

NEEDS ASSESSMENT  
FOR AN ADULT DAY SERVICE CENTER  
IN SITKA ALASKA

By

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NEEDS ASSESSMENT  
FOR AN ADULT DAY SERVICE CENTER  
IN SITKA ALASKA

A

Project Practicum

Presented to the Faculty  
of the University of Alaska Anchorage

in Partial Fulfillment of the Requirements  
for the Degree of

MASTER OF PUBLIC HEALTH

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Anchorage, Alaska

August 2014



## Abstract

An adult day service center (A.D.S.C.) provides a coordinated program of professional and compassionate services for adults in a community-based safe group setting primarily during day-time hours.

The Senior population (those age 60 and older) in Sitka, Alaska is growing. Options for functionally impaired Seniors wishing to remain home are limited. It was unknown if an A.D.S.C. would be a desirable resource to support the growing Senior population as data did not exist.

In collaboration with community partners, a needs assessment for an A.D.S.C. in Sitka was undertaken. Surveys of Seniors, family caregivers and health care providers were administrated from May 2013 through January 2014. The results showed that most people are aware of A.D.S.C. and desire one in Sitka; Seniors wish to remain at home; Seniors and family caregivers would use the service; health care providers would refer to an A.D.S.C.; and most Seniors have funds for services.



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## Introduction

The adult day service center (A.D.S.C.) model began in the United States (U.S.) as outpatient services for psychiatric patients in the 1940's. They have since evolved to the present model of being community-based group programs designed to meet the needs of functionally impaired adults. They are often utilized as an alternative to home care, nursing home placement or to facilitate family members' decisions for nursing home placement through a step-down process of relinquishing care (Anderson, Dabelko-Schoeny & Johnson, 2012; Fields, Anderson & Dabelko-Schoeny, 2012; Conrad, Hanrahan & Hughes, 1990).

According to the National Adult Day Services Association (NADSA) (Overview and Facts, n.d.), an A.D.S.C. provides a coordinated program of professional and compassionate services for adults in a community-based group setting. Social and some health services are provided to adults who need supervised care in a safe place outside the home during the day. An A.D.S.C. may also offer educational programs and caregiver support (Center for Age & Community, 2010).

Most adults responding to a national survey conducted by the American Association of Retired Persons (AARP) in 2000 say that they would prefer not to move even if they need help caring for themselves. Similarly, the Alaska Commission on Aging, 2010 Senior Survey found that 95% of Seniors age 60 years and older indicated their preference to remain in their current home (FY 2012 Annual Report). An A.D.S.C. is a support resource to help Seniors to remain in their community.

Feinberg, et al. (2011) note the importance that families play in support of older adults. However, this may come with a risk of stress, physical strain, competing demands and financial hardship and is an important public health concern. According to Family Caregiver Alliance (2012), 43.5 million adult family caregivers care for someone 50 years of age or older. The consistent use over time of an A.D.S.C. can provide caregivers with emotional and psychological relief from the daily demands of care (Gaugler and Zarit, 2001).

Nationally, long-term support services were provided by 4,800 A.D.S.C.s in 2013 with the majority of them run as non-profit agencies and are more likely to operate in less populated areas. In addition, an A.D.S.C. provides the lowest daily rate for long-term supportive services, over one-third of participants were under age 65 and serve the most racially and ethnically diverse populations when compared to other types of long-term services (Harris-Kojetin, Park-Lee, Sengupta & Valverde, 2013).

The Senior population in Alaska continues to be the fastest-growing in the nation. With this increase, come challenges. Community-based services are one option to help keep Seniors healthy, independent and living in their own home (Alaska Commission on Aging, FY 2012 Annual Report). An A.D.S.C. supports community-based living for an individual with physical or cognitive limitations at a lower cost compared to institutional care (MetLife, 2010).

Options for functionally impaired Seniors (those age 60 years and older for the purpose of this assessment) and their families wishing to remain at home in Sitka are limited due to lack of an A.D.S.C. The closest A.D.S.C. is in Juneau, 95 air miles away (Alaska Department of Health and Social Services, 2012).

Rosiech & Thompson (n.d.) reported that Alaskan health care professionals indicated that elderly services presently available in their communities were not adequate. Data for Sitka did not exist to evaluate the need for an A.D.S.C., or the desire of Seniors in Sitka to remain in their home and community as they age and become unable to care for themselves. Nor had an assessment been undertaken of family caregiver, health care provider or Senior interest in utilizing an A.D.S.C., and if interested, would family caregivers and/or Seniors be able to pay for such services. The thrust of this project was to conduct a needs assessment to answer these questions. Additionally, an inventory of community resources to support Seniors was undertaken. Demographics of the Senior population of Sitka and trend of changes was undertaken by reviewing the U.S. Census Bureau data. The goal was to document the Senior population change and compare it to Alaska and the U.S., thus showing a need for additional support services. An attempt was made to identify barriers to explain the lack of an A.D.S.C. in Sitka. A final goal upon completion of this project is to inform the community of Sitka of the results.

## Background

The U.S. Census Bureau (2014) reports that more people were 65 years and over in 2010 than in any previous census. This population grew faster (15.1%) than the total U.S. population (9.7%) and is projected to increase 36% over the next decade. Some type of disability was reported by 37% of older persons in 2010 (Administration on Aging, 2010). As the number of older adults increases and the incidence of disabilities among them also increases, the need to support and care for these individuals is anticipated to grow. In addition, the need for supportive long-term care services is expected to increase due to national decreasing family size and increased employment rates for women, which may reduce the traditional pool of family caregivers (Congressional Budget Office, 2004).

The Alaska Department of Labor (2010) reported there were 85,100 Seniors age 60 years and older representing 12.3% of the population, a 52.6% increase from 2001 to 2009. The Alaska Commission on Aging (2013) reports an 85% increase in persons age 65 and older from 2000 to 2012 with Southeast Alaska having the highest concentration of Seniors at 18.3%. It is anticipated that the Senior population of Alaska will continue to grow (Alaska Commission on Aging, 2013). Along with the rise, the incidence of Alzheimer Disease has accelerated (The Alaska Commission on Aging, FY 2012 Report). The Alaska Commission on Aging FY 2013 Annual Report (2014) notes that 6,000 older Alaskans have Alzheimer Disease or other dementia which is projected to nearly triple by 2030.

