

Juneau Commission On Aging

2010 Needs Survey for Older CBJ Residents

If more than one older CBJ resident is living in your home, please have each individual resident fill out the survey.

YOUR AGE GROUP: ☐ 55-59 ☐ 60-64 ☐ 65+

May is Older Alaskan's Month. The Juneau Commission on Aging, in conjunction with the City and Borough of Juneau Assembly (CBJ), is conducting a survey for the third time in the last 30 years. This survey of area residents will help local officials and providers gain a better sense of what is needed for Juneau's aging population. Times have changed, service delivery options have changed, but one thing remains the same: it is never too soon to plan for a desired future. Juneau's older residents will benefit from completing this survey by defining needs such as assisted living and home-based services.

If you are 55 or older, now is your opportunity to help influence what services could be available to you when you need them. Changes do not happen over night. Now is the time to express your views even if you expect to live independently for a number of years to come.

We have maintained questions from the 1989 and 1998 surveys for comparison purposes. We have added a few questions at the end to give people better insights into the choices and challenges involved in making Juneau your home. We are aiming for at least 1500 responses. Collaboration with the University of Alaska Southeast School of Public Administration will produce an analysis and final report on your responses.

The number of Juneau Borough residents aged 55 and over has more than doubled since 1990.

Within the next decade they are expected to become about 30% of Juneau's population. There are compelling concerns about the ability to provide needed services.

Therefore, we urge you to be a part of the solutions we will be seeking. Your opinion can help make a positive difference in your future. Please complete the survey today and mail it, postpaid, so that your views can be counted.

Thank you for your willingness to participate!

Drop off completed surveys at any Library or Senior Center, in the drop box at City Hall, or mail back post paid.

**This survey has been coordinated
by the members of the Juneau
Commission on Aging:**

Lorilyn Swanson
Lee Ann See
Anne Schultz
Mary Jefferson
Renee Guerin
Dan Kassner
Bob Thibodeau

If you have questions about this survey, please
call **Lorilyn Swanson** at 586-5000 or
Lee Ann See at 463-6175.

::: Housing

1. Where do you live?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Juneau | <input type="checkbox"/> West Juneau |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> North Douglas |
| <input type="checkbox"/> Lemon Creek | <input type="checkbox"/> Valley |
| <input type="checkbox"/> Thane | <input type="checkbox"/> Auke Bay & beyond |
| <input type="checkbox"/> Other _____ | |

2. Do you live in a:

- | | |
|---|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Mountain View |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Fireweed Place | <input type="checkbox"/> I am homeless |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Gastineau Apts. |
| <input type="checkbox"/> Other _____ | |

3. Do you:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Own your own home | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Other _____ | |

4. Do you receive rental assistance from the state or federal government?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Do you live:

- | | |
|--|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> With other adults |
| <input type="checkbox"/> With your spouse | <input type="checkbox"/> With paid caregiver |
| <input type="checkbox"/> With adult children | |
| <input type="checkbox"/> Other (whom) _____ | |

6. Would you like to, or do you need to, live somewhere else?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. If "Yes", what type of housing situation do you need or would you prefer?

8. Do you have a physical disability?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. If you have a physical disability, does your house need to be adapted to be made more accessible to you, i.e., for wheelchair use?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

:::Tasks of Daily Living

10. Do you need help with your personal needs, such as dressing and bathing?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

11. Do you need help with household chores, like cleaning, dusting or cooking?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

12. Do you need help with managing your finances or paying your bills?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

13. Do you need help grocery shopping or doing errands?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

14. Do you take care of another person?☐ Yes☐ No**15. If "Yes", what type of care do you provide?**

What is your relationship to this person?

::: Health**16. Do you have any of the following conditions? (Check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Allergies or asthma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Chronic lung problems |
| <input type="checkbox"/> Alzheimer's disease or dementia | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Macular Degeneration |

Any other chronic conditions _____

17. Do you use (Check all that apply.)

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hospital bed | <input type="checkbox"/> Other |

18. Please indicate which of the following you need but cannot afford: (check all that apply)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Eyeglasses |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Hospital bed |
| <input type="checkbox"/> Other _____ | |

19. Are you covered by: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SEARHC | <input type="checkbox"/> Private or employer provided insurance |
| <input type="checkbox"/> Supplemental Insurance | |
| <input type="checkbox"/> Long term care insurance | |
| <input type="checkbox"/> I have no insurance coverage | |

20. How much do you pay out-of-pocket for medication (estimated)?

\$_____ Monthly or \$_____ Yearly

::: Programs and Services**21. Which of the following programs do you use? (Check all that apply.)**

- | |
|---|
| <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Alzheimer's Support Group |
| <input type="checkbox"/> Home delivered meals |
| <input type="checkbox"/> Senior Companions |
| <input type="checkbox"/> Care Coordination |
| <input type="checkbox"/> Home Healthy Services |
| <input type="checkbox"/> Bridge (adult day care) |
| <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Grocery delivery |
| <input type="checkbox"/> Personal Care Attendant (PCA) |
| <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Tlingit & Haida Senior Program Other |

