**Meeting Minutes**
**Texas Council on Alzheimer's Disease and Related Disorders**
**Meeting Minutes – March 3, 2016; 8:30 a.m.**
**JJ Pickle Commons Learning Center**
**10100 Burnet Road**
**Austin, Texas 78758**

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The Texas Council on Alzheimer's Disease and Related Disorders (Council) met on Thursday, March 3, 2016, at the JJ Pickle Commons Learning Center, 10100 Burnet Road, Austin, Texas 78758.

| **Council Members Present** | **Guests Present** |
|---|---|
| Lisa B. Glenn, M.D.<br>Deborah S. Hanna, Chair<br>Rita Hortenstine<br>Patty Moore, Ph.D.<br>Valerie J. Krueger<br>Toni Packard<br>Kate Allen Stukenberg<br>Nancy Walker<br>Ronald Devere, M.D.<br>Robert Vogel, M.D.<br><br>**Council Members Absent**<br>The Honorable Clint Hackney, Vice-Chair<br>Carlos Escobar, M.D.<br>Ray Lewis, D.O.<br>Susan Rountree, M.D.<br>Grayson R. Hankins<br>Laura DeFina, M.D.<br>Melissa L. Edwards | Roberto Rodriguez, M.D., DSHS - Health Promotion and Chronic Disease Prevention (HPCDP)<br>Mack Harrison, DSHS – Office of General Counsel<br>Robert Barber, Ph.D. – UNTHSC<br>Richard Elbein, Alzheimer's Association (Houston)<br>Mark Kunik – Houston VAMC/BCM<br><br>**Program Staff Members Present**<br>Lynda Taylor, DSHS - HPCDP |

1. **Welcome/Call to Order/Roll Call/Excuse Absent Members**
   Debbie Hanna called the meeting to order at 8:45 a.m. Lynda Taylor certified roll, and a quorum was present. Members and guests were welcomed.

2. **Approval of Council Minutes from the August 25, 2015, Meeting**
   Ms. Hanna asked Council members to review the minutes from the August 25, 2015, meeting. Ron Devere, M.D., moved that the minutes be approved as presented. Rita Hortenstine seconded the motion. All were in favor, and the August 25, 2015, meeting minutes were approved as presented.

3. **Department of State Health Services (DSHS) Update**
   Dr. Patty Moore provided updates from the Texas Department of State Health Services.

   John Hellerstedt, M.D., was named DSHS Commissioner. Jennifer Sims was named DSHS Associate Commissioner. Kirk Cole was named Senior Advisor to DSHS Commissioner Hellerstedt.

   On March 1, 2016, Health and Human Services Commission (HHSC) Executive Commissioner Chris Traylor submitted the Health and Human Services Transition Plan to the Health and Human Services Transition Legislative Oversite Committee as part of the Sunset Commission recommendations. DSHS will be reorganized from 5 divisions to 4 divisions. The plan will be in effect September 1, 2017.

   Nancy Walker stated that a public hearing is scheduled for March 31.

4. **Texas Alzheimer's Disease State Plan Update by Co-Chairs**
   Rita Hortenstine and Lynda Taylor as co-chairs (Leadership) provided a description of the dementia friendly/memory capable concept for the 2016-2021 state plan update.

   Ms. Hortenstine stated that Leadership and the 2016-2021 State Plan Update Steering Committee (Steering Committee) are working on the dementia friendly/memory capable concept as the structure for the state plan update. The 2016-2021 Texas state plan will be distinguished from other models with its inclusion of prevention, which is also included in the 2010-2015 state plan.

   Dementia friendly, dementia capable and memory capable are some of the terms that refer to a community that is producing a positive impact on the lives of persons living with Alzheimer's and their caregivers. A dementia friendly movement is underway in other countries and in several states and communities in the U.S. The goal of the movement is to create environments where there is substantial public awareness about dementia that leads to support of those with dementia and their family caregivers and enhances their quality of life. Dementia friendly communities support those with dementia by encouraging respect, treatment with dignity, and changes in attitudes and behaviors that reduce the stigma of dementia.

