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# Southeast Regional Eldercare Coalition:

# CCS Senior Needs Assessment Analysis for Southeast Alaska


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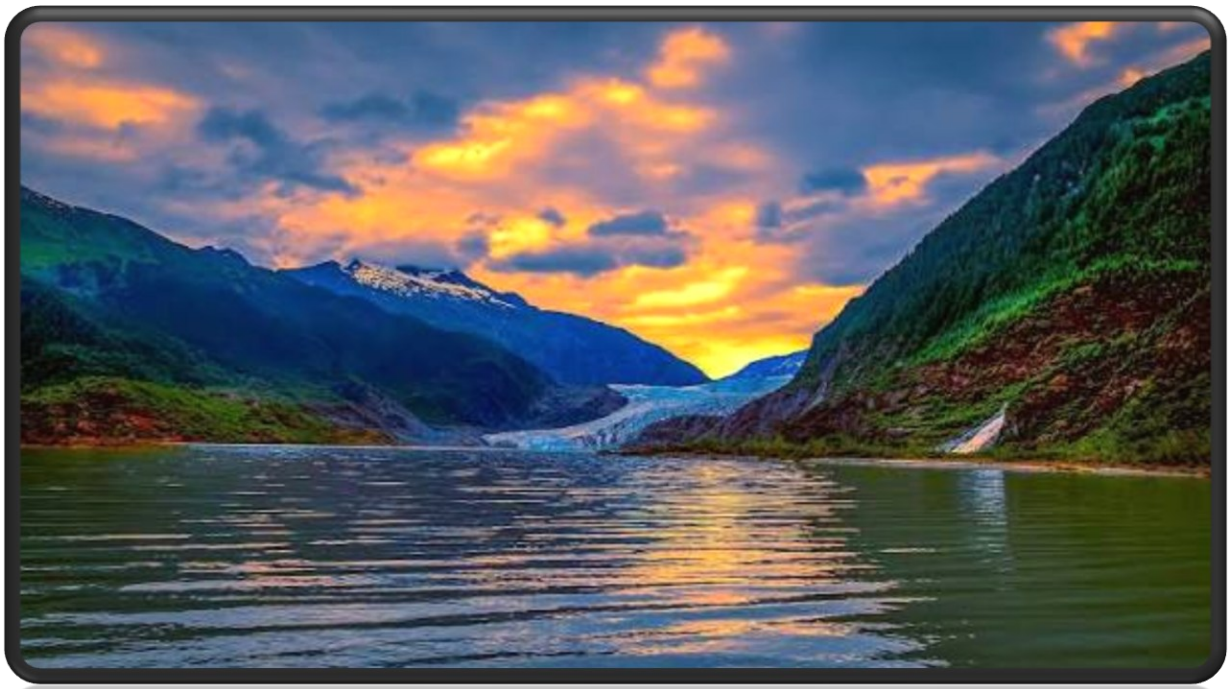

## Acknowledgment and Appreciation

We extend our sincere gratitude to the Catholic Community Services (CCS) staff and leadership for their invaluable contributions to this study. Their dedication, guidance, and support were instrumental in directing the project and ensuring its success. We are especially thankful for their efforts in collecting, organizing, and providing the information necessary for this analysis.

The willingness of CCS staff to share their expertise, experiences, and insights greatly strengthened the quality and accuracy of this study. Their collaboration, professionalism, and commitment to serving the community have been essential in helping us better understand the needs, opportunities, and challenges addressed in this report.

We deeply appreciate the time, knowledge, and partnership provided by CCS leadership and staff throughout this process and acknowledge their important role in making this study possible.

## Abstract

This study presents the findings of the 2025 Catholic Community Services (CCS) Senior Needs Assessment conducted in partnership with the Southeast Regional Eldercare Coalition a program of Juneau Economic Development Council (JEDC) across nine Southeast Alaska communities. The assessment analyzed survey responses from 1,074 older adults to evaluate demographic characteristics, social support networks, nutritional risk, functional limitations, transportation needs, disability status, and utilization of aging services. The purpose of the study was to identify unmet needs, assess factors affecting successful aging in place, and provide evidence to guide future planning, resource allocation, and policy development for aging services throughout the region.

The findings reveal that Southeast Alaska seniors face a complex combination of challenges associated with geographic isolation, caregiver shortages, transportation barriers, nutritional vulnerability, and increasing functional limitations. Social isolation emerged as a particularly significant concern, with 81.8% of respondents reporting that they live alone, 64.5% reporting no regular helper, and 59.4% reporting no documented emergency contact. The assessment further found that nearly six in ten respondents were at moderate or high nutritional risk, while transportation was consistently identified as the most significant unmet service need across participating communities. Functional impairment analysis indicated elevated levels of support needs in several communities, particularly among seniors experiencing limitations in activities of daily living and independent living tasks.

Comparisons with statewide aging trends suggest that Southeast Alaska may experience greater vulnerability due to the interaction of population aging, workforce constraints, declining caregiver availability, and limited transportation infrastructure. While individual communities demonstrated unique strengths and challenges, the data consistently identified five regional priority areas: caregiver support, emergency preparedness and advance planning, transportation access, nutrition and food security, and aging-in-place supports.

The study concludes that future service demand will be influenced not only by the continued growth of the senior population but also by the increasing complexity of needs among older adults aging independently within community settings. Strategic investments in transportation systems, caregiver support, nutrition services, dementia-capable programming, and home-based assistance represent the greatest opportunities to improve quality of life, strengthen community resilience, and help seniors remain safely and

independently in their homes. The findings provide a regional framework for planning, partnership development, and policy decisions designed to support successful aging throughout Southeast Alaska.

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# Introduction

# Introduction

Southeast Alaska is a vast coastal region of islands, fjords, and mainland communities covering approximately 35,000 square miles and encompassing more than 30 communities stretching from Yakutat to Ketchikan. The region's population was about 71,077 residents in 2023 and continues to decline modestly, while the proportion of older adults continues to grow, making Southeast Alaska the oldest region in the state. In 2025, approximately 19,275 residents were age 60 or older, representing more than one-quarter of the region's population. Major communities include Juneau, Sitka, Ketchikan, Haines, Skagway, Wrangell, Petersburg, Hoonah, Angoon, Kake, and the communities of Prince of Wales Island. The region's economy is diverse and relies on tourism, commercial fishing and seafood processing, government, healthcare, mining, transportation, tribal organizations, construction, and retail services. Recent Juneau Economic Development Council (JEDC) Indicators show strong job and wage growth driven by tourism, healthcare, construction, mining, and tribal government, although population decline, housing shortages, workforce constraints, and reduced availability of family caregivers remain significant challenges. Southeast Alaska's settlement pattern is characterized by many small, geographically isolated communities connected primarily by marine and air transportation, creating unique demands for infrastructure, healthcare, senior services, and regional economic development.

The aging population of Southeast Alaska faces unique geographic, economic, and healthcare challenges that influence access to supportive services. Many communities are isolated, transportation infrastructure is limited, and healthcare resources are often concentrated in larger regional hubs. As a result, older adults frequently rely on community-based organizations such as Catholic Community Services (CCS) to maintain independence and remain safely in their homes.

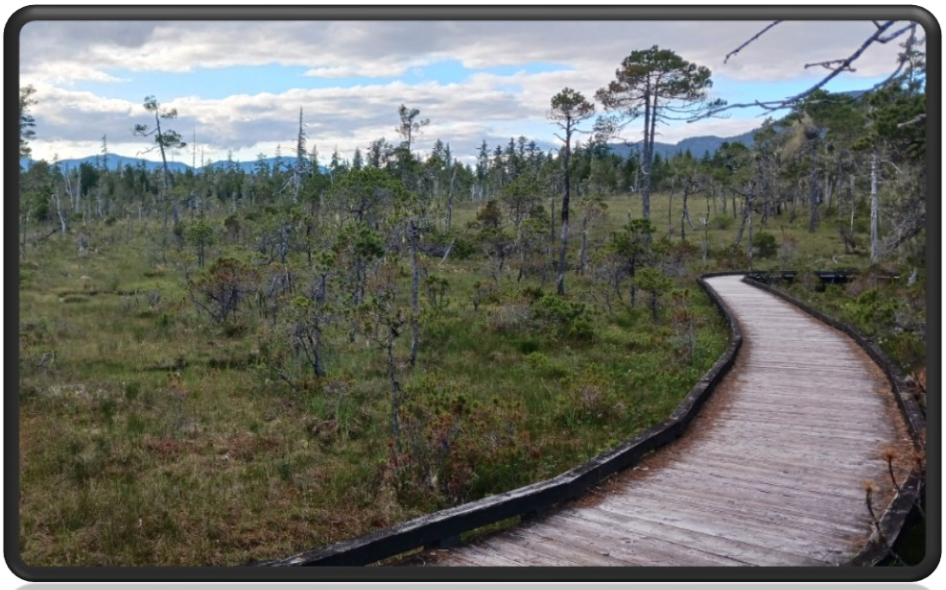
To better understand senior needs across the region, CCS conducted a comprehensive assessment involving older adults and tribal elders in nine Southeast Alaska communities: Angoon, Prince of Wales Island (POW), Haines, Hoonah, Juneau, Kake, Ketchikan, Skagway, and Sitka. The study sought to answer several important questions:

1. What are the primary unmet needs among seniors?
2. What factors place seniors at greatest risk?
3. Which communities require enhanced support?
4. How effectively are existing services reaching older adults?

5. What strategic priorities should guide future funding and program development?

The assessment provides valuable evidence for service planning, grant development, policy recommendations, and resource allocation.

