

For more information please
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2024
**NAVIGATING
DEMENTIA**
W1: Cognitive Aging
RESOURCE BOOK

**FOR AGING
SERVICES
PROFESSIONALS
& CAREGIVERS**

Funded by a generous grant
from the Maryland Department of Aging



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**WEBINAR &
IN-PERSON*
SESSIONS**

MARCH 1 1-3 PM

CHANGES IN MEMORY

MARCH 8 1-3 PM

THE DEMENTIAS

*** MARCH 22 9-4 PM**

COMMUNICATION

APRIL 19 1-3 PM

INTERVENTIONS

APRIL 24 9-2 PM

SERVICES & SUPPORTS

*** MAY 10 9-4 PM**

ASSESSMENT & REFERRALS

MAY 24 1-3 PM

MARYLAND RESOURCES

***The Meeting House, Columbia, MD**

Spring 2024 “Navigating Dementia” Education Series

Description: The Geriatrics & Gerontology Education and Research (GGEAR) program at University of Maryland, Baltimore, with generous support from the Maryland Department of Aging, is pleased to announce our new professional development and community education program titled “**Navigating Dementia.**” Alzheimer’s disease and related dementia (ADRD) represent a growing public health crisis. Across Maryland, there are an estimated 110,000 individuals aged 65 and older living with ADRD and nearly 240,000 unpaid family members providing care to these individuals. Recognizing the unique needs of these groups, GGEAR is hosting a series of five webinars and two in-person conferences that are FREE and open to the public.

The "Navigating Dementia" educational series is intended for Aging Services professionals, caregivers of persons living with ADRD, and anyone with an interest in matters concerning older adults. The series will provide valuable knowledge, resources, and support on topics related to aging, cognitive health, dementia care, and caregiving in Maryland.

Overall objectives:

1. Advance personal understanding of dementia;
2. Formulate realistic expectations based on effects of dementia on persons living with ADRD and their caregivers;
3. Demonstrate confidence in interactions which reflects evidence-based, unbiased, culturally sensitive approaches to care; and
4. Create meaningful living opportunities for adults living with Alzheimer's disease or a related dementia in Maryland.

Webinar 1: Friday, March 1, 2024 (12:30pm-3:00pm):

Title: Understanding Cognitive Aging: Differentiating Between Usual and Unusual Changes in Memory

Description: As we age, it's common to experience shifts in memory function, but distinguishing between what's typical and what's potentially concerning can be challenging. This live, interactive 90-minute webinar is designed to empower individuals, caregivers, and professionals in understanding the nuances of cognitive changes in later life.

Objectives:

1. Describe the expected effects of aging on a variety of cognitive functions.
2. Recognize six ways that memory and thinking change as part of the usual aging process.
3. Create a framework by which to differentiate usual changes in cognition and memory from diseases and conditions that affect memory & cognition
4. Assemble a toolbox of tips and resources to promote brain health.



MARYLAND'S CHAMPIONS FOR HEALTHY AGING

Carmel Roques, Secretary of the Department of Aging



Carmel Roques is a visionary leader dedicated to improving the lives of older adults and their families. She is known for her multi-sector, collaborative approach to planning and preparing for healthy longer lives in Maryland. She is an accomplished healthcare executive with more than 30 years of experience leading and transforming non-profit organizations, building strong cultures of service excellence and innovation. Her expertise includes dementia, palliative care, strategic planning, organizational development, community health and service delivery models for older people. Roques served for a decade as the President and Chief Executive Officer of the Keswick Multi-Care Center in Baltimore, a 138-year-old not-for-profit community healthcare provider. Roques served as CEO throughout the COVID-19 pandemic, creating the emergency response infrastructure required to successfully keep residents, families and employees safe and healthy. As CEO, she also led the creation of Keswick Community Health's Wise & Well Center for Healthy Living. Before serving as CEO of Keswick, she was Chief Operating Officer for Virginia United Methodist Homes, and prior to that, she worked for twelve years at the Episcopal Ministries to the Aging in Eldersburg, Maryland, culminating in over three years as COO. Her early career roles included Director of Adult Day Care and Director of Home Care Services for Catholic Charities in Baltimore. She has proudly served on many community boards including The Village Learning Place, The Maryland American Diabetes Association, Friends and Foundation of Howard County Library and currently Maryland Humanities. She has also served older people and their families on the Maryland Commission on Aging, the Maryland Medicare/Medicaid Advisory Committee, the Maryland Coalition on Mental Health and Aging, Maryland CARE Transformation Steering Committee, she is also past Chair of both the Maryland Philanthropy Network and LifeSpan Network. She has been recognized by the Daily Record among Maryland Top 100 Women, Top CEO, and Influential Leader in Health Care. She has a Master of Arts Degree from the University of Chicago School of Social Service Administration and a Bachelor of Arts degree from Mills College in Oakland, California.