According to the 2010 U.S. Census of Sitka (n.d.), persons 65 years and over represent 11.4% of the total population which is a 35.5% increase from the 2000 Census (Census Viewer, n.d.). This represents similar trends as seen nationally and in Alaska. The Sitka Community Indicators (2002) also reported an increase in the percentage of persons 65 years and older and along with this growth, new priorities for community resources may result.

The majority of respondents, age 45 and older, to a national telephone survey reported that they would prefer to remain in their home, even if they need help caring for themselves (AARP, 2000). Seventy-eight percent of Alaskans over 50 years of age report that it is either extremely or very important to have services that allow people to remain at home as long as possible (AARP, 2011). The Alaska Commission on Aging (2011) reports that investment in home and community-based care helps Seniors remain at home in their communities, where they prefer to be (p 32).

The A.D.S.C. model has emerged as an option to meet the national need to support and care for Seniors with disabilities, allowing them to stay in their home and/or community, at a reduced cost compared to institutional care. In addition, an A.D.S.C. also provides respite support for caregivers. The number of A.D.S.C. in the U.S. has grown to a range between 4,600 centers serving an estimated 260,000 participants and families (Fields, Anderson & Dabelko-Schoeny, 2012) to 4800

centers serving 273,200 participants (Harris-Kojetin, Park-Lee, Sengupta & Valverde, 2013).

National policy makers are recognizing the desires of older individuals to remain in their communities as evident by the Department of Health and Human Services establishment of the Administration for Community Living (ACL). The mission of ACL includes enabling older Americans to “maintain their health and independence in their homes and communities” (Federal Register, 2012, p. 23251). Increase in public funding for non-institutional care has continued to grow. A factor contributing to this growth is awareness of the burdens on family caregivers for those with dementia; an awareness also driving changes in federal and state policy developments (Anderson, Dabelko-Schoeny & Johnson, 2012; Harris-Kojetin, Park-Lee, Sengupta & Valverde, 2013).

An A.D.S.C. is a community resource that offers a program of services to adults who are physically or cognitively impaired. An A.D.S.C. in the U.S. may function as a social, medical, or a specialized service model or a combination of all models (MetLife, 2010). Most operate 8-12 hours a day, during the typical working hours with some in operation evenings and weekends. They tend to be independent of other facilities and almost all provide services for those with Alzheimer Disease (MetLife, 2012). Participants can attend part or all of a day. Services offered vary throughout the nation but most provide socialization, supervision and scheduled recreation activities. Many offer personalized nursing oversight, medication

management, transportation, bathroom help, meals, and rehabilitative therapies. Families can also receive respite, support and education (Fields, et al., 2012). Family caregivers who utilize the support of an A.D.S.C. may be able to remain in the workforce ( MetLife Mature Market Institute, 2010). Sixty-eight percent of A.D.S.C. in the U.S. are freestanding while others are affiliated with a facility or organization (MetLife, 2010; MetLife, 2012).

Alaska does not license adult day services nor provide oversight for programs that serve only private pay clients. An A.D.S.C. that uses State of Alaska Division of Senior and Disabilities Services grant funds or Medicaid Waiver funds to serve clients, must be certified as a Medicaid provider and meet minimum standards as adopted by the Alaska Commission on Aging in 2003 ( Overview, 2012).

Fourteen A.D.S.C. were identified in Alaska during the assessment time period. Of these, the majority are non-profit and freestanding. Four are located in Anchorage and one each in Bethel, Chugiak, Fairbanks, Homer, Juneau, Ketchikan, Kodiak, Nome, Palmer and Soldotna. See Appendix I.

According to the Alaska Commission on Aging FY 2012 Annual Report (2013) the daily rate for nursing home care is \$678, the highest in the nation. The average daily rate for A.D.S.C. is \$95 with the national average of \$70 per day.

Many support services for Seniors living in Sitka are available but congregate group day services are lacking. Long-term residential care is available from the Sitka Pioneer Home (licensed assisted living) and the Long Term (nursing) Care Unit at

Sitka Community Hospital (S.C.H.). Home health care is available from the Home Health Care Department of S.C.H. Paraprofessional in-home care and support is available from Center for Community (C.F.C.). Weekday lunch is provided at the Swan Lake Senior Center as well as home-delivered meals for Seniors recovering from illness or surgery. Health maintenance activities, social and cultural activities and door to door transportation are also available. Brave Hearts Volunteers provide support and quality educational services for individuals and caregivers facing illness, isolation, end of life or grief. Southeast Alaska Independent Living (SAIL) empowers Seniors and people with disabilities by providing services and information to support them. SouthEast Alaska Regional Health Consortium (SEARHC) has a social services department whose staff will work with Seniors to identify resources and make referrals to agencies. The Sitka Tribe of Alaska (STA) has a Social and Family Services Director. Neither SEARHC or STA have specific programs for care of a Senior.

## Goals, Objectives, and Method

The goals of this assessment were twofold: To assess the need for an A.D.S.C. for Seniors in Sitka, Alaska, and to provide this information to individuals, community agencies, health care providers and policy makers in Sitka, Alaska.

The following objectives were identified:

1. To identify existing services for Seniors in Sitka.
2. To document the population change of Seniors in Sitka compared to Alaska and the U.S.
3. To survey family caregivers, health care providers, and Seniors to assess the need for an A.D.S.C. in Sitka.
4. To identify barriers that explain the lack of an A.D.S.C. in Sitka, such as lack of interest in attending, lack of transportation or lack of funds.
5. To inform, educate, and empower the community of Sitka about the results of this assessment.

