Commission on Aging – Diversity Panel Report
Introduction

The Commission on Aging (COA) had experienced increased awareness of the concerns and issues of the older adult populations from diverse communities in the County over the last several years. Commissioners have gained this knowledge through various inputs including COA public forums, the Senior Summit, 2015 Age-Friendly focus groups, and surveys. The Commission formed a planning group to conduct a Commission meeting with experts from diverse communities to further explore the challenges/issues that this population of residents are experiencing. The meeting took place on June 28, 2018.

The planning group first examined the national literature and several academic and lay articles on diverse older populations, as well as the previous work the Commission and County had done related to diverse populations. The group learned from this review that Montgomery County, although not unique in its growing diverse older population, is on the forefront of this growth. The articles noted that this presents many opportunities for learning for local municipalities, such as communicating in different languages, understanding different cultural views about aging, and learning how to transform existing services to appeal to a more diverse community.

The planning group identified two main goals for COA’s meeting on diversity: (1) to learn from representatives from diverse communities about the major issues/challenges facing older adults from their communities; (2) to invite leaders from successful diverse community groups representing older adults and their families to share their experiences and lessons learned. Based on what is learned from these experts, recommendations would be developed for Commission consideration.

Based on the above stated goals of the June 28th program, the planning group designed the program to: include representatives from selected diverse communities, a format that would include a facilitation discussion based on pre-developed questions that would provide information on the major challenges/issues facing the older adults in these communities, and identify experiences and lessons learned from successful diverse community groups.

The planning group identified five communities that have large or growing older adult populations in the County. These communities are the Vietnamese, Korean, Ethiopian, Salvadoran, and African-American communities. The planning group decided to focus on these groups because of their growing older adult population and the potential for the County to serve these communities more effectively. A more complete overview of Montgomery County’s demographics is available in Appendix B.

Representatives from each of these diverse communities were selected as panelists based on their knowledge of older adult issues in their community. The representatives were: Amoke Alakoye (African-American Community), Dr. Anna Maria Izquierdo Porrera (Salvadoran Community), Ms. Rebecca Martin (Ethiopian Community), Jessica Sol (Korean Community), and Tho Tran (Vietnamese Community). Complete biographies for the speakers are in Appendix D.
The questions that the planning group developed were based partially on the focus groups questions from 2015 and partially on what the County’s Aging and Disability Services has accomplished since 2015. The questions fell within the topics of Housing, Transportation, Social Isolation, Communications, and Elder Abuse/Neglect. Due to time constraints of the panel session, each participant was asked to prioritize each set of questions for community relevance. We also asked each panelist to identify any unidentified issue for their community. A complete list of the questions is in Appendix E.

**Current State of Diverse Communities and Aging Services**

Montgomery County, Maryland’s population is 1,058,810 (US Census, 2016), which is about a 9 percent growth rate since 2010. The 60 and older population represents about 20 percent of the total population (201,749). By 2040, this number is expected to grow to 315,000 adults 60 and over (53% growth rate). The County is also experiencing growth in its minority communities. Montgomery County is a majority-minority county, which means that the county has more racial and ethnic minorities than Non-Hispanic Whites. While, the County’s older population will not transition to being majority-minority until around 2027, there are large racial and ethnic older adult minority populations in the County. Approximately, 14 percent of the 60 and older population is Asian, 13 percent of the 60 and older population is Black or African-American, and 8 percent of the 60 and older population identifies as Hispanic or Latino.

The County’s Aging and Disability Services in the Department of Health and Human Services, has done outreach to ethnic and racial communities through its work in transportation, health and wellness, village coordination, caregiver supports, and senior nutrition programming. These programs have reached out to the County’s ethnic and racial communities by doing outreach events with the communities, printing program information in the seven most widely spoken languages in the County and working with Health and Human Services Minority Health Programs and Initiatives to reach diverse communities. The Mobility and Transportation manager has targeted the African-American population in the under-served area of East County and faith communities that connect with other under-served immigrant communities. Extensive outreach has been done within the County’s Health and Wellness programming to the Hispanic community about Diabetes Education and Prevention and falls prevention classes with the Asian-American Health Initiative and the African-American Health Program. The Village Coordinator has worked with several minority ethnic communities including the American Muslim Senior Center and the National Hispanic Council on Aging to establish villages in these communities. The County’s Caregiving Coordination program has worked extensively with the American Muslim Senior Society of Montgomery County to implement caregiver resources and supports. The County’s Senior Nutrition program works extensively with Chinese, Korean, and Vietnamese contractors to support congregate lunch programs that encourage socialization, physical and mental activities, and lunch. A complete presentation on the County’s work to advance its work in diverse communities in Aging and Disability Services and with other County government services is in Appendix F.
COA June 28th Program Welcome Remarks

Isabelle Schoenfeld, Chair, Commission on Aging said the overall objective of the Program was to learn from Montgomery County Older Adults from Diverse communities about issues and challenges they face as they are aging in Montgomery County.

