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AGING

Longevity Ready Maryland

Preparing for the state's future population

By Margit B. Weisgal, Contributing Writer



Just over a year ago, Maryland's newly elected governor appointed Carmel Roques as the state's Secretary of Aging. Roque's background and the various jobs she's had has led her to this position at the right time.

Half of 5-year-olds in America today can expect to live to 100 years old.

— Stanford Center on Longevity

Roques has spent a majority of her professional life figuring out how to improve the lives of older adults as they navigate the aging process. Most recently, she spent 10 years as the Chief Executive Office of Keswick Multi-Care Center, a 138-year-old not-for-profit community health care provider, by expanding its offerings to include Keswick's Wise & Well Center for Healthy Living, designed as a place for people ages 50 and up to pursue their health and well-being goals. She also partnered with Maryland's Department of Aging to implement Community for

Life (CFL), a program to help older adults age in place.

Thus, when she accepted Governor Wes Moore's invitation to head up the Maryland Department of Aging (www.aging.maryland.gov), she already had a vision of what Maryland needed. "It's hard to imagine," says Roques, "but by 2034, adults over the age of 65 are expected to outnumber children under 18 for the first time in U.S. history. That's why Longevity Ready Maryland, our program to address this demographic, was created."

On January 3, 2024, Governor Moore signed an executive order establishing the Longevity Ready Maryland (LRM) Initiative, directing the MDoA to prioritize the well-being of the state's expanding and diverse 60+ year old population.

Admittedly, Maryland is not alone in recognizing this growth spurt. According

to William J. Kole, author of *The Big 100: The New World of Super-Aging*, "Brace for a tectonic shift in Earth's demographics over the next few decades. More of us than ever before in human history are achieving the exceptional age of 100, 105, 110, or even older."

Kole then cites a little-noticed United Nations report: "All societies in the world are in the midst of this longevity revolution."

So, Roques is well-positioned to prepare Maryland for this unexpected population segment. "Professionally, this was the best next step for me to take. I recognized what was coming, so I've been thinking of ways we could assist people as early as possible for their longevity needs. When I broached this idea with the governor, he was all in. It had to be a plan that could adapt, that was flexible enough to address what

is happening right now, and then have strategies for what will occur 10 years from now.

“We recognize that LRM will be our roadmap. It may be under the aegis of MDoA, but it will involve other agencies, the public and private sectors, and anyone else we can involve to prepare for the challenges and opportunities we are facing.

“We also need to accept that this is far from a homogenous group. Saying this demographic is over 60 is about the only thing they share in common. Disparities in life expectancy from one part of Maryland to another already exist and different jurisdictions throughout the state are already overwhelmed.

“We need multisector planning for aging (MPA), recognizing that soon 25-35 percent of our population will be over 65. It’s already true in parts of Maryland,” Roques explains. “We’re examining and analyzing different funding sources, services and organizational

models because, at this point, we’re not set up for a rapidly aging population that will live to be 100.”

MPA is a 10+ year blueprint for restructuring state and local policies and convening a wide range of cross-sector stakeholders to collaboratively address the needs of older-adult populations. Visit Multisector Plan for Aging (<https://multisectorplanforaging.org/>) to learn more.

“One thing we’re very specifically trying to do is to expand the narrative about older people in the state. The current view of older people is that they are frail, a drag, a burden, and at the magical age of 65 a person shuts down. And, if not already demented, they will be any second now. There’s much more to that story,” Roques says. “Yes, there are people who are old at that age, but as many or more are still charging forward, still working, still actively involved. Our models don’t account for longer lives, so everything has to be updated

to reflect today’s realities. One of those realities is the forgotten middle, that vast and growing population who can’t afford longer life. Our statutory mandate is to advocate for older people. This segment must be included.

“It comes down to this. The issues we need to address include housing, financial planning and employment,” Roques clarifies. “We have to start early on, thinking about enabling more people to be financially secure, healthy, socially connected and purposeful. These are the key domains around which our plan will be designed. Few people have planned for this part of their lives to last 30 or 40 years or more. They don’t have the wherewithal to fund that. Existing models are based on shorter life spans.”

From there, Roques is looking at an 18-to-24-month process to include specific details and then to prioritize the order as it is implemented. To stay updated, visit the Longevity Ready Maryland Initiative website: <https://aging.maryland.gov/Pages/LRM.aspx>.

The MDoA is doing great things to improve our lives.

But Wait ... There’s More!

In addition to helping the MDoA address the new realities of living longer, Roques is still overseeing existing programs. Working in tandem with the statewide network of 19 Area Agencies on Aging, there are lots of programs to assist older Marylanders with services and information. Visit <https://aging.maryland.gov> and click on Programs and Services. This is just a sampling of what the MDOA can help with. There are lots more.

Elder Abuse Prevention: Educates older adults and their caregivers about the various forms of abuse, how to prevent abuse, and what to do if someone becomes a victim of a crime.

Elder Financial Exploitation: Provides

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information about the financial exploitation of older and vulnerable adults, including how to educate seniors and caregivers about financial abuse prevention.

