

## Harpswell Aging at Home: Community Assessment

Harpswell Aging at Home (HAH) is a community-led effort to enable the people of Harpswell to live more safely and comfortably in their homes and community as they age.

- From August through December 2015, HAH embarked on an assessment project to better understand what it's like to age in Harpswell and what supports people need as they age.
- A community survey was available to the public online through the Town website and hardcopies were circulated in local stores, through churches and at local events. Focus Groups were also held in three town locations.
- More than 340 people responded to the survey; 21 people participated in Focus Groups.
- In addition, key demographics were collected and analyzed by HAH.
- The results of this information form the basis for a comprehensive Assessment Report that has been published and is available on the town's website.
- Results from this assessment will guide HAH's process to create a community-driven action plan, ready to launch in late Spring 2016.

### Key Findings:

- 1) With a median age of 56.9, Harpswell is **the oldest town** in Maine with more than 3,000 residents and our numbers of older residents are growing. Harpswell's older adults intend to age in Harpswell.
- 2) More than one-third of older adults in Harpswell **do not have enough resources** to meet basic expenses.
- 3) A majority of older Harpswell residents live in homes they own that are more than 25 years old. **Home maintenance, basic home repair and help with simple chores** are the top needs for older residents
- 4) Many older residents are reluctant to ask for help and are **unfamiliar with elder care options, even when needed**. People want easier access to information and a neutral place they can call for help.
- 5) Older residents continue to **drive their cars into advanced old age**. Most don't need help now, but anticipate the need and want to find practical solutions.

**"For me, in light of aging at home, the community I'm in is the most helpful thing. They are just incredibly caring people that notice. They don't turn a blind eye. They know whether you've been out and about or if they haven't seen you for a day or two. They are aware of you and they care."**

*Focus Group Participant*

### Conclusions:

- Harpswell's older residents are a tremendous resource to the community; they are already volunteering and are eager to be a part of crafting solutions that help people age at home.
- Harpswell is built on strong traditions of neighbors helping neighbors; older adults value people of all ages in Harpswell and want solutions that strengthen intergenerational bonds.
- Harpswell's demography, geography and history present cultural challenges that need to be considered in designing responses to the needs of older residents.
- Increasing access to simple home repair options, help with chores, rides, and information about elder care and related services will help residents to remain in Harpswell as they age.
- Socialization is a critical and valued part of aging in place. Older residents want more opportunities to socialize as well as year-round walking and recreational opportunities.

To learn more, contact Dave Brown at 207-725-5601 or Jess Maurer at 207-332-1640.

# Harpswell Aging at Home

Community Assessment Report  
January 2016

Prepared for Harpswell Aging at Home by:

Patricia F. Kimball

Jessica L. Maurer

Patricia Oh

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# Acknowledgements

The authors wish to acknowledge all of the efforts that have gone into creating this report.

**Steering Committee:** Harpswell Aging at Home (HAH) is a citizen-led grassroots effort aimed at helping older adults age well in Harpswell. Members of the HAH Steering Committee are all volunteers and have donated countless hours to this work. Since July of 2015, they've met nearly every two weeks to design, coordinate and implement every aspect of the data collection efforts that were needed to fully assess the needs of older adults living in Harpswell. They designed and distributed a community survey, pursued grant funding and hired consultants, educated themselves on aging resources, reviewed and edited reports, staffed tables, recruited participants, entered data, and forged partnerships, all with good humor and great compassion. They are a model for developing a collaborative community response to the needs of older adults. Steering Committee members include:

|  |   |
|--|---|
| Dave Brown, Co-Chair, Executive Committee  | Peg Newberg                                 |
| John Carson                                | Peg Orlando, Executive Committee            |
| Rick Daniel, Ex Officio Member             | Beverly Prosser Gelwick                     |
| Hugh Hardcastle, Executive Committee       | Dick Regan                                  |
| Surrey Hardcastle                          | Helen Regan, Secretary, Executive Committee |
| Connie Lewis Hooker                        | Diana Schnake                               |
| Jess Maurer, Co-Chair, Executive Committee | Ellen Shillinglaw                           |
| Jay McCreight, Ex Officio Member           | Hollie Vanderzee                            |
|  | Sam (Gladys) Wright                         |

**Participants & Volunteers:** Harpswell residents are the most valuable resource for learning about the needs of the community. We are grateful to those who took the time to complete the survey and participate in the focus group discussions. We hope we've honored your voices throughout this report. We are also grateful for the many community members and community organizations who helped spread the word about the survey and the focus groups.

**Funder & Fiscal Sponsor:** This report is made possible, in part, by a grant from AARP Maine. These funds enabled HAH to engage consultants to evaluate survey data, compile demographic data and facilitate focus groups, and will assist HAH in planning. HAH would not have been able to accept these funds except for the generous agreement of the Holbrook Community Foundation to act as the HAH fiscal sponsor.

**Town of Harpswell:** The Town of Harpswell has been exceptionally supportive of HAH efforts and is a critical partner. The Board of Selectmen approved a formal partnership and appointed a member to serve on the HAH committee. Town officials assisted in informing the public of HAH efforts and the town office was the central distribution and collection site for paper copies of the survey. This partnership is pivotal to the current and future success of HAH.

# Summary

**Harpswell Aging at Home (HAH)** is a community-led effort to enable the people of Harpswell to live more safely and comfortably in their homes and community as they age. As a first step, in August 2015, HAH embarked on a survey project to better understand what it's like to age in Harpswell and what supports older people need to remain here as they age. Surveys were available to the public online through the Town website and hardcopies were circulated in local stores, through churches and at local events. More than 340 people completed the survey.

In October, HAH received a grant from AARP Maine and hired consultants to create a demographic profile, analyze survey results and facilitate a series of focus groups aimed at better understanding areas of concern to our aging residents. Three focus groups were held in December 2015. The results of the survey, feedback from focus group participants and pertinent demographic data form the basis of this report. In the next few months, HAH will use this report to inform a planning process and to make recommendations leading to action. HAH is maintaining a list of people who want to help in this effort. Contact Co-chairs Dave Brown at 207-725-5601 or at [coveybrown.ldb@gmail.com](mailto:coveybrown.ldb@gmail.com) or Jess Maurer at 207-332-1640 or [chinooks@roadrunner.com](http://chinooks@roadrunner.com) for more information.

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## Harpswell has one of the oldest populations in Maine, and its ranks of older residents is growing

Harpswell is home to nearly 5,000 year-round residents. With a median age of 56.9, Harpswell is the oldest town with more than 3,000 residents in in Maine.

Like other parts of Maine, the overall population has declined in recent years; yet the number of residents over the age of 60 has steadily increased.

With a declining younger population, some older residents have harder time finding the local help they once relied on from younger neighbors and friends, drawing into focus the need for additional resources and support.

- Despite an overall decrease in population, the number of Harpswell residents aged 60 and over increased by 56% between 2000 and 2014
- Middle aged and older residents are the most rapidly growing population
- The number of residents aged over 85 increased by 65% between 2000 and 2014, suggesting that people are choosing to remain in Harpswell, even into advanced old age. In fact, nearly 100% of survey respondents over 80 intend to age in place in Harpswell

**“We’ve all had good lives, I hope and I hope we’ll continue on to the end of our lives. We want to be here until then...we want to be in Harpswell.”** *Focus Group Participant*

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## An alarming number of older people in Harpswell are both socially and economically vulnerable

While Harpswell is considered a fairly affluent region, older residents, especially those living alone, tend to be more economically vulnerable. It is estimated that an older adult living alone in Harpswell needs an income of \$26,841 to meet basic expenses, while a couple needs \$39,778.

Based on these figures, more than one-third of older adults in Harpswell do not have enough resources to meet their basic expenses.

- 32% of residents over the age of 75 have an income too low to meet routine everyday expenses
- 64% of all households in Harpswell have at least one person aged over 60, with 327 people aged 65 or over living alone
- Women are more likely than men to live alone in older years, with 59% of those who live alone being women

**“Asking for help is very, very difficult because it says I am not who I used to be. And that is a big thing.”** *Focus Group Participant*

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## Property maintenance and repair are the top needs for older people wanting to stay in their homes as they age

Survey and focus group participants were clear that home maintenance and repair are top concerns for aging residents, many of whom own their homes.

With a declining younger population and a growing number of seasonal residents, there are simply too few resources available to older homeowners needing assistance.

- 87% of people aged 65 and over in Harpswell own their own homes
- Older residents are more likely to live in older homes
- 63% of survey respondents identified routine repair and maintenance as a concern

**“One thing I think a lot about....Because we’re so far apart, what if something happens to my husband? Who will do simple home repairs like unplug a drain? Who can help with that that doesn’t cost an arm or leg?”** *Focus Group Participant*

## Transportation is challenging for Harpswell's oldest residents

Transportation to services, social activities, recreational opportunities, and shopping is essential for older people's quality of life. Lack of transportation is a primary reason for residents of rural areas to move to resource centers that offer transportation.

Harpswell's oldest residents struggle to get where they need to go. Limited bus services, mobility issues, and lack of sidewalks to get to bus stops were all cited as obstacles.

- While only 2% of people aged 61-70 said they relied on others for transportation, 17% of residents over the age of 80 rely on others to get where they need to go
- Only 1 person over the age of 60 surveyed had used the bus
- 6% indicated they don't use the bus because of service inefficiencies (only operating once per week, takes too long)

**"When they first put this land together as a town, no one had cars and there were no roads. It's a different world now. So, how do we create a transportation system that helps someone at the end of the Neck road or someone else all the way down to Bailey or the end of Cundy's Harbor? It is hard."** *Focus Group Participant*

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## Many older residents are unfamiliar with elder care options and want better access to information

Elder care services include both medical and non-medical assistance carried out by a professional in the home of an older person.

Less than half of survey respondents over 60 knew about elder care services available to them and only 9% of respondents had used them.

Family caregivers and residents over 80 years of age are much more likely to know about and use elder care services.

- 73% of survey respondents rely on the local newspaper as their sole source of information about services
- 14% obtain information through word of mouth, family, friends, neighbors, or the church
- 41% of respondents who were unaware of elder services needed to access them

**"I think it would be really helpful to pull together all the information that people need in one place. Because right now it's available, but you really have to go after it and know who to call, and that kind of thing. People just don't have the knowledge if they haven't worked with the services before."** *Focus Group Participant*

## Conclusions

### Harpswell has a wealth of assets in its people and historic traditions of support

1. Harpswell's older residents are generally healthy and active and a tremendous resource to the community.
2. There is a long tradition of neighbors helping neighbors in Harpswell and many good-hearted people are ready and able to help older neighbors meet basic needs.
3. Older men are a strength in Harpswell and will be an important part of this effort.
4. Younger residents are a valuable part of Harpswell and will play a critical role in helping older adults age in place.
5. Older adults are eager to be a part of finding solutions that make our community stronger.

