

**MARYLAND COMMISSION ON AGING  
MEETING MINUTES | October 31, 2023**

**Commission Members Present:**

Rose Maria Li, MBA, PhD, Chair  
Paula Blackwell, MBA, MHA  
John G. Haaga, PhD  
Joy Y. Hatchette, JD  
The Honorable Benjamin F. Kramer  
Jay Magaziner, PhD, MS Hyg.  
George Rebok, PhD  
The Honorable Kathy Szeliga  
Diane Ty, MBA, MA

**Commission Members Absent:**

Barry Liden, JD  
David Roth, PhD  
Allen Tien, MD, MHS

**Guests:**

Emily Kearns, Coordinator, Dementia Friendly Baltimore County  
Lynn Phan, Advocacy Manager, Alzheimer's Association, Maryland & the District of Columbia  
Quincy Samus, PhD, Professor of Psychiatry and Behavioral Sciences, Johns Hopkins University  
Derek Smith, Rose Li & Associates, Inc.  
Jacqui Vok, Director of Dementia Services and Brain Health, Maryland Department of Health  
Ann Wiker, Administrative Coordinator, JH AITC, Johns Hopkins University

**Maryland Department of Aging (MDoA):**

Secretary Carmel Roques (Non-Voting Representative)  
Daniel Hoffman, Administrative Officer  
Keena Stephenson, Executive Assistant to Secretary of Aging  
Mark Tesoro, Cognitive and Behavioral Health Specialist  
Liz Woodward, Chief, Special Initiatives

**Approval of Prior Meeting Minutes:**

Change was made to take out "Next Commission meeting is tentatively scheduled for November 29th", as the date was subsequently changed to October 31. The minutes from the September 6, 2023 meeting were approved with this change.

**Secretary Roques Opening Remarks:**

- ❖ State is moving quickly towards Legislative Session
- ❖ MDOA spending time as team focusing on what priority areas are in relation to Longevity Ready Maryland Initiative
  - Major tool we have to organize work is multi-sector planning process
  - Governor's Office has stated that Executive Order is pending
  - How to best prioritize and address that Maryland is becoming a "Longer Lived State"
- ❖ Priority Areas
  - Affordable housing is a huge issue for older Marylanders as well as all

- Marylanders
  - Making sure people who are housed can stay housed; making sure housing is safe and sustainable
  - Making sure resources are brought in to build improvements to keep houses livable for older adults
  - Manage the accelerated cost of rental housing
- ❖ Working with Department of Labor on two significant issues
  - Direct Care Workforce Development - ensuring good, safe, well-paying jobs
  - More and more Marylanders are staying in the workforce and not retiring at traditional time periods; need to have pathways for reskilling as well as continual and meaningful employment
- ❖ Looking at issues related to people not being eligible for medical assistance or services part of Medicaid waiver because of financial eligibility
  - Working with Health Department; applied for Technical Assistance grant from ACL
  - How can we better align pre-Medicaid services and funding so that people don't find themselves without support or access?
- ❖ Maryland will have service-oriented approach to incorporate older people into volunteer activities; making sure older people have ways to meaningfully serve in late life
- ❖ Internally spending significant time looking at how can we more efficiently use resources
  - AAA's piloting new ways of doing things/utilizing resources; we want to share this learning across all AAA's, and to encourage them to be thinking differently
  - How can we at the State level provide the flexibility for AAA's to accomplish this
  - Community for Life Program - struggle we've had with scaling up, and looking if we can use funding/resources to grow Villages network
  - Work we are doing with the Health Department around dementia, cognitive, and behavioral health
    - Look particularly at what is happening around prevalence of dementia, and what are the levers we can pull to support better outcomes
- ❖ MDoA is an agency that historically has not been able to do much on the planning/policy/legislative advocacy side
- ❖ We are in a time of constraints when it comes to our budgets
  - Being intentional & strategic about utilizing the resources that we have is critical
  - What can we do as Department with all of our multi-sector partners to improve the quality of life for older people and their families