The Partnership meeting guest speaker, Olivia Mastry, J.D., M.P.H., represents Dementia Friendly America and will describe dementia friendly as defined by Dementia Friendly America. Ms. Mastry will also mention the many areas in the US already working on dementia friendly goals.

The term dementia capable was first introduced in 2012 by the World Health Organization and Alzheimer's Disease International. In the U.S., President Obama signed the National Alzheimer's Project Act, which led to the first National Plan to Address Alzheimer's Disease. This plan focuses on building capacity in knowledge and skills for professionals in key services as well as building capacity for programs and services for those with dementia and their caregivers.

Ms. Hortenstine presented an article titled *Dementia Friendly Communities* from Alzheimer's Disease International, June 2013.

Leadership and the Steering Committee chose the term memory capable because it builds on and enhances the current state plan to serve the needs of Texas. Choosing the word memory over dementia addresses people of all levels who have various memory issues and includes those wanting to know how to reduce their risks for memory problems. Leadership and the Steering Committee discussed the merits of the words capable and friendly and determined that the word capable best represented the state focus. The term memory capable will be used while Leadership and the Steering Committee consider feedback from the Partnership to determine the best term for the state plan.

**The goal of the Texas state plan** is to empower the Partnership and all Texans with tools and strategies to become memory capable champions in their own communities.

**Texas Vision:**
*"Texas will educate the public, healthcare professionals and healthcare systems about memory disorders to facilitate the understanding and application of prevention approaches, early detection, diagnosis, and long-term management of such disorders. Texas will integrate the newest and best scientific information, clinical practices, experimental therapeutics and sociological models to provide an environment in Texas where every citizen can recognize and expect the highest quality of care and where members of society will be educated and empowered to support people with memory disorders as well as their caregivers and loved ones."*

Ms. Taylor described how she and Ms. Hortenstine will lead the Steering Committee in developing a state model, which will be the state plan. The goals of the current state plan are collapsed into three domains: caregiving, disease management and science. The domain leads:

Caregiving
Alan Stevens, Ph.D.
Baylor Scott & White Health; Texas A&M Health Science Center College of Medicine

Disease Management
John Bertelson, M.D.
Seton Brain and Spine Institute; University of Texas – Dell Medical School

Science
Rachelle S. Doody, M.D., Ph.D.
Baylor College of Medicine, AD and Memory Disorders Center

Leadership will evaluate the recommendations of the Steering Committee and input from the Partnership to determine the best course for the State Plan based on available resources. A key feature of the plan is to encourage Partnership members to become champions of the memory capable concept in their own communities and take responsibility for activities in their own communities. The structure of the State Plan has not yet been determined; however, the final State Plan will include strategies, suggested projects and tools to help guide champions. Leadership and the Steering Committee will review existing models from the US and around the world, and also consider suggestions from the Partnership, to determine what is right for Texas. In particular, the Texas model will be informed by the national Dementia Friendly America model and the ACT on Alzheimer's Model for a Dementia-Friendly Community created and piloted in Minnesota.

We hope to have a final State Plan by the end of June.

Ms. Hanna called for a motion to approve the dementia friendly/memory capable concept for the 2016-2021 state plan update. Kate Stukenberg moved that the dementia friendly/memory capable concept for the 2016-2021 state plan update be approved. Robert Vogel, M.D., seconded the motion. All were in favor, and dementia friendly/memory capable concept for the 2016-2021 state plan update was approved.

5. **Texas Alzheimer's Research and Care Consortium (TARCC) site reports and review:** Robert Barber, Ph.D., TARCC Scientific Manager, presented a document of the Summary Overview of Fiscal Year 15 TARCC Site Visits.

