

## **Testimony in Support of LD814: An Act to Provide Funding to Area Agencies on Aging for Community-Based Services and Programs to Support Older Adults**

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Penobscot County

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**Dear Members of the Committee,**

My name is Tamara Bryant and I am testifying in support of LD814. I live in Bangor and am a member of the board of directors for the Eastern Area Agency on Aging. I sit on the Finance Committee, Fundraising and Development Committee and am a Money Minders Advisory Board member. I have volunteered with the Agency for over 10 years.

In January, our Executive Director, Tabatha Caso, was seeking volunteers to assist with a project to contact the nearly 300 consumers on the Meals on Wheels waiting list. Many have been on this list well over a year.

As a member of the Board, I was aware of our MOW waitlist. It wasn't, however, until I volunteered to contact the consumers on the list to migrate them to a new prioritization tool that I fully appreciated the enormity of the situation. Had there not been a waitlist, how might we have intervened sooner for some of these vulnerable folks?

I asked a series of questions to gather demographic and health related information. Some of my calls lasted 5 minutes and some lasted 35 minutes. Many of these homebound consumers are completely isolated and simply having someone call to talk and ask after their health made them feel cared about. One person called me back four times during the month of February because he wanted me to know how much he would appreciate the meals.

Several consumers receive less than \$1,000.00 per month in income. These people are typically paying rent and struggling with monthly bills. Most of them have several disabilities. I spoke with one gentleman who lives on \$11,000.00 a year and has had four strokes, two steel rods in his back, afib, heart failure and diabetes.

One consumer has income of only \$972.00 monthly; her rent is \$700.00.

I spoke with a woman who is the caregiver for her husband. He is in the very late stages of Parkinson's Disease. She said all his life he was extremely active. He always had people around and was very popular. Now that he can no longer communicate no one comes around-not even family. People don't know what to say so they simply stay away. She feels completely isolated. She doesn't dare to leave the house to shop for fear that he will fall. She said she never imagined she would ever need to reach out for help and is embarrassed by it.

Another woman has debilitating arthritis. It is particularly bad in her hands so she cannot prepare food. She told me she can't peel a potato.

Another told me she has food, but has macular degeneration in both eyes and can't see well enough to cook it.

Yet another woman explained that she is unable to stand for any period of time so resorts to processed "junk" food because it's simply easier than standing at a stove.

One gentleman is 100% disabled and housebound. He said he has COPD and heart failure, He told me friends bring him convenience foods and he is appreciative of their kindness but knows the food isn't healthy.

A number of the people I spoke to have several disabilities or chronic conditions. Many have mobility limitations. One couple I talked to reported to me that the wife is partially paralyzed from a stroke, is incontinent and has dementia while the husband is in a wheelchair. He has heart disease and a pacemaker. The two of them are alone doing their best to look after one another.

In some cases I speak to a family member or caregiver because the consumer has cognitive issues or is bedridden. Many of the family members are living with a profound sense of guilt because they are not in the area. They have jobs and families and are trying to do the best they can from a distance.

So many kind hearted folks who are truly in need still want to be sure we don't start bringing them meals until we help people "worse off than them".

Stroke, heart failure, severe arthritis, COPD, diabetes, kidney disease, Cancer, amputations and poor eyesight are common disabilities. Most need assistance to get around via wheelchairs, walkers or canes.

Many are below the federal poverty level.

One gentleman asked if meals can be delivered puréed. His mouth and esophageal cancer is so advanced he can't chew. He told me he is slowly starving to death.

I found one woman without heat and another without water. One gentleman just lost his wife who did "everything": cooking, cleaning, bill paying etc. He feels completely lost. He said the worst part was his intense loneliness and hopelessness. In these cases I make referrals to our Resource team. Indeed many consumers I have spoken with need additional services and resources. These are examples of what our MOW volunteer drivers encounter and can report back to the Agency for follow up.

Seven individuals had passed away since being on the list. Two have gone to nursing homes. Several phone numbers were no longer in service which left me to wonder what became of them.

The stories are heartbreaking, yet these consumers want to stay in their homes despite the challenges they face. Meals on Wheels is a preventive program. For less than \$10.00 a day consumers receive a healthy nutritious meal delivered by a caring human who is able to check on their wellbeing.

**I strongly advocate for LD814 and sincerely thank you for your time and consideration.**