BOLD PUBLIC HEALTH CENTER OF EXCELLENCE ON DEMENTIA CAREGIVING

Public Health and Faith: Part 2

September 14th, 2022

Welcome from...

Joseph E. Gaugler, PhD

Director, BOLD Public Health Center of Excellence on Dementia Caregiving

Professor and Robert L. Kane Endowed Chair in Long-Term Care & Aging, University of Minnesota

His research examines innovation in dementia care.

Land acknowledgement

The University of Minnesota Twin Cities is located on traditional, ancestral, and contemporary lands of Indigenous people. We acknowledge with gratitude the Land itself and the People. We take to heart and commit through action to learn and honor the traditional cultural Dakota Values: Courage, Wisdom, Respect and Generosity.

The BOLD Public Health Center of Excellence on Dementia Caregiving (PHCOE-DC)

Designed to support state, tribal and local public health agencies nationwide in developing their dementia caregiving-focused programs and initiatives, by…

- Improving access to evidence-based programs and best practices.
- Facilitating connections and collaboration among public health agencies and a wide range of service organizations.
- Providing technical assistance for identifying, selecting implementing effective public health interventions and strategies.

Welcome speakers!

Alfredene Benton
Caregiver,
Allen Temple AME Church
Atlanta, GA

Alyson Benton
Caregiver,
Allen Temple AME Church
Atlanta, GA

Chelsea Ridley, MPH, RN
Dementia Friendly Coordinator,
Tennessee Department of Health

Pamela D. Price
Deputy Director,
The Balm in Gilead Inc.

Sheila Welch
Coordinator of Loving Through Dementia,
The Dementia Ministry at Due West UMC in Marietta, GA

A Caregiver’s Perspective Panel

Speakers: Alfredene Benton and Alyson Benton
Facilitator: Fayron Epps, PhD, RN, FGSA, FAAN

A Public Health Perspective

Speaker: Chelsea Ridley, MPH, RN

Engaging Faith Communities in Public Health Action

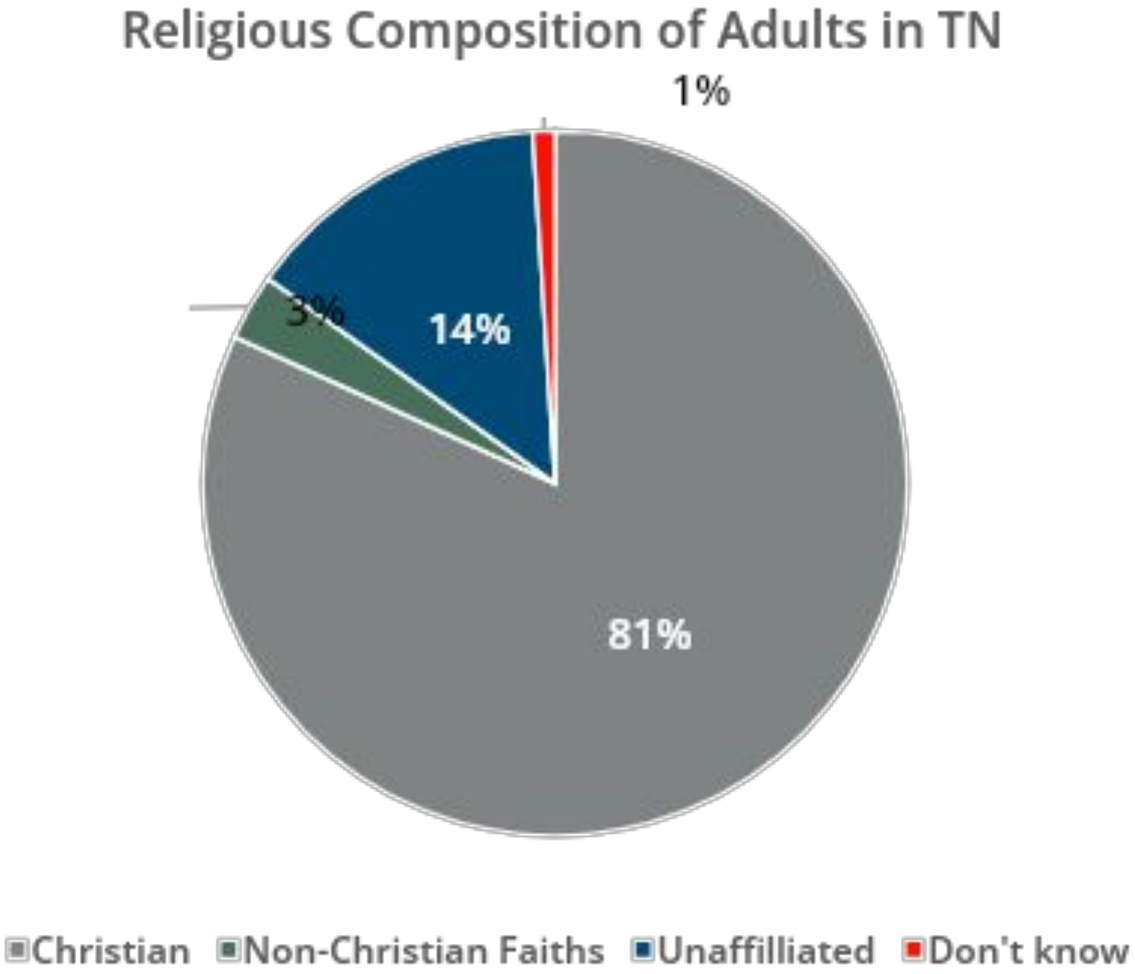
Chelsea Ridley, MPH, RN Tennessee Dementia Friendly Community Coordinator

