

The Aging Imperative in Maine: Present Realities and Future Prospects

by Helen B. Miltiades

Lenard W. Kaye



Maine has one of the oldest populations in the United States. In this article, Helen Miltiades and Lenard Kaye (Kaye is guest editor for this special issue) provide an overview of our aging population and the challenges—and opportunities—we face in the “revolution in aging” that is taking place. They point out how the growing older adult population is expected to place greater demands on family caregivers, on the health and long-term care systems, and on state and federal budgetary and policy decisions. Describing some of Maine’s innovative public and private sector responses, they note that Maine has been in the forefront in providing home and community-based care for its frailer elders. At the same time, they emphasize that the aging population presents expanded opportunities, as increasing numbers of healthier older adults choose to remain in the labor force, to participate in education, and to play active roles in philanthropy, the arts, and as volunteers. 🐉

INTRODUCTION

The United States is experiencing an unprecedented aging of the population.¹ For the first time in the nation's history, over 13% of the population is aged 65 or older. By 2050, 70 million Americans—or over 20% of the U.S. population—will be 65 or older. The older population in the United States is growing at a pace that is three times faster than that of the young. Life expectancy is also increasing; people who are 65 today can expect on average to live 18 more years (Federal Interagency Forum on Aging Related Statistics 2000).

The revolution in aging has serious implications for the well-being of older adults, family caregivers, the health and social service infrastructure, and national and state expenditure patterns. On the one hand, a growing older adult population is expected to place greater demands on the health and long-term care system. On the other hand, an aging population presents increased opportunities in the fields of education, volunteerism, and tourism, as well as the retirement industry and labor force participation. Indeed, older adults repeatedly report later life to represent some of the best years of their lives. James Firman, president and CEO of the National Council on the Aging put it well: “We’ve entered a new age of old age... The possibility of experiencing positive, vital aging lasting into our tenth decade of life is one of the new realities of the 21st century” (National Council on the Aging 2000). It is obvious the state of Maine, like the United States, while having sobering realities also has exciting opportunities to consider in responding to the changing age profile of its citizens.

In this article we present an overview of Maine's aging population. We consider forecasted changes in family structure, function, and resources, particularly in terms of care provided to older adults. We highlight innovative service delivery programs that have emerged out of the public sector and the private marketplace in the past several years in response to changing family needs, especially those that reflect the expectation of increased choice and growing economic well-being among older consumers and their families. We argue that in order to prepare for an aging state, policies and

programs must be created to encourage the active participation of older adults in society as well as provide support for those who need specialized health and human services.

CHARACTERISTICS OF MAINE'S ELDERS

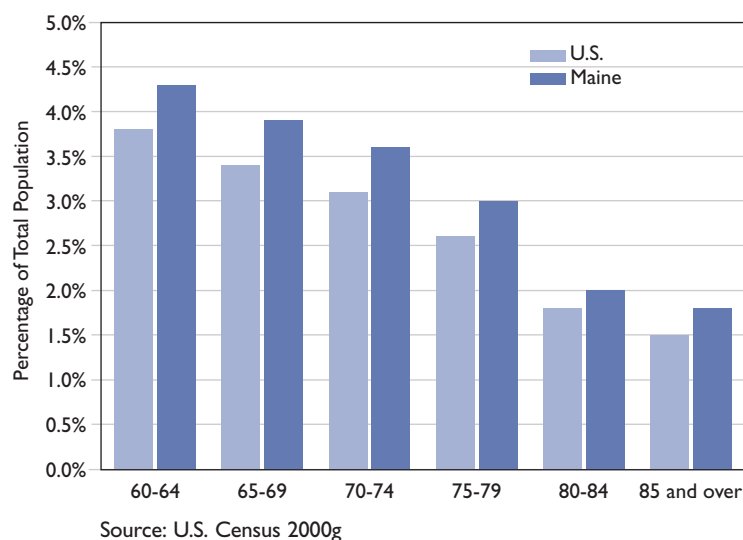
Maine is experiencing unprecedented population shifts and is in some respects ahead of the national curve. The 2000 census revealed that Maine was the seventh oldest state (U.S. Census 2000d, 2000g). As of 2002, Maine is tied with West Virginia in having the nation's oldest median age (U.S. Census 2002). The state will continue to have a high proportion of older adults; estimates suggest that in 2025, one in five—or 21.4%—of Maine's population will be over the age of 65. By far the fastest growing segment of older adults in the state are those aged 85 or older; this population is estimated to increase to 26% over the next 15 years. At that time over 30,000 Maine residents will be aged 85 or older (Maine Health Care Association 2003). Persons aged 85 or older are most likely to experience physical and cognitive impairments and to have lower incomes. These persons also are most likely to require nursing home care, medical treatment, and home- and community-based services. (See Figure 1 for the age distribution of older adults in Maine and the United States.)

