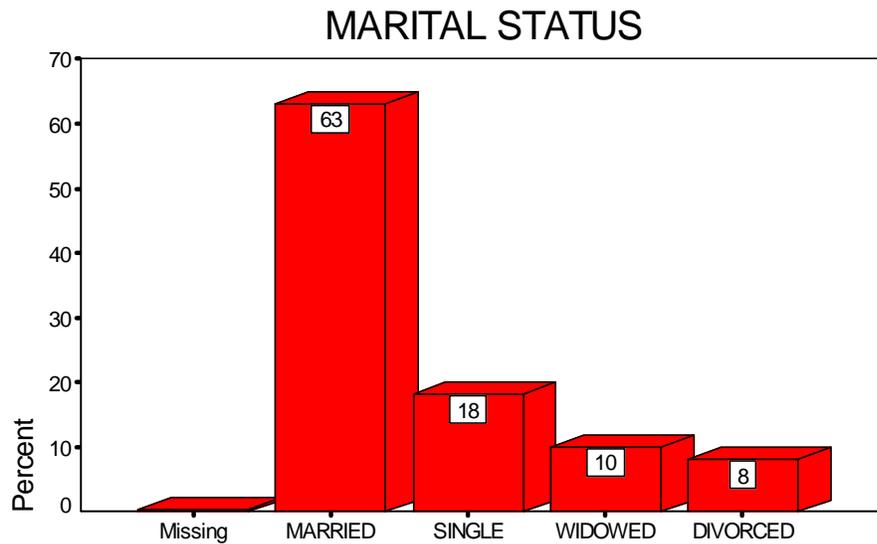
The average age of the respondent is 61. The range is 45 to 90. Figure 3 shows the age distribution by categories.

Figure 3



According to the 1999 Demographic Profile of Anchorage, approximately 61% of residents 45 years of age and older are married. Figure 4 shows that 63% of the sample are married with 18% single, 10% widowed and 8% divorced.

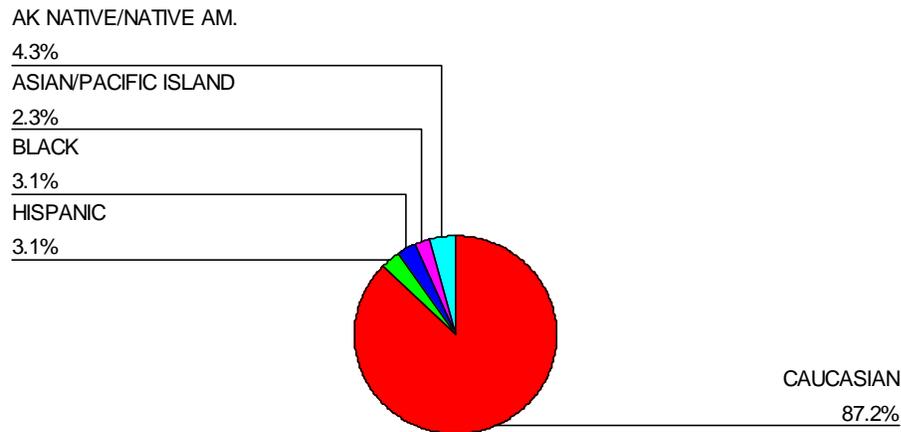
Figure 4



Of those married, 30% have children living at home. There were 10% who are single parents and 21% live by themselves. Over 66% reported having children not living with them, the majority of whom are adults, and of these, 90% have contact with them at least once or twice a month. Contact may be in person, by

phone, or letter writing. Nine percent reported children who were deceased. Less than half (46%) have other relatives living in Alaska and 70% have contact with them once or twice a month. Care giving to someone outside the home is provided by 17%. The majority of the care giving is provided to family members. Anchorage population by race and ethnicity for the major categories are 8% Alaska Native/Native American, 7% Asian/Pacific Islander, 7% Black, 78% Caucasian and 6% Hispanic. The results in Figure 5 show that Caucasian is over-represented and the other groups are under-represented in the sample.

Figure 5  
RACE/ETHNICITY



Respondents had an average of 15 years of education with half having a college degree or higher. Figure 6 shows the distribution of the level of education.

Figure 6

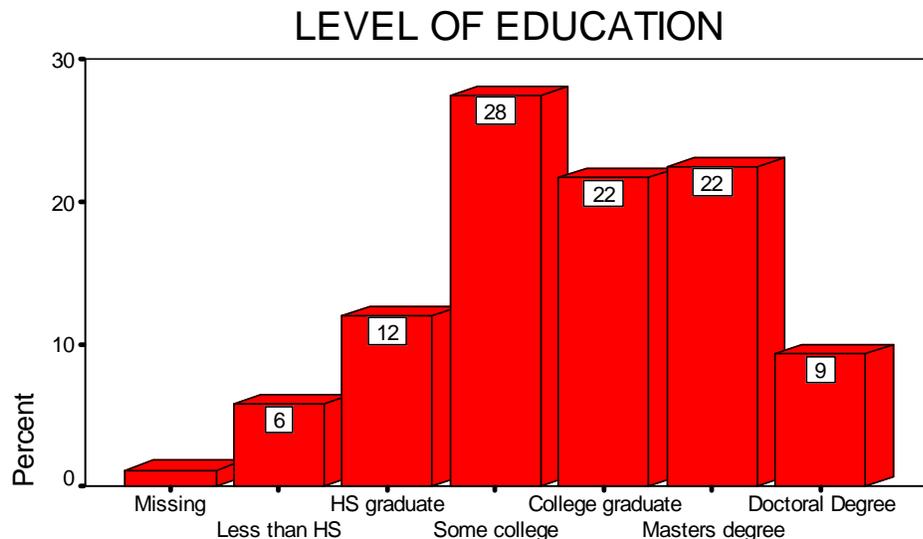
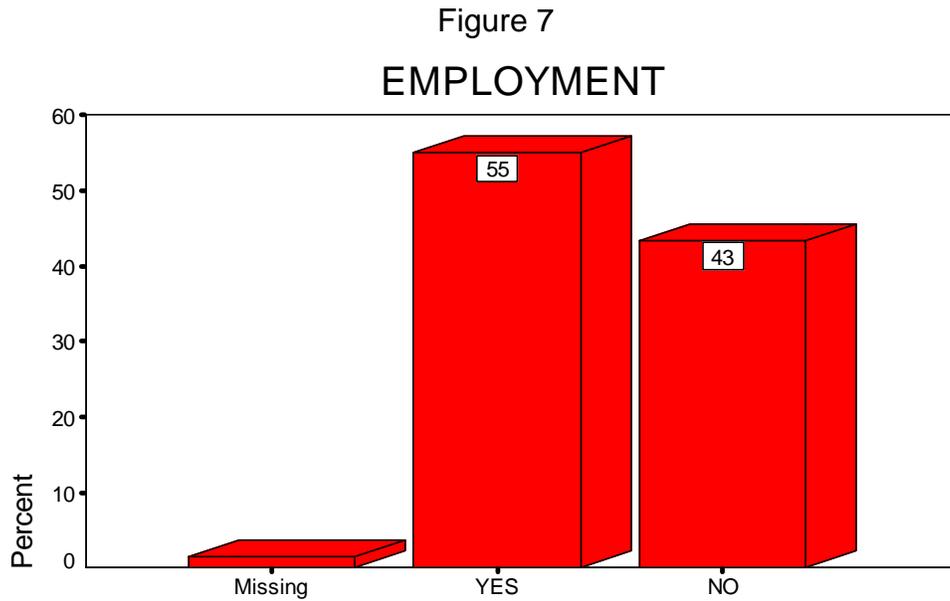


Figure 7 displays the employment status of the sample.



The occupational categories of the 55% who are employed are shown in Table 1.

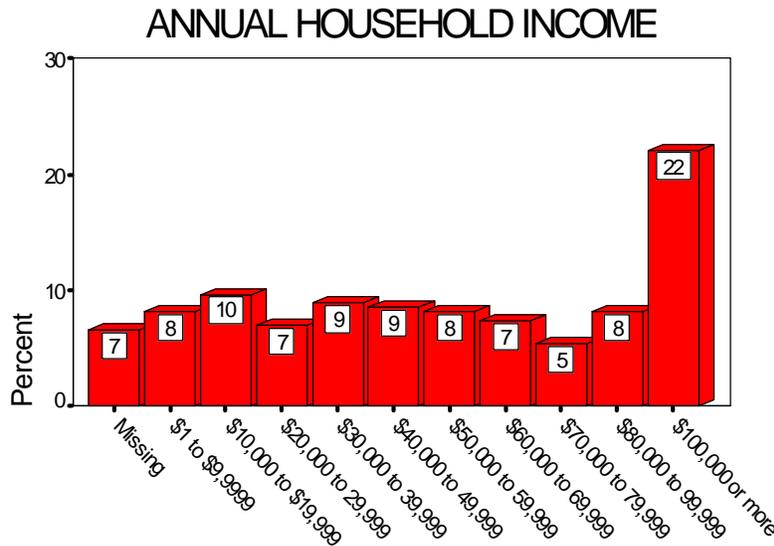
Table 1: Respondents by Occupational Category

<b>Occupational Category</b>	<b>Employed Percentage</b>
Administrative support	15%
Armed forces	1%
Executive, administrative, managerial	13%
Laborer	5%
Machine operator	3%
Professional specialty	31%
Sales	9%
Service	10%
Technical	12%

Professional specialty was the largest group followed by administrative support, executive/managers, technical and service workers. Of those not employed, 34% were retired.

The median household income is between \$50,000 and \$60,000. As seen in Figure 8, income is distributed evenly across the categories with the exception of the \$100,000 or more category representing 22% of the sample.

Figure 8



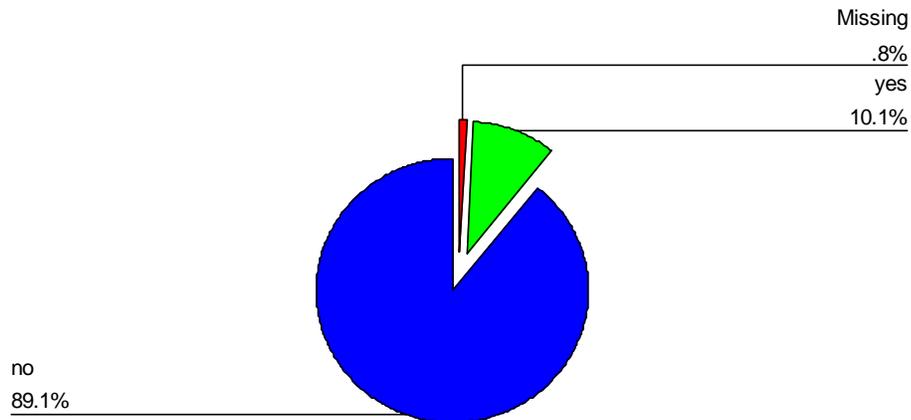
Sources of income are primarily from employment, retirement income, and investments. In addition to Social Security, 68% have another retirement program. In the 45-54-age category, 85% have another retirement program compared to 70% in the 55-64 range and 51% who are 65 to 74 years old. Of those earning \$100,000 or more, 42% are 45 to 54, 20% are 55 to 64, and 8% are 65 to 74 years old.

Financial support from others is received by 5%. Forty percent provide financial support to others outside the home. Compared to two years ago, 34% felt that they were financially better off, and 48% about the same. Judging that they were worse off were 14%. Close to half of the respondents said they have relatives or friends willing and able to help should the person experience severe financial difficulty. Over 77% reported no difficulty in handling their financial affairs and 4% said that they needed a lot of help. When asked, "Do you feel that you are financially able to live the quality life that you want?", 80% said yes.

### **Longevity in Alaska**

As seen in Figure 9, slightly over 10% of the sample were born in Alaska. The first of the sample to arrive in the State was in 1918 and the last 1996. Those not born here have lived in Alaska an average of 30 years. Eighty percent have lived here continuously. Of the 12% who leave Alaska on a seasonal basis, 59% reported that it is in the winter, and 12% two or more seasons.

Figure 9  
BORN IN ALASKA



Ninety percent reported that they plan to remain in Alaska. Table 2 lists the top ten reasons people gave who plan to remain here.

Table 2: Reasons That Influence Staying

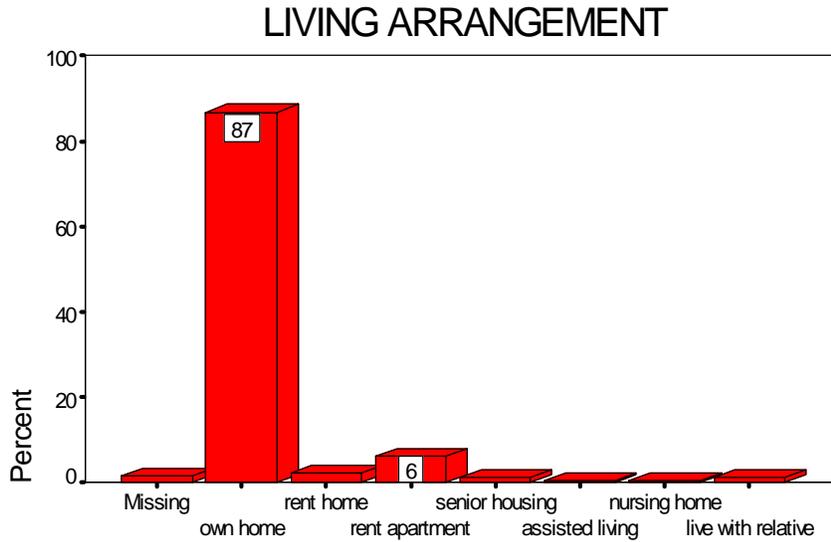
A general positive statement such as "I just like it here".
It's my home, my family is here.
I like the people who live here and the small population.
Alaska has good benefit programs for its older residents.
The environment is beautiful.
I like the pace of life and lifestyle.
Recreation and leisure activities are plentiful.
There is good economic opportunity here.
There is a low crime rate.
I have no good reason to leave.

There were 6% that planned to leave and 4% were uncertain. Among the main reasons respondents gave for leaving were the winter climate, missing family who live outside Alaska, moving to help parents, and the cost of living.

### **Housing and Community Environment**

Figure 10 gives the distribution of living arrangements showing that 88% own their home or condo. The next largest group rent an apartment or home and the remainder live in senior housing, assisted living, nursing home, or with a relative.

Figure 10



The average length of stay in the home is 14 years and the median is 12. When asked if the person feels at home in their residence, 93% said yes and 84% were satisfied with their home. For those not satisfied, when asked, said the home was too small or it needed repairs. Asked about the neighborhood, 71% said they were attached to it and 86% reported feeling safe. Seventy-five percent said that they plan to remain in their home indefinitely.

Table 3 lists the major responses to the question “What would make your neighborhood a better place to live?”.

Table 3: Recommendations for Better Neighborhood

Reduce crime and implement more neighborhood patrols.
Seek ways of improving better socialization among neighbors.
Improve streets and in winter, remove snow more effectively.
Install more sidewalks and clear them of snow.
Improve public transportation by making it more accessible.
Lower taxes

Ninety percent drive an automobile for transportation with 2% each depending upon friends or family, People Mover, or Anchor Rides.

Table 4 represents the major responses to the question asking what type of future home the person would like as their residence.

Table 4: Future Home Recommendations

I haven't thought much about it.
Where I currently live or a similar type of home.
A one story level home or condo with access for a wheelchair and amenities suitable for older people.
A home that is clean, quiet with open space.
A choice of housing options to include senior housing and housing for all ages.
A continuum of housing within a neighborhood from independent living to nursing home.
One I can afford to live in.

**Legal Services**

Respondents were asked if they have obtained legal services and what legal services they felt they might need in the future. Sixty-seven percent have obtained legal services. Figure 11 gives a breakdown of the kinds of services received. Wills represent the highest percentage of service followed by multiple services, estate planning and durable power of attorney.