Public Health 101

- **Essential Public Health Service #3**:Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
- **Essential Service of Public Health #4**: Strengthen, support, and mobilize communities and partnerships to improve health.
- **Essential Services of Public Health #7**: Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Source: https://phnci.org/uploads/resource-files/EPHS-English.pdf

Tennessee's Religious Landscape



Why Faith Communities?

Tennessee's Approach

- Use Lessons Learned from COVID-19
- Recognize Successful Models
- Partnerships: Establish & Expand
- Focus on Sustainability

Key Partners

THE UNIVERSITY OF TENNESSEE CHATTANOOGA
SCHOOL OF NURSING

ENGAGING Communities

CRISIS INTERVENTION TEAM
CIT
CONNECT

Honoring Choices®
TENNESSEE

HeartTones

ALTER™
INSPIRING AND EQUIPPING FAITH COMMUNITIES

alzheimer's association

What We’ve Learned

Contact Us

Chelsea Ridley

Chelsea.Ridley@tn.gov

Kristi Wick

kristina-wick@utc.edu

Panel Discussion

Speakers: Chelsea Ridley, MPH, RN, Pamela D. Price and Sheila Welch
Facilitator: Mary Ek, USAging, Dementia Friendly America

Q&A

Please, submit your questions in the Q&A Zoom feature!

Save the date!

Join the final webinar in this series. You will hear about more leading work from other faith organizations and their collaboration with public health:

- **October 12th, 2022, Noon-1:30pmET**

Connect with us!

Visit us online at https://bolddementiacaregiving.org to....

- ✓ Find today's slides and recording.
- ✓ Request Technical Assistance to support your public health work in dementia caregiving.
- ✓ Access resources and materials.
- ✓ Stay up to date with PHCOE-DC activities.

Follow us on Twitter @PHCOE_DC

Thank you for joining us today!

Please, take a moment to complete our evaluation form at the end of this presentation.

Moving Beyond Talk Into Action:

