

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

MINUTES

OCTOBER 25, 2023

1:00 - 3:00 PM

The Virginia I. Jones Alzheimer's Disease and Related Dementias Council held a public meeting on October 25, 2023, **called to order at 1:03 PM.**

MEMBERS PRESENT

Halima Amjad
Cynthia Fields
Caitlin Houck
Ernestine Jones-Jolivet
David McShea
Nancy Rodriguez-Weller
Quincy Samus
Claudia Thorne
Evie Vander Meer
Pamela Williams
Mark Tesora

MEMBERS NOT PRESENT

Jacqueline Bateman
Sheree Sample-Hughes
Malcolm Augustine
Andres Salazar
Morris Klein

STAFF PRESENT

Suzanne Barbero
Raia Contractor
Adeola Alayande
Kristi Pier
Jacquelyn Vok

MEMBERS OF THE PUBLIC PRESENT

Michael Ellenbogen

Meeting Opening

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

- a. Welcome and Business
Dr. Amjad welcomed members and reviewed the agenda.
- b. Roll Call: Kristi Pier took the roll call. A quorum was present.
- c. July Minutes: Motioned for approval by Nancy Weller and seconded by Mark Tesora.
- d. MDH Funding and Open Position Updates: Ms. Pier provided an update on FY24 State Funds, highlighting key grants and outreach initiatives starting on 12/1. The Department of Aging is receiving \$800K through an MOU.

Subcommittee 2 – Discussion on Letter to Heads of Maryland Schools of Medicine, Pharmacy, Nursing, P.A., and Social Work:

Cynthia Fields, chair for Subcommittee 2, discussed the distribution of letters to schools and physicians' offices, emphasizing the importance of incorporating dementia-specific education. Dr. Amjad anticipated potential inquiries or comments about the letters sent to schools. Ms. Pier discussed the approval process for the letter, clarifying that as it originates from the council and will be signed by the chair, it will need a formal vote by the Council. This process involves a full quorum vote in a forum, followed by a presentation to the full council for review, potential changes or suggestions, and a final vote during the meeting. Once approved, the letter is directed to specific schools, allowing them to determine additions or omissions related to the curriculum.

A question was raised concerning clarity around dementia, particularly regarding individuals under 60, as some regulations only support funding for those aged 60 and above. Additionally, an inquiry was made on the inclusion of resources if the curriculum is not robust. Dr. Amjad said the council's efforts could leverage the resource list to enhance the curriculum and dementia education within Maryland schools.

BOLD Grant Project and Council Strategies: Kristi Pier

The Center for Chronic Disease Prevention and Control was awarded the BOLD (based on the Building Our Largest Dementia Infrastructure for Alzheimer's Act) grant. At the time of the Council meeting, Ms. Pier was attending the Center for Disease Prevention and Control's (CDC) grant kick-off meeting in Atlanta.

The BOLD project is a 5-year cooperative agreement with the CDC, focusing on implementing a state Alzheimer's and Related Dementias plan, enhancing population-level surveillance, and refining systems-level interventions to increase awareness and resource accessibility. The primary objective is to integrate cognitive health work into public health, specifically by working on population-level programs and strategies. The grant has eight mandatory strategies, 3 of which specifically align with the council's work.

Subcommittee members are tasked with identifying important and feasible state objectives and strategies for the state plan, followed by the creation of SMARTIE objectives for each chosen strategy. Monthly subcommittee meetings are crucial for ongoing collaboration. Dr. Amjad is actively collaborating with subcommittee chairs to provide guidance, and the council is encouraged to involve non-council members in the implementation plan. The council is not expected to fully implement the State Action Plan; instead, as members will recall, the plan sets the roadmap for all state partners to align their efforts.

Raia Contractor from the Center will conduct a virtual training session on SMARTIE objectives, which will be recorded and uploaded to Basecamp. Clarification was sought on drafting objectives for each state plan strategy. The Council, with its five goals and subcategories, emphasizes the need for linked objectives. The presentation is attached at the end of this document.

Presentation: FY 23 State Fund Project Outcomes

Dr. Amjad invited Suzanne Barbero, Center Cognitive Health Specialist, to present on the FY 23 State Funds project outcomes. The presentation summarized three grant projects and highlighted outcomes from priorities identified by the Council. All activities were required to align with State Action Plan strategies. Ms. Barbero provided outcomes from the ADRD outreach and education and provider activities and featured grantee accomplishments from the Asian American Center of Frederick and Beacon Institute. The presentation is at the end of this document.

Presentation: Creating a Longevity-Ready Maryland

Dr. Amjad invited Jennifer Crawley, Deputy Secretary for the Maryland Department of Aging, to present the Multisector Plan for Aging. The Multisector Plan represents the needs and desires of older Marylanders and oversees both state and federally-funded aging services. The presentation is at the end of this document.