In Maine, the challenges of serving the older population are compounded by the rural nature of the state. Nationally, 25% of all elders reside in rural areas (Kinsella and Velkoff 2001). However, in Maine over 50% of elders live in rural areas (Coalition for a Maine Aging Initiative 2001). Elders in rural areas are likely



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FIGURE 1: Age Distribution of the Elder Population: Maine and the United States (2000)



to have more health care needs, nutritional risk, and higher incidence of chronic health conditions. Service use in rural communities is often hampered by geographic inaccessibility, lack of transportation, limited service availability, and the inability on the part of older adults to pay for needed care. In short, elders who reside in rural areas have poorer access to care, poorer health status, and require greater levels of care compared to their urban counterparts (Porell and Miltiades 2002).

Another challenge associated with the rural geography of Maine is poverty. Nationally, the current generation of elders has more disposable income than prior generations. Poverty among older Americans hit an all time low of 9.7% in 1999, down from 10.5% in 1998. This is even better than the 11.8% poverty rate in 1999 for the population as a whole, which was the lowest in 20 years (AARP News 2000). Compared to national averages, 10.2% of older adults in Maine are below the federal poverty level (U.S. Census 2000f). Although on the surface it appears that older adult poverty rates are relatively low in Maine, a closer examination of poverty rates by county reveals that on

average poverty rates are significantly higher for older Maine residents who reside in rural areas than for elders in urban areas. For example, 19% of the population aged 65 or older in Washington County is below the poverty level, whereas only 7.4% of the population aged 65 or older is below poverty in Cumberland County (U.S. Census 2000a).

Even though according to government definitions the majority of older Maine residents are not living in poverty, many still have considerable difficulty making ends meet. Indeed, if those older adults living near poverty (at 125% or less of the official poverty level) are factored in, the proportion of financially vulnerable older adults grows significantly. The 2002 census estimates indicate that 6.5% of all older adults are near poor. In Maine, the average annual income from Social Security for retired workers in 2001 was approximately \$9,660 compared to the national average of \$10,488 (U.S. Census 2000f). Almost 6,000 older adults in Maine received Supplemental Security Income (SSI) payments from the federal government in 2001. The average annual SSI income in 2001 for an individual was \$3,972 (Office of Research, Evaluation, and Statistics 2001). Thirty-six percent of all Maine applicants for the federal Low Income Home Energy Assistance Program in the last fiscal year (2001-2002) were older adults (Acheson 2003).

Maine elders' housing arrangements also are somewhat different than for elders nationwide. Home ownership rates in Maine are high compared to national averages, except for those in the oldest age brackets (age 75 and up) whose home ownership rates are somewhat lower than the national averages (U.S. Census Bureau 2000b). (For a detailed breakdown of home ownership rates in Maine and the United States, see Table 1 of Golant's article in this issue.) In general, older adults are more likely than younger adults to own homes built before the 1960s. These homes are more likely to be in need of repair and the value of these homes is lower than the national average (Office of Policy Development and U.S. Department of Housing and Urban Development 1999). In terms of household composition, compared to national averages, Maine has a higher percentage of older adults living with a

spouse or alone, but a lower percentage of older adults living with other relatives (U.S. Census Bureau 2000c). (For a more comprehensive breakdown of living arrangements in the United States and Maine see Figures 2 and 3.)

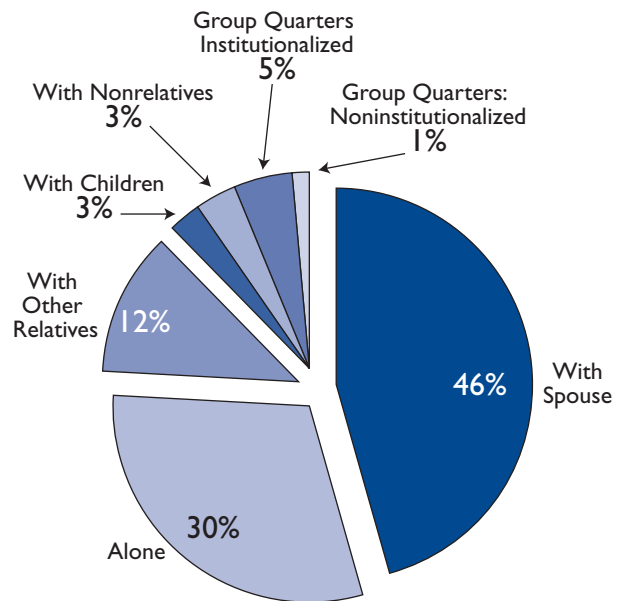
SOCIETAL TRENDS AFFECTING FAMILY LIFE AND THE AGING EXPERIENCE

At the same time that Maine, like the rest of America, is in the midst of an aging revolution, its families also are undergoing demographic shifts that can be expected to influence the extent of familial resources that can be allocated to providing care for older relatives in the years ahead. At least three trends in particular are anticipated to increase the challenges families face in providing care for their elders.