An assessment of day services for Seniors in Sitka was undertaken by reviewing each of the existing service agencies to determine what day services are available assuring that an A.D.S.C. would not be a duplication. This was done by reviewing printed and online information and clarifying with agency directors.

Senior demographic changes in Sitka and the U.S. were documented using data from the 2000 and 2010 Census Bureau. The purpose of this was to show the increase in population of Seniors in Sitka as compared to growth of Seniors in

Alaska and the U.S., thus a need for some type of partial or full-time day services to help with support of caring for Seniors.

After approval from the University of Alaska Institutional Review Board, three different groups of Sitka residents were surveyed using a different tool for each group (see Appendix II, III and IV). Participants were recruited in various ways. The majority were personally asked to participate during community events, from church groups, the Swan Lake Senior Center, and when eligible participants were seen in the community. ~~The P.I. obtained~~ Representatives of community partners- Brave Heart Volunteers, C.F.C. and SAIL contacted their eligible clients in keeping with health care privacy laws. Some individuals asked ~~the P.I.~~ to participate after hearing about the project. Others participated as a result of a community talk ~~the P.I. given~~ ~~ave~~ about A.D.S.C. and this project.

Health care providers were also invited to participate in various ways. ~~The P.I. contacted~~ The two private medical offices in Sitka, (Mountain Side Family Health Center and Sitka Medical Center), were contacted through their clinic manager. Each manager was provided ~~them~~ with the background of the study, a sample of the consent and survey, instructions and contact information. Each of the long-term care and social service agency administrators and individual health care providers were invited to participate.

~~The P.I. recruited~~ Family caregivers were recruited by personal invitation and as a result of a community talk on A.D.S.C. and this project. In keeping with

health information privacy laws, the C.F.C. staff obtained consent and conducted surveys by phone with family caregivers who are enrolled in their Senior care programs after receiving instructions ~~from the P.I.~~ Brave Heart Volunteer staff contacted appropriate family caregivers asking if they would consider participation and if their name could be released to the Investigator. Willing participants were then contacted ~~by the P.I. who~~ and either took the survey by phone or were ~~were~~ sent a paper copy that they completed and returned, others declined. The staff at SAIL contacted Seniors in their programs and provided them with consents and surveys which were filled out and then retrieved at a later date.

Permission was ~~obtained~~ from Southeast Senior Services to administer the survey to Seniors at the Swan Lake Senior Center ~~and then went to~~ The Senior Center was visited on three occasions prior to lunch as Seniors were socializing and gathering. They were individually invited to participate or they initiated asking ~~the P.I. if~~ to participate. Instruction was provided, consent was obtained and survey was administered. The social service director of the Sitka Tribe of Alaska was ~~invited~~ invited to contact tribal elders to ask permission to participate. Other Seniors were personally invited to participate. Senior participants were asked their age and if they are a resident of Sitka to determine eligibility. Those with cognitive disabilities or residing in a long-term residential facility were not included.

The University of Alaska ~~Institutional~~ Review Board approved consent was obtained from each participant. The majority of participants filled out the paper

survey and returned it ~~to the P.I.~~ immediately. Some mailed it back using a self-addressed envelope that was provided to them. Others dropped the survey off at the ~~P.I.'s~~ home of the Investigator after completion. One group of private health care providers was ~~ere~~ asked to participate via email by their clinic manager after being provided with project information and instruction. ~~I had met with her to discuss the project and review instruct~~ This group completed the consent and paper survey. They were collected by the clinic manager and left at the front desk in an ~~an~~ sealed envelope ~~for me~~ to be picked up after completion. Health care providers at another private clinic declined to participate following multiple phone meetings ~~between the P.I. and~~ with the clinic manager.

Each participant was given an explanation of the project and invited to participate after they were deemed eligible. Consent was obtained from all participants prior to providing them with a survey. The consent and surveys were separated so identity of the participant could be kept confidential.

Results from each survey question were entered on an Excel spread sheet. Some participant's handwriting was unreadable so these responses were eliminated. Some participants wrote additional comments, which were included in the results. Results from open ended questions were included although few responses were received. Sample sizes from each survey were small so determination of results from each question was calculated by hand.

## Results

A review of existing services for Seniors in Sitka include long-term care in a residential setting at the Sitka Pioneer Home or the Long Term Care unit at S.C.H; home health care for limited periods through S.C.H. Home Health agency; in-home care for parts of some days of the week through C.F.C.; and that separate Senior housing is not available. Support services such as those provided by an A.D.S.C. are not available.

Documentation of A.D.S.C in Alaska and funding sources was made through a general Internet search and a search of the State of Alaska websites. A total of fourteen centers were identified. Of these, eight are non-profits and two are for-profit. The remaining are funded by a Native Council, Catholic Services, and Salvation Army (State of Alaska, n.d.; Our Parents, n.d.; United Way, n.d.). The non-profits also receive funds from the State of Alaska Division of Senior and Disabilities Services. The closest A.D.S.C. to Sitka is in Juneau, 95 air miles away. See Appendix I.

The 2010 U.S. Census reported the total population in Sitka as 8,881 with 49.8% being female persons. Of this 12.7% were persons 65 years or older (U.S. Census Bureau, 2014). The population of Seniors, those 65 years and over, residing in Sitka grew 35.5% from 2000 to 2010 (Censusviewer, n.d.). This compares to a 53.9% increase for the State of Alaska and 15.1% increase in the U.S. (U.S. Census Bureau, 2014). See Table 1.

Table 1.