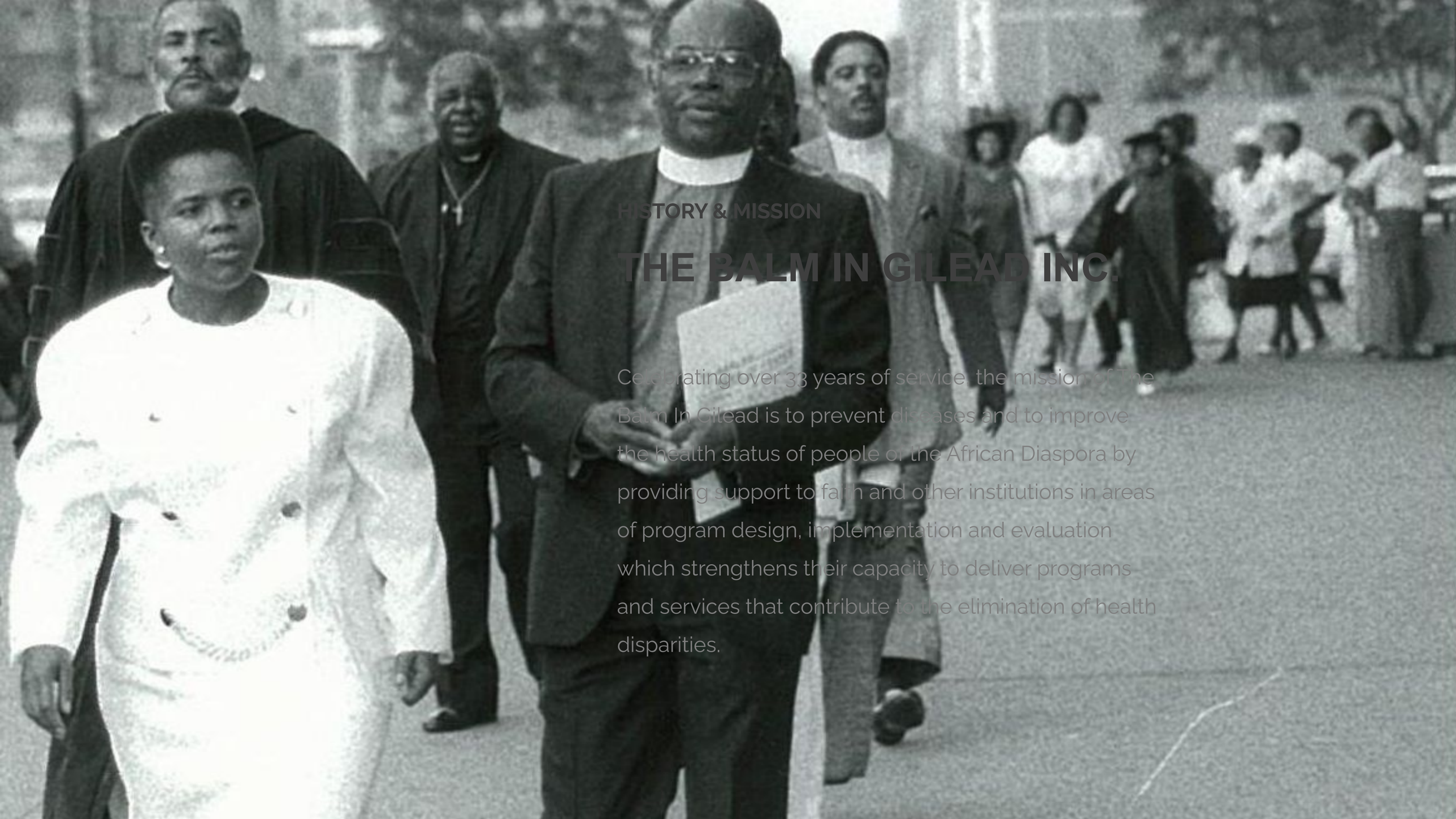
Real Causes of Disparities and Health Inequity

National Brain Health Center for African Americans

A Conversation & Dialogue to

Move Us Forward

The Balm in Gilead Inc.



