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

MINUTES
MCKNIGHT BRAIN RESEARCH FOUNDATION (MBRF)
EDUCATION COMMITTEE
CONFERENCE CALL
July 11, 2023

Draft for Committee Approval

The Education Committee of the MBRF was called to order at 5:00 pm EST on July 11, 2023, by Dr. John Brady.

The following members were present:

Dr. John Brady, Education Committee Chair
Dr. Mike Dockery, MBRF Chair
Dr. Patricia Boyle, Trustee
Dr. Sharon Brangman, Trustee
Dr. Allison Brashear, Trustee

The following members were absent:
Dr. Roy Hamilton

Others attending:

Dr. Lee Dockery, Chair Emeritus
Ms. Melanie Cianciotto, Corporate Trustee
Dr. Angelika Schlanger, Executive Director
Ms. Valerie Patmintra, Senior Communications Advisor
Dr. Kate Lorig, CEO, SMRC
Dr. Basia Balza, University of Washington

1. Call to Order
Dr. Brady welcomed the members of the committee to the call.

2. Minutes of the January 25, 2023 Meeting
The minutes of the January 25, 2023, Education Committee Meeting (Attachment 1) were reviewed and approved as presented.

Action Item 1: The minutes of the January 25, 2023, Education Committee Meeting were approved as presented (Attachment 1).

3. Updated Activity Timeline

The committee reviewed the updated Activity Timeline (Attachment 2). Dr. Brady shared highlighted that focus of today's meeting addresses our education outreach initiative to consumers.

4. Proposals for Brain Health Initiative for Consumers

a) SMRC (Self-Management Resource Center)

Dr. Kate Lorig, CEO, SMRC, presented their proposal to develop, train, pilot and help evaluate an evidence-based brain health intervention (Attachment 3) to the committee. She shared that SMRC Programs are recognized as evidence-based (important for funding) by several federal agencies including the Administration for Community Living (ACL), the CDC, Dept. of Agriculture Extension, and the Benjamin Rose Foundation. [The ACL's definition of evidence-based is, "Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults" (ACL)]. SMRC has been asked to develop programs by the ACL and the World Health Organization. Their existing six workshops include chronic diseases self-management, diabetes self-management, and living with chronic pain. SMRC's licenses include state and local health departments, nonprofits, and healthcare providers. They have a robust training program to train local leaders to deliver the program, have fidelity and implementation manuals, and defined standards for training.

b) University of Washington

Dr. Basia Balza, Principal Investigator, University of Washington presented their proposal for an independent program evaluation that will meet the criteria outlined by the Administration for Community Living (ACL) for an "evidence-based" program (Attachment 4) to the committee. Dr. Balza has completed or is in the process of conducting evaluations for CDC-funded programs and has collaborated with the CDC, the Alzheimer's Association, and the UW Cognition in Primary Care Program. She described strategies for recruiting participants into the study and the study design, which will include a treatment and control group, and the use of validated survey tools and focus groups to measure outcomes on participants.

c) Question and Answer Session

The committee had a number of questions regarding the proposals including:

Who is the target audience and how to individuals use the program if developed?
The target audience is older adults (50+). If an organization wants to offer the program, they reach out to SMRC to obtain a license which provides them with technical assistance and training at two levels. Once this is in place, they are able to offer any of SMRC's programs. The program is offered at the local level and state level by organizations that are already linked to SMRC, though new ones join every year. Each agency does outreach into the community. The SMRC website has a locator of where all programs are offered and individuals can find a local

in-person workshop, or workshop offered by Zoom or telephone. They are serving around 75,000 people a year.

What are we trying to do? What is the program for?
Self efficacy is important to the program. Behavior/Life-style changes: exercise, healthy eating, socialization, brain engagement are some of the key issues we are trying to change. Over the years, dozens of studies have evaluated the effectiveness of SMRC's programs on changing behaviors.

How do we assess?
Self-administered, validated questionnaires that are widely used in behavioral sciences will be used to assess whether the participants increased knowledge, self-efficacy and behaviors linked to improve cognitive health. We are looking to see if the behavior changes are maintained for six months, but studies on SMRC programs have demonstrated sustained behavior change for at least two years.

What is the ROI on the MBRF's investment?
If the evaluation study demonstrates an impact on behaviors and overall health, the program will be made available to all SMRC's licensees at no additional cost. If other organizations want to use the program, they can become a licensee. We can explore developing a business agreement to license the MBIs at little to no cost.

How do you handle the diversity challenge in recruiting participants for the study and for the program?
This has not been a problem in the past. For the study, they will intentionally choose sites that represent the diversity in the community. In terms of our program participants, black and Hispanic individuals are over-represented. The program is offered in 3 modes: conference call, in person, and virtual.

