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impact upon the non-native population. Since many of the homemaker services are designed to provide assistance with homemaker activities which require movement outdoors, the 29% native request for assistance appears to be consistent with the fact that 25% of the female natives report difficulty in getting out of the house.

by the study. Chapters I through VI deal with Economics, Housing, Health and Nutrition, Social Relations, Independence and Life Satisfaction, respectively. They are preceded by a Summary of Findings and Conclusions and a Demographic Profile which presents pertinent basic survey data and 1970 U. S. Census data in summary fashion. Finally, this report includes one appendix, General Survey Validation. The validation section addresses the relationship of survey results to U. S. Census data and considers the reliability of estimate of sample and subsample data.

Data in the profile sections of each chapter have been organized and are frequently made reference to by the variables of sex, race, age and location. The sex categories are self-explanatory, male and female. Race is reported as either native or non-native, with native defined as Eskimo, Indian and Aleut, and non-native as all others. Age is reported within the ranges of 60 through 64, 65 through 69, 70 through 74, 75 through 79, and age 80 and over. Occasionally, age data will be reported by age 65 and over. However, unless otherwise indicated, all age data is taken from a data base of all respondents age 60 and over. Location or geographical information is reported in several different forms. The most frequently utilized distinctions are urban and rural: urban comprising all responses from the census districts of Fairbanks, Anchorage, Juneau and Ketchikan; and rural consisting of all other responses. These data are also occasionally reported and referred to by the separate districts of Fairbanks, Anchorage, Juneau, Ketchikan and rural. A third geographic aggregation is in accordance with the Department of Health and Social Services' service regions, Northern, Southcentral and Southeastern, which were formed by aggregating the responses from those communities and other locations which lay within the boundaries of the respective service regions.

All tables and figures included in this preliminary report reflect data from the

general survey unless specifically noted to the contrary.

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population have health conditons which limit their activity most of the time. Although getting out of the house represents a difficulty for almost 14% of the elderly population, getting around inside the house does not present such a problem. More than 91% of the native and almost 95% of the non-native elderly population indicate that they have no difficulty getting around inside the house. Almost 94% of both the rural and urban elderly populations reflect the same information.

Two additional gauges of independence are the frequency of requests for help with housework and homemaker services. As indicated in Table V.3, non-native requests for such services are minimal, while a substantial portion of the native elderly population would like help with these services. More than 25% of the native elderly would like help with housework compared to roughly 3% of the non-native population; and almost 30% of the native elderly would like help with homemaker services compared to 5.5% of the non-native population. These statistics reflect the fact that existing homemaker services are so limited that the potential for service has not yet made a considerable

TABLE V.3  
HELP WITH SERVICES, BY RACE AND REGION

Would Like Help	Native	Non-Native	Urban	Rural	State Mean
With Housework	25.2%	3.4%	4.8%	14.3%	9.1%
With Homemaker Services	29.8	5.5	6.0	18.8	11.8
Number	258	742	546	457	1003

Transportation adequacy is also reflected in the fact that only 58.5% of the native elderly have taxi service available, while 96.6% of the non-native elderly are served by taxi. This statistic is confirmed by the fact that nearly 97% of the urban elderly have available taxi service while only 75% of the rural elderly have that service available. While the availability of taxi service is an important consideration for some Alaskans, perhaps an equally important consideration is the ability to pay for that taxi service if it is available. Only 38% of the natives and only 29.1% of the elderly native women report that they can afford to pay for taxi service. That difficulty is not limited strictly to the native population since only 52.2% of the non-native elderly indicate that they can afford to pay for this service.

Independence may also be judged by the degree of personal mobility as indicated by the ability to get out of the house, and to get around inside of the house. Although 86.4% of the elderly indicate that they have no difficulty in getting out of the house, the figure drops sharply to 75.4% for female natives. (Table V.2) The fact that almost 14% of the elderly do have difficulty getting out of the house is in part explained by the fact that 19.8% of the elderly

TABLE V.2  
HOUSEHOLD MOBILITY, BY RACE AND REGION

No Difficulty	Native	Non-Native	Urban	Rural	State Mean
Getting Out of the House	78.9%	89.0%	86.8%	85.8%	86.4%
Getting Around the House	91.5	94.9	94.3	93.5	94.0
Number	271	763	559	479	1038

## SUMMARY OF FINDINGS AND CONCLUSIONS

The following is a summary of the most important findings and resultant conclusions for the study categories of economics, housing, and health and nutrition. The remaining three study categories of social relations, independence and life satisfaction are presented in this preliminary report in abbreviated form only and do not warrant further summarization.

### ECONOMICS

In almost all ways that economic well-being can be measured (income, wealth, and labor force activity) the economic status of the natives is significantly below that of the rest of the Alaskan elderly. They have lower incomes, lower employment rates, higher unemployment rates, fewer assets, and less insurance protection; and they express attitudes which are significantly more pessimistic about both their present and future economic well-being. Consequently, there is a clear need to develop programs aimed at improving the economic status of Alaska's elderly natives.

In general, Alaskan urban elderly have a higher economic status than do the rural elderly. This is largely a function of the limited availability in rural areas of employment opportunities which provide either employer pensions or social security coverage. This indicates a need to earmark special services and funds from all future programs for the elderly for use in rural areas.

There is a steady decline in the economic status of Alaska's elderly as their age increases. The longer the elderly have been absent from the labor market, the lower their economic status. As a result there is a need to increase the income of those Alaskans who are 70 years of age and older and out of

CHAPTER V

INDEPENDENCE - SUMMARY

the labor market for five years or more.

The real purchasing power available to elderly Alaskans who utilize social security benefits as their primary source of income is significantly less than the purchasing power of retired elderly elsewhere in the United States. This is due to the uniform level of social security benefits paid throughout the United States which does not take into consideration Alaska's markedly higher cost of living. To obtain a level of purchasing power which is at least equal to that enjoyed by social security recipients elsewhere in the United States, Alaskan retired elderly will need some form of supplementary retirement income.

It appears that a significant number of retired Alaskans attempt to maintain a standard of living which cannot be sustained by their present retirement income. This leads to a pattern of asset reduction which leads to a further reduction in income in a spiraling pattern of declining assets. This pattern indicates an apparent need for better financial counseling and planning services for persons prior to, or immediately following, retirement.

More than one-third of Alaska's elderly population appear to have no knowledge of where to obtain information on income and employment programs. This suggests a need for improved dissemination of information to assist the elderly in improving their economic status.

HOUSING

In almost all of the ways that housing conditions can be measured (availability of facilities, overcrowding, etc.) the housing conditions of the Alaskan native elderly are significantly poorer than those of the rest of the elderly population. This appears to be a function not only of the lower economic

The definition of independence as used by the Administration on Aging, the U. S. Department of Health, Education, and Welfare, deals primarily with the issues of transportation, personal mobility and the ability to care for one's home without assistance.

Table V.1 deals with the basic issue of transportation. As the table indicates, there is a substantial difference in transportation services available to the native and non-native elderly populations of Alaska. Only 46.4% of the elderly native population indicate that they have adequate transportation, while nearly 82% of the non-native population indicate that this is the case. Women, both native and non-native, indicate that they are slightly less mobile than men. As might be expected, 78% of the urban elderly population report that they have adequate transportation, while only 65% of the rural population do so.

TABLE V.1  
SELECTED TRANSPORTATION CHARACTERISTICS  
BY RACE AND REGION

Characteristics	Native	Non-Native	Urban	Rural	State Mean
Has Adequate Transportation	46.4%	81.4%	78.3%	65.0%	72.1%
Taxi Service Available	58.5	96.6	96.6	75.0	86.5
Can Afford Taxi Service	38.0	52.2	46.3	53.4	49.3
Need Help in Getting Transportation	47.9	15.1	20.5	27.5	23.7
Number	293	743	546	465	1006

status of the elderly, but also of the greatly increased costs of construction in the many remote areas of the state. This suggests a need to develop new approaches for providing adequate housing in remote areas of Alaska.

Overcrowding in the homes of native Alaskan elderly is substantially higher than in the homes of non-native elderly. While this may have some cultural basis, it seems equally plausible that the prohibitive cost of heating substandard homes also contributes to the problem. Alternative solutions to providing low-cost fuel for the elderly need to be explored.

Normal household facilities such as flush or chemical toilets, bathtubs or showers, and running water are lacking in a substantial number of native homes. This is probably largely attributable to the cost of water supply facilities, compounded by the remoteness of many dwellings and the severe climate. The development of running water and sanitation facilities need to be expanded to all native villages in the future.

One-fifth or 900 of the living units presently occupied by the Alaskan elderly are estimated to be substandard given the lack of facilities cited above. These 900 units need to be improved or replaced at the first opportunity.

Almost nine out of ten of all Alaskan elderly feel their property taxes are too high. These attitudes, in juxtaposition with national data which indicates that the elderly poor often pay from one-third to one-half of their incomes for property tax, suggests the need for property tax relief for the elderly.

One in twelve of Alaska's elderly would like to live in nursing homes. Given the relative scarcity of nursing home beds in Alaska (particularly in the western and northern parts of the state), this suggests a need for approximately 450 additional nursing beds.

#### HEALTH AND NUTRITION

Almost 36% of Alaskan elderly have difficulty with their vision. Although some of the difficulty may be traceable to a general deterioration of vision due to increasing age, there is a definite need for ongoing diagnosis and prescription for the vision problems of the elderly.

Over one-third of the state's elderly experience some difficulty with hearing, yet only 16% of those people use hearing aids. Since less than one-half of one percent are completely deaf, there is a clear need to provide information on, and assistance in obtaining, corrective hearing devices for the elderly.

Almost 14% of the state's elderly, and almost 20% of the native elderly, experience difficulty in getting out of the house. This fact, combined with the evidence that some of the elderly have inadequate or imbalanced diets, suggests the need for increased service delivery programs.

Over 13% of all elderly Alaskans have poor teeth, nearly 3% have no teeth at all, and 50% have not seen a dentist in over two years. Additionally, the native elderly appear to have poorer dental health than do non-natives and are also relatively more isolated from presently available dental services. All of this evidence suggests that there is a need for either an increase in the delivery of traveling dental services or the development of a transportation service which would assist the elderly in getting to see their dentists

TABLE IV. 3  
PREFERENCES FOR INCREASED SOCIAL  
SERVICES, BY RACE AND REGION

Services	Native	Non-Native	Urban	Rural	State Mean
Opportunity to Provide Voluntary Services	71.3%	79.8%	82.6%	71.5%	77.6%
Meals Delivered to Homes	49.1	45.1	49.3	42.5	46.2
Social and Recreation Clubs	74.6	72.9	75.8	70.2	73.3
Adult Education Classes	60.9	55.0	56.3	57.1	56.7
Friendly Visitor Services	80.8	68.3	72.1	71.0	71.6
Local Source of Government Info.	86.7	78.0	78.6	82.4	80.3
Sports and Movies	70.2	47.8	51.5	56.6	53.8
Number	266	733	546	454	1000

among natives than non-natives. More than 14% of the elderly native population indicate they quite often feel lonely, compared to approximately 8% of the non-native elderly.

Nearly 85% of the elderly population feel that they have enough contact with a trusted person. There is no major difference by race or location, but the incidence of elderly feeling that they have sufficient contact seems to decline with age. Likewise, nearly all (97.1%) aging Alaskans feel that there is someone nearby that they could call on for help.

In addition to inquiring as to the level of social activity engaged in by the elderly population, response was sought to a suggested list of services which, if utilized, might provide significantly increased opportunities for interpersonal relations. This list included queries as to whether government or other social agencies should provide a variety of services. The survey also inquired whether or not the elderly, themselves, would like the opportunity to provide volunteer services.

As Table IV.3 indicates, the desire for increased services is expressed much more frequently by natives than by non-natives. More important than the native, non-native differential, is the fact that in every category but one, meals delivered to the home, substantially more than one-half of the total population requested the services suggested. The services most frequently mentioned were social and recreation clubs, local sources of government information, and the opportunity to involve themselves in providing volunteer services.

more frequently.

Although 90% of the elderly feel they eat properly, natives seem to omit some necessary food items from their diet (principally vegetables and fruit). Much of the diet inadequacy is undoubtedly a function of low income, severe climate, food availability and geographic isolation. This suggests the need for nutrition information programs possibly combined with the provision of dietary supplements.

The vast majority of Alaska's elderly express no desire to live in nursing or retirement homes and even fewer desire any assistance in gaining admission to them. This strongly suggests that, if the desires of the elderly are to be taken into account, the enlargement of nursing home and retirement facilities as usually conceived are not necessarily a viable long range solution for the needs of all the elderly. This points up a need to explore alternative solutions for the elderly who are unable to remain in, or find difficulty remaining in, their own homes.

Almost one-third of all elderly Alaskans and nearly 60% of the native elderly feel the need for some assistance in getting better medical and dental care. Even if a large percentage of these elderly are assumed to be overestimating the degree of their needs, the study data suggest that a substantial proportion of the elderly need better medical and dental care.

In addition to these informal contacts, there are also formal social relations to be considered. More than 83% of the elderly Alaskans indicate they have an outside place at which to socialize.

Table IV.2 indicates the level of formal social activity engaged in by elderly Alaskans. More than 55% of the population indicated that they had attended a church or club meeting in the past week. However, only 35% of the elderly indicated that they had attended an organized entertainment. In both instances, the native population is more active than the non-native population. This information is consistent with the fact that rural elderly Alaskans reported higher activity than their urban counterparts.

TABLE IV.2

FREQUENCY OF FORMAL CONTACT, BY RACE AND REGION

Attendance Last Week	Native	Non-Native	Urban	Rural	State Mean
Church or Club	63.0%	52.5%	47.4%	64.0%	55.2%
Organized Entertainment	40.6	33.7	32.5	38.9	35.5
Number	270	760	551	476	1030

Given the above levels of informal and formal activity, an important measure of social relations is whether or not an older person finds himself feeling lonely. Almost 10% of the total elderly population indicate they feel lonely quite often, and another 29% indicate that they sometimes feel lonely. Loneliness appears to increase with age, and is more acutely experienced

TABLE IV. 1

FREQUENCY OF INFORMAL CONTACT, BY RACE AND REGION

Visited Last Month	Native	Non-Native	Urban	Rural	State Mean
Often	59.9%	60.8%	59.8%	61.5%	60.5%
Seldom	31.7	31.6	30.0	33.5	31.7
Not At All	8.4	7.6	10.2	5.0	7.8
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Number	274	762	484	557	1041

When asked how often their neighbors visited them, the answers are more diverse. More than 70% of the native population indicated their neighbors visited them often, while approximately 42% of the non-natives indicate that to be the case. Given the relative native/non-native population distribution, this correlated closely with 35% of urban and 65% of the rural elderly feeling their neighbors visit often. The urban figure drops to 25% of the elderly in the Anchorage analysis region.