**“For me, in light of aging at home, the community I’m in is the most helpful thing. They are just incredibly caring people that notice. They don’t turn a blind eye. They know whether you’ve been out and about or if they haven’t seen you for a day or two. I love that, and they’re not nosy. They are aware of you and they care.”**

*Focus Group Participant*

### Harpswell residents value independence and sense of place, but face challenges

1. Harpswell's demography, geography and history present unique cultural challenges to designing responses to the needs of older residents.
2. Asking for help is a challenge for all people, but particularly for older residents who are struggling to maintain independence.
3. Older residents need help with maintaining and repairing their homes and have difficulty locating trusted local workers and neighbors to help with simple household repairs and chores.
4. Older residents would benefit from better awareness of supports and services currently available to meet their needs.
5. While most Harpswell residents are transportation sufficient, those who are unable to drive have difficulty accessing the services they need.
6. Some informal caregivers are isolated and in need of information and support, including respite.
7. Many older Harpswell residents would like more opportunities to socialize, particularly those over 80 years of age.
8. There is a strong desire to increase year-round opportunities for walking and recreational activities, both for exercise and socialization

# Overview

## Harpswell Aging at Home

Harpswell Aging at Home (HAH) is a fledgling nonprofit organization created to assess the needs of elders who are aging at home in Harpswell, and to develop initiatives that enable aging at home safely and comfortably. It was initiated by community members Dave Brown and Jess Maurer, and Reverend John Carson of the Elijah Kellogg Congregational Church in October 2014. They quickly included several community members and town officials in their discussions about how to address the needs of older Harpswell residents. This growing group hosted a broader but targeted community conversation in May 2015. This meeting generated significant enthusiasm for a formal effort which has been ongoing ever since.

The HAH Steering Committee was formed in June of 2015 and began meeting regularly in July. Members of the Steering Committee sought, and secured, formal partnership status with the Town of Harpswell in early August. The Board of Selectman designated a member to serve on the Steering Committee as a non-voting member. HAH formally incorporated in September.

The Steering Committee is made up of 17 community members who represent Cundy's Harbor, Great Island, Orr's & Bailey Islands and Harpswell Neck. Nearly all members of the Committee are in their 60s, 70s and 80s. This is a true grassroots effort led by older adults. Representative Jay McCreight and Town Selectman Rick Daniel both serve on the Steering Committee as ex officio non-voting members.

HAH is working in partnership with the Holbrook Community Foundation as our fiscal sponsor. HAH successfully sought a grant from AARP Maine in October to support the assessment and planning process. AARP will provide technical assistance to our group. In addition to this resource, Spectrum Generations is also offering technical assistance to our group under a grant they have to help Brunswick, Topsham and Harpswell assess and address the needs of older adults in this region.

As more fully described in the report that follows, HAH started their work with an assessment to understand what it's like to age in Harpswell. This happened by way of a community survey, a series of focus groups and demographic profiling. The community survey and focus groups gathered unique information from older adults not available through existing data sources. Upon publication of this report, HAH will begin seeking input from community organizations and town leaders on meeting some of the challenges highlighted in the report and will use the input and report to guide a multi-month planning process. At the end of the planning process,

HAH will publish a plan with recommended action steps and begin to implement that plan. This plan will be published on the town website.

HAH is committed to a set of principles that guides its work. These include using all of the currently available resources and assets of our community to meet the needs of Harpswell residents. Specifically, we do not wish to create programs that are redundant and instead want to promote, support and grow services already available to Harpswell residents. When supports are needed that are not currently available, HAH is committed to finding no-cost or low-cost solutions. HAH Steering Committee members will be representative of the whole of Harpswell. Any outreach, services or supports offered by HAH will be available to all older adults residing in Harpswell, regardless of where they live within Harpswell or their legal residence. We will always include and engage older adults in designing and implementing the work of HAH.

Throughout this process, we'll work to keep interested community members informed and engaged. Ultimately, it will take all of us, young and old, to create a Harpswell that is a livable community for all ages.

## **Geographies of People and Place**

Located in Cumberland County, Maine, Harpswell is a beautiful coastal community with a rich history and interesting geography. It is comprised of a series of large islands connected by bridges, and a long peninsula that extends from the mainland. Because regions of Harpswell were historically separated by water, it still has three distinct geographic regions—Great Island, which includes Cundy's Harbor; Orr's and Bailey Island; and Harpswell Neck. There are two main roads in and out of Harpswell, both leading to the neighboring town of Brunswick, which is the primary service center for Harpswell residents.

Positioned on Casco Bay, Harpswell has a strong fishing heritage, and commercial fishing remains a major industry in the area to this day. Many residents of the town work as fisherman, or in trades that support the fishing industry, like boat and shipbuilding.

The town boasts various heritage sites, including such landmarks as Bailey Island's Cribstone Bridge (constructed c.1926), Giant Stairs and Halfway Rock Lighthouse, in addition to several community libraries and historic churches. In the summer, residents can access dozens of federal, state and town owned islands or enjoy a walk at any number of land trust properties opened to the public. For the true outdoor enthusiast, Harpswell's relatively untouched landscape offers countless opportunities for adventure and exploration.

To understand the challenge of aging in Harpswell, one must tackle the often-conflicting priorities of people and place. Many families have been in Harpswell for generations, and the

environment is as much a part of them as they are of it. But what attracts people to the area—the remoteness, and the privacy and independence that it provides—is also what presents the greatest challenge to its aging residents.

An untouched landscape is one without sidewalks or many amenities. Local service outlets include Bailey’s Island General Store, S.J. Prince and Son on Orr’s Island, Watson’s Grocery and Holbrook’s General Store in Cundy’s Harbor, and the Vegetable Corner and Ship to Shore Store on Harpswell Neck. Just before crossing from Brunswick onto Great Island, residents can also stop at Zach’s Country Store. While these establishments provide a lifeline for essentials, residents must travel farther north into Brunswick to source groceries and other goods, as well as entertainment, prescription drugs and medical care.

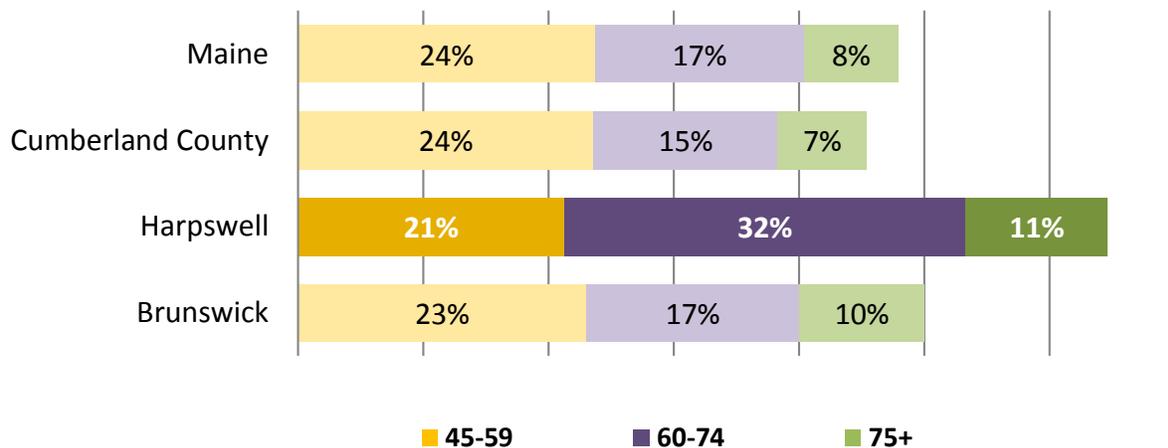
And it’s not just the physical landscape that’s an obstacle. While historically older residents relied on strong neighborhood ties to provide assistance for things like running errands or helping with chores, Harpswell—like many towns—is changing, making it more challenging for older adults to find both paid and unpaid assistance.

## Demographic Profile

With a median age of 56.9<sup>1</sup> Harpswell is the oldest town in Maine with more than 3,000 residents. In Maine, the median age is 43.5 and in Cumberland County, it’s 41.7.

Harpswell is home to 4,780 year round residents<sup>2</sup> and hosts many “summer” or part-time residents during the year. Sixty-five percent of the town’s year round population is 45 years or older. Almost one-quarter of Harpswell residents (24%, n=1154) are between the ages of 60-69<sup>3</sup>. This puts Harpswell at the leading edge of Maine’s aging demographic. (see **Figure 1**).

**Figure 1: Percentage of population by age group, Harpswell and comparison areas<sup>4</sup>**



Consistent with state-wide trends, the town of Harpswell experienced a 9% decline in population between the 2000 census and the US Census, American Community Survey 5-year Estimates for 2010-2014 (hereinafter ACS)<sup>5</sup>, population estimates, despite strong growth of its older population. During this period, the absolute number of residents age 60+ increased from 1,332 to 2,076 (an increase of 56%)<sup>4</sup>. The primary drivers for the increase are a relatively low birth rate combined with increased longevity and in-migration by retirees.

Among communities in Cumberland with a population over 1000, only Falmouth (pop. 11,424) and Harrison (pop. 2,757), have a similar percentage of residents age 75 and over<sup>6</sup>. Many small towns lose their residents as they age and are unable to live independently. However, in Harpswell the percentage of residents over age 85 increased by 65% between 2000 and the ACS 2000-2014 estimates<sup>7</sup>, suggesting that older residents are choosing to age in Harpswell, even into advanced old age.

Another trend influencing Harpswell’s demographic is that it tends to attract new middle aged and older residents rather than young families. **Table 1** shows the age distribution of recent movers to Harpswell compared to the age distribution of movers to Maine.

**Table 1: Age distribution of recent movers to Harpswell and to Maine<sup>8</sup>**

|                  | Maine | Harpswell |
|------------------|-------|-----------|
| Under age 24     | 44%   | 12%       |
| Age 25-44        | 32%   | 30%       |
| Age 45-59        | 13%   | 22%       |
| Age 60 and older | 12%   | 36%       |

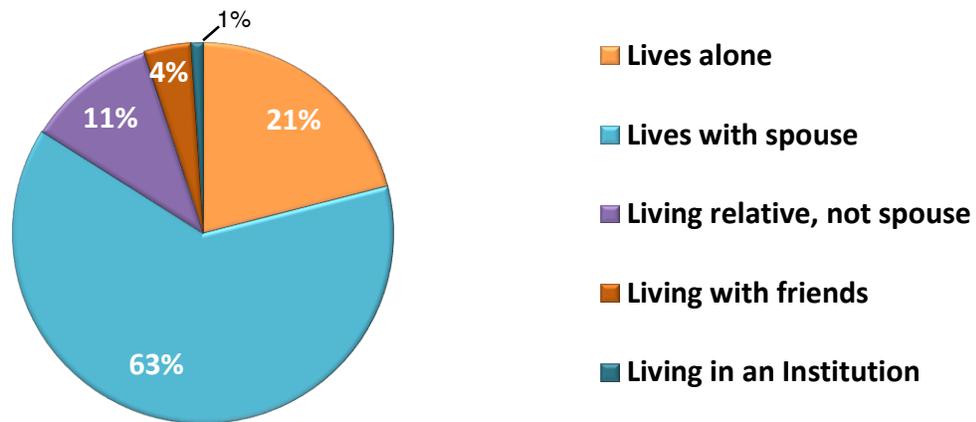
**Gender Comparison**

As a group, men in Harpswell are slightly older than women and appear to be living longer than their gendered counterparts in the rest of the state. The median age of Harpswell’s men is 57.9, compared with 56.1 for the women<sup>9</sup>. In surrounding Cumberland County, the median age for men is 40.1 for men and 43.0 for women. Despite the higher median age of men than women, the gender differential mirrors that of Cumberland County. The majority of residents (54%) age 65 and older are women<sup>10</sup>. An interesting anomaly occurs with gender of residents over 80 – in Harpswell, people over 80 are almost equally split in gender, 52% women, 48% men. In the state, however, 62% of people over 80 are women with only 38% men.

