Meeting Essential and Quality of Life Needs of Rural Older Mainers through the Community Connector Pilot

by Kimberly Snow, Mary Lou Ciolfi, and Patricia Oh

THE IMPORTANCE OF POLICY IN UNDERSTANDING RURAL AGING

Rural America is aging rapidly and experiencing health and population declines (Monnat 2025). Older-age counties—those in which more than 20 percent of the population is aged 65 or older—are overwhelmingly in rural locations. Rural older adults are sicker and die younger than their urban counterparts (Cohen and Greaney 2022), and rural locations lose many younger people to out-migration. Moreover, while some rural locations, particularly in Maine, are destinations for retirees due to the beauty of the natural environment, those communities face housing, healthcare, service access challenges, and environmental pressures.

Those who study aging policy often say that human aging touches all aspects of societal life and should always be considered when designing policy solutions. This is especially true for policies that affect individuals living in Maine's rural communities, where access to even the most basic and essential care and services can be challenging. Maine's plan on aging statewide needs assessment (Snow et al. 2024) demonstrates that older Mainers across our rural state have wide-ranging concerns about meeting essential and quality-of-life needs and preferences. Feedback from older Mainers can inform cross-sector policy that will support all of us as we age into late life. This paper summarizes the statewide needs assessment findings through the lens of rural communities. It highlights the Community Connector pilot project, an initiative of the Governor's Cabinet on Aging, that builds on Maine's strengths to address the needs of older adults.

THE MAINE STATE PLAN ON AGING STATEWIDE NEEDS ASSESSMENT

Background

Every four years, Maine conducts a statewide needs assessment to inform the state and its community partners about older people's most pressing needs and to shed light on how best to meet them. In summer 2023, the Maine Department of Health and Human Services Office of Aging and Disability Services (OADS) partnered with the Catherine Cutler Institute, Muskie School of Public Service, University of Southern Maine to conduct the needs assessment to gather information directly from older Mainers living in diverse regions across the state, in both urban and rural settings, to identify

- community assets and existing services that older Mainers value;
- service and support needs and gaps in service delivery to older adults; and
- barriers affecting access to services and opportunities for mitigating those barriers

The information collected assisted the state in developing the 2025–2028 Maine State Plan on Aging, which strategizes the most effective ways to support older adults in aging comfortably in their homes and communities, particularly through services funded through the Older Americans Act (OAA). The Governor's Cabinet on Aging also uses the assessment findings to set priorities and plan across Maine state departments and agencies.

As the federally designated State Unit on Aging, OADS receives funding under the OAA to support the activities of the state and Maine's five area agencies on aging (AAAs) in providing community supports and services to older Mainers and caregivers with the greatest social and economic need, including those in rural areas. OAA services support Mainers 60 years and older and their caregivers. They are designed to help older people remain as independent as possible and experience a high quality of life as they age.

Needs Assessment Process

Focusing on the domains of caregiving, food AND nutrition, health care, housing, safety, socialization, and transportation, data were collected through several modalities, including statewide surveys of adults 55 and older and younger caregivers of older adults, focus groups, listening sessions, and key informant interviews.

The assessment team analyzed the data and grouped the needs and priorities into four categories.

1. Essential needs—affecting the ability to live

2. Quality of life needs—affecting happiness, satisfaction, and feeling valued
3. Relational needs—affecting physical, emotional, and social health through interactions
4. Physical needs—affecting physical health and well-being through interactions with infrastructure and systems

The team developed a framework, placing the identified needs on two intersecting continuums, one ranging from relational needs to physical needs, and the other from quality-of-life needs to essential needs. To inform potential strategies to address the identified needs and priorities on the continuums, the team further parsed them into strengths and opportunities and weaknesses and threats (Figure 1).