Public Comment Period

Dr. Amjad opened the meeting for public comment. Mr. Michael Ellenbogen suggested the website be improved to allow public members notification for meetings. Ms. Pier stated the website had been updated and the information was made available, but she would investigate if there were outstanding issues. Mr. Ellenbogen was also interested in helping identify an individual who has been diagnosed with Alzheimer's disease or dementia to attend the meetings and become a member. He offered to help with the recruitment of the individual if needed. Ms. Jones-Jolivet requested to have an in-person retreat in 2024 with the addition of new members.

Adjournment

Dr. Amjad asked for a motion to adjourn the meeting; Ms. Jones-Jolivet motioned to adjourn the meeting and Mr. Tesora seconded. **Dr. Amjad closed the meeting at 3:00PM.**

Next Quarterly Meeting: Wednesday, January 24, 2024.



Maryland BOLD Implementation Plan Priorities

Kristi Pier, Director

Center for Chronic Disease Prevention and Control

Prevention and Health Promotion Administration

MISSION AND VISION

MISSION

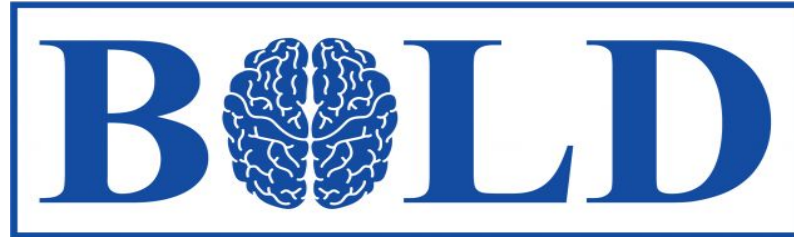
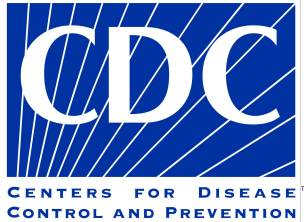
The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Maryland BOLD Implementation Plan Priorities

Maryland BOLD Implementation Plan Priorities



Maryland's Center for Chronic Disease Prevention and Control was funded for 5 implementation years by the Centers for Disease Control and Prevention (CDC) to conduct ADRD activities in line with the State Strategic Plan.

BOLD Strategy Overview

The Center will establish and sustain the Maryland Brain Health Program by strengthening the existing Virginia I Jones Alzheimer's Disease and Related Dementias Council (ADRD Council), equitably implementing the ADRD State Plan, increasing population-level surveillance, and improving systems-level interventions to increase awareness of ADRD and access to community-based resources for people at risk for or living with ADRD and their caregivers.

Maryland BOLD Strategies – ADRD Council

Strategy #1: Maintain or expand an existing ADRD coalition

- Provide staff support, regular quarterly meeting and ad hoc legislative meetings.
- Utilize gap analysis to identify missing representation and secure council consensus to expand the membership by at least 2 SDOH/priority community-based organizations in Year 1.
- Assure rules and regulations for Open Meetings Act are upheld.

Maryland BOLD Strategies–ADRD Council

Strategy # 2: Educate coalition members and partners to orient them to brain health and ADRD issues and the broad spectrum of actions needed to fully address ADRD across the jurisdiction

- Utilize gap analysis to evaluate and identify gaps in member knowledge and education format to inform training needs.
- Implement at least four training events to increase member ADRD knowledge and skills.

Maryland BOLD Strategies–ADRD Council

Strategy #4 - Lead the coalition to develop and track and Implementation Plan to achieve the priorities, activities and goals specified in the jurisdiction's ADRD Strategic Plan

- Assign and provide support to at least 3 subcommittees to develop Implementation Plan objectives and strategies for each State Plan goal.
- Identify and engage external partners (non-Council members) to provide input on Implementation Plan development.
- Develop evaluation parameters, including performance metrics in the Implementation Plan.
- Produce a 3-year Implementation Plan corresponding to State Plan goals which includes Smart, Measurable, Ambitious, Realistic, Time-Bound, Inclusive, Equitable (SMARTIE) objectives and key stakeholders/partners.

Preparing for the Implementation Plan

The Maryland State ADRD Plan **is** a strategic plan, it is **not** an Implementation Plan.

Implementation Plans have SMARTIE Objectives, which help drive your goals and strategies through activities and actions into measurable results.

Creating SMARTIE Objectives will:

- Prioritize State Plan activities for the ADRD Council Subcommittees
- Plan for implementation, and
- Improve the ability of the ADRD Council to capture performance measures and to report annual results to the Governor.

Subcommittees – Prioritizing Activities

STEP 1: Prioritize State Plan Activities

Each Subcommittee Member will identify what is most important to accomplish with their state goal(s) using a tool created by the CCDPC staff utilizing criteria to score and quantify the full Subcommittee's priorities.

