



## MINUTES – Attendance and Notes below

- Meeting title: Dementia Action Collaborative Meeting
- Date: September 15, 2022
- Location: Virtual/Zoom Meeting | Time: 9 am – 1:50 pm

DAC Members and Participants (Guest/Public listed below)		
	Attendee	Role/Affiliation
X	Alison Boll	ADS/King
X	Allyson Schrier	Dept of Neurology – UW/Pr ECHO
	Amber Leaders	Governor’s office
X	Amy Person, MD	WA DOH
	Alyssa Odegaard	LeadingAge Washington
X	Aziz Aladin	WA Developmental Disabilities Council
X	Barak Gaster, MD	UW
X	Basia Belza	UW Healthy Brain Research
X	Bea Rector	Chair, Asst Secretary, DSHS
X	Brad Forbes	Alz Association
X	Breanne Swanson	AAADSWA
X	Carrie McBride	NW Hospice
	Carolyn Parsey	UW Medicine
	Carrie Rubenstein	Swedish
X	Cathy Knight	W4A
X	Cheri Perazzoli	HLA
X	Cheryl Townsend Winter	State Council on Aging
X	Cathy Maccaul	AARP
X	Dan Gray	Dementia Support NW
X	Dana Allard-Webb	ALTSA
X	Debbie Hunter	Family Caregiver
X	Diana Thompson	HLA
X	Eric Erickson	WA Home Care Coalition
X	Jamie Teuteberg	HCA
	Jess Welsch	Alzheimer’s Association
	Jim Wilgus	Alzheimer’s Association
X	Joel Loiacono	Alzheimer’s Association
	John Ficker	Adult Family Home Council
	Jullie Gray	Aging Wisdom
	Kaimi Sinclair	WSU
X	Karen Winston	ADS King
X	Katie Denmark	Alzheimer’s Association Volunteer

DAC Members and Participants (Guest/Public listed below)		
	Attendee	Role/Affiliation
X	Kathy Jacobi	Alzheimer’s Association
X	Kristen Childress	UW School of Nursing
X	Kris Rhoads	UW Memory & Brain Wellness Center
X	Joe Murphy	ALTSA
X	Lauri St. Ours	WA Healthcare Association
X	Leslie Emerick	WA State Hospice and Palliative Organization
X	Lori Brown	SEALTC/AAA
X	Lori Clary	DOH
X	Lynne Korte	ALTSA
X	Marci Getz	DOH
X	Marigrace Becker	UW Memory & Brain Wellness Center
	Marilyn (Mimi) Pattison, MD	Franciscan Hospice/Palliative Care
X	Marty Richards, LICSW	Social Worker
X	Mary Pat O’Leary	ADS, King Co. AAA
X	Maureen Linehan	Family caregiver
	Meredith Grigg	Northwest Justice Project
X	Michael Terasaki	WA Pro Bono Council
X	Mikaela Louie	Family Caregiver
	Nancy Isenberg	Virginia Mason
X	Patricia Hunter	LTC Ombuds
	Phung Nguyen	ADS, King Co AAA
X	Porsche Everson	Relevant Strategies
X	Ronald Vivion	State Council on Aging
	Rep. Steve Tharinger	Washington State Representative
X	Susan Engels	ALTSA, Office Chief SUA
X	Tatiana Sadak, PhD, ARNP, RN	UW Geriatric MH & Neurodegenerative Disorders
X	Todd Larson	Family Caregiver
Guests/Meeting Observers		
X	Shakima Tozay	Veteran’s Affairs