TABLE 1: **Data Collection Modalities and Total Responses**

Data collection modality	Respondents
Statewide survey of adults 55+	3,094 respondents, 571 of whom were also caregivers
Statewide survey of 45- to 54-year-old caregivers of older adults	60 respondents
Focus groups	64 participants across seven groups Asian older adults Black or African Americans LGBTQ+ Portland area LGBTQ+ Rural area Low-income adults 75+ New Mainers, French and Portuguese speakers New Mainers, Arabic and Somali speakers
Listening sessions	92 participants across the 5 AAA regions
Key informant interviews	9 conversations with 12 key informants regarding Food insecurity Homelessness and housing insecurity Island communities Kinship care Legal issues Long-term care Low-income Refugees/asylees

NEEDS ASSESSMENT

Essential Needs

Health

The overarching theme for rural older adults, across the domains of daily life, is one of decreased or nonexistent access to care and services. Older adults repeatedly expressed frustration that their primary care physicians were retiring, leaving the practice, or leaving the community. The dearth of providers in rural communities leads to disruptions in long-standing provider relationships, with fewer opportunities to build relationships with new providers. Specialty care, including oncology, geriatrics, or hospice care, is often an hours-long drive away, and there are limited telehealth opportunities. Of particular concern was the lack of oral health providers, almost completely absent from the rural healthcare landscape. Rural communities, including island communities, often have few or no local options for residential care. Older adults needing that level of care must move far from their communities to receive services.

Transportation

Contributing to—and sometimes causing—the lack of healthcare access is the challenge of rural transportation. With no access to public transportation services, older Mainers who can no longer drive depend entirely on family, friends, or any volunteer transportation network operating in their geographic region. Moreover, while age-friendly supported volunteer transportation programs are an important safety net for older rural Mainers, long distances, inclement weather, illness, avoiding night driving, and volunteer turnover (often due to advancing age and disability) lead to transportation failures and, in turn, disruptions in care. One stated, "We need transportation to be reliable, and we need it to be convenient, fast, comfortable, safe."

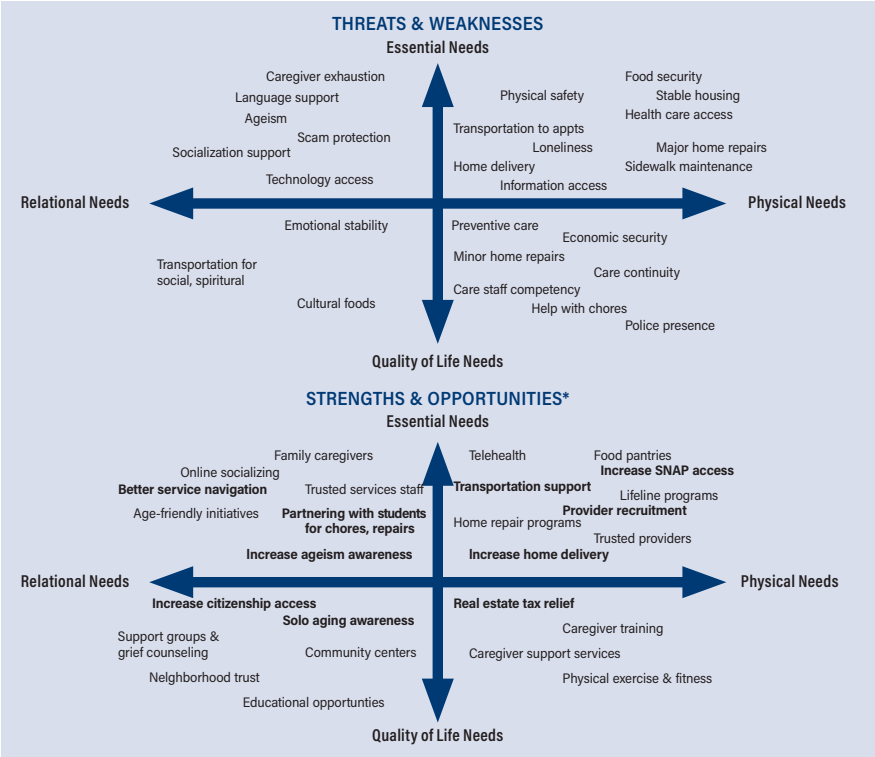
Housing

Access to housing and home repair is a widespread worry for older Mainers. Older homes, particularly in rural areas, are increasingly expensive to maintain, and there is a dwindling supply of affordable contractors and tradespeople to do the work. One stated, "for old houses, we're finding more people are trapped in their homes without smoke alarms, with leaking roofs, or with porches that are falling apart or needing a ramp, but they are not able to afford one. People want to age in their own homes or feel they have to because of finances, so they are kind of trapped without the ability to improve it or make it safe."

