

2012

Aging in Bowdoinham, Maine



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Executive Summary

Among Bowdoinham's most valuable resources are its history and the wisdom and experience of its residents. The primary holders of Bowdoinham's collective knowledge are its middle-aged (aged 45-64) and older residents (aged 65+), who, in 2010, made up 47.8% of the population (US Census, 2010).

National and local demographic trends in the aging of the population suggest that the proportion of Bowdoinham residents over the age of 65 will increase in coming years. Nine years from now, in 2021, the first of the Baby Boomers--born between 1946 and 1964-- will turn 75. As the Boomer generation ages in Bowdoinham, the fastest growing segment of the population will be those aged 75+. The anticipated growth in the number of older individuals aging in Bowdoinham will challenge the community to expand and redesign local support services to make Bowdoinham a more aging-friendly place for all members of the community.

A community that is a healthy place for older adults to live and thrive is one that supports independent living while also encouraging social connectedness. It has transportation options as well as a variety of opportunities for socialization, recreation and civic engagement that are accessible for older adults with mobility, visual, hearing, cognitive and other disabilities. In an age-friendly community, healthy food is easily available and people are able to age safely and with dignity. It is a community in which people care for one another—neighbor helping neighbor.

During the month of July, three focus groups were held to discuss Bowdoinham residents' ideas for improving the physical, financial, environmental, and social supports provided by the Town of Bowdoinham to support aging in place. Two of the focus groups included older adults (aged 65+) and one included "Boomer" age adults who, for this study, were defined as between the ages of 45 and 64. An additional focus group was convened for social service providers to share their observations of aging in Bowdoinham. Residents described many positive aspects of aging in Bowdoinham—including access to healthy food, socialization, town activities, and an atmosphere that fostered community involvement.

Two key themes were described by participants about the experience of aging in Bowdoinham:

- A good place to live—individuals across groups identified Bowdoinham as a strong community with many advantages for residents.
- Diversity—specifically, the differences in expectations and experiences of aging in place experienced by long-time residents and newcomers who relocated to Bowdoinham either to raise their families or, later in life, to retire.

Five key service needs emerged across all four focus group

- Information—specifically, lack of information about community activities, about services, and about how to access services.
- Organization—specifically, lack of coordinated leadership and advocacy for Bowdoinham's older residents
- Transportation-- specifically, limited availability of public transportation to provide transport to medical appointments, shopping, and social events.

- Housing—specifically, lack of community-based congregate or assisted living options and lack of affordable in-home chore services and home repairs.
- A central gathering space—specifically, desire for a designated place where older adults and other community members could gather for socialization, games, activities, and exercise/yoga.

The focus groups suggested the following 5 ways that Bowdoinham could become a more aging-friendly community:

- Increased communication—specifically, a regularly distributed list of social opportunities, town activities and opportunities for community involvement as well as information about the programs and services offered by the town to support aging in place.
- Information and Referral source—specifically, the availability of a local resource person to help older residents access services located in and outside Bowdoinham that could promote aging safely in the community.
- Develop Volunteer Base—specifically, the need for a person to develop, coordinate and administer a network of volunteers willing to give time to help older or disabled town residents.
- Promotion of Inclusiveness—specifically, the enhancement of a town environment promoting inclusiveness of all ages and abilities in all town-sponsored activities.
- Development of a Senior Center, Community Building, or dedicated space where older adults can socialize or participate in activities of interest to them.

Although the focus groups found room for Bowdoinham to improve its support of older residents, the overwhelming majority of focus group participants expressed satisfaction with Bowdoinham as an “age-friendly” community. As one participant put it: “To age in Bowdoinham is great as long as you have the physical and mental capacity to do it”.

Most participants planned to remain in Bowdoinham until they were no longer physically capable of driving or found it too difficult to maintain their homes. Participants in the focus groups suggested that both impediments to aging in Bowdoinham could be addressed by coordinating residents to work together to meet the various needs of the older population in a “neighbor helping neighbor model”. As one participant stated:

The ingredients are all here (in Bowdoinham). We have great community spirit. People are willing to help each other. A lot of these things—transportation, helping someone go shopping, shoveling, picking up a prescription for someone who can’t get out—could be done by volunteers. And we have the community spirit for it. I think most of us want to see our neighbors stay here as long as they can. They are a great resource for the school children and the community.

Acknowledgements

The needs assessment of services to enhance aging in place by residents of Bowdoinham would not have been possible without the invaluable support of Theresa Turgeon, Board of Select, who not only imagined the project but offered numerous ideas about how the assessment could be designed to be of the most use to the town.

Without the active support of the Town Comprehensive Planning Committee, this project could not have been completed. Nicole Briand, Director of Planning & Development, gave generously of her time and expertise, adding this project to an already full plate. Nicole gave invaluable assistance editing questions for the focus groups, recruiting focus group participants, and reserving space for the groups.

The needs assessment of services to Bowdoinham's older residents is also indebted to Glenna Morin, fearless leader of the Village Seniors, who provided rich background information about the history of the Village Seniors and recruited participants for the focus groups.

Additionally, a hearty thank you to the management of Bowdoinham Estates for recruiting focus group participants and for allowing the use of the dining room for the group held at Bowdoinham Estates.

Thank you to the following agencies for generously contributing information to this report:

- Access Health
- Town of Bowdoinham
- Community advocates and volunteers
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- Public Health Nursing
- Sexual Assault Services of Midcoast Maine
- Spectrum Generations
- State of Maine, Office of Securities

And, finally, but far from least of all, many heartfelt thanks to all of the participants in the focus groups for generously giving their time, experiences and frank opinions about aging in Bowdoinham. Thirty-four Bowdoinham residents and service providers participated in the focus groups reported in this needs assessment. Thank you for your participation. This project would not have been possible without your willingness to share your ideas about the positive aspects of aging in Bowdoinham as well as your ideas for improving the physical, financial, environmental, and social supports provided by the Town of Bowdoinham to support aging in place.

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Introduction

Bowdoinham has already seen the first ripples of the coming “age wave”. According to the 2010, US Census, the median age in Bowdoinham was 43.7—one year older than the state median age of 42.7.

During the past ten years, Bowdoinham has experienced faster growth in its percentage of older residents than either Sagadahoc County or Maine as a whole. Between 2000 and 2010 the percentage of Bowdoinham residents over age 65 increased by 39%, while the percentage of Maine residents aged 65 and over increased by 15% and the percentage of older Sagadahoc County residents increased by 34%.

In the future, Bowdoinham can expect to see even greater growth that will be driven by the age cohort generally known as the “Baby Boomers”, those born between 1946 and 1964. The oldest of the Baby Boomers turned 60 in 2006; the youngest Boomers will turn 60 in 2024. Bowdoinham has experienced greater growth in its Boomer-age population than Sagadahoc County as a whole. Consequently, Bowdoinham will experience a surge in its younger older population through 2020, and then proportional growth in its older population over the age of 75 as the Baby Boomers continue to age.

Undoubtedly, the time to strategically consider how the Town of Bowdoinham will address the needs of an aging population is now.

The purpose of this report is to explore the physical, financial, environmental and social supports older and near-older, Boomer-generation, adults identify as needed to continue aging in Bowdoinham.

The needs assessment is organized in the following way:

- Section 1 presents the background and methods utilized to complete this study.
- Section 2 presents a demographic profile of Bowdoinham and provides the context for why planning to meet the needs of older adults is critical for the town of Bowdoinham.
- Section 3 presents the most prominent themes identified in the focus groups conducted to gather information for the community needs assessment.
- Section 4 presents recommendations for community strategies to meet the needs of Bowdoinham’s aging population.

Section 1: Background

Methodology

In order to provide the town of Bowdoinham with the most up-to-date demographic information possible, data was taken from the 2010 US Census and from the 2006-2010 American Community Survey, the most recent data available for Bowdoinham.

The American Community Survey is a large ongoing demographic survey conducted by the Census Bureau. Questionnaires are mailed to a sample of addresses to obtain information about households – about each person and the housing unit itself. The survey produces annual and multi-year estimates of socio-economic and housing characteristics. For small areas, such as Bowdoinham, only multi-year estimates are available. The information used in this report is taken from the 2006-2010 American Community Survey.

More than 30 community members—comprised of older adults and Boomer-generation adults (aged 45-64)—and town officials, service providers, community advocates and law enforcement personnel—participated in four focus groups conducted between July 08 and July 19, 2012.

This study used focus groups to gather information about how residents and social service providers imagine the Town supporting its older resident's desire to age in Bowdoinham. Focus groups were perceived as a comfortable setting for community members to share their thoughts about aging in a comfortable, accessible environment.

Two focus groups included older adults living in the town of Bowdoinham. The first consisted of 8 community-dwelling older adults who were recruited through Village Elders, the Town-sponsored senior citizen group, and by the Town Planning Committee. The second (n=11) consisted solely of residents living in Bowdoinham Estates, the only congregate housing unit for older and disabled adults in the Town. Residents of Bowdoinham Estates are expected to meet all of their day-to-day needs without support from the on-site manager. No services are provided to residents by the management of Bowdoinham Estates. Each of the one or two-bedroom units in the building has its own kitchen facilities and all residents must provide their own transportation for shopping, medical appointments, etc. There are, currently, approximately 24 residents living in the apartment complex.

A third focus group (n=8) included Boomer-generation adults aged 45-64. The Boomers are the next generation of Bowdoinham's older residents. Members of the focus group were recruited by the Bowdoinham Comprehensive Planning Committee.

The final focus group (n=7) consisted of key informants –Town officials, advocates, and service providers --who work regularly with older residents in the town. They were recruited by the researcher. The researcher identified local experts whose policy and service expertise included that of health, transportation, housing, nutrition, information and referral, in-home care, legal services, elder mistreatment, recreation, education, and community services. Input offered a valuable point of reference to older and Boomer-age adults' in the focus groups.

Results of the focus groups were first analyzed independently to identify the most frequently cited themes from each of the four focus groups. These findings were then compared across

groups to identify common themes and to expand understanding of how that particular theme was experienced across the different focus groups.

Study Limitations

Although focus groups were used as a cost-effective way to ensure that the service needs identified reflected pervasive local issues, the use of focus groups also represented a limitation of this study. Relying on community members input to identify the physical, financial, environmental and social supports needed by Bowdoinham's older residents to continue age in place meant that needs that were particularly sensitive or difficult for individuals to share were unlikely to present themselves in the focus groups and, consequently, in the needs assessment.

Bowdoinham is a small town. Although participants were told that the information shared was confidential, it is likely that focus group members were at least somewhat constrained in what they were willing to share in a public forum. Service needs related to mental health, elder mistreatment, and end-of-life care, for example, may be uncomfortable topics and were not commonly noted in the three resident focus groups.

Because the focus of the needs assessment was on identifying future needs, services that older residents of Bowdoinham currently rely upon and receive were not commonly identified in the focus groups. It was rare for a focus group participant to suggest a resource to other participants or to share a positive experience with current service providers. However, these existing services should not be forgotten as the Town contemplates how best to meet the needs of aging residents. Drawing on existing services, increases the assets available to the Town to meet resident needs and should continue to be seen as an asset in planning for the future of Bowdoinham-specific aging services.

