Data Brief: Strengths and Challenges of Aging in the Upper Valley

Introduction:

The Upper Valley of New Hampshire is home to an aging population. In order to keep the community as healthy as possible, it is critical to consider the unique challenges that elderly people face in our rural area. This research sheds light on strengths, challenges, and key areas for intervention to improve health equity and support aging in place for elderly residents.

Methods:

We reviewed data from the New Hampshire Healthy Aging Data Reports. We ran two focus groups with older adults from the Upper Valley who participate in DHMC's Aging Resource Center activities. Most of these adults live in their own homes, though a few live in senior communities. Many have lived in the Upper Valley for decades and are active community members. We also completed four semi-structured interviews with key informants (nurses and leaders of community organizations) who represent different towns in the Upper Valley. Due to data availability, this brief focuses on New Hampshire.

Cultural Context of Aging in the Upper Valley:

Strengths

There is a strong culture of neighbors assisting each other, particularly in smaller towns. Focus group participants highlighted how this allows them to continue safely aging in place. For example, neighbors will often help shovel or will drop off extra food without their elderly neighbor having to ask them to.

Focus group participants appreciate the enthusiasm and caring nature of the community. Small gestures, like having people pass out meals at the senior center wearing fun hats, were very meaningful.

Challenges

People may be apprehensive about asking for help. There is a wide availability of services, but community organization leaders stated that people do not always access them.

People feel deeply connected to the area and to their communities and may be hesitant to move to an environment that is safer for their aging needs.

	Total population	Population over 65	% of 65+ living alone	Emergency room visits/1000 ages 65+ per year	% 65+ with income below the poverty line
Canaan	3907	547	18.1	443	13.5
Dorchester	334	82	12.2	570	3.7
Enfield	4557	859	17.2	473	6.2
Grantham	2963	578	13.3	351	0
Grafton	1276	205	21.5	443	13.2
Hanover	11371	1258	30.7	167	0
Lebanon	13528	2378	32.3	528	6.2
Lyme	1754	395	21.4	386	4.1
Piermont	840	194	20.1	386	3.6
Plainfield	2584	453	20.5	528	1.5
Orange	230	80	21.3	443	7.5
Orford	1504	234	22.6	386	7.3

Town level demographic considerations:

Lebanon has the highest number of people over 65 and a high number of annual ER visits, though this statistic may be inflated because of the number of assisted living facilities in the town. Lebanon also has the highest number of elderly people living alone, which may mean that healthcare problems go unaddressed because there is not necessarily someone checking in on them every day who could encourage them to go to the doctor. These people are also at a high risk of social isolation, which can lead to physical or mental health problems.

Grafton and **Canaan** have high poverty rates within their elderly population, which may make them ideal locations for community social workers or community nurses. One focus group member from Canaan explained that Dartmouth Hitchcock does not feel easily accessible. Although people in Canaan have access to Mascoma Community Health Center, there are no specialists there who can help provide necessary care for geriatric patients' often complex health needs.

Dorchester has the highest number of ER visits per 1000 people each year, though this statistic may be skewed because the population is so small (so a few really sick people will have a significant impact on the number). Perhaps adding a community nurse or mobile paramedic services could help prevent people from needing to go to the emergency room. A few towns in the US have programs where paramedics can do home visits for people who are not that sick, and then are not required to take them to the ER after, which reduces healthcare costs and the stress of going to the emergency room.

Hanover has the healthiest and wealthiest senior population. However, even wealthy seniors face challenges like social isolation, fall risk, and challenges doing essential tasks like grocery shopping and shoveling snow. Additionally, key informants claim that there is less of a sense of neighbors-helping-neighbors in the community because of its size and because of the number of college students who may be less inclined to forge deep connections within the neighborhood.

Access to Organizations and Infrastructure:

Strengths

Although there is limited public transportation, people have other ways of getting rides. In some towns, such as Lyme, there are formal structures for arranging rides with neighbors that are willing to help. In most other areas, the process is less formalized. There are also formalized ride programs in some areas, but these are often limited and require a lot of advanced planning.

Social centers, such as senior centers, help provide both a social outlet and a community that people can count on. People are much more likely to reach out for and accept help from those that they already know and trust.

