CATHOLIC COMMUNITY SERVICE

Southeast Regional Eldercare Coalition

Quality Care • Care Coordination • Social Engagement

Southeast Regional Eldercare Coalition: CCS Senior Data Needs Assessment Analysis

Insights into senior care and community support needs, July 2026

JEDC

Research Summary

Research Summary

Dataset covers 1,074 seniors, engaged in senior services through the regional senior centers or through being a tribal elder. Elders were asked to complete a two-page assessment (independently) or over the phone with a staff member from Catholic Community Service (CCS).

Nine Southeast Alaska communities participated Angoon, Prince of Wales Island, Haines, Hoonah, Juneau, Kake, Ketchikan, Skagway, and Sitka. Wrangell Senior Center did engage in data collection however data set was not included for analysis.

Data collection occurred August to October 2025 through phone and in-person interviews, flyers, and client engagement at the senior centers.

Data Set

Seniors in Community

Community	Age 65+ Population (2025)
Juneau	5,748
Sitka	1,719
Ketchikan	1,493
Haines	471
Skagway	188
Craig (POW community in file)	192

Using the DOL 2025 Age-by-Sex-by-Place file, the official 65+ populations for the communities

Total Survey Count by Community

Community	Records
Juneau	316
Haines	187
Sitka	152
Ketchikan	124
POW	88
Hoonah	67
Angoon	52
Kake	52
Skagway	36

Juneau accounts for nearly one-third of all records, while Skagway has the smallest dataset.

How far is the reach of the Senior Centers into the community?

Key Findings:

•Haines has exceptionally high penetration, reaching nearly 40% of all residents age 65+.

•Sitka and Ketchikan each reach about 8-9% of seniors.

•Juneau serves the largest number of seniors (316), but only about 5.5% of the total senior population, suggesting significant potential unmet need.

Community	Participants	DOL 65+ Population	Reach
Haines	187	471	**39.7%**
Sitka	152	1,719	**8.8%**
Juneau	316	5,748	**5.5%**
Ketchikan	124	1,493	**8.3%**

Participant counts from the assessment dataset; senior populations from DOL 2025 estimates.

Population and Gender

Population and Gender

Population and Gender

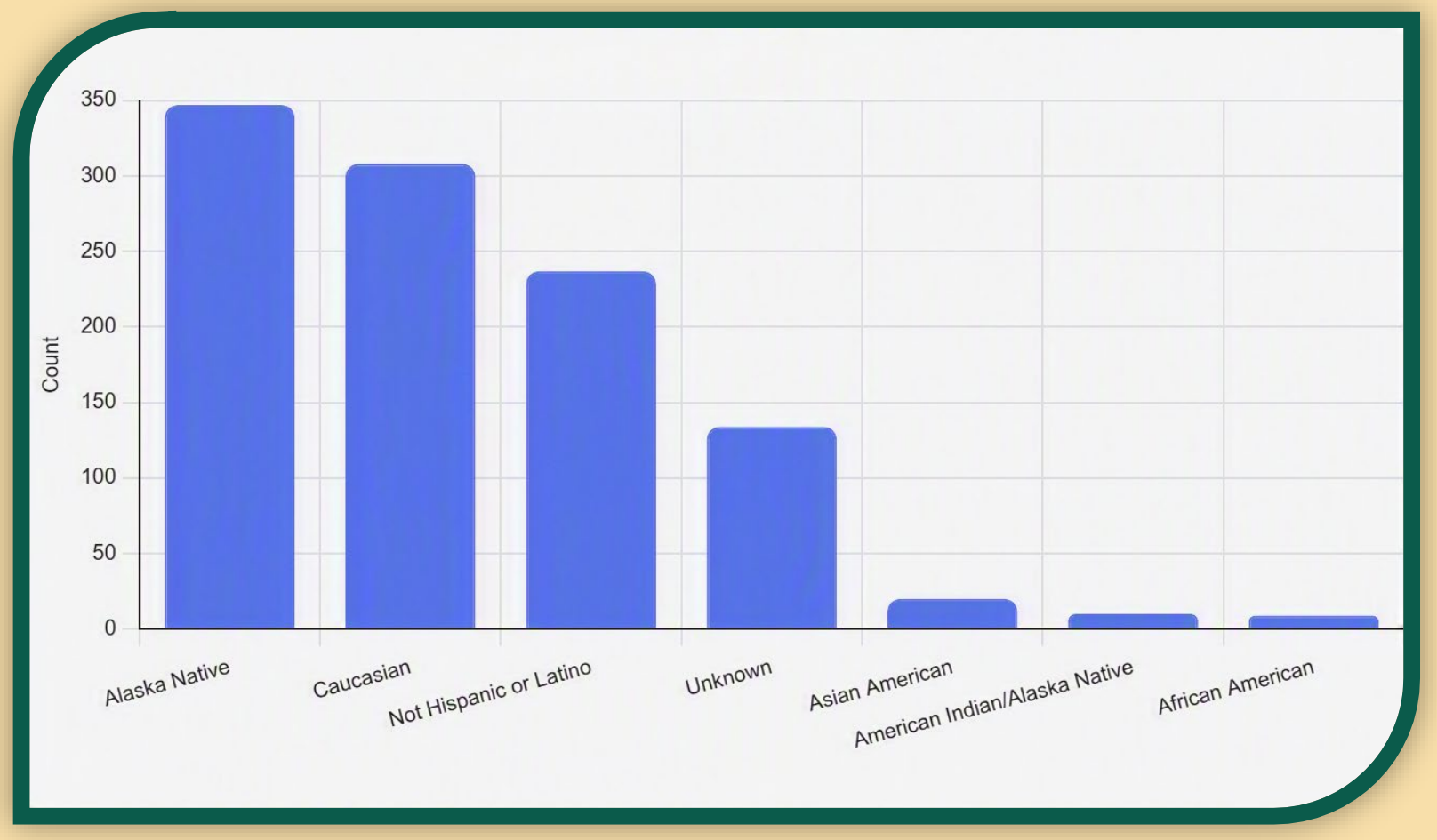
The Southeast Alaskan region presented with a female majority of 58.3% verse 41.7% male. Gender identification provided a selection of gender identities, however, the seniors only self identified by biological gender. Juneau has the largest senior population.

