



McKNIGHT BRAIN RESEARCH FOUNDATION

Preserving memory, enhancing life

Joint Meeting of the Communications and Education Committee of the Board of Trustees

Monday, November 27th, 2023

6:00 – 7:00 PM ET

Via Zoom (link in calendar invite)

<https://zoom.us/j/98847802740?pwd=dDY3cU9MK09XVkhBQ0RoWEMwMEZSdz09>

Members: Dr. Patricia Boyle, Communications Committee Chair; Dr. John Brady, Education Committee Chair; Dr. Michael Dockery, MBRF Chair; Dr. Sharon Brangman; Dr. Allison Brashear; Dr. Roy Hamilton; Dr. Sue Pekarske

Also Attending: Dr. Angelika Schlanger; Ms. Valerie Patmintra; BRG Team – Ms. Jane Barwis, Mr. Shannon McDaniel; Ms. Nicole Grady; Ms. Kate Worthy

AGENDA

6:00 pm ET	1.	Call to Order/Welcome/Roll Call	Drs. Boyle & Brady
6:05 pm ET	2.	Education	Dr. Brady
	a.	Approval of Minutes from July 11, 2023 - ACTION	
	b.	Education Activity Timeline	
	c.	Partner Updates	Dr. Schlanger
6:10 pm ET	3.	Communications	Dr. Boyle
	a.	Approval of Minutes from September 20, 2023 - ACTION	
	b.	Communications Activity Timeline	
6:15 pm ET	4.	Communications Campaign Update	BRG Team
	a.	Campaign Roadmap and Timeline	
	b.	Discussion and Approval of Key Terminology and Usage	
	c.	Next Steps	
6:55 pm ET ACTION	5.	Other Business and Adjourn	Drs. Boyle & Brady



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Partner Outreach Updates

2023 – Q3/Q4

Identifying and Leveraging Opportunities to Increase the MBRF's Educational Outreach and Impact

- At the Gerontological Society of America (GSA) conference, Angelika made connections with **several leaders that are advancing educational initiatives for patients and community members on brain health**. Angelika is following up to share MBRF's resources for these audiences and to identify tools these organizations have developed that could be a good fit for the resource hub being developed by BRG. These include: National Association of Community Health Centers ([Brain Health webinars and trainings for clinicians and staff](#)); [Brain Health Together](#); and the Cooperative Extension at the University of Missouri, Program on Aging.
- At GSA, Angelika met **Lisa McGuire and a Program Officer at the CDC**, who are leading the national Healthy Brain Initiative and Roadmap. Angelika is communicating with the Program Officer to discuss a possible presentation to public health agencies that are part of the initiative and to promote the MBRF's resources and upcoming campaign as tools to advance brain health in their communities.
- Angelika recorded content for Roon's new Dementia module. Topics covered included the **MBRF's mission, history, and impact as well as sharing our key messages related to cognitive aging (normal vs. abnormal aging, positive lifestyle behaviors, normalizing conversations with healthcare providers, etc.)**. The module is launching in the coming weeks.
- Looking ahead:
 - With the upcoming campaign, hub and resources that will be developed in 2024 by BRG, the MBRF may have an opportunity to **educate other organizations, public health professionals, and healthcare professionals on how best to leverage these resources** with their respective populations through webinars, conference panels/presentations, posters, symposia, and more. **The relationships Angelika is developing can provide a platform for sharing our initiatives with other leading organizations and providers across the country.**
 - Angelika is exploring an opportunity **to bring together like-minded funders to discuss synergies and strategies around advancing brain health**, including Grantmakers in Aging (GIA), AFAR, the Longevity Science Research Foundation, Palm Health Foundation, and/or possibly others. GIA can be a partner in this effort.

