A PRELIMINARY REPORT TO THE CAPE ELIZABETH TOWN COUNCIL FROM
THE CAPE ELIZABETH SENIOR CITIZEN ADVISORY COMMISSION

MAY 11, 2015
CAPE ELIZABETH SENIOR CITIZEN ADVISORY COMMISSION MEMBERS

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CAPE ELIZABETH SENIOR CITIZEN ADVISORY COMMISSION

A Preliminary Report to the Cape Elizabeth Town Council

May 5, 2015

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I. INTRODUCTION

Governance

The Cape Elizabeth Senior Citizen Advisory Commission (the Commission) was established on January 6, 2014 to study the care needs of those in our community age 60 and over. A call for members was announced seeking a 7 town resident panel which, by design, would seat 3 Senior Citizens with the remaining four open chairs available to the general public. A Town Council subcommittee reviewed timely filed applications of interest, conducted interviews, selected and notified 7 members to fill the Commission on March 11, 2014. The Commission met for the first time on April 10, 2014. Members were sworn in and received instruction from, then, Town Council Chair Jessica Sullivan.

Process

The primary charge delivered to us at that time seemed simple and straightforward; study the care needs of those in our community age 60 and over. What we later learned was that the answers to our probe are complex and inconstant. There are varying needs within any community, different levels of assistance required to remain at home affordably, neighbors among us who are fiercely independence, those that are resistant to supports and services of any kind while others truly need a helping hand.

Nonetheless, we devised a process that would allow us to analyze sectors within our Town to gain new understanding on related demographic services. It was our desire and intention to build community bridges and involve others in our work and analysis rather than rely upon a 7 member commission focus shuttered in a room that would sit and make attempts at discovery.

Our resolve afforded us increased exposure and a solid base to broadcast our work. In this manner, we could more readily identify issues and raise findings that would lead to private or shared-community solutions first, rather than rely upon scarce public resources as a definitive sole-source for explication and funding.

The Commission met, at least, twice a month over the course of a year at the Cape Elizabeth Town Hall for two hour meetings. The first hour was reserved for invited guests, that specialized professionally or served in some informal capacity within this demographic, to discuss their work with us. Our goal was to develop an on-going dialogue and mutual partnership with these guests. Through these exchanges we gained an understanding from their vantage point and areas of expertise. We were able to learn what was happening in their respective industry and field, what their work detail was like, the problems they encountered, their solutions to those problems and then we discussed future concerns.
It’s no secret that Maine is aging and it is the oldest state in the nation. We learned from our friends at the Southern Maine Agency on Aging that, “Aging is our Future.” We embrace that position. And further, our work embodies that calling.

The second half of our meetings were dedicated to conducting further independent research such as, but not limited to:

- The development of a community survey on aging and Town services
- Participation in Cape Elizabeth’s first Senior Health Fair
- Review explorative state and federal white papers on Hunger, Aging, Income Levels, Education, Household Statistics and Forms of Abuse
- Contemplate formative and progressive concepts such as Village to Village, Age-Friendly Communities and Livable Communities programming
- Discuss national and state trends in Home and Community Based Services, Health Care Reform, Medicare and Medicaid financing and Long Term Care Supports and Services
- Examine the potential of a Senior Center or Shared Resource Center in our Town in addition to complimentary programming.

The public was invited to all meetings with the final fifteen minutes reserved for their comments.

Our process was designed to be inclusive and broad. We corresponded with our local Maine State legislative representatives, many of our local churches, Cape Elizabeth Community Services, Cape Elizabeth High School officials, an attorney specializing in senior matters and forms of elder abuse, housing and transportation agencies, the Maine Center for Disease Control, the Maine Chapter of AARP, home care agencies, the Iris Foundation, Southern Maine Agency on Aging and Chief Williams and Chief Gleeson with the Cape Elizabeth Police and Fire Departments, respectively.

We also extended outreach to the Maine Department of Health and Human Services by notifying them of our study and in return received their unqualified support. Specifically, we notified DHHS Commission Mary C. Mayhew, DHHS Deputy Commissioner of Programs Ricker Hamilton and DHHS Director of the Office of Aging and Disability Services James Martin.

While we would have liked to have been even more inclusive, our time did not allow for that. In a matter of one year, the Commission, albeit temporary and volunteer, had met 27 times and reached out to over 30 organizations and persons. An admirable figure for any group assembly. Our charge and mission became much more to us than studying facts and figures. We quickly recognized our Seniors, both today and tomorrow, deserved our best efforts, and no less.
Abstract and Acknowledgment

It became quite clear to us that our Commission’s work was important and vital to the Town Council and our community. While this report may ultimately lead to a plan for additional supports and services, a Senior Center, enhanced transportation or an expanded communication and resource hub, its value is more than that. It is the beginning of a conversation.

We’d like to acknowledge and thank our 2014 and 2015 Cape Elizabeth Town Council, in particular our Town Council liaison Counselor James Walsh, for setting forth the Commission. Your leadership in establishing this panel is exemplary. And, your thoughtful regard for our fellow residents will yield dividends to Cape Elizabeth for years to come.

To be clear – our report is entitled, “Preliminary” intentionally. Our words are to be construed as part of on-going, never-ending discussion. As such, our recommendations are considerations that only have a shelf-life until they need to be updated or replaced. What may work one year, may not work so well the next. And, our comments should bear that temperance in mind. We shall reserve the right to try, and try again, until we are satisfied with the results.

Our Town will continue to evolve year on year. Throughout this transition we need to keep a watchful eye on patterns and behavior to understand the policy changes that need to be revised or replaced. It will be essential that all town and school departments – including our Police and Fire Departments - are aware of standing policy and future policy considerations to ensure that we maximize our living standards and avoid unintentional consequences of future action.

Rather than a fixed and boxed-in set of “Do’s and Don’ts” for our Town Council, these preliminary findings are to be viewed as a working guide that’s subject to change because, we, and our communities, are subject to change.

We sought to be thoughtful in this regard so as to provide our Town Council with the latitude, and elasticity, to embrace change at an affordable pace. This approach allows for our Councilors to invoke their own thoughtful regard as to how best place our findings into service to ensure that we achieve and maximize investment as well as enhance economies of scale.

As we accumulate our final thoughts and issue this report, it is important for all to recognize that there are a number of people in our community, and every other community, living in isolation. Some by choice. Others, feeling vulnerable and disconnected, remain at home alone out of fear, boredom, and a dependency on others or the primary care taker for others or a lack essential needs. Isolation typically leads to a decline in one’s health and expensive medical treatment. This is, largely, unnecessary. Community involvement and connection is important, sometimes vitally so. And for most, the anecdote for a vibrant life.
There are those of us in our Town that are vision and or hearing impaired, confined to a wheelchair or walker or stranded at home without transport. But, they are no less important to this community than the strongest most independent resident.

The Commission’s work has been an attempt to expose and shed new light on issues that impact our fellow neighbors. Our recommendations, findings and considerations are an attempt to move forward a concept that begins the discussion on how best to transition our community in the wake of an aging demographic that continues to take into account all walks of life and ability, regardless of age.

By taking these steps we will help ensure that our Seniors today, and tomorrow, will have a more enriched and dignified life. All in the name of building a better sustainable community, for all.

Our Seniors deserve our best. Our Seniors deserve no less. This preliminary report is the beginning of those steps.

Very truly yours,

Brett C. Seekins, Chairman
Cape Elizabeth Senior Citizen Advisory Commission
April 30, 2015
II. EXECUTIVE SUMMARY

History, Resident and Income Demographics, Employment Base

Cape Elizabeth, Maine, located in Cumberland County, was established in 1628 and incorporated as the 23rd state of Maine on November 1, 1765. Our Town was named by King Charles I (1628) in honor of his sister, Princess Elizabeth of Bohemia. Today, Cape Elizabeth stands at almost 46 square miles (14.7 land and 31.3 water) with just over 3,600 households, 2,600 families and slightly over 9,000 residents.

