

# Building a Collaborative Community Response to Aging in Place

A Guide to Creating an Age Friendly Maine, One  
Community at a Time.



Prepared for the John T. Gorman Foundation



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## EXECUTIVE SUMMARY

The foundational principle that undergirds our report is that we as a society and a state believe that when people can no longer take care of themselves, one function of the collective is to meet this need. This principle is challenged when diminishing resources come into contact with increasing need. This report offers a strategy to meet this need, while remaining true to this principle.

Americans are living longer than ever. Significant advances in health care powered by science and technology have significantly expanded lifespan. The ranks of our old, and even very old, citizens are swelling by the year. Result: Our nation is now grappling with age-related issues like never before, causing many to look for systemic ways to support people in their own homes and communities as they age.

The dramatic rise in the aging population stems from the large number of children born between 1946 and 1964 – commonly known as the Baby Boomers. Nationally, by 2030, there will be about 72.1 million Americans 65 years or older, according to the DHSS Administration on Aging. That's 19% of the population, a dramatic increase from 12.4% in the year 2000.

As America ages, so does Maine. But the changes in our state are even more dramatic. By 2030, it is estimated that one out of every four Mainers will be over 65. At the same time the Census Bureau projects Maine's working age population of 25-64 year olds will increase just one percent compared to a national growth of 18.3 percent.

Without question, Maine's changing demographics pose significant challenges.

- » More people will require specialized health, housing and transportation services and both formal and informal care at a time when many of the workers who perform these tasks are themselves retiring.
- » Due to Maine's slow population growth and low in-migration there are not enough workers available to fill the needs of our aging population.
- » More people will need to participate in entitlement programs at a time when our faltering economy has led to cuts in these programs, not expansion. With few local options for supports and services, older people may need to relocate so that they are able to access care.
- » As our housing market continues to be sluggish, the capacity of people to move freely to the services they need will be hindered.
- » When people remain in their homes without adequate supports, they can experience debilitating problems requiring health and long term care.

These challenges are already affecting the social and economic realities of Maine and will grow exponentially if unchecked.

But the changing demographics also pose significant opportunities for Maine. Older people continue to be a strong segment of the workforce. They are the backbone of our volunteer system. They have the skills and innovative ideas to contribute to systemic problem solving. And, they enrich the fabric of our communities with their wisdom, histories and talents. Baby Boomers themselves constitute a significant asset in the provision of services for the elderly. Baby Boomers are generally in good health, have typically been motivated to be active community volunteers, have significant skills to offer and are retiring in record numbers. While many individual organizations have made efforts to recruit this dynamic population into volunteer services, little has been done to systemically leverage this asset.

So how do we capitalize on the skills and assets of older individuals, at the same time providing much needed critical basic need support to the more vulnerable older adult population? We believe that answer lies in a sustainable community-based strategy of building aging friendly communities that serve the range of needs of our aging population.

The growth of our aging population is fostering increased interest in community efforts to promote aging in place. These initiatives are referred as age friendly communities.

*“The apparent lack of coordinated national or local efforts to make US communities more aging-friendly may in part reflect the American emphasis on individual rights and responsibilities, as embodied in the values of independence, individualism and privacy,” writes Andrew Scharlach in recent a study of aging friendly community initiatives. “These values are epitomized in the current political and economic climate in the United States. Resistance to public programs and public spending at the national level, coupled with increasing fiscal pressures at the state and local levels, has led to major cutbacks in expenditures for current social programs. In this context, it seems unlikely that government will assume a major role for planning or developing new programs designed to strengthen community aging-friendliness.”*

Fortunately, the challenge has been taken up by non-profit organizations providing the leadership and national and local foundations providing the financial support. The local projects typically have been demonstration projects designed to develop “best practices” to serve as models for communities across the country.

As a result, there are myriad national, state and local agencies and communities from which we can learn. For the past decade a number of organizations have been working on the development of aging friendly communities. Large-scale national and international initiatives, such as those implemented by the World Health Organization, AARP and the Milken Institute offer us rich lessons and a broad range of resources to support aging friendly initiatives in Maine.

The purpose of this paper is to outline a framework to support building aging friendly communities within Maine’s cities, towns, and neighborhoods that enable us to address the challenges associated with aging while at the same time recognizing and embracing the opportunities this age group affords us.

This report is divided into five sections:

In [SECTION ONE](#), we discuss the problem. We lay out the foundation for the report by focusing on the challenges in Maine: our demographic realities and the landscape of aging in Maine; the programs, services and supports needed by Maine elders; and the counties where that help is most needed.

In [SECTION TWO](#), we turn our focus to solutions, namely aging in place. The sentiments of Mainers are similar to older individuals from across the country; as they age they want to stay in their homes, more importantly, they want to stay in their communities.

We suggest that the strategy to make the idea of aging in place a reality is the development of aging friendly communities. An aging friendly community is one that plans and prepares to actively engage older adults in creating infrastructure and services that effectively accommodate the needs of their community members across the full aging continuum.

In [SECTION THREE](#), we discuss the unifying principles research suggests are the foundation upon which any aging in place initiative should be built; and, we share emerging models from across the country and in Maine for supporting aging populations through community-based efforts.

And in [SECTION FOUR](#), we conclude with a high-level list of lessons that have been learned from researchers, practitioners, advocates and participants, and that we suggest be kept in mind - above all else - when crafting aging friendly communities in Maine.

The [APPENDICES](#) offer full details about the models and processes we propose in the main body of the report. These Appendices can also be used as stand alone documents to share with communities.

## SECTION I: THE PROBLEM

### Aging Demographics and Landscape of Maine

Maine has five critical demographic realities related to aging. We have the oldest population in the country, based on median age. We are the most rural state in the country. We have one of the largest populations of baby boomers per capita across the United States, and we are home to approximately 230,000 caregivers. And, our population of people aged between 0-18 is the second smallest in the entire nation.

Maine continues to see an increase in its older population. Maine's 65+ population is close to one-fifth (17%) of the state's total population and will account for nearly 99% of Maine's population growth in the next ten years. According to the Administration on Aging (2012), Maine ranked 2<sup>nd</sup> (behind Florida) among all states in the percent of persons age 65 and above. As a percent of total population, Maine's 65+ age group continues to grow at a faster rate than New England's or the rest of the nation. (Stuart Bratesman, 2013)

These data points are critical to understanding the factors at play in our environment. They affect our economy and put a strain on employment, transportation, health care, and community and home based supports (including those programs dedicated to helping the older population).

There are a number of implications based on these realities::

- » At a time when our population of older residents is increasing, the number of individuals who will grow our economy to support the needs of these older residents is decreasing.
- » Because we are a rural state, we rely heavily on caregivers to support older adults. These caregivers are "aging out", meaning they will be the older adults of tomorrow. Where will their caregivers come from?
- » Small and large businesses alike are feeling the impact of aging and caregiving on their workforce and bottom lines. Small business owners are struggling to keep businesses open while aging themselves and caring for family members. Businesses are losing workers to retirement and caregiving and are struggling to find skilled replacements. Businesses are losing customers as older people are less and less able to travel to shop or are moving to service centers in search of services.

We also have our own unique set of social characteristics that influence our older population. For example, recent research for the State Plan on Aging reveals that our aging population does not consider itself old, highlighting a distinct interest in remaining independent, regardless of physical age. The biggest concerns for Maine's older population are in fact physical limitations and loss of independence, although other concerns include falling down, homes in need of repair, and failure to afford their current lifestyle as they continue growing older. Many of these concerns could be mitigated by an increased focus on aging-friendly community development. Focus groups and interviews with members of Maine's older population also determined that this population doesn't feel comfortable asking for help due to a sense of pride, although they would generally be willing to accept help when it is offered.



General population statistics will also affect the lives of Maine's aging population. Since Maine has a very low birth rate and a very high rate of older employees in the process of retiring, the loss of qualified healthcare professionals is likely to make doctor's appointments in local communities even harder to come by. These two trends are mismatched: although the number of older people who will need assistance in growing, the numbers of employees skilled in these areas is not. The need for qualified experts in the health field will continue to be a critical need for the entire state, since over 37,000 people in Maine have been diagnosed with some form of dementia. Since dementia influences decision-making ability, there are also concerns about financial or other exploitation of this population sector. One in eight people around the state is afflicted with Alzheimer's, and this disease is one of the leading causes of death for the elderly.

There are additional gender characteristics that must be factored into the equation as well. Three-quarters of Maine's population aged 85 and older are women, many of whom are accustomed to having their husbands manage certain aspects of the home. Without assistance, they will struggle in adapting to life on their own in older age. Maine is also home to one of the highest rates of disability in the country, with approximately 16% of the state's population falling into that category, and 19% of the population disabled over age 65. Maine also has a higher than average problem with alcohol use for those aged 55 and older, and the heavy drinking statistics for the state have been increasing since the year 2005.

Like many states, Maine is facing its own budgetary issues, and this mirrors the financial constraints faced by our state's residents. Nearly 175,000 Maine residents survive on Social Security, with a mean income of \$14,700. Couple this low income with our high income tax rate, food costs, and electricity costs (which are generally 41% higher than the national average) and putting food on the table and keeping the lights on become very real challenges. Nearly 10 percent of those 65 and older are living in poverty.

Nearly one out of every eight Maine seniors is suffering from hunger or is under threat of hunger; a 38% increase from 2001. And sequestration has cut more than \$300,000 from core support services supplied by the Area Agencies on Aging, meaning tens of thousands of meals provided to seniors have been eliminated and services, including home delivered meals, have been significantly delayed.

The rural population of Maine also plays a large role in how our state should meet the needs of our older residents. Rural communities face their own set of unique challenges when compared with urban communities. In rural communities, for example, it can be harder for seniors to stay in their own homes and continue to be actively involved in their towns. There's often less support to help older adults maintain an independent life, and due to the geographic spread of families, there are also housing and transportation challenges. One of the leading causes of concern for older populations in rural areas is that they often must travel far from home to receive medical care. Part of this is also due to a lack of physicians and other health practitioners serving in rural areas.

## Programs, services and supports needed by low-income seniors

As outlined above, the needs of older Mainers are varied. Below is a series of programs, services and supports that are necessary to help older Mainers.

### AFFORDABLE HEALTH CARE

Last year, eligibility for the Medicare Savings Program was reduced by 10 percent, leaving thousands of low-income seniors struggling to pay for vital medication while still meeting their basic needs.

### TRANSPORTATION

The challenge of transportation for older people in Maine cannot be overstated. Maine is the most rural state in the country with more than 52% of Mainers living away from service centers. And because Maine lacks a public transportation system that is well connected across the entire state, there are very limited options for older people who do not drive.

The vast majority of older Mainers, of course, rely on driving for their everyday activities. It's not a freedom they give up willingly; many drive long beyond the time they should stop. What are their options when they do have to give up driving? They become reliant on family, friends or neighbors or they relocate to areas where they can get services, taking their social and financial capital with them.

Business owners, town officials and seniors all have a vested interest in collaborating to find and implement informal and formal transportation systems now before these pressures take an even bigger toll on our local economies. The solution does not have to be free transportation. In fact, most older adults want to pay their fair share for the services they receive. As evidence, a program of Eastern Area Agency on Aging (EAAA) and the Hancock Washington CAP which provided seniors bus rides once a week from Calais to Bangor was not successful as a free service. However, when the EAAA implemented a fee-for-ride, the bus was full each week.

### SAFE AFFORDABLE HOUSING

Safe affordable housing is a need among Maine's older population. About 90 percent of community dwelling people over the age of 50 own their own homes. And 65,000 Mainers over the age of 65 live alone. Sequestration will reduce the Section 8 housing subsidy in 2014, significantly reducing access to low-income housing.

Low income levels force many Maine seniors to neglect serious structural and system issues that fail in their homes, common conditions for an aging housing stock that is in disrepair and in need of winterization. Because older adults want to live in their homes for as long as possible, they often delay repairs electing instead to spend their dollars on more 'essential' supports and services.

What is true nationally is also true in Maine:

The numbers and age of older individuals has changed, but home design has not. A large portion of our housing stock is based on design developed during the post-World War II housing boom when longevity was less than it is today. These homes were built for growing families; not for growing old. The situation is sometimes referred to as “Peter Pan housing” — housing for someone who is never going to grow old. Health conditions are different for older people than younger people, with older people exhibiting more disability, increased risk of injury, and higher use of medical care. A study released in the Journal of the American Planning Association shows that there is a 60% chance that a single-family home built in 2000 will house at least one disabled resident in the home's usable lifespan. (Metlife 2013).