It is apparent that rural and native, often the same, elderly Alaskans know their neighbors far better than urban elderly. To be specific, 70% of the rural population know most of their neighbors, compared to less than 43% of the urban population. Consistent with this information is the fact that approximately 66% of the natives know their neighbors well enough to visit, while roughly 51% of the non-natives do.

According to the 1970 U. S. Census, Alaska's population consists of 302,173 persons, 17.3% of whom are classified as native (Eskimo, Aleut, and Indian). The 60 and over population, however, which comprises 4.03% of the total population (12,197), is approximately 26% native.

Urban-Rural Population Distribution

The 1970 Census indicates that 64.2% of the total population resides in urban areas as defined earlier in this report, but that only 52% of the 60 and over population resides there, and that 90.5% of those urban elderly are non-native. Figure 1 illustrates the urban-rural distributions of elderly natives and non-natives. The salient characteristics of the data are that 63.5% of the non-native elderly reside in urban locations, whereas only 19% of the native elderly do.

Service Region Population Distribution

A distribution of the state's population into the Department of Health and Social Services' three service regions shows approximately 28% of the total population in the Northern Region, 58% in the Southcentral Region, and 14% in the Southeastern Region. However, as illustrated in Figure 2, the state's elderly are quite differently distributed, with 25% in the Northern Region, 48% in the Southcentral Region, and 27% in the Southeastern Region. There is a significantly lower population of elderly persons in the Southcentral Region, and a markedly higher elderly population in the Southeastern than would be expected if the 60+ population were evenly distributed with the total population.

FIGURE 1

URBAN - RURAL ELDERLY POPULATION DISTRIBUTION

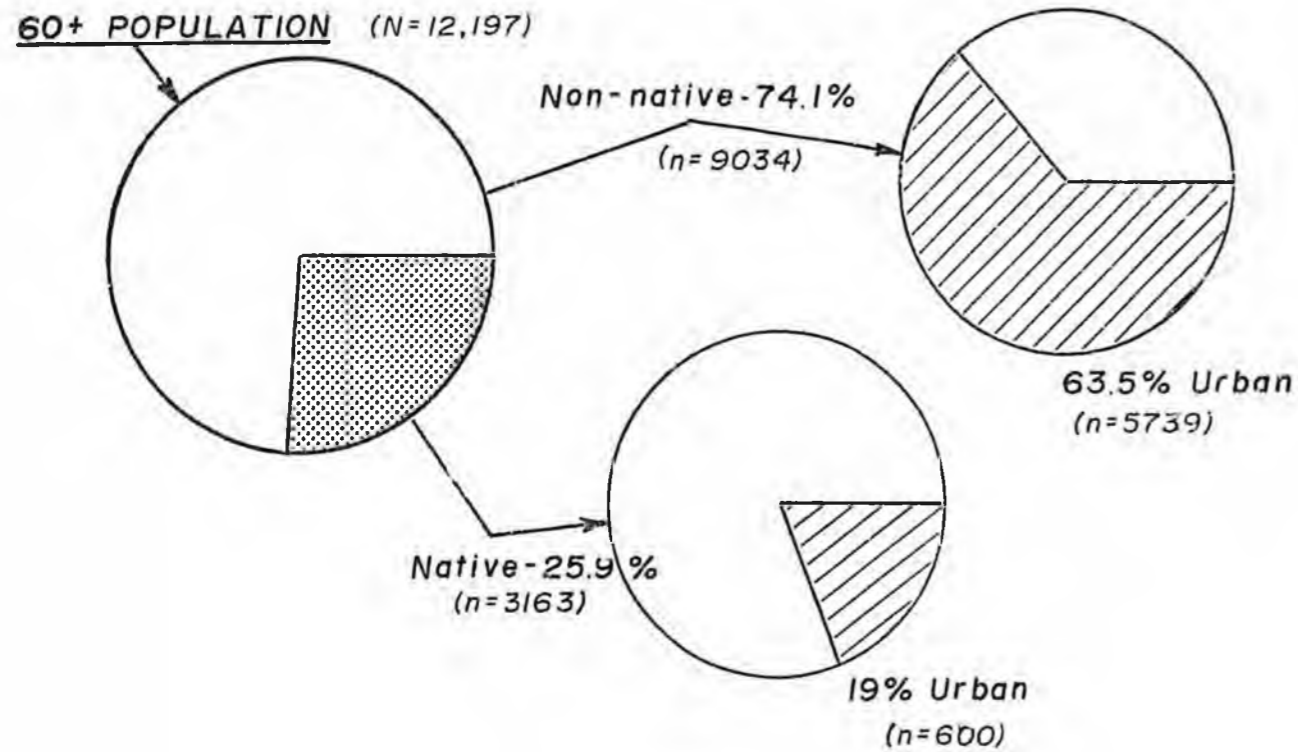
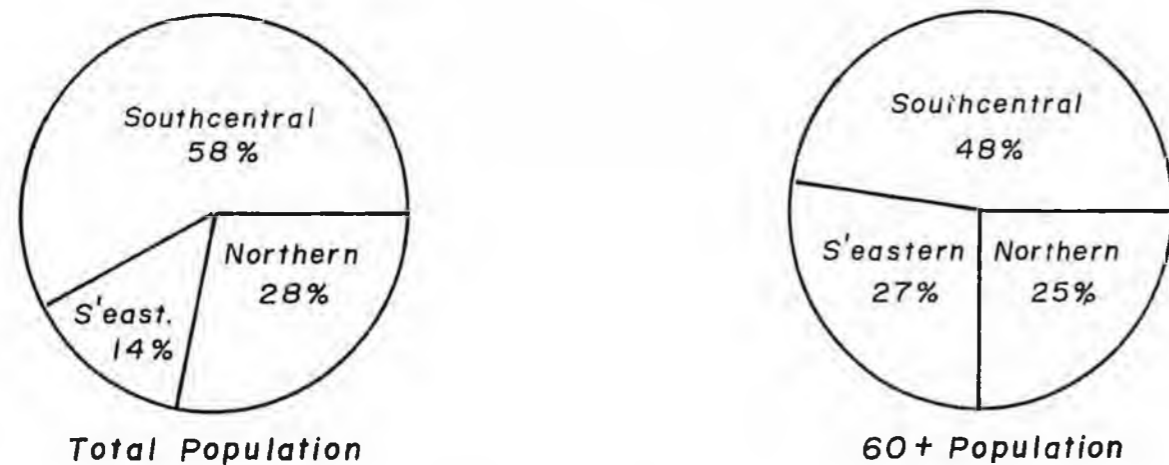


FIGURE 2

DIFFERENTIAL POPULATION DISTRIBUTION, BY SERVICE REGION



The following three chapters will be presented in a format substantially different from the preceding three. Chapters I, II and III dealt with subject matter that is objective, measurable and largely self-contained. Chapters IV, V and VI deal with elements of life which are much more subjective and yet heavily dependent upon data which are only partially presented in earlier chapters of this preliminary report, and will be more fully developed in the final report. Therefore, the following three chapters are presented in summary form only for this report and are restricted to profile information without analysis and alternative solutions.

CHAPTER IV

SOCIAL RELATIONS - SUMMARY

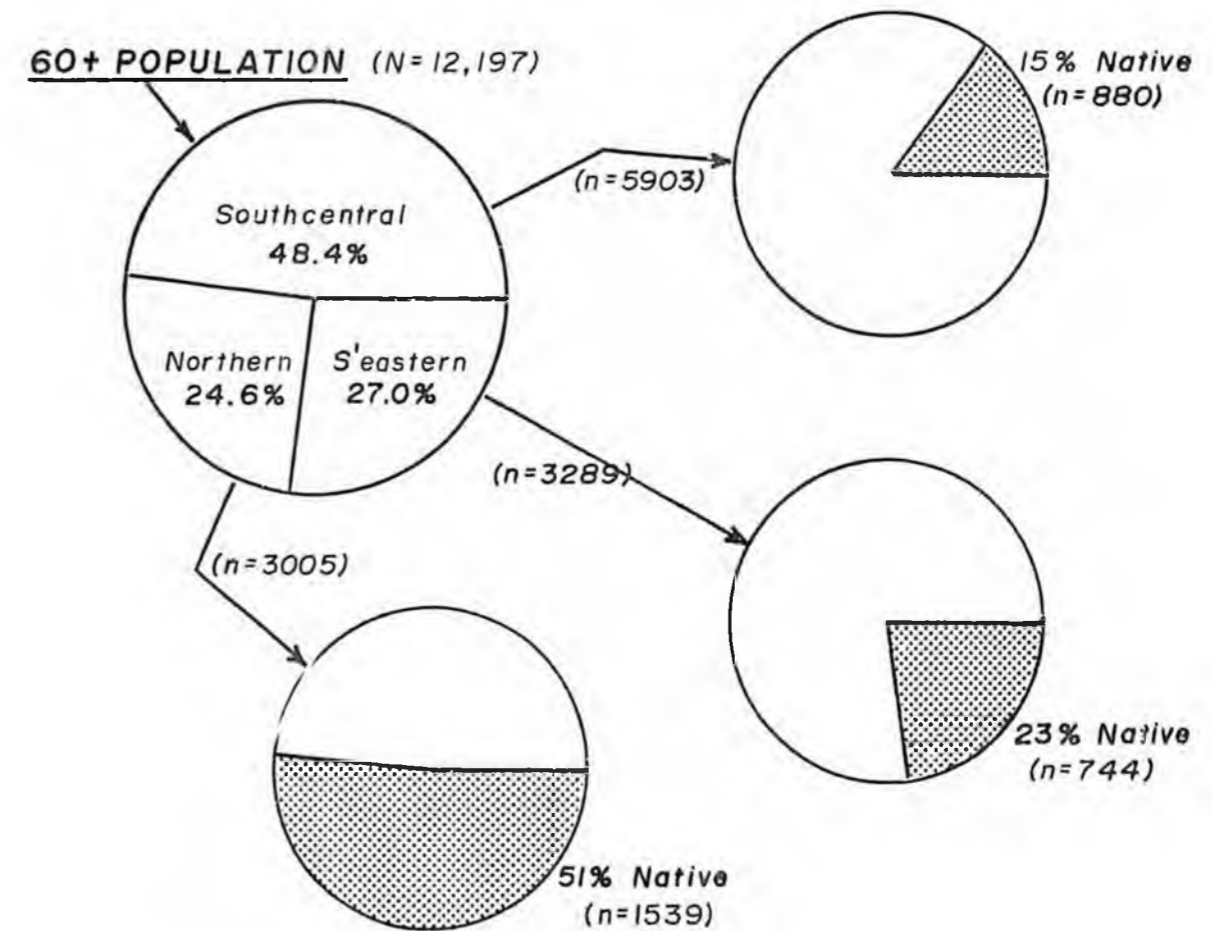
This chapter seeks to measure the frequency and nature of interpersonal contact among the elderly population, and to determine the areas where government assistance is seen as a need by that population.

For purposes of analysis, social relations are discussed in terms of informal contact between neighbors and participation in formally organized activities.

As Table IV.1 indicates, approximately 61% of the elderly population visited others last month at a frequency they describe as often, while nearly 32% describe their visits with others as seldom, and less than 8% visit their neighbors not at all. Frequency of visits declines generally, but slowly, with age, from almost 69% of those age 65 - 69, to a low of 51% for the elderly over age 80.

Another way of looking at these population data is to consider the racial composition of the elderly population within each of the three service regions. Figure 3 illustrates the point. The Southcentral Region contains almost one-half of the state's elderly population, 48.4%. That subpopulation, in turn, is predominantly non-native, 85.1%. The Northern Region, on the other hand, which contains about a quarter of the state's elderly population has a markedly higher proportion of natives, 51.3%. The Southeastern Region, finally, which contains 27% of the state's 60 and over population, is predominantly non-native at 77.3%.

FIGURE 3  
 NATIVE AND NON-NATIVE POPULATION DISTRIBUTION,  
 BY SERVICE REGION



### Length of Residence

On the average, Alaska's elderly have resided in the state for 40.7 years. That figure, however, is subject to considerable adjustment when one considers length of residence for natives and non-natives. The average length of residence in Alaska for native elderly is 66.2 years which suggests that, since their average age is 68.2 years, very few of them have spent significant time out of the state. Non-natives, on the other hand, have spent an average of 31.6 years in the state.

Another view of the same data indicates that 93% of the native elderly have resided in the state for 60 years or more, while 51% of non-natives have resided therein for 30 years or less.

Alaska's elderly are remarkably stable in their place of residence, with an overall average of 29.3 years residence in the communities in which they live. There is again, as one would expect, a difference between natives and non-natives in this regard. Average length of residence in the community for native elderly is 42.1 years, while the corresponding figure for non-natives is 24.8 years.

### Education

Alaska's elderly have completed, on the average, 9.6 years of formal schooling. However, this state mean is somewhat misleading in the light of the marked disparity in educational levels between the native and non-native elderly. Non-natives, on the average, have completed 11.2 years of school, while natives have averaged only 5 years. Where 53% of the non-native elderly have completed high school, only 6% of the natives have done so. Less than one percent of the natives have graduated from college, and

elderly experience the greatest diet imbalance;

- o Alternative solutions to nursing and retirement home care might be explored. Such solutions could include age integrated apartments, model communities or homemaker services as a means of keeping the elderly from being age segregated or "warehoused";
- o Attempts might be made to expand the Medicare coverage to more of the elderly 65 and over by means of an active information dissemination and recruitment program;
- o The state might take steps to participate in the Title XIX Medicaid program, such steps being contingent upon the receipt of assurance from the U. S. Public Health Service that all federal health planning for the native population will be made in coordination with state government.

expansion of Medicare coverage among the elderly who are 65 and over through a vigorous program of information dissemination and recruitment, and the detailed analysis of the financial and social implications of state participation in the Title XIX Medicaid program.

#### D. ALTERNATIVE SOLUTIONS

Based on the foregoing analysis and conclusions, the following represent some of the approaches which might be explored by state government as possible solutions to the health problems of the elderly:

- o A public health program might be created which concerns itself with diagnosis and correction of the vision problems of the elderly;
- o A public information program on hearing difficulties and their correction might be undertaken for the elderly, including if necessary, mobile units for service in rural areas;
- o Homemaker services, "Meals on Wheels" type nutrition services, and health transportation services might be expanded, especially to the rural areas of the state;
- o The feasibility of increasing the number of private or government traveling dentists might be explored or, in lieu thereof, transportation assistance could be provided to the elderly to assist them in obtaining dental care;
- o A public information program on dietary supplements and the availability of food stamps might be developed which concentrates on those rural regions of the state, particularly northern, where the

92% have no more than eight years of schooling.

