



Task Force on Alzheimer's Disease (TFAD)

MEETING MINUTES

Date and Time of Meeting: Tuesday, November 18, 2025
10:00AM

Place of Meeting: TEAMS

(This is a virtual meeting and there is no physical location.)

DRAFT MINUTES

1. **Roll Call, Opening Statement:**

Members Present: Benjamin Challinor, Jennifer Carson, Peter Reed, Gini Cunningham, Stacey Dubowitch, Jon Artz, Amy Dewitt-Smith

Members Excused Absent: Senator Marilyn Dondero Loop, Assembly Duy Nguyen

Guests: Wei Yang

Staff: Cecilia Alonso, Carole Hanley

2. **Public Comment:**

No public comment.

3. **For Possible Action:** Discussion and Possible Vote of Approval of TFAD's July 8, 2025, Meeting Minutes.

Ben Challinor motioned to approve the draft minutes. Jennifer Carson seconded. Members voted and the motion carried.

4. **Presentation and Discussion:** Update from the Department of Public and Behavioral Health (DPBH) on Behavioral Risk Factor Surveillance System (BRFSS)

Dr. Wei Yang, PhD, MD, Professor and Senior Associated with School of Public Health UNR

BRFSS Cognitive Decline and Caregiver Modules (Nevada) Overview of BRFSS Questionnaire

- Core module: Sponsored by CDC; covers demographics and major health behaviors (smoking, alcohol, substance use, chronic disease, cancer, physical activity, nutrition).

- Optional modules: Topic-specific (8–10 questions each). Examples:
 - Diabetes/prediabetes
 - Adverse childhood experiences
 - Cognitive decline (2023, 2025)
 - Caregiver (2024, 2026)
- State-specific questions: Nevada adds unique items (e.g., gambling, substance use, caregiver advanced directive, perceptions of cognitive decline).

Sampling and Data Collection

- Population: Nevada adults aged 18+ (~2.5 million).
- Sample size: 2,500–4,000 respondents annually.
- Method: Random sampling by strata (Clark County, Washoe County, other counties).
- Survey process:
 - Conducted via trained phone interviewers, nearly daily year-round.
 - Avoid holidays/events (Christmas Eve, Super Bowl).
 - Uses computer-assisted interviewing.
 - Ensures confidentiality and informed consent.
- Data processing: Cleansing, formatting, weighting (to adjust for nonresponse and sampling probabilities).

Caregiver Module (2024 Results)

- Prevalence: 22.1% of Nevada adults provided care in past 30 days.
- Recipients of care:
 - Parents/stepparents/in-laws: ~30%
 - Friends (non-family): ~20%
 - Partners: ~20%
 - Children: ~10%
 - Overall: ~70% cared for family members
- Main reasons for care:
 - Old age: highest
 - Cardiovascular disease
 - Autism (~11%)
 - Diabetes, Crohn's disease (~10%)
 - Alzheimer's/dementia (~15% when asked specifically)
- Types of care provided:

- Medical/nursing tasks: -26%
- Personal care (bathing, bathroom, etc.): -40%
- Household tasks: -88–90%
- Time commitment:
 - 66% provided less than 20 hours/month
 - 20% provided 40+ hours/week (full-time equivalent)
- Duration of caregiving:
 - More than 30% provided care for over 5 years
 - 85% were long-term caregivers
- Advanced directives awareness:
 - 35% knew care recipients had one
 - 13% were unsure

Dementia and Alzheimer's Clarifications

- Concern raised that survey asks specifically about Alzheimer's disease, potentially undercounting other dementias (Lewy body, vascular dementia).
- CDC module wording clarified: follow-up question asks if the person cared for has "Alzheimer's disease, dementia, or other cognitive impairment disorder."
- TBI (traumatic brain injury) is included under the broader "injuries" category.

Cognitive Decline Module (2023 Data)

- Weighted prevalence: 21.9% of adults 45+ reported difficulty with thinking/memory (higher than prior years at 10–14%).
- Likely influenced by CDC wording change from "confusion" to "thinking" and removal of lengthy explanations.

Follow-up responses:

- 60% worried about memory/thinking
- 40% discussed concerns with a healthcare provider
- 40% said memory issues impacted daily life
- 26% said it affected work/volunteer activities

State-specific perceptions:

- 30% viewed decline as normal aging
- 20% cited lack of healthcare access
- 14% acknowledged decline
- 7% felt uncomfortable discussing it

- 4% dismissed it as unimportant
- 9% unsure how to respond

Demographic patterns:

- Region: rural areas slightly higher, not statistically significant
- Gender: no difference
- Age: middle-aged adults (45–64) higher prevalence than 65+, not statistically significant
- Education: higher education linked to lower prevalence
- Income: statistically significant — lower-income adults had very high prevalence (31%)
- Employment: non-employed (not retired) 35% vs. employed 18%

COVID-19 and Cognitive Health

- Long COVID is strongly associated with fatigue and brain fog.
- Chronic fatigue syndrome is noted as similar to long COVID.
- COVID infection, vaccination, and long COVID questions are already included in BRFSS.
- Further analysis needed to understand impact on cognitive decline, especially in adults under 65.