MARYLAND'S CHAMPIONS FOR AGING

Jennifer Crawley, Deputy Secretary of the Department of Aging



Jennifer Crawley brings to the department 25 years of combined experience in local government and the private healthcare industry, including program administration, population health, patient advocacy, building and facilitating collaborations, stakeholder engagement, care coordination, and leading cross-functional teams. Prior to joining the department as the Director of Multisector Planning for Aging, Jenna served as the Area Agency on Aging Administrator for Howard County, where she oversaw programs and services for older adults, caregivers, and individuals living with disabilities, including establishing and directing pandemic response services and initiating Howard County Age-Friendly. Before serving in Howard County, Crawley oversaw daily operations of Medicaid home and community-based long-term care services for the District of Columbia Department of Healthcare Finance and was the Chief Social Worker for a home-based primary medical care team. Crawley earned her Master of Social Work from the University of Maryland, Baltimore, and her Bachelor of Science in Family Studies from UMD, College Park.



OPENING REMARKS

Mark Tesoro

Cognitive and Behavioral Health Specialist
Program Manager, ADRD Grant Initiatives

Email: mark.tesoro@maryland.gov

Phone: (410) 767-1119



Leading statewide effort to explore and address the challenges that impact healthy aging and longevity in Maryland.

As the Cognitive and Behavioral Health Specialist, Mark focuses on expanding services that build the dementia capability of the aging services network in collaboration with local Area Agencies on Aging (AAA), state partners, and diverse stakeholders. His work includes providing consultation, technical assistance, and oversight for the implementation of the recently enacted "Long Term Care and Dementia Care Navigation" Legislation to be delivered by AAAs. Mark previously served as a Program Coordinator for the Dept. of Neurology, Division of Cognitive Neurology at Johns Hopkins, where he coordinated the clinical, research, and grant activities of the division. There he gained extensive experience working with individuals experiencing Alzheimer's Disease, Mild Cognitive Impairment, Aphasia, Parkinson's disease, and Stroke. He has developed and successfully implemented a multitude of complex projects and public health programs and regularly delivers training on cognitive-behavioral disorders and assessment. Mark Tesoro holds a master's degree in Clinical Psychology from Loyola University in Maryland.

Maryland Department of Aging
[Maryland Department of Aging](#)

Vision Change the Trajectory of Aging

Mission The Maryland Department of Aging helps establish Maryland as an attractive location for all older adults through vibrant communities and supportive services that offer the opportunity to live healthy and meaningful lives.

Key Goals

Goal 1: Ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation.

Goal 2: Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community.

Goal 3: Create opportunities for older adults and their families to lead active and healthy lives.

Goal 4: Finance and coordinate high quality services that support individuals with long term needs in a home or community setting.

Goal 5: Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.

MARYLAND'S CHAMPIONS FOR AGING



TODAY'S PRESENTER

Diane Martin, PhD

Associate Professor, Graduate School

Program Director, Aging & Applied Thanatology

Program Co-director, Gerontology

Director, Geriatrics & Gerontology Education and Research (GGEAR) Program



Dr. Martin is a leader, educator, and scholar practitioner who has dedicated her career to developing impactful academic and non-academic activities in support of our rapidly aging population.

As the director of UMB's Geriatrics & Gerontology Education and Research (GGEAR) program, Dr. Martin provides leadership on interprofessional initiatives designed to enhance health professional training for those serving aging populations. These programs are tailored to enrich trainees' knowledge of older adults, and the valuable contributions health and social care practitioners make to their well-being when specialists work together. Dr. Martin collaborates with various organizations statewide to develop interprofessional training opportunities for students across health and social science programs, as well as conferences for professionals and the public with a focus on improving the well-being of older adults and enhancing the quality of life of older adults and their families. Additionally, she actively conducts interdisciplinary research supporting geriatric education, workforce development, and initiatives promoting optimal aging. Dr. Martin holds a doctorate in Psychology (Aging concentration); a master's in Experimental Psychology; and a bachelor's in psychology and she will be completing her master's in law (Health Care concentration) in spring 2024. She is a member of the Gerontological Society of America and the Academy for Gerontology in Higher Education, and is currently serving as President of Sigma Phi Omega, the international honor and professional society in Gerontology.



**Age-friendly
University**
Global Network

MARYLAND'S CHAMPIONS FOR AGING

LET'S TALK ABOUT AGING

It is time to debunk common myths or misconceptions about growing older and cognitive changes. Are you ready to become a myth-buster?

MYTH:
There is nothing good about getting older.

GOOD NEWS- Growing older is not necessarily all loss and decline. As we age, our intellectual skills and emotional regulation continually develop from age 20–70s. This development is positive and can affect other functions in a positive manner.

MYTH:
Adults have no control over the aging process.

WHOA, BABY! Adults have more control over the aging process than they believe. For example, engaging in physical activity for 30 minutes, 5 days a week can do wonders for your health, no matter when, no matter where. It is never too late to take control and there is always room for improvement.

MYTH:
Age-related loss is not reversible.

LISTEN UP: Age-related loss may be reversible. A study showed that adults with a more positive view of their aging could recover more easily from disabilities than those with negative views.

MYTH:
Marylanders do not need to be proactive about their cognitive health.

STARTLING STATISTICS! The state of Maryland has the *highest* prevalence estimates for Alzheimer's disease among all states in the country. Baltimore City is tied for the *top* spot among all 3,100 jurisdictions in the U.S., with 16.6% of the nearly 88,000 residents over the age of 65 living with the disease.¹ (Dhana, et al., 2023)

MYTH:
There's nothing I can do about getting dementia – it is genetic.