**Alzheimer's NIA Research (Dr. Rose Li, Dr. John Haaga, Secretary Roques Remarks):**

- ❖ Finding that came out earlier this year stated that the highest prevalence of Alzheimer's is in Maryland
  - Baltimore City is Top 3 county among the US in terms of prevalence
  - Research funded by National Institute on Aging and has received a lot of press
- ❖ Results were startling for Maryland
  - Highest estimated prevalence of any state (12.9% of 65+ year olds)
  - Baltimore City (16.6%) and Prince George's (16.1%) among the top 10 counties
  - "The highest prevalence of AD in MD is explained by the greater number of people aged 85+ together with the greater number of Black individuals..."
- ❖ Overview of their approach
  - Estimates based by age, race, sex and education categories
  - Estimates come from Chicago Health and Aging Project (CHAP)
  - Population estimates and projections for each state and county; multiply the

- probabilities by the number of people in each state or county in each category
- ❖ “What I like about this approach”
    - Cost-effective answer to questions important for public health
    - “How many PWD do we think we have in Maryland? How many do we expect in 2040?”
      - => “How many more adult day centers will we need? Do bigger waiting lists in Montgomery County mean the need is greater there, or just that more families know about the service?” etc.
  - ❖ “What I don’t like about this version”
    - Estimates derived from CHAP; all living in Southside Chicago
    - National studies show that regional differences are important
    - We have good, nationally representative studies using national samples (HRS/HCAP, NHATS) - why not use these? (CDC and MITRE working on this)
  - ❖ To keep in mind when discussing results:
    - Study is telling us how many Marylanders are in the higher risk groups; not a direct measure of dementia prevalence
    - Should be a spur to action for better/earlier detection/preventive measures - AD still underdiagnosed
  - ❖ Data points get picked up and amplified in public media in ways that don’t always accurately reflect facts
    - Governor Moore emphasizes that as a state we need to make informed and strategic decisions
      - What is reality for Maryland in these communities, and what is the best way to approach that?
    - Country has a falling and lower life expectancy than many other parts of the world; specific to communities
    - Are we looking at correct indicators?
  - ❖ As part of Longevity Ready Maryland MDOA is looking at selecting the right indicators
    - Will have a dashboard that’s part of multi-sector planning
    - Agencies are being asked to think of data reporting harmonized at a State level
  - ❖ Innovative methodology and good attempt; however this study is packed with a lot of assumptions to be aware of
    - Did not look at lifestyle differences - stroke/hypertension/diseases
    - CHAP study alone has low Hispanic representation
    - Did not adjust for COVID
  - ❖ Make sure we are thinking about the accuracy of Maryland in making decisions

**Update on what Johns Hopkins is funding with AI and Technology Collaboratories for Aging Research - Dr. Quincy Samus Presentation/Remarks:**

- ❖ Dr. Samus will speak on a number of different topics today..
- ❖ Three centers that have been funded beginning in 2021; Johns Hopkins is one of them
  - Think about other ways to prioritize funding and pilot special topics moving forward that could potentially match data & service delivery needs that you have from the perspective of the State of Maryland
- ❖ Over 54 million people over age 65 in US - will grow to 95 million by 2060
  - Nation’s Hispanic, Asian, and Black/African American populations are increasing
  - Most have multiple chronic conditions and many will experience cognitive impairment
  - Coordination of care, care transitions, care integration across settings is challenging

- Clinical/bio factors intertwined with social, economic, and cultural diversity affect health, function, and person centered outcomes
- ❖ Collaboratory centers have been set up to move the needle dramatically in terms of developing and implementing AI and other tech to promote healthy aging
  - Emphasis on funding practical, scalable, and marketable products
- ❖ JH AITC - received \$20 million/5 year grant from NIA in Fall 2021
- ❖ Collaboration between several schools of Johns Hopkins to form a set of resources at JH AITC to promote out-of-the-box thinking
  - Bring together product developers, business developers, academic and clinicians to accelerate this pipeline
  - Content experts in all stages of research
  - Access to older adults for research in a variety of clinical settings
  - Access to health care databases for development of technology or uses of AI
  - Lab and clinical space on JH Bayview Medical Campus
- ❖ One-year pilots - generally healthy aging pilot or Alzheimer's/Dementia (AD) pilot
  - Focus on developing technologies to focus on:
    - Patient care and engagement
    - Caregiver and workforce
    - Diagnostics and assessment
    - System management and administration
- ❖ JH specifically is very interested in in-home and community based settings; as well as detection and monitoring, and interactive human-AI
- ❖ JH AITC supported projects
  - Telemedicine based program screening for cataracts
  - Hydrations and nutritional optimization devices
  - Wearing medical devices for fall prevention and promotion of balance
  - Early detection of cognitive changes
  - AI algorithm to detect probable dementia case in the emergency department
  - Many projects in development and testing
- ❖ Most common types of tech being funded are..
  - User-facing software and platforms, wearables, environmental sensors, smart household devices
- ❖ About 37% of pilots are being evaluated in real-world settings
- ❖ 46.58% of AI technology being used (majority) is machine learning
- ❖ ADRD is being tracked on several facets - outcome, user, and setting
- ❖ New clinical and engineering site located at Bayview Medical Center
- ❖ Funding from Bloomberg for a data science and translation initiative
  - Will fund 80 professors across the university
  - Will make JHU one of the premier universities in AI, Data Science, and machine learning research
- ❖ A Better Future for Care: A Long-Term Care Symposium
  - Hosted 10/11/2023 on Capitol Hill
  - 30+ congressional offices represented
  - 150 attendees including representations from many state governments
- ❖ Save the date
  - March 19-20, 2024: Second National Symposium - Empowering Innovation in AITC
- ❖ If there are any specific questions on technical aspects of pilot/proposals reach out to:
  - Ann Wiker, Administrative Coordinator, [awiker@jhu.edu](mailto:awiker@jhu.edu)