## Minutes

Topic	Key Points and/or Decisions Made
<p><b>Welcome and Overview of the Day</b></p>	<ul style="list-style-type: none"> <li>• Porsche Everson welcomed participants and presented an overview of the day’s agenda, introduced the meeting’s “Bridging Our Past and Future” theme, Chair Bea Rector also welcomed participants, larger group broke up into small four-person groups for 10-minute networking introductions, participants then shared what excites them about updating the State Plan with the larger group, many people agreed that this is a great opportunity to refine our priorities and are excited since we have already accomplished so much, including credibility with the legislature, as a productive work group, Porsche commented that the DAC “has the secret sauce” in that respect.</li> </ul>
<p><b>Background of WA State Plan to Address AD/Dementia</b></p>	<ul style="list-style-type: none"> <li>• Bea Rector presented some State Plan history, including the Governor’s Aging Summit (2013) and the original legislation (2014) authorizing the development of the first State Plan and appointment process, the publishing of the Plan (2016), formation of DAC as a group of public-private partners (2016) which have been taking steps to implement aspects of the Plan using existing resources, volunteer time and expertise, etc. DAC participants have contributed thousands of hours each year, access to personal and organizational connections to help it share and distribute resources throughout the state DAC began receiving some state funds (approximately \$160,000/year) to help fill staff positions at various partner agencies, in 2020 more DAC advocacy resulted in the funding of three additional DAC priorities re early diagnosis, Project ECHO, early advance care and legal planning, and public awareness campaign development, in 2022 DAC requested and UW began funding Dementia Friends across the state, and a bill was passed to update the Plan.</li> <li>• HB 1646 was introduced and spearheaded by Alzheimer’s Association, reestablished DSHS ALTSA as convenor of DAC, roster of 23 specific reps will be appointed by Governor’s Office, requires an updated State Plan delivered to legislature and Governor’s Office by October 2023, as well as will submit recommendations each year thereafter in October.</li> <li>• Shared high-level timeline of this current process, prior DAC members have priorities for these slots, but we also want to ensure DAC is representative of state’s diversity (geographic, ethnicity, gender, subject matter expertise, etc.), it will take more than the 23 appointees, so many DAC members have recommitted. From May to August 2022, subcommittees reviewed what recommendations have been accomplished/not accomplished and why, considered which non-accomplished recommendations are still relevant and need to be considered in updated Plan, full DAC will meet again on October 26<sup>th</sup> when we will hopefully welcome new appointees, re-form committees, etc. Then, in a series of monthly meetings we will begin hard work of updating Plan, establishing priorities for upcoming years, Bea shared a</li> </ul>

	<p>“big picture timeline” that looks similar to previous process, many meetings and public input sessions will be virtual versus in-person as we did pre-pandemic, hope to have draft report posted for public comment completed by July 2023, will give us time to receive public comment, make appropriate adjustments, and leave time for DAC review before submitting in October 2023.</p> <p>Lynne Korte emphasized that we have been in implementation mode for the last six years, but for the next year most of what we will be doing is working on updating the Plan itself, wants all to be aware that the work is going to look different in this respect, a lot more thinking/exploring new ideas and how we want to articulate them, we may need to consider other state/national examples, thinking about new opportunities and information since our first plan was written, our own needs here in Washington State. We already have engagement so we may be able to go further than when we first started. Bea Rector commented that there is a lot of innovative work being done nationally in the face of workforce shortages and other challenges. Porsche Everson added that this is like “eating a whole elephant one bite at a time,” but reassured the group that no one person is sharing this whole load and we will all work together to complete this large task of updating the plan.</p>
<p><b>Review Purpose of a State Plan for AD/Dementia</b></p>	<p>State Plans are intended to create a coordinated and effective response to AD/Dementia, having a National Plan helped with awareness, grant opportunities, informational reports, more discussion, which then resulted in more resources, and has elevated the conversation on a national level. State Plans can build on this, but each state has own unique needs, resources, can build on what they have/what they do not. One commonality is that Plans tend to engage variety of public and private stakeholders/multi-sector approach. A State Plan can serve as mechanism to focus state policy and promote action. In developing the first Plan, it was clear that scope around challenges of dementia is so big that no one agency or organization can do it alone, partnerships are vital. We are starting to bring in even more partners, if we want to keep supporting our growing dementia population, we need to meet people where they are, as we are thinking about this update, we want to consider how to keep creating community engagement, reflecting about what we have done so far may help with this, how can we engage more community partners help implement our goals? What challenges have we had so far in doing this?</p> <ul style="list-style-type: none"> <li>• Panel Responded to these questions:</li> <li>• Kristen Childress NP (community-based primary care provider, teacher UW School of Nursing): significant challenges with personnel and revenues, one of our biggest challenges is capacity in all areas, long-term care worker shortage, have lost 1.7 million healthcare workers in</li> </ul>

the U.S., those who are working do not have as much dementia experience or training and there is a downstream effect on medical staff, everyone is still functioning in crisis mode which makes things difficult to return to where we were, let alone implement new programs.