THERE'S MORE TO THE STORY... In most cases, genetics can increase your risk but doesn't directly cause dementia. Most people can reduce their risk by adopting a brain healthy lifestyle.

MYTH:
People with a dementia diagnosis will lose all quality of life.

WORDS OF HOPE ~ Dementia is a very individual experience, and each person has unique strengths. Those with cognitive challenges can and do continue to have meaningful, active lives. Most importantly, everyone can give and receive love, and share moments of joy and laughter.

LET'S LEARN MORE

Understanding Cognitive Aging: Differentiating Between Usual & Unusual Changes in Memory Note-Taking Guide

Use this guide to help your brain process the information in the webinar and retain it more effectively! Take time to add your own notes and comments.

What are 6 ways that memory and thinking change with aging, and in what way do they change?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

What are some factors that can cause changes in memory?

- 1.
- 2.
- 3.
- 4.

Describe some of the ways that Depression differs from Dementia

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

8.

When should you be concerned about forgetfulness (name some examples)?

What are some of the cognitive domains that may be affected by a neurocognitive disorder, and how would you describe the changes in each domain (give examples)?

1.

2.

3.

4.

5.

6.

How can we keep our brains strong?

1.

2.

3.

4.

5.

6.

7.

What questions do you have for the presenter?

How will you use this information, both personally and/or professionally?

WORDS USED TO DESCRIBE COGNITION

Brain health – a concept that involves making the most of the brain’s capacity and helping to reduce some risks 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. Brain health refers to how well a person’s brain functions across several areas. Aspects of brain health include:

*Sensation *Perception *Motor Skills and Construction * Language and Verbal Skills
*Attention and Concentration *Memory *Executive Functioning *Processing Speed

Cognitive challenges/impairment - trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with daily life and activities. This syndrome may include problems with language skills, visual perception, or paying attention. Some people have personality changes. There are different forms of dementia including Alzheimer’s disease, frontotemporal disorders, and Lewy body dementia.

Intelligence - The ability to acquire and apply skills.

Memory - The power or process of reproducing or recalling what has been learned and retained.

Neurocognitive disorder - evidence of modest cognitive decline from a previous level of performance in one or more cognitive domains

Primary prevention - intervening before health effects or conditions occur. This means dementia risk reduction activities such as altering risky behaviors like poor eating habits or tobacco use or preventing and managing certain chronic conditions such as high blood pressure.

Stigma - a negative social attitude and social disapproval that can lead unfairly to discrimination against an identifiable group of people, a place, or a nation. It is associated with a lack of knowledge, a need to blame someone, fears about disease and death, and gossip spreading rumors and myths. Systemic inequities are systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.

KEEPING YOUR BRAIN HEALTHY



Learn more about these steps and other healthy lifestyle changes you can make at www.alzheimers.gov/can-i-prevent-dementia.



There are a variety of techniques that may help you stay healthy and deal better with changes in memory and mental skills. A growing body of scientific research suggests that the following steps are linked to cognitive health. Minor changes may really add up. Making these techniques part of your routine could help you function better.

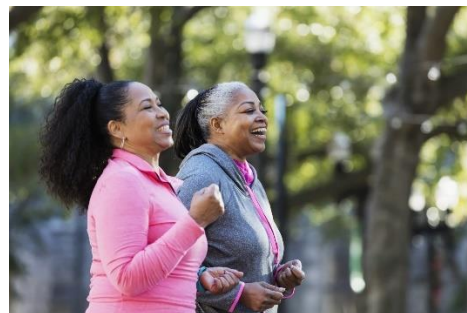
Here are some tips:

- Learn a new skill
- Follow a daily routine
- Plan tasks, make to-do lists, and use memory tools such as calendars and notes
- Put your wallet or purse, keys, phone, and glasses in the same place each day
- Stay involved in activities that can help both the mind and body
- Volunteer in your community, at a school, or at your place of worship
- Spend time with friends and family
- Get enough sleep, generally seven to eight hours each night
- Exercise and eat well
- Prevent or control high blood pressure
- Avoid or limit alcohol
- Get help if you feel depressed for weeks at a time
- Take care of your physical health
- Manage high blood pressure
- Eat healthy foods
- Be physically active
- Keep your mind active
- Stay connected with social activities
- Manage stress

BENEFITS OF EXERCISE AND PHYSICAL ACTIVITY

- Improving the health of the heart and blood vessels, which can reduce the risk of high blood pressure and heart disease
- Reducing the risk of some types of cancer (particularly breast and colon cancer), stroke and type 2 diabetes
- Improving physical fitness - maintaining strong muscles and flexible joints can help people maintain independence for longer
- Improving the ability to dress, clean, cook and perform other daily activities (as these may be performed more effectively if someone is fitter or more supple)
- Helping to keep bones strong and reducing the risk of osteoporosis (a disease that affects the bones, making them weak and more likely to break)
- Improving cognition - recent studies have shown that exercise may improve memory and slow down mental decline
- Improving sleep
- Providing opportunities for social interaction and reducing the feeling of isolation
- Reducing the risk of falls by improving strength and balance
- Improving confidence
- Increasing self-esteem
- Improving mood