Figure 11

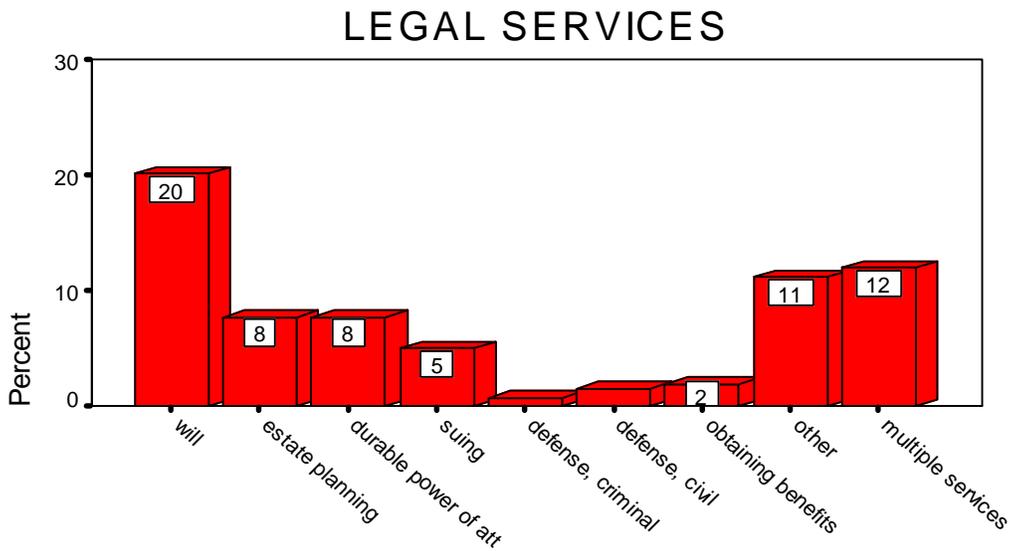
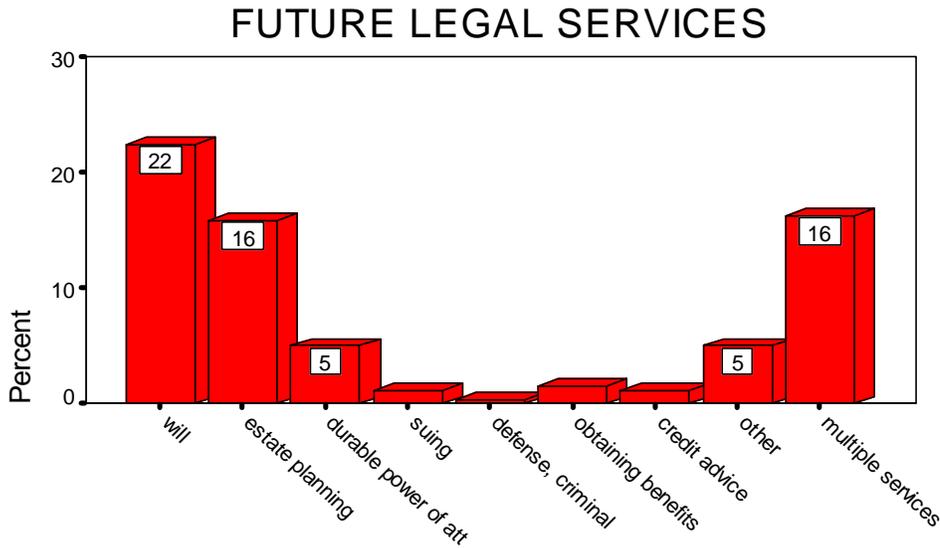


Figure 12 are legal services the sample anticipated requiring in the future. Wills remain the highest service at 22% with estate planning and multiple services being second.

Figure 12



### Community Services

People interviewed were asked to respond to a list of 47 activities and services available in the Anchorage area. They were asked if they were familiar with it, have used it, and if so, to rate their level of satisfaction. Table 5 lists the activities and services, the percentage of respondents that were familiar with it, how many had used it, and the satisfaction rating. The satisfaction rating is the average taken from a Likert scale with 1, being very dissatisfied and 5, being very satisfied.

Table 5: Community Services Response

<u>Activity/Service</u>	<u>Familiar</u>	<u>Used</u>	<u>Level of Satisfaction</u>
AARP 55 Alive/mature Driving Class	46%	23%	4.2
AARP Tax Assistance Program	43%	8%	3.3
AARP Information Center	50%	17%	3.9
Adult Protective Services	23%	8%	3.5
Alaska Housing Finance Corporation	82%	34%	3.9
Alaska Regional Hospital Senior Program	26%	6%	2.7
Alzheimer's Association	66%	8%	4.2
Anchor Rides	61%	12%	2.9
Anchorage School District Community School	81%	55%	3.9
Anchorage Pioneers Home	88%	10%	4.0
Anchorage Senior Center	89%	44%	4.1
Chugiak Senior Center	53%	14%	4.5
Circle of Care	14%	18%	3.6
CITC Senior Program	17%	1%	Not rated
Congregate Meals	19%	12%	3.7

<b><u>Activity/Service</u></b>	<b><u>Familiar</u></b>	<b><u>Used</u></b>	<b><u>Level of Satisfaction</u></b>
Consumer Credit Counseling Service	52%	7%	3.5
Day Care Assistance	46%	5%	3.6
Daybreak Day Care Center	32%	6%	4.4
Disability Law Center	17%	9%	3.5
Division of Senior Services Medicare Information	28%	11%	2.7
Employment Services	65%	30%	3.7
Family Counseling Services	45%	10%	3.6
Foster Grandparents Program	65%	6%	4.5
Home Health Services	57%	20%	4.0
Homemaker Services	33%	6%	3.8
Hospice Services	70%	15%	4.1
Legal Aid	64%	9%	3.5
Long Term Care Ombudsman	33%	12%	3.2
Mabel T. Caverly Senior Center	63%	13%	4.0
Meals on Wheels	80%	8%	3.8
Medicaid Choice Waiver	15%	3%	2.7
Mental Health Services	59%	11%	3.7
Municipal Recreation Programs	75%	52%	4.2
Museum of History and Art	93%	89%	4.4
People Mover	94%	46%	3.6
Providence Hospital Senior Connection	27%	15%	3.7
Public Assistance Programs	73%	15%	3.8
Retired Senior Volunteer Program (RSVP)	59%	17%	4.2
Salvation Army	94%	33%	4.1
Senior Companion Program	26%	6%	3.8
Serendipity Day Care Center	32%	10%	4.0
South-central Foundation Senior Program	22%	8%	3.0
Substance Abuse Services	63%	6%	3.7
Vocational Rehabilitation	61%	13%	3.6
Weatherization Services	68%	20%	3.6
University of Alaska Anchorage	93%	71%	3.8
University of Alaska Extension	76%	53%	4.2

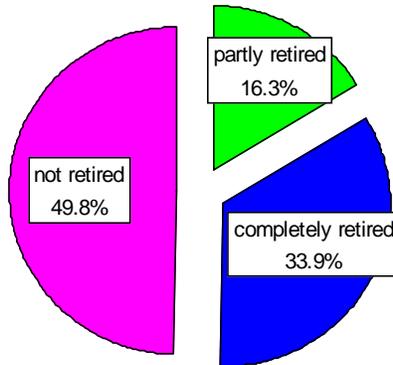
Twenty-eight of the 47 services were familiar to over half of the respondents. Five of the programs or services were used by over 50% of the sample.

### **Retirement**

Do you consider yourself partly retired, completely retired, or not retired at all? The response to this question determined the next set of questions asked. Figure 13 is the breakdown of retirement status. Thirty-four percent were retired, 16% partly retired, and half were not retired.

Figure 13

## RETIREMENT STATUS



### Retired Responses

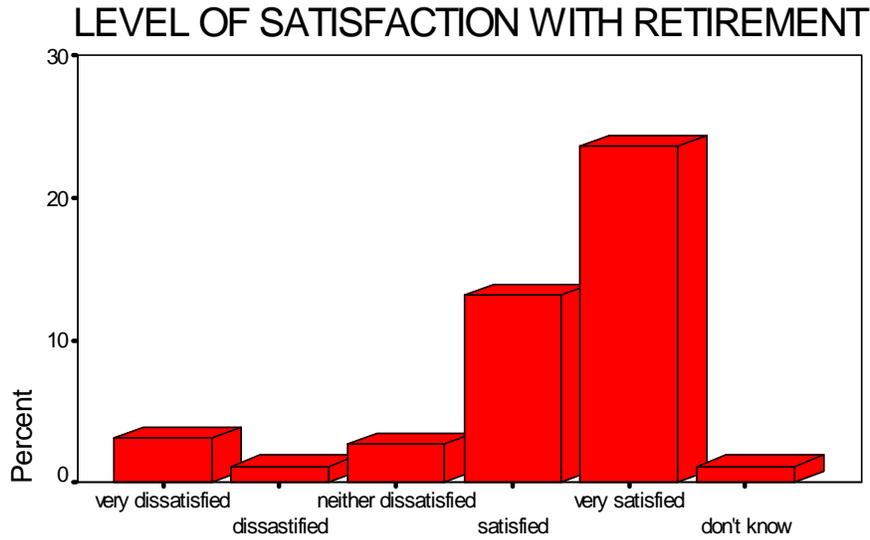
Those retired, including the partly retired, were asked to rate the level of importance they placed upon some reasons people retire, as it pertains to them. They were given a Likert scale with a score of 1, meaning that it is very important, 2, being moderately important, 3, somewhat important, and 4, not important at all. Table 6 displays the results.

Table 6: Reasons Some People Retire Response

<b>Reason</b>	<b>Rating</b>
Poor health.	3.4
The health of other family members.	3.6
Wanted to do other things.	2.7
Didn't like the work.	3.6
Didn't get along with the boss.	3.7
Didn't need to work, had enough income.	3.1
Couldn't find any work.	4.0
My work was not appreciated.	3.8
My (spouse/partner) was about to retire.	3.7
Employer policy toward older workers.	3.7

The reasons "wanted to do other things" and "didn't need to work, had enough income" came close to being important. "Couldn't find any work" and "my work was not appreciated" was not important at all. Those retired were asked to give another reason for retirement that was important to them. Reaching retirement age and being ready were the predominant responses. Forty percent attended meetings on retirement or retirement planning sponsored by their employer. Figure 14 shows a breakdown of the level of retirement satisfaction.

Figure 14



Eighty-two percent of the respondents reported being satisfied with retirement.

Another set of questions was asked the retired regarding things that are good about retirement as it pertains to them. They were given a Likert scale with a score of 1, meaning that it is very important, 2, being moderately important, 3, somewhat important, and 4, not important at all. Table 7 displays the results.

Table 7: Things that are Good about Retirement Response

<b>Good about Retirement</b>	<b>Rating</b>
Being your own boss.	2.7
Lack of pressure.	2.2
Being able to take it easy.	2.2
Having more time with (spouse/partner).	2.3
Spending more time with children.	2.5
Spending more time on hobbies or sports.	2.5
Having more time for volunteer work such as church, civic organizations, etc.	2.6
Having the chance to travel.	2.4

All the items were rated as being at least moderately important with being your own boss being the most important. When asked to provide an example of something that is good about retirement, having the freedom to do what I want was the most frequent response among the retired respondents.

A third set of questions was posed dealing with concerns about retirement. Using a Likert scale with a selection of 1, meaning a lot, 2, meaning somewhat,

3, a little, and 4, not at all, respondents were asked to rate their selection. Table 8 shows the results.

Table 8: Concerns about Retirement Response

<b><u>Concern about Retirement</u></b>	<b><u>Response</u></b>
Being bored, having too much time on your hands.	3.5
Not doing anything productive or useful.	3.5
Missing people you worked with.	3.2
Illness or disability.	3.1
Concern about health care costs.	2.5
Not having enough income to get by.	3.0
Inflation and the cost of living.	2.5

Concern about health care costs and the cost of living represent areas of most concern to the sample. Being bored and not doing anything productive are the least concern. Increasing property tax and maintaining quality of life headed the examples given by the sample when asked what concerned them about retirement.

### **Not Retired Responses**

The majority of those who have not retired said that they thought somewhat to a lot about retirement (78%). When asked at what age they planned to retire, the average age was 62. Twenty three percent said they would retire at 55 years, 15% selected 60 and twenty-seven percent said they would retire at age 65. When asked if they plan to move to a different location when retired, 53% planned to remain in their present home, 9% preferred another location in Anchorage, 7% a different location in Alaska and 11% planned to move outside of Alaska. Seventy percent were looking forward to retirement.

The group was asked to respond to things people say are good about retirement as it pertains to their own projected thoughts. They were given a Likert scale with a score of 1, meaning that it is very important, 2, being moderately important, 3, somewhat important, and 4, not important at all. Table 9 displays the results.

Table 9: Things that are Good about Retirement Response

<b>Good about Retirement</b>	<b>Rating</b>
Being your own boss.	1.6
Lack of pressure.	1.8
Being able to take it easy.	2.2
Having more time with (spouse/partner).	1.8
Spending more time with children.	2.1
Spending more time on hobbies or sports.	1.8
Having more time for volunteer work such as church, civic organizations, etc.	2.2
Having the chance to travel.	1.8

Being your own boss was rated the most important. It is interesting to note that the non-retired rated these as being more important than the retired. Having time for myself, freedom, and learning new skills were frequently mentioned by the respondents when asked to offer what they think will be good about retirement.

Another set of questions was posed dealing with concerns about retirement. Using a Likert scale with a selection of 1, meaning a lot, 2, meaning somewhat, 3, a little, and 4, not at all, respondents were asked to rate their selection. Table 10 shows the results.

Table 10: Concerns about Retirement Response

<b>Concern about Retirement</b>	<b>Response</b>
Being bored, having too much time on your hands.	3.4
Not doing anything productive or useful.	3.2
Missing people you worked with.	2.8
Illness or disability.	2.2
Concern about health care costs.	2.0
Not having enough income to get by.	2.5
Inflation and the cost of living.	2.2

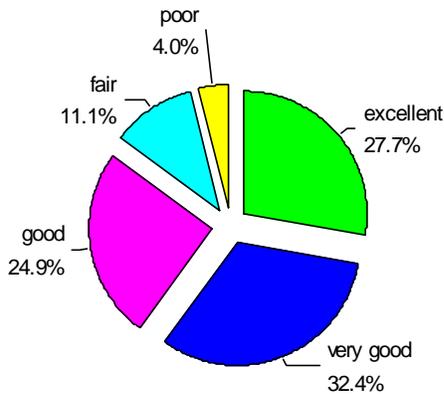
Concern about health care costs, the cost of living and experiencing an illness or disability represent the most concern and being bored and not doing anything productive the least concern. The non-retired voiced more concern about these areas than the retired did. Health concerns, adequate transportation, and spouse maintaining health were frequently mentioned when the respondents were asked about their own personal thoughts. Living standards were expected to stay about the same or decline somewhat after retirement. Seventy-three percent wanted to do some paid work after retirement compared to 17% who want to stop work entirely.

## Health Status

Figure 15 depicts the health status of the respondents. Eighty-five percent report good to excellent health.

Figure 15

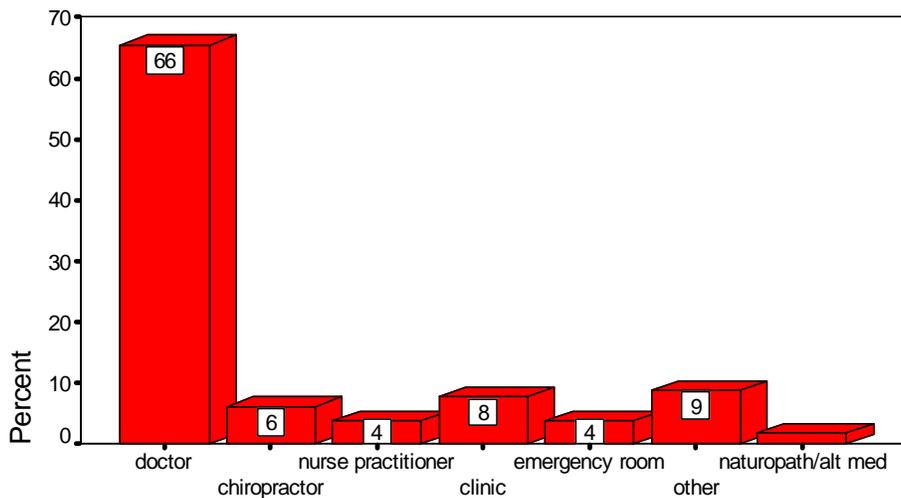
### HEALTH STATUS



Compared to one year ago, 64% said their health was about the same, 24% that it was better, and 12% reported worse health. Emotional health was good to excellent for 84% and fair to poor for 15%. Figure 16 gives the distribution of health care professionals identified by the respondent as the primary care provider. Doctors are seen by 66%.

Figure 16

### HEALTH CARE PROVIDER



The amount of visits to the primary care provider, over a year, averaged 5.5 with a median of 3 visits. Table 11 is a listing of the percentage of chronic illness reported. Up to three chronic illnesses were recorded for each person.