STEP 2: Develop/write SMARTIE Objective(s) for each State Plan Strategy

Subcommittees will be provided with a SMARTIE Objectives template and description of SMARTIE objectives.

Reminders and Timeline

Reminders:

- Subcommittees should plan to meet monthly.
- Subcommittee Chairs meet at least quarterly between ADRD Council meetings with the ADRD Chair for progress.
- Identify and engage external non-Council members to provide input on the Implementation Plan development.

Timeline:

- Oct 1 - Dec 31, 2023 Subcommittees will:
 - Prioritize State Plan activities;
 - Attend SMARTIE objective training on November 7, 3pm
 - Draft objectives for each State Plan strategy; and
 - Draft timelines for completing implementation plans.



FY23 State Fund Project Outcomes Outreach and Education for Alzheimer's Disease and Related Dementias

Suzanne Barbero

**Prevention and Health Promotion Administration
Center for Chronic Disease Prevention and Promotion**

October 25, 2023

Prevention and Health Promotion Administration

Mission and Vision

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

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FY23 State Fund –State Plan Strategies

Outreach and Education

- Community members
- Caregivers
- Healthcare Providers

FY23 ADRD Community Outreach and Education

Community Outreach and Education for ADRD

- Request for Applications (RFA) issued November 2022.
- Scope of Work
 - Conduct equitable, culturally-sensitive community outreach and community-based educational activities addressing healthy brain aging, ADRD prevention, signs and symptoms of ADRD, and cognitive health screening as a component of routine medical care.
- Deliverables
 - Identify existing outreach and education materials and resources
 - Training of Outreach Staff and Partners
 - Conduct Community Outreach
- Grantees
 - Two applicants awarded grants to provide community outreach and education for ADRD.
 - Asian American Center of Frederick
 - Career Haven
 - Grant term: February 1 – June 30, 2023.

Summary Results

Grantee	# Trainers Trained	# Educational Events	# Community Members Educated
Asian American Center of Frederick	25	84	16,284*
Career Haven	25	1	30
Total	50	85	16,314

* Reported # of attendees to various events

Community Outreach and Education for ADRD

Lessons Learned

- To provide culturally sensitive material, education messages and materials should be available in multiple languages for the targeted jurisdiction;
- Access to insurance is a barrier to cognitive screening;
- Asynchronous learning offers the most flexibility; and
- Faith-based communities present a unique opportunity to reach out to community members where they are.

Asian American Center of Frederick

Non-Profit Community Organization

Asian American Center of Frederick

Jurisdictions and Partners

- Jurisdictions

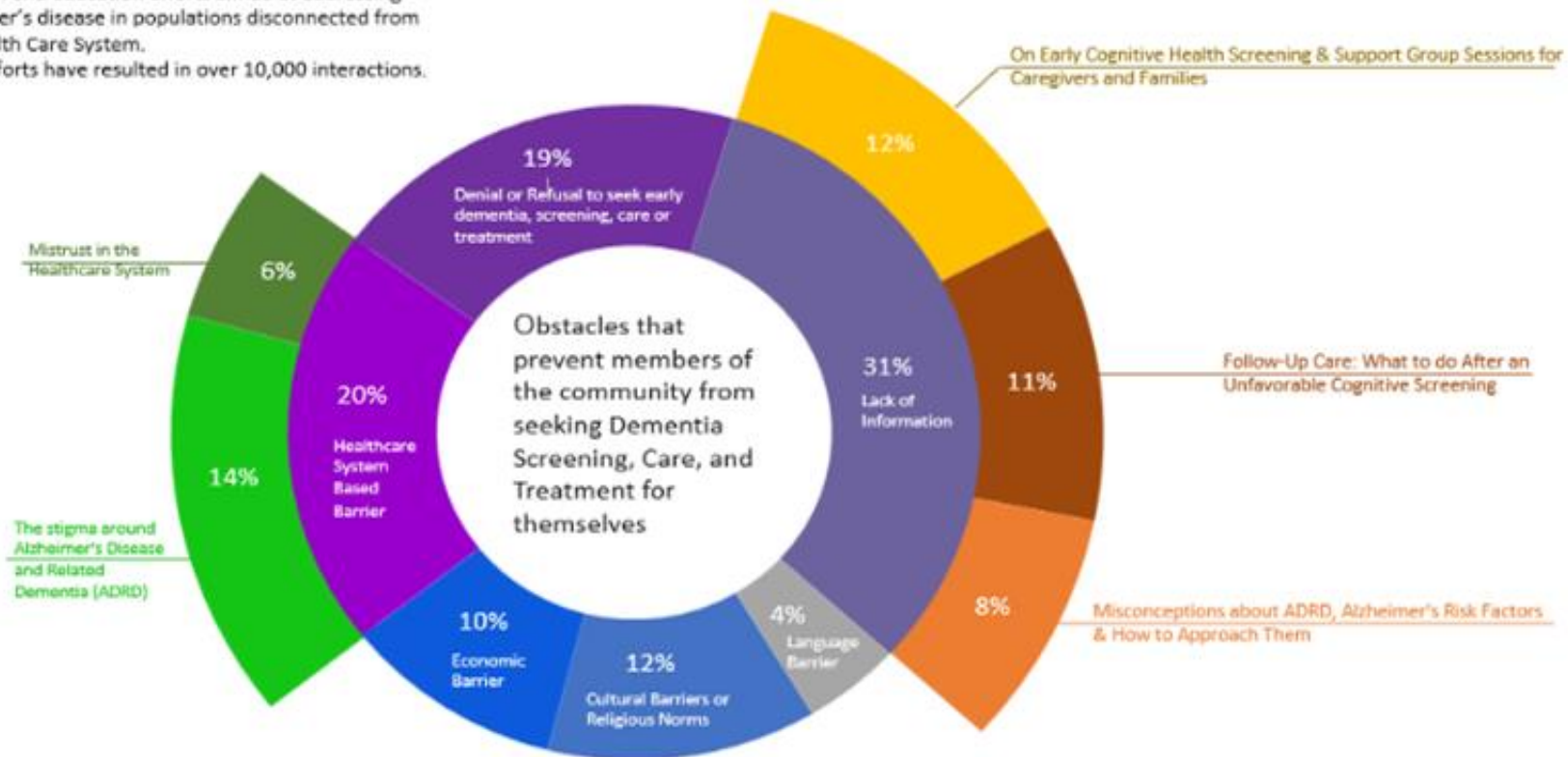
- Montgomery
- Prince George
- Frederick
- Anne Arundel
- Howard
- Baltimore City

