

**State Unit on Aging
Alzheimer’s Disease and Other Dementia Advisory Council Meeting
Friday, August 16, 2024**

**Jack J Huck Continuing Education Center
301 S. 68th Street Place
Lincoln, NE 68510
Conference Room 304**

Voting Members Present: John Croghan, Nick Faustman, Christopher Kelly, Tracy Lichti, Julie Masters, Kierstin Reed, Corie Sass, Mary Ann Stallings, David Thompson

Voting Members Absent: Julie Kaminski, Lisa Marks

Non-Voting Members Present: Josie Rodriguez, Kathy Scheele

Non-Voting Members Absent: Lisa McGuire, Timothy Tesmer

Council Staff Present: Joni Dulaney

State Unit on Aging Staff Present: Ben Stromberg

This meeting was held in person at the Jack J. Huck Continuing Education Center in Lincoln. A link was provided for members of the public to attend virtually. The meeting was called to order at 10:08 a.m. by David Thompson, Council Chair. Roll was taken and Council members introduced themselves.

Nebraska Open Meetings Act Announcement

David announced that Council meetings fall under the Nebraska Open Meetings Act. A copy of the Act was posted on the wall near the door.

Public Comment

All public meetings must allow time on the agenda for people who are not members of the Council to comment. No comments were shared.

Approval of Minutes

A motion to approve the July 19, 2024, meeting minutes was made by Julie Masters and seconded by Tracy Lichti. No corrections were requested to the minutes.

A roll call vote was taken: Yes – 9; No – 0; Abstain – 0.

State Plan

Draft 3 of the State Alzheimer’s Plan, emailed to Council members on August 12, was discussed. David Thompson, Chris Kelly, and Education Subcommittee member Sarah Wilson have been incorporating Council members’ additions, deletions, and comments into this draft. Any additional comments on the content of the draft must be emailed to David, Chris, Sarah, and Joni Dulaney by 5:00 pm on Friday, August 23 for Draft 4 of the plan. Between August 23 and

September 6, edits will continue to be made. Council members may receive emailed questions or requests for additional content for different sections of the draft during this time. Draft 5 of the plan will be emailed to Council members on September 6. Between this date and September 13, Council members will review the draft and submit comments. Draft 5 will be the final draft and will be discussed at the September 20 Council meeting. At the October meeting, the Council will vote to approve the final State Alzheimer's Plan to be submitted to the Legislature and Governor through DHHS.

David referenced the Comments and Recommendations List that was emailed to Council members. Members should review this list to ensure these areas are adequately covered in the State Plan. He talked about the plan's appendices – the siting of sources and citations, and what community resources should be included and where. One appendix will be terminology.

Sections and subsections have changed between Draft 2 and Draft 3. This was done to create a more fluid, easy-to-read plan. The Role of the State is a key area that needs to be created as its own section. David will continue to work on the Executive Summary and add his drafts of the Legal Protection sections.

A question was asked about whether the plan will have hyperlinks embedded for those who are reading the document electronically. Another topic was on forming groups to begin plan implementation. The groups should be very focused, such as a group of just facility administrators to talk about changes to regulations and staffing, etc., and a group representing educational institutions to include K-12 and institutions of higher education, as examples.

Many plan recommendations were discussed:

- Inclusion in a dementia registry should be voluntary. However, it is important to consider striking the balance between voluntarily being added to the registry and tracking the true number of diagnoses in the state.
- State regulations require four hours of dementia training for all staff working at long-term care facilities, regardless of whether there is a memory care unit at the facility. The content of any training that may be proposed for facility-based care staff should not be prescriptive. Rather than specific topics and trainings, resources for training that is based on current, best practices should be listed. This would allow each facility to determine which trainings should be presented to their staff based on the individuals in their care.
- Training of family and other unpaid caregivers needs to be expanded and lifted in the plan.
- Education of healthcare providers needs to address when to refer to another physician and what to do when there is no one to refer patients.
- There was discussion on the low number of gerontologists in Nebraska and how to excite K-12 students to enter this field.
- Bring attention to brain health for aging populations like there is for students and student athletes.

- Get an awareness campaign out to the public about the annual cognitive screening that is allowed under the Medicare Wellness Check.
- Another campaign would promote careers in the aging field through billboards and other media.
- Healthcare providers must have a certain number of CEs in cognitive impairment for their continuing education. For medical students, coursework and certification in gerontology or micro credential, and a practicum working with the aging population should be required.
- Recommendations should be succinct and proactive and show what needs to happen now. There should be recommendations that can be implemented to accomplish and highlighted in the annual report to the legislature and governor.
- A two-page handout should be created for the legislature and governor. This would highlight of the most important findings and recommendations, including money-saving efforts for home and community-based services; the amount of Medicaid dollars spent on dementia care; how to prevent a crisis of care at lower, less expensive levels; numbers of constituents who have dementia and the number of caregivers; the cost of caregiving, etc.

Announcements

Kathy Scheele announced she has resigned her position with the Department of Health and Human Services effective the end of August. A replacement for the Medicaid and Long-Term Care representative for the Council will be named.

The next Council meeting will be held virtually on September 20, 2024.

Adjourn

The meeting adjourned at 12:05 p.m.