What is the outcome supposed to mean to the MBRF?
Brain health is of intense interest as people and age the study will help to determine behaviors to slow or deter dementia. SMRC has never done a prevention program and believes there is tremendous interest in the community for such a program.

d) <u>Discussion of Proposals</u>

The committee discussed the proposals and their concerns at length. There still is not a clear understanding by the committee of the program and the outcomes, particularly on cognitive function. After discussion, the committee decided they were not ready to recommend the approval of the proposal to the full board. Dr. Brady asked the committee to share their suggestions on how to move forward with this initiative to help Dr. Schlanger focus her work. Dr. Mike Dockery thanked Dr. Schlanger for her work.

5. Adjourn

Dr. Brady asked if there was any further discussion. Hearing none, he called for adjournment of the meeting at 6:20 p.m. EST.

Respectfully Submitted,

Melanie A. Cianciotto
Truist Bank, Corporate Trustee

Education Committee Activity Timeline
For the Years 2019 – 2023

Updated October 2023

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
"…shall develop information and resources (for the public and scientific community) on prevalence and impact of age-related cognitive decline and memory loss….	Work toward alignment of messages across the MBIs and MBRF Make substantive judgments on content and quality of educational content/statements developed for or posted on the website	Key Messages Were Approved and Distributed in Spring 2019	July 1 – ONGOING ONGOING Review of Topics and Content for Primary Care Physician (PCP) pages on website February 2021	The Education Committee reviews content before it is posted on website, published, or included in print materials or slide presentations, ensuring consistency with key messages. The committee reviews for accuracy, soundness, and alignment with the MBRF mission and current scientific understanding and clinical practice. (The Research Committee also reviews content before making public.)
	A top priority for the committee and MBRF, as approved by the Trustees, is to identify and/or develop educational content for primary care physicians and to oversee the ongoing posting of additional information	The committee approved an outline of resources for the PCP Area on McKnightBrain.org The committee approved drafting content for the PCP area of the website based on the approved outline navigation of the section	DONE June 30, 2020 DONE September/ October/November	

Duty (from Committee Charter)	Activity/Action	Outcome	Date	Comments
		The committee reviewed proposed navigation and drafted content for the Primary Care Physician (PCP) pages of the website Content will be revised and edited to include feedback from the committee and used to build out a mock-up of the PCP section An Update to the Trustees will be provided The PCP section will be shared with suggested primary care physicians for feedback and suggestions. Dr. John Brady, Chair of the Education Committee will be instrumental in helping to develop strategy and content	DONE February 2021 DONE February – March 2021 DONE April 30, 2021 Winter/Spring 2022 ONGOING	
And…" assist those living with age-related cognitive decline and memory loss"	Website content developed for individuals, families and caregivers of those with age-related cognitive decline and memory loss	Add links to approved articles as appropriate but development of content is on hold until PCP content is identified and developed.	Winter/Spring 2022	
Inform "…how to better maintain brain health…"	Website content developed for individuals on how to protect, maintain brain health	Add links to approved publications and articles	July 1 – ONGOING	Committee Reviews before Posting

"shall review all educational materials…:	Brochure copy in development to raise awareness and promote the MBIs and MBRF to individuals, partners, donors	Review of Brochure was conducted and committee concurs with suggestions by Communications Committee	DONE Posted on website January 2021	
"Identify educational opportunities and implement activities…to encourage MBIs…inspire commitment and shared vision"	12th Annual Inter-institutional Meeting 13th Annual Inter-institutional at UA 14th Annual Inter-Institutional Meeting, UAB McKnight Scholars Will be invited to next Inter-institutional Meeting	2020 Meeting was canceled 2021 Meeting will be virtual Meeting was in-person Meeting was in-person Develop Feature on McKnight Scholars on McKnightBrain.org	April 28 & 29 2021 Mar 23-25, 2022 May 3-5, 2023	DONE Will help promote scholarship and engage scholars
	McKnight Scholars Dinner at AAN	2020 Toronto, AAN Meeting was canceled 2021 Virtual AAN Meeting Took place at the April 2023 AAN Meeting	April 17 – 22, 2021	Held over - MBRF approved funding of $4,000 to cover travel, hotel for the night, dinner, UM staff travel Approved by full board at February 2023 meeting
	William G. Luttge Annual Lectureship in Neuroscience at the University of Florida	Annual Lectureship by research scientist of National or International prestige in the field of neurosciences	Held in March/April each year in conjunction with Brain Awareness week. 7th lectureship was by Dr. George Koop March 11, 2019 2020 Lecture was canceled.	Annual Lectureship established honoring the Founding Director of the Evelyn F. and William L. McKnight Brain Institute at the University of Florida Events as part of the William G. Luttge Lecture Series were expanded in