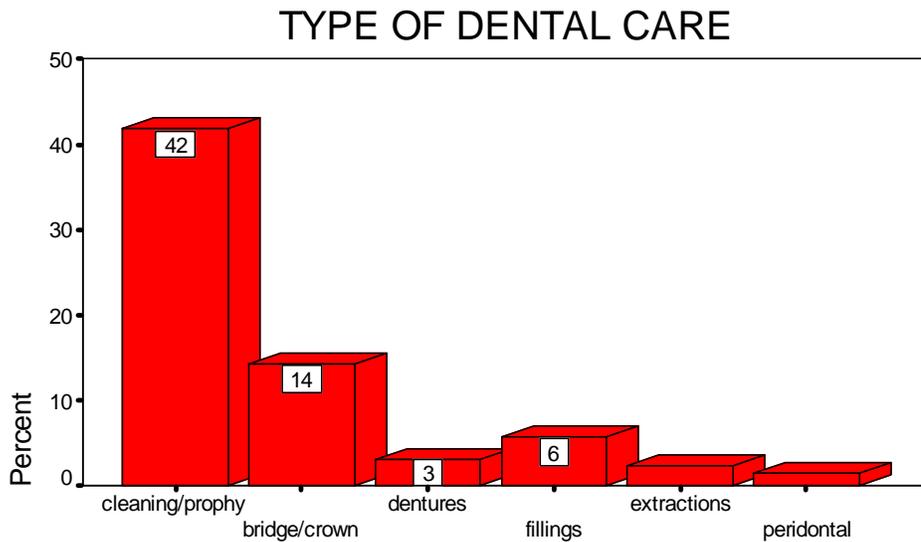
Table 11: Chronic Illnesses

<b>Chronic Illness</b>	<b>Percentage</b>
ALLERGIES	35%
ALZHEIMER'S	1%
ARTHRITIS	43%
CANCER	10%
DENTAL IMPAIRMENT	16%
DEPRESSION	13%
DIABETES	16%
DIMENTIA (NON-ALZHEIMER'S)	1%
HEARING IMPAIRMENT	26%
HEART DISEASE	18%
HYPERTENTION	28%
KIDNEY ILLNESS	0%
ORTHOPEDIC IMPAIRMENT	21%
OSTEOPOROSIS	10%
PERSISTANT PAIN	11%
PULMONARY IMPAIRMENT	9%
STROKE COMPLICATIONS	1%
VISUAL IMPAIRMENT	36%

Arthritis is the highest of the chronic illnesses reported at 43%, followed by visual impairment (36%), and allergies (35%). Kidney illness, stroke complications, and dementia are one percent or less. A serious illness in the last year was reported by 16%. Respiratory problems, cancer, and digestive problems were the major causes. Serious accidents were experienced by 6% resulting primarily in broken bones. Hospitalization for an average of five days happened to 14%. Two people were in long term care, one for 14 days and the other for three months.

When asked: "Have you been bed-ridden at home in the last year?", 10% said they had for an average of 20 days and a median of 10 days. Seventy-three percent visited a dentist over a year's time. Figure 17 provides a breakdown of the type of care received.

Figure 17



Cleaning was the most frequent treatment (42%) followed by bridge and crown work (14%).

Sixty-three percent reported taking at least one prescription drug at the time of the interview. Taking three or more drugs accounted for 28% of the sample. The majority was associated with the chronic illnesses identified. Sixty-one percent also were using over-the-counter medicine. Three or more were used by 25%. Aches and pain, allergies, and heart disease were the primary complaints.

Respondents were asked to identify the level of difficulty they experience performing a physical activity. Table 12 shows the activity and the level of difficulty experienced. A Likert scale was used with a 1, being not at all difficult, 2, a little difficult, 3, somewhat difficult, 4, very difficult, and 5, unable to do.

Table 12: Level of Difficult with Physical Activity

Physical Activity	Level of Difficulty
Walk, run or jog about a mile.	2.0
Walk from room to room.	1.1
Get in and out of bed without help.	1.1
Lift or carry weights over 10 pounds, like a heavy bag of groceries or laundry.	1.5
Dress without help.	1.0
<b>Go out shopping.</b>	1.2

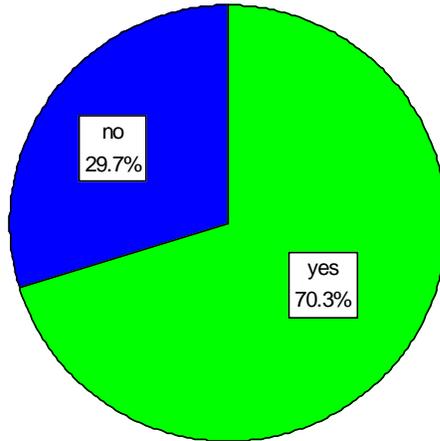
Walk, run, or jog about a mile was from a little difficult to unable to do for 46%. The rest of the activities were relatively easy for the majority to perform.

Twenty percent said that they use tobacco products with cigarettes being the most common (17%). An average of 11 cigarettes were smoked a day.

Figure 18 represent the percentage of respondents who drink alcoholic beverages.

Figure 18

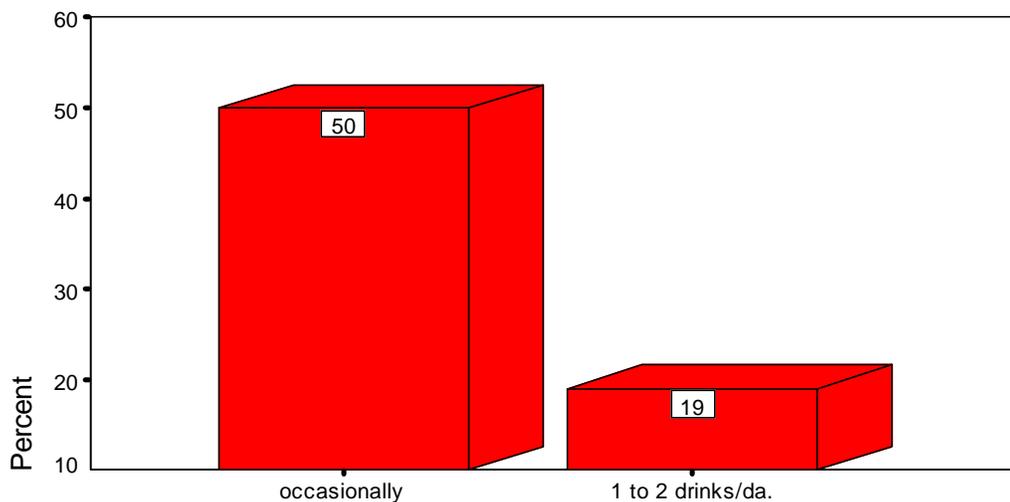
### DO YOU DRINK ALCOHOLIC BEVERAGES



Seventy percent reported that they drink alcohol. Figure 19 depicts the level of frequency.

Figure 19

### FREQUENCY OF DRINKING ALCOHOL

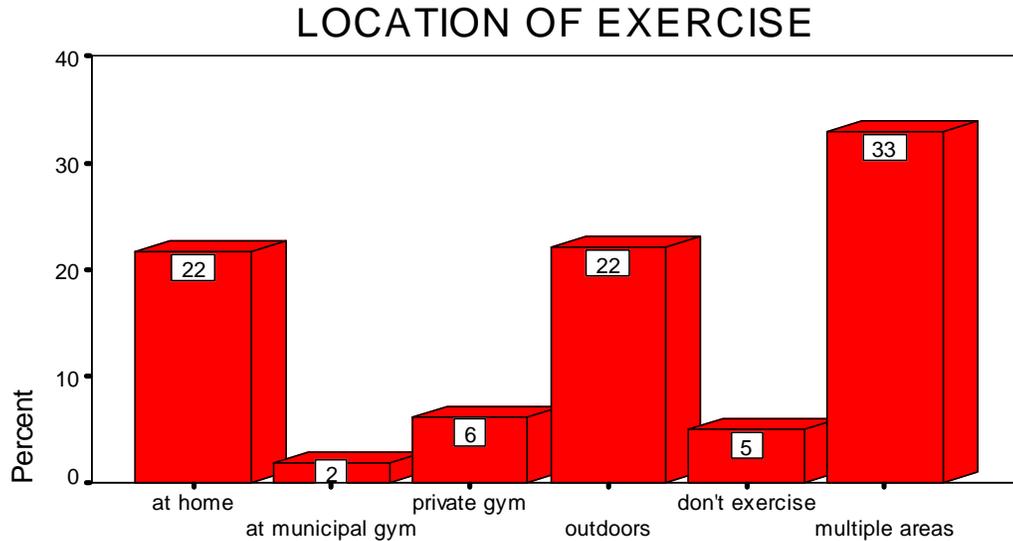


Twenty percent felt that they should cut down on their level of drinking and 10% reported that people have criticized their drinking.

### Exercise and Nutrition

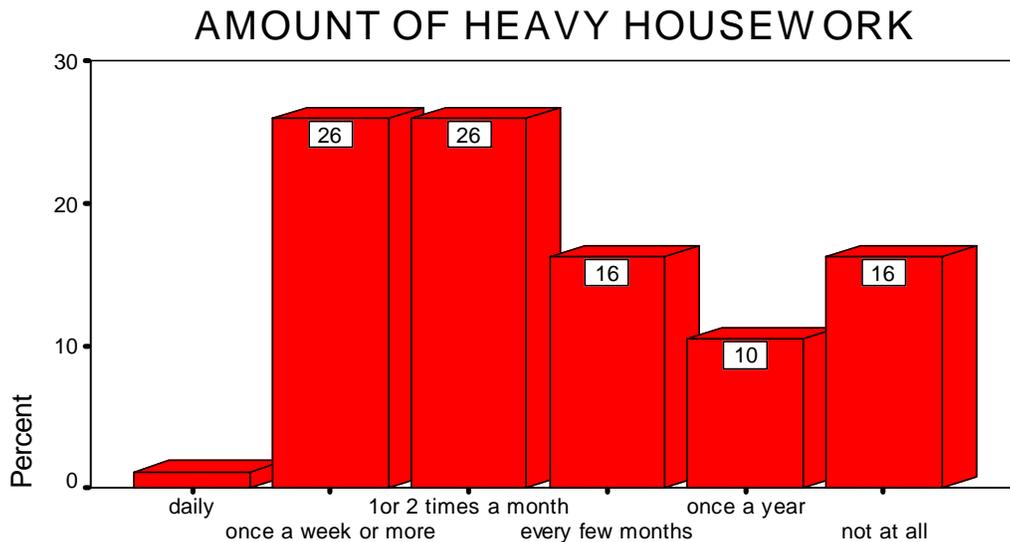
Figure 20 is a representation of the location respondents mentioned where they go to exercise. At home (22%) and outdoors (23%) were the most frequently mentioned.

Figure 20



Light physical activity, such as walking, dancing, gardening, golfing, and bowling were performed by 87% at least once a week or more. Vigorous physical exercise such as aerobics, weight lifting, running, swimming, or bicycling occurred once a week or more for 43%. Thirty percent did not participate in this kind of exercise. Figure 21 depicts the amount of heavy housework like scrubbing floors or washing windows done by the sample.

Figure 21



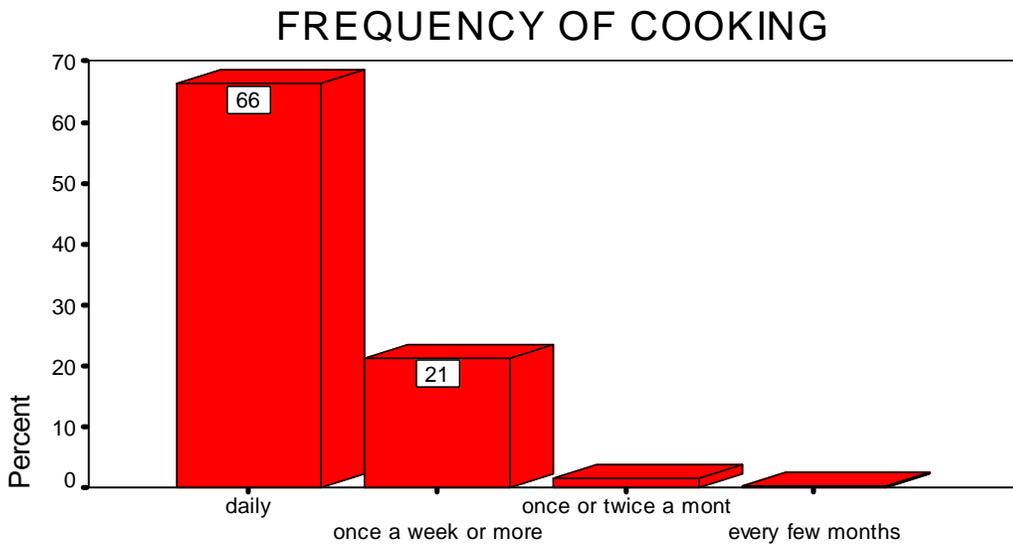
Fifty-five percent do this at least one or two times a month. Sixteen percent said not at all. Table 13 lists, in order of frequency mentioned, the major exercise resources respondents wish to be available in Anchorage.

Table 13 Recommended Exercise Resources

More free or affordable gyms closer to home.
More swimming pools closer to home.
More bicycle and ski trails in other parts of the city.
More indoor winter facilities.
A gym for seniors and segregated by gender if desired.
Accessible sidewalks for walking.

Nutrition questions first asked how often a person does his or her own cooking. Eighty-six percent said that they do and Figure 22 denotes the frequency.

Figure 22



Eighty-seven percent are cooking once a week or more. Paying attention to the types and quantities of food eaten is a concern for 91%. Table 14 represents what is emphasized.

Table 14: Nutritional Emphasis

Diet	Percent of Respondents
Fruits and vegetables	27%
Low fat and low cholesterol	24%
Counting calories	15%
Low fat and high fiber	14%
Low sugar	9%
Low salt	4%
Avoid red meat	4%
Vegetarian	3%

Fruits and vegetables (27%) were the most popular followed by a low fat and cholesterol diet, counting calories, and low fat and high fiber. Ask what nutritional resources would help, the majority wanted some form of nutritional counseling or education. Other popular suggestions were fresh fruits and vegetables at lower cost, and affordable vitamins.

### **Health, Life, and Long Term Care Insurance**

Table 15, represents a breakdown of the various kinds of health insurance coverage.

Table 15: Health Insurance Coverage

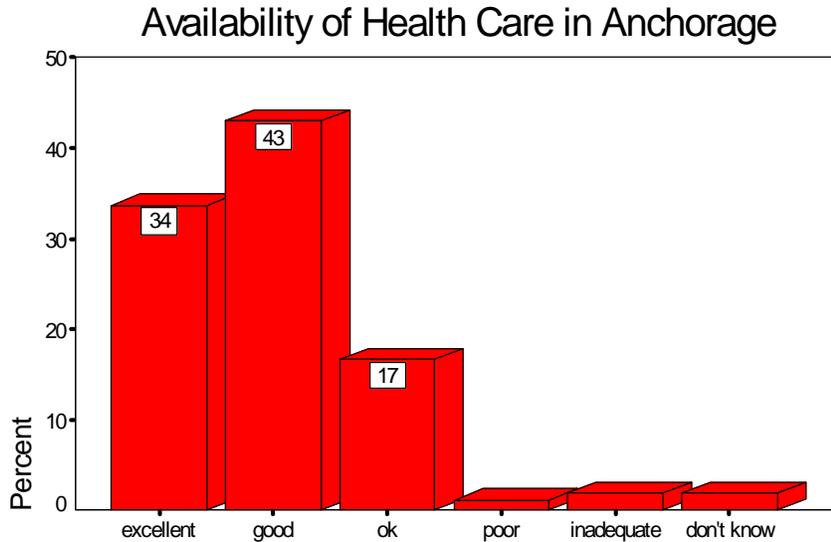
Health Insurance	Respondent Percentage
No health insurance	4%
Federal insurance for retired workers	5%
Indian Health Service	12%
Long term care insurance	3%
Medicare	19%
Medicaid	4%
Military insurance	4%
Private insurance provided by employer	32%
Private insurance purchased as an individual	17%
Veterans Affairs	2%

The largest percentage of insurance is private insurance provided by an employer. This is followed by Medicare, private insurance purchased as an individual, and Indian Health Service. Four percent had no health insurance and only 3% had long term care insurance. Of those having Medicare, 21 percent or one in five reported being turned down by a health care provider for medical services. Over half of all those covered, reported experiencing health care billing problems.

In terms of life insurance, 70% reported having either an individual or group policy. A durable power of attorney, living will, or advanced directive for health care was held by 46% of the sample.

Figure 23 evaluates the availability of health care in Anchorage.

Figure 23



Seventy-seven report the availability good to excellent. Table 16 identifies the response to the question “What would improve health care in Anchorage?”

