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by Lenard W. Kaye

LOOKING BACK OVER 40 YEARS

I celebrated my 65th birthday this fall and recently visited the Social Security Administration office in Bangor to enroll in Medicare Part A. These notable firsts in my life were powerful reminders that I have been a gerontological practitioner, educator, and researcher for more than 40 years.

Over the past four decades, I have all too often observed varying degrees of negativism, sarcasm, denial, and outright dismissal of the implications of an aging society by professionals and the general public alike. During much of this time, children, youth, and families have proven to be far more attractive points of focus when it came to policy making, program planning, curricular development, and research inquiry. When the phenomenon of growing older and the aging experience was addressed, it was frequently subject to stereotyping, discrimination, and simplistic thinking. Pessimism and a nihilistic mentality clearly predominated. Health and social science researchers (including myself, I’m afraid!) seemed fixated on studying older adults who were either incapacitated or institutionalized, and consequently findings from those studies highlighted vulnerability, illness, decline, loss, and ultimately death. Economists were no different, issuing gloom-and-doom forecasts of governments and communities going bankrupt under the backbreaking burden of needy elders consuming inordinate amounts of health care resources and other costly public benefits. Frequently, the media seemed to fuel the fires of ageism by featuring news stories that showcased growing old as being inevitably accompanied by large measures of unhappiness, failure, and a wide range of other undesirable conditions.

Well, I am delighted to report that “the times they are a-changin.” More and more commonly, attention is being directed to a host of positive, successful, and productive aging experiences that affect families, workplaces, and communities for the better. Adults are perceived as carrying with them increasing measures of wisdom, expertise, and capacity into their later years. We are now talking about ways in which these personal assets can be harnessed and applied to benefit families, organizations, and communities. The trend toward early retirement has reversed and older adults are remaining in the workforce longer, no doubt in part out of economic necessity, but also because they are increasingly healthy and active and want to remain engaged in the hustle and bustle of daily life. Labor-force-participation rates of people age 50 and over, which had been declining for much of the twentieth century, since the 1990s have been steadily increasing, and older workers are seen as bringing valuable social and human capital to the employment sector. In forward-thinking companies, elders are serving as role models and teachers for younger employees.

THE DEMOGRAPHICS OF LONGEVITY CAN NO LONGER BE PUSHED ASIDE

One thing is for sure—the aging revolution is in full swing and shows no signs of slowing down. Maine is in the thick of it, well ahead of the demographic curve when compared to virtually every other state and the nation as a whole. We continue to hold the distinction of being the oldest state in the nation based on median age (44.2 years compared to the national median age of 37.7 years) (U.S. Census Bureau 2015) and have the largest proportion of baby boomers (Wright 2010). Our median age is rising faster than any other state, and we have 18 percent more baby boomers per capita than the nation.
We are also the most rural state in the nation (61.3 percent of Maine’s population lives in rural areas having populations less than 2,500), according to an article by Matt Wickenheiser in the Bangor Daily News (March 26, 2012). Rural communities tend to be older ones and those very communities are aging at an accelerated rate primarily due to the out-migration of younger residents, the in-migration of retiring older adults, and the aging in place of long-term adult residents. Maine, having been dealt the highest-ranking rural and age cards in the most recent census, is compelled to address the powerful economic, social, and political consequences of these coexisting realities.

MAINE’S ELDERS

Despite common stereotypes, the large majority of older adults in Maine (76 percent) describe their health to be good, very good, or excellent. These individuals are able to live independently without support from community professionals or caregivers (FIFAS 2012). Older adults today are increasingly mobile, active, and engaged. The numbers of these well elders are increasing as the baby boomer generation ages. Indeed, in general, the baby boomers tend to be in better health and are more educated than the preceding generation.

There is additional good news to report. Older adults in rural states such as Maine commonly report higher rates of marriage, more involvement in community activities, more support from local organizations, less fear of crime, less abrupt retirement, and greater feelings of open space.

