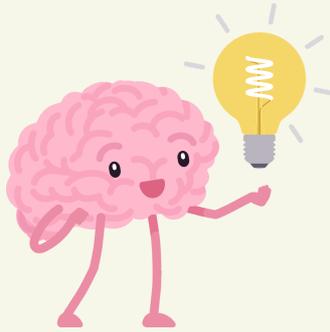




BRAIN HEALTH TALK

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WELCOME!



Why did the Brain get a speeding ticket?

Because its mind was racing!

Slide #2

Opening Script

“Good morning everyone. I am so glad to be with you this am.

Yes our topic is Brain Health - refer to the slide - what ever that means -

Read to joke -

The answer is Because it’s Mind is Racing !!!!! Does your mind ever race ?

Before we dive in, I want to start with a short video that sets the stage for the conversation we’re

about to have. Many of you in this room have spent a lifetime leading, solving problems, caring

for others, and navigating complex decisions. You bring a depth of experience that makes conversations like this richer and more meaningful.



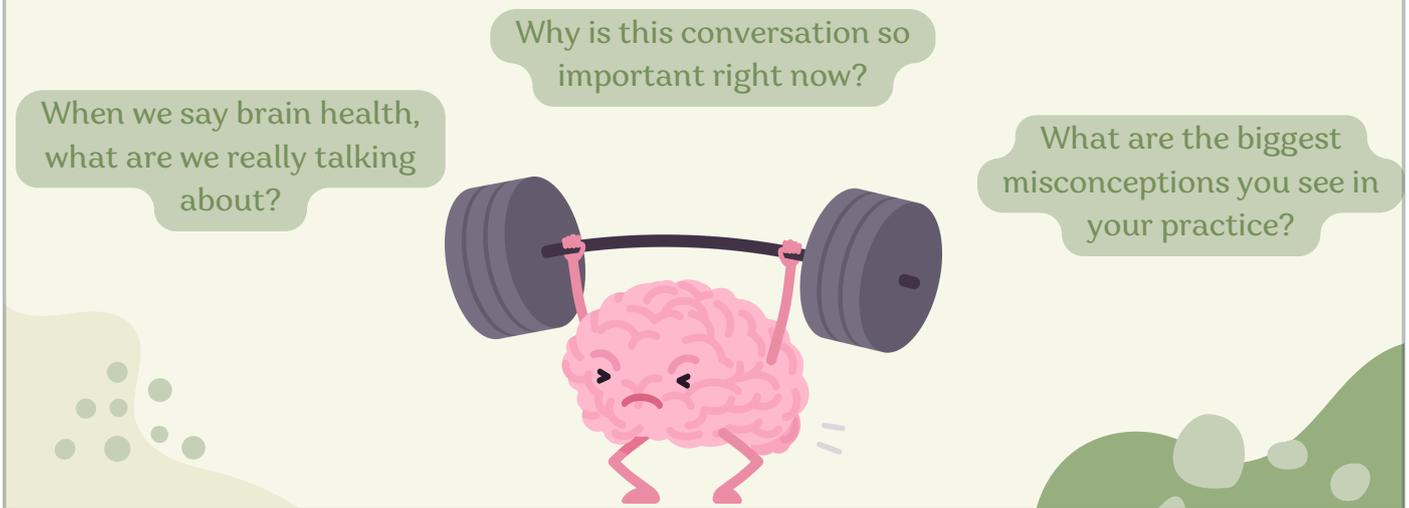
Slide 3:

As you watch, I invite you to notice what resonates with you—what feels familiar, what surprises you, or what sparks a question. We'll use it as a springboard for the rest of our time together.”

Play video. Then ask the question

“Let me ask you—what stood out to you in that clip? Just call out a word or phrase.”

WHAT IS BRAIN HEALTH?



Slide #4

□ “When we say brain health, what are we really talking about?”

Brain health is the overall functioning of the brain across all the areas that shape daily life—not just memory. It includes how we think, learn, remember, move, balance, manage emotions, make decisions, and connect with other people. It covers cognitive, emotional, sensory, motor, and social functioning. In other words, brain health is wholeperson health, and it’s influenced by sleep, stress, movement, medical conditions, social connection, and lifelong learning.