Key Needs Assessment Findings

Five service needs surfaced as prevalent issues across all of the focus groups. These were:

- Information—specifically, lack of information about community activities, about services, and about how to access services.
- Organization—specifically, lack of coordinated leadership and advocacy for Bowdoinham's older residents
- Transportation-- specifically, limited availability of public transportation to provide transport to medical appointments, shopping, and social events.
- Housing— specifically, lack of community-based congregate or assisted living options and lack of affordable in-home chore services and home repairs.
- A central gathering place—specifically, desire for a designated place where older adults and other community members can gather for socialization, games, activities, and exercise/yoga.

These key needs are not written in order of priority. Each was given the same valuation as one of the most commonly cited needs in the four focus groups.

Section 2: Population Trends

State and County Context

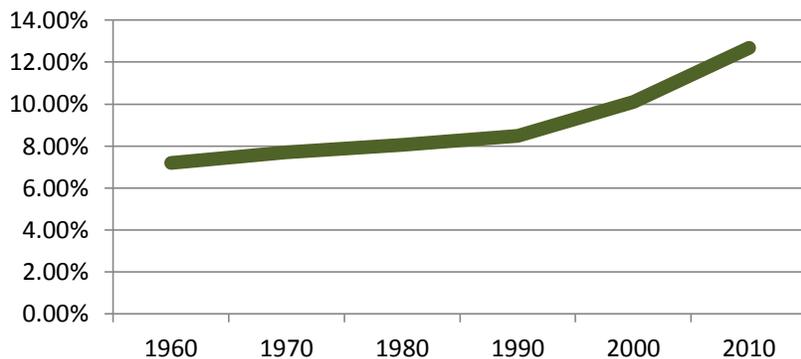
Maine, with a median age of 42.7, is the oldest state in the Union. Maine has the second-smallest percentage of its population under 18 and has very low rates of in-migration by young families. These facts combine to give Maine a rapidly aging population and slow population growth.

Compared with other States, Maine, with 15.9% of its residents aged 65 and older, follows only Florida in its percentage of older residents. By 2050, the life expectancy of Mainers is expected to increase to an average of 88 years (Kulkarni, Levin-Rector, Ezzati, & Murray, 2011). Over the next twenty years, Maine's older population is predicted to grow at more than twice the rate of the state's overall population. Growth will be fueled by the aging of the population and by in-migration, as Maine continues to attract older retirees (Maine State Planning Office, 2010).

According to the United States Census Bureau there were approximately 5,788 older adults (aged 65+) living in Sagadahoc County in 2010. Between 2008 and 2020, Sagadahoc County is expected to increase the number of older residents by 72% --a greater increase in numbers than experienced by any other Maine county (Fralich, Bratesman, McGuire, Olsen, Ziller, et al, 2010). If projections are accurate, older adults will represent 22% of Sagadahoc County's population in 2020, compared to 16% in 2010. Among counties in Maine, Sagadahoc County's older population (65+) is growing at more than twice the state average.

The growth of Bowdoinham's older population has out-paced Sagadahoc County's average with more than 39% growth over the past decade (see Figure 1).

Figure 1: Percentage of Bowdoinham residents aged 65+¹



Population Growth—Boomers and Beyond

This section contains a demographic profile of the older population in Bowdoinham, Maine. This brief look at the population trends in Bowdoinham and in the surrounding area provides a backdrop for the needs assessment.

¹ Source: US Census, 1960, 1970, 1980, 1990, 2000, and 2010, State Planning Office

The population data cited in this section is derived primarily from the 2010 US Census. In this plan, the term “older adult” refers to individuals aged 65+ unless otherwise noted. For the purposes of this study, Boomer Generation adults are defined as ranging in age from 45 to 64.

The age distribution of Bowdoinham reflected that of both Sagadahoc County and the State of Maine. In 2010, 47.8% of Bowdoinham’s population was over age 45. The only surrounding town with a higher percentage was Topsham, with 50.5%. By comparison, 48.8% of Sagadahoc County’s population and 46.8% of the Maine’s population was aged 45 or older (see Figure 2).

In the coming decades, an upsurge in the proportion of Bowdoinham residents aged 65 and older is predicted as the large post World War II “Baby Boomer” cohort crosses the threshold from middle age to older adulthood. The 1,017 Bowdoinham residents between 45 and 64 in 2010 represented 35.2% of town residents, a 38.7% increase over the 2000 Census. The growth in Bowdoinham’s Boomer-age residents was significantly higher than the increase in the State of Maine (30.0%) or Sagadahoc County (30.6%). With more than one-third of the population poised to move into later life by 2025, Bowdoinham can expect increasingly rapid growth in its older population that will outpace surrounding towns (see Table 1).

Adults aged 65 and older have unique needs and special vulnerabilities when compared with the rest of the population. They are more likely to live on a fixed income, have limited transportation options, or live with some form of chronic illness or disability. In 2010, the 366 residents aged 65 and older represented 12.7% of Bowdoinham’s population, an increase of 38.6% over the 2000 census (see figure 1). In comparison, Sagadahoc County experienced an increase of 34% and Maine’s older population grew by 15%. Compared to surrounding communities, the growth in the proportion of the population aged 65 and over was higher in Bowdoinham than in all but the neighboring community of Bowdoin (see Table 1).

In 2010, the population of Bowdoinham over the age of 75 was smaller, at 4%, than surrounding towns or in Sagadahoc County as a whole. Although they represented a small proportion of Bowdoinham’s total population, nearly one-third (32%) of all Bowdoinham residents aged 65 and older were 75 and older. On average, those aged 75 and older face increased risk for having more chronic health conditions (ie. greater risk for stroke, diabetes, Alzheimer’s Disease, etc.), living with a disability, and declining mobility (Crimmins, Hayward, Hagedorn, Saito & Brouard, 2009).

One possible reason for the dearth of older residents in Bowdoinham may be a lack of support services to keep older, frail residents in their own homes. The neighboring towns of Richmond and Topsham have long-term care facilities that allow frail residents to remain in the community even when formal care is needed. Both communities, in 2010, had a higher percentages of residents over age 75 than did Bowdoinham

If the trend in the age distribution of Bowdoinham continues, the increased percentage of residents aged 65-74 who will age into the 75+ age category over the next decade, will drive the needs of Bowdoinham’s older population. While the largest percentage of older residents are younger, the need for town-based aging supports may include exercise and fitness classes, expansion of Internet-based services as a tool for information, and access to caregiving resources and respite services.

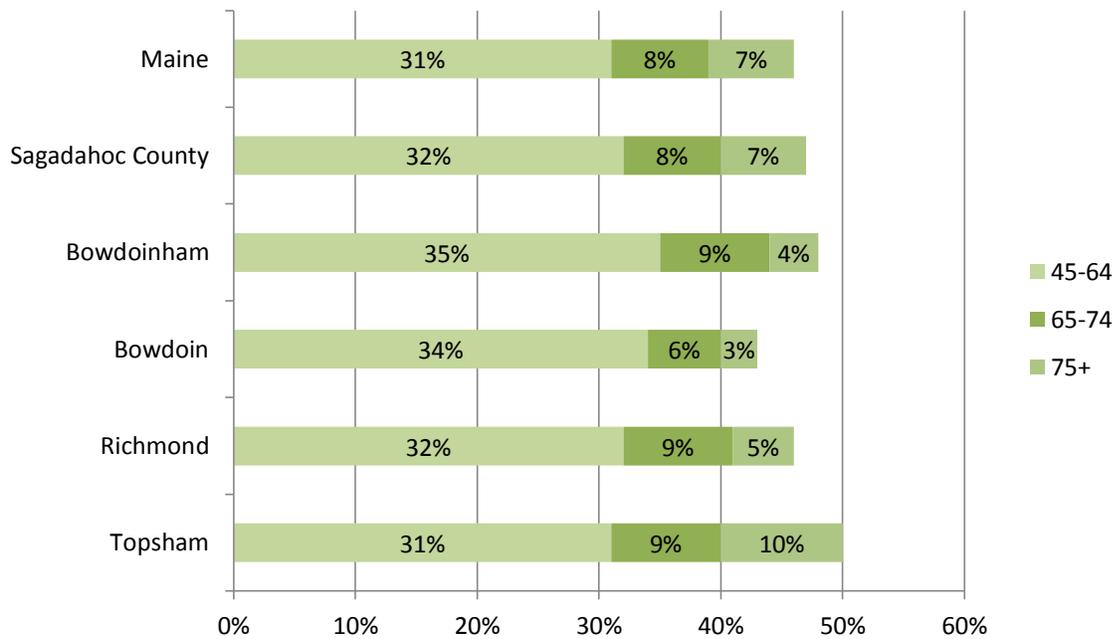
Table 1: Growth between 2000 and 2010, by age group²

Municipality	2000	2010	% Growth
Maine			
Total Population, all ages	1,274,923	1,328,361	4%
Population Aged 45-64	315,783	410,676	30%
Population Aged 65+	183,402	211,080	15%
Sagadahoc County			
Total Population, all ages	35,214	35,293	0%
Population Aged 45-64	8,768	11,449	31%
Population Aged 65+	4,334	5,788	34%
Bowdoinham			
Total Population, all ages	2,612	2,889	11%
Population Aged 45-64	733	1,017	39%
Population Aged 65+	264	366	39%
Bowdoin			
Total Population, all ages	2,727	3,061	12%
Population Aged 45-64	623	1,031	65%
Population Aged 65+	197	289	47%
Richmond			
Total Population, all ages	3,298	3,411	3%
Population Aged 45-64	834	1,089	31%
Population Aged 65+	345	477	38%
Topsham			
Total Population, all ages	9,100	8,784	-3%
Population Aged 45-64	2,040	2,771	36%
Population Aged 65+	1,244	1,653	33%

² Source: 2000 and 2010 US Census, Table DP-1

As the Boomers age in place and enter the 75+ age group, there may be a shift to a focus on services for the more frail elderly, such as home repair and modification and transportation. Residents over age 75 have an increased risk for chronic illnesses—such as diabetes, stroke, macular degeneration, or Parkinson’s—that lead to declines in driving ability. Difficulty driving may lead to either self-imposed driving cessation or license removal by the DMV. Older residents of Bowdoinham have no affordable public transportation options. The high rate of reliance on private vehicles means that older residents who no longer drive face limited access to needed medical care, shopping and socialization opportunities just when such opportunities are most important for maintaining physical and mental health.

Figure 2: Percentage of population aged 45-75+, Bowdoinham and Comparison Areas³



Socio-Economic and Housing Characteristics

The American Community Survey provides data that describes the socio-economic and housing characteristics of the residents of Bowdoinham and allows a special focus on Bowdoinham’s older residents⁴. Older adults represented a sizable fraction of households in Bowdoinham, with 21% of all households headed by a person aged sixty-five or over and nearly one-quarter of all households (24.8%) including at least one person aged 65 or over. In the next decade, the percentage of households including an older adult is expected to increase dramatically. In 2010, three of every five (72.6%) households in Bowdoinham were headed by an individual aged 45 or older⁵. With the aging of the Boomers, issues of concern to older adults wanting to age in place in the community will become even more important to Bowdoinham residents.

³ Source: 2000 and 2010 US Census, Table DP-1

⁴ Data from the American Community Survey are only available in the form of five year estimates for small towns, such as Bowdoinham. The data included in this report is from the 2006-2010 American Community Survey, the latest data set available for Bowdoinham.

