

Emerging elements of public narratives on health

NARRATIVES AND HEALTH EQUITY: EXPANDING THE CONVERSATION

Narratives are rooted in values, based on data, and provide a structure upon which messaging and action can be built. The Healthy Minnesota Partnership’s narrative is intended to influence a way of talking about health that conveys fundamental truths about the forces and factors shaping individual and community health. The Partnership uses this narrative to implement their overall strategic approach of expanding the conversation about what creates health as a means of advancing health equity and improving health for all.¹

What is health?

1. Health has many meanings; people and communities may perceive health quite differently.
2. Health sometimes is described as a condition in which someone or something is thriving or doing well.¹ More than a condition of individuals, however, health means being in safe, stable, and nurturing environments and relationships, sharing in the shaping of society’s structures, and experiencing with our families and communities our best possible physical, mental and social well-being.

What is health equity?

3. Health equity is achieved when every person has the opportunity to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health.²
 - a. For equity in health outcomes to be possible, people of every race and ethnic background need to have: i) access to political, economic and educational opportunity; ii) the capacity to make decisions and effect change for themselves, their families and their communities; and iii) social and environmental safety in the places they live, learn, work, worship and play.
 - b. For people in Minnesota of American Indian, African American, Hispanic/Latino/Latina/Latinx, Asian, Pacific Islander, Middle Eastern, and African descent, these opportunities are limited by structural inequities that are rooted in historical and individual racism, whether intended or not. These structures must be addressed if health equity is to be achieved.

How is health created?

4. Health is created by individuals of all races and communities—American Indian, African American, and people of Hispanic/Latino/Latina/Latinx, Asian, Pacific Islander, Middle Eastern, African and European descent—working together.

¹ This definition can include a healthy person, a healthy community, and a healthy natural environment.

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5. Health is created by the economic, social and environmental conditions of our lives, shaped by historical and social forces, including racism, classism, and sexism, and by the personal behavior which is influenced by these conditions.
6. People and communities, no matter what their race or circumstances, know intuitively what is important for their health, even if this is not consciously stated or clearly evident in the choices they are able to make.
7. Health is created when everyone is healthy together. The health of American Indians and people of African, Hispanic/Latino/Latina/Latinx, Asian, Pacific Islander, Middle Eastern, and European descent are all bound together. We have a fundamental, organic interconnectedness, like parts of the same body.

What else is important for creating health?

8. Health care—medical and clinical care—is an important component of health but, over the span of peoples’ lives, other factors have a greater overall impact on health.
9. The diversity of communities in Minnesota—men, women and children of American Indian, European, African, Hispanic/Latino/Latina/Latinx, Asian, Pacific Islander, and Middle Eastern backgrounds, people of different faith traditions, people living in rural and urban settings, people of differing socioeconomic status and social class, and people of differing abilities, ages, genders, and orientations—makes us all healthier. Diversity creates balance by providing a variety of perspectives on what it means to be healthy and generating creative approaches to health.
10. Our own understanding is enriched when we try to see things from another’s point of view, even when we might not agree.
11. Health today is influenced by events, decisions, and experiences of the past: these include the historical trauma and structures of racism put in place by genocide, slavery, internment and other oppressions. The events and decisions of today will influence our health in the future.

On whom and where should we focus our efforts to create health?

12. Every community and all people living in Minnesota, of every age and gender, regardless of geographic location, social class, income, sexual orientation or disability, whether American Indian, African American, or of European, Hispanic/Latino/Latina/Latinx, Asian, Pacific Islander, Middle Eastern or African descent, should have the same opportunity to be healthy.
13. All people deserve to live with respect, dignity and health.
14. Every child in every family deserves a healthy start.
15. Health disparities are not inevitable, especially at current levels, and can be minimized or eliminated.
16. Health is shaped by powerful social and economic forces that must be addressed for everyone to be healthy.

Who is responsible for creating health?

17. We are all responsible for creating health: individuals, communities, business sector, non-profit sector, public sector, public health professionals, health care providers, health insurers and more.

18. We are all responsible for removing the structural and institutional barriers, especially those created by historical racism, which create an unequal opportunity for health.
19. We are all capable of being generators of health.
20. We are all needed if we are going to realize health for all people and communities in Minnesota.

What has to change in order to create health, and why?

21. Communities are responsible for organizing individuals and their passions to articulate and advocate for improvements in health.
22. We need transparency in decision-making and a better understanding and disclosure of how policies in every sector impact health.
23. Community wisdom and experience must have a place at decision-making tables. Government must ensure that there are places at decision-making tables for people representing different ages, genders, racial and ethnic backgrounds, sexual orientations, and disabilities.
24. The community has a key role as protector and caretaker of children and elders; communities must be supported in this role.
25. All parts of society must see creating health as a common purpose, connected to shared values, and change their assumptions and practices to move towards that purpose.

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¹ Healthy Minnesota Partnership and Minnesota Department of Health. (2018). *Healthy Minnesota 2022: Statewide Health Improvement Framework*. Online: [Healthy Minnesota 2022 statewide health improvement framework](https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html) (<https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html>).

² p. 4. Minnesota Department of Health. (2014). *Advancing Health Equity: Report to the Legislature*. Online: [Health Equity Reports and Publications](https://www.health.state.mn.us/communities/equity/reports/index.html) (<https://www.health.state.mn.us/communities/equity/reports/index.html>).