The Texas Council on Alzheimer’s Disease and Related Disorders (Council) met on Monday, October 3, 2016, at the Texas Department of State Health Services, 1100 W.49th St., Austin TX 78756.

<table>
<thead>
<tr>
<th>Council Members Present</th>
<th>Guests Present</th>
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<tr>
<td>Lisa B. Glenn, M.D.</td>
<td>Carleigh Baudoin, M.P.H., DSHS - Health Promotion and Chronic Disease Prevention (HPCDP)</td>
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<td>Debbie Hanna, Chair</td>
<td>Richard Kropp, DSHS - HPCDP</td>
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<td>Rita Hortenstine</td>
<td>Mack Harrison, DSHS – Office of General Counsel</td>
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<td>Valerie J. Krueger</td>
<td>James Crowson, Attorney General’s Office</td>
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<td>Toni Packard</td>
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<td>Nancy Walker</td>
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<td>Melissa L. Edwards</td>
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<td>Laura DeFina, M.D.</td>
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<td>Francisco González-Scarano, M.D.</td>
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<td>Carlos Escobar, M.D.</td>
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<td>Kathlene E. Camp, P.T., D.P.T.</td>
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<th>Council Members Absent</th>
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<tr>
<td>The Honorable Clint Hackney, Vice-Chair</td>
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<td>Susan Rountree, M.D.</td>
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<td>Kate Allen Stukenberg</td>
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<td>Ronald Devere, M.D.</td>
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<td>Marc Diamond, M.D.</td>
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<th>Program Staff Members Present</th>
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<tr>
<td>Lynda Taylor, DSHS - HPCDP</td>
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1. Welcome/Call to Order/Roll Call/Excuse Absent Members
Debbie Hanna called the meeting to order at 11:25 a.m. Lynda Taylor certified roll, and a quorum was present. Members and guests were welcomed. Ms. Hanna excused absent members.

2. Introduction of new members
Ms. Hanna introduced new Council members appointed by the Speaker of the House.

- **Kathlene E. Camp, P.T., D.P.T.,** Adjunct Professor and Instructor for the Center of Geriatrics in the Institute for Health Aging at the University of North Texas Health Science Center (UNTHSC) in Fort Worth, Texas.
- **Francisco González-Scarano, M.D.,** Dean of the School of Medicine and Vice President for Medical Affairs at the UT Health Science Center at San Antonio.
- **Marc Diamond, M.D.,** is the founding Director of the Center for Alzheimer’s and Neurodegenerative Diseases, and is a Professor of Neurology and Neurotherapeutics at UT Southwestern.

3. Approval of Council Minutes from the March 3, 2016, Meeting
Ms. Hanna asked Council members to review the minutes from the March 3, 2016, meeting. Rita Hortenstine, moved that the minutes be approved as presented. Dr. Carlos Escobar seconded the motion. All were in favor, and the March 3, 2016, meeting minutes were approved as presented.

4. Department of State Health Services (DSHS) Update
Richard Kropp, Acting Section Director for Health Promotion and Chronic Disease Prevention (HPCDP), provided updates from DSHS.

Carleigh Baudoin is the new Manager for the Chronic Disease Branch of the HPCDP.

Phase Two of the Health and Human Services (HHS) transformation will be complete by September 1, 2017, and the number of DSHS divisions will be reduced from six to three according to the current interim organizational chart. The HPCDP will be under the Division for Family and Community Health.

A 4% cut in legislative appropriations for Chronic Disease was proposed, which will impact programs related to kidney disease, cardiovascular disease and stroke and preventable hospitalizations.
5. **Texas Alzheimer's Disease State Plan (Plan) Update by Co-Chairs**

Rita Hortenstine and Lynda Taylor as co-chairs provided an update on the Plan.

Ms. Hortenstine gave a brief history of the Council.