#### Age Distribution

Table 1 indicates the differential age distributions of the native and non-native elderly populations. As can be seen, the proportions of native versus non-native elderly populations at each age level are comparable with the exception of the lower (60 - 64) and upper (80 and over) ranges.

TABLE 1  
AGE DISTRIBUTION, BY RACE

Age	Percent of Population		
	Native	Non-Native	State Mean
60 - 64 years	32.8%	47.3%	43.5%
65 - 69 years	26.9	25.3	25.7
70 - 74 years	15.1	12.1	12.9
75 - 79 years	9.1	7.0	7.6
80 years and over	16.1	8.3	10.3
TOTAL	100.0%	100.0%	100.0%
Number	3,163	9,034	12,197

When looked at on the basis of the Department of Health and Social Services' service regions (Table 2), the age distributions are remarkably constant.

TABLE 2  
AGE DISTRIBUTION, BY SERVICE REGION

Age	Northern Region	Southcentral Region	Southeastern Region	State Mean
60 - 64 years	42.3%	47.2%	38.0%	43.5%
65 - 69 years	25.2	25.2	27.0	25.7
70 - 74 years	13.6	11.7	14.4	12.9
75 - 79 years	8.3	6.2	9.4	7.6
80 years and over	10.6	9.7	11.2	10.3
TOTAL	100.0%	100.0%	100.0%	100.0%
Number	3,005	5,903	3,289	12,197

The vast majority of Alaska's elderly express no desire to live in nursing or retirement homes, and even fewer desire any assistance in gaining admission to them. This strongly suggests that if the desires of the elderly are to be taken into account, the enlargement of nursing home and retirement facilities, as usually conceived, are not a viable long range solution for the needs of the elderly.<sup>1</sup> The data collected during this study strongly suggests that the large majority of the elderly do not wish to be isolated from the rest of Alaska's population. This points up a need to explore alternative solutions for the elderly who are unable to remain in, or find difficulty remaining in, their own homes.

Finally, almost one-third of all elderly Alaskans and nearly 60% of the native elderly feel the need for some assistance in getting better medical and dental care. Even if a large percentage of these elderly are assumed to be overestimating the degree of their needs, a substantial proportion of the elderly still appear to need better medical and dental care. Given the large number of variables affecting the elderly's health condition - such as geographic isolation, availability of medical/dental services, state budgetary constraints, the uncertainties associated with the continued delivery of medical/dental services by the U. S. Public Health Service, the changing status of the proposed federal Family Assistance Plan, etc. - the need for further study on the fiscal feasibility of alternative solutions is obvious. Suffice it to say that on the basis of this study, the alternatives to the presently existing medical services provided by the state and federal governments appear to be extremely limited. Possible intermediate steps prior to further study are the

<sup>1</sup>This does not preclude the possibility of increasing the nursing and retirement home capabilities within the state for the small percentage of the elderly who desire these types of living arrangements.

Almost 14% of the state's elderly, and almost 20% of the native elderly, experience difficulty in getting out of the house. This fact, combined with the evidence that some of the elderly have inadequate or imbalanced diets, suggests the need for increased service delivery programs. For example, "Meals on Wheels" or homemaker services might provide some relief to those of the elderly who face mobility and nutrition problems.

Over 13% of all the elderly have poor teeth and nearly 3% have no teeth at all. These two facts correlate closely with the evidence of lack of mobility cited above, and the additional fact that 50% of all elderly Alaskans have not seen a dentist in over two years. All of this evidence suggests that there is a need for either an increase in the delivery of travelling dental services or the development of a transportation service which would assist the elderly in getting to see their dentists more frequently. This is especially true for the native elderly who appear to have poorer dental health than do non-natives and are also relatively more isolated from presently available dental services.

As noted earlier in this chapter, over 90% of the elderly feel they eat properly. However, when the actual diet of the elderly is examined, that self-appraisal is subject to some interpretation. Natives in particular seem to omit necessary food items from their diet (principally vegetables and fruit). Much of the diet inadequacy is undoubtedly a function of low income, severe climate, food availability and geographic isolation. However, it seems plausible to believe that some of the diet inadequacies might be alleviated by a combination of education and dietary supplements. This suggests the need for nutrition information programs possibly combined with the provision of dietary supplements where low income is responsible for diet inadequacy. The increased use of food stamps by those elderly who are eligible also might provide some relief.

A. ECONOMIC PROFILE

1. Income Levels

Average total money income received by the elderly in Alaska during 1970 was \$5,860. One-half of Alaska's elderly, however, received \$3,530 or less during the year, although nearly 44% of that same population received \$2,750 or less. In contrast to this, only 17.3% had total money incomes in excess of \$10,250. (Table I.1)

Income comparisons with respect to sex, race and location differ significantly. Elderly males had average and median money incomes of \$6,960 and \$4,540 respectively, while the comparable figures for females were \$4,750 and \$2,440.

The most striking difference in average total money income received, however, occurs with respect to race. Elderly native Alaskans received an average income of almost \$2,800 during 1970 with approximately 50% of the native elderly receiving incomes of under \$2,000 during that year. During this same period, non-natives had an average income of \$6,900 a year and almost 50% of that population received less than \$4,900. With respect to both average and median income, the non-native elderly received approximately 2.5 times the income of the native elderly population. With over two-thirds of the native population receiving less than \$2,800, only 1% received incomes in excess of \$10,200. The comparable figures for non-natives during that same period were approximately

TABLE I.1  
TOTAL MONEY INCOME FROM ALL SOURCES,  
BY SELECTED CHARACTERISTICS, 1970

Total Money Income	Sex		Race		Location		Total Alaska
	Male	Female	Native	Non-Native	Urban	Rural	
	\$0 - 2,750	35.1%	52.5%	67.4%	35.4%	33.5%	
\$2,751 - 5,250	20.8	18.1	19.7	19.4	20.9	18.1	19.4
\$5,251 - 7,750	12.2	9.4	8.8	11.9	12.3	9.8	11.1
\$7,751 - 10,250	9.1	8.4	3.1	10.6	11.3	6.2	8.7
\$10,251 - 15,500	13.2	6.8	0.5	13.3	11.5	8.5	10.1
\$15,501 - 22,500	6.5	3.2	0.5	6.3	6.8	2.9	4.8
\$22,501 and over	3.1	1.6	*	3.1	3.7	1.0	2.4
Mean Income	\$6,960	\$4,750	\$2,780	\$6,900	\$6,870	\$4,840	\$5,860
Median Income	\$4,540	\$2,440	\$2,020	\$4,940	\$4,940	\$2,440	\$3,530
Number	385	381	193	573	382	387	766

\*Less than 0.5%.

approximately 200.

While there are over 20 voluntary health and medical organizations in the state, none of them operate programs or provide substantial health services to the elderly as a select population.

### C. ANALYSIS AND CONCLUSIONS

Section A, Health and Nutrition Profile, discussed the general and specific health and nutrition problems of the elderly in Alaska. It seems fairly obvious from the data presented there, that the health profile of the elderly is an uneven one, and somewhat consistently biased by the variables of race and age. While 83% of all Alaskan elderly enjoy good or very good health, the remaining 17% of the elderly are troubled by a variety of health and nutrition problems.

Although 90% of all elderly Alaskans wear eye glasses, almost 36% of them still have some difficulty with seeing or cannot see at all. Undoubtedly, some of the difficulty is traceable to a general deterioration of vision due to increasing age. However, it seems also likely that some of the difficulty lies with improperly fitting or inadequate eye glasses. There is a definite need for ongoing diagnosis and prescription for many of the elderly.

38% of the state's elderly experience some difficulty with hearing, yet only 16% of those people use hearing aids. Since less than one-half of one percent are completely deaf, there is an excellent chance that the majority of that 38% can have their hearing at least partially improved by using hearing aids or other corrective devices. There is a clear need to provide information, and assistance in obtaining, corrective hearing devices for the elderly.

deceptive in that the military resources are probably available to a very small minority of the elderly. Similarly, the U. S. Public Health Service is available only to the native elderly and selected federal personnel.

The principal federal health insurance resource available to all Alaskan elderly 65 years and older is the Medicare program. Approximately 80% of all the Alaskan elderly 65 years and older avail themselves of the program. As cited earlier, there is no Medicaid program in Alaska at the present time.

## 2. State/Local

There are only eleven physicians employed directly by the State of Alaska with seven of the eleven in Anchorage and the remainder in Juneau and Fairbanks. There are 14 hospitals maintained by state/local government. Those hospitals have a total of nearly 1,000 beds.

The Department of Health and Social Services operates its General Relief-Medical and its APA Nursing Home payments programs in lieu of the federal Medicaid program at the present time. These programs provide some of the services that Title XIX programs do, but at present the native elderly are excluded from receiving medical payments from the state programs since they are covered under U. S. Public Health Service programs.

## 3. Private

There are almost 200 private physicians practicing in the state, with over 75% of them located in the three cities of Anchorage, Juneau and Fairbanks. There are approximately 75 private dentists practicing in Alaska with over 75% of them located in the same three cities. There are four private hospitals in the state with a total bed capacity of

*Non-native* ↑ *less than \$2,750*  
35% and 23%, respectively. → *More than \$10,250*

Elderly persons living in rural Alaska received approximately \$2,000 less than persons living in urban Alaska during 1970. However, approximately one-half of the state's rural population is native. Consequently, the low income level of Alaska's rural native elderly is undoubtedly a primary causal factor in reducing mean and median incomes received by elderly rural Alaskans.

Total money income received from all sources according to the age of the elderly is shown in Table I.2. Average total money income declines steadily for the elderly after 60 years of age, with the average income figure falling from \$7,890 for persons between 60 and 64, to \$2,800 by 80 years of age. Further, there is a convergence between the mean and median income figures as age increases, indicating that Alaska's elderly population tends to be clustered at the very low end of the money income scale as they get older. For example, for the elderly between 60 and 64 years of age, approximately 48% receive incomes of \$5,250 or less, while among persons 80 years and over approximately 93% receive incomes under \$5,250. Conversely, while approximately 28% of the elderly aged 60 - 64 receive incomes of \$10,250 or more, by age 80 and over this figure has fallen to less than 2%.

## 2. Income Sources

To understand the reasons for the differences in average total money income received by the elderly, it is necessary to analyze the sources from which their income was derived. Table I.3 presents a comparison of the sources of income for all elderly in Alaska, for retired elderly in Alaska, and for all elderly in the United States 65 years and older.

TABLE I.2  
TOTAL MONEY INCOME FROM ALL SOURCES, BY AGE, 1970

Total Money Income	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80+ Years	Total
\$0 - 2,750	33.6%	37.9%	53.8%	63.5%	66.1%	43.6%
\$2,751 - 5,250	14.3	20.0	23.1	22.2	26.5	19.3
\$5,251 - 7,750	12.5	14.7	7.5	11.1	*	11.0
\$7,751 - \$10,250	12.1	8.4	6.0	3.2	5.9	8.7
\$10,251 - 15,500	15.4	12.4	5.2	*	*	10.1
\$15,501 - 22,500	8.1	5.3	2.2	*	*	4.9
\$22,501 and over	4.0	1.3	2.2	*	1.5	2.4
Mean Income	\$7,880	\$6,110	\$4,310	\$2,850	\$2,800	\$5,860
Median Income	\$6,020	\$4,010	\$2,440	\$2,020	\$2,020	\$3,530
Number	272	225	134	63	68	762

\*Less than 0.5%.

throughout the state. 112 of these are military physicians and 77 are U. S. Public Health Service (USPHS) physicians. (Table III.10)

TABLE III.10  
HEALTH MANPOWER, BY TYPE OF EMPLOYMENT<sup>1</sup>

Physicians					Dentists
Private	State	Borough	USPHS	Military	Private
198	11	1	77	112	74

The majority of the federal physicians are located in Anchorage, 44 with the U. S. Public Health Service and 59 with the military establishments there. An additional 41 military physicians are located in Fairbanks and the remainder of the federally employed physicians are scattered throughout the state at various U. S. Public Health Service and military facilities.

There are 33 hospitals in Alaska,<sup>2</sup> approximately 15 of which are federally operated. The federal hospitals have a total capacity of nearly 1,000 beds and employ approximately 1,500 personnel.<sup>3</sup> It should be remembered, however, that the figures cited thus far for federal medical resources are

<sup>1</sup>Directory of Alaska's Physicians Hospitals and Health Organizations, 1971

<sup>2</sup>An exact count is difficult to arrive at since various data sources classify hospitals differently. The figure of 33 excludes mental health centers and Pioneers Homes.

<sup>3</sup>American Hospital Association, Hospitals Guide Issue, August, 1971.

The vast majority of Alaskans want no help in gaining admission to a nursing home (93.7%). However, there is some difference in attitude between natives and non-natives and between sexes on this issue. A higher percentage of natives do want assistance (12.9%) than do non-natives (3.8%). The data further suggests that females desire such assistance more than do males, although that relationship is not at all clear considering the relatively small subsample sizes. What does appear to be beyond question is the almost total statewide absence of any desire for assistance in this matter on the part of Alaska's elderly.

#### B. RESOURCES

The health and nutrition resources available in Alaska for providing service to the elderly fall into the three general classifications of federal, state/local and private. Unlike the resources available for housing and economics, however, those for health and nutrition are not usually thought of as being exclusively for the use of the elderly. For example, while only the elderly are eligible for social security retirement benefits, people of all ages including the elderly avail themselves of medical and dental services.<sup>1</sup> Thus, the discussion which follows speaks, in one sense at least, to the health and nutrition resources of the total Alaska population and not just the elderly population.

##### 1. Federal

There are approximately 189 physicians employed by the federal government

<sup>1</sup> One notable exception to this is the federal Medicare program which provides hospital and medical insurance coverage for only those 65 and older. The State of Alaska does not presently participate in the Title XIX Medicaid program, although it has a General Relief Medical program of its own, which provides some financial aid to public assistance recipients.

TABLE I.3  
SOURCE OF INCOME  
FOR SELECTED ELDERLY IN ALASKA AND U. S.

Source of Income <sup>1</sup>	Alaska <sup>2</sup>		U. S. <sup>3, 4</sup>
	Total Elderly	Retired Elderly	Total Elderly
Earnings from Employment	27.7%	8.9%	29.0%
Social Security	63.4	79.9	86.0
Public Assistance	13.6	17.7	12.0
Income from Assets			
Property	22.9	21.8	N/A
Savings	37.6	39.5	N/A
Unemployment Insurance	5.1	4.0	1.0
Private Pension	6.7	7.5	12.0
Employer Pension	19.9	24.7	22.0

<sup>1</sup> Persons may receive income from more than one source.

<sup>2</sup> Persons 60 years of age and older.

