

# ADRD T N A D V I S O R Y C O U N C I L ADRD

## Meeting Agenda

<b>Date:</b> November 13, 2025	<b>Time:</b> 1:00 – 3:00 PM CST
<b>Location:</b> Tennessee Department of Health, 7 <sup>th</sup> Floor, Conference Room F 710 James Robertson Pkwy, Nashville, TN 37219	<b>Virtual:</b> Webex* <i>Had to convert to Teams from Webex due to technical difficulties.</i>
	<i>Recording Link:</i> <a href="https://youtube.com/watch?v=xV8pfyuP6Uo">youtube.com/watch?v=xV8pfyuP6Uo</a>

**I. Call to Order**

*Bunn called the meeting to order and requested that Rochelle Roberts, TN ADRD Advisory Council Facilitator and TDH State Dementia Director, complete Roll Call.*

**II. Roll Call**

*Roberts called each member by name and established a quorum.*

Council Member Name:	Classification:	Present:	Absent:
Senator Rusty Crowe (Non-voting)	TN General Assembly	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
Representative Sabi Kumar (Non-voting)	TN House of Representatives	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
Keita Cole	TN Department of Disability and Aging	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Kirk Mason	Stones River Manor	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Angela Jefferson	Vanderbilt University Medical Center	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Bart Brammer	Person Living with ADRD	<input type="checkbox"/> In-Person	<input checked="" type="checkbox"/>

		<input type="checkbox"/> Virtual	
Janice Wade-Whitehead	<u>Alzheimer's TN, Inc.</u>	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
Dawne Bunn	<u>Alzheimer's Association, TN Chapter</u>	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Anna Lea Cothron	<u>TennCare</u>	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Nina Monroe	<u>TN Health Care Association</u>	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Virtual	<input type="checkbox"/>
Gwyn Earl	<u>LeadingAge TN</u>	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
VACANT	<u>TN Nurses Association</u>	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
Alicia Robeson	<u>TN Department of Mental Health and Substance Abuse Services</u>	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input checked="" type="checkbox"/>
Sally Pitt	<u>TN Department of Health</u>	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
Laura Musgrave	Family Caregiver Representative	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Virtual	<input type="checkbox"/>
Ray Romano	Vanderbilt University Medical Center	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual	<input type="checkbox"/>
<i>Non-Council Attendees:</i>	<i>Rochelle Roberts Katie Lee Miranda Givens Chelsea Ridley</i>		

### III. State Dementia Director Updates

*Before beginning, and in recognition of November: National Family Caregiver Month, Roberts described the opening picture of the Power Point slides featuring Shelly Kitts' family. Kitts and her husband are family caregivers for her husband's two (2) brothers, who both have vascular and Alzheimer's dementia.*

#### a. ADA Requirements & Protocol

*Roberts delivered an operational briefing on new ADA requirements for state meetings and all TDH public-facing materials. She provided this guidance:*

*Before the Meeting:*

- *Facilitator:*
  - *Turn on live captioning or CART services.*
    - *She indicated that she would record and transcribe the meeting on the meeting platform, but will be required to manually confirm correct transcription, post event.*

- *Slides will be available in PDF format.*
- *If virtual:*
  - *Sign on with your full name.*
  - *Test audio and camera quality.*
  - *Keep the camera on.*
  - *Mute and unmute as appropriate.*
  - *Reduce background noise.*
- *If in-person:*
  - *Place the name tent in a visible, unobstructed location.*
  - *Silence phones and minimize distractions.*

*Communication Standards:*

- *Identify yourself before speaking.*
  - *First mention: [First & Last Name | Organization, Title]*
  - *Subsequent mentions: [Last Name]*
- *Speak clearly and at a steady pace.*
- *Define acronyms before using them.*
- *Avoid overlapping dialogue or interruptions.*
- *Describe visuals aloud (slides, charts, or images).*
  - *She demonstrated ADA compliance with the Power Point using the slide labeled 'Roll Call' and described it as having a blue background with white, centered text indicating this portion of the meeting will confirm attendance.*
- *Refrain from side conversations while the recording is active.*
- *Keep remarks relevant to the agenda.*

