AGENDA

PUBLIC HEALTH ADVISORY BOARD

September 16, 2021, 2:00-5:00 pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1609889971?pwd=Tk0vRmNoelBrZExDelVwN3ZrZEJDdz09

Meeting ID: 160 988 9971
Passcode: 134813
One tap mobile
+16692545252,,1609889971#

Meeting objectives:

- Approve August meeting minutes
- Discuss Public Health Advisory Board subcommittees
- Health equity capacity building

2:00-2:10 pm	**Welcome, updates and agenda review** • Celebrate board member transitions • ACTION: Approve August meeting minutes	Veronica Irvin, PHAB Chair
2:10-2:30 pm	**Survey modernization and October retreat** • Revisit public health survey modernization community recommendations • Discuss October meeting with public health survey modernization partners	Kusuma Madamala, Program Design and Evaluation Services
2:30-4:50 pm	**Health equity capacity building** • Session 1 – Health Resources in Action capacity building	Brittany Chen and Ben Wood,

		Health Resources in Action
4:50-5:00 pm	**Public comment**	Veronica Irvin, PHAB Chair
5:00 pm	**Next meeting agenda items and adjourn**	Veronica Irvin, PHAB Chair

PUBLIC HEALTH ADVISORY BOARD (PHAB) MEETING MINUTES
August 19, 2021, 2:00-3:30 pm

Attendance:

***Board members present*:** Kelle Little, Dr. Bob Dannenhoffer, Dr. Veronica Irvin, Sarah Poe, Carrie Brogoitti, Jocelyn Warren, Dr. Dean Sidelinger, Dr. Jeanne Savage, Alejandro Queral, Erica Sandoval

***Board members absent*:** Dr. David Bangsberg, Rachael Banks, Dr. Sarah Present, Eva Rippleteau, Dr. Eli Schwarz, Rebecca Tiel

Oregon Health Authority (OHA) staff: Cara Biddlecom, Lisa Rau, Victoria Demchak

Guests: Ben Wood and Brittany Chen from *Health Resources in Action (HRiA)*

Link to meeting video: https://youtu.be/5X6-MQaF534

Meeting Objectives:

- Approve July meeting minutes
- Discuss Public Health Advisory Board subcommittees
- Discuss Public Health Advisory Board Health Equity training

Welcome, Updates and Agenda Review:
Dr. Veronica Irvin**,** *PHAB Chair*

- Cara took roll and confirmed that a quorum was present.
- Welcome to new members – Erica Sandoval introduced herself.
- ACTION: Approve July meeting minutes. The motion was approved and seconded. The vote was unanimous to approve the minutes.

Veronica announced that Brittany Chen and Ben Wood from Health Resources in Action (HRiA) would be joining this meeting. The goal of HRiA is to identify capacity-building and training opportunities to support PHAB to implement its health equity policy and identify other actions the Board can take toward achieving health equity.

Since last month, the HRiA Team has been holding information interviews to solicit feedback on priorities and focus areas for the capacity-building trainings. They met with a total of four people, two from PHAB and two from the PHAB subcommittees, and reported that the conversations were rich and productive. They shared a slideshow of their early results.

Health Equity Training and Planning for a PHAB Retreat
Ben Wood, *Senior Director, Policy and Practice*; *Health Resources in Action*
Brittany Chen, *Vice President, Health Equity; Health Resources in Action*

Brittany and Ben introduced themselves and outlined the training they are proposing:

1. Assessment Stage: PHAB Meetings (7/15 and 8/19)
2. PHAB member interviews (8/9-8/16)
3. Capacity Building/Training Development Memo to be shared by Friday, September 3
4. Capacity Building in three sessions (September, November/December)

The slideshow listed the questions that were asked of PHAB members, themes that emerged, what success might look like, and different approaches to use. Some themes that emerged from the interviews included:

- Getting on the same page with understanding and use of health and racial equity concepts.
- A need to be clear about a strategic direction for PHAB to support health and racial equity.
- Trust and partnership development between PHAB members.
- Desire for both foundational training on concepts and capacity building containing specific actions/policies.
- Better integration with, understanding of and supportive engagement practices with community.

Ben stated the goal of the training as follows:
PHAB Health and Racial Equity Training Goal: *Emerging with a shared vision and next steps for how PHAB supports the goal to eliminate health inequities by 2030*.

Ben asked the PHAB for comments on the presentation. Some responses included:

- Asking for some directed reading before the meeting.
- Having the definition of equity clearly stated.
- Data on what has been effective for the PHAB in the past.
- Defining any roles that the PHAB can take in certain actions.
- Any "best practices" in this field for reference.

Cara announced that she extended the length of the September and October meetings to 3 hours each to allow time for the training. She added that PHAB subcommittee members were being invited to participate as well.

PHAB Subcommittees Report
Alejandro Queral, *PHAB Strategic Data Plan Subcommittee*
Sarah Poe, *PHAB Accountability Metrics Subcommittee*

- Alejandro provided an update on recent activities of the Strategic Data Plan subcommittee. The subcommittee is taking a short break until PHAB has the opportunity to meet about public health survey modernization recommendations from partners.
- Sarah Poe shared that the Accountability Metrics subcommittee has met twice, and updated PHAB members on the activities of the group. The minutes of the first meeting are in this month's meeting packet.

Public Comments

Veronica Irvin, *PHAB Chair*

Cara Biddlecom asked if there were any public comments. There were none, so this section of the meeting was closed.

Next Meeting Agenda Items and Adjourn

Veronica Irvin, *PHAB Chair*

The September meeting is currently planned to be the first training with the HRiA team. OHA staff will communicate with PHAB members as soon as this is confirmed.

It was requested to re-visit an overview of Natural Disaster and Emergency Planning presentation that had been presented to the PHAB in the past.

A discussion of the PHAB's role in getting Oregonians vaccinated was requested; ideally, using a health equity or trauma-informed approach. It was suggested to also discuss the impact of vaccine mandates.

The meeting was ended at approximately 3:15 p.m.

The next meeting will be September 16 from 2-5 p.m.

Engaging Communities in the Modernization of a Public Health Survey System

Public Health Advisory Board
September 16, 2021

Oregon Health Authority

Coalition of Communities of Color

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Indian Leadership for Indian Health

OREGON PACIFIC ISLANDER COALITION

Reminder:
What is the survey modernization project?

Reliance on Behavioral Risk Factor Surveillance System (BRFSS)

- Telephone survey of adults in Oregon
- Part of national survey
- Range of topics: risk and protective factors, prevention/screening, health outcomes, demographics
- Every few years, racial and ethnic oversample conducted

Current Challenges with BRFSS

- Expensive
- Lack estimates for smaller geographic areas
- Survey is long
- Concerns about representativeness and validity of data
- Lack of community engagement
- Lack data for Pacific Islander communities

Collaborate with communities

With Latinx, Black/African American communities:
- Analyze BRFSS/OHT data
- Community led data collection
- Develop data report

With AI/AN communities:
- Analyze BRFSS/OHT data
- Develop data report

With Pacific Islander communities:
- Design & implement data collection methods
- Develop data report

Identify innovative statistical & survey methods

Explore science to identify/pilot methods to modify adult survey system overall

Solutions

Updated plan for adult survey system by June 2021

Project Team Recommendations

Next steps

- Build in **time and resources necessary for relationship development** between govt public health and community partners in data
- Continue **long term, sustained compensated Community led Data Collection**
- Conduct a **minimal BRFSS** – explore lessons from the **CA Health Interview Survey**
- Integrate **Community Leadership** in survey development, administration, analysis & use
- Establish a Survey **Translation Advisory Committee**
- Continue **data project teams** and ensure team members are made up of folks who share experiences of those who are being "researched"
- Engage **Community Based Organizations and/or Regional Health Equity Coalitions** in survey administration
- Reengage the Health Equity Researchers of Oregon (HERO) group

Call to action & funding of strategy development of what the work can look like and who should be engaged

Preparation for PHAB October 21 Retreat

- Purpose of reconvening with our Survey Modernization Community Partners
- One month for review 3 Survey Modernization Reports
  - Latinx & Black/African American report
  - American Indian/Alaskan Native report
  - Pacific Islander report

- General Report Organization
- Report Recommendations
- Please submit any initial questions for our community partners/project teams by October 8
- Our partners look forward to meeting with you in October

Public Health Advisory Board
Health equity review policy and procedure
October 2020

Background

The Public Health Advisory Board (PHAB), established in ORS 431.122, serves as the accountable body for governmental public health in Oregon. PHAB reports to the Oregon Health Policy Board (OHPB) and makes recommendations to OHPB on the development of statewide public health policies and goals. PHAB is committed to centering equity and using best practices to inform its recommendations to OHPB on policies needed to address priority health issues in Oregon, including the social determinants of health.