She cited an AARP website document titled “The Administration on Aging’s Toolkit for Serving Diverse Communities.” The purpose of the toolkit is to help agencies and their partners to start a conversation on how to provide better services for diverse communities. She quoted/paraphrased some of what is stated in the document:

“So often, we unwittingly use our own culture and values as a measuring stick to determine how and why we treat people the way we do. We frequently forget to ask ourselves, “How does this person want to be treated, not based on my values and culture, but theirs?” Or, “Do I even know their culture and values well enough to know if I’m treating them with respect?”

These questions, which are the basis of ethical human interaction, are also at the core of providing quality service. As the County continues to meet the needs and expectations of increasingly culturally and ethnically varied populations, a better understanding of cultural differences and their relationship to the hallmarks of quality service—respect, inclusiveness, and sensitivity—becomes essential.

Isabelle acknowledged that both the County and the Commission have undertaken a number of activities over the years to seek an understanding of the needs and issues of older adults and their families from diverse communities. And, a number of actions have been implemented to address the identified issues. (see Appendix A for a chronology of past efforts). However, she indicated that there was recognition that more remains to be done. The Commission designed this program (with the assistance of the Office of Community Partnerships) to learn about and fully appreciate the issues and needs of older adults from culturally and ethnically varied communities in the County related to specific aspects of life in the County. She further stated that the Commission wanted this to be a learning session to identify possible next steps that the Commission and County departments might take to address the identified issues.

Isabelle concluded her remarks by thanking the panelists for their participation: Bruce Adams, Director, Office of Community Partnerships for being an active partner in developing the program and for his willingness to serve as facilitator; Commissioner Revathi Vikram, who led the program planning team and with Erin Smith’s valuable assistance, carried out numerous tasks to make this program happen. She thanked the other team members for their various helpful contributions: Amoke Alakoye, Stephanie Edelstein, Pazit Aviv, Karen Maricheau, Tho Tran, Mayra Bayonet, Austin Heyman and Odile Brunetto. She also expressed appreciation to Dr. Jay Kenney, Director of the Aging and Disabilities Unit/HHS and Dr. Erin
Smith, Data and Program Manager, Area Agency of Aging for their presentations and to all the Commissioners for acknowledging the importance of conducting a program on this topic.

Panel Discussion Summary

Bruce Adams, Director of Montgomery County’s Office of Community Partnerships, facilitated the panel. As noted above not every panelist had the opportunity to answer all questions about each area due to time constraints. Mr. Adams asked the questions and facilitated the discussion. Below is a summary in outline format of the panelists’ responses.

Health and Wellness

Questions:

1. What are the issues the seniors in your community face with regard to health and wellness?
2. What services/supports would help family caregivers in your community?
3. What can the County government and the greater community learn from your community concerning seniors’ health and wellness, for example, successful approaches to family caregiving or staying fit in later life?

Responses:

African-American

• Many older African-Americans have limited finances and as a result have limited options for healthcare. Most older African-Americans qualify for Medicare and thus are eligible for Medicare Part A but few have secondary insurance from previous employment, so many older African-Americans need secondary insurance coverage. The problem is that some older African-Americans in our community cannot afford the secondary insurance coverage but earn too much to qualify for Medigap or Medicaid coverage. As a result, this places a financial burden on the individuals and their families.

• Respite services are a significant need for older African-American community members because they usually serve as family caregivers.

• Villages could be a solution for providing health and wellness for the African-American community.

Salvadoran

• Lack of insurance and eligibility for Medicare/Medicaid is a significant problem among older Salvadoran community members. Many older Salvadoran women do not qualify for Medicare because they immigrated later in life and therefore do not
have enough work quarters to qualify for Medicare, and private insurance is often too expensive.

- Understanding medical materials was a major barrier for patients. Many medical concepts are not easy to interpret because a similar concept may not exist in that culture. One example is competency testing, which is often done in English and many older Salvadorans are deemed incompetent because their first language is not English, or their English language comprehension is low.
- Another area of concern is that decisions among older Salvadorans are often not individual, they are family decisions, and the decision is deferred to the male head of household. An example that causes concern is Advance Directives, which may not necessarily represent the will of the patient.

**Ethiopian**

- Trust is a major issue for older Ethiopians within the Ethiopian community and with the broader community. Often adult children have to serve as the conduit to older Ethiopians because of this barrier.
- Many older Ethiopians in Montgomery County do not have Medicare and cannot afford private health insurance.
- Ethiopian doctors within the community provide many services, including senior day programs. The doctors try to provide assistance and free healthcare to older Ethiopians. However, the doctors are unable to take on major health issues because of the lack of insurance.
- It is often very hard for family caregivers because they are unable to do all caregiving tasks, and utilizing respite services or home health care is difficult because of language barriers, cost, and trust issues.

**Transportation**

*Questions:*

1. What transportation options are offered for seniors in your community (for example, public, non-profit, or volunteer programs)?
2. What are the challenges/barriers seniors in your community face in using existing transportation options (for example: cost, not aware, language, inconvenience – proximity to bus stops and pickup times)?

*Responses:*

**Korean**

- Many older Koreans immigrate at an older age. Often many have never driven before immigrating to the United States, this is especially true of older Korean women, many of whom have never driven.

