

# MPA Whole Person Health Subcommittee-20230712\_130056-Meeting Recording

July 12, 2023, 7:01PM

58m 49s

**JM** **Jacqueline Miller (Guest)** 0:04

So if everybody could put their name and who they are working with in the chat, that would be great.

🕒 **Newland, Laura** started transcription

**JM** **Jacqueline Miller (Guest)** 0:11

Also want to let you know that this is being recorded so that if there's anybody who's missing the meeting, they have the opportunity to to have a a recording of the meeting to catch up where they might have missed out and they can also of course in join in future meetings, but also see what they what they might add to the meeting as well.

Umm, Laura, I am going to just a little review and I apologize that this email came out so late.

It was should have been sent out a week or so ago, so I apologize for that, but basically what I was wanting to do at this particular meeting is to take the majority of the meeting probably about 45 minutes and think about priorities and recommendations on some specific areas, oral health, fall prevention, vision care and thriving as we age.

👤 **Matthews, Yvonne** joined the meeting

👤 **Juliet Simone** joined the meeting

👤 **Patty Miller (Guest)** joined the meeting

**JM** **Jacqueline Miller (Guest)** 1:14

And then at the end of this meeting, we'll have a presentation given by Sarah Lovegreen on dementia.

So that will be our next project to work on.

But I thought since we've had some wonderful presentations on each of these, then we could certainly look at ways of starting to make some recommendations to the aging committee and see if we can't start processing some of the materials and getting some things down on paper. So.

 **Heather Swymeler** joined the meeting

 **Jacqueline Miller (Guest)** 1:52

Uh, Laura and I.

And I apologize, Juliet.

I went ahead and took care of this today, but we've all been we had a really great meeting about a week after our last presentation and we came together on some focuses that we wanted to look at when it comes to making recommendations to the entire committee.

So we kind of just, I put out there some oral health recommendations.

 **Jeff Richards** joined the meeting

 **Jacqueline Miller (Guest)** 2:21

Just.

Yeah.

Again, these are a work in progress.

They're strictly.

 **Matt-DCR (Guest)** left the meeting

 **Jacqueline Miller (Guest)** 2:28

Basically things that I thought of, but it certainly can be changed.

It can be added, it can be subtracted.

This is very much a fluid document and then my other thought was and I wanted to pass this by Juliet and Laura.

Does everybody have access to box?

OK, so alright.

And if you don't have access, are you able to get access where we could put this into

box after the meeting and we could have comments made on it and changes as necessary?

 **Julie H. Weng** joined the meeting

 **Jacqueline Miller (Guest)** 3:07

Is everybody comfortable with that?

Great.

OK, so let's start with.

First of all, what I tried to look at was I was looking at the California, California aging recommendations and I really liked the way they stated it.

As in health reimagined as we age, so when we look at core areas of focus and we like to look at it as health reimagined as we age, is everybody OK with that type of terminology?

 **9bd2883a-5190-4b9c-a996-700ac7835130** joined the meeting

 **Jacqueline Miller (Guest)** 3:45

Any thoughts?

Anything that you'd like to change?

I just really like the idea of reaching.

You know, it seemed that that might be somewhat what Doctor Heidi Miller was looking at, that we need to to look at it differently.

We need to look at it, focusing on upstream interventions, that type of thing.

So is everybody OK if we, you know, just call it health reimagined?

I see some OK with that.

OK.

Is there anybody and I might have a little trouble reading the chat as we go through, so I am gonna need a little help with that.

OK, I brought it up and of course.

 **Sylvia Malta** 4:25

Can I ask a question?

**NL** **Newland, Laura** 4:25  
Doctor.

**SM** **Sylvia Malta** 4:28  
So we're talking about the whole person and obviously health is foundational to all of that.  
And I'm looking at this list and are we going to look beyond the the pure health issues like housing, transportation?

 **Laura L. Kozeny-Fraser** joined the meeting

**SM** **Sylvia Malta** 4:52  
Resources, or we gonna keep the foot?  
I mean, I I'm just asking for clarification.

**JM** **Jacqueline Miller (Guest)** 4:57  
No, and I appreciate that, Sylvia, with this being a subcommittee committee, it is whole person health and Laura, help me out on this because kind of Laura is the one who's helping with all the different subcommittees.

**SM** **Sylvia Malta** 5:06  
OK.

**JM** **Jacqueline Miller (Guest)** 5:11  
I think there are other subcommittees that are addressing those specific issues.  
Laura, can you weigh in on that please?

**NL** **Newland, Laura** 5:18  
Yes, yes.  
So there are a total of 7 subcommittees of which this is 1, so transportation and housing each have their own long term services and supports.  
So if if you're interested, I'm happy to share with you the list of other subcommittees, but we really want to make sure that there's focus within each one.  
There's going to be a lot of overlap, but we're trying to make each subcommittees

job manageable as much as possible, and so we're gonna end up making the connections and folks have been talking about the connections. But for recommendations it should be really just focused on the core of the committees work.

**JM** **Jacqueline Miller (Guest)** 6:05

And Sylvia.

And you bring up an excellent point.

Because how do you have good health if they can't make it into see their provider, and how do they have good health if they are living in a a poor living environment, you're you're absolutely right.

They all tie together, but I'm going to try my best just to focus on how we can make overall health better.

So but thank you for clarifying that.

I appreciate it.

OK, so when Doctor Heidi gave her presentation, it was basically thriving.

As we age and I just, I I really, I mean again, this is not just me, this is what we all need to come together with and and think if we're OK with some of the terminology we use.

 **Sarah Lovegreen** joined the meeting

**JM** **Jacqueline Miller (Guest)** 6:52

This is again not by any means supposed to just indicate exactly what we want.