Local volunteer fix-it programs have been wonderfully successful addressing housing challenges for older Mainers when driven by community-based organizations. However, as funding for volunteer coordination at the agency level has disappeared, so have many of these programs.

#### CAREGIVING

##### Informal Caregiving

Informal family caregivers are vital pieces of the care quilt in Maine. An estimated 230,000 family caregivers are providing critical support for aging and disabled adults in Maine, including financial assistance, transportation, meal preparation, and medical care. Nationally, informal family caregivers provided the equivalent of \$450 billion worth of care to their adult parents and other loved ones in 2009.

It's estimated that about half of Maine's informal caregivers are currently employed full-time. Many of these caregivers report missing days of work and facing increased stress and pressures themselves because of these family responsibilities. A survey of caregivers found that, of those who were employed, half had either taken a leave of absence, had reduced their working hours, or had even left full-time employment to provide care for a relative.

##### Professional Caregiving

In a 2013 report entitled the "Maine Labor Force - Aging and Slowly Growing", the Maine Department of Labor reported that between 2000 and 2012, labor force participants under the age of 45 fell by 59,000 while those 45 and over increased by 94,000. During the next ten years, 18 percent of current Maine workers will reach the age of 65; during the next twenty years that percentage will rise to 43 percent.

In particular, the loss of qualified healthcare and social service professionals at a time when our older population will need to consume more healthcare and social services is extremely troubling. The Maine Labor Force report suggests that because these industry sectors have a large share of workers aged 55, they will experience high replacement needs that will be exacerbated by expected job growth in these sectors. This trend means that it will be harder than ever for older adults to obtain healthcare and social services in their communities.

## Areas most in need

As the oldest state in the nation, the need for services and programs crosses the state from more densely populated urban centers, to small towns and coastal villages. In order to narrow the focus and drive our strategy to areas with greatest need, we studied three data sources.

- » The first is census data from 2011 indicated the percentage of people over the age of 65 in each county.
- » The second is the staffing of the Elder Independence of Maine (EIM), a division of Seniors Plus that services as the home care coordinating agency for the State of Maine. EIM serves older individuals who are receiving case management services through MaineCare and the state waiver home based care and home and community based care program. Most recent data (January 2013 – March 2013) indicate inadequate staffing based on need in Lincoln, Franklin and Hancock Counties.
- » The third is County Health Indicators which ranks a series of health indicators – including mortality and morbidity and comes up with a total score per county. (University of Wisconsin Population Health Institute. County Health Rankings 2013)

We cross referenced those with highest rate of people over 65, low staffing ratios, and lowest county ranking with regard to health indicators. Three counties rated the highest in two of the three categories - [Piscataquis County](#), [Lincoln County](#) and [Washington County](#) – suggesting these could be targeted initially for intervention.

COUNTY (STATE AVERAGE 16.3)	PERCENTAGE OF PEOPLE OVER 65	PERCENTAGE OF CONSUMERS WITH NO STAFFING	RANKING OF COUNTY HEALTH RANKINGS
Androscoggin	14.3	1.00	6
Aroostook	19.5	0.60	13
Cumberland	14.6	1.60	2
Franklin	17.2	5.70	8
Hancock	18.9	3.90	1
Kennebec	15.8	0.50	7
Knox	19.7	2.00	5
Lincoln	22.3	6.50	11
Oxford	17.3	0.00	12
Penobscot	14.7	0.00	9
Piscataquis	21.1	0.00	16
Sagadahoc	17.2	2.30	3
Somerset	16.9	0.00	15
Waldo	16.6	1.26	10
Washington	19.9	0.00	14
York	15.7	0.20	4

## SECTION II: SOLUTIONS

### Aging in Place

It is important that state policy makers, aging professionals, municipal leaders, community planners, and older people themselves recognize that aging in place is [the long-term care option of choice for older people](#) and support the design and implementation of strategies that make this option a reality for as many people as appropriate.

[Aging in place is a high priority for current and future cohorts of older adults in the United States. According to a 2010 national survey by AARP, nearly 75% of Americans ages 45 and older strongly agree that “what I’d really like to do is stay in my current residence for as long as possible” \(Keenan 2010\).](#)

Here is what we know about aging in place:

- » It is the preferred option for people 50 and older. They want to remain in their homes and communities.
- » It is more cost-effective for states, localities, and people than institutionalized care.
- » It promotes better health and a higher quality of life.
- » It is good for the community. The longer people remain at home and in their communities, the more connected they are, the more involved they are, and the more they contribute.
- » It is good for business. The longer people remain at home, the more likely they are to shop, eat out, purchase local goods, and contribute to the local economy.

[\(Nicholas Farber, 2011\)](#)

However we choose to address the varied critical needs of older Mainers, we need to recognize their desire – and the social benefit of enabling them – to remain in their communities as they age. Thus, we need to design and support strategies that facilitate aging in place for older Mainers.

## Aging in Place through Aging Friendly Communities

The most important distinction to make in this report is between models to support [aging in place](#) and initiatives for building [aging friendly communities](#). Aging in place is the idea. Aging friendly communities are a way of bringing that idea to fruition.

For our purposes, strategies to build aging friendly communities activate processes that lead to our intended outcome, that is, aging in place options for older Mainers.

An [aging friendly community](#) is one that plans and prepares to actively engage older adults in creating infrastructure and services that effectively accommodate the needs of their community members across the full aging continuum. There are models for building aging friendly communities; we share these in subsequent sections of the report.

[Aging in place](#) refers to the ability of people to stay in their homes or communities as they move into older age, despite the challenges posed by age-related impairments. There are models that facilitate aging in place and we also share these further along in the report.

The development of aging friendly communities recognizes that aging in place is not entirely dependent upon people or institutions: instead, communities have to support the process as well. We believe and research suggests that the optimum way of strategically developing aging in place initiatives in Maine is not by offering communities a menu of aging in place models, but by supporting a [community planning process](#) that results in the adaption, adoption or creation of aging in place models that uniquely suit the needs of their community. It is the value of this process that research suggests makes this strategy most effective.

The building of aging friendly communities provides us with a path to ensure that more Mainers are able to age in place.

Let's look more closely at this suggestion, as it is critical to understanding our recommendations:

Implemented as individual models, aging in place programs do not provide enough value to meet the needs of our aging population: Our state is geographically too big; many of our communities are too isolated; and the range of social characteristics and economic disparity of our aging population is too great. We have examples of incredibly innovative models right here in Maine – some developed as grassroots efforts in small communities, some developed by dedicated professionals, others by caring family members or soon-to-be seniors. But to date, none of those models have been brought to scale because the infrastructure and support across the state to make this happen does not exist. And that infrastructure does not just refer to government or professional services; the community-based infrastructure does not exist either. There is no mechanism for connecting communities engaged in these strategies to each other, and/or to resource networks to support their work.

To bring aging in place to scale in Maine, we need a broad-based comprehensive strategy – one that both provides the resources and support to local communities to develop and embed aging in place practices within their communities, then connects those communities to each other, at the same time mobilizing larger systems that can support their efforts from the top down.

This is why we suggest engaging, encouraging and supporting community leaders, town officials and older adults at a local level in a process to assess and plan for meeting the needs of their aging residents. This underscores the distinction between suggesting a “product” (aging in place model) and a “process” (aging friendly community development strategy).

## SECTION III: AN AGING FRIENDLY STATE

### Becoming an Aging Friendly State - One Community at a Time

The open question – aside from which model a community adopts to meet the needs of its aging population – is how a community becomes age friendly. As is noted by the WHO’s Global Age-Friendly Cities Guide, the development of an aging friendly community is “based on the recognition that leadership by local governments and seniors is critical—and that every part of a community (including state, municipal or local governments, volunteer organizations, the private sector and citizens’ groups) can play a role in helping to build age-friendly communities. In terms of how communities achieve age-friendliness, processes can vary as widely as the nature and composition of communities. We leave it up to the communities to make this determination.”

Replicating these models in Maine begins in the community:

- » Communities need to start with a thoughtful planning process aimed at changing the way they support people as they age in order to maximize and grow the services, programs and resources people need to thrive.
- » We need to focus on strategies that can be sustained over time. We need a long-term strategy, because, as demographics reveal, we will be dealing for decades with high populations of Baby Boomers.
- » We need to focus on a strategy in Maine that capitalizes on the love of all things “local.” Strategies that are not embedded in community are less likely to be seen as credible, and the time it takes to get over this credibility gap is time we don’t have.

Before we share the models for building aging friendly communities, it is important to articulate the foundational elements - specifically the unifying principles and strategic approaches - that research suggests are critical to success. This is the [first step](#) in adapting strategies to Maine.

## Unifying Principles

To ensure that the models developed and implemented in Maine communities are grounded in shared values and the desire to support aging well in place, we need to build communities that enable people to thrive, recognize the value of older people in the community and acknowledge the community's essential role in supporting people as they age.

Within this context, we have outlined and described [three core values](#) to focus on when planning strategies to support aging friendly communities.

### 1. Thriving versus Surviving

When we set up systems or infrastructure to support aging in place, we must consider the quality of life indicators that are specific, but not exclusive, to older individuals. It is not enough to facilitate "systems" that allow people to age in place. Rather, we need to focus on the indicators that promote a high quality of life and ultimately allow people to thrive in older age rather than simply survive. These indicators include opportunities for lifelong learning, a sense of belonging and contribution, and being embraced for one's virtues rather than being shunned because of one's disabilities.

*"Conventional wisdom holds that the aging of America is, by necessity, a bad thing. The inventory of losses and unwelcome burdens is long and has been detailed in scholarly journals and the mainstream media. Omitted from these calculations, however, is an accounting of what age and aging contribute to everyone. The virtues of aging remain invisible." (William H. Thomas, 2012)*

### 2. Opportunities versus Accommodation

It is not news that as a society we display a lack of respect toward our older neighbors. Policy makers talk about the drain that Medicare and Social Security place on our federal budget. We often talk about the exploding Baby Boomer population and the strain they will put on the various systems they will need to access as they age. When we shift our focus, however, we can see older adults, with their wisdom, skills and abilities, as an abundance rather than scarcity.

*"You know the usual way of thinking about aging: Older people have only decline to look forward to; only the young have hopeful futures; health is only the absence of disease. In contrast, resilience presents a world of possibility for all ages, even despite different social and economic realities. Resilience accepts the stress of aging while encouraging people and communities to identify desirable futures, prepare for them, and grow from the inevitable setbacks. It integrates insights from human development to produce forward-looking policies for all ages. It focuses on people as members of communities as they move from being 'young' to 'young old' to 'old old.' Resilience is not a new concept or a new field of study, but it is a different foundation from which to develop public policy." (John Stuart Hall, 2010)*



What if we were to capitalize on the opportunities an aging society present? As Baby Boomers retire, they unleash a wealth of resources that come with age: time, talent, and expertise. Unlike their predecessors, who are dubbed the “silent” generation, Boomers are typically outspoken about their expectations and as their long term care needs are increasing, they are beginning to have real motivation to create change. The reality is that transportation, housing, and the delivery of health care has long been a challenge in Maine. This new human resource has the potential to offer great opportunities in finding innovative, local solutions to these problems.

### 3. Renewing a Sense of Community

People live in community. We depend on community. We are nourished by community. For older people to age in place in a way that best supports their needs and desires, we need to recognize the importance of the community. Professionals play a critical and indispensable role in supporting us as we age, and infrastructures such as housing and transportation support our day-to-day needs. But there is a third dimension – what researchers call “psycho-social developmental tasks”– that underscores the importance of community as we move into older age: (Suzanne Shenfil, 2009)

- » **Continuity:** Basically, as you would expect, this is the ability to maintain pre-existing social life and circumstances for ongoing psychological well-being. (We are all resistant to change!).
- » **Compensation:** This refers to the availability of products and services to take care of the health and social needs of people with disabilities related to aging, including in-home care, rehabilitation, and transportation and home modifications.
- » **Connection:** Quite simply, being able to stay in touch and interact with others is increasingly meaningful as we age (Carstensen et al. 2003).
- » **Contribution:** We all have the need, especially in middle age and beyond, to nurture and contribute to the next generation and play our part in contributing to society.
- » **Challenge:** Use it or lose it. There needs to be age-appropriate intellectual, physical and social stimulation to combat the potential frailties of age.

Responsiveness to these five developmental tasks is reflected in a community’s physical and social infrastructure, as outlined below.

### Strategic Approaches

In order to understand how a community might begin to address its aging friendly status, we introduce four strategic approaches for for Maine.

