VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DEMENTIAS COUNCIL

MINUTES
JULY 26, 2023
1:00 - 3:00 PM

The Virginia I. Jones Alzheimer's Disease and Related Dementias Council held a public meeting on July 26, 2023, called to order at 1:03 PM.

Members Present

Halima Amjad Malcolm Augustine Cynthia Fields

Caitlin Houck

Ernestine Jones-Jolivet

Morris Klein David McShea

Nancy Rodriguez-Weller

Quincy Samus
Claudia Thorne
Evie Vander Meer
Andres Salazar
Pamela Williams

MEMBERS NOT PRESENT

Jacqueline Bateman Sheree Sample-Hughes

STAFF PRESENT

Suzanne Barbero Raia Contractor Lisa Marr Kristi Pier Jacquelyn Vok

MEMBERS OF THE PUBLIC PRESENT

Michael Ellenbogen Colleen Kemp

Meeting Opening

Dr. Halima Amjad, Chair, called the meeting to order at 1:03 pm.

II. Welcome and Business

Welcome: Dr. Amjad gave the floor to Kristi Pier while waiting for council members to arrive. Roll Call: Ms. Pier took the roll call. A quorum was not present to approve the past meeting minutes. Dr. Amjad suggested waiting until more members joined the meeting.

Status Update - MDH Funding and Open Position Updates: Kristi Pier stated that CCDPC is closing out the FY23 state funded ADRD project. Ms. Pier proposed presenting project outcomes at the October quarterly meeting. MDH was provided state funding in FY24 and is prioritizing provider and community education; the Department of Aging will also receive \$800,000. The provider RFA was posted July 20, 2023, with a pre-application conference July 26. Ms. Pier introduced two new staff members, Raia Contractor, Evaluation Lead, and Jacquelyn Vok, Director, Dementia Services. Ms. Pier introduced Lisa Marr, Communications Specialist for the Cancer and Chronic Disease Bureau, and invited her to present the new ADRD campaign assets, which were funded from the FY23 state funds.

Review of New ADRD Campaign Assets (Lisa Marr):

Ms. Marr presented the assets produced using FY23 funding. All assets use the same message "Healthy Life. Healthy Brain." The target audience is 40+, with messages on how to keep a healthy brain; Eat Healthy, Kick Bad Habits, Keep Your Brain Working, Take Your Meds, and Talk to your doctor about screening. Ms. Marr presented a range of digital, outdoor, print, radio, and video ads. All assets will be available for LHDs to use as is. Media dissemination in FY24 includes outdoor and statewide digital campaigns. Currently, transit ads are displayed in seven jurisdictions running through October 2023.

Members asked why Prince George's and Wicomico counties were not included in the current transit campaign. Ms. Marr responded she does not know of a sole source transit provider for Prince George's and Wicomico County no longer sells transit advertising. Ms. Marr stated the digital campaign will be statewide starting this Fall.

Another member asked what patient screening is available. Dr. Amjad responded that most often it is the family who requests testing and not the doctor. There are basic cognitive screening tests such as the mini cognitive, Montreal COG, and MMSE tests.

Another member asked if MDH is open to changing the ad language. Ms. Marr responded the vendor who developed these assets completed their contract in FY23. All assets were approved by the MDH Communications Department and were heavily vetted but any suggestions can be taken to the Communications Department for review. A new vendor and contract would be needed to make any modifications to the current ads.

Ms. Pier stated the transit piece is only one part of the campaign. There is also outreach and education programming for providers, caregivers, and the community throughout the state this past fiscal year.

Consideration/Approval of Past Meeting Minutes: Dr. Amjad confirmed that a quorum of members was present to vote on the minutes from the quarterly Council meeting on April 26, 2023, and the May 10, 2023, FY24 appropriation meeting. David McShea moved to approve the minutes and Caitlyn Houck seconded the motion. Dr Amjad listed openings on the council which are a Research professional, a person living with dementia or mild cognitive impairment.

III. Presentation: Greater Maryland Alzheimer's Association Chapter Priorities,

Dr. Ahmad invited David McShea, Executive Director of Greater Maryland Alzheimer's Association Chapter to present. Mr. McShea described the four pillars leading to the Alzheimer's Association's mission statement "A World Without Alzheimer's and All Other Dementia." Mr. McShea described the clinician-staffed 24/7 hotline, and the community resource finder on the website. The Alzheimer's Association is the 3rd largest funder of all Alzheimer's Research in the world behind the US government and China. Mr. McShea noted that we have entered the era of treatment, which includes studies suggesting hearing aids may slow mental decline, blood testing may be on the horizon, gut health contributes to brain health and gene-editing technology (CRISPR) may decrease the likelihood for someone with ADRD genes.

The Association continues to raise awareness on a local and national level. When AAIC published the latest statistics, the Alzheimer's Association was featured locally on the 4 major stations, radio, and on the front page of the Baltimore Sun. Mr. McShea noted DEI is one of the pillars of the organization and the organization is dedicated to circling everything they do back to a DEI perspective. Studies show that minority populations and people of color experience racism in healthcare which is a barrier in seeking care. As a result, Baltimore City is a top priority. Mr. McShea confirmed there have not been new best practice recommendations since 2017.

When asked how Alzheimer's Association approaches parts of the state plan that are best advocated through legislation Mr. McShea responded that there are several dedicated advocates who work on legislation.

