



Inn Along the Way

THE INN ALONG THE WAY MODEL: ONE SOLUTION FOR MAINE'S OLDER ADULTS

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INTRODUCTION

Inn Along the Way is a unique and innovative community model in which older adults live interdependently in a neighborhood-style setting of small, environmentally friendly, accessible homes.

Older adults residing in Lincoln County, Maine, come in many configurations: wealthy, low-income, married, single, healthy, chronically ill, physically active, wheelchair bound, surrounded by family and friends, solitary, religious, agnostic, politically active, non-voting... Even so, they all share one characteristic. **They want to live in a place that promotes their well-being** (no matter the state of their health).

This report examines the current choices for living accommodations for older adults in the Coastal Maine Region (defined as Hancock, Waldo, Knox, and Lincoln Counties). It looks at the demographics of this population and their needs beyond simple shelter. Income, health status, environment, adaptable housing, end-of-life wishes, the availability of physical and social activity—these issues determine the quality of life enjoyed by an older adult in this region.

The goal of Inn Along the Way is to strengthen those aspects that contribute positively to quality of life while lessening the effect of others (such as income status) that can have an adverse effect. The first project of the nonprofit Inn Along the Way is Chapman Farm, a historic site in the town of Damariscotta that currently contains a farmhouse and several barns, along with 31 acres of farmland.

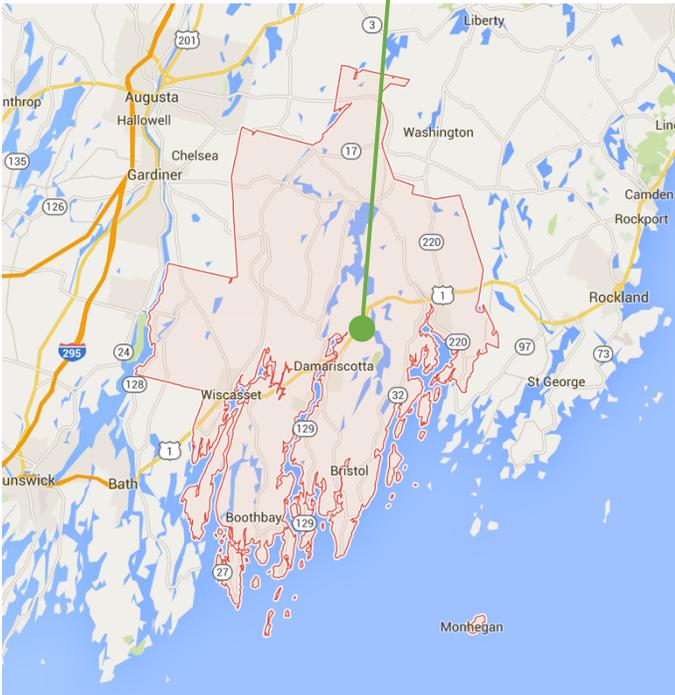


When Chapman Farm is completed, there will be twelve long-term rental homes for older adults (with fees set on a sliding scale). Four short-term respite cottages available to the public will be built for those nearing the end of life or for caregivers who need a break from the demands of their responsibilities. To reinforce a focus on the arts, an artist-in-residence cottage will be built. A Quiet House will provide the opportunity for peaceful reflection. There will also be a number of facilities welcoming the public: a small inn, social gathering spaces, a restaurant/café, walking paths, farm fields and a farm stand, and facilities for workshops and classes.

A key aspect of the community will be *interdependence*: residents will participate in the day-to-day operations of Chapman Farm—as well as helping each other—as is appropriate for their personal situations. These two factors, the emphasis on drawing in the public and the encouragement of each community member to become an active contributor, set the Inn Along the Way model apart from other options in the Coastal Maine Region. It is hoped that Chapman Farm will become a prototype for other similar projects, with the lessons learned applied in future communities.

OLDER ADULTS IN LINCOLN COUNTY, THE COASTAL MAINE REGION, & THE STATE

Welcome to the Chapman Farm, the first project of the nonprofit community organization, Inn Along the Way. You are standing in the town of Damariscotta in the center of



Lincoln County, which is located in the Coastal Maine Region. From a demographic perspective, this is a significant place.

Maine has the oldest population of any state.

In fact, every day, 50 people in the state of Maine celebrate their 65th birthday. The median age of Maine residents is rising faster than that of any other state. When it comes to Baby Boomers, Maine is booming, with 18 percent more boomers per capita than the nation as a whole.¹

Lincoln County has the highest percentage of older adults in Maine, and

Maine has the highest percentage of older adults in the nation.

