Efforts to Address Diversity and Inclusion in the Minnesota EHDI System

Cara Weston | Follow Up Data Coordinator
Minnesota Department of Health
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Who Am I?

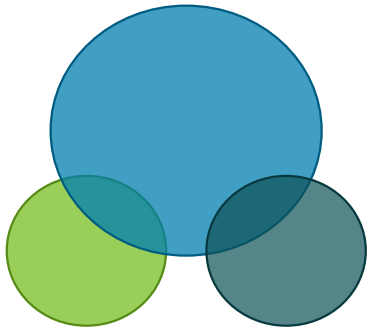
- Follow Up Data Coordinator for the MN Dept of Health EHDI Program
- Hearing
- Writer and artist
- Mother of child with special health needs

Diversity, Inclusion, and Health Equity

Definitions

Health Equity: "A state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age, or gender have the opportunity to be as health as they can—to reach their full 'health potential'."

Advancing Health Equity in Minnesota: Report to the Legislature (2014)



Diversity **(source: Merriam Webster)**

1: the condition of having or being composed of differing elements, *especially* the inclusion of different types of people (such as people of different races or cultures) in a group or organization

Inclusion **(source: Merriam Webster)**

4: the act or practice of including and accommodating people who have historically been excluded (as because of their race, gender, sexuality, or ability)

“Healthy equity is a feature not of persons, but of systems.”

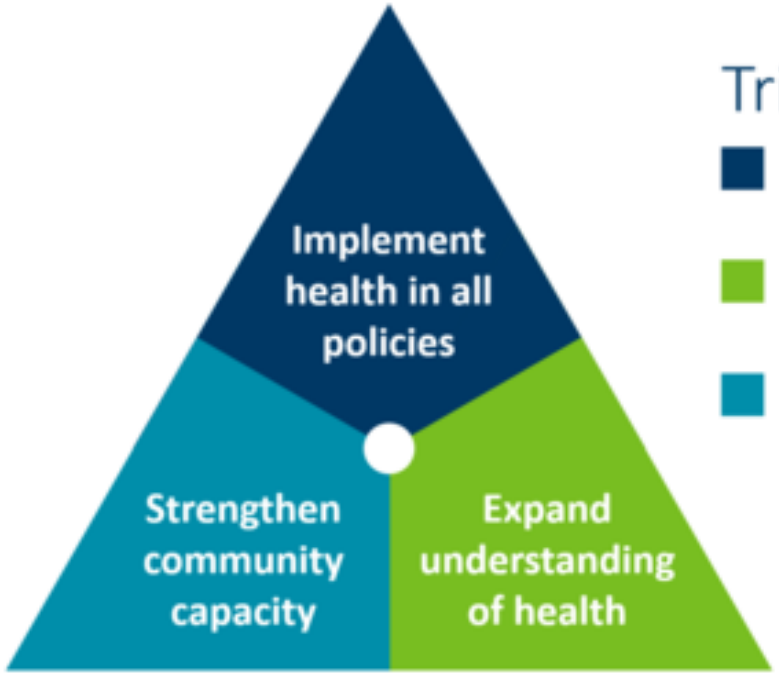
Advancing Health Equity in Minnesota: Report to the Legislature (2014)

https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf

Examples of MDH Activities

“The centerpiece of the Triple Aim of Health Equity is social inclusion.

It begins by acknowledging the **diversity** within and across our society and working to **include** their wisdom and world views in our work. Community engagement can inspire innovation and create opportunities for individual and organizational growth. Public health agencies working to engage communities experiencing health inequities should challenge power imbalances and foster shared leadership.”



Triple Aim of Health Equity

- Implement a health in all policies approach with health equity as the goal
- Expand our understanding of what creates health
- Strengthen the capacity of communities to create their own healthy future

DEPARTMENT OF HEALTH

Overview of MDH Activites

- Narrative Trainings
- Conversations with CHECH
- Applying the Narrative

Narrative Training at MDH

Public narratives:

- are grounded in and reflective of a larger set of values and beliefs – a worldview.
- are designed to shape possibilities and outcomes – serve a purpose.
- are most powerful when they draw on what is already in people, even if it is buried.