IV. ADRD Action Plan Activities – Council Member Survey

Dr. Amjad invited Raia Contractor, Lead Evaluator, CCDPC, to present the ADRD Action Plan Activities Survey summary. The survey was created to assess which state plan activities council members are working on. Six council members responded to the survey. Priorities were: Goal 1 (Awareness Prevention and Early Detection had the most robust response; closely followed by Goal 3 (Caregiver support.); Goal 2 (Quality Access and Coordination of Alzheimer's Care). Goal 4 (Research and Evidence-based practices) received under half the responses and Goal 5 (ADRD data capabilities) had the fewest responses. Ms Contractor noted this was a very small sample size of only six members, and if more responses were received, an updated analysis will be provided to the Council.

Ms. Contractor listed some activities that council members may be working on but did not see listed on the survey responses. Ms. Contractor indicated the survey included MDH and MDoA responses. A Council member asked if any Hospice and Palliative care updates were represented. Ms. Contractor reminded the Council that only their members received this survey. Ms. Jones will share some information concerning State Plan activities from her work with the Memory and Aging Advisory Board.

V. Transition to Implementation Subcommittee Breakout Sessions

Dr. Amjad explained that subcommittees were created to move the state plan forward. Members will work on implementation and work related to the BOLD grant, if awarded. Dr. Amjad asked the Council to consider partnering with other organizations to implement the state plan. Dr. Amjad noted there is more focus on outcomes and the Council's work since the transition to the new Governor. Ms. Pier announced that members of the public could join a subcommittee of their choice.

At 2:20 members broke out into subcommittees. At 2:40 members returned from the breakout sessions. Dr. Amjad asked members of the public to indicate which workgroup they would like to join.

VI. Implementation Workgroup Breakout Sessions

Review and discuss progress on the ADRD State Plan

Workgroup 1: Goal 1

Workgroup 2: Goals 2 and 3

Workgroup 3: Goals 4 and 5

VII. Reconvene and Workgroup Report Out

Dr, Amjad asked work group chairs to describe their plans. Ms. Jones volunteered to send work group monthly meeting invites.

Subcommittee 1: Cindy Fields listed 2 ideas for speakers. A speaker connected with the Leiber Institute would discuss ADRD genetics with an emphasis on people of color and the second speaker would present MAP. Two short-term objectives are to update the palm card to reflect the new workgroup and the new state plan. The card will require graphics with Council approval. The group would also draft a letter to schools of medicine, pharmacies, and nursing in Maryland about providing more education on early recognition of ADRD and neuro-cognitive disorders

training.

Subcommittee 2 (quality of care and caregiver support): Claudia Thorne listed two main objectives. The group plans to conduct a new needs assessment consisting of focus groups and

town hall meetings. The group also identified needs assessment tools and existing training resources. The workgroup will invite Ms. Vok to their first meeting.

Subcommittee 3: Pamela Williams announced the next work group meeting on Thursday, August 3, 3 - 4 PM. They continue to work on two priorities. They will recommend legislation to authorize a voluntary income tax checkoff to fund Alzheimer's Research and possibly expand beyond research. The second priority is to collect, analyze and use statewide surveillance and evaluation data from multiple sources and integrate cost and healthcare utilization data and development of infrastructure and policies that increase the capability to share and link population-based surveillance from a variety of sources. The group will work with Ms.Pier to obtain information about HSCRC data.

A member asked if we will have insight into the work that the Department of Aging is doing to make sure the Council will complement the DoA work. Ms. Pier responded that we are working on an MOU with the Department of Aging for \$800,000. All DoA activities fit within the State ADRD Action Plan. The DoA has aligned with five different categorical projects which they will work on once funded.

Dr. Amjad noted that an agenda will be created for the next quarterly meeting in October and that the Department of Aging may present then.

Per a council member's request, Dr. Amjad agreed to update the names and emails of final members by workgroup and send them to all workgroup members. Ms. Vander Meer mentioned many agencies have a strategic plan for Dementia from the National Plan, the State Plan, local plans, and the Alzheimer's Association Plan, and asked how we can assure that we aren't working in parallel or duplicating work.

Public Comment Period

Dr. Amjad opened the meeting for public comment. Mr. Ellenbogen attended Subcommittee 1 and suggested a speaker living with Alzheimer's may help committee members better understand the dementia experience. He suggested we include a Q and A session too. Mr. Ellenbogen stated that all the ADRD plans are different at the global, federal, state, and local levels. Mr. Ellenbogen stated that each ADRD plan is adjusted to address local needs.

Dr. Mark Tesoro introduced himself to the group. Recently hired by the Department of Aging in their cognitive/behavioral role, his background is in psychology and neuro-psychology and most recently Level 2 trauma center work and work with closed head injury patients.

Ms. Jones-Jolivet suggested Dr. Amjad send a link listing committee members, their departments, and some background. Ms. Jones-Jolivet also suggested scheduling a retreat so everyone could get to know each other on the different committees. Dr. Amjad confirmed that workgroups may invite individuals who are interested in addition to experts.

VIII. Adjournment

Dr. Amjad asked for a motion to adjourn the meeting. Ms. Jones-Jolivet motioned to adjourn the meeting and Ms. Vander Meer seconded it. Dr. Amjad closed the meeting at 2:59 PM.