<https://www.alzheimers.org.uk/get-support/daily-living/exercise/benefits>



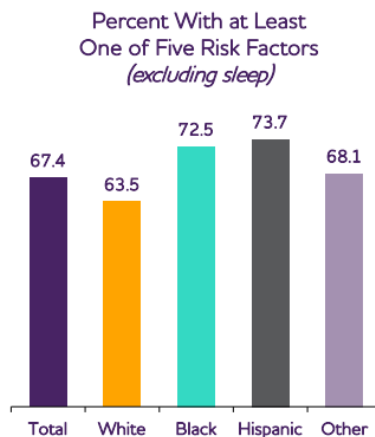


Risk Factors for Cognitive Decline: Maryland

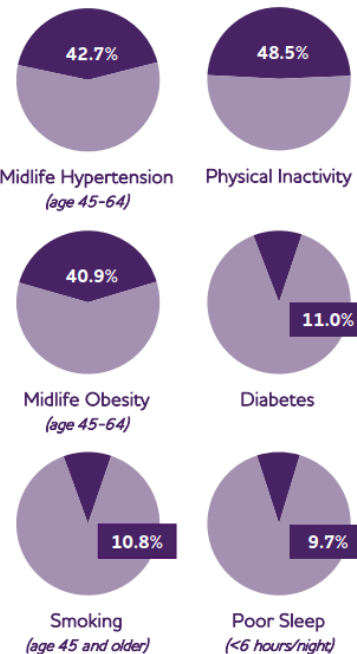


Based on population-level evidence, the six health conditions and behaviors included here increase risk for cognitive decline — and may also increase risk of dementia.

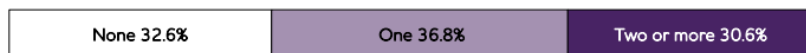
Data are from the Behavioral Risk Factor Surveillance System (BRFSS).



Prevalence of Six Risk Factors



Percent With Any of Five Risk Factors (excluding sleep)



This Fact Sheet is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$733,487. The contents are those of the Alzheimer's Association and do not necessarily represent official views of nor an endorsement by, CDC, HHS, or the U.S. government.

Updated: April 2023

CenterOfExcellence@alz.org

alz.org/publichealth

Factors that may cause memory problems include:

- Head injury, such as a concussion
- Blood clots, tumors, or infections in the brain
- Thyroid, kidney, or liver problems
- Medication side effects
- Mental health conditions, such as depression and anxiety
- Alcohol or drug misuse
- Sleep problems
- Low levels of important nutrients, such as vitamin B12
- Not eating enough healthy foods
- Major, traumatic, or stressful life events

FACTSHEET

APRIL 2022

alz.org®

Reducing the Risk of Cognitive Decline

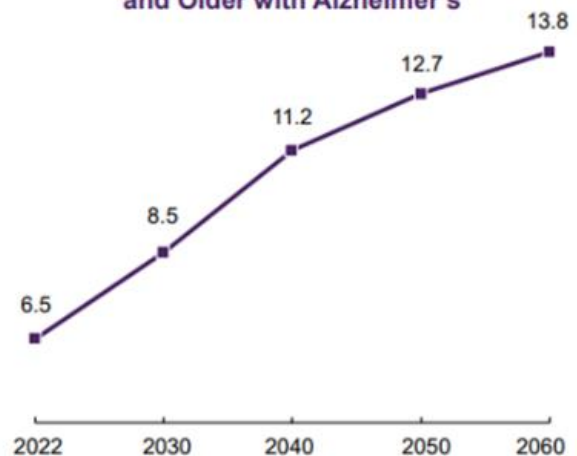
More than 6 million Americans are living with Alzheimer's, and many more are at risk of developing it or another dementia.

- A recent systematic review found 16.6% of individuals aged 65 and older have mild cognitive impairment (MCI). Studies indicate that one-third of them will develop dementia within 5 years.
- Nearly 10% of Americans aged 45 and older have subjective cognitive decline (SCD) — self-reported thinking or memory problems that are happening more often or getting worse. SCD is an early warning sign of possible future dementia.
- By 2060, the number of older adults with Alzheimer's is projected to total nearly 14 million.

While treatments may slow the progression of cognitive decline, steps can be taken now to reduce the risk of developing it.

- Traumatic brain injury increases the risk of developing certain forms of dementia.
- Addressing cardiovascular health — mid-life hypertension, diabetes, smoking, mid-life obesity, and physical activity — can reduce the risk of cognitive decline and possibly dementia.
- Poor sleep quality and sleep disorders may increase the risk of cognitive decline and dementia.
- A healthy dietary pattern and cognitive stimulation may reduce the risk of cognitive decline.

Millions of Americans Aged 65 and Older with Alzheimer's



What Can Public Health Do?