Of course, not all the news is good. Generally, older adults living in rural communities have lower incomes, less education, and high rates of chronic conditions. They are more limited in activity and reside in less adequate housing. They also continue to have less access to a wide range of community and social services including access to long-term care facilities. Transportation continues to be a key obstacle in ensuring that older adults remain mobile, able to get where they need to go, and that service providers are able to reach them. Surprisingly, however, it should not be assumed that older adults in rural states like Maine feel deprived because, in fact, they reflect equal or greater measures of positive affect compared to their urban counterparts.

Even though Maine is considered to be one of the least racially diverse states in the nation, it is safe to say that Maine’s older adults of the future will be increasingly diverse both racially and ethnically, at the same time that they are more educated, mobile, and well informed than their predecessors. You can be sure that their expectations will also be heightened and their voices heard more loudly and clearly than those of their parents and grandparents. They will want to be genuinely engaged in the planning and design of the communities in which they live and the services and programs made available to them. Their heightened engagement needs to be both anticipated and encouraged.

At the same time, there continues to be an urgent call to expand and strengthen the geriatrics health care workforce to serve older residents of the state. The magnitude of inadequate workforce training in serving an aging population and geriatrics personnel shortages in rural states such as Maine, in particular, has grown to enormous proportions. These shortages span a multitude of professions, including medicine, nursing, social work, dentistry, the therapies, the mental health professions, direct care, and more. The Maine Department of Labor projects that these shortages will continue well into the future. Besides skills and training, a well-prepared geriatrics workforce needs to dispense with outdated mentalities about older adults, which are reinforced by negative stereotypes that don’t adequately recognize the abilities and resourcefulness that older adults display even in the face of declining physical and mental health (Kaye 2012).

THE CALL FOR THIS SPECIAL ISSUE ON AGING

It has been 12 years since the first special issue on aging of Maine Policy Review was published. Changes in public and private as well as professional and lay perspectives on the aging experience and our response to it in Maine, the nation, and the world compels us to revisit the topics and concerns addressed in 2003. We also need to take stock of where we stand on a number of other critical issues coloring the aging-related policy landscape.
The plot has thickened over the past 12 years, and we are feeling the impacts of the aging of our populace much more broadly and deeply. This special issue consequently needed to cover a more comprehensive set of issues and topics than were addressed in 2003. The discussion must be extended since aging and its implications now reach into all facets of life in the state. One can rather easily argue that no dimension of daily living can escape the ramifications of demographic change—not just the economy, but also education, health, housing, law, transportation, communications, recreation and leisure, community life, and employment, to name just a few. Maine's story is especially important because the majority of aging-related policy discussion at the national level and elsewhere in the country continues to emphasize the experiences of individuals as they age in metropolitan regions and urban settings. Lost in the shuffle, all too often, are the consequences of population aging in small towns and rural communities.

To be sure, aging is on the state's radar screen. The second annual Maine Summit on Aging was held in Augusta in September 2015 and attracted 500 diverse stakeholders from all corners of the state. Multiple clinical, special-interest, and policy-oriented coalitions and associations dedicated to addressing aging-related issues have been organized in the state in the last five years. Aging research and education across Maine is growing in scope and breadth as are the number of innovative health and human service programs that serve older adults, life-long learning opportunities for older adults, and specialized housing and continuing care retirement communities. Institutions of higher education continue to dedicate increasing attention and resources to aging as a field of excellence on the campus. Engagement of all University of Maine System campuses in the aging research initiative is now underway. All of these noteworthy events and developments across the state and more are addressed in this issue.

The demographic landscape of Maine is destined to continue to evolve in the years ahead. Much discussion and debate will take place in Washington, D.C., as well as in Augusta and cities, towns, and communities throughout the state that consider how best to respond to a rapidly aging population. This special issue was prepared to serve as a much needed comprehensive policy resource to spur informed discussion and decision making as we address the challenges and opportunities of an aging Maine.

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REFERENCES


Lenard W. Kaye is professor of social work at the University of Maine School of Social Work and founding director of the University of Maine Center on Aging. During the 2014–2015 academic year, he was honored with the University of Maine Trustee Professorship. Prior to coming to UMaine he was a faculty member at Bryn Mawr College’s Graduate School of Social Work & Social Research and assistant director of the Brookdale Institute on Aging & Adult Human Development at Columbia University.