- The Council was established by the Texas Legislature in 1987 to serve as the state’s advocate for people with Alzheimer’s disease (AD) and those who care for them.
- In 1999, the 76th Texas Legislature mandated that the Council establish a consortium of AD centers, which is now known as the Texas Alzheimer’s Research and Care Consortium (TARCC). TARCC is the first statewide coordinated AD research effort in Texas funded to create and expedite groundbreaking research into the cause and prevention of AD through a cohort of more than 1700 active participants. The funded AD efforts in Texas are named the Darrell K Royal Texas Alzheimer’s Initiative.
- In 2005 the Texas Legislature approved the first appropriations for TARCC-funded efforts named in honor and memory of the iconic Texas football coach Darrell K. Royal.
- In 2008 the Council formed the Texas Alzheimer’s’ Disease Partnership (Partnership) of over 150 volunteers to assist the Council in planning, coordinating and implementing statewide strategic planning in Texas.
- In 2010 the Council launched the first Texas State Plan on Alzheimer’s Disease. This was the first state plan to include a prevention goal. The Partnership has promoted the Plan and worked to implement projects involved in prevention, care and research. The Council is now updating the Plan.
- The TARCC Investigator Grant Program was developed to attract and expand research efforts in Texas by awarding more than $1 million in grants to Texas-based AD researchers for novel research and discovery in AD.
- The Texas CARES program is being developed as the first model program in Texas to establish memory capable communities and support for persons with AD and family caregivers.

The co-chairs described the structure for the updated Plan. The overall objective is to enhance the current Plan and make Texas a dementia friendly and memory capable state. Together these two ideas create our Texas vision. Feedback from the Partnership indicated the importance of using the phrase dementia friendly. Dementia friendly addresses all of the domains of the Plan, a person-centered approach and caregiver wellness. Memory capable highlights previous work on prevention and preserving memory as long as possible for those with dementia.
The co-chairs are guiding the Steering Committee to determine the best course for the Plan based on available resources. The Plan Steering Committee Members are

- Caregiving
  Alan Stevens, Ph.D.
  Baylor Scott & White Health
  Texas A&M Health Science Center College of Medicine

- Disease Management
  John Bertelson, M.D.
  Seton Brain and Spine Institute
  University of Texas – Dell Medical School

- Science
  Diana R. Kerwin, M.D.
  Texas Alzheimer’s and Memory Disorders
  Texas Health Physicians Group
  (Dr. Rachelle Doody was the former chair but has accepted a position in Switzerland.)

The Plan includes priority goals for the domains of Dementia Friendly Communities, Prevention and Aging Well, Disease Management, Caregiver Support and Science. These goals are similar to the current plan, inspired by the Texas Cancer Plan format and is informed by the Steering Committee. There will be a section regarding the basics of dementia friendly communities that is based on material from Dementia Friendly America and will provide information for many sectors of a community. Together these two sections will encourage and empower all Texans to take action on AD in their communities.

Dr. González-Scarano indicated the need to acknowledge diseases and conditions other than Alzheimer’s disease.

Dr. Escobar indicated the need to address stigma regarding dementia.

6. Texas Alzheimer’s Research and Care Consortium (TARCC)
   a. Dr. Rachelle Doody of Baylor College of Medicine has resigned from the TARCC Steering Committee as she has accepted as position in Switzerland.
   b. Ms. Hanna called for a motion to approve the nomination of Dr. Valory Pavlik as the Baylor College of Medicine Steering Committee member. Melissa Edwards moved that Dr. Pavlik be appointed the Baylor College of Medicine Steering Committee member. Ms. Hortenstine seconded the motion. All were in favor, and the nomination of Dr. Pavlik as the Baylor College of Medicine Steering Committee member was approved.
c. An extension has been granted for the report from the Texas A&M University Grant Program.

d. Ms. Hanna provided a handout regarding the External Advisory Committee Recommendations, June 5-6, 2016, Review of TARCC. Dr. Munroe Cullum could not attend today. The TARCC Steering Committee and all of the sites have reviewed the Recommendations, and there are no disagreements.

e. Ms. Hanna called for a motion to approve the nominations of Dr. Munroe Cullum and Dr. John Hart as External Advisory Compliance Committee Co-Chairs. Dr. Laura DeFina moved that Dr. Munroe Cullum and Dr. John Hart be appointed as External Advisory Compliance Committee Co-Chairs. Dr. González-Scarano seconded the motion. All were in favor, and the nominations of Dr. Munroe Cullum and Dr. John Hart as External Advisory Compliance Committee Co-Chairs were approved.