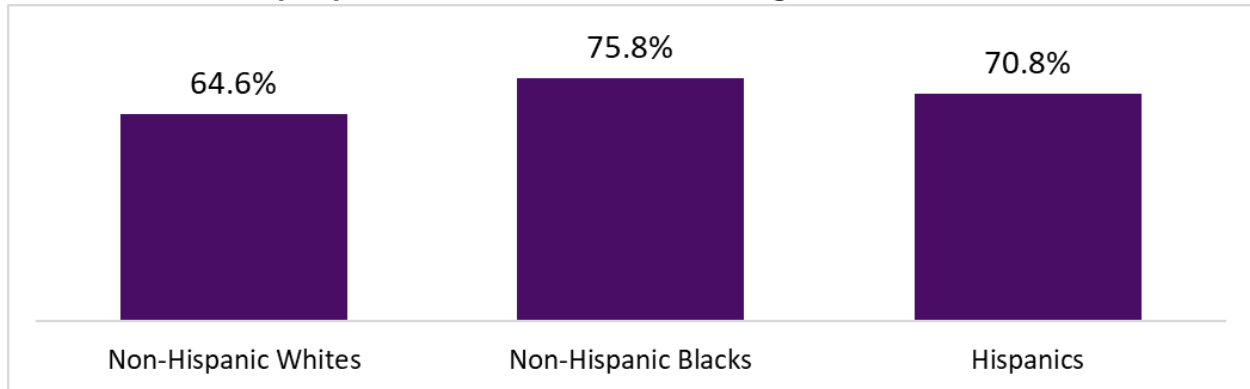
- Use the best available evidence to build public knowledge about cognitive health across the life course.
- Educate the public about brain health, cognitive aging, and healthy lifestyle changes that should be discussed with a health care professional.
- Promote the use of effective interventions and best practices to promote brain health.
- Educate public health and health care professionals about sources of reliable information on brain health.
- Educate health care professionals about the importance of treating co-morbidities, especially those that are risk factors for cognitive decline.

For more information, visit: alz.org/publichealth.

Reduce Your Risk for Cognitive Decline

Genetic, environmental, and lifestyle factors are all thought to influence cognitive health. Some of these factors may contribute to a decline in thinking skills and the ability to perform everyday tasks such as driving, paying bills, taking medicine, and cooking. Genetic factors are passed down (inherited) from a parent to child and cannot be controlled. But many environmental and lifestyle factors *can* be changed or managed to reduce your risk.

Good News - Most people can reduce their risk for cognitive decline and dementia



Percentage of Adult Population With ≥ 1 of 5 Modifiable Risk Factors (Diabetes, Hypertension, Physical Inactivity, Smoking, Obesity), 2019

Analysis of data from the 2019 Behavioral Risk Factor Surveillance System. [Promoting Healthy Aging to Reduce Risk of Dementia \(asaging.org\)](https://www.asaging.org/promoting-healthy-aging-to-reduce-risk-of-dementia)

What's Normal	What's Not
Forgetting your ATM number or where you parked.	Forgetting what an ATM card is or what kind of car you own.
Forgetting what you were about to say	Forgetting how to do an everyday task, like writing a check.
Forgetting which day of the week you had a dental appointment	Getting lost in your own neighborhood.
Misplacing or losing your keys or phone	Putting the ice tray in the oven instead of the freezer
Forgetting the name of the person who sits in front of you in class	Forgetting who your family members are



MARYLAND

2023 ALZHEIMER'S STATISTICS

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR	TOTAL
2020	110,000
2025	130,000

ESTIMATED % INCREASE

18.2%

PREVALENCE

146

 # OF GERIATRICIANS IN 2021

97.3%

 INCREASE NEEDED TO MEET DEMAND IN 2050

42,560

 # OF HOME HEALTH AND PERSONAL CARE AIDES IN 2020

33.4%

 INCREASE NEEDED TO MEET DEMAND IN 2030

WORKFORCE

UNPAID CAREGIVERS (2022)

247,000

 # OF CAREGIVERS

405,000,000

 TOTAL HOURS OF UNPAID CARE

\$8,144,000,000

 TOTAL VALUE OF UNPAID CARE

CAREGIVER HEALTH (2021)

55.7%

 OF CAREGIVERS WITH CHRONIC HEALTH CONDITIONS

24.8%

 OF CAREGIVERS WITH DEPRESSION

8.4%

 OF CAREGIVERS IN POOR PHYSICAL HEALTH

CAREGIVING

HOSPICE (2017)

4,072

 # OF PEOPLE IN HOSPICE WITH A PRIMARY DIAGNOSIS OF DEMENTIA

17%

 HOSPICE RESIDENTS WITH A PRIMARY DIAGNOSIS OF DEMENTIA

HOSPITALS (2018)

1,524

 # OF EMERGENCY DEPARTMENT VISITS PER 1,000 PEOPLE WITH DEMENTIA

24.4%

 DEMENTIA PATIENT HOSPITAL READMISSION RATE

MEDICAID

\$1.231B

 MEDICAID COSTS OF CARING FOR PEOPLE WITH ALZHEIMER'S (2020)

24.7%

 PROJECTED CHANGE IN COSTS FROM 2020 TO 2025

MEDICARE

\$33,310

 PER CAPITA MEDICARE SPENDING ON PEOPLE WITH DEMENTIA (IN 2022 DOLLARS)

HEALTH CARE

OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

1,012

MORTALITY



More than **6 million Americans** are living with Alzheimer's, and over **11.5 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$345 billion** in 2023, increasing to nearly **\$1 trillion** (in today's dollars) by mid-century.