# Methodology



# Methodology

The findings from the assessment must be viewed within the context of Alaska's unprecedented demographic transition. According to the Alaska Commission on Aging (ACOA), Alaska's population aged 60 and older increased by 78% between 2010 and 2025, growing from 90,876 to 162,175 residents. The population aged 65 and older more than doubled during the same period, increasing from 54,938 to 118,296 older adults. Southeast Alaska remains the oldest region in the state, with more than one in four residents aged 60 or older. (2025, ACOA-Snapshot)

JEDC and Southeast Conference indicators show Southeast Alaska continues to experience population decline while the proportion of older adults grows. This creates a shrinking workforce and caregiver pool supporting an expanding senior population. Housing shortages and labor constraints may further reduce informal and formal caregiving capacity. (JEDC, 2024)

These demographic trends suggest that the service needs identified in the assessment are likely to intensify over time. Communities already experiencing elevated levels of transportation barriers, nutritional risk, and social isolation can expect continued growth in demand as the senior population expands.

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## Study Population

The dataset includes 1,074 seniors who participated through senior centers or tribal elder programs across Southeast Alaska.

Data was collected between August and October 2025 through:

- In-person surveys
- Telephone interviews
- Outreach flyers
- Senior center engagement activities

Participants completed a two-page assessment either independently or with assistance from CCS staff.

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## Geographic Coverage

Southeast Alaska is Alaska's most geographically dispersed region, encompassing approximately 35,000 square miles of islands, mainland coastline, fjords, and remote communities connected primarily by marine highways and air transportation. While the region's population declined by nearly 800 residents between 2022 and 2023, falling to approximately 71,077 people, its senior population continues to grow, creating a demographic shift unlike most other areas of the state. In 2025, an estimated 19,275 Southeast Alaska residents were aged 60 or older, making Southeast Alaska the oldest region in Alaska and resulting in more than one in four residents being 60+.

The assessment included nine communities representing both regional population centers and small rural communities: Juneau, Sitka, Ketchikan, Haines, Skagway, Hoonah, Angoon, Kake, and Prince of Wales Island. These communities vary considerably in size and accessibility. Juneau, with more than 31,000 residents, serves as the region's governmental and transportation hub, while communities such as Angoon and Kake have populations of fewer than 600 residents and face significant geographic isolation. Despite these differences, communities across the region share common challenges related to transportation access, workforce shortages, housing constraints, and an aging population.

The contrast between declining overall population and rapid senior population growth is particularly important for planning aging services. JEDC indicators report that Southeast Alaska now has approximately 5,600 fewer working-age residents than in 2010, despite having more jobs available across the regional economy. This shrinking workforce must support growing demand for healthcare, caregiving, transportation, and aging-in-place services. As a result, geographic isolation, population aging, and workforce shortages are increasingly interconnected factors shaping the future needs of Southeast Alaska's communities.

The study included respondents from across the southeast Alaskan region.  Wrangell participated in data collection but was excluded from the final analytical dataset.

Table 1 shows the respondents from each individual community.

### Table 1. Study Population by Community

| Community | Survey Participants | Percent of Sample |
|---|---|---|
| Juneau | 316 | 29.4% |

| | | |
|---|---|---|
| Haines | 187 | 17.4% |
| Sitka | 152 | 14.2% |
| Ketchikan | 124 | 11.5% |
| Prince of Wales | 88 | 8.2% |
| Hoonah | 67 | 6.2% |
| Angoon | 52 | 4.8% |
| Kake | 52 | 4.8% |
| Skagway | 36 | 3.4% |
| **Total** | **1,074** | **100.0%** |

*Juneau represented nearly one-third of all respondents, while the smaller communities collectively represented approximately 19% of the sample.*

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## Analytical Framework

The analytical framework for this study was designed to identify both individual and community-level factors influencing successful aging in place across Southeast Alaska. Recognizing that aging outcomes are shaped by the interaction of health, social support, geography, transportation access, and service availability, the analysis examined demographic characteristics, living arrangements, disability status, functional limitations, nutrition risk, transportation utilization, social support networks, emergency preparedness indicators, and utilization of aging services. This multidimensional approach allowed researchers to evaluate not only the needs of individual seniors but also the capacity of communities to support an increasingly older population.

To strengthen regional planning efforts, findings were analyzed using a comparative community framework. Communities were evaluated based on the concentration of risk factors associated with reduced independence and increased service demand, including social isolation, nutritional vulnerability, dementia prevalence, mobility limitations, functional impairment, transportation dependency, and population size. By examining these indicators collectively rather than individually, researchers were able to identify communities where multiple vulnerabilities converge and where future demand for aging services is likely to be greatest.

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## Tier Classification Methodology

Communities were grouped into three priority tiers based on the severity and concentration of identified risks rather than population size alone. The tier system was developed to assist in prioritizing resources, program development, and future investments.

## How Community Tiers Were Determined

Communities were assigned to priority tiers using a comparative analysis of key indicators associated with successful aging in place. Rather than relying on any single measure, communities were evaluated based on the cumulative presence of factors that increase the likelihood of unmet service needs, reduced independence, and future demand for aging services.

The indicators considered included:

- Percentage of seniors living alone.
- Percentage of seniors living alone without a helper.
- Availability of informal support networks and emergency contacts.
- Nutritional risk levels.
- Transportation dependence and barriers.
- Disability prevalence and mobility limitations.
- ADL and IADL functional impairment scores.
- Alzheimer's disease and dementia prevalence.
- Community size and number of vulnerable seniors affected.
- Existing service utilization and community reach.

A community's tier designation reflects both the severity of need and the potential impact of service expansion. Communities with multiple high-risk indicators across several domains received higher priority classifications than communities with only one or two isolated challenges.

## Tier 1: Highest Regional Priority

Tier 1 communities demonstrated the greatest overall concentration of risk factors and contained the largest populations of vulnerable seniors. These communities typically showed elevated levels of social isolation, nutritional risk, mobility limitations, dementia burden, transportation challenges, and unmet service demand. Because they combine

both high need and large numbers of affected seniors, investments in these communities have the potential to impact the greatest number of older adults. Juneau, Sitka, and Ketchikan were classified as Tier 1 communities.

**Juneau** was classified as Tier 1 because it has the largest senior population and the largest number of isolated seniors, yet only a small percentage of the total older adult population is currently connected to services. Juneau also reported high utilization of home-delivered meals and substantial unmet need related to caregiver support and aging-in-place services.

**Sitka** was designated Tier 1 due to its exceptionally high nutritional risk burden, elevated dementia prevalence, and substantial levels of social isolation. The community demonstrated heavy dependence on nutrition programs and is likely to experience increasing demand for caregiver support and dementia-capable services as the population ages.

**Ketchikan** qualified as Tier 1 because of the region's highest mobility impairment rates, significant transportation dependence, food affordability concerns, and a large proportion of seniors living alone without assistance. These interacting challenges place many seniors at risk of losing independence without additional support services.

## Tier 2: High Vulnerability of Rural Communities

Tier 2 communities exhibited significant aging-service challenges, particularly related to geographic isolation, transportation dependence, caregiver shortages, and seniors living alone. While their total senior populations were smaller than Tier 1 communities, the concentration of risk factors was substantial. Angoon, Hoonah, and Kake were designated Tier 2 because of their high levels of isolation and limited access to supportive resources.

**Angoon** demonstrated the highest transportation utilization and some of the greatest food affordability concerns in the study, reflecting the challenges associated with geographic isolation and limited-service availability.

**Hoonah** exhibited high rates of seniors living alone without support and significant transportation barriers, increasing risks related to healthcare access and emergency preparedness.

**Kake** emerged as one of the most vulnerable communities in the assessment, with the highest percentage of seniors living alone without assistance and the highest

levels of functional impairment. These findings indicate growing need for wellness monitoring, caregiver support, and home-based services.

### Tier 3: Prevention and Maintenance Communities

Tier 3 communities generally demonstrated lower overall risk profiles, stronger service infrastructure, higher community engagement, and fewer severe functional limitations compared to Tier 1 and Tier 2 communities. These communities still face aging-related challenges but are well positioned to benefit from preventive interventions designed to maintain health, independence, and quality of life. Haines, Prince of Wales Island, and Skagway were classified as Tier 3 communities.

**Haines** demonstrated the strongest service reach rate in the study, indicating successful engagement of local seniors. The community's primary opportunity lies in wellness promotion, chronic disease prevention, and maintaining existing strengths.

**Prince of Wales Island** faces unique geographic challenges due to its dispersed population across multiple communities. While transportation and caregiver availability remain concerns, coordinated outreach and regional service delivery may help mitigate future risks.

**Skagway** reported strong congregate meal participation and comparatively lower levels of isolation. Continued investment in preventive programming and social engagement may help sustain positive aging outcomes as its senior population grows.

### Purpose of the Tier Framework

The tier system is not intended to rank communities by importance. Rather, it serves as a planning tool to identify where the greatest concentration of aging-related risk currently exists and where future investments may have the greatest impact on supporting seniors to age safely and independently in their communities.

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## Community Reach Compared to Estimated Senior Population

The assessment surveyed 1,074 older adults across Southeast Alaska, representing approximately 5.6% of the region's estimated 19,275 residents age 60 and older. While this provides a substantial regional sample, participation varied considerably among

communities, revealing important differences in local program reach and potential unmet need.

Several smaller communities demonstrated significantly higher service reach rate in their senior populations than the regional hubs. Haines reached approximately 39.7% of its estimated 65+ population, the highest participation rate in the region. In contrast, Juneau, despite contributing the largest number of respondents (316), reached only 5.5% of its estimated senior population. Similarly, Sitka and Ketchikan reached approximately 8.8% and 8.3% of local seniors, respectively. These comparisons suggest that smaller communities may have stronger connections between senior service providers and older adults, while larger communities may contain substantial numbers of seniors who remain unconnected to available services.

## Reach versus Need

The comparison between community reach and risk indicators also provides important context for planning. Haines achieved the highest community reach rate while demonstrating comparatively lower levels of social isolation and functional limitations. In contrast, Juneau, Sitka, and Ketchikan exhibited some of the region's highest levels of nutritional risk, mobility impairment, dementia prevalence, and social isolation, despite reaching a smaller proportion of their overall senior populations. This suggests that the communities with the greatest concentrations of vulnerable seniors may also have the largest populations of unserved or unidentified older adults.