- Language barriers and trust issues often keeps older Koreans from using public transportation or taxis. As a result, there is a dependence on Korean Caregiver Services, family members, and other paid caregivers to provide transportation.
• Many older Koreans do have Medicare and are eligible for limited transportation through Medicare. However, there are some limitations to this because transportation is often restricted to a certain jurisdiction.

**Ethiopian**

• Many older Ethiopians will only take buses known to them (such as the one affiliated with their senior center).
• The Ethiopian Senior Center shuttle bus has limited capacity and has to make multiple trips. If it breaks down there is no service.
• Language also poses a barrier to older Ethiopians.

**Salvadoran**

• Language can be a barrier for older Salvadorans because scheduling is almost always done in English and any changes are always done in English.

**African-American**

• The oldest old African-Americans have the most difficult navigating the transportation system.

**Vietnamese**

• Language barriers pose a difficulty for older Vietnamese adults navigating the transportation system because it is hard to know the route and how much it will cost.
• One solution is volunteers booking Uber or taxis for the older Vietnamese clients. Some volunteers will even drive older Vietnamese people.
• The Vietnamese Senior Organizations often arrange shuttle buses for older Vietnamese people to go to and from Virginia.

**Communications**

**Questions:**
1. How are seniors in your community made aware of County and non-profit resources available to them for example: libraries, social media, email, beauty salons, gyms, faith and community groups, language translators, etc.)? And, what could the County and community non-profits do to help the seniors in your community use these and other resources?

2. What specific methods do the seniors in your community and their families use to inform themselves of County and other resources? (e.g., phone, e-mail, social media, speaking to county liaisons, ethnic/community television, and radio programs)

Responses:

Vietnamese

- Many older Vietnamese will contact VAS (Vietnamese Association of Seniors) after they have heard about their services through friends or family.
- One of the services offered to older Vietnamese through VAS is reading/translating English materials in Vietnamese. Services are also explained.
- There is a need for more Vietnamese translations about Housing and Transportation.

Korean

- Social groups for older Koreans will provide information in Korean, often translating information into Korean.
- Sometimes explanations have to be given verbally as many older Koreans cannot read.
- There is a need for more federal forms (Medicare, Doctor forms, etc) to be translated into Korean.

Ethiopian

- Older Ethiopians learn about opportunities through church, Ethiopian radio programming, and Ethiopian television programming.

Salvadoran

- Many older Salvadorans do not read, and as a result many listen to Radio America or El Sol. Radio America is preferred by the older people.
- One of the ideas that Dr. Izquierdo Porrera has to get information to hard to reach Salvadorans is to work with people who go into homes (e.g. EMS).
- Materials need to be at a third grade level, and often materials are translated but not interpreted correctly.
Older Salvadorans listen more to the radio than watch the TV shows on Montgomery County television.

**African-American**

- Word of mouth is the best way to communicate with older African-Americans.
- African-American men are sometimes reluctant to participate. She reported that once they have participated in an event, they are more likely to go again.

**Communications Issues Across all Groups**

All of the panelists reported the following:

- Grandchildren often inform grandparents of the news using the internet.
- Some older people are starting to use the internet.
- Gilchrist Center can be a major resource for older people with information in seven different languages.

**Translating Materials**

Question: What suits your community better, developing your own resources or having the County translate the resources?

- Ms. Alakoye and Dr. Izquierdo Porrera felt bringing the County and ethnic communities together to work on the materials would be helpful.
- Ms. Martin and Ms. Sol suggested bringing County resources to the communities and letting them translate the materials would be the most beneficial.

**Housing**

**Questions:**

1. What housing challenges do seniors in your community face (for example, availability, affordability, etc.).
2. What housing options would seniors in your community need?

**Responses:**

**Vietnamese**

- Some older Vietnamese live in public or independent housing. Problems for older Vietnamese include increased isolation and lack of transportation.
- Many older Vietnamese are unable to understand community newsletters.
- Older Vietnamese adults are frequently anxious about the cost and whether they will get evicted.
• Many older Vietnamese are only familiar with Section 8 Housing, which she notes is a barrier to housing. Ms. Tran notes that the Section 8 application and reapplication processes are complicated and are required. Some older Vietnamese adults live with relatives and would like to live independently. Many would like to apply for housing rental subsidies and would like more programs that can help them live independently.

Salvadoran

• Older Salvadorans experience many of the same difficulties as older Vietnamese adults.
• Older Salvadoran women tend to live with their families. Older and younger Salvadoran men will rent a room or a couch and will move around often and lack stable housing. They do this to be able to send money back to El Salvador to their families.

Elder Abuse/Neglect

*Questions:*

1. How comfortable are seniors and their families in your community with discussing experiences of physical abuse, neglect, self-neglect, and financial exploitation?
2. What are the barriers that seniors and their families face in resolving these problems?

*Responses:*

African-American

• One way to help mitigate elder abuse, neglect, and exploitation is to go into the home for some other reason and look at the environment in the house.

Salvadoran

• Home visiting programs can help mitigate elder abuse, neglect, and exploitation.

