Here are the best ideas to improve life for aging Mainers. Help us rate them

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Maine’s population is growing older. In addition to having the highest median age, at 44.2, Maine is aging faster than the rest of the country.

The challenges associated with an older population include pressure on families to care for older loved ones, costs to health care systems, constraints on economic growth as more people leave the workforce, and concerns among the elderly about living as they wish to in their later years and final days.

The hurdles can seem high. But people, businesses and communities are trying to remove them.

An endeavor on the Blue Hill peninsula is helping older residents thrive in their homes as they age. Bank and credit union workers are being trained to spot and report financial exploitation. And an agency in southern Maine is equipping people with the skills they need to talk to others about their plans at the end of life.

Many Maine residents are working to improve the quality of life of their neighbors, and their ideas are worth spreading and applying.

Starting in January, Maine Focus each month featured some of those promising efforts. Below, are summaries of them and the resulting solutions that could be more broadly applied.

Some of the solutions require government intervention, but many can be carried out by individuals, businesses and local communities. Some are simple, and others are more complex, but taken together they would help improve Maine seniors’ quality of life.

After each solution, please rate how important each idea is to you.

**Aging at home**

At Home Downeast, a program of the nonprofit Washington Hancock Community Agency, draws volunteers who serve paying elder members on the Blue Hill Peninsula who need a small amount of assistance to remain safe at home. Members of At Home Downeast receive rides to medical appointments, a check-in from a nurse, weekly grocery and prescription delivery, a safety assessment of their home, and social gatherings.

At Home Downeast — serving Surry, Blue Hill, Brooklin, Deer Isle, Stonington, Sedgwick, Brooksville, Penobscot and Castine — was the first “village” of the national Village to Village Network in Maine. It has already expanded to nearby communities, and several other groups that help elders age in place are in different stages of development in Maine.
Research on villages in other states has shown increases in self-reported health improvements and social engagement, increased knowledge of local resources, and decreased hospitalization rates.

**Solution: Communities organize to help elders age in place**

— Find the activity that’s easiest for your community to do to help older adults, and do it. Whether it’s starting a volunteer transportation program with a church, having a community lunch once a week, or holding a regular talk with seniors about what it’s like to age, just do something.

The act of getting people together and working toward an achievable goal will only help you if you end up pursuing a village like At Home Downeast. A village initiative is a good way to serve older adults, but launching one can take time.

Getting local people together to help one another in the meantime will be a good test for starting a village in your town or region — and discovering who is passionate about helping older adults age in place.

Programs like At Home Downeast start and sustain themselves when local people, especially those who will use the services, are involved from the beginning.

A small BDN survey of readers from Harpswell to Gouldsboro showed there is demand for more village programs like At Home Downeast. If you’re one of the people who wants a village program in your area, say something to your selectman, your local area agency on aging, your doctor or your friends.

If you’re an elected official, bring up the subject at your next meeting, and gauge the response. Send out a survey to determine people’s interest and need. Or hold a contest to find the best ideas to serve older adults in your community. Get moving.

A model is already available on the Blue Hill Peninsula to learn from and adapt — and the Village to Village Network provides plenty of resources, too.

**Aging-friendly workplaces**

Within the next 20 years, at least 40 percent of the current Maine workforce will reach traditional retirement age, according to the Maine Department of Labor. And there are not enough younger workers to fill the gap left by retiring older workers.

Maine’s challenge is not just to sensitively and actively recruit new workers but increase older people’s participation in the workforce.

Some business leaders in Maine are thinking in creative ways about how they can engage and support their older workers, and prepare their businesses for the future:
— **Artisan handbag manufacturer Erda**, in Dexter: Workers [set their own hours](#). The business bought new equipment that was physically easier to operate and adjusted workflow to be more ergonomic.

— **Construction company Cianbro**, in Pittsfield: Managers participate in succession planning in which they train their eventual replacements. Then, even when those managers step back from their leadership roles, they continue to mentor their replacements. The company also capitalizes on the skills of experienced employees, who might not be able to continue at the same pace, by having them train other workers.

— **L.L. Bean, in Freeport**: Every year, the retailer hosts a series of elder-care seminars for employees called “Taking Care of Mom and Dad and Me” where experts discuss legal issues, Medicare, living with dementia, and finding community resources. The company also offers a series on retirement planning, has a system that allows employees to do their own financial modeling, and provides flexible scheduling and enhanced health benefits.