Additional Research Suggestions

- Nutraceuticals: Many patients try memory supplements; adding a question could capture interest and self-treatment.
- Mood disorders: Depression and anxiety overlap with memory issues; questions could explore treatment history or current symptoms.
- Cross-sectional design limits longitudinal tracking, but history questions can be included.

Aging Demographics

- Nevada's aging population expected to double dementia cases in 25–30 years.
- Improved treatments could alter projections.
- Emphasis on promoting brain health through policy and programs.

State-Added Questions

- Nevada added one state-specific question in 2023.
- Future adaptations (2025–2026) will include service-related questions.
- Collaboration with DPBH, Alzheimer's Association, and related programs ensures relevance to local needs.

Data Availability and Analysis

- Timeline: Data collection runs February–February; analysis begins after February, with results typically available six months later.
- CDC handles formatting and weighting; Nevada re-weights for state-specific modules.
- Analysis funding: Data collection is funded, but analysis is not. Much analysis is done voluntarily by professors and PhD students.
- Advocacy: Strong calls to fund analysis, as collecting data without analysis wastes potential for action.
- Data collection challenges: Low response rates, refusals, spam call barriers, and need for repeated call attempts (up to 15 times).
- Importance: BRFSS is the only population-based surveillance system for senior health in Nevada, critical for guiding policy and action.

Key Conclusions

- Caregiver needs and cognitive decline prevalence are rising in Nevada.
- Survey wording changes may influence reported prevalence, but trends align with aging demographics.
- COVID-19 and socioeconomic factors (income, employment) are important contributors to cognitive health outcomes.
- State-specific questions and modules provide valuable local insights.
- Greater investment in analysis is essential to translate data into meaningful action.
- Collaboration among researchers, agencies, and advocates is encouraged to maximize the impact of BRFSS data.

Employing Choice Point Thinking

- Equity Lens Tool introduced in 2023:
- Used in forming the Advisory Committee for a Resilient Nevada (ACRN) for opioid settlement priorities.
- Applied during the 2024 Nevada Traffic Safety Summit for the Vulnerable Road User Initiative.

Conclusion

From 2023 to 2025, NOMHE has:

- Expanded cultural competency training.
- Developed inclusive toolkits.
- Message Copilot
- Smart

- Promoted equity-based decision-making. These efforts align with TFAD Recommendation #13, enhancing dementia care inclusivity for underserved communities.

5. **For Possible Action:** Discuss, Review and Possible Approval of Plans for TFADs 2027 State Plan.

To reflect on but was not discussed at this meeting

6. **For Possible Action:** Discussion and Possible Vote on 2026 Meeting Dates.

- Jennifer Carson, suggest working around the availability of the Legislative representatives before deciding.
- Carole Hanley recommends that the members keep in mind that once a date is set, meetings can be rearranged for the group.
- Peter Reed, Third Tuesday of month starting January at 10:00am- requested a motion to approve schedule. Benjamin Challinor motioned to approve the schedule. Amy Dewitt-Smith seconded. Motion carried.

7. **For Discussion Only:** Potential Agenda topics for TFAD's for the next meeting in 2026, meeting.

- Discussion regarding a presentation from dementia friendly Nevada by Casey Venturini.
- Discussion assigning ownership of existing recommendations for moving forward with the state plan development process.
- Suggestion to select one other recommendation to get update on by having presentations with updates on two or three of those recommendations
- Benjamin, get veterans and their family's recognition for recommendation #3 reaching out of Department of Veterans and get someone, have them on the agenda
- Benjamin, recommendation #2 presentation of the recent release of the US pointer study that talks about different interventions, he will get in contact with someone from the North Nevada Northern California Staff chapter to present.
- Jennifer would like to invite Health Care Quality and Compliance (HCQC) Regarding updates on the reports on dementia training on residential long-term care and on compliance. And how can we help

8. **Public Comment:**

- No Public Comment.

9. **Adjournment:**

- Meeting was adjourned at 11:13 am
- Supporting documents referenced above in the "for possible action" items may be requested from Carole Hanley Task Force Administrative Support, ADSD at clhanley@adsd.nv.gov and is/will be available at the meeting locations and the [Task Force on Alzheimer's Disease page](#).

AGENDA POSTED AT THE FOLLOWING LOCATIONS:

Notice of this meeting was posted at the following Aging and Disability Services Office at 1550 E. College Parkway, Carson City, NV. 89706. Notice of this meeting was posted on the Internet through the Nevada Aging and Disability Services Division website at <https://adsd.nv.gov> and Nevada Public Notices website at <https://notice.nv.gov>

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