Korean

• Elder abuse is a very taboo subject and shameful. Many older Koreans are not aware of elder abuse and what constitutes abuse. It is especially shameful when the adult child is the perpetrator.
• There is a need to increase public awareness about abuse, neglect, and exploitation.

Vietnamese
• Older Vietnamese adults feel very ashamed about the topic.
• A good relationship with community volunteers is helpful in mitigating the risk of abuse, neglect, and exploitation.
• It is necessary to educate and empower older people, learn what to do, and learn about non-family abuse.

Trust

Question:

1. What can the County do to help you reach the people?

Responses:

• More support from the County is needed.
• The County needs to support ALL of its older people.
• Cultural exchange of the young and the old to help bridge the gap via programs.

Guests: Founders of Older Adults in Diverse Communities Organizations

Mona Negm, American Muslim Senior Society, Reflections

• There is very little information about older Muslim people in Montgomery County.
• There is tremendous diversity among the Montgomery County older adult community.
• Ms. Negm and the group she works with are focusing on how best to coordinate resources. Ms. Negm’s group works with a coalition of service providers that are focused on health and long-term care, caregiving, health and wellness, memory loss, and advanced care.
• Ms. Negm’s group has reached out to Imams who are more connected to older people.
• Ms. Negm’s group has held community forums for isolated older people and others about caregiving, health and wellness, home visits, and information sharing.

Vivien Tsueh, Chinese American Senior Services Association, Reflections

• Ms. Tsueh started Chinese American Senior Services (CASSA) started with 35 participants at one site and has grown to 2,500 at five different senior center sites.
• Many CASSA members were non-English speakers. All volunteers identified one chairperson and one lunch person, which helped the program to grow.
• CASSA members started making friends and becoming a community. They learned about County services, shared information, and became comfortable using public buses.
• CASSA now has ESL classes, citizenship classes, ballroom and Chinese dancing and music.
Recommendations for Considerations

Following the Panel discussion, there was a discussion of suggested recommendations based on what was learned. The following were identified as needs that should be considered for COA advocacy:

- A new Senior Fellow position dedicated to issues among diverse older adults.
- A collaborative coalition of organizations representing older adults in diverse communities should be established.
- Translations of County materials with the involvement of community groups.
- Communication of county programs, services, and supports through Ethnic radio (Radio America) and TV stations.
Appendices

Appendix A – Past County Efforts Synopsis by Austin Heyman

Montgomery County Diversity Background

*Montgomery County for over a decade has sought to exam the issues and needs of our growing diverse senior population. The County has sought to address some of these concerns, however, much remains to be done. Some of the issues raised by the diverse community are identical with the entire community. Below are some notes from these discussions as well as some information on a national level.*

What we learned from the Towson Study on Seniors in Montgomery County

The Towson study completed in 2006 included focus groups with several ethnic groups.

**The Chinese language group identified:**

1) Need for free hospital and medical care with translators
2) More medical coverage for low income elders
3) Senior housing in which language is not a barrier
4) More independent housing so elders do not have to live with their children
5) feeling of isolation not only from both their immediate cultural community, but also the community at-large due to issues of safety, transportation, as well as language barriers
6) confusion about metro vs. ride-on policies and routes
7) culturally competent services and programs (e.g. meals-on-wheels, home health care)

**The Hispanic language group identified:**

1) Problems with paying for medication
2) Lack of health insurance
3) lack of good paying jobs/employment opportunities
4) lack of access to medical specialists
5) importance of maintaining a cultural identify
6) managing the perceived ‘hostile environments’ in which they lived as low-income residents (crimes and gangs)
7) lack of Spanish language materials

**Office of Community Partnerships** met with HHS Aging and Disability to dialogue on senior ethnic issues. (2009)
Reported in Washington Post: At Rockville Senior Center Hispanic, Chinese, Korean and Iranian immigrants participate in a range of activities in their native languages and center is paying for staff to learn foreign languages (2009?)

Commission on Aging Discussion on seniors and diversity 2011

Questions discussed:

1) what is the overall plan for communicating with diverse senior communities?
   There is no overall plan

2) What has been done so far?
   Communication discussed in senior workgroup on outreach
   Vivien Hsueh CASSA major contribution in translating information for Chinese community

3) What are the specific issues you are finding?
   Referred to Towson study; OCP liason to Hispanic community cited language barrier, isolation and lack of transportation; suggested conducting a community meeting in Spanish; connect with the Latino Health Initiative; develop an outreach strategy using non-profit and faith-based network and Spanish language radio.

recent Middle Eastern meeting raised: transportation; senior help line with information on nutrition, transportation, healthcare; basic needs like clothing and shelters for the low income

Lily Qi meeting with Middle Eastern leaders (2011)

needs identified:

1) transportation;
2) healthcare including dental, vision;
3) senior helpline with information on nutrition, transportation, healthcare etc.;
4) access to information and services for seniors with limited English proficiency;
5) basic needs like clothing and shelters for low-income;
6) technology access;

need list of volunteers or organizations that can help translate certain materials
suggest put multilingual materials in existing mailings; invite guest speakers to places of worship

Senior Sub-Cabinet meeting (2012) requested departmental data on needs and services for diverse seniors

