



Meeting Minutes

Texas Council on Alzheimer's Disease and Related Disorders
Texas Department of State Health Services
1100 West 49th Street, M-739
Austin, Texas 78756
Friday, April 23, 2010
11:00 am

The Texas Council on Alzheimer's Disease and Related Disorders met on Friday, April 23, 2010, at the Texas Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756.

<p><u>Council Members Present</u> Ronald DeVere, MD Carlos Escobar, MD Rita Hortenstine Deborah S. Hanna, Chair The Honorable Clint Hackney, Vice-Chair Carolyn Casey Frazier, RN Susan Rountree, MD Kate Allen Stukenberg Melissa L. King Ray Lewis, DO Robert A. Vogel, MD Frank Genco, HHSC, Representative Angela Hobbs-Lopez, DO, DSHS Rep. Lilani Muthali, MD, DADS Representative</p> <p><u>Council Members Absent</u> Grayson R. Hankins Winnie Rutledge, DADS Representative</p>	<p><u>Guests Present</u> John R. Gilchrist, Jr., President and CEO, Alzheimer's Association – Greater Dallas Chapter</p> <p>Michael Splaine, Alzheimer's Association, Washington, DC</p> <p><u>Staff Members Present</u> Susan Ristine, MSHP, DSHS Mary Somerville, DSHS</p>
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1. Call to Order/Roll Call/Excuse Absent Members

Debbie Hanna, Chair

Debbie Hanna, Chair, called the meeting to order at 12:05 pm. Roll call was taken and a quorum was present. Members and guests were welcomed.

The following absent members were excused:

Grayson R. Hankins
Winnie Rutledge, DADS Representative

2. Approval of Council Meeting Minutes from August 28, 2009

Debbie Hanna, Chair

Ms. Hanna asked the Council members to review the minutes from the August 28, 2009 meeting. Dr. Ray Lewis moved that the minutes of the August 28, 2009 meeting be approved as presented. Rita Hortenstine seconded the motion. All were in favor and the minutes were approved as presented.

**3. Introduction of New Council Members – Melissa King, Kate Allen Stukenberg,
Dr. Susan Rountree**

Debbie Hanna, Chair

New Council members were presented:

Melissa King is a former Board Member of the Alzheimer's Association, Houston /Southeast Chapter where she served as Advocacy Chair and Secretary/Executive Committee. She is currently on the Board of Directors for the American Diabetes Association (Houston & Gulf Coast Chapter), SEARCH for the Homeless, Theatre Under the Stars (TUTS), and Neighborhood Centers, Inc. Ms. King is on the Advisory Board of the Houston Area Immunization Partnership and sits on the Education Committee for the Houston Zoo. Ms. King was appointed to replace Margaret Krasovec's position.

Kate Allen Stukenberg is a fashion editor and stylist for PaperCity Magazine covering the Houston and Dallas markets. Ms. Stukenberg is a current Board Member of the Alzheimer's Association, Houston and Southeast Texas Chapter, where she has served as Advocacy Chair and served on the Executive Committee (term ended July 2009). Ms. Stukenberg co-founded the Alzheimer's Association Young Professionals Group (Alzies) and co-founded the group's signature event, Blondes vs. Brunettes Powder Puff Football Game. Ms. Stukenberg was appointed to replace Jack Kern's position.

Dr. Susan Rountree, Assistant Professor, Baylor College of Medicine, is currently working with patients who have Alzheimer's disease and geriatric patients with other cognitive disorders. Dr. Rountree's interests include practice-based research, and outcome assessments of patients with Alzheimer's disease and Mild Cognitive Impairment (a medical condition associated with an increased risk of dementia.) Dr. Rountree was appointed to replace Dr. Mary Kenan's position.

4. BRFSS Cognitive Impairment Module – Discussion and Vote

Susan Ristine presented information on the BRFSS Cognitive Impairment Module. Ms. Ristine reported that the Alzheimer's Association – Greater Dallas Chapter has offered to

underwrite the funding of the module in 2011 up to a maximum of \$40,000 and stated this was a great opportunity to gather statistical information on cognitive impairment in Texas.