## Social and Economic Profile: Housing

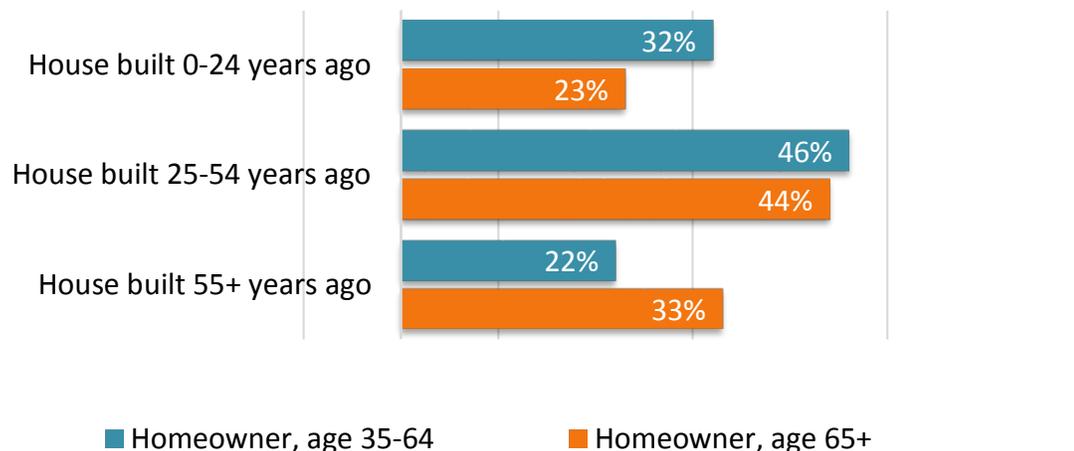
Older adults have a substantial presence in Harpswell, with 64% of Harpswell's 2,069 households including at least one person aged 60 and over<sup>11</sup>. There are 327 people aged 65 and over who live alone (**Figure 2**).<sup>12</sup> More women over 65 (n=197 or 59%) live alone than men.<sup>13</sup> Older adults living alone are at greater risk of social isolation than are people who live with a spouse, other family members, or with friends. More than three-quarters (79%, n=257) of these older folks who live alone, own their own homes.<sup>14</sup>

**Figure 2: Living arrangements of Harpswell residents over age 65<sup>15</sup>**



Whether living alone or with others, residents 65 and over are also more likely to live in older homes than younger residents (see **Figure 3**). Older homes require more maintenance and may require more home modifications to help older residents age in place. These realities may challenge older homeowners who are struggling with declining ability, mobility and finances.

**Figure 3: Age of owner-occupied housing, by age of homeowner<sup>16</sup>**

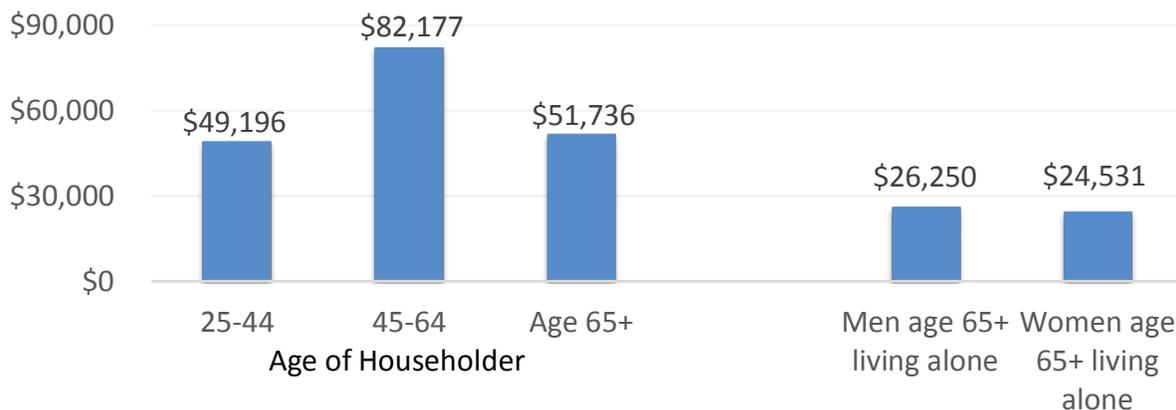


## Social and Economic Profile: Income

**Figure 4** shows the comparative economic well-being of Harpswell’s older residents. Median household income for the overall population of Harpswell is \$65,052, with 27% of residents making over \$100,000/year<sup>17</sup>. Older people living alone have about 30% of the annual income of households headed by a middle-aged person.

Generally, householders age 65 and older have less household income than those age 45-64<sup>18</sup>. Based on 2014 estimates, the average Social Security income for residents age 65 and older in Harpswell was \$20,323. Average retirement income for those with a pension or other retirement income other than Social Security was \$27,633<sup>19</sup>.

**Figure 4: Median household income in Harpswell by age of householder<sup>20</sup>**



The Elder Economic Security Index (Elder Index) provides a detailed county-specific measure of poverty that is based on the typical costs of older households for housing, food, transportation, and health care. The levels differ based on household size and costs associated with renting versus owning, with or without a mortgage<sup>21</sup>. Based on this index, it’s estimated that an older adult living alone in Harpswell needs about \$26,841 to meet basic expenses—housing, food, transportation, and medical care for a person in good health. The estimate for couples is \$39,778.

Using the Economic Security Index, the number of older adults struggling financially in Harpswell is alarming. More than one-third of all older households fall below the Elder Economic Standard Index. The greatest risk for living below economic security was experienced by households headed by a resident age 75 and over, by people who lived alone, and by people who depended solely on social security income in retirement. About 32% of residents over age 75 had an income too low to meet routine everyday expenses; compared with 19% of residents between the ages of 65 and 74<sup>22</sup>.

# Community Assessment

## Phase I: Survey

### Survey methodology & limitations

HAH secured several model surveys from various age-friendly community initiatives and used them to create a top-level survey instrument. The priority identified by the Steering Committee was that the survey be short. The survey needed to be circulated in paper form, so the goal was to design a survey that collected sufficient information on one sheet of paper. While the Steering Committee did not have the funds to print and mail surveys to all 4,740 residents of Harpswell, the Steering Committee devised a distribution plan to ensure broad participation. Although the survey was open to all, the target population for the analysis was people over 60.

The online survey went live on August 24, 2015. This launch date was met to coincide with the *Anchor's* news article about HAH and the Survey. A link to the survey was included in the article. The *Anchor* goes to every home in Harpswell. The article was written by Ellie Multer, a member of the Board of Selectman that advised HAH and is a trusted community source. Immediately upon publication of the article, several people completed the online survey. The article highlighted that paper copies were available at the Town Office, and many people did come into the town to get paper copies. The Town also included a note about the survey in a tax newsletter that went to all homes in Harpswell.

Steering Committee members led efforts in each region of Harpswell to distribute the surveys, working with local businesses, affinity groups, and churches to get newsletter stories published and surveys distributed. Local businesses like the Ship to Shore convenience store and the Vegetable Corner distributed paper copies of the survey, as did libraries, churches, and the Town. Both the Elijah Kellogg Congregational Church and Islands Community Church put articles in their newsletters about the survey and encouraged participation in many ways. Volunteers took surveys to breakfasts and suppers hosted by different groups and staffed tables at events like the Town's flu clinic. Individual volunteers took stacks of paper flyers to bridge and knitting clubs and to older adult "connectors," who agreed to get the surveys out to older adults. We received 286 surveys from people over 60 as of December 31, 2015<sup>23</sup>.

Because the Committee decided to keep the survey to one sheet of paper, the number of questions that could be asked was limited. There was also some concern that personally identifying information would inhibit people from participating. Thus, we did not ask any specific questions about participants' income or educational attainment. Simply by oversight, a question about gender was not asked.

One final limitation is that the age ranges in the survey do not match the age ranges in the U.S. Census. Specifically, the HAH survey asked if people were 61-70 instead of using the census category, 60-69. For the purposes of the report, the age categories are treated the same.

## Demographics of Survey Participants

As of December 31, 2015, 342 people participated in the survey. Just over half (52%) of the surveys were completed using the paper version of the survey, either collected in person or mailed back to the Town Office. The rest were completed online.

323 of the survey participants were over 50, which accounts for an 11% response rate of all people over 50. 286 survey responses were from people over 60, which was our target demographic. This is a 14% response rate of all people over 60 in Harpswell. Folks over 70 and over 80 responded at a rate of 18% and 24% respectively.

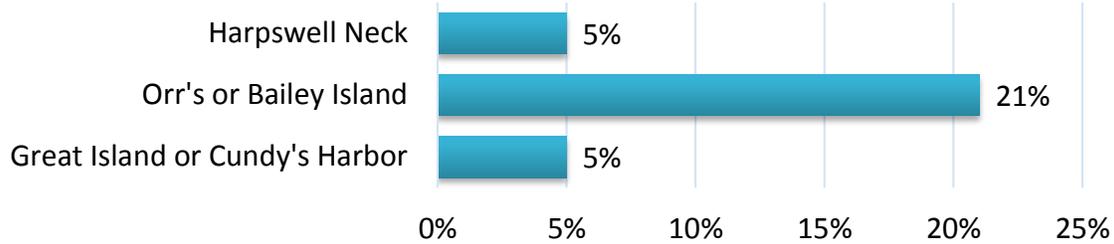
**Table 2: Age of respondents as a percentage of population**

| Age Range | Harpswell Population | Survey Respondents | Rate of Response |
|-----------|----------------------|--------------------|------------------|
| 50+ total | 2958                 | 323                | 11%              |
| 60+ total | 2076                 | 286                | 14%              |
| 60-69     | 1154                 | 102                | 9%               |
| 70-79     | 635                  | 116                | 18%              |
| 80+       | 287                  | 68                 | 24%              |

More respondents age 60 and older lived on Orr’s and Bailey Islands (n=118, 41%) than other regions of Harpswell. The remaining respondents were divided between Harpswell Neck (n=88, 31%) and Great Island/Cundy’s Harbor (n=80, 28%). Compared to registered voters in these three areas, residents of Orr’s/Bailey Islands were oversampled.

Many homes in Harpswell are owned by people who do not claim Harpswell as their legal residence (hereinafter referred to as “not legal residents.”) Overall, 12% of respondents were not legal residents. Legal residence increased with age. While 17% of respondents between 61 and 70 were not legal residents, only 3% of respondents over age 80 said that Harpswell was not their legal residence. Residence also varied significantly by area in Harpswell, with residents of Orr’s or Bailey Island least likely to be legal residents (see **Figure 5**).

