

## FOCUS ON Health Care

# Maryland needs to approach a holistic view to senior health

By **TIM CURTIS**

TCurtis@TheDailyRecord.com

Caring for Maryland's aging population will require more than hospitals and acute treatment centers as advocates call for a holistic approach to treating their health care needs.

As this population grows to become a more significant portion of the people living in Maryland, the resources available to help them will likely not be adequate.

"Most Marylanders don't have the resources they need to age well," said Carmel Roques, president and CEO of Keswick. "We know that our numbers are growing rapidly in Maryland and we know that funding for any kind of services for older Americans from the federal level is dropping or is flat-funded."

### The graying of Maryland

The state of Maryland projects that by 2030, one-in-four Marylanders will be over the age of 60. People between the ages of 80 and 84 are the state's fastest growing segment of the population.

As these numbers grow, paying for their health care could become complicated.

Roques, who also serves on Maryland's Commission on Aging, breaks the aging population into three tiers: a group that can afford all of their future care, whether it is continuing care or retirement communities; a group with little money saved and not much coming from social security or pensions; and a group that qualifies for funding and programs for the most vulnerable.



Carmel Roques, pictured outside of Keswick Multicare Center.

MAXIMILIAN FRANZ/FILE PHOTO

The middle group will be expanding most rapidly, she said.

"This coming cohort of older Americans don't have the kinds of resources they actually need to cover what their basic care needs are going to be, let alone anything catastrophic," Roques said. "It's not a happy picture."

### Home and healthy

Maryland is set up well to deal with acute health issues. Baltimore has some of the best hospitals in the country.

But keeping seniors out of the hospital could be more significant than what happens when they have to go to the hospital, Roques said.

"It's not lack of the most sophisticated medical care that's available," she said. "It doesn't matter that when you get into a hospital or you need complex medical care, it's here."

The problem comes when a patient gets home and do not know how to follow a new diet, or cannot get to the grocery store. These are the issues many seniors will face when it comes to their medical care.

These issues, sometimes called social determinants of health, will play a bigger role as the aging population not only grows but lives longer and lives at home longer. Factors like housing, transportation and social engagement could play as much a role in seniors' health care future as the number of doctors or physical capacity of the hospitals.

Transportation can be not just about getting to the grocery store, but getting to doctors' appointments, the pharmacy and social events that keep seniors mentally healthy.

As people age, they also need appropriate housing. Too many stairs or fall risks can be a complicating health factor.

"Physical environment, if it's not age-friendly, can lead to a lot of injuries, injuries like falls," Roques said. "A hip fracture can really be the thing that means you can't go back to your home."

The external physical environment is important too. There should be places to safely walk and avoid social isolation. Social isolation can have as significant an impact on health as smoking does, Roques said.

AARP of Maryland has also pushed for communities to focus on how they are designed for an aging population.

"What makes an age-friendly community and an age-friendly state is we optimize opportunities for health," said Hank Greenberg, AARP's state director for Maryland.

Greenberg believes the state should take a comprehensive look at how com-

munities are preparing for a graying population.

"We do a census every year to determine who we are," he said. "What we need is a comprehensive holistic review to determine what are the total needs of the population as we age."

### Md.'s health care system

Just as much of a factor will be preventative health. Many people, as they reach age 65, tend to have anywhere between two and five chronic illnesses.

Chronic illnesses affecting this population include chronic obstructive pulmonary disease, congestive heart failure and diabetes.

"If we could do better at managing and controlling them, we could dramatically impact the cost of care of older adults," Roques said.

Maryland's unique all-payer hospital system could give the state a leg up in working on this preventative care. Hospitals are incentivized to find ways to keep people out of the hospital, and the next iteration of the federal waiver will include more focus on primary care.

That means there is an increased focus on chronic disease management and prevention.

"I do think because of the waiver and because of the emphasis now on what happens after you leave the hospital, there's just been more thinking about it going on and more experimenting," Roques said. "The state actually is wanting providers to try innovative things and trying to make sure there is going to be funding streams for that."

But beyond the investments in transportation, adequate housing and other social determinants of health, finding and training more home health aids could be critically important as well.

"There's clearly a shortage of home health and personal care aides," Greenberg said.

AARP's long-term care scorecard has found that there are about 14 home health aids for every 100 adults with an active daily living disability. That ranks 37th among the states.

But allowing more people to get care at home rather than in a nursing home setting could be more expensive. It costs about half as much to get the same level of care at home as it does in a nursing home, Greenberg said.

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