

OREGON TRANSFORMATIVE NARRATIVE TOOLKIT



Illustration by Yolanda Liman

This toolkit summarizes the material from Oregon’s Narrative for Health Cohort and provides actionable steps for individuals and organizations to become “champions” and “narrative builders.” The facilitators can share additional materials and talking points if organizations want to conduct their own narrative cohort.

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Oregon Narratives for Health Cohort: Summary and Best Practices

Background:

Narratives for Health is a collaboration between County Health Rankings and Roadmap (CHRR) at the University of Wisconsin, Human Impact Partners (HIP), and the Robert Wood Johnson Foundation (RWJF) designed to engage individuals and organizations to:

Understand narrative and how narrative works as a form of power

Learn about and develop transformative narratives for health equity

Identify ways to apply narrative to public health work (e.g., advocacy and organizing, partnerships, organizational change, strategic communication, policy, systems, and environmental changes)

Each year, CHRR offers a small grant to each state team to participate in a *Narratives for Health* train-the-trainer cohort and to implement this work in their state. Laura Daily (Oregon Coalition of Local Health Officials - CLHO) and Jody Anderson (Oregon Health Authority - OHA) attended the train-the-trainer sessions in November 2023 and then facilitated a *Narratives for Health* cohort in Oregon from December 2023 - February 2024.

Oregon's Narrative for Health Cohort

While CHRR's materials focused on narratives for health equity broadly, the Oregon facilitators adapted the content and designed the cohort discussions around two specific questions:

What are the dominant narratives about how Oregon public health partners work together?

What is the transformative narrative we want to develop about how Oregon public health partners work together?

The Oregon facilitators recruited 13 participants - five from local public health authorities (LPHAs), three from community-based organizations (CBOs), and five from the Oregon Health Authority (OHA) - to participate in this cohort in December. The cohort met virtually four times throughout January and February - activities/discussion from each session is summarized below, and the materials from each session are included in this toolkit.

Facilitators (organization): Laura Daily (CLHO) and Jody Anderson (OHA Community Engagement Team)

Local Public Health Partners (county): Meghan Chancy (Baker), Kim LaCroix (Clackamas), Florence Pourtal (Lincoln), Shellie Campbell (North Central Public Health District), and Naomi Biggs (Polk)

Community-Based Organization Partners (organization): Erlette Upshaw (Coos Elderly Services), Sarah Mahnke (Thrive Central Oregon), and Dianna Hansen (Central Oregon Disability Support Network)

Oregon Health Authority Partners (role): Danna Drum (Local and Tribal Public Health Manager), Jamie Coleman (Public Health Systems Consultant), Heather Redman (Strategic Initiatives and Partnerships Coordinator), Christine Rankin (Community Engagement Coordinator), and Carina Guzman (Community Engagement Coordinator)

Summary of Sessions

Session #1 - January 10th, 2024: Background of the project, developing group norms, naming values and beliefs, and relationship building

Session #2 - January 21st, 2024: Narrative concepts and definitions, identifying dominant narratives

During this session, participants identified the dominant narratives they've heard about how Oregon public health partners work together through an anonymous poll (see Session 2 materials below)). Participants observed that:

Some of the dominant narratives contradict each other.

These dominant narratives are often based on real experiences and harms that weren't addressed even if they aren't universally true.

These dominant narratives are repeated and cause defensiveness among partners.

There is a strong desire from all parties to heal, move past these narratives, and collaborate with each other to advance health equity.

Session #3 - January 31st, 2024: Identifying themes from the dominant narratives, developing a transformative narrative.

The facilitators presented the themes they drew from the dominant narratives identified in Session #2 - they were:

Assigning blame to other groups: "[OHA/LPHAs/CBOs] did X, and that's why we are in this situation."

Scarcity: “If another person or group is given more resources, it must come from me or my group.”

Lack of understanding: “[OHA/LPHAs/CBOs] just don’t understand our community/population.”

Lack of coordination within the system: “[OHA/LPHAs/CBOs] don’t want to work with [OHA/LPHAs/CBOs]”

Healing and collaboration: “We want to strengthen our relationships and heal.”

The group developed the following transformative narrative:

Our work grows from our values grounded in respect, dignity, and well-being for all people.

We are interdependent, rely on each other, and recognize each other’s strengths.

We are coordinated and communicate effectively and respectfully with each other.

We are committed to progress - with flexibility, adaptability, and responsiveness - moving toward health equity.

Together, we shift resources to people and communities who need them most. We work together to resist the scarcity mindset and advocate for sustained resources for the whole public health system.

Session #4: February 9th, 2024: Implementing the transformative narratives, next steps.

The group discussed methods for implementing, barriers to implementing, and tools for implementing the transformative narrative. These are outlined on page 81.

Next Steps

Participants discussed how to become “champions” or “narrative builders” to spread this transformative narrative. The group identified several ideas (summarized on page 8) and agreed to try these out in their organizations and spaces. Everyone acknowledged that they needed to experiment before identifying additional concrete steps to spread this narrative further. The facilitators are organizing a check-in in May for the group to share ideas and identify new methods of sharing the transformative narrative.

This Toolkit

This toolkit summarizes the material from this *Narrative for Health Cohort* and provides actionable steps for individuals and organizations to become “champions” and “narrative

builders.” The facilitators can share additional materials and talking points if organizations want to conduct their own narrative cohort.