Promoting our MBIs and Exploring Synergies to Enhance Impact

- Palm Health Foundation has launched an initiative to **make South Florida the “Brain Coast”** (South Florida has been known as the “Space Coast”) – i.e. “the global hub of brain science and a community that prioritizes brain health and resilience.” They are already partnering with Max Planck Institute for Neuroscience, FAU Stiles-Nicholson Brain Institute, and UF Scripps (Jupiter). The effort is seeking to advance neuroscience research leveraging leading research institutions based in Florida and to promote brain health and resiliency across communities. Angelika **has offered to make introductions to the UM and UF MBIs** to explore synergies.
- Angelika coordinated a “meet and greet” session with Drs. Rundek, Bizon and Susan Fox-Rosellini with leaders from [AvMed](#), **Florida’s largest not-for-profit health plan with offices in Miami and Gainesville**. We shared resources from the MBRF, and the MBIs shared about their clinical trials and outreach, as a possible offering to the AvMed community (patients and providers).
- Angelika is offering an introduction between Dr. Barnes and the Executive Director of the **Longevity Science Research Foundation** to learn more about brain health research in Arizona.
- Following an introduction and with Angelika’s support and engagement, the **UM MBI was awarded a \$400,000 grant earlier this year to expand their education outreach to community members and healthcare providers in Broward County, from the Community Foundation of Broward**. Angelika continues to support the effort as needed.
- Angelika **introduced Ron Lazar and Barak Gaster to share best practices and learnings** related to their respective primary care interventions (BHAM and Cognition in Primary Care).
- Angelika **introduced Dr. Pam Batton (University of Alabama) to the founder of the Roon App**, and she will be featured on their platform.

MINUTES
MCKNIGHT BRAIN RESEARCH FOUNDATION
COMMUNICATIONS COMMITTEE OF THE BOARD OF TRUSTEES CONFERENCE CALL
April 19, 2023
Draft for Committee Approval

The McKnight Brain Research Foundation's Communications Committee conference call began at 6:00p.m. Eastern on Wednesday, April 19, 2023.

The following MBRF Trustees participated in the call:

Dr. Patricia Boyle, Chair
Dr. Mike Dockery, MBRF Chair
Dr. John Brady
Dr. Sue Pekarske

Dr. Angelika Schlanger and Ms. Valerie Patmintra also participated.

1. Call to Order and Roll Call

Dr. Boyle welcomed the group to the call and noted she was pleased to be serving as the new Chair of the Communications Committee. Dr. Boyle took a roll call of who was participating.

2. Activity Timeline

Dr. Boyle then reviewed the current and updated items included in the Communication Activity Timeline, noting that the items in yellow are the activities currently in progress and that most of those items will be covered during the meeting. She noted that since the February Trustees meeting, Dr. Schlanger and Ms. Patmintra have been primarily focused on the RFP process, which will be discussed at the end of the meeting, as well as moving forward with plans to update the website navigation and to implement a social media campaign in May tied to Mental Health Awareness Month.

Dr. Boyle also noted that with the RFP process wrapping up, the plan to create new monthly content for the "Ask the Experts" blog series and leverage content from the PCP landscape analysis to create original articles for the PCP and consumer sections of the website will be moving forward over the next couple months.

3. Website and Media Tracking Report

Dr. Boyle then asked Ms. Patmintra to provide an update on the Website and Media Tracking Report that was included with the meeting materials. Ms. Patmintra shared that each month of the first quarter, web traffic has been close to 2,000 monthly visitors, compared to around 1,000 visitors per month for the first quarter of last year. She noted that it's encouraging to see continued slow and steady growth in traffic resulting from ongoing organic outreach efforts and mentioned that if the three-year

communications plan being considered moves forward, traffic to the website will increase at a more rapid pace. Ms. Patmintra also mentioned the *Inside Philanthropy* Whitepaper that was published in March featuring several quotes from Dr. Dockery and Dr. Thambisetty and did a good job highlighting the work of the MBRF. She said she was very encouraged the Foundation was featured so prominently in the Whitepaper after also being featured in a standalone article in the Fall. Ms. Patmintra also mentioned the webinar with AFAR and *Prevention Magazine* taking place on April 26 from 3-4pm, which will feature a conversation among the two Innovator Award recipients and the editor-in-chief of *Prevention*. She also noted that *Prevention Magazine* has an impressive online reach with several hundred people typically participating in the webinar series, so it should be great visibility for the Foundation and the Innovator Award recipients.

4. Website Navigation Updates

Ms. Patmintra then spoke about the updates to refresh the website, noting that in August, the committee approved new Hero images for the homepage, which have now been implemented on the home page. She mentioned that each time you visit the home page, one of the five different approved images will appear and aim to depict the different audience types coming to the site. She also noted the three new buckets of content below the hero image which target consumers, primary care providers and researcher and aim to direct each audience group to the content most relevant to them.

Dr. Boyle also noted that during the January meeting, an updated website navigation was approved by the committee to help better guide users to the content that is most relevant to them. She shared that in working with Whereoware to implement the new navigation, they recommended user testing before making such a significant change to the site to ensure the new navigation would truly improve the user experience and help lower the site's bounce rate.