*Senior (persons 65 years or older) Population Growth from 2000 to 2010  
(Censusviewer, n.d.; U.S. Census Bureau, 2014)*

<b>Location</b>	<b>Increase in Senior Population, 2000-2010</b>
Sitka	35.5%
Alaska	53.9%
United States	15.1%

#### Family Member Caregiver Survey

Eighteen family caregivers, all female residents of Sitka, participated. As indicated in Table 2, no caregivers care for a spouse, 56% care for other family members such as a parent or grandparent and the remaining 44% care for someone else unspecified. For 72% of the caregivers, care is provided at the Senior's home, 22% at the caregiver's home and 6% in a facility. Fifty percent of caregivers provide care full-time, 44% part-time and 6% occasionally (twice a week). Compensation is primarily received by payment (56%), 39% receive no compensation, no one trades services exclusively but 6% of caregivers are both paid and trade services. The specific type of compensation was not asked in this survey. Seventy-two percent of caregivers are employed elsewhere and 28% are not. The majority of caregivers (89%) were aware of A.D.S.C. and 11% were not. Ninety-four percent of caregivers

said that they would consider using an A.D.S.C., no one said they would not use an A.D.S.C., and 6% did not answer the question.

Table 2.

*Family Member Caregiver Survey Results (n=18)*

<b>Survey Question</b>	<b>Possible Responses</b>	<b># of Responses</b>
Caregiver gender	Female	18 (100%)
	Male	0 (0%)
Who is cared for	Spouse	0 (0%)
	Another family member	10 (56%)
	Other	8 (44%)
Where is care provided	My home	4 (22%)
	Their home	13 (72%)
	Facility	1 (6%)
Duration of care provided	Full time	9 (50%)
	Part time	8 (44%)
	Occasionally	1 (6%)
Compensation received	None	7 (39%)
	Paid	10 (56%)
	Trade	0 (0%)
	Both Paid and Trade	1 (6%)
Caregiver employed elsewhere	Yes	13 (72%)
	No	5 (28%)
Caregiver aware of A.D.S.C.	Yes	16 (89%)
	No	2 (11%)
Consider using A.D.S.C.	Yes	17 (94%)
	No	0 (0%)
	No response	1 (6%)
How would A.D.S.C. be paid	Long Term Care insurance	1 (6%)
	Self pay	8 (44%)
	Don't know	8 (44%)
	No response	1 (6%)
Transportation method*  *Total is greater than 100% because participants selected more than one response.	Family	8 (44%)
	Would need a ride there or back	2 (11%)
	Would need a ride both ways	6 (33%)
	Walk	1 (6%)
	Unsure	1 (6%)
	No response	1 (6%)

When asked about how to pay for A.D.S.C. services, 6% of the potential users have long-term care insurance, 44% would pay themselves, 44% are unsure of how to pay and 6% didn't answer. Transportation to and from an A.D.S.C. would be primarily provided by a family member (44%), 11% would have the Senior take a bus, 33% would need transportation one way, 6% said that the Senior would walk, and 6% each were unsure or did not answer the question.

#### Health Care Provider Survey

As indicated in Table 3, 20 health care providers who care of Seniors in Sitka, participated in the survey- 45% were physicians, 30% were RNs, 20% were social workers and 5% were administrators. When a Senior is no longer able to care for themselves, health care providers refer to multiple sources, with the majority being family (80%), long-term care (80%), C.F.C (75%), Brave Heart Volunteers (70%) or all of the resources in Sitka (60%). Fifty percent were aware of A.D.S.C., 45% were not aware and 5% did not answer the question. All providers (100%) would refer a Senior who is no longer able to fully care for themselves to an A.D.S.C. and all (100%) are of the opinion that Seniors would benefit from the services that an A.D.S.C. in Sitka would provide.

Table 3.

*Health Care Provider Survey Results (n=20)*

Survey Question	Responses	# of Responses
Provider occupation	Physician	9 (45%)
	Registered nurse	6 (30%)
	Social Services	4 (20%)
	Administrator	1 (5%)
	Midlevel provider (ANP or PA)	0 (0%)
Provider involved with care of Seniors	Yes	20 (100%)
	No	0 (0%)
Refer Seniors to which location/facility*  *Total is greater than 100% because participants selected more than one response.	Family	16 (80%)
	Center For Community	15 (75%)
	Brave Heart Volunteers	14 (70%)
	Long Term Care	16 (80%)
	Social Services	5 (25%)
	Assisted Living	2 (10%)
	Home Health	5 (25%)
	Senior van	1 (5%)
	Private hire <sup>1</sup>	2 (10%)
	Southeast Alaska Independent Living	2 (10%)
	Swan Lake Senior Center	1 (5%)
	Pioneer Home	1 (5%)
	Meals On Wheels	2 (10%)
All of the above	12 (60%)	
Provider aware of A.D.S.C.	Yes	10 (50%)
	No <sup>2</sup>	9 (45%)
	No response	1 (5%)
Provider would refer to A.D.S.C.	Yes	20 (100%)
	No	0 (0%)
Would Seniors benefit from A.D.S.C.	Yes <sup>3</sup>	20 (100%)
	No	0 (0%)

## Provider comments (specific):

1. Certified Nursing Assistant, Patient Care Assistant
2. Would love to have one in Sitka!
3. A huge need

## Provider comments (general):

- Southeast Alaska Independent Living has many waiting for services that are underserved or cause family members to be homebound with their parents
- Sitka could absolutely benefit from the services of an Adult Day Service Center

## Senior Survey

Forty-seven Sitka Seniors ranging in age from 60 years to over 90 years participated in the survey. The majority of respondents was female (64%). Most live with their spouse (62%) and own their own home (77%). The majority (68%) use their car for transportation. Most do not receive help with activities of daily living (89%). The vast majority desire to stay at home in Sitka if they are unable to care for themselves (94%) or would prefer to stay home and hire help (32%) or ask for help (26%). If unable to stay at home, 38% prefer to go to the Sitka Pioneer Home and 28% prefer to move to former Senior housing, Swan Lake Terrace Apartments. Fifty-five percent of Seniors have heard of an A.D.S.C. and of those, 51% would consider attending. Seventy-two percent have funds to pay for services of an A.D.S.C. Of the forty-four Seniors who responded to the question of knowing others who would benefit from the services of an A.D.S.C., 77% responded positively.

