

Written Testimony of  
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Senator King, thank you for the opportunity to testify today. It is an honor to join you, Veterans, other esteemed guests, and my fellow panelists for this hearing.

I am Joy Barresi Saucier, the Executive Director of the Aroostook Agency on Aging based in Presque Isle, Aroostook County, Maine. I am grateful for the opportunity to delve into challenges facing older Veterans in rural Maine and emphasize how collaboration between Veterans services and community-based programs can strengthen the response to these challenges.

At the Agency, we know that as people age, they want to make their own decisions and live independently. When they age in their home community, they continue to contribute their knowledge and talent to make their community stronger. The core mission of Agencies on Aging is to help this to occur.

Nationally, there are 622 Agencies on Aging funded in part by the Older Americans Act through the DHHS Administration for Community Living. Agencies on Aging provide a variety of services and function as a national network of supports with unique assets and flexibilities that address many challenges faced by older people, including older Veterans.

All Agencies serve as Aging and Disability Resource Centers (ADRCs), as designated by the Administration for Community Living, providing confidential, unbiased telephone and in-person information and support to older people, those with disabilities and their family caregivers. These agencies often act as the first and only responder to those with questions or challenges that impact their ability to live independently. They intimately understand the complexity of programs, rural challenges, and the formal and informal community resources that exist at the local level. In FY2022, Maine's Agencies on Aging provided responses to over 291,000 such requests for Information and Assistance.

The Aroostook Agency on Aging serves approximately 5,000 residents of Aroostook County each year, nearly 300 of which are Veterans. The Agency offers over 20 programs and services, such as nutrition, transportation, caregiving, volunteer opportunities, information, and referral. In addition, our consumers may require home-based care, including personal support, which is provided by the Aroostook Agency on Aging or other personal care providers in the region. The Agency also serves as the Veteran-Directed Care provider for Aroostook County.

With more than 25% of Aroostook County residents over the age of 65, the Agency is central to the well-being of our communities. Recently as the lead entity for the Aroostook County Health

Improvement Partnership (ACHIP), a one-year planning project funded by Maine DHHS, the Agency completed a community needs assessment that provides a window into the challenges and disparities faced by older people, many of which are heightened by the realities of life in our rural region. To highlight just a few of our findings:

- The older adult population of Aroostook County has a rate of disability that is 25% higher than the statewide rate, with significant differences in cognitive and self-care disabilities – 21.2% and 44.1% higher, respectively (U.S. Census Bureau, 2021). The prevalence of Alzheimer’s disease among Aroostook County residents is 10.7%, the highest of any county in Maine; it is the fifth leading cause of death for County residents (Maine CDC, 2022).
- Socioeconomic data from the United Way’s ALICE initiative shows that 56% of Aroostook County’s population aged 65+ lack the financial resources necessary to afford basic expenses (United for Alice, 2023). These challenges are exacerbated for the 48.5% of Aroostook County’s older adults who live alone (U.S. Census Bureau, 2022). Confirming this, the Elder Index (2023), a measure of the income that older adults need to meet their basic needs and age in place with dignity, calculates that the income needed by a single adult aged 65+ in Aroostook County significantly exceeds the median income for this population, leaving financial gaps many struggle to address.
- Of older adults living alone in The County, 45% live outside of the “service hub” communities; 26% live in communities with fewer than a thousand residents (U.S. Census Bureau, 2022). These dynamics, coupled with the fact that older adults are less likely to drive, often make it more difficult to establish and maintain social connections – as well as access key services. Although virtual interactions have become more commonplace, particularly during the COVID-19 pandemic, 34% of older adults in The County do not have Internet or computer access in their homes (U.S. Census Bureau, 2021).
- Finally, older adults in Aroostook County frequently experience challenges in meeting their home maintenance and modification needs. Nearly 75% of the homes owned by older adults were built before 1980 – qualifying them as “aging housing stock” (U.S. Census Bureau, 2022). A lack of affordable housing leads many older adults to remain in homes of poor quality, ill-suited to safely aging in place (Maine State Housing Authority, 2023).

Compounding these basic factors, our rural region is further challenged by lack of access to primary and specialty care, limited access to public transportation, scarcity of affordable housing, fewer community supports, and workforce challenges, especially related to direct care in-home support workers.