- Partners

- Continuum Healthcare Network
- Chinese American Community Health Service
- Chinese Culture and Community Service Center
- (Primia) Luna Latinas Unida
- Office Management of Technology Inc.
- American Diversity Group

Asian American Center ADRD Outreach and Education Barriers

Leaders from the AAPI, Middle Eastern, and African communities reflect on the past 5 months of their outreach and education efforts aimed at addressing Alzheimer's disease in populations disconnected from the Health Care System. Their efforts have resulted in over 10,000 interactions.



FY23 Caregiver Outreach and Education for ADRD

Caregiver Outreach and Education for ADRD

- Request for Applications (RFA) November 2022
- Scope of Work
 - Conduct equitable, culturally sensitive ADRD caregiver outreach and education activities
- Deliverables
 - Identify the target population or jurisdiction for ADRD caregiver outreach and education and provide justification and rationale for why this population and/or jurisdiction will be targeted.
 - Identify culturally sensitive caregiver outreach and education materials addressing previously mentioned priority content areas.
 - Train outreach staff and partners.
 - Conduct caregiver outreach and education.
- Grantees
 - Three applicants awarded grants to provide caregiver outreach and education for ADRD.
 - Grant term: January 1 – June 30, 2023.

Summary Results

Grantees	# Trainers Trained	# Educational Events	# Caregivers Educated
Area Health Education Centers	2	26	208
MAC, Living Well Centers of Excellence	31	10	108*
University of Maryland Extension	8	10	77
Total	41	46	393

- MAC provided CEUs to an additional 202 professionals attending education events

Caregiver Outreach and Education for ADRD

Lessons Learned

- To provide culturally-sensitive material, education should be available in multiple languages.
- Online and asynchronous programs are best to accommodate more people.
- MAC found that using the HUB for registration and outreach offered opportunities to connect with partner agencies and to reach caregivers across the state.

Area Health Education Centers

Non-Profit Community Organization

Area Health Education Centers (AHEC) Jurisdictions and Partners

- Jurisdictions

- Maryland's Three AHECs,
 - AHEC West: Garrett, Allegany, and Washington Counties
 - Central Maryland AHEC: Anne Arundel, Baltimore, Carroll, Harford, Howard, and Prince George's Counties and Baltimore City
 - Eastern Shore AHEC: All nine counties on the Eastern Shore.

- Training Provided

- Dementia Live®
- In-person one-on-one education

Dementia LIVE®



<https://youtu.be/5QjC1y1WN0s?feature=shared>

FY23 Healthcare Provider Outreach and Education for ADRD

Healthcare Provider Outreach and Education

- Request for Applications (RFA) issued December 2022.
- Scope of Work
 - Providing culturally relevant training and education to healthcare providers, primarily physicians and nonphysicians; and,
 - Increase early identification and diagnosis of individuals with ADRD.
- Deliverables
 - Training to reach geographic areas and/or populations disproportionately impacted by dementia, including rural areas, minorities, and under-resourced populations.
 - Training content approved for continuing education credits for targeted provider disciplines.
 - A minimum of 100 participants will be trained by the applicant.
 - Training in-person, virtual, or hybrid format.
 - Evaluation information that includes relevant knowledge gained and training feedback.

