"Storifying" Data for Greater Impact

UNMC COPH/OPHP Sizzling Summer Series 2023

Dr. Magda Peck and Dr. Janelle Palacios

SquareRoot Stories | August 30, 2023

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Today's Expected SummerSizzle Results:

1. Define "strategic storytelling" for public health practice and health equity
2. Give at least two examples of evidence behind the "power of stories"
3. Understand how dominant narratives can influence data and health outcomes
4. Identify at least two strategies for lifting up stories of lived experience as essential 'data' in shaping effective solutions for greater health and equity

MAKING THE CASE FOR DATA + STORIES

HHS Secretary's Advisory Committee on Infant and Maternal Mortality (ACIMM)

September 2022
Minnesota

ACIMM's *Approach*

STORY STRATEGIES AND ASSUMPTIONS

1. Data alone are insufficient to make the case.
2. Lived experience expressed through stories are as or more important than quantifiable data.
3. Stories help frame the Narrative, into which data and recommendations would be embedded.
4. *'Storifying'* the work would make it personal, urgent, interesting, compelling, and universal.

Recording...
Michelle Loh
Wendy DeCourc...
Michelle Good...
Healthy Communities, Healthy People
HRSA
The native on maternal death rate, was 82.6 per 100,000
Type here to search

ACIMM INVITED

American Indian + Alaska Native STORIES

We heard. We listened. We acted.

Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants

Report to the Secretary of Health and Human Services
by the
Advisory Committee on Infant and Maternal Mortality

December 7, 2022

https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/infant-mortality/birth-outcomes-AI-AN-mothers-infants.pdf

The Indian Health Service is the only federal healthcare provider funded solely via the annual congressional appropriation process, leaving the I/T/U system chronically underfunded, and susceptible to federal budget sequestration and government shutdowns. This creates challenges for I/T/U providers in planning and budgeting for long-term services, recruiting and retaining medical personnel, and maintaining and constructing health care facilities.[106] A review by the Tribal Budget Formulation Workgroup (TBFWG), identified extensive disparities in per capita spending between IHS and other federal health care programs.

> *"…what's happening in New Mexico in regard to hospitals closing, Santa Fe Indian Hospital closed their OB unit in 2008, San Juan Medical Regional Centers closing. Their midwives are having to go elsewhere to provide care. The Phoenix Indian Medical Center has closed their obstetrical units. Las Vegas, New Mexico does not provide OB care. Los Alamos does not provide OB care. Native women are now required to navigate a very complex health care system because their IHS services are not providing care to them anymore or they're having to transfer at some point during their prenatal care visits. A lot of the women that I see, have not received care up to 20 weeks into their pregnancy because; A, they can't access a care provider; B, they have to travel more than 30 miles to get access to care; or they have to wait more than six weeks to get in with a health care provider to get care for their pregnancy. And so when we see the statistics around obesity, diabetes, hypertensions, postpartum, hemorrhage, native women not accessing care in the first trimester increase maternal mortality rates because of car accidents just trying to get an appointment, it's because these hospitals are closing or labor and delivery unit causing women to have to travel further, but also, IHS is not fulfilling their treaty obligations to the Tribes around maternal health care and women's health care in general."*
>
> Nicolle Gonzalez (Dine'')
> Nurse Midwife, Navajo Nation

After hearing the first-hand testimony, stories, and experiences of Tribal leaders, elders, and members, along with organizations serving urban and Tribal AI/AN from across the country, ACIMM learned that much of what is now considered evidence-based practice in Western medicine has been woven into AI/AN cultures since time immemorial, including: "breast is best" messaging, separate but proximate co-sleeping, sleep hygiene, "back to sleep" SIDS risk reduction (e.g. traditional cradleboards), birth supporters (e.g. doulas and midwives), and the positive impact of family, social, and cultural connectedness on child health, etc.

> *"We've talked about other things like the cradle boards and back to sleep. There's a lot of things that we have done throughout history that are consistent with what we're calling evidence-based practices. It might even be worth pointing out that modern science is finally catching up to indigenous knowledge."*
>
> Donald Warne, MD (Oglala Dakota)
> Co-Director, Center for Indigenous Health, Johns Hopkins University

Birthing
Indian
Country
Birth
Equity

“Storifying” *Making Amends :*

Expanded meaningful participation, shared ownership and buy-in and community power

Catalyzed new partnerships and political will

Fostered greater understanding that bold, strategic recommendations affect real people

POWERFUL STORIES

Strategic Storytelling

Janelle Palacios PhD, CNM

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STORYTELLING FORMAT

PIXAR RECIPE

Once upon a time...