Food security

Some older rural Mainers worry about access to and affordability of fresh food. While the rise in delivery services to rural locations since the pandemic has somewhat eased this concern, many older adults appropriately equate fresh

FIGURE 1: **Framework of Older Mainers' Needs Identified in the Statewide Needs Assessment**



*opportunities in bold

foods with improved health and wellness and feel frustrated in their health maintenance efforts. Maine island communities experience significantly reduced availability and increased cost for fresh foods, which is exacerbated by winter delivery interruptions. The percentage of older Mainers reporting that they do not usually have enough to eat, many of whom are in rural areas, rose from 5 percent in 2019 (Edris et al. 2020) to 8 percent in 2023.

Quality of Life Needs

Socialization

While living in rural Maine is quiet and beautiful, some aspects of quality of life suffer for older adults who are less able to navigate beyond their own homes. Restricted social opportunities were a frequent complaint of older rural Mainers. Many older people, though not the oldest or most remote, adapted to remote technologies during the COVID-19 pandemic. However, for most, it was a poor substitute for in-person gatherings. Many social groups, including rural LGBTQ+ older individuals and non-English-speaking older adults, conveyed how much more difficult it was to socialize since many in-person events cancelled during the pandemic had not been revived.

Trusted services

Interestingly, compared to the 2019 Statewide Needs Assessment, the 2023 data revealed fewer comments about trust between older adults and their community members, including local government. The rise of phone, email, text, and in-person scamming has rattled many older adults, given their ubiquity and potential for harm. Additionally, many rural older adults complained about the difficulty of finding trusted service providers and contractors to perform major and minor maintenance and repair work.

Solo aging

Many older Mainers live alone without access to informal family caregivers or other supports. These *solo agers* (Camp 2023) face unique challenges with rural living. One LGBTQ+ older adult living in a rural community stated, "It is more difficult being alone and uncoupled while aging." Another with a hearing limitation said, "being a widow, being alone, and being deaf, I can't just pick up the phone and call 911." Another expressed concern about people stopping at her house because she lives alone and on a major road in her town.

Strengths and Success Factors

In addition to the natural beauty of Maine's rural communities, older adults note the importance of relationships to their ability to age well, including relationships with family members, friends, neighbors, community service providers, and healthcare providers. Many older adults, for instance, spoke about the value of close relationships with their healthcare providers, their age-friendly community program leaders, or those individuals who helped them access needed services such as housing repair, tax relief, or services for grandchildren in their care.

Older adults and key informants noted Maine's strong network of food pantries and food delivery services, which now bring supplies directly to places where older people go—their doctor's office, their housing complex, their local church, and sometimes directly to their home. Many were reassured by the availability of the Meals on

Wheels program, administered from Maine's AAAs.

Most older Mainers (82 percent of survey respondents) feel safe in their communities. A few indicated they would like local law enforcement to be more attentive and responsive to their needs. Also, some social groups, such as rural LGBTQ+ individuals, expressed distrust of their neighbors and community members, a possible reflection of national trends. One person said, "[My] nice neighbors may not be able to protect me from somebody who's just decided that 'There's a rainbow flag here. Let's go get that old lady.' They can't protect me."

New and Noteworthy Issues

Remote caregiving

New issues raised in the 2023 needs assessment include the rise of remote caregiving (e.g., remote financial assistance, healthcare support via patient portals, FaceTime and Zoom visits, and use of in-home Ring and other cameras), allowing family and other caregivers to provide support to an older adult living at a distance.