Historically, women have been counted among the traditional corps of family members who can be expected to come to the aid of older frail relatives. However, a now well-established trend is the increasing number of women in the workforce. As each year passes, larger proportions of women are assuming professional roles that may reduce their time and energy available for providing care for older family members. These women have been designated the “sandwich generation” as they are often caught between work and family caregiving responsibilities (Bengtson, Rosenthal, and Burton 1995). These women may be reaching their absorptive capacity in terms of time, energy, and resources available for helping their mothers, fathers, and older spouses in need of aid.

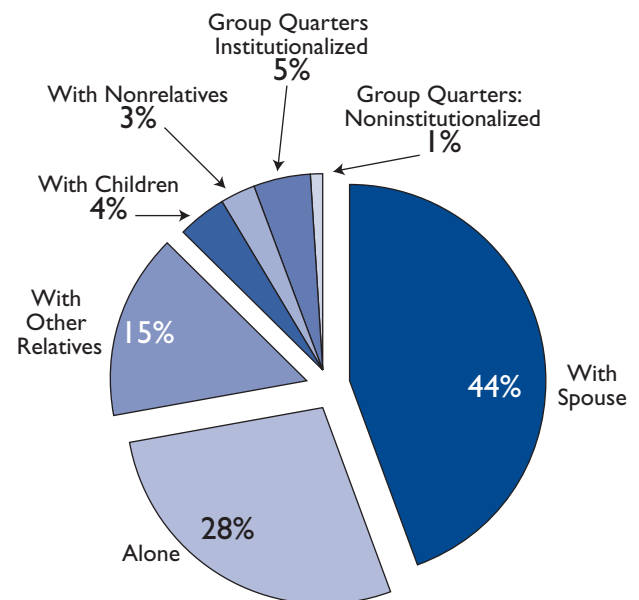
Another emerging trend that can be expected to affect the availability of caregiving aid is decreasing family size. This is partly due to delayed childbearing among women, particularly by those in higher socioeconomic groups. Women are having fewer children. The emerging “beanpole” family structure results in lesser numbers of younger people to care for older generations (Bengtson, Rosenthal, and Burton 1990). This increases the likelihood that middle-aged and older women will increasingly become consumed by the concurrent responsibilities of caring for two potentially dependent generations. It is noteworthy

FIGURE 2: **Living Arrangements, Persons Aged 65 and Over, Maine (2000)**



Source: U.S. Census 2000c

FIGURE 3: **Living Arrangements, Persons Aged 65 and Over, United States (2000)**



Source: U.S. Census 2000c

that the youth population in Maine is estimated to decrease by 20% over the next 25 years (Coalition for a Maine Aging Initiative 2001). These combined trends further strain available family resources to care for older relatives.

Yet another noteworthy demographic trend is the out-migration of young career professionals. As a result, nationally more than seven million family members care for relatives while living hundreds and even thousands of miles away from them. The number of these “long-distance caregivers” is expected to double to some 15 million family caregivers in the next 15 years (National Council on the Aging 2000). Following national trends, dramatic increases in the number of long-distance caregivers can be expected as the sons and daughters of Maine’s older citizens continue to explore both out-of-state and more urbanized in-state options for establishing their careers and raising their families.

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Despite challenges, families have proven to be fiercely loyal in providing care. The extent to which family members help older relatives should not be underestimated. Over 80% of older adults who are eligible for long-term care services in Maine have family members and/or friends who provide enough support to help these elders remain in the community (Bureau of Elder and Adult Services 2001). The economic value of the care provided by families in Maine is estimated to be \$942 million yearly (Arno, Levine, and Memmott 1999). When compared to state and federal spending on long-term care services in Maine (\$333,133,826 in 2002), it is obvious that caring for older adults is first and foremost a family affair (Bureau of Elder and Adult Services 2002b). One reason that reliance on family members remains

strong appears to be the fierce, rugged independence that epitomizes the spirit of Maine residents. Many older adults and their families in fact try to “go it alone,” forgoing service use until caregiver fatigue becomes overwhelming. Indeed, caring for an infirm older parent or spouse is demanding work. A survey by the National Alliance for Caregiving confirms that help with the stress and strain associated with the responsibilities of caregiving is foremost in the minds of people caring for elderly relatives (NASW News 1998).

