

# Greenville-Region Age-Friendly Communities Assessment



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## Executive Summary

An assessment was undertaken in the Greenville-area to better understand how the communities in the region could be strengthened to become more age-friendly and better communities to thrive in place. Methods utilized include a review of existing data and studies, interviews with key informants who provide services in the region, and multiple methods of outreach to individual community members.

### Key Findings - Community Needs

- The rural context of the Greenville region, combined with policy challenges at the state level, have resulted in a shortage of individuals to provide a variety of in-home care services which provide challenges for thriving in place and an age-friendly community.
- Transportation is particularly challenging for the Greenville area. The region lacks any local public transit options, or paid options such as taxi services. This presents significant challenges for homebound individuals.
- Closely aligned with transportation is food access challenges. The Greenville area has a single grocery store which can be difficult for those without transportation to access. Smaller towns such as Monson require travel to areas such as Guilford for grocery shopping. Additionally, there are access barriers to food pantry usage.
- Although there is a strong element of community and a culture of neighbor helping neighbor in the region, isolation can still be a challenge, particularly for individuals without friends or family. Also, lacking any connection to formal services and pathways to be identified by providers, some community members can have persistent unmet needs.

### Key Findings - Assets

- In addition to challenges, there are significant assets in the region. Greenville is the home of CA Dean, a critical access medical center, which has taken steps to support home-based care and overcome transportation obstacles through strategies such as the community paramedicine program, home healthcare visits, and a courtesy van for patients. As CA Dean draws in patients from the region, it acts as a connection to outlying communities around Greenville.
- While not necessarily based in Greenville, home-based services are present in the Greenville area through Elder Independence of Maine, Community Health and Counseling Services, and Catholic Charities. Penquis Lynx also serves as the major public transportation resource for the region.
- Finally, there are numerous opportunities for community connection and engagement in the region through town recreation centers, voluntary organizations such as Kiwanis and the American Legion, faith groups and other entities.

# Introduction and Methodology

## Introduction

In the Spring and Summer of 2016, the Center on Aging undertook a needs assessment, funded through AARP via the Charlotte White Center, to better understand needs for supporting an age-friendly community in the Greenville-area. While the assessment examined ways as a whole that the Greenville region could become more age-friendly, there was a focus on understanding ways that existing work through the Piscaquis Thriving in Place collaborative could address the needs of the area, and thus there was more of a focus on issues being addressed by the collaborative including medical transportation, access to home-based services to support thriving in place, caregiver support, and volunteer capacity building. These particular focal areas were adopted based on the results of a larger needs assessment for Piscaquis County as a whole which was conducted prior to the establishment of the Piscaquis Thriving in Place Collaborative.

## Methodology

To arrive at an assessment of community needs, the Center on Aging utilized three methods of data collection to gather information representing the perspectives of diverse stakeholders. The goal of multiple methods is to “triangulate” needs, building confidence in results identified through different data collection methods, and reducing threats to validity from individual methods.

### *Review of Prior Literature*

A review of prior literature and existing data that would speak to needs of older citizens in the Greenville area was completed. Sources utilized were primarily the Greenville Comprehensive Plan and data from the American Community Survey Five-Year Estimates.

### *Community Member Interviews*

Conversations were completed with eleven community members in the Greenville-area to get their perspective as key informants who are knowledgeable about community assets and needs in the Greenville-area. These included representatives from Greenville and Monson town government, Greenville law enforcement, CA Dean Hospital, the Greenville Recreation Center, and Shaw Public Library. Two key informants conducted group discussions with the Thriving in Place Collaborative to understand community needs, while the remaining nine key informants participated in interviews with the Center on Aging. Participants in these conversations were asked about needs in the Greenville area for building an age-friendly community, current assets, and areas where collaboration could be improved.

### *Stakeholder Surveys/Conversations*

Outreach to older adult community members to understand community needs was done through a combination of one-on-one conversations, group discussions, and the administration of a brief community member survey which asked individuals about falls history, challenges to thriving in place, and potentially desired services and supports. In total, 45 older adult community members participated in needs assessment activities in the Greenville-area. There were 18 individuals who completed the community member survey, 20 individuals participated in listening and educational sessions in two Greenville-area older adult housing developments. Another 7 individuals participated in one-on-one conversations with Center on Aging staff.