Ms. Patmintra provided details on the process and timing, noting that the goal is to recruit 25 people to review a mockup of the new navigation and respond to a series of questions. Recruiting volunteers will begin in May, with the goal of having the user testing and analysis complete by the end of May and implemented by the end of June. Dr. Boyle asked how the volunteers would be recruited to test the navigation and Ms. Patmintra responded they would be recruited by email sent to the organizational contacts and newsletter distribution list. Ms. Patmintra noted that the CWG members are also being asked to participate and that feedback from the Trustees is welcome as well. Dr. Dockery and Dr. Boyle offered to help recruit participants and Ms. Patmintra said she would send the recruitment email to the Trustees to share with their networks.

5. May's Mental Health Awareness Social Campaign

Dr. Boyle then introduced the topic of social media campaigns, noting the first was in September tied to Healthy Aging Month and the upcoming campaign in May is tied to Mental Health Awareness Month. Dr. Schlanger shared her screen to show the visual concepts proposed to serve as the creative backdrop for the campaign, mentioning that after Dr. Boyle's review it was decided to focus on the second creative option featuring real people. Dr. Boyle noted that she found the cartoon concept too simplistic and the group agreed. Ms. Patmintra noted that since the visuals were first shared with the committee, the

second concept has been built out to depict a variety of individuals across different ages, demographics and gender to illustrate the connection between mental health and brain health. Dr. Boyle asked if everyone was onboard with the visuals shown in the second option and everyone concurred. Dr. Pekarske and Dr. Brady said they really liked all of the people in the visuals shown. Ms. Patmintra asked if the committee approved using all of the visuals presented across different campaign elements or if there were any images the committee would prefer not be used and the committee approved using all of the images.

Dr. Brady asked what the campaign would entail. Ms. Patmintra shared it will include a landing page on the website and targeted ads across Google and Facebook driving back to the landing page, in addition to short video ads on YouTube, which will also drive back to the landing page. She noted that all social posts in May will tie in to the Mental Health theme instead of offering tips and information across various aspects of brain health like in a typical month. Dr. Boyle also noted that the different visuals in the presentation will tie in to weekly blog posts that will be shared throughout the month.

Before moving on to discuss the communications RFP, Dr. Schlanger asked if the group could go back to review the minutes from the January 23 meeting. Dr. Boyle asked if there were any changes to the minutes and Dr. Pekarske asked for an edit to the third paragraph of the minutes where the word “is” was included twice in the sentence about website navigation. Dr. Schlanger agreed to revise the minutes to reflect Dr. Pekarske’s edit. **Dr. Brady moved for approval of the minutes as amended, Dr. Pekarske seconded and the minutes from the January 23 meeting were approved.**

6. Review of Proposals and Budget Levels Submitted

Dr. Boyle gave an overview of the RFP process, noting that following the Trustees meeting in February, Dr. Schlanger and Ms. Patmintra drafted an RFP, which was fielded to five agencies and all five responded with proposals outlining ideas for a three-year communications initiative at three different budget levels ranging from \$1-\$2 million. Dr. Boyle mentioned the rigorous review process Dr. Schlanger and Ms. Patmintra have undergone to arrive at their top three agency selections and noted that the summary document included with the meeting materials outlines their rationale for selecting the top three agencies and also includes a chart ranking the agencies across several categories, including agency capabilities, responses to specific aspects of the proposal and anticipated outcomes.

Dr. Schlanger provided additional detail on the agency RFP process mentioning that she and Ms. Patmintra met with the three top agencies to hear additional insights about their proposals, goals and strategies and approaches to the different budget levels. She noted it was helpful that all three agencies came back with the same approach to the three budget levels, separating them by \$1 million, \$1.5 million and \$2 million over the three years.

Based on the meetings and insights gained about each proposal, the agencies are currently ranked with BRG in the lead, followed closely by JPA, and then SCP. Dr. Schlanger noted that the memo outlines additional details behind the scoring and that she and Ms. Patmintra agree both BRG and JPA would be outstanding partners to work with on the communications initiative.

Dr. Schlanger mentioned that while SCP didn't rank as high as BRG and JPA, they are a leading organization in the brain health and aging space and their ability to target strategic partnerships rises to the top. She noted that after speaking to them about their approach and experience, overarching visibility and public facing campaigns aren't their strongest suit. She mentioned that their strength with strategic partnerships could benefit MBRF.