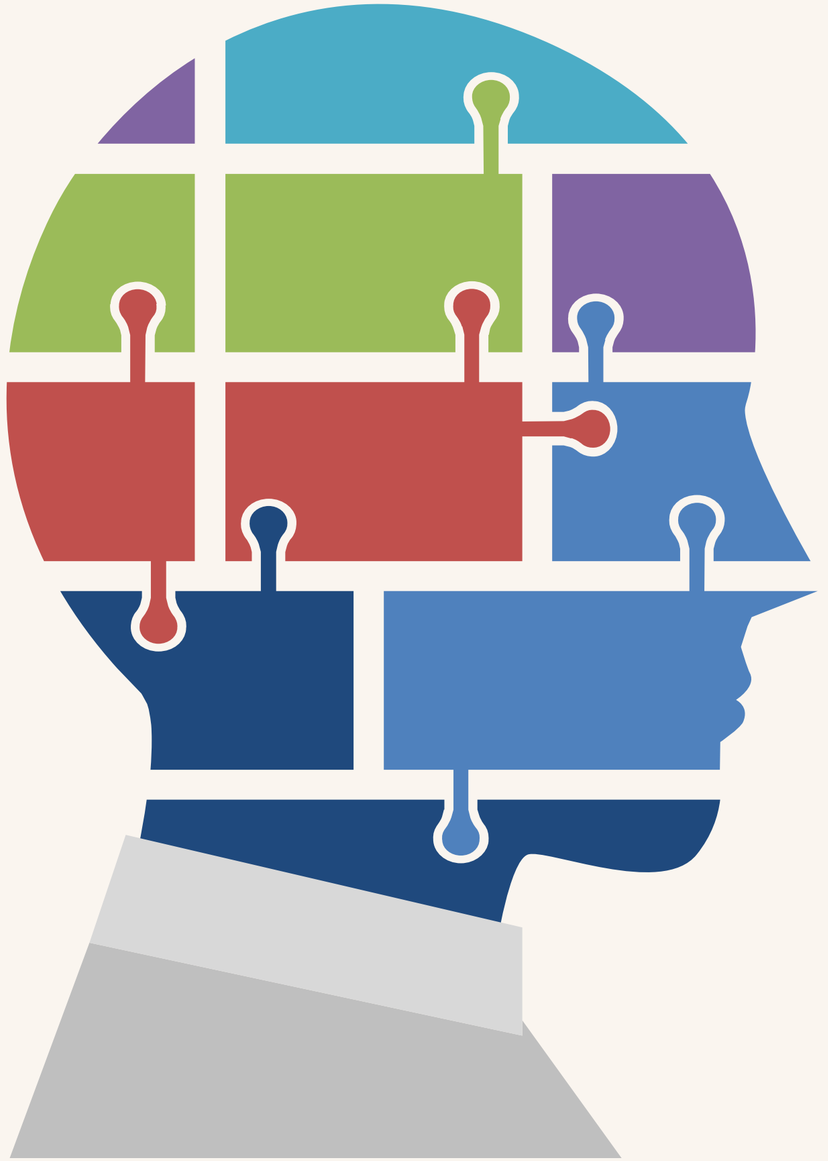
HISTORY & MISSION

THE BALM IN GILEAD INC.

Celebrating over 33 years of service, the mission of The Balm In Gilead is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith and other institutions in areas of program design, implementation and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities.

A Deep Dive on Health Equity?

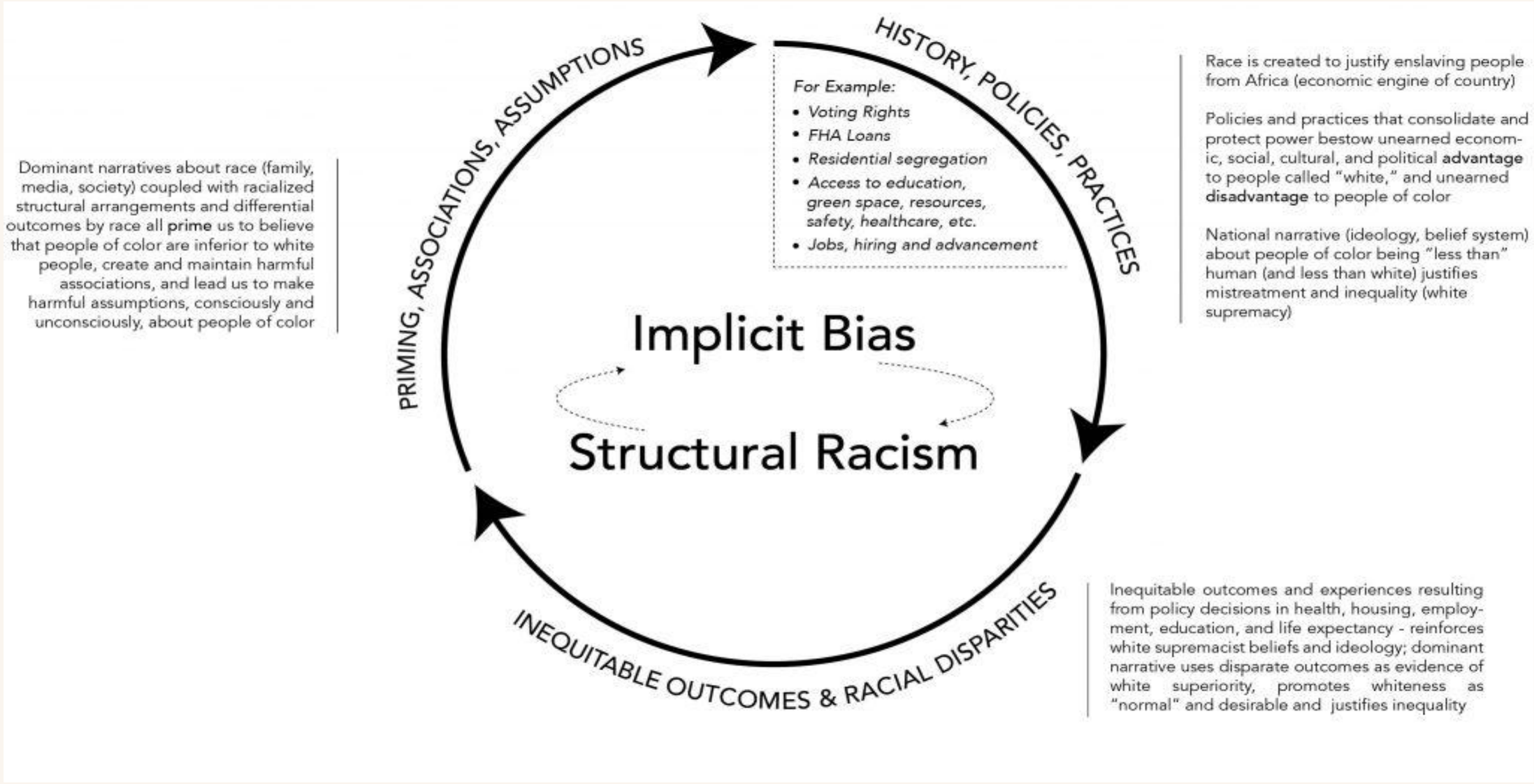
- WHO estimates that 30-55% of health outcomes results from SDOH
- Bias built into existing systems – the use of race norming in cognitive assessments are barriers for communities of color
- Latino/Hispanic and Black populations have highest numbers of poorer health & are being pushed from work force leading to higher rates of poverty
- Studies have shown that African Americans experience chronic levels of stress and anxiety due to racism; Higher levels of chronic stress & fatigue increase the risk for dementia and impact cognitive function