According to 2019 U.S. Census data, 16 percent of the U.S. population is 65 or older. In Maine, that percentage rises to 21 percent. Here in Lincoln County, the proportion of people 65 or older is 28 percent.² That is almost double the national average.

WHO ARE MAINE'S OLDER ADULTS? A LOOK AT INCOME

Living in the most rural state in the continental United States, more than half (61.3 percent) of Mainers live in small towns with less than 2500 inhabitants. (The population of Damariscotta is slightly more than 2200.) Because younger Mainers tend to migrate to the cities or leave the state altogether, the population of rural Maine towns is even older than the state average.

Forty percent of Maine's older adults are still working, five percent are unemployed, and the rest are retired. The Area Median Income (AMI) per household for Maine is \$46,709. The Coastal Maine Region is slightly higher at \$47,443. By definition, low-income is 80 percent of AMI, and extremely low-income is 30 percent. In the Coastal

Maine Region, 37 percent of residents 55 and older are considered low-income; nine percent are considered extremely low-income. In other words, almost 40 percent of older adults in Coastal Maine live on less than \$40,000 per household each year, **and almost 10 percent live on \$14,233 or less per household.**³ This is not surprising when the average retirement benefit from Social Security—often the major if not only source of income for older adults—is less than \$1,300 per month, 33 percent of the AMI.

In Maine, the sources of older adults’ incomes break down as follows:

- 58.5 percent earnings (this percentage decreases with age)
- 17.4 percent Social Security (this percentage increases with age)
- 9.1 percent retirement savings
- 12.9 percent other (such as disability, alimony, worker’s compensation, etc.)
- 2.1 percent safety net (such as LIHEAP, SNAP, EITC, etc.)⁴

Here is a look at the household income of residents 55 and older in the Coastal Maine Region as a percent of the AMI. As of the 2012 Census, there were 61,549 older adults.

<i>Percent of AMI</i>	<i>Percentage of older adults</i>	<i>Number of older adults</i>
<i>81% or more</i>	62.9%	38,700
<i>61 – 80%</i>	10.7%	6,600
<i>51 – 60%</i>	6.3%	3,900
<i>31 – 50%</i>	10.3%	6,300
<i>0 – 30%</i>	9.9%	6,100 ⁵

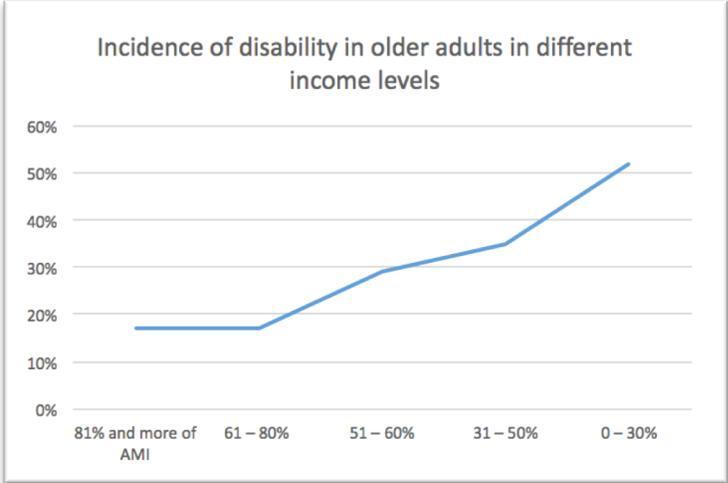
THE HEALTH STATUS OF OLDER MAINERS

Advancing age is often accompanied by increasing physical and emotional challenges. Older adults in Maine are a stoic bunch; more than three-quarters of them report that their health is good, very good, or excellent.

A look at the disability status of Mainers 55 and older in the Coastal Maine Region shows us that, while they may feel they are enjoying good health, these older adults are dealing with some significant issues. In this report, a disability is defined as significant

difficulty with one or more of the following: hearing; vision; walking; self-care; independent living; cognitive acuity. One or more of these difficulties may be present.

There is a correlation between low income and rate of disability in older adults in the Coastal Maine Region. The lower the income level, the higher the rate of disability.



This graph shows the extent of correlation. Along the left is the rate of disability in the population in question; across the bottom are the levels of income. As is evident, the higher your income, the less your chance of having a disability.

The total number of older adults in the Coastal Maine Region who contend with disability is enormous: 14,314 out of a population of 61,549, or 23 percent.⁶

While the incidence of disability is much less the higher the income, there are more Mainers in the highest income group (81 percent or more of the AMI). Therefore, this group contains the largest number of people with at least one disability: 6,579.