## Barriers

An additional goal of this assessment was to attempt to identify barriers of why an A.D.S.C. did not exist in Sitka. Lack of interest is not a barrier as evident by all three of the survey groups expressing an interest. Transportation was identified as a potential barrier by some family caregivers as they would need help getting their Senior to or from an A.D.S.C. Seniors did not identify funding as a barrier to participating. An equal number of family caregivers would either pay themselves or were not sure how the service would be paid so perhaps funding would be a barrier

for them. Lack of physician knowledge of A.D.S.C., and therefore not being able to discuss this option with a Senior or family members, may represent a barrier.

Table 4

*Senior Survey Results (n=47)*

<b>Survey Question</b>	<b>Responses</b>	<b># of Responses</b>
Resident	Yes	46 (98%)
	No	0 (0%)
	Unknown	1 (2%)
Age Group	60-64	6 (13%)
	65-69	5 (11%)
	70-74	1 (2%)
	75-79	2 (4%)
	80-84	3 (6%)
	85-89	0 (0%)
	90 and above	2 (4%)
Gender	Female	30 (64%)
	Male	17 (36%)
Lives	Alone	14 (30%)
	With spouse	29 (62%)
	With someone else	4 (9%)
Housing	Rent	7 (15%)
	Own	36 (77%)
	Senior housing	2 (4%)
	With family	1 (2%)
	Modular home	1 (2%)
Transportation	Car	32 (68%)
	Get a ride	9 (19%)
	Walk or ride bike	22 (47%)
	Use public transportation/ Senior van	9 (19%)
	Taxi	2 (4%)
Receive assistance with activities of daily living	Yes	3 (6%)
	No	42 (89%)
	No response	2 (4%)
If assistance received, provided by	Formal caregiver (for a fee)	0 (0%)
	Informal caregiver (no fee)	3 (6%)
	Combination of both	0 (0%)
Important to stay at home or in Sitka as long as possible	Yes	44 (94%)
	No	1 (2%)
	No response	2 (4%)

Table 4.

*Senior Survey Results (Continued)*

<b>Survey Question</b>	<b>Responses</b>	<b># of Responses</b>
If unable to care for yourself, you would	Stay home and hire help	15 (32%)
	Stay home and ask for help	12 (26%)
	Move in with my child	5 (11%)
	Move out of Sitka	6 (13%)
	Other	3 (6%)
	No response	5 (11%)
If unable to stay at home, where would you prefer to stay	Pioneer Home	14 (30%)
	Swan Lake Terrace	13 (28%)
	Paxton Manor	1 (2%)
	Monastery Apartments	4 (9%)
	Long -term care at SCS	0 (0%)
	With someone else	5 (11%)
	With family	2 (4%)
	Home near children	1 (2%)
	Depends	2 (4%)
	Veterans Administration Home	1 (2%)
	Near relatives out of state	1 (2%)
	No response	0 (0%)
	None of the above	4 (9%)
Have heard of A.D.S.C.	Yes	26 (55%)
	No	20 (43%)
	No response	1 (2%)
If you have heard of A.D.S.C., would you consider attending	Yes	24 (51%)
	No	1 (2%)
	Depends	1 (2%)
If you have not heard of A.D.S.C., would you consider attending	Yes	16 (34%)
	No	1 (2%)
	No response	2 (4%)
Know of others Seniors who would benefit	Yes	36 (77%)
	No	8 (17%)
	No response	3 (6%)
Have funds to pay for an ADSC	Yes	34 (72%)
	No	8 (17%)
	Not sure	3 (6%)
	Some funds	1 (2%)
	No response	1 (2%)

## Discussion

The population of Seniors residing in Sitka is increasing, as documented in the 2010 U.S. Census. With this increase, additional support services may be needed. While many social service agencies in Sitka offer a host of services for support of Seniors who are unable to fully care for themselves, a group day-time supervised program such as the model of an A.D.S.C does not exist. The three groups of stakeholders surveyed in this assessment-family caregivers, health care providers and Seniors see a need for such a service in Sitka.

Goals for number of participants in each survey group were set prior to beginning this assessment. Family caregivers were anticipated to be the most difficult group to recruit due to health care privacy laws. The goal was to survey ten family caregivers, but due to interest and support from community partners the total number of participants was eighteen. The goal of recruiting 23 health care providers was determined by identifying each social service agency that serves Seniors in Sitka - C.F.C., Brave Heart Volunteers, SAIL, Sitka Pioneer Home, and Sitka Tribe of Alaska in anticipation of recruiting one participant each. In addition, the number of providers in the medical facilities- Mountain Side Medical Center, SEARHC, Sitka Medical Center and Sitka Public Health Center, were tallied and included in the recruitment goal. Independently employed physicians were personally invited. Other health care providers became aware of the assessment and asked to participate. Health care providers identified as potential participants were

challenging to reach and administer the survey. Some potential participants were asked by a representative at their place of employment but did not participate. Others declined participation, did not return the survey, asked to be contacted later or did not respond to invitations. The goal of recruiting 50 Sitka Seniors was devised from using the 2010 U.S. Census of 1,008 persons 65 years and over residing in Sitka. Attempting to recruit approximately 5% of this population during the study time frame was determined to be achievable. Seniors were recruited by personal invitation, through multiple visits to the Swan Lake Senior Center and from community partners. The initial visit to the Swan Lake Senior Center resulted in recruitment of multiple participants. Subsequent visits occurred on different days of the week over the next six weeks. These visits resulted in less recruitment due to the same Seniors attending who had already participated, some declined inclusion and some were not eligible for participation.

Inclusion for participation of the three survey groups varied. To be included in the family caregiver group, participants were required to be a resident of Sitka and to care for a family member 60 years of age or older. Health care providers all work in Sitka and are involved in the care of Seniors. The Senior group requirement was to be a resident of Sitka age 60 years or older.

The majority of family caregivers was aware of an A.D.S.C. and would use it if one was available in Sitka. All would consider using this service except one who did not answer the question. The family caregivers in this survey were similar to those

reported in an AARP Public Policy Institute (2011) report noting that most older people with disabilities receive care exclusively from their family caregivers, mostly wives and adult daughters. Family caregivers in Sitka reported a concern about paying for services. This concern mirrors a finding of Feinberg, et al. (2011) that most families in the U.S. report that finding a way for older adults and their families to pay for long-term care and support would be a challenge.