7. **Time and Date for Next Council Meeting**
   The next meeting of the Council has not yet been determined.

8. **Public Comment**
   There was no public comment.

9. **Adjourn**
   The meeting was adjourned at 1:00 p.m.
Caregiving
Alan Stevens, Ph.D.
Baylor Scott & White Health;
Texas A&M Health Science Center College of Medicine

Disease Management
John Bertelson, M.D.
Seton Brain and Spine Institute;
University of Texas – Dell Medical School

Science
Diana R. Kerwin, M.D.
Texas Alzheimer’s and Memory Disorders
Texas Health Physicians Group
Rachelle S. Doody, M.D., Ph.D.
Texas State Plan on Alzheimer’s Disease 2016-2021 - Update

Alan Stevens, Ph.D.
John Bertelson, M.D.
Rachelle S. Doody, M.D, Ph.D.
Diana Kerwin, M.D.
Rita Hortenstine
Lynda Taylor, M.S.W.

Texas State Plan on Alzheimer’s Disease 2010-2015

State Plan 2010-2015

Putting the Pieces Together

A Comprehensive Plan for Addressing the Burden of Alzheimer’s Disease in Texas 2010 - 2015

Texas State Plan on Alzheimer’s Disease
State Plan 2010-2015

- First for Texas
- Set the groundwork for priority AD issues
- Includes prevention
- Council and Stakeholder planning groups
- Opportunity to learn how to move forward

State Plan 2016-2021

Texas State Plan on Alzheimer's Disease 2016-2021

Making Texas Dementia Friendly & Memory Capable

A project of the Texas Department of State Health Services and the Donald K. Young Texas Alzheimer's Initiative
Steering Committee

Caregiving
Alan Stevens, Ph.D.
Baylor Scott & White Health;
Texas A&M Health Science Center College of Medicine

Disease Management
John Bertelson, M.D.
Seton Brain and Spine Institute;
University of Texas – Dell Medical School

Science
Diana R. Kerwin, M.D.
Texas Alzheimer’s and Memory Disorders
Texas Health Physicians Group
Rachelle S. Doody, M.D., Ph.D.
Baylor College of Medicine (formerly)

Perspectives

• Dementia Friendly = All aspects of dementia
  - Apply principles to all domains and goals
  - Person-centered approach
  - Caregiver wellness

• Memory Capable = Prevention
  - What current research indicates
  - Aging well
  - Preserving memory as long as possible for those with dementia

* Informed by Partnership Surveys
Two main sections of the Plan

• Priority Goals based on the five domains
  - Similar to current plan
  - Inspired by Texas Cancer Plan format
  - Steering Committee

• Basics of Dementia Friendly Communities
  - Sector Guides
  - Dementia Friendly America

Dementia Friendly

Supporting those with dementia and their families by learning about dementia; creating respectful and safe environments; adopting dementia friendly concepts in daily life, business practices and services; and promoting awareness and person-centered approaches within the community.
Promoting evidence-based information about maintaining brain health, preserving memory for those with dementia for as long as possible, and supporting prevention research.

Texas is becoming dementia friendly and memory capable.

Texas will educate the public, healthcare professionals and healthcare systems about memory disorders to facilitate the understanding and application of prevention approaches, early detection, diagnosis, and long-term management of such disorders. Texas will integrate the newest and best scientific information, clinical practices, experimental therapeutics and sociological models to provide an environment in Texas where every citizen can recognize and expect the highest quality of care and where members of society will be educated and empowered to support people with memory disorders as well as their caregivers and loved ones.
The goal of the plan is to empower Texans with the information and tools they need to be dementia friendly champions in their own communities and organizations and to support prevention approaches.
Community Champions