At the same time that some older persons require assistance, others provide invaluable support to their families. One example is the growth of grandparent-headed households. Nationally, 2.4 million grandparents are raising their grandchildren in the absence of the children’s parents. In Maine, over 13,000 grandparents live in multigenerational households, and of these households, 39% of the grandparents are responsible for raising their grandchildren (U.S. Census 2000e). Most grandchildren reside with their grandparents due to their parent’s inability to provide care for reasons such as death, divorce, substance abuse, mental health problems, incarceration, and poverty. Grandparents raising grandchildren face various obstacles. These include the possibility that retirees may not be financially prepared to raise another generation; that older grandparents may have chronic illness; and that grandparents who are not legal guardians have difficulties placing their grandchildren on their health insurance and enrolling grandchildren in school. Often, affordable housing that can jointly accommodate both younger and older generations is extremely scarce. Given the growing phenomenon of grandparents raising grandchildren, state agencies and legislatures are beginning to consider strategies for providing support to this new family form.

The continuing vertical expansion of families (through extended life span), and the concurrent shrinkage of those same families horizontally (as a result of declining birthrates and high divorce rates), speaks to a predicted scarcity of family caregivers in the future and the increasing likelihood that caregivers themselves will be aging and vulnerable. Changing family structure also has important implications for quality of family life generally because stresses placed on caregivers can affect

children and family well-being. Understandably, it is crucial that the state of Maine respect and preserve whenever possible the sanctity and integrity of the older person's immediate and personal network of caregivers. The importance of a well-established service delivery system and the invaluable assistance it can offer families to support their older relatives in the community cannot be overlooked. In thinking about the relationship between formal support services and family care, it is extremely important to implement strategies that supplement rather than substitute for informal support. In that way, Maine traditions of family and community allegiance will be respected and preserved.

POLICIES AND PROGRAMS TO MEET THE HEALTH AND LONG-TERM CARE CHALLENGE OF MAINE'S ELDERS

Although relatives shoulder the lion's share of elder support, the government will need to continue to bear a measure of responsibility by maintaining a safety net of entitlements, benefits, and services for older adults. Meeting the health and long-term care needs of older adults is especially challenging given the realities of fiscal conservancy and attempts by the federal government to control spiraling Medicare and Medicaid costs. No doubt, health care reform and managed care will continue to have a dramatic effect on the shape and form of needed services for this nation's vulnerable populations. Similarly, the state of Maine will face difficult choices regarding the financing of long-term care.

Passage of the federal Tax Equity and Fiscal Responsibility Act of 1982 and the Balanced Budget Act of 1997 set strict limitations on current medical care and home care reimbursement policies. As a result, health care services were consolidated, hospital stays were reduced, and community-based care was emphasized. This raises concerns by some regarding the adequacy of financial incentives for serving older adults with serious chronic health problems, and the possibility that service reductions will occur. Although the impact of the Balanced Budget Act was softened through legislation passed in 1999, concerns regarding the implications of contraction in the Medicare home

health program and other public sources of long-term care financing remain. On the other hand, the recent vote by the U.S. House and Senate regarding expanding Medicare to cover prescription drugs is a hopeful development in the federal government's commitment to long-term care.

The state of Maine has responded to limitations in federal law and enacted several policies and programs that have attracted national attention through the implementation of strategies to effectively and efficiently serve the older population.

First, Maine has been at the forefront in providing home- and community-based services as an alternative to nursing home care or hospital stays. Compared to the national average of 14%, Maine spends 30% of its long-term care budget on home- and community-based care (Pohlmann 2003). Rather than increasing nursing home beds, services are more likely to be provided at home or in local agencies. Even though the state's population is aging, this strategy has led to a 10% decrease in long-term care spending since 1995. Such an orientation to service provision also has been responsive to the overwhelming preference by older adults to remain in the familiar surroundings of their own homes and communities for as long as possible (Hooyman and Kiyak 2002).

Maine continues to work to expand home- and community-based services. This expansion is aided by federal monies. After five years of political deadlock, in 2000 the U.S. House and Senate finally voted to reauthorize the Older Americans Act. This legislation strengthens and improves services for older adults, including nursing home ombudsmen, legal assistance, employment,

**THE MAINE
PRIMARY PARTNERS
IN CAREGIVING,**
a joint project of the University of Maine Center on Aging and the Eastern Agency on Aging, is a project based in the state designed to assist caregivers by linking the health care system and local area agencies on aging. The project provides educational resources and training to primary care physicians regarding caregiver stress, and links caregivers to appropriate service and health agencies. After two years of operation, the project has 15 participating primary care practice sites, has screened more than 7,250 primary care practice patients, and identified almost 500 caregivers under stress, 85% of whom have, as a result of this project, received services for reducing caregiving stress. The early findings from this project indicate that given the appropriate resources, caregiving stress and strain can, at the very minimum, be controlled, if not reduced.

transportation, and elder abuse programs. The new legislation includes the National Family Caregiver Support Program—designed to help hundreds of thousands of families struggling to care for older relatives who are ill and disabled. The Older Americans Act has resulted in the influx of \$113 million in grants to states, including an allocation of \$564,300 for the state of Maine.