<sup>3</sup> Persons 65 years of age and older.

<sup>4</sup> Source: Facts on Aging (Administration on Aging Publication No. 146, HEW, 1968). Data for U. S. refer to year 1967.

Overall, the percentages of elderly Alaskans receiving income from various sources generally corresponds to the figures for the United States as a whole. One major difference lies in the percentage of persons who receive income as earnings from employment. For all Alaska elderly, the comparison with the United States is very close, nearly 28% to 29% for Alaska and the United States, respectively. However, among retired Alaskans, only 9% receive income as earnings from employment. Nearly 64% of all elderly Alaskans and roughly 80% of retired elderly Alaskans receive income from social security, compared to a U. S. average of 86% for those 65 and over. This disparity probably reflects the relatively low level of employment of rural Alaskans in jobs which are covered by the Social Security Act. Another seemingly noteworthy difference is Alaska's higher incidence of unemployment insurance derived income. This probably reflects the high proportion of persons between the ages of 60 and 65 residing in Alaska who still participate in the labor force. When the data for Alaska and the United States are adjusted for the age differences in the two series, this difference almost completely disappears.

When the sources of income received by Alaska's elderly are analyzed with respect to age, further differences emerge. The percentage of elderly receiving earnings from employment drops from a high of approximately 43% for persons between 60 and 64 years of age to a low of 8.5% by age 80. Conversely, the percentage receiving social security benefits rises from 35% at age 60 - 64 to nearly 86% at age 80 and over. The incidence of public assistance as a source of income for the elderly also increases with age, rising from a low of 7.2% among persons between 60 and 64 years of age to almost 19% for persons 80 years of age and older.

physicians and dentists more often if money were not a problem. By comparison, 75% of all natives stated they would do so versus 40% of the non-natives. Males of both races express this desire slightly more often than females. The high percentage of natives with this attitude is somewhat difficult to understand since over 75% of all natives obtain free or minimal cost medical services from the U. S. Public Health Service. One possible hypothesis is the cost of travel associated with even free medical care. This seems plausible since 15% of the elderly natives travel over 20 miles to see a physician. An examination of the data on this issue by analysis regions seems to provide further support for this hypothesis, viz, approximately 37% of the urban elderly would visit a physician or dentist more often as compared to 63% of the rural elderly. Age appears to have little or nothing to with this attitude.

Over 90% of the elderly of the state feel that free or low cost health clinics should be provided for them. The data shows little or no variation by any of the variables of race, region or age.

Slightly less than one-third of all Alaskans express a desire for assistance in getting better medical and dental care (approximately 29%). The desire for assistance varies considerably from analysis region to analysis region, with the data suggesting that the elderly living within the urban areas express such a desire less than those in the non-urban areas. For example, roughly 14 - 15% of those living in the Anchorage and Fairbanks analysis regions expressed a desire for assistance, while in the other analysis regions from 31% to 41% did so. A comparison of the data by race shows that almost 60% of the native elderly desire such assistance as compared to roughly 20% of the non-native elderly.

There is also some evidence to suggest that non-natives are beginning to obtain some health information from the newly created senior citizen centers, although there is no evidence to suggest that this is true for the native elderly. What regional variation exists seems to be correlated with the availability of medical facilities and personnel in the urban areas and the concentration of the native population in the rural analysis region. Age appears to have no positive correlation with where the elderly obtain their health information.

TABLE III.9  
BEST SOURCE OF HEALTH INFORMATION, BY RACE

Source	Native	Non-Native	State Mean
Dept. of Health & Social Services	20.2%	3.7%	8.1%
Bureau of Indian Affairs	16.9	0.4	4.8
Physician or Nurse	36.4	74.0	64.1
Other <sup>1</sup>	26.5	21.9	23.0
TOTAL	100.0%	100.0%	100.0%
Number	272	759	1031

<sup>1</sup> Other includes: Newspapers, Radio/TV, Churches, Senior Citizen Centers, Relatives or Friends.

7. Health Attitudes

Almost one-half of all elderly Alaskans state they would visit both

Unemployment Insurance (UI) declines as a source of income with increasing age. Six percent of the population aged 60 - 64 years of age reported UI as a source of income. By age 80, this figure has fallen to less than one-half of one percent. Such a decrease is to be expected as a result of reduced labor force participation by the elderly as they grow older. It would appear, therefore, that the relative decline in both mean and median income among the elderly as they grow older, as observed in Table I.2, is primarily the result of a reduction in earnings from employment as the primary source of income and the growth of social security benefits and public assistance payments as important sources of income for the elderly.

Sources of income for Alaska's elderly, by race and by sex, are presented in Table I.4. Significantly fewer of Alaska's native elderly receive earnings from employment than do the non-native elderly (approximately 17% to 31%, respectively). The native elderly also have an apparent lack of assets capable of generating income since only a little over 3% and 9% of the natives receive income from either property or savings, respectively. The comparable numbers for non-native Alaskans are nearly 30% and 48%, respectively. Roughly one out of every ten natives receives an employer pension as a source of income, while one out of every four non-natives does. Given the apparent lack of resources from either employment, assets, or employer pensions, it is not surprising that almost 30% of the native population receives some form of public assistance as a source of income, while less than 8% of the non-native population does.

It is worth noting that more than 30% and 51% of the elderly residing in urban locations receive cash income from the assets of property and savings, respectively, while the comparable figures for the rural

TABLE I.4  
SOURCE OF INCOME, BY RACE AND SEX<sup>1</sup>

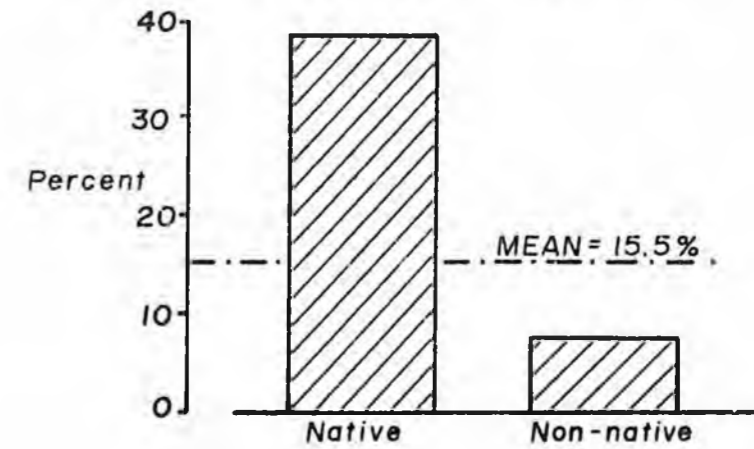
Source of Income <sup>2</sup>	Native			Non-Native			Total Alaska
	Male	Female	Total	Male	Female	Total	
	Earnings from Employment	22.7%	12.6%	17.3%	37.7%	25.8%	
Social Security	60.2	56.5	57.9	60.9	69.1	65.3	63.4
Public Assistance	27.3	32.1	29.8	8.2	7.5	7.8	13.6
Income from Assets							
Property	4.2	2.2	3.2	29.6	29.9	29.8	22.9
Savings	10.1	8.2	9.1	45.0	49.6	47.5	37.6
Unemployment Insurance	8.3	5.8	7.0	6.2	2.9	4.4	5.1
Private Pension	5.0	3.7	4.3	5.6	9.2	7.5	6.7
Employer Pension	11.7	7.5	9.4	28.2	19.5	23.6	19.9

<sup>1</sup> Respondents may not be heads of households.

<sup>2</sup> Persons may receive income from more than one source.

also account for the regional variations. Almost 16% of all elderly Alaskans use food stamps, including 38.2% of the natives and 7.5% of the non-natives. An examination of other survey data suggests that the differing incidence of use of food stamps by natives and non-natives is most probably explained by the income differences between the races. For example, approximately 23% of the natives cite lack of money as the reason for non-use of food stamps, while only 1% of the non-natives provide the same explanation. Correlatively, almost 55% of non-natives state they do not need food stamps versus approximately 21% of natives who give the same explanation.

FIGURE III.4  
USE OF FOOD STAMPS, BY RACE



6. Source of Health Information

Alaska's elderly obtain their health information from three principal sources as shown in Table III.9.

For both native and non-native elderly alike, doctors or nurses are the best single source of health information. However, native elderly also appear to make substantial use of the Department of Health and Social Services and the Bureau of Indian Affairs as sources of health information.

elderly live, the limited availability of certain foods, and related transportation difficulties. Rural elderly and particularly those of the northern service area of Alaska report a considerably lower incidence of the use of vegetables, dairy products, and fruits in their diets than do the elderly of the other two service areas.

TABLE III.8

TYPES OF FOOD EATEN YESTERDAY, BY RACE AND SEX

Foods	Native		Non-Native		State Mean
	Male	Female	Male	Female	
Dairy Products	69.5%	68.5%	89.3%	91.6%	84.9%
Meat or Fish	99.2	95.8	97.8	96.0	97.0
Eggs	67.4	76.9	85.7	72.8	77.2
Green Veg.	59.1	72.0	87.4	87.4	81.8
Other Veg.	44.9	60.3	75.2	75.8	69.6
Fruit or Juices	72.7	78.3	90.2	91.8	87.0
Bread/Cereals	97.7	95.8	93.3	94.3	94.6
Hot Meal	95.4	93.7	97.2	97.5	96.6

The use of food stamps by the elderly is quite low, especially so considering the fact that over 80% of the native and roughly 50% of the non-native elderly had incomes of less than \$5,000 in 1970. Figure III.4 shows the use of food stamps by race. Although there is some regional variation with respect to the use of food stamps, which suggests that urban elderly use food stamps less often than do the rural elderly, a more significant variation exists between races which may

elderly are 14% and 21%. With respect to cash income from employment and social security, both the urban and rural elderly have nearly identical rates of participation. The fact that Alaska natives constitute approximately one-half of the population which is designated rural, would probably account for most of the differences observed between sources of income received by the urban and rural elderly.

### 3. Wealth

Another aspect which is important in evaluating the economic status of Alaska's elderly is their net asset (or wealth) position. The asset position of those elderly who have retired from the labor force is probably of equal or greater importance than cash income with respect to their overall economic welfare. For all Alaskans over the ages of 60, the average value of their assets is approximately \$30,000. Roughly one out of five of all elderly Alaskans, however, have assets of under \$1,000 and one out of three have assets with a value of under \$5,000. At the other end of the scale, over 43% of the elderly have assets in excess of \$20,000. Since the definition of assets includes the value of any home or home equity, the net assets of Alaskans over 60 years of age does not appear exceedingly high. Furthermore, over one-half of the elderly population in Alaska have net assets of less than \$11,000.

On the other hand, most Alaskans over 60 years of age have a relatively low level of liabilities. Over 75% have liabilities of less than \$1,000 and approximately 85% have liabilities of less than \$5,000. The average individual liability for all persons 60 years of age and over in the state is approximately \$4,600. However, over one-half of the state's elderly population have liabilities of \$600 or less.

Slightly more than one-half (52%) of all elderly Alaskans have assets which are equal to or greater than twice the value of their total liabilities. This percentage is very stable with regard to both sex and race. As age increases, however, there is a steady decline in the proportion of persons whose assets exceed their liabilities, as Figure I.1 shows. This pattern apparently reflects the tendency of persons to "wear down" their assets as they grow older. It probably represents an attempt on their part to defend a style of living in the face of continuously falling income.

While the ratio of assets to liabilities is remarkably constant among different age, sex and race groups, the absolute level of asset and liability value differs significantly among those groups in the elderly population. (Table I.5) The average assets of males are approximately \$35,000 while those of females are just under \$26,000. For both males and females, however, over 50% of the elderly have asset holdings of \$6,500 or less. It would appear, therefore, that males and females tend to be distributed somewhat equally over the lower end of the asset holding scale, while some males in the upper end of the scale have assets substantially higher than those of females.

The average asset value of elderly native Alaskans is approximately \$8,000. The comparable figure for non-native elderly Alaskans is \$38,000, or almost five times as much. The difference in median assets between natives and non-natives is even greater with non-natives having assets approximately ten times as great as natives (\$22,110 to \$2,310, respectively). A substantial part of the difference in asset values between natives and non-natives may be explained by differences in the assessed value of urban and rural housing.

services or they could not afford them.

##### 5. Nutrition

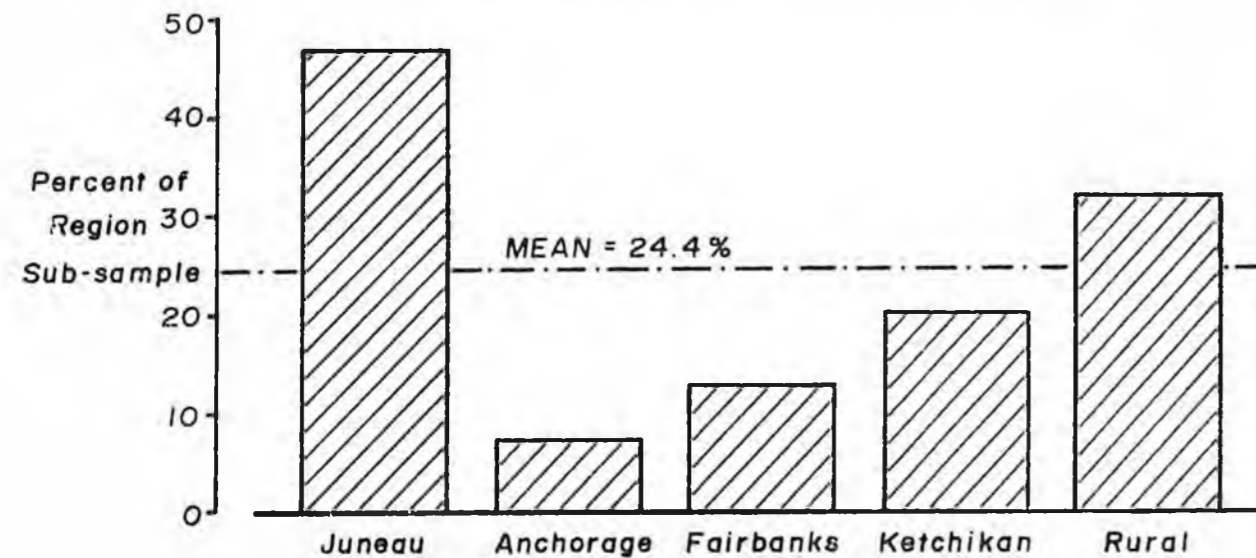
93.3% of all elderly Alaskans feel that they eat properly, and are uniformly distributed with respect to analysis region, race and age. However, it should be noted that this was a self-appraisal by the elderly with no attempt being made to provide a definition for what constitutes a proper diet. A closer look at the actual diet of the elderly suggests that this self-appraisal is subject to some interpretation.