## Background

A literature review was conducted to collect information from previous studies about needs in the Greenville-area related to thriving in place and age-friendly communities. There was limited information from prior studies available, but demographic data and a comprehensive planning document contain relevant information. As part of its comprehensive planning effort in 2013, results of an opinion survey of town residents were included which provide insight into perceptions of residents on aging in the community. Key findings included:

- When asked about why they live in Greenville, 45% indicated that “it is a nice place to retire,” only behind “it is a rural community” (50%).
- 8% of respondents indicated Greenville needed “a lot more” subsidized senior housing over the next 10 years, while 38% indicated Greenville needs “some more”.
- 18% of respondents indicated that Greenville needs “a lot more” recreation facilities/programs for seniors, while 42% said “some more” are needed.
- Non-resident property owners were also surveyed and 4% indicated that there needs to be “a lot more” subsidized senior housing, while 33% said there needs to be “some more”.
- 7% indicated there needs to be “a lot more” recreation facilities/programs for seniors, while 37% said there needs to be “some more.”

Table 1 highlights demographic data from the Greenville region which provides some insight into the aging population relative to Piscataquis County and Maine as a whole. Numbers are taken from the 2014 American Community Survey 5-Year population estimate which tends to have the most accurate estimates, especially for rural areas with smaller populations. Similar to Piscataquis County as a whole, the region has a population of 55+ individuals at a higher proportion to Maine, although Abbot is similar at 33.3% versus Maine’s 32.1%. In particular, Beaver Cove and Monson far exceed both the 55+ population in Piscataquis and Maine as a whole with 52.1% of Beaver Cove being over the age of 55 and 48.7% of Monson being over the age of 55. Greenville, the region’s population center, has 39.5% of its population over 55, which is younger than Piscataquis County, but older than the state of Maine as a whole.

Table 1	Abbot	Beaver Cove	Greenville	Monson	Shirley	Piscataquis	Maine
55 - 59 years	59 (9.0%)	26 (15.4%)	169 (9.2%)	91 (14%)	17 (5.8%)	10.8%	7.9%
60 - 64 years	57 (8.7%)	15 (8.9%)	190 (10.3%)	73 (11.3%)	46 (15.8%)	11.3%	7.2%
65 -74 years	79 (12.0%)	38 (22.5%)	226 (12.3%)	80 (12.3%)	35 (12.0%)	14.2%	9.5%
75 - 84	16 (2.4%)	9 (5.3%)	101 (5.5%)	65 (10.0%)	9 (3.1%)	5.3%	5.3%
85+	7 (1.1%)	0 (0.0%)	41 (2.2%)	7 (1.1%)	5 (1.7%)	1.9%	2.2%
Total	218 (33.2%)	88 (52.1%)	727 (39.5%)	316 (48.7%)	112 (38.4)	43.5%	32.1%

## Challenges

Because of the limited response to the community member survey, the results are not generalizable to the overall population studied, and should be looked at akin to focus group data.

Among the 18 individuals taking the survey, they were all residents of Greenville and averaged approximately 65 years of age. In terms of living situation, 14 lived with a spouse or partner, while 2 lived alone and 2 lived with a friend. All but 2 of the individuals surveyed lived in their own home or apartment.

The following are key findings from the survey:

- Five of the eighteen individuals surveyed indicated they had fallen at least once in the past six months.
- Eleven of the eighteen individuals surveyed were at least “a little concerned” about falling.
- Individuals were asked about whether they struggled with things such as transportation, getting access to home nurse visits, getting housekeeping or home maintenance services, getting up after a fall, getting food, feeling alone, and being able to get exercise. For the most part, people did not identify these particular items as challenges. For transportation to the doctor or for errands, getting housekeeping services, or getting up after a fall, these were identified by two individuals each as challenges. Three individuals identified getting access to home maintenance and exercise as challenges in the previous six months.
- Thirteen out of the Eighteen individuals surveyed stated that they’ve done volunteer work in the previous six months. For those who did not volunteer, two individuals indicated they are too busy, while one each indicated they were not interested, didn’t know how to volunteer or it wasn’t convenient for them.
- Respondents were also asked about their interest in potential supports, including caregiving classes, falls prevention classes, exercise classes, help with planning for needs as they age, home nurse visits, and volunteer provided transportation. Four individuals indicated their interest in caregiving classes, seven were interested in falls prevention classes, nine expressed interest in exercise classes, two in assistance with planning, zero with nurse visits, and one with receiving volunteer transportation.
- Four individuals self-identified as caregivers. All four desired more information about what help is available to caregivers. Three individuals were interested in more information about diagnoses, and three were interested in a chance to talk more with others about caregiving.