The emphasis on community- and home-based care calls for creative designs in service products, delivery, agency partnerships, and funding. Policies and programs aimed at serving older adults who are geographically dispersed in rural areas will require innovative strategies. Geriatric care management services, currently minimally available in the state, can be expected to expand significantly in Maine in the years ahead. These services have flourished to greater degrees elsewhere in the nation. Geriatric care managers operate out of both public agencies and private firms. They provide case management, assess health and functional status, secure needed services, and provide emotional support to caregivers. These professionals represent a neutral third party dealing with difficult and emotional decisions and mediating between adult children and their elderly parents. More of these professionals are needed, especially those whose services can be obtained by middle- and lower-income older adults and their relatives.

Second, the state of Maine has developed a streamlined process to assess the needs of older Maine residents and to identify services best suited to meet those needs. Maine is one of only three states that use a single instrument to assess the need for long-term care services and a single independent agency to conduct the assessments. This process aims to curtail assessment costs and to ensure that older Maine residents receive appropriate services in a timely manner. Due to this process, only 1% of the long-term care budget in Maine is spent on assessment (Bureau of Elder and Adult Services 2001). The challenge of standardized assessment, of course, is to ensure that such a process is adequately sensitive to the unique and personal situations, differences, and complications that often drive the need for service use among older Maine citizens.

Third, Maine has developed programs that center on preventing injury and/or illness. For example, a model program has been developed to prevent falls and related injury and death among older Maine citizens (Palombo, Annunziata, McHugh, and Lock 2003). The Bureau of Elder and Adult Services has funded area agencies on aging to provide training and home modification services (such as grab bars) to allow older adults to live at home without the fear of falling. Focusing on preventive measures may ultimately save the state significant dollars. However, there is currently a lack of funds to continue this program and other programs focused on preventive measures.

Fourth, the state of Maine has been sensitive to the prescription drug coverage needs of older adults. Given the state's proximity to the Canadian border, Maine residents are particularly aware of the prescription drug battle. Prescription drug costs in Canada are considerably lower than the United States. As a result, many retirees from the United States cross the Maine-Canadian border to purchase prescription medications. If the prescription drugs purchased in Canada do not exceed a three-month supply, customs officials will not seize the medications. On average, purchasing drugs in Canada results in a 60% savings over U.S. prices (Brink 2003). The Maine Rx program seeks to address the high costs of prescription medication for uninsured individuals in Maine by discounting the prices for prescription medication (Brink 2003). The idea of purchasing prescription medications in bulk and passing the savings to consumers has received nationwide attention. Recent events at the national level hint at a potential compromise between the House and the Senate regarding Medicare's coverage of prescription drugs. It is possible that within this decade senior citizens will have genuine options regarding prescription drug coverage (Goldstein and Dewar 2003).

Nursing Home Care

The strategy of home- and community-based services has created challenges for the nursing home industry. The demographic profile of the older adult in need of long-term care services differs dramatically from the average older Maine adult. In 2000, 16,359

Maine residents were assessed for long-term care services (Bureau of Elder and Adult Services 2001). Of these older adults, 40% were living below the federal poverty level, and almost half lived alone. Elders who enter nursing homes in Maine have more chronic illness and higher levels of disability than national averages for nursing home entrees (Maine Health Care Association 2003). Nationally, approximately 19.7% of older Americans are chronically disabled (Centers on the Demography and Economics of Aging 1999). However, in Maine it is estimated that 39% of older adults have a severe disability, and 17% need some type of assistance with daily living (Bureau of Elder and Adult Services 2002a). Given these figures it is not surprising that Maine has the third highest disabled nursing home population in the United States. (Pohlmann 2003). Even so, the proportion of older adults residing in nursing homes in Maine is roughly equivalent to national rates (Bureau of Elder and Adult Services 2002; Maddox 2001). It is notable that although nursing home costs in Maine are higher than the national average, reimbursement rates for nursing homes in the state are also among the nation's highest (*Concord Monitor* 2003). Staffing ratios at long-term care facilities in Maine are among the nation's highest as well. Unfortunately, over half of these long-term care positions turn over annually (Pohlmann 2003). Staff turnover can compromise the quality of care and well-being of nursing home residents. Moreover, shortages in Maine in professions such as nursing and long-term care workers are already severe.