Selected other demographic data is as follows:

- Median Age: Cape Elizabeth 46.9, Maine 43.8 and U.S. 35.6
- Maine – Highest Median Age in Country!
- Maine – Proportion of population 65 years and older is 17.7%. This is the Second Highest state % in the Country!
- Maine – Proportion of Baby Boomer’s to Population – 29%. This is the Highest Baby Boomer state % in the Country!
- Bachelor Degree: Cape Elizabeth 33%, Maine 9% and U.S. 10%
- Graduate Degree: Cape Elizabeth 28%, Maine 9% and U.S. 9%
- Median Household Income: Cape Elizabeth $98,800, Cumberland County, Maine $57,461 and U.S. $56,000 (rounded to nearest 100’s)
- Average Household Income: Cape Elizabeth $142,700, Maine $62,900 and U.S. $75,000 (rounded to nearest 100’s)
- Per Capita Income: Cape Elizabeth $56,200, Cumberland County, Maine $32,880 and U.S. $28,800
- Top Executives, Physicians and Attorneys comprise 18% of the population
- 37.7% of the workforce earn under $75,000 while almost 18.5% earn over $200,000 (rounded to nearest 10’s)
- 11.4 % of Cumberland County, Maine residents live under the poverty level compared to the Maine State average of 13.6%
- Cumberland County, Maine - Type of Workers: Private Wage/Salary 55%, Government 4%, Self-Employed (not incorporated) 40%, Other 1%

Cape Elizabeth is a part of Greater Portland which consists of Portland, South Portland, Scarborough, Saco, Biddeford, Old Orchard Beach, Windham, Falmouth, Cumberland and Yarmouth. The majority of the work force is employed by companies located in these markets represented by the following industries:

Financial, Banking and Lending Institutions, Retail, Health Care, Professional Service Firms, Insurance, Accounting/Audit/Tax, Information Technology and Security, Legal Services, Education, Hotel / Housing and Hospitality, Travel Payment / Payment Solution networks, Diagnostic and IT Services, Transportation Services and Restaurant, select Service industry and a robust Self-Employed work force.
Primarily due to the close proximity to major companies, banking headquarters, educational institutions, global business commerce and retail industry, as well as major health care systems, Cape Elizabeth income data outpaces most communities in Maine. And, in many instances, serves as a bedroom community for those businesses.

**Community Awareness**

As we studied our Town it became clear to us that many fellow residents were in need of services. Below you will a selected list of our findings:

- There are those among us that live in poverty or are at risk of poverty, live in hunger or are at risk of hunger and/or live in isolation or are at risk of living in isolation.
- Some of our neighbors need some on-going supports and services.
- There are those in our Town that require more than average medical supports and social services.
- Some Seniors in our Town skip meals because they do not have the income to support themselves.
- Some Seniors in our Town that go without oil and heat during the winter because they cannot afford those utilities.
- There are families in our Town that struggle financially.
- There are individuals in our Town that forego receiving health care treatment because they cannot afford the deductible and or the co-pay.
- There are residents in our Town that suffer from physical, emotional, financial and verbal abuse.
- There are Seniors and families that are dependent upon our local Churches food kitchen for daily meals and necessities.
- There are families and individuals that are confused and don’t know where to turn for assistance when a particular issue confronts them.
- We have family members in our Town that don’t work because they are caring for a loved at home, or away.
- We have neighbors in our Town that suffer at the hands of Alzheimer’s and Dementia related disease that are dependent upon a spouse, neighbor or other care giver or multiple care givers to provide them with safety, comfort and companionship in addition to medication, nutrition and hydration management.
- We struggle in our Town to find those living in isolation with needs because of their fierce desire to remain independent, embarrassment and / or unwillingness to ask for assistance, confusion with regard to where to ask for help, consumer privacy laws and/or protective health information laws.

These issues affect, and effect, us all, in one way or another – without prejudice.
Focus and Concentration of Study

After a more thorough examination of our Town, our focus shifted to professionals and volunteers in the greater community that we wanted to share their story with us, in exchange for learning about our work and potential opportunities for expanded service solutions in Cape Elizabeth.

Over the course of a year we met with the following companies, associations, religious adherents, legislative representatives and community leaders:

- Officer David Galvin with TRIAD
- Director John Hennessy with AARP
- Pastor Ruth Harrison with the United Methodist Church in Cape Elizabeth
- Director Dr. Sheila Pinette with the Maine Centers for Disease Control (former)
- Cape Elizabeth Community Services Director Russell Packett and Sarah MacColl
- Maine State Representative Kim Monaghan-Derrig
- Liv Davy and Triss Critchfield with St. Alban’s Episcopalian Church
- Executive Director James Phipps with the Iris Network
- Director James Martin with the Maine DHHS Office of Aging and Disability Services
- Maine State Senator Rebecca Millett
- Kathy Williamson with St. Bartholomew’s Church
- Director of Senior Services Melissa Morrill and Michael Coon with Volunteers of America
- Paula Banks with Living Innovations
- Tom Kohan with the Cape Elizabeth High School Senior to Senior Program
- Executive Director Larry Gross with the Southern Maine Agency on Aging (Serving York and Cumberland Counties)
- Robert Raftice with Ainsworth, Thelin & Raftice, P.A.
- Jennifer DeRice with Cape Elizabeth Community Services
- Andrew Bernstein, Attorney, Chairman of the Board with the Independent Transportation Network
- Chief Gleeson, Cape Elizabeth Fire Department
- Chief Williams, Cape Elizabeth Police Department

Our Commission, and Town, owes a debt of gratitude to each of these individuals for their time, and for the work they conduct in our communities every day. We simply cannot thank these community leaders enough for their guidance, unconditional support and the lessons we have learned. Their charity, advice and consult will live on in this report. We thank you all.
Presentation Summaries

The following represents our lessons learned from our various meetings with individuals and groups that formed the basis for our report, findings, recommendations and considerations.

TRIAD
- A South Portland / Cape Elizabeth joint effort to promote stronger communities by “working together to improve the quality of life for our Seniors.”
- Triad brings Police, local business and community members together to discuss relevant issues that will enhance the quality of life and improve overall safety for our Seniors through awareness.
- Through monthly meetings, community members are educated on scams and phishing, safe driving habits, end of life planning, health lifestyles, promotion of healthy eating / exercise / hydration and other related relevant issues.
- The Commission would like to publicly thank and commend Cape Elizabeth Community Liaison Officer David Galvin for his exemplary work in this area.

Consideration: Cape Elizabeth continues to support this joint effort with South Portland with funding, resource supports and advertising.

AARP, Maine Chapter
- The concepts of an “Age-Friendly Community” was presented and discussed.
- An Age-Friendly Community considers that as a population ages and families grow smaller (such as in Maine) cities and towns need to transition and redesign their infrastructure, supports, services, budgets and delivery systems to accommodate the demographic shift.
- This transition and transformation is city and town dependent. What may work well in one community may not be the solution in another.

Consideration: Cape Elizabeth should conduct further study to define the concepts of an Age-Friendly Community and what that would like in our community. The AARP, Maine Chapter assists communities in these efforts and studies. We believe that the Town Council, or appropriate sub-committee, would benefit from an AARP Age-Friendly Community presentation.

Maine Department of Health and Human Services Centers for Disease Control
- Dr. Sheila Pinette, DO, Maine CDC Director and Cape Elizabeth resident discussed Senior issues with the Commission and noted that this demographic is a major focus in Maine in her Office and Maine Government, in general. Governor LePage had designated May 2014 Older Americans Month.
- The Maine CDC is concerned with several issues confronting our Senior population: health, nutrition, isolation, dementia and related diseases, Alzheimer’s disease, diabetes, obesity and falls.
• In particular, hip breaks result in a mortality rate of 80% within the first year for adults over 70 years of age.
• The Maine CDC website (www.maine.gov/dhhs/mecdc/) is an excellent resource for anyone that would like to find out more information about a particular disease, illness or Senior related issue. This website also provides guidance on where to turn for assistance and support.
• The Maine Alzheimer’s Association works closely with the Maine CDC. MAA reports that some 53,000 Mainer’s could be impacted by Alzheimer’s and dementia related disease by 2020. Communities need to increase their education and outreach capacity to include information on how to identify signs of these illnesses and where one can turn for assistance. For additional information on should contact their Primary Care Physician. Other important information can be found at the Maine Alzheimer’s Association website: www.alz.org/maine/index.asp

Consideration:  The Cape Elizabeth town website should be modified to include a SENIOR tab. We envision that this would include information and useful links, such as the Maine CDC and Maine Alzheimer’s Association websites to enhance community efforts in promoting trusted resources that can provide additional information for our fellow residents. A SENIOR Tab on our website could also serve as a community guide for more specific information, such as a listing of providers that could lend - first hand - support with any number of particular issues.