- Marci Getz (DOH): in public health realm, great engagement from public health partners but it has taken public health time to come to table to recognize that addressing dementia is a part of its work, time required and limited resources an issue as well.
- Michael Terasaki (WA State Pro Bono Council): handles dementia legal planning contract with DSHS, does this using primarily volunteer attorneys across state, agrees that capacity is a concern, but it has been easy to recruit attorneys to help with legal planning as dementia seems to affect so many. Since beginning of pandemic there has been a sharp drop in clients who are looking for assistance, do not know why, seeing this across the state at legal planning clinics, has thus made outreach a bigger priority, another challenge has been a scope of services issue, we do not have resources for every need, many people reaching out are needing help with other legal issues or guardianship, shortage in people who are willing to do that or have the knowledge required to help with that kind of law. People seem to want a 'local solution' and it is a challenge with finding local solutions/legal assistance outside of Seattle/Olympia areas – so they focus on expanding recruitment to other areas.
- Marigrace Becker (Dementia Friends): how do you make sure all DF communities are accessible/friendly? Challenge is that partners like libraries, museums, etc. were shut down or in crisis during pandemic, had built many statewide connections to participate but it was harder to reach them during pandemic, need to be actively reinterpreting and redefining what DF community means right now, funding and capacity for these organizations or agencies is always a challenge when dementia is not their primary focus, sometimes a funding incentive is needed to engage them if there is not a person dedicated to these partnerships, for example, when grants end certain organizations have to reassess which populations they serve, highlights value and importance of financial support in this area.
- Lori Brown (ED of SE WA AAA): agrees with other panelists in that workforce shortage and funding issues are impacting home care agencies, providers, social workers, adult day care, had begun to establish partnerships when the pandemic hit, shift to electronic platform was a challenge, lost infrastructure like memory cafes and other programs in high-risk settings, back to rebuilding and sustaining

	<p>those things now, training people is expensive and volunteers often leave when there is no reimbursement.</p> <ul style="list-style-type: none"> <li>• Lynne commented that panelists raised some common themes, but we should not be discouraged, if we recognize common issues are there ideas as to how we address them? Group used Jamboard interactive tool to discuss how we can address the challenges of engagement</li> <li>• Jamboard results: Porsche shared observation that there are some practical guidelines here, appreciate challenges associated with pandemic, asked Jamie, Marci, or Joe to organize these notes, thanked panel for their input.</li> </ul>
<p><b>Networking Connections via Random Breakout</b></p>	<p>Small groups discussed what worries/concerns members about updating the Plan</p>
<p><b>Revisit Current State Plan Document Format/Structure</b></p>	<ul style="list-style-type: none"> <li>• Revisiting Plan document itself is important because we will be building upon it as we move forward.</li> <li>• The document serves as a Blueprint for action that will guide and focus our work, we hope it can inspire action and impact even beyond this group.</li> <li>• Contains resources, shows demographics of population we serve, identified needs, issues we are focusing on, and shares information and background evidence that support our direction where possible.</li> <li>• For every goal (7 goals), there are major strategies, under each strategy there are several recommendations (2-3 action steps). There were 130+ different recommendations in the Plan.</li> <li>• Today we are talking about the document itself, not the content of the recommendations, but the document format/structure - its strengths/weaknesses e.g., does the wording re goals and recommendations need to be updated, will potential partners see how they can engage, etc.</li> <li>• Panel will answer some questions for us first before breakout groups discuss the same.</li> <li>• Panelists responses -</li> <li>• Maureen Linehan commented that the level of consumer input when we first developed Plan was profound, consumers had a strong voice in process (which led directly to the Dementia Road Map, for example), we need much better equity focus throughout Plan, we need to bring tech industry into our work to help us share information and impact people's quality of life</li> <li>• Cheryl Townsend Winter commented that Plan demonstrates great care by those who work on it to be thorough, room for improvement re wording of recommendations and way we construct them. Some recommendations were too wide reaching and non-specific, process by which to achieve was unclear or no clear end point, some worded so that outside our research/purview, have done a great amount of work</li> </ul>