Mental Health

Mental health services are an often overlooked area of health care. National estimates indicate that between 10% and 20% of older adults need mental health treatment (Hooyman and Kiyak 2001). The most common mental health issues that older adults confront are depression and the various dementias (Hooyman and Kiyak 2001). Depression in older adults is a serious issue; in Maine the rate of suicide among older adults is three times higher than the suicide rate of adolescents (Joint Advisory Committee on Select Services for Older Persons 2000). It is estimated that 20% of Maine's elders experience mental health disorders (Joint

Advisory Committee on Select Services for Older Persons 2000). However, only 9% receive treatment. Furthermore, the majority (85%) of these elders receive psychotropic medications without mental health counseling (Joint Advisory Committee on Select Services for Older Persons 2000). One of the biggest barriers to mental health treatment is payment for services. Whereas Medicaid covers outpatient and inpatient mental health services, Medicare covers only limited outpatient and inpatient mental health services.

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The state of Maine faces additional barriers in meeting the mental health care needs of older adults. The Department of Behavioral and Development Services estimates that approximately 10% of persons with mental retardation receiving services are aged 65 or older (Trites 2000). The majority reside with family members, many of whom are older parents. Should an older parent become physically frail, residential placement for the mentally retarded offspring may become the only option. In order to avoid crisis, the service system might well consider alternative strategies to replace the support provided by aging caregivers when the need arises.

A similar service gap exists in treating older adults who abuse substances, predominantly alcohol. It is estimated that 10-15% of older adults have alcohol-related problems; two-thirds of these older adults developed alcohol dependence in later life (Trites 2000). Currently the Office of Substance Abuse in Maine does not tailor or fund programs specifically targeted toward older adults (Joint Advisory Committee on Selected Services for Older Persons 2000).

Maine has responded to the mental health needs of older adults by creating psychogeriatric teams. These teams range from one to seven members and provide

basic psychological services to older adults in agencies, long-term care settings, and in the community (Joint Advisory Committee on Selected Services for Older Persons 2000). Currently, there are 10 teams in operation. The demand for the service is growing, but increased state funds have not been allocated to support this multi-disciplinary geriatric-specific service. This has led to long waiting lists and gaps in service delivery. Since older adults do respond to mental health treatment (Department of Health and Human Services 2001), it is imperative that funding for psychogeriatric teams is increased.

OTHER INNOVATIVE SERVICES

The private sector is an emerging force in providing services for older adults. For employed caregivers, more and more companies offer elder care resource and referral services that will help an employee locate needed services for an older relative. Company-based services require thoughtful planning and design so that they will be responsive to the needs of employees and be adequately utilized. They also need to be designed in such a way as to be cost-effective for employers. Eldercare locator services and telephone hotlines offer similar services, and may be available through local area agencies on aging.

**Workforce participation by older adults
has been steadily climbing since the 1980s.**

High-technology services delivered in the homes of older adults are increasingly available, both in Maine and elsewhere. Miniaturized and portable nutrition and hydration equipment, mechanical ventilation, intravenous therapies, computerized health monitoring equipment, and other medical equipment are increasingly commonplace. Providers of durable medical products and technologies can be expected to assume increased importance in the years ahead. Other technologies that are increasingly available include:

personal emergency response systems, telemedicine and telehealth computer technology, home robotics, and numerous other “smart house” applications. It is readily apparent that the boundaries between home and hospital are becoming increasingly blurred. These high-tech services have particular value in rural communities and regions of the country such as Maine. However, the effective and efficient provision of these services requires well-trained personnel who are able to ensure that elders and their relatives are comfortable with and properly and safely use such technology. In particular, attention must be paid to equipment design, as older adults may have poor vision, arthritis, or other health conditions that may hinder equipment use (Kaye and Davitt 1999).

Transportation becomes a crucial issue for many older adults who may be forced to relinquish driving due to physical or cognitive health decline. Transportation for older adults in Maine is more difficult to obtain, given the rural nature of the state. One innovative example of what can be done is the Independent Transportation Network, a small nonprofit organization that operates out of Portland. The goal of this organization is to provide an economically sustainable transportation service that caters to the needs of older adults. The organization uses volunteers to drive cars, allows older adults to pick the route of transport, and has a system of rideshares. This personalized and individualized service allows older adults with health care needs to be transported efficiently and with minimal stress to health care providers and other agencies. Over 600 older adults utilize this service (Freund 1998). This service targets individual needs rather than serving multiple persons simultaneously, as is the case with bus and van transport provided by the METRO and Regional Transportation Program in Portland. As the need for transportation increases, multiple methods for service delivery and partnerships with nonprofit organizations should be explored.