Recruiting eligible Seniors in Sitka was challenging. Some declined inclusion, others expressed discomfort with the subject matter, only a short window of opportunity was available to recruit participants at the Swan Lake Senior Center and the same Seniors attended the activities during each attempt of recruitment. The Senior survey group was independent as shown by not needing help to care for themselves, owning their own home, and ability to drive their own car.

It was surprising that many physicians were unaware of A.D.S.C. However, all would refer Seniors if this service was available in Sitka. All other groups of health care providers were aware of A.D.S.C. Registered Nurses who are involved in the care of Seniors asked to be included in the assessment.

### Strengths and Limitations

Strengths of this needs assessment are numerous: this was the first needs assessment of an A.D.S.C. in Sitka; the perspective of multiple stakeholders were included; both male and female Seniors participated; various groups of people were invited to participate by multiple representatives thus including a variety of Seniors; a wide range of Seniors from 60 to 90 plus years were included; all social service agencies in Sitka supported this assessment and many participated in the recruitment of participants for the surveys. In addition, Registered Nurses who provide care for Seniors asked to be included thus showing an interest and support and many survey participants contributed to open ended questions so their personal comments contributed additional information.

Several limitations were noted: ethnicity was not included as a question on the survey but during the data review, it was recognized that the Asian and Hispanic or Latino populations were not included. These groups represent 11.3% of the total Sitka population (U.S. Census Bureau, 2014). The survey of Seniors was a convenience sample thus limiting the sampling of Seniors in Sitka. The Senior survey was observed to be awkward for some to take. Physicians were under-represented and mid-level providers (Nurse Practitioners and Physician Assistants) were not represented; and some social service agency administrators declined or were unable to participate.

### Public Health Implications

The public health implications of this needs assessment are as follows: It can be used to monitor health status of Seniors to identify a possible community health problem in Sitka-lack of day-time care options for Seniors needing supervision, support or structured socialization; the results will be used to inform, educate, and empower people about a health issue- lack of Senior day service options in Sitka; community partners are joining together to help identify and solve the health issue of lack of day services in Sitka, especially agencies involved in the care of Seniors and end of life support; it may give new insights and contribute toward an innovative solution to a health problem in Sitka-the lack of supervised group day service options in Sitka



## Conclusion and Recommendations

The population of Seniors in Sitka is increasing. With this increase, a need for supportive services will be needed to allow them to remain in their home and in Sitka, as many desire. This assessment identified that no day-time supervised group care, such as services that an A.D.S.C. provides, is available.

The A.D.S.C. model has been present in the U.S. since the 1940's transforming to the present model of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence, and promoting his or her social, physical and emotional well-being. They provide a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources (Senior & Disability Services Adult Day Services Standards, 2003). Health monitoring, socialization and assistance with daily activities allow Seniors to continue to live in their homes (MetLife, 2010). They have also been shown to be a cost effective resource of long-term support (Adult Day Services, 2010). An A.D.S.C. can benefit family caregivers by allowing them to remain in the workforce, receive respite and by providing them with direct services such as educational programs and support groups (MetLife, 2010).

Most Seniors in Sitka wish to remain in their home and community as long as they can. An A.D.S.C. is a resource to support this desire and allow families and other caregivers to continue caring for them at home. The majority of Sitkans who

participated by survey in this assessment would consider using the services that an A.D.S.C. offers. Seniors and family caregivers are aware of A.D.S.C. but health care providers, particularly physicians, are not as aware of this option. However, health care providers would support one by referring families and Seniors to it. Family caregivers tend to be employed elsewhere while also providing care to a Senior. Families may need help with transportation of a Senior to an A.D.S.C. one or both ways.

Family caregivers and Seniors are interested in attending an A.D.S.C. and health care providers support the use of an A.D.S.C. showing that lack of interest is not a barrier to the lack of an A.D.S.C. in Sitka. The assessment identified that families have a concern of paying for the services and many would need help with transportation in order to utilize the services of an A.D.S.C.

This assessment was a collaborative project with many community agencies that provide support to Sitka Seniors. Agencies include Brave Heart Volunteers, C.F.C., SAIL, Sitka Pioneer Home, S.C.H., SEARHC, Sitka Public Health Center and the Sitka Tribe of Alaska. To reach other groups of Seniors and family caregivers that this assessment missed, other groups should be invited to participate. This would include the Ministerial Association to reach church groups and Seniors who do not attend the Swan Lake Senior Center activities or don't currently receive services from community agencies. A representative from the Asian and Hispanic or Latino community could be contacted to reach out to people in each of these groups. If this

assessment were to be continued, topics to explore further would be public funding availability to support an A.D.S.C. in Sitka. In addition, further assessment could be made with the family caregiver group to explore the finding that many work full-time while also providing full-time care for a Senior family member.

Alternative ways of recruiting health care providers should be considered such as electronic delivery of an invitation to participate and then electronic delivery of the consent and survey. This would allow participation on their own time and an alternative way to follow up with them. Physicians had the least prior awareness of A.D.S.C. Special attention should be given to educating them on the services that an A.D.S.C. could provide. This is important since they discuss and refer to services available in Sitka when a Senior is no longer able to care for themselves.

The survey for Seniors was observed to be awkward for some to take so refinement of the Senior survey tool may help for increased recruitment of this group.

The findings of this assessment will be presented to the public, agencies and policy makers. The full paper will be available upon request. The executive summary will be shared with the directors of the social service agencies who participated and policy makers. Policy makers include the City and Borough of Sitka Assembly Members and State of Alaska representatives. A copy will also be provided to the Sitka Legislative Information Office. An invitation will be offered to present the findings of this assessment at a public forum similar to the one previously given at

the beginning of this project. By doing so, others will be aware of the desire and need for an A.D.S.C. in Sitka. With this awareness, community members will be empowered with information which will provide knowledge of the subject. The assessment may also help with exploration of funding resources to establish this needed and desired resource for the growing population of Seniors in Sitka and for support of their family caregivers.