I want it to be a living, breathing document, so we looked at some of the things that she talked about, umm, shifting from Oregon Disease centered health to person centered health where it talks about each individual person instead of the the individual you know well, this person has diabetes and separating that out from the person and this person has heart disease, that type of thing.

 **Dr. Heidi Miller** joined the meeting

**JM** **Jacqueline Miller (Guest)** 7:25

But making it person centered.

So if we look at #1 under thriving as we age, would we like to change that?

Would we like to have it stated differently?

I could really use some input on what we just put out there as an idea.

Any thoughts when it comes to?

**JM** **Jordanna McLeod (Guest)** 7:51

Are you able to Scroll down so we can see what the other areas are before we get to in depth?

Is that OK?

**JM** **Jacqueline Miller (Guest)** 7:58

Sure.

**JM** **Jordanna McLeod (Guest)** 7:59

Vision was the last one.

I just wanted to make sure.

Thank you.

**JM** **Jacqueline Miller (Guest)** 8:02

Yeah.

Thank you.

**NL** **Newland, Laura** 8:03

And this is again just to start.

This is based on the presentations that I've already occurred.

**JM** **Jacqueline Miller (Guest)** 8:13

Is everybody OK with shifting from Oregon disease centered to the health paradigm, to person centered health?

Is everybody good with that?

Is there a better way to state it?

And then I mean, once we get our main, basically what we're trying to do is get our our main focuses and main ideas out there and then we will definitely follow up with how do we do this, what opportunities are there?

What?

Umm, you know what resources are out there?

So we're just trying to start with broad ideas, anything that you'd like to go ahead?

**JS Juliet Simone** 8:53

Uh, yeah.

I just think in Jackie, like for number one, I mean I the the the concept is right where we need to be.

I'm wondering if we want to make it a little more action oriented in to help us with some of those.

Yeah, kind of next steps.

So, like #2 you know has like launch campaign.

So would #1 service better as a group?

Thinking about it as ohh, just tossing out an idea to kind of get a conversation started, but incorporating prevention strategies with a person centered health or through a person centered health lens or some something like that.

 **Amanda Fahrendorf** joined the meeting

**JM Jacqueline Miller (Guest)** 9:45

Yeah, I love it.

Ohm, I.

**JS Juliet Simone** 9:47

Evention.

Yeah.

Prevention person centered health.

Leslie put that in the chat.

Yeah.

**JM Jacqueline Miller (Guest)** 9:52

Perfect.

**JS Juliet Simone** 9:52

Yeah.

Yeah, that's umm.

**JM** **Jacqueline Miller (Guest)** 10:03

Like it.

Uh.

Anybody else?

What are your thoughts?

**L** **Leslie DeGroat DMH DD (Guest)** 10:12

I agree with Juliet.

Just just thinking about, yeah, how can we focus on being proactive and you know, not wait for the diseases to hit?

But yeah, having those prevention measures and putting that in the as the focus, you know which actually the physical activity, healthy eating, mental health, social connection, all that good stuff also I mean that's good preventative things.

**JS** **Juliet Simone** 10:31

Really.

**L** **Leslie DeGroat DMH DD (Guest)** 10:33

But yeah, Juliet, right when you were when you started talking, I was.

I had typed that prevention part in and I'm like, Oh yeah, she's saying what I'm thinking.

So thank you for speaking up.

**JS** **Juliet Simone** 10:43

Yeah.

Yeah, like maybe the last part of that sentence.

Ohh yeah, incorporate in policy medical care and yeah.

And and programs or something.

Yeah, something to that.

Something to that effect, I think that's a lovely way to put that.

Yeah.

Good language there, Leslie.

**JM** **Jacqueline Miller (Guest)** 10:59



And maybe do does it's at strictly medical care or do we say health, a health care or health in something?

 **Amanda Fahrendorf** left the meeting

**DW** **Debbie Walkenhorst** 11:10

Maybe something like incorporate prevention and person centered health care in policy program and programs and I was trying to work in the word holistic because I think that gets us away from focusing on disease.

**JM** **Jacqueline Miller (Guest)** 11:26

Very good.

**JS** **Juliet Simone** 11:26

Mm-hmm.

Yeah.

Incorporate holistic prevention, maybe.

**DW** **Debbie Walkenhorst** 11:33

Umm.

**JS** **Juliet Simone** 11:34

Is that in the right place?

**JM** **Jacqueline Miller (Guest)** 11:34

And I'm checking I think so.

I mean, we can, we can put it wherever we want, whatever we think.

**JS** **Juliet Simone** 11:40

Yeah.

**JM** **Jacqueline Miller (Guest)** 11:43

And you know, the other thing I was wondering is just innovative that there's other things out there that we need to be looking outside the, you know, the healthcare box, that there's programs out there that aren't always considered.

Umm, you know, if we want to say, you know, some type of innovative, if there's innovative health programs.

I mean, I just think of the Oasis that Juliet has with the lifelong learning opportunities.

I mean that all comes into health, in my opinion as well.

**AL** **Amanda Landsbaum** 12:21

And not to throw one more thing in, but also evidence based too might be something to think about, along with the innovative, innovative.

**JM** **Jacqueline Miller (Guest)** 12:28

Yeah, that's that's very good too.

**HS** **Heather Swymeler** 12:32

There's some clinics in North Missouri that are membership based and they are looking at evidence based services and being having better access to people and looking at chronic illnesses to feel like umm.

I realize a lot of the people we deal with utilized Medicaid and Medicare, but I think there's also a lot of models that can be affordable that give them access to care and a different network of services.

And what we're used to seeing as well, so those might be looking worth looking into.

 **Jill Cigliana** joined the meeting

**JM** **Jacqueline Miller (Guest)** 13:17

OK.

**NL** **Newland, Laura** 13:17

And feel free to type in the chat if you have suggestions on wording.