Definition of health equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Equity framework

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.

- Direct involvement of affected communities as partners and leaders in change efforts.

Leading with racial equity

Racism is defined by Dr. Camara Jones as *"a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."*[1]

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

Because of Oregon's history of racism, the public health system, as described in the Health Equity Guide, chooses to *"lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine."*[2]

The public health system leads with race because communities of color and tribal communities[i] have been intentionally excluded from power and decision-making. The public health system leads with race as described by the Government Alliance on Racial Equity: *"Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people's experiences and outcomes.*

[1] Jones, C. (n.d.) Racism and health. American Public Health Association. Available at www.apha.org/racism.
[2] Health Equity Guide. (2019). Why lead with race. Available at https://healthequityguide.org/about/why-lead-with-race/.

To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. "One-size-fits all" strategies are rarely successful.

A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities."[3]

How health equity is attained

Achieving health equity requires engagement and co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

Policy

PHAB demonstrates its commitment to advancing health equity by implementing an equity review process for all formally adopted work products, reports and deliverables. Board members will participate in an equity analysis prior to making any motions. In addition, all presenters to the Board will be expected to specifically address how the topic being discussed is expected to affect health

[3] Government Alliance on Racial Equity. (2020). Why lead with race? Available at https://www.racialequityalliance.org/about/our-approach/race/.

disparities or health equity. The purpose of this policy is to ensure all Board guidance and decision-making will advance health equity and reduce the potential for unintended consequences that may perpetuate disparities.

Procedure

Board work products, reports and deliverables

The questions below are designed to ensure that decisions made by PHAB promote health equity. The questions below may not be able to be answered for every policy or decision brought before PHAB but serve as a platform for further discussion prior to the adoption of any motion.

Subcommittees or board members will consistently consider the questions in the assessment tool while developing work products and deliverables to bring to the full board.

Subcommittee members bringing a work product will independently review and respond to these questions. PHAB members will discuss and respond to each of the following questions prior to taking any formal motions or votes.

Staff materials will include answers to the following questions to provide context for the PHAB or PHAB subcommittees:

1. What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?
2. How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

PHAB members shall allow the questions to be discussed prior to taking a vote. Review questions should be provided to the Board with each vote.

OHA staff will be prepared to respond to questions and discussion as a part of the review process. Staff are expected to provide background and context for PHAB decisions that will use the questions below.

The PHAB review process includes the following questions:

1. How does the work product, report or deliverable:
    a. Contribute to racial justice?
    b. Rectify past injustices and health inequities?
    c. Differ from the current status?
    d. Support individuals in reaching their full health potential
    e. Ensure equitable distribution of resources and power?
    f. Engage the community to affect changes in its health status
2. Which sources of health inequity does the work product, report or deliverable address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
3. How will data be used to monitor the impact on health equity resulting from this work product, report or deliverable?

Presentations to the Board

OHA staff will work with presenters prior to PHAB meetings to ensure that presenters specifically address the following, as applicable:

1. What health inequities exist among which groups? Which health inequities does the presenter and their work aim to eliminate?
2. How does the presentation topic engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?
3. How was the community engaged in the presentation topic? How does the presentation topic or related work affect the community?
4. How does the presentation topic:
    a. Contribute to racial justice?
    b. Rectify past health inequities?
    c. Differ from the current status?
    d. Support individuals in reaching their full health potential

    e. Ensure equitable distribution of resources and power?
    f. Engage the community to affect changes in its health status
5. Which sources of health inequity does the presentation topic address (race/racism, ethnicity, social and economic status, social class, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance)?
6. How will data be used to monitor the impact on health equity resulting from this presentation topic?

Policy and procedure review

The PHAB health equity review policy and procedure will be reviewed annually by a workgroup of the Board. This workgroup will also propose changes to the PHAB charter and bylaws in order to center the charter and bylaws in equity. Board members will discuss whether the policy and procedure has had the intended effect of mitigating injustice, reducing inequities or improving health equity to determine whether changes are needed to the policy and procedure.

[i] PHAB acknowledges that terminology that communities wish to use is evolving. PHAB recognizes the need to regularly update the language included in this policy and procedure based on community input.

Advancing Equity through Systems Change

OR Public Health Advisory Board - Session 1

September 16th, 2021 from 2-5PM PST

Health Resources in Action
Advancing Public Health and Medical Research

Welcome! Pull up a chair around our circle

Who’s in the room?

Participant Introductions:

Name, Pronouns

Length of tenure on PHAB

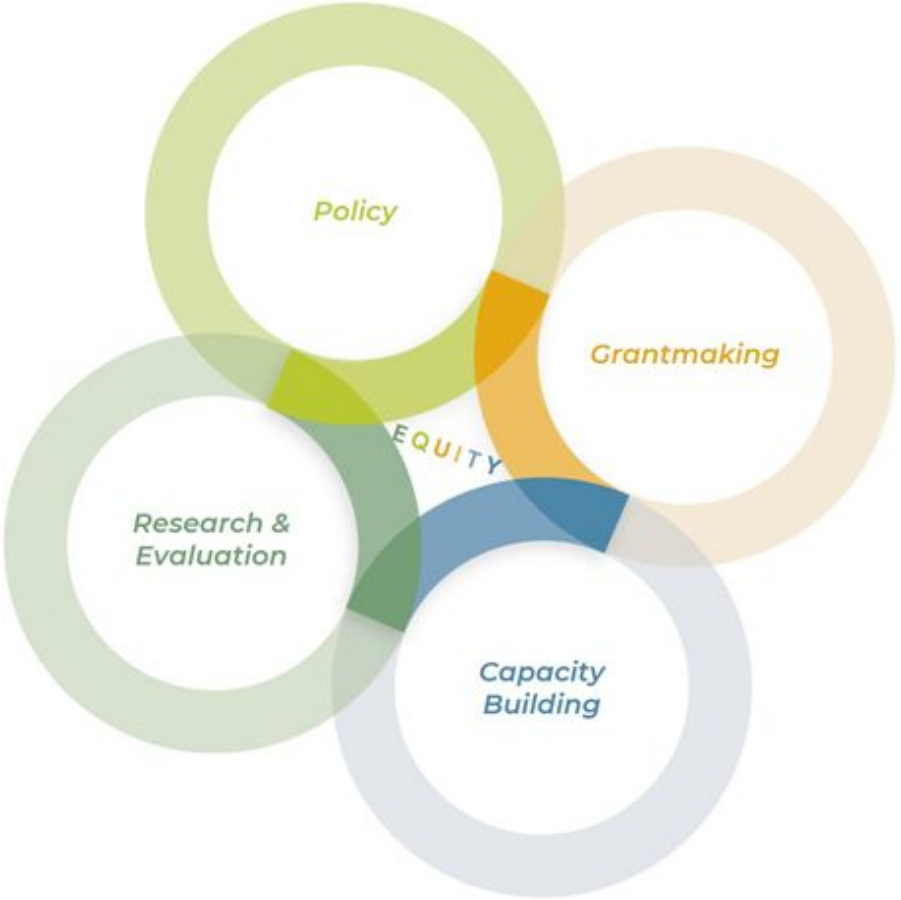
One hope for the training series

Introductions and Overview

About Health Resources in Action

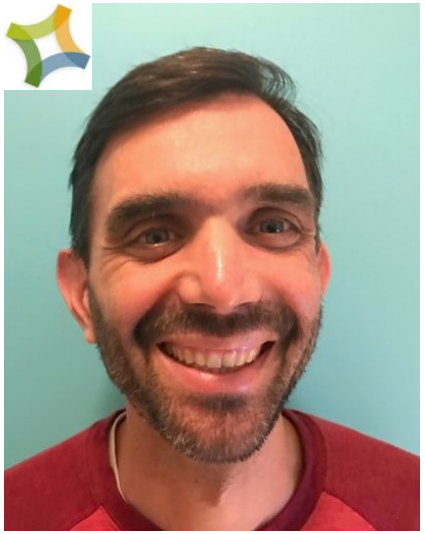
Public health institute based in **Boston, MA**

Our Vision: A world where all people attain and experience optimal health and well-being.



Meet our team

Brittany Chen
Managing Director, Health Equity



Ben Wood
Senior Director, Policy and Practice

PHAB Learning Journey Goals

- ★**Build relationships and trust** for connection amongst PHAB members and with the Public Health Division (PHD) and identify sustainable systems to maintain it (for existing and future members).
- ★Come to a **shared understanding** of health equity, racial equity, and related concepts.
- ★Collectively **reflect upon, unpack, and explore** application of the **Health Equity Review Policy and Procedure** as a guiding tool to support implementation of equity related practices.
- ★**Identify possible priority areas** that PHAB may **proactively focus on** to support PHD's efforts to advance health equity.