22. Would you use communal meals for seniors if they were available in your neighborhood or apartment complex?☐ Yes☐ No**22(a) What cost would you be willing to pay per meal?**☐ \$0☐ \$4☐ \$5☐ \$6

::: Transportation

23. When you need transportation, do you: (check all that apply)

- ☐ Drive a car ☐ Take a taxi
☐ Ask a relative to take you
☐ Use the city bus
☐ Ask a friend to take you
☐ Use Senior Care-A-Van
☐ Use CBJ Taxi Tokens
☐ Other _____

24. Would you like to comment on the City bus?

25. Would you like to comment on the Care-A-Van?

::: Recreation, Social and Community Activities

26. Do you have relatives in the Juneau area?

- ☐ Yes ☐ No

27. If "Yes", how often do you see them?

_____ times per week _____ times per month

27(a). How often do you have visitors other than relatives?

_____ times per week _____ times per month

28. Do you belong to clubs, organizations or a church?

- ☐ Yes ☐ No

29. If "Yes", do you attend meetings or services?

- ☐ Yes ☐ No

30. If "No", why not?

31. Do you do volunteer work?

- ☐ Yes ☐ No

32. If "Yes", where do you volunteer?

33. Do you take classes through: (check all that apply)

- ☐ Univ. of Alaska SE
☐ Community Schools ☐ Other

34. Are you: (check all that apply)

- ☐ Employed full time ☐ Retired ☐ Self-Employed
☐ Employed part time ☐ Unemployed

::: Demographic Information

35. What is your age? _____

36. Are you:

- ☐ Male ☐ Female

37. Are you:

- ☐ Married ☐ Single ☐ Widowed

38. In which ethnic group do you place yourself:

- ☐ Caucasian ☐ Alaska Native
☐ Black ☐ Asian
☐ Hispanic ☐ American Indian
☐ Filipino ☐ Other

39. Is your income from: (Check all that apply.)

- ☐ Social Security ☐ Employment
☐ Senior Benefits ☐ State Retirement
☐ Investments ☐ Federal Retirement
☐ Other Retirement ☐ Disability
☐ Military Retirement ☐ Public Assistance
☐ Other _____

40. Do you plan to stay in Juneau indefinitely?

- ☐ Yes ☐ No

41. If "No", why not?

42. What do you think Juneau residents aged 55 or older need that is not now available in Juneau?

43. How long have you lived in the Juneau Borough?

_____ Years.

44. Are you a Veteran of the United States Armed Forces?

- ☐ Yes ☐ No

45. What do you think are the three (3) most important “quality of life” issues facing older residents in the Borough? (Check your choice of three).

	Very Important	Important	Somewhat Important	Not Important
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Senior Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services to help residents continue to live in their own homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of assisted living facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services for older residents, especially those with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How important are the following to your personal decision to continue to live in the Borough:

	Very Important	Important	Somewhat Important	Not Important
Family near by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lived here since childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nice place to raise children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am used to my own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Small town” atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. What preparations have you made for long term care? (check all that apply)

- ☐ Advance Directive
☐ Alaska Pioneer Home application filed
☐ Move in with family member(s)
☐ Move elsewhere

48. In the Borough, the average cost of assisted living is at least \$5,000/month, whether in the Alaska Pioneer Home or in a private facility. Knowing these current costs, if you needed assisted living would you:

- ☐ Stay in Juneau ☐ Need to move elsewhere

49. Where do you get information about services for older residents?

50. Do you use a computer?

- ☐ Yes ☐ No

51. If so, do you have easy access to a computer?

- ☐ Yes ☐ No

The following information is optional.

The information would be very helpful and useful to us. With this information we could determine how Juneau senior citizens would be affected by any legislation that creates benefits that depend upon income. If you are part of a couple, please give us the combined income for both of you and also indicate that it is a combined figure by marking the combined income category. Thank you for all of your help.

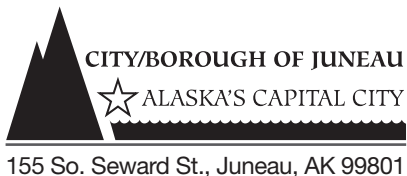
52. Yearly income:

- | | |
|--|--|
| <input type="checkbox"/> Single income | <input type="checkbox"/> Combined income |
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$20,000-\$29,999 |
| <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$50,000-\$59,999 |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$60,000 and over |
| <input type="checkbox"/> \$40,000-\$49,999 | |

Additional Comments:

If you have any questions about services available in the Juneau area, or want more information about any of the services listed in Question 21, please call Juneau Senior Information Office, 907-463-6177.

TAPE CLOSED
HERE



Ref: JCOA Survey



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155 SOUTH SEWARD STREET
JUNEAU, ALASKA 99801-9965



Juneau Commission On Aging

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