**JS** **Juliet Simone** 13:20

Yeah.

**NL** **Newland, Laura** 13:22

I'm just doing this in real time and you you all will have a chance to look at it as well after.

**JS** **Juliet Simone** 13:28

Yeah, yeah, I like to ask.

**JM** **Jacqueline Miller (Guest)** 13:29

So.

**JS** **Juliet Simone** 13:30

Having a little like kind of conversation on the side there about evidence based and umm, all of that.

I was just saying, like I, you know, like yes, I think we should absolutely support evidence based when it makes sense and as opposed to creating something new.

But I do feel like if we only only focus on that, it can sometimes stifle creativity.

So I think that's where some of the more evidence driven or evidence informed, you know, language kind of gives a little flexibility for innovation.

**MY** **Matthews, Yvonne** 14:02

May I may I agree with you because I was just I.

**JS** **Juliet Simone** 14:06

You may, you may.

**MY** **Matthews, Yvonne** 14:09

I was just getting ready to say the same thing.

I get as I sit in more and more of these meetings and we're always insisting on evidence based.

Perhaps that's why we don't have what we need now, because we are dependent on what was done and what is evidence based, and that does not allow us necessarily to go into new places and tackle new things.

So I I think we need to have both.

My second comment is about is there a place in any of this to our reflect, uh, being concerned about culture?

**JM** **Jacqueline Miller (Guest)** 14:58

I think that's an excellent point that culturally based.

**JS** **Juliet Simone** 14:59

Yeah.

**JM** **Jacqueline Miller (Guest)** 15:04

Programs as well or culturally appropriate.

 **Amand Fahrendorf (Guest)** joined the meeting

**JS** **Juliet Simone** 15:09

Yeah, like that.

**NL** **Newland, Laura** 15:11

What do we think about that language and corporate, culturally, culturally appropriate prevention?

And holistic person centered healthcare and policy and programs.

Instead of relying only on the historical disease centered or limited organ specific approaches.

**JS** **Juliet Simone** 15:27

Now that is a good sentence.

**NL** **Newland, Laura** 15:30

I know this is a good recommendation right here.

**JS** **Juliet Simone** 15:31

Like it, I like it.

Yeah, Laura.

**JM** **Jacqueline Miller (Guest)** 15:35

Ah, Doctor Heidi saying culturally congruent.

Do you wanna speak up to that one, Heidi? Please.

Doctor Heidi.

**DM** **Dr. Heidi Miller** 15:43

Oh, it's just an I.

I was just throwing it out there if to see if that was a preferred term, but I like what you have already.

It's just another permutation.

**JM** **Jacqueline Miller (Guest)** 15:53

The other thing I've heard in some of my meetings is they're just saying health.

They're not saying health care because and and I'll throw that out there if anybody else has heard it, but because so many times it's, you know, there's so much more.

It's not just the care aspect of it, it's just the entire health.

But does anybody have any thoughts on that?

**JS** **Juliet Simone** 16:19

I yeah, I would actually prefer to take out pair because I think that already gives like we're already, you know, intrinsically biased to assume that that happens in the walls of a clinic.

I think so.

I think this opens it up much more.

 **Heather Swymeler** left the meeting

**JM** **Jacqueline Miller (Guest)** 16:35

OK.

And then what about let's look at a innovation innovative health programs nationally.

Umm do we want to say identify or?

Let's see, somebody else said research based instead of evidence based. Umm.

**WK** **Weitzel, Kelsey** 16:57

I'll chime in real quick on the evidence based pieces because I don't know.

I think a lot of different people have different definitions of each of those terms too, and I think in our world our world are like Title 3D funding.

World evidence based means only on that certain list.

But then in the research world, there's different definitions of it, so it would be maybe helpful to have a definition list.

Maybe you have how we're viewing those terms too.

**JM** **Jacqueline Miller (Guest)** 17:19

OK.

Uh.

Is everybody OK?

Umm.

Identify innovative health programs.

Nash, I would because I I also think nationally and state wide because sometimes there's really great programs.

I know there's a wonderful.

Programming Kansas City.

That's decreasing maternal mortality.

That is a lot of people don't know about that's going on in the state.

I love it.

So I didn't know if we should put nationally and you know, through the state and nationally or something to that effect.

**JS** **Juliet Simone** 17:59

I'm questioned.

Jackie, I'm as far as identifying is it, is it like identifying like models that can be applied like that can be implemented to support this focus area like so?

**JM** **Jacqueline Miller (Guest)** 18:15

I think that'd be great.

**JS** **Juliet Simone** 18:15

I mean, should we say they're like, identify innovative programs, you know, to implement or to fund or something like that.

Yeah.

OK, that gives it a little more clarity to me.

**JM** **Jacqueline Miller (Guest)** 18:25

No, that's great.

Thank you.

Hmm, with be increase access to evidence and research based programs?

Umm, but then we cannot follow it up with sea explore different models of care and services.

Yevon is there a different do you want to do you have any thoughts on either be or C and I'm just because you had had some great input earlier about, you know, we've got the culturally based up there.

Is there any other terminology we'd like to put in to be and see everybody?

OK, let's move on to and again this is an action item launch health well.

It would be healthy living campaign to encourage support and incentivize.

Is there any other things we'd like to keep in there or remove?

Ohh, thank you Laura.

There we go.

Any other I mean and again please add subtract.

This is your all of our documents.

I just wanted to put some words out there to start it.

Is there an area to added HealthEquity?

Absolutely.

Where would you like to add that in?

Kelsey, you're absolutely right.

HealthEquity should be included.

Yeah.

Do we?

Do you like it there?

Is that a good place for it, Kelsey?

**HK** **Hussey, Kelsey** 20:24

Yeah, I think that looks good.