Every day....

One day....

Because of that....

Because of that....

Until finally....

WHY STORY?

HUMANESS

Language & Communication

Participatory

Co-Creation

Varied Formats

STORY FUNCTION

Improve Memory

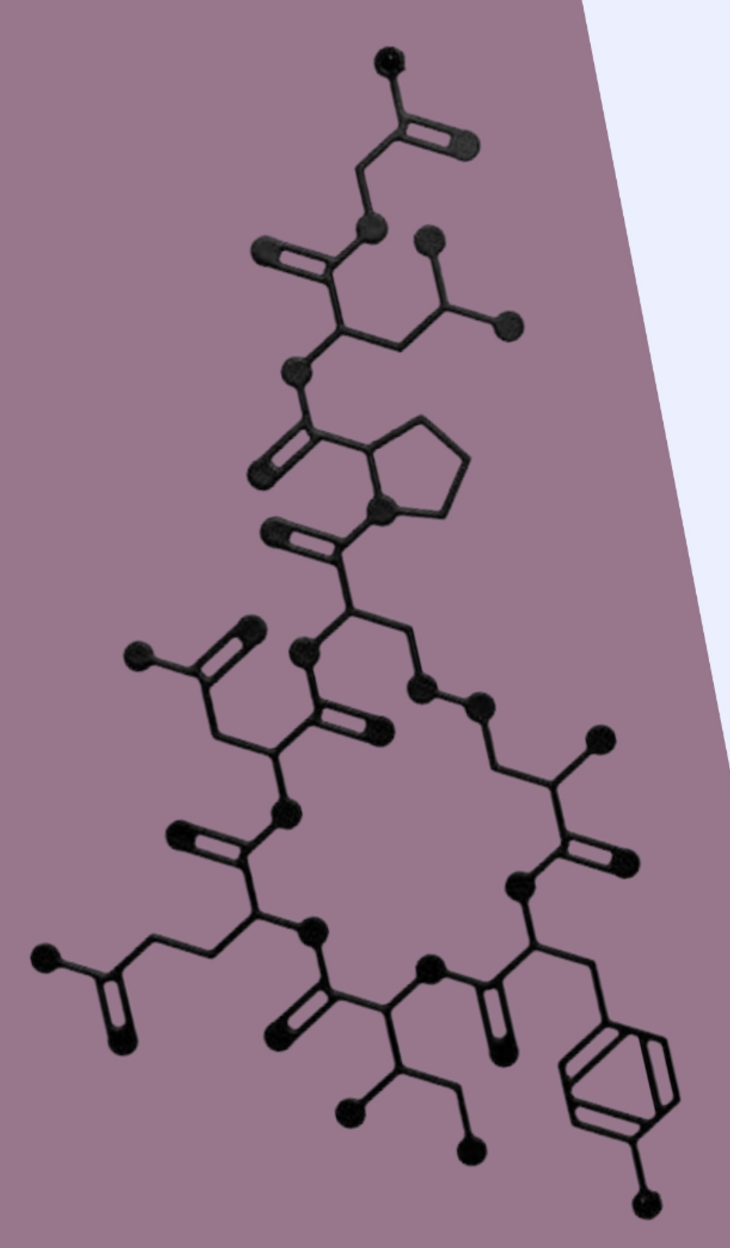
Provide Instruction

Identify Problems & Find Solutions

Improve Understanding

Engage Attention

Motivation



STORY CHANGES US

Science Behind Story

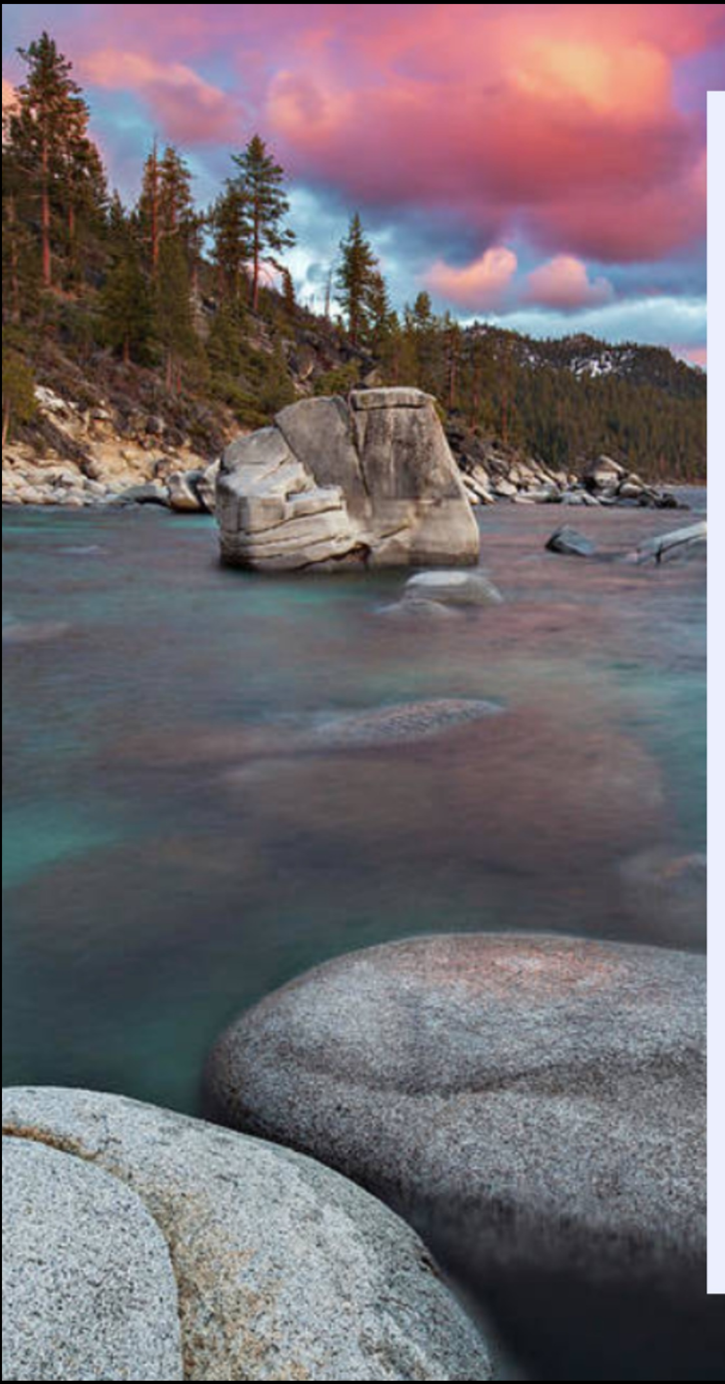
Physical & Emotional Responses

Complex Processing & Predictions

MRI Brain Scans

Synchronized Brainwaves

Transformative



HOW STORY?

WHERE TO BEGIN?

-What is the purpose?

-Is the story co-created?

-Does the story promote healing and understanding?

-Does the story reflect the lived experience?

-Does the story take into account overarching context?

IS STORY ENOUGH?

-Did the story accomplish the goals/purpose?

-Were system wide (or culture wide) changes made?

-Did story promote healing and understanding?

-Did the story grant power to the subject?

WHAT ARE POWERS of STORY?

Contextualize Data

Humanize Numbers

Elevate Lived Experiences

Leverage Story Science

Everybody is a **story**.*

Everyone has stories to tell.

It's yours.

It's your super power.

It's your most sacred currency.

*Rachel Naomi Ramen *Kitchen Table Wisdom*

“Stories create community, enable us to see through the eyes of other people, and open us to the claims of others.”

– Peter Forbes, photographer and author

B R E A T H E

Grounded in **science, knowledge and experience**

Intentional and **purposeful**

Ethical and **contextual**

Power tool for change

Guidelines, Guardrails: Touchstones

OUR Touchstones. OUR Agreements.

1. **Be 100% present.** Set aside the usual distractions of things undone from yesterday, things to do tomorrow. Bring all of yourself to this work. We all learn best in spaces that truly welcome us. Let's welcome others to this space and presume that you are fully welcomed.
2. **Listen deeply.** Listen intently to what is said. Listen to the feelings beneath the words. Listen also to yourself. Strive for a balance between listening and reflecting, speaking, and acting.
3. **Always by invitation.** It is never 'share or die.' You are invited to share your stories. You may be invited to work in pairs, small groups, and in the large group. The invitation is exactly that. *You* determine the extent to which you want to participate in our discussions and activities.