## Representation of Vulnerable Seniors

Another useful comparison examines where vulnerable seniors are concentrated. Although Juneau represented just under one-third of survey respondents (29.4%), it accounted for 214 seniors living alone without help, the largest number of highly isolated seniors in the study. Sitka and Ketchikan combined accounted for another 178 seniors living alone without assistance, indicating that a substantial portion of the region's highest-risk older adults are concentrated within the three Tier 1 communities.

## Community Reach Efficiency

A review of survey participation relative to community size illustrates that program success is not solely determined by population. Haines, with fewer than 2,000 residents, generated 187 survey responses, while Juneau, with more than 31,000 residents, generated 316 responses. This demonstrates that smaller communities can achieve substantially greater

engagement rates and may offer best-practice models for outreach, relationship building, and service connection strategies that could be replicated elsewhere in the region.

A comparison of survey participation to community senior populations reveals substantial variation in program reach across Southeast Alaska. Smaller communities such as Haines successfully engaged a large proportion of local older adults, while larger regional centers including Juneau, Sitka, and Ketchikan reached a smaller share of their senior populations despite having the greatest concentrations of vulnerable seniors. These findings suggest that future outreach efforts should prioritize identifying and connecting isolated older adults in larger communities where unmet need may be greatest.

# Findings

# Findings

JEDC and Southeast Conference indicators show Southeast Alaska continues to experience population decline while the proportion of older adults grows. This creates a shrinking workforce and caregiver pool supporting an expanding senior population. Housing shortages and labor constraints may further reduce informal and formal caregiving capacity. (JEDC, 2024)

ACOA data indicate that Southeast Alaska has the highest concentration of seniors in the state, with approximately 19,275 residents aged 60 and older in 2025, representing a 64% increase since 2010. Several communities included in the assessment, including Haines, Sitka, Prince of Wales, Hoonah-Angoon, Wrangell, and Petersburg, already have between 20% and 25% of residents over age 65. (2025, ACOA-Snapshot)

Age is an important predictor of service utilization, health status, mobility limitations, nutritional risk, and the need for supportive services among older adults. The assessment found that average participant ages ranged from the early 70s to 80 years old, with notable differences between communities. Skagway exhibited the oldest average participant population.

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## Relationship Between Age and Service Demand

Several trends observed throughout the assessment suggest that age is closely related to service utilization patterns:

- Older communities demonstrated higher dependence on meal programs.
- Communities with older populations reported increased mobility challenges and transportation needs.
- Older seniors were more likely to require assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- Communities with older populations frequently reported greater demand for home care, caregiver support, and chronic disease management services.

While age differences between communities provide valuable planning information, the dataset contains limitations that affect precise age analysis. Researchers identified placeholder birth dates, missing demographic information, and incomplete assessments in several communities. Consequently, community age comparisons should be interpreted

as indicators of general trends rather than precise population estimates. Nevertheless, the findings clearly demonstrate that several Southeast Alaska communities are serving substantially older senior populations and may require increased support in the coming years.

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## Gender

Gender differences are an important consideration in aging services because women generally live longer than men and are therefore more likely to experience widowhood, live alone, and require supportive services later in life. Among the 1,074 seniors who participated in the assessment, 58.3% were female (626 respondents) and 41.7% were male (448 respondents). Women represented nearly three out of every five survey participants. This distribution is consistent with broader aging trends observed throughout Alaska and the United States, where women comprise a growing share of older age groups due to longer life expectancy.

The findings generally reflect the demographic composition of Southeast Alaska's aging population. While women account for approximately half of the overall population in most Southeast Alaska communities, their representation increases substantially among older age groups. As a result, women are more likely to be living independently in later life and may face greater risks related to social isolation, caregiving needs, transportation barriers, and fixed-income economic challenges.

The higher proportion of female participants may also help explain several other findings in the assessment, particularly the large percentage of seniors living alone. National and statewide aging research consistently shows that women are more likely than men to outlive their spouses and spend more years living independently. Given that 81.8% of respondents reported living alone, the predominance of female participants suggests that many of the region's isolated seniors may be older women aging in place without regular support networks.

From a service-planning perspective, the gender distribution indicates that programs supporting independent living, nutrition, transportation, home assistance, social engagement, and caregiver support may be particularly important for older women. At the same time, the substantial proportion of male participants, more than four in ten respondents, demonstrates that aging-service needs are widespread across both genders and require inclusive approaches that address the diverse cultural, social, and health needs of Southeast Alaska's senior population.

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## Ethnicity

Ethnicity data from the assessment showed that Alaska Native and Caucasian seniors comprised the largest groups represented among survey participants, reflecting the unique cultural and demographic composition of Southeast Alaska. This finding aligns with broader regional population trends, where many communities include significant Alaska Native populations alongside long-established non-Native residents.

Southeast Alaska differs from many regions of the United States because Alaska Native people represent a substantial share of the population, particularly in rural communities. Communities such as Angoon, Kake, Hoonah, and several Prince of Wales Island communities have strong Indigenous populations and deep cultural ties to the Tlingit, Haida, and Tsimshian peoples. In contrast, larger regional centers such as Juneau, Sitka, Haines, and Ketchikan tend to have more ethnically diverse populations while still maintaining significant Alaska Native representation.

The assessment's ethnicity findings are important because cultural identity often influences how seniors access services, seek assistance, engage with community programs, and maintain social support networks. Alaska Native elders frequently play central roles as cultural knowledge holders, language keepers, and community leaders. As a result, aging services in Southeast Alaska must not only address health and social needs but also support cultural connection, traditional practices, and intergenerational engagement. Tribal senior centers, elder programs, and Native health organizations are therefore critical partners in the regional aging-services network.

Comparison with regional demographics suggests that the survey captured a population reflective of Southeast Alaska's diverse communities. However, the needs of Alaska Native seniors may differ from those of non-Native seniors due to factors such as rural location, transportation barriers, access to healthcare, income disparities, and reliance on subsistence resources. For many rural Native communities, geographic isolation can create additional challenges related to healthcare access, nutrition, and caregiver availability while simultaneously strengthening community and family connections.

The prominence of both Alaska Native and Caucasian seniors in the assessment reinforces the need for culturally responsive service delivery throughout the region. Effective aging services must recognize the diversity of Southeast Alaska's older adult population and incorporate partnerships with tribal governments, Native organizations, healthcare

providers, and community-based senior programs to ensure services are accessible, culturally appropriate, and responsive to local needs.

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## Living Arrangements and Social Isolation

One of the most significant findings concerns social isolation. More than four out of five seniors were living alone, representing one of the study's most important findings and a major predictor of vulnerability. The assessment found that more than 80% of respondents lived alone and 60% lacked emergency contact. These findings become even more concerning when viewed alongside ACOA projections that Alaska's population age 85 and older will increase by approximately 270% by 2050. (2025, ACOA-Snapshot)

As the oldest age groups expand, communities may encounter greater rates of frailty, cognitive impairment, disability, and caregiver shortages. The high prevalence of seniors living alone already identified suggests that social isolation should be addressed as both a quality-of-life issue and a public health concern.

Across all communities:

### Table 2. Living Arrangements

| Living Arrangement | Percent |
|---|---|
| **Lives Alone** | 81.8% |
| **Spouse/Partner** | 8.8% |
| **Family** | 4.8% |
| **Other** | 4.5% |
| **Friend** | 0.1% |

Living alone is a known risk factor associated with poorer health outcomes, nutritional vulnerability, emergency response challenges, and reduced access to informal caregiving. The assessment found a convergence of risk factors: 81.8% live alone, 64.5% report no regular helper, and 59.4% report no emergency contact. Together, these factors indicate elevated vulnerability during health emergencies, disasters, hospitalization, and functional decline.

### Table 3. Seniors Living Alone Without Help

| Community | Count | Percent |
|---|---|---|
| Kake | 38 | 73.1% |
| Juneau | 214 | 67.7% |
| Sitka | 99 | 65.1% |
| Ketchikan | 79 | 63.7% |
| Hoonah | 41 | 61.2% |
| POW | 52 | 59.1% |
| Angoon | 22 | 42.3% |
| Haines | 68 | 36.4% |
| Skagway | 11 | 30.6% |

Kake demonstrated the highest percentage, with approximately 73.1% of surveyed seniors reporting both living alone and lacking a helper.

ACOA reports that 83% of participants in Alaska's Senior Companion Program reported feeling less lonely after receiving services. Likewise, 100% of volunteer participants reported improved quality of life through engagement in AmeriCorps Seniors programs (2025, ACOA-Snapshot). The Alaska's Senior Companion program offered by Rural Alaska Community Action Program (AKA RurAL CAP) and is actively expanding support into the SE Alaskan region.

These findings suggest that expansion of volunteer-led companionship, wellness checks, and peer-support programs could be an effective strategy for addressing the social isolation documented in Southeast Alaska communities.

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## Alzheimer's Disease and Related Dementias (ADRD)

Alzheimer's disease and related dementias (ADRD) represent one of the fastest-growing health challenges facing Alaska's aging population. According to the Alaska Commission on Aging (ACOA), approximately 18,600 Alaskans currently live with ADRD, including more than 10,400 older adults with Alzheimer's disease, and the total number is projected to exceed 23,000 individuals by 2030. These trends are particularly significant for Southeast Alaska, where the population is older than the statewide average and many seniors live in rural or geographically isolated communities.

The assessment identified dementia-related conditions across several communities, with the greatest concentration of identified cases occurring in Sitka (13 clients), Juneau (11 clients), and Ketchikan (9 clients). Sitka also demonstrated the highest prevalence within the survey population at 8.6%, followed by Ketchikan at 7.3%. While these figures reflect only individuals known to programs or self-reported through the assessment, they suggest that dementia-related support needs are already present throughout the region and will likely increase as the senior population continues to age.