PHAB Learning Journey

Session 2

Moving towards relational change - Power, collective ownership, and accountability

Session 4

Priortization and moving towards action

1 2 3 4

Session 1

Advancing Equity through Systems Change

Session 3

Moving towards structural change - Going upstream

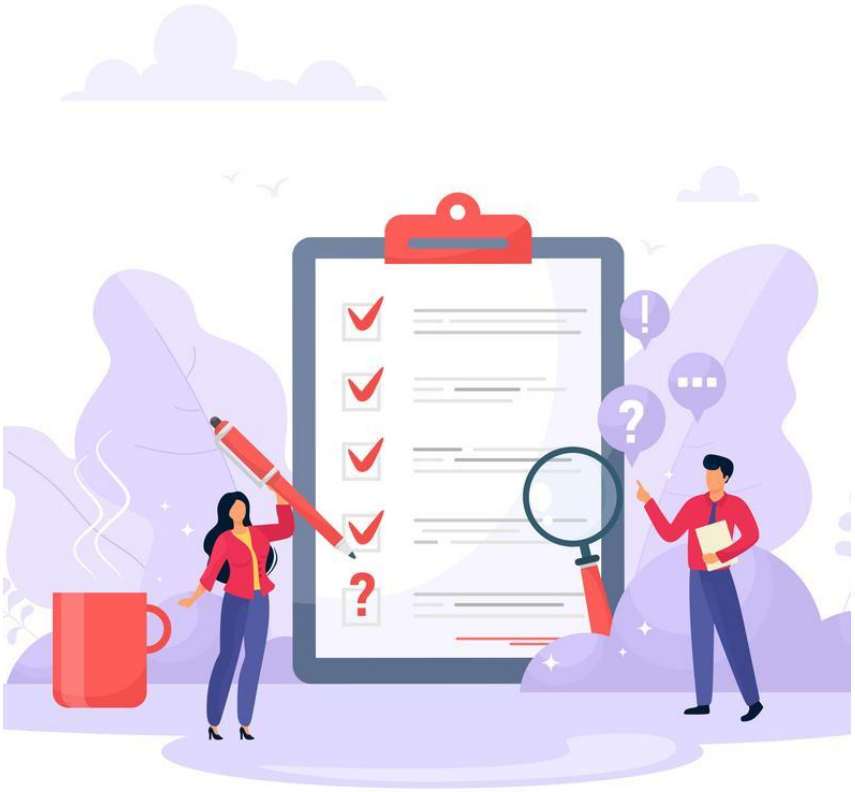
Session 1 objectives

I. Build additional relationships and connection with each other

II. Deepen understanding of how PHAB and PHD can collaborate with and mutually support one another

III. Connect systems change and equity concepts

IV. Reflect on PHAB Health Equity Review Policies and Procedures



Agenda

- **25 min** Welcome, introduction, and grounding
- **20 min** Level setting by Public Health Division
- **30 min** What do we mean by equity?
- **10 min** Break
- **20 min** Systems change overview
- **30 min** Challenging our mental models: Why lead with race
- **15 min** Minnesota Spotlight, Homework & close

Group agreements

- Be present
- Take space, make space
- Challenge by choice, but do challenge yourself
- Bold humility
- Listen deeply
- Join by video, if you can!
- Have fun!

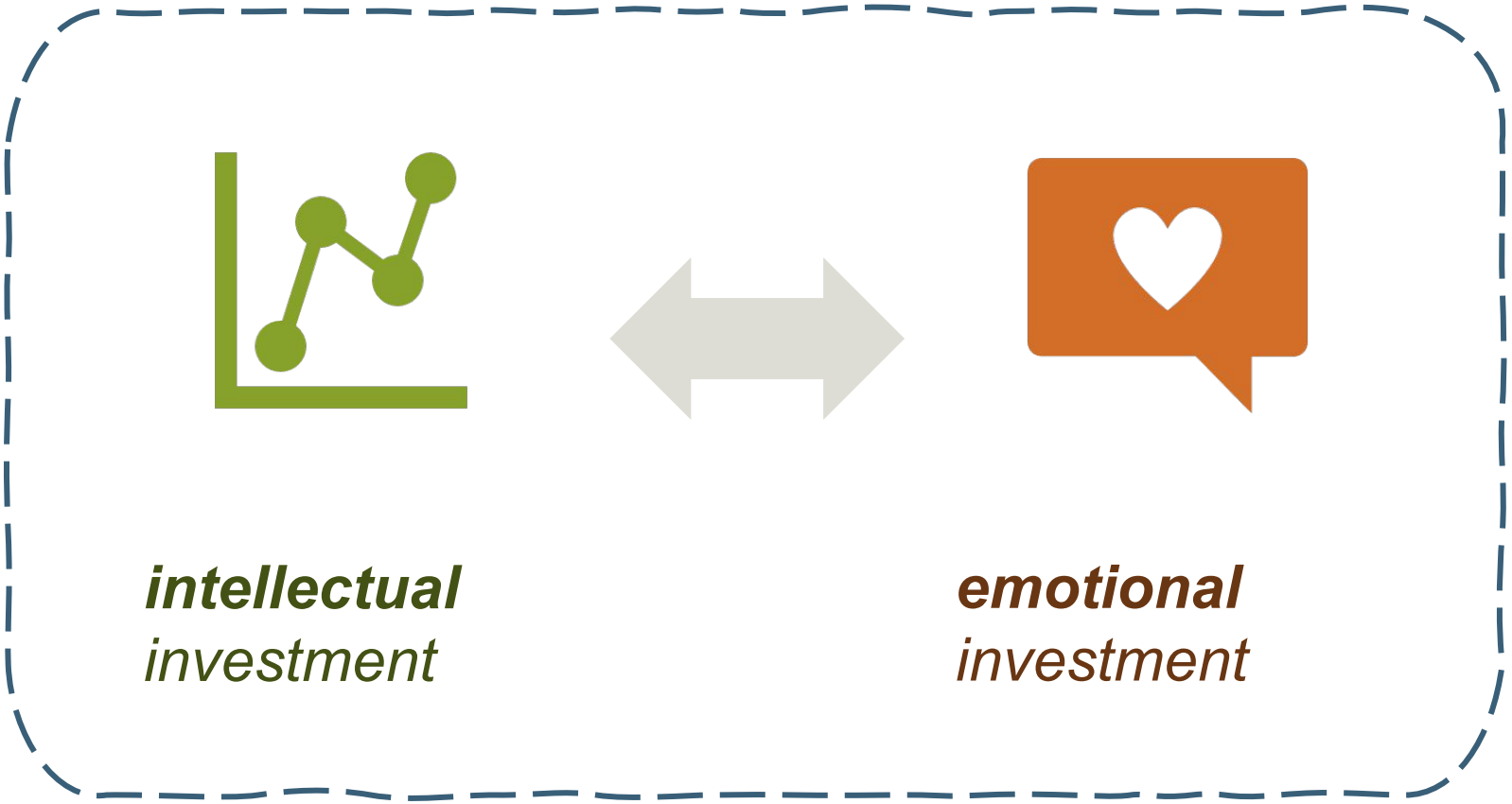
What else would you like to add?

Our approach to learning

There is a conversation in the room that only these people at this moment can have. Find it.

emergent strategy
adrienne marie brown

Who are we? Bridging head and heart



Level Setting by Public Health Division

Public Health Division Reflections

- What has the PHAB done – past successes?
- Future opportunities and challenges?
- How has the PHAB's work influenced PHD?
- What are current efforts to influence PHD?
- What do we hope to achieve together with this capacity building?

What do we mean by equity?

Diversity is about mixing it up, and **inclusion** assumes that the existing arrangement is essentially working fine and dictates a practice of accommodation where ‘diverse’ people are given concessions to help them cope within the existing paradigm without changing it.

