

## I. Demographics

### *Population Growth*

U.S. Census Bureau, Census 2000 for Maine women aged:

- 65-75 = 57049
- 76-85 = 36015
- 86-110 and over = 14334
- Total = 107,398 (compared to males which is 76,004)

### *Rural vs. Urban*

Of the persons aged 60 or older living alone in Maine, 31,511 lived in urban areas and 25,991 lived in rural areas. Women comprise 78% of those living alone. Lincoln County has the highest proportion of residents 65+ followed by Piscataquis, Washington, & Knox.

### *Ethnic population (male & female combined)*

The total population of people 65 and over is 183,402. Of that amount 98.7% are White, 0.39% are two or more races, 0.18% are American Indian/Alaskan Native, and 0.14% are Black/African American.

## II. Finances/Income

### *Economic Status*

- Poverty Guidelines in the United States (2003) for a one-person household is \$8,980 and for a two-person household is \$12,120.
- Women are more than twice as likely to live in poverty.
- 60+ Women comprise 69% of the low-income older population in Maine in which the majority of people live on an income of less than \$10,000 a year.
- The median income for a women 60 years old and older in 2001 was \$11,313.
- Washington County has the highest rate of poverty of persons 65+ followed by Aroostook and Piscataquis.

### *Social Security*

- In 1997 Social Security raised 42.4% of women above the poverty level in Maine.
- Regardless of the Social Security benefits, 69% of elderly women are living in poverty in Maine.

### *SSI*

- Three out of four persons over age 65 on Supplemental Security Income are women.
- 6,086 total 65+ men and women are supplementing their income with SSI.

### *Legal Concerns*

*Maine's Legal Services for the Elderly* offers free and confidential civil/ legal services for people over the age of 60. 1-800-750-5353 or 623-1797.

Some of the legal concerns of elderly adults are:

- obtaining healthcare

- losing money or property to a relative, friend, scam artist
- benefits programs, i.e. food stamps, home heating, tax relief medication programs
- physical or mental abuse
- power of attorney & living wills
- housing evictions
- overdue bills and debt collectors

### **III. Living Arrangements and Social Supports**

- In 1990, women comprised 78% of those over 60 in Maine living alone.
- The majority of persons age 60+ in Maine, male and female, are married (58%), according to 1990 Census figures.
- 45% of the total 60 and older population, (1990) lived in rural areas.
- In rural Maine, 3.4% of households age 60+ lacked complete plumbing facilities.

*For those not living alone or with spouses, living situations include:*

- Living with a significant other, including female partner
- Living with adult child with or without adult child with own extended family, including family of the adult child.
- Living with sibling
- Living with grandchildren (adult) or nieces or nephews
- Living with friends
- Living in residential group settings-assisted living, residential care, nursing home.

State and federally funded programs may be available to provide some personal care and other services in the home, including Meals on Wheels, Homemaker program, Home Based Care, Private Duty Nursing at Risk, and Elderly MaineCare Waiver, in addition to Medicare and MaineCare home health services.

*Alternative Living Arrangements for Elders in Maine*

- *Adult Family Care Home (AFCH)* residential style home where residential care services are provided for 5 or fewer residents who are not related to the provider.
- *Congregate Housing Services Program (CHSP)* is a program of supportive services delivered at the congregate housing site. Services may include personal care, congregate meal, housekeeping and laundry, and medication administration.
- *Residential Care Facility* is a licensed facility providing limited personal care, meals, and medication administration.
- *HomeShare*-A home for a small group of elderly women who have shared common areas.
- *Elderly/handicapped housing*-Individual apartment units in a complex. Each unit is equipped with an emergency pull cord in the bathroom and bedroom contacting rescue if needed. A service coordinator is generally available on premises during some business hours to assist with resources as needed.
- *Retirement communities*-Individual units with various services within or nearby.
- *Assisted living*-Individual apartments or rooms that may include 1 or more meals, personal care, housekeeping, and laundry services.
- *Nursing Facility* is a licensed facility that provides extensive personal care, meals, medication administration and other nursing services.

## IV. Occupations

Benefits of remaining actively engaged as older adults:

- To offset monotony and boredom
- Social interaction and a sense of belonging
- Physical activity
- Personal enjoyment and satisfaction
- To be creative, express feelings and talents
- To have a reason to live, maintain self-worth
- Supplement income

### *Volunteering*

- Contact the Bureau of Elder and Adult Services FMI, 1-800-262-2232 or 287-9200
- Foster Grandparent Program
- Long-term Care Ombudsman Program
- Maine Medicare Education Partnership
- Retired Senior Volunteer Program
- Senior Companion Program
- Service Corps of Retired Executives (SCORE)

### *Employment*

As of 2002 there were 1.8 million women over the age of 65 in the work force in the United States. The major reasons for this trend are the inability to retire financially and the need for healthcare coverage.