Ethnicity and Age Trends

Ethnicity Trends

Key Observation:

Alaska Native and Caucasian seniors represent the largest groups in the dataset, indicating the importance of culturally responsive outreach and nutrition programming.

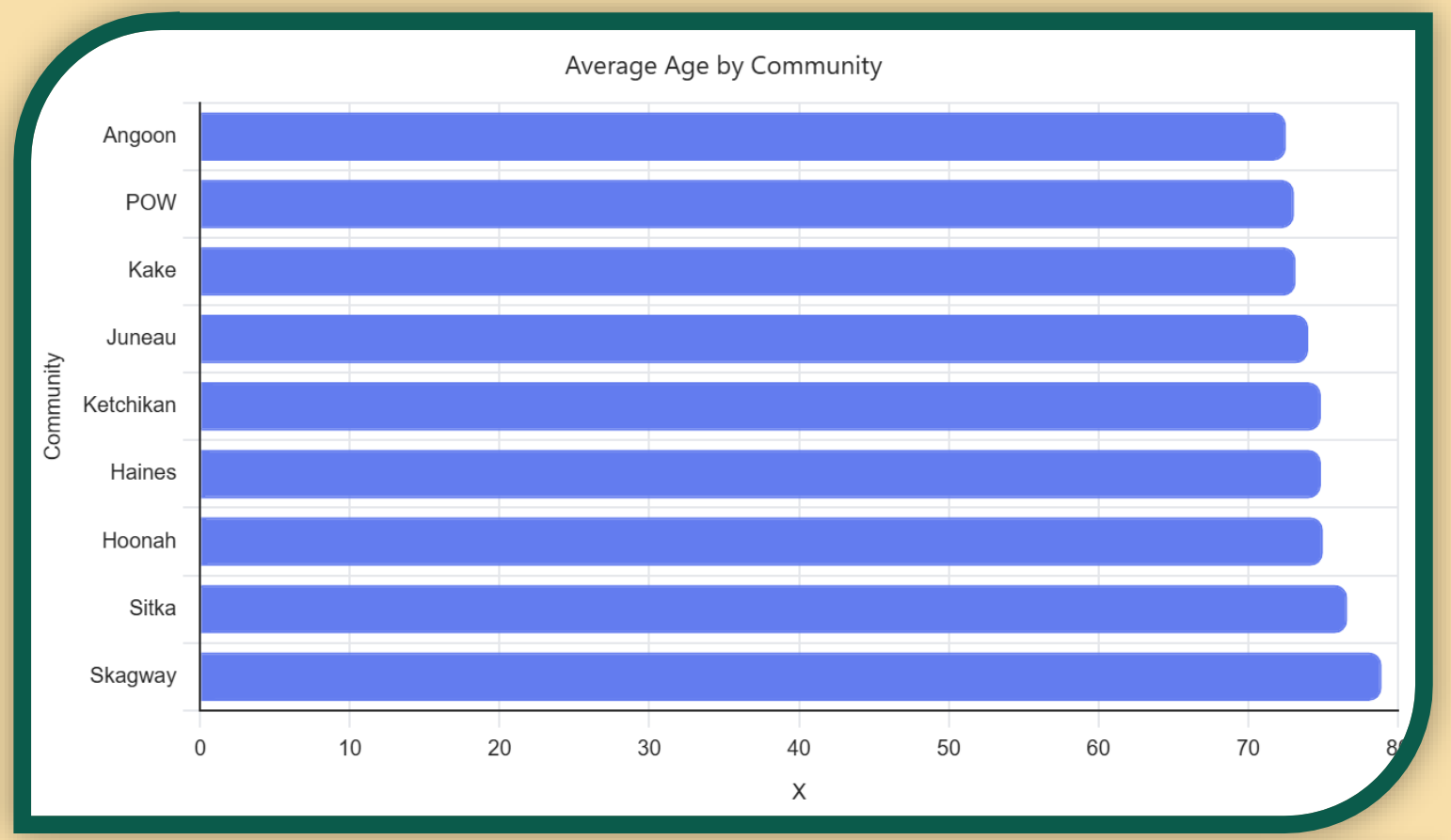


Ethnicity Distribution

Age Distribution by Community

Key Observations:

- Average age ranges roughly from the low 70s to nearly 80.
- Skagway has the oldest average participant population.
- Sitka, Hoonah, Haines, and Ketchikan also have relatively older populations that may require increased home-based supports.



With Whom, are Seniors Living?