Nashira Baril

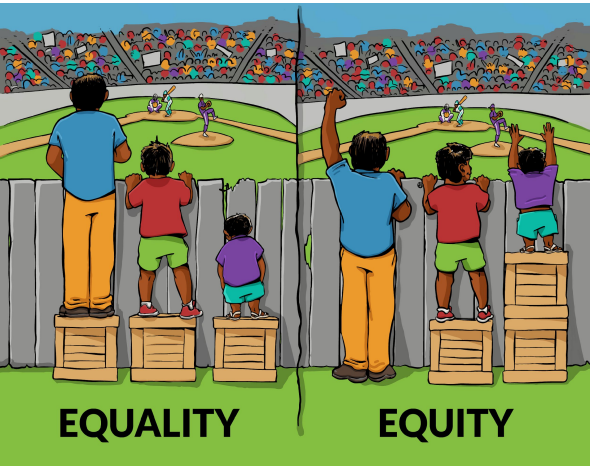
Boston-based racial equity trainer and Neighborhood Birth Center Founder

Tuesday, June 29, 2021

***Source**: “When ‘Upstream’ Public Health Efforts Fall Short” by Nashira Baril*

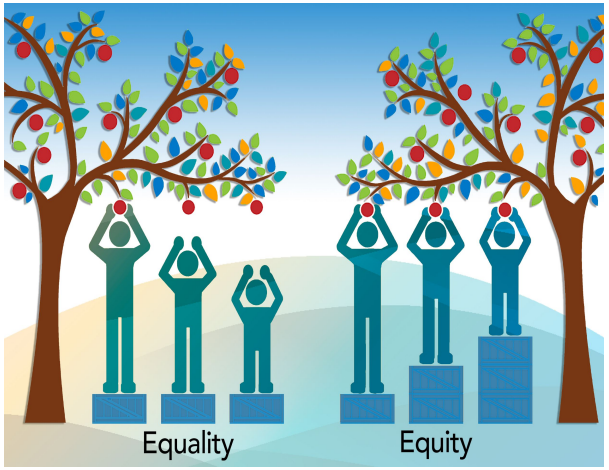
Equity vs. Equality

redistributing resources



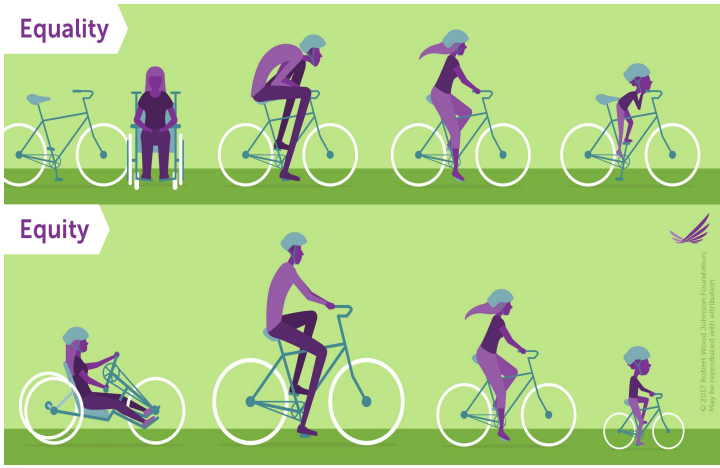
Interaction Institute for Social Change | Artist: Angus Maguire

adding resources



2014, Saskatoon Health Region

adapting resources



Robert Wood Johnson Foundation

Health Equity Review Policy and Procedure

Definition of health equity

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Health Equity Review Policy and Procedure

Equity framework

Identifying and implementing effective solutions to advance health equity demands:

- Recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities due to racism.
- Engagement of a wide range of partners representing diverse constituencies and points of view.
- Direct involvement of affected communities as partners and leaders in change efforts.

Where have you seen progress?

Where is there room for attention/ improvement?

Where have you seen progress?

-
-
-
-
-

Where is there room for improvement?

-
-
-
-
-

Group 1

Where have you seen progress?

-
-
-
-
-

Where is there room for improvement?

-
-
-
-
-

Group 2

Take a 10 minute stretch break

How do we move towards equity?

Systems change overview

What do we mean by “systems change”?

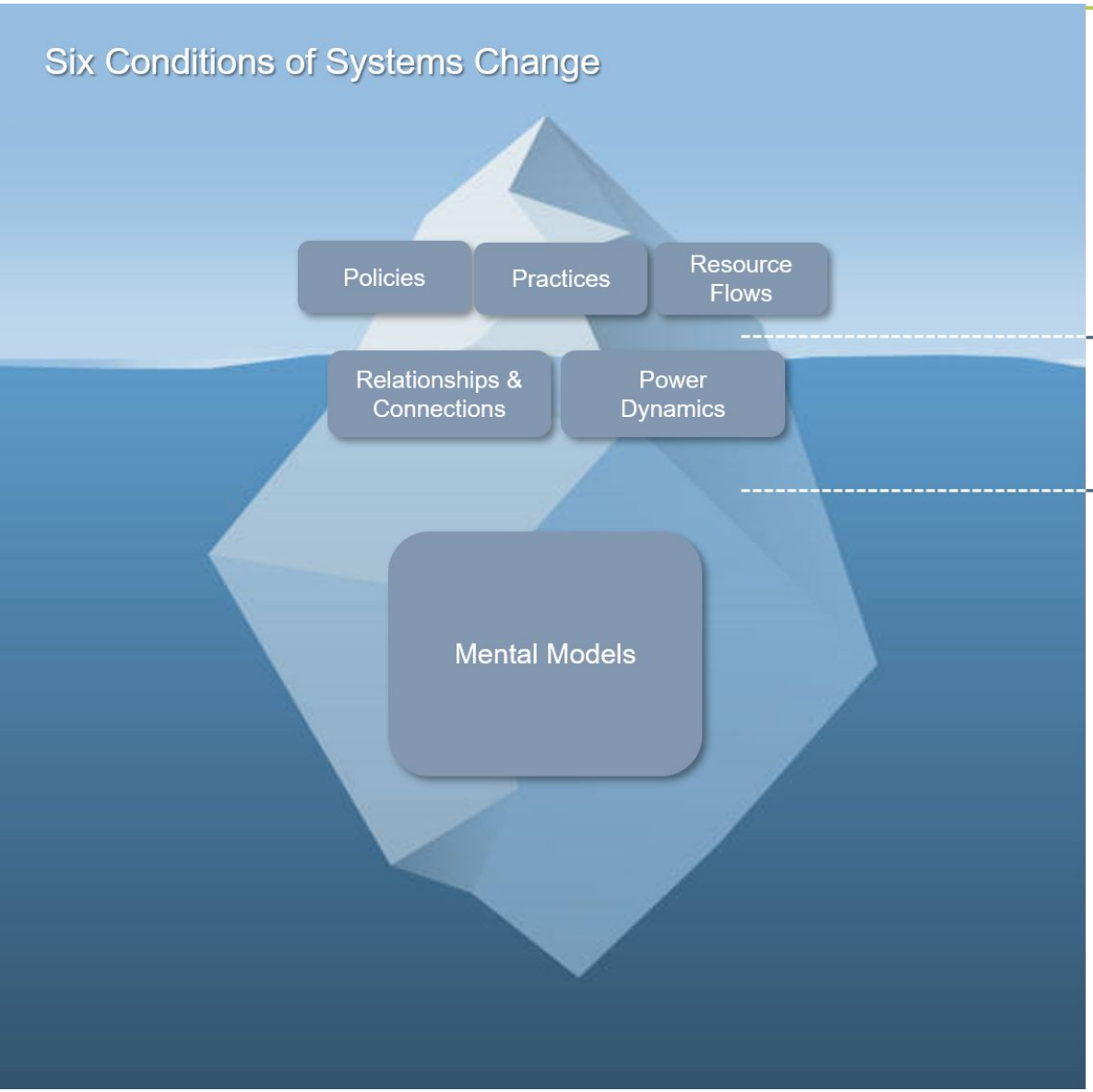
A fish is swimming along one day when another fish comes up and says, “Hey, how’s the water?”

The first fish stares back blankly at the second fish and then says, “What’s water?”

Image source:
DismantlingRacism.org

Source: *The Water of Systems Change* (2018) by FSG

How will we get there?