### Table 4. Prevalence of Alzheimer's/Dementia Among Survey Participants

| Community | Alzheimer's/Dementia Count | Survey Sample | Survey Prevalence |
|---|---|---|---|
| Sitka | 13 | 152 | 8.6% |
| Juneau | 11 | 316 | 3.5% |
| Ketchikan | 9 | 124 | 7.3% |
| Haines | 5 | 187 | 2.7% |
| Prince of Wales | 4 | 88 | 4.5% |

| | | | |
|---|---|---|---|
| Hoonah | 2 | 67 | 3.0% |
| Angoon | 1 | 52 | 1.9% |
| Kake | 0 | 52 | 0.0% |
| Skagway | 0 | 36 | 0.0% |

The assessment findings should be considered within the broader demographic context of Southeast Alaska. ACOA reports that the region has the highest concentration of older adults in the state, with more than one-quarter of residents age 60 or older. As life expectancy increases and the population age 85 and older continues to grow, communities can expect rising demand for dementia screening, caregiver support, respite services, care coordination, and dementia-capable long-term supports.

The dementia findings are especially important when viewed alongside other indicators identified in the assessment. More than 81% of respondents reported living alone, nearly 65% reported having no regular helper, and 59% reported no emergency contact. For individuals experiencing cognitive decline, the absence of informal support systems can increase risks related to medication management, nutrition, financial exploitation, healthcare access, emergency response, and personal safety. Dementia therefore intersects with many of the other vulnerabilities identified throughout the study.

Statewide caregiving data further emphasize the importance of planning for increasing dementia-related needs. ACOA estimates that approximately 25,000 Alaskans provide unpaid care to individuals living with Alzheimer's disease and related dementias, contributing an estimated 39 million hours of care annually. As Southeast Alaska experiences population decline and workforce shortages, the availability of family caregivers may become increasingly constrained, placing additional pressure on community-based aging services.

The assessment findings suggest that future investments should prioritize dementia-capable service systems, including caregiver education, respite care, memory-support programming, wellness checks, early identification efforts, and community awareness initiatives. Attention should be given to Sitka, Juneau, and Ketchikan, where the largest concentrations of identified dementia cases were observed. Strengthening caregiver

support and dementia-friendly community infrastructure will be essential to helping seniors remain safe, independent, and connected to their communities as cognitive-support needs continue to grow throughout Southeast Alaska.

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## Community Support Networks

The assessment found that 64.5% of seniors reported having no regular helper and that more than 80% lived alone. These findings suggest substantial dependence on informal support systems that may be either unavailable or insufficient.

### Table 5. Home-Based Support

| Status | Count | Percent |
|---|---|---|
| Receives Assistance | 381 | 35.5% |
| No Assistance | 693 | 64.5% |

Statewide data indicate that family caregiving already represents a critical component of Alaska's long-term care infrastructure. The Alaska Commission on Aging estimates that approximately 25,000 Alaskans currently provide unpaid care to individuals living with Alzheimer's disease and related dementias, contributing approximately 39 million hours of care annually valued at $887 million. (2025, ACOA-Snapshot)

The findings therefore may not simply reflect a lack of formal services, but also an emerging shortage of available family caregivers. As Southeast Alaska's older population continues to grow, demand for caregiving support is likely to outpace the availability of family members who can help, particularly in communities where outmigration of younger adults has reduced family support networks.

Those who did report having assistance indicated that the support primarily came from:

- Spouses
- Daughters
- Sons
- Friends
- Neighbors

The assessment identified particularly high percentages of seniors living alone without assistance in Kake (73.1%), Juneau (67.7%), Sitka (65.1%), and Ketchikan (63.7%). These seniors represent an especially vulnerable population because they may have no immediate caregiver available during health emergencies, hospital discharges, or periods of functional decline. This vulnerability becomes increasingly important when viewed alongside statewide disability data showing:

- 35% of Alaska seniors age 65+ have at least one disability.
- 20% experience ambulatory limitations.
- 12% experience independent living difficulties.
- Disability prevalence rises to 50% among adults aged 75 and older. (2025, ACOA-Snapshot)

These statewide trends suggest that many seniors currently living independently may require increasing levels of assistance over the next decade while family caregiver availability remains uncertain.

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## Emergency Contacts as a Community Risk Indicator

One of the most important findings in the assessment is that three out of five respondents reported having no documented emergency contact.

Statewide evidence further supports this concern:

- Adult Protective Services received 7,894 reports of harm involving vulnerable adults during SFY2025.
- Self-neglect was the most common allegation investigated by APS.
- Financial exploitation ranked among the top three APS concerns statewide. (2025, ACOA-Snapshot)

Seniors without emergency contacts may be at elevated risk for delayed medical intervention, inadequate discharge planning, self-neglect, and exploitation because there may be no identified advocate available during times of crisis. Overall, these findings raise concerns regarding emergency response, medical decision-making, and community resilience during crises.

### Table 6. Emergency Preparedness Indicators

| Indicator | Count | Percent |
|---|---|---|

| | | |
|---|---|---|
| Has Emergency Contact | 417 | 40.6% |
| No Emergency Contact | 609 | 59.4% |

Although the assessment did not directly assess power of attorney status, ACOA data suggests that legal planning needs may represent a significant unmet need among seniors.

In FY2025, Alaska Legal Services reported:

- 430 senior legal cases involving wills, estates, advance directives, or powers of attorney.
- 213 senior health-related legal cases.
- 599 income maintenance related legal cases. (2025, ACOA-Snapshot)

Combined with the finding that 59.4% of seniors lacked emergency contacts, this raises important questions regarding medical decision-making authority, Advance care planning, fiscal management capacity, Guardianship risk, and Emergency preparedness for isolated seniors (2025, ACOA-Snapshot)

Given that two-thirds of the respondents reported no regular helper and 60% lacked emergency contacts, building stronger caregiver and advocacy networks may be as important as expanding direct service delivery. Statewide trends related to disability, dementia, self-neglect, and caregiver burden suggest these needs continue to increase throughout Southeast Alaska.

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## Nutrition Risk Assessment

A Nutrition Risk Assessment is a screening tool used to identify older adults who may be at risk for malnutrition due to factors such as poor appetite, chronic illness, medication use, food insecurity, limited mobility, social isolation, or difficulty obtaining and preparing nutritious meals. Nutritional risk is an important indicator because inadequate nutrition can contribute to declining health, increased hospitalizations, reduced functional independence, and higher rates of institutional care. In the assessment, seniors were categorized into three risk levels based on their responses. Seniors in the Good category demonstrated few nutritional concerns and were at low risk for nutrition-related health problems. Those classified as Moderate Risk exhibited factors that could negatively affect their nutritional status and may benefit from early intervention, nutrition education, meal

services, or increased monitoring. Seniors identified as High Risk showed multiple indicators associated with malnutrition and poor health outcomes, requiring more immediate attention and support. Among completed assessments, 40.8% of seniors were classified as having good nutritional status, 35.2% were at moderate nutritional risk, and 23.9% were at high nutritional risk. The finding that six in ten seniors fell into either the moderate- or high-risk category underscores the importance of nutrition programs, food assistance, transportation services, and regular wellness monitoring as critical components of successful aging in place throughout Southeast Alaska.

Among completed assessments:

### Table 7. Nutritional Risk All Communities

| Nutrition Category | Number of Seniors | Risk Distribution |
|---|---|---|
| Good | 280 | 40.8% |
| Moderate Risk | 242 | 35.2% |
| High Risk | 164 | 23.9% |

### Communities with Highest Nutritional High-Risk Burden

Researchers reviewed communities to determine which community had the highest concentration of nutrition-related vulnerability.

### Table 8. High-Risk Nutrition Burden by Community

| Community | Estimated High-Risk Seniors |
|---|---|
| Sitka | 57 |
| Juneau | 35 |
| Ketchikan | 29 |
| Haines | 15 |
| POW | 9 |

Sitka emerged as the region's most nutritionally vulnerable community.

While the assessment found that approximately 24% of assessed seniors were at high nutritional risk and another 35% were at moderate risk, statewide data indicate growing

pressure on nutrition assistance systems. In 2025, 9,000 Alaska seniors age 65 and older received SNAP benefits, reflecting continued reliance on food assistance programs among older adults. (2025 ACOA-Snapshot). Additionally, Older Americans Act Title III programs provided more than 593,000 meals statewide in FFY2025, while Alaska Native Title VI programs provided an additional 548,134 meals to elders in rural communities. (2025 ACOA-Snapshot) The extensive use of federally funded meal programs reinforces research findings that nutrition services are not supplemental but are essential supports that enable many seniors to remain safe in their homes.

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## Food Affordability Concerns

Many seniors reported difficulty purchasing needed food. ACOA data show that 47% of senior renters in Alaska spend more than 35% of their income on housing. High housing expenditures can directly affect a senior's ability to purchase nutritious food, medications, and other necessities. (2025 ACOA-Snapshot)

The regions seniors identified having difficulty affording food at notable rates included:

- Ketchikan: 33.9%
- Angoon: 34.6%
- Sitka: 25.7%
- POW: 21.6%

Because of population size, Juneau also had many affected seniors despite a lower percentage rate.

This broader economic context suggests that nutritional risk identified in Sitka, Juneau, Ketchikan, Angoon, and Prince of Wales may be influenced not only by food access challenges but also by increasing financial pressures facing older adults. JEDC indicators show:

- Population decline continues.
- Housing affordability remains a major challenge.
- Eighty percent of Southeast employer's report housing shortages affecting workforce retention.

This is especially important when looking at the high rate of seniors living alone in the region; it is likely to affect food security. Rising housing costs may contribute indirectly to nutritional risk by reducing the financial resources available for food purchases, transportation, healthcare, and medication management.

# Service Utilization Patterns

# Service Utilization Patterns

## Senior Center Meal Services

Older Americans Act nutrition programs operate through two primary service models:

**Congregate Meals** are meals served in community settings such as senior centers, tribal elder facilities, community halls, or meal sites. Beyond providing nutritious food, congregate dining programs create opportunities for social interaction, health promotion activities, wellness education, and informal monitoring of participant well-being. These programs help reduce isolation while supporting nutritional health.

**Home-Delivered Meals** are meals delivered directly to seniors who are homebound, have mobility limitations, lack reliable transportation, or face health conditions that make it difficult to prepare meals independently. These services not only provide nutrition but also create regular safety checks and points of contact that may identify emerging health or social concerns.