Table 16: Recommendations to Improve Health Care

Responses	Percentage of Respondents
Affordable care	18%
Better accessibility	12%
More resources	12%
Higher standards for physicians	10%
More specialists	10%
Satisfied	8%
Insurance reform	8%
Don't know	7%
Affordable health insurance	5%
More physicians accept Medicare	3%
Improve Dr./Patient relationship	3%
Improve emergency room	2%
Low cost dental care	2%
Eliminate having to go outside Alaska for services	1%

Affordable care was the most frequently mentioned followed by better accessibility and more resources. In terms of physicians, higher standards, more specialists, and improving the doctor and patient relationship was mentioned.

## **Opinion Profile**

A fourteen-item opinion profile was submitted to the respondents asking them to respond with either a yes or no answer. Table 17 presents the question and then the percentage of yes and no responses.

Table 17: Opinion Profile

<b>Question</b>	<b>Yes</b>	<b>No</b>
There are many services available to senior citizens in the Municipality.	87%	8%
I have very little difficulty caring for myself.	90%	10%
I have very little difficulty caring for others.	84%	16%
I have a satisfactory social life.	89%	11%
All things considered, I am satisfied with my state of physical health.	83%	17%
I am satisfied with my living situation.	94%	6%
I am satisfied with the relationship I have with my spouse/partner	96%	4%
I am satisfied with the relationship I have with my children.	93%	7%
I am satisfied with the relationship I have with my friends and/or other relatives.	97%	3%
Members of my family come to me for emotional support.	80%	20%
Members of my family are good at helping me solve problems.	73%	26%
I am optimistic about the future.	91%	8%
I have someone that I can freely talk with about anything I choose.	91%	9%
I am satisfied with the spiritual side of my life.	92%	8%

Each question was answered in the affirmative by a large majority of respondents. The only two questions receiving a no response over 20 % were “Members of my family are good at helping me solve problems” where one in four answered no. The other question, was “members of my family come to me for emotional support”, and one in five answered no.

## **Social Activities**

Table 18 depicts the selection of social activities of the respondent. Visiting family and friends are the overwhelming favorite activity representing 45%.

Table 18: Preferred Social Activities

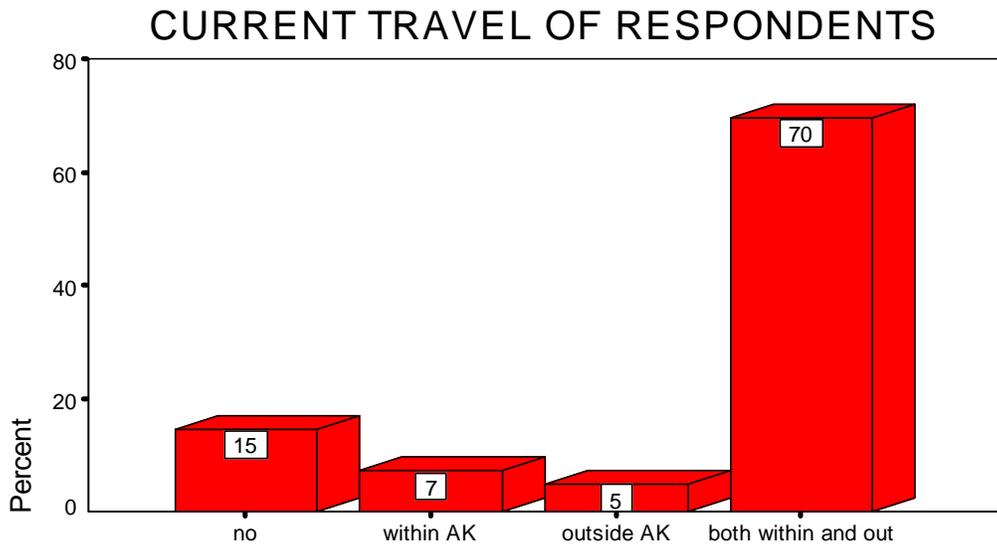
Activity	Percentage of Response
Visiting friends and family	45%
Sports	13%
Movies, plays, and concerts	12%
Volunteering	8%
Hobbies	6%
Gardening	6%
Gaming	2%
Religious	2%
Pet related	1%
Other	4%

Sports and then movies, plays, and concerts follow this.

In terms of continuing education, 61% of the respondents said that they do not participate. Of those that do, 9% participated in the Anchorage School District Community School program, six percent in religious programs, and 5% took business courses. When asked of future interest in continuing education, 67% said they were interested. Thirty-three percent plan to take community school programs, 15% want to take university courses and another 4% wish to pursue hobby programs.

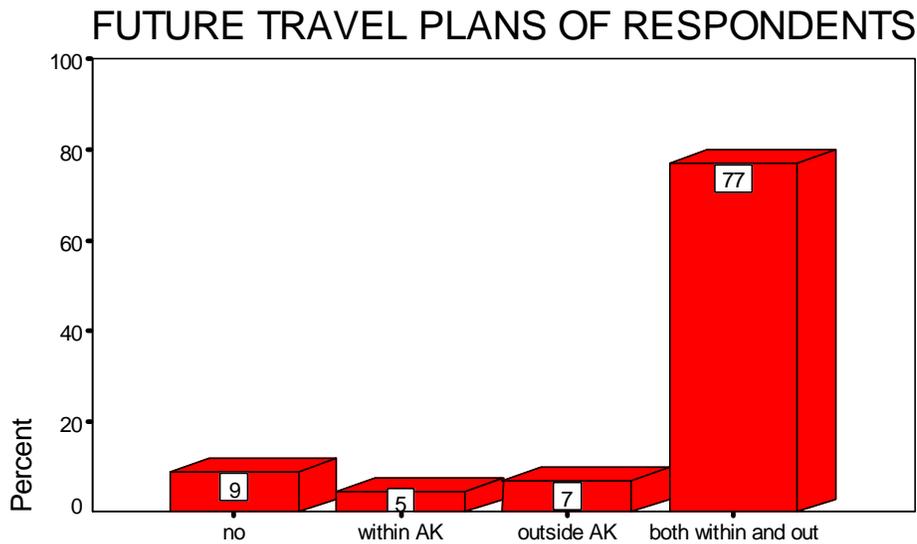
Figure 24 designates current travel behavior.

Figure 24



Eighty-five percent travel. The overwhelming choice of travel is both within and outside Alaska (70%). Fifteen percent prefer not to travel. In regard to future travel plans as shown in Figure 25, the percentage increases to 91% with nine percent preferring not to travel.

Figure 25



When asked about the number of people outside of Alaska that come to visit, 37% reported somewhat to a lot and 43% said a little. Twelve percent do not have visitors from outside.

Table 19 lists nine, social activity questions asked of the respondents requiring a yes or no answer. Table 19 presents the question and then the percentage of yes and no responses.

Table 19: Response to Social Activity Questions

Question	Yes	No
Do you leave home to visit friends or relatives?	96%	4%
Do you attend church or participate in a spiritual activity?	62%	38%
Do you participate in a hobby-like activity away from home?	65%	35%
Do you attend public entertainment such as movies, concerts, and fairs?	89%	12%
Do you attend educational events?	74%	26%
Do you regularly vote in an election?	96%	4%
Do you go on vacation?	83%	17%
Do you belong to associations, clubs, or organizations?	75%	25%
Do you volunteer your time to any groups or individuals?	73%	28%

The most popular activities were visiting friends and relatives and voting regularly in an election. Although a majority, not as many attended church or a spiritual activity and participated in a hobby like activity away from home. Twenty eight

percent did not engage in volunteer activity. Of those not volunteering, half said they would be interested. When asked their preferences regarding the kind of volunteer activity, their response is listed in Table 20.

Table 20: Preferences for Volunteer Activity

Activity	Percentage
Social service organization	17
Child related	15
Church/Spiritual	13
Elder related	8
Civic Organization	7
Literacy tutor	7
Recreational	7
Health related	5
Hobby related	5
Community activities	4
Fraternal organizations	4
Teaching skills	3
Environmental related	3
Pet related	3
Public service	3

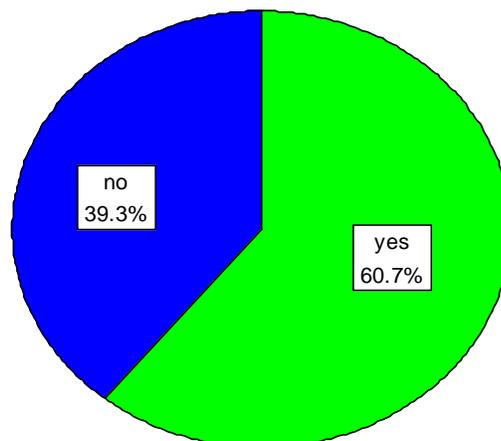
Volunteering in social service organizations was the highest percentage, followed by child related and church/spiritual volunteer activities.

### Pets

The subject of pets involved three questions posed to the sample. Figure 26 demonstrates pet ownership.

Figure 26

### PET OWNERSHIP



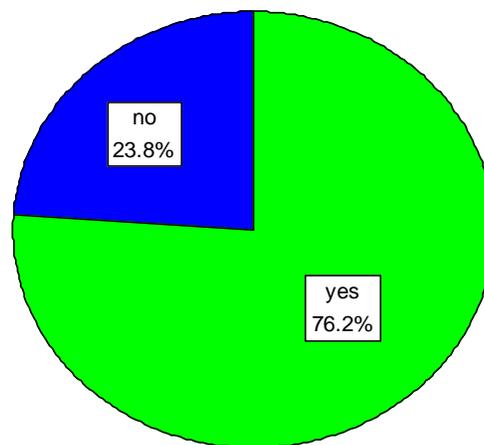
Sixty-one percent own a pet, the majority of whom had a dog (33%). Thirteen percent owned a cat. Ownership of multiple dogs, multiple cats, and multiple dogs and cats each were 12%. Of the 39 percent who did not own a pet, 30% said that they would like pet ownership. The major barrier was housing rules, followed by expense, and other household members not preferring pets.

### Computers

The percentage of respondents that own a computer is displayed in Figure 27.

Figure 27

### USE OF A COMPUTER



Of the 76% that use a computer, Table 21 lists the activity and percentage.

Table 21: Computer Activity by Respondent Percentage

Activity	Percentage
Business only	6%
E-mail only	2%
Internet only	1%
Personal use at home	20%
Both business and personal use	69%
Other use	1%

The use of the computer at work and home is favored by 69%. Personal use only was selected by 20%.

### Predictions

The sample was asked to prognosticate regarding four situations. The first question was if the respondent was not yet 65, whether he or she will be

working full time after reaching 65. Over half said that they would not be working. The remainder gave varying percentages of it happening. The next largest percentage was a 50 percent chance.

When asked if their health will limit work activity in the next 10 years, 21% said that it absolutely would not. Seventeen percent said that it absolutely would limit their work activity. The majority tended to lean toward thinking their health would not impair their work (68%). The next question had to do with longevity. Respondents were asked their chances of living to 85 years of age or more. Thirty-three percent responded that they are absolutely sure they will live at least that long. Ten percent thought they would not make the age. More tended to lean toward living to 85 and beyond (57%).

The last question inquired if the respondent will ever have to move to an assisted living facility or nursing home. Twenty percent said absolutely not. Only 3 percent thought that it would be inevitable. Thirty-two percent sat on the fence at 50%. Twenty-two percent leaned toward having to move into one or the other.

### **Final Open-Ended Questions**

The sample was asked to identify what were the major assets Anchorage has that support successful living. Table 22 summarizes the more popular contributions.

Table 22: Anchorage Assets for Successful Living

<b>Assets</b>	<b>Percentage of Response</b>
Recreation activities	14%
Senior benefits and programs	12%
Work and business environment	10%
Lifestyle and pace of life	9%
Cultural activities	9%
Trail system	8%
Friendly people and their diversity	8%
Beauty of surroundings	5%
Social services	5%
Safety and low crime	4%
Weather and climate	4%
Transportation	4%
Schools	4%
Health care	3%
Senior Center	3%

Anchorage’s recreation activities received the most number of responses. Senior benefits and programs and then work and business environment followed this.

Fifteen major concerns were shared regarding the respondent’s aging in Anchorage. Table 23 cites the concerns by their level of priority.

Table 23: Concerns Regarding the Respondent’s Aging in Anchorage

<b>Concerns</b>	<b>Percentage of Response</b>
Climate and cold weather	15%
Lack of sidewalks and snow removal	14%
Public transportation	13%
Road maintenance	11%
Health care costs	8%
Cost of living	6%
Medical and dental care availability	5%
Loss of senior tax breaks	4%
Housing concerns	4%
Isolation and inability to care for self	4%
Loneliness	3%
Discrimination toward seniors	2%
Safety and crime	2%
Failing health	2%
Health care provider not accepting Medicare	1%

Anchorage's climate and cold weather rises as the number one concern of 15% of those who were interviewed. Closely following is the lack of sidewalks and snow removal and public transportation.

An additional 15 items were selected in response to the last question of the survey. It asked the interviewee what he or she would like to see expanded, developed, or created that will enhance their living in Anchorage. Table 24 lays out these recommendations.

Table 24: Recommendations to Enhance Living

<b>Recommendations</b>	<b>Percentage of Response</b>
Improved public transportation	26
Establishment of sidewalks	13
Programs and facilities for seniors	10
Trails and park development	9
Improved road maintenance and snow removal	9
Better and low cost housing options	9
Development of year round recreation	5
Affordable medical and dental care	4
Availability of medical and dental care	4
Senior benefits and tax breaks	4
School development	2
Economic development	1
Improved government	1
Reduction of crime and better enforcement	1
Reduce the property tax	1

One out of every 5 people responding to the interview selected improving public transportation. Establishment of sidewalks and programs and facilities for seniors completed the top three.

## **Discussion**

This survey represents the contributions of 258 Anchorage residents who freely volunteered to be interviewed after receiving an invitation letter with the first sentence reading: "We need your help providing us with valuable information resulting in the promotion of successful living for all people living in the Municipality of Anchorage." After agreeing to help, they each sat down with two volunteer interviewers for approximately an hour and provided the information summarized in this report. The project's fifty volunteers were highly enthusiastic throughout the entire process. They reported the interview session as being highly positive and expressed warm personal regard for those who volunteered to be interviewed. The entire process served to raise the consciousness level of all involved, and to ponder living in Anchorage and what it holds. Looking to the future was also a common occurrence, particularly in the light of our approaching a new millennium heralded as "Y2K" and the "Anchorage 2020" plan being discussed in the media. In addition, the promise of increased longevity and the possibility that "retirement years" may represent one-third of a person's life brought everyone together to join in an effort that may impact our future. Everyone who was involved, wanted to make a difference in what is happening and will happen in Anchorage.

An important question to address, is how representative the 228 informants are of people living in the Municipality?. What is a given is that new information exists where previously there was a void. The 258 respondents come close to being representative of resident's 45 years of age and older who live in the Municipality of Anchorage, with one major exception. That being, they do not reflect the racial and ethnic percentages of the current Anchorage population. In order to achieve this, it would have been necessary to design a sampling plan specifically targeting racial and ethnic groups and obtaining volunteers to be interviewed that would meet the desired percentages. This was viewed by the project manager as being very time consuming and a departure from using a random sampling model. Ideally, if a random sampling model automatically achieves the desired racial and ethnic percentages, it is the best approach to use. Realistically it will not happen for a number of reasons. One is that participation in studies similar to this one often results in fewer of the so-called minority groups being involved. This was our experience in earlier activities of the project, despite attempts to obtain more diversity. The participation of non-Caucasians in this survey did occur as reflected in the results of this survey reported earlier. Their numbers, however, are unfortunately small. More efforts are needed to design strategies that will obtain better representation. All things considered this study comes close to obtaining "representiveness" of residents 45 years of age and older.

The results show, that for the majority of the respondents, life in Anchorage is a good experience, and may be reflected in their desire to stay and “age in place”. They are educated, experience economic security, have satisfying social relationships, provide support to others, and are quite active in the community. The majority has lived here a long time and plans to remain here. They are satisfied with where they live, like the neighborhood and spend time with family and friends. Use of social services has been minimal. For those who have retired, their experience is satisfying. There are some concerns about the cost of living, health care costs in particular, increasing taxes and maintaining quality of life. Those who have yet to retire, plan to retire early but wish to remain partially in the workforce and active. Financial planning for the future is evident and attorneys are consulted for this purpose. The retired expressed less concern than the non-retired in looking to the future did.

A smaller portion of the sample is not doing as well. Fourteen percent said that they were financially worse off than two years ago. Many do not have people to help them out should a financial emergency arise. Not being satisfied with their living situation nor feeling safe in their neighborhood was reported. A few were very unsatisfied with retirement, 13% suffer from depression and 20% want to cut down on their level of drinking. There were 21% who reported living by themselves. While not all of these people are experiencing difficulty, some members of this group may be more at risk by not having a support group, particularly those with no relatives in Alaska (54%).