Climate preparedness

Climate preparedness is a concern for many rural older adults. The severe weather in recent years and associated damage are stark reminders to be prepared for both sheltering in place and evacuating should one's health and safety be imminently threatened. Many older Mainers across the state, including those in rural communities, are prepared for emergencies, yet over 40 percent indicated they do not know where to get ongoing emergency information.

Ageism

Finally, concerns and complaints about ageist attitudes and behavior minimally surfaced in 2019 but were a common theme in the 2023 listening sessions. Particularly for the oldest old, many of whom live in rural communities, listening session participants described feeling that healthcare providers dismissed their concerns and failed to discuss treatment even for serious health conditions. One adult daughter complained, "with my mom, you go into the doctor and it's like, 'she's in her 90s, we'll just put a 'Band-Aid' on it because she's probably not going to be here much longer.'" While most older Mainers agreed or strongly agreed that they feel respected as an older person, a notable 7 percent disagreed or strongly disagreed with that statement. This was a new question in the needs assessment survey 2023, and future surveys will reveal Maine's progress in reducing ageist attitudes.

COMMUNITY CONNECTORS CAN MEET ESSENTIAL AND QUALITY OF LIFE NEEDS

Since its launch in September 2024, the Community Connector Pilot project has strengthened ties between older adults and essential services across Maine and addressed many of the concerns of rural older Mainers expressed in the 2023 Statewide Needs Assessment.

The project is a signature initiative of the Governor's Cabinet on Aging in collaboration with the University of Maine Center on Aging, Maine's five area agencies on aging, and Lifelong Maine's Age-Friendly Community Initiatives (AFCI). Participating AFCIs recruit local volunteers who commit 10 or 20 hours weekly to help older residents access local and regional resources. Knowing that, especially in smaller communities, people trust their neighbors and others in their community to provide information about services, all the chosen pilot sites are small towns and rural areas (see map).

The volunteers, called "community connectors," receive extensive training and technical support from the University of Maine Center on Aging and the Governor's Cabinet on Aging. The AAAs work alongside the connectors to ensure community members know the services and programs offered by their AAA.

The project aims to enhance the health and well-being of older people by promoting engagement and connecting community members to essential programs and services. Although all the pilot sites share the same goal, each AFCI develops site-specific strategies, building on community strengths to meet the needs of residents.

Promising Early Outcomes

In the project's first nine months, twelve pilot sites, in small towns and rural areas from Caribou to York, engaged over 9,000 participants, supported more than 100 age-friendly programs and services, and launched 83 new projects in critical areas such as housing, transportation, health, and social engagement—several of the domains of need investigated in the Statewide Needs Assessment. Community Connector projects addressing essential and quality of life needs of Maine's rural older adults include:

Health

A volunteer navigator program with Age Friendly Caribou/Limestone, engaging retired healthcare professionals to help older people navigate and access healthcare services.

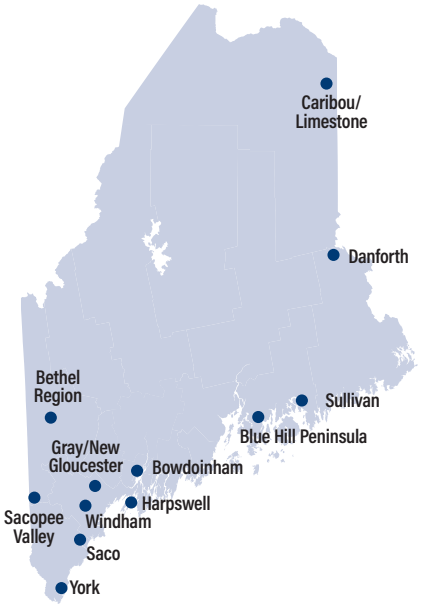
Health and transportation

Volunteer transportation programs in Danforth and Windham ensure community members can keep appointments with their primary doctor and access specialty care when needed.

