



County Health
Rankings & Roadmaps

Webinar

Building power through narrative

February 18, 2025

countyhealthrankings.org



University of Wisconsin
Population Health Institute
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Guidelines

1
Share
successes and
lessons learned

2
Offer
resources

3
Build
knowledge

4
Listen
for multiple
perspectives

2



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County Health Rankings & Roadmaps

Join the conversation

Question and Answer

Welcome to Q&A
Questions you ask will show up here. Only host and panelists will be able to see all questions.

Where can I find strategies to address children in poverty?

☐ Send anonymously

Who can see your questions?

Webinar Chat

Me to Everyone

JL Hi Everyone, I'm James, from Madison, WI.

Zoomhost CHRR to Everyone

Hello James and welcome to today's webinar.

Who can see your messages?

To: Everyone

Your text can be seen by panelists and other attendees

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Welcome



Soraya Willems-Neal
Outreach and Facilitation Specialist
UW Population Health Institute

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Group agreements

1. Listen actively.
2. Participate to the fullest of your ability.
3. Speak from one's own experience and story.
4. Lead with curiosity to understand others.
5. Be conscious of your body language and nonverbal responses.
6. Expect ambiguity and uncertainty.
7. Be accountable to oneself and to each other.

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Narrative change

An emerging field of
study



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“ Narratives are always
tied to **power** – and
an important first step
is to expose that
power for what it is. ”

Brett Davidson
Narrative strategist

Davidson, B. (2022). What Makes Narrative Change So Hard? *Stanford Social Innovation Review*. <https://doi.org/10.48558/XX9E-MM6>



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Welcome



Jed Amurao
Narrative infrastructure specialist
CHR&R



Jannah Bierens
Founder
PHREEDOM LLC

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Discussion group

When: Following the webinar

What: Share ideas, ask questions

How: Zoom

Why: Deepen learning



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Resource guide

Coming to your inbox soon



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WEBINAR RESOURCE GUIDE

*Community-driven strategies to address
persistent poverty in rural areas*

June 18, 2024

CHR&R Tools and Resources

- Explore our website:
 - [What Works for Health](#): Searchable database of evidence-informed strategies, policies, programs and systems changes.
 - [Webinars](#): Live, monthly presentations showcasing equity-centered approaches and examples with a post-webinar discussion group. Available on demand.
 - ["In Solidarity" Podcast](#): Conversations with some of our nation's brightest minds connecting power, place and health.
- Stay in touch:
 - [Subscribe to our newsletter](#)
 - [Subscribe to our podcast, In Solidarity](#)
 - [Follow us on Twitter \(X\)](#)
 - [Like us on Facebook](#)
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Guest Resources

Emily Burleson, senior manager of advocacy and research, [Partners for Rural Transformation](#) works across geographies and cultures to influence policy and lead individual and community solutions to poverty.

[DreamBuild](#) is a solution to the sometimes-overwhelming process of building and financing a safe, affordable and quality-built home.

Lisse Regehr, president and CEO, Thrive Allen County

[Thrive Allen County](#) provides a model for rural revitalization to harness the strengths of local residents in building healthier, more vibrant communities.

Highlighted Guidance

Check out the first webinar in this series, [Identifying the forces behind persistent poverty](#). Poverty researcher H. Luke Shaeffer shares strategies rooted in community expertise and cultural traditions to improve wealth and engagement in rural areas.

Learn more about the evidence behind [Community Development Financial Institutions](#).

Explore measures of poverty in your community:

- [Children in Poverty](#)
- [Income Inequality](#)
- [Unpaid Wage](#)

Learn more from Partners for Rural Transformation:

- [Stories of Rural America](#)
- [How community development financial institutions drive economic resiliency](#)



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What are narratives?



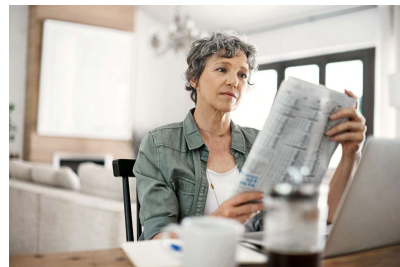
"It's our right and responsibility to write ourselves into the future... and to write ourselves into futures we want to be a part of."