⁵ Source: 2010 US Census, Table QT-H2

Income

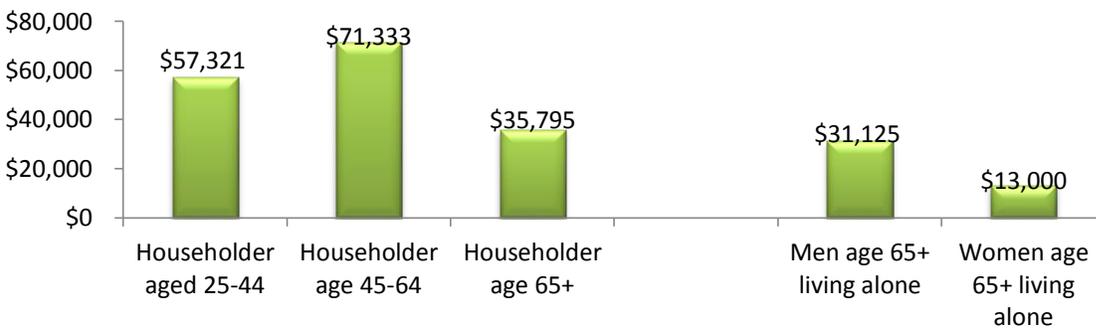
Median yearly household income⁶ for the overall population of Bowdoinham was \$63,472 in 2010, with 20% of households over \$100,000. The statewide median income, at \$46,933, was significantly lower. Approximately 72.1% of the overall population and 25.9% of residents over age 65 were in the labor force⁷, suggesting that income among non-retired households may be higher than indicated by the median.

The working, Boomer-age population was relatively affluent compared with older residents. Median household income for residents aged 65 and over was less than half that of Boomer households, with 9.4% of the older population living at or below the 2010 federal poverty level⁸.

Older residents living alone had a significantly lower median income than those living in family households (see figure 3). Men living alone in Bowdoinham had a median income of \$31,125, higher than the State median of \$20,826. However, older women who lived alone in Bowdoinham had a median income of \$13,000, less than the State median of \$16,369 and only 42% of the median income of older men in Bowdoinham who lived alone. Although the overall population of Bowdoinham appeared to be doing better than the state average, older women who lived alone had to make ends meet with only 79.4% of median income of similarly situated older women in Maine.

Median Social Security income for the 28.0% of town residents receiving Social Security was \$13,540. Median retirement income for the 18.4% of residents who received it was considerably higher, at \$27,100⁹. Those who retired with a pension and who did not have to depend solely on Social Security income were relatively affluent compared to the state average. However, those who retired with only Social Security, especially those living alone, faced considerable economic disadvantage in retirement.

Figure 3: Median household income in Bowdoinham by age of householder¹⁰



⁶ Household income refers to the household's total money income before payments for such things as personal income taxes, Social Security, union dues, and Medicare deductions. Therefore, money income does not reflect the fact that some families receive non-cash benefits, such as food stamps, health benefits, subsidized housing, and goods produced and consumed on the farm (DeNavas-Walt, Proctor and Smith, 2011).

⁷ Source: US Census Bureau 2006-2010 *American Community Survey*, Table S2301

⁸ Source: US Census Bureau 2006-2010 *American Community Survey*, Table DP03

⁹ Source: US Census Bureau 2006-2010 *American Community Survey*, Table DP03

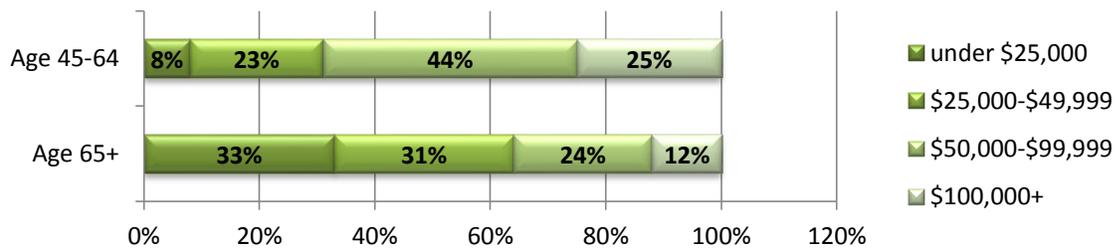
¹⁰ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B19049 and Table B19215

Contrasting the income distribution of the Boomer and older populations illustrates the comparative economic disadvantage experienced by some of Bowdoinham’s older residents (see Figure 4). Over 1/3rd of older households reported annual incomes less than \$25,000 while only 8% of Boomer households had a similar income. One quarter of Boomer households had annual income over \$100,000 while only 12% of older adult households reported a similar income.

While it is unsurprising that retired individuals have lower incomes than their working-age counterparts, the recently released Elder Economic Security Index suggests that a single, retired older individual renting an apartment in Maine needs approximately \$23,016 in yearly income to meet basic needs (Wider Opportunities for Women, 2012). The Elder Economic Index defined basic needs as including rent, food, healthcare, transportation and other basic expenses. Although work-related expenses decrease with retirement, basic living expenses do not.

The 33% of Bowdoinham’s older adults who make at or about the minimum adequate income estimated by the Elderly Economic Index may have trouble meeting basic needs to remain in their homes. They may have trouble paying heating bills and affording Internet access. They may not be able to pay for needed automobile or housing repairs. If Bowdoinham’s older residents are to age in place, they may need access to chore services and other non-income supports that will help them make tight dollars stretch further.

Figure 4: Household income in Bowdoinham, by age of householder¹¹



Home Ownership

The vast majority of Bowdoinham residences (84.3%) were owner-occupied¹². Seven of every 10 householder were over age 45¹³. Looking at the prevalence of home ownership among age groups, 91.9% of householders aged 45 to 59 and 81.2% of those aged 65 and older, either owned or were in the process of purchasing their homes¹⁴. Householders in rental units were almost equally distributed across age categories, with 36.1% of renters between ages 45 and 64 and 30% aged 65 or older (see figure 5).

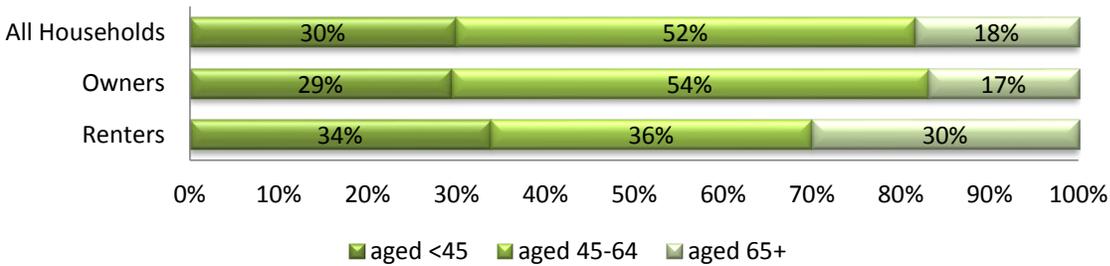
¹¹ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B19037 and Table B19215 in US Census Bureau, *American Factfinder*

¹² Source: US Census Bureau, 2010 Census, Table DP-1 in US Census Bureau, *American Factfinder*

¹³ A “householder” is the person designated by the respondent as head of household. The “head of household” is typically the primary person designated on a lease agreement if the house is rented or listed on a deed if the house is owned.

¹⁴ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B25007 in US Census Bureau, *American Factfinder*

Figure 5: Age of householder in Bowdoinham, by owner status ¹⁵



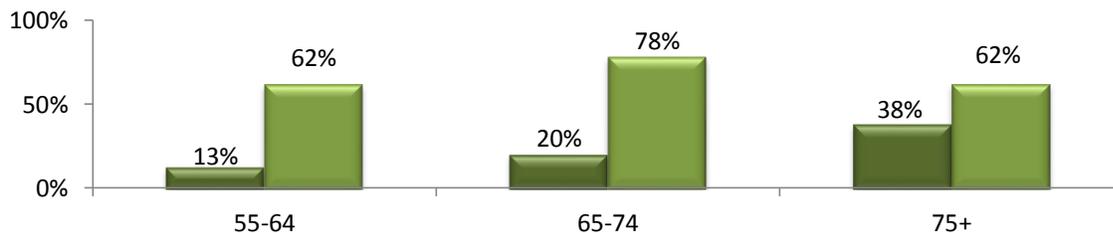
More than one-third (35.7%) of older homeowners were aged 75 and older¹⁴. Residents over age 75 living in owner-occupied housing may face more challenges maintaining their homes than younger residents of Bowdoinham and may need chore services to safely remain in their homes and help with home maintenance to retain both the value and safety of their homes.

Living Arrangements

About 45.1% of all Bowdoinham householders aged 65 or older in 2010 lived alone. They represented 29.6% of older women and 17.2% of older men¹⁶. The proportion living alone remained steady as residents aged, with 43.4% of householders over the age of 75 continuing to live alone. The oldest Bowdoinham residents who live alone represent a particularly vulnerable group. Accompanying the increased risk for chronic illness and disability is a heightened risk for social isolation. Older, frail residents may need companionship services and other innovative opportunities for socialization and community involvement.

Of Bowdoinham residents aged 65 and older who lived alone, 61.6% owned their own homes. Although a larger number of residents who lived alone were in owner-occupied housing, the prevalence of living alone among renters was considerably higher (71.8%) than among those who lived in owner-occupied housing (26.8%) (see figure 6). The higher prevalence of living alone among renters may reflect movement by older, single, adults from owner-occupied housing, and the many demands for home maintenance, to rental units that include maintenance and offer socialization opportunities with fellow residents.

Figure 6: Bowdoinham householders who live alone, by ownership status and age ¹⁷



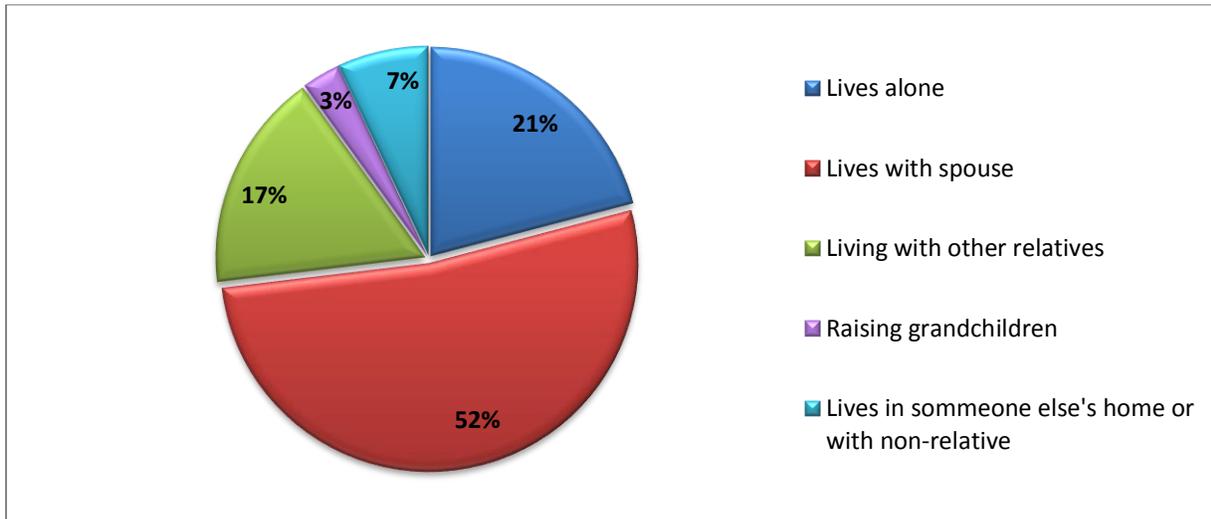
¹⁵ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B25007 in US Census Bureau, *American Factfinder*

¹⁶ Source: US Census Bureau 2010 Census, Table DP-1 in US Census Bureau, *American Factfinder*

¹⁷ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B25116

Over half (52.4%) of the older population in Bowdoinham lived with their spouse in 2010. The proportion living with a spouse decreased with age, especially for women. Only 27.6% of women aged 75+ years old lived with a spouse¹⁸ (see Figure 7).

