

**FOUNDATION FOR SEACOAST HEALTH
STUDY OF EXISTING SERVICES AND RESOURCES FOR
THE CARE OF SENIOR RESIDENTS IN THE SEACOAST
AREA**

JUNE 2007

JANE POWER KILCOYNE, Ed. D.

Purpose and Context

This study is a “snapshot” of the services, facilities, and resources for residents, over sixty-five years of age, within the catchment area of the Foundation for Seacoast Health. That includes the cities and towns of Portsmouth, Rye, Greenland, Newington, New Castle, Kittery, and York. The study reflects situations and programs which exist in the year 2006-2007 and is not intended to be the last or definitive word on specific issues or programs relating to the elderly either here or elsewhere. However it is intended to give the members of the Foundation a glimpse into the lives and needs of the people who comprise the fastest growing age segment of our area population. This age phenomenon is due in part to the aging of the population in place, the entry of new retiree residents, and, most importantly, to the decline of the young adult population in the region. (Gittell, 2007)

Throughout its twenty-one year history, the Foundation has successfully introduced and supported programs which address health and care needs in the pre-school, teen, and family populations in addition to the health information and education of the general population. In 2006, the Board of Trustees determined that it was time to update their information concerning the senior population, with the intention of determining the condition and needs of that group, thus completing the mission of the Foundation: to care for the health of the seacoast community.

As the building of this introductory study began, it became obvious that the ground beneath it was rapidly shifting. What was true in the beginning of the interview process is frequently no longer the case at write-up time. These changes by no means diminish the value of the images presented here, nor the certainty of the need for attention to the situation. Cities, towns, private groups and non-

profits are each dipping into the problems discussed in this paper in order to engage the citizens or to profit from the vacuum of orderly, planned attention to the issues.

Method of Study

Four focus groups and eighteen interviews were conducted during the autumn of 2006. Questions concerning economic situations, physical and social needs, resources available, and level of current care were asked. Facilities and agencies were visited, including offices of Lamprey Health Care, the Inn at Spruce Woods, Wentworth (before its current closing), and Edgewood and its Pines. Countless newspaper accounts, academic papers, and agency reports were read, as well as statistical charts. The answers I have are not complete because the numbers of seniors involved are substantial, the area covered is fairly large (with many cultural differences), and the situations are changing daily. A complete review and analysis would require a team of researchers.

Findings

Population:

Demographic studies, including the 2000 U.S. census, indicate that in our seacoast region, ages 55-64 comprise the fastest growing population segment (Francese, 2006). This is due in part to the aging of “baby boomers” as well as an recent influx of retirees, Places such as the New Hampshire and Southern Maine seacoasts have become attractive destinations for the newly retired.

However, the main reason for the population percentage growth in the last ten years is, remarkably, the departure of younger workers from New England (-38% in Rockingham County) to the Western Mountain, Northwest, and Southeast states (Gittell, 2007).

Unlike their younger counterparts, those over sixty-five require a far greater array of medical and social services, in addition to transportation and housing. Even those who have the financial resources to pay for those services, require the facilities, and trained personnel. This is true also for those who are Medicaid eligible and can be supported with the resources of the state and various non-profits. The seniors who fall “between the cracks” of the wealthy (both insured and self-insured) and the Medicaid eligible find themselves in need of support services and living arrangements but without the financial resources to pay for them or the subsidy to replace those resources. The group comprises what is traditionally called the middle class and is the largest constituency in the area. In the seacoast area of New Hampshire and York County, Maine, this population is the least served although their needs can be as immediate as those of any other group. Transportation, housing, assisted living, residential and health care are all heavily burdened in a place which finds itself without enough facilities or services to care even for the growing numbers of elderly who are affluent or insured enough to afford them, or for those who qualify for subsidy. There is little left for those who can afford to live somewhat reasonably on their own until advanced age, but who simply cannot pay the enormous price of care after that.

Senior Housing:

For seniors who wish to, and are able to live independently, yet want some close at hand services dedicated to their age needs, low cost senior housing is available or will soon be available in area towns as well as the city of Portsmouth. There are needs tests for those funded publicly. There are also wait lists ranging from a few months to a few years in just about all housing. There is very little general rental apartment housing in the area, making for a situation which is difficult for those not qualifying financially or those needing housing in a timelier fashion. In other regions, these rental apartments frequently become “de facto” senior housing.

Assisted Living/Continuing Care/Nursing Homes:

With an average annual cost of \$40,000 to \$70,000, assisted living is generally considered to be unapproachable by most middle class seniors. The majority of long-term care insurance policies do not approve simply moving to an assisted living facility without substantial medical necessity. And those who fall in that category would probably require continuing care facilities or nursing homes. The wait list for admission to Rockingham County Nursing Home usually varies from between several months to over a year and its services are for Medicaid eligible only. Private non-profit (e.g., Edgewood) or for profit nursing homes are becoming scarce with some changing to assisted living only (Wentworth) and others succumbing to increasing costs with reduced levels of reimbursement. The average annual cost for nursing home care is \$65,000 to \$90,000. Medicare will pay for the first 20 days of nursing home care if it immediately follows more than 3 days of hospitalization. If the senior has substantial health insurance as a co-payer, up to a total of 100 days can be covered. After that, there's no help without long-term care insurance.