Nutrition services were among the most widely utilized programs identified in the assessment. Approximately 41% of respondents reported participating in congregate meal programs and 36% reported receiving home-delivered meals. Utilization rates varied by community, reflecting differences in population needs, mobility limitations, transportation access, and availability of caregiver support. Communities with the highest congregate meal participation included Skagway (73.5%), Sitka (54.8%), and Haines (50.3%), demonstrates the vital role senior centers play as both nutrition and social support hubs. While home-delivered meal utilization was highest in Juneau (47.4%), Kake (44.4%), Angoon (41.2%), and Ketchikan (41.0%) indicate larger populations of seniors experiencing mobility challenges, disability, social isolation, or barriers to transportation. These patterns suggest that a substantial proportion of Southeast Alaska seniors depend upon publicly supported nutrition services to maintain health and independence.

### Table 9. Regional Service Utilization

| Service | Approximate Participation |
|---|---|
| Congregate Meals | 41% |
| Home Delivered Meals | 36% |
| Transportation | Varies by community |

The findings align closely with statewide trends reported by the Alaska Commission on Aging. In Federal Fiscal Year 2025, Older Americans Act Title III nutrition programs provided 593,181 meals to older Alaskans and served thousands of seniors through community-based nutrition services. Additionally, Title III programs delivered approximately 167,050 transportation trips, illustrating how nutrition and transportation services are often interconnected.

Alaska Native Title VI elder programs delivered an additional 548,134 meals statewide, including:

- 274,996 home-delivered meals
- 273,138 congregate meals
- Services reach more than 11,000 unduplicated elders across both meal categories. (2025 ACOA-Snapshot)

These statewide numbers demonstrate that nutrition programs represent one of Alaska's most heavily utilized senior services and are a cornerstone of community-based aging support.

The assessment identified prominent levels of social isolation, with 81.8% of respondents living alone and two-thirds reporting no regular helper. These findings suggest that meal programs may provide benefits extending far beyond food assistance. Congregate meal sites frequently function as social connection points, while home-delivered meal drivers may serve as one of the only regular contacts some seniors have with another person.

This is particularly important given that statewide data show:

- 35% of Alaska seniors have at least one disability.
- 20% experience ambulatory difficulties.
- 12% experience independent living difficulties.
- Disability rates increase with age. (2025 ACOA-Snapshot)

For seniors experiencing mobility limitations, meal programs often become part of a broader support network that helps them remain safe in their homes.

The assessment found that one-quarter of assessed seniors were classified as high nutritional risk and more than one-third were at moderate risk. When combined, 60% of assessed seniors demonstrated some level of nutrition-related concern. Sitka, Juneau, and

Ketchikan emerged as communities with the largest numbers of nutritionally vulnerable seniors.

Statewide data further suggest that preventive nutrition interventions are increasingly important as Alaska's senior population ages. Alaska currently has more than 162,000 adults aged 60 and older, and the population age 85 and older is projected to increase dramatically over the coming decades. As disability, chronic disease, and cognitive impairment become more prevalent with advancing age, nutrition programs will assume an even greater role in preventing hospitalization, supporting chronic disease management, and delaying institutional placement. Given the high rates of social isolation, nutritional risk, disability, and transportation challenges identified in the assessment, nutrition programs should be viewed not only as food assistance but also as preventive health, social support, and independent living interventions.

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## Transportation Challenges

The assessment identified transportation as the most frequently reported unmet need across communities. State-level data strongly supports this finding. Alaska ranks 50th nationally in transportation access on AARP's Long-Term Services and Supports Scorecard, indicating major deficiencies in transportation infrastructure supporting older adults and individuals with disabilities. (2025 ACOA-Snapshot)

Furthermore, Alaska's Department of Transportation awarded over $1.7 million in FY2025 to senior and disability transportation programs statewide, including grants supporting transportation services in Angoon, Haines, Juneau, Ketchikan, and Sitka. (2025 ACOA-Snapshot) These investments demonstrate widespread recognition that transportation remains a foundational determinant of healthy aging throughout Alaska.

High transportation utilization rates were observed in Angoon (41%), Ketchikan (39%), Hoonah (35%), Kake (33%), and POW (31%). The assessment found strong connections between transportation barriers, meal access, healthcare utilization, social engagement, and independent living. Statewide evidence supports this observation. AARP ranks Alaska 48th nationally in community integration and again, 50th for transportation livability, highlighting the significant role transportation plays in maintaining independence among older adults. (2025 ACOA-Snapshot)

Open-ended responses throughout the dataset repeatedly cited inability to drive, chronic pain, blindness, oxygen dependence, mobility limitations, and difficulty shopping

independently. Examples occurred repeatedly in Haines, Hoonah, Ketchikan, POW, and Angoon.

Transportation challenges appear not merely to be an access issue, but a symptom of broader mobility limitations, chronic disease burden, disability, and social isolation. Transportation investments would provide cascading benefits across healthcare access, nutrition, socialization, and independent living outcomes.

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## Disability and Functional Limitations

Disability and functional limitations are important indicators of a senior's ability to live independently and age safely within their community. While many older adults manage chronic health conditions successfully, increasing limitations in mobility, self-care, and household activities often create greater demand for transportation, nutrition services, caregiver assistance, and home-based supports. The assessment found that disability is widespread throughout Southeast Alaska; however, most seniors continue to live in community settings rather than institutional care. 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.

To better understand functional needs, the assessment evaluated both Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs are basic self-care activities necessary for personal independence, including bathing, dressing, eating, transferring, toileting, and mobility. IADLs represent more complex activities required for independent living, such as preparing meals, shopping, managing medications, performing housekeeping tasks, handling finances, using transportation, and managing communication. While ADL limitations often indicate a need for personal care assistance, IADL limitations are frequently among the earliest signs that additional support services may be required to maintain independence.

The assessment found strong associations between disability, functional impairment, and service utilization. Seniors reporting greater ADL and IADL limitations were more likely to utilize transportation services, receive home-delivered meals, require assistance with daily tasks, and report challenges aging independently. In many cases, transportation dependence, social isolation, nutritional risk, and functional limitations occurred simultaneously, creating compounded vulnerabilities that increase the likelihood of future service needs.

The findings are consistent with statewide trends reported by the Alaska Commission on Aging (ACOA). According to ACOA, approximately 35% of Alaskans age 65 and older live with at least one disability, 20% experience ambulatory or mobility-related limitations, and 12% report independent-living difficulties. Disability prevalence increases substantially with age, affecting approximately half of adults age 75 and older. These statewide trends suggest that the functional limitations observed in the assessment are likely to become more common as Southeast Alaska's senior population continues to age.

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%). These communities also demonstrated elevated utilization of transportation and nutrition services, reinforcing the relationship between mobility limitations and the need for supportive aging services.

### Table 10. Functional Limitation Comparison by Community

| Community | Avg. ADL Score | Avg. IADL Score | Functional Risk Level |
|---|---|---|---|
| **Kake** | 2.5 | 3.3 | Very High |
| **Ketchikan** | 2.1 | 2.9 | High |
| **Juneau** | 1.1 | 2.1 | Moderate-High |
| **Hoonah** | 0.9 | 1.3 | Moderate |
| **Haines** | 0.6 | 1.1 | Moderate |

The comparison reveals notable differences between communities. Kake and Ketchikan exhibited the highest levels of both ADL and IADL impairment, indicating that seniors in these communities may require the greatest levels of assistance to remain safely in their homes. Juneau, while demonstrating lower average impairment scores, had a much larger number of affected seniors because of its population size. Conversely, Haines and Hoonah showed comparatively lower impairment levels, suggesting greater opportunities for

prevention-focused interventions aimed at maintaining independence before more significant support needs develop.

The relationship between disability and other assessment findings is particularly important. 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 Profiles

# And

# Service Gap Analysis

## Community Profiles

The community profiles presented in this section provide a comparative assessment of the strengths, challenges, and emerging service needs identified across participating Southeast Alaska communities. While all communities share common issues associated with an aging population, each community demonstrated a unique combination of demographic trends, geographic challenges, social support capacity, transportation access, functional limitations, and service utilization patterns. Understanding these community-level differences is essential for developing targeted strategies that support aging in place and allocating resources where they can have the greatest impact.

The profiles were developed using findings from the CCS Senior Needs Assessment, community demographic information, Alaska Commission on Aging data, and regional indicators reported by the Juneau Economic Development Council (JEDC). Communities were evaluated across multiple factors, including social isolation, nutritional risk, transportation dependence, disability prevalence, functional limitations, dementia-related needs, and service participation rates. Together, these indicators provide a comprehensive picture of both current conditions and future aging-service demands.

To assist interpretation, each community profile includes four key categories:

**Strengths** identify existing assets, successful programs, community resources, or positive outcomes that support older adults. These factors may include strong senior-center participation, effective transportation services, robust nutrition programs, high community engagement, or successful partnerships that contribute to healthy aging.

**Service Gaps** highlight unmet needs, barriers to service access, or risk factors that may reduce a senior's ability to remain independent. Examples include transportation challenges, caregiver shortages, social isolation, nutritional vulnerability, healthcare access barriers, or increasing functional limitations. These represent areas where additional support or investment may be needed.

**Recommended Expansion** identifies potential opportunities for future program development, service enhancement, or strategic investment. Recommendations are based on assessment findings and focus on addressing the most frequently identified needs within each community while building upon existing strengths and local resources.

**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.

Collectively, these community profiles illustrate that Southeast Alaska does not face a single aging-services challenge, but rather a spectrum of needs influenced by geography, demographics, transportation systems, workforce availability, and community capacity. The findings provide a framework for regional planning, helping stakeholders prioritize investments that strengthen community resilience, support older adults, and ensure seniors can continue to age safely and independently in the communities they call home.

Each community represents a slight variation in the level of needs.