The Senior Community Service Employment Program (SCSEP) through the Bureau of Elder and Adult Services provides part-time work for individuals with low incomes who are 55 and over. 1-800-262-2232 or 287-9200

### *Education*

Continuing education throughout life is a positive activity that promotes many of the benefits mentioned, as well as pursuing research interests, advanced degrees, and career advancement.

Elderhostel is for adults 55 and older to experience world wide learning hands-on. The learning adventures are affordable and all inclusive. Travel companions can be spouse, friends, children or grandchildren. [www.elderhostel.org](http://www.elderhostel.org)

Osher Lifelong Learning Institute is the University of Southern Maine's Senior College. The college offers noncredit classes which are taught by peers for individuals 55 and over. 1-800-800-4876 ext. 4406. [www.usm.maine.edu](http://www.usm.maine.edu)

Several Senior Colleges are offered throughout the state.

## V. Health

All older persons face "ageism" which is *systemic and culturally reinforced discrimination against aged persons*. The effects of ageism challenge a person's self esteem.

During aging all people experience diminished neurotransmission, decreased circulatory capacity and decreased sensory acuity and perception. Over time, these factors contribute to changes in functional activity.

An active sex life is physiologically possible throughout the lifespan. For women, sexual activity often stops because of lack of a partner. There are approximately five times as many widows as widowers, and nearly one half of older women are widows.

*Fitness programs for elder women should emphasize:*

- balance
- strength
- flexibility
- endurance
- relaxation practice
- connections with others: contact and multiple roles increase overall health

*Goals of wellness education for elder women include:*

- education on sensory changes that occur with aging
- increase knowledge of personal nutrition on health
- increase awareness of behaviors, such as smoking, which inhibit health
- encourage independence and environmental “fit” for the elderly person
- exploration of interests by the elder

*Common health risks among elder American women:*

- Osteoarthritis (virtually 100% experience some form)
- Osteoporosis: 1 out of 2 women will have an osteoporosis related fracture in her lifetime. Hip fracture accounts for 90% of fractures in people age 70+.
- Falls: due to poor vision, poor balance, medication side effects, environmental obstacles, dementia.
- Auto accidents, risk increases over age 65.
- Cancer: most prevalent lung, breast, colo-rectal.
- CVA (stroke): leading cause of disability among adults
- Depression: women almost twice as likely to develop depression than men. Symptoms of depression are often mistaken for the effects of aging. Elders may not be not treated for depression which may result in self neglect, memory problems, decreased ability to concentrate and focus on death.
- Alcoholism: women are at increased risk after the death of a spouse or post-retirement. Social drinking may turn into problem drinking in isolation.

*Elder Abuse, Neglect, and Exploitation*

Adult Protective Services (under the Bureau of Elder and Adult Services) oversees cases of elder abuse, neglect, and exploitation for the State of Maine. Office of the Attorney General has a special investigator to facilitate prevention, reporting, investigation, and prosecution of any form of elder abuse.

From July 1, 2001-June 30, 2002, Adult Protective Services opened 744 cases involving women age 65 and older (40% of all cases assigned for investigation). During that time, 227 cases were substantiated.

*Breakdown of type of abuse:*

- Self neglect/abuse: 69%
- Physical abuse: 7%
- Emotional abuse: 4%

- Neglect: 11%
- Sexual abuse: less than 1%
- Financial Exploitation: 8%

## **VI. Barriers to Accessing Health Care**

- Lack of public transportation in rural communities
- Majority of services and providers located in more urban areas
- Lack of awareness of programs
- Complicated systems to access programs such as automated phone systems, complicated forms, restrictive program guidelines
- Limited programs available to assist with home maintenance, home modifications to remain at home
- Cost of prescription drugs-limits of current drug assistance programs
- Fear of financial impoverishment
- Shortage of health care workers-low pay, benefits, younger population moving out of state
- Medicare: federally funded program designed to help elders with medical costs of hospitalization and outpatient medical services. Most outpatient services that are covered are reimbursed at 80%. Must meet deductible first.
- MaineCare (formerly Medicaid) federal/state program based on financial and medical needs to qualify. Provides some in-home services if certain guidelines are met. Supplements Medicare for those who financially qualify.
- Other private insurances available as supplement to Medicare (Medigap), for persons who can afford the premiums.

## **VII. Suggestions for Healthcare Providers**

1. Make an effort to understand the particular context of the individual with whom you are working—make no assumptions about what age means for this person.
2. Be aware of ageism in your facility and in your community, and make an effort not to participate in age based discrimination.
3. Recognize that sensory deficits associated with aging, such as low vision or hearing impairment, are isolating factors that may require special effort and patience on the part of caregivers when communicating with elderly people.
4. Become knowledgeable about resources and programs for elderly persons in your community, become acquainted with contact people for these organizations.
5. View an elderly woman as a whole person with hopes, dreams, and accomplishments that may not be obvious to you. Believe that they are present.

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