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# Barriers to Aging and Thriving in Place in a Rural New England County

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## Project Objectives

- Understand challenges to aging in place faced by a rural New England county
- Understand systemic issues preventing coordination of services to support thriving in place

## Background

A needs assessment was undertaken in a rural Maine county to identify challenges to aging in place. The focus was on identifying key needs from both the perspective of individual older adult community members and systemic challenges that prevent efficient coordination of services between health and human service providers.

Needs assessment results are informing the strategic direction of a collaborative of health and human services providers working to implement services and supports to address the main challenges identified.

A shared community health needs assessment conducted by the state's hospital systems indicated the following challenges faced by the county at a higher rate than the state of Maine:

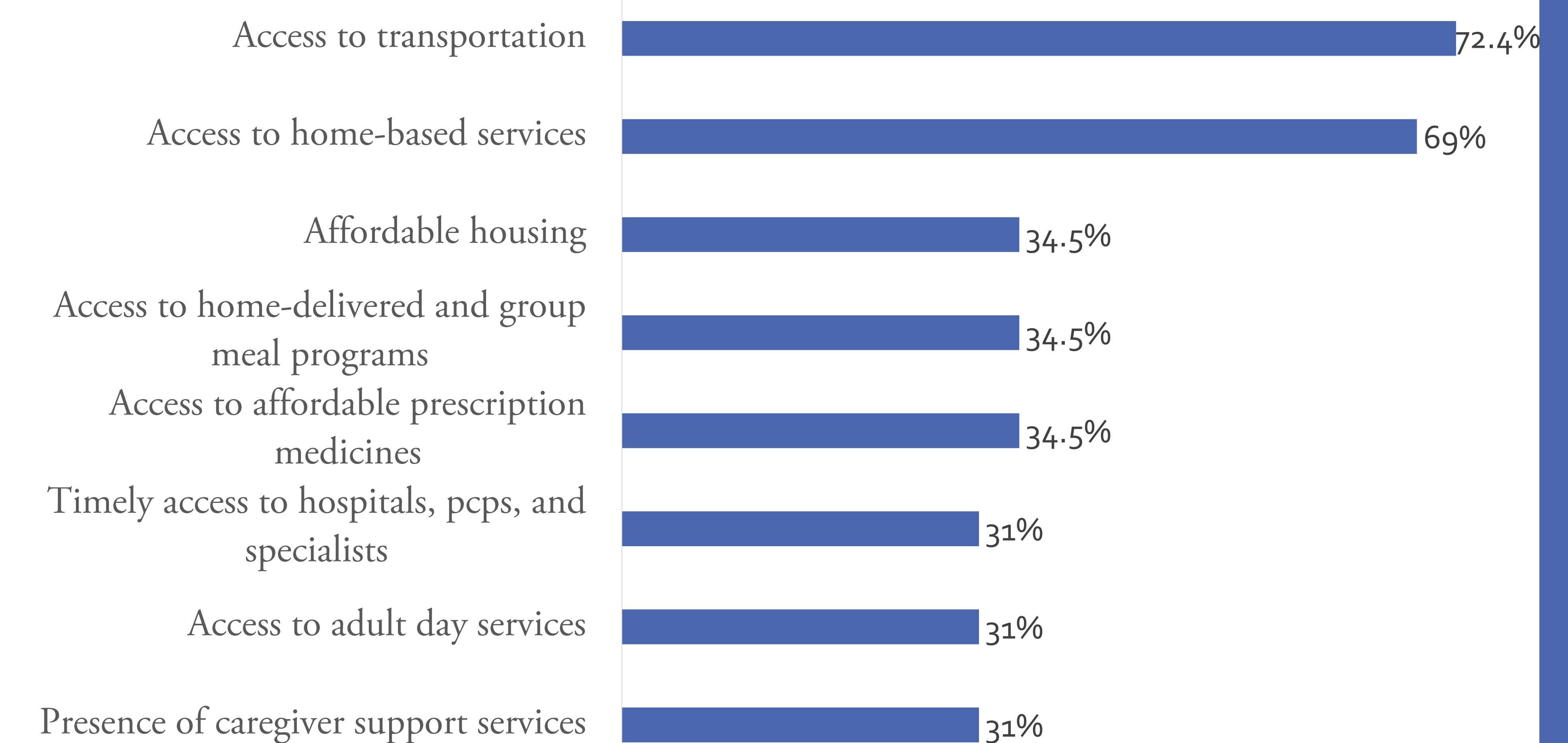
- High poverty rate
- Low median income
- Fair to poor health
- High overall mortality rate
- High incidence of chronic diseases including cancers, cardiovascular disease, and diabetes
- High rates of sedentary lifestyle
- Low Food Environmental Index rating
- Hi emergency department and hospitalization rates for COPD, cardiovascular disease, stroke and diabetes

## Results

### Systemic Challenges to Aging in Place Identified by Key Informant Health and Human Service Providers (N = 30)

People and organizations are knowledgeable of the range of services that are available to people with chronic conditions or disabilities	46.4% Disagree
Systems are in place to facilitate data sharing for monitoring, surveillance and evaluation between people and organizations	37% Disagree
People and organizations collaborate on the development of key health messages to support healthy living and self-management of chronic conditions	32.1% Disagree
Systems are in place to support information and referral between primary care providers, public health, home care and acute care for chronic condition prevention and management	28.6% Disagree
Systems have been developed to support service integration across the continuum of chronic condition prevention and management services	28.6% Disagree
People and organizations are addressing stigma as a barrier to those with chronic conditions and disabilities accessing needed services	28.6% Disagree

### Top Challenges to Aging in Place Identified by Key Informant Health and Human Service Providers (N = 30)



## Methodology

- Review of existing needs assessments and public health data for the study region
- Key informant survey of health and human service providers in the region to identify systemic challenges towards supporting aging in place (N = 30)
- Interviews with older adult community members with chronic diseases and disabilities (N = 31)
  - Mean age: 73
  - Male: 35%; Female: 65%
  - Lives in own home or apartment: 100%;
  - Lives alone: 55%; or with another person: 45%
- Interviews with caregivers of individuals with chronic diseases and disabilities (N = 9)

## Summary of Interviews

Challenges identified through community member interviews:

- Lack of access to transportation
- Challenges with mobility inside and outside the home
- Social isolation
- Lack of opportunities for respite for caregiver
- Lack of information about available services and supports

## Sample Interview Comments – Community Member Interviews

### Transportation

“I cannot drive out of town easily, and when I do I am anxious. I usually deal with this by not going. Easier to not go than be nerved up about the outcome...”

### Mobility

“The winter time is tough, and being on this oxygen. I call my daughter, and have these girls that helps out with house work, groceries, getting my prescriptions. It is a difficult darn way to live, but I manage.”

### Isolation

“I am stuck inside, can't do anything I used to do. I would love to have someone here with me. Lost my wife of 45 years 7 years ago, my life has never been the same.”

### Accessing Information on Supports

“[I would like] a list with a number and the agencies and what they do so one can call for a particular question or need to get the answer.”

### Respite

“[I would like] Volunteers to call [care recipient name] and check on them. Volunteers to come in to visit and take [care recipient] places - respite care. Other transportation modes for folks who can't afford Lynx [ride service] or need transportation on days other than Mondays.”



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