John R. Gilchrist, Jr., President and CEO of the Alzheimer's Association – Greater Dallas Chapter stated that his Chapter was prepared to underwrite the costs to include the module on the 2011 BRFSS survey and will work with DSHS to prepare and submit the proposal. Mr. Gilchrist stated the module is very important to the Alzheimer's Associations and to the State of Texas, and stated that most importantly, collecting this type of baseline data can be used in future studies and will help to measure progress made over the coming years.

Michael Splaine with the National Alzheimer's Association stated the Alzheimer's Association is currently reviewing the data from the five states that piloted the Cognitive Impairment module in 2009. He reported that the module has been cognitively tested and field tested and it places Alzheimer's disease where it needs to be in public health. Mr. Splaine reported that the Alzheimer's Association plans to pilot the Cognitive Impairment module in 18-22 states in 2011, and stated this would be a major impact on measuring cognitive impairment in the nation.

Susan Ristine added that the Department of Aging and Disabilities Services has funded the entire BRFSS Caregiver Module in 2010 and that the data will be available in 2011. She reported that this information will be valuable to the program and that it will be used to help assess caregiver burden in Texas.

A motion was made by The Honorable Clint Hackney that the Council approve and move forward with the BRFSS Cognitive Impairment Module for 2011. Carolyn Frazier seconded the motion. A vote was taken and the motion passed unanimously.

5. Discussion of Time and Date for Next Council Meeting

Debbie Hanna reported that the next Texas Council on Alzheimer's Disease and Related Disorders meeting will be held September 21st or the 22nd, 2010, and asked Council members to mark their calendars. She reported that we will let the Council know of the exact date once it is determined.

Ms. Hanna reported that Susan Ristine will be working with the Steering Committee over the next couple of months on the development of a timeline for state plan implementation. Ms. Hanna reported that the implementation phase will require multiple conference calls and one full partnership meeting in the summer. At that meeting, the Council will meet and Council business will be conducted concurrently as it was today.

6. Council recessed for the afternoon presentation of 2010-2015 Texas State Plan on Alzheimer's Disease.

7. Council reconvened to Take Public Comment and Act on the 2010-2015 Texas State Plan on Alzheimer's Disease.

Public comment:

Annette Cubine, caregiver for twenty years:

People in the early stages of memory loss are acutely aware of how much they rely on their caregivers and spouses and they applaud any effort that supports caregivers. More accessible programs are needed to help people get out and more active. Patient's feel like dementia and Alzheimer's are very isolated diseases.

Paula M. Mixson, LMSW-AP, CVW, Arrange Care PC:

Care, Goal III, Objective 1, Strategy 1

As the implementation unfolds, please consider the dissemination of best practice guidelines, and consider the inclusion of Naomi Feil's Validation Method. I hope the Validation Method will be the subject of research to evaluate and quantify its effect on dementia patients and their formal and informal caregivers, and that it will be formally recognized and supported as an educational training topic for staff in assisted living and nursing facilities.

Kathy Strong, Executive Director, Nacogdoches Treatment Center – Alzheimer's Day Activity Program:

Caregiving/Caregivers, pages 43-55

Help for our caregivers and clients are very much needed in the rural areas. Our clients still want to be engaged in life and be involved in life and be a part in things in this world.

Jennifer A. Scott, Vice President of Operations, Arveda Alzheimer's Family Care:

Goal III; Objective 5, Safety

There needs to be a discussion about how to improve construction requirements that ensure resident safety in facilities. What DADS allows is not with what the International Building Code or the International Fire Code allows.

Dr. John Hart, Jr., University of Texas Dallas Center for Brain Health:

One of the hardest things I do is talk to patients and family caregivers about driving and it is one of the biggest problems that they experience. The other issue is looking at facilities and quality facilities and making guidelines and recommendations to help out caregivers and patients.

Richard C. Elbein, Alzheimer's Association, Houston and Southeast Texas Chapter:

Goal 1, Objective 5, pg. 24/25, Science Goal

The language in objective 5 in the Science Goal needs to be tightened. He will work with Susan Ristine and Dr. Barber on this.

Jana Humphrey, Executive Director, Alzheimer's Alliance of Smith County:

I invite and encourage you to engage and utilize the services and resources of the many local independent non-profit agencies like ours. We want to make ourselves available to help the plan succeed in our area.