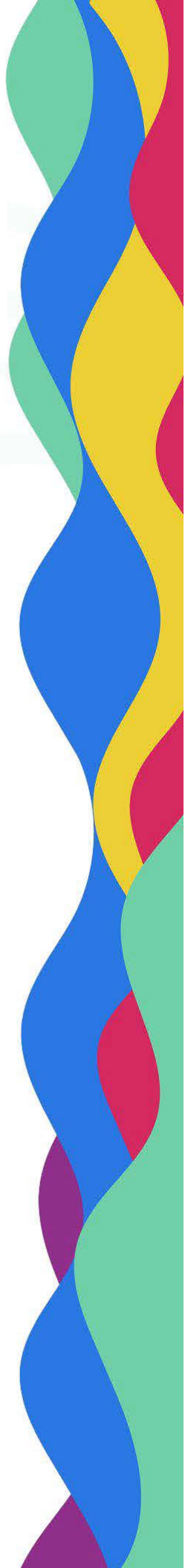
Funding

This initiative is supported by grant funding from the Robert Wood Johnson Foundation, as well as the Centers for Disease Control and Prevention (CDC) under award 6

NU38OT000306-04-02 entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The views expressed here do not necessarily reflect the views of the funders. The Oregon team used the funding provided by this grant to compensate participants for their time spent on this project (at a rate of \$40/hour).

Transformative Narrative: How Oregon Public Health Partners Work Together

- Our work grows from our values grounded in respect, dignity, and well-being for all people.
- We are interdependent, rely on each other, and recognize each other's strengths.
- We are coordinated and communicate effectively and respectfully with each other.
- We are committed to progress - with flexibility, adaptability, and responsiveness - moving toward health equity.
- Together, we shift resources to people and communities who need them most. We work together to resist the scarcity mindset and advocate for sustained resources for the whole public health system.



Implementing the Transformative Narrative Summary

I = Individual-level strategy, O = Organizational-level strategy, S = System-level strategy

- Share this toolkit with (other) leaders at your organization to get buy-in and support. Make sure narrative builders/champions are not alone. (I/O)
- Highlight and promote successful partnerships and good things happening in your organizations and within the public health system. (I/O/S)
 - AND do not dismiss people raising concerns as just “complainers” and recognize there may be unmet needs. Make clear pathways for solutions when problems arise and follow through with those pathways. (O/S)
- Make space for people to be “unprofessional” and vulnerable to process emotions (so anger and frustrations do not build up). (O/S)
- Recognize that you are not trying to change people’s minds with the transformative narrative - you are presenting an alternative way to frame our public health work.
- Work with teams to develop group agreements/practices from scratch so the team members can share what they need, can feel safe expressing different ideas or feelings, and have ownership over the agreements/practices. (O)
- Disrupt the dominant narrative in meetings and conversations by inviting folks to be forward-thinking. Use reframing and pivot phrases. (I/O)
 - “I recognize that your experience was challenging, and I wish that hadn’t happened - what can we do differently going forward?”
 - “It sounds like your experience could be valuable - I would love to partner with you so your experience can make the future better.”
 - “This is what I think I hear you saying...[name dominant narrative].”
[not recommended for casual conversations or with people who are new to this framework]
- Incorporate the transformative narrative into the CBO kick-off event. (S)

- Incorporate the transformative narrative into organizational or system documents and plans (examples: CLHO Resolution, the Statewide Health Equity Plan for Public Health Modernization, etc.). (O/S)

Slide Deck

Narratives for Health

Facilitated Discussions Session 1

January 10th, 2024



Agenda

Welcome and Introduction

- **Part 1:** Housekeeping and Background
- **Part 2:** Group Norms
- **Part 3:** Introductions

Break

- **Part 3:** Naming our values and beliefs
- **Part 4:** Narrative concepts and definitions

Review, Q&A, Closing

Housekeeping

- Please keep your video on during the session if possible
- Please keep your audio muted when you are not speaking
- We'll have one 5-minute break in the middle of the session, but please take care of yourself
- Please use the Jamboard to track/add acronyms and to add items to our "Parking Lot"





Background

Funded by RWJF and CDC

Larger effort across the nation to advance health equity through transformative narratives

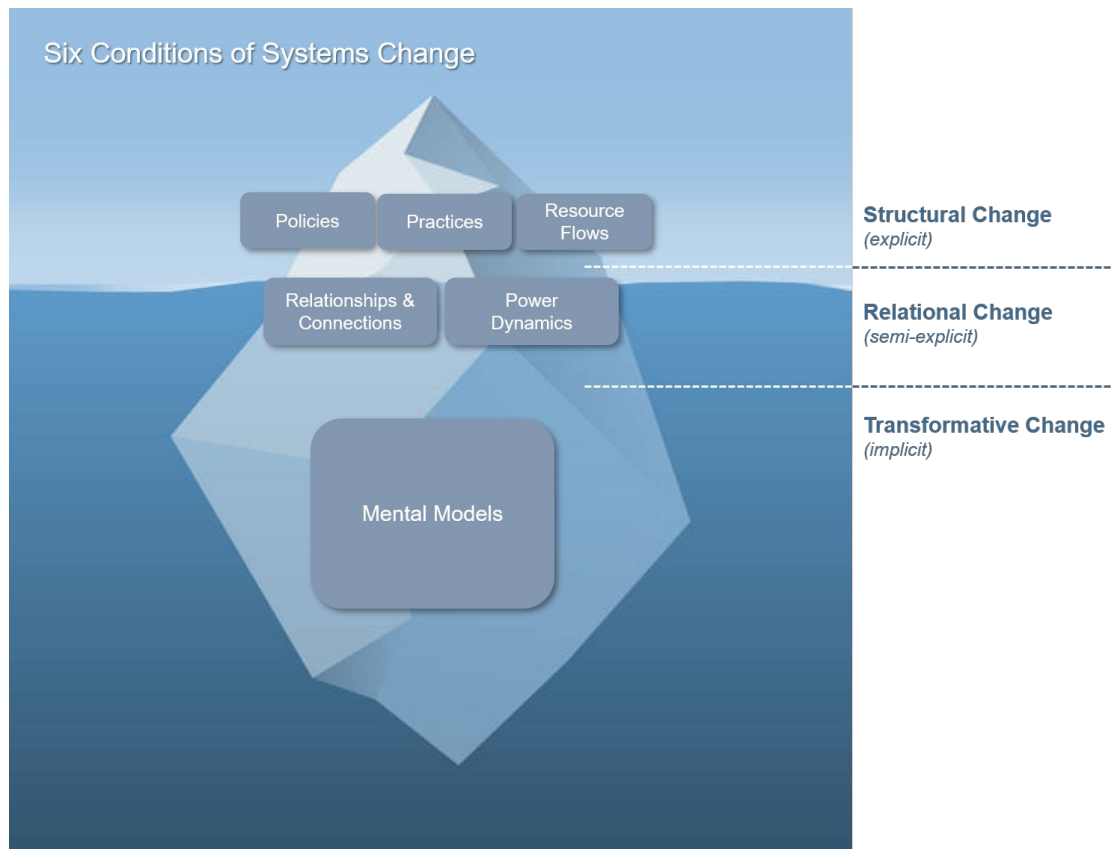
- Data evaluation and research
- Communications
- Policy/Advocacy
- Strategic Planning and Program Planning
- Relationship Building or Building a Container for how to work together