### Home Health Provider Shortage

A need heavily emphasized by both community members and key informants was a severe lack of available home health care services in Greenville and surrounding areas. While the area is served by Community Health and Counseling Services, as well as Elder Independence of Maine, resource constraints can make coverage limited. Homemaking services provided by Catholic Charities are also available in Greenville. But again, access is severely limited by staff constraints. At a policy-level, these challenges are partially driven by low reimbursement levels. Rurality further compounds the issue, as homecare workers pay out of pocket for transportation costs, and significant distances to travel can make it prohibitively expensive to reach outlying areas.

Private pay homecare services are available as an option, but can be prohibitively expensive for older adults on low or fixed incomes. A conversation with one Greenville couple who had long-term care insurance and was able to afford private pay services indicated that even paid services could be challenging to get, as the list of available

workers was limited.

Definitions of home-bound for determinations of benefit eligibility were also cited as a barrier to homecare access. An individual may not be categorized as homebound due to a lack of transportation, although for all practical purposes, this lack of transportation does leave them homebound.

## Transportation

While CA Dean does operate a courtesy van, transportation to regional medical centers like Bangor or Portland would be a liability issue for CA Dean as those who would be transported are not considered patients. Locally, CA Dean has responded to the needs of home-bound populations by offering in-home medical services, as one key informant indicated: “We have some of our doctors do home visits, and we also have a wound care physician and an MA that now go to peoples’ homes to deal with whatever incisions they have because of their absolute inability to make it here.” The community paramedicine program operated by the hospital is another source of care in the home, but is limited by the staffing capacity of the program.

- “A fair amount of the population here, the elder population, is significantly homebound due to lack of transportation, their inability to drive, and there is no public transportation in Greenville whatsoever.”

Another individual stated: “Transportation, that’s a definite concern. There is not a way for people to get around, there’s no taxi service obviously...for someone to go to the store in our community, they have to go up to Indian Hill, and that becomes a problem. So what are they going to do, walk? Most likely they can’t. Or they’re going to have to depend on someone that is going to take them.” Citing one example, the respondent said: “There is a lady that lives over in Nickerson Park and she walks all around the town. She walks all the way to Indian Hill everyday from down here, which is quite a walk.”

- “The older adults can’t come in, because their cars can’t drive on the snowy icy roads because they don’t have the tires. So they are super duper limited in the winter and get more isolated and more confined.

- Monson respondent

When describing Monson, one respondent indicated that the challenge was “the simple problem of distance. From hospitals from consistent healthcare, from groceries, from pharmacies. Those kind of elementary needs that are difficult to meet.” For Monson, the respondent indicated that residents typically go to Guilford for their pharmacy and grocery needs and to Greenville to reach emergency care.

## Respite

Respite care was highlighted by key informants as a serious gap in the spectrum of services for older adults in the town of Greenville and the surrounding area. This was also identified by the previously completed Piscataquis-wide Thriving in Place needs assessment, and the Maine Highlands Senior Center is currently examining the feasibility of an adult-day service. When discussing this need, one respondent stated: “I’ve encountered so many elderly people who are caring for their own elderly spouse with severe dementia, severe Alzheimer’s. The caregiver is in a depression because they don’t ever have a break. So that’s an area where we can really use some assistance, some more resources.”

## Social Isolation

A theme that was repeatedly discussed by the key informants interviewed was the challenges that are faced by isolated individuals. Lack of connection to any type of formal medical or human services, or even to neighbors or

other community members can be potentially disastrous due to the inability to provide a response to these needs. As one individual stated: “One of our biggest concerns as a group is that we don’t really know what we don’t know.” The individual highlighted cases where there had been deaths in the home that had gone unnoticed due to the lack of community connections.