**Environment:** The first approach is the adaptation of the physical environment, including housing and transportation. Environmental strategies include: creating improved street signage; sidewalks that accommodate people with visual and mobility impairments; as well as universal design or visitability.

The second approach is the social environment. These strategies include the coordination, adaptation, and integration of support that older people need to remain actively engaged in their communities, including service delivery, social inclusion, and civic engagement.

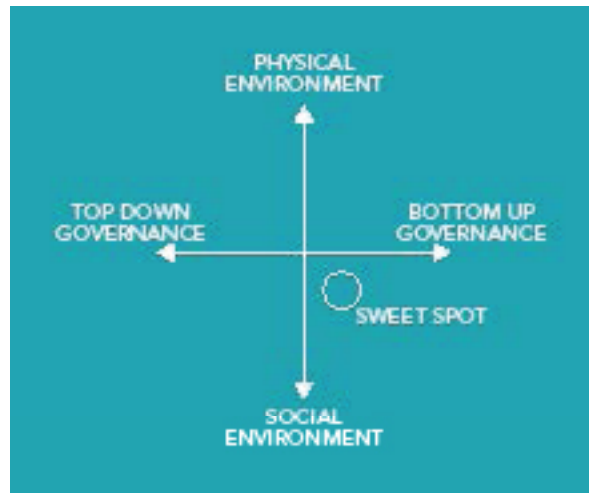
Neither of these on their own will meet the needs of Maine's aging population. Better signage is not going to help an older resident in need of fuel; fuel will not replace a bench when an older couple is waiting for a bus. Each approach has elements that are adaptable to Maine's locales and aging population, which is why a blending of the two is recommended.

**Governance:** There are two primary approaches to governing an aging friendly community. A **top-down approach** relies on information coming from, and decisions being made by, policy makers and planners. A **bottom-up approach** focuses on programs that emphasize participation by older people themselves.

Researchers advocate avoiding extremes in the choice of both focus areas and governance approaches. In fact, environment and social approaches are actually contingent upon each other. The literature recommends a model of participatory, collaborative governance that involves older people in a meaningful and authentic way in governance and leadership, rather than consulting with them individually or in focus groups. Broad-based support for this approach is evident in the fact that the American Society on Aging, the Gerontological Society of America, and the National Council on Aging all have made civic engagement a focus of their programming, research, and policy efforts. (O'Neill, 2010)

Given what research demonstrates to be effective, what we know older people want and need, and Maine's cultural characteristics, we suggest the "sweet spot" is as depicted in the Figure 2 and which is noted "as an integrated physical and social environment and a model of participatory, collaborative government." (Chi-Wai Lui, 2009).

It is important to keep these two broad dimensions – physical and social environment focus areas and bottom-up and top-down governance models – in mind as we narrow our focus and present models for adaption and replication in Maine.



## Emerging Models

The [second step](#) in our process for adapting an aging friendly community strategy to Maine is to identify models that exist, and parse out the elements that are appropriate for and adaptable to Maine. Toward that end, we present an overview of aging friendly communities from across the country. We then we drill down to talk more specifically about aging in place programmatic options that could be replicated and/or adapted for replication in Maine communities. And finally, we share a handful of existing efforts currently underway in Maine in an effort to understand what is already happening and what might be expandable or replicable most immediately.

For the past decade, a number of organizations have been working on the development of aging friendly communities, including the [World Health Organization](#), [AARP](#), [National Capital Impact](#) and the [Milken Institute](#). Communities across the country are learning from this work and adapting strategies for their particular locales. We are fortunate to have access to this range of resources to support aging friendly initiatives in Maine.

An internet search for aging-friendly initiatives was carried out and presented in a report by Andrew Scharlach, Professor and Director of the Center for the Advanced Study of Aging Services at the University of California, Berkeley (2011). Through this search, Scharlach identified 292 unique aging-friendly community initiatives that support aging in place. These initiatives are categorized by four types: community planning; system coordination and program development; co-location of services; and consumer associations. These initiatives are outlined in more detail in Appendix A.

## Programmatic Options

Within these four categories, we have researched identified a series of successful aging in place programmatic options we suggest are suited for and adaptable to Maine's communities. These include:

- » [Lotsa Helping Hands](#)
- » [Share the Care](#)
- » [Time Banks](#)
- » [Shared Housing](#)
- » [Shared Spaces](#)
- » [Naturally Occurring Retirement Communities](#)
- » [Living at Home/Block Nurse Program](#)
- » [The Village Model](#)
- » [The Green House Model](#)
- » [HUD Section 202 Supportive Housing for the Elderly](#)

A description of each program - in addition to core elements, funding mechanisms, technical assistance resources and their potential for Maine - are presented in detail in Appendix B. They are presented from least to most time and resource intensive.

## Models from Maine

Across Maine, without an organized effort at the state, regional or local government level, there are towns, neighborhoods, and shared housing communities that have begun crafting their own solutions – often with little or no funding. Many of these community-grown efforts in Maine are thriving and making a real difference in the lives of older people. These efforts serve as models for other communities, and their leaders offer direct access to technical assistance.

The list below outlines a series of efforts underway in Maine. This list is by no means exhaustive.

**Good Morning Project:** This is a free telephone reassurance program housed out of the Bath Police Department for older people or disabled individuals who wish to continue living independently. Participants call the police department every morning to “check in.” If the receptionist does not get the call by 10AM, she calls the participant. If she is unable to make contact, an officer is dispatched to visit the home and make sure the person is safe. This project has been replicated in other departments across the state.

This type of program serves as the first entry point for elders who live alone and who are at risk due to their social isolation; this low barrier intervention could be the first step to begin to address the growing needs of individuals who participate.

**Friends of Aroostook County** assists elderly people in the County by growing vegetables on lent land by volunteers and using Meals on Wheels distribution channels to deliver tons of fresh vegetables to needy seniors and low income people. They have expanded their efforts to provide donated firewood as well. This all-volunteer effort could be replicated in other parts of the state and also serves as a “check in” for seniors.

**Aging in Bowdoinham:** The Town of Bowdoinham underwent a planning process spurred by interested community members and created an “Aging in Bowdoinham Plan” to address concerns about aging residents. Their four priority areas are transportation, senior center, housing and information. Since drafting the “Aging in Bowdoinham” plan, volunteers, with the support of the town, have opened a senior center. It’s opened 5 hours a week, one day a week, and offers lunch and social activities, all provided by volunteers. The church has a 15 passenger van it has lent to the cause and volunteers use the van to bring people to the senior center.

**TRIADS:** Maine has a network of active TRIADS - organizations made up of law enforcement, community based organizations and seniors who formed for the purpose of preventing elder abuse. However, many have initiated supports that help people live more safely in their homes, including distribution of 911 cell phones and safety “Go Bags” for emergencies, “sand brigades” of volunteers who sand icy driveways for older residents, good morning calling programs like mentioned above, etc.

With increased community support, these groups could be replicated in more communities across the state; additionally, these groups could be the starting point for additional planning and service delivery. Because they include older people as members, they have a direct line to the needs of older individuals and can more easily connect with their older neighbors.

**Deer Isle Plus:** This is a membership-based network that was formed by a group of residents of Stonington and Deer Isle to help their neighbors live independently in their homes as they age. For \$100 per year, members have access to a Coordinator who assists in the event of a crisis and a members' website which provides access to available services, contract information, eligibility guidelines.

This model could be replicated for communities who feel this response best meets the needs of its residents.

**Midcoast SAIL:** This is a nonprofit organization launched in 2011 to provide residents of Knox and Waldo county with an alternative to retirement communities, assisted living or moving in with their children. SAIL – which stands for Senior Alliance for Independent Living – offers its members an assortment of services, including: transportation to shopping and appointments; electronics installation and maintenance; and connections to pre-screened service providers. SAIL is part of the national Village to Village Network.

Two more “Villages” are under development, one in Blue Hill and one in Cumberland. The Village concept is one that we believe would work very well in Maine, provided a viable funding model that supports people with varying financial assets is established.

**Greater Bath SEARCH:** In the Greater Bath area, the United Way of Mid Coast Maine convened a group of stakeholder to determine the most pressing needs of aging residents. Social isolation was one of the main needs identified through a survey of older people and service providers. This group developed a program to match community volunteers with aging residents in the greater Bath area to provide informal support to meet their needs, with the main focus of decreasing isolation and loneliness. The program later became – and remains – a service of Catholic Charities, overseen by a local group of stakeholders, many of whom were part of the original group who designed the program in the early 2000's.

This model is replicable, however, we recommend that in order for it to sustain itself as a community-driven model, it needs to include town and municipal leaders who understand its benefit to the entire community and are willing to advocate for local support.

**Elder Care Network of Lincoln County:** These residences – in Wiscasset and Damariscotta – provide a home-like environment for their residents and services are reimbursed by Medicaid, meaning the residential continuum of care is affordable and enables older people to remain in their community as they age.

## Community Development Strategy

This guide offers a [community development strategy that supports the generation and maintenance of activities to support aging in place](#); specifically a collaborative community response to aging in place needs.

Central to the development of aging friendly communities is the concept of a place-based strategy<sup>1</sup>, which includes a cross section of professionals, service providers and community representatives. The power of building a network of aging friendly communities lies in the support these communities can provide to each other to further enhance their work. Being intentional and strategic about building that network, versus just assuming it will happen as more communities join the movement, is key to its success. The network itself will act as a force multiplier.

We have seen time and again in Maine, particularly around aging initiatives, that well-intentioned groups of busy people doing tremendously important work struggle when they do not have staff and resources they can devote to moving the project forward. Maine's Triads and Elder Abuse Task Forces are perfect examples – these groups are the very essence of collaborative grassroots response to elder abuse and exploitation. However, these groups have struggled to reach their full potential because, despite incredible dedication of volunteers, none of them individually have the time to build the kind of network needed to support and sustain this work.

In addition, many of the challenges to creating aging friendly communities affect a large number of communities – for instance rethinking zoning laws that encourage development of alternative housing projects may be better solved in partnership with many minds working on the solution and then sharing the solution once discovered.

Toward this end, we offer a series of components of the aging friendly community initiative that are important to the success of the efforts of a statewide aging friendly community movement:

**Community Planning Expertise:** Facilitating a community needs assessment process and subsequent visioning and planning sessions requires a specific skill set that may come from technical assistance consultants. While not doing this “for” the community, they can help act as advisor and problem solver when processes get in the way of action. They can also help keep the process moving forward; in small rural towns with equal parts longtime residents and newcomers, having a neutral person assisting in a planning process may help overcome barriers and potential roadblocks to working together.

**Aging Services Expertise:** Because we are recommending a place-based community driven model, we cannot assume communities understand the broad aging landscape to the degree that is needed for their local movement to be successful. Therefore, we recommend technical assistance focused on the needs of aging individuals, the resources available to support them, and systems – private, nonprofit and governmental - within which those resources are managed and deployed.

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<sup>1</sup> “Place-based strategies attempt to provide more meaningful and comprehensive services in a given community by ensuring that the agencies providing those services are well-coordinated and conscious of the connected nature of the issues they address.” (McCann, 2012)

**Advocacy:** One of the challenges experienced by other aging friendly community planning strategies across the country is that these strategies were stalled in the planning stage because the action steps they identified were dependent upon systemic changes beyond their control. (Scharlach, 2011) Communities involved in aging friendly community building should aware of these challenges and look at the broader system within which any changes would need to be made. Being intentional about an advocacy plan is critical to ensuring long term success.

**Communication:** Harnessing the power of technology for rural states like Maine is essential to ensuring equal access to information and resources and to facilitating communication across the miles that separate towns and counties, and ultimately, people. In order for a statewide aging friendly community initiative to be successful, an online communication tool to assist in further developing a sense of connectedness among communities engaged in aging friendly initiatives is critical. The website could include: a portal for information exchange; access to vetted and recommended process development tools; and, an interactive map of communities engaged in this work, and their specific initiatives.

- a. The online portal could encourage high levels of engagement through its ease of access and use. The purpose of the portal is straightforward: to exchange information among individuals and communities engaged in this work; specifically to collect and disseminate useful ideas about projects in process or already underway, and to exchange lessons learned regarding the community development process itself.

The Environmental and Policy Change for Health Aging online resource<sup>2</sup> promotes this kind of information exchange through a page entitled “50 Way Cool Things in Our Communities.” In order to get the most out of such a site, it’s use would need to be actively encouraged until such time as it became part of the aging friendly community building framework.