It bears repeating: almost one in four adults 55 and older in the Coastal Maine Region has at least one disability.

Thanks to the Americans with Disabilities Act of 1990 (ADA) and other improvements, we are more knowledgeable about the needs of people with disabilities. However, these needs are not adequately addressed in the housing choices available to older adults in Maine, as we will see in the next section.

“Four out of five Mainers over age 50 said they feel it is extremely important or very important for them to stay in their homes as they age, more so for those earning less than \$20,000 annually.”

Is “aging in place” in one’s home economically feasible or the best choice for physical and emotional needs? Maine has the third oldest housing stock in the nation. Older homes built before recognition of the needs of older adults require modifications such as bathroom upgrades, improved lighting, weatherization, single-floor living spaces, and room for mobility aids such as walkers and wheelchairs. “Most U.S. homes... are not designed for the needs of seniors. If you take a look at the five common features of universal design (standards to make homes usable for people of all ages), it’s estimated that only 50 percent of homes have only one of those five,” stated Dr. Anand Parekh at a recent panel on housing.⁸ It is possible that in Maine, with the age of its housing stock, fewer than 50 percent have *any* of those five.

The five features of universal design are: no-step entry; one-story living; wide doorways; wide hallways; and extra floor space.

Yet, anxiety about moving in the later years of life is palpable. Older adults have seen friends and relatives compelled to move away from their community. A sense of autonomy is a vital aspect of quality of life; it is no surprise that every older adult fears its loss.

Perhaps the definition of “aging in place” should be tweaked. Most older adults don’t need the same amount of space they had when raising a family. They may happily downsize to a home that better suits their space requirements and budget once they become empty-nesters. But after that move takes place—accompanied by the onerous task of weeding out decades of accumulation—an older adult would like to know that he or she can stay put, “aging in place” for the next 25 or 30 years.

OLDER MAINE HOMEOWNERS

Some 78 percent of older Mainers own their homes, and of these, close to 14 percent have incomes below 30 percent of AMI.⁹ Even with a higher income, modifications such as those listed above are expensive.

In addition—especially in Maine’s climate—heating costs, building maintenance, snow removal, property taxes, home insurance, and other expenses that are out of the control of the homeowner add to the monthly mortgage cost (if any).

Older Mainers may wish that local and state agencies would do more to help them stay in their homes but, for example, many older households are not eligible for MaineHousing's limited weatherization and home repair programs because their homes require more work than allowed by the program.

Housing is considered unaffordable if it consumes more than 30 percent of household income. In the Coastal Maine Region, when it comes to homeownership expenses:

- 11 percent of low-income adults 55+ pay less than 30 percent of their income.
- 24 percent pay between 31 and 50 percent.
- 65 percent pay more than 50 percent.

For older homeowners in the Coastal Maine Region who are not low-income, homeownership is still an expensive proposition. More than one in four has housing expenses above 31 percent of income. Some 673 people are spending more than half of their annual income on housing expenses.

OLDER MAINE ADULTS WHO ARE RENTERS

Renting may not be a viable solution to housing problems, either. Renter-occupied units are even older than owner-occupied units in Maine. Rental apartments may be too expensive, and they are not likely to have been built with aging occupants in mind. In general, renters tend to pay a disproportionate share of their incomes for housing.¹⁰

In the Coastal Maine Region, 78 percent of renters live in unaffordable housing.¹¹ The vacancy rate for rental units is almost ten percent, but more than a third of rental units have three or more bedrooms, making them too large (and too expensive) for the needs of most older adults. In the Coastal Maine Region, when it comes to rental expenses:

- 22 percent of low-income adults 55+ pay less than 30 percent of their income.
- 38 percent pay between 31 and 50 percent.
- 41 percent pay more than 50 percent.

One positive note is that all of the age 55+ residents of the Coastal Maine Region who have incomes of 81 percent or more of the AMI are able to rent housing for 30 percent or less of their income, making the rentals affordable.

However, in Lincoln County, the average monthly rent for a two-bedroom apartment is \$847; in Knox County it is \$922. The average monthly rent in each of the counties in the Coastal Maine Region is higher than the average monthly rent of \$757 in Maine's non-metro areas.¹² It is estimated that Maine currently has a shortage of 9,000 affordable

rental units for low-income older adults. By 2022, that number is expected to grow to 15,000 units.¹³

HOUSEHOLD COMPOSITION

Who are the older adults who live in these Maine houses and apartments? In the Coastal Maine Region, 63 percent (or 38,500 people) are couples living together; 16 percent (10,100) are women living alone; and 11 percent (6,500) are men living alone. (Other, less prevalent configurations include: male householder with no wife present, 4 percent; female householder with no husband present, 6 percent; male householder not living alone, 3 percent; female householder not living alone, 3 percent.) The vast majority of couples are not considered low-income. In the table below, note the inversion in income between women living alone and couples and men living alone.

