Evolution of Health Equity Leadership Group within ACT on Alzheimer's Initiative

SELF-ASSESSMENT (Q & A)	**BACKGROUND** (STRUCTURE, RATIONALE)	**GROUP CULTURE** (ETHOS, CHARACTER)	**PRACTICES** (POSITIONING HEALTH EQUITY)	**LEARNINGS** (CHALLENGES, REWARDS, SURPRISES)
Why are we doing health equity work? What do we want to accomplish?	Health equity wasn't part of the roadmap for ACT on Alzheimer's Work began in year two of ACT; Cultural and Linguistics Committee Traditionally marginalized persons were underrepresented on C & L Committee; group's role moved toward applying a health equity lens to ACT outputs and products aimed at changing Alzheimer's care and support; group then concluded that policy change should also be a focus going forward Predominately white Leadership Council was well-intentioned, but ill-equipped to address health equity; two C & L committee members opted in	Complexity of relationships and intersections in bringing people onboard is foundational to culture Because of limited resources for Latinos, group member sought knowledge and a network Hearing-impaired community of one in the Leadership Council; very few who identified culturally in original group Ongoing attempt to deepen our understanding of each other's cultural issues and willingness to wrestle with it	People from diverse communities may not hold political and institutional power; as allies, ACT stakeholders with influence must take action Predominately white group should work on cultural issues to be ready for inclusiveness Bringing to forefront the health disparities of various ethnic communities Creating space for ethnic and cultural communities to more directly participate in ACT's work Re-imagining ACT provider tools to offer alternative services for ethnically and culturally diverse array of persons with Alzheimer's and their families Proposing additional resources that support the needs of ethnic and cultural groups Proposing a policy framework that recommends operational changes in the health care system	Alzheimer's health disparity for African Americans and Latinos For SPN ACT (an early action community model), discussing inclusivity was easy but engaging diverse communities was a challenge Bridge-building messenger is as important as message Challenging/emotional discussions are best within affinity group

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What have been the highlights of our work together (what helped us get to where we are today)?	Elevated the group's work to a policy level; affirmed by a name change (Health Equity) that includes "Leadership Group" Came together, fostered, and agreed upon a call to action Critical turning point: Decision to focus primarily on African Americans and Latinos because of their high risk and for the purpose of funding cultural communities Well-researched and developed call to action document garnered credibility and equal footing with other leadership groups Applied funding to carve out time for cultural resource/liaison Offered alternative modes of participation (teleconference, one-to-one discussions, small pre-meetings) for anyone interested, making certain that diverse ethnic and cultural persons participated (such as Somali, Liberian, Latino, African American, Asian)	An Executive Lead who supported the principles of social justice by creating opportunities on ACT agendas to spread the message of health equity See the work through a cultural lens and know what's missing Was willing to do outreach to various ethnic and cultural groups to ensure everyone had a chance to contribute ideas Initially, we were "the other looking in"; found common ground in sharing stories and "lifted our voice" with candor in a safe setting Using both logic and feelings Willing to discuss, disagree, collaborate, support, debate, and compromise to move the agenda of health equity forward Using relational assets to respond to opportunities	Creating a set of principles and practices for the entire ACT initiative founded on health equity Visually, adding health equity as overlay to the five ACT goals Power in the changing number of cultural representatives on Leadership Council Early Detection and Health Quality Leadership Group members actively researched and offered suggestions for alternative toolkit resources, particularly physicians Health equity statements have been embedded in the Dementia Friends curriculum being disseminated statewide (SPN ACT advocated for this) Call to action read and discussed by SPN ACT team members	Name change to Health Equity brought clarity Shared sense of pride (about doing health equity work) by members of Leadership Council Found the balance of having practice and policy impact when the Declaration of Elder Rights connected health equity and defined the broader work

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What were the difficulties we needed (or still need) to overcome? What didn't work or what needs improvement?	Messaging: Holding true to the definition of health disparity that places its roots in systemic racial discrimination and the need for systemic changes to combat it Messaging: Making sure people understand the principle of health equity is about improving systems for everyone – not just "minority" ethnic groups – including people who are hard of hearing or deaf, LGBTQ persons, people with intellectual disabilities, low incomes, etc. Adoption: Effective communication that wins the respect and participation of providers to implement assessment tools and person-centered practices for the benefit of all Minnesotans, including ethnically and culturally diverse.	Keep our focus on staying committed; we address obstacles as they arise to achieve the outcomes we want Adoption: Being prepared to stand for justice when there is push back on inclusion of some communities Outreach: Recognizing the need to be flexible or let go entirely when engaging with ethnic and cultural communities whose expressed needs, ideas, learning styles and/or engagement patterns are different from the status quo Adoption: Creating an interest in communities that haven't yet connected with diverse ethnic or cultural members who live within the community	Still need to translate the call to action document; an action plan for organizations Adoption: Agreement on infusing assessment tools and resources into the provider practice tools with enough specificity to avoid creating a "separate but equal" set of tools that could be ignored Adoption: Rejuvenate and celebrate the willingness of organizations visible for their work in dementia and healthcare to make needed changes to remove barriers (whether intentional or not) that shield knowledge and resources from traditionally disadvantaged groups	To be successful in combating and reducing health equity, one must come from a personal place to understand and translate to others Cultural competency of ACT is derived from the competency of its member organizations; long-term success is tied to willingness of members to embrace it We're only as good as our partners Sustainability depends on awareness in all cultural communities; HE group is now positioned to guide ACT leadership groups on concrete steps and actions for their work and their organizations