Asked what sets BRG apart, Ms. Patmintra responded that their planning process, which would bring all MBRF stakeholders to the table, and effective use of budget, gave BRG has a slight advantage over JPA.

Dr. Pekarske asked if she could bring up two questions, first about the Gretel tool and what it does. She also noted the major distinctions in the projected metrics table and asked if it is realistic that BRG is able to provide such higher outcomes at the same budget level as the other agencies.

Ms. Patmintra responded that Gretel is a proprietary tool JPA developed to monitor mentions of specific topics and identify where conversations on those topics are happening. She also noted that JPA is a very creative agency and their branded research products, like Gretel, help clients monitor and track their share of voice on specific topics.

Ms. Patmintra also said she can understand how in looking at the metrics, BRG does look too good to be true, but she knows from experience that the numbers are accurate and those are the kind of results you can expect working with BRG. She also noted that BRG and JPA were tied in their rankings until the agencies provided their anticipated outcomes and they were compared by budget level.

Dr. Brady asked if the outcomes in the chart are for one year or three years. Ms. Patmintra clarified that the media metrics are for three years and said she would need to go back and confirm if the web traffic numbers represent anticipated monthly visitors after the three years. She mentioned that the metrics provided are estimates based on past projects and meant to help us compare what the different agencies could achieve, but more detailed metrics would be determined to gauge success of the MBRF initiative specifically.

Dr. Brady asked Ms. Patmintra to comment on what the different budget levels include. Ms. Patmintra explained that level one is primarily organic outreach, where level two will include more paid strategies, like media partnerships, PSAs and influencer engagement. Level three further increases the amount of budget that could be put toward those paid initiatives.

Dr. Boyle suggested the mid-tier as a good starting point to see a significant increase in outreach without committing to the highest level. Dr. Boyle also asked if after the three-year initiative the Foundation is happy with their level of awareness would the budget need to be sustained at the same level. Ms. Patmintra mentioned there are several ways to measure success and reallocate budget after reaching your initial visibility goals. It could be focusing outreach around a moment in time or key awareness month or deciding one key paid outreach tactic to implement each year. She said at the end of three years there will be a lot of opportunity to evaluate where we are and determine how we want

to move forward. Dr. Dockery asked if web site maintenance would be part of the overall budget and Ms. Patmintra confirmed it would.

Dr. Pekarske asked if JPA and BRG demonstrated strengths in developing strategic partnerships or if only SCP was strong in this area and Ms. Patmintra and Dr. Schlanger agreed JPA and BRG also confirmed they have background and experience with developing strategic partnerships.

Dr. Pekarske, Dr. Boyle and Dr. Brady all agreed moving forward with the mid-tier budget sounded like the best approach. Ms. Patmintra concurred that starting with the mid-tier budget will generate a significant amount of visibility and allow the Foundation to determine if it's worth investing more going forward or if the initial results achieve the organization's goals.

Dr. Brady asked if metrics have been defined and how they would be measured over time. Ms. Patmintra explained the Foundation's specific metrics would be determined in the planning sessions, but the sample reports BRG shared show a really nice breakdown of results across multiple activities, including more than media and web metrics. Dr. Schlanger also mentioned the importance of share of voice to measure the percentage of articles on brain health/cognitive aging the MBRF will be included in after outreach begins. Dr. Schlanger noted she was impressed with BRG's ability to increase share of voice for the American College of Preventative Medicine by activating a network of spokespeople across the country and empowering them to act as media ambassadors. She noted that by implementing a communications campaign, the Foundation would want to see its share of voice increase relative to others organizations in the brain health and cognitive aging space.

Dr. Dockery asked why we shouldn't consider the highest budget level since it's only \$500,000 more over three years and could achieve higher results. Dr. Schlanger mentioned the opportunity to potentially increase the budget from the middle level over time and noted that it would be harder to scale back if the highest budget level was approved upfront. Ms. Patmintra agreed a better strategy would be to increase the budget throughout the three-year initiative opposed to starting at the highest level and scaling down.

After further discussion, the Communications Committee members agreed they thought BRG was the best agency partner and that starting with the mid-tier budget was the best approach.

Dr. Brady and Dr. Pekarske motioned to move forward with BRG. They also motioned to approve a total three-year communications budget of \$1.755 (to include consulting fees). Both motions were approved unanimously.