*Roberts suggested eliminating PowerPoint usage due to ADA burdens and stated a preference for agenda-only formats. Bunn asked if we moved to a PowerPoint with a white background only and blue text if we would need to describe the slide deck once. Roberts stated that no, we would need to describe each slide.*

*Note: ADA compliance will be required for all meetings beginning April 24, 2026.*

- b. *2026 Office of Healthy Aging (OHA) Intern*  
*TDH has secured a Tulane University intern, Kelly Estilette, who will serve Jan 6, 2026 – Apr 30, 2026 (with possible continuation).*

*Project Overview*

- *Engage Partners: Collect input from the Council, TDAC, and key organizations/partners to document activities supporting State Plan goals.*

- *Analyze Alignment: Map activities to the five (5) goals, identify overlaps and gaps, and assess alignment with federal priorities (CDC BOLD, CMS GUIDE, etc.).*
- *Modernize the Plan: Develop forward-looking recommendations integrating best practices, workforce and technology innovations, and caregiver equity.*

*Roberts suggested hosting two (2) Council meetings within the first quarter to allow more contact time with the intern.*

c. *State Dementia Services Coordinator (DSC) Meeting 2025*

*TN participated as one (1) of 25 states represented at the national convening. Each state team was structured with a DSC and a State Policy Lead. TN's delegation included Roberts, Leanne Derm, Alzheimer's Association – TN Policy Liason, and Ridley, TDH.*

*The session reinforced a macro shift in national dementia policy from reactive crisis management toward proactive, integrated public health strategy. Key directional signals:*

*Crisis to Collaboration: The federal and state landscape is pivoting toward early detection, prevention, and system-level integration. Dementia is expected to be positioned within core public health operations rather than being siloed in aging services or confined to clinical domains.*

*Biomarker Readiness and Equity: Emerging blood-based biomarkers are generating a new operational horizon for earlier, scalable, less invasive detection. States are expected to prepare for:*

- *Coverage parity*
- *Workforce readiness*
- *Privacy standards*
- *Ethical guardrails for widespread adoption*

*Roberts suggested that these elements be embedded in TN's future state plan.*

*Workforce Constraints and Primary Care Integration: The national geriatric workforce shortage persists, creating a structural gap between demand and specialty capacity. The scalable path forward remains clear: integrate dementia into primary care workflows. Multiple states are deploying ECHO models and other extension mechanisms to upskill clinicians at scale. TN's ECHO strategy aligns with this national trajectory.*

*Risk Reduction and Public Health Practice: Ridley served as a panelist and highlighted the US POINTER Study and TN's Knoxville pilot work. This positioned TN as a leader in lifestyle intervention science and translational aging research.*

*Behavioral Health and Long-Term Services: States shared varying approaches to behavioral health integration and long-term care alignment. Cross-state strategies included dementia-capable behavioral health training, caregiver stabilization models, and coordination with Medicaid LTSS structures.*

*Data and Systems Integration: TN was prominently featured for its integration of dementia into the State Health Improvement Plan (SHIP). Leadership impact and data strategy were highlighted as differentiators. The TN Multi-Sector Plan for Aging (MPA) Data Dashboard V2 also received attention as an emerging decision intelligence asset for statewide planning.*

*State Sharing and Cross Learning: Quarterly convenings of the dementia services coordinator community of practice will continue, enabling cross-state benchmarking, shared problem solving, and policy alignment.*

*Jefferson asked what states present and Bunn reported that the states included: Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Kansas, Maryland, Michigan, Minnesota, New York, North Carolina, Oregon, Pennsylvania, South Carolina, TN, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin. Bunn also indicated that a heat map was available.*

*Cothron requested that the slides from the event be shared with the Council. Roberts confirmed they could be shared.*

*Musgrave asked how many states have DSC representatives. Roberts indicated that there are 31\*.*

*\*Correction: There are currently 34 DSC positions including, Alaska, Arizona (vacant), Arkansas (vacant), California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana (vacant), Maryland, Michigan, Minnesota, Montana (vacant), Nebraska, New York, North Carolina, Oregon, Pennsylvania, South Carolina, TN, Texas, Utah, Vermont, Virginia, Washington (vacant), West Virginia, and Wisconsin.*