"*Real and equitable progress requires exceptional attention to the detailed and often mundane work of noticing what is invisible to many.*"

FSG's "The Water of Systems Change"

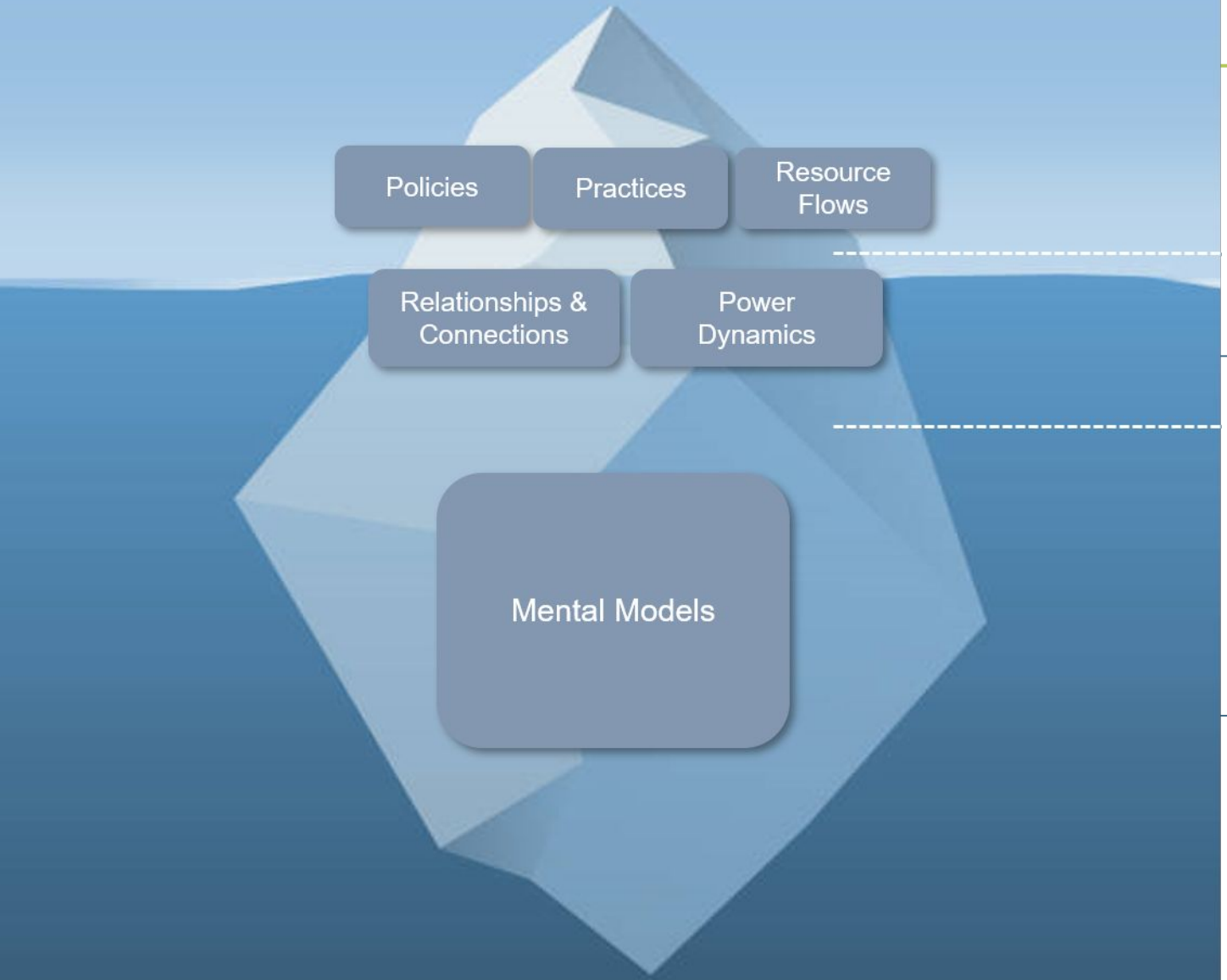
Adapted from *The Water of Systems Change* (2018) by FSG

Systems change conditions - Definitions

Policies	Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.
Practices	Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.
Resource Flows	How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.
Relationships & Connections	Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.
Power Dynamics	The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.
Mental Models	Habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

From *The Water of Systems Change* (2018) by FSG

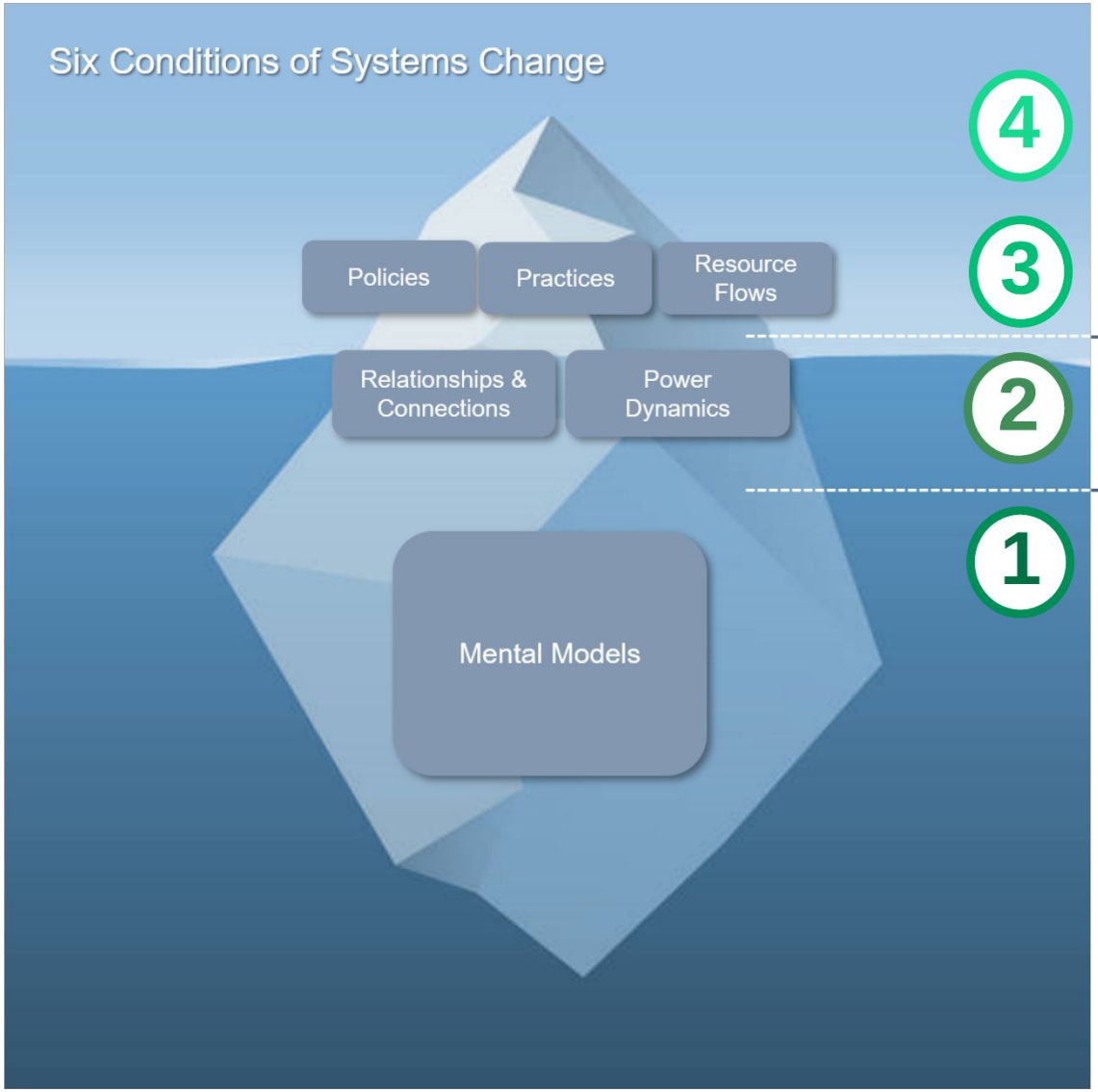
Six Conditions of Systems Change



Annotation Reflection:

- What condition(s) you focus on most in your work
- What conditions you are most excited/curious to explore further
- What you have questions about

Our Learning Journey



4 Priortization and moving towards action

3 Moving towards structural change - Going upstream

2 Moving towards relational change - Power, collective ownership, and accountability

1 Advancing Equity through Systems Change

Health Equity Review Policy and Procedure

How health equity is attained

Achieving health equity requires engagement and co-creation of policies, programs and decisions with the community in order to ensure the equitable distribution of resources and power. This level of community engagement results in the elimination of gaps in health outcomes between and within different social groups.

