



2023, Issue 1: January

Dear state adolescent health colleagues,

If you've spent any time as a youth counselor (or attending meetings), the chances are good you've played "Two Truths and a Lie," an activity in which you share three things about yourself and the group guesses which one is false.

During a recent regional call of the National Network of State Adolescent Health Coordinators, Jennie Blakney (NJ) offered a fun twist on this icebreaker. She asked us each to share "a common lie you routinely hear about young people, and a truth you know about young people."

The lies we heard were themes on the usual, persistent stereotypes: "Young people are lazy, they don't care, they're reckless, irresponsible, self-centered..." The truths people reported were inspiring and refreshing:

- "Young people just want to be heard."
- "They want to be engaged in the conversations about solutions to the problems affecting them and their friends."
- "They are ready NOW to lead – not when they're 25 or 30 or 40."
- "They're not a mysterious subset of people – all we need to do is talk to them like we talk to other adults, with kindness and mutual respect."
- "Adults just don't need to try so hard, young people ARE listening: they want to learn from us, and teach us, too."

How we talk about and to young people matters. Words matter. The narrative about young people is one we've gotten wrong for, well, forever. Yes, young people can act in ways that seem reckless to adults who "know better" or display body language that comes across as uninterested and aloof. But those of us committed to changing the tired narrative know that it's on us adults to do a better job of understanding and framing adolescence as a critical developmental period in the life course.

We all envision a day when a common adult reaction to the word "teenager" is "Oh, aren't they the greatest?" as opposed to a dramatic sigh or eye roll. We're dedicating this edition of Connections to helping you translate what you inherently know about young people into script-flipping dialogues with your internal and external partners. As we've learned from the careful work of the Robert Wood Johnson Foundation, one way to do this is to focus on shared, friendly, systemic solutions.

Make sure to check out this NEW resource, "[Messaging Healthy Youth Development](#)," adapted from our favorite national framing resources by our own Communications Director Katie Pierson. In response to your feedback in last year's SAHC survey and at the September meeting, this tip sheet tees up straightforward language for you to use in making your case.

The year may be new, but our commitment to changing the narrative is the same. We at SAHRC are resolved to support you and your partners in those efforts.

Happy New Year, from your friends at SAHRC.

[Lynn Bretl](#), MPP

Director, State Adolescent Health Resource Center at the University of Minnesota

Share this newsletter with colleagues, grantees and other partners!  
Anyone may subscribe to SAHRC Connections by [signing up here](#).



## Expanding your anti-racism practice as a public health professional

We all appreciate that racism, in its many forms, erodes the public's health. But how do we build that awareness into our daily work and our communications?

Here's one way: talk—confidently—about systems, also known as Social Determinants of Health.

The Robert Wood Johnson Foundation (RWJF) developed a common language for expanding Americans' views about what it means to be healthy. [A New Way to talk about the Social Determinants of Health](#) offers 42 pages of guidance on framing SDOH in terms of where health starts.

### Social Determinants of Health



Social Determinants of Health  
Copyright © 2018  
Healthy People 2030

### The takeaways for busy SAHCs?

- DON'T say, "social determinants of health" or lead with chunks of data.
- DO use variations on this phrase, "Health starts where we live, learn, work, and play."

### Here are six versions of that message to help you adapt it to your audience and topic:

1. Health starts—long before illness—in our homes, schools and jobs.
2. All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3. Your neighborhood or job shouldn't be hazardous to your health.
4. Your opportunity for health starts long before you need medical care.
5. Health begins where we live, learn, work and play.
6. The opportunity for health begins in our families, neighborhoods, schools and jobs.

Each of these statements tested well with most audiences because they use colloquial, values-driven language and relatable lifestyle references. They focus on the solution versus the problem. And some of them implicitly acknowledge the notion of personal responsibility (which lands well with more conservative audiences).