- adrienne maree brown

Narratives for Health

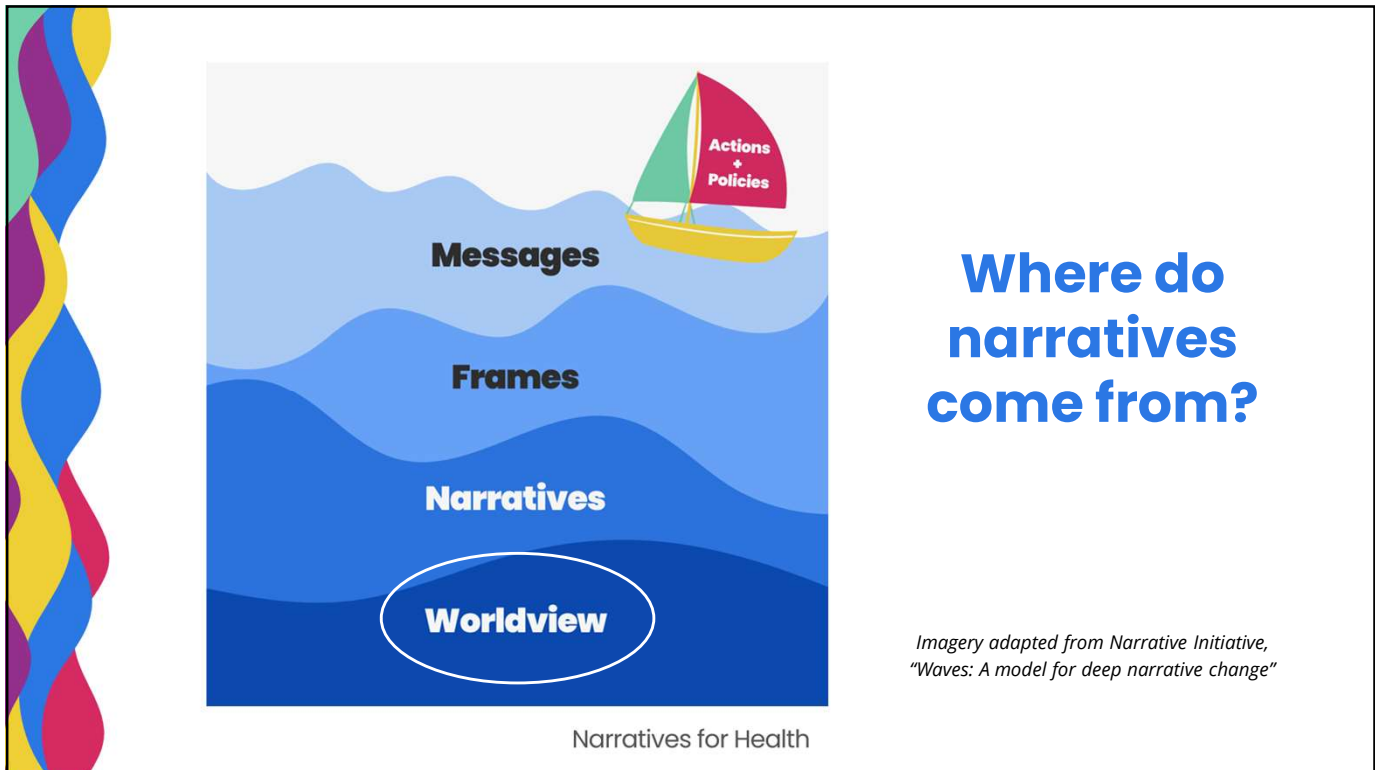
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How and when are narratives expressed?



Narratives for Health

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Where do narratives come from?