### Table 11. Community Risk Factors

| Community | Primary Risk Factors |
|---|---|
| **Sitka** | Nutrition risk, dementia burden, isolation |

| | |
|---|---|
| **Juneau** | Isolation, unmet service demand, population size |
| **Ketchikan** | Mobility limitations, transportation, food security |
| **Kake** | Isolation, functional limitations |
| **Angoon** | Transportation dependence, food affordability |
| **Hoonah** | Isolation, chronic disease burden |
| **Prince of Wales** | Geographic access barriers |
| **Haines** | Prevention and wellness opportunities |
| **Skagway** | Sustain successful aging supports |

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## Sitka

Sitka is a regional healthcare, education, fishing, and tourism center with an estimated population of approximately 8,300 residents. Women comprise approximately 49% of the population, and nearly 18% of residents are age 65 or older, reflecting the community's aging demographic profile. Median household income is approximately $101,700. Public transportation is available through the Sitka public transit system and senior transportation programs, while private transportation options include taxis, airport shuttle services, medical transportation providers, and volunteer transportation networks. Sitka's compact road system generally allows good community connectivity, although mobility challenges among older adults continue to create transportation needs.

Sitka emerged as one of the most vulnerable communities in the assessment. The community had the highest estimated number of seniors classified as high nutritional risk (57 individuals) and one of the highest rates of congregate meal participation (54.8%). Approximately 65.1% of surveyed seniors lived alone without a helper. Sitka also

demonstrated elevated mobility challenges and extensive reliance on meal services. (2025 ACOA-Snapshot)

Statewide ACOA data indicate increasing rates of Alzheimer's disease and related dementias, disability, and chronic disease among older adults. Given Sitka's combination of nutritional risk, mobility limitations, and aging demographics, the community may face increasing demand for caregiver support, dementia-capable services, transportation assistance, and home-based care.

### 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.

### Recommended Expansion

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

### Community Comparison, Tier 1

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

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## Juneau

Juneau is the largest community included in the assessment and serves as the regional governmental, healthcare, and transportation hub for Southeast Alaska. The City and Borough of Juneau has an estimated population of approximately 31,600 residents, with females representing about 49% of the population and adults age 65 and older comprising roughly 16% of residents. Median household income exceeds $100,000 annually, making Juneau one of Alaska's higher-income communities. The local economy is driven by state government, healthcare, tourism, construction, education, and transportation sectors. Public transportation is provided through Capital Transit and complementary paratransit services, while private transportation options include taxis, ride services, charter operators, airport transportation providers, and community transportation programs serving older adults and individuals with disabilities.

Juneau had the largest number of survey respondents (316) and represented the largest concentration of vulnerable seniors in the assessment. Approximately 67.7% of surveyed seniors reported living alone without a helper, while 214 individuals fell into this high-risk category. Juneau also had one of the highest numbers of seniors identified as high nutritional risk and the highest utilization of home-delivered meals (47.4%). Despite serving the largest number of seniors, the assessment reached only 5.5% of the city's total senior population, suggesting substantial unmet need remains beyond current program participation. (2025 ACOA-Snapshot)

The ACOA Senior Snapshot shows that Southeast Alaska continues to have the highest concentration of older adults in the state, and Alaska's senior population is expected to continue growing significantly over the coming decades. These trends suggest Juneau will experience increasing demand for nutrition services, transportation assistance, caregiver support, and aging-in-place programs. Statewide data also indicate growing rates of disability, dementia, and independent living challenges among older adults.

### 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.
- Potential shortage of caregiver support services and emergency planning outreach.
- Need for expanded care coordination and case management for isolated seniors. (2025 ACOA-Snapshot)

### Recommended Expansion

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

### Community Comparison, Tier 1

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

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## Ketchikan

Ketchikan, with an estimated population of approximately 7,900 to 8,100 residents, serves as a major transportation gateway and economic center for southern Southeast Alaska. Females comprise roughly 48% of the population, while approximately 15% of residents are age 65 and older. Median household income is estimated at approximately $85,000. The economy is heavily influenced by tourism, transportation, commercial fishing, seafood processing, healthcare, retail trade, and maritime industries. Public transportation services are provided through Ketchikan Public Transit and ADA-accessible transportation programs. Private transportation options include taxis, airport ferries, medical transportation providers, commercial shuttle services, and community-based senior

transportation services. Ketchikan's transportation network plays a critical role in maintaining access to healthcare, shopping, and social services for older adults.

Ketchikan demonstrated broad service needs across several domains. Approximately 63.7% of seniors reported living alone without assistance, while 42.5% reported mobility limitations, the highest mobility challenge rate in the study. Food affordability concerns affected approximately one-third of respondents, and Ketchikan ranked among the highest communities for transportation utilization and nutritional risk. Home-delivered meal participation was also substantial at 41.0%. (2025 ACOA-Snapshot)

ACOA findings reinforce these concerns, showing that transportation remains one of Alaska's largest barriers to aging in place, and that mobility-related disabilities increase with age. The combination of transportation dependence, mobility challenges, and food insecurity suggests that Ketchikan requires a comprehensive approach to aging services.

### 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.

### Recommended Expansion

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

### Community Comparison, Tier 1

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

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## Kake

Kake is a small island community with a population of approximately 500 residents and a strong Alaska Native cultural heritage. The economy is supported by tribal organizations, local government, commercial fishing, subsistence activities, and seasonal employment. Household incomes tend to be lower than statewide averages, and population decline has reduced workforce availability and service capacity. Transportation access is dependent on marine and air transportation connections, local transportation assistance programs, and community-based senior services. Geographic isolation, limited healthcare access, and a high level of functional limitations among seniors contribute to substantial aging-in-place challenges.

Kake recorded the highest percentage of seniors living alone without assistance in the assessment, with 73.1% reporting both conditions. Home-delivered meals were heavily utilized, and mobility limitations were among the highest in the region. These findings identify Kake as one of the most socially isolated and potentially vulnerable communities in the study. (2025 ACOA-Snapshot)

Statewide ACOA data indicates growing concerns regarding dementia, disability, self-neglect, and caregiver shortages. These issues may disproportionately affect small communities with limited formal service infrastructure and a high number of isolated elders.

### 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.

### Recommended Expansion

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

### Community Comparison, Tier 2

- Highest living alone without helper
- Highest functional limitation indicators

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## Angoon

Angoon is a predominantly Alaska Native community located on Admiralty Island with a population of approximately 450 to 500 residents. Alaska Native residents comprise the majority of the population, and median household income is approximately $45,000. Males slightly outnumber females, and the community has a relatively mature population compared with statewide averages. The economy is supported by tribal services, local government, fishing, subsistence activities, transportation services, and seasonal employment. Transportation options are limited and heavily dependent on-air service, marine transportation, tribal transportation programs, and senior transportation services. Within the community, walking remains common, while private vehicles and community transportation programs provide local mobility. Geographic isolation creates significant barriers to healthcare, shopping, and other essential services.

Angoon exhibited one of the highest reported food affordability burdens, with approximately 34.6% of respondents indicating difficulty purchasing food. Transportation utilization was the highest among all participating communities, demonstrating significant dependence on transportation services for healthcare, shopping, and social activities. Survey findings also highlighted notable unmet hearing, vision, and dental care needs. (2025 ACOA-Snapshot)

ACOA data emphasize that transportation access is a statewide challenge and is strongly associated with healthcare access and independent living outcomes. Rural communities like Angoon often face additional geographic barriers that amplify service needs.

### Strengths

- Existing transportation program utilization.
- Strong community partnerships.

### Service Gaps

- Highest transportation dependence.
- High food affordability concerns.
- Identified hearing, vision, and dental needs.
- Limited healthcare access due to geography.

### Recommended Expansion

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

### Community Comparison, Tier 2

- Highest transportation utilization
- Highest food affordability concerns

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## Hoonah

Hoonah, the largest Tlingit community in Alaska, has a population of approximately 900 residents and serves as a cultural and economic center for the region. The community's economy is supported by tribal enterprises, tourism, fishing, local government, and Alaska Native corporation activities. Median household income generally falls below statewide averages. Transportation options include Alaska Seaplanes, marine transportation

services, senior transportation programs, tribal transportation services, and local community transport resources. Because Hoonah is not connected to the state highway system, residents depend heavily on air and marine connections for healthcare, shopping, and access to regional services. The community's aging population and geographic isolation contribute to increased transportation-related service needs.

Hoonah demonstrated substantial transportation use and a high percentage of seniors living alone without support. Approximately 61.2% of survey participants reported living alone and lacking a helper. Transportation barriers influence access to healthcare, nutrition services, and social opportunities. (2025 ACOA-Snapshot)

The statewide emphasis on aging in place, coupled with Alaska's growing disability rates, indicates the importance of strengthening local support networks before higher-cost institutional services become necessary.

### 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.
- Potential unmet caregiver needs.

### Recommended Expansion

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

### Community Comparison, Tier 2

- High isolation
- Older population profile

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## Prince of Wales Island (POW)

Prince of Wales Island encompasses multiple communities rather than a single population center. Combined, the island supports several thousand residents distributed across remote and rural communities. The economy is driven by commercial fishing, forestry, tourism, tribal services, government employment, and small-business activity. Household income and demographic characteristics vary considerably by community. Transportation is particularly challenging due to long travel distances, limited ferry service, regional airports, tribal transportation programs, volunteer transportation services, and reliance on private vehicles. As a result, transportation coordination remains one of the most critical support services for older adults throughout the island system.

Prince of Wales seniors reported substantial transportation utilization and food affordability concerns, with approximately 21.6% indicating difficulty purchasing needed food. Nearly 60% of respondents reported living alone without assistance. These findings suggest considerable vulnerability among seniors aging independently across multiple smaller communities to spread throughout the island system. (2025 ACOA-Snapshot)

Given transportation challenges and geographic dispersion, successful aging-in-place strategies for Prince of Wales will require coordinated regional services, mobile outreach, and strong partnerships between local providers.