Dominant narrative:

"Make responsible choices, and you'll be healthy."

Emerging narrative:

"When we build a society that works for everyone, more people will be healthy."

Narrative Training at MDH

- Understand concepts behind narratives
- Recognize narratives behind messages in advertisements, stories, materials, etc.
- Define what narratives we want to support, how we want to expand the conversation

More and more staff from the EHDI program, and our unit and section, began taking this course and considering how to apply it to our work…

Guiding Principles

Narrative Development: CYSHN Staff

Guiding Principles

1. **We must be intentional about supporting and engaging vulnerable and traditionally underrepresented communities because:**
   - Health is a right, not a privilege.
   - CYSHN have intersectional identities that have been systematically disadvantaged by economic, social, and environmental forces.
   - These communities have a voice and deserve power, and should be involved in policies and programs that impact them to increase that power.
2. **Healthy children require healthy families and healthy communities because:**
   - Children/youth should have a voice in their own health and life.
   - Social determinants affecting the family strongly affect the child.
   - Parents that are supported by the community have improved capacity to care for their child.
3. **The health of CYSHN impacts the health of everyone because:**
   - Strong health and community systems are needed by everyone.
   - Investing in all children now contributes to stronger communities which result in healthier future children.

Center for Health Equity & Community Health (CHECH) Conversations

- Start the conversation:
  - What are we doing?
  - Why are we doing this?
  - Identifying strategies

Conversations with CHECH

Questions from mentors:

1. What is it you most need to know?

- Where do the inequities exist
- What is causing families not to follow-up
- What is engagement in the system like

Conversations with CHECH

2. What questions are you asking of your data?

- Map out current process
- Identify where people are not interacting with the process
- At what points in the system are there barriers to interaction?

Conversations with CHECH

3. What is the statement of the problem?

- Is it “How do we keep families engaged [with system] to ensure children are thriving?
- How can system be improved? What are the system barriers and what is dysfunctional?
- Are families leaving the system? As they find their own way, are they finding alternatives that support them? What are families doing to support their children when the system doesn’t serve them?

Conversations with CHECH

Ideas from conversations with CHECH:

Create a joint Family Home Visiting and Local Public Health conference?

How can we look at the language used in home compared to how we/our partners contact families?

Try pilot grants to places doing direct services?

What are we asking our grantees to measure?

Modify grantee workplans to help with loss to follow-up and cultural connections?

Can we do more with free field data given by parent support partners?

Timeline

2014

Advancing Health Equity: Report to the Legislature released

CFH AHE Workgroup formed

2015

Training sessions

Educational events

Book club

TED Talks and documentaries

2016

Next Steps for Integrating the Triple Aim Process

Concrete activities identified

2017

Next Steps progress reports

Narrative Trainings

Guiding Principles for CYSHN developed

2018

Strategic Planning: EHDI and NBS

Triple Aim Conversations with CHECH

2019

'Applying the Narrative' pilot with EHDI program

2020

Reflections on Applying the Narrative pilot

Plan for addressing diversity and inclusion

Applying the Narrative: EHDI Program

- Newborn Screening Family Stories
- Interview Questions for New Employees
- RFP/Grant Language
- Conference Planning

Three Takeaways For Starting This Work

- Low-hanging fruit:
  - Start with plain language for all documents and resources
  - Support the celebration of Black History Month, Pride, etc. at your workplace
  - One person can be a champion (with support from higher up)
- Explore your program's use of narrative – does it match what you want to communicate?
- Ask your program staff the mentor questions from earlier.

Resources to Share

- Advancing Health Equity Report: https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf
- Plain language checklist: https://plainlanguage.gov/resources/checklists/checklist/
- Minnesota as a case study: https://healthequityguide.org/case-studies/minnesota-changes-the-narrative-around-health-equity/
- Equity and Inclusion Lens: introduction to concepts, activities https://documents.ottawa.ca/sites/documents/files/ei_lens_hb_en.pdf
- Narratives and Health Equity: https://www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/index.html
- Unnatural Causes – seven-part documentary series on health inequality: https://unnaturalcauses.org/

Thank you!

Contact me for further resources, advice, etc:

Cara.Weston@state.mn.us