For more information, view the **2023 Alzheimer's Disease Facts and Figures** report at alz.org/facts. © 2023 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.

RESOURCES

EXERCISE THE BRAIN



What is the best exercise for my brain?

The best exercise for your brain is moderate to vigorous physical activity. Research suggests that aerobic exercise is best for cognitive ability, while resistance training is the most helpful for memory and executive function. Aim to get 150 minutes (about 2 and a half hours) of moderate-intensity physical activity and two days of muscle-strengthening exercise.

How can I exercise my brain every day? Try incorporating brain-strengthening activities throughout your day. Get some exercise, do a crossword puzzle while you eat breakfast, and read a book before bed. Practicing good self-care, including ensuring you are getting adequate sleep and eating a balanced diet, may also be helpful.

What exercises improve brain memory? Some ideas include memory card games to boost short-term memory, doing jigsaw puzzles to strengthen working memory, and learning something new to help enhance overall memory. Choose the ones you enjoy so you will stick with the habit!

How can I sharpen my brain? If you want to sharpen your brain, focus on doing brain exercises that target some of the areas measured by IQ tests, such as working memory, executive function, and spatial reasoning. Helpful brain exercises might include Sudoku, Scrabble, brainteasers, and mazes.

<https://www.verywellmind.com/brain-exercises-to-strengthen-your-mind-2795039>

PAY ATTENTION TO MINDSET Thinking positively has been associated with:

- Increased life expectancy
- Lower rates of depression
- Lower levels of distress
- Greater resistance to the common cold
- Better psychological and physical well-being
- Better cardiovascular health and reduced risk of death from cardiovascular disease
- Better coping skills during hardships and times of stress

[Mind over matter - Center for Healthy Aging \(colostate.edu\)](http://colostate.edu)

TRY THE MIND DIET

“MIND” is an acronym: Mediterranean-DA^SH Intervention for Neurodegenerative Delay. Two well-researched food patterns, the Mediterranean diet and the Dietary Approach to Stop Hypertension (DASH) diet, are combined as an intervention for neurodegenerative diseases.

WHAT'S ON THE MIND DIET?



AT LEAST **THREE SERVINGS** OF WHOLE GRAINS EACH DAY

AT LEAST ONE DARK GREEN SALAD AND ONE OTHER VEGETABLE EACH DAY



BERRIES AT LEAST TWICE A WEEK



AT LEAST A ONE-OUNCE SERVING OF NUTS EACH DAY



BEANS OR LEGUMES AT LEAST EVERY OTHER DAY



POULTRY AT LEAST TWICE A WEEK



FISH AT LEAST ONCE A WEEK



NO MORE THAN ONE TABLESPOON A DAY OF BUTTER OR MARGARINE; CHOOSE OLIVE OIL INSTEAD



CHEESE, FRIED FOOD AND FAST FOOD NO MORE THAN ONCE A WEEK

PASTRIES AND SWEETS LESS THAN FIVE TIMES A WEEK



<https://montclairmemoryclinic.com/2020/07/cognitive-impairment/>

WHERE TO GO FOR MORE INFORMATION

Alzheimer's Disease and Healthy Aging <https://www.cdc.gov/aging/index.html>

Alzheimer's Association, Maryland Chapter <https://www.alz.org/maryland>

American Society on Aging <https://generations.asaging.org/>

Blue Zones <https://www.bluezones.com/>

Brain Health [Homepage | Global Brain Health Institute \(gbhi.org\)](#)
[Healthy Brains by Cleveland Clinic](#)
[The Impact of the Six Pillars of Lifestyle Medicine on Brain Health - PMC \(nih.gov\)](#)

Clinical Trials <https://clinicaltrials.gov/>

An example: Cognitive Training to Slow Cognitive Decline in People with Mild Cognitive Impairment

Start: March 3, 2020 End: Aug. 31, 2027 Enrollment: 1305

What Is This Study About?

This study will evaluate the effectiveness of a computer-based cognitive training program to slow cognitive decline and dementia onset in people with mild cognitive impairment with an increased risk of dementia. Participants will be randomly assigned to complete either cognitive training or cognitively stimulating activities on a computer for one hour a day, two or three days a week, for four months. At the start and end of the study, participants will complete cognitive tests, answer questions about their ability to perform everyday tasks, provide blood samples, and undergo MRI brain scans. Researchers will measure changes in daily functioning, brain structure, cognition, and levels of blood proteins associated with cognitive decline. For up to two years after the study ends, researchers will also collect information on which participants receive a dementia diagnosis. [Cognitive Training To Slow Cognitive Decline in People With Mild Cognitive Impairment \(alzheimers.gov\)](#)

Cognitive Health and Older Adults ²<https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults>

Dementia Prevention, Intervention, and Care: 2020 Report of The Lancet Commission
[https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