Touchstones - Agreements

4. **No fixing.** Each of is here to discover our own truths, and to take our own journey. We are not here to set someone else straight, or help right another person's wrong, or to 'fix' or 'correct' what we think is broken, or incorrect in another member of the group.

5. **Suspend judgment.** Set aside your judgments. By making a space between judging and reacting, we can listen to the other – and to ourselves – more fully. Our ideas, perspectives, decisions and actions can be more informed.

6. **Identify assumptions.** Our assumptions often are invisible to us, yet they shape how we see and hear things - our world view, our decisions and our actions. Only when we are aware of what we assume is going on, can we set our assumptions aside, and open our minds to greater possibilities.

Touchstones - Agreements

7. Speak your truth. Say what is in your heart. Trust that your voice will be heard, and your contributions will be respected. Your truth may be different from, even opposite of, what another has said. Speaking your truth is not debating with, or correcting, or interpreting what someone else has said. Own your truth by speaking only for yourself.

8. Respect Silence. Silence is a rare gift in our busy world. After you or another has spoken - *or told their story* – take a pause. Take time to reflect and fully listen, without rushing to filling the space with words. Take a breath.

9. Maintain Confidentiality. Create a safe space by respecting the confidential nature and content of stories shared, and discussions held. What is said here, remains here, unless there is clear permission given to share it elsewhere.

Touchstones - Agreements

10. When things get difficult, turn to Wonder.

If you find yourself disagreeing with another, or becoming judgmental, or getting defensive, or shutting down, try turning to wonder:

> *"I wonder what brought her to this place?... I wonder what they are feeling right now?"*

Be curious!

SOURCE: CIRCLE OF TRUST, CITYMATCH, FIMR STORYTELLING PROJECT

3 kinds of STORIES to grow, craft and tell:

ANCHOR ***STORIES,*** *to ground our work*

DOMINANT ***STORIES,*** *to change narratives*

SENTINEL ***STORIES,*** *made to stick and last*

"ANCHOR Stories" are at the root of ***WHY*** we do what we do & keep on doing it.

We must know *and be willing to tell our* stories first…. *before we ask others*.

And we *must listen deeply*, to stories that want to be told.

CHOOSING TO TELL ANCHOR STORIES

“The shortest distance between two people is a story.”

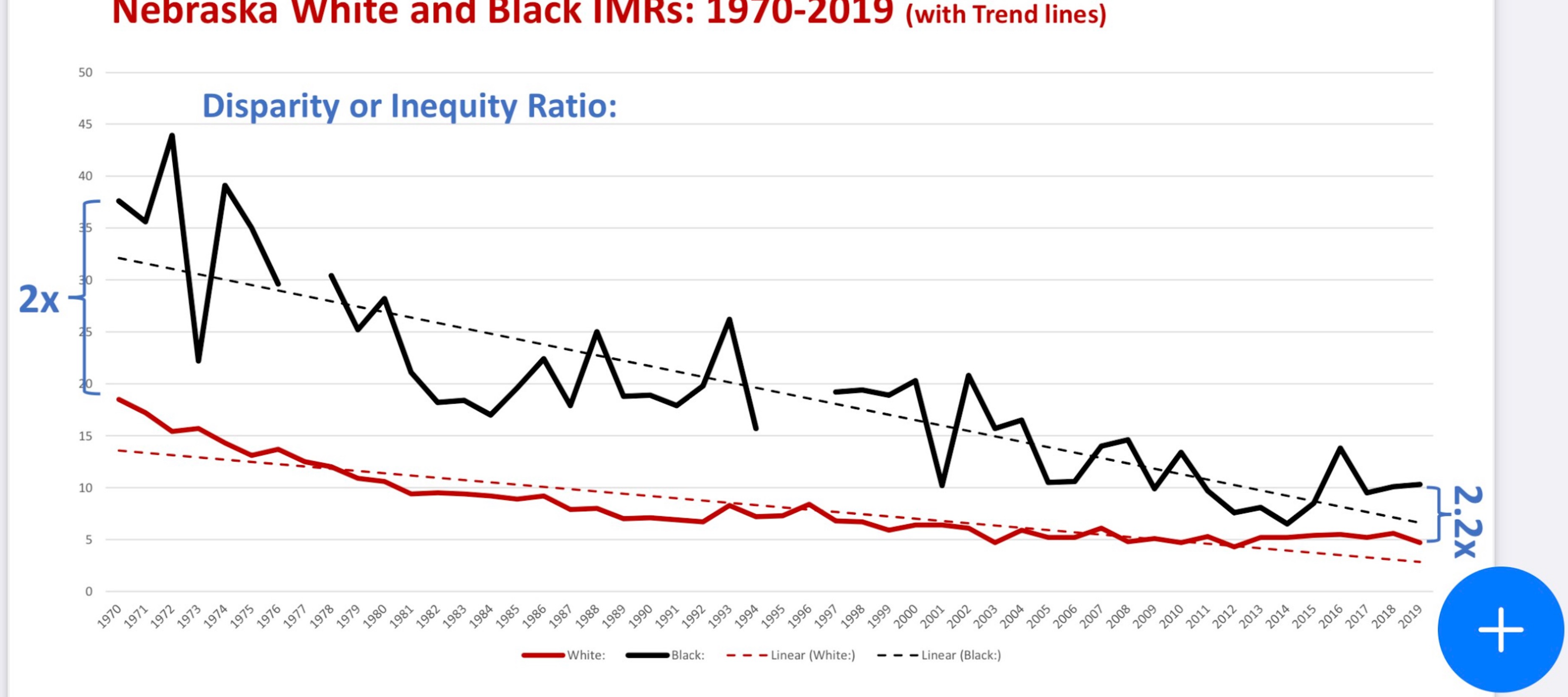
Understanding
“DOMINANT NARRATIVE”