Figure 7: Living arrangements among Bowdoinham residents aged 65+¹⁹



The number of grandparents raising grandchildren has increased substantially in the past decade. Reasons for the increase include the increasing incidence of substance abuse, health problems, incarceration, child abuse/neglect and a host of other problems faced by young parents (Keene & Batson, 2010). According to the 2010 American Community Survey, approximately 43.6% of grandparents living in the same households with their grandchildren in Bowdoinham had the primary responsibility for raising their grandchildren. The median age of grandparents raising their grandchildren was 57, with approximately 41.2% over the age of 65.²⁰ The typical grandparent responsible for raising grandchildren was married, had primary responsibility for grandchildren for 1-2 years, and was employed. The typical grandchild in a grandparent-headed home in Bowdoinham was under the age of eleven, with the majority under the age of six.

Although grandparents report many rewards for raising their grandchildren, many also experience an array of challenges—including financial difficulties, depression, health problems, legal challenges, social isolation and stigma (Jooste, Hayslip, & Smith, 2007; Musil & Standing, 2005). Children growing up in grandparent-headed families experience stress and grief over the disruption in their lives and loss of their parents. As the number of grandparent-headed households increases, there is need for community supports including inter-generational gathering places and activities that allow children and their grandparents to meet families in similar situation.

¹⁸ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B09017

¹⁹ Source: US Census Bureau 2006-2010 *American Community Survey*, Table B09017 and B10002 in US Census Bureau, *American Factfinder*

²⁰ Source: US Census Bureau 2006-2010 *American Community Survey*, Table S1002 and B10050 in US Census Bureau, *American Factfinder*

Disability

Because the American Community Survey consists of a sampling of households in the United States, the ACS is not able to make reliable estimates of disability prevalence in small towns—such as Bowdoinham. However, estimates are available for Sagadahoc County and are reported here.

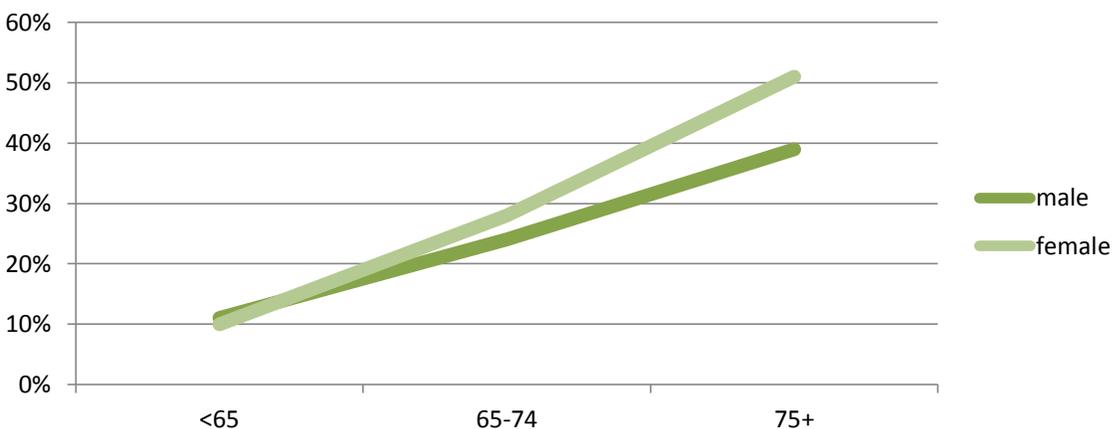
The American Community Survey has changed how it asked about disability twice over the last ten years, making it difficult to compare how the population with disabilities has changed over time. Because the ACS changed how it asked about disability between 2007 and 2008, three year estimates (for 2008 through 2010) are reported in this section, rather than the five year estimates reported in the remainder of this document.

Questions included in the American Community Survey are intended to measure chronic conditions that may significantly affect an individual’s ability to live independently. Types of disability measured in the ACS include difficulty living independently or performing self-care. Other disabilities include mobility, hearing, vision, and memory. All of these create significant challenges for older adults wanting to age independently and safely in the community.

Disabilities occurred at a higher rate within the older population, and disability rates generally increased with age, especially among women (see Figure 8). Nearly one-quarter of Sagadahoc County residents aged 65-74 reported at least one type of disability in the American Community Survey, as did nearly half (47%) of residents aged 75 and over. Of those reporting a disability, 65% of those over the age of 75 reported two or more disabilities, compared with only 32% of those aged 65-74.²¹

The rates of disability reported by Sagadahoc County residents aged 65-74 and aged 75+ are consistent with those reported for the State of Maine as a whole.

Figure 8: Percentage of Sagadahoc County residents reporting a disability, by age and sex²²



²¹ Source: US Census Bureau 2008-2010 *American Community Survey*, Table B18108 in US Census Bureau, *American Factfinder*

²² Source: US Census Bureau 2008-2010 *American Community Survey*, Table B18101 in US Census Bureau, *American Factfinder*

Both rates and types of disability differed with age. Among younger adults, cognitive and ambulatory difficulties were the most common. Among older adults in Sagadahoc County, the most commonly reported functional limitation was difficulty walking, reported by 19% of those reporting a disability. Hearing and difficulty in living independently were each reported by 16% of those older adults reporting a disability.

Table 2: Type of Disability by Age²³

Difficulty with:	Walking	Cognition/ Remembering	Independent Living	Hearing	Vision
Ages 18-64	5.3%	5.1%	3.5%	3.4%	1.2%
Aged 65+	18.7%	6.3%	16.1%	16.1%	7.2%

Social isolation, having few daily contacts with the world outside their homes, has been linked to poor health (Seeman, Lusignolo, Albert, & Berkman, 2001). No reliable estimate exists of the number of older Bowdoinham residents who are socially isolated or homebound. However, prior research has shown that those living alone and those living with one or more disabilities are at increased risk for isolation (Russell & Taylor, 2009). As the population of Bowdoinham ages, the number of older adults living alone and with disabilities is expected to increase. With these increases will come an increased risk for social isolation.

Individuals who have difficulty preparing their own meals and who have difficulty leaving their home to purchase groceries are eligible for “meals-on-wheels”. Spectrum Generations, the Area Agency on Aging, delivered meals to approximately 4% of older adults in Bowdoinham in 2010. By definition, those receiving Meals on Wheels have to be homebound so participation in the program can be used as a proxy measure to estimate the number of isolated older adults in Bowdoinham. Anecdotal evidence offered by the volunteers delivering Meals on Wheels strongly suggests that older adults look on the meals as both a way to meet their need for food and their need for socialization.

It is likely that the number of isolated older adults is underestimated by using Meals on Wheels as a proxy. Many of those who are eligible either (1) do not know about the program so cannot participate; (2) are too proud to admit their need for the program; or, (3) are afraid that their participation in Meals on Wheels will take away from someone who “needs it more”.

As the number of older adults living with a disability and the number living alone increases, it will be important for the town of Bowdoinham to develop innovative outreach programs to include those at greatest risk for social isolation in the active life of the community.

²³ Source: US Census Bureau 2008-2010 *American Community Survey*, Table S1810 in US Census Bureau, *American Factfinder*

Section 3: Focus Group Findings

In order to identify what Bowdoinham residents saw as the most pressing needs for Bowdoinham's older population, four focus groups were conducted in July of 2010. Focus groups were an effective method for inviting broad participation by town residents interested in discussing the needs of older adults as they age in Bowdoinham. More than 30 community members and social service providers participated in the needs assessment.

The focus groups provided a comfortable community setting in which participants were able to share their needs and concerns in greater depth than could be gleaned from US Census and American Community Survey data. One of the focus groups also allowed service providers working with older adults in the town of Bowdoinham to share their perspective. All focus groups included light refreshments to thank participants for coming. Discussions focused on participant's ideas for improving the physical, financial, environmental, and social supports provided by the Town of Bowdoinham to support aging in place.

Each of the four focus groups targeted different stakeholders.

- The first focus group (n=11) was conducted at Bowdoinham Estates, the only congregate housing unit available to older and disabled residents in Bowdoinham. Participants were recruited by the manager of the apartment complex.
- The second focus group (n=8) consisted of older, community-dwelling adults living in Bowdoinham. They were recruited through the *Village Seniors*, the town-sponsored activity group for older residents.
- The third focus group (n=8) was conducted at the Bowdoinham Town offices and consisted of adults from the Boomer-generation (aged 45—64). Participants were recruited by the Town Comprehensive Planning Committee.
- The fourth focus group (n=7) consisted of local experts and social service providers whose policy and service expertise included health, transportation, housing, in-home support services, nutrition, information and referral, elder abuse, recreation, education, and community services.

Transcripts, based on notes taken during the focus groups, were examined independently to identify the most frequently cited themes in each of the four groups. The themes identified were then compared across focus groups to identify common themes. When a theme was noted in two or more focus groups, it was considered significant and was included in the final report.

Using focus groups allowed the needs assessment to identify community perceptions of pervasive local issues. The focus groups also ensured that strategies suggested for solving the challenges of aging in place in Bowdoinham were realistic, feasible, and culturally appropriate.

However, the use of focus groups also had some limitations. Because the focus groups were community-based, public events, sensitive issues—such as elder abuse or mental health needs—were not generally discussed. It is important to note that, just because a need was not shared in the focus groups, does not mean it does not exist. Another limitation was that only individuals highly motivated to discuss aging in Bowdoinham were likely to attend a focus group. The nature of the focus groups mean that those who were less interested in aging issues or who are socially isolated, were not likely to participate in one of the groups. Thus, their voices are not represented in the needs assessment.

Two key themes were described by participants about the experience of aging in Bowdoinham:

- A good place to live—individuals across groups identified Bowdoinham as a strong community with many advantages for residents.
- Diversity—specifically, the differences in expectations and experiences of aging in place experienced by long-time residents and newcomers who relocated to Bowdoinham either to raise their families or, later in life, to retire.

Five key service needs emerged across all four focus group

- Information—specifically, lack of information about community activities, about services, and about how to access services.
- Organization—specifically, lack of coordinated leadership and advocacy for Bowdoinham’s older residents
- Transportation-- specifically, limited availability of public transportation to provide transport to medical appointments, shopping, and social events.
- Housing— specifically, lack of community-based congregate or assisted living options and lack of affordable in-home chore services and home repairs.
- A central gathering space—specifically, desire for a designated place where older adults and other community members can gather for socialization, games, activities, and exercise/yoga.

In the remainder of this section, each theme will be described in detail.

Aging in Bowdoinham

A good place to live

Participants in the four focus groups universally described Bowdoinham as a good place to live—citing the rural environment; proximity to larger cities such as Portland, Augusta, and Lewiston; access to the interstate; variety of things to do in town; and town amenities. One Boomer-age resident summed it up this way:

I have lived here for twenty years. I sort of walked into it and can’t believe my good fortune! When I think about getting older here, I like the fact that there is a lot to do here. I go to Brunswick to go to restaurants or to a movie but I do everything else here—go to plays, go to art shows, go to music, go to church, go to the library, take walks. So, that’s nice to have all that close by. And you can pretty much get what you need in town because you can park near anything you need to get to.