Elder Scams and Fraud Prevention: Learn the top scams targeting older adults, how to prevent scams and fraud, know the signs and risk factors, and how to report scams and fraud.

Maryland Durable Medical Equipment Reuse Program (DME): Provides free durable medical equipment to Marylanders of all ages and abilities. Donations are accepted. All equipment is sanitized, repaired and re-distributed with the highest standards with regards to safety.

Maryland Senior Call Check Program (SCC): Receive a daily automated call to verify your well-being, at a time scheduled at your convenience. Registration is free to Maryland residents 65 years of age and older.

Nutrition and Meal Services: Provides home delivered meals, meals in community settings and nutritional counseling for older adults.

Senior Center Services: Community hubs (in-person and virtual) for gathering, exercise, nutrition, games, hobbies, health promotion activities, education, and Medicare counseling, providing a vital link for older adults to take charge of their health and stay involved in their communities.

Telecommunications and Socialization Resources: Get connected to the community virtually with resources to help access and use the internet, programs and resources to socially engage and reduce social isolation and platforms to manage mental and behavioral health through telehealth usage.

Continuing Care Retirement Communities (CCRC): The Department regulates CCRCs, which offer older adults various levels of housing and care without leaving the community campus as health needs change over time.

National Family Caregiver Support Program: Information, referral, counseling and respite services for caregivers of older adults and grandparents raising grandchildren.

Senior Care Services: Provides coordinated, community-based, in-home services, equipment, and medical supplies to maintain independent community living for those who meet the eligibility criteria.

State Ombudsman Program: Friendly visits and advocacy from trained staff and volunteers to promote quality care and protect the rights of residents living in nursing homes and assisted living facilities.

Substance use disorder,
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and going to the emergency department.

In the general population, most of the older adults are retired and not always familiar or savvy about addictions. They are taking the medications for whatever the primary reason was – pain or recovery – something like that. The doctor continues to prescribe the medicine, so they become dependent on it.

One other problem: We used to have pharmacists to whom we sent all our prescriptions. They would alert you if there was a contraindication or an issue with a particular drug. Today, we may use several doctors and several pharmacies. There is no medical gatekeeper watching out for us, one person who has the big picture regarding our health.

“Someone should be aware of what is going on,” Wang observes. “In general, older adults are more susceptible to certain medications. Prescriptions have a far more significant impact with age. And if an individual combines alcohol with benzodiazepines it could cause amnesia, confusion, or cognitive impairment.

“For patients in treatment due to chronic pain, the first step we take is to get them moving, the best treatment for pain, and to start physical therapy. If they come to a Caron Treatment Center, they are in a new place, so they can’t lay on the couch all day. They are enrolled in programs and learn healthy coping skills; they also learn to deal with the emotional issues that contribute to addiction, such as end-of-life problems, loneliness, and how to address them. When they are here in a treatment program, they are far less isolated, another cause of the dependency.”

Wang adds, “The only legitimate reason for long term prescription use is cancer related. People should not be on opiates for other conditions. There are better, more sustainable means of managing pain. When they leave Caron, they have better function and quality of life.”

Treating SUD

The Older Adult treatment program available at two of the Caron Treatment Centers is rare. It has Older Adult programs at its location in Wernersville, Pennsylvania, close to the border with Maryland, and in Del Ray, Florida. There are a few other programs around the country, but they are hard to find.

Caron’s program is six weeks long, a grain of sand compared to the time it took

to develop SUD, especially when the person has been suffering for years. And just as your body doesn’t heal as well as it did when you were younger, it takes longer to get the substance out of your system. The other advantage to Caron is this group has its own unit, not mixed in with other people in recovery. Even though it’s a small group, they can relate to, and spend time with, each other. Wang says they come to life, bonding over shared experiences. They really like it.

“There are four stages to treatment,” Wang describes. “First is the recognition of the problem. Most don’t want to admit they have an addiction. Second, getting them into treatment. This is often a months-long, tedious process. A majority don’t make it through this stage. Third is the actual treatment, and fourth, aftercare and maintenance. Many patients join 12-step meetings if appropriate.”

Pay Attention

Given the staggering numbers of older adults with SUD, families and friends need to be more observant on how they are doing. After retirement, that loss of social interactions is devastating. At least when they were working, they were around people.

Some are aware of what they are struggling with, but they need a facilitator, an expert, to move forward. SUD increased during the pandemic, much of it attributable to loss of socialization, depression, anxiety and death. Wang also saw a lot of relapses.

With age, we lose our friends and colleagues, we lose some mobility, we have to work harder at forming friendships and to participate in activities. There is so much available through state and local programs. So, whether you are the “older adult” or the friend or the family member, pay attention to what’s going on with those around you. Ask how they are doing and talk about how you’re doing. Most important: If you need help, ask for it. To quote the song, “We all need somebody to lean on.”

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat at 988lifeline.org. To learn how to get support for mental health, drug or alcohol issues, visit FindSupport.gov. If you are ready to locate a treatment facility or provider, you can go directly to FindTreatment.gov or call 800-662-HELP (4357).