Isolation can be a particular challenge as well, as an individual associated with the Greenville PD phone call check-in program, Operation Sunrise, stated: “A few of them that I call, they are housebound, they don’t have their license, they don’t have vehicles, and they get lonely, so again, going back to the phone calls, just to break that ice, to communicate with me [is valuable]. Because I might be the only one they talk to or hear from all day.” Check-in programs such as Operation Sunrise can be a conduit for reaching people who may be homebound. The program, as of the Summer of 2016, was serving eleven individuals and was staffed via the police department. It takes approximately an hour of staff time each day to complete calls.

## **Nutrition**

Ensuring proper nutrition for those who are homebound or who have limited ability to get out into the community due to transportation barriers was highlighted. In a conversation with the Greenville town manager, it was revealed that there is a once weekly delivery of food pantry goods which are distributed from a town facility. This was highlighted as a potential challenge for individuals who may not be able to make the trip to the town facility. Additionally, the goods are distributed from a small bay in a town building which is partially exposed to the elements. The limits of this space were highlighted as a potential barrier to individuals accessing services from the pantry.

The town of Greenville has one full-fledged grocery store, a Hannaford supermarket, which is located at the entrance to the more densely populated downtown area. With a lack of public transportation, challenges can arise for individuals who are not able to have someone deliver their groceries. As one respondent noted: “Being so remote, We don’t have a taxi service, or bus shuttles for them to be able to go to the store, so sometimes that is really difficult for people. I know in the winter months, a couple of them, never went out all winter.”

## **Systemic Challenges**

Community Care Teams are one strategy utilized by Accountable Care Organizations to assist those individuals in the community with the highest medical needs. Medical key informants indicated that while this is a potentially valuable service in the community, its execution needs to be strengthened. As the teams are not located in Greenville, the ability to do home visits because more difficult, resulting in phone call check-ins which can be less effective than home-visits. Additionally, as the teams are not local, they may not have an intimate knowledge of local resources that can be drawn on.

## **Information sharing**

The challenge of keeping providers apprised of new resources was highlighted by medical respondents as being one challenge. As an individual stated: “The sooner we hear about information, new programs, or existing programs, we’re not aware of, the better. The sooner we can make referrals, the sooner we can access them in some way.”

This lack of information sharing was not limited to professionals. A respondent in Monson indicated that “there’s no real newspaper coverage of the area.” While a Greenville resident indicated that the information typically contained in local papers is mostly community interest stories rather than announcements of local resources. Interestingly, in conversations with residents of older adult housing developments, it was clear that although there wasn’t a uniform knowledge of services in the area, a number of residents were aware of Eastern Area Agency on Aging and Penquis services as a result of prior outreach that had been conducted, as well as efforts by managers of

these developments to connect residents to needed resources.

## **Community Infrastructure**

Highlighted especially by Town Managers were infrastructure challenges that stem from limited budgets for projects such as road resurfacing and repairing damaged or inadequate sidewalks. Additionally, respondents indicated that while plowing is done for public roads, driveways present additional challenges and individuals don't always have the means to get plowing assistance.

Respondents, both community members and key informants, indicated that they often have concerns about safety when walking outside due to falls risk, especially during the winter. This can render some people isolated and potentially homebound. As one respondent indicated: "In the winter time, they're nervous about going outside, that they'll get hurt."

Monson in particular has a community center which was a former school and is now owned by the town. A respondent from Monson indicated that there were plans to convert it into a fitness and wellness center, but this was found to be financially unfeasible. The individual stated: "There's this wonderful setup. I know that people would come together and get some exercise together, because it is right available here." Alternatively with the proposed housing bonds, Penquis had expressed interest in the building as a source of older adult affordable housing which would have benefitted the town, but refusal at the state level to release the bonds has stalled that work. Although the space is technically available, the priority is to find some income-generating uses that could support the operating costs of the building.