Partnership between CLHO and OHA to bring this project to Oregon

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The problem:

Dominant narratives limit our ability to advance deep health equity.



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



Project Goals

Nationally:

- Shift dominant narratives by building transformative narratives
- Support the development and diffusion of shared, transformative narratives
- Develop and strengthen relationships

Oregon: all of the above, and...

- Building relationships and a vision for how all the partners of the public health system in Oregon work together to advance health equity



Group Norms

- Being mindful: are we sharing “about” or are we sharing “from”?
- Be courageous and name the elephants in the room
- Trust each other in order to transform
- Assume best intent and own impact
- If things feel personal or emotional, pause and check in about it
- Value each person's lived and professional experience
- Listen to, understand, and learn from each other
- Respond to discomfort with curiosity



Part 1: Introductions and Change



Introductions

- Name
- Pronouns (if you like)
- Organization/Role
- If you could change one big thing in Oregon tomorrow related to health equity, what would it be?

Break
5 minutes





Part 2: Naming our values & beliefs

Stretch toward the visionary

“we are bending the future, together, into something we have never experienced. a world where everyone experiences abundance, access, pleasure, human rights, dignity, freedom, transformative justice, peace.”

— adrienne maree brown, *All Organizing is Science Fiction*



Illustration by Yolanda Liman



Breakout groups: 15 minutes

What are the deep, grounding values and beliefs that motivate you?

- Try to use short phrases.
- There is a difference between values and analysis – we're after what helps you decide what should be done.
- Think about growing up, what values and beliefs were instilled in you
- Choose 1 person to share back to the group

Thoughtful

Grateful

Comfort

Connected

Hopeful

Hope

Warm

**Reflection: What is a word that
describes your feelings about today?**

Joy

Comfortable

Overwhelmed

My-people

Thank you!

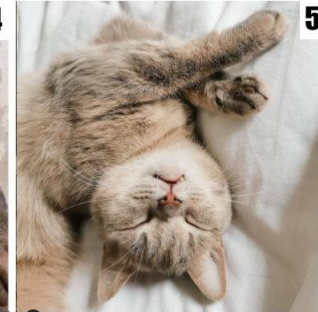
Narratives for Health

Facilitated Discussions Session 2

January 23rd, 2024
We will start at about 10:05

Introductions

- Name
- Pronouns (if you like)
- Where are you on this scale today?





Agenda

- Welcome and Introductions
- Housekeeping, Group Norms, and Recap of Session #1
- Narrative concepts and definitions
- Naming the Dominant Narratives, Part 1
- Break
- Naming the Dominant Narratives, Part 2
- Reflection
- Review, Q&A, Closing

Housekeeping

- Please keep your video on during the session if possible
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Group Norms

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- Be courageous and name the elephants in the room
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- If things feel personal or emotional, pause and check in about it
- Value each person's lived and professional experience
- Listen to, understand, and learn from each other
- Respond to discomfort with curiosity