Encourage Texans to become champions in their communities and organizations

- Learn about the needs of those living with dementia and their caregivers
- Understand current knowledge about prevention
- Play a role in transforming their communities to support those with dementia
- Contribute to the AD priorities listed in the plan

Call to Action

Texas is ready to take the powerful step of becoming a dementia friendly and memory capable state. All Texans can play a part, and we will help you understand ways you can get involved.
Innovations

• Takes Texas to a new level

• Represents the collective impact of all Texans – Share the responsibility

• Join a national effort to create dementia friendly communities

Audiences – Any Stakeholder

– Individual Texans
– Those living with dementia
– Family Caregivers
– Professionals
– Organizations
– Businesses
– Healthcare systems
– Legislators
– Coalitions of all kinds
### Activities of the Plan

- Recommendations include priority goals, strategies, projects
- Recommended evaluation for projects
- Guides for what you can do in all areas of your community – non traditional partners
- You choose what you can do in your community

### Design Features

- Plain language
- Shorter narrative – key points and information
- Easier on the eye
- Prevention education tear out
- Use the plan like a workbook
- Create support documents available separately to reduce the bulk of the content
Heart of the Plan

Priority Goals based on the five domains

Priority Goals

The Incentivized Priority Goals

- [List of incentivized priority goals]

- [Additional information related to priority goals]

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Priority Goals – Domain Example

Disease Management

• **Goal 5:** Improve access to dementia friendly healthcare systems
• **Goal 6:** Promote early detection and diagnosis
• **Goal 7:** Maximize quality of life through treatment
• **Goal 8:** Maintain home safety and independence
• **Goal 9:** Improve patient care through dementia friendly facilities
Objective 6.1: Identify persons at risk for cognitive disorders

- **Strategic Action 1:** Promote Medicare Annual Wellness visit to include assessments of mood and cognition
- **Strategic Action 2:** Implement public awareness campaign related to early diagnosis and intervention
- **Strategic Action 3:** Encourage providers to use validated assessment tools when assessing for depression and cognitive impairment
- **Strategic Action 4:** Require that policies promoting cognitive assessments include Texans with multilingual and multicultural backgrounds
- **Strategic Action 5:** Promote early detection to the general public through education and public service announcements

*Five Domain Sections*

Each domain will have a section

- Dementia Friendly Communities
- Prevention & Aging Well
- Disease Management
- Caregiver Support
- Science
Exciting and New for our Plan

Basics of Dementia Friendly Communities

Dementia Friendly America

- National movement
- Texas one of only a few statewide efforts
- Olivia Mastery – March 3, 2016
- Community Sector Guides
- Coalition building toolkit
- Videos
- Resources
- Website: www.dfamerica.org
Community Sector Guides

- You as a Texan
- Caregivers
- Banks and Financial Services
- Neighbors and Community Members
- Legal and Advance Planning Services
- Businesses
- Health Care Throughout the Continuum
- Independent Living
- Long-Term Care
- Communities of Faith
- Legislators
- Government, Community, and Mobility Planning

Example of Sector Guide

Domestic, Family, Financial Services

- Domain categorization for care (nonprofit, financial, government)
- Determinations of continuity and capacity
- Governance of responsibilities
- Planning services for care (financial, government)
- Financial planning for care
- Services for care (financial, government)
- Personal health and financial services
- State and federal funding models for care

Names of Financial Service
- Foundation for Families
- Services for families
- Services for communities
- Services for transition services
- Services for government services

Federal Family, Financial Services
- Services for families
- Services for communities
- Services for transition services
- Services for government services
Example Sector Guide page 2

Other areas of the Plan

- What is AD?
- Related cognitive disorders
- Diversity/Underserved
- Trends in AD
- What’s going on in Texas
- Prevention education 2-pager
- Glossary of terms
- Appendices
  - Domain & AD info detail
  - Resources
- Other suggestions
What’s Going on in Texas (detail)