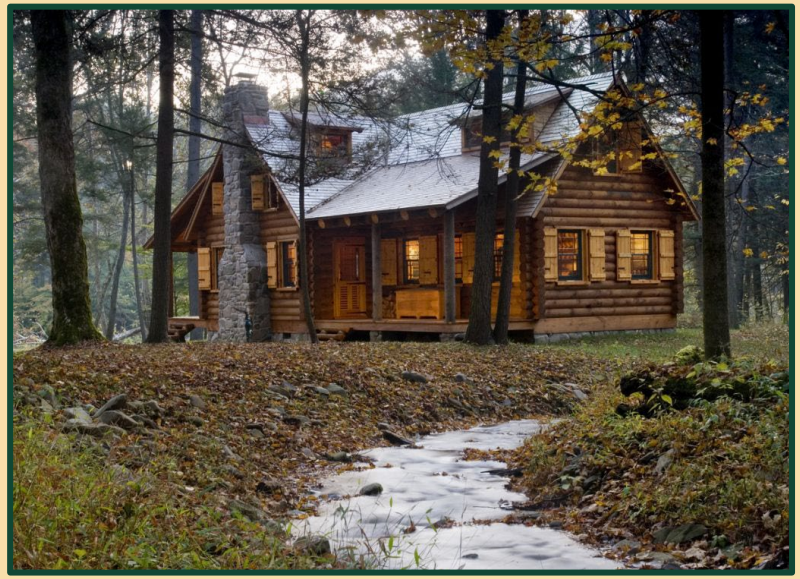
More than 4 for out of 5 seniors (81.8%) live alone across all communities. Living with a spouse/partner is second most common arrangement, while relatively few seniors report living with family members.

Lives Alone 81.8%
Spouse/Partner 8.8%
Family 4.8%
Other 4.5%
Friend 0.1%

Females are more likely than males to be living alone simply because there are more females represented in the survey population. Females account for 511 (58%) and males 367 (42%).

Disability & Senior Housing

Gender	Disabled & Residing in Senior Housing	% of Participants	Identified Disabled
Female	2	0.32%	169
Male	2	0.45%	126



The survey identified only four senior's region-wide who were both disabled and residing in senior housing, split evenly between men and women. This suggests that the overwhelming majority of surveyed seniors are living in community settings rather than reporting residence in senior housing while disabled.

Only 1.4% reported residing in senior housing

98.6% of disabled seniors are living outside senior housing settings, suggesting most disabled seniors remain in private homes, family home, or other community-based living arrangements.

Female seniors represent 57.3% of all disabled seniors, whereas males represent 52.7% of all disabled seniors.

The data indicates that disability is not strongly associated with residence in senior housing in this population. Nearly all disabled seniors continue to live in community settings. This finding aligns with several other results from the assessment showing high levels of seniors living alone, reliance on informal caregivers, and reported needs for transportation, in-home assistance, and mobility support. This also suggests that community-based supports, rather than residential care settings, remain the primary support structure for disabled seniors across the region.

Alone and Without Help

Community	Total Seniors	Live Alone + No Help	% of Community
Juneau	316	214	67.7%
Sitka	152	99	65.1%
Ketchikan	124	79	63.7%
Haines	187	68	36.4%
POW	88	52	59.1%
Hoonah	67	41	61.2%
Kake	52	38	73.1%
Angoon	52	22	42.3%
Skagway	36	11	30.6%

Across the region, the largest concentration of potentially vulnerable seniors is in Juneau, where 214 seniors reported both living alone and having no helper available.

Relative to community size, **Kake** has the highest proportion of seniors in this category, with **nearly three-quarters (73.1%) of surveyed seniors report living alone without help.**

What help did the seniors identify they needed?

Male Seniors Most frequently identified needs:

- In-Home Care Services
- Transportation
- Housekeeping/housework
- Dental needs
- Home maintenance and financial assistance

Females Seniors Most frequently identified needs:

- In-Home Care
- Transportation
- Chore Aid/Housekeeping assistance
- Case management
- Mobility Assistance (assistance with walking, handrails, and/or assistive devices)
- Respite services
- Home safety modifications

The strongest theme across all communities where needs for :
In-Home care/services
Transportation
Housekeeping and chore assistance
Mobility
Dental and vision
Home maintenance needs

Theses results indicate that support needs are concentrated in helping seniors remain safety independent in their homes rather than requiring institutional care.

DOES GENDER PLAY A ROLL IN RECEIEVING CARE?

Help Received by Gender			
Gender	Receiving Help	No Help Reported	Total
Female	227	399	626
Male	154	294	448

Gender is not a major factor in whether a senior reports receiving help at home.

Both male and females' seniors have similar support rates with only about **one in three seniors receiving assistance and roughly 2 in 3 reporting no helper.**

Support gaps are widespread across both genders and not concentrated into one group.

Although about 35.5% of seniors reported receiving help, only about 12.2% explicitly requested additional help or services regardless of gender, suggesting that many seniors may not perceive their challenges as requiring additional assistance or they have some level of support.

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Preplanned Support

Of the 1,026 seniors reviewed, only 417 (40.6%) have a documented emergency contact, while 609 (59.4%) have no emergency contact listed.

This suggests that **nearly 3 out of every 5 seniors do not have an emergency contact.**

Daughters, spouses and sons are the most common choices for making decision in an emergency.