United Methodist Church (Cape Elizabeth)
• Our meeting with Pastor Ruth Morrison and Nancy Miles was preceded by a discussion on a report by the National Foundation to End Senior Hunger (May 2014) entitled “The State of Senior Hunger in American 2012, An Annual Report.”
• Excerpts detailed that 15.3% of all Seniors face hunger. Perhaps more staggering is a category that measures Seniors facing the “threat” of hunger. The report suggests the findings are income related as those below the poverty line are at 48.8% risk of facing the threat of hunger while those at two times poverty level measure 6.9% at risk.
• Pastor Ruth reported from her experience that she believes there is a strong community tie and regard for the safety and support of our Seniors.
• The United Methodist Church operates “Judy’s Pantry.” The Panty services, mainly the Congregation but is open to the public, families and Seniors in our community that are in need of foods, staples and other sundry items. Donations of food and vegetables are solicited and the Panty is open at specified times during the week. Patrons are invited to wander through and take any of the items they need for the day or week – free of charge.
• Members of the Commission visited Judy’s Pantry and found it to be a remarkable, and dignified, community resource.
- The Commission commends the work of Pastor Ruth and Ms. Miles, as well as the United Methodist Church’s Judy’s Pantry’s team and Congregation, for their care and regard to ensure that no one in our Town goes hungry.

**Consideration:** Cape Elizabeth should inventory the number of operating food kitchen. As we learn more about these efforts, and the immediate needs of those living among us in hunger, we may be able to expand the support of these causes in a similar meaningful and dignified ways.

**Cape Elizabeth Community Services**
- We met with Community Services Director Russell Packet and Community Services Recreation Coordinator Jennifer DeRice to discern offerings specific to Seniors that are coordinated through that office.
- We learned that Community Services is, in some form, part of the Department of Education and, as such, their budget is somewhat tied to that side as well. Senior offerings, per the Community Services bulletin, over the last several years appear to be somewhat scant with 8-12 different activities offered per bulletin.
- Many times Community Services needs to borrow a van from a neighboring town to accommodate field trips for Seniors. This dilutes the potential number of programs that can be offered at any one time, or period.
- The cost of new town van would range from approximately $50,000 - $57,000, depending on amenities. A newly purchased vehicle could be expected to take 9 to 12 months, or more, to be delivered based upon current maker production delays.
- The Town Council re-instituted a Senior Citizen discount for Community Services programming effective July 1, 2014.

**Consideration:**
Social and civic participation, as well as, respectful and social inclusion of Seniors in our community, and all aspects of town life, are vital and essential to the well-being of our residents.

The Commission was inspired by the leadership of Ms. DeRice and her vision for our Seniors: Trips to local business / Millcreek / the Maine Mall / Freeport, Lunch and Dinner trips monthly, Planned outings to various popular destination towns from North Conway, New Hampshire to Boston, Massachusetts, Holiday outings to various destinations and much more.

We have heard that safe and appropriate transportation is needed, or desired, in our Town. If the Town Council were to consider an expansion of Senior Activities through Community Services including transportation, options exist ranging from the purchase of a van (costly) or lease (lower annual outlay with ability to negotiate terms) or more formal agreement with a neighboring town to utilize one of their van’s, less expensive (ability to test/grow resident desire and program content with minimal outlay).
The Commission would recommend the latter two of these options be exercised until it is fully demonstrated that the purchase of a town owned van and the potential services reaches the scale necessary to expend scarce town resources.

Ms. DeRice should be granted authority to develop a two year trial that showcases an expansion of Senior offerings, as noted above. A thoughtful cost structure should be in place so that the expanded service model is budget neutral, with the potential for “scholarships” for those in need subsidized, in part or full by the town, or donor. An annual report detailing services, costs, fees and participant rates will be reported to the Town Council, or designated subcommittee, so that they may measure the effectiveness and efficiency of the expanded offerings.

A Community Services Senior programming re-design effort should take place to modernize and update offerings to include but not be limited to:

- Regular monthly / bi-monthly trips – trips to local theater and movies, outings to local parks for hikes/walks, scenic drives, visits to the SMCC Culinary Arts School.
- Seasonal Local Excursions – Route 1 North and South “antiquing” trips, Holiday Light tours, Museum and Lighthouse trips, visits to local senior housing facilities, regional garden tours and Casco Bay Line outings.
- Local Cape Trips / Shopping – Local garden tours, transportation service to Mill Creek, Freeport, Maine Mall, Target Mall, etc., transportation from local Senior housing locations.
- Distance trips – Acadia / Bar Harbor, Camden, Boston, North Conway.
- Development Cape Elizabeth as an Elder Hostel destination feature related educational programming, residency, trips and services.

Every publication of the Community Services Programming guide should include topical Senior related assistance material (example: perhaps a pull-out guide) that can act as a service resource. This would maximize the purchase utility of the program in addition to reaching out to others in different ways to provide information.

**Maine State Representative Kim Monaghan-Derrig**

- Representative Monaghan-Derrig updated the Commission on the Maine State Legislature recent State Year 2015 Legislative Bills (LD 1691, LD 527, and LD 1751 in the 126th Legislative Session) that sought changes and awareness surrounding Senior related issues: Predatory Lending Practices, Protection of the Elderly from Exploitation and Property Tax Relief.
- Representative Monaghan-Derrig stated that the Maine State Legislature is very aware that Maine is the oldest state in the nation and they are always looking for ideas on how best to improve conditions for our Seniors. Her office is always willing to work and listen to constituents about Senior issues and solutions.
Consideration: The Commission supports active reviews, at the local and state level, of property tax related matters impacting Seniors such as “Circuit Breaker” relief and creative real estate tax options. It is well understood that Seniors face many financial burdens associated with aging. Medicare and Medicaid programming was designed, in part, to ensure that citizens and families do not become impoverished over their lifetime supporting one’s health. As inflation and other cost of living increases exhaust disposable income, we need to give even more consideration to those living on a fixed income as those scarce dollars can only be spread so far.

The Commission supports all thoughtful measures, at the local and state level, to combat predatory lending practices and exploitation of the elderly.

St. Alban’s Episcopalian Church (Cape Elizabeth)
- St. Alban’s participates in local food and clothing drives (donations resources to Portland) for the elderly, Congregation and community.
- Periodic health fairs are conducted for the Congregation, and those in attendance.
- Voluntary retired health care workers, including an RN, participate in the health fairs.
- A department of St. Alban’s responds to service and assistance questions from the Congregation steering individuals to resources that meet their immediate needs. A resource book exists that is updated frequently with provider information ranging from general assistance matters to health care needs.

The Iris Network
- 1 out 3 people actually stand the chance of losing some or all of their eyesight as our population continues to age.
- This is particularly daunting for Seniors that continue to work. But perhaps more daunting for those that have retired, will view this vision loss as debilitating and resort to a more sheltered isolated lifestyle. The inactivity can result in further deterioration of one’s health. And, perhaps this avoidable – many forms of vision loss in early stages are treatable with some form of intervention or eye therapy treatment.
- These issues will become even more evident over the next several years as vision issues will increase as our population ages.
- The Medicare Program does not currently provide an Eye Therapy benefit. The Iris Network provides this type of treatment for over 1,000 persons annually at an average cost of $1,800.
- More information about The Iris Network in Portland, Maine can be found on their website at www.theiris.org

Consideration: The Commission believes that enhanced community awareness with regard to vision loss and available treatments should be broadcast and included in related correspondence and community bulletins.
Maine DHHS Office of Aging and Disability Services
- Chairman Seekins met with The Office of Aging and Disability Services, Director James Martin to discuss the work of the Commission.
- Director Martin encourage the Commission to continue its work and to the extent possible, made available his Office and resources to assist in that endeavor.

Consideration: As the Commission moves forward it is important to notify related State offices that work in this area as being conducted. These offices have highly educated resources with extensive knowledge on the related subject matter. Building a bridge between the community and the state is essential in building a successful well-thought out community transition plan.