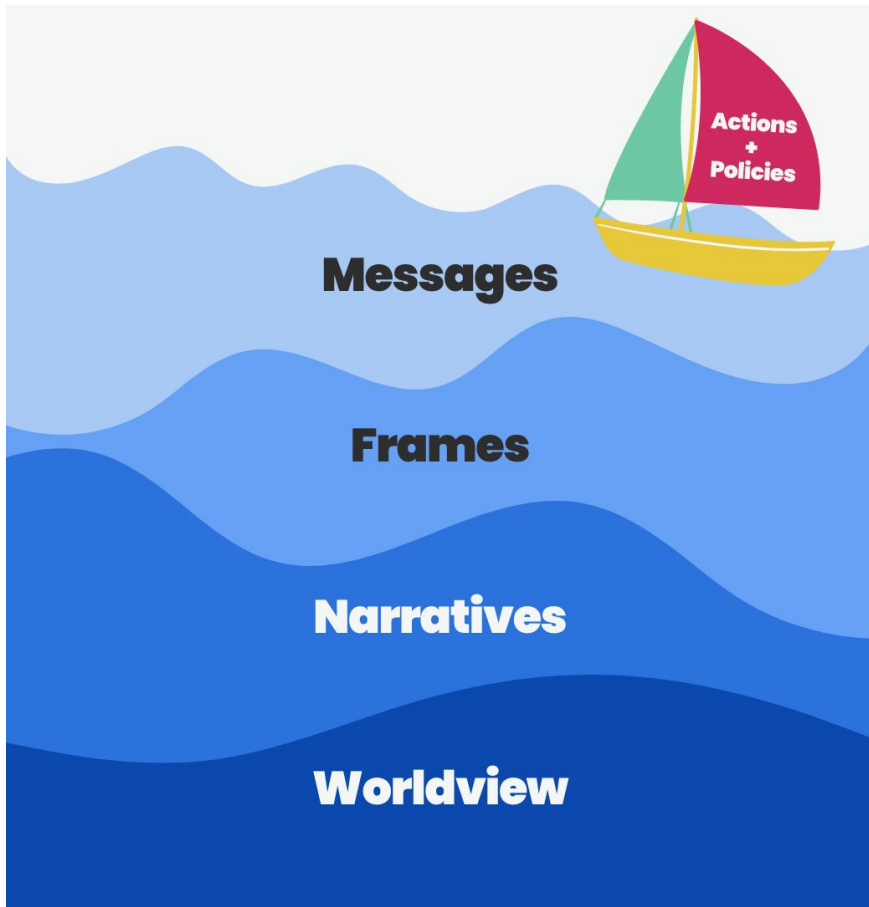


Recap

- Group norms
- Reviewed project goals and background
 - Oregon goal: to name and transform the narratives about how Oregon public health partners work together.
- Change one big thing?
- What are the underlying values?
 - Establishing shared values and beliefs
- Are these values and beliefs shared by society? By the people you work with?



Part 3: Concepts and definitions



**A narrative is
not the same
as a message.**

*Imagery adapted from Narrative Initiative,
"Waves: A model for deep narrative change"*



Narrative concepts and definitions

- Worldview is a set of values, beliefs, assumptions that shape our view of the world.
- A narrative is a meta-story that, when told in many different ways, can shift public consciousness and change what is possible.
- A dominant narrative is one that trumps other narratives and has the most power to shape what is possible.



Naming the dominant narratives we're up against

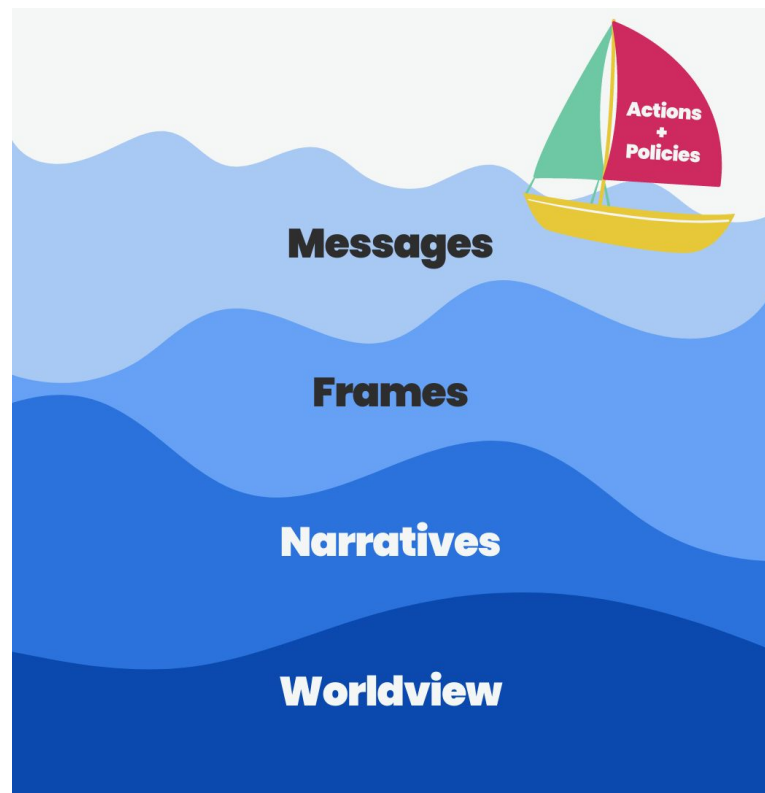
- Dominant Narratives:
 - Held by many people at this moment in time (media, politicians, corporations, community)
 - In our heads and actions without us being aware of them
 - Embedded in our institutions, structures, and norms
 - Sway public policy and resources
 - Not naturally occurring
 - Drawn from the values and beliefs held by those in power
 - More powerful than facts

Breakout pairs

What are some dominant narratives about public health in your community?

What are the underlying values, beliefs, and assumptions in those narratives?

Record responses on the Jamboard, and choose 1 person to share out with the larger group.





We have the power to shift dominant narratives by:

1. Unmasking dominant narratives
2. Uncovering and elevating transformative narratives
3. Contrasting & offering a choice between the two

An invitation, not an argument!

Stretch Break

5 minutes



Naming Dominant Narratives about Oregon Public Health Partners

Please keep group norms in mind as we go through the rest of today - we are here to be brave, to learn from each other, and to create the change we want.

Discussion Question: What are the dominant narratives you hear about how Oregon public health partners work together?

Go to www.menti.com and enter code: **3494 2668**



What are the dominant narratives you hear about how Oregon public health partners work together?

scarcity-mindset

they want to but don't know how

LPHAs have been working with community-based organizations forever.

Creative

Silos

Silloed

so much work, so little coordination

LPHAs don't know how to serve culturally-specific communities.

What are the dominant narratives you hear about how Oregon public health partners work together?

increased awareness is needed

CBOs are not accountable for the funding they receive. They aren't actually serving the counties they said they were going to in the OHA grant.

Public Health doesn't want to work with CBOs.

Collaborative

LPHAs don't want share power with community-based organizations.

CBOs are getting funded to do LPHA work. LPHA's are losing power.

Judgemental

the state controls local departments



What are the dominant narratives you hear about how Oregon public health partners work together?

LPHAs do not like OHA investing in CBOs

Connected

LPHAs, CBOs and OHA make up the public health system in Oregon.

LPHAs don't want to work with CBOs

Community-based organizations want to be funded through LPHAs, not OHA.

Community-based organizations want to be funded directly by OHA, not through LPHAs.

Some CBOs don't understand the communities they're being funded to serve because they're based in Portland.

LPHAs are too busy to work with partners



What are the dominant narratives you hear about how Oregon public health partners work together?