**JM** **Jacqueline Miller (Guest)** 20:26

OK.

And then there's a hand up.

Yvonne, go ahead please.

**MY** **Matthews, Yvonne** 20:30

So back to your being C I'm sorry I was not.

I was thinking when you asked are we does evidence based and research based give us room for innovative for identifying or recognizing innovative program.

Question one and question two.

Should we also look at international programs, not just national, state or local, particularly if you're trying to be conscious of, umm, culturally appropriate programming?

Perhaps there's something that's done in Mexico that culturally appropriate for Mexicans, and so should we include that?

**JM** **Jacqueline Miller (Guest)** 21:28

Fine, perfectly.

**AL** **Amanda Landsbaum** 21:28

I think that's, yeah, I think that's a great point.

Sometimes there's great programs outside of our country that, you know, we should take a look at.

Also, I think you know this innovation versus evidence based just to throw it out there.

I think if it's a program that does have evidence behind it or or at an area that does have evidence behind it, that's where we should go.

But if it's an area that you know doesn't really have much research or evidence that that we wouldn't always have to, you know, go in that direction, we could look at innovative things then.

So I don't think it has to be.

It can be an and or.

I don't think it has to be something that, you know, it's only evidence based and then we don't look at it.

So I think we can kind of look at it in in those two ways.

**JM** **Jacqueline Miller (Guest)** 22:16



Very good.

And I think Jill had her hand up.

**JC Jill Cigliana** 22:21

Thank you.

Yes, I to to build on that, I wanted to say, I don't think innovation and and evidence based are mutually exclusive because it's sometimes it's the application, every evidence based program when it's translated at a community level looks different. And I think the innovation can be and how how things are customized and translated for each community.

So just I like that we have all the descriptors represented, you know, between the various lines under #1, because I think there's a place for for all of those values.

And 2nd, if I know we're we're working hard not to compartmentalize, but I'm wondering what the group thinks about calling out brain health under #2 or do we think that physical health, I mean we need a through D to have a healthy brains, but I also don't know.

I also think there is benefit in calling out brain health under healthy living.

UM, just to for awareness around this issue.

**JM Jacqueline Miller (Guest)** 23:43

No, I think that's very important to bring out back to 1B though, where we going to do evidence based and or research based was that the terminology I think I heard.

**JC Jill Cigliana** 23:57

I think we could say evidence informed and it kind of it is inclusive of both descriptors.

**MN Meinertz, Naomi** 24:07

I think if you use evidence based that is referring to programs that have been tested, whereas research based our programs that are informed by good research.

So I think just including those two, you'll be encompassing all the things you're talking about.

**NL Newland, Laura** 24:28

And to Kelsey's point earlier, the federal definition of evidence based is very specific.

So.

Umm, I think it would be.

It's important to kind of think about that from funding stream perspective.

**JM** **Jacqueline Miller (Guest)** 24:47

OK.

And then we also added D holistic preventive care.

Do we want to clarify that at all?

Add anything to that one.

Are you OK with having that as?

Umm D under.

Anything to add or subtract there?

OK, awesome.

Alright, so when we look into do we like that sentence launch healthy living campaign to encourage support and incentivize, UM, do we want healthy living and aging campaign or do we?

I'm just throwing some things out there.

And do we like the the three words encourage support and incentivize?

**SM** **Sylvia Malta** 25:43

I have two questions.

First of all, how do we?

How would we actually incentivize and two, what about saying active living as aging or as we age to try and create that continuum that choices made earlier in life impact the aging experience as we progress through life?

**DW** **Debbie Walkenhorst** 26:15

I like that and I like something that was said at the last meeting.

It's it's upstream intervention.

So if we leave out the word aging, it's what do we do now is what we were told no matter where we're at on the age spectrum.

So if we if we focus just on aging people might think, well, we won't start until whenever.

So if that makes sense.

**JS Juliet Simone** 26:41

Umm, we could think about terms like across the lifespan over the lifespan that that may achieve that goal.

**DM Dr. Heidi Miller** 26:55

I like that I'm.

I also was wondering, I think anyone reading this is gonna wonder what the difference is between mental health and brain health.

And I wonder if we wanna add more words so that it's clear to the layperson what we mean by the distinction between that, because there's certainly quite a bit of overlap.

**SM Sylvia Malta** 27:13

We might want to get rid of the work term mental health, since that's not really used anymore and replace it with behavioral health.

And I think you're absolutely right.

I think there's a great deal of overlap and I don't know, and there's some Gray area in there, so I don't know how you clearly just state create a distinction for that.

**MN Meinertz, Naomi** 27:41

Is cognitive health also muddying the waters?

**MY Matthews, Yvonne** 27:52

The that's on the.

**JS Juliet Simone** 27:52

I think I I think I I like that.

I think I like cognitive cause that to me is almost akin to like physical activity, healthy eating, cognitive health.

I think that would include.

I think that's a good umbrella term that doesn't get us into that organ specific territory.

I don't know what is what people think about that.

**AL Amanda Landsbaum** 28:13

Although I think if we think about like neurological issues that you could have a neurological issue and not it could, it may not affect your cognition. So like for instance like Parkinson's, you know, is a brain health kind of thing, but they may not have cognitive decline. Umm, so I think it can be different. The brain health in the cognitive it's not all encompassing anything.

**JS Juliet Simone** 28:42  
For sure.

**DM Dr. Heidi Miller** 28:42  
I see.

**JS Juliet Simone** 28:43  
But if we're thinking about the context of this like, I guess, like prevention and holistic approaches with that.

**MY Matthews, Yvonne** 28:53  
Keep.  
Can someone help remind me who is our target audience?

**JM Jacqueline Miller (Guest)** 29:05  
To my knowledge, yeah.

**NL Newland, Laura** 29:06  
So the recommendations are going to go to the master plan on Aging Advisory Council for final approval and then the master Plan on Aging itself has a very diverse audience.