Commission on Aging Meeting with South Asian Diversity Panel (2014)
Muslim population relies heavily on family and not seek help due to lack of knowledge how to find resources;

Indian elders supported by church programs but not aware of Commission on Aging or resources

Hindus not aware of resources and do not participate because of their culture or just not interested
should have literature at Temples

Sikh centered around places of worship and county resources not known
transportation a big challenge

suggest mental health experts speak to Asian community but language barriers are a problem

Gaithersburg Up-County Center receives Excellent award for diversity programs (2015)

Senior Summit Focus Groups (2015)

corns:

1) availability of interpreters for County services (311, Fire, police etc.) and foreign language outreach materials, web) including Spanish language materials and Ahmeric translators;

2) availability of culturally competent and sensitive staff at housing facilities and services

3) availability of cultural/Halal meals at Senior facilities and programs.

Diversity National

National Perspectives

1) White House Conference on Aging 2015

Between 1999-2030 older adults of color age 65 and over will increase by 217% compared to 81% for white population.

Challenges

disparities in health care -more likely uninsured and higher risk to disease
more likely victim of violence
differences in acculturation level and cultural beliefs about health
widespread mistrust of medical system
those in lower age jobs-lack of retirement income -i.e. housing cost burden disproportionately high among Asian and Hispanics over 80-more than 1/3 live in other family households leading to increase demand for multigenerational housing and taking advantage of intergenerational engagement.

Caregivers disproportionately minorities -i.e. need for access to affordable housing near clients
and transportation; therefore caregiver quality of life impacts quality of care for older adults

**Diverse Elders Coalition (2016)**

National Asian Pacific Center on Aging  
National Hispanic Council on Aging  
National Indian Council on Aging  
Services and Advocacy for GLBT Elders  
National Indian Council on Aging  
Southeast Asian Resource Action Center  
(4710 comments from 50 states)

1) Culturally and linguistically competent services  
   assistance to read mail, fill out papers, get transportation to appointments  
2) Affordable housing - may encounter unwelcome and hostile environment in senior facilities  
3) Accurate disaggregated data about our communities

**Status of Hispanic Older Adults - Capital Hill Briefing (2016)**

1) unlikely to have retirement savings - need to return to workforce but will need retraining and face ageism.  
2) severe health disparities  
3) severe silent burden of abuse  
4) severe lack of affordable housing  
5) struggle to gain access to programs for food, housing, and health  
6) Hispanic informal caregivers struggle with finding information and support to assist those in caregiving roles  

Austin Heyman  
Senior Fellow, Office of Community Partnerships
DEMOGRAPHICS IN MONTGOMERY COUNTY, MARYLAND – OLDER PEOPLE AND DIVERSITY

Erin Kate Smith, Ph.D.
Aging and Disability Services, Health and Human Services
Montgomery County

THE GROWTH OF THE OLDER POPULATION
SENIOR POPULATION GROWTH IN MONTGOMERY COUNTY WILL BE GREATER THAN THE STATE AS A WHOLE

Between 2015 and 2040, the Montgomery County senior population is projected to grow from 205,841 to 315,666, more than a 53% growth rate. This is a higher growth rate than the overall senior population growth rate in Maryland, which is expected to grow from 1,194,480 to 1,802,830 (50%) over this same timeframe.

OLDER PEOPLE LIVE EVERYWHERE IN THE COUNTY, BUT THERE ARE SOME HOTSPOTS
THE DIVERSITY OF THE OLDER POPULATION IN MONTGOMERY COUNTY

MONTGOMERY COUNTY IS A DIVERSE COUNTY

Demographic Trends in Montgomery County Race and Ethnicity
BY 2040, NEARLY 60% OF 55+ ADULTS WILL BE PART OF A MINORITY GROUP

PLACE OF BIRTH FOR COUNTY RESIDENTS

PLACE OF BIRTH FOR RESIDENTS 25 AND OVER

PLACE OF BIRTH BY AGE GROUP

SOURCE: Census ACS 2009-13
PLACE OF BIRTH FOR ALL COUNTY RESIDENTS

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What is the WHO/AARP Age-Friendly Communities Program?

- A global initiative
- 20+ nations
- 180+ communities in the US
- AARP is the umbrella organization in the US.
- Encourages states, cities, towns and counties to prepare for the rapid aging of the U.S. population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adults.
Background/History

- November 2009 Senior Summit
  - Senior subcabinet
  - 8 work groups
- 2012 Adoption of Commission on Aging Senior Agenda
- 2012 Commission on Aging Summer Study: Approaches for Aging in the Community
- December 2015 Summit on Aging

Summit on Aging
December 3, 2015
Silver Spring Civic Center

- To celebrate accomplishments since 2008
- To review recommendations from focus groups, County-wide survey of seniors, and stakeholders
- To prioritize FY 17 and beyond
- To enroll in AARP’s Age-Friendly Communities
- To enroll in Dementia Friendly America
Age-Friendly Montgomery County

THE VISION

Montgomery County: a wonderfully diverse Community For a Lifetime; where all residents can remain and thrive as they age and be a powerful resource in making our County a better, strange more inclusive community for everyone.