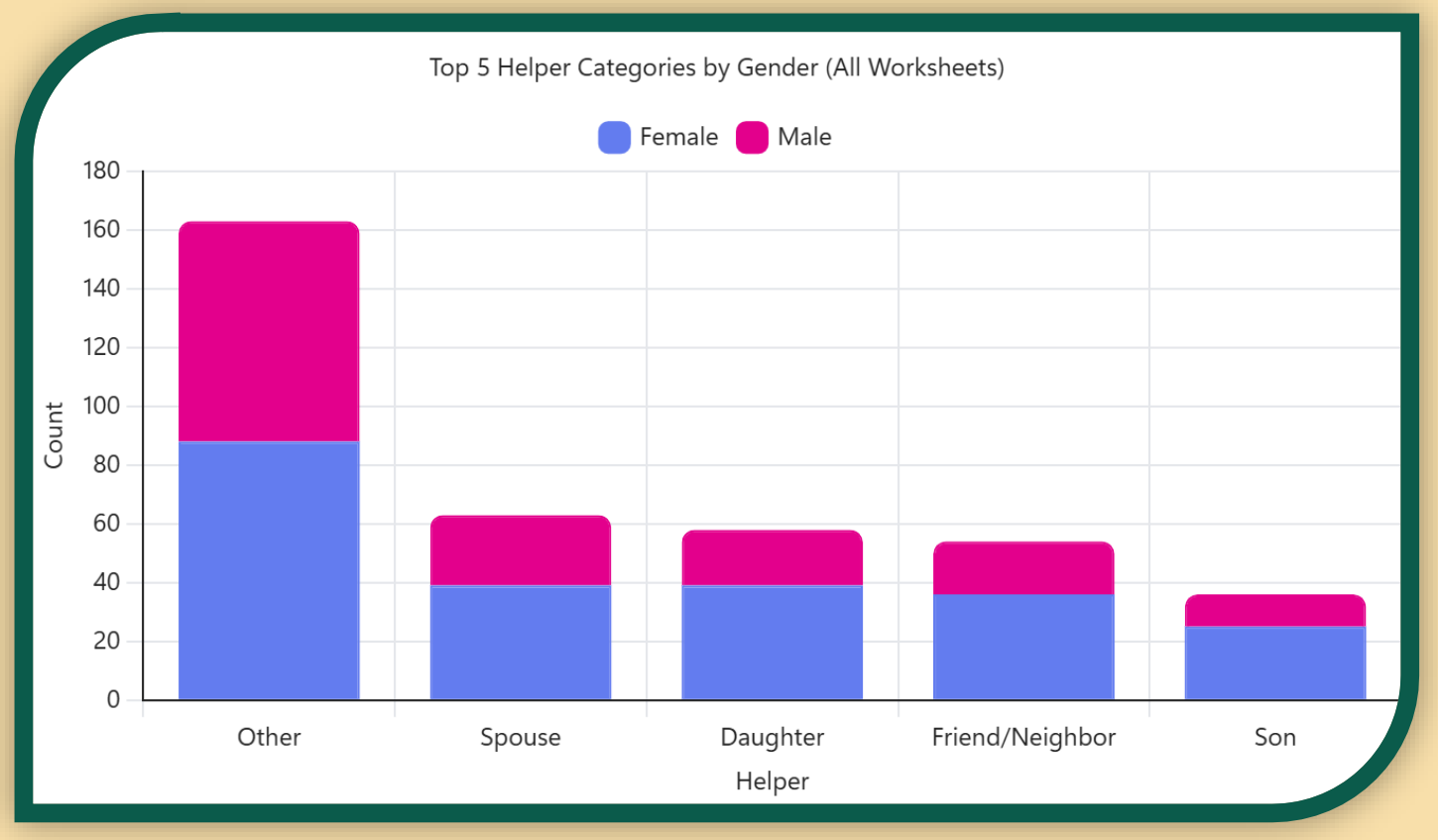
Among both genders, substantially more seniors have an emergency contact than report receiving regular help. This suggests that while many seniors have someone who could be contacted in an emergency, a notable portion are not currently receiving ongoing assistance at home. Potentially representing a group with limited day-to-day support despite having an emergency contact available.

COMMUNITY SUPPORT: WHO IS PROVIDING THE ASSISTANCE?

Friends and neighbors play a significant support role, nearly matching daughters in frequency.

Family members are the primary source of support, with Spouses, Daughters, and sons.

Approximately 1 in 3 seniors (35.5%/381 elders) reported receiving assistance in the home, while nearly **2 in 3 seniors (64.5%/693 elders) did not identify a helper.**



Nutrition Risk Analysis

Nutrition Risk

Nutrition Risk Categories

Seniors are classified into Good, Moderate, and High-Risk groups based on their nutritional risk factors in the dataset.

Nutrition Risk Assessment

Nearly one in four seniors face significant nutrition challenges with 164 high risk and 242 moderate risk individuals identified.