Having access to health care is a major concern and was evident in many of the recommendations made. Present health status is good for most, with health care available and insurance to pay for it. Dentists are seen regularly. Chronic illness is present with arthritis, allergies, and visual impairment affecting over a third of the sample. Both prescription and over-the-counter drugs are used in response to these illnesses with well over half currently taking medication, which seems high.

Anchorage affords an active lifestyle and the respondents are physically active. The desire for improved quality of life was most evident. For most, basic needs are well met and now is the time to move beyond these. Ease of getting around Anchorage in all seasons, more opportunity to travel, learn, and invest in the community is desired. Emerging from a number of questions is the desire to maintain and preserve what exists and move forward. Recommendations for municipal intervention involves bettering what now exists such as sidewalks, transportation, snow removal, recreation, safety. Tax breaks must be preserved and reducing taxes is imperative. Affordable and low cost were words frequently used in recommending services and goods. Health delivery systems need to become better. Anticipating long term care needs was not evident and few (3%) have long term care insurance.

The people who were interviewed are representative of older people in Anchorage. They are an asset to their community in many ways. They provide wisdom, stability, own homes, and contribute to the economy both financially and in volunteer capacities. They have forged a lifetime of social relationships, remain very active and have an investment in making Anchorage a better place

in which to live. Aging in place and seeking a high quality of life is their goal. They are concerned regarding the future in terms of maintaining what they have gained and view rising health care and living costs as a threat. Other concerns are increased taxes and losing senior benefits that may be a major determiner regarding whether they will be able to continue to live in Anchorage. A vital and growing community must recognize the value of its elders, engage them in a full and active life, seek their valuable contributions and investments in community life and most importantly retain them as residents their entire life by providing a safe, secure, and supporting environment where they may fully realize their potential.

## Appendix A

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### **Anchorage Senior Citizens Advisory Commission Senior Study Forum**

**Welcome to this community forum!** We wish to hear from you regarding “aging in Anchorage”, such as what you feel is important and what you would like, in order to age successfully. The information you provide will be most useful in planning for the future.

Please take a few minutes now, and respond to the following questions:

**Please circle your responses.**

1. Please circle your age group.

**18 and under      19-34      35-55      56-65      66-75      76  
and over**

2. I am involved in providing care giving to a senior.      **Yes      No**

3. I plan to continue to live in Anchorage as I age.      **Yes    No    Not sure**

4. What is your overall level of preparedness for retirement?

**Excellent    Good    OK    Not Good    Poor    Don't Know**

5. What is your level of satisfaction regarding health care in Anchorage?

**very satisfied    satisfied    OK    not satisfied    very dissatisfied    don't  
know**

6. How familiar are you with the availability of programs for seniors in Anchorage?

**very familiar    familiar    some knowledge    not familiar    know nothing**

7. Of the twelve (12) subject areas listed on the sheet describing the senior study, please list the top three you feel are most important.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

8. How do you feel the majority of people in Anchorage view seniors?

**very highly   highly   neutral   unfavorable   very unfavorable**

**(please turn over the page for a few more questions)**

9. Please list the number one challenge facing people as they age.

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10. What do you recommend to improve successful living in Anchorage?

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11. Other comments and/or suggestions:

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**Thank you very much for completing this questionnaire !!!**

## Appendix B

# **SENIOR VOICE READERSHIP SURVEY**

### **Opportunity to win \$100**

Dear Reader of Senior Voice,

The Anchorage Senior Citizens Advisory Commission is very interested in your completing this questionnaire. The information you provide is most important to our yearlong study of seniors and seniors to be. We are gathering a variety of information from a number of sources. Our major task is to determine what people of all age groups, all ethnic backgrounds, all economic strata, and all walks of life, from the physically active to the frail, think they will need to define and maintain an acceptable standard of living and lifestyle, in the future. Findings will be presented in a final report in which public policy options and recommendations will be made, and potential public and private development opportunities will be suggested.

Please take a few minutes of your time to complete this questionnaire. It will be completely anonymous. Your name will not be linked to your responses. We will report the findings as a group response.

If you complete the questionnaire and submit it to us, we are offering you the opportunity to win \$100 as a partial thank you. If you wish to participate in the drawing, please fill out the form on the back of this questionnaire. We will separate your name and address from the questionnaire and place it in a raffle box. If we draw your name from the raffle box, we will send you a check, in your name, for \$100.

When you are finished, please fold the questionnaire so that the return address is on the outside and either staple the edges or use scotch tape and mail it back to us. There is no need for you to use a stamp, we will pay the postage.

Sincerely yours, Anchorage Senior Citizens Advisory Commission

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### **Senior Voice Readership Survey**

**Please blacken the circled number next to your answer using a pen or pencil**

Example ①    ②    ●    ④    ⑤

1. Age:            ① 18 and under    ② 19-34    ③ 35-55    ④ 56-65    ⑤ 66-75    ⑥ 76-85    ⑦ 86 and over

2. Sex:            ① Female            ② Male

3. Marital Status:    ① Married            ② Single            ③ Widowed

4. Race/Ethnicity    ① African American  
                          ② Alaska Native/Native American  
                          ③ Asian/Pacific Islander  
                          ④ Caucasian  
                          ⑤ Hispanic/Latino  
                          ⑥ Other \_\_\_\_\_

5. Number of relatives in Alaska: (write in number) \_\_\_\_\_

6. Years lived in Alaska: (write in number) \_\_\_\_\_

7. Number of people in household under 65 years: (write in number) \_\_\_\_\_

8. Number of people in household 65 years and older: (write in number) \_\_\_\_\_

9. Your postal zip code: (write in 5-digit number)    \_ \_ \_ \_ \_

10. Employment Status

- |                        |                           |                 |
|------------------------|---------------------------|-----------------|
| ① Retired<br>part-time | ② Retired and employed    | ⑦ Self-employed |
| ③ Employed full-time   | ④ Employed part-time      |                 |
| ⑤ Unemployed           | ⑥ Self-employed full-time |                 |

11. Your household income:

- |                        |                        |
|------------------------|------------------------|
| ① \$1 to \$9,999       | ⑥ \$50,000 to \$59,999 |
| ② \$10,000 to \$19,999 | ⑦ \$60,000 to \$69,999 |
| ③ \$20,000 to \$29,999 | ⑧ \$70,000 to \$79,999 |
| ④ \$30,000 to \$39,999 | ⑨ \$80,000 to \$99,999 |
| ⑤ \$40,000 to \$49,999 | ⑩ \$100,000 or more    |

12. In which of the following programs do you participate? (blacken all that apply)

- |                                |  |
|--------------------------------|--|
| ① Public Retirement            | ⑨ Renters Rebate                       |
| ② Private Retirement           | ⑩ Food Stamps                          |
| ③ Social Security Retirement   | 11 Energy Assistance Program           |
| ④ Social Security Disability   | 12 Alaska Public Assistance            |
| ⑤ Supplemental Security Income | 13 Alaska Temporary Assistance Program |
| ⑥ Permanent Fund Dividend      |  |
| ⑦ Longevity Bonus              |  |
| ⑧ Property Tax Exemption       |  |

13. What percent of your annual income do you spend in Alaska?

- |            |              |              |
|------------|--------------|--------------|
| ① 0 to 19% | ③ 40% to 59% | ⑤ 80% to 99% |
| ② 20%-39%  | ④ 60% to 79% | ⑥ 100%       |

14. What is your housing situation?

- |                    |                                  |                           |
|--------------------|----------------------------------|---------------------------|
| ① Live in own home | ⑤ Group home                     | ⑨ Live with family member |
| ② Rent home/condo  | ⑥ Senior independent housing     | ⑩ Other:                  |
| ③ Rent apartment   | ⑦ Senior assisted living housing |                           |
| ④ Boarding home    | ⑧ Nursing home                   |                           |

15. How satisfied are you with your housing?

- ① Very satisfied
- ② Satisfied
- ③ Somewhat satisfied
- ④ Not very satisfied
- ⑤ Not satisfied at all

16. Where have you or where do you plan to retire?

- ① Where I am now living
- ② Kenai Peninsula
- ③ Outside of Alaska
- ④ Anchorage
- ⑤ Fairbanks
- ⑥ Mat-Su Valley
- ⑦ Juneau
- ⑧ Other: \_\_\_\_\_

17. What is your overall level of preparedness for retirement?

- ① Excellent
- ② Good
- ③ OK
- ④ Not Good
- ⑤ Poor
- ⑥ Don't Know

18. If you have Medicare, has a health provider for service turned you down?

- ① I do **not** have Medicare
- ② I have been turned down by a provider for service
- ③ I have **not** been turned down by a provider for service.

19. Do you have a health problem serious enough to affect your daily activities?

- ① No
- ② Yes

20. What health program(s) do you have at present? (blacken all that apply)

- ① No health insurance
- ② CHAMPUS
- ③ Indian Health Service
- ④ Long term care health insurance
- ⑤ Medicaid
- ⑥ Medicare
- ⑦ Private Health Insurance continued after retirement
- ⑧ Private Health Insurance purchased as an individual
- ⑨ Private Health Insurance through employer
- ⑩ Veterans Affairs Health Care
- ⑪ Other \_\_\_\_\_

21. I am involved in providing care to an elder. (select one)

- ① No
- ② In my home
- ③ In my community
- ④ Long distance

22. How often did you travel to Anchorage from November 1, 1997 to October 31, 1998?

- ① I live within the Municipality of Anchorage
- ② (write in number) \_\_\_\_\_ times

23. For what purpose(s) did you travel to Anchorage? (blacken all that apply)

- ① Visit friends and/or family
- ② Shopping
- ③ Health care services
- ④ Leisure/recreation activities
- ⑤ Conference or educational program less than one week
- ⑥ Attend educational program one week or longer
- ⑦ Seeking employment
- ⑧ Obtaining professional services other than health care
- ⑨ Business
- ⑩ Other: \_\_\_\_\_

24. Do you order goods from businesses within the Municipality?

- ① I live within the Municipality of Anchorage
- ② Yes
- ③ No

25. What do you feel is the **single** most important issue facing senior Alaskans today?

- ① Affordable housing
- ② Discrimination
- ③ Economic security
- ④ Health care
- ⑤ Long term care
- ⑥ Senior entitlements
- ⑦ Transportation
- ⑧ Other:

**Thank You!**

I have completed and returned the survey. Please enter me in the \$100 raffle drawing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

## Appendix C

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### TELEPHONE SURVEY INSTRUMENT

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Date: March \_\_\_\_ 1999 Time: \_\_\_\_ am PM Phone# \_\_\_\_\_  
Interviewer \_\_\_\_\_

Good \_\_\_\_\_ (Morning, Afternoon, Evening), my name is  
\_\_\_\_\_. **(give full name)**

I'm calling for the Anchorage Senior Citizens Advisory Commission. Your number was randomly selected to participate in a telephone survey concerning senior citizens 65 years of age and older. Is this a good time to call? **(pause)** It is for people 18 years of age and older. This will take about 10 minutes and I'll be happy to answer any questions at the end. Okay? **(pause slightly)**

**If answering machine:** Good \_\_\_\_\_ (Morning, Afternoon, Evening). I'm calling for the Anchorage Senior Citizens Advisory Commission. Your number was randomly selected to participate in a telephone survey concerning senior citizens. Your response is very important to us and we will call back later. Thank you, good bye.

**If person too busy.** May we call back at a later time more convenient for you? **(Record response on page 4)**

**If person says no.** OK, thanks for your time, Goodbye. **Record response on page 4**

**If person upset by the intrusion.** Sorry to disturb you, Goodbye. **Record response on page 4**

➔ **Start Survey:** I will read statements and ask you to respond by selecting a number from 1 to 5. One means you strongly disagree and 5 means you strongly agree with the statement. Your answers will be anonymous. There are no right or wrong answers. We are only interested in your opinion. The first statement is

**If person is not clear how to respond, read this:** For example, if I read the statement that seniors are more fearful of crime than younger people and you strongly agree you would select 5, if you agree you would select 4. If you were neutral you would select 3. If you disagree you would select 2 and if you strongly disagree you would select 1.

**(circle number of response)**

Strongly Disagree  
Disagree

1. 3 out of 4 seniors are healthy enough to carry out their normal activities. <b>(When person responds with number give response back)</b>	1	2
2. Physical well-being is affected by the aging process. <b>(When person responds with number give response back)</b>	1	2
	Strongly Disagree	Disagree
3. Many seniors live active lives. <b>(When person responds with number give response back)</b>	1	2
4. Seniors usually take longer to learn something new.	1	2
5. Seniors tend to be more generous than selfish.	1	2
6. Most medical practitioners tend to give low priority to seniors.	1	2
7. The majority of seniors are working or would like to have some kind of work to do.	1	2
8. Seniors tend to become more spiritual as they age.	1	2
9. The majority of seniors have sufficient assets to meet their needs.	1	2
10. Seniors would rather be productive than withdraw from life.	1	2
11. Seniors tend to be more independent than dependent.	1	2
12. Retirement is not a very difficult experience for the majority of seniors.	1	2
13. The prevalence of vision and hearing impairments increases greatly with age.	1	2
14. People with positive attitudes usually live longer than those with negative attitudes.	1	2
15. Many seniors are socially isolated and lonely.	1	2
<b>We are half way through.</b>		
16. Seniors tend to be more optimistic than pessimistic.	1	2
17. Mental abilities decline steadily after age 20.	1	2
	Strongly Disagree	Disagree
18. Seniors are more likely than younger people to experience problems	1	2

with sleeping			
19. Seniors, especially senior men, have a higher suicide rate than young people.	1	2	
20. Seniors tend to be more productive than unproductive.	1	2	
21. For those receiving it, Social Security by itself provides an adequate income for most seniors.	1	2	
22. Over 10% of all seniors live in long-term health care institutions (i.e. nursing homes, homes for the aged, mental hospitals, etc.).	1	2	
<b>Just 8 more to go.</b>			
23. Seniors tend to be more healthy than unhealthy.	1	2	
24. Seniors pay very little for health care since Medicare covers almost all of their medical expenses.	1	2	
25. Many seniors abuse alcohol and/or other drugs.	1	2	
26. More seniors vote than any other age group.	1	2	
27. Seniors tend to be more trustful than suspicious.	1	2	
28. The majority of seniors live alone.	1	2	
29. It is illegal to discriminate against people for employment because of their age.	1	2	
30. Seniors tend to be more tolerant than intolerant.	1	2	
<b>Now just a few questions about yourself.</b>			
Is there a person 65 years or older living in your home?		1 = yes	
Do you have regular contact with someone 65 years or older.		1 = yes	
What is your age or In what age group are you? ( <b>read groups</b> ) →	18-35	36-45	46-5
	1	2	3
What is your highest level of education	Years of schooling: _____ Grammar=8, HS=12, _____ Masters=18, Ph.D.=20		
	1	2	
What is your race or ethnic group?	African	AK Native	

<b>Write other here:</b>	American Nat. Am.
What is the gender of the respondent	1 = female

Thank you very much for participating in this survey!

Interviewer comment:

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**Reason caller refused participation:**

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**Day and time to call back:**

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**No answer: Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_**

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**Answering machine: Message left: Date \_\_\_\_\_ Date \_\_\_\_\_  
Date \_\_\_\_\_**

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## Appendix D

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### SENIOR STUDY- SURVEY INTERVIEW

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(To be administered to stratified, randomly selected citizen residents of the Municipality of Anchorage age 45 and older, in their place of residence or office location.)

#### Description of the survey for the participants: Procedures and Consent

**Hello, our names are \_\_\_\_\_ and \_\_\_\_\_. We represent the Municipality of Anchorage Senior Citizens Advisory Commission. Thank you for agreeing to participate in this study. Your willingness to answer questions about your life will enable us to form a more accurate picture of the day-to-day situation of people living in Anchorage and help us to understand what people experience and want for the future. With this information we hope to work toward promoting a high level quality of life, preferred by residents, that results in successful living.**

The survey will ask you to share information about yourself and your family. The interview will take approximately one hour. Your participation is entirely voluntary and you may stop or refuse to participate at any time. If I should come to any question which you do not want to answer, just let me know and we will go on to the next question.

All information received from you will be kept completely confidential. I will be asking the questions and \_\_\_\_\_ will be recording your answers. Do you have any questions? **(PAUSE)**

Before we start I would like to explain that it is important that you try to answer the questions as clearly as you can by taking your time and if the question is not clear to you, ask me to explain more fully. Some questions will be asking your opinion and we will write down exactly what you say. Other questions will ask you to pick an answer that is close to the way you feel.