Age-Friendly Communities have "Domains of Livability" improvements that influence the health and quality of life of older adults

- Domain 1: Civic and Social Involvement Planning
- Domain 2: Communication and Outreach
- Domain 3: Employment
- Domain 4: Elder Abuse Prevention
- Domain 5: Health and Wellness
- Domain 6: Home and Community Based Services
- Domain 7: Housing
- Domain 8: Open Spaces and Buildings
- Domain 9: Senior Public Safety
- Domain 10: Transportation and Mobility

Montgomery County has 10 domains
Submitted to AARP
August 2017

Approved
October 2017

Current status:
Ongoing planning and assessment of process and outcomes to date and planning for future years
Appendix D – Panelist Biographies

Ms. Tho Tran is the founder and executive director of Vietnamese American Services (VAS), a non-profit social services and community development agency meeting the needs of the Vietnamese American population. The organization started in 2015 and has helped almost 1,500 individuals with a variety of services, include getting jobs, teaching English, obtaining health care, social benefits and connecting to resources. Trained as a Pharmacist and with a Master’s degree in Public Health, Ms. Tran has 15 years working in the development field with several non-profit organizations. Her strengths are in the areas of capacity building, project/program management, monitoring and evaluation, and business development, both in Vietnam and the U.S. Ms. Tran serves as a member of the Montgomery County Commission on Aging, the Montgomery County Asian Pacific American Advisory Group, and the Montgomery County Asian American Health Initiative Committee.

Jessica Y. Sol, RN, CM/DN

(443) 745 – 0350, ehhsadm@gmail.com

I am a Korean American who grew up in South Korea and immigrated to the United States in the 1980s as an adult. Since then, I started my nursing career as a registered nurse and worked in the following hospitals:

Georgetown University Hospital, Washington, DC, 1994-1996
Sibley Memorial Hospital, Washington, DC, 1996-2004
St. Agnes Hospital, Baltimore, MD, 2004-2011

As a Delegating RN/Case manager for assisted living facilities beginning in 2006, I supervised several assisted living facilities in Howard County (Country Garden, Emmanuel Care Centers 1 and 2, Friendship Assisted Living, Morning Glory Assisted Living).

In 2011, I founded Emmanuel Home Health Services.

While I was working as a nurse, I realized there was a lack of understanding of the health care system among Korean immigrants due to the language barrier and being new to the health care system. However, not much help was available. I spent many hours translating for Korean patients whenever they were admitted to the hospital.

I also have an advanced aged mother who will be 92 years old this year. Like many Korean Americans who are of the 1.5 generation, I was always helping her with all the forms and documentations to apply for any benefits that she is entitled to as well as her friends and church members. I became involved with many social work aspects with Koreans in Maryland.

In mid-2000s, I was contacted by a Korean Assisted Living Facility owner to become a supervising nurse for the facility. That work led me to become a first Korean American Delegating Nurse/ Case manager for assisted living. I realized there were many help needed in our community since there was a growing aging population.
As an example, one day I received a phone call from Howard County that a home health agency was desperately looking for a Korean speaking supervising nurse for their Korean client to communicate with the county health department. I became the supervising nurse overseeing the elderly Korean woman’s care. However, it was difficult to find a caregiver who could communicate and provide culturally sensitive care due to the language barrier and lack of understanding of Korean culture. The client was calling me for every little problem she had. I realized that we needed a caregiver who could understand and speak the same language as the client.

I began to train Korean ladies to become caregivers and founded Emmanuel Home Health Services in 2011 to provide culturally sensitive and language appropriate care to Asian-focused aging population.

REBECCA MARTIN

Profile

I am a Word Bank retiree, an international financial institution that provides financial and technical assistance to developing countries for development programs.

Volunteer at D.R.E.A.M.

Served as a Board Member at the D.R.E.A.M. Ethiopian Consortium (Senior Center) and worked as a Project Manager November 2016 – July 2017. During my service I introduced the senior center to Montgomery County Officials and other centers with similar interests.

As a Board Member I was committed to the following:

- Prepared and attended biweekly Board Meetings.
- Recruited interested Board Members to the organization.
- Helped raise funds to support our work.
- Represented the organization to the public through my professional, personal, and social networks.
- Assisted in the membership and volunteer efforts.
- Provided assistance at scheduled events and activities.
- Accepted my legal and fiduciary responsibility to the Board by staying informed about what is going on in the organization; asking questions and requesting information; participating in and taking responsibility for making decisions on issues, policies, and other board matters.
- Acted in the best interest of D.R.E.A.M. and excused myself from discussions where I have a conflict of interest.