□ “Why is this conversation so important right now?”

This conversation matters right now because families are facing cognitive changes earlier and more often, while daily stress, sleep disruption, and isolation are

quietly shaping brain health in ways many people don’t recognize. At the same time, stigma still keeps people from asking questions until they’re overwhelmed, so creating space for open, hopeful conversation helps families notice changes sooner and feel less alone.

A few additional angles deepen the message:

□ More adults are juggling caregiving while still working fulltime, which means early awareness affects whole families, not just older adults.

□ Many of the factors influencing cognitive aging are modifiable, but people

can only act on what they understand.

□ Communities are hungry for guidance that feels practical, nonclinical, and grounded in real life – exactly the tone of your presentation.

□ “What are the biggest misconceptions you see in your practice?”

□ Misconception #1: “Brain health is just about memory.” “One of the biggest misconceptions we see is the idea that brain health only shows up in memory, when in reality the earliest changes are often in mood, judgment, planning, or behavior.”

□ Misconception #2: “Cognitive decline is just normal aging and nothing can be done.” “Another common misconception is that cognitive changes are simply part of aging and can’t be helped, when many causes are treatable and early support makes a real difference.”

□ Misconception #3: “An evaluation is scary or means losing independence.” “Many people avoid seeking help because they imagine an evaluation is frightening or will take away their independence, when most assessments start with simple conversations and are designed to support—not limit—people.”

□ Misconception #4: “Nothing you do can change your brain’s trajectory.” “A lot of families believe that nothing they do will change their brain health, but neurologists consistently see how sleep, stress, movement, and connection shape cognitive aging.”

EARLY SIGNS & RED FLAGS

What subtle changes do people often overlook?

How do we distinguish normal aging from something more concerning?

What should families pay attention to?



Slide # 5:

Subtle changes people often overlook

□ Changes in planning, organization, or followthrough – Missing appointments, struggling to manage bills, repeating steps in a recipe, or abandoning tasks halfway through. These are executive function changes and often appear months or years before noticeable forgetfulness.

□ Shifts in mood, personality, or social engagement – Becoming more irritable, anxious, withdrawn, or less patient than usual. A person may stop initiating activities they once enjoyed or avoid social situations that used to feel easy. Families often chalk this up to stress, but neurologists see it as an early sign of cognitive strain.

□ Subtle judgment or safety concerns – Small driving errors, poor financial decisions, falling for scams, or difficulty assessing risk. These changes can signal that the brain is working harder to process information and make decisions.

How to distinguish normal aging from something more concerning

□ Normal aging is about speed; cognitive change is about ability. People may take longer to recall a name or learn new technology, but they still can. Concerning changes involve losing skills they previously had.

□ Normal aging doesn't disrupt daily life; cognitive change does. Occasional forgetfulness is

normal. Repeatedly forgetting conversations, getting lost in familiar places, or struggling with

routine tasks is not

What families should pay attention to

□ Loss of initiative or changes in daily routines – Stopping cooking, skipping church, or no longer managing medications reliably. These shifts often reflect cognitive fatigue rather than lack of interest.

□ Repeating questions or stories more than expected – Occasional repetition is normal; frequent repetition within the same day or conversation suggests the brain isn't storing new information well.

□ Navigational or spatial difficulties – Getting turned around in familiar places, misjudging distances, or having new trouble with parking, stairs, or driving. These changes often appear earlier than memory loss.

□ Changes noticed by others – When multiple people say, “Something feels different,” that consistent outside observation is meaningful and should not be dismissed

LIFESTYLE & PREVENTION: WHAT ACTUALLY WORKS

How does sleep, stress, and nutrition play into cognitive aging?

What are the most evidencebased habits for protecting brain health?

If someone could only change one thing, what would make the biggest difference?



Slide # 6

Anchor Questions- Dr. Myers/ Susan

□ What the evidence shows about habits that protect brain health

Movement is the single most powerful lifestyle tool – Regular movement increases blood flow to the brain, supports memory centers, and reduces inflammation. It doesn't have to be intense; walking, stretching, dancing, and gardening all count. Consistency matters more than perfection, and even 10–15 minutes a day can shift cognitive resilience over time.