Residents who grew up in Bowdoinham and raised their families in Bowdoinham talked about the benefits of remaining in Bowdoinham even though they had seen a lot of changes in the town over time. One resident shared that he, “grew up here...I just love the place. I saw a lot in the Navy and there are only two places I care to live—Bowdoinham and Scotland. Bowdoinham is a good place to live”.

Several focus group participants moved to Bowdoinham either to raise their families or to retire. Some had lived in Bowdoinham for 20-30 years. Others arrived to retire and so had re-located to Bowdoinham within the past ten years. The newcomers were attracted to some of the same aspects of life in Bowdoinham as kept the old-timers tied to the community—a rural environment and strong sense of community.

Bowdoinham is a progressive community—they have nice things like the Long Branch store. They have some farms in the area that are doing winter growing, they have an arts community. So there is quite a bit going on and there is a lot of community spirit....

Town residents asserted that affordability was one of the reasons they liked living in Bowdoinham: “As long as you’re thrifty and you don’t spend on excessive things it’s a reasonable standard of living.” Participants cited the number of local farms and the weekly farmer’s market as ways to get fresh food at a reasonable cost during the growing season:

With all the farms and fruit places and like that, if you *had* to, you could really eat cheap around here. There are a lot of farms around here. You could eat really cheap with canned food.

When talking about the cost of living, residents highlighted the financial benefits of living in Bowdoinham—reasonably priced housing within commuting distance to larger cities such as Brunswick, Augusta, Portland, and Lewiston; stable property values; use of the recycling center; and availability of free entertainment, such as the weekly concerts on the waterfront:

We can recycle the plastics and the paper and all that sort of thing but you can also take stuff that you don’t want and need anymore and can’t use and can pick up stuff that you do want. There is a wonderful library where people leave books and magazines. There is all sorts of stuff—furniture, plant pots, they’ve just started egg cartons, which sounds crazy but people with backyard hens... I’ve seen people taking away those cartons. And you can get boxes, leave boxes.

When we were building our house, we didn’t have a dumpster but we brought stuff down every day and someone wanted our scrap wood and all of it.

Many individuals who relocated to Bowdoinham to raise families or to retire talked about the attractiveness of their homes on the real estate market if they needed to move. The biggest economic disadvantage was the cost of maintaining a car and paying gas for the round-trip to surrounding cities (between 18 miles from the center of Bowdoinham to the center of Brunswick and 66.2 miles from the center of Bowdoinham to the center of Portland) for shopping and medical care: The price you pay to live here is that you have to go to town sometimes. As long as you can do that, it is worth it to me.

Retired residents described a number of local activities to keep them busily engaged in the community:

I think there is plenty to do in-town—to keep me happy anyway. There’s a bridge group, concerts all summer long, there’s Bowdoinham Days, Crafty Ladies, two

book groups, the plant sale—that consumes hours of work but is fun, and they have the dance—contra dancing. There are two luncheons a month for seniors.... And there is Long Branch—they have yoga on Wednesdays. And Silver Sneakers... I think there is plenty to do.

The library is another thing because that is a very active and vital part of town. It is a good little library. We have interlibrary loan so you can pretty much any book you want. Our librarian is a very welcoming person. Makes it an open place.

When asked if there was enough to keep people busy in town, focus group participants answered in the affirmative—as long as people had transportation to get to events and as long as residents chose to be involved in activities:

I think it depends on your personality. If you want to find things to do and are willing and able to get out there and do things, there are plenty of things available. But I think if you are an introvert and are one of those people who never do things you might move to Bowdoinham partly to avoid doing things.

Focus group participants hypothesized that one of the attractive features of Bowdoinham was that people who wanted the peace and quiet of country-living could choose to stay to themselves: “For some activity means sitting on your front porch and watching the grass grow and that is fine here—there’s plenty of grass to watch growing”.

Even for non-joiners, there was one place town residents expected to see every resident—the recycling center. Town residents were proud of the recycling barn because of its free-cycle shed that allowed residents to leave things they no longer needed and take what they did need:

People sort of look out for each other. It is just an amazing place...

I actually saw an elderly couple taking the wood scraps and filling their car up with the wood they had gotten at the recycle barn. They were going to use it to burn.

Town residents were also proud of the recycling center because it brought residents together: “It is just a friendly place and really in terms of a social place it is a very friendly setting. You see people that you don’t tend to see elsewhere”. Although town residents had different levels of involvement in the town, different interests in town activities, different social relationships with other town residents, and different economic status all who had transportation came to the recycling barn:

The nicest thing is that every circle and group that there is (in town) has a chance to meet together. It probably has more of a role in keeping people in touch with each other than anything else in town.

Although focus group participants knew townspeople who were not as likely to be seen participating in community events, they asserted that residents still found a way to look out for each other—whether it was people living in a specific geographic area, people who attended church together, or fellow residents who shared an interest in similar activities, or seeing someone at the recycling barn.

We all know one another around here and look after each other. There is always someone popping in to see how someone else is doing. If someone needed to see the doctor but couldn't go because they needed a ride, someone would help them. None of us can do it all the time but there is a lot of community spirit here and willingness to help so there is always someone who can help if they know there is a need.

Diversity

When talking about the composition of Bowdoinham, one theme that came up across all four of the focus groups was the theme of diversity. Residents could be divided into “old-timers”—those who were born in Bowdoinham and raised their families in Bowdoinham and “people from away”—“newcomers” who moved to Bowdoinham in adulthood either to raise their families or, at a later stage, to retire in Bowdoinham:

Bowdoinham is a unique rural community with a diverse community of individuals who have lived in this town forever and ever—with roots going back 100 years and those who have moved in during the past 15 to 20 years up to the present. So it struggles with opinions around the needs (of the older population) and how to address those needs throughout the diversity.

The old-timers could largely be described as “stoic” embodying the values of a rural culture like self-reliance, practicality and the importance of hard work and religion (Dorfman, Murty, Evans, Ingram, and Power, 2004). Newcomers who had relocated “from away” could be described as “community-active” epitomizing the image of active aging (Katz, 2000).

The old-timers and newcomers had different experiences of aging as well as different expectations for how they would cope with increasing frailty or physical disability as they aged.

Community-active newcomers used their resources of time and health to volunteer and offer support to other older adults in Bowdoinham. For them, age-friendly Bowdoinham fostered civic engagement and volunteerism.

If you want to live in a certain type of community, you have to make a contribution to making it that kind of community.. And to get involved is the way to do it.

Old-timers wanted to age in Bowdoinham in much the same way they had lived in Bowdoinham. Spaces that are set aside for socializing between older residents to enjoy a cup of coffee while chatting with friends or where older adults can gather for exercise, games, and activities are important to the maintenance of old-timer's every-day lives and are vital to ongoing social connectedness and community inclusion because they represent a continuation of participation in the social networks enjoyed in younger years:

I go to (*Senior Center in another town*) because those are more my type of people. I like to read but I don't want to join a book club. I don't volunteer—and maybe I should—but I was active in softball and in the town when the kids were young. It seemed like we filled up the car every night to take the kids somewhere to play a

game... Now, I have (*Husband*) to take care of so I don't have time to do it. And I'm tired—I don't have the energy. I don't fit in with them (*newcomers*).

The old-timers. Old-timers experienced Bowdoinham as age-friendly because they expected to continue aging in the community in much the same way they had seen older friends and relatives age in Bowdoinham, surrounded by longstanding family and friends who would help them meet their needs in old age:

In a small town your friends are the people you say hello to at the post office or at the recycling barn, if you happen to be there, and that...you've known them all your lives and it's nice to have them around even if I don't see them that often, they're always there, and you know they're always there.

It was primarily through their patterns of daily living that old-timers become known to newcomers in the community. Near neighbors, people who work in places they frequent—such as the country store, post office, and recycling center become part of what Rowles (1998) identified as an “implicit monitoring system”:

If you have a neighbor on your street, and you know those people, you look in on them...The immediate people around me, we all sorta look out for each other. I don't know how that goes for everybody else but on my little section of the River Road, we are all watching out for each other...

There had to be a close, long-term connection for old-timers to ask for help. In many cases, only ongoing geographic and social proximity created the link that allowed old-timers to ask for help:

If you need help...or anything, they're (neighbors) right there to help. I don't bother my neighbors, I don't. I'm not one to go to this house, that house. I go to the (immediate neighbor, beside whom she had lived for 50+ years), that's the only one I will ask for a ride if I really need it. And then we make a day of it—going for coffee and shopping together.

For old-timers, Bowdoinham was aging-friendly because they could get everything they needed either in-town or where they had gotten things for most of their lives. For them, aging in place required that they make few demands on local stores and requested few services, sometimes to their detriment. They made due without a needed service rather than bother someone—even a friend or neighbor:

I am definitely not strong enough to drive out of town to get prescriptions. And I can't get (medications) here. I'll go without...It is hard to get to see the doctor...(but) living in Bowdoinham is perfect, (the community is) perfect, as far as it goes. I'm not going anywhere unless it is in a pine box

The idea of moving to more appropriate housing did not appeal to them: “With luck, I'll drop dead before I have to (move). It wouldn't matter then where I was. If I was six feet under, I wouldn't care.”

The Newcomers. In contrast, the newcomers (many of whom had lived in Bowdoinham for more than 20 years) were active in the community and in volunteer work and looked for opportunities

to nurture their broad social-networks. Opportunities for active leisure and socialization were vitally important to newcomer's experience of age-friendliness in Bowdoinham:

This is a great community. For example, we have the plant sale, it is such a group undertaking—a lot of work....so many people working together and it really is all ages. And that's neat.

The newcomers believed it was important to be engaged in their community for both personal and social reasons. Community involvement gave them a sense of accomplishment and a feeling of security. By investing their time and effort in community activities and community service, they believed they were making their community a better place to live:

One of the things that's really important for seniors is to be viewed as useful.

(Older adults are) the movers and shakers. They get the stuff done in this community.

Newcomers planned to remain in Bowdoinham as long as they were physically capable and then planned to move to a more aging-friendly environment where they could continue their pursuits even though they were, for example, no longer able to drive:

To age in Bowdoinham is great as long as you have the physical and mental capacity to do it.... Thing is, you have to be able to drive to get to anything in town or to get to medical or shopping out of town. And that's fine for now but I can imagine a time in the not too distant future, though, that I can't (drive)...I'll probably move somewhere where it is more moderate year round, not the hot summer or the cold winter--where I could walk to the grocery store.

Other newcomers consider leaving because they cannot find appropriate, supportive, housing locally:

It was a great place to raise my kids but it is going to be much more work to work to age here. So what we want is to move to some small apartment type place where someone else is doing everything that needs to be done—like shoveling and fixing the roof. And, when we need it, making the meals and taking care of the laundry. There is nothing in town like that.

Key Service Needs

Information

All four focus groups highlighted the need for information about services and town activities. Participants in the focus group expressed frustration over the lack of information about local events.

Everyone gets the town newsletter and it has a lot of spirit for a little news letter. It is mostly about new businesses with a few other articles but not a lot about town events.

Something that is a great resource around here ... is the Falcon Flash from the community school. That has lots of events that aren't just kids events. It lists what is going on in the community. For example, at the end of the school year, we were organizing a little inter-generational band that is just getting off the ground. At our first meeting, there were four of us. We got a little donated space in the center of town for the band to meet and then made an announcement in the Falcon Flash. We need something like that—with a listing of all the activities going on around town—and a place to announce things that are just starting out.

It would be great to have a column every time the town newsletter came out that would feature some of the services and programs that help older people...

