

Maryland Commission on Aging
Maryland Department of Aging
301 West Preston Street Suite 1007, Baltimore, MD 21201
June 10, 2015
Minutes

Members Present: Stuart Rosenthal--Chair, Sharonlee Vogel--Vice-Chair, W. Lee Hammond, Hon. Jordan Harding, Maria Jimenez, Rose Maria Li, Louise Lynch, Michael McPherson

Members Absent: Sandie Callis, Hon. Barbara Frush, Chandhok (Jesse) Singh

Staff Present: Deputy Secretary of Aging Stephanie Hull, Rosanne B. Hanratty

Greetings and Opening Remarks: Mr. Rosenthal greeted members and staff and explained that Deputy Secretary Hull was representing Secretary of Aging Rona E. Kramer.

Mr. Rosenthal re-described the discussion of Continuing Care Retirement (CCRCs) at the May 2015 Commission meeting, Ms. Vogel, speaking as an individual, had written the Howard County State legislative delegation requesting review of the statutory provisions governing CCRCs in Maryland.

Deputy Secretary Hull discussed the modified area plan development process that was implemented in the spring of 2015. She stated she found the commitment to clients and work demonstrated by the Area Agency on Aging (AAA) directors during the area plan work to be exemplary. The Maryland Department and AAAs will engage in a similar process to develop the 2016 area plans.

Mr. Rosenthal clarified that there would not be a September 9, 2015 Commission meeting because of the September 24, 2015 joint training for state and local commissions and Ms. Hanratty said she would ensure that the meeting dates listed on the Commission's website were correct.

Minutes: The minutes of the May 13, 2015 meeting were adopted with changes.

Joint Training for State and Local Commissions on Aging: Mr. Rosenthal thanked Mr. Hammond for securing a speaker from AARP for the training and the Department for providing funding for the training through Maryland Access Point grant.

Presentation on the Health Needs of Maryland Latino Residents: Ms. Jimenez provided an overview of the challenges faced by Latino residents of Maryland in meeting their health needs and described her participation in programs designed to address such challenges, such as serving on the board of the Latino Health Initiative in Montgomery County.

She said that the challenges faced by Latino residents may contribute to health disparities—or differences in health outcomes—compared to other population groups. She stated that the challenges include: language; socioeconomic barriers; lack of, or insufficient, health insurance which may be exacerbated by working for small employers exempt from some provisions of the Affordable Care Act; hesitancy to interact with health care or other public systems by some residents who may come from areas of unrest in Latin America; and immigration status. These factors may also contribute to skewed or incomplete data about the health of Latinos. She also said that terminology and groupings created for one purpose—such as the classification of “Hispanic” for use in the US census—may mask the diversity of populations that are grouped under that classification.

With regard to the needs of older adults, Ms. Jimenez pointed out that the Latino population is younger on average than the population as a whole but that the needs of older Latinos will increasingly have to be addressed as the population ages. Ms. Jimenez noted that health status may deteriorate with acculturation because of adoption of less healthful lifestyle and dietary practices and lack of social support systems to reinforce positive health practices.

She said that improvement of encounters between people and the health care system is key to meeting the needs of Latinos. Improvements may include enhancing cultural appropriateness of services and cultural awareness of providers. In addition, Ms. Jimenez stated, a number of Latino immigrants have earned medical degrees or received other medical training in their countries of origin. However, their licenses and educational preparation may not be easily transferrable, precluding them from practicing in the US. Ms. Jimenez cited the *Welcome Back Center of Suburban Maryland* as an example of an effort to help immigrants fulfill the requirements and return to the medical workforce.

During the discussion of Ms. Jimenez’s presentation, commissioners noted the widespread ethnic, linguistic and socioeconomic diversity throughout the state. Deputy Secretary Hull noted that AAAs have developed various strategies for ensuring materials and services are appropriate, such as translation of print materials and hiring multilingual staff.

Presentation on National Institute of Aging Intramural and Extramural Research: Ms. Li provided an overview of the research of the National Institute of Aging (NIA), which is one of 47 institutes of the National Institutes of Health (NIH). She noted that the NIH has an annual budget of approximately \$30 billion of which approximately \$1 billion is budgeted for the NIA.

Ms. Li said that approximately 80% of NIA research is extramural with the balance being intramural. It is not the only component of NIH or the Department of Health and Human Services focusing on individual and population aging. For example the Administration on Aging, now part of the Administration on Community Living focuses largely on services and the Centers for Disease Control and Detection focus on monitoring including monitoring of diseases affecting older adults. In contrast to many of the other institutes of the NIH, the NIA focuses not on one disease or group of diseases, but on the process of aging—conceived as developments over the life course.

Ms. Li summarized the goals and results of numerous research projects. She identified several trends including a focus on how populations change over time beyond just increases or decreases in life expectancy. She said that there has been a shift from only studying disease-specific etiology and interventions to generic treatment of symptoms. Addressing the symptoms and developing meaningful interventions to decrease the effect of functional limitations may prove more important to improving a person's quality of life than disease-specific treatments.

She stated that a multidisciplinary approach to research on aging is essential. This includes identifying researchers and research that are able to bridge the social/behavioral and genetic aspects of aging. There is an increased focus on identifying and encouraging healthful practices that can maintain enhanced functioning. This is accompanied by a need for research to identify why people may not engage in healthful behaviors. The field of behavioral economics may prove helpful in such research efforts and development of meaningful interventions. Ms. Li noted that it is not only the behavior of the aging adult that must be addressed. For example she cited the necessity of addressing the behavior of health care providers. This may often be done through relatively simple interventions such as mounting posters encouraging judicious antibiotic prescription practices in treatment areas.

Ms. Li said that data are increasingly indicating that early environmental influences have a significant impact on skill development and later behavior and functioning. In addition there is increasing evidence that genetic expression may be altered by environmental and other effects. She stated that there is strong evidence that maintaining social engagement is important for healthful aging. For example, data indicate that cognitive decline may be correlated with early exit from the workforce. She also cited the benefit of utilizing public use data sets to identify trends and develop hypotheses for further study and the potential fruitfulness of examination of "big data" to enhance knowledge of developments over the life course.

In addition, she cautioned that aging is not a uniform process over age cohorts nor other groupings such as those based on ethnicity, culture and socioeconomics. This lack of uniformity presents significant challenges for the US because of the diversity of its population. Thus, research findings from countries with more culturally uniform populations or with greater social controls may have limited applicability for policymakers, health and other service providers in the US.

Adjournment: After Mr. Rosenthal and other meeting attendees thanked Ms. Jimenez and Ms. Li for their presentations, the meeting was adjourned at noon.

Minutes submitted by Rosanne B. Hanratty