• Texas Council on Alzheimer’s Disease and Related Disorders (Council)
• Texas Alzheimer’s Research and Care Consortium (TARCC)
• Texas Cares (pilot)
• Health and Human Services (HHS)
  - Area Agency on Aging; Aging and Disability Resource Centers (ADRC)
  - Dementia friendly activities
  - Music program
  - Generations United
• Dementia friendly coalitions
  - Ft. Worth
  - Houston
  - Alzheimer’s Association – San Antonio

Plan helps Texans in many ways

• Make the most of the resources we have
• Encourage a common language
• Show new ways to take responsibility
• Include non-traditional partners
• Provide framework for projects and grants
• Recommend activities based on current trends and what is known about prevention
• Introduce the dementia friendly concepts
• Promote what is already underway in Texas
Implementation

- **Council**
  - Serve as Ambassadors

- **Partnership members**
  - Become champions in their own communities and organizations
  - Engage in activities from the plan for their own communities
  - Promote the Plan in their communities

Implementation cont.

- **Dept. of State Health Services (DSHS)**
  - Technical assistance to stakeholders
  - Establish partnerships with groups/systems to disseminate the Plan,
    (e.g., Texas A&M, AgriLife, Border Health)
  - Dementia friendly grants
  - Train-the-Trainer event to encourage Champions
  - Webinars for education and sharing success stories
  - Promotion through PSAs and community education
Next Steps

- Final Plan by end of January
- Create a plan to roll out step by step over time
- Start initial promotion of the State Plan
  - Webinars
  - Emails
- Look for ways to evaluate our activities
- Explore ways to create dementia friendly certifications for Texas cities

Dementia Friendly Community

A dementia friendly community is where all community members share the responsibility for supporting those living with Alzheimer's and cognitive problems.
Thank You!

Rita Hortenstine

Lynda Taylor, MSW

Co-Chairs, Texas Alzheimer’s
State Plan 2016-2021 Update
# The Seventeen Priority Goals

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<thead>
<tr>
<th>Dementia Friendly Communities</th>
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<tbody>
<tr>
<td>Goal 1: Increase the number of communities adopting dementia friendly concepts to improve the lives of persons living with dementia and their family caregivers</td>
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<th>Prevention &amp; Aging Well</th>
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<td>Goal 2: Increase awareness of current prevention recommendations</td>
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<td>Goal 3: Increase adoption of healthy lifestyle behaviors based on available evidence</td>
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<td>Goal 4: Increase the number of communities adopting practices for aging well to help older populations remain in their communities longer</td>
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<td>Goal 5: Improve access to dementia friendly healthcare systems</td>
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<td>Goal 7: Maximize quality of life through treatment</td>
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<td>Goal 10: Enhance levels of support through improved access to AD/dementia care information and services</td>
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<td>Goal 11: Increase caregivers’ awareness of community resources and education</td>
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<td>Goal 12: Increase caregivers’ awareness of and access to respite, legal and financial services</td>
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<td>Goal 13: Increase employers’ ability to support caregivers</td>
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<th>Science</th>
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<td>Goal 14: Support AD research in Texas</td>
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<td>Goal 15: Increase collaboration among AD researchers</td>
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<td>Goal 16: Translate research data into useful information for physicians and the public</td>
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<td>Goal 17: Increase awareness of and access to clinical trials</td>
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Goal 6: Promote early detection and diagnosis

Objective 6.1: Identify persons at risk for cognitive disorders

**Strategic Action 1:** Promote Medicare Annual Wellness visit to include assessments of mood and cognition

**Strategic Action 2:** Implement public awareness campaign related to early diagnosis and intervention

**Strategic Action 3:** Encourage providers to utilize validated assessment tools when assessing for depression and cognitive impairment

**Strategic Action 4:** Require that policies promoting cognitive assessments include Texans with multilingual and multicultural backgrounds

**Strategic Action 5:** Promote early detection to the general public through education materials and public service announcements

Objective 6.2: Use appropriate diagnostic resources

**Strategic Action 1:** Promote primary care and specialist adoption of validated standards of diagnosis according to national guidelines (i.e., AAN Practice Parameter for Diagnosis of Dementia)

**Strategic Action 2:** Reduce barriers to access of standard laboratory and diagnostic imaging, including for patients who are unfunded or underfunded
Dementia Friendly Financial Services

Difficulty managing finances can be an early sign of dementia. Financial services professionals can use dementia friendly practices to help maintain clients' independence while protecting them from problems such as unpaid expenses, squandered resources, avoidable guardianship, and financial abuse, neglect, or exploitation. Dementia friendly business is good business that will help retain existing clients and attract new ones.