The Longevity-Ready Maryland Initiative: A Multisector Plan for Longevity Read about the executive order signed by Governor Wes Moore on 1/1/24 [Governor Moore Signs Executive Order Establishing Longevity Ready Maryland Initiative - Press Releases - News - Office of Governor Wes Moore](#)

Read the order here: [EO 01.0.1.2024.01 The Longevity Ready Maryland Initiative A Multisector Plan for Longevity Accessible.pdf](#)

Maryland Dementia Prevalence Stats

¹Dhana, K., Beck, T., Desai, P., Wilson, R. S., Evans, D. A., & Rajan, K. B. (2023). Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. *Alzheimer's & Dementia*, 19, 4388–4395. <https://doi.org/10.1002/alz.13081>

Maryland Department of Health [Maryland Department of Health Home](#)

Promoting lifelong health and wellness for all Marylanders

We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

The Maryland State Plan on Aging (2022-2025)

Our State Plan on Aging is a blueprint for the Department's new vision, to Change the Trajectory of Aging. With five goals and a plethora of strategies, the State Plan opens a new chapter in the Department's planning to address the needs of older Marylanders over the next four fiscal years, and beyond. The DoA is pleased to partner with a dynamic local network of 19 Area Agencies on Aging (AAAs) to provide the local infrastructure for federal and state programming.

[MD State Plan 2022-2025.pdf \(maryland.gov\)](#)

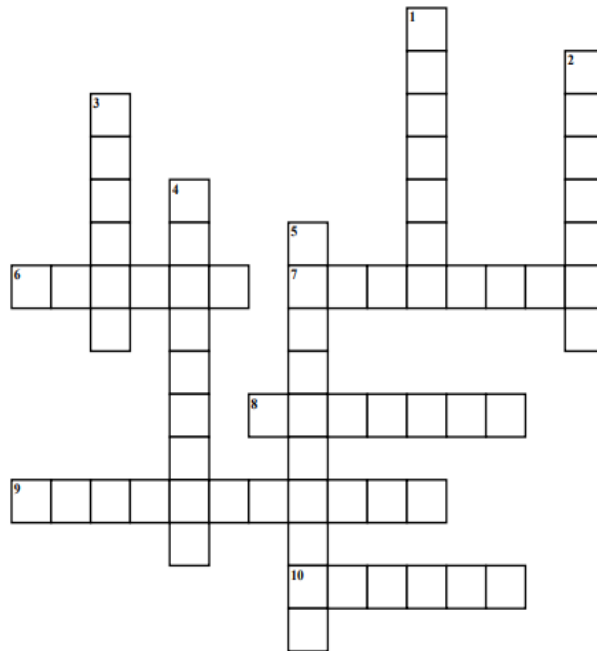
MIND Diet: Shopping List and Meal Plan

<https://the geriatic dietitian.com/mind-diet-meal-plan/>

Optimizing Brain Health Across the Life Course: WHO Position Paper

<https://iris.who.int/bitstream/handle/10665/361251/9789240054561-eng.pdf?sequence=1>

Crossword



Across

- (6) Health issues, medication interactions, or changes in mental _____ may affect cognition.
- (7) Trouble finding the right word is an example of a _____ challenge.
- (8) Someone in the world develops dementia every 3 _____.
- (9) Area of brain that plays a crucial role in learning and memory
- (10) Power or process of reproducing what has been learned

Down

- (1) Kind of memory that manipulates tasks and transforms information
- (2) If regular chores take noticeably longer than before to complete, _____ attention may be affected.
- (3) The ability to process facial or emotional expressions is called _____ cognition.
- (4) The capacity to concentrate on specific information
- (5) Type of dementia

Brainitivity

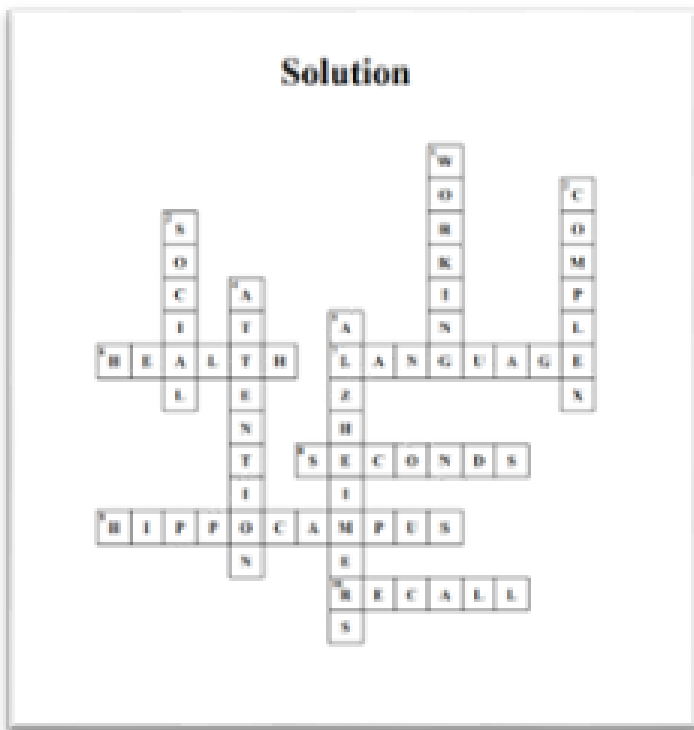
Words can be found in any direction (including diagonals) and can overlap each other. Use the word bank below.