The following is RWJF's tested long-form message, which we (and they) encourage you to adapt to build support for your jurisdiction's public health efforts:

"America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth. Yet on some of the most important indicators, like how long we live, we're not even in the top 25, behind countries like Bosnia and Jordan. It's time for America to lead again on health, and that means taking three steps:

- The first is to ensure that everyone can afford to see a doctor when they're sick.
- The second is to build preventive care like screening for cancer and heart disease into every health care plan and make it available to people who otherwise won't or can't go in for it, in malls and other public places, where it's easy to stop for a test.
- The third is to stop thinking of health as something we get at the doctor's office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in



## Communications resources that meet you where you are

### Are you new to strategic communications? We've got you.

- This [one-page cheat sheet](#), adapted from Spitfire Strategies, helps you think about your Big Fat Hairy Goals and this year's realistic objectives.
- Feeling strong? Now visit Spitfire Strategies' [SmartChart 4.0](#), an online tool that guides you through a deeper version of the above cheat sheet.
- Need company? Check out SAHRC's recent [strategic communications webinar](#) in which new(ish) SAHCs and Katie Pierson worked through these steps together.

### Are you a semi-experienced communicator? We've got you.

- Up your reframing and anti-racism game with this [new SAHRC messaging resource](#).
- Plagiarize (with Frameworks Institute's blessing) the [Core Story of Adolescence](#), adding the details that make it relevant to your jurisdiction, populations, and communications strategy.
- Dig deeper into Robert Wood Johnson Foundation's [resources on framing Social Determinants of Health](#).

### Are you a confident communicator pushing your edge? We've got you.

- Distill your 2023 communications strategy (tools above) into a [60-second elevator speech](#) that articulates your perfect-world scenario, describes the gaps between your jurisdiction/program and that scenario, and what your goals are this year to bridge those gaps. Practice it in real time.
- Revisit your assumptions about [the things that motivate and scare your intended audience](#). In these fast-changing political and cultural times, make sure your messages still speak to the folks you want to reach.
- Polish your diplomacy skills as an ambassador for the larger field with these [public health framing and language recommendations](#) from the Berkeley Media Studies Group.
- And the CDC's [Healthy Equity Guiding Principles for Inclusive Communication](#) and [Resources and Style Guides for Framing Health Equity and Avoiding Stigmatizing Language](#) can help you make sure you're addressing all groups inclusively and respectfully. (What some folks call "woke policing" we SAHRC staff see as basic good manners and strategic communication.)

---

## announcements

We hope to see you at the front end of the [2023 AMCHP Annual Conference](#) May 6-9, 2023 at the New Orleans Marriott, in New Orleans, LA. Join your national State Adolescent Health Coordinator colleagues for professional development and networking on May 5. More details coming at you soon.

---

# about sahrc

The State Adolescent Health Resource Center (SAHRC) works to build a national network of states and territories in which adolescents and young adults (AYA) are bedrock priorities in practice and policy. Created by MCHB in 2000 to elevate AYA health as a state-level priority within the Title V/MCHB structure, we offer workforce development in the form of ongoing responsive leadership, technical assistance, research-based resources, and community-building opportunities. This newsletter is funded through SAHRC's partnership with The Adolescent and Young Adult Health – National Resource Center ("the Center") which also includes the [National Adolescent Health Information Center](#), the [Association for Maternal and Child Health Programs](#), and the [National Improvement Partnership Network](#). The Center is supported by the Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS cooperative agreement U45MC27709, Adolescent and Young Adult Health Capacity Building Program. The contents don't necessarily represent the views of or an endorsement by HRSA, HHS, or the U.S. Government.



SAHRC respectfully [acknowledges](#) that the University of Minnesota stands on traditional Dakota lands. We #HonorNativeLand and you can too. [Find out whose land you're on.](#)

---

Copyright © 2023 State Adolescent Health Resource Center - U of M, All rights reserved.

Want to change how you receive these emails?  
You can update your preferences or unsubscribe from this list.