Follow the steps: Six Warning Signs Specific to Money Management

1. Lapses in memory that cause people to miss appointments, confuse payments or documents, or repeat orders or questions.
2. Disorganization with documents or record keeping.
3. Worsening money management skills: forgetting to record transactions in checkbook, or incorrectly filling out registers or checks.
4. Decline in ability to do basic math computations.
5. Difficulty grasping financial concepts that were previously understood.
6. Poor judgment with finances such as drastic changes in investment strategy or interest in get-rich-quick schemes.

Signs of Financial Abuse

- Misuse of money by a third party.
- Unusual account withdrawals.
- Drastic shifts in investment style.
- Inability to contact customer or isolation from friends/family.
- Signs of intimidation or reluctance to speak in front of a care partner.

Spread Dementia Friendly Principles

- Partner with advocacy groups, state agencies, and regulators to learn more about, follow and encourage dementia friendly practices.
- Share learning and experiences and spread best practices to promote dementia friendly principles among other financial professionals.

Adapted from Dementia Friendly America® resources found at www.dfamerica.org.
Guidelines to Address Financial Challenges

- Ask all clients at the start of the relationship to identify who will make decisions if the client cannot.
  1. Is there a trusted secondary person to contact if there is a question about client’s condition or to join conversations as appropriate?
  2. Does the client have a power of attorney or trust in place that would allow others to make investments on their behalf?
- Empower and support clients with dementia and involve care partners in discussions as appropriate as they will take on increased decision making roles for the client with dementia. Plan for declining abilities.
- Advocate for proper asset allocation and suitability of products and services.
- Follow ethical rules for working with a client with a disability.
- Notify and consult with branch manager or supervisor as needed with concerns.

Dementia Friendly Practices

Customer service:
- Know your customers and their individual needs. Put needs of the client first.
- Create conditions that help customers feel comfortable sharing their needs. Listen to client and care partners and seek their feedback.
- Provide a dementia friendly environment that is safe and accessible with quiet places to sit and relax; well-lit hallways; uncluttered spaces; pictures and signs that identify areas such as restrooms.
- Keep records of communications and needs to aid future interactions. If the person discloses that they have dementia, ask if it can be recorded. It is much easier to assist and support a person who has made this known.
- Act lawfully and ethically.

Products and services:
- Provide alternate security/fraud prevention methods that allow access (PINs and passwords are not usually useful for people with dementia).
- Provide financial planning, including money management services, direct deposit, joint accounts, automatic bill pay, power of attorney (created with capacity and protections against abuse), revocable living trusts for complex assets, and estate planning. Good advance planning generally can prevent the need for guardianship.
- Be alert and report financial abuse or harm by monitoring accounts for unusual activity.

Adapted from Dementia Friendly America® resources found at www.dfamerica.org.
Ronald C. Petersen, M.D., Ph.D., focuses on investigations of cognition in normal aging, mild cognitive impairment and dementia. Dr. Petersen and his colleagues evaluate cognitive changes in normal aging as well as in a variety of disorders involving impairment in cognition, such as Alzheimer's disease, frontotemporal lobar degeneration and Lewy body dementia.

Dr. Petersen directs the Mayo Clinic Alzheimer's Disease Research Center and the Mayo Clinic Study of Aging, both of which involve the study and
characterization of aging individuals over time with an emphasis on neuroimaging and biomarkers.