**Figure 5: Percentage of respondents that said Harpswell was not their legal residence, by area**



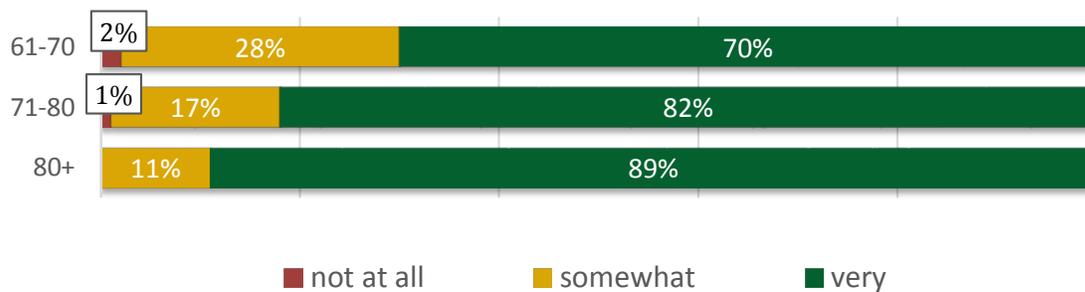
## Community Survey Findings

The community survey conducted from August through December 2015 gathered unique information from older adults not available through existing data sources

### Older Adults are Committed to Aging in Harpswell

Respondents clearly want to remain in Harpswell as they grow older. When asked how important it is for them to live in Harpswell as long as possible, 79% of respondents think it is “very” important to do so. People in all areas of Harpswell are equally committed to staying in the community as they age. All of the respondents from Orr’s or Bailey Island, 98% of Great Island or Cundy’s Harbor residents, and 99% of people in Harpswell’s Neck said that it was “somewhat” or “very” important to remain in Harpswell. 100% of the respondents who were not legal residents planned to age in Harpswell, compared with 98% of legal residents. As shown in **Figure 6**, people’s desire to stay in Harpswell increases with age.

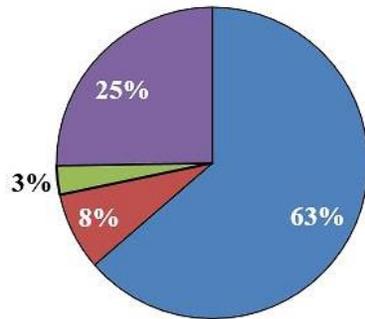
**Figure 6: Importance of staying in Harpswell as long as possible, by age**



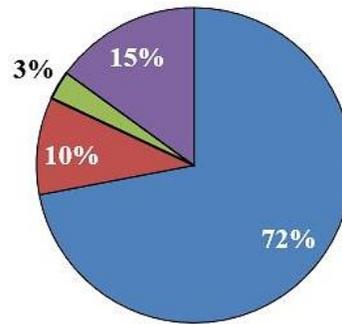
Given the strong desire to remain in the Town of Harpswell as they age, it is not surprising that 72% of all respondents intend to stay in their homes as long as possible. Figures 7, 8 and 9 show that a sizeable majority of respondents in all age groups plan to grow older in the homes where they now live. Plans to stay in their home or to relocate within Harpswell increase with age. While one-quarter of people age 61-70 plan to relocate to another place in the future, only 6% of respondents over age 80 have similar plans. The high level of commitment to aging in place,

growing older in their own home or in the community of Harpswell, provides a backdrop against which the characteristics, activities, and challenges of Harpswell’s older residents can be understood.

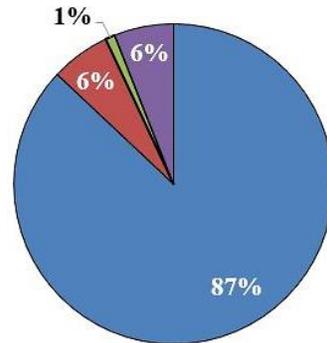
**Figure 7: Plans for future residence, ages 61-70**



**Figure 8: Plans for future residence, ages 71-80**



**Figure 9: Plans for future residence, ages 80+**



■ Stay in current home     ■ Move within Harpswell  
■ Move to family     ■ Move outside Harpswell

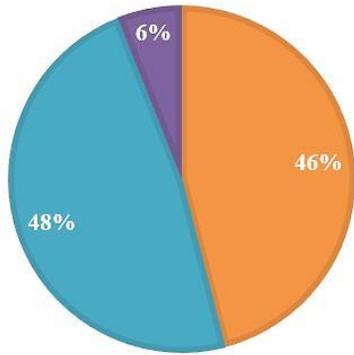
**Most Older Adults Don’t Know About Elder Services that Can Help**

Almost everyone who answered the survey (97%) looks for information about available services. The majority (66%) of respondents said they got information from only one or two sources. The most popular information source was a local newspaper; 73% of respondents rely on newspapers to get the information they need.

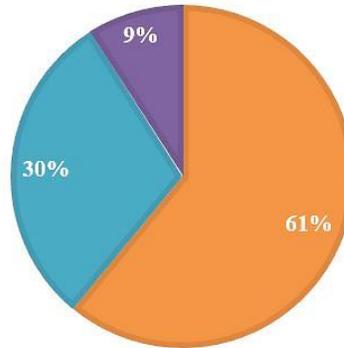
This question included an “other” category that allowed respondents to provide sources of information that were not listed in the question. Word of mouth, family, friends, neighbors, and church remain a consistent source of information for 14% of respondents. While these show up in the “other” category, the majority (64%) of people who wrote that they depend on informal sources of information did not look for information from any other source.

Older residents may need elder care services to age in place. Elder care services include medical (e.g. medication supervision, physical therapy) and non-medical care (e.g. cleaning, help with personal care) that is provided by professionals in the home of an older person. About half (48%) of total respondents were aware of agencies that provided elder care services in Harpswell, even though only 9% had used one. Residents of Orr’s or Bailey Island were the least likely to know about elder care services in their area; residents of Harpswell Neck were the most likely to have used an elder care service (see **Figure 10, 11 and 12**).

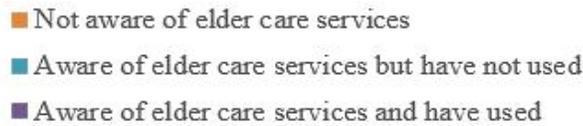
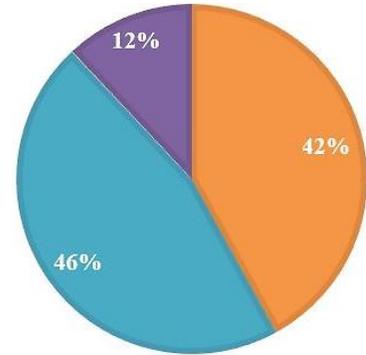
**Figure 10: Awareness and use of elder care services, Great Island or Cundy’s Harbor**



**Figure 11: Awareness and use of elder care services, Orr’s or Bailey Island**



**Figure 12: Awareness and use of elder care services, Harpswell Neck**



Knowledge of elder care services grows drastically when looking at folks who care for an older person in their home. Among caregivers, 65% were aware of services and 41% had used them. Respondents over the age of 80 were more likely to be aware of services and to have used them than their younger peers.

**Interest in Social Engagement is Strong Across All Ages**

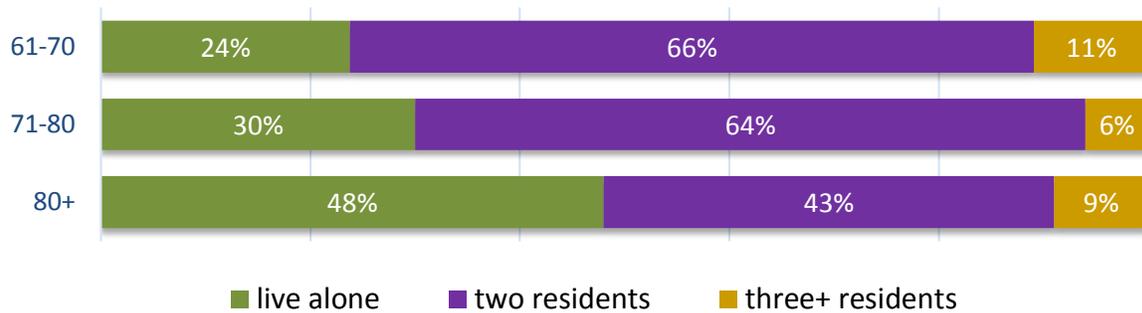
Social support is important for the health and well-being of people of all ages. Positive relationships with friends, family, and neighbors who live nearby are especially important as people enter retirement and are less likely to have work-based relationships. As people age in their homes, having relatives, friends, and neighbors that can be relied upon can make the difference between being able to stay at home and having to relocate to a more supportive living environment.

The challenge of finding opportunities for socialization with friends and neighbors varied significantly in the different areas of Harpswell. Ten percent of Harpswell Neck residents said that finding social opportunities was “often” or “almost always” a problem, compared with 4% of respondents from Great Island or Cundy’s Harbor and Orr’s or Bailey Island.

One indicator of social support is living arrangements. People who live alone are less likely to have daily social contacts with other people or to have someone who can help quickly when help is needed. **Figure 13** shows that, while most of the respondents live with at least one other

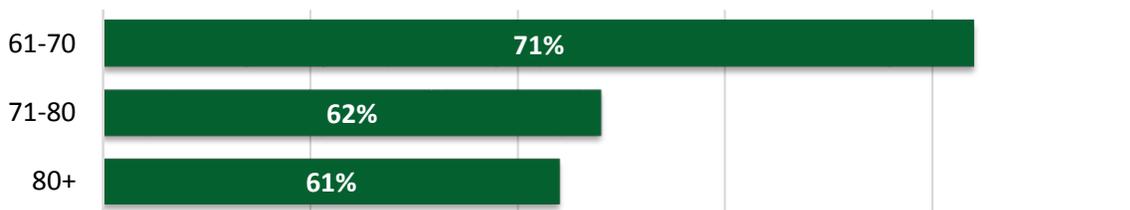
person, the number of people living alone increases with age. A little less than one-quarter of respondents between the ages of 61 and 70 live alone, compared with nearly half of people over the age of 80.

