

## Alzheimer's Disease Working Group (ADWG) Committee Description

### Legislation requires the ADWG to cover the following topics:

- (1) analysis and assessment of public health and health care data to accurately determine trends and disparities in cognitive decline;
- (2) public awareness, knowledge, and attitudes, including knowledge gaps, stigma, availability of information, and supportive community environments;
- (3) risk reduction, including health education and health promotion on risk factors, safety, and potentially avoidable hospitalizations;
- (4) diagnosis and treatment, including early detection, access to diagnosis, quality of dementia care, and cost of treatment;
- (5) professional education and training, including geriatric education for licensed health care professionals and dementia-specific training for direct care workers, first responders, and other professionals in communities;
- (6) residential services, including cost to families as well as regulation and licensing gaps; and
- (7) cultural competence and responsiveness to reduce health disparities and improve access to high-quality dementia care.

### Committee role

Committee topics will be determined by the working group in accordance with legislative requirements for the final report. Committee members will be nominated by working group members or by individuals emailing the project email. Each committee will consist of between 5-15 people. Committees will each meet up to three times to gather and synthesize information to present to the working group. Committee members should attend all meetings for the committee on which they serve. Information reviewed may include (but is not limited to) research, current Alzheimer's programming in Minnesota, and inclusion of the experiences of people and families living with Alzheimer's. Committees will meet by webinar, with an in-person option in St. Paul. At least one meeting for each committee will have a focus on public input.

### Committee member responsibilities:

- Each committee will have a chair or co-chairs to assist in identifying participants, determining agendas, and ensuring the quality of key findings to present to the working group.
- Committee members will assist in identifying relevant issues, research, and considerations to present key findings to the work group.
- Committees are not charged with making recommendations on their topic area.

### Committee nominations

Committee nominations are open from 1/8 – 1/26. Committee members will receive notification of their appointment and a scheduling poll the week of February 5<sup>th</sup>. Nominations will come from working group

members or the project email address. Working group members are asked to help promote the committee participation opportunity with their constituencies or communities. Individuals and caregivers living with Alzheimer’s and those from diverse communities are welcome and encouraged to serve on committees.

**Committee member commitment**

Committee members should plan to participate in all three meetings, each of which will be up to two hours in length. They may be asked to provide content expertise, share their lived experience, and complete pre- or post-work (generally reading assignments) for committee meetings. Committee members will utilize SharePoint to access materials and engage between meetings.

**Management Analysis and Development (MAD) facilitator role**

The MAD team, Sarah Small and Stacy Sjogren, are focused on keeping this important project moving forward. They will coordinate overall Working Group and committee logistics and facilitate all the meetings. They may also request that committee members suggest content and complete pre-work to better utilize meeting time. In-depth research is out of scope for MAD facilitators.

**Tentative Committees and Tentative Meeting Schedule**

	<b>Committee</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>
1	Assessment of trends and disparities	Week of Feb 12th, 26th	Week of March 12th		
2	Cultural competence and reducing disparities	Week of Feb 19th	Week of March 5th, 19th,		
3	Risk reduction	Week of Feb 26th	Week of March 12th, 26th		
4	Diagnosis and treatment			Week of April 2nd, 16th, 30th	
5	Professional education and training			Week of April 9th, 23rd	Week of May 7th
6	Residential services			Week of April 16th, 30th	Week of May 14th
7	Public awareness and community environments			Week of April 23rd	Week of May 7th, 21st

Groups 1-3 will present at the April Working Group meeting.

Groups 4-7 will present at the June Working Group meeting.