- ❖ Dr. Rose Li noted that states can compete for pilot funding as well
  - Open to for-profit companies, universities, state governments, etc.
- ❖ One of the greatest concerns of the natural language processing technologies - any bias that exists in data will be perpetuated in some ways by AI
  - Reducing disparities and addressing concerns is a major focus
  - Can be addressed by culturally-tailored or purposeful AI
- ❖ Technology for older adults can be more of an impediment than a help
  - There will be a lot more openness, opportunities, and computer literacy that will allow innovation of technologies that are more consumer-driven
  - It's surprising how little that consumers in this generation are seeking technology to solve their problems
  - It will be interesting to see how things will change over time, and how we prepare for that
- ❖ Secretary Roques stated that during visits to AAA, many have set up programs that are directed specifically to engage older adults and increasing their comfort level with using technology
  - Governor has prioritized broadband access across the state
- ❖ Role that the department can play; programs to help make technology accessible, comfortable, and familiar even more moving forward
- ❖ Dr. Rose Li reported that there is a lot of frustration that devices are being developed with developers not talking to the users
  - How can we be more proactive in the solicitation, or favoring developers that engage with their users
  - Can be a way to collaborate more with community organizations and funders
- ❖ Dr. Jay Magaziner stated that it is important to talk to users, but that we also need to talk to future potential users of this technology
  - Who will use it, and who can envision their use of it in the future?

**Opportunities to Address Maryland Plan Goals through Multi-Level Evidence-Based Initiatives - Dr. Quincy Samus Presentation/Remarks:**

- ❖ Spoke on three topics:
  - Helping with finishing recruitment for trial - MEMORI Corps
  - Evidence to practice spotlight - Maximizing Independence at Home dementia care model and CMS alternative payment models
  - Population health spotlight: Patient Centered Outcomes Research Institute (PCORI) and NIH funding opportunities to understand needs, evaluate impact, and build scalable/integrated approach
- ❖ Asks related to Making Engagement Meaningful through Organized Routine Interaction (MEMORI) Corp Pilot study:
  - Help raising awareness and completing enrollment of persons living with dementia at home
  - Next study, multisite effectiveness study
    - Help thinking about partners/large aging service provider networks
- ❖ MEMORI Corps research study is a feasibility RCT to engage healthy older volunteers to deliver companionship and activities for older persons with dementia
  - High unmet needs for activities, behavior management, caregiver support/respite
- ❖ MEMORI Corps Intervention Program
  - Up to 5 hours/week (12 weeks) in the home
  - Individualized activity plans
  - Detailed initial home-based assessment of PWD interests/preserved abilities

- Family caregiver education
- ❖ Eligibility for program:
  - English-speaking
  - Living in Maryland
  - Living together with a caregiver
  - Not end-stage disease/completely dependent on ADLs
  - Not already receiving formal activity or companionship services
- ❖ Referral to the study can be made directly to [MemoriCorps@jh.edu](mailto:MemoriCorps@jh.edu), by calling 410-550-6744, or by filling out interest form on the website (which can be found by Googling “Memori Corps”)
- ❖ Secretary Roques suggested to link this program up with Dementia Friendly counties
- ❖ Push this out to AAA’s who are providing caregiver support programs
- ❖ Future vision - would like to develop conversations that could lead to a larger multi-site trial
  - How to best fit services that are already being delivered?