**Figure 13: Household Size by age group**



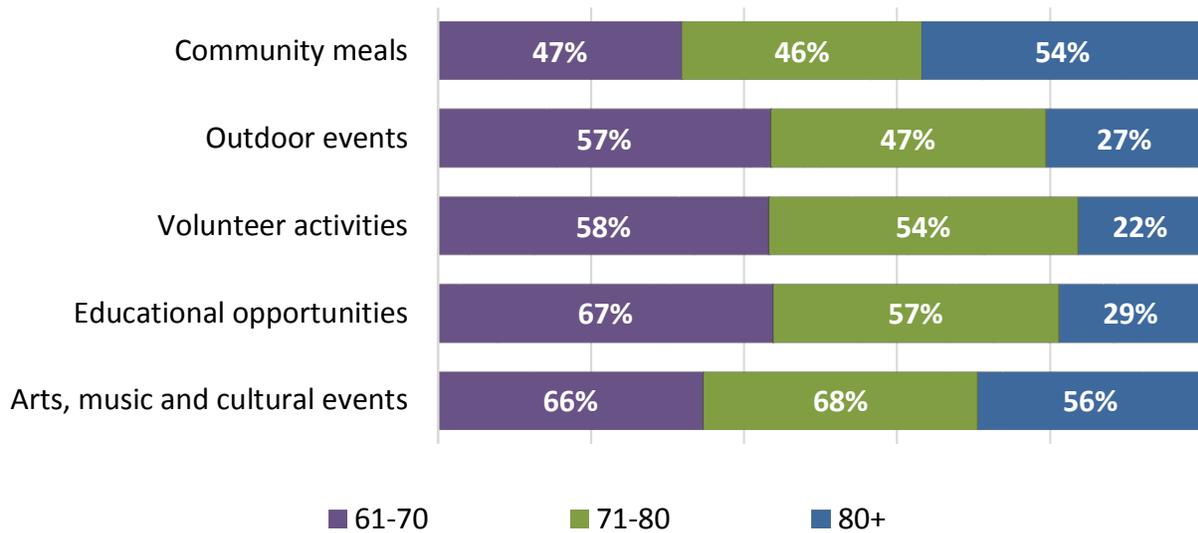
Providing opportunities for social engagement—through group recreational opportunities, volunteer programs, or life-long learning opportunities—can help community members maintain social support and remain active. National research has demonstrated that social support is key to well-being in later life, and that continued engagement in social and community activities promotes optimal aging. Given the opportunity, 65% of respondents over 60 would like to participate in social opportunities in Harpswell. Interest in joining social activities in Harpswell decreased with age (see **Figure 14**).

**Figure 14: Interest in joining social opportunities in Harpswell, by age**



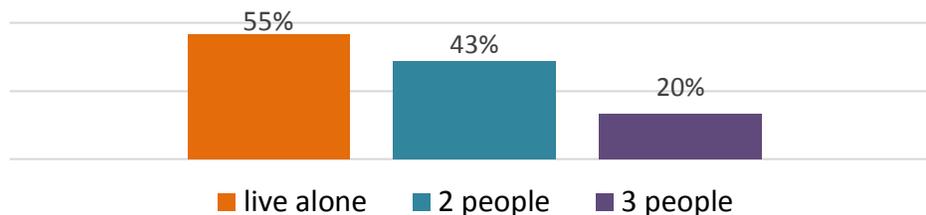
People that wanted to join social activities were interested in art, music, and cultural events (66%); educational opportunities (56%); volunteer activities (50%); community meals (49%); and outdoor recreation (48%). Younger respondents (age 61-70) were more interested in joining recreational, educational, and volunteer opportunities than were their older peers (see **Figure 15**).

**Figure 15: Percentage of people interested in joining social activities, by age**



Only 45% of respondents that said they would join social activities in Harpswell said they would join activities specifically for older adults. Age of respondent did not influence this result. Of those interested in joining social activities, only 38% of people ages 71-80 were interested in programs for older residents, while 51% of people 61-70 and people over 80 would join if older adult activities were available. Although age did not affect interest in activities for older adults, household size was related to interest in joining interest in programming and events exclusively for older residents of Harpswell. **Figure 16** shows that interest in older adult programming was highest for people who lived alone.

**Figure 16: Percentage interested in joining activities for older adults, by household size**



**Some Informal Caregivers are Isolated and in Need of Support**

Providing unpaid care or assistance to a disabled, ill, or elderly spouse, relative, or friend living in the same home as the survey respondent was reported by 8% of people over 60 (n=22). This is likely an insufficient number of caregivers to get a full understanding of their needs, so additional sampling may be needed. The majority of respondent caregivers (73%) were over 70.

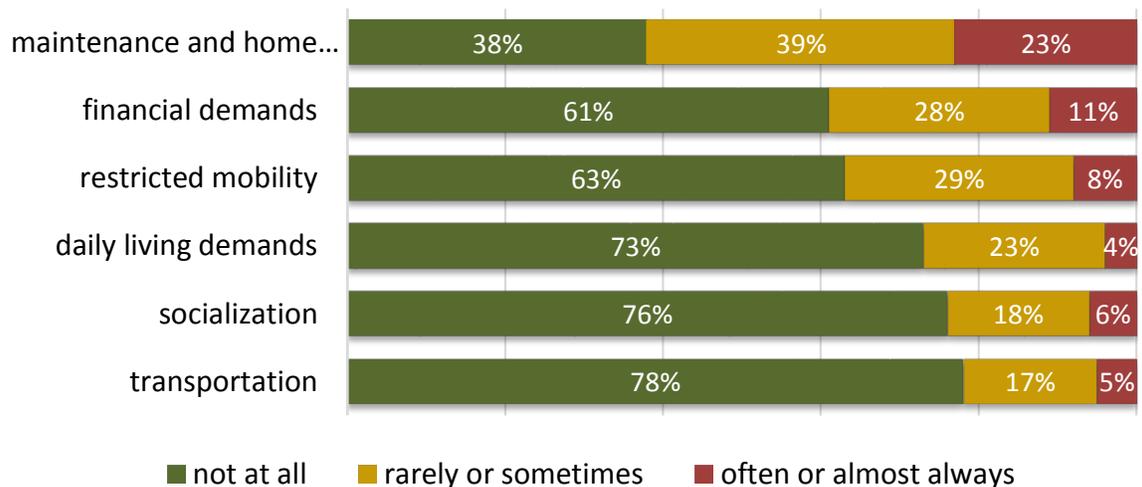
Of the 10 caregivers that answered the question asking what help would be useful to them in relationship to the care they provide, four people said they needed help with respite or home health, two needed help with groceries and food preparation, and one person needed assistance cleaning. Despite the challenges of caring for a loved one in their own home, all of the care partners who responded to the survey said that it was “somewhat” or “very” important to them to stay in Harpswell as they grew older and the majority (61%) planned to remain in their own home.

### Help with Routine Home Maintenance & Simple Chores are Greatest Need

Home ownership was common in all areas of Harpswell (96% of Great Island and Cundy Harbor, 92% of Orr’s or Bailey Island, and 92% of Harpswell Neck residents). The remainder of respondents rent or live with family or friends. The rate of home ownership was highest for the oldest respondents, with 98% of people over age 80 living in homes they owned; only one person over 80 lived with an adult child.

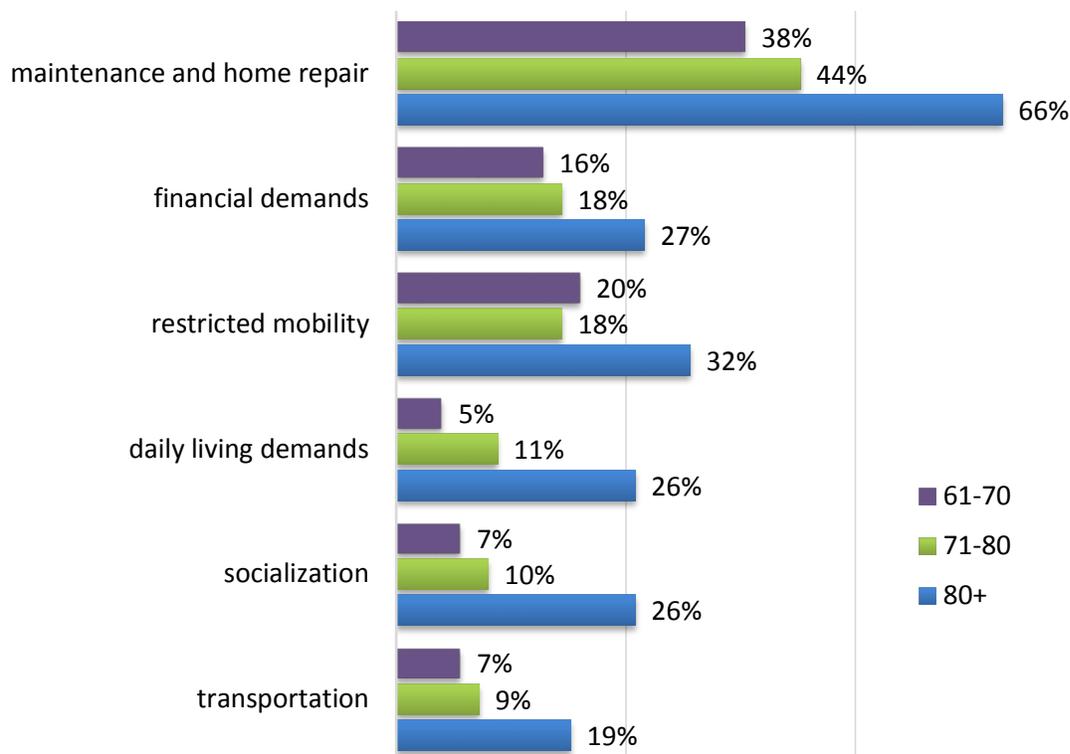
Respondents were asked how often certain issues that can make it more difficult for people to age in their own home were a problem for them. **Figure 17** shows the extent to which respondents considered several issues a problem in their home. Performing routine home repair and maintenance is the greatest challenge for older residents of Harpswell, with 63% of respondents indicating that routine repair and maintenance were a concern. Thirty-nine percent of respondents reported that financial demands (e.g. property taxes, repairs, daily expenses) were at least an occasional problem for the household. Concerns about mobility were a problem for 37% of respondents.

**Figure 17: Challenges faced by Harpswell households**



Not surprisingly, the challenges faced by Harpswell’s residents age 61-70 are different than those experienced by residents over age 80 (see **Figure 18**). Three issues increase significantly with increasing age—problems completing simple home repairs or maintenance, difficulty meeting the demands of daily living (e.g. cooking, cleaning, carrying groceries), and being able to see friends and enjoy opportunities for socialization. Older households also report more frequent struggles with financial demands than their younger peers. This is consistent with the notable changes in available disposable income reported by age cohorts. Taken as a whole, those 80 and older are struggling more significantly than their younger counterparts with maintaining their home and finances and with social isolation,