□ How do sleep, stress, and nutrition play into cognitive aging?

Sleep is brain maintenance, not a luxury – During deep sleep, the brain clears waste, repairs cells, and consolidates memory. Chronic sleep loss affects attention, mood, and decision-making long before it affects memory. Improving sleep routines and reducing late-night screen time can have measurable cognitive benefits. Sleep – Poor sleep

disrupts memory formation and increases inflammation. Improving sleep often improves thinking, mood, and attention within weeks.

□ Stress management protects the brain's wiring – Long-term stress floods the brain with cortisol, which affects memory and executive function. Simple practices like breathing exercises, prayer, time in nature, or short breaks during the day help regulate the nervous system. Social connection is also a strong buffer against stress.

□ Stress – Chronic stress affects the brain's executive center. Reducing stress improves focus, emotional regulation, and decision-making.

□ Nutrition – A brain-healthy diet emphasizes colorful fruits and vegetables, whole grains, lean proteins, and healthy fats like olive oil, nuts, and fish, while reducing processed foods and added sugars. This is about feeding the brain what it needs, not dieting.

If someone could only change one thing

Movement is the closest thing we have to a universal brain-health booster. It improves blood flow, sleep, mood, stress, and cardiovascular health—all of which directly support cognitive aging.

EMOTIONAL SIDE OF BRAIN HEALTH

How does fear and stigma keep people from seeking help?

What do families often struggle with emotionally?

How can we support loved ones without overstepping?



Slide #7

□ How fear and stigma keep people from seeking help

Many people avoid talking about brain changes because they're afraid of what it might mean, or they worry about being judged. Fear of losing independence, fear of "the label," and fear of the unknown often keep families silent far longer than they need to be. When we reduce stigma and normalize the conversation, people feel safer asking questions and getting support earlier.

□ What families often struggle with emotionally

Families carry a mix of worry, guilt, frustration, and grief—often all at the same time. They may notice changes but feel unsure how to bring them up, or they may disagree about what they're seeing. Loved ones can feel overwhelmed, isolated, or afraid of making the wrong decision. Naming these emotions helps families feel less alone and more understood.

□ How to support loved ones without overstepping

Support works best when it's grounded in respect, partnership, and gentle curiosity. Instead of correcting or confronting, families can focus on creating routines, offering choices, simplifying tasks, and approaching conversations with empathy. The goal is to preserve dignity while making daily life feel safer and more manageable for everyone.

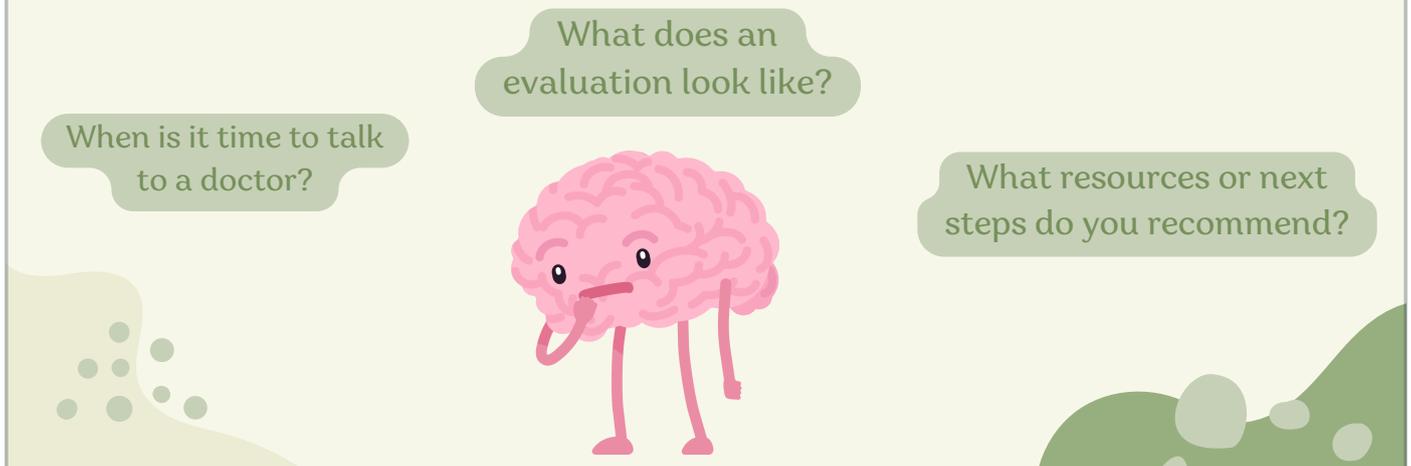
□ Here are the two additional points, fully condensed and ready to drop directly into your Section #5. They keep the tone warm, stigmareducing, and practical—without adding heaviness.

