

Issue Brief

Health and Aging: A Roadmap for Maine's Older Adults and Their Families

The rapid aging of Maine's population has created a range of challenges associated with maximizing the health and well-being of our older citizens. This issue brief considers a series of policy and programmatic approaches to promoting healthy aging lifestyles in the state while insuring the continued involvement of relatives and other informal supports in all such efforts.

Where We've Been

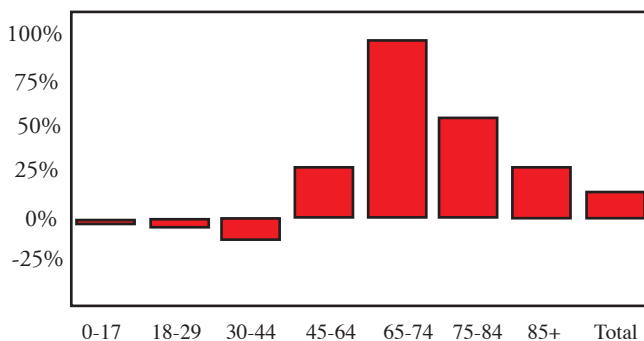
Maine's most valuable natural resource has always been the people that live within its borders. Over the past two decades the population demographic within this state has experienced a major shift. By the year 2025, one in five Mainers will be over the age of 65 (Office of Elder Services, 2006). At the same time, the youth population within our state is declining steadily. These changes will necessitate the need to strategically plan how to use limited resources within our state to develop services for this population. The chart below summarizes the projected changes by age group.

Promoting Healthy Aging Lifestyles

Much of the current legislation that governs policy decisions regarding social service delivery and allocation of funds for Maine's elders is funneled through the Older Americans Act (OAA). The OAA has been in existence for over 40 years, and was reauthorized for an additional five years when it was signed into law on October 17, 2006. However, over the past twenty years the funding level has not kept pace with the needs of the aging population (National Committee to Preserve Social Security, 2006).

One key facet that has been under-addressed in current aging-related legislation is the promotion of a healthy and active lifestyle among aging citizens. A 2004 report titled *State of Aging and Health in America* found that two-thirds of older Americans are not eating the recommended five servings of fruits and vegetables a day (Center for Disease Control and Prevention, 2006). Physical activity also rates low on the priority list of

Percent Population Change by Age Cohort
Maine 1999-2025



Source: Maine Development Foundation, Lachance, 2006

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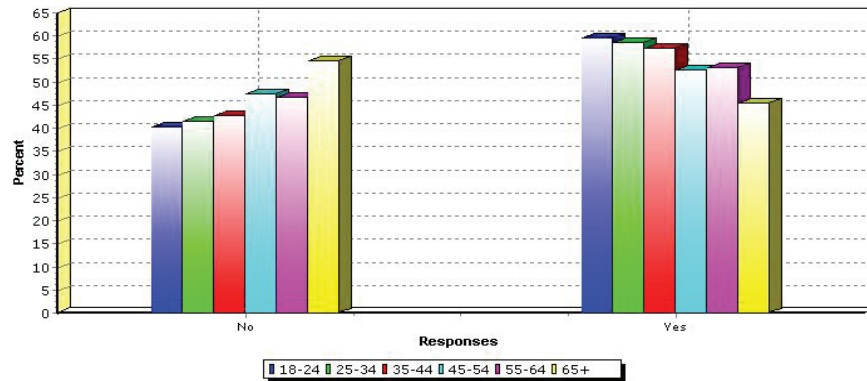
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Fast Facts

- According to the 2005 American Community Survey, Maine is the oldest state in the nation with a median age of 41.2 years, while the national average is 36.4 years. (OES, 2006)
- Approximately 88% of adults over the age of 65 have at least one chronic health condition. (ASA, 2006)
- By 2020 the estimated cost for falls-related injuries for people age 65 and older is expected to reach \$43.8 billion. (NCA, 2005)
- The economic value of care provided by families in Maine is estimated to be \$942 million yearly. (Arno, Levine & Memmott, 1999)
- Over the course of a lifetime, the average caregiver sacrifices approximately \$566,000. (NCWA, 1999)