### 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.

### Recommended Expansion

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

### 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.

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## Haines

Haines is a small but strategically located community of approximately 1,800 residents situated along the Alaska Highway corridor. Females account for approximately half the population, and the median age exceeds 49 years, making Haines one of the oldest communities participating in the assessment. Median household income is approximately $72,000 to $87,000 depending on the reporting source. The local economy relies on tourism, small business development, government services, marine transportation, recreation, and seasonal employment. Transportation options include the Alaska Marine Highway System, local senior transportation services, volunteer driver programs, private taxis, airport transportation, and roadway access to Canada and Interior Alaska. Haines benefits from greater roadway connectivity than many Southeast communities but still faces transportation and healthcare access challenges common among older adults.

Haines achieved the highest senior-service reach rate in the assessment, successfully engaging approximately 39.7% of the local senior population. Although Haines reported lower rates of seniors living alone without help compared to many communities, it had a substantial population of seniors classified as moderate nutritional risk. Congregate meal participation was also among the highest in Southeast Alaska.

The findings suggest that Haines has a strong service infrastructure but would benefit from preventive interventions designed to keep moderate-risk seniors from progressing to higher levels of need. ACOA data indicate chronic disease rates continue increasing among older adults statewide, underscoring the importance of prevention-oriented services.

### 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.

### Recommended Expansion

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

### 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.

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## Skagway

Skagway has a population of approximately 1,100 residents and functions as a major tourism and transportation hub in northern Southeast Alaska. The community has a relatively small but growing older-adult population and generally reports higher household income levels due to tourism-related economic activity. The economy is dominated by tourism, transportation, hospitality, government services, and small-business activity. Transportation resources include the Alaska Marine Highway System, airport services, local transportation providers, senior transportation assistance, and road access to Canada through the Klondike Highway. The community's strong social infrastructure and high congregate meal participation suggests comparatively strong community engagement among older adults.

Although Skagway had the smallest survey sample, the community demonstrated exceptionally high participation in congregate meal programs, with 73.5% of respondents utilizing these services. The community also reported comparatively lower rates of seniors living alone without assistance. The findings suggest that congregate meal services may play a key role in maintaining social connectedness among Skagway seniors.

As Alaska's senior population continues to grow, maintaining these preventative and socially engaging programs may help reduce future service demand and support successful aging in place.

### 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.

### Recommended Expansion

- Preventive wellness services.
- Volunteer engagement.
- Transportation planning.

- Future caregiver support development.

### 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.

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# Service Gaps

Service gaps were identified through an analysis of survey responses, community-level risk indicators, service utilization patterns, and statewide aging trends to determine where unmet needs, barriers to independence, and opportunities for service expansion were most consistently observed across Southeast Alaska communities.

## Service Gap Analysis

The service gap analysis identifies the most significant unmet needs affecting older adults across Southeast Alaska and highlights areas where additional resources, programs, and community partnerships may be needed to support successful aging in place. While individual communities demonstrated unique strengths and challenges, several common themes emerged consistently throughout the assessment. High levels of social isolation, limited caregiver availability, transportation barriers, nutritional vulnerability, and increasing functional limitations were observed across multiple communities, suggesting that these issues represent regional concerns rather than isolated local challenges.

The analysis compares assessment findings with broader demographic and aging trends reported by the Alaska Commission on Aging and JEDC indicators. Together, this data suggests that Southeast Alaska is experiencing a convergence of factors that may increase future demand for aging services, including a growing senior population, declining workforce availability, housing constraints, and reduced caregiver capacity. As a result, many seniors are attempting to age in place while facing increasing challenges related to mobility, transportation, nutrition, healthcare access, and social support.

## Methodology for Identifying Service Gaps

Service gaps were identified through a comparative analysis of survey findings, community-level indicators, and statewide aging trends. Researchers examined areas where large numbers of seniors reported unmet needs, demonstrated elevated risk factors, or experienced barriers that could affect their ability to remain healthy, safe, and independent in their homes. Rather than focusing on a single measure, the analysis considered the interaction of multiple indicators associated with successful aging in place.

Several key variables were evaluated, including:

- Living arrangements and social isolation.
- Availability of informal caregivers and regular helpers.
- Emergency contact and preparedness status.
- Nutritional risk and food affordability concerns.
- Transportation utilization and reported transportation barriers.
- Disability prevalence and mobility limitations.
- Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) limitations.
- Alzheimer's disease and dementia prevalence.
- Service utilization patterns and community reach.

A service gap was identified when one or more of the following conditions existed:

- A large proportion of seniors reported an unmet need.
- Risk factors were consistently observed across multiple communities.
- Assessment findings aligned with broader statewide aging concerns identified by the Alaska Commission on Aging.
- Existing services appeared insufficient to meet current or projected demand.
- Demographic trends suggest future needs would likely increase.

For example, transportation was identified as a major service gap because it was repeatedly cited by survey participants as a barrier to healthcare, shopping, nutrition services, and community participation across numerous communities. Similarly, caregiver support emerged as a priority gap because nearly two-thirds of respondents reported having no regular helper, while more than 80% lived alone. These findings were reinforced by statewide projections showing continued growth of the senior population and increasing pressure on family caregiving systems.

The final service-gap priorities were selected based on both the prevalence of need and their potential impact on aging outcomes. Five regional priorities consistently emerged across communities:

1. Caregiver Support Infrastructure
2. Emergency Planning and Power of Attorney Readiness
3. Transportation Access
4. Nutrition and Food Security
5. Aging-in-Place Supports

Importantly, service gaps do not necessarily indicate an absence of services. In many communities, programs already exist but may lack sufficient capacity, geographic coverage, workforce support, or funding to meet growing demand. The service gaps identified in this assessment should be viewed as opportunities for strategic investment and prevention. Addressing these needs before they result in crises, hospitalization, institutional placement, or loss of independence can improve quality of life for older adults while strengthening community resilience. The following priority areas emerged as the most significant service gaps across Southeast Alaska:

## 1. Caregiver Support Infrastructure

The assessment identified caregiver availability as one of the most significant vulnerabilities affecting older adults throughout Southeast Alaska. Nearly two-thirds of respondents reported having no regular helper, while more than four-fifths lived alone. These findings suggest that many seniors are aging independently without access to family members, friends, or caregivers who can assist with daily tasks, transportation, medical appointments, medication management, or emergency situations. As Alaska's population continues to age and younger residents continue to leave many rural communities for employment and educational opportunities, the availability of informal caregivers is likely to decline further.

Caregiver support infrastructure extends beyond traditional home care services. It includes caregiver education, respite care, volunteer support networks, family caregiver training, peer-support programs, and coordinated case management. Expanding these supports can reduce caregiver burnout, improve health outcomes, delay institutional placement, and help seniors remain safely in their homes. Future investments should focus on strengthening both formal and informal caregiving systems while creating pathways for community volunteers to provide companionship, wellness checks, and practical assistance.

## 2. Emergency Planning and POA Readiness

A particularly concerning finding was that nearly 60% of respondents reported having no documented emergency contact. This represents a significant risk for seniors who may experience sudden illness, hospitalization, cognitive decline, natural disasters, or other emergencies. Without an identified emergency contact or designated decision-maker, healthcare providers, emergency responders, and service organizations may have difficulty coordinating care during crises.

Emergency preparedness extends beyond simply identifying a contact person. It includes advance directives, durable powers of attorney, healthcare surrogate designation, estate planning, medication inventories, evacuation plans, and communication systems that connect vulnerable seniors to community resources. Communities with high rates of social isolation should prioritize outreach initiatives that encourage advance-care planning and facilitate conversations about future care preferences. Strengthening emergency preparedness may reduce risks associated with self-neglect, financial exploitation, prolonged hospitalization, and delayed intervention during emergencies.

## 3. Transportation Access

Transportation emerged as the most frequently reported unmet need across the region and serves as a foundational component of successful aging in place. Transportation influences a senior's ability to attend medical appointments, purchase groceries, participate in community activities, access nutrition programs, and maintain social relationships. For many Southeast Alaska communities, transportation barriers are intensified by geography, severe weather, limited road systems, and dependence on air or marine transportation.

The assessment found that transportation dependence was often associated with mobility limitations, chronic disease, visual impairments, inability to drive, and increasing functional decline. Investments in transportation provide benefits far beyond mobility. Improved transportation access can reduce social isolation, improve healthcare utilization, increase food security, and strengthen community engagement. Future transportation strategies should include coordinated senior transportation services, volunteer driver programs, accessible vehicles, regional scheduling systems, and partnerships with tribal organizations and local transit providers. In addition, many seniors lack access to an escort for medical procedures, having a service to support traveling for appointments would greatly improve the quality of life for rural seniors.

## 4. 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. Food insecurity among older adults is influenced by multiple factors, including fixed incomes,

transportation barriers, chronic illness, social isolation, physical limitations, and rising housing costs. The assessment demonstrated that nutritional challenges are rarely isolated issues and frequently occur alongside mobility limitations and reduced social support.

Congregate meal programs and home-delivered meals play a critical role in reducing these risks. These services provide more than nutrition; they offer regular social interaction, wellness monitoring, and connections to community resources. Communities experiencing both elevated nutritional risk and food affordability challenges may benefit from integrated approaches that combine nutrition services, SNAP enrollment assistance, transportation support, wellness checks, and benefits counseling. Strengthening food-security initiatives will be essential as the region's senior population continues to grow and economic pressures increase.

### 5. 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 and is generally more cost-effective than institutional care. However, successful aging in place requires a comprehensive support system that addresses safety, independence, accessibility, and health maintenance.

The assessment highlighted continued demand for homemaker services, chore assistance, home modifications, transportation support, respite care, wellness monitoring, fall-prevention programs, and caregiver assistance. Communities such as Kake, Ketchikan, and Juneau exhibited particularly high levels of functional impairment, suggesting growing demand for home-based services in the coming years. Strategic investments in aging-in-place infrastructure can help seniors maintain independence longer, reduce hospitalization rates, delay nursing home placement, and improve overall quality of life. These services represent one of the most important opportunities for prevention identified in the assessment and should be considered a core component of regional aging services planning.