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#### **I. DEMOGRAPHICS:**

First, I would like to ask you some questions for statistical purposes.

1. **(Record Gender)**
2. In what month, day, and year were you born?
3. Do you consider yourself primarily White or Caucasian, Black or African American, Alaska Native/Native American, Hispanic or Asian/Pacific Islander?
4. What is your marital status?

5. What is the highest grade of school or year of college you completed?
6. Did you serve in the military?
7. Are you presently employed?
8. **(IF YES)** What is your occupation?
9. Who else lives in the home with you?**(RECORD RELATIONSHIP AND AGE)**
10. Do you have any children who do not live with you?
11. **(IF YES)** How often do you have contact? **(GIVE CARD A TO RESPONDENT)**
12. **(IF CHILDREN ARE DECEASED)** When did death occur?
13. Do you have other relatives living in Alaska?
14. **(IF YES)** How often do you have contact? **(GIVE CARD A TO RESPONDENT)**
15. Do you provide care giving to anyone outside your home?
16. **(IF YES)** To whom?

We feel that economic security is an important factor for people and have a few questions regarding your financial situation

**17. Please look at this card (GIVE CARD B TO RESPONDENT) and tell me what is the range of your total annual household income?**

18. What are your sources of income?
19. Are you covered by Social Security Insurance?
20. Do you have another retirement program?
21. Do you receive financial support from others?
22. Do you give financial support to others?
23. Please look at this card **(GIVE CARD C TO RESPONDENT)** and tell me compared to two years ago, are you financially
24. Do you feel that you are financially able to live the quality life that you want?
- 25. Suppose you ran into severe financial problems in the future. Do you have relatives or friends who would be both willing and able to help you out over a long period of time?**
26. **(GIVE CARD J TO RESPONDENT)** Look at this card and select the response that comes close to the amount of help you need in handling your financial affairs.

## **II. RESIDENCY PROFILE**

The next questions are concerning your length of time in Alaska and what future plans you have regarding your residence.

27. Were you born in Alaska?
28. **(IF NO)** What was the first year you came to Alaska?
29. Have you lived here continuously?
30. **(IF NO)** How long were you gone?
31. **(IF NO)** When did you return?
32. Do you leave Alaska on a seasonal basis?

- 33. **(IF YES)** Which season?
- 34. Do you plan to remain in Alaska?
- 35. **(IF YES)** List up to three (3) reasons that influence your staying?
- 36. **(IF NO)** List up to three (3) reasons that influence your leaving?

### **III. HOUSING AND COMMUNITY ENVIRONMENT**

These next questions concern your present housing and the community in which you live.

- 37. What type of living arrangement do you have?
- 38. How long have you lived here?
- 39. Do you feel “at home” in this residence?
- 40. **(IF NO)** What is necessary so that you would feel “at home”?
- 41. **(HAND CARD E TO RESPONDENT)** Look at this card and select your rating of the level of satisfaction you have living in your residence.
- 42. **(HAND CARD F TO RESPONDENT)** Look at this card and select the response that describes the way you feel about your neighborhood.
- 43. **(HAND CARD G TO RESPONDENT)** Look at this card and select the response that describes the way you feel about safety in your home and neighborhood.
- 44. What would make your neighborhood a better place to live?
- 45. **(HAND CARD H TO RESPONDENT)** Look at this card and select the response that comes closest to your plans regarding remaining in your residence.
- 46. Looking ahead, what type of home would you like as your residence?
- 47. What means of transportation do you use to get around town?
- 48. **(IF TRANSPORTATION A PROBLEM, RECORD SPECIFIC PROBLEM)**
- 49. Have you obtained legal services?
- 50. **(IF YES)** What services did you receive?
- 51. What legal services do you think you might need in the future?

### **IV. COMMUNITY SERVICES**

- 52. I am going to read from this list of services **(GIVE A COPY TO RESPONDENT)** and activities that are available to people in the Anchorage area. We wish to obtain a consumers point of view. For each one I will ask you;
  - 1. if you are familiar with it; and if so,
  - 2. have you used it;
  - 3. Look at **CARD E** and select how satisfied you were with it;
  - 1. AARP 55 Alive/mature Driving Class
  - 2. AARP Tax Assistance Program
  - 3. AARP Information Center
  - 4. Adult Protective Services

5. Alaska Housing Finance Corporation
6. Alaska Regional Hospital Senior Program
7. Alzheimer's Association
8. Anchor Rides
9. Anchorage School District Community School
10. Anchorage Pioneers Home
11. Anchorage Senior Center
12. Chugiak Senior Center
13. Circle of Care
14. CITC Senior Program
15. Congregate Meals
16. Consumer Credit Counseling Service
17. Day Care Assistance
18. Daybreak Day Care Center
19. Disability Law Center
20. Division of Senior Services Medicare Information
21. Employment Services
22. Family Counseling Services
23. Foster Grandparents Program
24. Home Health Services
25. Homemaker Services
26. Hospice Services
27. Legal Aid
28. Long Term Care Ombudsman
29. Mabel T. Caverly Senior Center
30. Meals on Wheels
31. Medicaid Choice Waiver
32. Mental Health Services
33. Municipal Recreation Programs
34. Museum of History and Art
35. People Mover
36. Providence Hospital Senior Connection
37. Public Assistance Programs
38. Retired Senior Volunteer Program (RSVP)
39. Salvation Army
40. Senior Companion Program
41. Serendipity Day Care Center
42. Southcentral Foundation Senior Program
43. Substance Abuse Services
44. Vocational Rehabilitation
45. Weatherization Services
46. University of Alaska Anchorage
47. University of Alaska Extension

## **V. RETIREMENT**

53. We are interested in what people think about retirement, whether they themselves are retired or not. At this time do you consider yourself partly retired, completely retired, or not retired at all?

**(IF NOT RETIRED SKIP TO QUESTION 85)**

I'm going to read you a list of reasons why some people retire. Please look at this card **(HAND CARD I TO RESPONDENT)** and tell me whether, for you, these were

**54. Poor health.**

**55. The health of other family members.**

56. Wanted to do other things.

57. Didn't like the work.

58. Didn't get along with the boss.

59. Didn't need to work, had enough income.

60. Couldn't find any work.

61. My work was not appreciated.

62. My (spouse/partner) was about to retire.

63. Employer policy toward older workers.

64. Is there another reason you retired that was not listed?

65. Did you attend any meetings on retirement or retirement planning?

66. **(IF YES)** Who sponsored it?

67. All in all, looking at this card **(HAND CARD E TO RESPONDENT)** how do you like retirement?

**I am going to read you a list of things that some people say are good about retirement. For each one, please tell me if, during your retirement, they have been (HAND CARD I TO RESPONDENT)**

68. Being your own boss.

69. Lack of pressure.

70. Being able to take it easy.

71. Having more time with (spouse/partner).

72. Spending more time with children.

73. Spending more time on hobbies or sports.

74. Having more time for volunteer work such as church, civic organizations, etc.

75. Having the chance to travel.

76. Do you have one to offer?

Now for things that some people say concern them about retirement. Please look at this card and tell me if, during your retirement, they have concerned you **(HAND CARD J TO RESPONDENT)**

77. Being bored, having too much time on your hands.

78. Not doing anything productive or useful.

79. Missing people you worked with.

80. Illness or disability.

81. Concern about health care costs.

82. Not having enough income to get by.

83. Inflation and the cost of living.  
84. Do you have anything else to offer? (**go to question 108**)

**(IF NOT RETIRED)**

85. How much have you thought about retirement? (**HAND CARD J TO RESPONDENT**)  
86. At what age do you think you will retire?  
87. When you retire, are you likely to move to a different location, stay where you are, or what?  
88. When you think about the time when you retire, are you looking forward to it, are you uneasy about it, or what?

**I am going to read you a list of things that some people say are good about retirement. For each one, please tell me if, for you, they are (HAND CARD I TO RESPONDENT)**

89. Being your own boss.  
90. Lack of pressure.  
91. Being able to take it easy.  
92. Having more time with (spouse/partner).  
93. Spending more time with children.  
94. Spending more time on hobbies or sports.  
95. Having more time for volunteer work such as church, civic organizations, etc.  
96. Having the chance to travel.  
97. Is there something else you consider important?

Now for things that concern some people about retirement. Please tell me if they concern you (**HAND CARD J TO RESPONDENT**)

98. Being bored, having too much time on your hands.  
99. Not doing anything productive or useful.  
100. Missing people you worked with.  
101. Illness or disability.  
102. Concern about health care costs.  
103. Not having enough income to get by.  
104. Inflation and the cost of living.  
105. Do you have anything else to offer?  
  
106. When you decide to retire, do you expect your living standards to (**HAND CARD K TO RESPONDENT**)  
107. Some people want to stop paid work entirely when they retire, while others would like to continue doing some paid work — what about you?

**VI. HEALTH**

108. Next I have some questions about your health. Would you say your health is (**HAND CARD L TO RESPONDENT**)

109. Compared with 1 year ago, would you say that your health is **(HAND CARD M TO RESPONDENT)**
110. What about your emotional health—how good you feel or how stressed, anxious or depressed you feel? Is it **(HAND CARD L TO RESPONDENT)**
111. Where do you usually go when you require health care?
112. How often have you visited your health care provider in the last year?
113. Do you have any chronic illnesses? **(HAND LIST TO RESPONDENT)**

LIST:

1. ALLERGIES
2. ALZHEIMER'S
3. CANCER
4. DENTAL IMPAIRMENT
5. DEPRESSION
6. DIABETES
7. DIMENTIA (NON-ALZHEIMER'S)
8. HEARING IMPAIRMENT
9. HEART DISEASE
10. HYPERTENTION
11. KIDNEY ILLNESS
12. ARTHRITIS
13. ORTHOPEDIC IMPAIRMENT
14. OSTEOPOROSIS
15. PERSISTANT PAIN
16. PULMONARY IMPAIRMENT
17. STROKE
18. VISUAL IMPAIRMENT
19. OTHER: SPECIFY

114. Have you had a serious illness in the last year?
115. **(IF YES)** What kind was it?
116. Have you experienced a serious accident in the last year?
117. **(IF YES)** What was it?
118. Have you been hospitalized in the last year?
119. **(IF YES)** How many days were you hospitalized?
120. Did you stay in a long-term care facility in the last year?
121. **(IF YES)** How many days did you stay there?
122. Have you been bed-ridden at home in the last year?
123. **(IF YES)** How many days were you bedridden?
124. Have you received dental care in the last year?
125. **(IF YES)** What type of care did you receive?
126. How many different types of prescription medication are you taking?
127. **(IF YES)** For what condition are you taking it?
128. How many different types of over the counter medication are you taking?
129. **(IF YES)** For what condition are you taking it?

We are interested in how much difficulty people have with various activities because of a health or physical problem. Please tell me how difficult each activity is for you. Exclude any difficulties that you expect to last **less** than three months. **(HAND CARD D TO RESPONDENT)** Look at this card and select the response that comes closest to the level of difficulty.

How difficult is it for you to:

130. ...walk, run or jog about a mile?

131. ...walk from room to room?

132. ...get in and out of bed without help?

133. ...lift or carry weights over 10 pounds, like a heavy bag of groceries or laundry?

134. ...dress without help?

135. go out shopping?

136. Do you use tobacco products? **(IF YES)** What kind of product?**(IF NO go to 139)**

137. **(IF CIGARETTES)** . About how many cigarettes do you usually smoke in a day?

138. **(IF OTHER)** How often do you use it a day?

139. Do you drink any alcoholic beverages such as beer, wine, or liquor?**(IF NO go to 143)**

140. **(IF YES)** In general, how often do you drink? **(HAND CARD N TO RESPONDENT)**

141. Have you ever felt you should cut down on your drinking?

142. Have people ever criticized your drinking?

**The next few questions are about exercise.**

143. Where do you usually go to exercise?

144. How often do you participate in light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.? **(HAND CARD A TO RESPONDENT)** Would you say

145. How often do you participate in vigorous physical exercise or sports--such as aerobics, weight lifting, running, swimming, or bicycling?

146. How often do you do heavy housework like scrubbing floors or washing windows?

147. What exercise resources would you like to be available?

148. Do you do your own cooking?

149. **(IF YES)** How often? **(HAND CARD A TO RESPONDENT)**

150. Do you pay attention to the types and quantities of food you eat?

151. **(IF YES)** What is it that you emphasize?

152. What nutritional resources would you like to be available?

## **VII. HEALTH AND LIFE AND LONG TERM CARE INSURANCE**

These next questions are about health, life, and long term care insurance

- 153. What health insurance coverage do you have?
- 154. **(IF NONE)** Do you pay for all your medical expenses?
- 155. **(IF MEDICARE COVERAGE)** Have you ever been turned down by a provider when using Medicare?
- 156. Have you experienced health insurance billing problems?
- 157. Do you have any life insurance, including individual or group policies?
- 158. Do you have a durable power of attorney, or a living will or an advanced directive for health care?
- 159. How do you rank the availability of health care in Anchorage? **(HAND CARD O TO RESPONDENT)** Would you say
- 160. What would improve health care in Anchorage?

### **VIII. OPINION PROFILE**

I am going to read you a list of statements in which I would like your opinion of either yes or no.

- 161. There are many services available to senior citizens in the Municipality.
- 162. I have very little difficulty caring for myself.
- 163. I have very little difficulty caring for others.
- 164. I have a satisfactory social life.
- 165. All things considered, I am satisfied with my state of physical health.
- 166. I am satisfied with my living situation.
- 167. **(SKIP IF NOT APPLICABLE)** I am satisfied with the relationship I have with my spouse/partner
- 168. **(SKIP IF NOT APPLICABLE)** I am satisfied with the relationship I have with my children.
- 169. I am satisfied with the relationship I have with my friends and/or other relatives.
- 170. Members of my family come to me for emotional support.
- 171. Members of my family are good at helping me solve problems.
- 172. I am optimistic about the future.
- 173. I have someone that I can freely talk with about anything I choose.
- 174. I am satisfied with the spiritual side of my life.

### **IX. SOCIAL ACTIVITIES**

- 175. In terms of social activities, how do you prefer to spend your time?
- 176. Do you currently attend any continuing education program?**(recorder to read)**
- 177. In the future, do you plan to seek additional educational opportunities?
- 178. Do you currently travel?
- 179. In the future, do you plan to travel?
- 180. Look at **CARD J** and select how often you have visitors coming from outside Alaska to visit?

I am going to read to you a list of experiences or activities and ask you if you participate in them.

181. Do you leave home to visit friends or relatives?
182. Do you attend church or participate in a spiritual activity?
183. Do you participate in a hobby-like activity away from home?
184. Do you attend public entertainment such as movies, concerts, fairs?
185. Do you attend educational events?
186. Do you regularly vote in an election?
187. Do you go on vacation?
188. Do you belong to associations, clubs, or organizations?
189. Do you volunteer your time to any groups or individuals?
190. **(ASK IF NOT VOLUNTEERING)** Would you be interested in volunteering your time?
191. **(IF YES)** What kind of activity?
192. Do you own a pet?
193. **(IF YES)** How many and what kind?
194. **(IF NO)** Would you like to own a pet?
195. **(IF YES)** What prevents you owning a pet?
196. Do you use a computer?
197. **(IF YES)** For what activities?

**I have some questions about how likely you think various events might be. When I ask a question I'd like for you to give me a number from 0 to 100, where "0" means that you think it will absolutely not happen, and "100" means that you think the event is absolutely sure to happen.**

198. Do you think you will be working full-time after you reach age 65?
199. Do you think your health will limit your work activity during the next 10 years?
200. Do you think you will live to be 85 or more?
201. Do you think you will ever have to move to an assisted living facility or nursing home?

**These last three questions are asking your opinion.**

202. What are the major assets Anchorage has that supports successful living?
203. What are the major concerns you have regarding your aging in Anchorage?
204. What would you like to see expanded, developed, or created that will enhance your living in Anchorage?

Thank you very much for your help and participation in this survey.