DOMINANT STORIES

and beliefs prevail in every community.

ASK: ***Who drives these NARRATIVES?***

What is MOST AT STAKE, ***and for whom?***



Revisiting Dr. Arthur James' Data Presentations

Nebraska IMR (April 2023, UNMC COPH Catalyst Fund Scholar)

PRACTICE 1: Hearing DOMINANT NARRATIVES

B:W Gap in Nebraska's IMR x 50 years (1970-2019)

ASK: What dominant narratives are (still) in play?

Who benefits? Who is left behind?

What needs to change for better health outcomes

and to address underlying health inequities?

PRACTICE 2: Hearing DOMINANT NARRATIVES

Let's look at one of YOUR community's leading edge public health challenges - according to your data

(e.g. IMR, Covid, occupational injuries, mental health…)

*****NAME ONE THAT YOU MOST WANT TO CHANGE*****

What dominant narratives are (still) in play?

Who benefits? Who is left behind?

What needs to change for better health outcomes and to address underlying health inequities?

PRACTICE 2: Hearing DOMINANT NARRATIVES

Chat Box:

Share a leading public health challenge in your community

What dominant narratives are (still) in play?

Who benefits? Who is left behind? What needs to change for better health outcomes and to address underlying health inequities?

EXAMPLES

- Maternal Mortality is high in our community because Native American women do not attend prenatal care.
- Our community has lower covid vaccination rates people do not *trust* the government.
- Alcoholism is high amongst veterans in our community because they do not want to go to therapy.
- Lead exposure in our community is *only* from old paint.
- *These* families are always evicted from their homes, which is why their children are in foster care.

"If you have prior knowledge saved in memory, the only thing that will compel you to change that existing belief is a replacement story that is more powerful, influential and effective than the original."

Kendall Haven **STORY PROOF + STORY SMART**

STORIES (and/as Data)
can stoke, shape, and shift

NEW NARRATIVES

around why moms and babies
live and thrive, or die.

CHANGE THE DOMINANT STORY.

STRATEGIC STORYTELLING:

-- BETTER ENGAGE AND ELEVATE COMMUNITY VOICES
-- STRENGTHEN DATA FOR DECISIONMAKING
-- PROMOTE GREATER UNDERSTANDING OF HEALTH EQUITY
-- ANCHOR US AND EACH OTHER IN THE WORK FOR CHANGE

STORIFYING DATA: *4 ways to get started*

1. **Invite, integrate stories to elevate existing data.**
2. **Listen for, hear dominant narratives…call them in and out.**
3. **Co-create new narratives using more powerful stories, from and with community partners.**
4. **Shape and swap your stories with colleagues, assuring guardrails and guidelines.**

Expected Results: *How did we do?*

- ❑ Define "strategic storytelling" for public health practice and health equity
- ❑ Give at least two examples of evidence behind the "power of stories"
- ❑ Understand how dominant narratives can influence data and health outcomes
- ❑ Identify at least two strategies for lifting up stories of lived experience as essential 'data' in shaping effective solutions for greater health and equity

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RESOURCE TOOLS AND TIPS FOR CHANGE

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