	<i>Couples (38,500)</i>	<i>Men Living Alone (6,500)</i>	<i>Women Living Alone (10,100)</i>
<i>>80% of AMI not low-income</i>	75% (28,900)	76% (2,400)	31% (3,800)
<i><80% of AMI low-income</i>	25% (9,600)	24% (4,100)	69% (6,300)

In the Coastal Maine Region, there are purpose-built options for older adults. The next section will take a look at examples of what is available and juxtapose those choices against the demographic information in previous sections.

HOUSING SPECIFICALLY CREATED FOR OLDER ADULTS IN MAINE

The Coastal Maine Region has many amenities that make it attractive to older adults. Proximity to charming coastal villages, abundant local theater and musical offerings, flourishing art galleries, unusual boutiques, fascinating museums and historic sites, fine dining establishments, numerous festivals, boating and other recreational opportunities: if the weather were better, we'd be overrun with retirees clamoring to move in. As it is, some newcomers are accounted for in the number of older adults in this region: 61,549 (in 2012).

RETIREMENT COMMUNITIES IN THE COASTAL MAINE REGION

Developers have long understood the attraction to living in the mid-coast area for retirees. There are many fine choices for older adults among the places that have been created in this general region. (Please note that we are concerned only with independent living accommodations; this report doesn't include assisted living or long-term care facilities, of which there are a number locally.)

Ownership model

Many of the housing options require a resident to purchase their apartment or home and pay a monthly maintenance fee as well. Usually the home can only be bought or sold through the retirement community system.

<i>Development</i>	<i>Location</i>	<i>Purchase Cost</i>	<i>Monthly Fee</i>
<i>Thornton Oaks (Midcoast Senior Health)</i>	Brunswick	Cottages: \$300,000 - \$400,000	\$1197
		Apartments: \$190,000- \$300,000	\$2075 (incl 1 meal/day) \$742 for second person
<i>Schooner Cove (Lincoln Health)</i>	Damariscotta	\$145,000 - \$300,000+	\$2100 (average) + \$500 for second person (incl 1 meal/day)
<i>St. Andrews Village (Lincoln Health)</i>	Boothbay Harbor	\$145,000 - \$275,000	\$1,736 - \$1,893 for 2 people
<i>The Highlands</i>	Topsham	\$240,000 - \$449,000	\$1250

It is obvious that these prices are out of reach for the majority of older adults in the Coastal Maine Region. To be able to afford a monthly fee of \$1250 to \$2000, one needs

an annual income of \$50,000 to \$80,000—107 to 171 percent of the AMI of \$46,709—in addition to coming up with the initial purchase price.

Rental unit model

When it comes to rental units for older adults in the Coastal Maine Region, the picture is similar. [Note: The following examples are *not* “assisted living” apartments.]

<i>Development</i>	<i>Location</i>	<i>Monthly Fee (includes meals)</i>
<i>The Highlands</i>	Topsham	\$3,100+
<i>Coastal Landing</i>	Brunswick	\$2800 - \$3400
<i>St. Andrews Village</i>	Boothbay Harbor	\$2896 - \$4869 +\$579 for 2nd person
<i>Lincoln Home</i>	Newcastle	\$2,300 - \$4,600
<i>Salt Bay Apartments</i>	Damariscotta	\$517 - \$545 and up depending on income (no meals)
<i>Franklin School Apartments</i> <i>(Both C.B. Mattson Properties)</i>	Newcastle	

The median income of renters 55+ is \$24,245.¹⁴ The highest rent considered affordable at that income is \$606. Of the six choices listed above, only the last two could be considered affordable for someone who has the median renters’ income.

Cony Flatiron Apartments in Augusta is one of four senior housing communities that were recently created in Maine. Similar to other such projects in Maine, Cony Flatiron Apartments is a renovation of a formerly unused building, in this case, Cony High School.

As an illustration of the need for these affordable facilities, all four were at one hundred percent occupancy within a year of completion. They all have the benefit of creating a community of residents of similar age. There are community spaces included in the buildings where social and educational events can take place. However, the apartments tend to be small and are generally not ADA compliant. Residents may be several floors above ground, making access to the outdoors difficult.