Housing and safety

Home safety assessment programs in Saco and the Blue Hill Peninsula region collaborate with emergency

FIGURE 2: **Community Connector Pilot Sites**



services, home repair programs, and volunteers to provide the equipment needed to modify the environment and prevent falls.

Socialization, housing, health, food security

The York, Harpswell, Sullivan, and Bowdoinham connectors developed creative ways to engage people through social opportunities. Group events like the York Death Cafe, Bowdoinham's Aging Outside the Lines, Harpswell's Retired Older Men Eating Out, and Sullivan's Ladies Out Lunching bring people together for fun and social support. These opportunities also link people to essential resources, such as veterans' benefits and home chore/repair services. During biweekly teas and coffees at their libraries, the community connectors for Gray/New Gloucester have signed 65 community members up for the Medicare Savings Program. Combined, the program has saved those residents more than $144,000, which they can then use to pay heating and electric bills or to buy food and medicine. Across all programs, community connectors established 647 direct links to vital resources, including the Medicare Savings Program, food programs, and heating assistance. In total, they have saved older Mainers more than $430,000.

Increasing Impact through Volunteerism and Partnerships

A key achievement has been the growth of rural volunteerism. Since the project's launch, 315 new volunteers have supported community initiatives, such as providing transportation, assisting at events, and offering in-home visits to older adults. Collaboration is a cornerstone of the Community Connector approach. Across the 12 pilot sites, more than 400 local partners—including libraries, healthcare providers, and small businesses—have engaged with the initiative. These partnerships have strengthened local support networks in rural communities and increased access to services.

CONCLUSION

The essential and quality-of-life needs of rural older Mainers are likely to increase as growing numbers of Mainers age into late life. Federal, state, and local communities may be less able to address these concerns given current and anticipated reductions in federal funding, which will create downstream effects for state and local governments. By working with volunteers in Lifelong Maine's Age-Friendly communities, the initiative provides the resources for older adults to lead more secure, healthier, and engaged lives. The success of the Community Connector Pilot projects and the possibility of wider replication offer a hopeful path forward for filling service gaps. These projects reflect the positive impact of state policy choices to empower local communities in responding to the needs of older residents. Community Connector creates an infrastructure for serving all of us as we age and highlights the effectiveness of local, people-centered approaches to aging in communities throughout the state.

REFERENCES

Camp, Linda J. 2023. "Why We Need a Broader Framework for Solo Agers." *Generations* 47(2): 1–9. https://www.jstor.org/stable/48747576.

Cohen, Steven A., and Mary L. Greaney. 2023. "Aging in Rural Communities." *Current Epidemiology Reports* 10(1): 1–16. https://doi.org/10.1007/s40471-022-00313-9.

Edris, Nadine, Elizabeth Gattine, Mary Lou Ciolfi, Robyn Dumont, Allen Leighton, Louise Olsen, Jennifer Pratt, and Kimberly Snow. 2020. *Maine State Plan on Aging: Needs Assessment Summary of Findings.* Catherine Cutler Institute, Muskie School of Public Service, University of Southern Maine.

Monnat, Shannon M. 2025. "U.S. Rural Population Health and Aging in the 2020s." *Public Policy & Aging Report* 35(1): 3–9. https://doi.org/10.1093/ppar/prae031.

Snow, Kimberly, Mary Lou Ciolfi, Karen Pearson, Robyn Dumont, Jennifer Pratt, and Jayne Foley. 2024. *Maine State Plan on Aging Needs Assessment.* Catherine Cutler Institute, Muskie School, University of Southern Maine.

Kimberly Snow is a senior research associate at the University of Southern Maine's Catherine Cutler Institute, where she conducts research on healthcare policy, elder abuse, caregiving, and workforce issues affeccting older adults

Mary Lou Ciolfi is the assistant director of policy and education at the UMaine Center on Aging, adjunct faculty for the University of New England's Graduate Program in Public Health, and a facilitator for the National Center to Reframe Aging.

Patricia Oh is the assistant director of community engaged research at the UMaine Center on Aging, where she coordinates community programming with volunteers and conducts research on age-inclusive environments.