□ What the person experiencing changes may feel — People often sense something is

“off” long before they say anything, and they may feel embarrassed, confused, or afraid of being treated differently. This can lead to withdrawal or irritability, not because they don’t care, but because they’re trying to protect their identity and independence.

□ Communication patterns that help – Supportive communication focuses on simplifying choices, offering gentle cues, and validating feelings rather than correcting or debating. Small shifts—like slowing the pace, reducing noise, or asking one question at a time—can make daily interactions feel calmer and more respectful for everyone.

WHEN TO SEEK HELP & WHAT TO EXPECT



Slide #8

□ When it's time to talk to a doctor — Seek help when changes begin to interfere with daily routines, safety, or independence, or when multiple people notice a pattern over time. Getting lost in familiar places, repeating questions frequently, new difficulty managing medications or finances, or significant mood or behavior changes are all signs that an evaluation could be helpful.

□ Who to contact first — Most people should start with their primary care provider (PCP). A PCP

can rule out common, treatable causes of cognitive changes and then decide whether a referral to a neurologist is needed. A neurologist becomes the next step when symptoms are progressing or when more specialized evaluation is appropriate.

Why ruling out other causes matters — Many cognitive changes are caused by sleep problems, depression, medication side effects, thyroid issues, vitamin deficiencies, or infections. An early

evaluation helps rule out these treatable conditions first, so families get clarity without jumping to

worstcase assumptions. Have your hearing checked

□ What an evaluation looks like — Most evaluations begin with a simple conversation, a review

of medical history, and brief cognitive screening. Providers look at sleep, medications, mood,

and other health factors that affect thinking. Additional testing—like labs or imaging—is only

ordered if needed, and the process is designed to be supportive, not intimidating.

What resources or next steps are recommended — Next steps may include lifestyle

changes, treating

underlying medical issues, connecting with community programs, or planning followup

visits. Families

ead

to better support, clearer expectations, and more confidence moving forward.

Q&A

Resources:

What is Brain Health?

<https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults>

Lifestyle Choices & Prevention

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6787147/>

The Emotional Side:

<https://www.youtube.com/watch?v=Vjxmo72pIIQ>



Closing Thoughts (3 minutes)

Closing Script (1 Minute, CopyandPaste Ready)

“As we wrap up, I want to leave you with this. Brain health isn’t about fear or labels. It’s about awareness, connection, and paying attention to the small changes that matter. Most importantly, it’s about knowing that none of us have to navigate this alone.

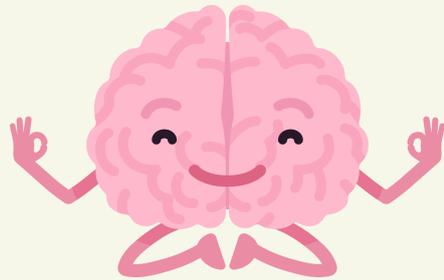
Every person in this room has strengths, resilience, and lived wisdom. When we talk openly about early signs, when we understand what’s normal and what’s not, and when we reach out for help early, we give ourselves and our loved ones the best chance at staying safe, supported, and connected.

So take a moment and think of one thing you want to pay more attention to after today—maybe it’s sleep, stress, movement, or simply checking in with someone you care about.

Those small steps add up.

Thank you for being here, for caring, and for being part of a community that shows up for one another.”

THANK YOU!



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