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## Appendix I

### 1 Adult Day Service Centers in Alaska (as of 04/01/14)

#### **Anchorage**

##### Daybreak Adult Day Services

- Is a non-profit program of Anchorage Community Mental Health Services which was established in 1982 to serve persons with dementia, Alzheimer Disease and related disorders.

##### Greenwood Lodge Adult Day Care

- A private business offering adult day care and respite care.

##### Hearts and Hands Adult Day Service

- A private business serving elderly or disabled which was established in 1999.

##### Serendipity Adult Day Services

- A non-profit supported by the Salvation Army for adults with special needs.

#### **Bethel**

##### Chrissie Shantz Adult Day Care Program

- A program of the Senior Center supported by the Orutsararmiut Native Council.
- For individuals over 60 years, disabled, frail or those with Alzheimer Disease or various stages of dementia or mental health impairments.

#### **Chugiak**

##### Chugiak Senior Citizens, Inc.

- The non-profit Senior Center is a complex with a Senior Center, independent living apartments, assisted living and an adult day care wing.
- Programs are for those 55 years or older living in the Chugiak-Eagle River area.

**Fairbanks**

## Senior Services Adult Day Center

- Offers a daytime care program for older adults and seniors with disease, age-related dementia or frail/disabling conditions.
- Supported by the Fairbanks Resource Agency, a community-based non-profit organization.

**Homer**

## Friendship Center Adult Day Services

- A program of the non-profit Homer Senior Citizens, Inc. for seniors of Homer.

**Juneau**

## The Bridge Adult Day Services

- Provides a safe and therapeutic setting for seniors with special needs.
- A program of Southeast Senior Services, under sponsorship of Catholic Community Service, a non-profit corporation.

**Ketchikan**

## Rendezvous Senior Day Services

- Any disabled adult who is 55 or older who qualifies for the health, social, or rehabilitative services offered by Rendezvous Senior Services may attend the non-profit Adult Day Center.

**Kodiak**

## Island Cove Adult Day Services

- A program of Senior Citizens of Kodiak, Inc. which is funded by the Division of Senior and Disabilities Services providing services for seniors and adults with special needs.
- Located in the lower level of the Kodiak Senior Center with a capacity of 18 clients who have Alzheimer Disease, are recovering from a stroke, or who need monitoring or socialization during the day.

**Nome**

## XYZ Day Services

- An elder program of the Nome Community Center, a non-profit organization.
- The Day Services program is located in the Senior Center.

**Palmer**

## Big Lake Adult Day

- A program of the non-profit Mat-Su Senior Services, for frail adults and adults with Alzheimer Disease or related disorders, developmental disabilities, and/or brain injuries.

**Soldotna**

## Forget-Me-Not Adult Day Services.

- Run by the non-profit Frontier Community Services. It specializes in working with seniors who have Alzheimer Disease, but any adult who needs to can attend.

## Northern Lighthouse Day Center

- A non-profit serving the senior population as well as adults 18 and over who experience disabilities.

**Appendix II**

**Survey of Family Member Caregivers**

**Are you a resident of Sitka?**

- Yes
- No

**Sex:**

- Male
- Female

**I care for the following person who is 60 years or older:**

- A spouse
- Another family member
- Other (please list)

**The care I provide is:**

- In my home
- In their home
- In a facility

**The care I provide is:**

- Full time
- Part time
- Occasionally

**The compensation that I receive for this service is:**

- None
- Paid
- Trade

**I am employed somewhere else:**

- Yes
- No

**Have you ever heard of an Adult Day Service Center, which provides a coordinated program of professional and compassionate services for adults in a community-based group setting?**

Yes

No

**Would you consider using an Adult Day Service Center for a Senior all or part of the daytime?**

Yes

No

**If so, how would you or the person you care for pay for this service?**

Long term care insurance

Self-pay

Don't know

**How would the Senior get to an Adult Day Service Center?**

I, or another family member, would take them there and pick them up.

They would need transportation either there or back.

They would need transportation both ways.

**If you were no longer able to stay in your home, where would you prefer to live?**

- Sitka Pioneers' Home
- Swan Lake Terrace
- Paxton Manor
- Monastery Apartments
- Long Term Care (nursing home wing) at Sitka Community Hospital
- With someone else
- None of the above
- Other (please explain)

**Have you ever heard of Adult Day Service Centers, a coordinated program of professional and compassionate services for adults in a community-based group setting?**

- Yes
- No

**If you said yes, would you consider attending an Adult Day Service Center if you needed daytime help with activities of daily living or you did not feel safe spending your day alone in your home?**

- Yes
- No

**If you said that you have not heard of Adult Day Service Centers until now, would you consider attending an Adult Day Service Center if you needed daytime help with activities of daily living or you did not feel safe spending your day alone in your home?**

- Yes
- No

**Do you know of other Seniors in Sitka who could benefit from using an Adult Day Service Center?**

- Yes
- No

**Would you have funds to help with the cost of this service such as long term care insurance or the ability to privately pay?**

Yes

No

## Appendix III

### 2.1. Survey of Health Care Providers in Sitka

#### What is your profession?

- Physician
- Mid-level provider (Advanced Nurse Practitioner or Physician Assistant)
- Social Services
- Administrator
- Other (please list)

#### Are you involved in the care of Seniors (persons age 60 or older) in any capacity?

- Yes
- No

#### When a Senior is unable to care for themselves, who do you refer them to for help?

- Family
- Center for Community
- Brave Heart Volunteers
- A long- term facility
- Other (please list)

#### Are you aware of Adult Day Service Centers, a coordinated program of professional and compassionate services for adults in a community-based group setting (National Adult Day Services Association)?

- Yes
- No

#### Would you consider referring a Senior who is no longer able to fully care for themselves to an Adult Day Service Center in Sitka?

