Maryland Commission on Aging
North Laurel Community Center, Laurel, Maryland
February 8, 2017
10:00 AM—12:30 PM
Minutes

Members Present: Rose Maria Li, Chair; Sharonlee Vogel, Vice-Chair; John Haaga; Hon. Jordan Harding; Joy Hatchette; Helen Kimble; Dot Principe; George Rebok; Carmel Roques; Mary Ellen Thomsen

Members Absent: Hon. Barbara Frush

Staff Present: Rona E. Kramer, Secretary of Aging; Rosanne B. Hanratty, MDoA, Staff to the Commission; Bernice Hutchinson, Chief, Division of Client and Community Services, MDoA

Other: Michelle Carlson, Ph.D. Johns Hopkins University; Quincy Samus, Ph.D., Johns Hopkins University;

Greetings--Rose Maria Li, Chair:
Dr. Li greeted attendees and welcomed newly named Commissioner, Dr. John Haaga, to his first Commission meeting.

Secretary's Remarks—Rona E. Kramer, Secretary of Aging:
Secretary Kramer noted that the 2017 legislative session had opened and that she was spending a significant amount of time in Annapolis because of legislative and budgetary issues. She said that the Governor's budget reflected full funding of MDoA's submission and that $1.2 million in program funds had been added by the Governor. She also said that MDoA had reverted monies to the general fund in the past fiscal year and that all cuts and reversions had been from administrative funds.

Approval of December 14, 2016 Minutes:
The December 14, 2016 minutes were approved, with changes.

Presentation: Interventions that Promote Healthy Aging in Place in Maryland: How Can We Broaden Their Impact?—Michelle Carlson, Ph.D. Johns Hopkins University:
Dr. Carlson stated that on average Americans spend about one-third of their lives in retirement and that there has been a paradigm shift away from seeing older adulthood as a period of withdrawal to one in which healthy aging is promoted over the entire life span. She said that an example of the paradigm shift is *Experience Corps*—a program that places older adults in public elementary schools to tutor and mentor children who are at risk of academic failure. She noted that the program harnesses the "wisdom of the aging body and brain" to help a younger generation, while at the same time enhancing the older adult's potential to age optimally.

In Baltimore the *Experience Corps* project recruited volunteers aged 60 or older who agreed to volunteer 15 or more hours a week in a selected Baltimore City elementary school for a full school year. Dr. Carlson said that initially some educators doubted that older adults could fulfill the tutoring and mentoring roles envisioned in the program but that this perception had changed over time.

A National Institute on Aging (NIA)-funded evaluation found that participating in the *Experience Corps* program resulted in positive effects for both students and volunteers. Students achieved improved educational and behavioral outcomes. Volunteers experienced an increase in mobility, a decrease in falls and frailty, and improved cognition such as a decreased rate of memory decline.

Dr. Carlson noted that engaging stakeholders is key to the success of mounting and sustaining a program such as *Experience Corps*. Teacher participation was voluntary and the program solicited input from individual educators on their needs. Older adult participants received thirty-five hours of training and worked in a team environment, which fostered empowerment. A period of acculturation occurred at the outset: teachers came to understand that the volunteer was not in the classroom to monitor the teacher nor to perform clerical functions. The program was gradually scaled up from three schools the first year, three the second year to twenty-six schools in total.

Dr. Carlson also said that the intergenerational aspect of *Experience Corps* is key in that children interact with an older adult who is in a less regulated role than that of a teacher and that there is the potential for students to expand their concept of what an older adult is able to do, as well as the adults' expanding their concepts of young students.

Dr. Haaga noted that the NIA has funded research on volunteers in addition to the evaluation of *Experience Corps.* Ms. Thomsen, citing her experience as a reading tutor in a Baltimore City public school, reiterated Dr. Carlson's observation about the effectiveness of volunteers in working with students.

Mayor Harding suggested that Carolyn Thompson be invited to address the Commission about programs she has initiated for the distribution of free books to engage young children in reading and her interest in expanding programs with older adults.

Presentation: Evidence–based Care Coordination Models for Dementia Management and *MEMORI Corps*—Quincy Samus, Ph.D., Johns Hopkins University:
Dr. Samus outlined the features of *MEMORI Corps*, a demonstration program that is to be proposed for NIA funding and in which she would serve as principal investigator. *MEMORI Corps* will utilize a model of productive engagement of older adults, illustrated by the success of Experience Corps, to test a twelve-week scheduled in-home program of evidence-based activities conducted by older adult volunteers with community-dwelling persons with dementia. The program would additionally be designed to provide periods of respite for primary caregivers for the persons with dementia.

Dr. Samus, noting that the greatest portion of care of persons with dementia occurs in the community, also described *MIND at Home* a recently-concluded demonstration project, funded by the Centers for Medicare and Medicaid Services. *MIND at Home* utilized a multidisciplinary care team to conduct in-home assessments and suggest interventions with community-dwelling people with dementia. The teams included physicians, as well as registered nurses and community health workers to bridge the multifaceted needs--including social, medical and psychological--of dementia patients and their caregivers. Data from the demonstration are currently being evaluated.