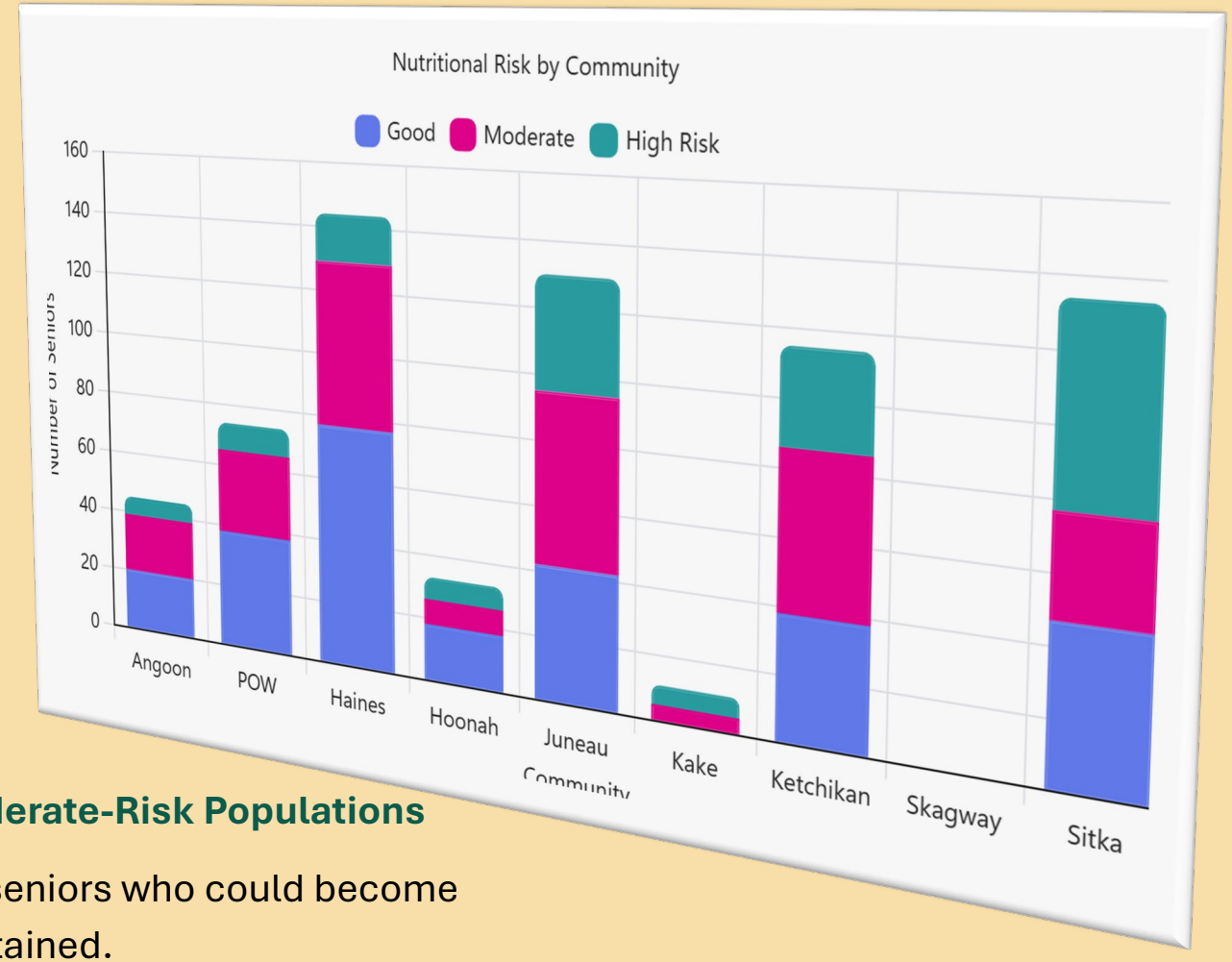
Nutritional Risk

Highest Nutritional Risk Communities

Based on the number of seniors classified as **High Risk (6+)**:

1. **Sitka** (~57 high-risk seniors)
2. **Juneau** (~35 high-risk seniors)
3. **Ketchikan** (~29 high-risk seniors)
4. **Haines** (~15 high-risk seniors)
5. **POW** (~9 high-risk seniors)

Sitka stands out as the community with the greatest concentration of nutritional vulnerability.



Community	Moderate Risk
Haines	52
Juneau	53
Ketchikan	48
Sitka	30
POW	27

Communities with Large Moderate-Risk Populations

Moderate risk often indicates seniors who could become high risk if support is not maintained.

Overall, the assessment found that approximately 24% of assessed seniors were at high nutritional risk and another 35% were at moderate risk.

Nutritional Risk

Based on both volume and rate of needed, the communities with the greatest food affordability concerns are:

- Angoon
- Ketchikan,
- Sitka,
- POW.

Seniors Reporting They Do Not Have Enough Money to Buy Needed Food			
Community	Seniors Reporting Food Affordability Concerns	Total Seniors Surveyed	Percent
Ketchikan	42	124	**33.9%**
Juneau	42	316	**13.3%**
Sitka	39	152	**25.7%**
Skagway	36	36	**100.0%***
Haines	32	187	**17.1%**
POW	19	88	**21.6%**
Angoon	18	52	**34.6%**
Hoonah	11	67	**16.4%**
Kake	10	52	**19.2%**

* Dataset for this question for Skagway is not accurate

Service Utilization Trends

Meals, Transportation, and Community Services
Major Trends: Different Service Models by Community

Congregate Meal Communities:
Skagway (73.5%), Sitka (54.8%), Haines (50.3%).

- These communities rely heavily on seniors coming to meal sites.

Home Delivery Communities: Juneau (47.4%), Kake (44.4%), Angoon (41.2%), Ketchikan (41.0%)

- These communities show stronger demand for meals delivered to the home.

Transportation Demand is Strongest in Rural Communities
Highest transportation utilization: Angoon (41%), Ketchikan (39%), Hoonah (35%), Kake (33%), POW (31%),

- These are the communities where transportation expansion is most likely to improve: Meal access, Medical access, Independent living and Social engagement.

Community	Home Delivered Meals	Congregate Meals	Transportation
Angoon	41.2%	17.6%	41.2%
POW	37.3%	31.3%	31.3%
Haines	24.3%	50.3%	23.7%
Hoonah	23.3%	44.2%	34.9%
Juneau	47.4%	24.8%	1.5%
Kake	44.4%	14.8%	33.3%
Ketchikan	41.0%	41.8%	38.5%
Skagway	20.6%	73.5%	0.0%
Sitka	38.4%	54.8%	0.0%

Sitka Has the Largest Nutrition Challenge
Sitka combines:
Highest high-risk population (57)
Strong congregate meal participation (55%)
Significant home-delivered meal participation (38%)

- This suggests both meal programs are heavily needed and likely at capacity.

Ketchikan Has the Broadest Service Utilization
Ketchikan shows high use across all three service categories:
Home Delivered Meals: 41%
Congregate Meals: 42%
Transportation: 39%

- This suggests a large population requiring multiple supports simultaneously.

Functional Limitations and Disability

ADL/IADL Burden and Disability Patterns

ADL Burden and Meal Assistance

Seniors with difficulty in ADLs often rely on home-delivered meal programs to maintain nutrition and independence.