	<p>re awareness but more room to identify and engage additional champions such as Gates or Allen organizations, etc. so that we have an even bigger impact, “think big, go bold”</p> <ul style="list-style-type: none"> <li>• Kris Rhoads commented that cross-organization/multi-stakeholder collaboration has been and is critical, also how different subcommittees collaborate, need to continue to focus on disparities and some outcomes are not “achievable” as they will continue forever.</li> <li>• Marci Getz commented that we should retain the life-course approach as a driving ideal, need overarching guiding principle of equity, an opportunity for us to improve the Plan, need goals that are measurable. Some threats are possible reduced funding for DAC initiatives, potential partners are not aware of the Plan or do not see themselves as part of the work.</li> <li>• Joe Murphy commented that strength is that Plan states issues at the beginning, we need to call out health equity and social determinates, better reach those communities, goals need to be measurable, opportunity to emphasize strides we have made, threats include global pandemic and other natural disasters. We have an opportunity to reach more people now that virtual accessibility more common, we need to be ready for people who need and want these services once they are aware of them.</li> <li>• Jamie Teuteberg commented that seven overarching goals are a strength, a weakness that has been touched on is that goals need to be measurable and identifying what success looks like, some of the work will never be complete, we must better plan for maintenance and ongoing costs. Also, we need to work with external partners to integrate dementia as a chronic disease, change language re this. Threats include pandemic and natural disasters but also competing priorities.</li> <li>• Participants broke out into Subcommittees to discuss further. Notes from breakouts included at end of these minutes.</li> </ul>
<p><b>DAC Program Updates</b></p>	<ul style="list-style-type: none"> <li>• Marci Getz (DOH) shared update on public awareness campaign, research has shown that health disparities exist, older African Americans are more likely to be impacted but are less likely to be diagnosed, some disparities are rooted in historical, institutional, and systemic racism, began to create campaign messages for African American and LatinX communities, messages were informed through focus groups and other community input, messages best received from trusted messengers, partnered with Center for Multicultural Health and First AME Church, who have hosted interactive community events. 2022 campaign to focus on LatinX communities, higher prevalence rate, ten insight interviews with community leaders and subject matter experts and two focus groups, community partner toolkit developed and will be posted on a landing page, next step will be to identify next priority population, thanked Dr. Maggie Ramirez in assisting with campaign and sharing her important research.</li> </ul>

- **ACTION REQUEST:** Marci asks that you go to this link and check out the awareness materials - [doh.wa.gov/memory](https://doh.wa.gov/memory); and help share the messages as you can. Contact her with any questions. [Marci.Getz@doh.wa.gov](mailto:Marci.Getz@doh.wa.gov)
- Marci asked participants for help in sharing these messages
- Jamie Teuteberg (Health Care Authority) shared Dementia Care Plan and Clinical Tool Beyond Diagnosis, used Minnesota's Managing Dementia Across the Continuum as framework for this project, workgroup split into small groups which worked on each section, each one contained small, bite-sized information for providers, also ensured that each section is followed by professional and family resources, set up so that resource links can be copied and pasted into discharge papers, tool is built so it is accessible across several different types of electronic devices, asked group to please share widely.
- Michael Terasaki (Pro Bono Council) shared that dementia legal planning hotline is up and running, have hosted two CLE events, recruitment has been good as many have a personal connection to the issue, have more than 20 attorneys across state to assist with legal consultations, have hosted community information presentations across state, focused on Spokane and central counties, seeing some challenges in that some calls are asking for help outside of scope or help with guardianships (too late to assist). They try to refer people when appropriate but need for guardianship services lacking. Senior centers are reopening so beginning to host presentations at similar locations, some in-person clinics are scheduled, projecting between 40-60 more people during next couple of legal clinics. Michael asked group if they have places e.g., senior center or organizational contacts they can share so they can continue outreach presentations to capture more clients at an earlier time.  
**ACTION REQUEST:** IF you have ideas where Michael from the WA Pro Bono Council can present information about our Dementia Legal Planning assistance, please contact him at: Michael Terasaki - [michael@probonocouncil.org](mailto:michael@probonocouncil.org)
- Marigrace Becker (UW) shared Dementia Friends update, thanks to DAC advocacy we were awarded state funding for a DF program manager, this will enhance our capacity/reach, new person begins on Monday. They hope to set up in eight new counties by the end of the year, important because laying baseline foundation of dementia awareness at grassroots level helps with all of our greater goals, helps people with dementia receive the respect and support they deserve, DF WA Learning Collaborative is the sister network to Project ECHO, help support each other in their work and share best practices, just completed an evaluation in June and found that people really appreciate having the sense of community especially when not many in their county who focus on this line of work.