Several indicated that one of the problems they saw with aging in place was lack of information about the services and economic supports that may be available to them. For example, when the discussion in one focus group turned to paying ever-increasing tax bills, participants were aware of the reduction available to military veterans but none were aware that they were all qualified for the Homestead Exemption that would provide them with an exemption of \$10,000 off their property value, saving the average resident approximately \$148/year.

Throughout all the focus groups, participants expressed frustration over not being able to find out what kind of services may be available to help them as they age or take on responsibility as a care partner.

I mean actually you live in a cocooned little world when you're farming or raising your kids in a small town like this. We don't know anything about the programs that may be out there to help... Like that Coastal bus. I see it around town but don't know how it works. I think it may only be for really poor people but if I could get a ride..

Now I'm so busy doing everything I need to do to make things work around here... I get so wrapped up in just surviving, that there isn't time to go out and find what is out there. We make do.. Gets hard at times and we have to skip some things but we make do...

I just totally burned myself out taking care of my wife until she passed. That's what happens with us old-timers, we don't like to ask for help, too proud. I was proud and thought the only way I would get a break was when they took me out was in a pine box. When I did ask someone if there was help, they said to call Augusta. Well, I didn't know who to call in Augusta—and she's a big city!—so there went that idea! I never did get any help but they haven't taken me out in a pine box yet so I guess it's OK... Would have been nice, though, back when I needed it, to be able to ask someone here in town—not to have to call Augusta.

Although there was a strong preference for asking someone local for needed information, there were also a significant number of residents who turned to the Internet for their information—despite the limited availability of Internet access in town:

I have a little I-pad and come down to the library and sit in the parking lot and do anything I want. I don't have Internet at the house but you can pick up the signal

in the (town library) parking lot even when the library is closed. It's as much as I need. And if you want the weather forecast at ten o'clock at night...there it is. It would be nice to be able to get information about town events at the same time.

Organization

A frequent theme among the focus groups was the need for a single person to coordinate activities and information for older adults. Generally, focus group participants acknowledged key individuals in the community who have demonstrated leadership on aging issues.

Our EMS director—she is also involved in the fire department—that whole group have worked for the meals and fundraisers and things. She goes out of her way to do things for people all the time.

Our town librarian does everything she can to make the library welcoming for older folks—comfortable. She even tries to bring books to the ones who are housebound so they can still enjoy reading.

We had WAITT (*We Are All In This Together*, a community service organization started in Bowdoinham approximately three year prior) and that was a fabulous idea. People who needed help asked for it and people who wanted to help, gave. I don't know exactly what happened but they don't exist anymore. It is too bad. They had the right idea.

Concerns raised centered around the need for more coordinated leadership, rather than a criticism of individual efforts.

What we need is an organizational center so we know what these things are that are available because we don't know ...

An organization like WAITT, it could be administered by Village Elders or by the Town or whatever but there needs to be a central administrator who would have a list of people willing to help. A list of people willing to help even on a temporary basis, even part time.

You know, there needs to be an organization where you can go and say, "Do you have someone who could do this?" But I can see...I don't think WAITT is the only way to do it. I can see lots of opportunities for people who are willing to do things to help their neighbors but it would need to be organized and it needs to have credibility. If the Town or Village Seniors—some organization that is well-established—it would be a great help to residents.

There was also a concern about the lack of advocacy for older adults: "We isolate our older population. It's just that it is easier to ignore their issues, to push them aside...there's not a whole lot of people advocating for them". "There is no one to speak for them and, even when there it, there is no one to listen—no one in town whose job it is to listen to the concerns of the older population".

Focus group members also cited a lack of coordination between the town and service providers as a barrier to advocacy and to accessing resources for older residents of Bowdoinham.

Speaking as a person who has attempted to be a resource for the town ... we tried to interconnect with the town management to help connect people to resources. There was a sense of “we don’t want to be lumped into a larger organization. We are ourselves. We are individuals.” That is frustrating—both for people who need resources in the town that are being led by other people making the decisions and it is frustrating for those who have a resource outside attempting to be of assistance.

I am an employee of the town but feel like I am never included until things reach a crisis and sometimes it doesn’t need to get to that crisis. For example, if a home was in pretty poor condition, there were things I could do, working with town officials but I wouldn’t be brought in until it was at a crisis place. I don’t think I am thought of and it could be because I am not an established long-term resident. I don’t know.... It’s hard to break in—even when you are an employee.

Especially among the older adult focus groups, there was also a concern about the lack of a strategic plan to cope with the increased number of older residents in Bowdoinham

I still, I dream of the volunteer base in Bowdoinham. I think it is essential. I don’t think anything is going to happen without it. I just don’t... No agency is going to have enough money to take care of all the needs here. And we have a good base. All the essential ingredients are here for a model where neighbors reach out to neighbors and take care of the needs. But, for that to work, there has to be a plan—by the town. There needs to be some administrative support,

We need at least one person whose job it is to coordinate all the services that do exist so we are not all spinning our wheels trying to create what already exists.

We need someone to organize volunteers and to coordinate activities in a mindful way—within a strategic plan put into place by the town to help older adults age safely in the community.

Transportation

Transportation was a prominent concern shared by all four of the focus groups. Residents were concerned that aging in Bowdoinham would be impossible without access to transportation.

If your spouse dies or your vision gets worse or you don’t like to drive you are isolated.

Really, I would have no access to anything if I could not drive. I wouldn’t have any groceries and I couldn’t go anywhere.

Bowdoinham is a good spot—right off the Interstate. If you have transportation it is a good place to be. You can easily get to any place you need to go--to the major hubs nearby. It is a straight shot. No problem. But if you don’t have the

transportation, that is where the isolation comes in. It isn't just about groceries and medical trips, you need transportation to do anything here.

Those who had voluntarily given up driving or who had limited their driving described reductions in access to medical services, stores, needed services, and socialization opportunities. Those currently living without a car or a spouse who drove described a complicated plethora of methods to get their transportation needs met.

Living in Bowdoinham is good as long as you can drive. Even when you are at a stage when you cannot drive, you still want to get out and meet with people and do things but you can't drive, you can't do it. I can't walk to the end of the driveway so that pretty much leaves me with the four walls for company.

In general, most people have a variety of people they can call on, things they can call on, so there is the volunteer, relatives, other people in the building, friends, other people who have cars. And the one thing that is really lacking is the town participation in that. And I think everybody needs to be able to call upon a pool of people.

Older adults who are dependent on others to meet their transportation needs not only have unmet physical needs, but also have unmet social needs. Prior research found that older rural residents who did not drive were significantly less likely to attend religious services, "get out" to see friends, or be involved in community activities (Glasgow & Blakely, 2000; Bailey, 2004). In the focus groups, the number of older adults reporting unmet social needs exceeded the number reporting unmet physical needs.

We have the bus from the Baptist church and that takes two of us shopping twice a month. There are others that need it but it is too hard, they couldn't go on it. Too high a bus. They can't go. The steps are too high. And I have long legs and it is hard. They can't do it. (The church) uses a stool to help us get up into the bus but it is too high and someone has to push from behind and pull from the front and it is just awful. I am ok because I have long legs but they can't do it. So (the bus) isn't as much help as it could be if people could really use it.

The shopping trips would be great if I could get into the bus. But I'd also like to go somewhere and have a cup of coffee or eat lunch. It would be nice to have a way to meet people in town, just to talk... And I would like to get to know some of the other residents in town—not just be stuck in these four walls. But I don't have any way to get to town.

Overall, access to accessible transportation, either as a driver or passenger, plays a critical role in the lives of Bowdoinham's older residents. Transportation acts as a significant enabler of aging in place—of meeting physical and social needs. Conversely, lack of public transportation options has the potential to negatively affect access to both services and people, resulting in unmet needs and potential reduction in quality of life and increased isolation.

There was someone here in town a couple of years ago—when I was working at Brunswick in the Respite Care—and they wanted to get their husband to respite care so they could have some freedom and stuff. I found someone who would take

them one way but I couldn't find anyone who would pick them up so they never...you know...

Older adults – especially those placing a premium on independence and wanting to age in a rural area with no transportation options—may continue to drive even when they know that doing so is unsafe for themselves and others sharing the road with them.

I don't like to drive and I know it isn't safe but I drive because there isn't any choice. I would use any sort of transportation I could get into. I'd give up driving if I could...

My doctor told me not to drive. I have a hard time telling if I am on the break or on the gas but I try to move her (indicating right foot) real careful so I don't make a mistake. It would be nice not to have to drive but we'll make do...

Housing

Affordable local assisted living and supportive housing options were mentioned as a serious concern across three of the four support groups. Town residents who wanted to remain in their homes as they aged were also concerned about the affordability of town property taxes as they grew older and taxes rose while income remained stable:

Our health is very good for our age, but it's breaking down bit by bit. We raised our family here and planned to stay here but it's getting harder to cope. What we've been looking around at is getting into a place where you don't have to cook. They have a place in (nearby town) where you don't have to get your meals. It is very, very nice but the price... You want to think about how much money you have left and how much time you have left. Is now the time to blow it all on good living? And we don't really want to leave the place where we raised our kids. Every time I walk through the house, it is like a trip down memory lane... But there aren't any options here.

One issue with my retirement is the tax bill. I am paying more now than I was paying when I was working... I don't know what's going to happen if (the tax bill) keeps going up. My money doesn't keep going up... I would like personally to see some sort of exemption on real estate tax for people who have lived in town for a certain number of years after you reach a certain age. It drives people out of their homes. There is no question about it.

For those who wanted to stay in their homes even if they were no longer capable of doing their own yard-work and home maintenance, both cost and availability were prominent concerns. Locating an affordable chore service to help with such needed tasks as shoveling and mowing, and finding an affordable and trustworthy contractor to complete needed home repairs were concerns cited in two of the focus groups. Although these concerns were not expressed by a majority of focus group participants, they have a critical impact on the well-being of older residents.

There was a time when you could hire a teenager to mow your lawn or shovel the driveway but you can't find them anymore. Teenagers are too busy or they don't want jobs. There will be a time when we can't do it...

I sure as the devil couldn't get an outside contractor to come in and plow me out. It's way too expensive. I'm a quarter of a mile down in the woods there..

And home maintenance. We don't know how to do it so either it doesn't get done or we hire somebody and you can't count on them to do a terribly good job for what we can pay.

Everyone is charging 25 to 30 bucks an hour just for a little thing. Anything that is an extra bit detailed will cost you twice that. I can't afford that on my retirement.

Intergenerational gathering space

Although there are an abundance of gathering places in Bowdoinham—from local churches to the library—each caters to a specific circle of residents in Bowdoinham. Only the recycling center draws all residents who have available transportation. All four focus groups expressed a desire for a central gathering place where older adults and other community members could gather for socialization, games, activities, and exercise/yoga.

In Richmond, they have a place where older people can go that is open three days a week—from 10:00 to 3:00. Anyone can come and there is no charge. They have coffee going all the time so if someone wants to just come and sit and talk, they can do that. On Wednesdays, they have game day. That is a lot of fun. And there are trips and fund raisers—all kinds of things for people to do. We go over there. We feel welcomed and comfortable there. That is what we need here—somewhere older people can go and just sit or talk or play games—whatever.