Dr. Izquierdo completed her medical training and geriatric specialty in Spain and subsequently completed her fellowship training in Geriatric Medicine at the University Of Maryland and a residency in Internal Medicine Franklin Square Hospital Center. She then went to serve as the Medical Director for Spanish Catholic Center (a District based CHC) and developed interest and expertise as a QI leader through the implementation of several successful quality initiatives. She also became acquainted with the limitations of practice in a resource constrained environment
and the cultural nuances of practices in multicultural environments. In 2008 she founded Care for Your Health, to improve the care of elders in the community. Care for Your Health has designed multiple programs to reach the underserved in the community and support them as they continue to live in their homes and communities. The Montgomery county side serves mostly immigrants (75% Latino and around 60% of those Salvadorian)

Amoke Alakoye is an applied researcher, active in the field of aging for over 25 years. She earned her first Master's degree in Human Services with the concentration of gerontology. She has over 30 years of experience in the management, delivery, and evaluation of Federal inter-generational human service, and public health programs, and possesses a background in community organization, and health insurance administration. Most of the research projects were while with RTI International (18 years) as a Director of Health Projects. She served as a mentor for the gerontology graduate fellowship program, sponsored by the Department of Labor, and also mentored for the American Society on Aging’s (ASA) Leadership program. In addition to serving as the Chair of the ASA research committee, she served on the Board of Directors.

Presently, Amoke is a Senior Commissioner for the Montgomery County Maryland Commission on Aging. She also directs the English as a Second Language Program for Seniors, at the Rockville Senior Center.

As a resident of Montgomery County for 44 years, she was the primary caregiver for her mother for 29 of those years, in Montgomery County. Both as a caregiver and gerontologist Amoke has interacted with Senior Centers and various Aging support services in the County.
Appendix E – Panelist Questions

Please rank order the list of five topics below in order of importance to your community (1 being most critical and 5 being least critical): Health and Wellness, Transportation, Housing, Elder Abuse and Communications. If there is one other major topic, not listed below, that is relevant for your community, please be prepared to discuss.

1) Health and Wellness
   a. What are the issues the seniors in your community face with regard to health and wellness?
   b. What services/supports would help family caregivers in your community?
   c. What can the County government and the greater community learn from your community concerning seniors’ health and wellness, for example, successful approaches to family caregiving or staying fit in later life?

2) Transportation
   a. What transportation options are offered for seniors in your community (for example, public, non-profit, or volunteer programs)?
   b. What are the challenges/barriers seniors in your community face in using existing transportation options (for example: cost, not aware, language, inconvenience – proximity to bus stops and pickup times)?

3) Housing
   a. What housing challenges do seniors in your community face (for example, availability, affordability, etc.)
   b. What housing options would seniors in your community need?

4) Elder Abuse – Physical Abuse, Neglect, Self-Neglect, and Financial Exploitation
   a. How comfortable are seniors and their families in your community with discussing experiences of physical abuse, neglect, self-neglect, and financial exploitation?
   b. What are the barriers that seniors and their families face in resolving these problems?

5) Communications
   a. How are seniors in your community made aware of County and non-profit resources available to them for example: libraries, social media, email, beauty salons, gyms, faith and community groups, language translators, etc.)? And, what could the County and community non-profits do to help the seniors in your community use these and other resources?
   b. What specific methods do the seniors in your community and their families use to inform themselves of County and other resources? (e.g., phone, e-mail, social media, speaking to county liaisons, ethnic/community television and radio programs)

What would you like us to know about the above five topics that we have not asked?
Appendix F – Summary of Area Agency on Aging Activities in Diverse Communities

The County’s, Aging and Disability Services in the Department of Health and Human Services, has done outreach to ethnic and racial communities through its work in transportation, health and wellness, village coordination, caregiver supports, and senior nutrition programming. These programs have reached out to the County’s ethnic and racial communities by doing outreach events with the communities, printing program information in the seven most widely spoken languages in the County and working with Health and Human Services Minority Health Programs and Initiatives to reach diverse communities. The Mobility and Transportation manager has targeted the African-American population in the under-served area of East County and faith communities that connect with other under-served immigrant communities. Extensive outreach has been done within the County’s Health and Wellness programming to the Hispanic community about Diabetes Education and Prevention and falls prevention classes with the Asian-American Health Initiative and the African-American Health Program. The Village Coordinator has worked with several minority ethnic communities including the American Muslim Senior Center and the National Hispanic Council on Aging to establish villages in these communities. The County’s Caregiving Coordination program has worked extensively with the American Muslim Senior Society of Montgomery County to implement caregiver resources and supports. The County’s Senior Nutrition program works extensively with Chinese, Korean, and Vietnamese contractors to support congregate lunch programs that encourage socialization, physical and mental activities, and lunch.
Thank you all for coming today.
I would like to briefly outline the thinking and planning that went into bringing this panel together.
The Commission on Aging has been advocating and lobbying for the seniors in our community. Especially the most vulnerable and least able to advocate for themselves.
You have already heard from Dr. Smith’s presentation about the changing demographics of our County. We are rapidly becoming a minority-majority community with increase in diversity as well as an aging population. We looked at what the Commission has heard from our diverse communities in the past and what actions have been taken.
I thank our CoA alumnus and current Senior Fellow at the Office of Community Partnerships, Austin Heyman for putting together the history of our endeavor. He highlighted that some steps have been taken, but there is room for more.
We found that alumni of the CoA have gone on during and after their tenure, to create and foster wonderful programs for the seniors in their community. Ms. Mona Negm who works tirelessly with the Muslim Community addressing many needs of the Seniors. Also present here today is Ms Vivien Hsueh who founded the Chinese American senior services association. Starting with around 30 volunteers the program now has over 2000 Chinese seniors who participate in culturally sensitive programs at various senior centers. Thank you for joining us and offering your experiences for new programs.
So again, the Muslim, Chinese and African American communities participated in 2015 in Town Hall meetings highlighting their needs and priorities. This information went into the planning of Mr. Leggett ‘s Senior Summit in December of that year.
Following the Summit the Age Friendly Montgomery initiative was launched. Dr. Jay Kenney has gone over the progress made at the 3 year mark. The needle has moved.
However are all the other minority communities aware of the progress? Do they see different priorities in their communities?
Of course we can not have over 120 communities here today, so we limited this meeting to the demographic information you saw in Dr. Smith’s presentation. We took the next largest senior groups and gathered a few. We asked them questions in 5 areas (Housing, transportation, health and Wellness, Communications and Senior Abuse and Neglect), and also asked them to rank them in the order of priority for their community. We wanted to know if there was area of concern for their community that we were not aware of and had not addressed. We wanted to study some of the threads that make up the beautiful fabric that is Mo County.