Maine State Senator Rebecca Millett
- Senator Millet discussed some of her thoughts with regard helping and assisting Seniors age in place with appropriate services and supports, and added that we need to develop a more thoughtful approach to one’s care needs while living at home and in the community.
- A discussion ensued with regard to the challenges in communication and transportation. Seniors, sometimes, do not know where to turn for assistance in managing their daily life needs which is problematic and make a bad situation worse.
- Transportation issues need continued analysis and study to develop achievable solutions for those unable to drive.
- Other positions were discussed such as the unique nature of Cape Elizabeth’s low commercial property tax base, thoughtful budgetary concerns related to new thinking on how to fund Senior programming and services at the local level and the potential for a “Senior Neighborhood Watch Program”.

Consideration: Discussion at the local level that would also involve the Police Department should include the study and analysis of a Senior Neighborhood Watch Program.

St. Bartholomew’s Church
- Church programming is provided to Seniors of all denominations including a Women’s Group (65 and over) that is designed to engage members in fellowship, external Parish activities and holiday celebrations.
- The Church partners with the local Visiting Nurses Association to provide assessments to at-risk Seniors in addition to hosting an annual Flu Clinic.
- An enhanced popular Pastoral Care program delivers Communion to homebound residents and provides prayer services three times a month to Seniors living at Cape Memory Care, Village Crossing and Piper Shores.
• A recent Senior survey was conducted indicating respondents were concerned most about: Lack of Transportation and a Need for More Socialization.

Volunteers of America, Northern New England
• VOANNE is the Maine charter of the national VOA, a non-profit company focusing on the needs and health related to poverty stricken people. Care plans are designed to improve their overall lives, prevent declines in activities of daily living as well as provide daily assistance to persons transitioning from correctional facilities, those inflicted with mental health illness and disease and senior housing.
• VOANNE operates 11 Maine properties assisting such individuals, in addition to Veterans’, and is one of the largest providers of senior housing in the United States.
• An 80 bed Aging in Place senior housing model has been recently purchased to provide a continuum of care, including on site direct care services attended to by physicians, nurses and other specialists with an enhanced wellness and prevention program to ensure Seniors live longer in their homes.
• VOA operates many PACE programs nationally – the Program of All-Inclusive Care for the Elderly. This is a permanent Medicare program available to any state approved through the Centers Medicare and Medicaid Services. This program, as the name suggests, is “all inclusive” meaning that all services ranging from assistance with one’s independent activities of daily living to acute hospital care as well as transportation, meals, adult day health, primary care, ancillary services, podiatry, dentistry, behavioral health and psychotropic care, activities, social services, medications and much more, is covered. One needs to be 55 years and older, nursing home eligible and capable of living safely in one’s home to become a member (voluntary). Of note, there are over 170 PACE sites nationally in 32 states.

Consideration:
Further exploration should examine the demand and need of a smaller scale Senior Housing project, similar to the Old Town model. Maine does not have one PACE program in the state, despite being the oldest state in the nation. A demonstration program should be conducted to review and analyze whether the PACE model is a good fit for Maine.

Living Innovations
• There are many isolated and under-served Seniors living Cape Elizabeth with a majority from working class families with limited resources.
• Transportation is seen as the No. 1 barrier to access basic necessary care.
• Nutritional deficiencies is a serious issue which stems from a lack of basic local “free” transportation. This problem is exacerbated by predictable onslaughts of feelings of despair, depression and then predictable, but avoidable health care.
• An Adult Day Health Center (transportation to/from) with nutrition and medication management services would be beneficial to community residents.
• Seniors are in need of a referral and information center geared to towards navigating one through seemingly endless channels, at times, for necessary supports and services.

**Consideration:** Further analysis should be taken to review and analyze the necessity of a Cape Elizabeth Adult Day Health Center with transportation in the community proper or a shared-town project with neighboring South Portland or Scarborough.

A resource referral and information center should be designed to direct residents to appropriate personnel that can assist individuals and families with age related questions. Staff within this center would be specifically trained in Senior care matters. Calls of this nature would also reduce the burden on the Town General Assistance hotline (Please see Police Chief Williams’s meeting summary).

**CEHS Senior to Senior Program**

• Cape Elizabeth High School’s Tom Kohan educated the Commission on the Senior to Senior program

• S2S is a regulated voluntary program whereby High School Senior’s assist our elderly population out in the Community. The younger Seniors have assisted our aging Seniors by raking leaves during the fall, shoveling snow in the winter, trips to the recycling center, companion visits, computer assistance and more. There is also an annual “Prom Pageant” at Kindred Crossing where the High School Seniors dress in their Prom outfits and conduct a march for the older Seniors at their home at Kindred Crossing.

**Consideration:** Our younger Seniors and our older Seniors are our two most precious resources in this community. Anything that can be done to develop and enhance the Senior to Senior Program must be given serious consideration. The Commission thanks Cape Elizabeth High School’s Tom Kohan for his leadership in mentoring students and coordinating this thoughtful creative community program.

**SMAA**

• The Agency is an excellent resource for families and Seniors offering a wide variety of programming, education and direction. A Senior newsletter is available in both on-line and mailbox versions. This publication contains timely articles on aging, service and programming announcements, a calendar of Senior events, family caregiver assistance and local helpful health care provider advertisement. Please see the SMAA website [www.smaaa.org](http://www.smaaa.org) for more information on how to subscribe to the newsletter in addition to viewing a full list of Agency on Aging programming.

• SMAA has developed an Aging and Disability Resource Center that responds to Senior AND family member questions. Should a family member have a question about their parents or other Senior loved ones the ADRC acts as a resource to describe available options in the Community for assistance.
- Approximately 73,000 Southern Maine residents were 60+ years old in 2000. According to the U.S. Census Bureau (2010) this number is anticipated to increase to 123,000 by the year 2020.
- The fastest aging cohorts over this timeframe: 85+ (71%), 60-64 (98%) and 65-74 (114%).
- Increased longevity adds speculation to the growing prevalence of chronic conditions. 45% of Seniors are age 75+ today and live with, at least, one chronic condition resulting in limited activity.
- Most of these individuals receive all or a portion of their assistance via at-home care through family friends, estimated to be as high as 90%. As we analyze an increase in longevity we also see a decline in the size of families resulting in, at some point, less at-home care being able to be provided by family members, who at this point may be living apart which causes other dispersion problems with regard to care and patient history, as such, when a Senior presents with a medical emergency.
- Adults live alone due to longevity, a death of a spouse or never having been married. 30% of people live alone – 76% are women. This trend is expected to continue for elders, where nearly half are women (45% nationally) are unmarried, and the Boomer Generation, that has twice the divorce rate as other generations at 65+ years of age and older.
- Gerontologists predict that Boomers are heading for a “Crisis in Loneliness.” Loneliness can lead to despair, poor nutrition habits, medication management issues, depression, hospitalization and, worse, unnecessary institutionalization.
- Uncertainty exists within the Senior population with their ability to retire financially healthy, capacity to live their life as they chose, enough money to cover health care expenses and the ability to take preventive and wellness action to arrest the development of disease or limitations of other activities of daily living functioning.

**Consideration:** Explore penetration and expansion of the SMAA Senior News (Southern Maine Agency on Agency newsletter), in Cape Elizabeth to act as a resource for Seniors and families. Analyze the existing SMAA Aging and Disability Resource Center and potential to supplement the General Assistance hotline as a community resource that could disseminate accurate and timely information about care and provider networks before attempting to develop a standalone Cape Elizabeth town resource (Cape Elizabeth Fire and Police Department heads must be a part of this conversation and decision).

**Robert Raftice with Ainsworth, Thelin & Raftice, P.A.**
- The Senior population is growing and in control of 75% of the financial resources in the market. They are ripe for exploitation and abusive situations.
- A high volume of abuse – verbal, physical, financial, sexual – involves at-home care givers and familial relationships.
- Diverting, defrauding or stealing financial assets is commonplace among the Senior population.
• At any given time 11% of the Senior population is being abused – verbally, physically, financially, sexually - all or some.
• There are laws in place to protect Senior financial resources but they are complex and not commonly known or understood.
• When abused, particularly Seniors, the victim feels embarrassed and does not feel compelled to reach out for assistance out of fear of further embarrassment or other, possibly contrived, repercussions.
• Joint Bank Accounts – this area sees an enormous amount of abusive situations whereby a family member or companion is on a checking accounting with a Senior to ensure they are not spending their money foolishly. This can and does easily turn into an abusive situation whereby the trustee ends up utilizing the Seniors resources. Again, laws in this area complex and not widely know.

