

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

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) Discussion of Proposals

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