- b. The website could provide links to easy-to-use resources for building aging friendly communities including: outreach, recruitment and engagement strategies; planning, assessment and evaluation tools; and, funding resources.
- c. To further encourage resource sharing across the State and to provide easy access to information for caregivers and consumers, we recommend these tools would be “mapped” to communities in Maine that have used them. The Portland Buy Local initiative offers an example of a simple web-based map which identifies stores within neighborhoods in Portland that offer local products. ([www.portlandbuylocal.org](http://www.portlandbuylocal.org)). A similar strategy could be used for mapping aging friendly community initiatives. This will benefit consumers, their families (caregivers) and other aging friendly communities.
- d. It is important to note that the suggestion here is not to reinvent the wheel; there are myriad online resources available to assist communities in building aging in place strategies. In fact, the AARP has recently set up a site that could immediately provide valuable resources to aid communities in developing aging in place strategies here in Maine. The purpose of the site we are recommending is to provide a conduit to these other resources, narrow down the scope so the information is easier to access and put to immediate use, and to encourage conversations and information exchange within our own State. What we know about Maine is that while we appreciate information

2 Hosted by the CDC and Healthy Aging Resource Network

from “away”, we are more likely to embrace it if we make it our own, as is true of any community-driven effort.

**Partnerships:** One of the factors that makes a community development strategy so appealing for promoting aging in place is the potential for partnerships across geographic and industry boundaries. A review of initiatives that support the goals of aging friendly communities reveals a number of potential alliances that will help support and launch this movement in Maine.

In addition to long-standing partners (Maine Association of Area Agencies on Aging, AARP, University of Maine Center on Aging, Maine Council on Aging, Maine Health Care Association, Maine Long Term Care Ombudsman Program), there are a series of organizations that may not have expertise in the field of aging; instead, they offer skills and resources in the field of community development and planning. Aligning our work with these initiatives ensures we are engaging a cross-sector of stakeholders who are impacted by and have the potential to impact the needs of aging Mainers. These organizations include (but are not limited to):

- » Maine Community Foundation
- » Maine Development Foundation
- » Maine Municipal Association
- » Maine Association of Planners
- » Maine Council of Churches
- » Maine Chamber of Commerce

The Maine Council on Aging (MCOA) will be a critical partner in this effort. The MCOA represents the broad continuum of aging supports and services possible, including healthcare, housing, direct/personal care, spiritual, services, housing, transportation, nursing home care, etc. In preparation for the launch of an aging in place initiative, the MCOA has been working with the Maine Speaker of the House to host a series of Round Table Discussions on Aging in Maine with the goal of creating a shared vision for aging in Maine among the ranks of business and policy leaders – a vision that underscores and values the contributions of older people and understands the return on investment realized when a community invests in addressing the needs of older residents. Leadership is a key component of the success of any initiative and the MCOA hopes these Round Table Discussions will identify legislative, business and policy leaders who will help ensure the success of any initiatives.

In addition, the MCOA will act as an advocacy effort in addressing systemic barriers to the initiative's success. For instance, the MCOA may work to advance DHHS efforts to reform the long term care system in Maine, pursue licensing and rule changes that might allow for the development of alternative housing situations, work collaboratively at the statewide level to address transportation needs and proactively pursuing funding mechanisms that may lead to increased affordable housing options for older adults.



## SECTION IV: ELEMENTS FOR SUCCESS

### List of Ten Best Practices

To bring aging in place to scale in Maine, we need a broad-based comprehensive strategy that engages, encourages and supports community leaders, town officials and older adults at a local level in a process to assess and plan for meeting the needs of their aging residents.

As noted by Ruth Finkelstein of Age-Friendly New York and the New York Academy of Medicine:

“This work is very dependent on the particular needs and issues of the community and its government structures. Particular issues arise from differences in population, in challenges from the social and built environments, in the needs and desires of various stakeholders. There’s real specificity, even from neighborhood to neighborhood. As a result, I think there are concepts and general principles that can be exported, but processes and strategies for how to be successful need to be quite individualized.”

Given this, we offer the following 10 elements which research of best practices for the development of aging friendly communities reveal<sup>3</sup>:

#### 1. EACH COMMUNITY DEFINES ITSELF BY GEOGRAPHIC BOUNDARIES.<sup>4</sup>

The definition of “community” varies by geography, population and culture. Communities should define for themselves the geographic boundaries of the community within which they will work. This may be a neighborhood, a town, an island, a series of towns or a county. However a community defines itself, its boundaries should be clear from the start.

Government representatives are uniquely positioned to encourage collaboration, mobilize resources, and play a “connecting the dots” role. Some of the issues underlying residents’ ability to age in place successfully may be controversial. In many communities, for example, land use and zoning are key factors and having officials at the table from the beginning encourages open communication and shared ownership.

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<sup>3</sup> It is important to note that this movement is in its early stages. These elements are based on best practices from this growing field.

<sup>4</sup> “How participants wish to define the geographic scope of their community will depend on the composition of the group. In many instances, the answer will be fairly self-evident. A group convened by the mayor will be focused on its city or town, for example. Groups convened by private citizens and civic groups may be focused on a particular neighborhood or district of a larger locality. Government representatives with the power to act as conveners and catalysts are at the table from the start.”(National Association of Area Agencies on Aging and Partners for Liveable Communities, 2007. A Blueprint for Action: Developing a Livable Community for All Ages)

## 2. A FORUM IS CREATED FOR KEY AGING IN PLACE STAKEHOLDERS TO SHARE INFORMATION AND DEVELOP AN AGREED UPON APPROACH TO CREATING AN AGING FRIENDLY COMMUNITY.

Local elected officials and/or agency heads often play the role of conveners. The stakeholders should represent both traditional leaders on aging issues and representatives of other agencies, organizations, and industry sectors that affect residents' ability to age in place successfully, (such as land use planning, architecture, transportation policy, and community development).

Public, civic, business and nonprofit leaders should be involved from the start.

Opportunities to integrate aging in place issues with existing plans, programs, and initiatives are increased by creating this forum.

## 3. OLDER INDIVIDUALS ARE INVOLVED IN ALL STEPS OF THE PLANNING, ASSESSMENT, IMPLEMENTATION AND EVALUATION PROCESSES.

Older individuals representing diverse demographic backgrounds should be at the table from the beginning. Best practices reflect a model of participatory, collaborative governance that involves older people in a meaningful way (including in leadership roles), rather than simply consulting with them individually or in focus groups.

## 4. RESEARCH INCLUDES ASSESSING THE NEEDS OF OLDER INDIVIDUALS AND IDENTIFYING THE ASSETS OF THE COMMUNITY.

A successful aging friendly initiative is tailored to the unique needs of its community, at the same time mobilizing its unique assets. Communities have conducted telephone surveys, focus groups, interviews, and/or summits. The common element is the authentic and diverse participation of older individuals in these processes.

Successful initiatives have focused on the strengths, assets and aspirations of its older individuals and of the community itself, rather than just on the needs or deficits of its population or community.

## 5. CONDUCT AGING FRIENDLY COMMUNITY READINESS SURVEYS.

Successful initiatives have conducted aging friendly readiness surveys to help them devise a plan based on a set of common indicators of "aging friendliness." Successful communities have either developed their own tool, or adapted or used in its entirety one of the series of readiness tools available.

It is important to note that much of the information needed for an aging friendly community readiness survey may have already been collected (for example Census data, comprehensive plans, etc.) and is easily available. The challenge is pulling it all together, reviewing it and analyzing it in relation to the goal of creating an aging friendly community.

## 6. STRONG VISIONING AND PLANNING SESSIONS.

Successful initiatives have followed their research with a strong visioning and planning effort in which various community partners (which we will refer as the "Team") have come together to establish clear priorities and boundaries for the project and agree on what success will look like. From there, the work diverges quite broadly, focusing on a whole range of topics or issues of particular interest to the community or city.

Like any successful community change undertaking, strategic plans that result in short and long term goals are critical to both "getting things done" on a day-to-day basis, and ensuring a plan for long term viability.

Engaging seasoned strategic planners or meeting facilitators was a noted success factor for many initiatives.

## 7. FOCUSED ACTION PLANS.

Successful initiatives took the time to create focused actionable items that would yield early successes, were easily measurable and worthy of media attention. Early victories and the highlighting of these victories with the general public earn credibility for the Team, garner additional resources, motivate participants to carry on and can draw new participants to the cause.

A comprehensive strategic plan may be one of the action items, as can an awareness campaign, or designing a new transportation system. Action items that could be accomplished in a short time (6 months or less) were prioritized to ensure early wins.

## 8. STAFF TIME ALLOCATED FOR COORDINATION.

Successful initiatives recognize the importance of allocating resources to manage the coordination of the aging friendly community development process. For some groups, this meant hiring staff, for others, it meant reallocating resources to allow existing staff to designate time to the project. In either case, the understanding that this type of work requires some form of coordination from someone (or a series of individuals) who keep their eye on the process is critical.

## 9. PRIVATE AND PUBLIC FUNDERS ARE BROUGHT TO THE TABLE.

Successful initiatives recognized that building an aging friendly community is not a short term project or a quick fix. "Staying power" received equal amounts of attention as the start up. Bringing funders to the table early – both private and public – was important to addressing sustainability. Researchers note that to improve the chances for sustainability, more focus is needed on planning, funding diversification and long-term partnership.

## 10. RESOURCES AND SUPPORT FROM AGING FRIENDLY COMMUNITY NETWORKS WERE UTILIZED.

There are a number of organizations across the country that can provide critical support to the development of aging friendly communities. Successful initiatives capitalized on these existing resources rather than re-inventing the wheel and working on strategies in isolation from others already engaged in this work.

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## APPENDIX A – SURVEY OF AGING FRIENDLY COMMUNITY INITIATIVES

Scharlach, A. (2011). Creating Aging-Friendly Communities in the United States. Ageing International.

### Community Planning Initiatives

Of the 292 unique initiatives and organizations identified, some 166 were “Community Planning Initiatives.” Typically, these were a top-down approach from a local government or area agency, often with public information campaigns focused on the aging needs of boomers. Specific initiatives included the AdvantAge Initiative, sponsored by the Visiting Nurse Service of New York; the Aging in Place Initiative sponsored by the National Association of Area Agencies on Aging and Partners for Livable Communities; the World Health Organization’s Aging-Friendly Cities Project (Portland, Oregon and New York, New York are participants); AARP Livable Communities Initiative (focus groups in 13 cities); and the United States Government Awards Program sponsored by the Administration on Aging. [These approaches are effective when they include older people as partners in the process versus recipients of service or informants.](#)

### Local system coordination and program development

Professor Scharlach’s research also discovered that 10 percent (28 of 292) of the initiatives involved local system coordination and program development efforts. These included Community Partnerships for Older Adults, an initiative that typically fosters partnerships between older adults, health and social service providers, government agencies, business leaders and local funders (Bolda et al 2006). The Robert Wood Johnson Foundation funded \$12 million split equally between 16 communities. Also in this category was Communities for All Ages , which, among other projects, has developed multi-generational learning centers, funded by the W.K. Kellogg Foundation, Ashoka, and others. [These models are long-term, intensive and costly. This impacts their ability for broad-scale replication.](#)

### Co-location of services

One-sixth (50) of the initiatives were collaborations between service providers and naturally-occurring retirement communities (NORCs). NORCs range from housing developments, to apartment buildings, neighborhoods or even entire communities which have evolved into areas with higher concentrations of the elderly. NORC programs receive support from a combination of sources. The 2006 reauthorization of the federal Older Americans Act supported 45 NORC projects and New York (state and city) support 54 such projects. [Where NORCS exist, these models are very effective because they not only make service coordination and delivery more efficient, they create a sense of community in the process.](#)

### Consumer associations

Another 48 initiatives represented consumer mutual-aid associations usually pioneered by elderly residents themselves and modeled after Beacon Hill Village in Boston, Massachusetts. Their primary sources of funding are member fees and donations (Scharlach et al 2010). [These models are scalable and very flexible. The challenge is establishing a viable business model to sustain the efforts long term, at the same time ensuring low income older folks have equal access to membership.](#)

## APPENDIX B – AGING IN PLACE PROGRAMMATIC OPTIONS

The following three “elements” are essential to the success of the programmatic options outlined in this Appendix and should be mobilized by communities considering these models.