Consideration: TRIAD conducts monthly educational sessions and often reports out on forms of abuse. Cape Elizabeth should continue to support TRIAD issues and work to enhance their presence in the community so that there is a greater understanding of this joint Cape Elizabeth / South Portland Police Department resource.

The Town website, in addition to any Town publication going out to our residents, should include information about where to receive assistance if you’re a victim of any form of abuse.

Independent Transportation Network of Portland
• Cape Elizabeth resident, attorney, Chairman of ITN, Andrew Bernstein presented a summation of the programs operations.
• ITN Portland, a non-profit with national franchises, has been in existence for over 20 years providing affordable, capped cost, transportation services to Seniors.
• Frequent trips include: Primary Care Physician appointments, clinics and other medical appointments, church, grocery shopping and other destinations.
• Drivers are voluntary (Driver’s Wanted!) and trained in the nuances of the needs of this demographic. The service is “door to door” and “arm to arm” if necessary to help clients in every conceivable way to ensure their safety.
• ITN Portland is primarily a “fee for service” transportation system. However, many towns provide annual “scholarships” in the forms of donations to ITN Portland that may be used to provide rides “free of charge” to an eligible resident via this prepaid scholarship.
• ITN Portland operates 7 days a week and 24 hours a day with two full time dispatchers. 116 Cape Elizabethans have been, at one time or currently, members since 1995. One CESCAC member utilizes this service and called the experience, “…quite pleasurable…”

Consideration: Review and analysis should be conducted to understand whether a mutually beneficial alliance with ITN would assist the town in providing and / or facilitating transportation services to those in need rather than total reliance on a town wide delivery system. The Town may also consider the establishment of a “scholarship”
program for pre-paid trips for eligible Seniors. Again, volunteer drivers are wanted and more information can be found at [www.itnportland.org](http://www.itnportland.org) the ITN Portland website.

**Cape Elizabeth Fire Department Chief Gleeson**

Chief Gleeson was very familiar with many of the challenges facing the senior population in our Town. The Chief identified that approximately 70 plus percent of the calls in Cape Elizabeth are rescue related, and many of them are associated with this population.

The Chief has encountered seniors who are isolated living in our community with little social interaction. Some of these seniors are suffering from varying levels of dementia, and rely on care from their spouse or other family member. The senior population faces challenges with medication management; many senior are prescribed multiple medications that require intake at different times of the day, in varying quantities with other varying requirements. It’s very easy to mismanage doses, quantities and intake times throughout the day; this can often lead to service calls, or worse, trips to the hospital or extended long term care to get these personalized drug regiments under control and interacting appropriately.

The Department will receive calls for service from seniors who have been advised by their Primary Care Physician to call 9-1-1, if in crisis and immediate intervention is required. These calls lead to transport to the hospital via the Emergency Room. Many of the calls are based on the inability of the senior to receive a doctor’s appointment the day they present with crisis. While a trip to a “walk-in clinic” or “quick care” clinic may be more appropriate, ambulance transport is limited to the hospital and the ER only.

Absent of a fix, this leads to increases in health care expenditures that are avoidable and unnecessary. Not to mention, the least convenient for a Senior that now has to spend, what could be a very long day, in the ER when it’s not warranted. This is a “lose-lose” for everyone.

Finally, the Chief identified that the Department will occasionally receive a call for service from an isolated senior who may be suffering from loneliness and isolation, and does not require transport to the hospital, but needed someone to talk to.

*The Commission would like to take the opportunity to thank Chief Gleeson, and the entire Fire Department, Rescue team and their families, for their selfless work, dedication and contribution to our community.*

**Consideration:** Should the Senior Citizen Advisory Commission become a permanent standing commission the Fire Chief should be an ad hoc Commission member for safety, security and policy planning purposes.

**Cape Elizabeth Police Department Chief Williams**

Chief Williams was also very familiar with the challenges the senior population faces in our Town. This group faces many challenges that are specific to them. Of those challenges are abuse and fraud. Abuse may come at the hands of a family member, care
giver, or outside forces. Seniors may find themselves as the victims of fraud by many different mediums - phone, contractors, and the internet, to name a few.

The Police are often called to respond in instances where residents are dealing with the effects of dementia and isolation. A recent call involved a person who had become isolated in his home and required service by the police, fire, and code enforcement departments in what was an almost fatal instance.

In Cape Elizabeth the police officers are also licensed emergency medical technicians (EMT), and they also respond on rescue calls. As a consequence of this, the police also are involved with cases of over / under medication, isolation, and other public safety matters. Of particular concern in the senior population is the issue of medication.

From a Police protection standpoint, there are at least two immediate concerns. First is the level of medication that people are taking and the possible interactions between various medications and the potential for negative side effects influencing behavior. Second is the concern for crime and the presence for theft of medications and the problems with and inventory of surplus medications in the homes - as in being easy targets for crime. The Department conducts annual medication drop / disposal, which is very popular and strongly recommended due to the reasons mentioned as well as the environmental impacts of medications on the waste stream if these medications are disposed in the home through our sewer system.

The Cape Police are involved with senior issues as well by participation with the TRIAD program, staffed by Officer David Galvan. He is very involved with the program and has specific knowledge in dealing with senior related subjects of concern. The Department is proud to be involved with this program.

Finally, the Cape Police have a program called “Great Starts”. This program was created for seniors who are isolated in Cape Elizabeth. This program involves a senior enrolling in the program where they commit to calling the Cape Police every morning by 10 a.m. and let them know they are ok. If the senior does not call in for any reason the Department will send an officer over to the home for a “safety check” and confirm that the resident is fine. This is a unique service to Cape Elizabeth, and one Chief Williams feels should be accessed more.

Both the Fire Department and Police Department are primary conduits of service to the senior residents of Cape Elizabeth. They are well informed and well versed in the issues seniors are facing on a daily basis. Both Departments provide compassionate, professional care to the residents of Cape Elizabeth.

The Commission would like to take the opportunity to thank Chief Gleeson, and the entire Fire Department, Rescue team and their families, for their selfless work, dedication and contribution to our community.
**Consideration:** Should the Senior Citizen Advisory Commission become a permanent standing commission the Police Chief should be an ad hoc Commission member for safety, security and policy planning purposes.

**National Senior Co-Operative Care Models,**

- National models exist in communities across the country that are like Cape Elizabeth. The models provide limited, but useful, care delivery services to Seniors and others that live in isolation that may be in need of assistance.
- These organizations are member-based neighborhood non-profit networks that are designed to provide concierge type services such as transportation to appointments, wellness checks, security calls, shopping and pharmacy assistance/pick-ups, home maintenance, care management services and assistance with one’s independent activities of daily living.
- This program utilizes a volunteer trained work force that work in conjunction with existing health care service providers and should work with local Fire and Police services.
- An annual membership fee runs between $500-1,000. This can be paid for by the member, a family member that lives away or some of other form of a subsidy.
- Successful models exist in Maine’s Blue Hill and Bar Harbor area and Falmouth (Cape Cod), Massachusetts.

**Consideration:** The Town Council should consider developing an exploratory subcommittee to examine the feasibility of this model.
III. SELECTED FIELDS OF COMMUNITY STUDY

**Information and Communication**

Throughout the process of discovering the needs and wants of CE residents 60 and older we continually heard about the lack information, communication and the desire for a senior center. Moving forward, these concerns and or ideas could or could not be integrated. Given the rising number of seniors over the coming years, in Maine and more specifically Cape Elizabeth, we determined that these concepts would serve and benefit our Senior population.

For existing information and services, as well as any change our Town decides to implement, delivery of information is critical. Senior residents feel that there needs to be a specific place/person that will gather and disseminate information in order to increase awareness, communication and opportunities. Further this place/person would advocate for Seniors, coordinate activities and deliver information as well as provide essential information on available services, current events and recreational and academic opportunities.

This information, in some form, would be provided to Senior community members, families and care givers to enhance their awareness of local and regional services. As this program is developed, we this as an opportunity to receive constant feedback from users that will aid the on-going development and enhancement of its mission.

A significant part of the Senior population is not technically savvy; information needs to be disseminated by various means. Some options would be hard copy, electronically, local TV station and or local newspapers.