Funded institutions with cohort enrollment:

- Baylor College of Medicine
- Texas Tech University Health Sciences Center
- University of North Texas Health Science Center
- University of Texas Southwestern Medical Center
- University of Texas Health Science Center at San Antonio

These funded institutions have all met their milestones.

Texas AMHSC and the University of Texas at Austin do not participate in cohort enrollment.

Ms. Hanna called for a motion to approve the TARCC site reports. Ms. Hortenstine moved that the TARCC site reports be approved. Dr. Devere seconded the motion. All were in favor, and the TARCC site reports were approved.

Ms. Hanna announced Investigator Grant Program (IGP) award recipients as follows:

- Paul C. Trippier, PhD: Identification of Aß-ABAD Interaction Inhibitors for Evaluation as Small Molecule. Texas Tech University Health Sciences Center

- Ren-Qi Huang, PhD: Neuroprotection of nonfeminizing estrogens against cognitive deficits of Alzheimer's Disease. University of North Texas Health Science Center

- Anson Pierce, PhD: Does HSF1 over-expression enhance the proteostasis of TDP-43? The University of Texas Medical Branch at Galveston

- Akihiko Urayama, PhD: Effect of Youthful Systemic Milieu on Alzheimer's Disease Pathology. University of Texas Health Science Center Houston

- Steven Patrie, PhD: Computational tools for molecular proteotyping: A unique approach to Alzheimer's disease biomarker discovery. UT Southwestern Medical Center

- Huda Zoghbi, MD: A cross-species genetic screen to identify targets that regulate the steady state levels of tau. Baylor College of Medicine

- Xiangrong Shi, PhD: Intermittent Hypoxia – novel intervention for treatment of mild cognitive impairment. University of North Texas Health Science Center

**6. TARCC Steering Committee Chair and member appointments & terms**

Ms. Hanna presented a document describing the process for appointment of TARCC Steering Committee members.

Ms. Hanna called for a motion to approve the process for making TARCC Steering Committee member appointments and terms. Ms. Hortenstine moved that the process for making TARCC Steering Committee member appointments and terms be approved. Dr. Devere seconded the motion. All were in favor, and the process for making TARCC Steering Committee member appointments and terms was approved.

The Steering Committee will provide a job description, suggested level of faculty appointment or research orientation that comports with job description, and percentage of full-time employee (FTE) required to serve as Steering Committee site representative to the Council no later than June 2017.

Ms. Hanna presented a document listing the proposed members for the TARCC Steering Committee for March 3, 2016 – August 31, 2017.

- Dr. Rachelle Doody
  Chair
  Baylor College of Medicine – Department of Neurology
- Dr. Perrie Adams
  University of Texas Southwestern Medical Center – Dallas
- Dr. John A. Bertelson
  University of Texas at Austin
- John D. DeToledo, M.D.
  Texas Tech University Health Sciences Center, School of Medicine, Lubbock
- Dr. Thomas Fairchild
  University of North Texas Health Science Center
- Dr. Donald Royall
  University of Texas Health Science Center, San Antonio
- Dr. Alan Stevens
  Texas A&M University

Ms. Hanna called for a motion to appoint TARCC Steering Committee members for March 3, 2016 – August 31, 2017. Ms. Hortenstine moved that the appointment of TARCC Steering Committee members for March 3, 2016 – August 31, 2017 be approved. Ms. Stukenberg seconded the motion. All were in favor, and the appointment of TARCC Steering Committee members for March 3, 2016 – August 31, 2017 was approved.

7. **TARCC Special item request and University of Texas at Austin fiscal manager agreement**
   Ms. Hanna stated that Texas Council special item funding for the Alzheimer's initiative will move forward at level funding of $9,230,625. The appropriation is a special item for University of Texas at Austin budget and as so subject to authority of and decision making mechanisms at the campus level directed by President Greg Fenves or his designee consistent with the rider language.

   Ms. Hanna called for a motion to request maintenance of same funds. Ms. Hortenstine moved to maintain the same funds. Ms. Stukenberg seconded the motion. All were in favor, and the motion to maintain the same funds was approved.

