

# Minnesota Healthy Brain Initiative Community Forum on Dementia Needs

DECEMBER 2022

## Overview

The Minnesota Department of Health (MDH) Healthy Brain Initiative (MNHBI) collaborated with Hue-MAN Partnership to convene a community forum. The goal of the MNHBI Community Forum was to understand and co-identify community priorities around individual needs and social determinants of health for Alzheimer's Disease and related dementias (ADRD). The community forum input will help inform grant proposals, programming, and dementia strategies across the state.

The MNHBI Community Forum was held at Highland Park Public Library on Tuesday, December 20, 2022. Hue-MAN Partnership helped to recruit and identify community participants. There were seven participants who attended the forum in person and one participant responded to the discussion questions by email. Participants shared insight from different intersecting identities (e.g., Black/African American, Latine, LGBTQ+, agricultural/rural) and roles (e.g., service provider, program coordinator, community health worker, caregiver/care partner, and community and faith leader).

## What we learned

The stories and experiences that participants shared provided a deeper understanding of community needs and priorities. Throughout the conversation, concepts of cultural assets arose as integral to implementing and disseminating brain health and memory loss programming, services, and resources.

One community member shared that for their community, love can make it hard to see warning signs of memory loss in people they care for. Others highlighted the importance of family, honoring elders/older adults, strong community ties and identities, and trust in cultural institutions (e.g., churches).

We learned that cultural assets are essential to implementing any of the six key recommendations that community participants identified below.

## Recommendations

### **Increase dementia education**

- Show how dementia is tied to other chronic illnesses and how dementia affects health, finances, and relationships
- Increase opportunities to learn about the 10 warning signs, risk factors, and individual baseline for their brain health

- Talk about dementia early and comfortably to reduce stigma. Example: Talk about dementia at community spaces, churches, etc.

**Improve resources and resource delivery to be culturally responsive to diverse communities**

- Bring resources to where communities gather. Example: Bring a mobile health unit for free screening at church, community events, farms
- Offer family counseling services
- Improve resources for LGBTQ+ communities, such as the Senior Linkage Line

**Improve screening to be culturally tailored and holistic**

- Reduce the wait time between the initial screening and diagnosis, especially in rural areas
- Provide a positive screening experience by having screeners who are or look like people from the community
- Engage family and bring their knowledge of the situation and support into the screening and assessment process

**Practice culturally responsive dementia care**

- Address concerns about diagnosis and social isolation
- Learn about and be attentive to fears and concerns that may shape how people engage around dementia. Example 1: Some adults living in agricultural and rural areas fear being diagnosed because it is uncertain what will happen to them and their farms. Example 2: Fear in the LGBTQ+ community that they will be cared for by people who do not respect them
- Engage older adults by addressing them with respectful terms and show how they contribute, such as shared decision-making

**Expand and diversify the workforce**

- Have more gerontologists who can provide culturally supportive care
- Employ community health workers (CHWs) to navigate and connect people living with dementia and caregivers to resources
- Offer dementia-specific and cultural humility trainings for personal care assistants (PCAs) and health care extenders caring for people living with dementia

**Expand health insurance coverage to allow access to needed resources**

- Improve health insurance coverage. Example: Lack of health insurance and low-income prevent families from accessing specialists/services needed for dementia care
- Increase access and coverage to low cost or no cost adult daycare services

## How will this information guide our work?

The MNHBI team integrated the six community recommendations above into our Minnesota Dementia Strategic Plan (MDSP). The MDSP is a living document created to guide collaborative dementia work across Minnesota. The MDSP consists of strategies that aligned the community recommendations with national, state, and local guiding documents and plans such as the CDC Healthy Brain Initiative Road Map, the 2019 Minnesota Alzheimer's Disease Working Group Legislative Report, and the Minnesota State Plan on Aging. Outlined below are how the community recommendations were integrated in the MDSP through education, policies and partnerships, culturally responsive workforce, and monitoring and evaluation.

### **Educate and Activate**

Develop, adapt, and increase access to culturally responsive resources, messages and education on dementia risk reduction, early detection and diagnosis, and caregiver wellbeing through diverse media outlets that reach health care and social service providers and Black, Indigenous, people of color (BIPOC), American Indian, LGBTQ+, rural communities, and people living with disabilities.

### **Develop Policies and Mobilize Partnerships**

Build and enhance communication, collaboration, and community-clinical linkages, including establishing systems for bi-directional referrals, that improve dementia risk reduction, early detection, caregiver wellbeing, and care for people with dementia in and among communities experiencing the greatest health inequities. Identify and engage community stakeholders, including older adults and people living with dementia, to guide the implementation of the MDSP.

### **Assure a Competent and Culturally Responsive Workforce**

Identify opportunities and strategies to diversify the dementia care workforce to provide culturally responsive care and referrals. Educate health care professionals about the benefits of dementia risk reduction, culturally tailored early screening and early diagnosis, dementia care planning and the need to prioritize caregiver health and wellbeing. Increase capacity for health care extenders and navigators (e.g., CHWs and PCAs) to promote culturally responsive dementia risk reduction, improve early detection and diagnosis, support caregiver wellbeing, and improve care for people living with dementia across the continuum.

### **Monitor and Evaluate**

Engage community partners and stakeholders to identify additional data in priority populations and develop plans to gather data, document, and disseminate.

## Take aways and acknowledgement

Institutions like MDH and other state and local government agencies, community organizations, health care systems and service providers across Minnesota that are working to reduce dementia risk, improve dementia early diagnosis and care, and support caregivers should prioritize building 1) the capacity to provide culturally responsive care, resources, and programs through ongoing community engagement activities and 2) partnerships with communities that can leverage cultural assets to improve Minnesota's dementia infrastructure.

Thank you Hue-MAN Partnership for partnering with us to help identify and recruit community participants. For more information on Hue-MAN Partnership, visit <https://www.huemanpartnership.org>.

To all the participants, thank you for sharing your time, expertise, and stories. Thank you to the Health Promotion and Chronic Disease (HPCD) Division and MNHBI team at MDH for your support and assistance in hosting this community forum.

We look forward to continuing to engage with community partners and sharing more updates and summaries as future opportunities arise for additional community forums.

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