Some of the benefits of the other, much more expensive facilities listed above include an onsite restaurant, pool, social director, transportation to off-campus events, picturesque settings, and more. In some cases, the campus includes additional housing for assisted living and long-term care, to which the residents can move if needed.

Views of aging are changing. Currently, about 13 percent of the U.S. population is 65+; in 2030, that percentage is expected to grow by about five points to 18 percent.¹⁵ As the number of older adults in the population grows, more attention is focused on their physical and psychological needs.

SOCIAL ACTIVITIES VERSUS ISOLATION

In the last 20 years, a number of large studies have been undertaken to show the effects of various lifestyle arrangements on longevity. The National Academy of Sciences published an article in early 2016 that looked at four nationally representative longitudinal studies. From the article's Abstract:

*Drawing on data from four nationally representative longitudinal samples of the US population, we implemented an innovative life course design to assess the prospective association of both structural and functional dimensions of social relationships (social integration, social support, and social strain) with objectively measured biomarkers of physical health (C-reactive protein, systolic and diastolic blood pressure, waist circumference, and body mass index) within each life stage, including adolescence and young, middle, and late adulthood, and compare such associations across life stages. **We found that a higher degree of social integration was associated with lower risk of physiological dysregulation in a dose–response manner in both early and later life. Conversely, lack of social connections was associated with vastly elevated risk in specific life stages. For example, social isolation increased the risk of inflammation by the same magnitude as physical inactivity in adolescence, and the effect of social isolation on hypertension exceeded that of clinical risk factors such as diabetes in old age.** Analyses of multiple dimensions of social relationships within multiple samples across the life course produced consistent and robust associations with health. Physiological impacts of structural and functional dimensions of social relationships emerge uniquely in adolescence and midlife and persist into old age.¹⁶ [emphasis ours]*

The study goes on to show that older adults flourish when they have a *wide circle of friends*, in distinction to adults in middle age for whom the *quality* rather than the *quantity* of friends seems to be more important.

The National Institute on Aging at the NIH (National Institute of Health) states that¹⁷:

Several research studies have shown a strong correlation between social interaction and health and well-being among older adults and have suggested that social isolation may have significant adverse effects for older adults. For example, study results indicate that:

- *Social relationships are consistently associated with biomarkers of health.*

- *Positive indicators of social well-being may be associated with lower levels of interleukin-6 in otherwise healthy people. Interleukin-6 is an inflammatory factor implicated in age-related disorders such as Alzheimer’s disease, osteoporosis, rheumatoid arthritis, cardiovascular disease, and some forms of cancer.*
- *Some grandparents feel that caring for their grandchildren makes them healthier and more active. They experience a strong emotional bond and often lead a more active lifestyle, eat healthier meals, and may even reduce or stop smoking.*
- *Social isolation constitutes a major risk factor for morbidity and mortality, especially in older adults.*
- *Loneliness may have a physical as well as an emotional impact. For example, people who are lonely frequently have elevated systolic blood pressure.*
- *Loneliness is a unique risk factor for symptoms of depression, and loneliness and depression have a synergistic adverse effect on well-being in middle-aged and older adults.*

In the typical small town of centuries ago, having friends within walking distance, as well as regular church attendance and cooperative social activities such as sewing bees, square dances, and local fairs, provided opportunities for older adults to experience contact with people of different ages, incomes, and educational levels. The stimulation of such connections—some casual, some deep—no doubt contributed to mental health as well as physical health.

In today’s Coastal Maine Region, there are villages, but newer development has tended toward sprawl, reinforced by zoning ordinances requiring that building lots be at least one or two acres. Many homes have no neighbors in sight, certainly not within walking distance. Due to the lack of public transportation, for most people it is necessary to drive a car to social gatherings. As residents age, driving becomes problematic. Some older adults cannot drive in the dark; others lose the ability to drive at all. Isolation is increased, with repercussions on physical and mental health.

Purpose-built facilities for older adults provide more dependable opportunities for social interaction, but the variety of types of contacts may be limited to people of similar age and economic level.

THE NEED TO BE NEEDED

Another aspect that is central to quality of life is the sense of being needed. Emotional and mental health are inextricably linked to the feeling that you have something to contribute to the world at large. Studies based on a program called Experience Corps have demonstrated that its participants actually improved in physical and mental health; brain scans showed that they had cognitive improvement as well.¹⁸

Organized programs such as Experience Corps and impromptu opportunities for volunteering to help others are critically important but not necessarily easy to find. Older adults who live in a luxurious retirement community may have no neighbors in need of help, while those who continue to live in their longtime home may find that the surrounding community isn't clamoring for their assistance.

