

DRAFT

Virginia I. Jones Alzheimer's Disease and Related Disorders Council

Remote Summer Meeting

7/22/2020 1:30pm-3:30pm

DRAFT – Meeting Minutes

Meeting Attendees

Council Members

Halima Amjad
Arnold Bakker
Jaqueline Bateman
Cynthia Fields
Shannon Grogg
Andre Macdonald
Andres Salazar
Quincy Samus
Nancy Rodriguez-Weller
Mary Jones
Dawn Seek
Sue Paul

Claudia Thorne
Sen. Malcolm Augustine
Ernestine Jones-Jolivet
Cass Naugle
Ana Nelson
Evie Vander Meer
Liz Woodward

Staff

Hanna Navarrete

Guests

Eric Colchamiro
Kristi Pier
Pamela Williams
David McShea
Morgan Bunting
Grace Pederson
Kate Gordon

1. Meeting introduction

- a. The meeting was called to order at 13:30 pm by Dr. Samus. Council members, staff, and guests were asked to introduce themselves. Dr. Samus then outlined the meeting's agenda, which would include discussion of the State Plan, timeline planning, and workgroup reports.

2. State Plan Updates

- a. Following the introduction of the meeting, Dr. Samus opened a conversation at 13:55 regarding items for councilmembers to keep in mind when considering updates to the State Plan:
 - i. Clarity: all goals should be differentiated from each other, accessible, and transparent. Language barriers should also be considered.
 - ii. Input: all updates should keep in mind the various stakeholder groups represented by the Council. The Council should consider gleaning formal input from stakeholder groups through a survey or comment period.
 1. Cass Naugle from the Alzheimer's Association noted their organization is in the process of conducting community forums to gain input from communities across Maryland.
 2. Kate Gordon, participating as a member of the public, noted that many states have used online surveys in their ADRD planning

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processes. Recommended looking at Rhode Island as a recent example and provided a contact.

- iii. Existing resources: several councilmembers noted the use of “existing resources” in the update planning process. This included State agencies, organizations, and professions that have established contacts and resources in the ADRD community. Specifically, area agencies on aging, social workers, physicians, direct care providers, and coalitions of families.

3. Workgroup reporting

- a. Beginning at 14:16, the five workgroups formed to support the goals of the council at the first meeting reported updated information on their assigned topics.
 - i. Group 1- Noted working to approach detection in the community more broadly. The group has put together a letter they plan to send to physicians and caretakers who may be the first contact for patients displaying symptoms. The letter will provide a list of resources to use when evaluating patients, information on the state of the field, and what the earliest signs to look for are. The group noted their next step would be developing a broad questionnaire for physicians and caretakers to clarify what they would find most helpful, how technology may be a hurdle, and what form alternative methods should be in.
 - ii. Group 2- Noted an overarching goal of using National Plan as a blueprint for updating the State Plan, specifically related to geriatric workforce initiatives. Group 2 outlined the following short-term goals:
 - 1. Take inventory of geriatric workforce in Maryland and determine how it may be expanded upon in State Plan update;
 - 2. Determine what professions could be “brought in” to form a more interdisciplinary workforce, such as pharmacists, dentists, nurses, etc.;
 - 3. Educate individuals beyond primary care. All front-line providers who are interacting with the geriatric community should be able to detect and refer patients for screening; and
 - 4. Examine resources that are already available in Maryland and determine how the state can make evidence-based interventions/ care available to all patients.
 - iii. Group 3- Noted the need to align State Plan with National Plan and ensure all updates are in plain, accessible language. Group 3 also expressed the need to tailor all updates to the State Plan to directly benefit individuals in Maryland, which would require looking at the medical, social, and cultural needs of residents. Noted the following issues to be considered in making updates to State Plan:
 - 1. Legal issues in advanced care planning;

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2. Expectation management for the course of illness;
 3. Availability of resources in areas; and
 4. Engagement of multi-cultural residents.
- iv. Group 4- Noted the need to continue enhancing public awareness and education and outlined the following goals:
1. Continue using media to reach patients and families, potentially in the form of a second PSA;
 2. Determine alternative places to display and distribute cards;
 3. Hold more events in person (when possible/safe due to COVID-19); and
 4. Continue to use social media.
- v. Group 5- Spoke specifically about assessing the impact of COVID-19 crisis on patients and families. Any best practices that have emerged from the ongoing pandemic should be reviewed and included in State Plan, potentially as its own section. Group 5 also noted the success of the Maryland Baptist Aged Home in combatting COVID-19.

4. Ratification of Minutes

- a. Minutes from session ad hoc meetings on 5 February and 3 March 2020 were presented for approval, motioned by Malcolm MacDonald and Halima Amjad, seconded by Dawn Seek. The Council unanimously approved the minutes as drafted

5. Public Comment

- a. Cass Naugle announced she would be leaving the Alzheimer's Association in August and that David McShea would serve as new Executive Director.
- b. Kate Gordon from the University of Maryland Baltimore County Erickson School addressed the council about the development of a certificate program for dementia care. Noted the class will attend the next meeting as members of the public.

6. Adjournment

- a. Council staff will work with the Chair to develop the agenda for the next meeting.
- b. The meeting was adjourned at 15:36.