**Figure 18: Percent reporting challenges “sometimes”, “often”, or “almost always”, by age**



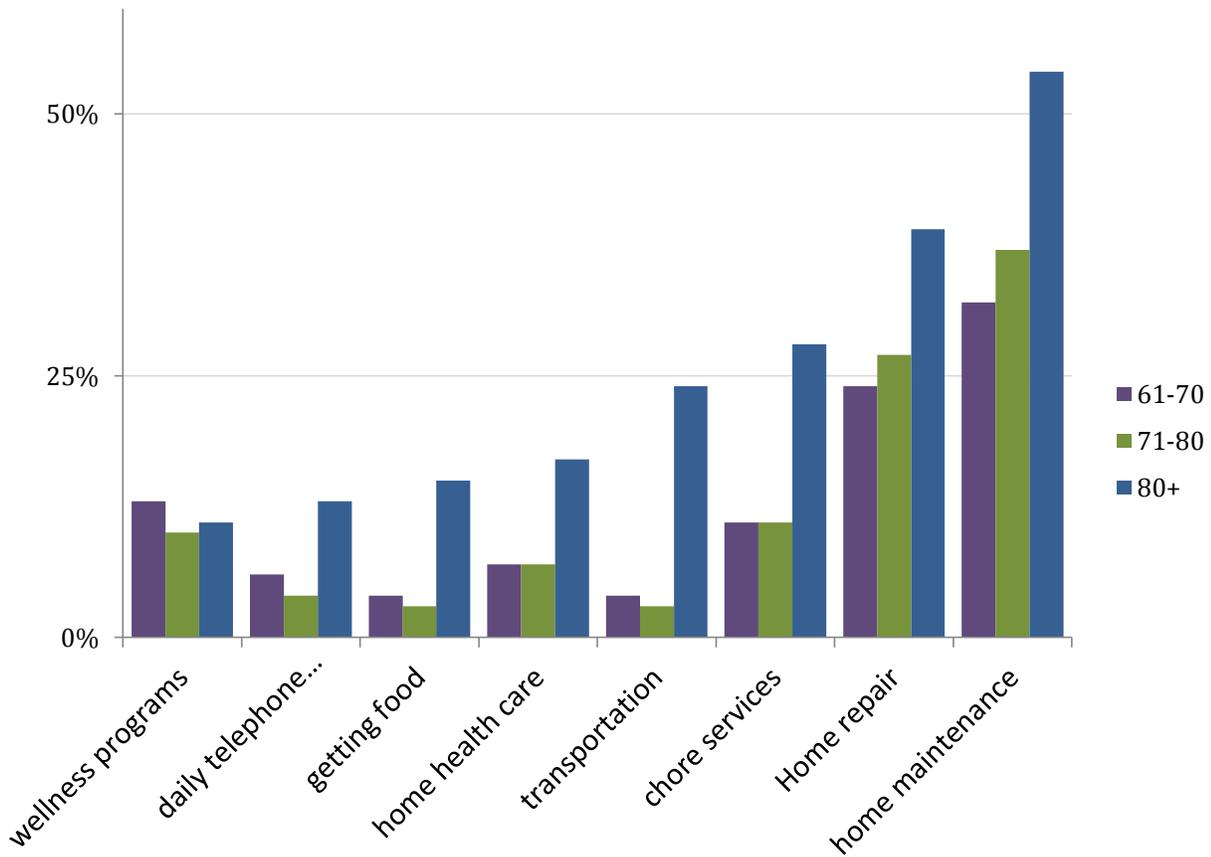
### Need for Services Increases & Changes with Age

When asked what kinds of services would be useful to them, 58% of respondents said they do not currently need any support services, although 16% anticipated needing services in the future. For those who did need services, 66% said they needed home maintenance services (described as mowing, shoveling, raking), 56% said they needed home repair services

(described as installation of grab bars, fixing roofs, painting), 30% needed home care services (help cooking, cleaning, shopping), 26% said they needed wellness or disease prevention classes, 24% said they need home health care, 17% need rides, 15% said they could use a daily telephone check-ins, and 14% need help accessing food. The question included an “other” category that allowed respondents to add more detail. Other things mentioned included medication delivery, help at night, help planting a garden, and interest in the services that may be offered through Harpswell Aging at Home.

Remarkably, 47% of respondents 80+ say they do not currently need any support services. However, 11% of these folks anticipate needing services in the future. The service needs of Harpswell’s residents age 61-70 and 71-80 are different than the service needs of residents over age 80 (see **Figure 19**). The need for three services increased significantly with advanced age—chore services (help with such tasks as cooking, grocery shopping, or cleaning); accessing food; and rides to church, social events, and the grocery store. Older households also reported the need for home maintenance and repair and home health care.

**Figure 19: Percent reporting the current need for services, by age**



The current need to find help with home maintenance and repair varied significantly in the different areas of Harpswell. Respondents who lived on Orr's or Bailey Island were less likely to have a current need to find either a maintenance or home repair service than were residents of Great Island or Cundy's Harbor.

### Transportation Needs Unsolved by Bus Service

Transportation to services, social activities, recreational opportunities, and shopping is essential for older people's quality of life. Lack of transportation is a primary reason for residents of rural areas to move to resource centers that offer transportation. Of the 286 Harpswell residents who are over 60 that responded to the survey, 88% are completely transportation sufficient, meaning they are able to drive and driving themselves is their primary form of transportation.

Transportation independence was significantly different for respondents 61-70 and their older peers. While only 2% of people between the ages of 61 and 70 usually had to rely on others for transportation, 17% of residents over age 80 needed rides from others to get to the places they needed to go.

The town of Harpswell offered free bus service within Harpswell and to Cook's Corner in Brunswick one day/week—on Wednesdays. Stops are predetermined and deviations are not allowed unless a resident calls 24 hours in advance and asks for a special stop within  $\frac{3}{4}$  of a mile from a regular stop. The services was suspended on November 18, 2015, but was still in operation when the survey was completed. Of the 257 people over 60 who answered the question, "have you used the new Harpswell bus service to Brunswick?", only one person answered that they had. The person was over 80.

Of the 207 respondents who answered the question, 18% said they would use the bus service if they had a ride to the stop. Nine respondents (4%) said that they may use the bus in the future, if it was needed. The majority (84%) of those who indicated that they would not take the bus even if they had a ride, said that they wouldn't ride the bus because they still drove or had a spouse who did the driving for them. Additional reasons for not using the service were complaints about the insufficiency of the service itself—fixed versus flex, taking too long, only operating one day a week (6%) and mobility issues and/or the need for a ride to the bus (5%). Only two people (1%) said the town shouldn't be paying for this service. A few people (2%) needed more information to determine if they would use the bus in the future, and one brave soul said she didn't want to ride the bus alone.

People were also asked an open-ended question at the end of the survey related to what people need to age in place in Harpswell. Of the 86 substantive responses we received, 10 people mentioned wanting increased bus service, rides, or taxi service.

### Other Highlighted Needs

Finally, survey respondents were asked: “Are there things that would help older Harpswell residents to age in place?” Generally speaking, the top needs identified through specific questioning were reinforced, with many people underscoring the need for help with housekeeping and home maintenance. However, the need for “reliable resources” was emphasized in relation to this need by 10 respondents. Also, assistance with pets came up 4 times. More opportunities for social connection also came up 22 times. 8 people brought up the need to develop different kinds of housing options in Harpswell, including assisted living. The need for food assistance and grocery delivery was mentioned by 7 people. Better internet and phone service, reduced utilities, and the need for property tax relief came up in 11 responses.

### Many People Want to Help

The paper copy of the survey was identical to the online version in every way except one. The opportunity to volunteer to help HAH was on a second, separate piece of paper from the survey instrument and only a couple of the volunteer forms were returned with surveys. However, of the people taking the survey online, a remarkable 40% of survey respondents said they would like to volunteer to help HAH. 33 of these respondents provided their names and contact information. These folks offered specific tasks they’re willing to complete. HAH has already begun communicating with this group of volunteers and used them to distribute notices about focus groups and to help us map informal lines of communication in Harpswell. We will continue to engage these volunteers as we design and implement a plan.

## Phase II: Focus Groups

### Focus group methodology and limitations

In early November 2015, HAH invited older Harpswell residents to participate in a series of focus groups, as a means of gathering more detailed information on some of the trends identified by the survey. HAH engaged a consultant to assist in designing survey questions and facilitating the discussions. Survey questions mirrored similar questions used in state-wide and other community focus groups and were vetted and approved by the HAH Steering Committee.

A total of four meetings were planned in each of the geographic regions of Harpswell Neck (November 30 2015), Great Island (December 3, 2015), Cundy's Harbor (December 7, 2015), and Orr's and Bailey Island (December 10, 2015). A flyer recruiting focus group participants was distributed to all of the locations used to distribute the paper survey, including the Town Office. The flyer was also posted on the Town's website. Additional flyers were distributed to parishioners at Elijah Kellogg Congregational Church and Islands Community Church, and through Steering Committee members' personal networks. Finally, telephone calls were placed to residents in each region.

Beginning November 8, 2015 and continuing for a period of 4 weeks, a central volunteer phone screened candidates, with the aim of selecting 10-12 participants for each of the four meetings. The target profile included men and women aged 60 or older that resided in Harpswell. In selecting participants, every effort was made to ensure diversity of both age and gender. Unfortunately, the response rate was very low and the group scheduled for December 3rd was cancelled and the single participant from that region was invited to join another group. Essentially everyone who called was included in a group. In fact, only one person was screened out due to being under 60. The low response rate was most likely because the groups were announced just before Thanksgiving and were sandwiched in between the holidays.

Guided by a facilitator, participants responded to a series of nine questions (see Appendix). All participants were volunteers and free to leave the discussion at any time.

### Demographics of focus group participants

A total of 21 people from the community participated in the discussions, constituting roughly 1% of those over 60 in Harpswell. Among participants, those aged 65-79 were best represented, with only one participant aged 60-64. Five participants were aged 65-69, five aged 70-74, four aged 75-79, four aged 80-84, and two aged 84+.

**Table 3: Focus Group Participants by Age**

| Age Range | Number of Participants | Percentage |
|-----------|------------------------|------------|
| 60-64     | 1                      | 4.5%       |
| 65-69     | 5                      | 24%        |
| 70-74     | 5                      | 24%        |
| 75-79     | 4                      | 19%        |
| 80-84     | 4                      | 19%        |
| 84+       | 2                      | 9.5%       |

The majority of participants lived on Great Island and Cundy’s Harbor (n=8, 38%), with remaining participants divided among Harpswell Neck (n=7, 33%), and Orr’s and Bailey Island (n=6, 29%).

Almost half of participants reported an income of either \$50,000-\$70,000 or \$70,000+. Only one participant reported an income below \$10,000. Two people reported an income of \$20,000-\$30,000; one person reported an income of \$30,000-\$40,000; and three people reported an income of \$40,000-\$50,000. Four people either failed to respond or indicated that they did not know their income.

More than half (67%) of participants live with a partner or spouse, while the remaining 33% live alone, either the result of being divorced, widowed, or simply being single. Only one of the 21 participants has caregiver responsibilities for an older adult in the home, though one person reported daily visits to a spouse residing in a nearby assisted living facility due to Parkinson’s disease and several others reported having been caregivers in the past. To be sure, participants were generally healthy, with 67% identifying as being in either “excellent” or “very good” health. Only four participants (19%) claimed to be in “fair” health.

In addition to being healthy, participants were also active within the community. Out of the 20 participants that answered the question (one participant did not respond), 67% indicated that they are volunteering.

### **Focus Group Findings**

**Discussion in the focus groups was designed to better understand key drivers for problems identified by the survey, including transportation gaps, access to health care and other home care needs, property maintenance, and access to information**

### Home Maintenance and Repairs are Critical Areas of Need

Participants reported home maintenance as a critical area for which older adults routinely need help, running the gamut from caring for gardens, to changing a light bulb to clearing gutters, to unplugging a drain, shoveling snow, to bringing in wood. Some women and even one man expressed concern about men climbing ladders into advanced age. Unlike other services, such as driving or preparing food, home maintenance often requires the physical strength and vitality of youth—something residents see as problematic on a number of levels.