**JM Jacqueline Miller (Guest)** 29:07  
Thank you.

**MY Matthews, Yvonne** 29:12  
Mm-hmm.

**NL** **Newland, Laura** 29:19

It's for, you know, the legislators for executives, for community leaders, business leaders and community members.

And so we're really trying to.

I'm I think the way that I have been envisioning this has been more of a A-frame that everyone can share with shared language around priorities and what's important.

Does that make sense?

**MY** **Matthews, Yvonne** 29:49

Sure.

And and so some of the language I think needs to, especially for a legislator or a community leader and they will have a place for understanding brain health, not necessarily cognitive health.

So I just wanted to keep the target audience.

What do you the focus in mind?

**JM** **Jacqueline Miller (Guest)** 30:20

Very good point, Yvonne.

Thank you.

Let's go up. If we could.

To are we comfortable with #2 launched Hell 3 imagined and we I guess we could put that in quotations or in caps or something like that over the lifespan, comma.

Can't or over the lifespan campaign to encourage support and incentivize?

I think somebody made a point.

OK, I'm looking.

Somebody made a very good point about boy.

There's some points I gotta keep up here.

OK, so there was a comment for Jordana.

What about using the 8 dimensions of Wellness as a guide?

Emotional, physical, occupational, social.

Spiritual.

Intellectual, environmental and financial.

Umm, what are your thoughts on a?

You know, basically putting that under the campaign to encourage and support those 8 dimensions of Wellness.

And then I would think, uh.

Is that where we'd like to go or do we want, you know, these types and again fluid document add, subtract anything.

What do you?

Would we like to go that route?

**MD** **Mindy Ulstad -DHSS (Guest)** 31:48

The only reason I would say no is because we have groups working on occupational. And social, environmental and financial we have different groups working on those.

**JM** **Jacqueline Miller (Guest)** 32:02

OK.

And Leslie has a great comment.

Brain health refers to how well at a person's brain functions across several areas.

Areas cognitive health is an aspect of brain health.

Also motor function, emotional function, tactile function.

So two completely different things.

According to the NIH, brain health and cognitive health, so we may want to consider separating those out.

Possibly.

Maybe making a F cognitive health?

 **Mike Sutherland DNR (Guest)** left the meeting

**JM** **Jacqueline Miller (Guest)** 32:33

Is everybody OK with separating those out?

OK.

**NL** **Newland, Laura** 32:40

I do wanna go back to just remind people of the language and #1 the second phrase here instead of relying only on the historical disease centered or limited organ specific approaches.

And so I, you know, in terms of having a cohesive recommendations is, do you want to focus on the brain specifically here?

**DM** **Dr. Heidi Miller** 33:15

Yeah, I'll respond to that as well.

I threw this in the in the chat, but I'll save you the trouble.

Doctor Miller from having to read the chat.

If we include brain health, which is inarguably super important, one could also argue that we we also need to include heart health and lung health.

**JM** **Jacqueline Miller (Guest)** 33:23

Thank you.

**DM** **Dr. Heidi Miller** 33:32

And I think it does contradict ourselves in this section if we're trying to not be organ focused.

So I like cognitive health, even if it excludes specific neurologic deficiencies, because we're also not highlighting specific deficiencies in other organ systems.

**JM** **Jacqueline Miller (Guest)** 33:54

OK.

All right.

Thank you.

Appreciate that doctor.

Heidi and.

OK, so if we do key actions, it should also take care of all our other organs.

Yes, agreed.

OK, OK.

Do we need to put any?

With physical activity, we put mobility with healthy eating.

We put nutrition.

Do we want to put any uh amplifiers or any descriptive terms behind any of those, or do we want the mobility and the nutrition out of A&B?

OK.

I guess we will leave it as is.  
Umm.

**HK** **Hussey, Kelsey** 34:49  
Umm can I can I?

**JM** **Jacqueline Miller (Guest)** 34:49  
Let's see.  
Go ahead, please. Yes.

**HK** **Hussey, Kelsey** 34:52  
Yes, I'm sorry.  
I would actually take them out because there's more to physical activity than just mobility and there's more to healthy eating than just nutrition.  
And so I feel like it's more kind of like self limiting or putting yourself in a box if that those are the only things that we're gonna be describing.

**JM** **Jacqueline Miller (Guest)** 35:17  
Very good.  
Thank you.  
Going back up to two and and if you guys don't have a problem with it, I'm fine too, but I didn't know about the incentivize.  
Do we want encourage, support and incentivize?  
Keep that or is there different terminology we might want to to utilize or keep it?  
I'm OK.  
Anyway, we go ohh and then I apologize.

**MY** **Matthews, Yvonne** 35:43  
What does it?

**JM** **Jacqueline Miller (Guest)** 35:45  
I'm gonna interrupt, Angel said accessibility.

**AL** **Amanda Landsbaum** 35:53  
So that kind of with accessibility, that'd be more of an environmental thing.



And Jordana said something in the comments that I think just throwing it out there and I'm is that there's the 8 dimensions of Wellness and she she listed them there and one of them is environmental in there, but that, you know not to.

I know we're, but that's just something to maybe take a look at if we wanna stay broad in those categories.

**JM** **Jordanna McLeod (Guest)** 36:21

Well, and I think something Mindy had mentioned after was that some of those other subcommittees really are addressing those other dimensions of Wellness as well.

 **Patty Miller (Guest)** left the meeting

**JM** **Jordanna McLeod (Guest)** 36:31

So, and I think environmentalists, something that they're really focusing on with accessibility and some of the other subgroups.

**AL** **Amanda Landsbaum** 36:32

Yeah.

