

# Alzheimer's Disease and Related Disorders Commission Brain Health Work Group

Thursday, July 18, 2024 12:00 pm- 1:30 pm

**Electronic Meeting** 

## **Meeting Minutes**

#### **Members Present:**

**Staff:** George Worthington, DARS

Karen Garner, Chair Dan Bluestein Annette Clark Rachel Coney Jessia Frederickson Patricia Heyn Guy Mayer Amy Sanders Stephen Towns Lindsey Vajpeyi

Welcome & Introductions Karen Garner called the meeting to order and workgroup members and staff introduced themselves.	Karen Garner, <i>Chair</i>
Adopt Agenda Action Item: Adopt Agenda Guy Mayer made a motion to adopt the agenda as presented. Dr. Towns seconded the motion, and the agenda was adopted by unanimous vote.	Karen Garner
<b>Review and Approve Minutes of May 16, 2024, Meeting</b> There were no changes to the minutes. Ms Garner declared the minutes adopted as presented.	Karen Garner
<b>Public Comment</b> No public comment was received, and no members of the public were in attendance.	Karen Garner

Brain Health Work Group Minutes July 18, 2024

### **Discussion: Workgroup Activities 2024**

George

Mr. Worthington briefly reviewed developments regarding the implementation Worthington plan and the next steps for its formal adoption in September.

Workgroup members were asked before the session to rank their first three choices from among the strategies contained in the implementation plan. The strategies as ranked were:

- 1. Encourage and promote regular cognitive screening
- 2. Use the Behavioral Risk Factor Surveillance System (BRFSS) to collect health outcomes data for persons with subjective cognitive decline in Virginia, and analyze and apply the findings to improve dementia capability.
- 3. Collaborate with related public health efforts (e.g., diet, exercise, comorbid conditions, etc.) to improve treatment adherence and encourage risk-reduction strategies, including lifestyle changes.
- 4. Promote awareness an education campaigns working with higher risk populations.
- 5. Promote efforts to improve treatment adherence among those experiencing subjective cognitive decline (SCD) living with at least one chronic condition.
- 6. Promote awareness of the benefits of consulting health care providers about brain health and the modifiable risk factors for dementia by people experiencing SCD.
- 7. Develop infographics and social media posts to promote cognitive health.

Members discussed the various strategies and ways of potentially implementing these. Members spent time discussing the impact of cognitive screening in the community, and particularly what happens after a screening. One possibility may to promote screenings and raise awareness generally about their importance and how they fit in the diagnostic process. There were many concrete suggestions such as providing general education about screening, utilizing existing toolkits to help raise awareness, to raise awareness about toolkits for providers and the public. Another thought was to include nurses in the target audience.

Members felt that infographics would be an activity that is well within reach of the workgroup. What information should be included on this infographic.

There was also discussion about how the GUIDE model programs might intersect with screening initiatives.

## **Meeting Adjournment**

Ms. Garner thanked members for their input and adjourned the meeting at 12:50pm.

Karen Garner