Focus areas

• Cognitive function in aging
• Disease course in normal aging, mild cognitive impairment and dementia
• Biomarkers of disease processes, including neuroimaging and cerebrospinal fluid
• Cognitive and biomarker signals of early cognitive impairment
• Development of therapies for cognitive impairment

Significance to patient care

Cognitive dysfunctions, including mild cognitive impairment and dementia, are leading causes of morbidity in aging. With the aging of society, these conditions are becoming increasingly common, and early detection is essential. Ultimately, the interventions will be designed to take place in cognitive dysfunction at its earliest stage.

Professional highlights

• Member, World Dementia Council, 2014-present
• Chair, Advisory Council on Alzheimer's Research, Care, and Services for the National Alzheimer's Project Act, 2011-present
• Board of directors, The Alzheimer's Association, 2008-present
• Cora Kanow Professor of Alzheimer's Disease Research, Mayo Clinic College of Medicine, 2000-present
• Henry Wisniewski Lifetime Achievement Award, Alzheimer's Association, 2013
• Member, National Advisory Council on Aging, National Institute on Aging (NIA), 2010-2013; Board of Scientific Counselors, NIA, 2003-2008
• Zaven Khachaturian Award, Alzheimer's Association, 2012
Gerard D Schellenberg, Ph.D.

Professor of Pathology and Laboratory Medicine
Department: Pathology and Laboratory Medicine
Graduate Group Affiliations
- Neuroscience
- Genomics and Computational Biology

Contact information
Department of Pathology and Laboratory Medicine
University of Pennsylvania School of Medicine
Room 605B, Stellar Chance Laboratories
422 Curie Blvd.
Philadelphia, PA 19104

Education:
B.S. (Biochemistry/minor: Cell Biology) University of California at Riverside, Riverside, California, 1973.
Ph.D. (Biochemistry/minor: Cell Biology) University of California at Riverside, Riverside, California, 1978.
Permanent link

Selected Publications


Last updated: 06/30/2016

The Trustees of the University of Pennsylvania
Dr. Douglas Galasko is a clinician-researcher who focuses on Alzheimer's Disease, Parkinson's Disease and other disorders resulting in cognitive impairment and dementia. He currently serves as Director of the UCSD Shiley-Marcos Alzheimer's Disease Research Center (ADRC). He is a member of the Alzheimer's Disease Cooperative Study, a NIH-funded consortium of medical centers that conducts clinical trials in Alzheimer's Disease.

In clinical practice, he provides expert evaluation and comprehensive care for patients with memory and cognitive disorders, including Alzheimer's Disease, Frontotemporal Dementia, Progressive Aphasia, and Dementia with Lewy Bodies, at the UCSD Perlman Neurology Clinic.

He also is a Staff Physician in the Neurology Service of the VA Medical Center, La Jolla, where he sees patients with a variety of neurological disorders.

Dr. Galasko has made significant original research contributions in the area of Alzheimer's disease (AD), dementia with Lewy bodies (DLB) and other disorders associated with cognitive impairment and dementia. He has authored 250 journal articles, over 30 book chapters, and serves as Co-Editor of the journal Alzheimer's Research and Therapy. He has served on committees to develop diagnostic criteria for Dementia with Lewy Bodies and to standardize biological sample collection for multicenter research studies.

He has received research funding from the National Institute on Aging, the State of California, the Alzheimer Association, the Michael J Fox Foundation and the Alzheimer's Disease Drug Discovery Foundation. He also has conducted clinical trials with funding from Pfizer, Elan, and Eli Lilly, Inc.

He serves as a grant reviewer for the National Institutes of Health, the Veterans Administration, and Foundations that include the Michael J Fox Foundation, the Bright Focus Foundation, and the American Federation for Aging Research. He serves on advisory boards for academic research groups and pharmaceutical companies.
Kristine Yaffe, MD

Education and Training
- Yale University: BS Biology-Psychology
- University of Pennsylvania: M.D. School of Medicine
- University of California, San Francisco: Residency Psychiatry

Overview
Kristine Yaffe, MD, is a Professor of Psychiatry, Neurology and Epidemiology, the Roy and Marie Scola Endowed Chair and Vice Chair of Research in Psychiatry at UCSF. Dr. Yaffe is dually trained in neurology and psychiatry and completed postdoctoral training in epidemiology and geriatric psychiatry, all at UCSF. In addition to her positions at UCSF, Dr. Yaffe is the Chief of Geriatric Psychiatry and the Director of the Memory Disorders Clinic at the San Francisco Veteran's Affairs Medical Center. In her research, clinical work, and mentoring, she has worked towards improving the care of patients with cognitive disorders and other geriatric neuropsychiatric conditions.

