

Housing

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“Our area agencies get calls from people whose roofs have collapsed, whose foundations have fallen in, whose furnaces have stopped working,” she said. “Or maybe they’ve had a hip fracture and now they can’t climb the stairs to get to the only bathroom.”

Neglected maintenance means many older homes are drafty and expensive to heat, and many are dangerous as well. The scenarios are endless, Maurer said, and while some Mainers hold on stubbornly to their homes and their independence despite substandard conditions and insupportable expenses, others are more than ready to transition to safer, more convenient, more affordable apartment living — if only it were available.

At the Penquis agency in Bangor, Housing Development Director Jason Bird oversees the management of 286 units of affordable housing for all ages. He said there are 370 people 55 and older waiting for one of the agency’s 115 seniors-only apartment units. There are no openings.

“We could have twice as many units and still not meet the demand,” Bird said. “People can be on a wait list for years and still not get in.”

“There is an intense and growing unmet need for affordable housing,” said Greg Payne, director of the Maine Affordable Housing Coalition and a development officer at Avesta Housing, a Portland-based nonprofit that develops affordable housing in southern Maine and New Hampshire.

In 2015, more than 3,300 people approached Avesta for affordable housing, according to a company report, an increase of 9 percent over the previous year. The largest increase, 36 percent, came from senior households. The average annual income of all applicants was \$14,400.

Older Mainers are enduring “desperate situations,”



Mike Rowe of Trico Millwork cuts window trim at a 24-unit Avesta Housing project site in Gorham on Wednesday. In 2015, Avesta saw a 36 percent increase in housing requests coming from senior households.

TROY R. BENNETT | BDN

Payne said, and property developers and construction groups across the state are eager to get started.

Builders want to break ground this spring, he said, but developers won’t move forward with land purchases, state and municipal permitting and architectural design work without knowing the voter-approved bonds have been issued.

Demand in urban and rural areas

Affordable senior housing complexes exist throughout the state, in both urban and rural areas. The language of the bond measure stipulates that at least four of the new projects be built in counties with populations of 100,000 or fewer, which includes 11 of Maine’s 16 counties. Preference for all projects will be given to locations that can provide transportation, health care and other essential services.

One of those projects may well be in Machias, where the

Washington Hancock Community Agency owns a buildable parcel near the downtown, in easy walking distance to the grocery store and other amenities.

Washington County Manager Betsy Fitzgerald confirmed that the need is growing, but she cautioned that area residents are often too proud to leave their longtime homes, even when the conditions are dire.

“If you tell them, I’m going to build you some elderly housing,’ they’re going to say, ‘Thank you very much, but we’re getting by all right,’” she said.

Many are reluctant to put their homes on the market, and others realize that their properties may not be in saleable condition. Still, she predicted, if attractive, affordable housing becomes available in Machias, “before long there will be a line and a waiting list.”

Developer Brian Bowman of Bowman Constructors in Pittsfield is cautiously interested in the Machias site, per-

haps as part of a “scattered site” development that uses a single design approach for a group of projects in different locations. For example, a plan for a small-scale development in Machias could be adapted for a similar project in Jonesport or another community in the downeast region, cutting down on development costs.

“It’s a long process,” he said of the planning and permitting phase, and one that can’t even begin to take shape until the bonds are released and the Maine Housing Authority issues a request for proposals.

There’s a lot of speculation at high levels about the future of the housing bonds and the projects they are intended to support, and many eyes will be on the anticipated meeting next week between the governor and the housing authority leaders.

On Thursday, the Maine Council on Aging issued a statement urging LePage to release the senior housing bonds.

“The shortage of affordable

senior housing in Maine is a growing and significant crisis. Older adults can no longer live in their homes, but cannot find the safe, affordable housing they need,” said co-chair Jess Maurer. “This bond was passed by a broad bi-partisan majority of lawmakers and approved by nearly 70 percent of Maine voters. We need the governor to release these funds now to stem the growing demand for this housing.”

In Sanford, Cecile Lyle is optimistic that the process will move forward if enough voices join in.

“I hope they can make the governor open his eyes, and his heart,” she said. “I am not alone. There is a lot of need out here.”

Haskell

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I’m 61, in good health and loving every day of my life. I have no intention of dying any time soon. But death comes to us all, and with it, often, important decisions about how we wish to finish living. My new doctor asked me many questions at our initial interview this week, but he never asked if I have an advance directive (I do) or a health care power of attorney tasked with ensuring my end-of-life wishes are honored (I do).

And I didn’t ask him how his religion, which is clearly a central aspect of his life, impacts the medical decisions he makes. Does his Christian conviction allow for the compassionate discontinuation of life-support technologies such as mechanical ventilators and feeding tubes, or is it a “pro-life” philosophy that would make that decision impossible? If I were nearing death and in pain, would he order enough medicine to keep me comfortable, even if it eased me closer to the end? Would he steer me away from risky interventions that hold little promise for improving my quality of life? Would he do everything he could to allow me to die at home instead of in a nursing home or a hospital?

These are important questions and I am astonished that I neglected to raise them in our conversation. I’m surprised that he didn’t bring them up, either. Clearly, one of us needs to pick up the phone and make another appointment, and I’m guessing it’s going to be me.

Read more of Meg Haskell at <http://livingitforward.bangordailynews.com/>.

Noonan

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of 31,700 women compared the frequency of stroke to five lifestyle factors — a healthy diet; not smoking; limited alcohol use; exercising regularly; and not


being overweight. The women who had all five of these healthy habits had a 62 percent reduction in stroke; any one of them alone caused a 28 percent drop.

And what side effects would be expected from these lifestyle changes? None that I can think of.

So to me the most effective screenings have nothing to do with disease. Lifestyle changes are the single most important steps you can take to prevent the chronic diseases that are so prevalent in our seniors, including heart attacks, diabetes, osteoporosis, and stroke. Patients who are focused on

their health tend to do so much better than those who are focused on disease.

Dr. Michael Noonan practices chiropractic, chiropractic acupuncture and other wellness therapies in Old Town. He can be reached at noonanchiropractic@gmail.com.



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