As part of the ACHIP community needs assessment, lived experience information testimony was gathered, including the following from Veterans:

*Veteran, 63 years old: "If don't get the help I need, I go without, but we're so isolated here, it's kind of hard if I need help or need to ask somebody a question. It's usually I have to go a hundred and something miles to Bangor to see somebody, or I could call them on the phone if I could get the answer over the phone."*

*Veteran, 82 years old: "In the future perhaps I can see having trouble getting transportation because I live twelve miles outside of Caribou. Well, it kind of gets back to the same thing in transportation. Anytime you need medical attention, well we have to travel somewhere, I have traveled as far as Bangor for some surgery on my leg. I have blood clots in my leg, and I've also got as far as Mass General in Boston for some internal consultations, I guess."*

*Veteran, over 65 years old: "I have a pipe coming out from underneath my house, running back down the concrete slab and then out into the yard to dump the water from the washing machine. I got the piece. I've called, I'm going to say about eight people. Okay, well, we'll call you back and we'll get that taken care of, I'm still with that pipe out in my stinking yard, they won't call back, man. I haven't figured that one out yet. I can't get under there because of my knees, they replaced both of them. My back is messed up and that's all from the military, so I can't get under there and take care of it. ... I got a few friends, but they're older, just like me, all older, and they can't do stuff, so I just live with it."*

*Veteran, 62 years old: "The financial issues impact your psychological issues because you're worried about, "Do I have enough money to pay the bills? Am I going to be able to keep vehicle insurance? Am I going to be able to pay the vehicle loan? Am I going to have enough food for me? Am I going to have enough food for the animals? Am I going to be able to make my appointments?" Because a lot of my appointments are dealing with the VA that's down Bangor or Togus. But I get mileage paid but that takes anywhere from 4 to 6 weeks to get that mileage back. You end up taking two trips down there. That takes \$200 to \$300 out of my monthly income, and I have to wait 6 weeks to get that back. That means I have to adjust my lifestyle. That means either I cut here a corner or cut there a corner to less somewhere."*

Due to the intensity of the challenges and resources limitations in rural communities, I believe it is imperative to continue to leverage local assets and collaborations. The ACHIP partnership has highlighted the strength of our local community-based assets, which at times may be underutilized.

One excellent current example of such a collaboration is the Veteran-Directed Care Program, which is conducted by the VA Maine Healthcare System in partnership with three of the state's Agencies on Aging. Agencies on Aging see the benefits of this program related to empowering the Veteran to determine their own service plan, as well as cover the cost of other goods and services specific to their care needs.

Although we have had limited referrals to this program in Aroostook, we believe this program can be a good option for Veterans who want to self-direct their services. Some barriers to participating in the program include lack of awareness of the program, lengthy enrollment process, difficulty identifying a worker, challenges with self-managing the program, and lack of a local personal support structure. Additional resources for targeted program outreach by both the VA and Agencies could prove beneficial to increasing utilization. Program revisions that allow for the utilization of technology to enable distant caregivers to serve as authorized representatives would also increase the value of the program.

Additional opportunities for collaboration between the VA and Agencies on Aging exist in other areas, such as strengthening partnerships focused on navigation of community resources and integration of specialty services.

Given that Agencies on Aging are Aging and Disability Resource Centers (ADRCs), they could be strengthened and leveraged to provide additional supports targeted to Veterans, especially those living in rural communities where formal VA community supports are limited. As part of our ADRC functions at the Aroostook Agency on Aging, we are implementing a Congressional Directed Spending project to establish Access Points for Aging in about 20 communities throughout the region. These Access Points will bring additional resources and technology to facilitate outreach and service delivery addressing barriers and easing access to needed services. Collaborating with the VA, we could leverage these sites to enhance offerings for Veterans. This is just an example of how the VA and Agencies on Aging could cooperate and utilize existing community assets to better support Veterans.

Likewise, Agencies on Aging also create connections with specialized community services, which may prove beneficial for Veterans. In Aroostook, through designated ACL funding, we are developing a regional, community-based Memory Center to serve those with dementia and their caregivers. I anticipate that there could be opportunities to collaborate with the VA to leverage this new center or develop other specialty offerings to serve Veterans.

In closing, I see great opportunities to address our rural disparities and further develop responsive services through innovation and collaboration between the VA and community-based organizations like Agencies on Aging. Agencies on Aging stand ready to further partner with the VA to improve awareness of and access to services, issues that often prove challenging to those living in rural America.

Thank you for your consideration and unwavering dedication to those who have served our nation.

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