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## Southeast Alaska Compared to Statewide Trends

The assessment provides a unique opportunity to compare conditions experienced by seniors in Southeast Alaska with broader statewide aging trends. While many challenges identified in the survey are reflected throughout Alaska, the assessment reveals that Southeast Alaska seniors may experience substantially higher levels of social isolation,

reduced caregiver availability, transportation dependence, and nutritional vulnerability. These findings suggest that Southeast Alaska faces a convergence of aging-related challenges that may exceed those observed in many other parts of the state.

| *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 among the lowest states nationally for transportation access for older adults | 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. |

The most striking difference between the assessment and broader statewide trends involves social connectedness and caregiver availability. More than 81% of seniors surveyed reported living alone, while nearly two-thirds reported having no regular helper and nearly 60% lacked emergency contact. Together, these indicators suggest a level of social and caregiving vulnerability that exceeds what is typically reported in aging-service literature and statewide planning documents.

Statewide reports consistently identify caregiver shortages as an emerging challenge; however, the findings suggest that Southeast Alaska may already be experiencing these impacts at a community level. Population decline, workforce shortages, and outmigration

of younger adults have reduced the number of potential family caregivers available to assist aging relatives. In many communities, seniors are aging in place with increasingly limited informal support systems.

The combination of living alone, lacking a helper, and lacking an emergency contact creates risks that extend beyond loneliness. These conditions can affect medication management, emergency response times, hospital discharge planning, nutrition, transportation access, and personal safety. As Southeast Alaska's population continues to age, these vulnerabilities may become one of the region's most significant public health challenges.

The assessment found that 59.1% of respondents were classified as either moderate or high nutritional risk. This finding is particularly important because nutritional vulnerability is strongly associated with chronic disease progression, hospitalization, functional decline, and increased long-term care utilization.

Although statewide nutrition programs serve hundreds of thousands of meals annually, the findings suggest that nutritional concerns remain widespread throughout Southeast Alaska. Communities such as Sitka, Juneau, Ketchikan, and Angoon demonstrated particularly elevated levels of nutritional risk and food affordability concerns. These findings likely reflect the interaction of fixed incomes, rising housing costs, transportation limitations, and geographic isolation.

Compared with statewide service utilization patterns, Southeast Alaska seniors appear to rely heavily on congregate meals and home-delivered meal programs not only for nutrition but also for wellness monitoring, transportation support, and social engagement. The data suggests that nutrition services function as a critical prevention strategy rather than simply a food assistance program.

Transportation emerged as the most frequently reported unmet need across the assessment. This finding closely mirrors statewide concerns regarding transportation infrastructure for older adults but may be amplified by the geographic realities of Southeast Alaska. Many communities lack road connections to neighboring communities and rely heavily on ferries, aircraft, community transportation providers, or volunteer drivers.

The findings demonstrate that transportation affects far more than mobility. Survey participants consistently linked transportation barriers with difficulty obtaining groceries, attending medical appointments, participating in social activities, and accessing community services. Transportation limitations frequently occurred alongside disability, chronic disease, and isolation, suggesting a cascading effect on overall health and well-being.

Compared with statewide trends, Southeast Alaska's dependence on marine transportation, weather-sensitive transportation systems, and limited transportation alternatives places older adults at heightened risk when mobility declines. The assessment supports viewing transportation as a core healthcare and aging-support service rather than a stand-alone mobility program.

The assessment found that most seniors with disabilities continue to live independently in their homes rather than institutional settings. This reflects both the success of existing aging-in-place efforts and the growing need for home-based support services. Communities such as Kake, Ketchikan, and Juneau demonstrated the highest levels of ADL and IADL impairment, indicating elevated future demand for assistance with daily living activities.

Statewide data indicate that disability prevalence increases significantly with age, particularly among adults over age 75. The findings align with these trends also suggest that functional limitations are clustering within communities already experiencing transportation barriers, social isolation, and nutritional vulnerability. This creates compounding risks for independent living.

The concentration of functional limitations in communities with limited caregiver resources suggests that future demand for chore assistance, caregiver support, home modifications, personal care services, and respite programs will likely increase faster than overall senior population growth.

When compared with statewide aging indicators, Southeast Alaska's most significant challenge is not any single issue. Rather, it is the interaction of multiple risk factors occurring simultaneously. A significant number of seniors are:

- Living alone.
- Without a regular helper.
- Without an emergency contact.
- Experiencing nutritional risk.
- Facing transportation barriers.
- Managing increasing functional limitations.

While statewide trends point toward increasing demand for aging services, the assessment suggests Southeast Alaska may experience this demand earlier and more intensely because of its geography, aging demographics, workforce constraints, and declining caregiver availability. The findings reinforce the need for proactive investments in caregiver support, transportation systems, nutrition services, dementia-capable programs, and aging-in-place infrastructure to address risks before they result in hospitalization, institutional placement, or loss of independence.

# Study Limitations

# Study Limitations

## Missing Data

A substantial proportion of survey records contained missing or incomplete responses. Numerous assessments lacked complete nutritional information, demographic variables, or support-service indicators. Missing data may have resulted in underestimation or overestimation of needs in several communities.

## Placeholder Date-of-Birth Values

The dataset included a sizable number of placeholder birthdates, particularly January 1, 1901. Such entries reduce confidence in age-related analyses and may affect community age comparisons.

## Sampling Bias

Participants were primarily recruited through senior centers, tribal elder networks, service programs, and outreach activities. Seniors who are isolated, homebound, disconnected from services, or distrustful of providers may be underrepresented. Therefore, findings describe seniors already connected to community systems rather than the entire older adult population.

## Uneven Community Representation

The sample sizes differed among communities. Juneau contributed 316 records while Skagway contributed only thirty-six. Statistical comparisons between communities should therefore be interpreted cautiously because smaller communities may experience greater variability from a limited number of responses.

## Exclusion of Wrangell Data

Although Wrangell participated in data collection, its dataset was not included in the final analysis. This exclusion limits the ability to draw conclusions about regional trends across Southeast Alaska as a whole. The data was missing.

## Self-Reported Measures

The assessment relied primarily on self-reported information. Self-reported health, disability status, service use, unmet needs, and support systems are vulnerable to recall bias, social desirability bias, and differences in individual interpretation of survey questions. Consequently, some measures may not fully reflect objective need.

## Cross-Sectional Design

Because data were collected at a single point in time, causal relationships cannot be established. For example, while mobility limitations are associated with transportation needs and nutritional risk, the study cannot determine whether one directly causes the other. Longitudinal follow-up research is needed to identify causal pathways.

## Data Quality Concerns

Researchers identified concerns regarding unknown values, incomplete assessments, demographic inconsistencies, and at least one potentially unreliable community-level food affordability measure (Skagway). These issues may affect the precision of community comparisons and prevalence estimates.

# Conclusion

## Conclusion

The CCS Senior Needs Assessment demonstrates that Southeast Alaska is entering a period of unprecedented demographic change in which the growth of the senior population is occurring alongside workforce shortages, declining caregiver availability, geographic isolation, and increasing demand for community-based services. While transportation barriers, nutritional risk, disability, and dementia-related concerns emerged as significant findings, the most important conclusion is the intersection of these challenges within a population that is increasingly aging alone. The assessment found that many seniors are living independently despite limited support networks, functional limitations, transportation barriers, and elevated nutritional risk, creating conditions that may increase vulnerability to health decline, hospitalization, and loss of independence.

The data suggest that future service demand will be driven not only by the growing number of older adults, but also by the increasing complexity of needs among those aging in place. Communities throughout Southeast Alaska will require coordinated investments in caregiver support, transportation services, nutrition programs, dementia-capable care, emergency preparedness, and home-based assistance to ensure seniors can remain safe, healthy, and connected to their communities. Supporting aging in place is not simply a social service objective; it is a cost-effective strategy that promotes quality of life, strengthens community resilience, and helps reduce reliance on more expensive institutional care.

Ultimately, this assessment provides a roadmap for future planning and investment. The findings affirm that the greatest opportunity for improving outcomes lies in building an integrated system of support that addresses social isolation, strengthens caregiver networks, improves access to essential services, and promotes independence for older adults across Southeast Alaska. By acting proactively and strategically, regional partners can help ensure that seniors have the resources, connections, and services necessary to age with dignity, health, and security in the communities they call home.

# References

## References

Alaska Commission on Aging (ACOA), Senior Snapshot 2025.

JEDC Indicators (2024).

## Southeast Regional Eldercare Coalition (SREC)

The Southeast Regional Eldercare Coalition (SREC) is a collaborative network of eldercare providers, healthcare organizations, tribal entities, nonprofits, and community partners serving Southeast Alaska. The coalition was convened in 2021 by the Juneau Economic Development Council (JEDC) and the Juneau Commission on Aging to address shared challenges facing older adults and the organizations that support them.

### Mission:

SREC's mission is to bring eldercare providers across Southeast Alaska together to solve common problems, share information and resources, and serve as a collaborative force for positive change in the region's eldercare system.

### Key Priorities

The coalition focuses on several critical issues impacting older adults and service providers, including:

- Strengthening the eldercare workforce through recruitment, training, and retention initiatives.
- Improving coordination among service providers.
- Supporting aging in place by helping seniors remain safely and independently in their homes and communities.
- Enhancing access to information and services across Southeast Alaska.
- Advocating for regional eldercare needs and policy improvements.

### Major Initiatives

SREC has developed several regional projects, including:

- **NAVI Tool**: A free online navigation resource that helps elders, caregivers, families, and professionals locate available services, benefits, supports, and community resources throughout Southeast Alaska.

- **Caregiver and Workforce Development Programs**: Resources for professional caregivers, family caregivers, and individuals interested in entering the eldercare workforce.
- **Regional Collaboration and Training Efforts**: Programs designed to improve service coordination, standardize training opportunities, and strengthen the overall eldercare network.

### Impact

By bringing together organizations that previously worked independently, SREC promotes collaboration rather than competition, helping communities across Southeast Alaska develop a more coordinated and sustainable system of care for older adults and people experiencing disabilities. The coalition serves as a regional voice for eldercare issues while working to improve access to services, workforce capacity, and quality of life for seniors