Summary Results

Grantees	# Educational Events	# Providers Educated
The Beacon Institute	4	289
Career Haven	3	100
Total	7	389

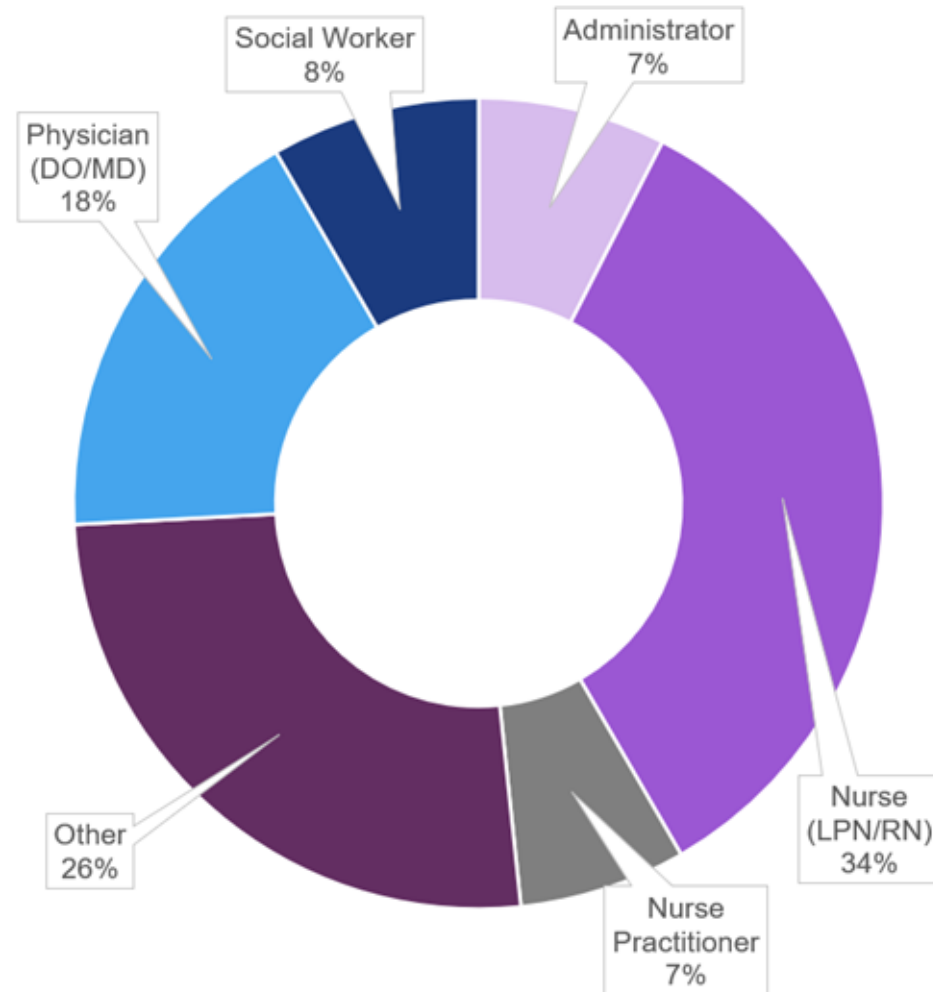
The Beacon Institute

Healthcare Provider Contractor

Beacon Institute - Curriculum Development and Implementation

- Developed a curriculum entitled, “The Alzheimer’s Disease and Related Dementias: Courses for Healthcare Providers.”
- The curriculum was provided across four learning modules:
 - ADRD Clinical Management: Part I (in-person and on-demand).
 - ADRD Clinical Management: Part II (in-person and on-demand).
 - Medication Management in ADRD (virtual).
 - Promoting Equity through Institutional and community-based Approaches for ADRD Populations (virtual).
- All materials available online for one year.
<https://www.learninghorizons.com/adrd/group/alzheimer%E2%80%99s-disease-and-related-dementias-courses-healthcare-providers>

Identified Professional Backgrounds



Pre-Test / Post-Test Scores

Course	Average Pre-Test Score	Average Post-Test Score
Clinical Management: Part I	18%	79%
Clinical Management: Part II	60%	89%
Medication Management	41%	87%
Promoting Equity	19%	78%

FY23

State Funds Outreach and Education for ADRD

Lessons Learned

- Some vendors were quicker to implement plans in the abbreviated time period.
- Moving the Caregiver outreach and education to Department of Aging aligns better with their current work for FY24.