Dr. Dockery requested that the memo be updated to specify if the metrics are over the three years or annual and to include an executive summary of how the decision to select BRG was reached. Dr. Schlanger agreed those items would be added to the Trustees materials and the meeting was adjourned at 7:26.

Communications Activity Timeline
Updated November 16, 2023

Activity	Date/Status	Action	Responsible Party	Comments
MBRF Organizational Brochure	In Progress	Updating the MBRF Organizational Brochure to release in spring 2024	V. Patmintra	The MBRF organizational brochure was recently updated to include the addition of Drs. Brangman and Hamilton as Trustees and updated figures depicting the McKnight Impact on page 3 of the brochure. Working with the Communications Working Group to review the MBI content included in the brochure, a new version of the brochure will be released in the spring of 2024 to celebrate the Foundation's 25th anniversary.
Patient Education Brochures	Complete	Draft content and design a new patient education brochure	V. Patmintra	Worked from patient education content posted on the McKnight website to draft content for the new patient education brochure. Worked with designers to come up with different cover designs and titles for the patient education brochure. Based on feedback shared by the Communications Committee during their March meeting, the brochure was separated into two versions – “Keeping Your Brain Healthy” and “Cognitive Aging Explained.” “Keeping Your Brain Healthy” was approved by the Communications Committee in August, posted to the website in September and promoted as part of Healthy Aging Month. The Communications Committee Chair approved the “Cognitive Aging Explained” brochure and it was posted to the website and promoted in May as part of the Mental Health Awareness Month social campaign. As part of an ongoing relationship with the Gerontological Society of America, the “Cognitive Aging Explained” and

				“Keeping Your Brain Healthy” brochures were added to GSA’s KAER toolkit in July, along with the Foundation’s tip sheet on healthy aging.
McKnight Brain Website	September 2022 ONGOING	Home Page Refresh and Ongoing Content Development	V. Patmintra	Working from images approved by the Communications Committee in August, the home page of the website was updated to include a carousel of images that change each time a user visits the home page. A new version of the website navigation was also developed to more clearly draw in and guide consumer/patient audiences to the site content most relevant to them. The Communications Committee approved the new navigation in January and a user testing plan was developed to test the new navigation before it’s implemented on the website. Based on results from the User Testing initiative, the website navigation was updated at the end of July with new headers designed to draw audiences in to the content most relevant to their needs. The organizational content about the Foundation is also now separated across two tabs titled “Our Work” and “About Us.” Following completion of the navigation update, new content has been added to the Blog and News pages of the website on a weekly basis.
	May 2021 – COMPLETE March 2022 – ON HOLD	Develop content to build a dedicated area of the website for PCP education	V. Patmintra	Created web content to educate PCPs on the differences between Alzheimer’s disease and cognitive decline/age-related memory loss. Content emphasizes the need for appropriate patient screening and offers vetted screening tools/resources PCPs can use with patients. PCP section of the website was added in early May 2021. Efforts to further build out the PCP web content and promote it to relevant audiences will be developed with BRG’s engagement.

	Spring 2021 ONGOING	Expert Interview Blog Series	V. Patmintra	Interviewing McKnight Trustees and experts from the MBIs to post the bi-monthly “Three Questions with...” Expert Interview blog series. Coordinating with CWG members to interview an expert from one of the MBIs each month as outlined in the calendar presented to the CWG during their October meeting. Interviews with Dr. Steven DeKosky (UF) and Dr. Ronald Lazar (UAB) were recently posted to the website and a post featuring Dr. Tatjana Rundek (UM) is in development with the UM MBI.
Social Media	ONGOING	Develop monthly content themes and make regular posts to the MBRF Twitter, Facebook and LinkedIn pages	V. Patmintra	Developing themes and drafting content on a monthly basis to make 2-3 posts per week. Leveraging boosted Facebook posts and Google ads to drive additional traffic to the McKnightBrain.org website.