<p><b>Refreshing Our Vision</b></p>	<p>Porsche Everson shared that a vision is an aspirational, forward-looking statement of what you want to be, grounded in reality and achievable within a defined future timeframe, intended to be brief, ideally a single sentence, overarching goal about what we want to see for our people, what DAC wants to achieve in the long run.</p> <p>We want to consider...</p> <ul style="list-style-type: none"> <li>• Current DAC vision – does it need to be updated? We didn’t initially include risk-reduction, for example, group had a three-minute quiet reflection period to ponder this question.</li> <li>• Initial feedback gathered per survey: need to be more inclusive in mentioning other dementias, adding risk-reduction, allowing people “to live their best lives,” strengthen language, include concepts of equity and access, addition of strength-based.</li> <li>• Staff with compile answers and present possible options for updated vision statement, hope to make it more reflective of where DAC’s work is headed.</li> </ul>
<p><b>Refreshing Our Guiding Principles</b></p>	<p>Need sense of core principles/guardrails that focus our work, currently have five core principles: (1) Alzheimer’s includes other dementias (2) public-private framework (3) build upon other work (4) persons and family centered (5) life-course approach.</p> <ul style="list-style-type: none"> <li>• Are our current plan guiding principles still relevant?</li> <li>• Initial feedback per Poll: reference to other dementias received broad range of responses, public-private partnership seen as relevant, may need some editing/wording work, building upon other work, person and family centered and life-course approach also still seen as still relevant. Equity should be a stand-alone principle.</li> <li>• Lynne commented that we would like to discuss further for more input from group – specifically, what if anything is missing? Anything more to consider?</li> <li>• Broke into Subcommittees to discuss. Notes from breakouts are included at end of these minutes.</li> </ul>
<p><b>Working Together – Sustain DAC Collaborative Culture</b></p>	<ul style="list-style-type: none"> <li>• DAC has encouraged cross-sector engagement, we have worked together with a common vision and purpose.</li> <li>• With change brings a potential culture change, what are some of the best parts of DAC culture that we would like to retain? What else might we introduce?</li> <li>• How can we sustain our collaborative nature as we move forward?</li> <li>• Feedback shared: Cheryl Townsend Winter shared that using solid principles of volunteerism has been very important, volunteerism is a huge part of this collaborative, and the inclusion of those people will help sustain us; Kris R shared that no one organization owning this work is very important, refreshing lack of ego in this work; Maureen also emphasized volunteer engagement and personal experience with/impact by dementia motivates us to make a difference.</li> </ul>



	<ul style="list-style-type: none"> <li>• Initial group feedback: appreciating each other, cross-sectional pollination, bringing in a diversity of voices and expertise, inclusion of people with memory loss in DAC and in informing our work.</li> <li>• Susan Engels shared that valuing everyone, including those who are appointed, working shoulder to shoulder.</li> <li>• Marty Richards shared that she would like to know who every participant is before the meetings begin, introductions would be nice.</li> <li>• Lynne Korte thanked group for collaboratively thinking about collaboration! Staff will be considering how to best incorporate themes and suggestions.</li> </ul>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• No public comments</li> </ul>
<b>DAC Community Announcements and Questions, Next Steps and Wrap-Up</b>	<ul style="list-style-type: none"> <li>• Barak Gaster: Cognition and Primary Care Program focusing on UW Med Center with intention of eventually making it a statewide program, adaptation of GSA's KAER Toolkit re early ID of dementia and subsequent care, training for PCPs this fall, opening to those outside of UW with caveat that focus is for PCPs within UW system, excited to share beyond UW soon.</li> <li>• Karen Winston: shared information re annual African American Caregiver Forum in November, caregiver panel will appear to share joys, struggles, challenges, and resolutions, end of life planning piece will include a Hospice 101 portion.</li> <li>• Jamie Teuteberg shared that Barak Gaster will present tomorrow at Alzheimer's Disease Research Network, email her if you would like to join.</li> <li>• Susan Engels shared that DSHS purchased some robotic pets during pandemic, still significant stock available, AAAs were receiving many of them but there could be a couple hundred more available, email her if your association would like to help distribute, over age of 60 living with social isolation or those with moderate to late-stage dementia.</li> <li>• Bea closed the meeting by thanking participants, shared her appreciation for smart, dedicated, thoughtful group, this was a very effective and efficient meetings, thanks to staff and facilitators for helping with this.</li> <li>• Lynne also emphasized her appreciation and reminded group of next full DAC meeting October 26<sup>th</sup>.</li> </ul>