**Solution: Businesses take initiative to update their approach**

— Every company should review how its practices affect workers of any age, including older workers, and determine how best to update them. Is it possible to offer flexible work schedules to better help employees who care for family members? How can your business extend employees’ training? Does your business have a plan for its workforce, and know when key workers will likely retire and who will fill their roles?

If your business wants to offer educational sessions, such as elder-care seminars, but doesn’t have enough older employees to make it feasible, consider working with other businesses in your area to make it happen.

**Protecting Maine elders**

Check-in programs, most often run by police departments, are billed as a way to improve people’s safety. People who participate call their nearby communications center to let a dispatcher know they’re all right. If they don’t call in a certain period of time, a dispatcher calls to check in. If the dispatcher can’t reach the participant, he or she sends an officer.

What the programs offer is more than the availability of physical assistance, however. They present the option for people to connect with another human being. That’s why the best check-in programs have a live person at the other end of the line, rather than a voice recording.

The programs essentially cost nothing. No new staff are needed, as dispatchers are already available and answering calls, and police are already on the clock. In an emergency, police likely would be responding anyway — though possibly too late to help.
Yet there aren’t many check-in programs in Maine — only several dozen out of more than 100 law enforcement agencies — and they are woefully underused.

Police departments are not the only entities that coordinate check-in programs. Community and health-based organizations run them, too.

The Good Morning Neighbor program, for example, is coordinated by the wellness and rehabilitation department of LincolnHealth’s St. Andrews Campus in Boothbay Harbor. It relies on a slightly different arrangement: Clients call one another to check in. Many participants have become friends.

**Solution: More police departments and medical offices offer check-in programs**

— Every person who needs access to a check-in program should have one. Regardless of whether the programs are run by police departments, medical offices or community organizations, they should share information about what ends up working best, such as whether more seniors participate when they call one another rather than dispatchers. Because the programs often suffer from a lack of visibility, part of the responsibility falls on local media organizations to get the word out about the service.

(Addition by Marilyn: When I asked if the Police Program could be advertised more, I was told that because of the current software that is in use by the police dispatchers, they would prefer not to have the program advertised as a check-in program could overwhelm the emergency screen that they monitor.)

**Preventing financial exploitation**

As Maine’s population ages, the duty of bank tellers to be on the lookout for signs of different or unusual account transactions and behavior is assuming new importance and renewed focus.

To that end, a new public-private program called Senior$afe helps train the staff of financial institutions about the red flags of financial exploitation and what to do when they suspect harmful activity. It’s performed through a partnership between the state, Maine Bankers Association, Maine Credit Union League and Legal Services for the Elderly.

Yet bank and credit union employees are not required to complete the training. Most elder abuse — up to 90 percent — is committed by a family member, often making it difficult for the older person to pursue litigation and try to get their money back. Most victims of financial abuse do not seek legal recourse.

In these situations, then, alerting the customer to potential fraud and stopping it as quickly as possible becomes — unfortunately — the best-case scenario.
When trained to identify red flags of possible abuse and fraud, bank workers are often the first, and perhaps the only, people in an elder’s life positioned to detect financial exploitation, one of the most common forms of elder abuse.

**Solution: Staff at all financial institutions get trained to spot potential exploitation**

— Congress should pass a bill requiring all pertinent staff at financial institutions to be trained to identify and respond to potential fraud. Bank and credit union tellers are in prime positions to spot financial exploitation and should know what to look for and how to help.

Many personnel in Maine have taken the Senior$afe training, but requiring every branch to undergo training will ensure customers receive the best service regardless of whether they happen to live near a financial institution that has taken the initiative to train its workers. Senior$afe could be used across the nation as a model for training personnel.

**A home to grow old in**

From Kennebunk to Fort Fairfield, developers and towns are trying to address the intensifying scarcity of affordable senior housing by building with public subsidies and tax programs.

“It’s simply impossible to build housing with sources that require debt payment while keeping the rents low enough to actually be affordable,” said Greg Payne, development officer for Avesta Housing in Portland.