Natives and long-term residents are troubled by the number of seasonal residents moving into the area in recent years, arguing that the construction of large and expensive homes has increased property values and cost of living to the point that many local families can no longer survive there. Younger fishermen operating out of the still active ports find themselves unable to live in the communities where they work, instead opting to live inland where the cost of living is lower. This migration of young families from Harpswell, along with the part-time nature of seasonal residents, puts a strain on available resources for full-time elderly residents, who have historically relied on neighbors for help.

Specifically, one older woman says she walks daily and now lives on a road with very few full time residents. She remarked if she fell in the winter, it would be a long time before someone found her. Others said it's harder to find young local people to do odd jobs that would help them live more independently.

The problem is exacerbated by a general distrust and reluctance to engage with outsiders. As one participant put it, even those who reside in other parts of Harpswell were “strangers” from whom it would be uncomfortable to solicit help. There was a clear desire to have local help for the kinds of assistance that is needed.

### Access to Health care and Home Care Services

One of the most critical needs of an aging population is access to quality medical care; but for those living in remote areas like Harpswell, this can prove challenging. With few medical providers located in town, residents must travel 25 minutes north into neighboring Brunswick for routine medical services.

Volunteer fire departments and ambulance services are available in each of the town's geographic regions, helping to narrow the medical transportation gap. The station at Harpswell Neck is the most substantial, operating multiple emergency vehicles; however, with just one ambulance in operation in the more remote areas of Cundy's Harbor and Orr's and Bailey Island, the service can quickly become overburdened. Overflow service is available through

providers out of Brunswick, but delays for ambulances that must first travel into Harpswell still leave many residents at risk.

One participant recounted her experience of her husband's heart attack, describing the wait for emergency services as a "terrifying" moment only relieved by the arrival of an ambulance more than 20 minutes later. While this story thankfully resulted in a happy ending, it nevertheless illustrates not just the physical risk, but also the potential emotional trauma residents experience as a direct result of inadequate access to emergency services.

Medical and elder care services for home bound residents, including those with advanced dementia, are also an issue. While only one participant identified as having current caregiving responsibilities, others had prior experience caring for disabled spouses, including one participant whose husband suffers from Parkinson's disease and was ultimately relocated to an assisted living facility at Mere Point.

While in-home care programs exist in a variety of forms, most are privately paid services that are cost-prohibitive for seniors with low income. And for those who can afford such services, they are again limited by their geography, with too few caregivers willing to travel to their remote community.

In-home care services that participants were familiar with or have used include: CHANS Home Health Care, Aging Excellence, Spectrum Generations, Hospice, Oasis Health Care, and Neighbors, Inc.

While historically seniors could rely on help from younger people within the community, the same changes that make finding help for home maintenance a challenge are also an obstacle for those needing informal help with everyday living activities. One informal caregiver expressed how difficult it was for her to find respite care for her father with dementia when she had to take her mother to a medical appointment. Taking her father was disruptive to him and difficult for her, but they had limited resources and she couldn't pay for assistance.

### Transportation is a Challenge

Harpswell is serviced by a limited public transportation system, providing local transit only one day per week. Such services could be a lifeline for elderly residents restricted to day-time driving or unable to drive at all; but most participants did not find the bus service as it currently operates a viable option because it has limited operation and is a fixed route. The rural terrain and lack of sidewalks makes getting to and from bus-stops—a distance often a half-a-mile or more from dwellings—a dangerous and exhausting undertaking. What's more, bus service is

suspended during winter months, leaving elderly residents with no public transportation at a time when they are most vulnerable.

Generally, participants were still driving, even though many remarked maybe they shouldn't be. They rely on neighbors when they need to and express concern about what they will do when they are no longer able to drive themselves.

Others remarked that transportation needed to be more robust than just to food and medical – that it had to include things that feed your soul. This woman remarked that it's very difficult to ask folks to rides to regular social events or clubs and that no longer being able to drive would be isolating.

### Access to Information is Needed

Harpwell residents regularly receive communications about news and services through a number of printed materials, including the Harpswell Anchor, Coastal Journal, and local newsletters. In addition, notices and advertisements are posted on information boards in local libraries, churches, post offices, and general stores.

While generally satisfied with the methods of communication available to them, when it came to more complex matters—like understanding medical insurance, availability of in-home services, financial planning, and taxes—residents from all regions were keen to find a source for bundled information, rather than trying to navigate various websites and information outlets.

### Barriers to Asking for Help

In an attempt to better understand the underlying cause of the resistance of older people to asking for help, participants were asked to identify possible barriers to and solutions for this challenge.

Some familiar problems quickly rose to the surface, including too few volunteers (now that many young families live outside of the area); and that new neighbors are too unfamiliar to ask. Several people offered stories about people who were afraid of losing their independence or of being removed from their home as reasons why they did not seek help. Others don't want to be a burden or don't trust people they don't know.

Even before the question was asked, several people remarked that pride keeps us from asking for help. One man simply said that it's hard enough to grow old without broadcasting that you're no longer able to do things yourself.

## Community Solutions

While individual groups proposed different solutions to such problems, the principles underlying many of their ideas were the same.

First and foremost, participants were adamant that any effort to meet the needs of older adults should be community-based, rather than operating through a government or non-profit program, private entity, or other outside group; some residents conveyed that the desire to interact only with people known to them would even preclude accepting help from residents in other Harpswell communities. Others suggested that we need to a place where we understand Harpswell as one Harpswell and that our efforts might help in uniting communities.

This strong focus on community-driven solutions, as well as sensitivity to the economic challenges faced by many aging residents, resulted in suggestions for various volunteer and barter/trade services rather than privately paid options; though some residents were open to using paid services. While helping cash-poor seniors contain costs, community-provided solutions offer the added benefit of maintaining a level of privacy, calming anxieties about the influx of outsiders into homes.

### Closing the Transportation Gap

Recognizing the transportation gap as a major limiting factor to living and aging well in their homes, participants were eager to offer a number of solutions from crowd-sourcing (a process of obtaining needed services through solicitation of a particular community or other large group of people, whether paid or volunteer) to ride-sharing.

In Harpswell Neck, residents discussed a plan to establish a volunteer time bank. Managed centrally, volunteers would report available time and be matched with a person in need of services, including but not limited to: driving to and from medical appointments, the grocery store, classes, events, and social gatherings.

Opting for a more equalitarian approach, Cundy's Harbor participants proposed a bartering system, whereby residents could trade skills or services for transportation. Under this system, elderly residents would be given the opportunity to engage and contribute to the community in ways that they are able, rather than simply relying on volunteers or incurring the cost of expensive services.

Out of all the focus group participants, those residing on Orr's Island and Bailey's Island are the most remote. Bus services are not available at all on Bailey's Island, home to some of Harpswell's oldest residents. It's therefore not surprising that this community envisioned a full-scale volunteer transportation network, with a designated dispatcher to facilitate connections.

Implementing a ridesharing program for trips into Brunswick, and generally making better use of taxi services were also suggested.

### Improving Access to Home Care Services

Many of the solutions proposed for narrowing the transportation gap could also be applied to the challenge of providing in-home care services—i.e. volunteer services and bartering time. To be sure, discussions about the proposed volunteer time bank and list of services for trade extended to providing things like cooking and helping with medications, in addition to driving.

Unique to discussions at Cundy’s Harbor was also an idea to establish a neighborhood watch program for seniors. By way of a phone service, trained staff like EMT’s, the police, fire department, or even other citizens, could monitor elderly residents on a daily basis, thereby providing a measure of personal assistance and security for those without dedicated in-home care services.

A published list of residents by age and location was also suggested, so that seniors could be checked on and provided assistance during emergencies or other critical events, like power outages.

### Support for Local Businesses: An Answer to Home Maintenance and Repair?

In addition to volunteered labor, some participants believe there is an opportunity to work with young people in the community to develop businesses that would support the aging—most notably services like home maintenance and repair, that are often beyond the physical capabilities of older residents—while allowing sufficient income to raise a family and remain in Harpswell.

### Overcoming Resistance to Asking for Help

With privacy and independence so highly valued by residents, overcoming such challenges will be difficult. To that end, one participant suggested “breaking the ice” with general conversation, rather than trying to force unwanted help. By doing the groundwork and developing a casual relationship, residents may be more forthcoming with requests for help when needed. Ultimately, developing relationships with older residents is important to establish trust.

Generally, participants suggested it was crucially important for people to know that help was available- that knowing it was available would make it easier to ask for it. They suggested having a single place to call to get help would be useful. They suggested that it is easier to call

the town or a church to get a referral or some assistance. Others suggested it would be good to have a list of trusted people who are able to help in one location that anyone can access.

Here again, the idea of providing value for the help was underscored. It would be easier to ask for help if you could also give back. For example, one person said if you fix something for me, I'll make you dinner. There is a desire to give back even if you might not be able to pay.

### Imagining an Ideal Community

As a final thought, participants were asked to describe their ideal community to age in. While opinions differed on how cosmopolitan an ideal environment would be (some participants cited New York City as the perfect place to age, given proximity of shops and social activity, while others were decidedly against a thriving metropolis), some obvious themes emerged:

#### **Walkable Neighborhoods**

Participants from each group agreed that having a walkable neighborhood was highly desirable. The addition of sidewalks, as well as more well-stocked shops and grocery stores within walking distance topped the list of suggestions.

#### **A Vibrant Town Center**

All participants, in some form or fashion, expressed a desire for improved access to amenities. For many, the solution is a more developed town center, where residents can enjoy a variety of shops and services, as well as expanded social and cultural activities. A nearby senior community, the Highlands, was offered as an example.

#### **Mixed-Age Population**

Opportunities to engage with young people and children were also cited as important features of an ideal place to age. Participants envisioned a kind of “tight-knit,” inclusive community—like Bowdoinham, where people of all ages came together to construct a school.

# Assessment Conclusions

Ideas and information shared by participants as part of the online survey and focus group discussions provide a foundation upon which the community and Harpswell at Home can work together to help solve some of the biggest obstacles to aging in place. HAH will continue to engage with community leaders and volunteers to mobilize efforts for community-driven responses to the needs of older residents. We will use the following conclusions from this assessment to guide this work.

## Strengths

1. With a large, healthy, active population of retired residents who are already engaged in volunteer efforts, Harpswell has an abundant wealth of talented volunteers who can assist in leading efforts to design and implement initiatives that support the needs of their older neighbors.
2. Harpswell residents have a long tradition of helping their neighbors and will be ready to help in this effort; In fact, many of the people participating in the survey and focus groups have indicated a strong willingness to help.
3. Older men are a strength in Harpswell and will be an important part of this effort. Creating ways they can offer help in exchange for receiving assistance they may need will enhance the community's assets.
4. Younger residents are a valuable part of our community and a necessary element to creating a vibrant community that supports people of all ages. Younger people have a critical role to play in this effort and older people have much to offer them.
5. Older adults are genuinely grateful for the efforts to date of HAH. They are appreciative of the opportunity to talk about the challenges of aging and eager to be a part of finding solutions that make our community stronger.

## Challenges

6. Harpswell's demography, geography and history present some unique cultural challenges that need to be considered in designing responses to the needs of older residents. These include geographic identities, income variables and perceived native/transplant/summer differences. Keeping HAH a grassroots group that is representative of the whole of Harpswell will help build a stronger Harpswell.