## **Volunteerism**

Feedback about levels of volunteerism in the region differed somewhat between respondents. For instance, respondents indicated that for the Greenville Recreation center and the Shaw Public Library, there are a fairly robust base of individuals who provide volunteer services. By contrast, in Monson, respondents there indicated that engaging community volunteers was particularly difficult and that it has fallen on a small group of people to address a number of needs. This is one area where more exploration of needs may be in order.

## **Other Needs**

Although not always rising to the level of themes, there were a number of other needs identified by community members and key informants:

- An uptick in scam phone calls and attempts at financial fraud targeted to older adults
- Both community members and key informants indicated that accessing home maintenance services can be challenging for individuals with limited means or who need to accomplish smaller projects than what a contractor is willing to do.

# Assets

Table 2 - Service Assets				
Transportation	Businesses	Home-Based Services	Community Engagement/Safety	Medical
Penquis Lynx	Harris Pharmacy	CA Dean home medical visits	Recreation Centers (Greenville and Monson)	CA Dean
CA Dean courtesy van	Hannaford	Community Paramedicine	Libraries (Greenville and Monson)	Northwoods Healthcare
		Catholic Charities	Kiwanis	
		Elder Independence of Maine	American Legion	
		Community Health and Counseling Services	Local churches	
		Pine Tree Hospice	Operation Sunrise	
			Senior Housing Communities	

While not an exhaustive list of resources in the Greenville area, Table 2 above represents the service assets that were most frequently mentioned as being key to thriving in place and age-friendly communities in the town of Greenville and surrounding areas. The following are a description of these resources, as well as limitations identified by key informants.

### *Transportation*

In terms of transportation, the availability of affordable options are limited. Greenville and surrounding towns are not served by any public transit services. CA Dean does offer a courtesy van which is a resource for patients of the hospital for local travel. Lynx Mobility Services offers a variety of transportation options in the area, including its General Public service which provides routes in Abbot, Greenville and Monson, primarily to Bangor, Dover and Dexter.

### *Businesses*

A number of local businesses were highlighted as being key assets for supporting thriving in place and an age-friendly community. In particular, Harris Pharmacy was highlighted as being key for healthcare and medication management. In addition to traditional retail pharmacy activities, key informants indicated that upon request, the pharmacy will provide services such as home-delivery and filling of pillboxes, although the capacity to provide these services is limited. There is no 24 hour pharmacy in Greenville or surrounding towns. Another business regularly highlighted by key informants and community members was the Hannaford supermarket, located on the edge of the more densely populated downtown area of Greenville.

### *Homebased Services*

In response to challenges posed by home-bound individuals, CA Dean provides a variety of home-based healthcare already described including wound care, as well as primary care through the community paramedicine program. As has been noted, staff capacity, especially for the community paramedicine program, limits the extent to which these services could be expanded.



Paid in-home care that crosses the spectrum of services from skilled nursing to homemaking services are covered by Catholic Charities, Elder Independence of Maine, and Community Health and Counseling Services. As has been noted by key informants and community members, staff shortages provide challenge for coverage in the Greenville-area. Outlying areas in particular faces the greatest challenges.

Pine Tree Hospice, based in Dover, provides a range of volunteer services that serve to fill gaps in home-based services that are faced by people with progressive, life-limiting conditions. Pine Tree Hospice has indicated that commonly requested services in the area include “general transportation for shopping, errands, etc.,” “specific transportation for appointments some distance away,” “resource identification,” “respite,” and “companionship.” Staff indicated referrals for Pine Tree hospice services tend to come from providers or home health agencies rather than community members directly. Pine Tree Hospice has experienced a growth in service requests relative to its available volunteer base and staff indicated that a target to meet demand would be to gain four community volunteers in the area.

### *Community Engagement and Information Conduits*

Key informants and community members regularly identified a number of resources that serve as venues for social engagement and are potential conduits for sharing information that can support thriving in place and an age-friendly community. Kiwanis, the American Legion, and local churches were highlighted by multiple respondents as being centers which bring community members together and are sources of community-engaged volunteers. For instance, Operation Sunrise was able to work with Kiwanis, as part of their regular holiday visits to homebound individuals, to include information about Operation Sunrise, which resulted in new signups to the program. The American Legion also has a regular breakfast which provides social opportunities and meals for members and is also a venue to help spread information about local resources.