## ACTION ITEMS

ACTION	Assignee	Due Date
<b>ACTION:</b> IF you have ideas where Michael from the WA Pro Bono Council can present information about our Dementia Legal Planning assistance, please contact him at: Michael Terasaki <a href="mailto:michael@probonocouncil.org">michael@probonocouncil.org</a>	All	ASAP
<b>ACTION REQUEST:</b> Marci asks that you go to this link and check out the public awareness materials created for digital campaign -	All	Now

<a href="https://doh.wa.gov/memory">doh.wa.gov/memory</a> ; and help share the messages as you can. Contact her with any questions. <a href="mailto:Marci.Getz@doh.wa.gov">Marci.Getz@doh.wa.gov</a>		
<b>ACTION:</b> Please make sure to save the following dates for full DAC meetings on your calendars. Full DAC meetings planned for: Sept 15, 2022 (9:00 – 2:30); Oct 26, 2022 (9:00 – 3:00); December 14, 2022 (9:00 – 12:30); Feb 15, 2023 (9:00 – 12:30); April 26, 2023 (9:00 – 12:30); June 28, 2023 (9:00 – 12:30).	All	Now

**NOTES from two Subcommittee Breakouts generated the following responses.**

Revisiting the State Plan Document – SWOT Analysis notes, all Subcommittees combined ideas (slightly grouped by themes where possible).

Strengths (of Plan) – to ‘keep’	Weaknesses (of Plan) – to ‘improve’
<b>What worked well in the document, what did you like about the Plan elements? What are its strongest assets?</b>	<b>What could be improved in the Plan document to make it a more useful resource/tool? What could be improved about the wording of Goals or Recommendations?</b>
<ul style="list-style-type: none"> <li>• Strong consumer voice</li> <li>• Provides great ideas about what can be accomplished</li> <li>• Cross org/stakeholder collaboration, interactions of subcommittees</li> <li>• Life course approach is good framework</li> <li>• States the problem – data, impacts. 7 overarching goals</li>   <li>• Best practices</li> <li>• Reputation</li> <li>• Momentum</li>   <li>• External partnerships with other organizations (strength and opportunity-to integrate dementia as a chronic illness, not just an isolated issues-will help establish relationships with new partners and strengthen current partnerships).</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize impacts of dementia on BIPOC &amp; LGBTQ+ communities, equity issues</li> <li>• Need to use disparities lens for plan &amp; engagement – need to see self in work.</li> <li>• SDOH, health equity, operationalize goals</li>   <li>• Room for improvement – wording &amp; construction of rec’s</li> <li>• Need for more clarity in language in the current plan-some of the GSR’s we haven’t started aren’t clear, too far reaching, some beyond DAC purview</li> <li>• Make goals measurable, what does success look like?</li> <li>• Focus on health equity, have smart goals.</li> <li>• How to make the words clearer-clears goals, clarity overall</li>   <li>• Planning for maintenance, ongoing costs</li> </ul>
Opportunities (External) TO RECOGNIZE/ADDRESS IN OUR WORK	Threats to the use/effectiveness of the Plan (External) TO RECOGNIZE/ADDRESS IN OUR WORK
<b>What’s happening (beyond us) in terms of opportunities that could influence the effectiveness of this Plan going forward?</b>	<b>What’s happening externally (beyond us) that could detract from the Plan’s use or effectiveness?</b>