8. **TARCC Restatement and approval of previous Texas Council cohort funding Guidelines**
   Ms. Hanna presented TARCC funding guidelines documents on cohort cost per patient, funded special projects and budget.

   Ms. Hanna called for a motion for restatement and approval of previous Texas Council cohort funding guidelines of $1200 per subject, $100 travel stipend, and limited supplies. Ms. Stukenberg moved for restatement and approval of previous Texas Council cohort funding guidelines. Dr. Devere seconded the motion. All were in favor, and the motion for restatement and approval of previous Texas Council cohort funding guidelines of $1200 per subject, $100 travel stipend, and limited supplies was approved.

9. **Time and Date for Next Council Meeting**
   The next meeting of the Council has not yet been determined.

10. **Public Comment**
    There was no public comment.

11. **Adjourn**
    The meeting was adjourned at 9:54 a.m.

Alzheimer's Disease International

# Dementia Friendly Communities

*June 2013*

With age being the most significant risk factor for dementia, ADI supports implementation of the principles and tactics of the WHO Age Friendly Cities which would have a positive impact on the lives of persons living with dementia. In the past 4 years, parallel to the Age Friendly Cities (AFC) movement, some leaders in the Alzheimer's community have begun experimenting with developing dementia friendly communities. The goal of a Dementia Friendly Community (DFC) is to create an environment in which there is substantial public awareness about dementia that leads to support for persons with dementia and carers to allow for independent living for the person with dementia.

Based on our initial DFC experiments, we suggest that some specific actions to create dementia friendly communities must be taken to enhance basic awareness of dementia at the community level and to further de-stigmatise the disease that could be integrated into AFC concepts and checklists.

The domains in AFC that need special attention for dementia friendliness include:

- Public awareness and access to accurate information
- Planning processes
- The physical environment
- Access and consideration for dementia in local businesses or public services
- Community based innovation services through local action
- Access to transportation

**Awareness:** DFC efforts begin with raising public awareness about what dementia is and to raise consciousness that it is a medical condition and that many persons and families in the community are affected. Some awareness efforts are centered on providing short workshops in which individuals become certified as a "dementia friend" frequently targeted to younger persons and school groups.

> *Japan has developed this format very successfully with now over 4 million people having taken part in a 90-minute training course and some surveys suggest a lower level of stigma in Japan related to other countries (see below for further details). The UK has adopted and furthered this programme, naming everyone who attends one of their training courses a Dementia Friend as well as recruiting Dementia Friends Champions who spread the information further afield. See www.dementiafriends.org.uk for more information.*

Given the broad level of ignorance about dementia and associated stigma, DFCs have created or designated municipal officials as a community information point that is certain to have the latest accurate information about diagnosis and support.

**Planning:** Experience with initial attempts to create Dementia Friendly Communities suggest that to combat stigma and to be authentically dementia friendly, planning processes for DFCs must engage people with dementia first, family carers second, and professional experts in dementia third. This organic movement contributes to stigma-reduction, and processes that mobilise the authentic and (sometimes unspoken) needs/hopes of people living with dementia surfaces unexpected solutions at the community level. In addition to this organic planning, some large cities have initiated large, formal planning processes on par with some national and sub-national government dementia plans, with San Francisco in the US the first to publish and implement. (www.alz.co.uk/alzheimer-plans)

**Physical environment:** Recent experiments in DFC planning have highlighting the subtle visual/spatial abilities changes in people with dementia, leading to suggestions for dementia friendly signage - especially for public facilities, or activities to teach a community how best to assist a person with dementia with finding their way. Opening physical activity centers such as gyms or dancing spaces for people with dementia has also been highlighted, as there is some evidence that increasing physical activity - even with a dementia diagnosis - is beneficial, especially when adapted to the needs of people with short term memory loss as a key symptom of their dementia.