Contact Information

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Creating a Longevity Ready Maryland

Jenna Crawley
Maryland Department of Aging
October 25, 2023

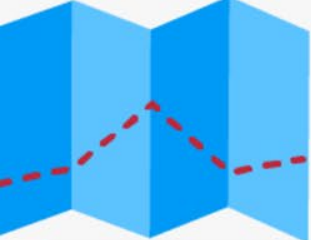


Empower Marylanders to Age Comfortably and with Dignity



- **Develop a Multisector Plan for Aging (MPA)**
- **Ensure Maryland is an aging-friendly state**
- **Fill vacancies to improve service delivery to older adults**
- **Increase access to affordable housing & the ability to age in place**
- **Improve long-term care options**
- **Address elder abuse, exploitation, and fraud**

Vision: Maryland will be the first longevity ready and aging friendly state.

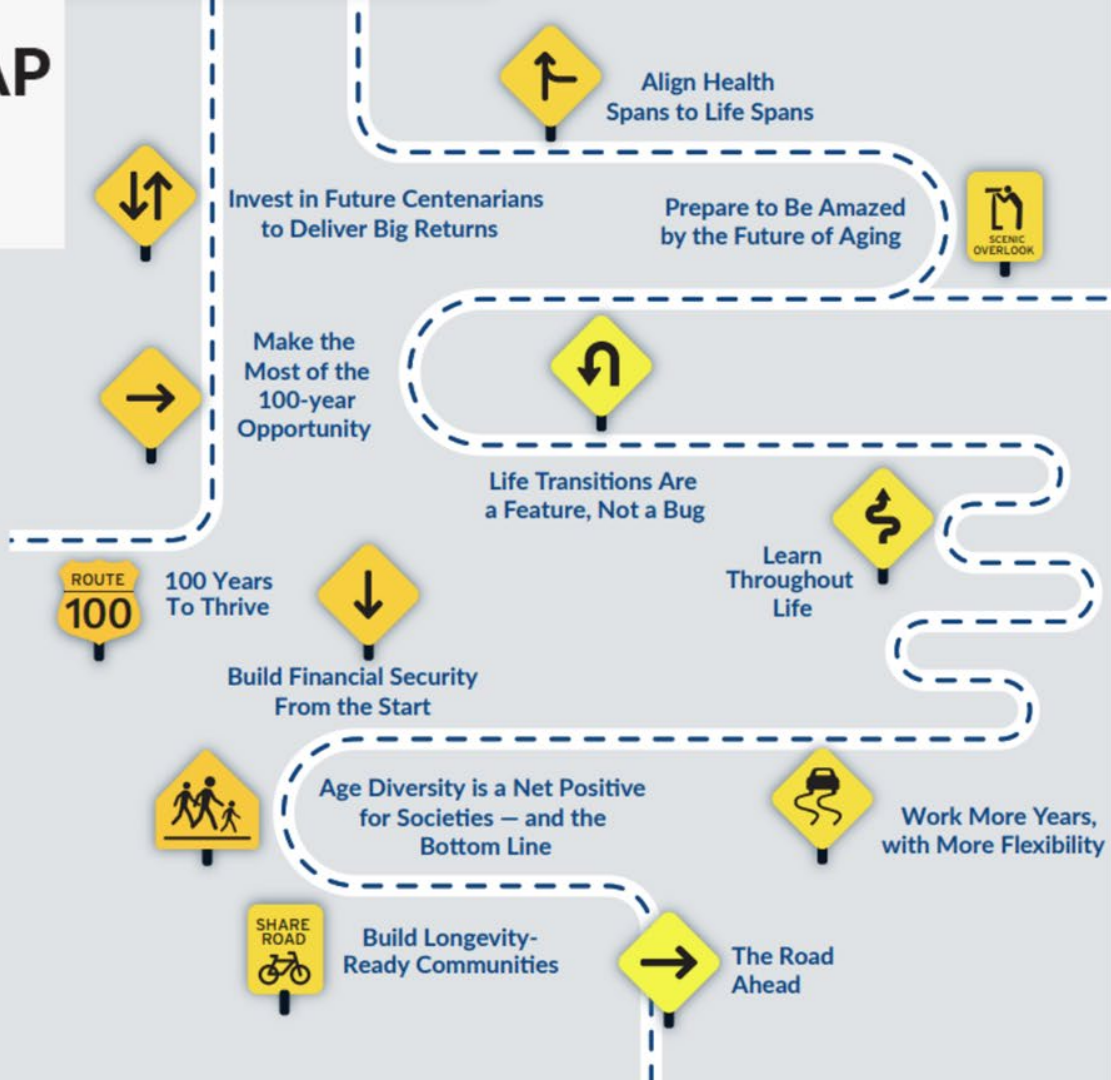


THE NEW MAP of LIFE

A Report from The Stanford Center on Longevity

APRIL 2022

longevity.stanford.edu



7 Guiding Principles for Long-Lived Societies

Age
diversity
is a net
positive

Invest in
future
centenarians
to deliver big
returns

Align
health
spans to
life spans

Prepare to
be amazed
by the
future of
aging

Work more
years with
more
flexibility

Learn
throughout
life

Build
longevity
ready
communities



ALL older adults lead lives that are:

Healthy



Financially
Secure



Socially
Connected



Purposeful



For the 100-Year Life Span

To age is to live. But living well into our later years of life is not a guarantee. To do that, you need a plan.