A more significant addition to our Town would feature a Senior Center, in some form. The NCOA has determined that, “Older adults who participate in Senior Center programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, social, spiritual, emotional, mental and economic well-being”. (NCOA fact sheet)

The first Senior Center was established in 1943 in the Bronx, The William Hudson Community Center. By 1961, 218 Senior Centers had opened in NY. Currently there are 11,000 centers in the United States serving a million Seniors daily. (NISC)

The sheer number of centers and participants speaks to the success of Seniors having the opportunity to gather. Senior Centers are considered a vital part of the aging network. When compared with peers, Senior center participants have higher levels of health, social interaction, and life satisfaction and lower levels of inaction. The average age of a participant is 75, with 75% of participants visiting 1-3 times per week and spend an average 3.3 hours each visit. Senior Centers serve as a gateway to the nations aging network, connecting older adults to vital community services that can help them stay healthy and independent.
A Senior Center in our Town would not only provide relevant information but would serve as a conduit for group activities and enrichment. Examples of the services that could be offered would be social, nutritional, educational and recreational opportunities. More specifically they could provide information and referral assistance, health and wellness information, transportation, volunteer opportunities, Advanced Directive information, employee assistance, intergenerational programs, social and community action opportunities, financial benefit assistance, special services addressing local needs, support groups and community volunteers. Many of these activities could be outsourced to existing companies resulting in negligible outlays from the Town budget. It has been said that if Seniors had the opportunity to work collectively, much could be accomplished. In general, and of note - Senior Centers enrich lives.

**Transportation**

Every Cape Elizabeth citizen who came to speak to the Commission, every person invited to appear before the Commission and the citizens who responded to the one page questionnaire provided at the Health Fair stated that transportation for senior citizens in Cape Elizabeth is a major problem for them. The geographic layout, roadways and distances from point to point in out Town are such that without reliable reasonably readily available transportation - a citizen is essentially home bound. That is unacceptable.

There is essentially no public transportation available in our Town and, perhaps more importantly, from Cape Elizabeth to South Portland and Portland where many citizens have to go to physicians, dentists, pharmacies, grocery shopping and to meet other necessities of daily living. If one has a reliable vehicle, a driver's license and is capable of driving, generally there are no serious problems as they are able to reasonably go about their lives. But, many Seniors typically lack one of more factors that, at least, limits their ability to operate a vehicle. There are others that have personal vehicles but who do not prefer to or feel safe enough to drive; particularly during periods of inclement weather, heavily congested roadway times and at night. And yet, other relatives or friends may drive them in their own cars.

For a non-driving Senior to be relatively mobile, they have to work out schedules with family members, neighbors or friends who are willing to take them where they need to go and return them to their homes, safely. There is substantial effort and time involved in making such arrangements which often have to be adjusted/changed at the last minute. In general, such arrangements are problematic and not reliable over time.

The lack of transportation, especially for Senior women, leaves many of them in lonely home bound situations. These citizens need and want to be able to be transported to social sites. For many of them, mild to moderate physical exercise is important. In general, these are not the persons who are presently being served in our Town by for-fee classes.
There is a small number of for-hire local transportation agencies on a pay basis. Arrangements must be made in advance. For those Seniors with sufficient income, use of these agents can work quite satisfactorily. For low income or Seniors on SSI, costs are likely prohibitive. Persons on various Medicaid assistance can use agents by paid arrangement but performance of these contracts have been critical at times and, in fairness, the fare may have other issues they’re dealing with that aren’t present in time for the agent to react accordingly. All in all, it’s very generous benefit but perhaps inherently comes with some downside features.

The Commission has had some discussion about the purchase of a vehicle of a small 12-14 passenger bus variety with street level entrance. We envisioned that vehicle would operate on call within Town and possibly into South Portland and Portland. Details of operation and financing are serious issues which have to be dealt with and negotiated.

There are members of the community who would be willing volunteers and use their own vehicles at no charge to transport citizens in need. As the Commission may move toward development of a Resource Guide, a list of such volunteers could be made available. It should also be pointed out that management of this kind of volunteer initiative is seriously labor intensive.

These various developments and others require focus, attention to what Seniors say they want and need, and reliable sources and kinds of publicity that Seniors can come to trust to make movement about Our Town possible for them.

**Housing**

Relevant statistical information from sources, e.g., CLRsearch.com, shows that median household income in Cape Elizabeth in 2010, the most recent available tabulation, is $98,830. That amount is about twice as high as the median household in the State of Maine, and is substantially more than the $56,000 reported for the U.S. as a whole. It is reasonable to suppose that with the current economic recovery these amounts have increased and thus possibly show even greater disparities. These data are important as they show the comparative levels of income between residents of Cape Elizabeth and the State as a whole. Cape Elizabeth arguably has the highest household income of any geographic area in the State.

Similarly, in Cape Elizabeth about 75% of households are family households defined as maintained by a householder who is a family, and includes any unrelated people who may be residing there. About 26% of households are non-family households; i.e., a single person living alone or shares the home with persons to whom s/he is unrelated. Of these non-family households about 33% are males and 67% females, about twice as many as males.

It was pointed out to the Commission, by almost everyone who came before it, that unless these individuals had safe and reliable transportation and were licensed and able to
drive they were essentially physically and socially isolated. Physical and social isolation appears to be a significant aspect of Senior lives which strongly affect their mental and physical health. Though some of these persons will continue to want to live in their own homes others expressed the need for Senior living grouped apartments or enclaves that would encourage face-to-face socialization, recreation and exercise. At the time of the publication of this Report, there are no known plans to provide for any government funded Senior living units in our Town.

Given that Cape Elizabeth can be defined as a wealthy community, it appears that it could support the need for the kinds of Senior living facilities which appear to be needed. Where Seniors are able to interact more frequently on a face-to-face basis it is more likely that they will feel more secure about themselves and various problems. As a result, elder physical and financial abuse would be less likely to occur under such an arrangement and supervision.

Relatedly, at the present time we do not know how many of these people who are living alone could/would benefit from being able to access reliable public transportation if it were provided. Reliable data on these needs which are housing related need to be collected.

Community Supports and Services

**TRIAD**, composed of police, local businesses and community members
- Goal - Enhance quality of life and improve safety for seniors Programs
- Senior Driving Safety
- Free emergency cell phones
- Currently conducting safety survey

**Southern Maine Agency on Aging**
- Wellness & Nutrition
- Meals on Wheels
  Provides five meals per week $3.50 per meal donation, flexible
- Community Cafes
  Offered in eight communities (SoPo & Scarborough) through Cumberland and York counties, also offer entertainment, $4.00 – 5.00 per meal, eat as a group
- As You Like It
  Offered at ten locations (SoPo & Scarborough) offered at various locations restaurants, retirement communities and one hospital
- Simply Delivered
  Seven frozen meals, $5.00 per meal
- Food Support
  Three, free supplemental programs
- Falls Prevention
Evidence based workshops
- Tai Chi for Health
- Chronic Disease & Pain Management
  Two nationally recognized workshops
- Maine Senior Game Nutrition
- Resources & Support
  Answering Questions
  Information on programs and services to designed to assistance with independence
- Medicare & Health Insurance Counseling
- Family Caregiver Support
- Money Minders
  Assistance in creating budgets, paying bills, balancing checkbook
- Volunteer Opportunities
  Assistance finding out what volunteer opportunities are available
- Adult Day Care Centers
  Truslow Adult Day Care, Saco
  Stewart Adult Day Care, Falmouth
  Biddeford Adult Day Center, Biddeford

**AARP, Maine Chapter**
- Discounts
- Membership
- Information
  On AARP in your state/City, AARP beliefs, Government watch
- Job Resources
  Tips, Tools, Changes
- Life Reimagined
  New ideas
- For Professionals
  AARP International, Public Policy, Government Watch, Community etc.
- Social Security and Medicare
  Questions and Benefits
- Your Health
  Insurance, Laws, ACA, etc.
- AARP Foundation
  Donate, Housing, Hunger etc.
- Take Action
  Volunteer, Be an Advocate, Donate etc.
- Care Giving
  Resources, Locator etc.
- Have Fun
  Entertainment, Games, Travel, Dating etc.
  Read, Watch, Listen
Books, music, Mobile Apps etc.

- Who We Are
  Different Communities, Careers etc.