### THE INVOLVEMENT OF TOWN GOVERNMENT:

The importance of town government being directly involved in creating aging friendly communities in Maine cannot be overstated. The town government structure lends itself to supporting the development of town-led aging friendly communities. In most Maine towns, volunteer committees oversee the activities of the town, from town-owned property management boards, to conservation and solid waste disposal committees. These committees run recreation facilities/activities, manage town-owned roads and cemeteries. A volunteer committee that organizes services to assist aging town members is a natural extension of town functions. Once established as part of the ongoing town infrastructure, the volunteer committee – which should include a diverse income and age demographic - can change and adapt its role as the needs of aging residents change.

### COLLABORATION WITH AVAILABLE NETWORKS:

One of the challenges of creating aging friendly community in Maine is the tendency of communities to isolate themselves from other communities with similar challenges and needs. This limits the potential of any given initiative and causes unnecessary and often costly redundancies. Ironically, the same spirit of individualism that makes Maine an ideal state in which to generate local town-supported aging friendly initiatives can also hinder progress. One of the common benefits of the initiatives we outline below is that the majority of them can be offered with technical support, guidance and expertise from those who have already tried these approaches in other states. We suggest that technical assistance from other towns, agencies, state or national organizations be part of a community’s strategy for developing any of the models offered below.

In addition, there are many existing social and community service organizations – such as the Area Agencies on Aging, AARP, TRIADs, Elder Abuse Task Forces, housing providers – that facilitate initiatives and services to support aging Mainers. It is important that any community-based effort identify, collaborate with and utilize these resources to strengthen, streamline and reduce duplication of efforts in our aging system of care.

### FOCUS ON COMMUNITY BASED STRATEGIES:

A final note about these community initiatives: as noted by Marjorie Jamieson, Past Executive Director of the Living at Home/Block Nurse Program (1999): “Programs will be **community based** when plans, programs, methodologies, are done by and with people in the community. In contrast, a program will be **community oriented** when Thins are done to and for the community:” We offer the following strategies because they focus on community based programs versus community oriented ones.

## Lotsa Helping Hands

Lotsa Helping Hands helps coordinate care for people in need. Lotsa Helping Hand relies on an online tool through which people sign up to provide assistance, manage calendars, send notes to people in need and correspond and provide support to each other. In addition, Lotsa Helping Hands offers caregivers or individuals needing assistance with the option of creating an online community to seek assistance. Volunteers can be either known friends or family or can be individuals volunteering from the community. Lotsa Helping Hands communities can be “open” meaning that anyone can sign up to provide support (good for church, rotary or school groups wanting to assist people in need in their communities) or “closed” meaning that a caregiver or individual in need creates a community of known individuals who will assist in the coordination of their care.

### CORE COMPONENTS

- » Web-based tool to assist in organizing caregiving efforts.
- » Requires a Coordinator to lead the process: this is the person who first takes the initiative to create the Lotsa Helping Hands community. This lead Coordinator then adds the initial members, helps define the volunteer activities, and has other privileges for customizing the community web site.
- » Provides opportunities for easy-to-access caregiver support.
- » Provides opportunities for caregivers or individuals in need to create their own community.
- » Provides opportunities for organized groups to offer assistance to people in need, whether or not they know the person.

### POTENTIAL FOR MAINE

This model has great potential in Maine because: it provides a way for individuals to get involved in the caregiving of people in need; it capitalizes on the capacity of technology to organize and streamline coordination effort and to facilitate community building (especially helpful in remote areas of the state); and, it is easy to get up and running rather quickly. It also provides a way for out-of-state family members to help coordinate and support care for their loved one (and to be assured through online scheduling that in person care is being provided).

### CHALLENGES

A community would need a leader (or team of leaders) to learn the technology, provide education to the broader community about the availability of this type of service/ community and be willing to support (ongoing) the development, marketing and success of this program. In addition, because it relies on a web-based program, the model is limited to those with computer and internet access and a level of comfort using online technologies. Finally, ensuring that the safety and security of the individuals for whom caregiving is being organized – in the case of the open community – is paramount to the program’s success.

### FUNDING

Lotsa Helping Hands online program is available to anyone at no charge.

### TECHNICAL ASSISTANCE

The Lots Helping Hands website provides educational materials, online training in the use of the online program and organizing materials to help individuals and communities get started.

## Share The Care

Share the Care is an innovative model of caregiving that was founded based on the experiences of a group of women organizing the caretaking of a sick friend. They shared the model they established (organically) and launched Share the Care as a nonprofit organization registered in the State of New York in 1995.

The goal of Share Care is to increase the quality of life of individuals who are seriously ill, disabled or experiencing the challenges of aging and to reduce stress, depression, isolation and financial hardship that are often suffered by their caregivers. Share the Care helps to organize this care and create a team of support people who can wrap services around a person in need in a coordinated fashion.

Using web-based technology, Share the Care helps bring together friends and family to provide supports and services for a loved-one who needs help navigating a difficult health experience. The Share of Care group identifies and commits to providing different support and services based on the need of the individual in crisis. Supports and services include: transportation, meals, house cleaning, visiting or friendly calls or other more intensive personal care supports.

The model was founded based on the reality that caregiving responsibility tends to fall on one or two family members, resulting in caregiver burnout, isolation of those in need of care and high rates of institutionalization for individuals lacking adequate social supports.

### CORE ELEMENTS

- » A group of people committed to supporting a process in their community that assists individuals in need. Care is provided by family and friends, but there needs to be a lead person who understands the benefit of a Share the Care model and makes it known to those in need and their caregivers that these kinds of support circles can be organized.
- » Commitment to a process to provide organized and coordinated informal care.
- » Use of technology to support an organized system of informal care.
- » Defined roles for caregivers based on the specific and distinct needs of the person in need, their skills and their relationship to the person in need.
- » Care can be provided long distance; creativity in terms of what support will benefit the individual is essential to maximizing the benefits that all caregivers can provide, whether in close proximity or long distance.

### POTENTIAL FOR MAINE

This model would provide a straightforward and very direct way for local communities to assist aging residents who are in need of care, whether because they are in a crisis situation, or because they have unmet needs which impact their quality of life and threaten their ability to remain in their own homes. Because there are many older Mainer's whose families live out of state, this model would provide a way for local communities to help organize the care of an older person, not by replacing that care, but by actually mobilizing it, even from a distance. The model relies on identifying all of the people – family, friends, neighbors – who want to provide support for a person in need and organizing that support so it benefits the individual and engages a circle of caregivers who might otherwise feel helpless.

### CHALLENGES

This model requires a systematic process to reaching out to people in need so they are aware of this potential service, and a process to help organize caregivers. The challenge is that people in need (either caregivers who need help or the ailing individual who needs help) may not want to “bother” others to ask for help, share their personal challenges, nor do they want to admit when they need help. This could limit the potential impact of the program. Making sure people are aware of the preventative nature of this service - providing support to address lower level needs before a crisis occurs - might mitigate this challenge.

### FUNDING

This can be a very low cost (or no cost) model to implement. It can be run as an all-volunteer efforts, which would then just require access to appropriate technology, a space to meet and plan and a commitment to establishing a volunteer-led caregiving program for aging residents in their community.

### TECHNICAL ASSISTANCE

ShareTheCaregiving is an organization that was established to educate caregiving communities about the effectiveness of the Share the Care model, and making it more accessible across the country. They do this through training sessions and presentations by the founder of Share the Care and her staff. This training focuses on understanding the model and how to assist in the formation of groups for individuals in need in their communities. In addition, a handbook is available for purchase to help communities assist in the development of the Share the Care model.



## Timebanks

Time Banking can be traced back to the early 1980s. Developed as an alternative economic system, it has proved an effective tool for not only addressing inequality in access to goods and services, but also for creating social capital. The Reciprocity Model (also known as the “Time Bank”) is based on neighbors exchanging skills, talents and resources for time rather than money (one hour volunteered is equal to one time bank dollar). Time dollars are exchanged for services or donated to a community pool to benefit those unable to provide a service. Members join the time bank for a small fee and schedule service exchanges online.

Time Banking is based on the beliefs that: Everyone has something to give, helping works better as a two-way street, networks are stronger than individuals; and, everyone matters.

Time Banking is truly a locally based model that is based upon local individuals helping each other out, one-on-one or with group projects. This model has been effectively used to rebuild neighborhood networks and strengthen communities.

Some TimeBanks are focused on addressing a specific need, like helping aging individuals remain in their homes, or overcoming a racial divide, or reducing social isolation within a community. The goal for other TimeBanks is to build a sense of community within a geographic area. And others are a combination of both.

### CORE COMPONENTS

- » Training in the Time Bank model
- » A group of people willing to invest time and energy in setting up the infrastructure, educating the community, marketing and recruiting members and sustaining the viability of the network.
- » Online organizing and communication tools.

### POTENTIAL FOR MAINE

Time Banks capitalize on the concept of exchanging one service for another. In relation to the support of aging individuals in small communities, Time Banks could be a great tool to organize support for these individuals, at the same providing opportunities for older individuals to give something valuable in exchange for the service they receive. Time Banks recognize that everyone has something to give, and that the value of this exchange is not measured by what you get, but by the exchange of skills and attributes for the benefit of each individual.

### CHALLENGES

Time Banks require a coordinated effort to get up and running – from establishing the processes to exchanging services, to marketing and education to engage individuals in the process, to overseeing the Time Bank community once it is up and running. As is true with other initiatives outlined here, it also requires screening and background checks to ensure the safety and security of vulnerable individuals.

Time Bank efforts in small communities in Maine have been established previously, some with more success than others. Sustaining the efforts of an all-volunteer network proved challenging, as did the issues of organizational “ownership” of the program.

### FUNDING

If organized as an all-volunteer network, little funding is required to get this initiative up and running. Members pay a small fee for being a part of the network. Sustaining the network over time may require additional funding, due to the time intensive nature of running the network. If the network is established with staff people, than private donations and Foundation funding are the optimal methods of funding.

### TECHNICAL ASSISTANCE

TimeBanks USA was formed in 1995 to promote TimeBanking. . Its central office is located in Washington D.C. The mission is to nurture and expand a TimeBanking movement that promotes equality and builds caring community economies through inclusive exchanges of time and talents.

## Shared Housing

Shared housing (or home sharing) is a living arrangement where two or more unrelated people share a home or apartment, an arrangement that benefits both parties. It is a simple concept: a homeowner offers accommodations to a homesharer in exchange for an agreed level of support; financial, assistance with household tasks, or both. Home sharing offers a way for people in need of companionship, security, mutual support or affordable housing to join forces.

Home-sharing may be an informal arrangement among individuals or a program through an office on aging or other service agency. This model of housing has grown in popularity among older adults who do would like to have a companion to live with and may need some assistance, or simply have someone available in case of an emergency.

Online home-sharing websites, workshops and meetings for prospective housemates are growing. One such online service, Let's Share Housing (based in Portland, Oregon) provides a list of people who want to live in shared housing and homeowners who want to share. Eighty percent of the clients are "boomer" women. Fifty-five percent of the women enrolled in HomeShare, the Vermont in-person matching service. HomeShare Vermont is the only home share service in the country that offers a caregiving component.

The following are some of the "exchanges" provided by home shares:

- » Cooking some meals and enjoying mealtime together
- » Taking the home provider on errands or to appointments, or running errands for them
- » Completing light housekeeping tasks such as vacuuming and laundry
- » Shoveling the walkway in winter or doing lawn work in the summer
- » Taking out the garbage and locking up at night
- » Caring for pets
- » Providing rent rather than service

### KEY COMPONENTS

- » In a typical home share arrangement, each person their own bedroom and bathroom, but share common spaces within the house.
- » Every home sharing situation is different, ranging from straight rental to 100% barter for services
- » There are any number of ways of promoting, facilitating, monitoring these types of arrangements. A "do it yourself" model may work for some older generations, while a more hands-on approach – even involving monitoring of caregiving – is appropriate for others.
- » Thorough background checks, need assessments and support of the home sharing relationship are all critical to ensure safety, satisfaction and mutual benefit of both parties.

### POTENTIAL IN MAINE

Home sharing provides great opportunity in Maine, where many older people wish to (and do) remain in their long-time family homes in small communities even when their needs make it difficult to safely and comfortably do so. At the same time, housing in Maine is expensive for single individuals.

There is flexibility in this model: Home sharing has become popular among single older women, who make the choice before they are in dire straits to move in with other women. When promoted as an opportunity – something gained versus something lost – home sharing can provide tremendous benefits to any number of individuals.

### CHALLENGES

Communities need a strong infrastructure to support this model. Background checks, very careful matching and assessment needs to happen before matches are made. This option is not just about providing housing for individuals who need it; it is about facilitating the development of relationships between two people both of whom have assets to share and resources they need. Due to the vulnerability of the people involved, supporting the development of these relationships requires solid infrastructural support.