**Businesses:** Consideration for dementia in local businesses starts with some basic consciousness-raising in the business community about what dementia is and how to better "read" difficult encounters with a person with dementia that could be misinterpreted - such as failure to pay which generate arrests and accusations of shoplifting. This is an area very much a "work in progress", especially with bankers and insurers who have multiple legal and ethical guidelines for their business practices. Good examples in this area can be found in the Belgian city of Bruges, Oisterwijk in the Netherlands, and in Scotland.

For Bruges, a very comprehensive programme was developed that won a European award for its approach. See www.dementievriendelijkbrugge.be for more information

**Innovation in approach:** DFCs are developing community-based services that are somewhat different than traditional services as they are ideas generated by and, in some cases, energised by people living with dementia. This has led to widespread adoption of Alzheimer cafés to provide information and support in an easily found, known and safe environment for the person with dementia as well as social engagement opportunities. In other places a similar programme exists called Memory café. Volunteer "buddy" programmes or dementia friends training are also non-traditional services that contribute to the climate of support for the independence at the heart of DFC. Intergenerational volunteer opportunities for people with dementia and art and music programmes are being developed to provide meaningful social activities that

support a sense of self-worth and contribution to the community for people with dementia.

**Transportation:** The multiple cognitive impairments from dementia often lead to driving cessation which, in some communities, creates major issues for everything from health care to grocery shopping. Updating signage for public transportation, experiments in car-sharing and training transit workers in how to communicate effectively with a person with dementia are all lively experiments in progress.

The German Alzheimer association has set up an educational programme with the support of their government. See www.deutsche-alzheimer.de/index.php?id=157 for more information.

**Case study: Japan** *(Courtesy of Alzheimer's Association Japan)*

**1. Nationwide Caravan to Train Ninchisho (Dementia) Supporters**

Subsidised by the Japanese government and intended for all people who live in Japan.

**Training seminar**

- 90-minute lecture to encourage understanding of dementia and action to support people with dementia
- Operated by local governments, schools, offices and community groups
- Arranged by each operator based on the textbook issued by the government
- Materials such as DVDs and orange rings (the sign of Dementia Supporters) are given by the government to people who attend the seminars
- Effective seminars receive awards at the annual general meeting of the Dementia Supporter Caravan

Since the campaign started in 2005 the number of supporters is increasing year by year. As of 31 March 2013, there are 4,126,551 Dementia Supporters and 84,962 Caravan Mates all over Japan who have completed the advanced six-hour training workshop.

## 2. Elderly and Dementia Friendly Shop campaign

Some cities and towns in Japan have been running elderly and dementia friendly shop campaigns. Those shops and offices that have a certain percentage of employees who attend the dementia supporter training seminar become certified as Elderly and Dementia Friendly Shops. They hang special stickers in their shops and their staff wear badges saying "we support you."

## 3. Practice of wanderer searching

Some communities in Japan conduct the practice of wanderer searching in cooperation with residents, service facilities for the elderly, police, taxi companies, post offices, schools, town offices, etc. The practice includes a lecture about how to act and talk to the wanderer, how to make contact with cooperators, how to report the incident, as well as simulated searching. These communities have networks composed of organisations, associations and residents who have registered their phone numbers and email addresses.

## 4. Tag for carers

More than 30% of carers in Japan are male and the number is increasing. They are embarrassed when they need to help with toileting in public places or to buy underwear for their wives or mothers. Alzheimer's Association Japan's Shizuoka branch created the symbol tag for male carers and these tags have been useful for not only male carers but females as well. Wearing the symbol tag makes it easier for carers to ask for support from people. The tags are now subsidised and broad use is encouraged by the Japanese government. The tag says, "I am caring now."