I would like to introduce our panelist.
Please do come to the table in front as you are introduced.
Amoke Alakoye. She is an applied researcher active in the field of Aging for the last 25 years. She has a Masters degree in Human Services with a concentration on Gerontology. She has been a researcher, an administrator, and a mentor to graduate fellow ship programs.
She currently directs the ESL Program for Seniors at the Rockville Senior Center. She is one of our Commissioners on Aging.
Besides her Professional background Amoke has been the primary caregiver for her mother for the last 29 years in Mo Co. Certainly she is well experienced to discuss the needs of the African American Seniors.

Dr. Anna Maria Izquierdo Porrera
Completed her medical training in Spain and completed a fellowship in Geriatric Medicine at the University of MD. She was the Director for Spanish Catholic Center DC based Comm Health Center.
She became acquainted with the limitation of practice in a resource constrained environment and the cultural nuances of practice in a multicultural environment. In 2008 she founded Care for your Health.
The program is designed to improve the care of seniors, with multiple programs to reach the underserved in the community as they continue to Age in Place. In Mo Co her practice is 75% Latino immigrants, 60% of whom are from El Salvador.
She will be discussing the needs of the Salvadoran Seniors.

Ms Rebecca Martin
Ms Martin comes from an International background. Her Professional life was with the World Bank providing financial and technical assistance to developing countries for Development programs.
After retiring she served as a Board Member of D.R.E.A.M. Ethiopian Consortium a Senior Center. In this capacity she interacted with mont County officials and other centers with similar interests.
She helped in fund raising, administration, outreach, as well as assisting the membership and volunteer efforts.
She has taken her responsibility on this panel to heart has been talking to members of her program to assess their needs.
She will be discussing the needs of the Ethiopian seniors.

Jessica Sol
Ms. Sol immigrated from South Korea as an adult. She pursued a career in Nursing and worked in several hospitals in DC and Baltimore.
As a Delegating RN/Case Manager for Assisted Living Facilities, she supervised several of them in Howard County.
Her experience during this time was the awareness of how little understanding there was among Korean Immigrants about the Health care system. Language barrier being one of many as she translated for many families in the hospitals.
She was also a full time caregiver for her 92 year old mother. She became more involved in the Social work aspects of helping her community.
In 2011 she founded Emmanuel Home Health Services to provide culturally sensitive and language appropriate care to Asian Seniors.
Jessica will bring to the discussion the concerns of Korean Seniors.

Tho Tran
Ms. Tran is the a Founder and Executive Director of VAS Vietnamese American Services. The organization has provided multiple services for over 1500 individuals since 2015. She has assisted seniors obtain health care, social benefits and connected them with resources.
She trained as a Pharmacist and has a Masters degree in Public Health.
She has worked with the Mont County Asian American Health Initiative Comm, and the County's Asian American Pacific Islanders Advisory Group.
As of April 2018 Tho is a Commissioner on Aging as well.
Tho will bring The Vietnamese seniors concerns to the discussion.

Our Facilitator Bruce Adams needs no introduction.
Bruce Adams is the Director of Montgomery County Executive Ike Leggett's Office of Community Partnerships (OCP). The Office of Community Partnerships carries on Montgomery County's historic commitment to empower our ethnic communities while adding a charge from County Executive Leggett to build strong partnerships between the County government and the County's nonprofit organizations and faith communities.
Bruce has served the County and the State in so many capacities it would take up a long time but that he was named 2017 Peacemaker of the Year by the Conflict Resolution Center of Montgomery County says it all.
I will quote his feelings about the County and let him get to work.

"I grew up here, and I have seen the true value of being a welcoming community. We have become a talent magnet for people from across the country and around the world. We have the resources, but great challenges and disparities remain. We are working hard every day to become one of America’s most welcoming and just communities. We can achieve our goal if we can learn to work even more effectively together across the lines of
race, income, religion, and sector that too often divide and diminish communities. That’s the work we do at the Office of Community Partnerships.”