*Pitt highlighted that Roberts produced a concise, high-value summary of the national summit and recommended sharing it with the full Council to streamline alignment across the six (6) major domains discussed. She also noted the need for clarity on how states are selected to attend the summit. Bunn and Roberts were asked to explain the invitation criteria. Bunn clarified the governance model:*

- States qualify for the meeting only if they have a state-funded dementia-focused position.*
- BOLD-funded states must have a federally funded coordinator, but this is not the same as a state-funded, sustainability-oriented role, which is the requirement for Summit participation.*

- *States differ structurally in where dementia leadership sits (public health, aging, HHS).*
- *Tennessee meets criteria through its director-level, state-funded dementia position.*

#### **IV. Old Business**

##### **a. Approval of August Meeting Minutes**

*Bunn provided a recap of the August meeting. Jefferson proposed a motion to approve the minutes; seconded by Cothron. A quorum was maintained with unanimous approval, confirmed through roll call.*

##### **b. 2026 Meeting Schedule**

*Bunn presented the proposed 2026 schedule. Council discussion focused on:*

- *Maximizing intern engagement (Pitt, Cothron).*
- *Ensuring virtual access early in the year (Cothron).*
- *In-person, with intern presentation in April (Jefferson).*
- *Pitt encouraged legislative and/or commissioner engagement at the April meeting date.*
- *Conflicts in schedules were discussed including Wade-Whitehead being unavailable April 16<sup>th</sup> and Musgrave being out of the country in April.*

*Jefferson proposed the following schedule, seconded by Bunn:*

- *Feb 19<sup>th</sup> (virtual)*
- *Mar 19<sup>th</sup> (virtual)*
- *April 9<sup>th</sup> (in-person, with intern presentation; tentative legislative engagement venue at Cordel Hull)*
- *Jul 16<sup>th</sup>*
- *Sept 17<sup>th</sup>*
- *Nov 12<sup>th</sup>*

*A quorum was maintained with unanimous approval, confirmed through roll call.*

#### **V. New Business**

##### **a. Dementia: A Year in Review Executive Summary Draft**

*Roberts presented a draft “Dementia Year in Review” executive summary. Initial concept targeted a compact front plus back flyer, possibly trifold. Actual draft became a two-page front plus back piece that defines dementia, highlights key statistics, then maps successes to each state plan goal. Content sources included past meeting notes, RedCap submissions, additional direct input. Rochelle requested feedback on missing numbers, language, and structure.*

*Discussion among the Council members took place with key considerations discussed:*

*Primary speakers included Bunn, Cothron, Pitt, Jefferson, Cole, and Lee.*

*Document reflects what the Council discussed this year, not a full catalog of every agency's activity.*

*Document must operate as:*

- *A concise annual summary*
- *A foundation for the 2027 full legislative report*
- *A leadership-friendly deliverable usable immediately*

*Readers will skim, so first impression must capture impact, clarity, and data.*

*REDCap Burden and Input Gaps: Multiple agencies have not completed the REDCap survey and is labor-intensive, particularly for partners delivering hundreds of programs.*

*Recommendations:*

- *Consider summary-level reporting. Example: Alzheimer's Association entering annual totals instead of individual events.*
- *Intern may shift to direct meetings with partner groups to mitigate REDCap barriers.*

*Language, Format, and Accessibility: Heavy use of acronyms reduces readability and accessibility. ADA compliance must guide structure.*

*Recommendations:*

- *Spell out all acronyms except AD/ADRD.*
- *Use: infographics, visual metrics, minimal txt blocks.*
- *Refine the dementia definition to ensure conditions listed match standard ADRD criteria.*

*Front-Page Redesign and Content Prioritization: Front page is currently heavy with definition and narrative, while successes are buried.*

*Recommendations:*

- *Move these to Page 1:*
  - *Year-in-Review highlight reel with top reach numbers, training delivered, engagement counts, initiatives launched.*
  - *Who is the TN ADRD Advisory Council.*

*Storytelling and Qualitative Insights: Legislators respond to narratives, not just numbers.*

**Recommendations:**

- *Integrate short vignettes or quotes from navigator experiences, caregiver stories, ADPI training reflections, page coverage challenges, POINTER prevention insights.*