THE EFFECT OF ARTS AND EDUCATIONAL ACTIVITIES

For many older adults, their later years give them the time to return to the expressive artistic pursuits of their youth, or to try new activities that they haven't had a chance to experience yet. Such activities have benefits to both mental and physical health.

One study, *The Creativity and Aging Study*, conducted by the National Endowment for the Arts with George Washington University's Center on Aging, Health & Humanities, found that community-based art programs run by professional artists had measurable positive health promotion and disease prevention effects on their participants, who were age 65 and older. The study demonstrated that such programs help participants maintain independence and reduce dependency. The authors of the study concluded that "community-based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care."¹⁹

An important detail of this study is the emphasis on programs run by professional artists. The quality of the programs appears to be important. Adequate facilities for arts and educational activities are necessary, in addition to qualified teachers.

BENEFITS OF THE GREAT OUTDOORS

Many studies have shown that physical activity enhances the quality of life for older adults. Often these studies have examined activities such as walking, exercise, aquatics, and weightlifting, but a study done in 2009 affirms that physical activity for older adults should be expanded to include outdoor activities such as hiking, snowshoeing, and kayaking as appropriate. Significant gains were found in mental and emotional scores of subjects who participated in these activities over those of the control group.²⁰

Another study demonstrates that there is an association between going outdoors and quality of life for older adults. In other words, by examining the number of times a week a subject spent time outdoors, researchers could estimate the subject's overall physical and psychosocial wellbeing. "Overall, the results are in favor of outdoor activity in older adults and the more they can get outdoors the more highly functional they will remain as they continue aging."²¹

There are only four kinds of people in the world—those who have been caregivers, those who are caregivers, those who will be caregivers, and those who will need caregivers. –Former First Lady Rosalynn Carter

With the later years of life comes a realization that it is time to think about the end of life. Few people wish to finish life in the hospital. Unfortunately, many more than is necessary end up doing so. The hospice movement and other end-of-life care programs aim to help those who would rather die at home by providing volunteer and professional support.

Meanwhile, those who are taking care of a disabled, ill, or dying family member need support, too. Opportunities for caregivers' respite are limited, especially when the budget is also limited.

NEEDS OF CAREGIVERS

The care of ailing family members is a huge responsibility. In Maine, 59 percent of Maine voters age 50+ are, have been, or expect to be family caregivers; and 65 percent of women say they currently are or have been in that role.²² Families in which one member is caring for another face added expenses as well as diminished income. Medical supplies, prescriptions, adaptive measures, and other associated costs strain a family budget that may have lost the income of the incapacitated family member, while the caregiver may have to work reduced hours outside the home or give up their job altogether as well.

In addition to the financial burden, caring for a disabled, sick, or dying loved one exacts a huge physical and emotional toll on the caregiver. Caregivers have a higher incidence of depression, illness, sleep-deprivation, and even mortality than the public at large.²³ The responsibilities may be round the clock. Adult daycare and the help of visiting professional care can lift the load somewhat, but caregivers face exhaustion and ceaseless worry.

It is an extremely stressful time, yet services that provide care for caregivers are hard to find. A large majority of Maine voters age 50+ say they would be likely to vote for a candidate who worked on issues "supporting Mainers who provide unpaid care for an adult loved one who is elderly or disabled." In fact, more than three-quarters of those voters with an average annual income less than \$20,000 were in agreement.²⁴

Even with the impetus of widespread voter support, elected officials have not made great strides in this area. The burden remains on the families.

STAYING HOME THROUGH THE END OF LIFE

Imagine you are nearing the last months of your life. Where would you choose to spend that precious remaining time? Would you want to be isolated, stuck indoors, perhaps in an institution of some sort? Or, would you rather be in a peaceful, calm setting, where you could be given access to a beautiful outdoor scene, whether sitting in a chair or wheeled outdoors in a bed? Would you prefer to see the sun and feel the breeze, smell the mown grass and hear the birds twitter in the trees? Would you like to be in a place that welcomes your visitors—the family and dear friends to whom you will soon bid good-bye?

Hospice services can go anywhere. Trained volunteers and professionals help the dying through the transition from life, lifting family members' burdens so they can concentrate on saying final good-byes. Because Hospice and similar palliative services can go to where the patient is, many people do get their wish to die at home. Studies show that survival of people in hospice-type care live 29 days longer than those without it.²⁵

When choosing a home in which to “age in place,” its suitability in the final days of life may not be on the list of criteria but should be. Is there space to accommodate a hospital bed and other paraphernalia? Is there a view to the outdoors from the bed's location? Can the bed be wheeled outside if desired? Is there both privacy and space for visitors, depending on the needs of the moment?