IADL Support Services

Higher IADL limitations increase dependence on transportation, medication, and housekeeping support services.

Mobility-Related Disability Challenges

Mobility limitations are a major factor driving demand for transportation and participation in nutrition programs.

Integrated Service Models Needed

Combining nutrition, transportation, home support, and health management improves outcomes for seniors with limitations.

Self Assessment

***Elderly, Not Disabled*,**
Most Common Category for both genders
37% Female
32% Male

Not Disabled,
second most common category
33% Female
37% Male

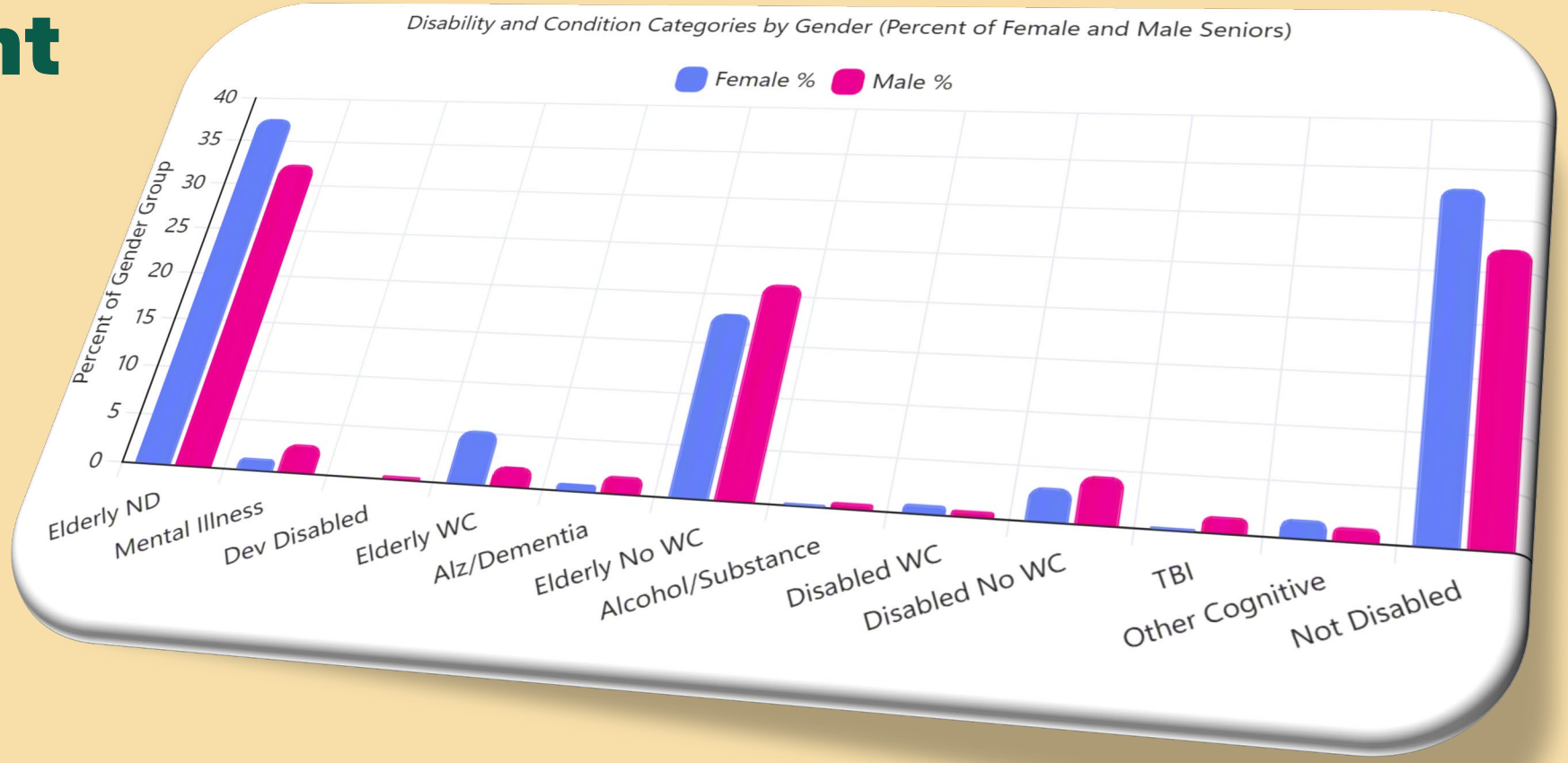
Elderly, Disabled (No wheelchair)
largest disability-related category
18% Female
21% Male

***Elderly Disabled in a Wheelchair*,**
more common among females
5% Female
2% Male

***Disabled, not in a wheelchair*,**
appears more frequently with men
4.5% Male
3.2% Female

***Mental Illness*,**
reported more by men
2.9% Male
1.3% Female

Traumatic Brian Injury(TBI)
uncommon but proportionally higher for among men.
1.6% male
0.5%Female



The senior population is composed of individuals who identify as either, *Elderly, Not Disabled* or *Not Disabled*.

Among disability-related conditions, the dominant category for both genders is *Elderly Disabled no Wheelchair*, with a greater proportion of men reporting this status. Men also show higher rates of mental illness, traumatic brain injury, and non-wheelchair disability, while woman have higher rates of elderly disability with wheelchair use.

Overall, the data suggests that mobility limitations without wheelchair dependence represent the most significant functional challenge across the communities.