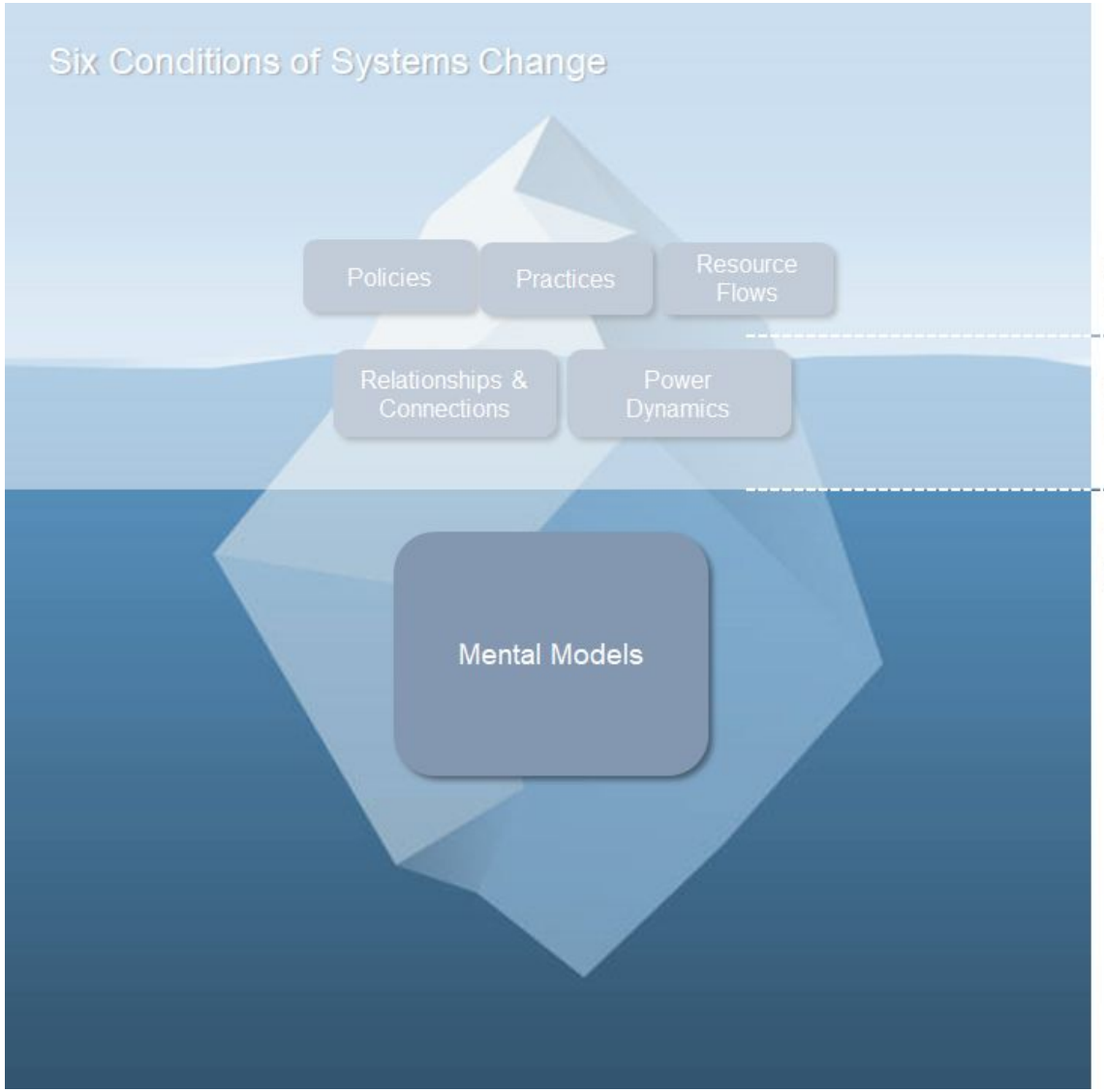
Health equity also requires that public health professionals look for solutions outside of the health care system, such as in the transportation, justice or housing sectors and through the distribution of power and resources, to improve health with communities. By redirecting resources that further the damage caused by white supremacy and oppression into services and programs that uplift communities and repair past harms, equity can be achieved.

Where do you see synergy with the systems change model?

Where do you see opportunity for increased alignment and/or intention?

Challenging our mental models:
Why lead with race?

Deep Dive: Mental Models



Structural Change
(explicit)

Relational Change
(semi-explicit)

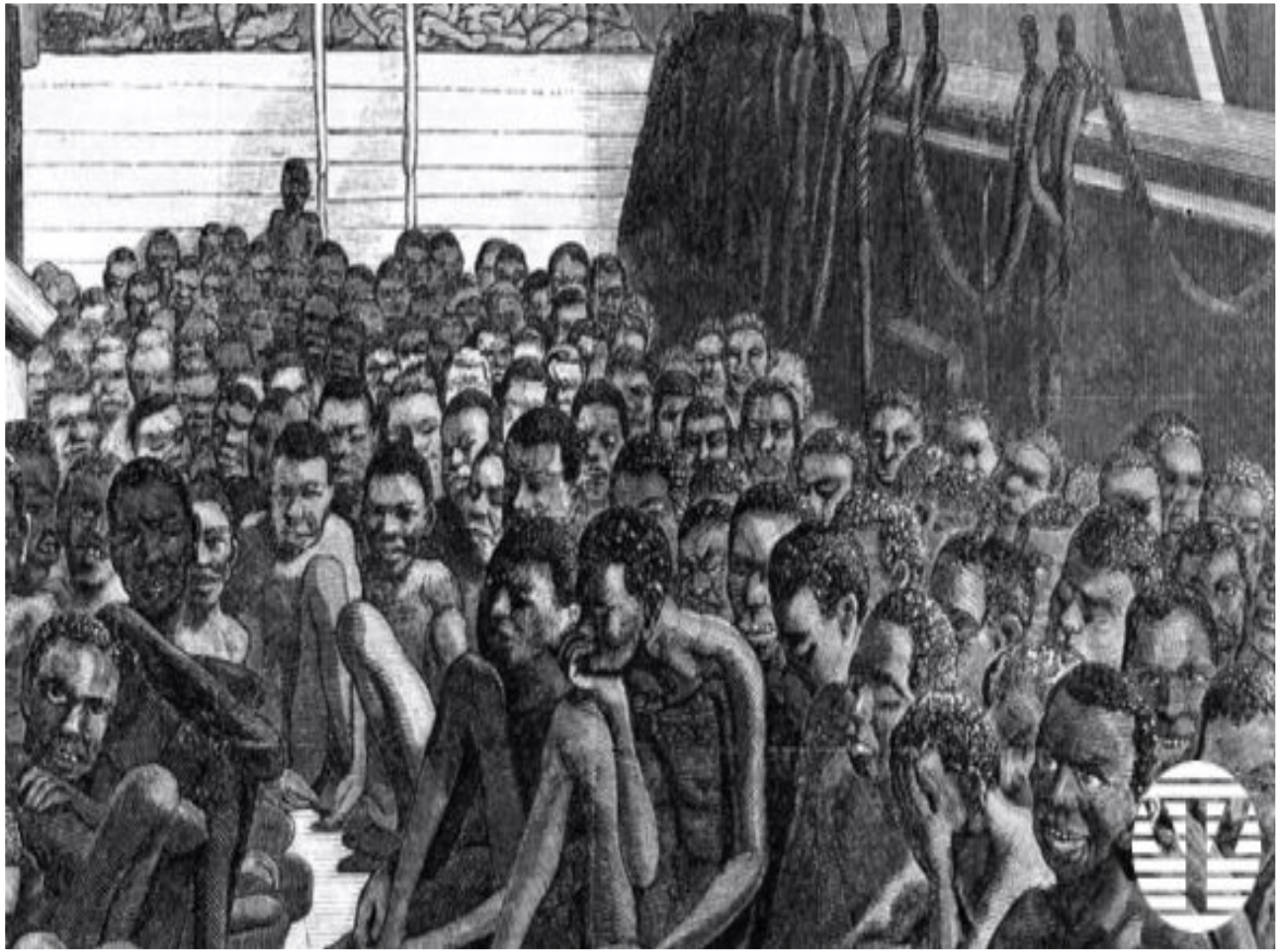
Transformative Change
(implicit)

- Habits of thought
- Deeply held beliefs and assumptions
- Taken-for-granted ways of operating that influence how we think, what we do, and how we talk

Adapted from *The Water of Systems Change* (2018) by FSG

Video: Racism in America

VIDEO



Health Equity Review Policy and Procedure

Leading with racial equity

Racism is defined by Dr. Camara Jones as *"a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."*[1]

PHAB acknowledges historic and contemporary racial injustice and commits to eradicating racial injustice. PHAB acknowledges the pervasive racist and white supremacist history of Oregon, including in its constitution; in the theft of land from indigenous communities; the use of stolen labor and the laws that have perpetuated unjust outcomes among communities of color and tribal communities.