LPHAs have not been working with culturally-specific communities, therefore OHA had to fund CBOs directly.

I hear from local partners that we have a positive relationship. In the past few years the relationship with oha has been strained. I am hopeful that the work we are doing with oha will begin to heal

Different narratives. On one end, lack of communication between partners. Working in silos. Barriers and many loopholes at times. On another end value of emerging partnerships and shared resources.

We need to strengthen our relationships between partners

LPHAs don't want to work with CBOs.

CBOs don't want to work with LPHAs.

continuing ask of from community but not enough funding.

Gratitude

Progress

Connected!

Calming

Brave

**Reflection: What is a word that
describes your feelings about today?**

Brave

Supportive

Grateful

Connected!

Thank you!

Narratives for Health

Facilitated Discussions

Session 3

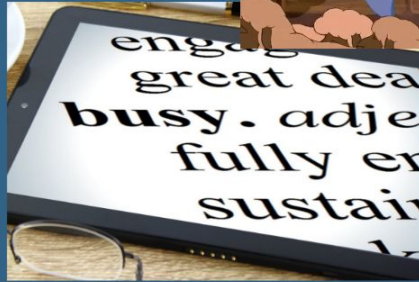
January 31st, 2024
We will start at about 10:05



Introductions

- First: use the Jamboard → Add Image button to find a Google image that describes how you are feeling today.
- Then share your:
 - name
 - pronouns (if you like)
 - and your image and why you chose it

January 31st Icebreaker --> use the "Add Image" and select a photo that represents how you are feeling.





Agenda

- Welcome and Introductions
- Housekeeping, Group Norms, and Recap of Session #1 and #2
- Themes from Dominant Narratives
- Transformative Narrative Example
- Breakout Groups: Developing the Transformative Narrative
- Break
- Report Back: Developing the Transformative Narrative
- Reflection & Closing

Housekeeping

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Group Norms

- Being mindful: are we sharing “about” or are we sharing “from”?
- Be courageous and name the elephants in the room
- Trust each other in order to transform
- Assume best intent and own impact
- If things feel personal or emotional, pause and check in about it
- Value each person's lived and professional experience
- Listen to, understand, and learn from each other
- Respond to discomfort with curiosity



Recap of Sessions 1 & 2 and Looking Forward

- Session 1:
 - Oregon goal: to name and transform the narratives about how Oregon public health partners work together.
 - Change one big thing? What are the underlying values?
- Session 2:
 - Concepts and definitions
 - Naming the dominant narrative
- Session 3: Develop the transformative narrative
- Session 4: How we implement and spread the transformative narrative



Themes from the Dominant Narratives

Assigning blame to other groups

- “[OHA/LPHAs/CBOs] did X, and that’s why we are in this situation.”

Scarcity

- “If another person or group is given more resources, it must come from me or my group.”

Lack of understanding


- “[OHA/LPHAs/CBOs] just don’t understand our community/population.”

Lack of coordination within the system

- “[OHA/LPHAs/CBOs] don’t want to work with [OHA/LPHAs/CBOs]”

Healing and collaboration

- “We want to strengthen our relationships and heal.”



“We don’t have it all figured out, but we are committed to taking a stand, and learning as we go. We will not wait to be perfect, because we believe the time is now and we would rather be held accountable for our mistakes than forgiven our inaction.”

– adrienne maree brown, Emergent Strategy



Shifting Narrative: Process

DO:

1. **Expose** the dominant narratives
2. Uncover and **elevate** transformative narratives
3. **Contrasting** & offering a choice between the two
4. **Draw** on your own journey and experiences
5. **Sustain** efforts and **demonstrate** the narrative

DON'T:

1. Focus on **challenging facts** or interpretations of information
2. **Attack** people for their narrative or name the dominant narrative as **"wrong"**
3. **Try to convert** or convince people (an invitation, not an argument!)

Statement 2: Healing is interconnected.

We take care of each other, because we all do better when we all do better. We make sure everyone has what they need to be at ease, not just physically but also mentally and spiritually — because love, joy, belonging, and creativity are basic needs. Our wellbeing is also connected to the health of the planet and the other living beings who share it with us.





Breakout Groups

In your groups, look at the themes from the named dominant narratives from last session. Then discuss and develop alternative, transformative narratives for each one.

Put these on the Jamboard slide and choose one person to present these back to the full group when we return from break.

Stretch Break

Return at 11:15



Feeling like we are on target;
about 70% there. also thinking
about how to get others to buy in

I think it's a good start. I think
after we all sit with it a bit, there
will be more clarity.

I'm wondering how we get others
on board with these narratives.

Reflections about our transformative narrative so far?

Reflective

Definitely on target. I
think simple and clear.

I have hope imagining what the world looks
like if these things are true and realized

Thank you!

Narratives for Health


Facilitated Discussions

Session 4

February 9th, 2024
We will start at about 10:05

- 
1. Aurora (1)
 2. **Franklin (3)**
 3. Evelyn
 4. Lexie (2)
 5. Aaron



- 
1. Brett
 2. **Maisie (5)**
 3. Ricky
 4. David



- 
1. Cocoa (1)
 2. Chester (2)
 3. Spatula
 4. Baby
 5. **Zeeky (3)**
 6. **Chad (3)**





Agenda

- Welcome and Introductions
- Housekeeping, Group Norms, and Recap
- Review Transformative Narratives
- Breakout Groups: Putting the Narrative into Practice
- Break
- Report Back: Putting the Narrative into Practice
- Commitment and Measuring Success

Housekeeping

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Group Norms

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Recap of Sessions 1 –3

- Session 1:
 - Oregon goal: to name and transform the narratives about how Oregon public health partners work together.
 - Change one big thing? What are the underlying values?
- Session 2:
 - Concepts and definitions
 - Naming the dominant narrative
- Session 3:
 - Developed a shared transformative narrative



Draft Transformative Narrative

Our work grows from our values grounded in respect, dignity, and well-being for all people.