Areas for Intervention

Not everyone has an easy way of getting to important resources like healthcare and senior centers. **Expanding senior center coverage** and ensuring that there is an easy way for older adults to attend events could help reduce social isolation, potentially improving health.
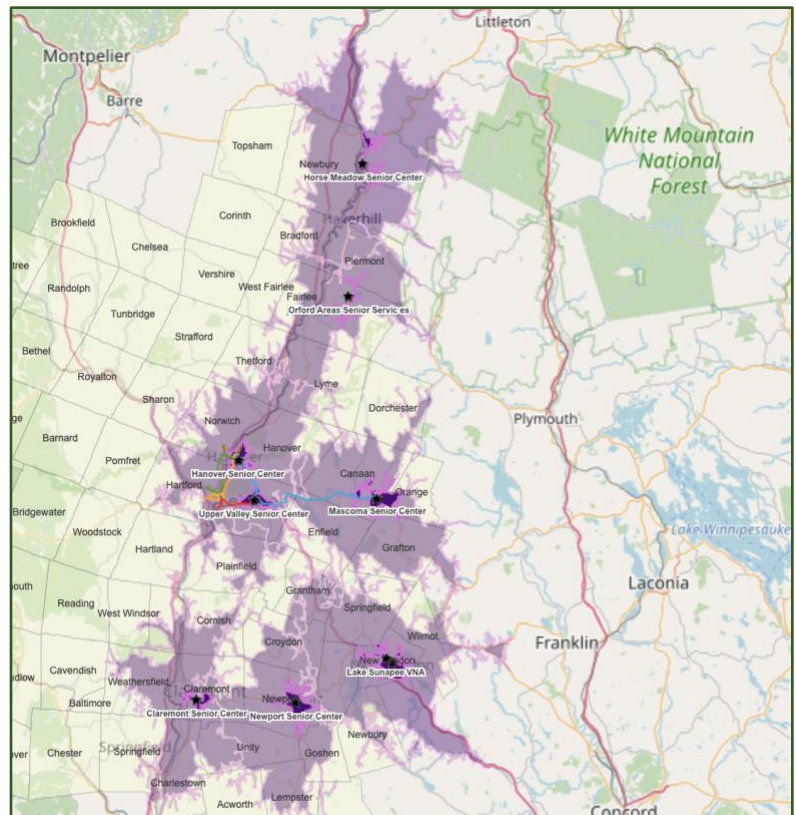
Other towns could create an infrastructure like CommunityCare of Lyme, which provides a local hotline that connects people to one-on-one volunteer services. **Expanding the number of paid services** (using town or CBO funding rather than relying on insurance-based services) could help increase availability of services and ensure that programs are sustainable. Many people do not need care for a long time, but a short check in, having someone come to change a lightbulb, or having someone help them put on their compression socks would be extremely useful. **More investment in resources like community nurses** could also allow people to continue aging in place, which some of our focus group members and interviewees emphasized as a priority. It may also be helpful to have a **town social worker or mental health professional** to help check on the elderly and connect them to needed assistance, especially mental/cognitive health services and care team organization.

Access to Senior Centers:

Senior centers can help provide necessary services like meals, blood pressure checks, and foot clinics, while also providing a social community. This map shows Upper Valley towns in New Hampshire. The light purple area indicates areas within a 20 minute drive of the senior center, the dark purple area indicates areas within a 5 minute drive. The Advance Transit bus route is also included on the map. Most areas have a senior center within a relatively short distance, though they may be inaccessible to seniors who are no longer able to drive and do not have a reliable source of transportation. For a live map, see: https://arcg.is/1iCanX

Although senior centers can be a useful method to mitigate social isolation or other mental health impacts of aging, they are not an alternative to mental health services. Increasing access to mental health services in conjunction with a program to de-stigmatize these services was highlighted as a priority by focus group participants.

Educating others about the challenges facing elders in the community and ways they could help may **mobilize volunteer support and increase informal outreach**. Additional education could also help bring more financial support for aging needs within the community by allowing voters to understand why these issues are important, encouraging them to use their voting power to help fund initiatives aimed at assisting older adults.

Lastly, people in very remote areas within the region or more introverted individuals may be left out of neighbors-helping-neighbors initiatives. Specific attention should be paid to these populations. Areas like Dorchester, Orange, and Piermont have small, rural populations and may particularly benefit from increased attention and interventions.

This brief was written by Hannah Lang, Kate Miller, and Katharine Ogden for the Public Health Council of the Upper Valley in May 2021. Data come from the New Hampshire Healthy Aging Data Reports and from interviews with key stakeholders and elderly members of the Upper Valley community.