OK.

**A** **Angel Surdin, MO DHSS OMHHE (Guest)** 36:39

So umm, hi, good afternoon everyone.

I thank you for the opportunity.

I was thinking in terms of accessibility, mainly the 1st 2A and B physical activity and healthy eating.

Someone had mentioned that physical activity was not just mobility.

Healthy activity is not just nutrition, and accessibility is a big piece of being able to do both of those things.

I mean, certainly we could argue the other three as well.

But umm, so it's not to say I wanted I I was thinking of changing the three verbs and the and the main part, they encourage support, incentivize not to say I wanted to add accessibility, but just I guess generally wanted to make a point or wanted to.

Say how accessibility does affect physical activity and healthy eating.

**JM** **Jacqueline Miller (Guest)** 37:41

OK.

And then?

Kelsey asked about a list of the other subcommittee topics.

OK, I tell you what.

With it being 239 almost 240, I would like to encourage support and ensure it accessibility.

Let's try putting that in there, just as I was holding marker and ensure accessibility.

OK.

If I could just take a pause here and, umm, what we can do, we'll make sure to get this out after this meeting.

But we will definitely get out a list of what the other subcommittees are, so it'll help us.

Kind of focus down what our topics of incorporating is.

We will maybe just take a pause here and we'll send this out as is.

So everybody can have some thoughts.

We will also go ahead and have everybody allowed access through box, so you'll be receiving I think, Laura, how it works is we all give you a.

Basically, access to it, we'll send that out by email and if we could go ahead, I'm going to.

Have we're going to go ahead and introduce Juliet.

I'm going to ask you to introduce Sarah and we'll have our Alzheimer's presentation and then if we have time at the end, we can continue discussing.

But I also want to be very cognizant of everybody's busy schedule and make sure that we complete right at three.

And then of course, we'll have our meeting again next month.

So, Juliet, you have the floor.

**JS** **Juliet Simone** 39:26

Yeah.

Thank you, Jackie.

I'm very pleased to introduce my my former colleague at Oasis and now simply friend and larger colleague in the Community, Sarah Lovegreen.

I do not know your exact title, but you are somewhat important at the Alzheimer's Association in the Midwest regional chapter.

I believe, correct me if I'm wrong, but she's here to tell us all the things we need to know in 5 minutes.

**SL Sarah Lovegreen** 39:56

That's right.

Thanks, Juliet.

So yeah, so I'm Sarah lovegreen.

I'm official titles Vice president of programs for the Greater Missouri chapter.

That's just a fancy way of saying I get to lead an amazing group of people who are helping to bring awareness and resources to 86 Missouri counties and working with my colleague out of our heart of America chapter, which serves the rest of the counties in Northwest Missouri.

So so I've got 5 minutes and I think it was with a very broad like, hey, talk to us about dementia and whole person health.

And I'm like, great, no problem.

So as I was thinking about this really, when we think about dementia, Alzheimer's disease, we really kind of think about it in a couple of spots and really who it's impacting, right.

So we have the person who is living with Alzheimer's or another dementia.

 **Amand Fahrendorf (Guest)** left the meeting

**SL Sarah Lovegreen** 40:45

I will probably differ just to dementia to cover everybody for the rest of my comments.

Umm, we think about the caregiver, the primary caregiver for that individual, who is also having health impact of providing that care on a day to day basis and then really also like many other conditions but certainly amplified and dementia the rest of the family.

So it is a family disease because not only do we have a primary caregiver, but we also have other family members who are secondary caregivers or supportive to the primary caregiver.

So it really is impacting a large number of people.

Our data tells us that we have about 2 to 3 caregivers for every person living with the disease here in the state of Missouri.

Umm.

So when we think about it and and again sort of zooming out from that whole person health perspective first, this disease is extremely isolating.

It is isolating from the moment of starting to think that you were having memory and thinking changes and how that you then present yourself to the public.

You might become more reclusive.

It is isolating when a diagnosis happens because being able to share that, there's still, I think, and Jill sort of piping up about really needing to call out some sort of brain cognitive health as part of the conversation.

People don't write Alzheimer's disease is still considered a mental health issue in many, many of our populations that we serve in Missouri.

And we know that it is a chronic brain or it is an organ disease, right?

To use some of the language that was being used on the call.

Umm.

And so it it also does not happen in a vacuum, right?

Many of our individuals who are living with dementia are living with arthritis, are living with diabetes heart disease and he host of conditions.

And so that's where this caregiving stress becomes very, very impactful, because it's not just about dementia.

We've got to figure out with someone who cannot communicate clearly to us or remember to do the things that they need to do, like take their medicines, get regular physical activity, eat regular foods to help keep all those health health conditions in check.

When thinking about the caregiver, particularly that primary caregiver, we also know that primary caregivers for people of Alzheimer's and other dementias, they experience higher levels of depression and anxiety than non dementia caregivers. They also experience greater physical health decline compared to non dementia caregivers, so some of that is just the length of time that is.

You are providing care anywhere from 8 to 20 years.

I think the average is somewhere in between that span, but it certainly definitely impacting all aspects of a character's health, but we also know that we actually can start this conversation about risk reduction and a lot of the things that certainly were on the document you all were just reviewing are on our list of what we tell families every day, whether it's from a risk reduction standpoint or whether it is from a a disease maintenance standpoint, right, healthy eating, regular physical activity, good

sleep, staying socially connected.

Connected all of these things are incredibly important to being able to live well and provide good care for someone with dementia as well as to reduce risk over time. And we're learning more and more about what that exact prescription is, but I have public health background, like, do all the good things and it's good for all your organs.

I think someone said that in the chat I do the things it's good for everything.

You won't have a magic bullet ever.

You have to eat well.

You have to get physical activity and you have to have social connections because we are human beings.