## Appendix E

<http://www.anchor-aging.org/>



### Anchor-Aging Network

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**The Anchor-aging Network is dedicated toward promoting successful living for the residents of the Municipality of Anchorage and any others wishing to participate, wherever they may be.**

- ◆ **The final survey of the Senior Study was completed July 31, 1999.**
- ◆ **The Final Report was submitted to the Anchorage Senior Citizens Advisory Commission August 18, 1999. The Commission will determine the time to release findings of the study.**
- ◆ **For referrals and information on senior issues, call the Providence Senior Connection Info-Line. 261- 4933, or outside the Anchorage bowl, 1-800-905-9937**
- ◆ **[Information about the Municipality of Anchorage Senior Study](#)**

- ◆ **We Welcome Your Comments for the Study Team (click on e-mail)**  [pczzzz@ak.freei.net](mailto:pczzzz@ak.freei.net)

- ◆ **[Numerous links to information that may be useful to successful living.](#)**

- ◆ **Featured Web Sites:**

**[Want to find out who shares your birthday and other happenings that occurred on that date? Click here.](#)**

**[Museum of the Aleutians](#)**

**[Dr. C. Everett Koop site offering health information and insurance quotes](#)**

**[Official U.S. Government Site for Medicare Information](#)**

**[National Nursing Home Data Base including Alaska](#)**

**[AK McNeil River Sanctuary Wild Bear Camera](#)**

**[Shape Up America \(Craft your own fitness plan\)](#)**

**[Innovative Ideas for Improving the Quality of Life of Nursing Home Residents](#)**

**[Alaska Wellness Magazine](#)**

**[Prescription Drug Patient Assistance Programs](#)**

**[Alaska in Panorama \(360 degree pictures\)](#)**

**[National Wellness Institute](#)**

**[Family Caregiver Alliance](#)**

**[Mayo Clinic](#)**

**[Senior Citizens Advisory Commission](#)**



**[Municipality of Anchorage Home Page](#)**



**Last revised 12-27-99 by [pczzzz@ak.freei.net](mailto:pczzzz@ak.freei.net)**

**Patrick Cunningham, Site Administrator**

**Consultant: Mayette**

## APPENDIX F

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### SENIOR RESOURCES IN ANCHORAGE

#### UNIVERSAL BENEFITS SPECIFICALLY FOR SENIORS

##### AUTO TAX EXEMPTIONS

Division of Motor Vehicles  
2150 E Dowling Rd  
Anchorage AK. 99507

Seniors 65 by Jan. 1 of the application year are eligible for the registration fee exemption. Notary and proof of age are required for first-time applicants. Good only for non-commercial vehicles. One exemption per household.

##### HUNTING AND FISHING LICENSE

333 Raspberry Rd.  
Anchorage, AK. 99518-1599  
267-2155

Free license for seniors 60 years old who have lived in Alaska for at least one year. Disabled veterans with at least a 50% military related disability may apply at any age.

##### GOLDEN AGE PASSPORT

Alaska Public Lands Information Center  
605 West 4<sup>th</sup> Avenue  
Anchorage, AK 99501

Offers to US residents 62 and older a \$10 pass providing lifetime entrance to federal parks, monuments and recreation areas and a 50% discount on federal use fees such as camping, boat launching, and parking.

##### RENTER'S REBATE

Office of State Assessor  
333 W. 4th Avenue, Suite 220  
Anchorage, AK. 99501-2341  
269-4581

Seniors 65 before January 1, 1998 are eligible for the 1998 rebate. This applies to rental property that is subject to property tax. Mobile home owners may apply for a rebate on the rent paid for trailer park space.

## PROPERTY TAX EXEMPTION

Department of Finance: Property Appraisal Office  
P.O.Box 196650  
Anchorage, AK. 99501  
343-6770

Seniors, 65 years old before Jan. 1 in the year they are applying for exemption, may apply if they own and live in their home. This exemption applies to the first \$150,000 assessed value.

## ALASKA LONGEVITY BONUS PROGRAM

Provides a monthly check to seniors 65 and over who have lived in the state for one year prior to January 1, 1997. This program is no longer accepting new applicants.

Karen Phillips, Project Assistant  
P.O. Box 110211  
Juneau, AK 99811-0211  
(907) 465-4416

TUITION FEE WAIVERS  
UNIVERSITY OF ALASKA  
786-1800

Provides tuition fee waivers for Alaska residents 60 and older. Waiver does not cover all classes. All campuses are covered.

ALASKA PACIFIC UNIVERSITY  
Anchorage, AK  
564-8366

Seniors over 65 are eligible for an 80% discount on tuition

## **SENIOR SERVICES IN ANCHORAGE**

◆ A.A. Pain Clinic  
4001 Laurel Street Ste.206  
Anchorage, AK 99508  
563-2873

We are a specialized clinic with the treatment of pain. We are the only office in Alaska that implants and manages intrathecal pump and intraspinal stimulation.

We are actively apart of the Alaska Pain Initiative and presently sit on the Board of the Hospice Program at Geneva Woods in Anchorage. We also treat and care for multiple sclerosis patients as well as cancer patients.

◆ AARP Information Center Anchorage  
3101 Penland Parkway, K-36  
Northway Mall Anchorage, AK 99508  
272-1444

As an information center we actually offer no "service" in the usual sense. We try to answer questions and connect people with service programs of AARP such as widowed persons services; 55 Alive driver training; tax aid; insurance (car, house, health, life, RV); motoring plan; etc., and any service contacts. We will try to connect any person of any age to an appropriate information or service program. Provide meeting space up to 25 people for any non-profit purpose.

◆ Abused Women's Aid In Crisis AWAIC  
100 West 13th Avenue  
Anchorage, AK 99501

Emergency shelter for battered women and their children. There is also a separate program for men who batter - 85% court ordered. Information, support & crisis intervention for non-residential women & children. Community education. Non-residential services of AWAIC provides education and awareness about domestic violence to clients and our community to promote positive support for change. Crisis intervention and advocacy services are provided both in the individual and group format. Court advocacy and legal information workshops are also provided.

◆ Access Alaska  
3710 Woodland Drive  
Anchorage, AK  
248-4777

Provides information and referral to people with disabilities who wish to remain in their homes. Specialists are available to teach independent living skills. Coaches people on how to be their own advocates. Services are free.

◆ Alaska Commission on Aging  
Division of Senior Services  
3601 C Street Ste. 260  
Anchorage, AK 99501  
269-3666  
Adult Protective Services  
Assisted Living Homes Licensing  
Choices Long-term Care

Information and Referral  
Long-Term Care Ombudsman  
Medicare Insurance Counseling  
Personal Care Attendant Program

◆ Alaska Cooperative Extension Service-Anchorage  
2221 E Northern Lights Ste. 118  
Anchorage, AK 99508  
279-5582

Educational programs in home economics to help families and individuals gain knowledge and skills for better family living.

◆ Alaska Home Health Care, Inc.  
1200 Airport Heights Suite 160  
Anchorage, AK 99508  
486-9870

Home Health provides services to homebound patients under physician's orders. Pharmacy services, including IV medications, pain management, and other aspects of full care. Provide wheel chairs, hospital beds, walkers, etc.

◆ American Cancer Society  
1057 Fireweed Lane  
Anchorage, AK 99503

Provides transportation services for cancer patients and support groups.

◆ Anchor rides Munilift  
343-8430

Transportation for persons who have a physical or mental disability that prevents them from riding the People Mover bus system. Passes can be issued for a temporary disability or for an extended period of time.

◆ Anchorage Safe Communities  
6901 E. Tudor Road  
PO Box 210736  
Anchorage, AK 99517-210  
929 3939

Anchorage Safe Communities is a coalition of injury prevention professionals, health care providers, and concerned citizens, who have joined together to implement community interventions to reduce the number of deaths and injuries from preventable causes.

◆ Anchorage Senior Center  
1300 East 19th Ave  
Anchorage, AK 99501  
258-7823

Recreation, education, and socialization programs.

The Anchorage Senior Center's information and referral office is the place to call or to visit if you have questions about applying for all senior benefits or obtaining community services. If you are homebound, a home visit can be arranged to ease access to all programs. To help with your concerns about finding affordable housing, counseling, transportation, in-home service, public assistance, legal aid or need to talk about a problem.

The Anchorage Women's Breast Cancer Support Group  
(907) 261-3151

◆ Ability Design Associates  
2207 E. Tudor Road Ste 34  
Anchorage, AK 99507-1069  
562-9575

Ability Design Associates is a private rehabilitation counseling and consulting firm which offers counseling, educational planning, and career exploration to persons with disabilities and their families. Firm also provides consultation and training regarding special accommodations, ADA compliance, assistive technology and work site assessments, worker's compensation evaluations and plans, medical management services, and job development/ job placement services.

◆ Alaska Alliance For Mentally Ill – AKAMI  
110 West 15th Ave Suite B  
Anchorage, AK 99501  
277-1300

Support, education and advocacy services to persons with mental illness and their families.

◆ Alaska Center for Blind and Deaf Adults  
3605 Arctic Blvd. Suite 1616  
Anchorage, AK 99503

The Center for Deaf Adults has provided quality rehabilitation services for deaf, Hard of Hearing & Deaf-Blind Alaskans since 1978. Services were developed to help persons who experience hearing loss & deafness. The agency has the following goals: Provide or coordinate evaluation, training, counseling and placement services for persons who experience hearing loss, deafness or deaf-blindness. The agency meets these goals through a variety of programs

including: -Provides Counseling, & Evaluation & Training, Interpreter Referral Line-Provides Interpreting Services, Deaf-Blind Affiliation-Provides Counseling, & I & R Service Coordination & Training, Independent Living Program-MOA Supported Work Services, I & R, Evaluation, Peer Counseling, & Advocacy, Alaska Hears-Hard of Hearing, Late Deafened Program, Education & Rehabilitation Services for Hard of Hearing.

◆ Alaska COPE Lending Library  
7940 Ladasa  
Anchorage, AK 99507  
349-6448

Lending Library has a wide range of equipment & medical supplies to loan/give to families w/disabled members. Loan period lasts as long as family believes they need equipment, with return to library at end of agreed loan period. Library happy to accept equipment & unopened &/or sterile medical supplies.

◆ Alaska Housing Finance Corporation (AHFC)  
PO BOX 101020  
4300 Boniface Parkway  
Anchorage, AK 99510-1020  
330-8432

Properties owned and operated by AHFC with federal HUD subsidies. Low-income renters pay 30% of their adjusted gross income (minimum of \$25) toward rent.

◆ Alaska Job Center Network - "One Stop"  
3301 Eagle Street, Suite 101  
Anchorage, AK 99501  
465-5840

◆ Alaska Legal Services Corporation  
1016 West 6th Ave  
Anchorage, AK 99501  
272-9431

Senior Law Project-Legal assistance for seniors 60+ in areas such as social security, SSI, APA, Medicaid, Housing, Wills, Miller Trusts, POAs, Living Wills, and consumer.

◆ Alaska Women's Resource Center  
111 West 9th Ave  
Anchorage, AK 99501  
276-0528

Founded in 1975, the Alaska Women's Resource Center (AWRC) is a non-profit community based agency committed to meeting the needs of women in Alaska. Through the years AWRC has evolved as Anchorage's most comprehensive service agency for women. The Alaska Women's Resource Center specializes in providing services to women and offers a program of interlocking social and to the Alaskan community. The following is a brief summary of programs and services offered by AWRC: New Dawn Residential Substance Abuse Program Outpatient Substance Abuse Services, Short Term, Intensive Outpatient Domestic Violence Recovery Program Prematernal Services Information & Referral

◆ Alaska Women of the Wilderness Foundation  
PO Box 773556  
Eagle River, AK 99577

Alaska Women of the Wilderness is a year-round nonprofit wilderness education and spiritual empowerment program for girls and women to explore and deepen their relationship with themselves, with others and with the earth in a supportive and nurturing atmosphere. During our thirteen year history, over six thousand girls and women have participated in wilderness programs which include backpacking, llama packing, horsepacking, sea kayaking, rock climbing, dog mushing, glacier travel, ski touring, fishing, mother and daughter adventures, girls camps.

◆ Alaskan AIDS Assistance Association  
1057 W. Fireweed Lane Suite 102  
Anchorage, AK 99503  
263-2050

The mission of the Four A's is to provide direct services to people with HIV/AIDS and their families and to reduce the transmission of HIV infection in Alaska. The Four A's does not discriminate on the basis of age, race, gender, sexual orientation, religion, disability or income. Services are provided in four areas: client services, housing, prevention, and education.

◆ Alpine Alternatives  
2518 E. Tudor Rd. Ste. 105  
Anchorage, AK 99507  
561-6655

Alpine Alternatives is a non-profit organization that provides both winter and summer recreational activities for disabled Alaskans. We do not discriminate against disability or ability to pay activity fees. Our services include horsemanship, camps, day trips and skiing.

◆ Alaskan AIDS Assistance Association  
1057 W. Fireweed Lane Suite 102  
Anchorage, AK 99503  
263-2050

The mission of the Four A's is to provide direct services to people with HIV/AIDS and their families and to reduce the transmission of HIV infection in Alaska. The Four A's does not discriminate on the basis of age, race, gender, sexual orientation, religion, disability or income. Services are provided in four areas: client services, housing, prevention, and education.

◆ Alternatives Community Mental Health Center  
1675 C Street Suite 117  
Anchorage, AK 99501  
274-8281

◆ Anchorage Neighborhood Health Center  
1217 East 19<sup>th</sup> Avenue  
Anchorage, AK  
257-4600  
(Fairview Center, Family Practice Center, and Mountain View Center);  
Full service health care clinic. Accepts Medicare patients.

◆ Anchorage Pioneers Home  
923 West 19<sup>th</sup> Avenue  
Anchorage, AK 99501  
276-3414

Assisted living, enhanced assisted living and nursing care for those 65 and over.

◆ Anchorage Literacy Project  
1345 Rudakof Circle #104  
Anchorage, AK 99508  
337-1981

◆ ALP's primary program is to teach adults (both American-born and foreign-born) basic literacy and language skills. We have small daytime classes at our facility. We also train volunteer tutors to work one-on-one with students that cannot attend class. We also have classes for adults with dyslexia or other learning problems. Volunteer tutors work both on-site and off-site.

◆ Anchorage Widowed Persons Service  
One to one counseling and grief support meetings for widowed men and women of all ages. One to one especially for newly widowed. Support meetings, every 1<sup>st</sup> and 3<sup>rd</sup> Sunday at 1:30pm, at Anchorage Senior Center, 1300 E. 19th Ave.

522-8558

◆ Better Business Bureau (BBB)  
P.O. Box 93550  
2805 Bering Street  
Anchorage, AK 99509  
562-0704

A Better Business Bureau (BBB) is a private, non-profit organization that provides services and programs to assist consumers and businesses. The focus of a Bureau's activities is on marketplace concerns, such as honest advertising and selling practices, and most of its services are provided without charge to the public. The service and programs offered by your Better Business Bureau can help you be a more informed, knowledgeable and satisfied consumer.

◆ Big Brothers and Big Sisters of Anchorage  
1057 W. Fireweed Lane Ste 202  
Anchorage, AK 99503  
263-2025

Big Brothers Big Sisters is a preventative based program for children primarily from single-parent homes who are in need of the companionship and attention of a caring adult. Each child is matched to a carefully screened adult volunteer who is able to commit to the relationship for a minimum of a year and is able to spend time with the child on a consistent basis. Big Brothers Big Sisters of Anchorage also provides a school based mentoring program. Volunteers meet with their Little Brother or Little Sister one hour each week at school. Training regarding personal safety is provided for the children in the program. The volunteer Big Brothers and Big Sisters are also provided with training in working with children and can expect ongoing support from the agency's professional staff throughout the match. The child and his/her family also receive a great deal of assistance and support from the agency and have many opportunities to attend agency activities and participate in community events free of charge or at a discount.

◆ Bob's Services  
2009 Spar Ave  
276-3221  
Anchorage, AK 99501

Installs & repairs vehicle modifications for drivers with disabilities that do not permit use of standard driving controls

◆ Care Coordination  
Alzheimer's Association Alaska Chapter  
240 East Tudor Road, Suite 110

Anchorage, AK 99503  
561-3315

Care Coordination specializes in helping older adults and their families plan and arrange for long-term care. A Care Coordinator provides information, referrals, and coordinates a wide range of care and services. A Care Coordinator gives you a professional assessment which helps you determine which services are most appropriate for your needs. The Care Coordinator works with you to develop a plan describing care services to be used and can access and monitor services to ensure they meet your needs.

◆ Caregiver Information System,  
Alzheimer's Association Alaska Chapter  
563-2662

Callers to the Caregiver Information System receives information about Alzheimer's disease and other aging health issues. This 24 hour, statewide toll-free number also offers a phone recorder so callers can leave messages if they would like a staff member to call them back.

◆ Chester Park Cooperative  
2020 Muldoon Road  
Anchorage, AK 99504  
333-8844

An adult retirement community for people age fifty-five to sixty. The Chester Park Association is a private not-for-profit member owned community. It is a unique concept of community benefits combined with private, independent lifestyle.