Ugly Realities of Health Inequities

- **Health Equity –** defined as the absence of unfair and avoidable or remediable differences in health among populations groups defined socially, economically, demographically, and geographically
- **Social Determinants of Health -** In 2008, the WHO Commission on Social Determinants of Health published a report entitled "Closing the Gap in a Generation"
- **Minimal Progress –** Despite billions of dollars being invested into various health initiatives and research, disparities still plague minority communities in most SDOHs

The Cycle of Implicit Bias & Structural Racism



Impact of Culturally Incompetent Care

POOR COMMUNICATION BETWEEN PROVIDER AND CLIENTS

REDUCED UTILIZATION OF HEALTHCARE SERVICES

INEFFECTIVE HEALTH LITERACY AND EDUCATION

POOR TREATMENT AND MEDICATION ADHERENCE

INCREASED DISSATISFACTION AND MISTRUST OF HEALTHCARE SYSTEM

Real Drivers of Research Inequities

1. Misconceptions about recruitment, enrollment, & retention – 77% of BHCAA participants state they have never been approached about a clinical trial
2. Research study and trial design create more exclusion vs. inclusion – Alzheimer's trials have a SFR nearly twice that of other trials (76-80%)
3. Location of trial sites create barriers for rural communities
4. Lack of accountability and transparency about reasons for mistrust among minority communities – 91% of BHCAA participants state they have experience racial discrimination in the past year
5. Lack of ethnic and cultural similarity between staff and participants – In 2020, Blacks/African American PIs represented only 2.6% of all NIH funding mechanisms & just 5.4% were Latina/Hispanic
6. Poor/inadequate communication and messaging about trials to minority communities

Considerations for Improving Clinical Trial Diversity

- **Establish authentic relationships with under-resources/underserved communities & their leaders**
- **Educate** minority communities about clinical trials (informational workshops)
- **Clarify the agenda** behind the research.
- **Speak the language** of the community.
- Increase the number of **black/minority researchers.**
- **Utilize the African American church** and other groups (black fraternities and sororities) in efforts to recruit and educate potential participants.

Shifting our role in shaping a culture of equity

Models for Health Behavior Change & Equity

Policies

Systems

Environment

Culture and Social Norms

Implementations & Considerations

Education & Resources

- Increase awareness
- Reframe conversation of “health”
- Provide culturally tailored resources/tools

Outreach & Engagement

- Build relationships w/community
- Solicit community input/buy-in
- Build community infrastructures

Health Equity

- Increase community-based services
- Change models of disease prevention & management
- Utilize Broad multi-sectoral approaches

Benefits of Community-based Partnerships

- Helps to address cultural barriers to engaging with at risk and/or underserved communities
- Faith and community leaders serve as “gatekeepers”
- Facilitates establishment of trust and relationship with marginalized communities
- Tangible, community impact

APPROPRIATE STRATEGIES TO ENGAGE COMMUNITIES OF COLOR

Identify key influencer from the target audience

Plan & host introductory meetings with key leaders and influencers in the community

Transparent bi-directional communication strategies and efforts

Ensure community leaders are engaged throughout the process

Increase the visible diversity and inclusiveness of your organization/agency

WHAT'S NEXT....

LET'S TALK ABOUT IT

- Current disparities in care, access, treatment, and caregiving
- Health care costs and access to coverage
- Representation in clinical trials
- Value assessment