

MARYLAND COMMISSION ON AGING
videoconference
APRIL 21, 2021 • 10 – 12 PM
MEETING MINUTES

Members Present:

Rose Maria Li, Chair; ; John Haaga; Joy Hatchette; Hon. Benjamin Kramer; Barry Liden; Jay Magaziner; George Rebok; Carmel Roques; David Roth; Sharon Saunders; Hon. Kathy Szeliga; Allen Tien

Members Absent: Paula Blackwell

Department of Aging Staff:

Rona E. Kramer--Secretary of the Maryland Department of Aging (MDoA)
Rosanne B. Hanratty--Staff to the Commission, MDoA

Presenters:

Nancy Latham--Brigham and Women's Hospital, Harvard Medical School
Denise Orwig--Division of Gerontology, Department of Epidemiology and Public Health, University of Maryland School of Medicine
Diane Ty--Milken Institute Center for the Future of Aging

Others:

Eric Colchamiro--Director, Government Affairs, Alzheimer's Association, Greater Maryland Chapter
Derek Smith, Rose Li and Associates, Inc.

Greetings and Welcome:

Dr. Li greeted Commissioners, presenters and guests.

Minutes:

The minutes from the February 21, 2021 videoconference meeting of the Commission on Aging were approved without changes.

Secretary's Remarks: Rona E. Kramer, Secretary of the Maryland Department of Aging (MDoA)

Secretary Kramer informed the Commission that during the 2021 session of the Maryland General Assembly, the proposed budget for the MDoA Durable Medical Equipment (DME) program had been cut by \$250,000; and that the proposed budget for the Community for Life (CFL) program had been cut in half--despite favorable testimony from providers and individual Commissioners.

She observed that it is not always understood that initiatives such as CFL, allow other programs to continue without being inundated by the increasing numbers of Maryland older adults. In

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response to a question from Dr. Magaziner, Secretary Kramer noted that the budget decisions occurred at an especially challenging time for older adults—including present and potential CFL members—who, because of COVID 19 mitigation measures, were hesitant to have third parties, such as handypersons, enter their residences. This may have influenced the uptake of CFL. Mr. Liden suggested an analysis of what might have occurred absent CFL could be useful and that a graduate student might have the skills to perform such a counterfactual analysis.

Delegate Szeliga asked if the cuts to the MDoA budget had been made in conference committee, and said she would have been willing to write in support of CFL and could do so after the fact as well. Secretary Kramer noted the cuts had not gone to conference and Senator Kramer informed the Commission that neither he nor Delegate Szeliga serve on the fiscal committees of Senate or the House respectively. He said seniors are not well represented in terms of lobbying and that legislators perceive there will be few consequences for not prioritizing issues of older adults. Dr. Li observed that lobbying should be done prior to the session for it to be most effective.

Secretary Kramer informed the Commission that as of May 1st some Maryland senior centers have been reopening and that this will continue on a flow basis. Secretary Kramer also informed the Commission that MDoA had received a sizable amount of federal funding under the American Rescue Act and is working with the Maryland Department of Health (MDH) to ensure Maryland's older adults receive a COVID 19 vaccine.

Presentation and Discussion: Diane Ty, Director, Milken Institute Center for the Future of Aging-- Introduction to the Milken Institute Center for the Future of Aging

Ms. Ty described the Milken Institute as a nonprofit, nonpartisan think tank with several centers and practice areas, including the Center for the Future of Aging--recognizing the intersectionality of many specialties and stakeholders. The Center's goal is to raise awareness, develop solutions and facilitate actions to promote healthy longevity and financial wellness through research, convenings, advocacy, and cross-sector partnerships.

Ms. Ty's presentation focused largely on one of the Center's four major 2020-21 initiatives: the development of an Alliance to Improve Dementia Care that includes over sixty organizations across seven key stakeholder groups: Industry, Research, Health Systems, Philanthropy, Government, Community Based Organizations, and Advocacy. The Alliance to Improve Dementia Care's Steering Committee includes AARP, Alzheimer's Association, Bank of America, Humana, and Lilly.

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She gave a brief overview of the Alliance's strategies to accomplish its goals. They are to:

- *Convene diverse organizations*: Partner with leaders from health systems, industry, research, advocacy, philanthropy, and government to advance recommendations to improve brain health and dementia care;
- *Collaborate with federal agencies*: Integrate public and private sector efforts to advance scalable solutions;
- *Identify gaps in care*: Spotlight gaps in training, resources, care delivery, and support services; and
- *Propose policy and systems solutions*: Advance payment and delivery models to align care preferences and incentives. Develop and promote policies that build a dementia capable workforce and system across the care continuum.