Assisted living facilities normally send residents to the local hospital and/or nursing homes when medical care becomes necessary. However some of these facilities (such as Inn at Spruce Woods, Bellamy Fields, Webster, Partridge House) are able to care for those afflicted with Alzheimer's or dementia and who only require caretaking services. Kane Corporation recently announced intentions for building an assisted living complex in Portsmouth.

Continuing care facilities are those in which a senior can stay for life as increasing medical needs become apparent. These facilities, such as Riverwoods, usually require a substantial entrance fee, (Riverwoods returns most of the fee upon death to the resident's estate) plus several thousand dollars a month operational fees with a sliding scale for level of services. At some point, many long-term

care policies will “kick-in” as the care needs become more appropriate to the policy.

According to a report by the Georgetown University Long Term Care Project, reviewed in NARFE magazine issue of July 2007, the following sources are cited as the payers for living services to the aged:

Medicaid –	49%
Medicare –	19%
Private funds –	19%
Private health&	
Long-term insurance –	7%
Other public funds –	3%
Other private funds -	3%

An easy analysis tells us that if you don’t qualify financially for Medicaid, you’d better be one of the 7% of the over 65 population with long-term care insurance, and your policy better be one of the more generous ones.

Home Care and Medications:

We tend to think of home care as the desired situation for seniors. And some times, although it is also pricey, it satisfies the desire to remain in one’s home. Agencies such as Service Link help families in their struggles to keep people home, but they’re not always successful. Medicare will cover a very limited amount of skilled nursing and therapy at home each year, but for the rest of the time home aids usually charge upwards of \$25 / hour for occasional help, to as much as \$300/ week for Alzheimer’s care. There are new companies attempting to focus on at-home issues but they all come with prices many find difficult to pay. Added to this situation is the fact that in the seacoast region there is no evening home care. All is before 5 p.m. Most of the at-home programs require the elderly to be able to sort their finances, time, and medications. One physician who was interviewed stated that he was certain some of his patients were not able to afford medications on a regular basis

but were proud (in a typical New England way) and preferred to lie about taking them rather than admit to such difficulties.

A singular issue of seniors at home is the difficulty of social isolation. Even the most mobile of this age cohort express a sense of aloneness and loss of social activity. In some cases, abuse and neglect are hidden from view. As age decreases the use of a car, or limits driving to daylight, this issue of isolation increases and appears to speed-up the aging process. Even in high rise apartments isolation is big factor. Support services are worthwhile, but their availability is poor. Fiscal support for them is inadequate. The State of New Hampshire puts all the agencies in competition with one another and grantors supply only seed money. This makes for a very chaotic care situation, one which is difficult for the professionals to sort, never mind the isolated senior citizen.

One antidote for social isolation is the day center and its activities. Because of transportation problems, it is used by only a small percentage of elderly. But those who participate appear to enjoy it and say that it keeps them alert and social. Many claim it helps them make friendships and gives them people with whom they can talk through problems and decision making. These programs certainly help in communicating available services and schedules. The Senior Center in Portsmouth attracts those who live nearby in senior housing or those who have transportation to the center. A van transports Alzheimer and dementia patients to the very successful day care program at the center.

Transportation:

Whenever the issue of transportation came up in groups or interviews, it was invariably followed with a sigh or other form of frustration. Lamprey buses schedule pick-ups a month or so in advance. They also run a weekly shopping schedule. Vans for certain appointments can be scheduled for those in Portsmouth

with availability of person being transported required of an hour either side of the appointment and return. York Hospital runs a van service for those in York with appointments with staff physicians. Rye runs a van for Rye residents only to Portsmouth or Exeter hospitals. As of research time, there was no availability in Dover. Of all the senior issues in the region, transportation appears to be the most irregular and probably the most chaotic. Certainly it is for those who need to cross town or state lines for services or for those who need any evening transport. One Portsmouth woman told me that her daughter, at the last minute was unable to drive her to an appointment with a surgeon on staff at York. The only option she said that was available was the local taxi. The ride cost her \$40.

Recommendations for Foundation

1. Keep data current and statistically precise by contracting on a regular basis with a local statistical researcher.
2. Maintain a standing committee of providers and service receivers along with Foundation president and board member. This committee should analyze data regularly, make recommendations to the Foundation, and supervise the coordination of the myriad agencies.
3. Support the very high quality Care Management consultants who now do a splendid job for those seniors and their families with resources.
4. Support services currently on campus, become “the glue” for coordinated assistance for all seniors in the area.
5. Advocate for a coordinated transportation system.
6. Encourage providers to keep some activities and services in downtown areas as well as at the campus.
7. Finally, keep the elderly issues “on the radar” for future needs and solutions. Do not allow this study, which includes far more detail than is written here, to be a one-time event. Allow seniors to become and remain a part of the

Foundation's wonderful response to the mission of Seacoast health.