Tracking and Quarterly Reports	Began in 2019 ONGOING	Conduct media tracking and provide quarterly updates.	V. Patmintra	Tracking media and social media metrics and reach throughout the year and providing quarterly updates to the Trustees. Tracking topics include: brain health, age-related memory loss, cognitive aging, cognitive decline, age-related cognitive decline, McKnight Brain Research Foundation, McKnight Brain Institutes. Q3 2023 Media Tracking report was included for review with materials for the October 23 Trustees meeting package.
Communications Working Group	Began in 2019 ONGOING	Zoom meetings with members of the Communications Working Group	A. Schlanger/V. Patmintra Last Meeting: September 7, 2023	Every other month meetings with members of the Communications Working Group to discuss and engage in ongoing activities, including: - Identifying core competencies needed for each MBI’s communications outreach - Reviewing, vetting and approving materials

			Upcoming Meeting: November 2023	• Providing input on upcoming studies with relevant consumer/medical media angles • Identifying young researchers and studies of note to highlight on the MBRF website
Precision Aging Network Collaboration	ONGOING	Meeting with members of the Precision Aging Network team to engage on sharing news, events and information about the initiative via the MBRF's website and social media channels		Meeting with members of the Precision Aging Network team to engage on sharing news, events and information about the PAN initiative via the MBRF's website and social media channels. • First meeting held in December 2022 at the suggestion of Dr. Carol Barnes to introduce the MBRF and PAN marketing and communications contacts • Follow up meeting held in September 2023 to discuss featuring PAN on the MBRF website and in upcoming newsletters and Ask the Experts blog posts • PAN featured resources and a link to a blog post featuring Dr. Carol Barnes in their September newsletter
FY2023-2024 Communications Planning	ONGOING		A. Schlanger/V. Patmintra	After approval during the February Trustees' meeting, an RFP was drafted requesting proposals for a three-year visibility campaign at three different budget levels. RFPs were sent to 5 agencies in early April. Proposals were reviewed by the Communications Committee during the committee's April 19 meeting. BRG fielded a stakeholder survey and interviewed all of the Trustees as part of their discovery process for the communications campaign. Results of the discovery process and a suggested campaign direction were shared with the Communications Committee when they met on September 20. BRG will preview ideas for creative campaign concepts with the Communications Committee in early October and present their recommended Communications

				Campaign for the Trustees to review and provide feedback on during the October 23 Trustees meeting. Based on feedback shared during the October Trustees meeting, BRG is testing the top two creative concepts to gauge public reaction and feedback. Results of the user testing will be shared with the Trustees along with the recommended campaign creative concept in early December. As a first step to developing campaign messaging, BRG has worked with A. Schlanger and V. Patmintra to develop a terminology guide with scientific and consumer-friendly definitions of common terms used to describe brain health and cognitive aging. With approval from the Communications and Education Committee members, the terms will be used as the basis for the campaign's messaging and reflected in all materials developed to support the campaign.
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McKnight Brain Research Foundation
Working Scientific & Consumer Terminology Guide
- Draft Updated 11.22.23 -

OVERVIEW: The purpose of this document is to gain consensus on the definition of terms related to cognitive health and aging that will be used for MBRF communications purposes. The document is broken up into two parts; 1.) the terminology guide which includes scientific and consumer-facing definitions for select terms that are commonly used when discussing brain or cognitive health and; 2) a descriptive verbs chart, which includes verbs that are approved for use in messaging or should be avoided in the context of describing brain or cognitive health. This is a working draft for the MBRF Trustees to review and provide feedback. Once finalized, this document will support the development of campaign key messages, materials and talking points. This is meant to be a living document that can be updated and added to as needed.

Terminology Guide: The first chart below outlines key terms related to cognitive health and aging, including scientific definitions primarily from the CDC's [Healthy Brain Initiative Road Map](#) and other reputable medical organizations or approved language already in use by the MBRF. The chart also includes operational (consumer-focused) language and a description of how/when the terms will be used. Many of these terms can be used interchangeably and in combination with each other.

The initial terms defined include:

- Brain Health
- Cognition
- Cognitive Function
- Cognitive Health
- Healthy Aging
- Cognitive Aging
- Normal Brain Aging
- Age-related Cognitive Decline
- Age-related Memory Loss
- Cognitive Impairment
- Mild Cognitive Impairment (MCI)
- Neurodegenerative Diseases
- Risk Reduction
- Life Span
- Health Span
- Brain Span

Descriptive Verbs: The second chart includes a list of descriptive verbs that are approved for use in the context of Brain Health/Cognitive Aging as well as verbs to avoid using.