			2021 Lecture to be held in Fall 2021 2022 Virtual Lectures January 13 - Dr. Alexis Stranahan, PhD, UF Feb 24 – Dr. Perla Moreno Castilla, PhD, "Rising Star" Luttge Lecturer, NIA March 3 – Dr. Dan Nicholson, PhD, Rush March 31 – Dr. Kirk Erickson, PhD, University of Pittsburgh 2023 Lecture: February 23rd – Dr. Joshua A. Gordon, MD, PhD, Director, National Institute of Mental Health (NIMH) 2024 Lecture will be held in conjunction with UF 25th Anniversary Event	2021 to become a Lecture Series. DONE DONE
"work to elevate the importance of age-related cognitive decline and memory loss on the national agenda…(work toward) greater investment in research	IOM Study	"Public Health Dimensions of Cognitive Health" was released by the IOM (see attached document)	DONE April 14, 2015	Study funded by MBRF and federal agencies (NIA, CDC, NINDS, HHS), AARP, Retirement Research Foundation

and education by federal health agencies…."		Working Group formed under the lead of Dr. Molly Wagster	CURRENTLY NOT MEETING	
		MBRF has initiated and implemented several of the IOM recommendations.	ONGOING	
		Dr. Lee Dockery was in contact with IOM (now Academy of Medicine) about issuing a report on progress	October 23, 2019 NOT TO BE PURSUED	This would be unusual for the Academy of Medicine to do per Dr. Molly Wagster.
"work to elevate the importance of age-related cognitive decline and memory loss on the national agenda…" continued		Dr. Ralph Sacco, former President of AAN, recommended to AAN that they support adding age-related cognitive decline and memory loss to curricula for requirements	July 11, 2019	Letters were sent from AAN to MBRF, American Board of Psychiatry and Neurology, and ACGME
		Dr. Robert Wah and Dr. Lee Dockery spoke by phone with Dr. Gordon Smith, Chair, AAN Education Committee, and Dr. Jaffar Khan, Chair, AAN Graduate Education Subcommittee, to discuss collaborative steps	August 8, 2019	

		Follow-up communication with Drs. Smith and Kahn and Kathy Malloy re: schedule for review of special requirements by ACGME	DONE September 16, 2019 June 2020 NOT TO BE PURSUED	On distribution list for ACGME e-Communication with schedule for review of special requirements Committee feels they've done all they can do at this time.
	Discuss strategy to achieve MBRF Education goals to reach Primary Care Physicians and the Public. Discuss benefits of additional staffing and advisory groups working with the MBRF Identify and hire consultant for feasibility assessment and scoping document assessing the educational needs and opportunities with PCPs regarding cognitive decline.	Consultant (SCP) was selected by the Trustees on September 20, 2022 after a thorough vetting process, and the project kicked off on Oct 10, 2022 with a meeting with a group of Trustees. The study and final report will be completed February, 2023. SCP gave a progress update to Trustees at their Board Meeting. Another update to Trustees took place on Dec 21, 2022. SCP presented the draft scoping document to the Education Committee. The committee provided feedback to SCP. SCP is working to revise the document with a final version presented	Done March 13, 2022 October 10, 2022 October 27, 2022 Dec 21, 2022. Jan 25th, 2023	

		before the Feb 16, 2023 BoT meeting. SCP presented the final report at the February 16, 2023 Board of Trustees meeting. A consultant may be needed to implement the Education Initiative. If so, the Education Committee will make a recommendation to the Trustees on seeking and engaging a firm to implement the initiative	 February 16, 2023 TBD	
	Education Outreach Initiative to Primary Care Providers and Consumers	Key Messages document was completed for both PCPs and consumers, with input from Trustees Outreach to national organizations has taken place to recommended and aligned organizations to explore potential synergies and partnerships; outreach began in March 2023. Updates will be provided to education committee and board on an ongoing basis. SMRC and UW submitted proposals to advance the MRBF's Brain health initiative. GSA submitted a concept paper.	March 2023 Ongoing July 11, 2023	

		The Committee discussed the proposals and did not advance a recommendation for approval to the board. Committee goals and strategies going forward will follow from the Strategic Planning Process, which is currently underway	September – November, 2023	

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 neurogenerative 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	**Avoid**
• Preserve • Protect • Maintain • Optimize • Enhance • Alleviate • Fortify • Slow • Risk reduction/reduce risk • Mitigate • May/can improve • Ameliorate	• Prevent • Save • Reverse