Moderate or Vigorous Physical Activity Maine - 2005



Source: National Center for Chronic Disease Prevention & Health Promotion
Behavioral Risk Factor Surveillance System 2005

older Americans. Keeping fit ranks so low that by age 75 one in two women and one in three men get no daily physical activity (American Society on Aging, 2005). Exercise provides the following proven benefits:

- Physical activity
- Mental and emotional well-being
- Socialization
- Mobility and independence

The absence of health promotion values, policies and programs have brought us to a point within our own state where almost 61% of our citizens aged 65 and older are classified as either overweight or obese. Approximately 54% of Mainers age 65 and over do not engage in at least 30 or more minutes of moderate physical activity five or more days per week (Maine Behavioral Risk Factor Surveillance System, 2005). The above chart illustrates adults who have had 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week.

Physical activity, weight-bearing exercise, and balance training can also reduce the likelihood of an older adult suffering a fall, requiring expensive medical care and increasing significantly the risk of institutionalization. More than one in three people age 65 years or older falls each year. The risk of falling—and fall-related problems—rises with age. Each year, more than 1.6 million older Americans go to hospital emergency departments for fall-related injuries. Among older adults, falls are the number one cause of fractures, hospital admissions for trauma, loss of independence, and injury deaths (National Institute on Aging, 2006; Walsh, Haynes, Sady, & L'Italien, 2006).

As a state we need to step forward with a plan of action to ensure that our elders can live independently longer (American Society on Aging, 2005). Steps to increase the number of Maine citizens

who engage in leisure physical activity to 85% are outlined in the Governors State Health Plan titled *Making Maine the Healthiest State* (Office of the Governor, 2006). Responsibility for maximizing the health of our older citizens requires comprehensive community planning (Walsh, Haynes, Sady, & L'Italien, 2006).

Where We Are

Engaging Families in Promoting Health in Old Age

Family members can and should play a central role in promoting healthful aging among older relatives. Planning for elder caregiver issues for family members who take on the added responsibility of caring for aging parents while having children still living at home needs to be at the heart of future policy planning for our state. These family members are frequently referred to as the “sandwich generation.” This planning is vital considering that most caregivers are ill-prepared for their new role and provide this care with minimal or no help from outside sources. Not having the proper health and social service resources in place for family members who provide care to individuals with chronic or disabling conditions can put the caregivers themselves at risk for emotional, economic, and physical health problems that arise from complex caregiving situations (Family Caregiver Alliance, 2006).

American business is also impacted as these primary caregivers cost companies an average of \$3,500 per year/per caregiver, mainly in lost productivity (Rossheim, 2006). It is estimated that the lost productivity resulting from those caring for their elder family members costs American businesses over \$11.4 billion per year (Robinson, Barbee, Martin, Singer, & Yegidis, 2003). Some 44 million Americans provide unpaid assistance and support to older people and adults with disabilities who live in the community. The dollar value of this unpaid assistance is estimated to be at least \$306 billion annually (Family Caregiver Alliance, 2006).

Many aspects of current policy for caregivers within our state are not adequately sensitive to what they experience day to day when caring for the health needs of family members. Models put in place by state policy makers need to include provisions for family members that make medical leave affordable and accessible (Family Caregiver Alliance, 2006).

Priorities for further consideration include:

- Understanding the complexities of service delivery in a rural state such as Maine.
- Recognizing that the current shift from institutional to more home-based care will have long-term implications for family members and the state as a whole.
- Embracing technological advances that could make communication with public and private agencies more readily available to families caring for aging relatives.
- Insuring that all local Maine communities have the planning resources needed to help them establish elder-friendly environments that promote healthy lifestyles and family caregiving involvement.