<ul style="list-style-type: none"> <li>• Need to bring tech industry into the work</li> <li>• Role of technology-not mentioned often enough in our current plan (playing a bigger role in our new plan, beyond ability to connect to the internet and access)-lots of resources in the PNW-how to capitalize on this. Use technology to help facilitate strategic initiatives.</li> <li>• Virtual services, more interest now.</li> <li>• Engage potential additional champions – ex: foundations, dementia drug co fdns, tv personalities (think big, go bold).</li> <li>• Update inventory of services useful</li> <li>• Work with external partners to think of dementia as chronic disease.</li> <li>• Challenge to reach primary care (carrot vs stick approach) (about 50% want to be trained, but not all... if we were to require training, then we have to drag in the other 50% and that leads to counterproductivity) How do we maximize our carrots</li> <li>• Carrots for health systems – working with clinical leadership to build in infrastructure paired with the training. How could the state agency best offer carrots to health systems engaged</li> <li>• Improve connection between providers and the resources – lack of awareness (Kristen – how can we better reach the providers: The professional orgs are pretty fragmented right now. I think things like DOH newsletters/alerts, and communicating through organizations. Many have ways that they typically communicate DOH or other pertinent info.)</li> <li>• Kathy – just completed a provider survey (OR) gives a roadmap how to reach providers. The thought was to go thru a mandate in OR, but there is no appetite for a mandate (Jamie has a copy of this survey now)</li> <li>• Take overall guiding principles at the forefront of the document-clarify them (legal aid has a document-State Plan for Coordinated Delivery of Services) that makes it very clear-broader and guiding-current principles are very general</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced funding for DAC initiatives</li> <li>• Potential partners don't see selves, not aware of how they fit</li> <li>• Global pandemics &amp; natural disasters</li> <li>• Competing priorities</li> <li>• Potential partners overwhelmed/stretched</li> <li>• Capacity of other Community Based Organizations (CBO's) to take part in the work the DAC is doing, due to staffing and revenue shortages.</li> <li>• We are trying to put information out, but the capacity of the organizations to support that has been limited-we need to be more creative and engage community.</li> </ul>
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<p>about the plan, but not how we are trying to make change.</p> <ul style="list-style-type: none"> <li>• Opportunity to think about sustainability-for the website and the Road Map (come up with a sustainability plans)-should have a way to sustain all the work done in the plan</li> </ul>	
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**Refreshing our Guiding Principles – Notes, all Subcommittees combined**

PA-CR	LTSS	Health-Medical
<b>What's missing?</b>		
<p>Statement about equity, representation and access</p> <p>Succinctness</p> <p>Number of memory loss diseases- broader issue than Alzheimer's disease (dementia or memory loss)- change the wording in the document, rather than explaining it and it can be a misleading term (eliminate number 1 and change the document to include a terminology that uses memory loss or dementia)</p> <p>Strength based, including risk management and planning ahead</p> <p>Nothing about us without us! Important principle</p> <p>Are we looking at issues outside the U.S.? As this is mentioned in the current plan. Marty explained that we do look to other countries for innovative initiatives.</p>	<p>Equity, BIPOC, Women, SDOH</p> <p>Intersection of RAISE Act with #3</p> <p>#2 could include crosscut intersection</p> <p>How research impacts our current work</p>	<p>Equity needs to be reflected as a sperate principle</p> <p>Suggest taking principle 1 out – we don't want to lead with Alzheimer's and then say that we mean plus others; make it clear that we are working on all types of dementias.</p>
<b>Other thoughts/suggestions?</b>		
	<p>Equity as its own principal, and in the top four</p>	<p>Through the care continuum</p> <p>Timely instead of early</p>

	<p>Wording of Life-Course Approach</p>	<p>Importance of health care provider – more bipoc clients access health care providers, as much efficacy as possible – what should they do or can in preparation</p> <p>Look at individuals and what at risk for – higher exposure levels at community/population level that creates inequalities</p> <p>Missing words – brain health and prevention. Leverage brain health and heart health</p> <p>A lot of different types of health that can or may cause dementia – include and others</p>
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**Summary of Take-Aways – from above and survey comments:**

- ADD Equity as stand-alone Guiding Principle
- Define the use of Dementia as inclusive, to Include the AD - but not as a Guiding Principle
- Specific wording suggestions: “don’t know that we need to call out ‘guardians’”, “include strengths-based perspective”, “something along the lines.... there is work for all of us as individuals, families, communities, society, and policy level”.