Maine's AAAs have tried to assist people in this endeavor in the past, but have found that typically there are more people who want someone to move in with them than there are people who want to leave their homes to live with someone else. This may be shifting as younger retirees who are not home owners are looking for home sharing opportunities or as younger single retirees – especially in small communities where homes can be isolated - begin to think about their options for aging in place.

### FUNDING

Funding for these programs are diverse: some are funded through state and local funds, some through Foundations, private donors, and in some cases, service fees charged to participants. These can be low cost programs that benefit small communities as they provide opportunities for long time residents to remain in their homes, while providing affordable housing opportunities for others.

### TECHNICAL ASSISTANCE

National Shared Housing Resource Center provides resources to assist in the development of home sharing initiatives. And HomeShare Vermont can provide expertise and guidance as communities in Maine consider this model.

## Shared Spaces

“Shared Space” refers to intergenerational shared site programming that offers children/young and older adults ongoing services and programming that happens at the same space, often times at the same time. Participants interact during regularly scheduled shared activities, as well as through more informal or spontaneous intergenerational interaction.

These sites vary in how they are structured (there are 300 such sites across the country) but generally include programming that serves both older adults and children/youth. They have separate spaces for services appropriate for older individuals and younger ones, as well as shared spaces that are accessible and outfitted to be inviting to both age groups. These sites provide the opportunity for volunteer service with younger people serving older people, older people serving younger people, and both generations serving together. Many shared site programs for young children and adults with dementia and other cognitive impairments also involve other older adult volunteers as classroom assistants to give children a more complete picture of the many ways people age. In addition, a number of co-located older adult and teen programs have engaged teens to teach computer classes to the older adults. The opportunities for building empathy and understanding and reinforcing the mutual benefit of relationships across generations is just as valuable as the services provided to both young and older individuals.

### CORE COMPONENTS

- » Collaboration with aging and youth social service, medical, recreational networks/agencies.
- » An accessible, friendly community gathering place appropriate for younger and older people.
- » The need for well-thought out programming that benefits both generations.
- » Sensitivity to dealing with grief and loss.
- » Services and programming to meet social, health, economic and service needs of younger and older people.
- » Multi-agency/stakeholder involvement.

### OPPORTUNITIES FOR MAINE

The culture, demographic make up and geographic realities of many rural Maine communities make them ideal locations to establish shared intergenerational sites. There are churches, schools, grange halls or town offices that have space that could be shared. Intergenerational shared sites can begin small with activities coordinated and led by volunteers such as: regular volunteer-provided congregate meals; monthly blood pressure clinics; intergenerational after school study sessions, caregiver support groups. Once established as a central spot dedicated to intergenerational programming, the center can be scaled up to meet the changing needs of residents.

While the number of research studies on shared spaces is small, findings have been positive; in addition to improving the quality of life and availability of services for both age groups, these sites increase opportunities for community involvement and therefore improve relationships across entire communities.

### CHALLENGES

- » Overcoming misperceptions about bringing these two populations together.
- » The need for active marketing and recruitment for participants and volunteers.
- » Turf issues between organizations serving young people and older people.
- » Conflicting licensing requirements.

### FUNDING

Shared sites may provide increased opportunities for funding, especially since these sites rely on collaboration among agencies and stakeholders serving two different populations. Private foundations and individual donors have provided funding for such organizations, and some services can be funded through insurance, Medicaid or Medicare.

### TECHNICAL ASSISTANCE

Generations United is a national organization committed to the expansion of intergenerational shared sites. They do this through publications, conferences and trainings, technical assistance, and their web-based resource center ([www.gu.org](http://www.gu.org)) which includes a directory of programs, on-line chats, message boards, and other valuable resources

## Naturally Occurring Retirement Communities

Typically, a community is defined as a Naturally Occurring Retirement Communities (NORC) when at least half of the residents are 60 years old, but there is variation in this definition nationwide. According to the United Hospital Fund, NORC Blueprint: "NORC is a community that was not originally built for seniors, but that now is home to a significant proportion of older residents."

NORCs exist in various housing arrangements. A vertical NORC is often found in multifamily apartment or condominium buildings and in a variety of rental or ownerships. A horizontal NORC can be defined in neighborhoods of single family homes or entire communities. Regardless of the location, community members organize social, recreational and wellness activities as a priority for the NORC.

NORCs engage an extensive range of community stakeholders in their development and sustainability. As part of a coordinated effort, NORC programs include the work of social workers, nurses and residents who come together to address senior needs. NORC programs provide a variety of services, including: support with activities of daily living (ADLs); skilled personal care services; coordination of medical care; education and recreational activities; community engagement; transportation; housekeeping; and, adult day programs.<sup>1</sup>

### KEY COMPONENTS

- » Resident seniors are core partners in the programs of a NORC, a departure from traditional social service structures, which tend to view seniors as only service recipients.
- » The organizational structure of NORCs relies on providing consumer control over service delivery. Consumer control is critical to the NORC model.
- » The execution of the services is either provided directly from the program, through partnerships with community stakeholders or through some other means.
- » Partners in the NORC model typically include local government agencies, local businesses, groups/organizations, public safety officials and religious and academic institutions. The partners work in a coordinated fashion, overseeing the care of NORC members.
- » The main source of contact with NORC residents regarding services is usually the social worker or service coordinator who is charged with the overall coordination of care. The coordinator or social worker then utilizes the established partnerships to bring suitable care to the NORC member.

### OPPORTUNITIES FOR MAINE

There are many communities in Maine in which older people have chosen to live close to each other. Whether they are retirees from away, towns or neighborhoods in which a large number older people have chosen to remain in their community, or subsidized housing communities in which a majority of the tenants are older, these older people have created naturally occurring retirement communities by supporting one another in a multitude of ways. We know that these communities exist all over Maine and that they would benefit from the coordination of services to strengthen and enhance existing efforts that help people age in place. The benefit of this approach is that individuals don't need to move away, join a group or alter their living arrangement to access services. Services grow around the existing community and an environment in which older people can age in place is created.

### CHALLENGES

This approach requires the coordination and service provision from some organized and committed entity. While older people in the NORC play an integral role in deciding which services are most appropriate for their community, they do rely on a social worker or other aging support professionals to coordinate and manage service delivery.

### TECHNICAL ASSISTANCE

The United Hospital Fund provides a NORC Blueprint: A Guide to Community Action, which offers a host of guiding documents for communities exploring the implementation of a NORC in their locale.

### FUNDING

Funding for these initiatives are primarily a mixture of federal, State, local and private sources, including foundations.

### TECHNICAL ASSISTANCE

#### United Hospital Fund

The United Hospital Fund's Aging in Place Initiative was established in 1999 to foster the development of new models of care supporting the health and well-being of older people living in the community. The Initiative includes the NORC Blueprint project which supports NORC program planners, managers, funders and policymakers with tools and other resources. More information can be found at <http://www.uhfnyc.org/initiatives/aging-in-place>.

#### United Jewish Communities

United Jewish Communities represents and serves 155 Jewish federations and 400 independent Jewish communities across North America. The organization provides technical assistance and advocacy to the NORC programs. More information can be found at <http://www.ujc.org/page.aspx?id=65407>.

## Living At Home/Block Nurse Program

The purpose of the Living at Home/Block Nurse Program (LAH/BNP) is to enable seniors to remain safe and secure in their own homes. Originating in Minnesota and located in both urban and rural neighborhoods, the LAH/BNP utilizes a nonprofit organizational structure to coordinate neighbors in small geographic areas to offer assistance to seniors wishing to remain in their homes.

The Living at Home Project and Block Nurse Program were established as two separate programs and merged in 1990 so that the best of both could be utilized. The combined programs provide two categories of services:

- » Informal services that are delivered by volunteers at no charge
- » Formal services that are professionally delivered and paid for

Services could include: friendly visiting, caregiver support, respite for a caregiver, socialization for someone who is isolated, information about available services, such as balancing checkbooks, cleaning up a yard, etc. In this model, the larger community becomes more aware of the needs of older adults in their community and creates a volunteer system that helps keep this person at home. Closely related to volunteer services are activities that provide information and prevention (through classes or workshops) or early intervention by a nurse so that a crisis does not occur.

For the frail elderly, a registered nurse (who ideally lives in the community) works with the board to develop a community care program for residents in need of long term care services. She or he is considered the Block Nurse. Home health aides, homemakers and volunteers who also - ideally - live in the community, provide services to the elderly participants and families under the supervision of the Block Nurse. These team members are called Block Companions or Block Volunteers.

### KEY COMPONENTS

- » Leadership, planning and implementation are conducted for and by the neighbors of the geographic boundaries of the LAH/BNP, with the oversight of a community board that develops procedures and solutions to the organization that manages the program.
- » Citizens of the program organize a volunteer network that maximizes the strengths of the community members. All of this is structured through a locally constituted nonprofit 501(c)(3) corporation.
- » The volunteer services are planned, coordinated, and delivered through the community board.
- » Block Nurses assess the need for care, and incorporate information and orders from the participant's physician, and information and wishes of the participant/family, into a care plan that is accepted by the individual.
- » The LAH/BNP does not duplicate existing services. Volunteers of the program perform services as best they can, and the LAH/BNP will utilize local area providers to fill in when necessary.

### THE POTENTIAL FOR MAINE

This program has great potential for older individuals in Maine. It relies on local resources and individuals and caters to individuals who need simple support to remain in their home and those that need more intense care. It also relies on a combination of volunteer support (which Mainers are known for providing in their community) and professional (local) support. It gives local residents the opportunity to care for older community members, and it engages the support of local medical professionals (who may be retired or part-time individuals who have skills to provide). This approach can be embedded in town infrastructure, can work across small towns (on Block nurse can work in multiple small communities) and embodies traditional "neighborhood" values of neighbors caring for neighbors. It does not require a physical structure, it is led by citizens themselves (through a community board) and it is supported by a nonprofit structure, which ensures issues of liability and organizational support are attended to.

Maine's AAAs have an extensive volunteer network and the capacity to screen, organize and supervise volunteers; they also are working collaboratively with Maine's healthcare transformation efforts to bridge the gap between community and medical interventions that support people aging well in their homes. Maine has a deep well of retired healthcare workers who could be organized to fill the function of the "nurse". It is important to note that there is evidence that it's not necessary to have health care professionals in this role so long as the service is provided in coordination with a primary care provider.

### THE CHALLENGES

The challenge for this model is setting up or accessing a nonprofit organization to manage the professional services the model advocates. This process requires the long-term commitment of interested parties, which may be daunting to some communities. It also requires establishing a community board to help develop, guide and monitor the organization and program to ensure it remains citizen led. Often times, this combination of community driven action married with a professional organization is a difficult balance to maintain.

### FUNDING

Because this model relies on nonprofit organization that manages the day-to-day operations, the Block Nurse is paid through this entity. Funding comes from a variety of sources including grants and individual donations, Medicare and private insurance for qualified services, and private pay based on a sliding fee scale.

Under the current Patient Centered Medical Home pilot, Community Care Teams are also receiving funding to support chronically ill patients in their communities. These assets have the potential to be organized toward an initiative similar to the LAH/BNP model.

### TECHNICAL SUPPORT

While focused primarily in Minnesota, the Living at Home Network provides a resource center that supports the expansion of the LAH/BNP model. Because the model has been in place for 30 years, and works in rural settings in Minnesota, they have the expertise to provide support to the development of such models in Maine.

## The Village Model

The Village model began in Boston 10 years ago and has grown steadily ever since.. There are currently 85 member based neighborhood networks – Villages – open and operating in the country, with an additional 120 communities various stages of development.

Villages are distinct because they are community-based membership organizations that empower older adults to remain active and engaged in their communities as they age. Villages offer members a network of resources, services, programs, and activities that revolve around daily living needs; social, cultural, and educational programs; ongoing health and wellness activities; and member-to-member volunteer support.

Within the Village movement, three different types of Villages have emerged. The first is a traditional grassroots, not-for-profit agency model (Beacon Hill is an example of this type of model). The second is a “hub and spoke” where the Village is neighborhood-based but affiliated with a not-for profit agency. The third type is social service agency or “parent organization model”. The established Village in Maine (SAIL) is an example of the first model.

### KEY COMPONENTS

- » The majority of Villages have a “concierge” model where they connect members with critical resources and advocate for them when necessary. While some Village staff may be social workers, there is no formal assessment or case management.
- » Villages are self-governing, self-supporting, grassroots membership-based organizations.
- » Villages create innovative strategic partnerships that leverage existing community resources and do not duplicate existing services.
- » Villages are holistic, person-centered, and consumer-driven.
- » Villages promote volunteerism, civic engagement, and intergenerational connections.