What is a Multisector Plan for Aging (MPA)?

A cross-sector, state-led strategic planning roadmap for transforming the infrastructure and coordination of services for older adults, people with disabilities, and caregivers.

CORE TENETS:

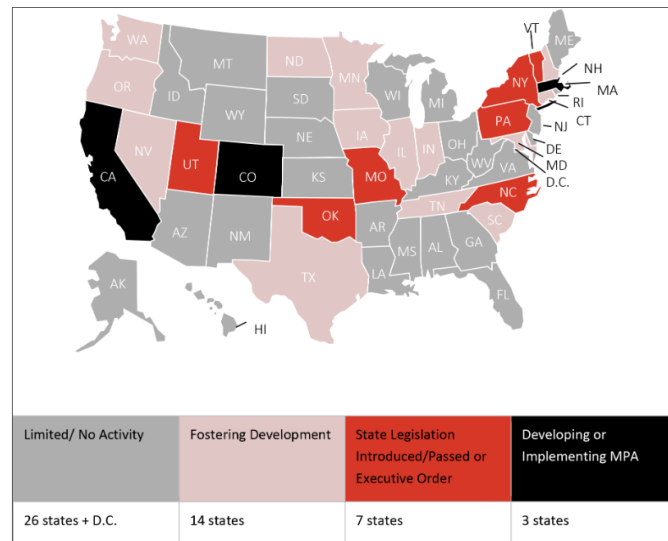
Transparency

Inclusion

Person-Centered

The MPA Movement

- Strong tool for states to build consensus around and act on aging & disability initiatives
- Advances state-level actions & is a tool to help states support aging populations
- 24 states demonstrating rapid adoption & increased interest



Source: <https://www.healthaffairs.org/content/forefront/advancing-integrated-care-dual-eligible-individuals-through-multisector-plans-aging>

BEST PRACTICES FOR AN MPA



Engage deeply
with a broad coalition



Involve executive and
legislative branches



Empower a leader who
can work across silos



Assemble a team
with necessary skills



Build on existing
state planning efforts



Gather input from
people across the state



Create committees
and subcommittees



Use data to inform
goals and initiatives



Design for the short-,
mid-, and long-term
for quick wins and
sustainability

Longevity Ready Maryland

- Person-centered, system transformation
- Identification of intersections and interdependence across the lifespan
- Strengthen relationships across populations and sectors
- Align, connect, and coordinate planning efforts
- Build on existing initiatives, commissions, and boards
- Data- and stakeholder-informed recommendations, actions, & policies
- Accountability
- Collective impact

Multiple Potential Pathways to Dementia

LIFESTYLE FACTORS

- Physical Activity
- Diet
- Drug/Alcohol Abuse

ENVIRONMENTAL FACTORS

- Education
- Brain Trauma
- Toxins/Other

PSYCHOSOCIAL FACTORS

- Depression/Anxiety

OTHER MEDICAL RISKS

- Metabolic/Obesity/Diabetes
- Hypertension/Heart Disease/Stroke
- Inflammation
- Certain Infectious Diseases
- Certain Medications