Dr. Yaffe's research has focused on the predictors and outcomes of cognitive decline and dementia in older adults. She is particularly interested in identifying novel risk factors for cognitive impairment that may lead to improved care for these patients. She has published extensively on these topics, with her research appearing in journals such as the Journal of the American Medical Association (JAMA) and the Journal of Geriatric Psychiatry and Neurology.

Websites
- The Kristine Yaffe Lab
- Sugar Science

In The News
- Long-term marijuana use associated with worse verbal memory in middle age (February 2, 2016)
- New research connects low physical activity levels with decline in midlife cognitive function (December 1, 2015)

Awarded Grants

http://profiles.ucsf.edu/kristine.yaffe
EAC Recommendations

June 5-6, 2016 Review of TARCC

Cohort

1. Concerned about the lack of homogeneity of the cohort and uniformity of diagnoses - perform an intra-site reliability exercise across sites for consensus diagnosis, including MCI subcategories.

2. Consider a diagnostic reliability exercise between the UTHSC SA and UNTHSC MA cohorts. Has not been done per Barber. See footnote 1

3. Are sites different clinically, if yes we need to know why.

4. Are we convinced that we are diagnosing clinical AD, particularly with respect to Mexican Americans?

5. Hispanic NORMS are used at UTHSCSA that were developed by O’Bryant. If all sites enroll MAs, do they use Sid’s NORMS, and should they be included in the TARCC battery?

6. Evaluate consensus process at all sites.

7. Concerned that the TARCC cohort is not deeply clinically phenotyped. Stated you can’t presume MCI in TARCC is due to AD pathology.

8. Critical that converters across sites are classified the same way. Joan has been looking at this.

9. Deficiency of cohort – biomarkers. Note Rachelle wants entire cohort characterized on Ballantyne analytes on at least two time points, three preferable. Discussion – is it too expensive to catch up at this point? Is it priority?

10. We are playing catch up with biomarkers, which is difficult.

11. The strongest advice is to leverage the Mexican American cohort by spreading Mexican American enrollment across all sites.

12. Something to meet challenges of great distances may be needed – look at technological opportunities – home and web based assessments.

13. No imaging, CSF or neuropathology - All other national studies have these. Imaging is critical, at least MRI based protocols.

14. UT Austin should consider a special imaging project for a subset of TARCC participants.

15. Need to ensure that our consent form allows for genetic sequencing (Marilyn Miller is contact at NIH).

16. New aims need to be developed that take advantage of work to date.
17. Individual sites are well developed, but the whole needs to be emphasized. Is the sum greater than its parts? Need to dig deeper into biomarkers, reliability, and a strategy for getting TARCC on the map. Multi-site trial network might be of interest.

18. More cross pollination is desirable.

Staffing
1. Add Joan (Data Center) and Ryan (Tissue Bank) to Steering Committee calls.
2. Is adequate professional time allocated at all sites?
3. Processing time is on the order of ~4-5 months for error checks and corrected packets.

Productivity
1. Manuscript productivity needed in high impact journals.
2. More work and thought needs to be put into multi-site proposals – incorporate into strategic plan.
3. Grants need to be submitted on entire TARCC cohort - Value of a program is indicated by the number of R01s that spin off.
4. Inform Dallas Anderson at NIH of our MA cohort and what we do.

Other
1. EAC should meet annually.
2. A state AD conference with a TARCC focus should be considered.

Recommendation to the Texas Council

It is strongly suggested that the Council choose and work with a site to locate a nationally prominent senior scientist with expertise in AD and related dementias to be part of the Neurology faculty at the medical school and a significant % of time to senior science for TARCC and that the Council supplement holding cost for the position as financially necessary.