- Yes
- No

**As a professional, is it your opinion that Seniors would benefit from the services that a Center in Sitka could provide?**

Yes

No

**Appendix IV**

**1. Survey of Seniors**

**Are you a resident of Sitka?**

- Yes
- No

**What is your age group?**

- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85-89
- 90+

**You are:**

- Male
- Female

**Do you live:**

- Alone
- With a spouse
- With someone else

**Do you:**

- Rent
- Own your home or condominium
- Live in senior housing
- Other (please list)

**When you need to go somewhere, how do you get there?**

Take my car  
Get a ride from someone  
Walk or ride my bike  
Use public transportation such as The Ride (blue busses) or Senior Care a Van  
Taxi

**Do you receive any type of assistance with daily living activities such as grooming, bathing, toilet help, walking, chores, or getting in or out of bed?**

Yes  
No

**If you receive assistance with daily living activities, is the assistance you receive provided by:**

Formal caregiver (for a fee)  
Informal caregiver (family or friend- no fee paid)  
Combination of formal and informal caregivers

**Is it important to you to stay in your home or in Sitka as long as possible?**

Yes  
No

**If you were unable to fully care for yourself, what would you do?**

Stay in my home and hire help  
Stay in my home and ask for help (no fee involved)  
Move in with my child  
Move out of Sitka  
Other (please list)

## Appendix V

### Consent Form – Caregivers

#### Needs Assessment for an Adult Day Service Center in Sitka Alaska

**Researcher:**

Carole Knuth, student, University of Alaska-Anchorage, College of Health, Department of Health Sciences, Master of Public Health, 907-747-5559 or Professor Dr. Monsour, 907-786-6574, UAA, Advisor.

**Description:**

You are being asked to participate in a survey asking you questions related to the need for an Adult Day Service (A.D.S.) Center in Sitka. This will involve answering questions on paper which may take up to 15 minutes. Your answers will be grouped with the answers of other people and the totals of each answer added up. The results will be used in a report. Your specific answers will be destroyed after the conclusion of this project.

**Voluntary Nature of Participation:**

Your participation in this study is voluntary. You are free to make your own choice to participate or not, and may quit at any time without penalty.

**Confidentiality:**

Your name will not be attached to your survey responses. Any information from this study that is published will not identify you by name.

**Benefits:**

There will be no direct benefit to you from participating in this study. However, the results of this survey may benefit seniors and their families in Sitka by providing information to policy makers and other Sitkans.

**Risks:**

There are no known risks to you due to your participation.

**Contact People:**

If you have any questions about this study, please contact Carole Knuth at 907-747-5559. If you have questions about your rights as a research subject, please contact Dr. Dianne Toebe, Compliance Officer, at 907-786-1099.

**Signature:**

Your signature below means that you have read the information above and agree to participate in this study. If you have any questions, please feel free to ask them now or at any time during the study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

A copy of this consent form is available for you to keep.

## Appendix VI

### 1. Consent Form – Health Care Providers

#### Needs Assessment for an Adult Day Service Center in Sitka Alaska

**Researcher:**

Carole Knuth, student, University of Alaska-Anchorage, College of Health, Department of Health Sciences, Master of Public Health, 907-747-5559 or Professor Dr. Betty Monsour, 907-786-6574, UAA, Advisor.

**Description:**

You are being asked to participate in a survey asking you questions related to the need for an Adult Day Service (A.D.S.) Center in Sitka. This will involve answering questions on paper which may take up to 15 minutes. Your answers will be grouped with the answers of other people and the totals of each answer added up. The results will be used in a report. Your specific answers will be destroyed after the conclusion of this project.

**Voluntary Nature of Participation:**

Your participation in this study is voluntary. You are free to make your own choice to participate or not, and may quit at any time without penalty.

**Confidentiality:**

Your name will not be attached to your survey responses. Any information from this study that is published will not identify you by name.

**Benefits:**

There will be no direct benefit to you from participating in this study. However, the results of this survey may benefit seniors and their families in Sitka by providing information to policy makers and other Sitkans.

**Risks:**

There are no known risks to you due to your participation.

**Contact People:**

If you have any questions about this study, please contact Carole Knuth at 907-747-5559. If you have questions about your rights as a research subject, please contact Dr. Dianne Toebe, Compliance Officer, at 907-786-1099.

**Signature:**

Your signature below means that you have read the information above and agree to participate in this study. If you have any questions, please feel free to ask them now or at any time during the study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

A copy of this consent form is available for you to keep.

## Appendix VII

### 1.1. Consent Form – Seniors

#### Needs Assessment for an Adult Day Service Center in Sitka Alaska

**Researcher:**

Carole Knuth, student, University of Alaska-Anchorage, College of Health, Department of Health Sciences, Master of Public Health, 907-747-5559 or Professor Dr. Betty Monsour, 907-786-6574, UAA, Advisor.

**Description:**

You are being asked to participate in a survey asking you questions related to the need for an Adult Day Service (A.D.S.) Center in Sitka. This will involve answering questions on paper which may take up to 30 minutes. Your answers will be grouped with the answers of other people and the totals of each answer added up. The results will be used in a report. Your specific answers will be destroyed after the conclusion of this project.

**Voluntary Nature of Participation:**

Your participation in this study is voluntary. You are free to make your own choice to participate or not, and may quit at any time without penalty.

**Confidentiality:**

Your name will not be attached to your survey responses. Any information from this study that is published will not identify you by name.

**Benefits:**

There will be no direct benefit to you from participating in this study. However, the results of this survey may benefit seniors and their families in Sitka by providing information to policy makers and other Sitkans.

**Risks:**

There are no known risks to you due to your participation.

**Contact People:**

If you have any questions about this study, please contact Carole Knuth at 907-747-5559. If you have questions about your rights as a research subject, please contact Dr. Dianne Toebe, Compliance Officer, at 907-786-1099.

**Signature:**

Your signature below means that you have read the information above and agree to participate in this study. If you have any questions, please feel free to ask them now or at any time during the study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

A copy of this consent form is available for you to keep.