The list of foods shown in Table III.8 constitutes a normal daily diet for adult elderly which, if eaten in the proper quantity, satisfies the minimum daily nutritional requirements. It becomes apparent from Table III.8 that while over 90.0% of all elderly Alaskans feel they are eating properly, their diet does not completely support this view. That is to say, if a definition of eating properly is considered to include at least one daily serving of each of the foods shown, a substantial number of the elderly are not eating properly. This is particularly the case with respect to such foods as green vegetables, other vegetables and eggs. However, an overview of the actual diet suggests that, by and large, elderly Alaskans have at least an average or better than average diet.

It seems fairly obvious, that natives have a somewhat less complete diet than do non-natives. This must be qualified, however, since there are obvious cultural differences between normal native and non-native diets. For example, the use of dairy products, vegetables and fruits have not historically been a staple of the native diet. The variation in diets between native and non-native is also influenced by the region in which the

FIGURE III.3

DIFFICULTY WITH OBTAINING MEDICAL SERVICES, BY REGION



It appears the urban analysis regions of Anchorage, Fairbanks, and Ketchikan are able to provide a sufficient number of medical personnel and facilities such that the elderly do not experience any great degree of difficulty in obtaining services. This is less the case with the Juneau and rural regions where the percentages rise somewhat above the state average. The unusually high percentage of the elderly experiencing difficulty in Juneau (47.2%) is difficult to explain other than by an absence of medical facilities and personnel.

The data collected during the general survey with respect to why the elderly have difficulty obtaining medical service did not yield a sufficiently large sample to be statistically reliable. However, a number of trends appear discernible, and are noted here for their "journalistic" import. The majority of the elderly gave two primary reasons for their difficulty in obtaining services; viz, they found it difficult to get to the

FIGURE I.1

PERSONS WITH ASSETS TWICE LIABILITIES, BY AGE

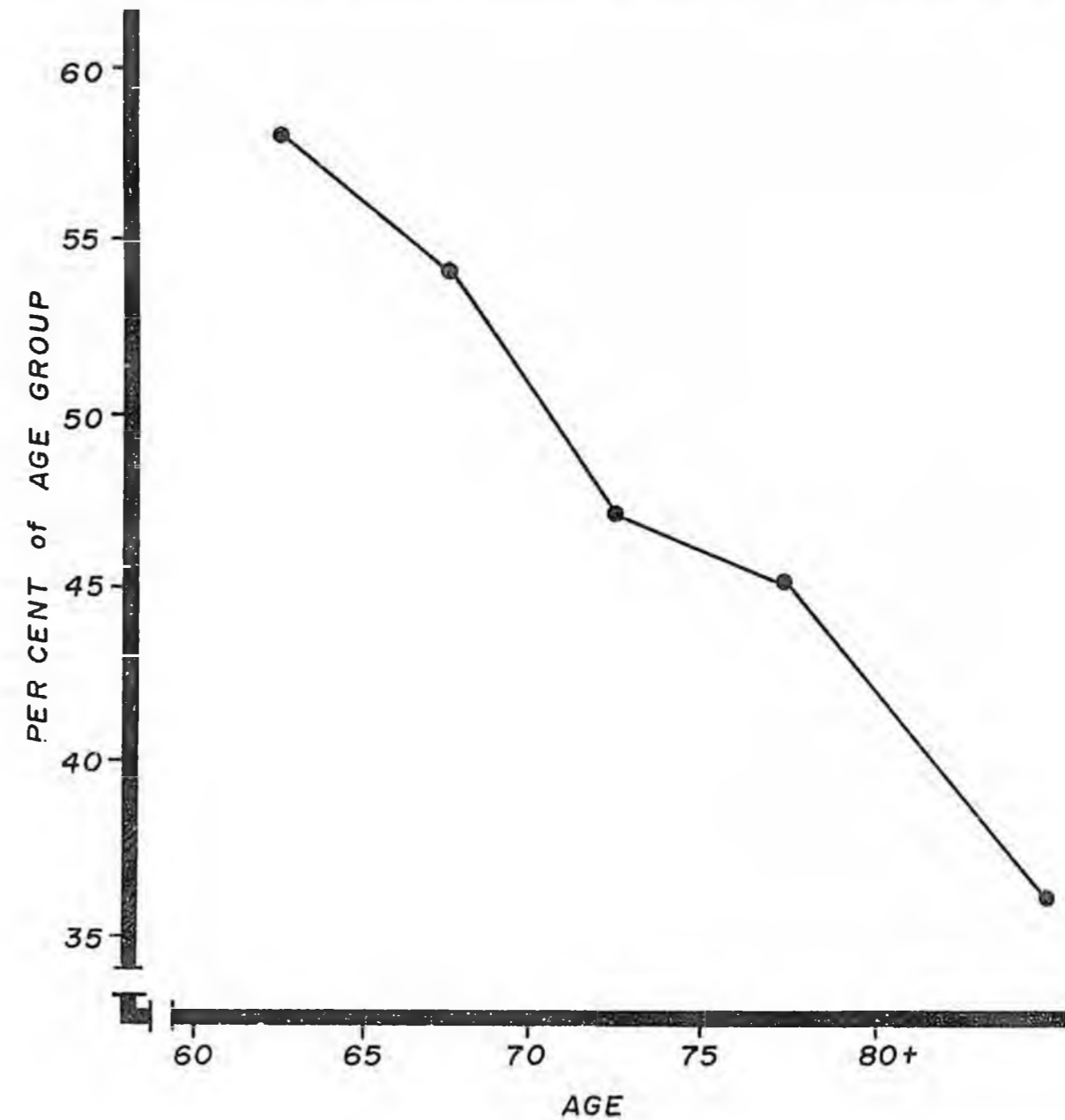
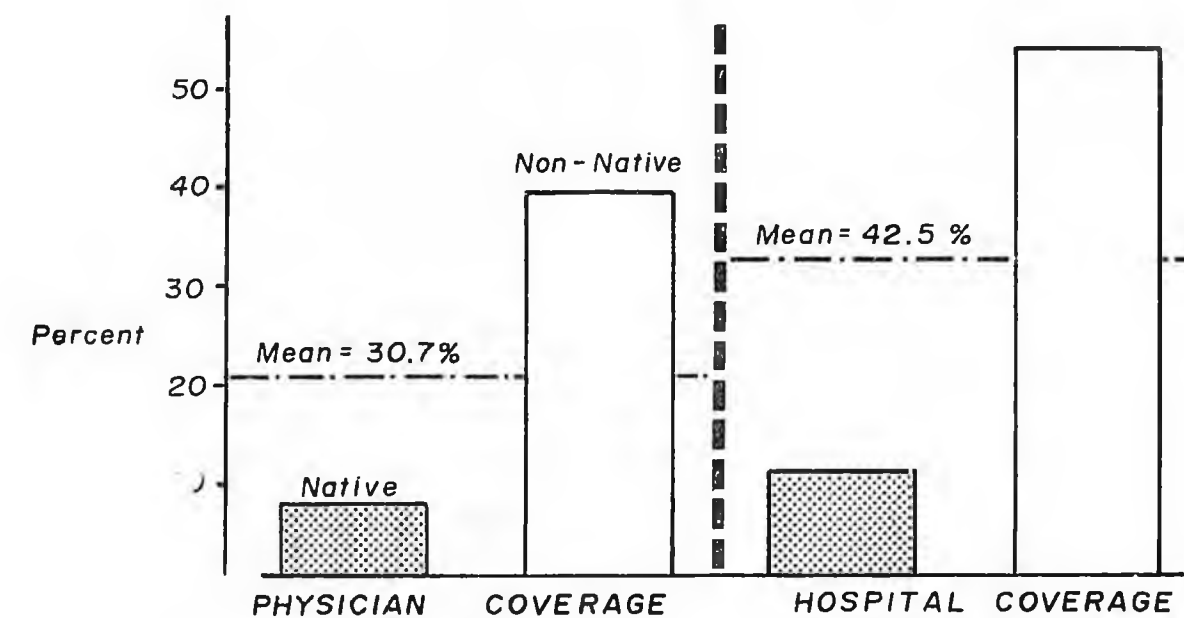


TABLE I.5  
 VALUE OF ASSETS AND LIABILITIES,  
 BY SELECTED CHARACTERISTICS

Characteristics	Assets			Liabilities		
	Mean	Median	Number	Mean	Median	Number
TOTAL	\$30,080	\$10,900	703	\$4,550	\$500	752
<u>Sex</u>						
Male	34,710	6,510	337	6,180	500	354
Female	25,810	6,510	366	3,090	500	398
<u>Race</u>						
Native	7,940	2,310	180	920	500	164
Non-Native	37,700	22,110	523	5,560	500	588
<u>Age</u>						
60-69 years	34,600	15,900	452	6,360	500	469
70-79 years	25,750	10,840	179	1,970	100	213
80 years and over	11,390	2,320	68	10	N/A	65
<u>Location</u>						
Urban	36,980	22,110	359	6,140	500	433
Rural	22,800	6,530	346	2,370	500	322

Public Health Service facilities and might quite understandably see little need for private insurance plans. Examination of other study data suggest that the percentage variations between analysis regions are a function of native population distribution and are thus largely explained by the previous comments.

FIGURE III.2  
 MEDICAL INSURANCE COVERAGE, BY RACE

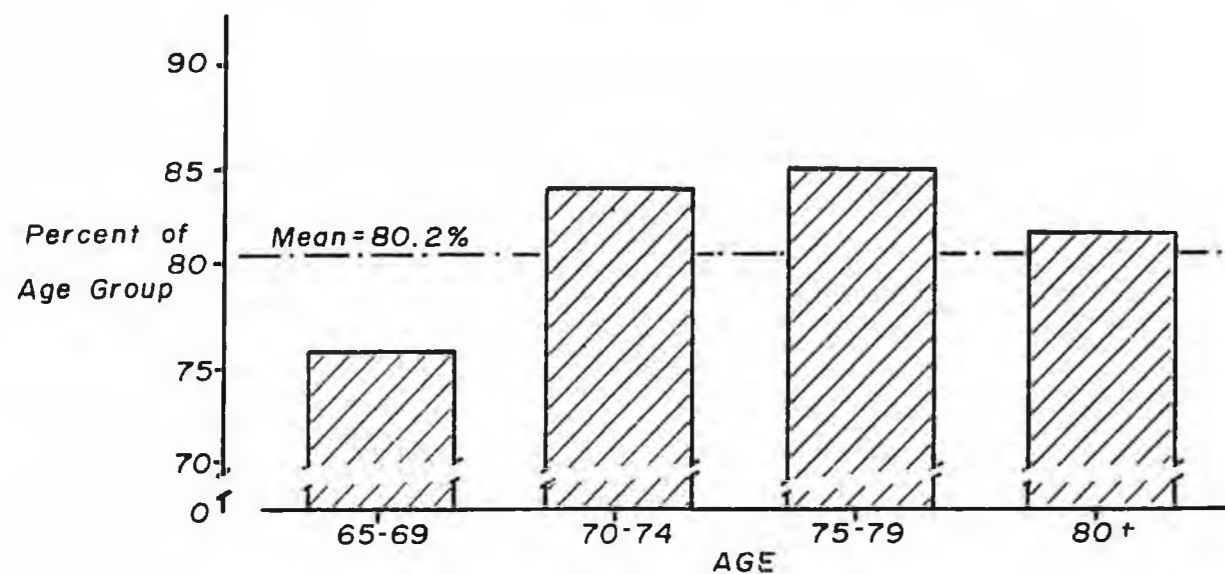


4. Ease of Obtaining Medical Services

The elderly experience some degree of difficulty in obtaining medical services. As with other health issues, the extent of this difficulty varies both regionally and by race. Age does not appear to be a significant factor, which suggests that the problem is related to the availability of services as much as to the infirmities of the elderly. Figure III.3 shows the percentages of those elderly who find it somewhat or very difficult to obtain medical services by region.

data by race shows the native coverage to be approximately one-half that of the non-native, while on a regional basis the rural analysis region falls approximately 7% under the state mean. The latter is probably attributable to the much lower participation rate of natives in the program which, in turn, may be in part due to the large percentage of natives who utilize U. S. Public Health Service facilities.

FIGURE III.1  
MEDICARE COVERAGE, BY AGE



While the percentages of natives and non-natives utilizing the Medicare program vary considerably, the variations between races with respect to private hospital and physician insurance are even more dramatic. These are reflected in Figure III.2.

The percentage variations between elderly natives and non-natives having physician and hospital insurance are enormous. However, these differences may be misleading in that well over 75% of all natives are utilizing U. S.

The value of assets held by the elderly is steadily reduced with increasing age. Among persons from 60 to 69 years of age, the average value of assets is approximately \$35,000 with approximately one-half of the persons in this category having assets of \$16,000 or more. These figures decrease with increasing age until, for persons 80 years of age and older, the average of assets is approximately \$11,400 with only one-half of that population having assets in excess of \$2,300.

#### 4. Insurance Coverage<sup>1</sup>

Any evaluation of the net assets or wealth position of the elderly should include a review of their ability to be protected against major financial losses. One measure of this ability is the incidence of insurance coverage held by Alaska's elderly. This information is presented in Table I.6. Approximately 40% of persons 60 years of age and older carry some form of life insurance. However, approximately 48% of the state's non-native elderly population have life insurance coverage, while only 12% of the native population does. Also the percentage of the population holding life insurance declines steadily with age, falling from approximately 45% for persons between 60 and 69 years of age, to 19% by age 80 and older.

Over one-half of all elderly Alaskans have some form of property insurance. The proportion of non-natives holding property insurance is almost five times as great as that of natives, although the proportion of the elderly owning their own homes is almost identical for both natives and non-natives (nearly 68%).

<sup>1</sup>A detailed discussion of medical insurance (hospital, physician and Medicare) is contained in Chapter III, Health and Nutrition, Section A.4.

TABLE I.6  
INSURANCE COVERAGE,  
BY SELECTED CHARACTERISTICS, BY TYPE OF INSURANCE<sup>1</sup>

Characteristics	Life	Hospital	Physician	Medicare	Property	Burial
State Mean	38.9%	42.5%	30.7%	57.2%	50.7%	19.2%
Sex						
Male	41.5	41.0	29.7	54.9	49.7	19.1
Female	36.5	43.8	31.5	59.3	51.6	19.3
Race						
Native	12.4	10.9	7.8	34.3	13.7	4.1
Non-Native	48.3	53.6	38.9	65.3	63.9	24.6
Age						
60 - 69 years	44.6	48.2	36.7	41.8	55.7	19.7
70 - 79 years	32.5	39.2	23.7	84.2	46.3	18.9
80 years and over	18.6	15.5	10.3	81.4	30.6	16.7
Location						
Urban	50.4	54.1	41.7	63.0	63.2	24.9
Rural	25.5	29.0	18.0	50.5	36.3	12.7

<sup>1</sup> Persons may have insurance of more than one type.