The scenario painted of emergent innovation in elder care services, combined with underdeveloped supportive policy at the federal level, suggests that the state of Maine must step forward in accepting the challenge of preparing itself for current and future generations of older adults. Other options for improving

service delivery are likely to increasingly grow out of partnerships among non-profit, public, and proprietary organizations. Sophisticated community service networks that include formal service providers, nonprofit organizations, and the family must emerge to encourage comprehensive and reliable support for older adults in need. Only the creative and innovative minds of well-educated health and human service planners and providers will ensure that services are soundly designed and delivered by organizational enterprises that are sensitive to consumer need while simultaneously being fiscally sustainable.

OLDER AMERICANS AS RESOURCES

Some forecasters predict the graying of America will lead to the ultimate demise of the American economy as retirement and health care systems collapse under the pressure of so many “unproductive” retirees. Others speak to the emergence of unprecedented opportunities as a consequence of extended life span. The aging baby boomers have been called America’s “true wealth” (Roszak 1998). Their wealth lies in their contributions to societal well-being by their propensity to volunteer in the community, enrich family life, and bolster the workforce.

As longevity increases, many older adults have the opportunity to develop new roles in later life. Almost half (47.5%) of the older adult population in the United States volunteer. Volunteering takes many forms. Some older adults volunteer in an organization, whereas others take a more informal role such as helping a neighbor with transportation or shoveling snow. It is estimated that older adults provide an average of 3.3 volunteer hours a week and older persons contribute approximately 71.2 billion dollars of volunteer time nationwide (Saxon-Harrold, McCormack, and Hume 2000). This is a substantial contribution. Even more elders would likely volunteer if they were asked and were given the opportunity to contribute meaningfully to the community they serve. In addition to benefiting the community, volunteering contributes positively to the health and psychological well-being of older adults (Morrow-Howell, Hinterlong, Rozario, and Tang 2003). Given the importance of volunteering in the lives of

older adults, it is critical for communities to nurture volunteer opportunities for older adults.

Although many older adults develop new roles after retirement, some continue to contribute to the labor force. Recent changes in federal policy should encourage higher numbers of older adults to seek employment. In April 2000, President Clinton signed into law the repeal of the earnings limit for Social Security beneficiaries between the ages of 65 and 69. No longer will beneficiaries in that age bracket be penalized for remaining in the workforce. That group can continue to remain employed full-time and still collect the full amount of their Social Security benefits. Such a policy change responds, of course, to both shifting demographics and future labor market needs. Currently in Maine, for every 23 people who are aged 65 and older, there are 100 people of working age (Maine Economic Growth Council 2003). This ratio is projected to decline as the baby boomers age. In order to supplement the shrinking workforce of younger adults, older adults should be encouraged to remain in the workforce.

By means of amending Social Security policy, the government is not only

**THE UNIVERSITY OF MAINE
CENTER ON AGING'S
RETIRED AND SENIOR
VOLUNTEER PROGRAM
(RSVP)** of Penobscot and Piscataquis counties is one program designed to create meaningful volunteer opportunities (this program is now expanding services into Washington and Hancock counties). The program links individuals 55 and older, who have various backgrounds and skills, with organizations needing their volunteer services. Volunteers are active in such areas as transportation, meal delivery, youth literacy programs, national and homeland security programs, and business and executive services. This program responds to the changing demographic profile, increasingly sophisticated skill set, and high expectations of the next generation of older volunteers (Kaye in press). At the same time, it reflects a strong appreciation for the evolving needs of the communities, organizations, and citizens of Maine. The RSVP program is primarily funded through the federal government, and has four additional organizational sponsors operating throughout Maine. The chapter in York and Cumberland has approximately 700 volunteers who contribute 70,000 volunteer hours per year (Maine State Planning Office 1999). The University of Maine program has approximately 682 volunteers who contribute 102,336 volunteer hours per year. Clearly, older adults benefit the communities they serve.

buttressing the Social Security trust fund but they also are sending the message that older adults can and should remain productively engaged and integrated in American society. Workforce participation among older adults has been steadily climbing since the 1980s. According to the Bureau of Labor Statistics some 16.6 million 55-plus Americans are now working, a rate of 32%; this is expected to jump to 37%—or some 23 million persons—by 2006. In Maine, approximately 20% of men and 11% of women continue to work full-time after age 65 (Maine State Planning Office 1999). Involving older adults in the workforce will become a crucial aspect of maintaining a healthy economy in the state.

Overall, government and social institutions have been slow to respond to the demographic imperatives of an aging society.