### Cape Recreational Senior Programs

- Pool & Hot Tub
- Outings, Art & Entertainment
  Theater, Music, Travel, Lectures, Story Telling, Games
  Luncheons, Games, Day Trips, Support Groups, Meditation

### Cape Elizabeth Town Library

- Book Groups
- Knitting Groups
- Philosophy Discussion Group
- Home Delivery
- Internet Access

### Community Organizations - Get involved! Volunteer!

- Historical Preservation Society
- Land Trust
- Farm Alliance
- Fort Williams Charitable Fund
- Rotary Club (SoPo & Cape)
- Lions Club
- Chamber of Commerce (SoPo & Cape)
- Town Counsel
- Planning Board
- Educational Foundation

### High School

- Theater
- Music
- Senior to Senior

### Social Inclusion / Participation

Some of the most common problems associated with aging are changes in the individual’s health, environment and social network through retirement, moving, illness or death. Humans are social animals and these changes often result in disruption of mood and living patterns and isolation. Since an aging person is often not as resilient as previously, these disruptions frequently result in their experience of behavioral and/or cognitive changes. The community can positively impact the individual’s perception of
support and self-esteem through maintenance of ties that sustain feelings of connection and value. Social isolation has been linked to poor health and cognitive decline.

Groups invited to meetings of CESCAC discussed their attempts to meet the needs of Seniors through a variety of programs and meetings that help sustain ties to the community and diminish isolations, particularly in bad weather. Difficulty for the elderly to sustain community involvement has a major impact on incidences of depression and inactivity.

1. Community Services outlined programs available to the public, group trips, a luncheon, and health and fitness opportunities. Most are inexpensive but require transportation to the community service office. Available scholarship support for elders is poorly advertised.

2. Thomas Memorial Library supports two book clubs which meet monthly – One in morning and the other in the evening. Books are available on loan to members. A new group is forming reading science fictions works. Opportunity for creative variations are present.

3. Local churches host monthly dinners, bible study, book clubs and holiday celebrations. A Women’s group meets at St. Bartholomew Church weekly, at others monthly.

4. Southern Maine Agency on Aging provides Meals on Wheels to Cape Elizabeth residents, assistance with tax preparation, referral to community support services, programs on Balance, Chronic Pain Management, Caregiving and other support groups. SMAA has recently opened an Adult Care Center in Falmouth and Biddeford, Maine.

5. Regional transportation services can be as costly as a taxi service, and Uber type service. The Town no longer has a bus line. Given the design of our Town, connecting sidewalks from end to end is not feasible.

6. The Oscher Lifelong Learning Institute at USM in Portland provides learning opportunities to elders for a nominal fee. Classes in a variety of subjects including music, science, history, politics, economics and literature are taught by experienced retired educators and professionals. Other studies include theatre groups, singing and dance groups, book clubs for members.

7. Other local groups include the Lions Club, The Rotary, local garden clubs, book clubs, knitting groups, sewing groups that typically meet monthly.

Recent events involving changes in federal and state support to the SMAA have led to cuts in programs, meal assistance capacity and loss of, yet, other programming. Other popular programs are wait listed.

It’s up to communities to understand the services being conducted in performed so that they may be measured and monitored for performance, popularity and sustainability. As popular programs become wait listed and, perhaps worse, closed due to funding issues, Towns may need to pick up the slack to ensure vital needs remain met.
Local Health Services

**Southern Maine Agency on Aging (SMAA)** - Programs and Services for older adults, their families and caregivers. Education programs for wellness and nutrition, adult day care, resources and information on financial, Medicare and LTC issues.
Located at: 136 US Rte. 1 Scarborough, ME. 04074
Phone: 207-396-6500   Web: [www.smaa.org](http://www.smaa.org)

**Village Crossings Assisted Living** - Residential Care for Assisted Living and Respite Stays.
Located at: 78 Scott Dyer Rd. Cape Elizabeth, ME. 04107
Phone: 207-799-7332   Web: [www.villagecrossings.com](http://www.villagecrossings.com)

**Living Innovations Home Care and Geriatric Care Management** - Home support for seniors and adults with disabilities. Companionship/Homemaker services, personal care and home health aide services, transportation.
Located at 337 Ocean House Rd. (IGA Plaza) Cape Elizabeth, ME. 04107
Phone: 207-799-4465 Web: [www.livinginnovations.org](http://www.livinginnovations.org)

**Cape Memory Care** - Residential Living Facility for persons with Alzheimer’s disease, other dementias and memory related impairments.
Located at: 126 Scott Dyer Rd. Cape Elizabeth, ME. 04107
Phone: 207-553-9616 Web: [www.capememorycare.com](http://www.capememorycare.com)

**Cape Elizabeth Community Services** - Fitness Center and Pool, senior programs for physical fitness, social outings, events and adult learning. Some transportation for off-site events available.
Located at: 343 Ocean House Rd Cape Elizabeth, ME. 04107
Phone: 207-799-1841 Web: [www.capecommunityservices.org](http://www.capecommunityservices.org)

**Coastal Rehab** – Occupational, Physical and Speech Therapy Services. Geriatric Rehabilitation at home or on-site.
Located at: 2 Davis Point Lane Suite 1A Cape Elizabeth, ME. 04107
Phone: 207-767-9773 Web: [www.coastalrehab.me](http://www.coastalrehab.me)

**Cape Elizabeth TRIAD** - Programs and supports for seniors and residents of CE that include daily check-in, file-of life packets, monthly learning sessions on senior issues regarding safety, well-being and quality-of-life issues.
Located at: CE Police Dept. 325 Ocean House Rd. Cape Elizabeth, ME 04107
Phone: 207-767-0681 Web: [www.southportland.org](http://www.southportland.org)

**Cape Elizabeth Family Medicine** - Dr. Craig Johnson and staff providing Primary medical care for seniors and families.
Located at: 1226 Shore Rd. cape Elizabeth, ME. 04107 Phone: 207-799-4050

**Cape Elizabeth Internal Medicine** - Providing primary medical care for all adults.
Located at: 155 Spurwink Ave. Cape Elizabeth, ME. 04107
Phone: 207-767-2177

**CVS Pharmacy** - Providing pharmacy services, immunizations and small supply of groceries and household items.
Located at: 335 Ocean House Rd. (IGA Plaza) Cape Elizabeth, ME. 04107
Phone: 207-799-1631 Web: [www.cvs.com](http://www.cvs.com)

**Senior2Senior Program** - Cape Elizabeth High School volunteer service club for high school seniors. Some events such as jazz concert for seniors and volunteer projects for yard clean-ups, snow shoveling, companionship.
Located at: CE High School
Phone: 207-799-3309 Email: tkohan@capeelizabethschools.org

**Coastal Wellness Chiropractic Care**: providing chiropractic care, massage, and acupuncture and nutrition services.
Located at: 300 Ocean House Rd, cape Elizabeth, ME. 04107.
Phone: 207-799-9355 Web: [www.coastalwellnesschiro.com](http://www.coastalwellnesschiro.com)

**Mainely Chiropractic Care**: providing chiropractic care and services.
Located at: 1000 Shore Road Cape Elizabeth, ME. 04107
Phone: 207-650-2493 Web: [www.mainelychiropractic.com](http://www.mainelychiropractic.com)

**Cape Elizabeth Methodist Church, Saint Bartholomew’s Catholic Church, St Alban’s Episcopal Church**: Local CE churches offering some supports services that are not designated specifically for seniors but are open to all CE seniors. Services include food pantry, clothes closets for warm clothing, social events and many social support groups.

**Concerns for Today and Tomorrow**

In ten short years Cape Elizabeth’s population will be represented by 25% of its residents age 60 and over.

The wisdom of our Town Council to evaluate the care needs of those in our community age 60 and over in calendar years 2014 and 2015 can’t be understated. Our Town is operating within its means, is responsive and responsible to its financial debt load and the leadership within our municipality –both Education and Town side - is strong.

Given this position, our Town is provided with the luxury of examining community transitions under the best of circumstances. All too often we see fields of study conducted at the wrong time or when in crisis, leaving decision makers with limited and less than useful options.
As we begin this discussion we leave our Town Council with concerns for the future that at the very least we hope will provide compulsion to make necessary changes, however difficult they may be.