One key facet that has been under-addressed in current aging-related legislation is the promotion of a healthy and active lifestyle among aging citizens.

A noteworthy pilot program enacted by the Massachusetts Executive Office of Elder Affairs and the Office of Medicaid is aimed at lessening the financial burden on families. The new program will pay about \$18,000 a

year to families to care for an older or disabled family member at home. This state-wide program, which began December 1, 2006, hopes to address a growing shortage of paid professional direct care workers and is working towards an overall goal of keeping older adults in their homes longer. The new program has been funded at a level of \$2 million per year and offers the additional resource of linking caregivers with a nationwide network of credentialed care managers, also known as SeniorLink (Simpson, 2006).

A similar pilot program has also been instituted in Iowa. The Iowa program enacted by the Department of Human Services in December 2006 will afford informal caregivers in Iowa an opportunity to receive funds for services they perform. However, under the Iowa program, spouses are excluded from being paid as a suitable caregiver under the current provisions (Iowa Department of Human Services, 2006).

A new study conducted at Case Western University examines the dynamics at play between caregiver and an aging family member who lives with Alzheimer's disease or another progressive type of

dementia (Betts, 2006). This study found that family caregivers often do not seek out assistance from outside sources, hoping that they will be able to handle the increased demands on their time.

Study recommendations for families who provide informal caregiving include:

- Helping relatives understand how they can work through the mixed emotions they have regarding seeking formal help.
- Accepting help from family and friends in the early stages (Betts, 2006).

Additionally the study noted that current measures focus on later needs such as intensive hands-on care and constant supervision, thus overlooking the earlier stages of caregiving. It was found that providing early emotional support is crucial. Including both parties (caregiver and family members) in the early discussions is also essential because of the highly interactive nature of the decision-making process. The needs and safety of the care recipient are always the primary concern, but making sure that the caregiver has adequate and positive coping abilities in place, especially in the early stages, must be a top priority (Betts, 2006).

One valuable resource that could be used in Maine to help families manage their financial questions and emotional needs are geriatric care managers. These neutral third party professionals help families to navigate through the complex system of services and benefits and serve as mediators between adult children and their aging parents. With the expected increase in our aging population the need for geriatric care managers in the years ahead will be considerable (Kaye & Miltiades, 2003).

Where We Are Going

In a speech given recently to state aging leaders across the country, Josephina Carbonell, Assistant Secretary, U.S. Administration on Aging, stressed the importance of embracing the changes in our aging population as an "opportunity." The opportunity she referred to is a chance to transform the aging network so that it can be more "responsive to the needs and preferences of older people, their family caregivers, and other populations with disabilities" (U.S. Administration on Aging, 2006). Her vision is that we can develop a "comprehensive and coordinated system of care that will enable seniors to remain independent in their homes as long as possible" (U.S. Administration on Aging, 2006). Assistant Secretary Carbonell outlined the following strategies for the future that will help to move the nation forward in proactive planning for our aging population. They apply equally well to the state of Maine.

- Realigning and rebalancing existing resources and funding sources to assure that more public and private resources are geared towards home and community-based care.

- Implementing best practices and strategies that are put in place by the aging network that will help to establish national standards that can be modified by each state for their individual needs.
- Supporting the local aging and disability resource centers (ADRC) to ensure that consumers have access to services within their own community.
- Educating older adults within Maine about evidence-based prevention programs that have a proven track record of reducing the risk of disease, disability and injury.
- Embracing flexible service models which help consumers who are at high risk of being placed in private nursing home care, to have the option of remaining in their homes (U.S. Administration on Aging, 2006).

Conclusion

The changing demographic picture of the nation's aging population may be a surprise to some, but to those who have been aware of this trend over the past few years this shift comes as no great shock. The elder wave within our own state is fast approaching and a clear plan of action is needed to ensure that we allocate our health and human service resources as effectively and efficiently as possible while encouraging the continued involvement of families in their relatives' plan of care.

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