Ms. Ty informed the Commission that Milken's 2020-2021 completed and planned roundtables and reports in the dementia care space are:

- *Better Brain Health through Equity Roundtable*: October 2020; Report: March 2021 at: <https://milkeninstitute.org/reports/better-brain-health-equity>
- *Building Workforce Capacity to Improve Dementia Detection & Diagnosis Roundtable*: December 2020; Report: May 2021 at: <https://milkeninstitute.org/reports/building-dementia-workforce-capacity>
- Upcoming Roundtable:
Scaling Collaborative Dementia Care Models Roundtable: June 2021, Report Quarter 3, CY 2021

Future activities include sponsoring roundtables on: *Building Workforce Capacity to Support Dementia Care Post Diagnosis*; *Emerging Technology to Reduce the Cost and Risk of Dementia*; and *Expanding Payment Models for Collaborative Dementia Care*. The Milken Institute's Future of Aging Summit is June 22nd-23rd with long-haul physical and cognitive consequences of COVID 19 a key area of discussion

Ms. Roques noted that legislation had passed in the 2021 session that requires the Maryland Department of Health (MDH) to conduct an educational campaign on dementia. Similarly Ms Roques and Dr. Magaziner observed that under legislation from the 2021 session, MDH and MDoA are charged with developing a five year behavioral health plan for older adults.

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Presentation and Discussion: Denise Orwig, PhD, Division of Gerontology, Department of Epidemiology and Public Health, University of Maryland School of Medicine (UMB); Nancy Latham, PhD, PT, Brigham and Women's Hospital (BWH), Harvard Medical School--Overview of Supporting Older Adults to Counter Isolation with Behavioral Activation Lessons (SOCIAL) Study

Drs. Latham (BWH) and Orwig (UMB) outlined the design for a supplement to the SOCIAL study: *Supporting Older Adults in COVID 19 Isolation with Behavioral Activation*, for which they are the co-Principal Investigators.

They noted that prior to the COVID 19 pandemic, loneliness and social isolation among older adults had already been identified as significant public health problems. A February 2020 report from the National Academies of Sciences, Engineering, and Medicine (NASEM) stated that 43% of older adults were lonely (i.e., experiencing a subjective feeling of isolation) and 25% were socially isolated (i.e., experiencing an objective lack of social connections and relationships). Similarly, Holt-Lumstad, et.al, (2015) reporting on a rigorous meta-analysis (n=2.3 million participants) on the impact of loneliness and social isolation in older adults, found a 26% increased likelihood of death from reported loneliness.

Preliminary evidence of the impact of COVID 19 restrictions shows a negative impact on older adults, for example, in California, more than half of community dwelling older adults reported a significant increase in loneliness (Katual, et al., 2020). The reported impact was physical as well. For example in the Netherlands, a longitudinal cohort study (n=1150) found that approximately 50% of people registered a decrease in physical activity compared to their usual levels, as well as an increase in disordered eating. Moving forward, it may be difficult to restore healthful activity because it is harder to get people to restart physical activity and exercise or modify disordered eating once it has started.

The project's goal is to assess whether the Behavioral Activation approach may be effective during the pandemic, specifically with regard to reducing physical deconditioning and increasing healthy eating. The Brief Behavioral Activation approach has been previously found to be effective in reducing loneliness and social isolation in homebound older adults when delivered using telehealth by trained volunteers--with a significantly greater reduction in loneliness and social isolation compared to people receiving only friendly phone calls.

A field test of fifty at-risk older adults (aged 75 and older) will be conducted--25 will be recruited from primary care practices in Boston and 25 from assisted living facilities in Baltimore. Change in daily steps walked and sedentary time from baseline will be measured by the use of a wearable system. In addition, changes over time in self-reported loneliness, social

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isolation, depression, anxiety, functioning, disability, and nutritional intake will be explored, as will the feasibility and acceptability of the intervention.

Drs. Latham and Orwig gave a detailed overview of the Behavioral Activation methodology and rationale for use as an intervention to address social isolation through engagement in activities and subjective experiences of increased connection, mood, and perceived strength. The implementation will be fully remote (e.g. using Zoom, FaceTime) over four months and conducted by a trained coach. An independent safety monitor will be used during the life of the study in order to review adverse events, if any. While there have been delays in recruitment for the study because of the focus on vaccination at recruitment sites, a final report is expected in December.

Ms. Roques complimented the team on the use of lay coaches and asked why the age 75+ cohort had been chosen. Dr. Orwig explained that COVID mitigations, including stay-at-home orders and individuals' choices to limit their exposure by self-isolating, are expected to impact the "older- and oldest-old" more than the "younger old" (aged 65-75). Ms. Roques observed that the older cohorts would be expected to have a higher incidence of people with cognitive issues. Dr. Orwig explained that the project is a feasibility study and that the design may be modified in the future to more specifically address inclusion of participants with cognitive impairments. Dr. Haaga inquired about the participation of those with hearing impairments. Dr. Latham said that all materials are available in writing ahead of sessions. Dr. Haaga also noted that group participation in programs such as diabetes self-management is effective in addressing social isolation. Dr. Latham agreed but noted that the study design was developed to address the impact of the pandemic specifically, which largely excluded the availability of in-person group participation.

Secretary Kramer noted that MDoA has a federal grant designed to address social isolation through the distribution of pre-loaded tablets, as well as other programs that have an effect of possible decreasing social isolation and suggested that she would welcome further conversation with the SOCIAL study team.

Public Comment: Mr. Colchamiro summarized several pieces of legislation passed during the 2021 session with impact on older adults, including dementia training for home care providers, a public education campaign regarding dementia, and encouraging revisions to state regulations governing long term care facilities.

Adjournment: The meeting was adjourned at 12:10 pm.
Minutes prepared by Rosanne B. Hanratty