Terminology Guide

Term	Scientific Definition	Operational Definition	How it Will Used for Campaign Purposes
Brain Health	Brain health is a concept that involves making the most of the brain's function and helping to reduce some risks to cognition that occur with aging. Brain health refers to the ability to draw on the strengths of the brain to remember, learn, play, concentrate, understand and maintain a clear, active mind. (Source: Healthy Brain Initiative Road Map)	Brain health refers to the ability to draw on the strengths of the brain to remember, learn, play, concentrate, understand and maintain a clear, active mind. (Source: Healthy Brain Initiative Road Map) Brain health is how well your brain functions across several areas, including cognitive health, motor function, emotional function and tactical function. (Source: McKnight & NIH)	The term brain health will be used when speaking broadly about the overall goal of keeping the brain healthy. It will also be used as a broader concept, helping position cognition cognitive function as an important aspect of overall brain health.
Cognition	Cognition is the mental function involved in attention, thinking, understanding, learning, remembering, solving problems, and making decisions. Cognition is a fundamental aspect of an individual's ability to engage in activities, accomplish goals and successfully function independently in the world. It can be viewed along a continuum — from no clinical symptoms to mild cognitive impairment to Alzheimer's and severe dementia. (Source: Healthy Brain Initiative Road Map)	Cognition is the mental function involved in attention, thinking, understanding, learning, remembering, solving problems, and making decisions. (Source: Healthy Brain Initiative Road Map)	The term cognition will primarily be used when speaking to HCPs, researchers and the scientific community about mental function. If used when speaking to consumers, it should be used in conjunction with additional consumer-focused terms, like thinking, to make it easier to understand.
Cognitive Function	Cognitive function is a combination of mental processes that includes intuition, judgment, language, remembering, wisdom, and the ability to learn new things, (Source: Healthy Brain Initiative Road Map)		The term cognitive function will primarily be used when speaking to HCPs, researchers and the scientific community about mental function. If used when speaking to consumers it should be used in conjunction with additional terms.

Cognitive Health	Cognitive health is present when cognitive functioning is working well and making the most of the brain's ability to remember, learn, play, concentrate and maintain a clear, active mind. (Source: Healthy Brain Initiative Road Map)	Cognitive health is the ability to clearly think, learn and remember. Cognitive health is one aspect of overall brain health and an important factor in being able to perform everyday activities. (Source: McKnight Brochure)	The term cognitive health will primarily be used when speaking to HCPs, researchers, and the scientific community about a healthy brain. If used when speaking to consumers, it should be used in conjunction with terms like brain health to make it easier to understand.
Healthy Aging	Healthy aging is the process by which older adults retain their health and independence, while avoiding disease and injury. For older adults with chronic diseases, this includes helping them effectively manage their diseases and avoid complications. (Source: Healthy Brain Initiative Road Map)	Healthy aging is a continuous process of maintaining and working to improve physical and mental health, independence, and quality of life throughout the life course. (Adapted from the Department of Health and Human Services /Pan American Health Organization)	The term healthy aging can be used in context with cognitive aging and brain aging to explain the benefits of maintaining cognitive health with age, including living independently and actively.
Cognitive Aging	Cognitive aging is the process of gradual, ongoing, yet highly variable changes in cognitive functions that occur as people get older. Cognitive aging is a lifelong process. It is not a disease or a quantifiable level of function. (Source: Nationalacademies.org)	Cognitive aging refers to changes in the ability to think, learn and remember that occur as individuals age. Cognitive aging is a natural process that can have both positive and negative effects, which may vary widely from person to person. Cognitive aging is not a disease. The brain changes associated with aging are part of a natural process that starts at birth and continues throughout the lifespan. (Source: McKnight)	The term cognitive aging will primarily be used when speaking to HCPs, researchers and the scientific community about normal brain aging. If used when speaking to consumers it should be used in conjunction with more consumer-friendly terms like brain health.
Normal Brain Aging	Normal brain aging includes subtle changes that may impact thinking, problem-solving and memory skills. These changes are typical with aging and not the signs of pathological variants such as Alzheimer's disease and other forms of dementia. (Source: NIH article)	Normal brain aging is the way your brain changes with age. It's part of a natural process that starts at birth and continues throughout the lifespan. (Source: McKnight)	The term normal brain aging can be used throughout communication and education efforts to describe what is normal or not normal for the brain as you age. The term may also be used in combination with more technical terms to provide context.

