## MARYLAND COMMISSION ON AGING Videoconference September 21, 2022 MEETING MINUTES

## **Members Present:**

Rose Maria Li, Chair; Paula Blackwell; Joy Hatchette; Barry Liden; Jay Magaziner; David Roth; Allen Tien; Diane Ty; Hon. Benjamin Kramer; Hon. Kathy Szeliga

## **Members Absent:**

John Haaga; George Rebok

## **Department of Aging Staff:**

Rona E. Kramer, Secretary of the Maryland Department of Aging (MDoA) Rosanne B. Hanratty, Staff to the Commission Lisa O'Connor, Executive Assistant

## Members of the Public:

William Davies

## **Greetings and Welcome:**

Dr. Li greeted Commissioners, staff, and guests.

Dr. Li informed the Commission that she has been reappointed by Governor Hogan for an additional four years as a Commissioner and as Chair. She welcomed Ms. Ty, who has also been appointed by Governor Hogan for four years as a Commissioner.

Dr. Li also announced that Ms. Rosanne Hanratty, who has staffed the Commission on Aging since April 2015?, will be retiring and she thanked Ms. Hanratty for her service and expressed her best wishes for Ms. Hanratty's retirement.

## Approval of the April 13, 2022 Minutes:

The minutes of the April 13, 2022 videoconference meeting of the Commission on Aging Meeting were approved without change.

# Secretary's Remarks: Rona E. Kramer, Secretary of the Maryland Department of Aging:

The Secretary informed Commissioners that the MDoA fared very well in the 2022 legislative session; it was fully funded. She also informed Commissioners that the Maryland Department of Health (MDH) has received a supplemental appropriation of \$3.5 million to improve the status

of and services for Marylanders living with dementia and that MDoA is working with MDH on a spending plan for those monies. She clarified that the funding is for one year, noting that MDoA is identifying initiatives that will have ongoing benefits both in the current year and following the expiration of funds.

The Durable Medical Equipment (DME) program has been fully funded in the current fiscal year and has achieved an enviable 8:1 return on investment considering the cost of the program (\$1 million annually) and the value of donated equipment alone (\$8 million). The equivalent of 15.3 cubic feet of equipment has been collected and withheld from landfills. Moreover, public landfills themselves have become sources of contributed equipment because the Department has established collection sites at the landfills themselves, so that the public can easily donate DME instead of depositing it in the landfill, as intended.

The Secretary noted that the Community for Life<sup>SM (</sup> (CFL) program continues to be successful and undergoing expansion. The Department has requested that the Administration for Community Living (ACL), the federal agency that distributes Older Americans Act (OAA) funding nationally to each state unit on aging, approve the expenditure of OAA administrative funds for CFL implementation. Based on the analysis presented by MDoA, ACL has indicated that it is favorably inclined to authorize such a use of federal OAA funds. ACL will continue its analysis addressing such issues as the prohibition of means testing OAA funding.

CFL program membership has been actively added to the Area Agencies on Aging (AAA) toolbox, with the option for such membership being added for those on the waiting list for programs or participants in such programs as Senior Care, Senior Assisted Living Subsidy, and congregate meals. In addition, a CFL Center of Excellence has been established at Keswick in Baltimore City and a consultant to assist with branding and expansion of CFL has been hired by the Department.

Secretary Kramer informed the Commissioners that MDH and MDoA have mounted a vigorous program to encourage people to get COVID 19 vaccination boosters, and is using recorded messaging to reach large numbers of people. While 94% of Maryland older adults are fully vaccinated having received the initial two shots, the uptake for vaccination boosters has not been as robust. In light of the fact that that COVID infection risk continues, increased COVID booster vaccination rates are critical.

The Secretary noted that MDoA, along with other state agencies, is actively participating in the transition preparations for the next gubernatorial administration and seeks to improve the content, comprehensiveness, and process over that of the previous transition (in 2015).

## Maintaining Adoption and Sustainability of the Department of Aging's Innovations—Brainstorming and Discussion Led by Barry Liden:

Mr. Liden divided the brainstorming and discussion into two general topics:

- Ways to maintain value and support for MDoA Program, and
- Ways to Maximize Transition of Those Programs

Below is a chart summarizing Commissioner Input on these two general areas.

### WAYS TO MAINTAIN VALUE AND SUPPORT FOR MDoA PROGRAMS

Community participatory design of interventions

Continue legislator briefings (Targeting members who are involved in future of programs)

Create grad student practicum to analyze best approaches to promoting CFL & DME

Create simple creative content to share on social media

Develop a "readmission avoidance" pitch/proposal - conduct a study to evaluate impact

Develop reimbursement pathway for providers to pay for delivery of programs

Encourage referrals by providers

Share broadly the cost savings and impact for the durable medical equipment program

Hospital discharge materials

Increase integration of MDOA programs with existing programs MDH, local health depts, LTC and healthcare organizations

Increase public awareness

Increase use of media -- to increase public awareness

Increase visibility by working in collaboration with other states - sharing solutions & best practices

Integrate evaluation metrics into program workflow, supporting "measurement-based" program operations; share results publicly and continuously, educate about what results mean

Leverage "Next Door" and other social media to create support network

Look to MD-based family foundations for funding

Produce "elevator speech" materials (why needed, how it works, benefits)

Provide Commissioners with specific talking points/presentation materials for them to meet directly with their area legislative representatives

Retain Univ. of MD economist to document ROI of programs

State grant to support evaluation of the programs

Tap the village network to grow awareness

Target specific stakeholders (policymakers, caregiver organizations, places of worship, employers)

When DME is donated, I wonder if we can ask for a nominal volunteer donation - precedent with Bikes for the World program attending https://bikesfortheworld.org/donate-a-bike

Work with rehab community to promote support services (CFL, DME)

### WAYS TO MAXIMIZE A SMOOTH TRANSITION

Collect and share demographics helped by the program

Collect feedback from recipients and those receiving benefits from the programs

Connect with incoming Secretary

Create simple summary of current programs

Designated day of advocacy in Annapolis

Develop staff/stakeholder briefing (PowerPoint) to share update on current programs

Ensure that staff at all levels know their responsibilities

Reach out to transition teams of gubernatorial candidates

Standardize operational processes across multiple specific programs

Following general discussion of each suggestion, Dr. Li stated that the next step in the process would be grouping the input into several topic-related groups and distributing the grouping document to Commissioners. This will provide the basis for identification of tentative priority areas for the upcoming calendar year at the November 16, 2022 Commission meeting.

### Other

Ms. Ty provided an overview of the Master Plan for Aging process, utilizing the efforts to develop the California Master Plan on Aging as an example.

## Adjournment:

The meeting was adjourned at 11:15 AM.

Minutes prepared by Rosanne B. Hanratty.

Next Commission Meeting *In Person* at the North Laurel Community Center 9411 Whiskey Bottom Rd, Laurel, MD 20723 Center Phone: (410) 313-0390 November 16, 2022 at 10:00 AM