



Preamble

*"The promise of our nation is that all men are created equal and that we have certain unalienable rights that include life, liberty and the pursuit of happiness. This promissory note throughout our history has been compromised by the concurrent growth of structural racism, discrimination, inequality of opportunity, and lack of access to resources and services to those who are marginalized and disenfranchised because of their race, ethnicity, culture, language, sexual orientation, gender identity, mental illness, sensory, intellectual, or physical disability, economic status, or geographic location. The lack of equity [social, health, environmental] impacts the health and well-being of all and creates health disparities. On behalf of people living with Alzheimer's in all communities, we must act."*¹

Health Equity Call to Action

Alzheimer's disease touches every community. According to the Alzheimer's Association, 5.2 million people in the United States are known to be living with the disease. As we explore pathways to reduce the economic, social, and spiritual impact of Alzheimer's, we know that some groups are at greater risk of developing the disease. Two cases in point: Data of the Alzheimer's Association indicates that the prevalence of Alzheimer's is disproportionately higher for the African-American and Latino communities,² and a study by Johns Hopkins University states that persons who are hard of hearing are at greater risk of developing the disease.³ These facts indicate a health disparity.

The health disparity of Alzheimer's is the health equity call to action of ACT on Alzheimer's.⁴ As we act to address Alzheimer's disease and other dementias, our efforts will be enhanced by the following equity-based vision, rationale, principles, and practices and we will work more usefully together.

Vision: "An inclusive health and social system that treats people equitably and creates conditions in which all people can achieve optimal health ..." [*National Partnership for Action to End Health Disparities*].

Rationale: The context and content of our work is rooted in addressing the social determinants of health and the alignment of priorities, policies, practices and resources toward achieving health equity and reducing/eliminating Alzheimer's-related health disparities.

¹ This preamble speaks to the values and principles the Health Equity Leadership Group seeks to embed in all the work of ACT on Alzheimer's.

² Alzheimer's Association, *2014 Alzheimer's Disease Facts and Figures*. African-Americans are about two times more likely and Latinos about one and one-half times more likely to have Alzheimer's and other dementias compared with white adults.

³ Study by Johns Hopkins and the National Institute on Aging, published in the *Archives of Neurology*, February 2011.

⁴ Minnesota ranks, on average, among the healthiest states in the nation. But the averages do not tell the whole story. Too many people in Minnesota are not as healthy as they could and should be, and the health disparities that exist are significant and persistent and cannot be explained by bio-genetic factors. Minnesota has these disparities in health outcomes because the opportunity to be healthy is not equally available everywhere or for everyone in the state. [MDH 2014 Advancing Health Equity Report to the State Legislature]

Principles

We will:

- Be fair and just.
- Work on our own intercultural competence.
- Be open to the perspectives of those whose world lens may be different from our own.
- Recognize, honor and respect the heritage, value and contributions of diverse communities.
- Be inclusive and transparent in our decision-making process.
- Transform the rhetoric of diversity into the template of inclusiveness as we reflect the racial, cultural, language, and gender diversity of the populations touched by ACT on Alzheimer's.
- Be a champion for ethnic and cultural competency.
- Be engaged in the efforts of the communities we are trying to engage.
- Share findings with communities and involve them in decisions impacting their lives.

Practices

We will:

- Build equitable partnerships with communities disproportionately affected by Alzheimer's and who are underserved.
- Embrace collaboration and synergy. [*HHS Action Plan to Reduce Racial and Ethnic Health Disparities; and MDH 2014 Advancing Health Equity Report to the State Legislature, 2014*]
- Expand health access, data collection, and the use of promising practices and evidence-based interventions contributing to health equity for vulnerable populations that are characterized by income, geography, disability, sexual orientation or other important characteristics. [*HHS Action Plan to Reduce Racial and Ethnic Health Disparities*]
- Promote integrated approaches, evidence-based programs and promising practices to reduce disparities and stigma. [*HHS Action Plan to Reduce Racial and Ethnic Health Disparities*]
- Apply the Health in All Policies⁵ approach in the context and content of our work.
- Continuously assess the impact of all policies and programs on racial, ethnic and other key disparities.
- Expect and achieve clinical excellence, support, inclusion, compassion and good stewardship of financial resources for everyone touched by Alzheimer's disease.
- Promote robust and intentional public engagement that actively informs and involves people and communities.
- Develop and implement communication and promotion strategies that are culturally appropriate.

Our success is premised on being consistent in applying and implementing our principles while sustaining our efforts to build and maintain dementia-friendly communities.

Roles: We believe that we all [ACT on Alzheimer's organizations, leadership groups, community action teams, and staff] have a role in building health equity as we address Alzheimer's and other dementias. The Health Equity Leadership Group's role is to:

⁵ *Healthy Minnesota 2020 Framework for Health in All Policies (HiAP)*

- Champion inclusiveness, equity, and transparency
 - Develop a process for the Leadership Council to enhance inclusiveness and cultural sensitivity
 - Develop a process for engaging leadership groups and clinical providers to discuss necessary changes to provider practice tools
 - Provide learning support for action teams to aid them in becoming more inclusive and culturally sensitive – an initial building block in laying the foundation for health equity
- Be a resource and guide in the development and presentation of information offered through the learning collaboratives for action communities
- Assist our overall collaborative in aligning priorities and actions with principles in the preamble as we aid in the development of policy and strategy

Health Equity Lens in ACTION

As we work on building cultural competence and health equity in our activities to address Alzheimer's, we should ask ourselves the following:

- What lens am I looking through?
- Am I listening? Hearing? Communicating effectively?
- Who needs to be involved in the process? Are we engaged "with" the community?
- Is this process inclusive?
- How will the community benefit? Are needs being met?
- What has been the community's experience? Am I [Are we] prepared?
- What will be the outcome? How will "success" be defined?
- Is it sustainable?

Background, Terms, Definitions

Health equity – Health equity means that all people have the opportunity to attain their highest level of health possible. To do so, people must have: access to political, economic and educational opportunity; the capacity to make decisions and effect change for themselves, their families, and their communities; and social and environmental safety in the places they live, learn, work, worship and play. For people in Minnesota of American Indian, African American, Latino, Asian, Pacific Islander, Middle Eastern, and African descent, these opportunities are limited by structural inequities that are rooted in historical and individual racism, as well as inequities due to culture, language, sexual orientation, gender identity, mental illness, intellectual or physical abilities, hearing or other sensory differences, economic status or geographic location, whether intended or not.

Social determinants of health – Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. [HHS Healthy People 2020]

Structural racism – Structural racism is the normalization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians and other people who experience inequitable treatment.