## 5. Memory Café

The government announced a 5-year Plan for Promotion of Measures against Dementia (Orange Plan) in September 2012, which is composed of seven fields, including: dementia care pathway, early diagnosis and treatment, medical services, nursing care, community care, younger onset dementia, and education for professionals. Memory cafés are encouraged as part of the plan of community care and the number is gradually increasing nationwide. Alzheimer's Association Japan's Toyama branch is opening a Memory café that will be run by Mrs Kimiko Yamamoto, who has younger onset dementia, and her husband. Alzheimer's Association Japan published a report of the conditions and the efficacy of Memory cafés in April 2013.

3.3.16

TEXAS ALZHEIMER'S
RESEARCH AND CARE CONSORTIUM

# Summary Overview
# Fiscal Year 15 TARCC Site Visits

Robert Barber, PhD., TARCC Scientific Manager

March 3, 2016

# Cohort Milestones

| | BCM | TTUHSC | UNTHSC | UNTHSC – Mexican American | UTHSC-SA | UTSW |
|---|---|---|---|---|---|---|
| Annual Milestones | 320 | 300 | 230 | 300 | 350 | 230 |
| Over/Under Feb 2016 Milestone | -6<br>Packets received too late to enter this month | -26<br>PI informed recruitment efforts need to be restored | -34<br>Awaiting consensus review | 17 | 21 | 15 |
| % Attrition Total | 13.6% | 13.8% | 10.2% | 9.2% | 10.7% | 21.5% |
| Balance Across Dx Categories | Excellent | Variable | Good to Excellent | Skewed towards Females | Good | Very Good |
| Outstanding Error Checks | None | None | None | None | None | None |

# Visit Protocol

- Recruitment methods, imaging and Neuropsych testing varies across sites
  - Some sites are heavily clinical (BCM, UTSW), others are associated with clinical activities (UNTHSC, TTUHSC) and some are community based (UNTHSC-Mexican American, UTHSC-SA)
  - Imaging is conducted through clinical care at sites where clinics are embedded or associated. Must be budgeted at community based sites
  - Neuropsychological testing varies at UTSW and BCM to accommodate legacy data sets/ADC membership

# Visit Protocol

- Protocol meeting currently being planned
  - Two previous protocol meetings have been held to increase standardization of protocols across sites
  - Representatives of each TARCC activity attend (Steering Committee reps, neuropsychologists, physicians, study coordinators, scheduling & lab personnel)
  - The third meeting is being scheduled and will take place as soon as possible

# Tissue Bank

- **Quality of data management for tissue samples:**
  - Phase I audit of Tissue Bank inventory began in FY15
    - Monitored accuracy of sample locations logged by the FreezerWorks inventory tracking software.
    - Results very positive, with < 1% error in the location of samples within a box and zero incidences of samples being located in the wrong box. Phase II in planning stages.
- **Innovations:**
    - Quarterly label printing has reduced the # of instances where sites have to wait for labels.
    - Transferring ordering of blood draw supplies to the sites has eliminated delays in shipment of these supplies.
    - Ordering of supplies by the sites reduces shipping costs, by eliminating the cost of double shipping of supplies (from supplier to the Tissue Bank, then from the Tissue Bank to the sites).

# Data Coordinating Center

- Monthly Reports:
  - 16 queries run regularly in support of TARCC operations
- Data request/transmission log:
  - 17 query logs run in support of delivery of data to TARCC-approved projects with date of transfer, approved study PI and a brief list of the data released is included

- **Innovations to data collection and quality assurance:**
  - Fillable PDF forms
  - Custom designed computerized error checking system
  - Double data entry with consistency checking

# TARCC Productivity 2015

| | BCM | TTUHSC | UNTHSC | UTHSC-SA | UTSW | Total |
|---|---|---|---|---|---|---|
| Publications | 1 | 0 | 4 | 7 | 1 | 13 |
| Funded Grants | 1<br>IGP Established | 0 | 1<br>IGP Established | 0 | 0 | 2 |
| Unfunded Grants | 1 | 0 | 0 | 1 | 0 | 2 |