LIFELONG LEARNING

Many older adults also engage in lifelong learning. The American Association of Retired Persons has released findings from a study designed to assess how older adults learn (AARP 2000). Older adults indicated that they would like to learn in loosely structured group settings, and that they would be willing to pay a nominal amount for such opportunities. The desire of older adults to continue learning has led to the proliferation of special programs and classes, such as life-long learning institutes and elderhostels, designed to engage older adults in various educational experiences inside and outside the classroom. Elderhostels offer short, two- to three-week programs that provide adults with a variety of topics in over 90 countries (Elderhostel 2003). Over 200,000 adults participate each year in elderhostels throughout the United States. By remaining engaged in learning, older adults increase

the size of their social networks and stimulate their minds. Additionally, some academic programs teach older adults important skills for taking on new roles in the labor force and within communities. Maine Senior College is a similar concept. The courses offered are intellectually stimulating and enjoyable learning experiences that cover a wide variety of topics, some educational, business, and recreational. There are 14 senior colleges in the state of Maine. Over 3,500 seniors enroll each year in courses. Maine is an ideal state for developing later life learning programs for older adults, and in fact has emerged as a pioneer in this area of programming. Many older adults enjoy traveling to learn new hobbies, and Maine offers a plethora of recreational hobbies for all seasons.

Certainly, institutions of higher learning will be pressed into service by the call for expanding numbers of well-trained public administrators, health care managers, human service planners, nurses, and social workers needed to serve the older population in the twenty-first century. Excellent examples of creative education, research and service programs emerging out of multidisciplinary alliances between diverse units of educational institutions and communities offer degree as well as certificate programs. For example, the Gerontology Center at the University of Massachusetts/Boston offers students one day a week classes that focus on relevant state and federal policy for older individuals. The students learn how to identify and address the needs of older individuals by advocating on the policy level.

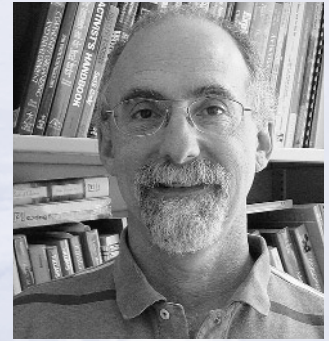
As older persons emerge as a significant force in today's marketplace, they will have much to say in terms of the responsiveness required of societal institutions, such as the field of higher education to meet their needs. They also will be increasingly vocal in their call for a wide range of choices and options made available to them in the way of other services and programs in the years ahead. A case in point of the expanding clout and strengthening voice of older adults is the American Association of Retired Persons (AARP), whose national headquarters occupies an entire city block in Washington, D.C. Their membership has mushroomed to more than 35 million persons.

CONCLUSION

Overall, government and societal institutions have been slow to respond to the demographic imperative of an aging society. For the past 20 years, population forecasters have warned us that we need to prepare for an aging population. Educators, alongside business leaders, health care providers, government officials, and families need to ready themselves for the elder cohort of tomorrow. The “new aged,” those entering later life now and into the future, will seek to achieve greater autonomy in their lives. Their activism will transform not only their own lives but also the lives of America’s families and the societal institutions that have been established to meet the needs an aging society. Society should expect an undeniable call to arms as the public, not-for-profit, and proprietary health and human service sectors are pressed into action to serve the dramatically rising number of older Americans and challenged family members caring for fragile elders. At the same time, the elders of tomorrow will be increasingly healthy and financially secure. These older adults will require volunteer and workforce opportunities that allow them to realize their full potential and continue to utilize their skills into advanced old age. As long as we ready ourselves for both the challenges and opportunities of an aging nation, increased societal well-being can be realized within the boundaries of the state of Maine and beyond. 🐟



Helen Miltiades, Ph.D., is an Assistant Professor at Shippensburg University in the Department of Social Work and Gerontology. She served as the first BAC/Toyota Visiting Geriatric Scholar at the University of Maine Center on Aging during the summer of 2003. She is currently involved in a study sponsored by the Pennsylvania Department on Aging that examines the effects of senior centers on the physical and psychological well-being of rural elders. Other areas of research interest include caregiving, innovative service delivery strategies in rural areas, and cultural differences in aging.



Lenard W. Kaye, D.S.W., is Director of the University of Maine Center on Aging and Professor in the School of Social Work. He has published approximately 100 journal articles and book chapters, and 10 books on specialized topics in aging, including older men, home health care, family caregiving, controversial issues in aging, support groups for older women, and congregate housing. Two new edited volumes, *Perspectives on Productive Aging: Social Work with the New Aged* and *Gerontological Social Work in Small Towns and Rural Communities* (Sandra S. Butler, co-editor), will be released shortly.

ENDNOTE

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Please turn the page for article references.

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