Currently, *Village Seniors*, the town sponsored Senior Group, offers two monthly dinners—one at the Baptist church and one at Bowdoinham Estates. There is a small charge for both dinners. Residents across all three of the resident-only focus groups expressed the desire for additional socialization opportunities—such as trips, special interest groups, and activities/programming to stimulate older residents both mentally and physically:

I went to the very first introductory meeting of the *Village Elders* and there was an age span of 30 years so we didn't have the same interests. The dinners were held when I was working. Even now that I am retired there isn't anything for me in this town that is exclusively for "older adults". I would love an exercise class. I would help get a video and run the damn thing if there was a place to have it. I don't think we need to be charging people ten bucks or whatever I think that there has to be a way to get together and promote some activities. What we need is donated place, some place everyone can meet and join in whatever activity interests them.

All four focus groups said that they would like to see a "senior coordinator" who would be part of a more active Senior Group and would be able to offer both information and referral services

and management and coordination services for residents who need in-home services, are seeking home modification, or are exploring supportive housing options.

The worst thing about getting older, is getting older. It would be hard for me—if I ever need help—to go to someone I don't know but if there is someone in town who could sort of guide me through getting what I need to stay at home, that would be comfortable.

We need someone who will organize things for the seniors. Brooke does a great job with the kids. There always seems to be something for them to do and that is great! The ballpark is wonderful! But if you look at the town budget percentage-wise, there isn't very much spent on the seniors. And it wouldn't take much--comparatively. We just need a coordinator who can get things going. And it should be a paid person—not a volunteer. Village Elders is great as far as it goes. But you can't expect a volunteer to know everything there is to know about services, to coordinate activities and all that. It needs a paid person to organize it.

Section 4: Recommendations

Context

The differences between old-timers and newcomers, in the ways that they interacted with the social resources in the town, created challenges for community providers to effectively address the need for physical support by some of the town's older residents. Providers and volunteers working in Bowdoinham found it difficult to bring old-timers and newcomers together:

Bowdoinham people are very independent, they are very close-knit and it is really very hard for them to accept a lot of people from away. Even if you have been here 20 years, they are still from away. To come and ask for help, unless it was really, really desperate, I think it's really not in their nature. It would be hard for (the old-timers) to call someone they don't know and said 'gee, I need help' ...

It is a struggle to get the people who have lived here for years and years to work alongside those who have come in with new ideas and would like also to help the community move forward with its growth. It is an interesting dynamic in that respect.

Newcomers wanting to start new programming or organize volunteers to meet the physical or transportation needs of the town's old-timers, found that old-timers did not want to ask newcomers for help:

I took this position to feel like I would do something. I want to do something in the town. I want to help. I want to do something but I have found it very difficult to break into.

For some reason around here you have to commit as much work to get to the place of helping somebody as the amount of work associated with helping... We sponsored bean suppers. No one came. We posted signs and offered rides to the concerts or other town events. No one came....After three years of trying, we still weren't getting many requests so we stopped trying.

Providers and volunteers cited the culture of independence and privacy concerns as reasons for older resident's reticence in asking for help:

I think that what I see is that for certain people who are older, because of the culture of independence; it is very difficult for them to ask for help. It is very difficult for them to know when to ask for help.

Concerns about privacy and confidentiality are HUGE if you live in a small community. Because you are afraid that if so-and-so is helping you, someone else is going to come and gossip or whatever and you know it is a small community.

However, despite the challenges of bringing old-timers and newcomers, together, several older adults in town shared a vision for creating an age-friendly "village" that would allow older frail adults to receive the support they needed to continue aging in the community and continue to feel like vital, contributing members to the community:

They have a model in Damariscotta where 60 families are staying independent because they get the support they need to be safe in their homes and not move out of town to an assisted living or nursing home. There is a woman pastor up the coast who has done the same thing with 150 families using her church group—volunteers looking out after each other. I think we have the ingredients here in Bowdoinham.

The thing about it is that everyone—even the people who need help—needs to be looked at as a resource, not just as something that needs help. Everybody needs to feel needed and included. People can call others to make sure they have taken their pills every day. People want a reason to get up in the morning...

Recommendations

Increased communication

One of the key recommendations that came across all four focus groups was the need for a regularly distributed list of social opportunities, town activities and opportunities for community involvement. Some participants talked fondly of the school newsletter—the Falcon Flash, which listed a variety of community events and activities—not just school-related events. Many suggested that the bi-monthly town newsletter could also include a comprehensive list of town activities and events of interest to town residents:

They used to have a letter that came from the school—the Falcon Flash. We could get it at the credit union—but we don't have that anymore--and know everything that was going on. They have a Harvest supper that anyone can go to and that was in there. But so were a lot of other things—community events, not just things at the school.

The town newsletter is going to come out once every other month. Maybe that could list some the things that were in the Falcon Flash? With (the town newsletter) coming out more often, there may be room to make it more oriented to events and town happenings and still have all the features about local businesses and such-like.

In a national survey of Boomer and older adults, Brossie, Roberto, Willis-Walton & Reynolds (2008) found that most respondents preferred to get information about aging-related topics through newsletters and magazines (63%); television (61%); community presentations (45%); and internet websites (43%). Among participants in the focus groups, there was a strong preference for information in the town newsletter, a source they could trust; through community presentations sponsored by a trusted organization, such as *Village Elders* or the Town of Bowdoinham; and over the Internet, through a trusted site such as the Town website:

I know there are things out there. It would be nice if the town had some sort of link page or something to get information about different things—like the property tax reductions and the rebate programs; or different activities; or who to call if someone needs—for example—a ride to a doctor's appointment. Not everyone has the Internet here in town but I think it would help. That way, if

people didn't want anyone knowing what they were looking for help with, or didn't want anyone knowing they needed anything (and that is some of us!), they could find out without everyone in town knowing their business.

People over the age of 85 are the least likely to look for information on their own (Brossie, Roberto, Willis-Walton & Reynolds, 2008), a fact that was backed up in the experiences of focus group members. The oldest residents of Bowdoinham are most likely to be dependent on younger family members or neighbors to find resources for them:

As a neighbor of an older person who doesn't use the Internet, it would be nice if I could look things up for her quickly and conveniently--not have to look for an old copy of the paper or wait until the Town Office opens.

Participants also noted that many residents were not aware of the various programs and services available to support aging in place. The suggestion was made that a small column highlighting one or more service could be included in the bi-monthly town newsletter. The supposition was that increasing awareness by town residents would increase access to needed resources that already exist, keeping older residents safely in their homes and saving the town from having to recreate existing services:

Thing is that, if no one knows a program exists, they can't get the help they need.

When I know an older person needs something, I ask at the church and usually they have taken care of it but if it is something bigger... I don't know even where to ask the question to find out about outside programs! People here need things but if we don't know about a program, it is hard to help. One person—or one small group of people—can't do everything.

Service providers and community advocates also suggested the need for more communication between the Town and local service providers. Service providers wanted to act as a resource for town's residents but had difficulty making connections with Town administration to facilitate information/resource sharing. It was suggested that having a single point of contact in the Town administration—a person who could refer residents to programs and services outside the town—would facilitate communication and availability of services to Town residents.

Information and Referral source

All three focus groups of town residents felt strongly that there should be a single person in Town administration or in an established organization such as *Village Seniors* to help older residents access services located in and outside Bowdoinham that could promote aging safely in the community.

And how is a person going to find the person who knows the answer to the question? We had that Tea and Tips and that gave lots of good information about where to go for help. Those of us who went can share the information with people we know but that doesn't cover everyone. There has to be someone to turn to—someone local, who you can trust.

While acknowledging that older adults *could* access information and referral to state-wide programs through Spectrum Generations, participants in the focus groups pointed out that it is harder for a person to call a stranger to ask for help than to go to someone local, someone trusted, someone part of the community.

It is hard for some of our older people to call outside town—hard on their pride. And they don't always trust that the person in Topsham or Augusta knows what they need or understands what they need.

I've been independent my whole life, never had to go on the State and never want to. Someone here in town told me about some organization where you can get a volunteer to take you shopping? And maybe a cup of coffee? I get lonely... something like that would sure be nice... And maybe someone to drive me to the doctor's when my grand-daughter can't do it. Now, that doesn't come from Augusta does it? I'm not calling Augusta to find out, that's sure!

Develop Volunteer Base

Focus group participants noted that there is a lot of community spirit in Bowdoinham and a lot of informal neighbor helping neighbor activity. For example, participants talked about near neighbors keeping an eye out for each other, of the two churches in town taking care of older congregants, of people belonging to specific circles and interest groups keeping an eye on each other. However, the only central place where everyone could be expected to be found was the Recycling Barn. Participants in all four focus groups supported the idea of bringing together the many people willing to volunteer to help others in the community.

When I talked to a person in Richmond about doing something for the elderly here in town, she said "Don't be discouraged because it really takes a long time to get established". And I think it really is the same way with something like (local organization matching volunteers with community needs). Unless you need it. I think that the people who are already here, and this is just my opinion, the people who are already here, already have a kind of network—either family or neighbors that they can depend on.

And I think the concept (neighbor helping neighbor) should survive. Because a lot of these things—the respite care, picking up prescriptions for people who can't get out. For those groups it would be useful.

Focus group participants had no doubt that there were enough people in town willing to work together to make a volunteer network effective. They were also sure there was at least some need for a local volunteer organization to help with chores, home maintenance, companionship and/or transportation.

If I knew somebody who said, "I need to go to the doctor's and I need a ride" and I am available, I will drive them. But if someone volunteers to drive someone to an appointment every day of the week and they are driving someone to Brunswick and back, you are talking 60 or more in gas. How do you get compensated for that? You can do that for so long.... And then you yourself can't do it because you have to protect your own money.

Just picking up someone's medications can make a *huge* difference. I'd be willing to pick up medications whenever I was in Brunswick or Topsham shopping.

Lots of towns folk would be available—I think there were at least 35 people willing to help out (before). If everyone just gives a few hours and someone was there to match the need with the volunteer, it wouldn't fall on one person.

We decided years ago that it takes a village to raise a child. Well, it takes a village to keep elders safely in their own homes. If even just 60 people in town were willing to donate a few hours/month, it would go a long way to meeting the needs.

Focus group participants thought that the most efficient and effective way to bring together volunteers would for one paid person—either through the Town or through *Village Elders* or through one of the churches-- to develop, coordinate and administer a network of volunteers willing to give time to help older or disabled town residents.

It was hard to find (volunteer) administrative support. I had some people, I don't know how many actually, that were willing to volunteer time on a Saturday or a Sunday or whatever. I tried to find five or six people to share the (administrative) burden but no one wanted to sit in an office and do that. Volunteers want to do the fun stuff—helping people. They don't want to sit in an office. So what would be needed is a paid person to develop and organize volunteers, neighbors helping neighbors.

Focus group participants noted that the person or groups coordinating the program would need to be well-established and locally well-known with a strong reputation in the community for service and for confidentiality.

What we need is locally-known organizations to be involved, that are already established—like the Town, or Village Elders, or one of the churches. An organization people already trust.

It would take a while to catch on.... Particularly in a small town, things take a while to catch on.. So it had to be an organization that will be dedicated for the long-term.

Promotion of Inclusiveness

Several participants in the focus group suggested that, in order for older adults to remain active in the community and in community events, it will be necessary to encourage a town environment promoting inclusiveness of all ages and abilities in all town-sponsored activities.

One person said to me, “we have tried to be all inclusive for everyone in the community” and I said what about the elderly? ... and it wasn't there. And she admitted that... People don't think about what frail elders need—like wheelchair accessible Porta-Potties —until either they or someone they love needs one. But we all need to start thinking that way. There has to be a culture change.