We are interdependent, rely on each other, and recognize each others' strengths.

We are coordinated and communicate effectively and respectfully with each other.

We are committed to progress - with flexibility, adaptability, and responsiveness - moving toward health equity.

Together, we shift resources to people and communities who need them most. We work together to resist the scarcity mindset and advocate for sustained resources for the whole public health system.



Shifting Narrative: Process

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Breakout Groups

3 groups - one of CBO folks, one of LPHA folks, and one of OHA folks - to discuss:

- What does it look like **to implement** this transformative narrative in our spaces and in shared spaces?
- What are the **barriers** to implementing this in these spaces?
- What are some **tools** you need to help you implement this in these spaces?

Stretch Break: 5 Minutes





Jamboard

Acronyms

CBO: Community-based Organization
CDC: Centers for Disease Control and Prevention
CLHO: Coalition of Local Health Officials
FPHS: Foundation Public Health Services
LPHA: Local Public Health Authority
OHA-PHD: Oregon Health Authority Public Health Division
PHAB: Public Health Advisory Board (Oregon)
PHM: Public Health Modernization
RWJF: Robert Wood Johnson Foundation (funder of this project)

Parking Lot

Group Norms

Being mindful: are we sharing “about” or are we sharing “from”?
Be courageous and name the elephants in the room
Trust each other in order to transform
Assume best intent and own impact
If things feel personal or emotional, pause and check in about it
Value each person's lived and professional experience
Listen to, understand, and learn from each other
Respond to discomfort with curiosity

“If you could change one big thing in Oregon tomorrow related to health equity, what would it be?”

**Universal healthcare
across the board.
Everybody covered.
Across the board.**

**Have everybody
covered and it
doesn't matter what
your income is. Free
or low cost
healthcare.**

**Health equity
would be less
political and
more
non-partisan.
Less divisive.**

**For all people in
Oregon to have
access to mental
health services and
alternative care
throughout their
lifespan.**

**Advance
health equity
within the
LGBTQIA+
community.**

**More
investment for
prevention
and less for
treatment.**

**Elimination of all
health inequities. That
people in Oregon
have an
understanding of
what health equity is,
and had an
understanding of the
system work required**

**Dispel the fear
around health
equity. Education
helps people
understand and rid
that fear. So people
can understand and
work for change.**

**Having healthcare
we can get without
additional barriers.
And preventative
care and measure
available to access
in an equitable way.**

**Distruct all
institutions that are
inequitable. A
societal mindset
shift in order to get
to anything
universal.A belief
system shift.**

**Trauma informed
would be a
foundational
principle that we
start teaching kids
early and continue
to learn throughout
their life.**

**Not a society
that's built on
money, but
rather built on
taking care of
people.**

**Include robust
public
transportation.**

Collective Values and Beliefs:

rights don't
happen just
bc they are on
paper, we
have to **MAKE**
them happen

**Recognizing
the strengths
of others**

**Inherent
rights for
any/all
human**

**Communication is a
fundamental right
for all**

everyone, just
for existing, is
deserving of
safety,
wellness, and
care

**People
over
profits**

**Adaptability,
moving
towards
resilience**

**Acceptance of
yourself and
other**

**By having one
another, we
can create
happiness**

**Belonging
for
everyone**

Education

**Respect
for
people's
dignity**

**Cultural
humility -
openness to
learn,
curiosity**

**Accessibility
(non-traumatizing)
to health care**

**Right to a
whole full
life**

**Taking care of
others (family
and
community)**

Dominant Narratives and Underlying Values about Public Health

**Narrative:
Value:**

Narrative: Public health worked hard during the pandemic, it was appreciated and made a difference. **Value:** Recognition and appreciation for work to care for community

Narrative: Public health works falls under public health departments.

Narrative: Public health is everywhere.

Health care narrative. Public health = health care

Underlying values beliefs-public health is government overreach

Narrative: Public health is more than just OHP.

Well-being of all people

Recognizing the hard work - for example the pandemic and the winter response last week

Underlying values of PH= PH is right

Narrative: Public health is a community builder that brings other partners together in smaller communities.

Public Health gives instructions to the public, but the public doesn't understand what to do.

community, taking care of each other, stepping in when needed

Assumption regarding value, ability and personal resources to access PH.

Public health is the nanny state (health police)

Narrative: Public Health does immunizations and restaurant inspections.

effective public health = anti-liberty

Public health helps all in the community.

Since COVID-19 the narrative has changed. Public Health being more than health care.

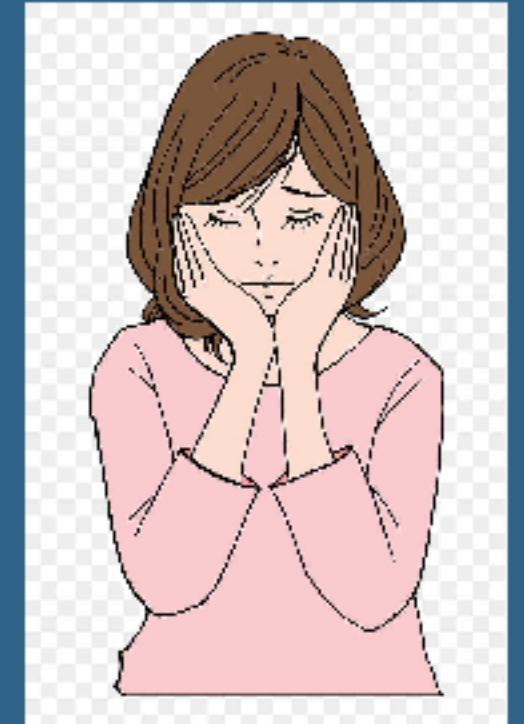
Public Health dominant narrative= If you want the resources you will take advantage of them.

emergency response and climate health

Internal staff and community shift of the Public Health narrative. From individual to community/population.