### **PCORI Funding Opportunities**

- ❖ Advancing the Science of Engagement
  - Cycle 1 2024 (opens 1/9, due 5/7; \$1-1.5 million 2-3 year)
  - Fund studies that build an evidence base on engagement in research (measures to capture structure/context, techniques that lead to effective engagement in research, how effective engagement techniques should be modified and resourced)
- ❖ Improving Methods for Conducting Patient-Centered Comparative Clinical Effectiveness Research - 2024 Standing PFA
  - Cycle 1 2024 (opens 1/9, due 5/7; total direct costs \$750,000, up to 3yr)
- ❖ Program Priorities
  - Methods to Improve the Use of AI and Machine Learning in Clinical Research
  - Methods to improve study design
  - Methods to support data research networks
  - Methods related to ethical and human subjects protections issues in CER
- ❖ Phased Large Awards for Comparative Effectiveness Research (PLACER)
  - Cycle 1 2024 (opens 1/9, due 5/7; \$22 million [feasibility phase \$2 million; full-scale study phase: \$20 million], 6.5 years)
  - Proposed trials should address critical decisional dilemmas that require important new evidence about the comparative clinical effectiveness of available interventions
  - Address at least one of the following National Priorities for Health:
    - Increase Evidence for Existing Interventions and Emerging Innovations in Health
    - Achieve Health Equity
    - Accelerate Process Toward an Integrated Learning Health System
- ❖ NIA U54 State Alzheimer’s Research Support Center (StARS) Proposal
  - Due 11/1 to NIA
  - More than 20 states indicated interest in partnering so far. MD and VA planned to be spotlight states in year 1 of grant
- ❖ Secretary Roques raised the question of what are the resources we would need to have at a department level to participate effectively in programs that PCORI would fund
- ❖ PCORI will have one-time funding for start-up and infrastructure-building activities

- ❖ Three activities that seem to be most important in infrastructure or multi-sector planning are:
  - Identifying who needs to be at the table State-wide (public and private)
  - Prioritizing the outcomes to be achieved
  - Identifying the levers that can be used in different levels
  - Coming up with detailed map of where the data are that contributes to understanding the impact of these different levers of outcomes that are targeted for change
- ❖ State of Maryland is beginning work on creating a data repository that helps all departments have meaningful data and identifying indicators to track
- ❖ Should not think about this in an isolated manner; this would need to fit into a multi-agency state-wide data initiative
  - Senior Care program; \$10 million/yr funding, long waitlists, pre-Medicaid program
    - Not enough funding, and not doing what it could and should be doing for those not on Medicaid services
- ❖ MDoA working closely with the Department of Planning on what will be tracked on the outward-facing dashboard that is being created
  - As an agency how will this be connected to data being collected across different agencies throughout the state; how can this be used effectively?
- ❖ MDoA received an additional \$8.5 million for Senior Care program to reduce waitlist

**Liz Woodward & Mark Tesoro Remarks:**

- ❖ Department of Health received \$3.5 million for activities associated with the ADRD State Plan
- ❖ MDoA to partner with MDoH - grant agreement has come through October 2023
- ❖ Education for caregivers and professions to create a more dementia-friendly Maryland
- ❖ Working to expand work around Maryland Access Point
  - Working with 211 to expand resource database
  - Looking at embedded tools in website in order to make them more effective
- ❖ Competitive grant opportunity - identifying innovations that align with MDoA intentions for next year; help support network, and identify best practices
- ❖ Multiple chronic conditions are occurring with dementia cases; there tends to be fragmented care
  - Make sure that this doesn't occur, and minimize this as much as we can

**Jacqui Vok Remarks:**

- ❖ Director of Dementia Services and Brain Health - Maryland Department of Health
- ❖ Moving forward with grant; started 9/30
- ❖ Working closely with Mark and Liz in order to get started and move forward on projects

**New Business:**

- ❖ Future dates for 2024 meetings have been tentatively set for February 7, April 24, June 5, September 18, and November 6.
- ❖ Dr. Rose Li invited public participants to introduce themselves
  - Emily Kearns - Coordinator for Dementia Friendly Baltimore County
  - Lynn Phan - Alzheimer's Association Advocacy Manager
    - Many advocates speak about difficulty of Senior Care Waitlist

**Adjournment**