1. Health Care today consumes 18% of our nation’s Gross Domestic Product which is considered to be unhealthy by many standards. For instance, the per capita outlay of medical expenses is nearly twice the amount of other industrialized nations. According to many, the health system is riddled with fraud, waste and abuse. While Federal measure are being undertaken to recapture those related payments the World Health Organizations describes our system as a focus in: Inverse Care, Excessive Specialization and Fragmented care – all signs of a design in need of improvement. Through the Affordable Care Act (March 2010) the Centers for Medicare and Medicaid services has launched a number of health care programs, demonstrations and pilots that focus on improving quality, reducing cost and enhancing the patient experience.

Take Away: Health care costs will continue to consume disposable income for everyone, but particularly our Seniors that are living on fixed incomes. If health care cost continues to rise, as it has the last twenty years, there will be a break-even point in every household with regard to where, when and how every dollar is spent.

2. National Debt – At some point our national debt that was raised significantly to pay for the mortgaged backed securities scandal from the mid-2000 will come due. In order to stabilize national and international markets the United States Federal Reserve ordered monthly purchases of the mortgage back securities in amounts as high as $80B per month. These purchases, in the form of interest payments, will at some point come due raising concerns that federal taxes will need to be increased.

Take Away: We have another potential situation where it seems likely that more disposable income will be consumed by families, especially our Seniors on fixed incomes. This is not favorable, and largely considered unhealthy. Consumers will decrease durable goods expenditures and make other spending choices based upon their ability to provide their families, or themselves, with greater life essential purchases.

3. A Decrease in the Family Unit – Our communities were developed several years ago largely based upon the size of families. This development focused on essential scholastic services and a related business service sector followed. Now that the family unit has shrunk communities must consider transitioning supports and services to accommodate this new reality, in addition to examining budgetary expenditures accordingly.

Take Away: If communities are capable of sustaining traditional student enrollments then there is potential for a stabilized tax based that can fund
scholastic expenditures at the same time servicing related debt loads. In the event this does not transition, Town’s will need to re-examine traditional budgetary decisions and related impact.

4. Aging Business Opportunities – As our communities begin to age there will be a blossoming new set of business opportunity for this demographic. Seniors hold over 75% of the assets within Cumberland County. Business needs to rethink how it is either going to maintain or attract these consumers as they continue to age.

Take Away: Business needs to rethink branding and store layout designs.

EXAMPLE: Seniors often move around a bit slower when grocery shopping. Sometimes the lighting, flooring, aisle width, product placement and small print can present problems for them.

QUESTION: Can you name one grocery store that has a “Senior’s Only” check-out lane? Exactly – none. And, why not?

5. Maine’s inability to attract youth to stay, live and work in the state past their formative years is problematic. Reasons for this trend need and deserve our attention, study and best problem solvers to arrest this development.

6. Our comments are reserved only to say that this practice pushes up the state’s average age, it reduces our ability to compete nationally and globally and brings overall income levels downward. The inability of any state to regenerate a workforce base places undue pressure on economies and ensuing taxation challenges. As the current workforce stares down retirement, where will the replacement reserves come from? And, ultimately, will business interests view Maine as a viable partner in returning their investments and other financial goals.

Take Away: Rebalances Maine’s workforce creates a healthy economy and vibrant business climate. An adequate workforce reserve gives business incentive to make investments in our state. Business investments in turn produce taxes for which services are provided for those in need, among other things. By rebalancing and restoring our workforce, Maine will have the economic resources availed to provide for an aging population, without undo and foreseeable municipal and state checkbook challenges and choices.
IV. RECOMMENDATIONS

With great thought and regard, the Senior Citizen Advisory Commission makes the following recommendations to our Town Council for their considerations.

1. We hereby recommend that our Town Council consider amending its charter to include the Cape Elizabeth Senior Citizen Commission a permanent standing Commission. The Commission would report to the Town Manager and convene regularly to study patterns, trends and behavior among our neighborhoods reporting findings and recommendations to the Town Council on a regular basis.

2. We hereby recommend that our Town Council consider expanding and enhancing, wherever possible, communication announcements or postings that either broadcast or host vital, important and relevant Senior information that seeks to provide answers to questions, detail community activities and services as well as provide contact information for available local and community resources.

   We include in this recommendation a request to consider the development of a SENIOR tab on our Town website that’s readily identifiable and provides as a host for a variety of topics that include information described above, and beyond. This enhancement will not only help Seniors, but will also act as a resource for family members, both here and away, caring for those that may not be computer savvy, or have internet connection.

   We also include in this recommendation a request to consider, whenever possible, including regular Senior featured inserts in the Community Services Program released seasonally throughout the year to all Cape Elizabeth households. This insert can be as simple as a handy pull-out reference guide containing important Senior related news a resourceful contacts both locally and regionally.

   We also include in this recommendation a request to consider the inclusion of a scaled down reference guide in all tax statements mailed to Cape Elizabeth home owners.

3. We hereby recommend that our Town Council consider a volunteer, for-hire, or preferably, a co-community shared position to act a Senior Citizen Community Navigator. This person would serve our community(s) acting as a navigator that specializes in Senior services and related matters that can guide incoming calls and emails to various resources that will assist them with their inquiry. Presently, these calls are handled through our General Assistance line. Based upon our discussions with Town officials some of these calls, or more specifically answers, are complex and complicated. A Senior Citizen Community Navigator trained in this field could relieve the burden for a GA line making their time more efficient, all the while providing the inquiry with more definitive guidance.
We will restate that, preferably, our Town Council consider the notion of a co-community solution to provide even greater outreach while being mindful of budgetary constraints.

4. We hereby recommend that our Town Council consider expanding Community Services Senior Programming to further increase activities that benefit and promote healthy active living and lifestyles, educational components that address Senior specific social issues and related entertainment to stimulate and foster a climate of social inclusion and community connectivity.

The Commission envisions that this expansion of Community Services Senior Programming will be budget neutral, or near cost.

The Commission has full confidence in Community Services Program Coordinator Jennifer DeRice to carry out the duties required to enhance this programming based upon many conversations with her.

5. We hereby recommend that our Town Council consider rental or lease-to-own options for a new 14 passenger van in order to supplement the expansion of Community Services Senior Programming.

A new 14 passenger van takes up to year to take delivery based upon current production assembly line practices.

If potential exists whereby agreement to rent a similar vehicle from a neighboring town is practical, this may executed in the interim while an expansion of Senior programming is launched in hopes of achieving scale and popularity during the production time.

The Commission envisions the passenger van be primarily utilized by Senior programming first, with the intent of sharing this Town asset with other Departments.

Again, the Commission envisions that all Senior programming will be budget neutral, or near cost. It is anticipated that the price of either renting or owning and operating the vehicle will be appropriately considered in assessing program fees.

In the event that programming doesn’t achieve the necessary utility and popularity to own and operate the passenger van, the asset would still hold value in the open market which would minimize any operational losses.

6. We hereby recommend that our Town Council consider reserving a space in the Town proper and within a current town structure to act as Senior Hall.
It is important that Seniors have a place to call their own in our Town to fulfill a desire to gather, share, learn, laugh and support one another. A Senior Hall would provide a dignified sense of belonging and purpose.

The Commission envisions that a Senior Hall would be managed by the Senior Citizen Community Navigator.

If the concept of a Senior Hall were to flourish, future discussion should ensue to determine the feasibility of expanding this community resource to a more permanent structure.

This concludes our formal recommendation for consideration by the Town Council.

V. CONCLUSIONS

The Senior Citizen Advisory Commission would like to, again, thank our 2014 and 2015 Town Council for setting forth our study. Your interests in assembling the Commission will bring dividends to our Town for years to come.

We are mindful that during the Commission selection process almost 30 individuals applied for seats. We worked tirelessly throughout the year in honor of those that put service before self to achieve a “Community First” atmosphere for all.

In closing, we owe our thanks and a debt of gratitude to all of the individuals, programs, Legislators, Cape Elizabeth Town Officials, Churches and the Maine Department of Health and Human Services officials that spoke with us, opened doors and offered us all of the resources at their disposal in order for us to succeed.
A PRELIMINARY REPORT TO THE CAPE ELIZABETH TOWN COUNCIL FROM THE CAPE ELIZABETH SENIOR CITIZEN ADVISORY COMMISSION

MAY 11, 2015