DEPARTMENT OF HEALTH

Health Equity Showcase, August 2019

What's the project?

A group of MDH employees attended the 2017 GARE (Government Alliance for Racial Equity) Cohort Training where we built the capacity to facilitate Advancing Racial Equity trainings for all MDH staff. The trainings have been opportunities for MDH employees to come together for deep, challenging, and powerful conversations about the history and impact of institutional and structural racism. The training is mandatory and ongoing for all MDH staff.

Why is it important?

We are addressing the finding of the 2014 Advancing Health Equity Report where structural racism was named the greatest barrier to health equity in the state of Minnesota. We are trying to establish common definitions for health and racial equity with all MDH staff as well as develop skills to identify implicit and explicit biases. The goal is to build a work culture where employees are motivated and have the skills, vocabulary, and historical understanding to change systems that perpetrate individual, institutional and structural racism.



How did you accomplish it? Who were your partners?

GARE trained a group of trainers at MDH. These trainers have presented the 4-hour Advancing Racial Equity Training to nearly all MDH employees. The training is required for all MDH employees. The training is offered in the Metro as well as in District Offices. It has given our colleagues an opportunity to learn about the history of race in the U.S. and to see the effects of systemic oppression on health in Minnesota.

Our key partners were GARE (external), MDH Executive Office, Center for Health Equity staff, MDH Managers and Supervisors and MDH staff.

Lessons Learned

Everyone has differing levels of knowledge of the history of race in the U.S. and how it came to be such a dominating force in our society. Relearning history to understand the depth and complexity of how government has been complicit in perpetuating racism can be challenging. However, creating space to open these conversations

Advancing Racial Equity at MDH

Results and Next Steps

As of August 2019, 1332 employees have completed the training. According to the training evaluation, over 89% of attendees report a better understanding of racial equity terminology, such as implicit bias and institutional and structural racism, and 92% are motivated to take steps to advance racial equity. MDH employees can now look through a racial equity lens when thinking about their work and their own potential to advance health equity for communities most impacted by inequities.

The training will continue to be offered regularly and is mandatory for all new employees at MDH. The training evaluation survey allowed attendees to identify opportunities at MDH for institutional action to advance racial equity. This data will play an important role in determining more next steps to advance racial equity at MDH.

Team Members

Betty Hiller, Sara Chute, Bruce Thao, Shor Salkas, Marisol Chiclana-Ayala, Sarah Lane, Jackie Dionne, Megan Walltz, Vikki Getchell and James Baertlein

History of government and race		
Explicit Racism	Implicit Racism	Addressing Racism
<section-header></section-header>		<section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>
Government explicitly creates and maintains racial inequity.	Discrimination illegal, but "race-neutral" policies and practices perpetuate inequity.	Naming structural racism & implicit bias as barriers to equity.

A slide from the training with examples of explicit and implicit racism in government as well as an example of what the government has done recently to address historical oppression.