The percentage of both sexes of non-natives who rank the condition of their teeth as good are near or above the state mean, while the percentages of both sexes of natives are well below that mean. Conversely, while the mean for both races ranking their teeth as poor is 13.2%, non-natives fall below that mean and natives are far above it. Male natives also show a dramatically higher incidence of having no teeth at all. Interestingly enough, this correlates with the statistically high variation from the mean on Table III.6 which shows 15% of male natives having difficulty eating solids.

While elderly Alaskans visit their physicians relatively often, they do not visit their dentists nearly as often. Where 59.7% of all elderly Alaskans visited their physician within the past six months, only 17.8% had visited their dentist in that same time interval. The figures for visits to a dentist within 12 and 24 months are 32.8% and 48.0%, respectively, for all elderly Alaskans. It would also appear that natives do not visit dentists with the same degree of regularity that non-natives do. Natives fall consistently below the statewide mean in all time categories. A further examination of the data also indicates that over 50% of all elderly Alaskans had not seen a dentist in over 24 months. This is particularly significant when it is contrasted with the 12.3% of the elderly who had not seen a physician within 24 months.

### 3. Medical Insurance

Approximately 80% of all the elderly age 65 and over in Alaska have taken advantage of the Medicare health insurance program. Figure III.1 shows the percentages of elderly with Medicare coverage by age category which indicates that there is no significant correlation of increasing age with the percentage of Medicare participation. A comparison of the

(74.6%) in contrast to U. S. Public Health Service (22.0%), and Military/Other Physicians (3.4%). The regional variations that exist with respect to these percentage distributions appear to be a function of native/non-native population distributions.

Approximately 44% of all older Alaskans wear false teeth with more than 13.0% having poor teeth and nearly 3% having none at all. The roughly 40% remaining rank the condition of their teeth as good or fair. There is some regional variation with respect to the condition of the elderly's teeth which would suggest that those of the elderly living in the urban analysis regions enjoy better dental health. This is by no means clear, however, and racial and age variations appear more clearly drawn. Table III.7 indicates that non-natives' teeth are generally in better condition than those of natives.

TABLE III.7

CONDITION OF TEETH, BY RACE

Condi- tion	Native		Non-Native		State Mean
	Male	Female	Male	Female	
Good	12.3%	11.1%	22.4%	31.1%	23.0%
Fair	20.8	22.2	19.0	13.2	17.4
Poor	30.7	22.2	12.5	4.9	13.1
False	22.3	41.7	44.1	50.8	43.7
None	13.9	2.8	2.0	*	2.8
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Number	130	144	358	408	1040

\* Less than 0.5%

Finally, approximately one out of every five elderly Alaskans has some form of burial insurance. This ratio is highly constant with respect to age and sex, but varies dramatically by race where the proportion of native elderly with burial insurance is less than one out of every twenty.

5. Labor Market

Among Alaskans 60 years of age and older, approximately 28% are currently employed. Approximately 65% are retired, while 5% indicated that they are not retired, but are currently either unemployed or temporarily withdrawn from the labor force for a variety of reasons. (Table I.7) The percentage of elderly persons who are employed declines steadily with age, falling from nearly 45% between the ages of 60 and 64, to 7% at 80 years of age and older. The high percentage of persons between

TABLE I.7

LABOR MARKET STATUS, BY AGE

Age	Employed	Retired	Other <sup>1</sup>
60 - 64 years	44.5%	42.6%	12.9%
65 - 69 years	25.8	66.1	8.1
70 - 74 years	17.6	80.8	1.6
75 - 79 years	12.0	87.8	0.2
80 and over years	7.0	91.0	2.0
State Mean	27.6%	65.5%	5.1%

<sup>1</sup> Includes unemployed and involuntary withdrawals from the labor force without retirement.

the ages of 60 and 64 (almost 13%) who were neither employed nor retired results from the substantial number of persons in this age bracket who were not employed at the time of the survey, but who were active members of the labor force and were seeking a job.

The percentage of native and non-native population over 60 years of age who have retired is almost identical at 62.5% and 65.8%, respectively. (Table I.8) However, more than 32% of the non-native elderly are employed, while only 15% of the native elderly are. More strikingly, in excess of 22% of the native elderly fall into the "Other" category, while less than 2% of the non-native elderly do.

TABLE I.8  
LABOR MARKET STATUS, BY SELECTED CHARACTERISTICS

Characteristics	Employed	Retired	Other <sup>1</sup>
Sex			
Male	33.2%	58.4%	8.4%
Female	23.0	70.7	6.3
Race			
Native	15.1	62.5	22.4
Non-Native	32.4	65.8	1.8
Location			
Urban	29.1	69.7	1.2
Rural	26.2	59.8	14.0

<sup>1</sup> Includes unemployed and involuntary withdrawals from the labor force without retirement.

The great majority of elderly Alaskans have seen their physician within the last 24 months. This seems to be the case regardless of where their home is. It would appear that approximately 60% of all elderly Alaskans have visited their physicians within the past six months, and within the past 12 and 24 months approximately 85% and 88%, respectively, have done so.

It would further appear that a relatively higher percentage of natives than non-natives have visited their physician within each of the time categories mentioned. This might be partially explained by the fact that 78.4% of all natives are treated by U. S. Public Health Service physicians compared to only 1.7% of non-natives. An urban/rural comparison of the data also shows that almost 40% of all the elderly living in the rural analysis region use U. S. Public Health Service physicians. However, it should be noted that natives exhibit overall a poorer health profile as well as a higher preference to visit physicians more often (if money were no object) than non-natives.

The survey data also suggest that as age increases, the elderly are likely to visit their physicians more often. For example, 42% of the elderly who are 60 - 64 years of age have seen a physician within the last three months. By age 80 and up the incidence has risen to approximately 60%. Regional variations with respect to when the elderly last saw their physician suggest that availability of medical care is also a factor in determining how often the elderly visit their physicians. This is examined later in this chapter in Section C, Analysis and Conclusions.

The vast majority of elderly Alaskans are treated by private physicians

However, the uniform disparity between races for all categories of life tasks strongly suggest the validity of the comparisons.

Age appears to be a causal factor where the energy demands of the life task are higher. For example, there is an almost straight-line positive correlation between increasing age and the incidence of difficulty with such life tasks as climbing stairs and getting out of, or around the house. This correlation does not exist or is considerably weaker with less demanding tasks such as dressing or washing. However, at age 80 and above, the incidence of difficulty rises dramatically for all life tasks. Interestingly enough, urban elderly experience less difficulty with the life tasks shown in Table III.6 than do rural elderly.

TABLE III.6  
DIFFICULTY WITH LIFE TASKS, BY RACE AND SEX

Some Difficulty With or Cannot Do	Native		Non-Native		State Mean	Number
	Male	Female	Male	Female		
Dressing	14.2%	18.9%	6.7%	6.2%	9.1%	94
Climbing Stairs	29.7	36.9	16.0	21.7	22.8	235
Washing	7.0	14.0	4.5	6.7	7.0	72
Feeding Self	1.6	3.5	1.1	1.2	1.6	16
Eating Solids	15.0	12.6	2.5	3.9	6.0	62
Getting Around House	5.5	11.2	3.9	6.2	6.0	62
Getting Out of House	17.2	24.7	6.7	14.8	13.7	141

Table I.9 indicates that almost three out of every four Alaskans over the age of 60 and not employed give as reasons for not working, voluntary retirement, age or poor health. Among the non-native population, retirement is the most important reason, accounting for over one-third of all persons over 60 years of age. Poor health is second with slightly over 20%, while more than 15% of the non-native elderly population give old age as a reason for their nonemployment.

TABLE I.9  
REASON NOT EMPLOYED, BY RACE AND SEX

Reasons	Native		Non-Native		State Mean
	Male	Female	Male	Female	
Retired By Choice	14.6%	17.9%	34.1%	40.3%	31.2%
Poor Health	36.9	22.3	24.0	18.7	23.5
Age	18.5	38.4	14.9	17.0	20.0
Other	30.0	21.4	27.0	24.0	25.3
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Number	103	112	208	283	706

The same three major reasons are listed by the native elderly, only ranked differently. The most important reason for not working is poor health, accounting for almost one-third of all the unemployed natives 60 years of age and older. Old age ranks second, and voluntary retirement third at just under 20% of the native elderly population. The reasons the elderly give for not being employed change as they grow older. For the population 60 through 64, the most important reasons for not working in order of

importance are poor health and voluntary retirement. For persons 75 years and older, the major reasons given for not working are voluntary retirement and old age. While persons 60 years of age and older indicate that they believe their health to be declining as they grow older, they nonetheless list poor health as a decreasingly important factor in explaining their unemployment as their age increases.

#### 6. Attitudes

In assessing the ability of their current incomes to satisfy their current needs, approximately 80% of all elderly Alaskans indicate that their needs are very well, or fairly well, satisfied. (Table I.10)

This percentage varies only slightly with respect to sex or age. Significant variations do occur, however, with respect to race. Among elderly Alaskan natives, approximately 11% feel that their current income satisfies their current needs very well, 45% feel their needs are satisfied fairly well, and 44% feel their needs are satisfied poorly. In contrast to this, the percentage of non-native elderly who feel their needs are being satisfied very well, fairly well, and poorly are approximately 36%, 52% and 11% respectively.

Looking into the future, approximately 63% of elderly Alaskans feel they have enough money to meet their future needs. This percentage is quite constant with respect to sex and age differentials, although it rises sharply for persons 80 years of age and older. There is a significant difference between the attitudes expressed by natives and non-natives and by persons residing in urban and rural locations. The proportion of

Non-natives clearly experience less difficulty with their hearing, and females of both races enjoy better hearing than do males. This appears to be particularly the case with native females versus native males. As is the case with difficulty with seeing, a strong correlation exists between increasing age and difficulty in hearing. For example, at age 60 - 64 approximately 30% have some difficulty with hearing. By age 80 and above this figure has risen to 57%.

With 38% of the state's elderly having some or considerable difficulty with their hearing, a surprisingly small percentage of that population wears hearing aids. Approximately 6% of all the elderly have hearing aids or, put somewhat differently, only 16.1% of those who have difficulty with their hearing use a hearing aid.

The elderly of Alaska experience varying degrees of difficulty with a number of ordinary life tasks. The degree of difficulty differs considerably from life task to life task and also with respect to the variables of race, sex and age. However, the fundamental necessity of each of these tasks suggests that difficulty with any one of them, at any age, presents a serious obstacle to ordinary living. From Table III.6, it would appear that those life tasks which require more physical energy, such as climbing stairs and getting out of the house, present the most difficulty for the elderly, while those with lower energy demands, such as feeding oneself and getting around inside the house, present the least difficulty. It is important to note, however, that almost without exception, natives experience more difficulty than non-natives in all life tasks. Statistically, it is difficult to comment on these comparative rankings by race, since the subpopulation sampled was quite small in some cases.

There appears to be no appreciable variation from that percentage with respect to region or age. However, 84% of the native elderly wear glasses as compared to 92% of the non-native elderly, which appears to be a statistically significant variation.

Approximately 62% of the elderly have no difficulty with their hearing, and one-half of one percent are completely deaf. Regional variation does not appear to be significant with respect to difficulty with hearing, however, the incidence of difficulty is from 5% to 14% higher in the rural analysis region than in the urban regions. As can be seen from Table III.5, this is probably explained by the relatively high native population concentrations in the rural analysis region.

TABLE III.5  
DIFFICULTY WITH HEARING, BY RACE

Difficulty	Native		Non-Native		State Mean
	Male	Female	Male	Female	
None	39.2%	56.2%	62.2%	71.4%	62.0%
Some	58.5	43.8	37.5	28.2	37.4
Cannot Hear	2.3	*	*	*	0.6
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Number	130	144	357	405	1036

\*Less than 0.5% .

TABLE I.10  
ABILITY OF CURRENT INCOME TO SATISFY  
CURRENT NEEDS, BY SELECTED CHARACTERISTICS

Characteristics	Income Satisfies Current Needs		
	Very Well	Fairly Well	Poorly
State Mean	30.0%	50.2%	19.8%
Sex			
Male	27.8	50.2	22.0
Female	31.9	50.3	17.9
Race			
Native	11.4	45.0	43.5
Non-Native	36.5	52.1	11.4
Age			
60 - 69 years	30.0	50.2	19.8
70 - 79 years	28.3	50.7	21.0
80 years and over	35.7	45.9	18.4
Location			
Urban	36.2	51.1	12.7
Rural	22.6	49.2	28.2

non-natives who feel they have enough money to meet their future needs is twice that of natives. When comparing different locations, three out of every four urban elderly persons feel they have enough money to meet their future needs, while only two out of every four rural elderly feel this way. This again reflects the high proportion of natives in the rural population.

When asked where they go to obtain information about income programs for elderly citizens, 33% of Alaskans over 60 years of age indicate they don't know where to go. Among the persons who feel they have a source of good information, the greatest number (21%) cite the Department of Health and Social Services, while 14% refer to local newspapers. The Bureau of Indian Affairs, radio and television stations, physicians and nurses, friends and relatives, and senior citizen centers are all listed by approximately 5% of the elderly population, while clergy and churches are cited approximately 1% of the time. It would appear, therefore, that a substantial number of Alaska's elderly population does not know where to turn when seeking information about programs which might improve income or living conditions.

#### B. RESOURCES

The number of resources available to supplement the income, wealth and labor force status of the elderly in Alaska, as everywhere in the United States, is quite limited. What resources are available can be broadly classified into three categories: federal resources, state resources, and private resources.

have considerably more difficulty than do those of the two urban analysis regions of Anchorage and Fairbanks. In Anchorage and Fairbanks the incidence of difficulty with vision is only 23.8% and 20.2%, respectively, compared to approximately 35% for Juneau and Ketchikan and almost 47% for rural elderly. As Table III.4 indicates, the variation between races is even more pronounced.

TABLE III.4  
DIFFICULTY WITH SEEING, BY RACE

Difficulty	Native	Non-Native	State Mean
None	42.3%	72.0%	64.2%
Some or Cannot See	57.7	28.0	35.8
TOTAL	100.0%	100.0%	100.0%
Number	272	763	1035

Native elderly have roughly twice the incidence of difficulty with vision than non-natives do, and show an incidence 22% over the statewide mean. Age would appear to be a definite causal factor, and analysis of the data indicates that the incidence of difficulty rises steadily with age to where at age 80 and over more than 61% of the state's elderly experience difficulty with seeing.

Approximately 90% of all elderly Alaskans 50 years or older wear glasses.