**Vision Exercise via survey – Compilation partly thematized**

Specific Wording suggestions	ALZ/Dementia usage	Risk Reduction	Equity	General/Other
<p>Change "fosters" to "catalyzes". Change "hope" to "better living" (or something like better living) - main idea here is that we want to bring the change and make it a new reality, not just that people have hope that things will be better. But that they will be better</p>	<p>Change "Alzheimers" to "dementia".</p>	<p>Risk reduction at all ages, reduce disparities</p>	<p>Consider calling out and/or adding LGBTQ and BIPOC communities in the statement, (e.g. for Washingtonians, including LGBTQ and BIPOC communities)</p>	<p>I wonder about the distinction between the future and the present. We want this now—not 10 years from now. Also, does it need to be Alz specific? Should it be ‘memory loss and cognitive change’ instead? Also wondering about ‘meet their needs’ which feels a bit benign.</p>
<p>A short statement about people with dementia receive the right care in</p>	<p>Dementia term versus Alzheimers. Out of 4 family members with</p>	<p>I would like to see the word treatment inserted somehow as it</p>	<p>Include concepts of equity and access</p>	<p>I really think adding anything would make it too long, and I</p>

the right setting at the right time.	dementia, only one has Alzheimers	pertains to diet and exercise.		can't see anything that I would subtract.
I would take out "will" or anything future tense. I realize this is aspirational, but it's also a vision where people DO already have hope/empowerment, etc.	I'd like to see us be more inclusive and mention "other dementias." - In addition to hope/empowerment, I see an opportunity for people to live their best lives, to live more fully.	Adding risk reduction to either the mission/vision	Add something about marginalized or poorly supported populations.	I notice this mentions "needs" a few times, and I would love to see it sounding more strengths-based or rights-based.
KEEP the hope/empowerment	Generalize instead of only calling out AD.	add - risk reduction and something that reflects equity -	Consider reviewing terms like health equity, inclusiveness, diversity to address health disparities, social determinants of health and a focus on vulnerable (e.g., BIPOC, aging, disability, LGBTQ+) communities.	Overall make it shorter with more punch. Include other dementias, and that we have a vision for a cure,
Keep in hope and empowerment	As it stands, this is currently just specifying Alzheimer's disease versus memory loss, MCI and other dementias.	What about adding risk reduction/prevention ideas...	Equity is not captured.	It seems very medical (and that may be appropriate), but perhaps move up the language about ensuring the community is prepared to make it more prominent. We shouldn't just be trying to help people with a diagnosis or save money by getting advanced planning in place, but making sure we are taking care of the whole patient/client/person as a valued person in our communities.
I like the empowerment and hope messaging.	I also wonder about making it focused on Alzheimer's rather than dementia as a whole. I made a few edits below.  The DAC envisions a future of hope and empowerment for Washingtonians with dementia, one in	I like the statement, but would add the life course, brain health risk reduction aspect to it.		Can our vision include the present and not just the future?

	which they and their families will receive the support and care they deserve, through early detection and diagnosis, dementia-capable health and long term supports and services, and dementia-friendly communities.			
The DAC envisions a future for Washingtonians with dementia and their families to have access to the support they desire and need that includes early detection, dx., dementia-capable health & LTSS along with supportive communities that are prepared to meet their needs.				It is concrete enough to identify things that need to get better and can be made better through the work of this group. It is however lengthy.
DAC through collaboration, connection, and cooperation, including health care providers, family, caregivers, clients support Washingtonians	Use people with dementia vs AD?			Through the end of life or something about the care continuum...
Washingtonians with dementia and their families will thrive in a supportive, caring, strengthened community, receiving the care they need through early detection, diagnosis, dementia-capable health care and LTSS prepared to meet their needs with dignity, trust, and compassion.	In lieu of the term "Alzheimers disease", I suggest inserting "memory loss diseases"			
	Include the word "dementia" Or add a term that is more inclusive to Alzheimer's Disease.			