Humanizing them ... We need to stop identifying these people as “old” because people as we age—and we all do—we don’t want to be known as old, we don’t want to be identified as old. That means making accommodations available that respect the dignity of people with all abilities.

Inclusiveness does not simply mean providing a service. Focus group participants also pointed out that services had to be made available in a way that promotes the independence and dignity of those needing them

Personally, I think we are very fortunate in this town. Bowdoinham has the concerts. We have the waterfront. My kids have fully enjoyed that waterfront—fishing, swimming. So we have a sense of “town”. And Bowdoinham Days. There is LOTS of community support for that...So we are fortunate that we do have those but when you think about an older adult going down to Bowdoinham Days, there is no place for them to sit—just folding chairs on the grass where they may tip. For someone using a walker or a wheelchair, it would be very hard to attend.

It is important that people *know* ahead of time what the accommodations are going to be. Going to a place that may or may not have seating for someone that can’t sit on the ground because getting up because getting down and up would be an issue...knowing where they could park, not knowing where they were going to walk—you know walker, wheelchair, walking on unsteady feet. All of that uncertainty keeps people home—it would keep me home!

Those accommodations need to be thought of...and explained to people that do have mobility issues, that do have sight issues, that do have hearing issues, that do have needs to be accommodated..Until that happens more than once, you probably are not going to get people to come out to those sorts of events (Bowdoinham Days, weekly concerts at the waterfront park, etc.). I mean where are they going to go to the bathroom? You know, older women are very concerned about that!

If they don’t have a bathroom that they can wheel into or the bathroom is across a field..or a Porta-Potty—try that in a wheelchair!.... And there is the privacy issue. Privacy is a *huge* concern in a small town. Who wants to wheel up to a Porta-Potty with everyone watching? There are a lot of things about access to a Porta-Potty. But the issues of privacy are *huge*.

Respect and independence, living with dignity is also huge in a small town. No one wants to be thought of as relegated to the slag heap—the person who needs accommodation. People want to feel like they are contributing to the community, just like they did when they were younger. Inclusion means more than just providing accommodations, it means including everyone in planning and organizing and in volunteering in the community—everyone needs a sense of purpose, even when they are in a wheelchair or use a walker.

Development of a Senior Center, Community Building, or dedicated space

The final recommendation made across focus groups was the need for a dedicated space where older adults – and younger adults—could come together for informal chats and to pursue interests and activities with like-minded residents.

The Village Seniors do a great job with the dinners. The food is good and the price is reasonable. It's a lot of work for all of the ones who put it on! And I wouldn't want anyone to think we don't appreciate what they do for some of our older residents.

I went to the original meeting of the Village Seniors. They had a great idea but there was a 30 year spread of ages and all of us have different interests. Just because you're 65+ doesn't mean you want to go to a dinner or play beano. I would love to see an aerobic class or yoga but there has to be a space for that. Even if it wasn't a single building—just a space we could use certain times of the week and where we could have activities for people with different interests.

I've thought about having a Senior Center. You would have to get more participation than we have now. One reason we don't get many, though, may be because there is a stigma attached to going to the church. And I don't mean that as a negative thing. It is just that they view the church as being a church lunch—not as a Senior lunch. But it would be expensive—unless we got a donated space. And just the cost of heating it. Keeping it warm for people who are elderly.

The other problem too is that everything is so spread out. The people who don't come to things now, who don't come because it isn't easy for them transportation-wise, that isn't going to solve that issue. I really think you would have to organize something in the sense that if you were going on your road, you would make a point of picking people up on your road on that particular day. I think you could do something like that if you had an activity or an event. You would need someone to organize it. But unless you really had something organized..I don't know..

Although many of the participants in the focus groups supported the idea of a dedicated space or the use of a donated building for a senior or inter-generational center, they also acknowledged that adding services would come at a financial cost that would have to be weighed against possible benefits.

But you know, it's like me I'll say well gee we ought to have transportation for medical and then I say well, we should have lower taxes. They don't go together. You know, you can't have everything we want and still keep control of the taxes. It's a balancing act. It sure is.

Conclusion

This community needs assessment focusing on both the strengths and the needs of Bowdoinham's Boomer and beyond population provides a wealth of data about aging in Bowdoinham. Many of Bowdoinham's older residents are thriving. They are happy, healthy and engaged in a variety of social activities. They provide the backbone for many of the town's volunteer boards, are active in town activities and have large social networks. Other residents are struggling with disability and isolation but are determined to remain in their homes for as long as possible. Overwhelmingly, at the focus groups, both those enjoying health and those struggling with health said that Bowdoinham was a good place to live—the place where they wanted to spend as many of their remaining years as possible.

Bowdoinham is a diverse town—with old-timers whose roots go back in Bowdoinham history for hundreds of years and newcomers who relocated to Bowdoinham to raise families or retire. Even though both groups have different expectations and experiences of aging, there were a few things that brought them together. Both groups share the community spirit that epitomizes Bowdoinham. Both groups believe in the “rural” value of “neighbor helping neighbor”. Combined, they represent a very important resource for Bowdoinham—for the community, for the children, and for other older adults. They want to be involved in the community in meaningful ways. It will be important for the town of Bowdoinham to continue making room at the community table for its older residents—old-timers and newcomers alike.

The population aged 75 and over represents a particularly vulnerable segment of Bowdoinham's population. Currently, this age group only represents 3% of Bowdoinham's population. However that number can be expected to double in the next decade. In nine years, the first of the Baby Boomers will turn 75. With the aging of the population, Bowdoinham will face some unique challenges. Older residents represent an asset to the community. If Bowdoinham hopes to keep their older residents living in the community, services will need to be put into place that will allow older residents to age safely and to enjoy ongoing community participation. The focus groups identified very simple changes that could be made by the town to support aging in place—local information and referral; increased coordination between the Town and existing services; development of a volunteer base to serve older residents; establishment of an environment of inclusion; and the provision of a Senior Center, community building, or dedicated space where aging community members can gather for socialization and activities.

Change does not happen rapidly in a small town. It will take time for old-timers and newcomers to trust each other and to work together. Focus group participants were united in saying that it will take consistent coordination and organization by an established, trusted, organization in town to implement the recommendations made by the focus groups. The focus groups were also adamant that any person taking on the role of “senior representative” in the Town would have to be a paid person. What is needed from that person—information and referral, coordination of town programming, volunteer coordinator—to expect a volunteer to be able to fill the job. One important aspect of increasing services to older residents will be coordinating with existing services so the Town concentrates on filling the gaps in services to its residents—not on reinventing the wheel.

Finally, it is important to remember that in order to truly meet the needs of older adults, we must go beyond simply implementing additional senior programs and services. A philosophical

change is necessary to ensure that the needs of our aging population are incorporated into the design and planning of every program, service, and facility to truly embrace the concept of an age-friendly community. Doing so not only helps today's older residents of Bowdoinham, it helps prepare the next generation, the Boomers, for the experience of aging. As one of the focus group participants said:

In addition to educating different parts of our community (about services and supports needed by the aging population), I think that we all need to provide resources to help people learn how to get old. Learn new ways to age gracefully. And that's not just you look fabulous, it's trying to build a sense of "I'm a Baby Boomer but now I am aging and part of the responsibility to address this is in me". And I think that is part of the whole process and talking about it, getting rid of their silence. As people age, they need help with little things but we are ashamed to admit we are aging so we are ashamed to ask for help. We can't articulate what we need. Many of us can't articulate that until we are very far down the path. So we need to get rid of the silence, addressing it, taking some responsibility for doing it individually as well as a community.

References

- Bailey, L. (2004). *Aging Americans: Stranded without options*. Washington DC: Surface Transportation Policy Project. Retrieved from http://www.apta.com/resources/reportsandpublications/Documents/aging_stranded.pdf.
- Brossie, N. Roberto, K. A., Willis-Walton, S. Reynolds, S. (2010). *Report on Baby Boomers and Older Adults: Information and Service Needs*. Blacksburg, VA: Virginia Polytechnic Institute and State University, Center for Gerontology.
- Crimmins, E.M., Hayward, M.D., Hagedorn, A., Saito, Y., & Brouard, N. (2009). Change in disability-free life expectancy for Americans 70 years old and older. *Demography*, 46(3), 627-627-646 doi: 10.1353/dem.0.0070
- DeNavas-Walt, C., Proctor, B.D. & Smith, J.C. (2011). *Income, poverty, and health insurance coverage in the United States: 2010*. US Census Bureau, Current Population Reports, P60-239. US Government Printing Office: Washington, D.C. Retrieved from <http://www.census.gov/prod/2011pubs/p60-239.pdf>
- Dorfman, L.T., Murty, S.A., Evans, R.J., Ingram, J.G., & Power, J.R. (2004). History and identity in the narratives of rural elders. *Journal of Ageing Studies*, 18(2), 187-203.
- Fralich, Bratesman, McGuire, Olsen, Ziller, Mauney, et al. (2008). *Chartbook: Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine, 2010*. Retrieved from <https://gateway.maine.gov/dhhs-apps/dashboard/data/qom/Chartbook-LTC-Needs-Assessment-2010.pdf>
- Glasgow, N. & Blakely, R.M. (2000). Older nonmetropolitan residents' evaluation of their transportation arrangements. *Journal of Applied Gerontology*, 19(1), 95-116.
- Jooste, J.L., Hayslip, B. & Smith, G.C. (2007). The adjustment of children and grandparent caregivers in grandparent-headed families. In P. Hayslip and P. Kaminski (Eds), *Parenting the Custodial Grandchild: Implications for Clinical Practice* (17-39). New York: Springer Publishing.
- Katz, S. (2000). Busy-Bodies: activity, aging and the management of everyday life. *Journal of Ageing Studies*, 14(2), 135-52.
- Keene, J. R. & Batson, C.D. (2010). Under one roof: A review of research on intergenerational coresidence and multigenerational household in the United States. *Sociology Compass*, 4(8), 642-657. doi: 10.1111/j.1751-9020.2010.00306.x.
- Kulkarni, S., Levin-Rector, A., Ezzati, M., & Murray, C. (2011). Falling behind: Life expectancy in US counties from 2000 to 2007 in an international context. *Population Health Metrics*, 9(1), 16. Retrieved from <http://www.pophealthmetrics.com.ezproxy.lib.umb.edu/content/9/1/16>
- Maine State Planning Office. (2010). *Maine County and State Population Projections: 2013-2028*. Retrieved from: <http://www.maine.gov/spo/economics>.

- Musil, C.M. & Standing, T. (2005). Grandmother's diaries: A glimpse of daily lives. *International Journal of Aging and Development*, 60, 317-329.
- Rowles, G.D. (1998). Community and the local environment. In R.T. Coward & J.A. Krout (Eds.) *Ageing in rural settings: Life circumstances and distinct features* (pp. 105-125). New York: Springer.
- Russell, D. & Taylor, J. (2009). Living alone and depressive symptoms: The influence of gender, physical disability, and social support among Hispanic and non-Hispanic Older Adults. *The Journals of Gerontology: Psychological Science and Social Science*, 64B(1): 95-104.
- Seeman, T.E., Lusignolo, T.M., Albert, M. & Berkman, L. (2001). Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: McArthur studies of successful aging. *Health Psychology*, 20(4), 243-255.
- Wider Opportunities for Women (2012). *Doing without: Economic Insecurity and Older Adults*. Retrieved from <http://www.wowonline.org/documents/DoingWithoutRankingoftheStates2.22.11.pdf>.