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# I. STEERING COMMITTEE

- Council solicited input for all SC members
  - Tom Fairchild responded
- Council members weighed in:
- Term of office preferred
- Attachment to site funded activities preferred

- All SC members appointed for term of 1 year for transition
- Current members may be reappointed
- Meeting involving Barber and at least 1 Council member will occur at each site to seek input



Item 4

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# TARCC Steering Committee

## March 3, 2016 thru August 31, 2017

Dr. Rachelle Doody

Chair Baylor College of Medicine-Department of Neurology

Dr. Perrie Adams

University of Texas Southwestern Medical Center-Dallas

Dr. John A. Bertelson

University of Texas at Austin

John C. DeToledo, MD

Texas Tech University Health Sciences Center, School of Medicine, Lubbock

Dr. Thomas Fairchild

University of North Texas Health Science Center

Dr. Donald Royall

University of Texas Health Science Center-San Antonio

Dr. Alan Stevens

Texas A & M University

Item 6

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# C. COHORT COST PER PATIENT

- Cohort cost per patient as previously approved by Council
- Hinds/Barber proposal to standardize budgets
- Set fee is industry standard per Petersen
- $1540 pp. = $1200 + 20% indirects + $100 patient stipend

Level #I in site budget



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# D. FUNDED SPECIAL PROJECTS

| Special Projects | Site | Amount |
|---|---|---|
| Biomarkers | TTUHSC | $50,000.00 |
| Biomarkers - Ballantyne Lab | BCM | $143,000.00 |
| Hx Outreach - Project Frontier | TTUHSC | $120,790.00 |
| GWAS - Wilhelmsen | UTSW | $75,571.00 |
| GWAS - Wilhelmsen | UTSW | $80,780.00 |
| Development of diagnostic products for early detection of AD and related conditions | RBM | $100,000.00 |
| Development of diagnostic products for early detection of AD and related conditions | RBM | $166,415.00 |
| GWAS - Wilhelmsen | UNTHSC | $159,985.00 |
| Biomarkers - O'Byant Lab | UNTHSC | $606,849.41 |
| GWAS - Wilhelmsen | UTSW | $554,572.80 |
| UTSW ADC Support | UTSW | $100,000.00 |
| IGP | TAMHSC | $1,487,177.00 |



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# E. TAMU PENDING PROJECT

- Care initiative
- Alan Stevens holds the Vernon D. Holleman-Lewis M. Rampy Centennial Chair in Gerontology at Scott & White Memorial Hospital, and is a Professor of Medicine at the Texas A&M Health Science Center. He is the director of the Aging and Care Research Program at Scott & White.
- He received a Ph.D. in Psychology from the University of New Orleans in 1993. From 1993 until October 2005, he served as a faculty member in the Division of Gerontology and Geriatric Medicine at the University of Alabama at Birmingham.
- As Director of the Aging and Care Research Program, Dr. Stevens leads a research team in the investigation of clinical and organizational issues related to care delivery for older adults and their caregivers. Specific attention is given to the creation and evaluation of clinical interventions to address both the behavioral and affective symptoms of Alzheimer's disease and related dementias and the consequences associated with family care giving.
- He is a Fellow of the Gerontological Society of America and a member of the American Psychological Association and the American Medical Directors Association.



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# D. BUDGET

- Level I: TARCC sites that enroll participants in cohort will be provides fee of $1540 p. ($1200 base + 20% + $100 patient travel stipend)
- Level II: Non patient items in support of for Level I activities
- Level III: Value add to TARCC with emphasis on cohort utilization. optional
- Level IV: Distinguished science with emphasis on cohort utilization. optional
- Level V: Special and unique projects that enhance value of cohort. optional

Level III, IV, V will require justification, emphasis on utilization, productivity, metrics, accountability built into funding prior to approval and disbursement

As a President's Office Special Item funded in Article III, University of Texas at Austin budget and accounting policies to all TARCC disbursements

#7 $9230625



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