HEALTH EQUITY FACTORS

AGING

GENETIC FACTORS

SEX F>M

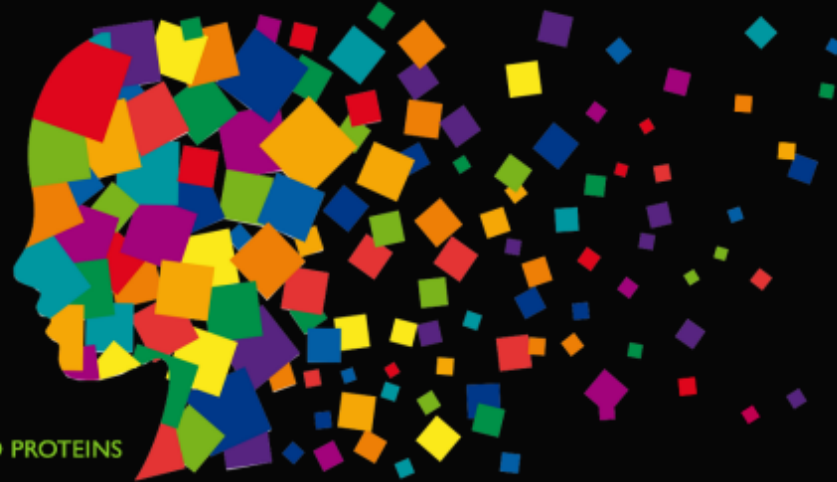
*MISFOLDED PROTEINS

- Amyloid
- Tau
- Alpha Synuclein
- TDP-43

*VASCULAR DISORDERS

- Injury, Infarct (Stroke)
- White Matter Disease
- Other Vessel Disease

*OTHER DISORDERS



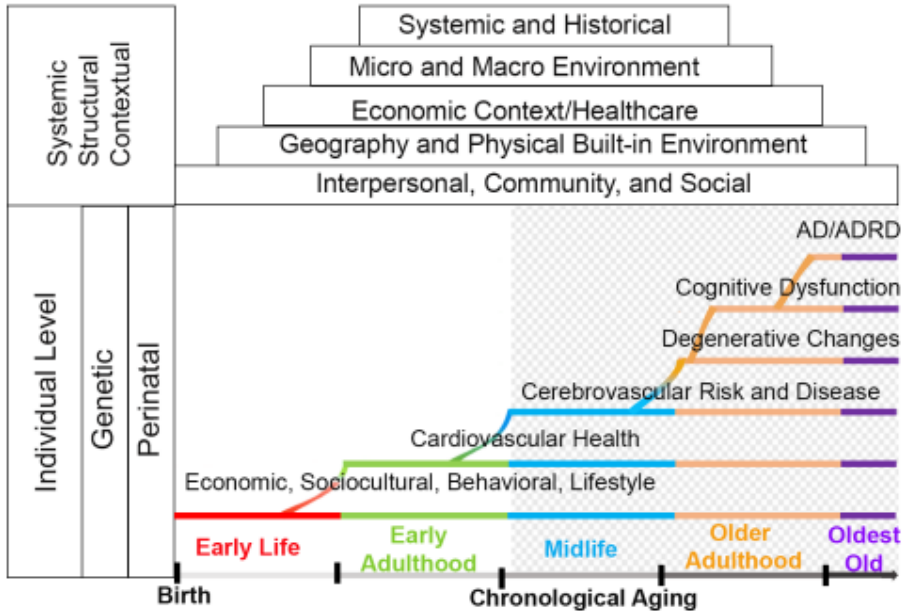
COGNITIVE IMPAIRMENT and DEMENTIA DIAGNOSES

Alzheimer's Dementia	Limbic Predominant TDP
Lewy Body Dementias	Mixed Dementias
Vascular Dementias	Other Cognitive Impairment
Frontotemporal Dementias	Other Dementias

Source: <https://www.ninds.nih.gov/sites/default/files/documents/ADRD%20Summit%202022%20Report%20to%20NINDS%20Council%20FINAL.pdf>

HEALTH EQUITY AND AD/ADRD

Life course AD/ADRD Health Equity model



- Identify & document inequities across a range of SDOH through data in AD/ADRD prevalence, incidence, & outcomes:
 - Race/ethnicity
 - Primary language
 - Income & wealth
 - Cultural context
 - Educational background
 - Gender identity & sexual orientation
 - Neighborhood environment
- Direct attention to the impact of historical & current policies and events
- Inform public health priorities, prevention, & strategies across the lifespan



STAKEHOLDER ENGAGEMENT

Robust input
Reflect diverse voices & lived experiences
Work closely with trusted community resources, partners, & other entities

AUTHORIZING LEGISLATION

Secure Executive Order for MPA development, accountability, & sustainability

MPA DEVELOPMENT

Create advisory committees & sub-committees
Leverage data to inform goals & initiatives
Identify performance indicators & metrics

MPA IMPLEMENTATION

Promote the MPA
Make the MPA Accessible
Regular progress reports
Continue to solicit feedback
Update & refine as needed

What is Possible?



- How can we create a population of older Marylanders who are healthy and vibrant well into old age?
- What is Maryland doing well and where are there opportunities for improvement?
- What does Maryland need to consider over the next ten years to ensure aging Marylanders are **healthy, financially secure, socially connected, and purposeful**?

Four Ways to Be Involved

01 Share



Tell us about existing planning efforts, programs and initiatives that are working in your community

02 Engage



Tell us what is meaningful to those living in your community. Including diverse groups and voices

03 Champion



Advocate for a comprehensive MPA to be developed for Maryland

04 Inform



Participate in workgroups and taskforces. Assist with developing recommendations. Stay involved.



Maryland
DEPARTMENT OF AGING

Contact Information



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