### THE POTENTIAL FOR MAINE

Like the LAH/BNP model, Villages have great potential for Maine because of their flexibility in terms of size, the focus on control, direction and organization by those most impacted, and the range of services the Village can facilitate. This focus on flexibility and local control is aligned with Maine’s small community strengths. One of the major differences is that the Village is a membership model, and it does not provide services but facilitates them.

Because Maine has so many unofficial NORCs – in senior housing units, in mobile home parts, on streets in cities, in rural town centers – there is the potential for adapting a Villages model that is enhanced by local, regional and even private funding, perhaps to perform specific services. For example, to enhance local transportation options, to ensure inclusion of very low income people in the service or to pay for home-delivered meal, or simply to support service delivery to ensure local community members are assisted.

### THE CHALLENGES

Sustainability of the Village model is one of the noted challenges by researchers. While Villages rely on a fee-based structure that can be self-sustaining, that fee structure may in fact limit its reach, especially for those individuals unable or unwilling to pay. Its impact may therefore be limited. The challenge now is establishing a fee scale that sustains the program, while offering flexibility for individuals with varying financial capacity.

### FUNDING

The membership fee makes up a significant portion, and in some cases all, of Villages’ budgets. According to a 2010 demographic study of Villages, annual Village dues for individual memberships range from \$50 to \$900 and average \$430, while household memberships cost between \$100 and \$1200 and average over \$600. Some villages offer free services to those who meet income requirements, most charge a reduced fee of an average of \$90 per year. (Scharlach, 2010)

### TECHNICAL ASSISTANCE

The Village to Village Network (VtV Network) was launched in 2010 as a partnership between Beacon Hill Village and NCB Capital Impact’s Center for Long-Term Supports Innovation. The Network promotes the Village model as a replicable community approach, and assists Villages with sustainability issues and supports efforts to evaluate the impact of Villages.

The Network is a national, membership-based, peer-to-peer network of Villages that engages existing Villages to support the continued growth of “open” Villages, and to support the development of those who want to start Villages.

NCB Capital Impact’s Center for Long-Term Supports Innovation can provide on-site technical assistance directly to any community – or series of communities – interested in exploring the Village model.

## Green House Model

The GREEN HOUSE® Model is an innovative model for residential long-term care that involves a total rethinking of the philosophy of care, architecture and organizational structure normally associated with long-term care. The GREEN HOUSE® is a small house model for elders who need help with daily activities that is rapidly expanding across the country. Unlike a traditional nursing home, The GREEN HOUSE® is much like a private home with an open kitchen, a hearth, a single dining room table and lots of natural light. It enhances the quality of life of an elder by emphasizing privacy, dignity, meaningful activity, relationships and independence, as well as improved quality of care.

A GREEN HOUSE® home is created from the ground up to foster the same feeling and experience you get from living in a real home. When total Green House labor costs are compared to those of traditional nursing homes, including licensed skilled care, direct services, and indirect support services, the overall labor costs are essentially equal.

Key features of the GREEN HOUSE® model include:

- » At the center of each home is a spacious, comfortable area for reading, socializing and living.
- » The kitchen is open and accessible to all of the elders, and is a place for conversation and community, just like in any home. Instead of a sectioned off dining area, elders eat at one large dining room table.
- » Sunlight and the outdoors are central to Green House® homes. Most homes have inviting, easily accessible patios and porches with plants, gardens and front lawns.
- » Because only seven to 10 elders live in each home, every bedroom is in close proximity to the main hearth.
- » Each elder has a private bathroom and private bedroom, furnished as they wish.

### CORE COMPONENTS

- » Key to the GREEN HOUSE® approach to clinical care is a focus on a holistic approach that recognizes a resident as an individual and more than just their medication and clinical needs.
- » GREEN HOUSE® homes meet all state and federal regulatory and reimbursement criteria for skilled-nursing facilities.
- » Each home is designed for 10-12 residents, keeping it flexible and maintaining a warm feel.
- » And an innovative staff model gives residents four times more contact and reduces staff turnover.
- » Each home is reflective of those in the surrounding community and is characterized by elements that are “warm, smart, and green.”

### OPPORTUNITIES FOR MAINE

This model is especially appealing for Maine because it can be adapted to small communities, providing services residents who want to remain in their community (or in close proximity!) when living independently in their own home is no longer an option. The local nature of this model, the focus on warm and familial living space, as well as the scale (10-12 residents per home) align with Maine’s demographic and geographic make up.

In addition, there may be existing homeowners with large homes in Maine communities that could be easily converted to a Green Home, reducing development costs and time.

### CHALLENGES

As is true with any housing development, a project like this takes time, expertise and monies from a variety of sources to implement. In addition, these homes serve a finite number of individuals with specific needs, therefore they do not have the broad-based impact of larger model programs.

### FUNDING

In 2005, The Robert Wood Johnson Foundation awarded a five-year, \$10 million grant to NCB Capital Impact to help replicate THE GREEN HOUSE® concept. The project provided technical assistance and a partnership with the lending team of NBC Capital Impact to explore financing vehicles to organizations that wanted to establish GREEN HOUSE® homes. Today, there are well over 100 THE GREEN HOUSE® homes open and operating across the country, with hundreds more in development.

Funding the capital development of these models comes from a mix of federal, state, local and private dollars. Day-to-day services are covered in similar method to nursing homes; a mix of Medicaid dollars, private insurance and private pay.

### TECHNICAL ASSISTANCE

NCB Capital Impact provides support to the Green House Peer Network, which is a community of organizations across the country committed to forging relationships, sharing best practices and ongoing education to advance and sustain the integrity of the model. There is a lot of energy nationally to support the development of this model in communities across the country.

## HUD Section 202 Supportive Housing for Elderly

The Section 202 Supportive Housing for the Elderly program provides capital advances and project rental assistance for housing projects serving elderly households. Section 202 has provided direct loans or capital advances from the federal government to enable private, nonprofit sponsors to produce secure, barrier-free and supportive housing facilities for older persons.

A critical aspect of Section 202 housing is that it can accommodate residents with supportive services as they become frailer. All residents must meet the income eligibility to be able to reside; with incomes equal to 50 percent of the area median family income, adjusted for household size.

Each provider can utilize a portion of the funds from HUD to employ a service coordinator to work onsite and provide information and referral to the residents. While most Section 202 communities are owned and operated by private owners, local public housing authorities can also own and operate these types of communities. The Congregate Housing Services Program (CHSP) provides funds to PHAs for the provision of community-based supportive services to Section 202 designated properties.<sup>1</sup>

### CORE COMPONENTS

- » An experienced partner organization to facilitate the complicated application, funding and development process.
- » The established need in the community for subsidized senior housing.
- » The participation in the development of the project by older individuals.
- » Full participation of town officials, local businesses, social service providers and community agencies.

### THE POTENTIAL FOR MAINE

There are organizations that have utilized the Section 202 federal program to build subsidized housing in communities – small and large - in Maine with success. Therefore, we do have in-state expertise to support the development of more of these supportive housing developments in the State. What is appealing about these developments is that they provide housing and supportive services for low-income older individuals in congregate settings. They enable people to remain in their communities as they age.

### THE CHALLENGES

There are numerous examples of Section 202 housing in Maine. The drawback of these developments is the length of time and effort it takes to get them from concept to opening their doors. The other drawback is the dependence on nonprofit entities, town ordinances and federal financing. Finally, these developments typically do not house a large number of individuals, leaving many without access. There are other housing models worth considering that more readily rely on existing assets and which can be adapted in Maine communities.

### FUNDING

A combination of federal, state, local and private dollars support the development of Section 202 housing for seniors.

### TECHNICAL ASSISTANCE

Volunteers of America Northern New England has been a leader in managing and building Section 202 housing for seniors in Maine. They can provide technical assistance to communities interested in exploring this option.

<sup>1</sup> Section 202 Supportive Housing for the Elderly: Program Status and Performance Measurement , HUD USER US HUD, [www.huduser.org](http://www.huduser.org)





## APPENDIX C – PROCESS FOR DEVELOPING AGING FRIENDLY COMMUNITIES

### Determining Community Readiness

In order to ensure that communities are ready to begin developing an aging friendly community strategy, they should demonstrate a level of commitment, engagement and understanding of their community's needs and capacities. The following five straightforward pre-planning steps do not favor communities with more resources; the process allows for equal access by communities big or small.

#### 1. HAS THE COMMUNITY DEFINED THEIR BOUNDARIES? DO THEY HAVE THE COMMITMENT FROM TOWN AND/OR MUNICIPAL OFFICIALS AND HAVE THEIR ROLES BEEN DEFINED?

Communities should demonstrate a commitment to engaging in the process through letter(s) of support by elected or appointed officials (if the “community” is defined as multiple towns, all participating towns should provide letters of support). In addition, the specific role of the town official(s) should be articulated and agreed to.

#### 2. DOES THE COMMUNITY HAVE AUTHENTIC AND SOLID SUPPORT FROM A BROAD CROSS-SECTION OF THE COMMUNITY?

Communities should demonstrate support from a broad cross-section of the community. Communities should provide the name, affiliation, contact information and a letter of support from people representing a minimum of 8 of the following categories:

- » Residents: Specifically individuals over the age of 65, Baby Boomers and soon-to-be Baby Boomers.
- » Local government: Staff from planning, housing, public works, community services, parks and recreation, building/code enforcement, public safety.
- » Housing/building: Architects, nonprofit housing developers, real estate brokers, apartment owners/managers.
- » Transportation: Regional transit authority, taxi/shuttle services, senior transportation providers, school bus companies.
- » Health care: MDs, RNs, home health providers, clinics, hospitals, mental health practitioners, alternative health care providers.
- » Community Services: Parks and recreation staff, fraternal groups, YMCA, YWCA
- » Education and lifelong learning: Teachers, administrators, colleges, universities, adult schools, library representatives.
- » Public Safety: Police, fire, emergency medical services, disaster preparedness agencies.
- » Business: Chambers of commerce, retailers, restaurants, gyms, village store owners, big employers.
- » Faith Communities: Churches, mosques, temples, clergy and laypeople

- » Senior Service Providers: Senior center staff, meal providers, AARP, representatives from AAA.
- » Volunteer/Advocacy Organizations: AARP, Triads, Americorps Chapters, Senior Corps/RSVP, service clubs, League of Women's Voters.
- » Arts and Culture groups: Local historical societies, state arts boards and cultural councils.
- » Community-based advocates and providers of services for people with disabilities: Independent living centers, legal services agencies, health care access coalitions.
- » Media outlets: Regional broadcast and print media; daily, weekly and monthly neighborhood newspapers; college- and community-produced television access programs.

### 3. ARE OLDER PEOPLE ENGAGED IN THE PROJECT IN A MEANINGFUL WAY?

Communities should demonstrate a minimum 30% representation on the Team (above) of people over 65. Communities should describe how they will ensure meaningful engagement (versus "token" engagement), how they will recruit a diverse demographic group of older individuals and what role they envision older adults playing in the process.

### 4. DOES THE COMMUNITY UNDERSTAND THE BASIC DEMOGRAPHICS OF ITS OLDER POPULATION?

Communities should demonstrate an understanding of the older population in their identified community through demographics, as indicated below:

- » Total population
- » Number and percentage of residents over 50
- » Number and percentage of residents over 65
- » Homeownership rate over 50 and over 65
- » Income levels
- » Family composition
- » Number of individuals under 18
- » Geographic area (total square footage, general description)
- » Congregate housing (subsidized housing, nursing homes)

### 5. HAS THE COMMUNITY ENGAGED IN CONVERSATIONS WITH OLDER PEOPLE AND THEIR CARETAKERS ABOUT THEIR NEEDS?

Communities should demonstrate an understanding of the older population in their community and might do so by submitting notes from one-on-one meetings with a variety of people, both those over 65 and caregivers.

In addition, we suggest that Communities be willing to commit to a long term process, and to participate (through the exchange of information) in a peer network.

## Community Planning Process

The nuts and bolts of this initiative lie in each community's planning process. We suggest that this planning process be standardized across the communities engaged in this initiative.

One of the challenges faced by other aging friendly community initiatives is that the processes were flexible and resulted in inconsistent progress across communities. We suggest the flexibility pertains less to the planning process; instead flexibility will be evident in their focus areas and priorities and the plans communities design and execute through this process.

The following provides an overview of a proposed work plan for each community, within a general time frame. Following the overview, we have supplied details of each referenced activity.