Mike Splaine, Alzheimer's Association:

Goal 5, Objective 4

Twenty eight states are in the process of developing or having a comprehensive state Alzheimer's plan. There are seven major countries around the world and others that are contemplating developing an Alzheimer's plan. One thing I would advise you is when the plan becomes final, try to find the language that connects it to ordinary people. Second, Alzheimer's disease has a public image of affecting the very old and being a very disabling disease from onset. However, Alzheimer's disease is far more than just a public image of

old, disabled people. One of the great things these plans have done is that they have exposed Alzheimer's disease across its stages.

Dr. Sandra Bond Chapman, UT Dallas, Center for Brain Health:

Please make the patient feel vital and not like a disease. Focus on the medicine piece by testing and monitoring patients with the technology. This should be a high impact priority, and Texas can lead the way.

Jackie Brunard, Austin:

Please don't forget that everyone is dealing with the same issues of a loved one with Alzheimer's.

John Gilchrist, Alzheimer's Association – Greater Dallas Chapter:

As the plan unfolds, I ask the Texas Council to consider briefing each of the goal groups and give these partners specific ways to publicize the work. How can we make the State Plan implemental?

Jim Hinds, TARC Project Coordinator:

Jim Hinds expressed his sincere thanks to all involved in the development and planning of the Alzheimer's Disease State Plan.

Sandy Fortenberry, Nacogdoches Treatment Center Alzheimer's Day Activity Program:

Nacogdoches has a program called the Project Life Saver by the Pilot Club that uses GPS bracelets provided to families to track missing family members. Training is provided to the local Police Department.

After the public comment period ended, Ms Hanna stated the following:

It is the opinion of the Chair that the comments that have been heard/offered from the visitors this afternoon do not constitute a substantive change to this plan and that they are elements that will be contained in the application of the objectives and more refined in the strategies, and for that reason I am asking the members of this Council after consideration to provide a motion to adopt this plan.

Discussion ensued:

The Honorable Clint Hackney asked if the plan should need to be changed within the next five years, could the Chair call a meeting of the Council. Ms. Hanna responded in the affirmative, yes.

Dr. Rountree referenced sections of the plan, such as disease management, and stated this is a dynamic section and would change in the near future. Dr. Rountree suggested that the Council revisit these topics as new developments and treatments arise. Ms. Hanna agreed.

Ronald DeVere noted that the Clinical Best Practices for Early Detection, Diagnosis and Pharmaceutical Treatment of Persons with Alzheimer's Disease includes this language: *As Alzheimer's research continues, it is recommended that new evidence-based therapies be utilized as they become available.*

Susan Ristine stated that during the annual partnership meetings, and on a quarterly or semi-annually basis, a review of progress made, lessons learned, and plan updates will be reviewed and shared.

Robert A. Vogel, MD, stated that if the Council adopts the plan, it should be publicized among doctors. He suggested doing this through the TMA and through offering CMEs. All agreed.

Carlos Escobar, MD, stated that he feels very strong about advocating for the elderly and is offended every time the elderly are mistreated. He stated that there is a way to advocate for the elderly in our communities by assisting the family as much as we can. We have to break the stigma about caring for the elderly; therefore, we have to bring the message to the community in order to make the plan work. Dr. Escobar reported that there are certain things in our state he sees in his day to day practice such as system constraints on how the physician or practitioner can care for the elderly. Dr. Escobar noted that sometimes our long term institutions don't even know how to deal with medications, and noted that in the future we need to come to an understanding with the state facilities and with the medical community and other practitioners assisting the elderly. Most practice is from the medical model and we don't pay attention to the social aspects of our patients. We don't pay attention to psychological well being of our patients in the facilities, so it's important to integrate those aspects for the care in long-term care facilities and other facilities that assist our elderly population. In the future we need to work on how to deliver care to the elderly in long-term care facilities, assisted living facilities or in home. Hopefully we can keep working in that direction and to bring a better outlook and better opportunities for our elderly and to be able to take care of them properly.

The Honorable Clint Hackney moved to adopt the 2010-2015 Texas State Plan on Alzheimer's Disease. The motion was seconded by Dr. Ronald DeVere. A vote was taken and the 2010-2015 Texas State Plan on Alzheimer's Disease was unanimously adopted.

9. Adjourn

The meeting was adjourned at 3:45 pm.