M G E W C Z M T L O D V S P V V S E S S
E K R C H B A A L H S D M E M Q V W R U
D F E R A R H T V V A F A E Z E U E B U
I A T A L E M I N D Q U X L U L S I N W
T E H G L A A W A R D R T S I A M E R E
A P G U E K U I O A W S X R E R H M C G
T Y U M N F F R E A D W W T A T R O Q F
I B A S G A J Y Q H F B N I G I G U I O
O B L E E S F A O V W I A N M N N B M O
N O F G S T O C K P A D E B I E V U E E
K H Y H K U R Q D R G R L T Y L O Z M C
L D A N C E W P B K T I I S W I C E O N
O I R U A P O R Q S I V R P E A A X R A
D A R T O O D K O C E T Z E E F B C Y L
X C E S I L K P E R A C F L E S U E T A
E T C D O G A M E S S X R R M O L R T B
P I E R Z S C Q J K G R U Z X C A C L B
T V D A Z Y A T P A I N T G E X R I F B
M E G C E T U C F N M A G O Y U Y S V P
I Q V H A V M E Z I L A I C O S W E A F

Word Bank

- | | | | |
|----------------|------------------|----------------|---------------|
| 1. paint | 2. laughter | 3. selfcare | 4. read |
| 5. swim | 6. mind | 7. active | 8. cognitive |
| 9. draw | 10. yoga | 11. cards | 12. exercise |
| 13. dance | 14. hobby | 15. balance | 16. train |
| 17. memory | 18. brainteasers | 19. create | 20. sleep |
| 21. games | 22. strengthen | 23. vocabulary | 24. breakfast |
| 25. challenges | 26. meditation | 27. socialize | |

NOTES:





MISSION

The Geriatrics & Gerontology Education and Research Program

is a University of Maryland, Baltimore-based program that facilitates interprofessional education and interdisciplinary research activities in the field of aging in partnership with campus affiliates and agencies and organizations serving Maryland's older adults and their caregivers.

VISION Optimize care provided to older adults to promote quality of life through education, research, and training.

CORE VALUES

Accountability	Excellence
Civility	Diversity
Leadership	Knowledge
Collaboration	

Whether you want to make an impact directly by working with older adults and their families or indirectly through research, changing policy, or developing innovative technology to tackle the complex health and social challenges associated with growing older, a graduate degree from UMB is a great place to start.

Programs such as our graduate certificate in [Aging & Applied Thanatology](#), our [Master's in Gerontology](#), and our [PhD in Gerontology](#) are designed to help you meet your career goals. Visit our [website](#) for a complete list of academic programs.

[Geriatrics and Gerontology Education and Research Program - UMB: An Age-Friendly University \(umaryland.edu\)](#)

The Graduate School is home to the Geriatrics & Gerontology Education and Research ([GGEAR](#)) program. Educational programs developed by GGEAR and its partners include online training modules through Geri-ED and interprofessional training opportunities such as the Geriatric Assessment Interdisciplinary Team (GAIT) program, in which students learn and work collaboratively in interprofessional settings.

For more information about the GGEAR Program or our offerings, please contact Diane Martin, Ph.D., Director, at diane.martin@umaryland.edu or 410-706-4327.



Spring 2024 “Navigating Dementia” Education Series Dates

[Participant Registration Form](#)

Webinar 1: Friday, March 1, 2024 (12:30pm-3:00pm): Understanding Cognitive Aging: Differentiating Between Usual and Unusual Changes in Memory

Webinar 2: Friday, March 8, 2024 (12:30pm-3:00pm): Understanding Dementia: Differentiating Reversible and Irreversible Causes

In-Person Conference 1: Friday, March 22, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Health Literacy and Plain Language Communication in Alzheimer's and Related Dementia

Webinar 3: Friday, April 19, 2024 (12:30-3:00pm): Exploring Medical and Non-medical Interventions to Slow Cognitive Decline Associated with ADRD

Webinar 4: Wednesday, April 24, 2024 (tbd): Spectrum of Services & Supports in Maryland for Persons Living with Dementia (note: this webinar will be one of several offered during the annual caregiver's conference webinar hosted by Eastern Shore MAC, Inc. More information will be provided to individuals registering for this webinar held April 24 from 8:30am-3:00pm)

In-person Conference 2: Friday, May 10, 2024 (8:30am-4:00pm)The Meeting House, Columbia, MD: Assessment Tools Workshop: Tools & Referrals for Non-Clinicians

Webinar 5: Friday, May 24 (12:30pm-3:00pm): Empowering Caregivers: Essential Resources and Supports in Maryland



CEUs available at no-cost for Certified Dementia Practitioners, Certified Senior Advisors, Maryland Social Workers, and Maryland Psychologists and Mental Health Professionals. Certificate of Attendance will be provided to all participants.

Plus, you can earn your Age-Friendly Specialist Certificate by attending our series.

Visit <https://www.umaryland.edu/media/umb/geriatric-programs/GGEAR-AFU-Brochure.pdf> for more details.