January 31st Icebreaker --> use the "Add Image" and select a photo that represents how you are feeling.



Group 1: Carina, Christine, Dianna, Kim

We must rely on each other (Triangle image)

The Oregon PH System is the best in the country. CBOs/LPHAs/OHA work together to eliminate health inequities

Oregon PH partners are committed to progress with flexibility and adaptability.

We must articulate our rich diversity in Oregon

We operate in a collective system-focused mindset. We've left scarcity behind!

Our landscape is rich with diverse experiences and perspectives. Our challenge is to honor these experiences while forging a path forward.

We want to be the role model state in the US for equitable health care (pop our champagne bottle moment)



What binds us together is a strong desire to collaborate, leaving behind the scarcity mindset that has held us back.

As we navigate these complexities, our collective journey towards a healthier Oregon continues.

Group 2: Danna, Erlette, Heather, Meghan

OHA, LPHAs, and CBO PH partners are interconnected and interdependent.

CBOs, LPHAs, and OHA recognize one another's strengths and how those complement one another.

PH partners communicate in a way that acknowledges and builds upon each other's strengths.

LPHA, CBO, and OHA communication and coordination are critical for successfully serving our communities..

PH partners shared foundational why in service to optimal health of communities that is grounded in dignity, respect, and belonging for all

CBOs, LPHAs, and OHA shared foundational why grounded in dignity, respect, care and belonging, in service of optimal health for all.

we inform and are informed with and by one another. When we know more/better, we do more/better

Oregon Public Health Partners...

- Our work grows from our values grounded in respect, dignity, and well-being for all people.
- We are interdependent, rely on each other, and recognize each others' strengths.
- We are coordinated and communicate effectively and respectfully with each other.
- We are committed to progress - with flexibility, adaptability, and responsiveness - moving toward health equity.
- Together, we shift resources to people and communities who need them most. We work together to resist the scarcity mindset and advocate for sustained resources for the whole public health system.



Shifting Narrative: Process

DO:

1. **Expose** the dominant narratives
2. Uncover and **elevate** transformative narratives
3. **Contrasting** & offering a choice between the two
4. **Draw** on your own journey and experiences
5. **Sustain** efforts and **demonstrate** the narrative

DON'T:

1. Focus on **challenging facts** or interpretations of information
2. **Attack** people for their narrative or name the dominant narrative as **"wrong"**
3. **Try to convert** or convince people (an invitation, not an argument!)

Implement

Speaking up when there are good things happening.

Culture change (disrupt the complaint culture)

**Champions/
Disrupters/
Leaders /
Narrative
Builders**

How do we open space to let people speak their truth?

**CBO
Kick-off**

List of recommendations to take to our various groups to change how we talk about partnering.

CLHO, individual LPHAs/organizations, OHA team huddles to socialize this internally.

Barriers

Time

Bitterness

Getting everyone to the table to move forward - Forward-focused.

Feeling like there aren't allies in the room.

Professional talk (doesn't allow for emotion and vulnerability)

"Island" mentality

Complexity

Urgency

Tools

Assign homework: "What do you suggest as a solution?"

Redirect: "This is what I think I am hearing you say." To understand what people are trying to say.

Focus on the "movable middle".

View complaints as unmet needs. Curiosity about complaints.

Balancing unmet needs with progress.

Validating the person's experience, and pivot toward the future.

Foundation of every meeting - our shared values

Invite people to move forward (keep the offer open).

Transparency (for situations where it would help)

"It sounds like your experience could be valuable - I would love to partner with you and have your experience make the future better." - Consent important

What do we want to see different in one year?

**More people
in this group
(OHA, LPHAs,
CBOs) - this is
a narrative of
our system.**

**This narrative
is part of the
Statewide
Health Equity
Plan.**

**Examples of
how we've
used these
narratives.**

**System-level
tools to
ensure needs
are met**



Transformative Narrative for Health Equity

Transformative Narrative for Health Equity

The world changes according to the way people see it, and if you alter, even by a millimeter, the way a person looks at reality, then you can change it.

James Baldwin

In dreams lie power. As we work together to build a world where everyone has what they need to thrive—food, health, a safe place to call home, as well as stability, dignity, love, and belonging—we must also take time to pause, reflect, and dream. If we want to build a just world, we need to imagine one first.

Hope is an act of resistance. When those in power limit our imagination, our dreams can open new possibilities. In the face of violence, inequality, and a long legacy of structural oppression, a vivid imagination can fuel our fight.

We reject narratives of individualism, competition, scarcity, and fear. These dominant narratives concentrate power in the hands of the few while sapping the strength of our communities. They block paths to change. They obscure the fundamental truth that my wellbeing is bound up in your wellbeing. In the words of the great civil rights leader Fannie Lou Hamer, no one is free until everybody's free.

Through organized collective action, we can make possible what some may deem impossible.

So in the spring of 2022, people from all across the country—urban and rural, young and old, impacted community members, doctors, public health workers, and visionary organizers—reached across the Zoom void to imagine a future we can believe in. To inspire collective action, we undertook collective imagination.

This is what we saw.

Let this vision guide you as we walk together. Let it carry you when you need it.

Note: This draft is not to be used “as is” but translated into language and messages that reflect and resonate with your audience(s). Make sure to keep to the shared values and beliefs highlighted in this draft.

Transformative Narrative for Health Equity



All people are worthy of dignity, love, and respect.

The bedrock of social justice is the dignity of every individual. We honor the fundamental value of every person, wherever they live, whatever they look like, whomever they love or worship. We work together to restore our sense of self-worth when it has been damaged and help everyone see their inner light.



Healing is interconnected.