◆ Choice for the Elderly-Care Plan Counseling  
CHOICE for the Elderly is an alternative to nursing home care. Services are provided which support eligible seniors ability to remain in their own homes and community through a federal and state program that provides MCD funds for such care. Responsible for providing in-home services for seniors 65 and over who meet Medicaid qualifications and require 24-hour nursing care.  
269-3666

◆ Christmas in May – Anchorage  
650 W. International Airport Rd. #100  
Anchorage, AK 99518  
257-6350

Volunteers and skilled labor - repair homes on the 3rd Saturday of each year. Corporate sponsors fund supplies & provide volunteers to repair homes of elderly, handicap & single heads of households. No government funding is

provided. Program provides minor repairs and upkeep to homeowners at no cost using volunteers and funds provided by "House Sponsors."

◆ Chugiak Senior Center  
22424 North Birchwood Loop  
Chugiak, AK 99567  
688-2677

CSC is a 501(c)3 non-profit organization dedicated to serving the needs of elders and seniors located between Hiland Road and Eklutna. Our programs provide; 43 independent living apartments, 20 assisted living apartments, a full nutrition/dining facility, adult day care, transportation services, meals-on-wheels, community activities, and center nurse, we provide information and assistance and outreach to community seniors unable to participate.

◆ Consumer Credit Counseling Service of AK  
208 E 4th Avenue  
Anchorage, AK 99501  
279-6501

Consumer Credit Counseling is a non-profit organization offering free confidential counseling for financially distressed individuals. For some clients we are able to establish a systematic debt repayment program with creditors to help them pay off their debts. We can provide information on credit reports and other related credit information. Provide money management workshops. Assist in housing programs including pre-purchase & default.

◆ Cook Inlet Tribal Council, Inc.  
670 West Fireweed Lane,  
Anchorage, Alaska 99503  
265-5900

Elders Nutrition & Support: Nutritious meals are served five days a week to Alaska Natives and Native American Elders age 55 and over. Support services and transportation also are available to participants. In addition to meals, activities include monthly potlucks, bingo, fund- raisers, and birthday and holiday celebrations. Caseworkers are available to provide advocacy, outreach, information and referral services.

◆ Cook Inlet Housing Authority; Mutual Help, Etc.  
2600 Cordova St Ste 201  
Anchorage, AK 99503  
276-8822

Cook Inlet Housing Authority; Mutual Help, Elderly Low Rent, and Home

Partnership Program, Mutual Help & Home Program; Assists eligible applicants who meet Program requirements to purchase homes. Elderly Low Rent Program; Provide rental unit to eligible applicant.

◆ Day Break Adult Day Center  
9210 Jupiter Drive  
Anchorage, AK 99507  
346-2234

Day Break provides day supervision for seniors who have a cognitive loss due to Alzheimer's or other related disorders: -group and individual socialization -music, culture and pet therapy -health and medication monitoring -craft and exercise activities -noon meal -family education and support

◆ Department of Veterans Affairs  
2925 Debarr Ave  
Anchorage, AK 99508-2989  
257-4707

Primary health care for veterans psychiatric and drug alcohol.

◆ Disability Law Center Of Alaska  
615 East 82nd #101  
Anchorage, AK 99518  
344-1002

Provides legal services for people with disabilities whose legal need relates to their disability.

◆ Educational Opportunity Center  
500 L Street Suite 501  
Anchorage, AK 99501

EOC is funded by the U.S. Dept. of Education & hosted by UAA. Our goal is to provide information and assistance for adults to become enrolled in post secondary education or training programs. Services include assistance in selecting a school or training program, admissions applications processes, identifying and applying for funding sources for school or training, choosing a career.

◆ Fellowship In Serving Humanity FISH  
277-0818

FISH is an all-volunteer program that delivers a 3 day supply of food. It is an emergency service only. It is in operation on Monday, Wednesday, & Fridays. No referral is necessary. The limit of deliveries is 20 on any working day. Anyone needing our help should call 277-0818 as soon after 8:00 a.m. as possible.

◆ Lawyer Referral Service  
P.O. Box 100279  
510 L Street  
Anchorage, AK 99510-0279  
562-6004

Provide (3) names of attorney's that practice in the desired field. The attorney's guarantee that the initial half-hour consultation will be no more that \$50.00, anything after that would be their regular billing rates. PLEASE NOTE: This is not legal aid-there are no low-fee or pro-bono attorney's with the service.

◆ Life Alaska, Inc.  
P.O. Box 230785  
1205 E. Intn'l Airport Road  
Anchorage, AK 99523  
562-5433

Tissue Transplant organization that provides tissue grafts and bereavement support as well as the option for donation throughout the State of Alaska.

◆ Mabel T. Caverly Senior Center  
1111 E. 5th Avenue  
Anchorage, AK 99501  
276-1496

Mabel T. Caverly Senior Center provides many socialization opportunities. There are woodcarving and craft classes, games, potlucks, holiday parties, coffee and good conversations.

MTCSC has a 15 passenger van which provides door to door service for those members living in the van service area. The van brings people to activities at the center as well as to scheduled shopping trips, lunch and movie excursions, visits to other senior centers and trips to local attractions. Currently there are three or four days per month that are set aside exclusively for transportation to medical/dental appointments, banking, trips to the post office or hair stylist and other destinations not included on the normal monthly schedule.

The MTCSC is a work station for senior companions who visit the frail elderly from 2-4 hours per week. They provide assistance to clients who wish to participate in Mabel T. activities and socialize with the homebound.

\*Phone Pals

Phone pals call seniors in their homes to provide a social outlet for the homebound or lonely elderly. Depending on the clients' needs, a client may be contacted as infrequently as once per week or as frequently as once per day.

The monthly MTCSC newsletter contains numerous articles about senior health and safety issues. Additionally, the "Brighter Days Ahead Group" meets monthly to provide an opportunity to discuss topics that enhance the quality of seniors' lives. MTCSC is a location for "Wired for Health" program which is provided by the YWCA Encore plus program. "Wired for Health" provides a web TV internet connection to information about breast and cervical cancer and any other health and nutrition topics of interest to seniors. Seniors may come in during designated hours and avail themselves of the opportunity to "surf the net". Volunteers are available to aid anyone who needs assistance in accessing health information on the Internet.

Information and referral is made over the phone and in person. Staff is available to assist with the completion of various kinds of paperwork and forms. Various types of governmental forms such as energy assistance, rental rebates, absentee voting, etc. are available at the Center.

\*A notary is available on site. \*Paperback and hard cover books are available for loan to members.

◆ Medical Pathfinders  
P.O.Box 240103  
601 W. 41st Street  
Anchorage, AK 99524  
563-4645

Medical Pathfinders is a pioneering non-profit organization dedicated to helping healthcare professionals, patients, and families access medical, social service, and logistic information resources. Medical Pathfinders provides tools that assist individuals in finding solutions to their healthcare needs. While we are constantly striving to broaden the scope of our service, Medical Pathfinders currently focuses on life threatening and terminal illnesses such as, cancer and rare diseases.

◆ Mental Health Assn. in Alaska  
4050 Lake Otis Pkwy Suite 202  
Anchorage, AK 99508  
563-0880

◆ Consumer Group, Volunteer Community Service, Non-Profit  
Community/State,  
Advocacy and Protection, Education Programs long term for chronically mentally ill only.

◆ Mental Health Consumers of AK  
101 East Ninth Ave Suite 3-A  
Anchorage, AK 99501  
277-3817

Advocacy and Outreach, Peer Support Counseling for persons with psychiatric diagnoses. Transportation to Dr's Appts. Help shopping, other life management assistance.

◆ Municipal Ombudsman's Office  
P.O. Box 196650  
632 W. Sixth Avenue City Hall #170  
Anchorage, AK 99519-6650  
343-4461

Investigates complaints against the Municipality of Anchorage and the Anchorage School District. Improvement in the delivery of government services and protecting the rights of citizens is the primary focus for recommendations.

◆ National Association of Senior Friends,  
Columbia Alaska Regional Hospital  
2801 DeBarr Road  
Anchorage, AK 99508  
561-3322

A non-profit hospital based program for Seniors' 50 years of age and older which provides health education, referrals, social activities, travel opportunities. A membership fee \$15/year or \$25/2 years. In hospital benefits such as discounts in cafeteria, discount at Physical Therapy Center, eye care discount, many national discounts, assistance with insurance claims filing.

◆ National Bank of Alaska  
Special Services for Seniors 60 years of age and older  
PO Box 196127  
Anchorage, AK 99519-6127  
267-5706

◆ National Senior Service Corps  
1057 W Fireweed Lane #103  
Anchorage, AK 99503  
276-6472

Foster Grandparents Program. Senior volunteers work in agencies serving children with special needs.

Senior Companions Program: Senior volunteers work with adults, primarily frail elderly, who are trying to remain independent.

Senior Corps of Retired Executives c/o il SBA/#67, 222 W. 8th Avenue  
Anchorage, AK 99513-7559PHONE: (907) 271-4022;\_Provides volunteers to  
assist small businesses.

◆ Northwest Home Care Inc  
3439 E. Tudor Road Ste. 39  
Anchorage, AK 99507  
561-1187

We provide home medical equipment, respiratory equipment and supplies.  
wheelchairs and seating systems and medical supplies.

◆ Office of The Long Term Care Ombudsman  
3601 C St. STE 260  
Anchorage, AK 99503  
563-6393

Investigate complaints of abuse and neglect (including financial) of persons 60  
years or over who live in nursing homes, assisted living homes, public or senior  
housing or who live in Alaska and receive long term care services or have been  
denied long-term care services or access to long term care. Resolve problems

◆ Old Age Assistance AND Medicaid  
Division of Public Assistance  
527 E 4th Avenue Anchorage, AK 99501  
269-6599

Low income seniors, 65 years of age or older, may apply for financial and  
medical assistance.

◆ Older Persons Action Group  
325 East 3<sup>rd</sup>. Avenue  
Anchorage, AK 99501  
276-1059

Job referral services, information and referral, Publisher of Senior Voice monthly  
newspaper. Advocacy for senior issues.

◆ Owner-Occupied Home Rehabilitation  
6250 Tuttle Place Ste 5  
Anchorage, AK 9950  
561-2232

Rehabilitation owner occupied homes, homes must be able to meet the HUD  
Housing Quality Standards within an allowable budget.

◆ Providence Health System - Senior Services  
3200 Providence Drive  
PO Box 196604  
Anchorage, AK 99508  
562-2211

Hospice of Anchorage: Hospice of Anchorage offers a special type of care for people coping with terminal illness. Hospice provides care, comfort and choices to assist people in living their lives as fully and comfortably as possible while remaining in their own homes. All hospice services are based on the patient's need for care, not on the ability to pay. Medicare and many insurance plans cover hospice services. Hospice of Anchorage offers its services in partnership Providence Home Health Care.

Long-Term Care and Assisted Living: Providence Extended Care Services offer a comprehensive array of services, including prevention and wellness, home care, long-term care, assisted living and hospice care.

Providence Horizon House: For Alaskan seniors no longer able to live alone comfortably or safely, this assisted living community promotes dignity and well-being by providing opportunities for continued participation in the responsibilities and freedoms of life. Providence Horizon House staff encourage residents to be as independent as possible. Residents live in their own apartments and receive assistance as needed with everyday tasks.

Providence Senior Connection: This is a health promotion program for those 55 and over. Its focus is to provide information on wellness, health maintenance and prevention - information about keeping fit, positive and productive. The program offers a bi-monthly newsletter, health screenings, insurance and billing counseling and sponsors an arthritis support group.

Providence Extended Care: Providence Extended Care Center provides skilled care and rehabilitation services in friendly, comfortable surroundings. It is the largest long-term care facility in Alaska with 224 beds. Care is given by a professional staff from a variety of medical disciplines, working together to develop individual plans of care to help each resident attain the best possible quality of life. Licensed therapists provide physical, occupational, speech and respiratory therapy.

Mary Conrad Center: Mary Conrad Center is a 24-hour nursing facility located in east Anchorage and providing skilled nursing and rehabilitation care in a resident-centered environment. Physical, occupational and speech therapy are offered to provide the best in rehabilitation.

Providence Home Health Care: Providence Home Health Care offers a variety of services to meet rehabilitation and medical needs of clients at home.

The goal is to help the patient remain independent at home, based on a treatment plan outlined by both patient and physician. Providence Home Health Care is the oldest and largest home health care provider in the state.

Providence Circle of Care: Case Management for frail seniors, 60+, with health problems and a need for support services.

Providence AK, Breakthrough Program: Drug dependency and alcohol abuse problems are correctable through services available through the Breakthrough program. From evaluation through all levels of treatment and continuing care, the experienced medical staff directs a comprehensive counseling program that can break the cycle of dependency. Breakthrough has successfully treated patients and families from all over Alaska

◆ Retired Senior Volunteer Program

441 West 5th Avenue #301  
Anchorage, AK 99501  
274-7787

RSVP is a program that encourages retired and those over 55 to become involved in the community through volunteerism. Volunteers are involved with non-profits in the area, schools, hospitals, law enforcement, and crisis intervention. Volunteers choose their assignments. Membership provides volunteers with insurance and liability. No cost for membership.

◆ Southcentral Counseling Center

4020 Folker  
Anchorage, AK 99508

Provides 24 hour assessment and crisis intervention for people experiencing psychiatric emergencies. Full service community mental health clinic.

◆ S.T.A.R. Standing Together Against Rape

1057 West Fireweed Lane Ste. 230  
Anchorage, AK 99503-1736  
276-7279

STAR provides crisis intervention to victims of sexual assault, incest and child sexual abuse and a 24 hour Crisis line at 276-7273 (statewide toll free: 800-478-8999).

◆ Tours for the Disabled

P.O. Box 91333  
349-6301  
Anchorage, AK 99509

Provides tours for the disabled throughout Alaska . Includes trips to Portage

Glacier, Flightseeing, and Sightseeing in wildlife areas.

◆ The Salvation Army Older Alaskans Program  
1300 East 68th Avenue Suite 210  
Anchorage, AK 99518  
349-0613

Disease Specific Screening/diagnostic Alzheimer's, Family Support Services, Day Care – Adult, Respite Care, Escorted Transportation, Home Cleaning Services, Rehabilitation, Self-help Instruction. Serendipity Adult Day Day Center

◆ Salvation Army, Adult Rehabilitation Program  
660 East 48th Avenue  
Anchorage, AK 99503  
562-5408

This program is a comprehensive Alcohol and Drug Abuse Treatment Center. It is based on Christian belief and uses work therapy as part of the treatment plan  
-180 minutes in residential program up to 2 years -Have job/school or training  
-Acquire adequate housing -Functional community based support system  
-Sponsors -Aftercare 90 day requirement, or arrange for elsewhere

◆ Senior Employment Program  
Division of Senior Services  
3601 C Street  
Anchorage, AK 99501  
269-3666

Provides employment and training opportunities for low income persons 55 and older. Seniors 55 and over who meet income requirements may apply for part-time employment. Wages do not affect Social Security, or housing assistance benefits.

◆ Southcentral Foundation  
Elder Program  
4501 Diplomacy Drive  
Anchorage, AK 99508  
265-4955

Workers in the Elder Care Program provide respite care for Native elders. Their visits include cooking, cleaning, arranging appointments, and other types of assistance as needed. The workers ensure that elders are connected to the community by coordinating group outings such as potlatches, berry picking, and attending health fairs.

Pacific Home Health, Inc. Pacific Home Health, owned by SCF and based in Anchorage, is a full service home health agency offering skilled nursing, medical

social work, rehabilitation services (including a home based cardiac rehabilitation program), and home health aide services.

◆ Therapeutic Recreation  
Division Of Sports & Recreation  
P.O. Box 196650  
Anchorage, AK 99519  
343-4247

We provide recreation and leisure opportunities for people with any disability.

◆ UAA Dental Program  
Allied Health Science Building  
3200 Providence Drive  
Anchorage, AK  
786-1701

Provides dental screening, x-rays, flouridization, and cleaning for a nominal fee.

◆ US Social Security Administration  
222 West 8<sup>th</sup> Avenue  
Anchorage, AK 99513  
271-4455

Information and service concerning Social Security, Medicare, and Supplemental Security Income (SSI).

◆ United Way, Anchorage  
1057 W. Fireweed Lane, Suite 101  
Anchorage, AK 99503  
263-2021

Referral and Information Services: Provides referrals to community agencies.

Volunteer Services: Matches volunteers in the community with volunteer opportunities. Trainings, volunteer sessions, calendars.

◆ WISE Women In A Sober Environment  
1709 S. Bragaw  
Anchorage, AK 99508  
276-2898

WISE Women In A Sober Environment is Clitheroe Center's Comprehensive Women's Outpatient Services. It is an abstinence-based drug and alcohol treatment program that includes, education, individual and group counseling, Referral, Family Therapy, Parenting Skills Training and Vocational Assistance.

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