Ambulation

Ambulation Difficulty	Female	Male
Difficulty with Stairs	**16.8%**	**11.2%**
Difficulty Walking Distances	**22.0%**	**17.9%**
Difficulty Walking	**17.6%**	**17.0%**

N=626 Female Seniors N=448 Male Seniors

Walking distance is the most reported ambulation challenge for both genders, followed by general walking difficulty, and stair navigation.

Female seniors reported higher difficulty rates across all three mobility measures.

Largest gender difference is in *difficulty in with stairs* with females reporting significantly higher rates than males.

Overall, female seniors consistently report higher rates of mobility limitations than male seniors, suggesting there may be a benefit in targeting females for fall prevention, transportation, and mobility related services.

Ambulation: By Community

Skagway reports the lowest mobility challenges. Secondary to Juneau, who has relatively low levels despite having the largest number of surveyed seniors.

Communities with the Lowest Mobility Challenges	
Community	**Composite Mobility Challenge Rate**
Skagway	2.8%
Juneau	9.9%
POW	11.0%
Angoon	12.8%

Roughly, 1 in 4 reported responses in theses communities indicate difficulty with walking, walking distances, or stairs.

Communities with the Highest Mobility Challenges	
Community	**Composite Mobility Challenge Rate**
Ketchikan	42.5%
Sitka	23.2%
Kake	22.4%
Hoonah	16.4%
Haines	14.4%

Ketchikan, Sitka, and Kake may benefits for enhanced transportation, fall prevention, home modification, mobility equipment access and in-home support services.

Disability and Functional Limits

- Among respondents reporting a disability, only a small number resided in senior housing, while approximately **98.6% remained in their own homes** or community-based living arrangements, demonstrating a strong preference for aging in place.

- **Mobility impairment emerged as one of the most significant functional** concerns identified in the assessment. Ketchikan reported the highest rate of mobility challenges (42.5%), followed by Sitka (23.2%) and Kake (22.4%).

- Communities with higher functional impairment also tended to report higher rates of seniors living alone, transportation dependence, nutritional risk, and caregiver shortages. For example, Kake demonstrated both the region's highest functional limitation scores and the highest proportion of seniors living alone without assistance. These overlapping vulnerabilities highlight the importance of integrated aging services that combine transportation, nutrition, caregiver support, homemaker assistance, wellness checks, and home modifications.

Community Needs and Priorities

Community Comparison Tiers

Community Comparison Tier reflects the relative concentration of aging-related risk factors observed within the assessment. The tier system is intended as a planning and prioritization tool rather than a ranking of community importance. Tier placement reflects the level of identified need and complexity of service challenges within each community.

Tier 1 Highest Regional Priority Communities (Juneau, Sitka, and Ketchikan) demonstrated the highest concentration of vulnerable seniors, combining population size with elevated levels of social isolation, nutritional risk, mobility limitations, dementia-related concerns, and unmet service demand.

These communities represent the highest priority for service expansion due to both the number of seniors affected and the complexity of identified needs.

Tier 2 High Vulnerability Rural Communities (Angoon, Hoonah, and Kake) exhibited substantial aging-related challenges driven primarily by geographic isolation, transportation barriers, high levels of seniors living alone, and limited caregiver resources.

Although smaller in population, these communities demonstrate a high concentration of vulnerability and require targeted interventions to support aging in place.

Tier 3 Prevention and Maintenance Communities (Haines, Prince of Wales Island, and Skagway) generally demonstrated lower overall risk profiles or stronger service infrastructure compared to Tier 1 and Tier 2 communities.

While important needs remain, these communities may benefit most from preventive services, wellness promotion, and maintaining successful aging-support systems before future demand increases.

Juneau

Strengths

- Largest service network in the region.
- Highest participation in home-delivered meals.
- Largest absolute number of seniors served. (2025 ACOA-Snapshot)

Service Gaps

- Only 5.5% of the total 65+ population was reached despite serving 316 seniors. This represents the largest potential group of unreached seniors in Southeast Alaska.
- 214 seniors reported living alone without help.
- Large numbers of nutritionally at-risk seniors.
- Shortage of caregiver support services and emergency planning outreach.
- Need for expanded care coordination and case management for isolated seniors. (2025 ACOA-Snapshot)

Community Comparison, Tier 1

- Largest vulnerable population
- Largest unreached senior population
- High isolation

Ketchikan

Community With Most Diverse Service Demand

Strengths

- Strong home-delivered meal utilization.
- Existing transportation utilization.

Service Gaps

- Highest mobility impairment rate (42.5%).
- One-third struggle with food affordability.
- High transportation dependence.
- Significant numbers live alone without support.
- Potential home safety and accessibility concerns.

Community Comparison, Tier 1

- Highest nutritional risk burden
- Highest dementia prevalence
- High isolation

Community Most Likely to Need Additional Support is Sitka

Sitka

Strengths
Strong congregate meal participation.
High community engagement.
Existing transportation and nutrition infrastructure.

Service Gaps
Highest nutritional risk burden in the region.
Significant mobility limitations.
Substantial number of seniors living alone without help.
Growing need for dementia-capable services and caregiver support.

Community Comparison, Tier 1
Highest nutritional risk burden
Highest dementia prevalence
High isolation

Kake

Strengths

- Strong home-delivered meal utilization.
- Community engagement among participants.

Service Gaps

- Highest isolation risk in the survey.
- Highest proportion of seniors living alone without help (73.1%).
- Significant mobility limitations.
- Heavy dependence on meal delivery.
- Elevated risk for self-neglect and delayed intervention.