Health Equity Review Policy and Procedure

Because of Oregon's history of racism, the public health system, as described in the Health Equity Guide, chooses to *"lead explicitly — though not exclusively — with race because racial inequities persist in every system [across Oregon], including health, education, criminal justice and employment. Racism is embedded in the creation and ongoing policies of our government and institutions, and unless otherwise countered, racism operates at individual, institutional, and structural levels and is present in every system we examine."*[2]

The public health system leads with race because communities of color and tribal communities[i] have been intentionally excluded from power and decision-making. The public health system leads with race as described by the Government Alliance on Racial Equity: *"Within other identities — income, gender, sexuality, education, ability, age, citizenship and geography — there are inequities based on race. Knowing this helps the [public health system] take an intersectional approach, while always naming the role that race plays in people's experiences and outcomes.*

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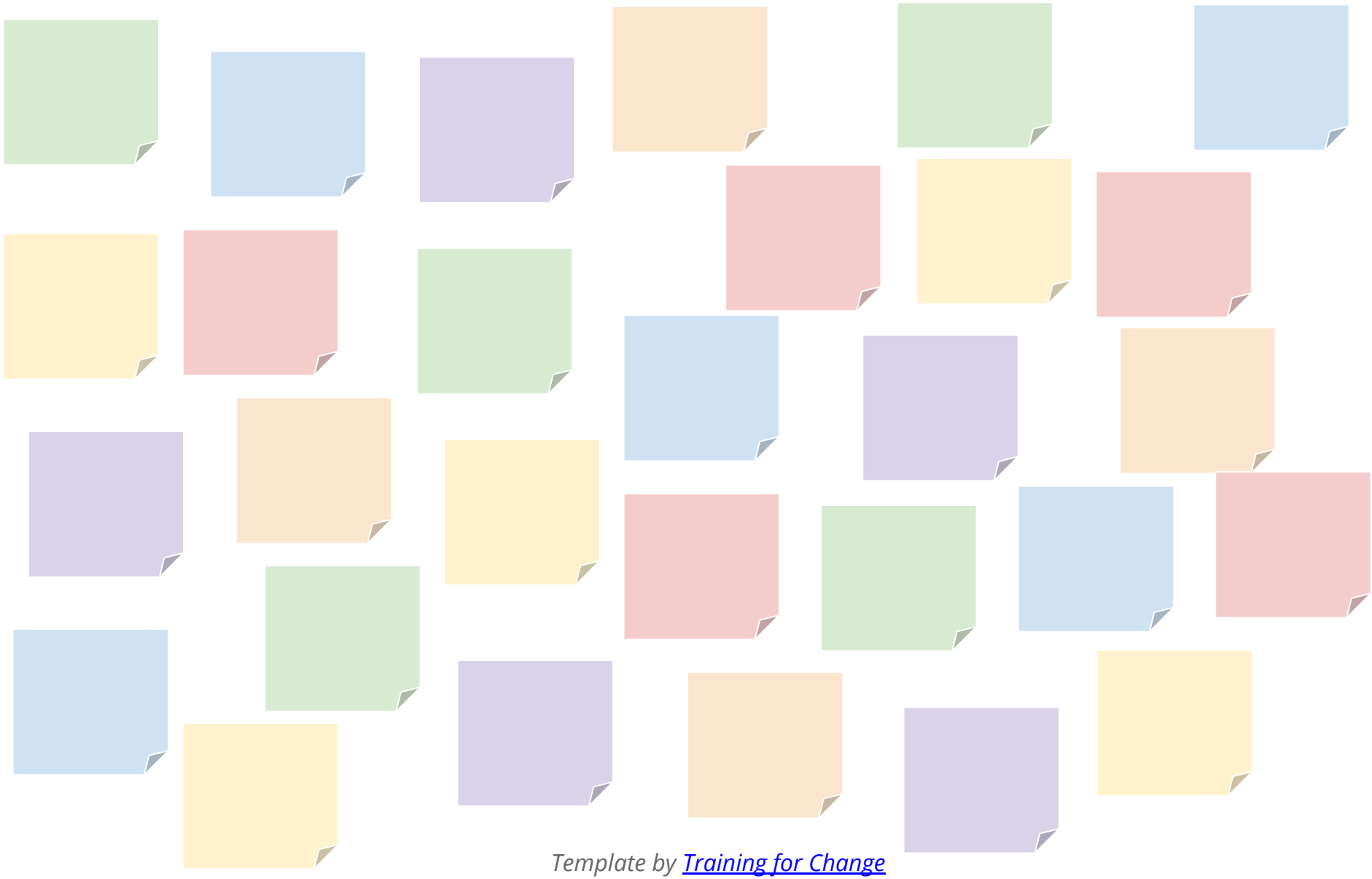
To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. "One-size-fits all" strategies are rarely successful.

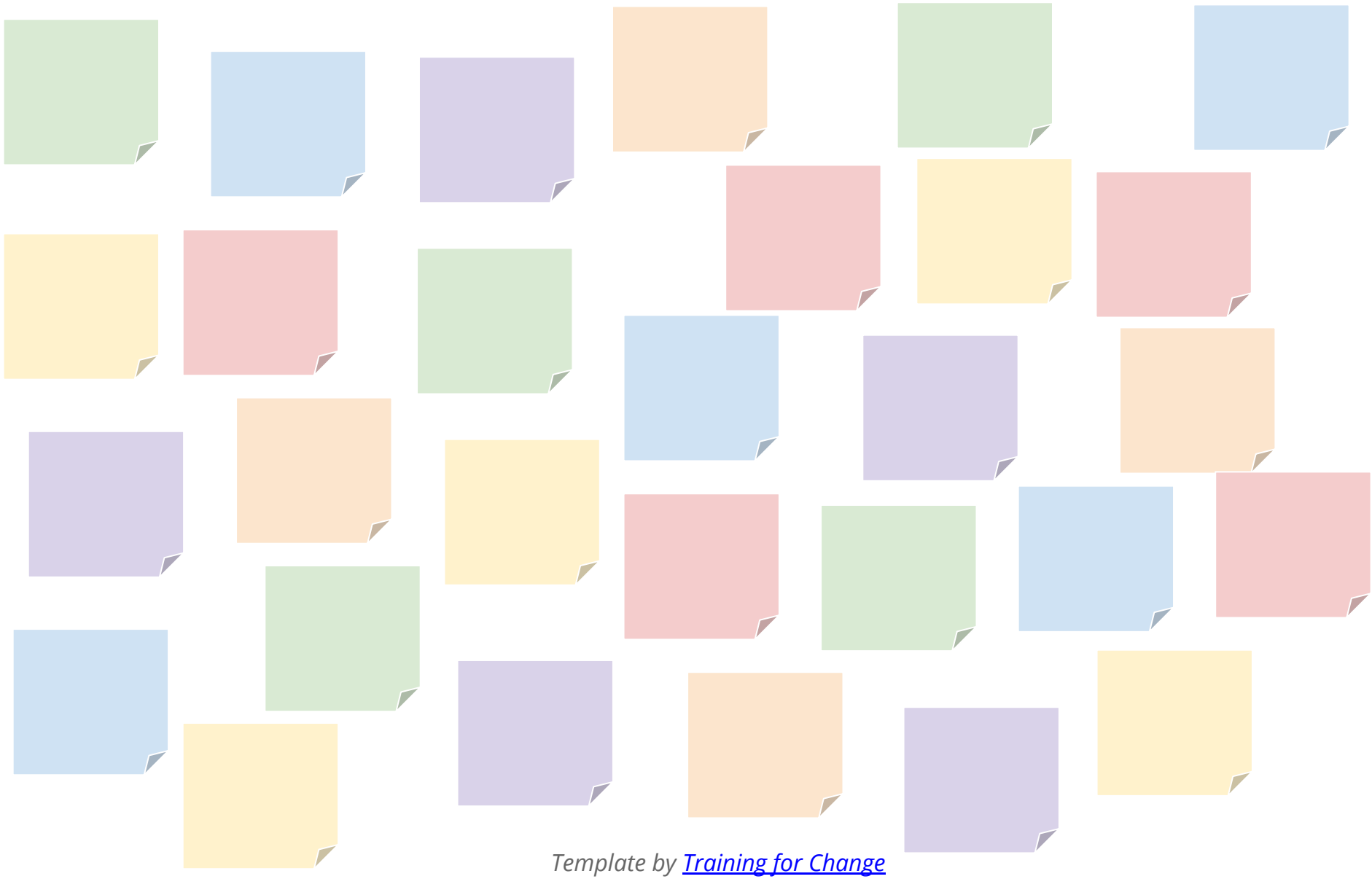
A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.

Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities."[3]

Where have you seen progress?



Where have you seen room for attention/ improvement?