Originally started several years ago by a group of people experienced in hospice and care for the elderly, **Inn Along the Way** obtained nonprofit 501(c)3 status in 2014.

THE PILOT PROJECT: CHAPMAN FARM

Chapman Farm was purchased in December of 2015, thanks to many generous charitable donations. The site is located at 741 Main Street in Damariscotta. While not an in-town location, it is convenient to U.S. Route One, close to many cultural and environmental assets in the area, and about two miles from the center of Damariscotta.

The community design

A “pocket neighborhood” of environmentally friendly homes will be built on the 31-acre property and rented on a long-term, ability-to-pay basis. These homes, ranging from studios to two-bedrooms, will be clustered on the south side of the pond, affording views of the fields and the pond as well as of the common area in the center of the neighborhood.



All of the homes will be built in compliance with ADA design principles, making them fully accessible and suitable for older adults who may experience changes in ability as the years pass.

They will also be built to take advantage of the latest building technology, resulting in healthier homes that are warm in winter and cool in summer without incurring high energy costs.

Some of the studios and one-bedrooms homes will be duplexes; all share common details such as attached garages, open porches on the front greeting the common space, and screened porches on the back overlooking a small private backyard.

In addition to the homes, four respite cottages are planned. These will be made available to the public on a limited-time basis for caregivers who are taking a break for reju-

vention or are with loved ones moving through the end days of life. The respite cottages will be located on the hill on the northwest side of the pond. Smaller than the homes, they will be grouped closely together while still allowing for privacy.

While the respite cottages may accommodate people moving through the end-of-life process, none of the facilities at Chapman Farm will be of a medical nature. Residents who require medical assistance will be responsible for bringing in needed personnel and equipment.

A small studio for an artist-in-residence will also be built, as well as a Quiet House for contemplation and reflection.

The Inn Along the Way culture

Residents will be invited to share their gifts of time and wisdom through a collaborative support arrangement, creating a **culture of interdependence and caring**. Willingness to be an active participant in the community will be a factor in decisions of admittance. A small committee will act on applications for residence, taking into account a mix of economic situations, genders, ages (60+), and physical limitations.

An early goal is to create a public gathering space in the farmhouse serving tea and coffee and baked goods, with a small inn and restaurant/café to follow. Some of the agricultural land will be available to local organic farmers, with potential for a seasonal farm stand. An arts center and other meeting and classroom spaces will be created, all with the goal of drawing in the public on a daily basis. It is hoped that the resulting intergenerational encounters between Chapman Farm's residents and the broader community will banish the sense of isolation and loneliness sometimes suffered by older adults, replacing it with an authentic sense of purpose and belonging.

Economic impact

The construction phase(s) of Chapman Farm will provide full-time employment for a construction team. This work is considerable, including renovation of the farm house and barns, building of roads and utilities, construction of up to 18 units (including the artist's studio and Quiet House), and the development of an eight-room inn and restaurant.

Once the construction work is finished, Chapman Farm will provide employment to maintenance workers, a property manager, restaurant workers, and innkeepers.

In addition, it is anticipated that a local farmer will use some of the fields for crops and will maintain a seasonal farm stand, as well as potentially selling produce to the residents in the form of CSAs and to the restaurant/café.

There may be a gift shop located onsite, which would showcase the work of local artisans. In addition, local professional artists (in fine arts, crafts, theater, and music) will offer workshops and classes open to the residents and the public.

POTENTIAL SOURCES OF FUNDING

Funding for the ambitious plans of Inn Along the Way at Chapman Farm will come from a variety of sources.

Local donors

From the local community, the nonprofit will aim to raise both small and large donations of cash, as well as donations of services and materials in-kind.

In the case of donations that are substantial enough to underwrite the cost of a respite cottage or home (\$250,000+), naming rights will be extended. The first respite cottage to be so funded, Mary's Cottage, is named in honor of Mary Irvine, whose generous bequest funded not only a cottage but also provided significant funds toward the purchase of the property. The naming of a building at Chapman Farm can be a fitting and lasting remembrance of a beloved family member or friend.

Major donors

By creating a pilot program and a scalable model, Inn Along the Way hopes to attract significant donations from philanthropic individuals with the ability to make a difference in the landscape of housing and community options available to older adults across the United States. Such donations may be used to invest in additional sites for new communities in the Inn Along the Way model; creating an endowment; constructing large portions of the community; or other needs.