TABLE III.3  
ACTIVITY LIMITED BY SICKNESS LAST MONTH,  
BY RACE AND SEX

Activity Limited	Male		Female		State Mean
	Native	Non-Native	Native	Non-Native	
YES	29.5%	14.5%	22.9%	20.1%	19.8%
NO	70.5	85.5	77.1	79.9	80.2
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Number	129	352	144	407	1032

is some indication that the incidence of limitation rises with increasing age, it presents an uneven and irregular curve when graphed.

## 2. Specific Health Conditions

Alaska's elderly have a number of specific health problems which trouble them in varying degrees. There is some regional variation with respect to these problems, but as is the case with their general health condition, race and age appear to be the more significant variables.

While roughly one-third (35.8%) of all elderly Alaskans have some difficulty with vision, or cannot see at all, rural and southeastern elderly

## 1. Federal

The primary federal resource available to older Alaskans is benefits received under the Social Security system. It is the most extensive income resource available to elderly Alaskans, with almost 80% of all retired persons in Alaska receiving Social Security benefits and approximately 63% of all Alaskans over the age of 60 receive benefits. The average benefit amount received by elderly Alaskans in 1969 was approximately \$97.00 per month. Social Security benefit amounts are determined by a nationally applicable payment schedule established by the 40 highest earning quarters in an individual's work history. Because the average price level in Alaska is significantly higher than in the rest of the United States, Alaskans receiving the same benefit amounts as other United States citizens actually receive less income when measured in purchasing power.

With respect to labor market status, a limited number of federal programs are available to the State of Alaska. Under the Economic Opportunity Act funds are provided (and administered by the Office of Economic Opportunity) for special manpower, and related, programs directed at the elderly. The extent of such programs is quite limited and most of the funds under the Economic Opportunity Act have been used for demonstration projects. As such, this resource is highly limited as an effective device in assisting the elderly on an on-going basis. Another federal program directed at the labor market status of the elderly is the Operation Mainstream program administered by the U. S. Department of Labor. Under Alternative "B" of the Mainstream Program guidelines, sheltered workshop environments can be established to provide work experience and income for the elderly. Within Region X of the U. S. Department of Labor (Alaska,

Washington, Oregon and Idaho) the number of projects funded under this program has been relatively small and the size of any individual project seldom exceeds 50 persons. Consequently, this program area represents a relatively minor resource currently available to Alaska's elderly population.

## 2. State

The primary resource available to the elderly is the Old Age Assistance (OAA) program administered by the Department of Health and Social Services. Although the State of Alaska ranks seventh in the United States in the average amount of its OAA payments, only approximately 14% of persons 60 years of age and older and nearly 18% of the state's retired population receive some type of OAA benefits. Among elderly Alaskan natives, however, it ranks as the second most extensive income resource with almost 30% of that population receiving benefits.

Another state income resource available to Alaskans 60 years of age and older is the Federal-State Employment Security system under which unemployment compensation benefits are administered by the State of Alaska Department of Labor. Under this system, persons who have been employed during the relevant prior benefit period and have accumulated contributions to the unemployment compensation fund, are eligible to receive unemployment insurance benefits in an amount and of a duration commensurate with their contribution to the fund. This resource has primary applicability to elderly Alaskans between the ages of 60 and 70, over one-third of whom are currently employed. Most of these elderly will be eligible for and can claim unemployment insurance benefits when their employment is terminated. However, the right to claim such benefits is exhausted within 12 months

On the other hand, a comparison of the general health condition of elderly natives and non-natives statewide shows a statistically significant variation between races. Table III.2 indicates that only 71.5% of the native elderly rank their general health condition as good or very good, while 87.4% of the non-native elderly do so.

There is some slight evidence in the survey data which suggests a deterioration in health condition with increasing age, but it is by no means a straight line function and is insufficient to warrant further comment here. Although a relatively high percentage of the total elderly indicate their health condition is good or very good, it is important to note that approximately 45% of all elderly are also troubled by chronic health problems.

Sickness appears to limit the activities of approximately 20% of all the elderly statewide. There is some degree of regional variation with the Juneau (28.1%) and Anchorage (22.3%) analysis regions rising more than 8% and 2%, respectively, above the state average, while the other analysis regions fall approximately 2% to 4% below the average. Table III.3 indicate a notable variation existing between race categories and especially between male natives and non-natives.

As can be seen from the table, females of both races compare favorably with the overall state average, while males vary considerably, with male natives showing the largest variation from the average. It would appear that females of both races have their activities limited to approximately the same degree by sickness, while male natives are limited in activity roughly twice as often as non-native males. Interestingly enough, increasing age appears not to be as strong a causal factor in activity being limited by sickness as might have been expected. While there

interpretation of study data.<sup>1</sup> There is some variation in the general health condition of the elderly between different analysis regions, but it does not appear to be large. For the state as a whole, 83.1% of all the elderly rank the condition of their health as good or very good.

The only significant variations from the state average appear in Juneau and Fairbanks, with the former falling roughly 6% below and the latter rising approximately 5% above the average. Considering the sample size of the two divergent regions, these variations do not appear to be statistically significant, and it would appear that those elderly enjoying good or very good health are distributed relatively evenly throughout the state.

TABLE III.2

GENERAL HEALTH CONDITION STATEWIDE, BY RACE

Condition	Native	Non-Native	State Mean
Good & Very Good	71.5%	87.4%	83.2%
Poor	28.5	12.6	16.8
TOTAL	100.0%	100.0%	100.0%
Number	274	762	1036

<sup>1</sup> In this chapter the two analysis regions of urban and rural are occasionally expanded to five: Fairbanks, Anchorage, Juneau and Ketchikan and the remainder defined as rural. However, at all times the definition of rural remains constant. A third data stratification is also occasionally used which roughly corresponds to the Department of Health and Social Services service regions, i.e., Southeast, Southcentral and North.

and has, consequently, little applicability to Alaska's elderly who have been out of the labor force for any substantial period of time.

3. Private

The primary private resources available to elderly Alaskans are employer pensions and private pensions. Of the two, employer pension coverage is far more extensive than private pension coverage. Among all Alaskans 60 years of age and older, almost 20% have employer pensions and less than 7% have private pensions. Among Alaska's retired population, approximately 25% have employer pensions and nearly 8% have private pensions. The magnitude of government employment in Alaska is probably a major factor in the extensiveness of public pension coverage.

C. ANALYSIS AND CONCLUSIONS

The analysis of the data on the economic status of persons 60 years of age and older in Alaska indicates a significant disparity between the native and non-native elderly populations. In almost all ways that economic well-being can be measured (income, wealth, and labor force activity) the economic status of the natives is significantly below that of the rest of the elderly. They have lower incomes, lower employment rates, higher unemployment rates, fewer assets, and less insurance protection; and they express attitudes which are significantly more pessimistic about both their present and future economic well-being. Consequently, there is a clear need to develop programs specifically aimed at improving the economic status of Alaska's elderly natives.

It appears that the most significant factor contributing to the differences in economic status among the urban and rural regions of Alaska is the proportion of natives in the population. If the data are adjusted to exclude natives,

there still appears to be a slight difference between the economic status of persons living in urban and rural areas of the state. In general, the persons living in urban areas appear to have a slightly higher economic status than those who live elsewhere. It should be remembered, however, that persons living outside Alaska's urbanized areas have access to many forms of economic sustenance other than those gained through a cash economy. Even allowing for this factor, however, it would not be unusual to find a higher economic status among persons living in urban areas than in rural areas. The availability of jobs which carry employer pensions, and the availability of jobs under which the worker is covered by social security, are both greater in urban areas than in rural ones. Consequently, there is a need to include special provisions in all of Alaska's elderly programs earmarking special services and funds for use in nonurban areas.

There is a strong correlation between the economic status of an elderly person and his prior experience in the labor market. Persons who are relatively well-educated, held higher paying jobs when they were employed, and either are still employed or have very recently left the labor market, appear to have the highest economic status of any group among the elderly. There is a steady decline in economic status among the elderly as their age increases. This is probably indicative of the lower rates of earnings achieved by these workers (or their spouses) during their working years. Particularly among Alaskans who are 70 years of age or older and who have been out of the labor market for five years or more, there is a need to provide programs aimed at increasing their income and economic well-being.

For most elderly Alaskans, income after retirement appears to be relatively low compared to preretirement income. It appears that one of the major contributors to this fact is the uniformity of social security benefits paid to retired persons throughout the United States. There is no provision for the

CHAPTER III  
HEALTH AND NUTRITION

A. HEALTH AND NUTRITION PROFILE

1. General Health Conditions

Table III.1 shows the self-appraised general health condition<sup>1</sup> of older Alaskans in each of the five analysis regions used in the analysis and

TABLE III.1  
GENERAL HEALTH CONDITION, BY REGION

Condition	Fairbanks	Anchorage	Juneau	Ketchikan	Rural	State Mean
Good & Very Good	88.3%	84.0%	77.4%	84.8%	82.6%	83.1%
Poor	11.7	16.0	22.6	15.2	17.4	16.9
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Number	94	293	106	66	482	1041

<sup>1</sup>No attempt was made to provide respondents with precise medical definitions during the survey. The assessment by the elderly of their general and specific health conditions reflects the layman's view of self-health.

- o The running water and sanitation facilities, developed by the Arctic Health Research Center of the United States Public Health Service, might be expanded where possible to additional remote rural villages;
- o A program could be developed and implemented for replacing or upgrading those 900 units occupied presently by the elderly, which are considered substandard. The development and implementation of this program could probably best be accomplished by working through such existing agencies as the Alaska State Housing Authority;
- o Some form of immediate property tax relief could be considered for the elderly;
- o Consideration might be given to the construction of approximately 450 additional nursing home beds, primarily in the northern and western portions of the state;
- o Information concerning programs for the financing of housing for the elderly might be made more readily available;
- o The Office of Aging could develop the position of "Housing Specialist" with responsibilities for coordinating the housing programs of various agencies and acting as an advocate for the housing needs of the elderly.

adjustment of social security benefits upward to account for Alaska's markedly higher cost of living. Consequently, the real purchasing power available to an Alaskan who is retired with social security benefits as his primary source of income is significantly less than the purchasing power of retired persons elsewhere in the United States. Elderly Alaskans need assistance in obtaining a level of purchasing power which is at least equal to that enjoyed by social security recipients elsewhere in the United States.

There is evidence that Alaskans who have retired try to defend their standard of living by consuming at a level which is greater than can be sustained by their retirement incomes. This leads to a pattern of asset reduction which, over a time, leads to a further reduction in income in a spiraling pattern of declining assets. This pattern is not unique to Alaska's elderly, but it does indicate an apparent need for better financial counseling and planning services for persons prior to, or immediately following, retirement.

Finally, there is some evidence that the majority of elderly Alaskans need better information about where they can get assistance in improving their economic status. Over one-third of Alaska's elderly population do not know where to go for information on income and employment programs. Over one-half either have no knowledge of where to go for information, or think primarily of their local health facility. It appears that the most acute shortage of information occurs in rural areas and among Alaska's elderly native population.

#### D. ALTERNATIVE SOLUTIONS

Based upon the foregoing analysis and conclusions, the following represent some of the approaches which might be explored by state government as possible solutions to the income problems of the elderly:

- o Special income programs might be developed for Alaska's native and rural elderly which would improve their economic status. Since many of the rural elderly and natives in particular have had relatively limited attachment to the labor force in jobs covered under either social security or unemployment compensation, new income programs should be based upon a need rather than an insurance principle;
- o Income supplement programs adopted by the State of Alaska might be primarily directed at the elderly who are 70 years of age and older and who have not been in the labor force during the previous five years. This segment of the population clearly has the greatest need for economic assistance and the fewest resources available to it;
- o A more extensive program might be developed to disseminate information on the availability of economic assistance programs for the elderly. In particular, natives, persons over 70 years of age, and persons living in rural areas appear to be more in need of information about resources available to them. In addition, a statewide program of pre and post-retirement financial counseling for the elderly could be developed;
- o The state or other eligible sponsors might attempt to obtain additional Operation Mainstream funds from the U. S. Department of Labor to establish statewide or regional manpower projects primarily for the elderly. Such projects could be primarily directed at rural Alaskans and would provide both a source of income and employment for the elderly;

elderly.

There is a significant number of Alaskan elderly who own homes but do not carry property insurance, probably due to their limited fixed incomes. There is a need to make property insurance more readily available to the elderly.

Although most of Alaskan elderly would prefer to live independently, 7.9% (964 persons) of the elderly would prefer to live in nursing homes. It is estimated that there are approximately 515 nursing beds available in either nursing homes, general hospitals or Pioneers Homes. It appears that there is a need for approximately an additional 450 beds, based on this preference of the elderly. Most of the present capacity is available at Anchorage, Fairbanks, Seward, Palmer, or Southeastern Alaska. There are no nursing homes available in the western and northern parts of the state.

#### D. ALTERNATIVE SOLUTIONS

Based upon the foregoing analysis and conclusions, the following represent some of the approaches which might be explored by state government as possible solutions to the housing problems of the elderly:

- o Top priority might be given to the development of special housing programs for the Alaskan elderly and especially the native elderly, which could include low cost new construction or additions to existing housing in order to solve the problem of present overcrowding;
- o The possibility of distributing natural gas to remote villages from Prudhoe Bay oil and gas reserves might be explored, so that the problem of providing adequate heat to existing homes can be resolved.

elderly homes, is lack of running water. The lack of hot running water, private flush toilets and bathtubs or showers is directly related to the lack of running water. The lack of running water in the homes of native elderly is also largely attributable to the cost of water supply facilities, compounded by remoteness of many dwellings and the severe climate. The need for running water and sanitation facilities has been anticipated by the Arctic Health Research Center of the United States Public Health Service, e.g., they have undertaken community sanitation projects in 39 villages at a cost of \$3.16 million. There is a need to extend this type of program to all the native villages in the future.

Based on the absence of facilities it is estimated that 20% of 4500 units occupied by the elderly are substantially substandard. Of the 900 dwellings which are considered substandard, approximately 67% or 600 units are occupied by the native elderly. Based on this fact, there is at present a need for improving or replacing approximately 900 units presently occupied by the elderly in Alaska.

Almost 89% of Alaskan elderly feel that they should pay lower property taxes. This feeling is not very different from the feelings of elderly in other parts of the United States. Compared to average urban households which pay about 4% of their total income in property taxes, "the poor and the impoverished old are likely to pay from a third to more than half of their meager incomes in property taxes."<sup>1</sup> The basic consequence of high property taxes is that the elderly are either forced to sell their homes and move into rental housing, or to cut down on facilities (such as telephone and heat) that they need but cannot afford. There is a basic need to provide property tax relief to the

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<sup>1</sup>Ibid. p.21.