The developments may be helping to fill a need. But if the three- to five-year waiting lists are any indication, they’re barely putting a dent in the demand.

It isn’t likely that Maine will build enough new housing for low-income seniors to fill the gap. Studies estimate the state currently needs 8,000 or 9,000 more subsidized units — and could be short 15,000 units by 2022.

**A $15 million bond** to construct senior housing passed the Maine Legislature, but it won’t come close to meeting the current, let alone projected, demand.

That’s why a variety of approaches, of which constructing affordable senior housing is only one part, is important.

**Solutions: Towns fix zoning that blocks senior housing; research continues on housing needs**
— Each town or city should examine how their local zoning ordinances affect the construction of senior-friendly housing or the modification of existing homes. They can research how to amend local rules to allow home sharing or multi-family living arrangements that permit older Mainers to stay at home longer.

Some towns, such as Cumberland, are actively looking at how their zoning affects older adults; it could be used as a resource for other communities. The Maine Council on Aging, which is exploring promising zoning models, is another resource.

Often, change at the local level is driven by individual residents. So speak up. Ask your local officials what their plans are for improving the availability of housing for older adults.

— An entity with a significant reach, most likely the Maine State Housing Authority, should set a roadmap for the state’s senior housing needs. How much more subsidized housing for seniors will be required over the next few decades, and where should it be built — taking into consideration nearby health care services and amenities? How many more rental vouchers should be targeted to seniors, given the current and projected need?

Some research has been completed, but it makes sense to continue to track demand to best target affordable senior housing developments.

In a related vein, in what towns is the current housing stock meeting the needs of older adults, and why? When Maine towns know what other towns are doing, they can learn from them and adapt their approaches.

**End-of-life care**

Wisconsin has shown that people want to have conversations about the care they’ll receive before they die, and that following through with the desired care improves well-being and reduces costs.

After a decades-long push to encourage patients to discuss their end-of-life plans, 90 percent of patients who die in La Crosse County, Wisconsin, have an advance directive, a legal document that allows people to state their decisions about end-of-life care ahead of time. And 99 percent of directives are available in patients’ medical records at the time of their death.

Through an advance care planning program, patients make informed decisions about their future health care, pick a medical power of attorney to make decisions on their behalf if they can no longer speak, and ensure providers honor their requests.

The model is available in a limited scope in Maine. Doctors at several medical practices in Cumberland and York counties have agreed to
encourage their patients to learn more about advance care planning and refer their patients to the Southern Maine Agency on Aging where they are then guided by trained volunteer facilitators.

Those navigators help patients decide how to discuss end-of-life care with their family, who will oversee their care if they can’t, how to make legal and financial arrangements, and with whom to share their advance health care plan.

**Solution: Health systems, local people and Congress improve end-of-life planning, education and care**

— Patients can take charge themselves and ask their doctors about how to plan for end-of-life care, but it’s really up to doctors’ offices and health care systems to have a strategy for guiding patients through the planning process. There are navigator models to study and potentially replicate, as the Southern Maine Agency on Aging has done. Expanding the effort will require the leadership of doctors and their superiors, in addition to collaboration with relevant organizations and volunteers.

— As the Institute of Medicine says, physicians should receive more education about hospice and palliative care. They must learn to listen to their concerns and goals — and follow through and honor patient wishes.

— End-of-life planning should be covered by Medicare, the country’s health insurance program for those over 65. Providers are currently free to talk with their patients about issues, such as whether they wish to have aggressive medical treatment or only have their pain managed near the end of life, but they aren’t paid for it. The Centers for Medicare and Medicaid recently proposed to compensate providers for the expense, and it’s accepting public comment until Sept. 8. You can be part of the conversation by submitting your comment here.

— Hospice workers often carry out a patient’s final wishes, but they often struggle to find enough volunteers and staff. Getting involved is an individual decision, but it offers a direct way to have an impact. There are many ways to volunteer for hospice programs. People can help by serving on committees, doing office work or collaborating on fundraising projects, or they can help patients one on one.

— It can be a challenge to deliver hospice services in rural areas and to underserved populations, especially when people wish to die at home. Telemedicine is one solution that could allow hospice workers to provide less-expensive care to certain patients and their families at a distance. It would require an act of Congress for Medicare to reimburse for hospice services provided via audio-video technology.