Income generation

One of the tenets of Inn Along the Way is that its communities be as self-sustaining as possible. This is a challenge when also working to keep housing costs low and quality of construction and programs high. To that end, it is hoped that the inn, restaurant/café, and shops will generate some income, perhaps enough to cover operational expenses of the organization. Other money-making ideas will be explored as well.

Foundation grants

Philanthropic foundations are addressing the growing demand for new models by funding a variety of activities that support older adults in Maine. Inn Along the Way will make grant applications when and where appropriate.

State and federal agency sources

MaineHousing has programs supporting affordable housing for older adults as does HUD. These need to be examined for any matches between their requirements and Inn Along the Way needs.

Corporate support

With the recognition of the growing need for housing for older adults, a number of forward-thinking corporations and educational institutions are joining the search for innovative solutions. One example is the newly formed AgingWellHub.org, a collaboration between Georgetown University's McDonough School of Business, MIT's AgeLab, Philips, American Architectural Foundation, AARP, eHealth Initiative, Humana, National Alliance for Caregiving, MedStar Health, Merck, ReAct, SmartLiving 360, StreetScape USA, and WestHealth Institute.

Loans

Local banks may be a source of support. CEI, Inc., offers information as well as loans for construction projects. Another source is the Genesis Fund. Both of these organizations are now located in Brunswick, Maine, but were until recently located in Lincoln County. There may also be the possibility of private philanthropic loans.

SUMMARY CHART

This chart captures challenges facing older adults in Lincoln County and the Coastal Maine Region and explains how the Inn Along the Way model responds to those issues.

Issue	Inn Along the Way model
<p>Household Composition</p> <ul style="list-style-type: none"> 38,500 Coastal Maine Region residents 55 and older live with a spouse or partner. 10,100 are women living alone. 6,500 are men living alone. 	<p>The pilot project, Chapman Farm, will have two-bedroom homes, one-bedroom homes, and studios.</p>
<p>Income</p> <ul style="list-style-type: none"> 38,700 Coastal Maine Region residents 55 and older are not low-income, having a household annual income greater than \$37,367. 16,090 have an annual household income less than \$37,368. 	<p>Rental fees will be on set a sliding scale allowing for economic diversity.</p>
<p>Housing Stock</p> <ul style="list-style-type: none"> High number of older homes with high heating costs not easily weatherized. 	<p>Homes will be built with latest best-practice construction technology.</p>
<p>Disability</p> <ul style="list-style-type: none"> 14,314 older adults in the Coastal Maine Region have at least one disability. 	<p>All housing will be ADA compliant. All facilities will be accessible.</p>
<p>Social Interaction</p> <ul style="list-style-type: none"> Studies show the importance of older adults having a wide circle of friends. 	<p>Cluster development creates a sense of neighborhood; public facilities and onsite activities bring the public in.</p>
<p>The Need to Feel Needed</p> <ul style="list-style-type: none"> The sense of being needed is essential to emotional and cognitive health. 	<p>There is an emphasis on interdependence; everyone will be encouraged to contribute volunteer help as often as possible.</p>
<p>Importance of Activities</p> <ul style="list-style-type: none"> Arts and educational programs help participants maintain independence. Beyond physical activity, outdoor activity is found to enhance mental, emotional, and physical wellbeing. 	<p>There will be an “artist-in-residence” as well as classes and workshops in a variety of media and topics. The 31-acre property will contain gardens, walking paths, and other opportunities for connecting with the outdoors.</p>
<p>End-of-Life Needs</p> <ul style="list-style-type: none"> Most people do want to end their life in a home setting. 	<p>Respite cottages will be available for short-term use for people in the final stage of life. ADA compliant homes enhance ability to stay through end-of-life.</p>
<p>Caregiver Needs</p> <ul style="list-style-type: none"> Those caring for loved ones at home need a chance to get away and recharge. 	<p>Respite cottages will be available to the public for short-term use for caregivers.</p>



Aerial view of Chapman Farm

ENDNOTES

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⁶ *Op.cit.* (*A Profile of Maine’s Older Population and Housing Stock*).

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- ¹¹ *Op.cit.* (*A Profile of Maine’s Older Population and Housing Stock*).
- ¹² *Out of Reach 2015: Low Wages & High Rents Lock Renters Out*, National Low Income Housing Coalition (Washington, DC, 2015).
- ¹³ *Op.cit.* (*A Profile of Maine’s Older Population and Housing Stock*).
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