Dr. Samus said that programs such as *MIND at Home* and *MEMORI Corps* have the potential for multiple positive effects: decrease of acute health crises such as emergency department visits, improvement of quality of life for patients and caregivers and delay in nursing home placement, as well as decreased costs to Medicare and Medicaid. She also noted that functional limitations—decreased capacity of persons to perform activities of daily living—are the most frequent reason for nursing home placement. She emphasized that avoiding acute crises and preventing or delaying significant reduction in functioning are essential to permitting people to remain in the community.

She stressed that deploying a workforce with a broad range of skills is necessary to address the needs of older adults. She stated that this workforce utilization likely will include extensive use of community health workers, as in the *MIND at Home* demonstration. A viable financing stream for such a workforce is critical. She noted that Medicare does not presently reimburse for the use of community health workers but that efforts such as certification programs of such workers may result in expansion of Medicare reimbursement for their services. She said that an evidence-supported business case, coupled with data on the effectiveness of community interventions, are key to scaling of evidence-based efforts and noted the work of PCORI--a patient-centered research institute funded under the Affordable Care Act--in translating of research findings to achieve implementation.

Dr. Li asked how research--supported interventions might be expanded and the challenges to such expansion. Dr. Carlson said that *Experience Corps* had relied on a patchwork of funding and faced the challenge of leadership change when governance of the Baltimore City schools moved from a centralized to decentralized model. She said that generating grassroots interest had been key and that bridges to various levels of the community were important. Dr. Samus stated that funding champions with enough influence and authority to make resource allocation decisions is also important. Dr. Li asked about MDoA's role in promoting community-based interventions. Secretary Kramer said that proposed legislation would authorize MDoA to pilot innovative approaches to promote optimal aging in the community.

Presentation: *Senior Care*: A Primer of Facts, Figures and Future Projections—Bernice Hutchinson, MDoA:

Ms. Hutchinson provided an overview of the *Senior Care* program—the largest of the state-funded programs which MDoA administers through the area agencies on aging (AAAs), in

partnership with the State Departments of Health and Mental Hygiene and Human Resources and the local Departments of Social Services. She noted that *Senior Care* was authorized under Maryland statute in 1982 and serves Maryland residents, aged 65 and older, who are at risk of institutionalization and who meet certain income and asset criteria. The goals of the program--supporting community living and prevent nursing home placement—are implemented through integrated multi-dimensional in-home screening and evaluation of participant needs by a registered nurse; case-management; and community-based services. *Senior Care* is designed to be "gap filling"--providing case management and varied services and supports such as personal care and chore services, adult daycare, respite care, financial assistance to cover the cost of medication, and some home modifications such as chair lifts. Services may also include those outside of the scope of the *Senior Care* program itself—such as home-delivered meals. Ms. Hutchinson said that individual AAAs, because of their ties to their local communities, are in an optimal position to assess local needs and resources; thus services provided by the program vary by jurisdiction. The present annual budget for *Senior Care* is $7.1 million. Approximately 4600 Marylanders currently participate, over three-quarters of whom are women. Over a third of participants are between 75-84 years of age and there are over 1900 people on the waiting list for services. People living alone are only slightly more likely to receive services than people living with others.

Ms. Hutchinson said that, while funding for the program has changed little over the past ten years, the numbers of older adults potentially in need of services continues to grow. The proportion of program clients in the age cohort of 75-84 is expected to expand. She noted the need for strategic planning to meet future demand for services and to achieve efficiencies in fiscal and programmatic accountability. She cited the need for ongoing evaluation of presently collected data as well as assessment of the adequacy of the data elements that are collected and for ongoing due diligence to ensure delivery of service to clients with the most need. She also stated that openness to evidence-based approaches to services to maximize the potency of program impact and to evolving models of partnership with AAAs and other stakeholders are key to the *Senior Care* program's continued success.

Mayor Harding complimented Ms. Hutchinson on the quality and content of her presentation. Ms. Hatchette asked if there is disparate ability across jurisdictions to address the potential program needs. Ms. Hutchinson said that the largest backlogs exist in areas with the largest populations of older adults and that the annual area plan evaluation process facilitates localized approaches.

Secretary Kramer noted that each jurisdiction spends local dollars based on its own priorities and that there may be some correlation between waiting lists for various services and local jurisdictions' resource allocation decisions. Mayor Harding said that MDoA visibility at the local level should be increased and Secretary Kramer stated that, to that end, she has been meeting with local county commissioners. She said that familiarity with State and local issues concerning, and services for, older adults could be expected to enhance AAA visibility during local budgetary deliberations.

Ms. Kimble asked if the role of volunteers in providing services has been assessed, noting that CMS requires that Medicare-certified hospices meet a threshold of at least 5% of services being provided by volunteers. She stated that volunteers accounted for 22% of services in her local hospice. Secretary Kramer said that the State Health Insurance Program (SHIP) is largely volunteer-based and that efforts are underway to achieve increased professionalization among SHIP volunteers. She also said that the local long-term care ombudsman programs make extensive use of volunteers who undergo an extensive training and certification program at the State level.

Other:
Dr. Li said that the Commission would continue to address its role in reviewing MDoA programs, including *Senior Care*, and that a portion of the next meeting's agenda would be devoted to developing a plan of action to do so.

Adjournment:
The meeting was adjourned at 12:30 PM.

Minutes prepared by Rosanne B. Hanratty