7. The greatest need among older residents in Harpswell is for help with simple home repair and chores. People are having a harder time locating workers and neighbors who can help with simple things like snow shoveling, changing batteries in a smoke detector or installing a storm door. They want a reliable way to find this help, either through a list of trusted sources or a place they can call to find help.
8. Like everyone else, older adults in Harpswell are clear that it's difficult to ask for the help they need. For them, asking for help admits vulnerability and jeopardizes their independence. To overcome this, residents suggest having a trusted, neutral place to contact and a means of offering value for the help – either through payment, barter or another exchange that values the wisdom and skills older adults have to offer.
9. Awareness of supports and services available to older adults in Harpswell needs to be increased through channels of communications that are used by older adults. Specifically, transportation, home health care, home delivered meals, respite and daily check-in programs are all available to Harpswell residents, and yet many survey respondents said they needed access to these services. Ensuring older adults know how to access services that are already available will help them remain independent.
10. While most Harpswell residents are transportation sufficient, those who are unable to drive are reliant on others to gain access to basic necessities. With many residents making routine daily trips to Brunswick, ride-share programs or pick/up delivery programs are seen by residents as viable options to increase elder independence.
11. Some informal caregivers are isolated and in need of information and support, including respite. They would welcome an opportunity to talk to and learn from one another.
12. Socialization opportunities are critical to helping older adults remain connected to community. Socialization is specifically indicated as a need by people over 80. Across all age segments, people will most likely participate in community meals and arts, music and cultural programs
13. There is a strong desire to increase year-round opportunities for walking and recreational activities, both for exercise and socialization.

# Appendices

## Harpswell At Home Survey

Also online at <https://www.surveymonkey.com/r/harpswellathome>

We hope you will help us better understand how folks are aging in Harpswell by filling out this quick survey hosted by Harpswell at Home. It won't take more than 10 minutes. **Complete the survey only for yourself. If you are a caregiver, assist that person in answering directly.**

Harpswell at Home is a group of Harpswell residents working in partnership with the Town of Harpswell and local organizations to assess and address the needs of older adults in our community. Only one person will have access to the raw data and all data that is reported will be anonymous. The results will help us focus discussions we'll host around Harpswell next fall. This survey is just the start of what will be a larger community conversation about what it's like to age here. After the community conversations, we'll publish our findings and recommendations.

1. What is your age range?      Under 50    50-60    61-70    71-80    81+
2. Where in Harpswell do you live:  
 Great Island/Cundy's Harbor      Orr's or Bailey's Islands      Harpswell Neck
3. Is Harpswell, ME your place of legal residence?    Yes    No
4. How would you describe your living arrangement? Do you  
 Own your home    Rent    Other: \_\_\_\_\_
5. How many people live in your household?  
 Self only    Self + 1    Self + 2    Self + 3    Self + 4 or more
6. To what extent are the following problems for you in your home? (1=Not at all, 5= Very Great)  
 Restricted physical mobility (such as problems with stairs)  
 Maintaining the home (such as lawn care, snow removal, routine repair)  
 Financial demands (such as taxes, repairs, daily expenses)  
 Transportation problems (such as access to groceries, doctor, errands)  
 Daily living demands (such as cooking, cleaning, carrying groceries)  
 Opportunities to see friends (such as social events, church meetings, card games)

7. How important is it for you to live in Harpswell for as long as possible?  
 Not at all     Somewhat     Very
8. Which of the following best describes your thinking about where you'll live in the future?  
 Stay in my current home  
 Relocate when my current home no longer meets my needs  
     If you plan to relocate, where will you go?  
      Stay in Harpswell if possible     Relocate somewhere else     Live with family
9. Are you aware of available elder care services in the area?  
 Yes, and I have used them     Yes, but I have not used them     No
10. Where do you get information about available services? Please check all that apply:  
 Email newsletter     Paper newsletter     Town website  
 Public access TV     Newspaper     Other \_\_\_\_\_
11. What kinds of services would be useful to you? (check all that apply)  
 Home health care providers (nurses, CNAs)  
 Home care services (personal care, cooking, housekeeping)  
 Home maintenance services (mowing, shoveling, raking)  
 Home repair (installation of grab bars or ramps, help fixing roofs, painting)  
 Daily telephone check-in and opportunity for conversations  
 Assistance with gaining access to food, including home delivered meals  
 Wellness classes or programs (falls prevention, disease management, etc.)  
 Rides to stores, church, social events  
 Not currently in need of any of these kinds of services  
 Other (please specify): \_\_\_\_\_
12. What kinds of social opportunities would you join if they were available? (check all that apply)  
 Educational opportunities  
 Volunteer activities  
 Arts, music and cultural events  
 Community suppers/breakfasts  
 Outdoor events (nature walks, fishing trips, kayaking, etc.)  
 Social events for older adults (lunches, cards, book or discussion groups, etc.)  
 Other: (please specify): \_\_\_\_\_

13. What is your current transportation situation?  
 I can transport myself to appointments, shopping, etc.  
 Sometimes I have to rely on others for transportation  
 I usually have to rely on others for rides

14. Have you used the new Harpswell bus service to Brunswick?  
 Yes  No  
If no, would you use the service if you had a ride to the bus stop?  
 Yes  No, I wouldn't use the service  
If no, why not? \_\_\_\_\_

15. Do you care for an older person in your household?  
 No  Yes. If yes, what help would be useful to you in relation to the care you provide:  
\_\_\_\_\_

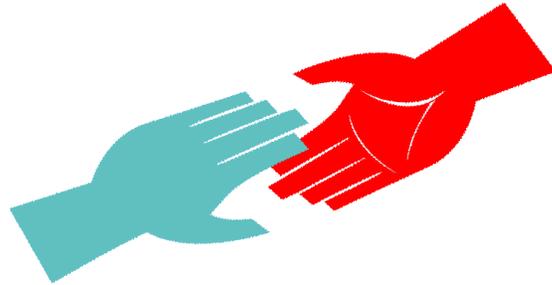
16. In addition to what we've asked above, are there things that would help older Harpswell residents to age in place? Please specify in the space below:  
\_\_\_\_\_

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**Completed copies can be returned to the Town Office in person or by mail:  
Town of Harpswell, P. O. Box 39, Harpswell, ME 04079**

**Have questions? Call Dave Brown at 725-5601 or Jess Maurer at 332-1640.**

# Harpswell Aging at Home



## Input Needed

- ✓ Are you over 60 and a legal resident of Harpswell?
- ✓ Are you willing to tell us what it's like to age in Harpswell?

If so, we need your help! During the first two weeks of December, from 2-3:30 p.m., Harpswell Aging at Home will host four small discussion groups to talk about the needs of older residents of Harpswell. Groups will be about 15 people.

Willing to help us out? Are you free from 2-3:30 on this date in your location?

Cundy's Harbor: December 7th

Orr's/Bailey Islands: December 10th

Great Island: December 3rd

Harpswell Neck: November 30th

Interested people should call Jess Maurer at 332-1640. Not everyone who calls will be selected because space is limited and we need to ensure age, gender and geographic diversity. Results of these discussions will be combined with results from the online survey to help Harpswell Aging at Home make recommendations about how best to help older adults age well in Harpswell.

## FOCUS GROUP QUESTIONS

Questions asked to focus group participants in Harpswell Neck, Great Island and Cundy's Harbor, and Orr's and Bailey Island.

1. What is it like to age in Harpswell?

- What things are helpful that we have here?
- Is there awareness of available services?

2. Where are the gaps in services for older adults in Harpswell (or Brunswick)?

- What are the barriers to services

3. What is the general willingness of older adults to ask for or accept help? Are there barriers?

- What gets in the way of asking for help?
- What kinds of offers of help are successful – why is it sometimes people feel comfortable taking/asking for help?

4. Help with home repair (painting, roofing, installing doors, etc.), home maintenance (shoveling, raking, mowing, etc.) and home care (help cleaning, shopping, cooking – not health related, etc.) were the top things older adults in Harpswell said they needed in our survey.

- Are these challenges for you or people you know?
- What would be the elements to designing a successful response to these needs?

5. Thinking about transportation – most folks are driving into their 90s and are still reliant on individual transportation to get to services. Even though they're driving, many older adults would be relieved if they didn't have to drive so far to access things like medication and food.

- What systems would you want in place if you were no longer able to drive?
- What kinds of things would reduce the stress of driving on older adults?

6. Describe what you think of as the ideal community in which to age?

## Endnotes

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- <sup>1</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table DP05.
- <sup>2</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table DP05.
- <sup>3</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table B01001.
- <sup>4</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table DP05.
- <sup>5</sup> US Census 2000, Table DP-1 in US Census Bureau & American Community Survey 5-year Estimates for 2010-2014, Table DP05
- <sup>6</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table DP05.
- <sup>7</sup> US Census, 2000, Table DP-1 and American Community Survey 5-year Estimates for 2010-2014, Table DP05.
- <sup>8</sup> Note: Figure excludes movers to Harpswell from within Cumberland County and excludes movers from outside the US. Source: US Census, American Community Survey 5-year Estimates for 2010-2014, Table B07001
- <sup>9</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table B01002
- <sup>10</sup> US Census, American Community Survey 5-year Estimates for 2010-2014, Table B01001
- <sup>11</sup> American Community Survey 5-year Estimates for 2010-2014, Table S1101
- <sup>12</sup> American Community Survey 5-year Estimates for 2006-2010, Table B25116.
- <sup>13</sup> American Community Survey 5-year Estimates for 2006-2010, Table B11006.
- <sup>14</sup> American Community Survey 5-year Estimates for 2006-2010, Table B25116.
- <sup>15</sup> American Community Survey 5-Year estimates for 2010-2014, Table B09020.
- <sup>16</sup> American Community Survey 5-year Estimates for 2006-2010, Table B25126.
- <sup>17</sup> American Community Survey 5-Year estimates for 2010-2014, Table DP03.
- <sup>18</sup> American Community Survey 5-Year estimates for 2010-2014, Table B19049.
- <sup>19</sup> American Community Survey 5-year Estimates for 2010-2014, Table DP03.
- <sup>20</sup> American Community Survey 5-Year estimates for 2010-2014, Table B19049 and B19215.
- <sup>21</sup>The Elder Economic Index, developed by Wider Opportunities for Women and the Gerontology Institute at the University of Massachusetts, Boston, examines what older adults and older couples need in order to age in place with dignity. The index does not include the cost of “extras” (e.g. meals out, gifts, electronic equipment, cost of pets). People living below an adequate income to meet day-to-day needs may have to make difficult choices about heating their home, purchasing nutritious food, or buying prescription drugs. Estimates are made for single individuals and for couples living in their own home with or without a mortgage or living in rental housing. For more information about the Elder Economic Index: <http://www.basiceconomicsecurity.org/more-info.aspx>
- <sup>22</sup> American Community Survey 5-Year estimates for 2010-2014, Table B17024
- <sup>23</sup> The participation rates allow for a 95% confidence level in the data with a 5.5% margin of error. Specifically, with a population of 2,076 (over 60) at a 95% confidence level and a 5.5% margin of error, statistics would suggest we need a survey response rate of 276.