Age-related Cognitive Decline	Cognitive decline can range from mild cognitive impairment to dementia, a form of decline in abilities severe enough to interfere with daily life. Some cognitive decline can occur as adults age, but frequently forgetting how to perform routine tasks, for example, is not a normal part of aging and can affect a person's ability to live and function independently. This is a form of cognitive impairment and may be related to other neurodegenerative diseases and/or other related dementias. (Source: CDC)		Age-related cognitive decline can be used to distinguish between the decline in cognition that is expected with age vs signs of a serious memory problem. All consumers experiencing signs of cognitive decline will be encouraged to talk with their healthcare professional as a first step to understanding and addressing the problem.
Age-related Memory Loss	Age-related memory loss is usually associated with mild forgetfulness, which is a part of normal part of brain aging and not a sign of a serious memory problem. (Source: McKnight) Mild forgetfulness can be a normal part of aging. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don't remember information as well as they did, or they lose things like their glasses. (Source: NIA).		Age-related memory loss can be used to distinguish between mild forgetfulness that is expected with aging vs signs of a serious memory problem. All consumers experiencing memory loss will be encouraged to talk with their healthcare professional as a first step to understanding and addressing the problem.
Cognitive Impairment	Cognitive impairment is trouble remembering, learning new things, concentrating, or making decisions that affect everyday life. (Source: Healthy Brain Initiative Road Map) When cognition is impaired, it can have a profound impact on an individual's overall health and well-being. Some people with cognitive impairment may be unable to care for themselves or perform activities of daily living, such as meal preparation, managing medical appointments, or managing their personal finances. (Source: CDC)		Cognitive impairment can be used in the context of explaining the varying degrees of mental function including age-related cognitive decline vs. more serious decline that could be a precursor to disease.
Mild Cognitive Impairment (MCI)	Mild cognitive impairment (MCI) is a medical condition typified by an early stage of memory loss or other type of cognitive ability loss (such as language or visual/spatial perception) in individuals who maintain the ability to independently perform most activities of daily living.	Mild cognitive impairment (MCI) is the stage between the expected decline in memory and thinking that happens with age and the more serious decline of dementia or Alzheimer's. (Source: Mayo Clinic)	Mild cognitive impairment (MCI) can be used in the context of explaining the difference between age-related cognitive decline and more serious decline that could be a precursor to disease.

	MCI is a part of the continuum of cognitive decline; it can be caused by brain diseases but also can be due to hormonal or nutritional imbalances, or other organ system diseases. (Source: Healthy Brain Initiative Road Map)		
Neurodegenerative diseases	Neurodegenerative diseases occur when nerve cells in the brain or peripheral nervous system lose function over time and ultimately die. Examples include dementia and Alzheimer’s disease. (Source: NIH).	Neurodegenerative diseases are conditions that gradually damage and destroy parts of your nervous system , especially areas of your brain . Common examples include dementia and Alzheimer’s disease. (Source: Cleveland Clinic)	Neurodegenerative diseases can be used in the context of explaining the difference between what is normal as the brain ages vs. the signs of a more serious disease.
Risk Reduction (and Primary Prevention)	Risk reduction — or primary prevention — strives to intervene before health effects occur through measures such as altering health risk behaviors (e.g., poor eating habits, tobacco use) and banning substances known to be associated with a disease or health condition (e.g., asbestos, lead and mercury). Modifiable risk factors are the lifestyle choices and behaviors that can reduce or increase a person’s chances of developing a disease. (Source: Healthy Brain Initiative Road Map) By educating people about modifiable risk factors, encouraging early assessment and intervention, and understanding its impact on adults and their families, the health and well-being of many older adults may be improved. (Source: CDC)		The term risk reduction (and primary prevention) will primarily be used when speaking to HCPs, researchers, public health professionals, and the scientific community about cognitive health.
Life Span	The duration of existence of an individual (Source: Merriam Webster)	How long an individual lives	Life span can be used in context with brain span and/or health span.
Health Span	The length of time a person is healthy (Source: Merriam Webster)	How long an individual stays healthy throughout their lifespan.	Health span to be used in context with brain span and/or life span to showcase the importance of health longevity during someone’s life.
Brain Span	The duration of an individual’s quality brain function (Adapted from Psychology Today)	The amount of time an individual maintains optimal brain function (Adapted from Psychology Today)	Brain span can be used when describing the importance of maintaining optimal brain function across the life span.

Descriptive Verbs: to be used in the context of Brain Health/Cognitive Health

Approved

- Preserve
- Protect
- Maintain
- Optimize
- Enhance
- Alleviate
- Fortify
- Slow
- Risk reduction/reduce risk
- Mitigate
- May/can improve
- Ameliorate

Avoid

- Prevent
- Save
- Reverse