**Next Steps:**

- *Council members will submit updated content and corrections directly to Roberts via email.*
- *Roberts will refine the document's format and structure, including:*
  - *Moving the council description to the front and clearly stating its legislative mandate.*
  - *Spelling out all acronyms, with limited exceptions for standard clinical terms.*
  - *Adding a concise "Year in Review" highlight section on the front page featuring top metrics and key wins.*
  - *Revising the dementia definition to ensure alignment with ADRD parameters.*
  - *Integrating short narrative vignettes using select quotes from caregivers, navigators, and trainees.*
- *Cole and Ridley will provide quotes for inclusion in the vignette section.*
- *Roberts will route the revised draft to the Assistant Commissioner of Legislative Affairs for review prior to the Council vote.*
  - *Roberts will deliver a near-final version to the Council by January 19<sup>th</sup>.*
- *Council will review the updated product in February and vote on its adoption at that meeting.*

**VI. Planning the Agenda for the Next Council Meeting**

*Cothron lead the discussion asking members to begin thinking strategically about 2026 priorities, future speakers, and topics that warrant deeper exploration. Members agreed that 2025 meetings were substantive but somewhat reactive; there is interest in a more planned and structured approach in 2026.*

**Topics for 2026:**

- *Policy: A portion of the conversation centered on whether February is appropriate for a policy discussion. A general consensus among members (Pitt, Cole, Bunn, and Cothron) February is too early for policy presentations from state agencies, but a March policy discussion is more realistic. Policy could be discussed by non-state advocacy partners in February if desired, but formal voting cannot occur until the next meeting.*
- *POINTER: Pitt proposed discussing the POINTER Study research-to-practice rollout with TDH and Knox Co. Health Department and offered Ridley and Knox*

County present, with the potential of a national POINTER representative to join virtually.

- **Care Delivery, Navigation, and Consumer Protection:**
  - *Conservatorship and guardianship (raised by Romano; supported by Pitt, Cole, Monroe)*
    - *Pitt indicated that the Legislative Task Force has hosted one (1) meeting, and she is a member. A second meeting is scheduled for December. The topic could be discussed in the Summer including DDA and Committee – legislative and programs and services.*
  - *Fraud, scams, and AI-enabled exploitation of older adults, laws, and how to increase awareness (raised by Lee; supported by Cothron and Pitt).*
- **Research and Clinical Innovation:**
  - *Emerging research updates and pipeline innovations.*
  - *Understanding TN's newly designated NIH Center of Excellence, effective June 1<sup>st</sup>, including structure and initiatives (raised by Jefferson, supported by Romano, Pitt, Bunn).*
- *ECHO Program Update: Focus on ECHO outcomes, national alignment, and the Council supporting sustainability (raised by Cothron; supported by Romano, Bunn).*
- *Dementia Navigator experiences (raised by Musgrave; supported by Cole and Pitt).*
- *Dementia-Friendly State Strategy: Understanding TN's readiness for exploring a dementia-friendly state designation (raised by Pitt). DDA is the community convener for the Dementia-Friendly America toolkit. Pitt suggested a potential virtual presentation by Washington State, which integrated State Health Improvement Plan (SHIP), ADRD Plan, and Dementia-Friendly State framework.*

*A formal motion was made by Cothron and seconded by Jefferson to set the February 19<sup>th</sup> agenda to include:*

- 1. POINTER Research-to-Practice presentation.*
- 2. Review and discussion of the 'Year in Review' document.*

*The motion passed with unanimous approval from all council members through roll call vote.*

*Cole clarified that the February meeting will be virtual.*

## **VII. Council Member Comments/Announcements**

*Roberts displayed a [Microsoft Power BI Dashboard](#) that consolidates county-level 65+ data for all Tennessee counties into a single interactive view. ETSU, serving as TDH's contractor, is leading development of the Multi-Sector Plan for Aging Data Dashboard V2 and is actively expanding its capabilities. Council members requested the dashboard link for local*

*engagement and outreach. Urban–rural classification issues were identified, and Roberts will request clarification with ETSU. Roberts indicated that additional enhancements are in progress, including new infographics, improved mapping tools, and integration of GUIDE ZIP-code mapping.*

**VIII. Public Comment:** *No public comment.*

**IX. Next Council Meeting:** February 19, 2026