Spotlight on the Minnesota Healthy Partnership

- Charged with developing public health priorities, goals, objectives and strategies to improve the health of all Minnesotans and to ensure ownership of these in communities across the state of Minnesota.
- Broad membership includes advocacy, public health, state agencies (transportation, corrections), academics.
- Guides the state health assessment and health improvement plan
  - » Spotlight on: **Narratives and health equity: Expanding the Conversation**

Spotlight on the Minnesota Healthy Partnership

Strategic Approach Adopted (2013)

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Dominant vs. Emerging Health Narratives

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Core Narrative and Prioritized Topics

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Emerging Health Narratives

Spotlight on the Minnesota Healthy Partnership

Approach

- Inside/Outside Approach
  - MDH (core cohort) trained in narratives
  - Broad training for MDH and LPHA staff
  - 2016-2018 trained over 1450 MDH staff, PH system partners, and community organizations
  - Partnership members commit to advancing narratives through their networks

Example Narratives

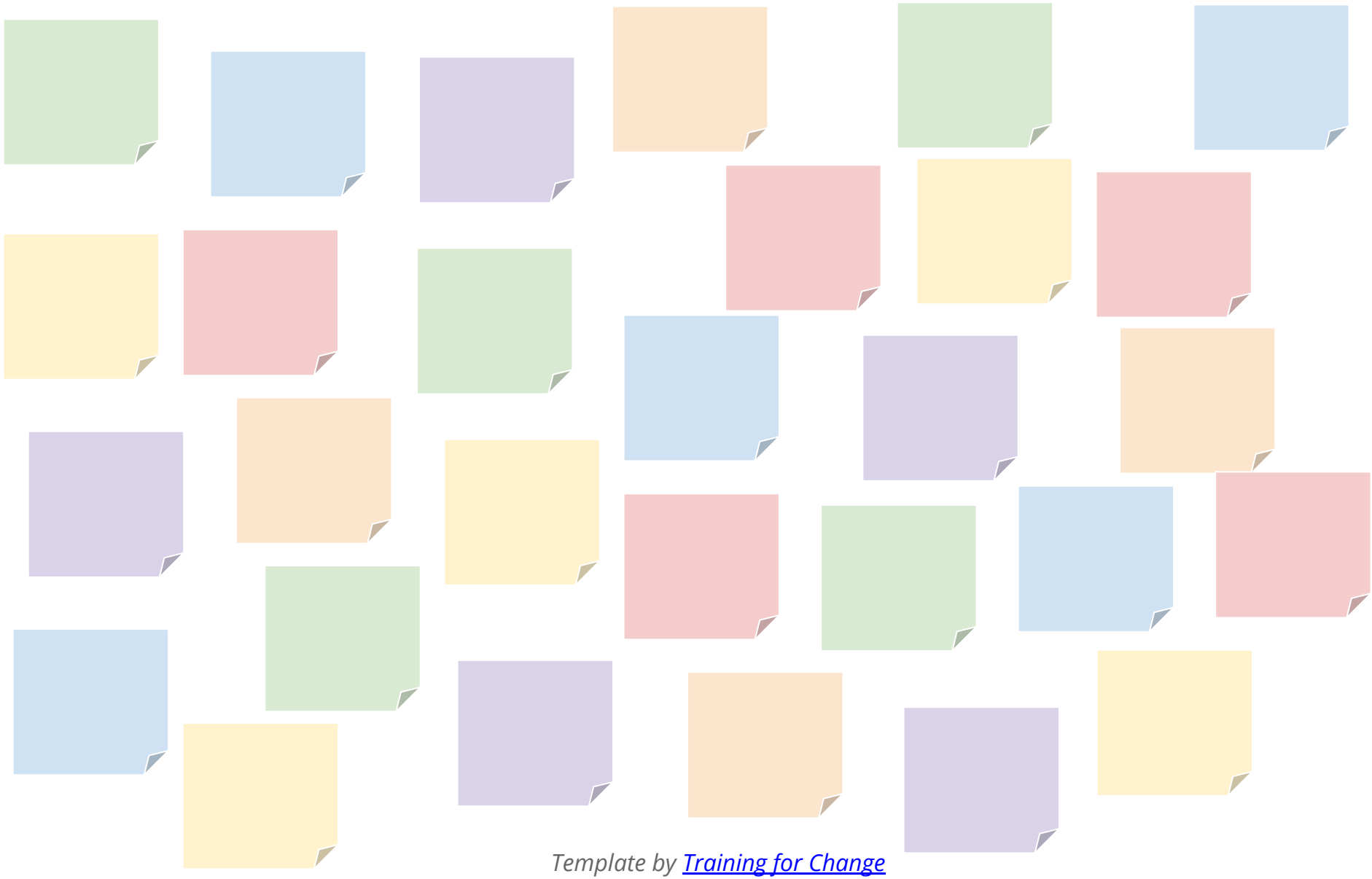
- Income and Health
- Paid Family Leave
- Transportation
- Incarceration
- Burdensome debt

For more ideas or information:

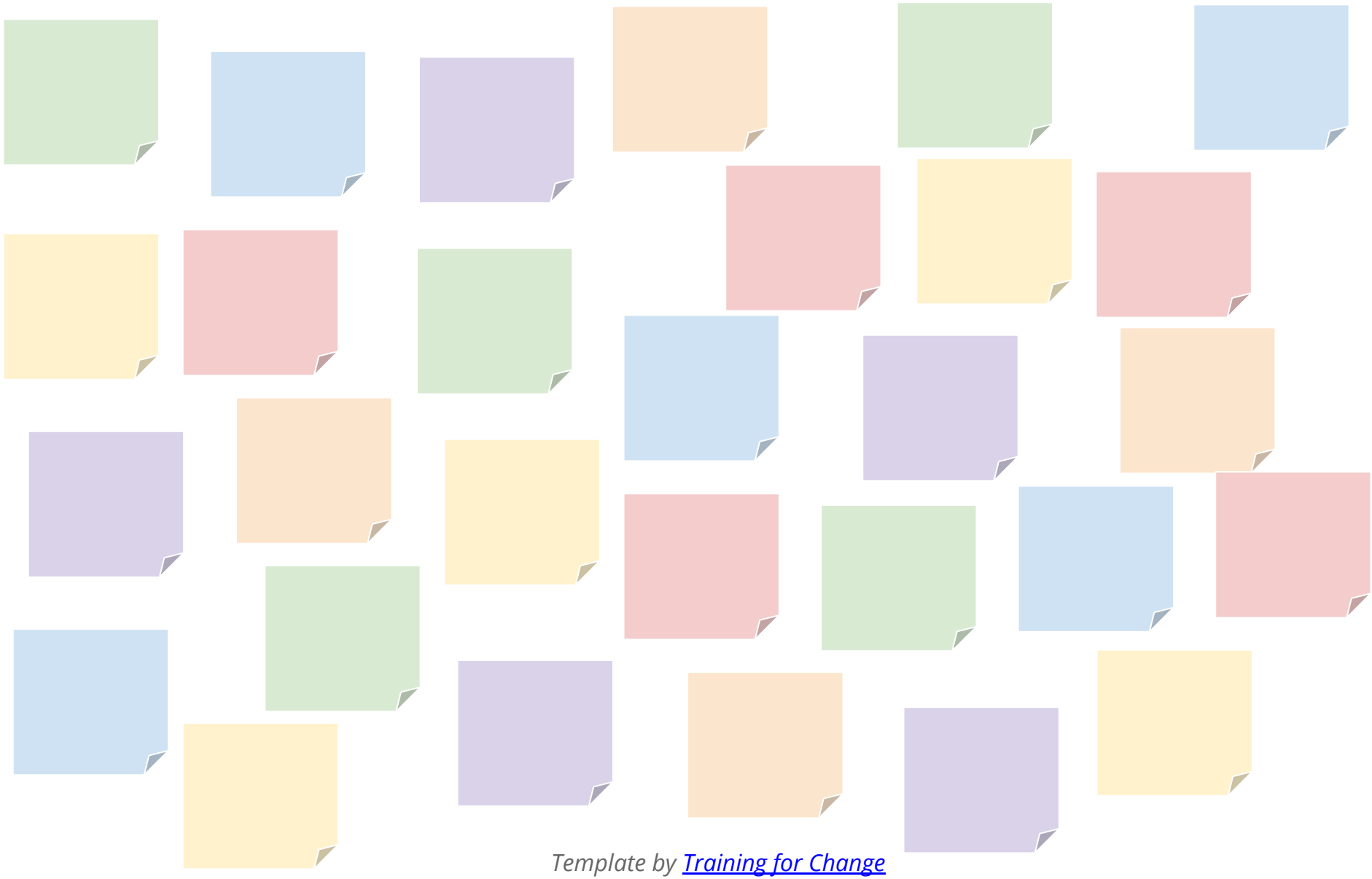
https://www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/index.html

Feedback and Close

Key Takeaways



Key Takeaways



Thank you!