### WORK PLAN AND TIME LINE

YEAR ONE	YEARS TWO AND THREE
Months One – Six	Months One – Twelve
» Building a Collaborative Team	» Executing Year Two/Three Action Items
» Designing a Planning Process	» Monitoring Progress
» Conducting Needs Assessment and Asset Mapping	» Third Network Meeting
» First Network Meeting	» Identifying Year Three/Future Action Items
Months Six – Twelve	» Reporting to Community
» Analyzing and Reporting findings	» Fourth, Fifth and Sixth Network Meeting
» Prioritizing Needs	
» Building Action Plans	
» Identifying Year Two Action Items	
» Second Network Meeting	

### STEP ONE: BUILDING A COLLABORATIVE TEAM

We recommend that each community identify a leader of their efforts, specifically a “collaborative agent.” The term collaborative agent (rather than “lead agency or individual”) emphasizes the key role of an organization or individual that functions as a convener and facilitator, rather than the “leader” of the initiative

The Team generally assumes the following key responsibilities:

- » Self-governance (facilitation, decision making process, structure)
- » Clarifying shared goals/vision and scope of the work
- » Assessing community resources/ needs
- » Planning the initiative based on assessment
- » Communicating with the broader community about its efforts and outcomes
- » Reflecting on efforts and modifying as necessary
- » Documenting and evaluating efforts through shared measurement systems
- » Planning for ways to keep work going — sustaining or institutionalizing important functions and effective strategies over time.(Corita Brown, 2012)

#### BEST PRACTICE:

As Corita Brown notes in The Intergenerational Community Building Resource Guide (2012): “The collaborative agent should possess the facilitative capacity necessary for supporting cross sector collaboration and public participation of older residents. Facilitative capacity is demonstrated by the ability to convene and provide a welcoming environment for many different groups, organize within and across different constituencies, and negotiate different priorities, needs or constraints.

We recommend an approach that requires organizations to move beyond their silos and away from focusing on only their own constituency. This can be a challenge for individuals who are used to viewing and addressing community challenges through a very specific lens. The key to positive and productive cross-sector community planning strategies is respecting and allowing space for the expertise of each individual, at the same time encouraging participants to let down their guard and explore the perspective of another.

Recommended constituency groups for the team were outlined in Phase One of the previous section.

#### STEP TWO: DESIGNING A PLANNING PROCESS

We recommend planning processes be designed by the Team in consultation with technical assistance providers. We recommend the planning processes be hands-on and be hosted by the Team, but members of the larger community are invited to participate. Broadly, the planning process includes the following steps:

- » Participants learn about the planning process from experts/facilitators;
- » Participants are “dispatched” into the community to assess the age-friendliness its age friendliness;
- » The group reconvenes to report back on what they have discovered; and,
- » The group creates action plans, based on this research, and,
- » The group identifies indicators to monitor progress toward completing goals of the action plans and a timeline for completion.

#### STEP THREE: CONDUCTING NEEDS ASSESSMENT AND ASSET MAPPING

The outcome of a community needs assessment and asset map is a comprehensive community profile that identifies the community’s unique economic, health and social resources, issues of concern, and gaps in current resources for older adults.

An assessment should include:

1. Civic, physical and organizational data found through community planning documents;
2. Demographic data found through census reports and community planning documents;
3. Key issues found through community consultations, focus groups, key informant interviews, surveys;
4. Strengths and resources found through asset mapping.

#### BEST PRACTICE:

This approach is used with success by Dan Burden through Walk Audits of the Walkable and Liveable Communities Institute through Walking Audits, by Orton Family Foundation Heart and Soul Initiative, which focuses on a community-development process to save “the heart and soul” of small towns and by the AdvantAge Initiative, a project of the project of the Center for Home Care Policy and Research of the Visiting Nurse Service of New York.

### Assessment:

Best practices suggest that the assessment focus on the broad categories of people and environment.

**People:** The assessment of aging people provides a real life sample of how elderly people in the community are doing; what they think is needed; the state of their economic, physical, emotional and social health. It is our experience that there is not a common understanding of the needs of older people in any given community. Older people who are typically involved in town activities (visible elders) may not accurately reflect the array of needs of older individuals in town. Therefore, an assessment must dig deeply to determine needs across a variety of domains, including economic, physical, emotional and social.

Where are the touch points for older people in town? Who do they come in contact with? By way of example, let's consider the wealth of information available through general assistance services. All municipalities have general assistance funds; each town is different in how they administer those funds, some even have General Assistance Directors. These funds assist residents with basic necessities such as food, utilities, heating fuel, rent/ and mortgage, personal/household supplies and non-elective medical services. These individuals represent valuable sources for information about the status of older people in a community, as are church members, emergency services workers, managers of subsidized housing, public librarians, hair dressers, mail delivery persons, meter readers and business owners. An assessment of the needs of aging people in a community should involve strategies to understand the diverse needs of all of its residents.

**Environment:** The assessment of services, infrastructure and environment measures a community's assets against what best practice tells us should be available in communities.

### Asset Mapping:

Too often, needs assessments focus only on what is lacking in a community and fail to uncover and document the many available assets that can either be enhanced or engaged to promote aging friendly communities.

- » Does the town have an active community service team at the local school that can be mobilized to assist in aging friendly community efforts?
- » Does the town have a community center that can be used to host gatherings for older people or blood pressure clinics?

An asset mapping process focuses instead on those things the community has to offer, takes pride in and feels positive about and can provide a launching off point for aging friendly initiatives, ensuring early successes. Similarly to changing our perception of older people being a "drain" on society, this process is consistent with our focus on abundance versus scarcity and opportunity versus accommodation.

#### BEST PRACTICE:

"Asset mapping starts from a positive perspective, viewing a community as a place with assets to be enhanced, not deficits to be remedied. It differs from similar approaches, like Community Needs Assessments, in this way.

Assets may be persons, physical structures, natural resources, institutions, businesses, or organizations. The asset-based community development process involves the community in making an inventory of assets and capacity, building relationships, developing a vision of the future, and leveraging internal and external resources to support actions to achieve it." (Orton Family Foundation, 2012)

Part of the work of asset mapping includes identifying partners whose work aligns with that of building aging friendly communities. These partners can be individuals or communities. The Belfast Cohousing & Ecovillage is an example of a partner group. Their mission “is to be a model environmentally sustainable, affordable, multi-generational cohousing community that is easily accessible to Belfast, includes land reserved for agricultural use and open space, and is an innovative housing option for rural Maine.” While not focused specifically on aging, their efforts could easily align with those of an aging friendly community.

#### STEP FOUR: ASSESSING READINESS

A comprehensive assessment process has two major benefits: It provides a baseline for measuring future progress and setting priorities; and, it spurs interagency dialogue about aging in place.

There are many assessment tools that communities can choose from and adapt for measuring their aging-readiness. We offer the Livable Community Indicators for Sustainable Aging in Place because: it is the most current assessment available (March 2013); it is derived from an extensive literature review; and, it can be done using easily accessible data. The document can be found at <https://www.metlife.com/assets/cao/mmi/publications/studies/2013/mmi-livable-communities-study.pdf>.

#### STEP FIVE - ANALYZING AND REPORTING FINDINGS TO THE COMMUNITY

Once having completed the assessment and asset map, the data should be analyzed by the Team, and organized into categories of need and assets.

At this point, the Team will strategize how to share this information with the larger community, whether that is through media, or posting on the town website or a community meeting.

#### STEP SIX: DEVELOPING AND IMPLEMENTING ACTION PLANS

After analyzing the results of the needs assessment and reported those to the larger community, the focus of the work turns to developing and implementing actions plans.

An action plan tells the story of what the Team will accomplish over a given period of time. This requires prioritizing needs, identifying long and short-term goals, strategies to achieve those goals and specific action items. Depending upon the nature and expanse of the needs identified, and the assets and attributes of the Team, the group may choose a sequential strategy, tackling one action item at a time, or it may choose to address two or three action items simultaneously. The Team may choose an action item that can be easily accomplished with few resources and in a relatively short period of time in order for participants to feel successful and motivated. Or it may choose to focus the entirety of their efforts on a long-term action item comprised of smaller short-term achievable steps.

#### BEST PRACTICE:

There are a number of available tools that provide scoring systems for measuring progress of aging friendly communities, including the Milken Institute recently published index which analyzed 359 metros to identify the “best cities for successful aging” and the JABA Livable Communities Checklist. While these tools may be effective for measuring progress over a variety of domains, many of them focus on more urban communities and therefore, we recommend using them as guides which we can adapt to Maine’s communities.

We suggest that as part of the technical assistance package, adapting one of these tools for use with Maine communities is a priority activity to be done in concert with the network communities.

The action plan should answer:

- » What are the steps needed to successfully implement the strategy?
- » Who needs to be involved ?
- » What resources are needed?
- » Who will be responsible for moving the work forward?
- » How will we know if we are on the right track? (markers of progress)

#### STEP SEVEN: MONITORING PROGRESS AND EVALUATING SUCCESS

Whichever strategy the Team chooses, it must identify indicators of success, and methods for tracking and monitoring progress toward reaching success.

The Milken Institute has established a ranking/self-assessment for communities to assess their progress toward becoming age friendly. It can be found at: <http://www.milkeninstitute.org/newsroom/newsroom.taf?cat=press&function=detail&level1=new&ID=227>

#### STEP EIGHT: IDENTIFYING RESOURCES FOR SUSTAINING WORK

As part of the planning process, communities have to consider the resources necessary to sustain their initiatives over the long haul.

One of the reasons for recommending a community development strategy is that by creating infrastructure to support aging in place – versus simply creating programs – we are ensuring this work will have a place in the community into the future. In addition, by establishing partnerships and alliances with a broad base of individuals and community development strategists, we are advocating for the importance of keeping aging residents front and center in larger planning processes.

It is important for communities to articulate a long-term strategy as part of their planning process and identify the combination of resources that will be accessed to ensure sustainability.



## SAMPLE AGING FRIENDLY COMMUNITY INITIATIVES ACTION STEPS

ISSUE	CHALLENGE	ACTION STEP
HOUSING	Affordable housing options are limited	» Institute property' tax relief programs for older homeowners
	Home and building design is tailored to a narrow range of physical abilities	» Institute home modification and repair programs » Encourage universal design and visitability in new housing construction
	Housing and services are not coordinated	» Build partnerships between housing and service providers
PLANNING & ZONING	New community design that supports aging in place lacks broad public support	» Engage older adults in the planning process
	Zoning regulations discourage a broad range of age-appropriate housing options	» Incorporate accessory dwelling units and senior-friendly housing in the zoning code
TRANSPORTATION	Road design make walking difficult	» Use walkability audits to identify and prioritize pedestrian improvements
	Many older drivers experience specific difficulties related to the driving environment	» Improve roadway design and signage » Provide safety programs and refresher courses for older drivers
	Customer-oriented community transportation options are lacking for older adults	» Make transit services more flexible and customer responsive » Support volunteer driver programs
HEALTH & SUPPORTIVE SERVICE	Community information about available services is dispersed across agencies and providers	» Create a single point of entry for information about local services
	Home-based services are often provided piecemeal rather than in a coordinated manner	» Integrate home-based services
	Poor diets and inactivity increase physical health risks for many older adults	» Support farmers' markets » Develop exercise and active living programs tailored to older adults' preferences » Provide vaccinations and preventive screenings
	Lack of transportation to hospitals and doctors offices affects access to health care	» Improve access to medical transportation
CULTURES & LIFELONG LEARNING	Relatively few community-based arts, culture, and enrichment programs target older adults	» Provide a robust range of programs to enable older adults to contribute to the cultural life of the community
	Arts and culture programs often neither appeal to nor engage the talents of the increasingly diverse older adult population	» Provide opportunities for intergenerational learning around arts and cultural production
	Older adults frequently do not have opportunities to stay up-to-date with advances in technology	» Increase technology training opportunities for older adults
PUBLIC SAFETY	Older adults commonly voice concern about the safety of their neighborhoods	» Encourage Neighborhood Watch programs » Create mail carrier alert programs
	Elder abuse is an increasingly recognized Problem	» Train law enforcement officials to detect and report elder abuse
CIVIC ENGAGEMENT OPPORTUNITIES	Older adults are looking for a broader array of civic engagement options than most communities currently provide	» Support intergenerational learning programs » Start Senior Academies » Establish Asset Mapping

(National Association of Area Agencies on Aging and Partners for Liveable Communities, 2007. A Blueprint for Action: Developing a Livable Community for All Ages)