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

Spring Grove Hospital Campus, Dix Building Basement

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

Meeting Attendees

Council Members

Halima Amjad
Arnold Bakker
Jaqueline Bateman
Cynthia Fields
Shannon Grogg
Andre Macdonald
Sadie Peters
Andres Salazar
Quincy Samus
Nancy Rodriguez-Weller
Mary Jones

Elouise Mayne
Dawn Seek
Claudia Thorne
Sue Paul
Sen. Malcolm Augustine
Ernestine Jones-Jolivet
Evie Vander Meer
Kristi Pier
Pamela Williams

Staff

Annie Olle
Hanna Navarrete

Guests

Deb Donohue
Eric Colchamiro

1. Meeting introduction

- a. The meeting was called to order at 13:36 pm by Dr. Samus. Council members, staff, and guests were asked to introduce themselves. Minutes from the meeting on 10/30 were presented for approval. A motion was made by Jacqueline Bateman to approve and seconded by Dawn Seek. The Council unanimously approved the minutes as drafted. Dr. Samus then outlined the meeting's agenda, which would include a presentation by Deb Donohue from the Attorney General's office on the Open Meetings Act (OMA), a discussion of relevant legislative/policy items for the ongoing General Assembly session, and workgroup reports.

2. Open Meetings Act (OMA) presentation

- a. Following the introduction of the meeting, Deb Donohue led attendees through an overview of requirements and processes for OMA, citing resources the council could use to ensure compliance. Ms. Donohue relayed the following main points:
 - i. All meetings held by the council must comply with OMA.
 - ii. A "meeting" includes any instance when the council's quorum convenes to discuss public business.
 - iii. All meetings require "reasonable advance notice" through the posting of materials notifying members as well as the public of the meeting's occurrence.

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1. “Reasonable advance notice” constitutes making an agenda available at least 24-hours in advance of the meeting, holding meetings openly, adopting formal minutes, and making those minutes available to the public.
 - iv. The discussion of council business via email constitutes a meeting.
 - v. Any questions may be addressed at any time to either Ms. Donohue or Mary Bearden of the Attorney General’s Office.
 - vi. More information on the open meetings act may be found on the Office of the Attorney General’s website at <http://www.marylandattorneygeneral.gov/Pages/OpenGov/OpenMeetings/default.aspx>
- b. Ms. Donohue then took questions from councilmembers and concluded her presentation at 14:28

3. Transition discussion by councilmembers

- a. Prior to proceeding to legislative business, Dr. Quincy Samus took the opportunity to address outstanding questions from council members regarding funding and scope of the council’s tasks.
 - i. Dr. Samus reiterated the overall goal of the council to improve and update the 2012 plan and determine the needs of Alzheimer’s patients and their families/caregivers.
 - ii. Dr. Samus commented on the funding of the council, stating that there are no direct funds for compensation or activities, but that council members may advocate through their position in the ADRD community, enlisting others to assist in actionable items.

4. Discussion of relevant legislative or policy items

- a. Annie Olle initiated the discussion, indicating that, as of 1/22, no legislation that directly related to the goals of the council had been introduced.
- b. Eric Colchamiro from the Alzheimer’s Association then informed the council that, although they had not yet been introduced, the Alzheimer’s Council had two pieces of legislation on the horizon related to the goals of the council
 - i. Item I, in drafting: a revision of legislation introduced by Delegate Sample-Hughes regarding training for residential service workers for dementia patients. Mr. Colchamiro indicated that the Alzheimer’s Council had been working with Dawn Seek for input, wherein Ms. Seek provided background information to the council.
 - ii. Item II: complete but yet to be introduced piece of legislation similar to one passed in Virginia in 2018, providing for the incorporation of information regarding ADRD into relevant health department programs. Such information would include education materials for healthcare

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providers and the public regarding topics such as early detection and screening.

5. Workgroup reporting

- a. Beginning at 14:46, the five workgroups formed to support the goals of the council at the first meeting reported initial information on their assigned topics.
 - i. Group 1- Dr. Sadie Peters reiterated the goal of group 1 as “supporting prevention and early detection.” Dr. Peters then discussed the role of the council in disseminating information, noting that an informative letter had already been drafted for providers discussing the benefits of early detection. Dr. Peters posed the question of “what do we know about why people aren’t screening?” noting the wealth of information available at the national level regarding this issue. Dr. Peters also discussed the potential need to identify barriers prior to distributing the letter to increase overall impact. Dr. Samus weighed in, noting the need for context (i.e., data) to make the letter effective.
 - ii. Group 2- Dr. Halima Amjad reiterated the goal of group 2 as “enhancing quality of care.” Dr. Amjad noted that building up a high quality workforce would require comprehensive training programs. Dr. Amjad then outlined initial strategies agreed upon by the group for achieving this goal:
 1. Develop comprehensive geriatric training programs. Both through independent work and by studying working models (noted JHU specifically has a geriatric workforce program).
 2. Educate patient care providers in best practices; potentially develop a CME in dementia.
 3. Educate individuals beyond primary care. Providers who are interacting with the geriatric community should be able to detect and refer patients for screening.
 4. Examine standards of dementia care and investigate the potential role of innovation in primary care in screening for ADRD.
 - iii. Group 3- Dr. Samus reiterated the goal of group 3 as “enhancing supports.” Dr. Samus asked the group to brainstorm presenters to educate the council on information that may be relevant to overall goals. Dr. Samus also informed the council of funding opportunities such as the BOLD act through CDC providing for the creation of “Centers of Excellence,” noting that Maryland should be on the forefront of applying.
 - iv. Group 4- Ernestine Jones-Jolivet reiterated the goal of group 4 as “enhancing public awareness.” Ms. Jones-Jolivet noted the importance of continuing to distribute ADRD cards to relevant community members and

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healthcare providers. Ms. Jones-Jolivet then outlined ways in which the group felt initial enhanced awareness may be achieved:

1. Increase venues to run PSA on early detection.
 2. Determine alternative places to display and distribute cards.
 3. Determine alternative mediums for displaying cards such as tabletops.
 4. Determine new platforms for outreach including social media.
 5. Re-establish connection with Maryland Access Point.
- v. Group 5- Sue Paul reiterated the goal of group 5 as “improving data capacity.” Ms. Paul noted that fellow councilmember Cass Naugle had provided her with information regarding data collection via the BRFSS, noting the lack of data available at a state level. Ms. Paul then asked the group to determine and inform herself and Ms. Naugle of what types of data would be helpful to them. Ms. Paul then highlighted that organizations such as the Diabetes Association have extensive collections of data and that the council should seek to move to that.

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.

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