So, you know, I think that again that was really high level.

I can always drill down, I think into the specifics, but I think important, particularly for this whole health group, is keeping in mind that dementia is really it's not just the person living with dementia, it's their caregiver that is experiencing that detrimental health impact.

And you also have the amazing Jill Siliana on your committee.

Who could always try?

Him in and I see a couple other familiar faces and names that we've worked with in the past.

So happy to answer any questions or Juliet, if there's anything more specific you want me to address, happy to do so.

JS

**Juliet Simone** 45:11

Hey, Sarah.

Umm yeah, I think that was a a terrific overview to help frame how important making you know making sure or how important is that to make sure that we are thinking about dementia and brain health and caregivers and the whole family as part of the whole. The whole person subcommittee.

Thank you.

I'll pass it back.

Thank you so much, Sarah, and I'll pass it back to you, Jackie.

JM

**Jacqueline Miller (Guest)** 45:35

Ah, thank you.

Does anybody have any questions for Sarah?

And thank you, Sarah.

That was an awesome overview and very informative.

Does anybody have any questions for Sarah or any clarifications?

Anything that and we might be able to delve in a little deeper.

I'm going to ask a question if it's OK.

**MN** **Meinertz, Naomi** 46:01

So.

**JM** **Jacqueline Miller (Guest)** 46:04

Ohh where what type of research are they?

You know is there research out there in prevention, is there research out there in causes?

What is the latest in the research in a in a little nutshell?

Sorry.

Thank you.

**SL** **Sarah Lovegreen** 46:21

Now I was well and I can touch on it just a bit and I do know I have a colleague who does a phenomenal 15 minute presentation on research.

 **Lynn Lewis (Guest)** joined the meeting

**SL** **Sarah Lovegreen** 46:28

If you ever are wanting 15 or 30 minutes, depending on how in depth you wanna go, but I think our research is really covering a strong right.

So we have programs on risk reduction and prevention really looking at right, trying to identify what's the recipe right.

We've heard 150 minutes, five days a week, for physical activity, for example 5 roots and vegetables, 9 fruits and vegetables.

We're trying to kind of get some more concrete answers around that, but typically right we see a lot of recommendations around a Mediterranean diet or the dash diet that NIH has put out several years decades ago.

I think at this point that goes into the way back machine a little bit.

And so we have the getting distracted by the chat.

Sorry about that.

But then the research is really coming from like, what are caregiver supports that are available?

We also have Washington University here in Saint Louis is doing amazing work with colleagues across the country around blood based biomarkers.

So getting to the point where hopefully we have a blood test for Alzheimer's disease, we also have a lot of happening in the sort of like there's a lot coming that we're still learning and a lot of questions to answer, but more coming out around gut health and how that gut health is impacting our cognitive health.

Umm, I'm trying to think what some of the others anti Owen like.

Inflammatory, right?

So it's sort of that anti-inflammatory diet.

So a lot coming in the in the food space and really just knowing that that really has such a huge impact systemically.

And then also very still a lot of activity happening in potential treatments, not only with amyloid, which is where we're seeing some recent news and some other drugs in the pipeline and the short term, but also looking at those Tao proteins and what that can do as well as a whole host of other things.

And Jill is gonna add something phenomenal.

**JM** **Jacqueline Miller (Guest)** 48:27

OK.

Thank you, Jill, go ahead.

**NL** **Newland, Laura** 48:33

Yo, you're on mute. Sorry.

**JC** **Jill Cigliana** 48:36

Sorry about that.

I was actually going to ask a question, but I but really all all I have to add is that we also have.

Umm, we're we're translating a lot of research, not on prevention, but on on care supports and services right here in the state of Missouri and have a lot of innovative programs going on.

If we wanna talk about specific programs and outcomes for participants in our state. But I thought while we have Sarah, this would be a great opportunity for us on this subcommittee to hear a little bit about the state plan or the task force on Alzheimer's and how the work of that task force relates to the overall plan on aging. Because I think as we're working on whole state initiatives, we should keep in mind that there is there's work going on specific to dementia and and you, I know Sarah, you've been involved in that process as well and and how you see these plans intersecting.

**SL** Sarah Lovegreen 49:37

Yeah.

And and so Full disclosure, I saw Juliette chimed in about the like.

I'm a Co chair of the Family Caregiver Subcommittee, and so it's I think it's really exciting.

I think the timing of so in December of 22, the governor approved a new state plan for Alzheimer's disease based on the recommendations of an established task force. And really that looked at obviously very dementia specific but and looked across really the lifespan of dementia.

So while people are still in that prevention risk reduction, early diagnosis phase, but then also ensuring that we have a plan and actions related to when people need more supportive care, can they get high quality care and are we providing opportunities for people to receive that high quality care in the state of Missouri. And so it really fits in I think very well with what's happening within the master plan on aging.

There's a lot of us on that served on the task force that are also on several of the subcommittees, but we really did look at sort of four broad areas in terms of risk reduction in early detection, knowing that that's really has to happen for these current treatments to be viable for individuals to use.

We had an area around really just kind of streamlining resources, knowing that things are very fragmented across this state, looked at some recommendations around.

Oh, thank you.

Looked at some recommendations around professional care provider training, potentially down the line, and so our first win as part of that task force was we did get over a 50% increase in respite and carryover training dollars into the state budget



this year.

And so that was a recommendation that came out of that.

It made it through and so now the committee's on to what's next from a policy perspective and working with our colleagues in the Department of Chronic Disease, Public Health and Senior Services really to improve quality of life and access for people living with Alzheimer's.

Alzheimer's.

So the timing of these things are all really good.

I know the AAA and their plan is also coming to fruition if it hasn't already, and so I think you know Missouri had did this at the right time to really intertwine all of these plans into one master document.