The town recreation center has offered Yoga, Tai Chi, and ballroom dancing as activities which have attracted a significant number of older adults. One challenge identified for the Recreation Center is a shortage of teachers: “The hardest thing is that we’re in Greenville and we’re remote, so it’s hard to find the people. Somebody asked me the other day about line dancing. I don’t have anyone in this area that’s willing to do it.”

The Shaw Public Library, centrally located in the Town of Greenville, is also a significant source of community information. Through the Thriving in Place initiative, it has been equipped with a caregiver resource center. Additionally, the library maintains computer workstations for the public and has provided tutorials on using computers for members of the public that may have limited computer skills.

### *Intangible Assets*

As important as formal services and supports, are intangible assets. One in particular raised by multiple respondents was the close communities where neighbors and family members take a significant role in assisting and caring for each other. One particular individual stated: “I think everyone does look out for everyone in the community.” While clearly beneficial, those without community connections may not benefit from the same sort of support. A second asset was a strong independent nature that facilitates resilience. This was highlighted by respondents as being somewhat of a double-edged sword. As one individual noted: “I think the biggest thing [barrier to asking for assistance], I’ve found is their pride.”

- “The strengths, if any, are in the population itself. The people are independent, the usual Mainer approach to life. But being secluded and being isolated is not necessarily positive, but it’s kind of a way of life I guess.”  
- Monson respondent

## Opportunities and Recommendations

The number of individuals who highlight Greenville as an ideal retirement area in the Comprehensive Plan survey indicates that investments in thriving in place and age-friendly communities may be beneficial in supporting all residents of Greenville and surrounding towns as they age. Based on needs and assets identified through this assessment, the following are recommendations for potential avenues for action that can be explored to continue to strengthen the age-friendliness of the region:

- Help to build capacity in existing services to provide even more support for community members. For instance, Pine Tree Hospice provides vital services in the area and could potentially benefit from support for volunteer recruitment. Another example is Operation Sunrise. The program takes staff time to operate and a respondent indicated that the program has considered the possibility of incorporating volunteers to expand the program. Support for generating a sustainable model that maintains the same quality of service as is currently offered could be a method for expanding the capacity of the program.
- A second potential initiative could involve examining the feasibility of broadening existing transportation services such as Lynx Mobility to overcome challenges around nutrition and access to groceries. This could include trips from areas of town to the local Hannaford on a regular schedule, or transportation of individuals from the variety of housing communities to the Dean Park community cafe. Also related to this issue would be to work on identifying an alternative space for weekly food pantry deliveries in Greenville.
- Keeping apprised of existing services and supports can be challenging. One potential avenue for facilitating this communication could be a regular convening, similar to that done through the Pis Cataquis Thriving in Place collaborative, which would focus on highlighting local resources, facilitating communication between businesses, town government, and nonprofits. The group could also serve as a conduit for continually bringing back information about community needs from those served by the group. What is clear from the needs and resource assessment is that groups like CA Dean, churches and voluntary organizations, owners and coordinators of older adult living communities, and programs like Operation Sunrise have a close connection with the individuals they serve and are key connectors to other local resources.
- A number of the needs highlighted tie back to larger policy trends at the state level, and so policy advocacy will continue to be important. Examples are the issue of reimbursement for home health services which is a driver for the shortage of home-health workers. Another example is advocating for the release of housing bonds, which has been a barrier to expanding affordable housing in the town of Monson.
- As was noted by respondents from Monson, engaging people who tend to be isolated in volunteering or community life will necessitate grassroots ways for getting people involved. One potential avenue for reaching isolated individuals would be to provide support and expand the Window Dressers program in these areas. Window Dressers bring together community volunteers in a grassroots effort to develop window inserts for homes that can reduce heating costs and make homes more comfortable in the winter. Not only does this program have a tangible benefit for participants, but it also helps to engage community members.

As has been noted in the assessment, there is a strong community culture and independence in the region and for strategies to be successful, efforts will need to be locally-driven and grassroots. Additionally, the low response to the survey makes generalizing to the overall population difficult. As continued outreach is done in the area, it would be valuable to continue to collect survey data to inform stakeholders about the needs of the participant population on an ongoing basis.