- o Further study might be made of the feasibility of making supplementary payments to Alaskans receiving social security benefits. Such supplementary payments would equalize the present disparity in purchasing power between Alaskan and non-Alaskan elderly;
- o An additional staff position could be added to the State Office of Aging with the job title "Manpower and Income Specialist." This staff person would be responsible for locating and obtaining federal funds for the creation of employment and income supplement programs for the elderly.

### C. ANALYSIS AND CONCLUSIONS

The analysis of the data on the housing status of elderly persons in Alaska reveals a significant disparity between the native and non-native elderly population. In almost all of the ways that housing conditions can be measured (availability of facilities, overcrowding, etc.) the housing conditions of the native elderly are significantly poorer than those of the rest of the elderly population. This can be largely attributed to the lower economic status of the natives (see Chapter I, Economics) and, in addition, to the fact that most of them live in remote areas of Alaska (see Demographic Profile) which increases the cost of construction.<sup>1</sup> There is a need to make reasonably priced building materials available in the remote areas of the state.

The most significant fact that emerges from a study of the data concerning housing occupancy is that overcrowding in the homes of native elderly is significantly higher than in the homes of non-native elderly. The main detrimental consequence of the overcrowding of homes is that such homes become fertile grounds for the transmission of communicable diseases.<sup>2</sup> It appears that the main cause of overcrowding is the prohibitive cost of heating homes in Alaska (on the average, \$471 per year in the rural areas of Alaska compared to a national average of approximately \$132 per year). There is a need to provide reasonably priced fuel in these remote areas.

Accompanying the lack of heating in every room in a large number of native

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<sup>1</sup>A 1969 U. S. Army Corps of Engineers study indicated that the construction cost index in Barrow was 3.50 compared to 1.70 in Anchorage, 1.15 in Washington State and 1.0 in Washington, D.C.

<sup>2</sup>1971 White House Conference on Aging, *Housing the Elderly*, *op.cit.*, p.64

2. State

The primary state agency concerned with housing programs is the Alaska State Housing Authority (ASHA). The Authority has been involved in the following programs: 1) low rent housing program; 2) native village program; 3) middle income program; 4) "turnkey" housing program; and 5) remote village housing program. Besides these programs, it is also authorized to undertake urban renewal, comprehensive planning programs and the state lease program.

Even though all ASHA housing is not exclusively for the elderly, some of the units are so designed. At the end of 1970, at least 25 out of 945 low-rent public housing units were designed exclusively for the elderly.<sup>1</sup> An estimated 20% of the total units, however, are occupied by the elderly population.<sup>2</sup>

3. Private

There have not been any "retirement communities" built for the elderly Alaskans as have been popularized in Southern California, Arizona and Florida. However, private investors including non-profit and limited profit organizations, e.g., church groups and labor unions have built nursing homes for the elderly in Alaska. Non-profit corporations can obtain federal subsidy under such programs as Section 221 (d) (3) and 232 of the National Housing Act and Hill-Burton grants.

<sup>1</sup>U. S. Department of Housing and Urban Development, op. cit., p.66.

<sup>2</sup>Ibid. p. 75.

## A. HOUSING PROFILE

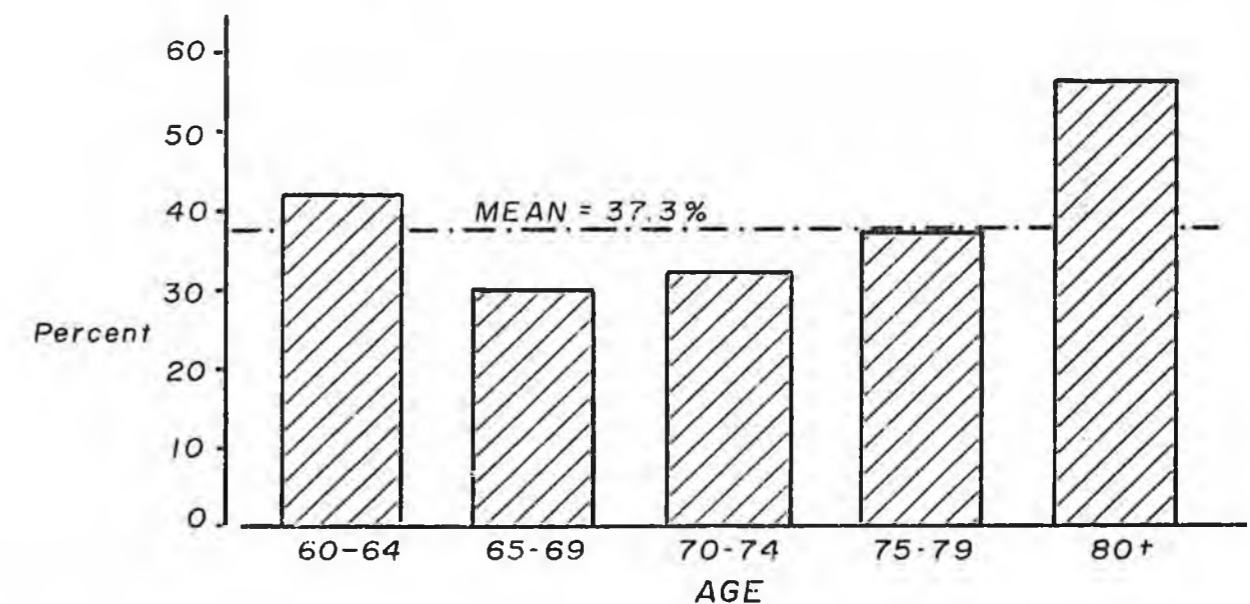
1. Housing Occupancy

Approximately 63% of the elderly population in Alaska live in single family households, with their spouses or alone. The remaining elderly, whether married or single, share their homes with someone other than a spouse. The propensity to share a home with other than a spouse is higher among natives (more than 68%) and rural elderly (56%) than among non-native and urban elderly.

There is a tendency to share a home with someone other than a spouse as an individual grows older. (Figure II.1) Almost 57% of the elderly over 80 years old share their houses with other than their spouse compared to approximately 32% under the age of 80.

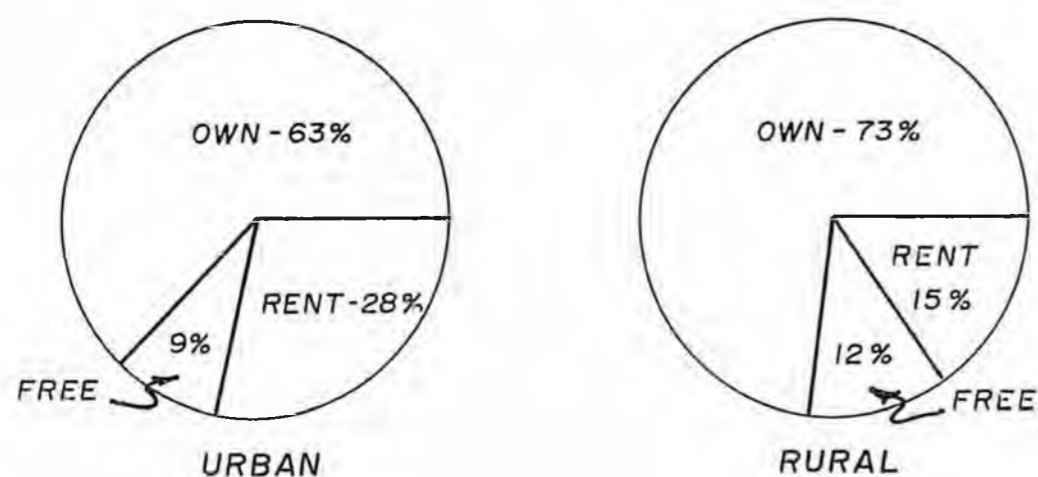
FIGURE II.1

SHARE HOME WITH OTHER THAN SPOUSE, BY AGE



Slightly less than 68% of Alaskan elderly own their homes, 22% rent, and 10% live free. More of the elderly (28%) rent their homes in urban Alaska than in rural Alaska where the figure is just over 15%. (Figure II.2) Ownership in rural areas is approximately ten percentage points higher than in urban areas (73% to 63%).

FIGURE II.2  
HOME OWNERSHIP, BY REGION



In the United States as a whole, 77% of the elderly own their own homes. The corresponding figure for elderly Alaskans is 75%.<sup>1</sup>

The same percentage of elderly natives own their homes as non-native elderly (68%). Looking at ownership from the point of view of age, there appears to be a drop in ownership from approximately 76% to 68% between age groups 60 - 64 and 65 - 69. Between the ages 70 and 79, the average percentage of home ownership remains nearly constant (65%).

<sup>1</sup>U. S. Department of Housing and Urban Development. 1971 White House Conference on the Aging: Housing. (Washington, D. C., 1971), p.13.

housing is financed by insured mortgages, which are privately held.<sup>1</sup>

The Section 236 program has largely replaced the Section 202 program.

The FHA 231 program insures private lenders against losses on mortgage loans made to finance construction of new rental units designed for occupancy by elderly or handicapped individuals.

Besides the above-mentioned programs, under Section 1004 of the Demonstration Cities and Metropolitan Development Act of 1966 assistance is specifically provided to the State of Alaska and its localities in financing housing and related facilities for Alaska natives - Eskimos, Indians and Aleuts - and other low-income residents otherwise unable to finance such housing on terms they can afford. Basically this program is designed to provide adequate housing for the low-income families in remote areas of Alaska.

Other federal programs of interest to Alaska elderly are those housing programs under the Bureau of Indian Affairs (such as the Housing Improvement program which provides assistance in the repair, rehabilitation and construction of housing for Indians who cannot obtain assistance from other sources, including other federal programs), and the Veterans' Administration and Department of Agriculture (such as mutual and self-help housing programs where loans are made to individual families belonging to self-help groups in rural areas including rural towns of less than 5,500 population).

<sup>1</sup>Ibid. p 89.

specifically and exclusively toward the elderly population. These include low-rent public housing, the 202 direct loan program, and the FHA 236 program.

The low rent public housing program is by far the largest of the assistance programs. Recent changes in this program permit: 1) the construction of housing specifically designed for elderly couples and single persons; 2) the leasing of privately owned housing for low-rent purposes; 3) the acquisition, with or without rehabilitation, of existing privately owned housing for low-rent use; 4) a simplified procedure for developing new housing under "turnkey" provisions; and 5) various arrangements under which tenants in public housing projects may become owners of the dwellings they occupy initially as tenants.<sup>1</sup>

The Section 202 program which started in 1959 was designed for the elderly and provided subsidy in the form of lower rents made possible by low interest rate loans. Income limits were established for admission to the housing provided under this program. This program is being phased out.

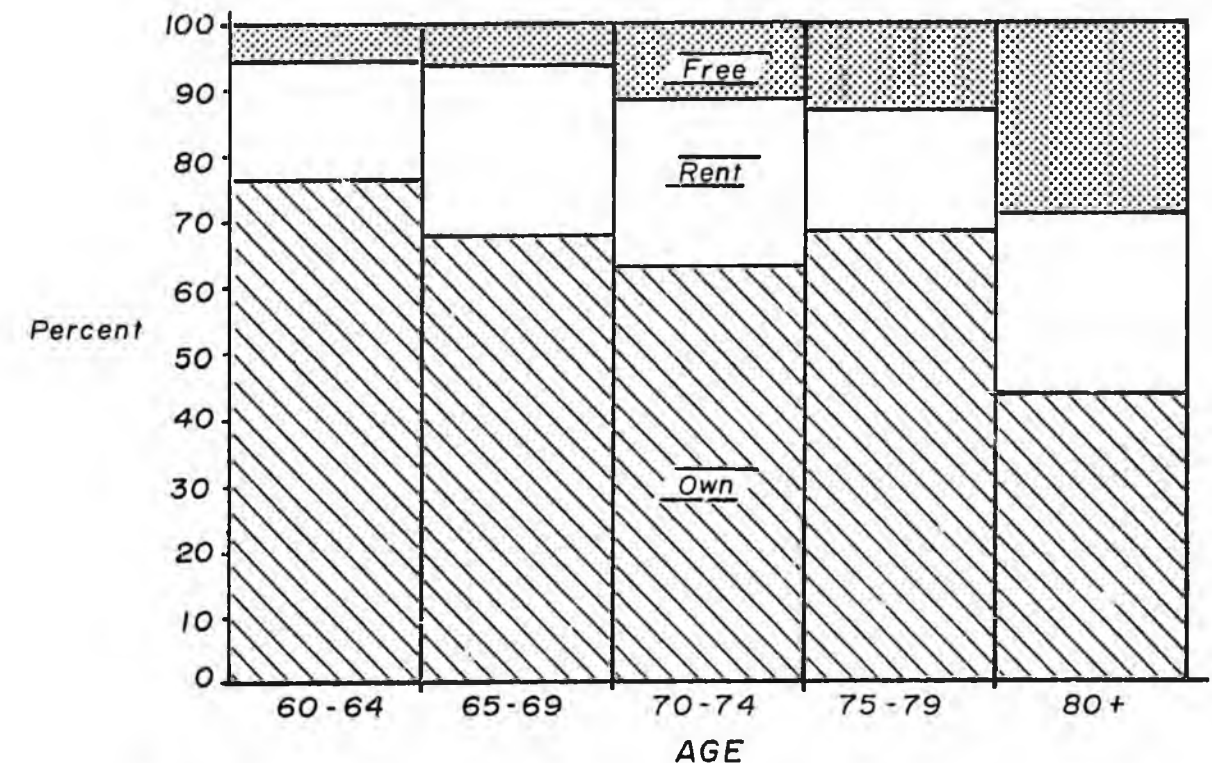
The Section 235 subsidized homeownership and Section 236 subsidized rental and cooperative housing programs were introduced in 1968 with a different form of subsidy. Under these programs, monthly mortgage payments and rental charges are reduced through interest-reduction payments which may bring the effective interest rate down to as low as 1%. Income limits for these programs generally are set at 35% above the public housing limits, with the exception that 20% of the families may have somewhat higher income. Under these programs, the capital cost of the

<sup>1</sup>Ibid. p. 89.

dropping to a low of 43% at age 80 and over. (Figure II.3)

Another significant fact illustrated in Figure II.3 is that as elderly Alaskans grow older, an increasing percentage tend to live rent free. By age 80 and over, almost one-third of all elderly Alaskans are living rent free.

FIGURE II.3  
HOME OWNERSHIP, BY AGE



On the average, there are 3.98 rooms in the homes of the elderly in Alaska. Although there is no significant variation from this average by age or region, native elderly homes average 3.3 rooms while non-native elderly homes average 4.2.

The number of persons living in the homes of the elderly varies between 3.85 persons per native home to 2.15 persons per non-native home, with