**JM** **Jacqueline Miller (Guest)** 51:56

Some thank you.

Thank you.

And then Mindy put in the chat, the state plan is right there.

So thank you, Mindy.

I appreciate that.

OK, I have on my list that we are going to email a recording for those who may not have been here, we're going to send out a list of the other subcommittees.

We're gonna send out an invite to the box.

Access to this document and I am more than happy.

You know you can add to it.

You can start filling things in even if you want to alter what's there with the oral health.

If you wanna add or subtract or anything like that, again living breathing document that I'm looking forward to.

I'm excited about how it's going to turn out because we've just had some amazing input and I think this is going to just really give some great recommendations and then are there any questions before I draw this to a close just because I I don't want to overspend anybody's time and is there it, can we go back to the document real quick.

Laura, I just wanna see if there's anything else.

Umm that we can add.

Let's see.

Do you have that real quick, Laura?

There we go.

Thank you.

Catch off guard, I apologize.

There we go.

OK.

 **Sarah Lovegreen** left the meeting

 **Jacqueline Miller (Guest)** 53:27

So we're, we've done a lot of work on thriving as we age and oral health will be and will still make some changes to that first part of that document.

We're looking at oral health and then we went ahead as we go down with fall prevention and vision care.

So between now and next month, if you guys have some thoughts and some provisions you'd like to put in there, I think the next thing we would add the possibly might be.

Brain health or something to that effect?

But or Alzheimer's as a as a list.

But if you have other topics that you'd like to include in this document, please let me know.

I'd love to hear about them and uh, while we have a moment or two, are there anything, any specific things that you'd like to add to the topics?

Let's just keep it topic based.

Should we consider breaking into smaller work groups based on these core areas to start really diving in?

Mindy, nice.

Very nice.

I love that idea.

OK, So what we could do is in our I'm going to send out an email and it is going to, we're going to ask you to maybe fill out a template as to what subcommittee of these you would like to specifically work on.

 **Dr. Heidi Miller** left the meeting

**JM** **Jacqueline Miller (Guest)** 54:56

And then would it be called a sub subcommittee, something to that effect?  
But I really like that idea where specific people could specifically work on that, and I think it would be much more effective and efficient sub squared.  
Thanks, Kevin.  
I love it so, but what other things can we add?  
Has anybody put in the chat or please trim in?

 **Laura L. Kozeny-Fraser** left the meeting

**JM** **Jacqueline Miller (Guest)** 55:23

What other things we can add so that we have an inclusive list of topics we should cover cognitive stimulation, cognitive health.  
How about just we can add that as cognitive and then go ahead, yeah.

**JS** **Juliet Simone** 55:37

Ohh, I'm Jackie.  
Sorry, that was like a Part 2 there of a my comment earlier.  
I was wondering if maybe one of the categories like we've got oral health, UMM, Vision Health, maybe it's social and emotional health is its own.  
I don't know does that kind of maybe I know we're struggling to try to find the right way to talk about all that in this framework.

**JM** **Jacqueline Miller (Guest)** 56:01

OK.  
Umm.  
Mindy, I agree.  
Adding Herron hearing we have vision care, we can add hearing care and then we can also Laura's got a good point about equity and access.  
So how about we add those specific ones?  
I guess we'd add specifically cognitive health and what we may wanna do too is we may need some drop downs from physical activity, healthy eating, that type of thing.

 **9bd2883a-5190-4b9c-a996-700ac7835130** left the meeting

**JM** **Jacqueline Miller (Guest)** 56:32

All right, so let's end it there.

Since we have almost to our time frame and what we'll do is we'll put out some type of template or some type of just hey, can you be what out of these different groups WhatsApp group, would you like to be part of?

And then we'll find somebody to lead that and then have some breakout sessions where people can specifically start to fill in this template that we have now.

Anything else to add before we draw the meeting to a close?

 **Jill Cigliana** left the meeting

**JS** **Juliet Simone** 57:10

Yeah.

If we get that done before next time to or if we got peoples interest in the different work groups, we don't know if it would be too confusing to switch to zoom.

I don't know if I don't know if teams does break out groups.

**NL** **Newland, Laura** 57:30

I think we can do breakout groups on teams.

 **Rebecca Nowlin** left the meeting

**JS** **Juliet Simone** 57:33

Sweet Laura.

**JM** **Jacqueline Miller (Guest)** 57:33

OK.

 **Karen Will (Guest)** left the meeting

**JM** **Jacqueline Miller (Guest)** 57:35

Awesome.

**NL** **Newland, Laura** 57:36

I will.

I will try to figure it out before the next meeting, Julia.

**JM** **Jacqueline Miller (Guest)** 57:41  
OK.

**JS** **Juliet Simone** 57:41  
You're awesome.

**JM** **Jacqueline Miller (Guest)** 57:43  
Umm, alright then what we'll do is ask everybody to sign up for a subcommittee square, as the case may be.

 **Julie H. Weng** left the meeting

**JM** **Jacqueline Miller (Guest)** 57:51  
Angel brought in health. Literacy.  
Accessibility.

 **Teresa Eppers** left the meeting

**JM** **Jacqueline Miller (Guest)** 57:55  
Umm oh there it is.  
I see it there.  
OK.  
So we'll ask everybody to join.  
One of the subcommittee squares, I love that, and from there what we might do at our next meeting, we'll talk, but maybe we can take out.  
We can break out in different sessions with people and see if we can't start filling in some of this material.  
So, OK.  
Thank you.  
Thank you.  
Thank you.  
And he's saying health literacy is not a separate group.

OK, alright, sounds good.

That's what we may do at our next meeting.

I will certainly send out a an email much earlier than I did today and see if we can't break out and start filling in this.

● **Newland, Laura** stopped transcription