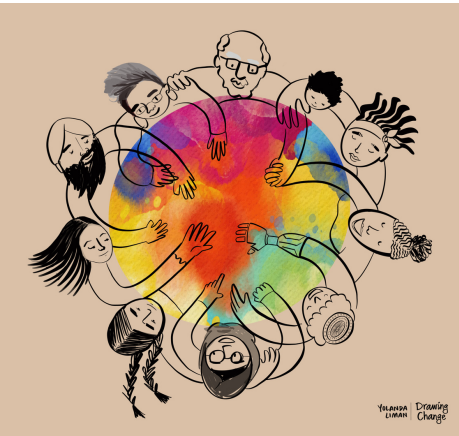
We take care of each other, because we all do better when we all do better. We make sure everyone has what they need to be at ease, not just physically but also mentally and spiritually — because love, joy, belonging, and creativity are basic needs. Our wellbeing is also connected to the health of the planet and the other living beings who share it with us.



We can organize a world where everyone thrives.

We subscribe to a radical belief: it is possible for all of us to have what we need, not merely to survive, but also to thrive. By practicing sustainability, we avoid excess, waste, hoarding, and the misuse of resources. Together, we shift resources to people and communities who need them most. We use our collective people-power to remedy the scarcity caused by capitalism, reimagine how to produce and distribute resources, and share the abundance of this earth.

Transformative Narrative for Health Equity



Diversity is our greatest strength.

Our differences make us powerful. Ancestral knowledge, family stories, oral histories, queer histories, and other truths that are missing from history books can help us solve the big problems we face. We center the lived experience and wisdom of communities who have resisted the status quo and embodied alternative ways of being over generations. We practice empathy amidst difference. In the words of Maya Angelou, “in diversity there is beauty and there is strength.”



We can dismantle systems of oppression and heal our wounds.

Creating a just future begins with understanding how our world has been constructed by powerful elites at the expense of the rest of us. We are all impacted by systems of violence and oppression.* Moving forward requires a long-term process of liberation: dismantling systems of oppression, repairing wrongs, and healing from trauma. We continually learn from our history even as we write a new story, this one grounded in racial justice.



We are guided by people most harmed by oppression.

People who are most impacted by oppression have the wisdom, knowledge, and experience to chart the path to liberation. We celebrate the leadership of Black and Indigenous people in particular, as well as immigrants and refugees, people of color, people with disabilities, queer people, and all those who have long been working to build a transformed future.

*Including racism, anti-Blackness, xenophobia, white supremacy, capitalism, slavery, genocide, war, imperialism, colonialism, homophobia, transphobia, ableism, ageism, patriarchy, and classism.

Transformative Narrative for Health Equity



Participatory democracy is essential to create a shared future.

In a democracy, everyone has a voice in deciding how our society is structured. An inclusive democracy creates opportunities for every person to participate actively in shaping the conditions that affect our lives. As we build a world where everyone belongs, we ensure everyone has an equal voice in deciding how systems and institutions function.



Our public sphere prioritizes collective wellbeing.

Government is the terrain that institutionalizes our collective power. We call for a government serving the common good and an economy promoting the regeneration of people and the Earth. We imagine a public health system that advances the social determinants of health and prioritizes community wellness, healing, and mutual accountability. We value life over corporate profit and the wellbeing of the many over the gains of the few. Our systems cultivate space and time for creativity, innovation, and joy.



We have the power to transform the future.

Change is natural and necessary. Through organized collective action, acting out of love not fear, we have the power to build a transformed future in which everyone can thrive.

The page features a light green background with several horizontal, wavy lines in a slightly darker shade of green. On the right side, there is a vertical border composed of overlapping, colorful shapes in blue, yellow, green, and red, creating a dynamic, abstract pattern.

Narrative Concepts + Definitions

Narrative Concepts + Definitions

Narrative

Narratives are the values-based themes of stories that we use to understand our world. A narrative communicates and reinforces a worldview and engages people in considering their own understanding of the world around them.

Public health's ability to advance health equity is greatly limited by current **dominant narratives**. Over the last fifty years, people interested in limiting the role of government and limiting oversight of corporations have advanced a set of narratives that keep equitable policy changes far outside mainstream debates.

New, **transformative narratives** can shift public consciousness, which changes how we think the world operates and what we view as the problem and its solutions.

Narratives change what is possible to achieve for health equity.

Among other things, **narratives**:

- Provide an understanding or interpretation of people and situations
- Are grounded in, and reflective of, a larger set of values and beliefs, or worldview
- Serve a purpose – they are designed to shape possibilities and outcomes
- Are most powerful when they draw on the values and beliefs that people already hold

Narrative Concepts + Definitions

Dominant Narrative

Dominant narratives are:

- Narratives held by many people at this moment in time
- In our heads and actions without us being aware of them
- Embedded in our institutions, structures, and norms
- Not naturally occurring – they are created, advanced, and maintained by people to intentionally shape possibilities and outcomes
- Drawn from a subset of the values and beliefs held by those in power
- More powerful than facts

Shifting dominant narratives requires:

- Exposing the dominant narratives
- Uncovering and elevating new narratives
- Contrasting the narratives and offering a choice

Shifting narratives is not about winning an argument. It is about engaging people to explore values, beliefs, and assumptions that they already hold.

Narrative Concepts + Definitions

The Relationship Between Narratives and Messaging



Messages

How we communicate the story we want specific audiences to hear. We use verbal and non-verbal messages to communicate frames, narrative, and worldview. Messages may vary with audiences and situations, but they should be consistent.

Frames

Lenses that bring some aspects of a picture, or situation, into focus while distorting others. Part of the power of a frame is that it points the audience toward particular solutions that are grounded in a particular narrative and worldview.

Narratives

A way of communicating and reinforcing a worldview and engaging people in considering their own understanding of the world around them.

Worldview

The rich variety of values, beliefs, and assumptions, both formal and informal, that we draw upon and inherit from the larger social world in which we live.