Community Comparison, Tier 2

- Highest living alone without helper
- Highest functional limitation indicators

Angoon

1. **Strengths**
   - Existing transportation program utilization.
   - Strong community partnerships.
2. **Service Gaps**
   - Highest transportation dependence.
   - High food affordability concerns.
   - Identified hearing, vision, and dental needs.
   - Limited healthcare access due to geography.
3. **Community Comparison, Tier 2**
   - Highest transportation utilization
   - Highest food affordability concerns

Hoonah

Strengths

- Existing transportation service usage.
- Connected senior center participants.

Service Gaps

- High rates of seniors living alone without helpers.
- Transportation barriers.
- Limited informal support networks.
- Unmet caregiver needs.

Community Comparison, Tier 2

- High isolation
- Older population profile

PRINCE OF WALES ISLAND

Strengths

- Existing transportation use.
- Active senior participation.

Service Gaps

- Geographic dispersion across multiple communities.
- High rates of living alone.
- Transportation challenges across island communities.
- Food affordability concerns.
- Limited caregiver availability.

Community Comparison, Tier 3

- Geographic dispersion across multiple communities creates unique service-delivery challenges.
- Significant transportation barriers affect healthcare and service access.
- High proportion of seniors living alone and limited caregiver availability.
- Food affordability concerns and regional access challenges.
- Strong need for coordinated regional outreach and transportation solutions.

Skagway

Strengths

- Highest congregate meal utilization.
- Lower rates of living alone without help.
- Strong social engagement through meal programs.

Service Gaps

- Small samples may mask unmet needs.
- An aging population is expected to grow.
- Need to sustain successful programs before future demand increases.

Community Comparison, Tier 3

- Highest congregate meal participation rate in the assessment (73.5%).
- Lower levels of seniors living alone without assistance than many other communities.
- Strong social connectedness through senior center and meal programs.
- Existing support systems appear effective in maintaining independence and engagement.
- Primary focus is sustaining successful programs and preparing for future population aging.

Haines

Strengths

- Highest service penetration rate (39.7%).
- Strong congregate meal utilization.
- Lower isolation rates than many communities.

Service Gaps

- Large moderate nutrition-risk population.
- Need preventive services before seniors become high-risk.
- Chronic disease management opportunities.

Community Comparison, Tier 3

- Highest community reach rate in the assessment (39.7% of local seniors reached).
- Strong congregate meal participation and community engagement.
- Lower levels of social isolation compared to many Southeast communities.
- Large population of seniors at moderate nutritional risk, creating opportunities for prevention-focused services.
- Well-positioned for wellness, chronic disease prevention, and healthy aging initiatives.

Strategic Priorities and Support Recommendations

Southeast Alaska Compared to Statewide Trends

Indicator	Assessment Findings	Alaska Statewide Context	Interpretation
Living Alone	81.8%	Statewide estimates substantially lower	Indicates elevated social isolation and reduced access to informal caregiving.
No Regular Helper	64.5%	No direct statewide comparison available	Suggests significant caregiver shortages and limited family support networks.
No Emergency Contact	59.4%	Not routinely measured statewide	Raise concerns regarding preparedness, advocacy, and crisis response.
Moderate or High Nutrition Risk	59.1%	Higher than expected community-dwelling senior averages	Demonstrates substantial nutrition and food-security concerns.
Transportation Needs	Most frequently identified unmet need	Alaska ranks the lowest (50th) nationally for transportation access for older adults (AARP)	Confirm transportation as a foundational aging-services issue.
Functional Limitations	Highest in Kake, Ketchikan, and Juneau	Disability prevalence increases significantly with age statewide	Suggests increasing future demand for home-based supports and long-term services.

Strategic Priorities

Top Unmet Needs by Community

- **Caregiver Support Infrastructure:** Nearly **two-thirds** of respondents reported having no regular helper, **while more than four-fifths lived alone.**
- **Emergency Planning and Power of Attorney Readiness:** A particularly concerning finding was that **nearly 60%** of respondents reported having no documented emergency contact.
- **Transportation Access:** Transportation is the **most reported unmet need** affecting access to meals, healthcare, shopping, and social activities.
- **Nutrition and Food Security:** Nutritional vulnerability affected a substantial portion of assessed seniors, with **nearly six out of ten** respondents classified as either moderate or high nutritional risk.
- **Aging-in-Place Supports:** The overwhelming majority of seniors identified in the assessment continue to live in their own homes despite increasing physical limitations, chronic disease, and mobility challenges. **Aging in place remains the preferred option** for most older adults.

Support Recommendations

Sitka

- Nutrition counseling.
- Home-delivered meals.
- Dementia caregiver support groups.
- Respite care.
- Fall prevention and mobility programs.

Juneau

- Caregiver support programs.
- Friendly visitor/wellness check programs.
- POA and advance directive education.
- Expanded outreach to seniors not currently connected to services.

Ketchikan

- Home modification programs.
- Transportation capacity.
- Shopping assistance.
- Chore and homemaker services.
- Caregiver support and respite.

Kake

- Wellness checks.
- Friendly visitor programs.
- Home assistance services.
- Caregiver support.
- Emergency preparedness and POA planning.
- Home modification assistance.

Angoon

- Medical transportation.
- Mobile health clinics.
- Vision and hearing screening.
- Food security programs.
- Benefit enrollment assistance.

Hoonah

- Companion programs.
- Volunteer assistance networks.
- Emergency contact registration.
- Caregiver identification and support programs.

Prince of Wales

- Regional transportation coordination.
- Mobile outreach services.
- Telehealth support.
- Volunteer caregiver networks.
- Emergency preparedness programs.
- Emergency preparedness

Haines

- Evidence-based wellness programs.
- Nutrition education.
- Diabetes and blood pressure management support.
- Fall prevention.

Skagway

- Preventive wellness services.
- Volunteer engagement.
- Transportation planning.
- Future caregiver support development.

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