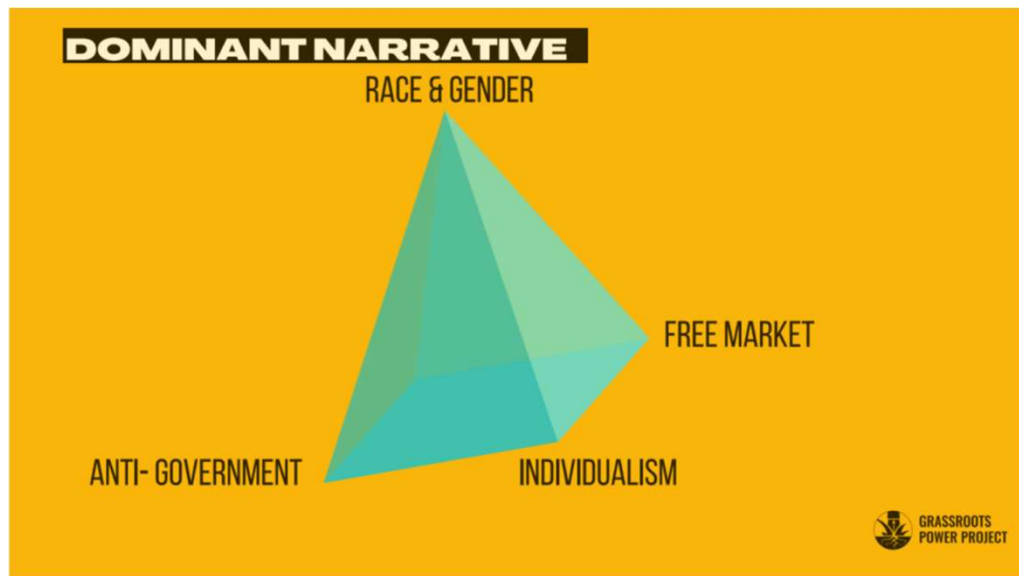
Dominant narratives are:

- 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
- Drawn from the values and beliefs held by those in power
- **More powerful than facts!**

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Where do narratives come from?



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We have the power to shift dominant narratives by:

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

An invitation, not an argument!

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Messages

Frames

Narratives

Worldview

Actions + Policies

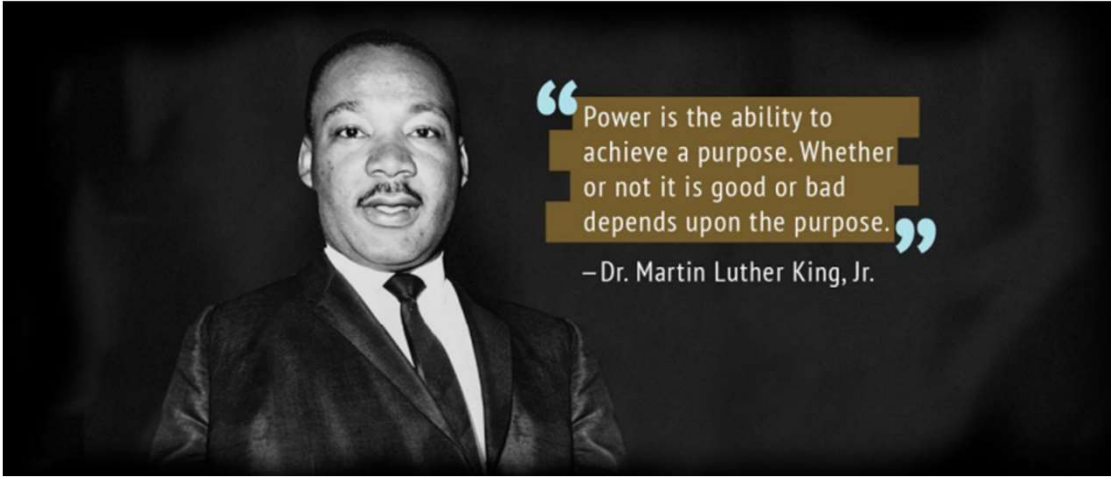
A narrative is *not* the same as a message.

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

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Defining Power



“Power is the ability to achieve a purpose. Whether or not it is good or bad depends upon the purpose.”

– Dr. Martin Luther King, Jr.

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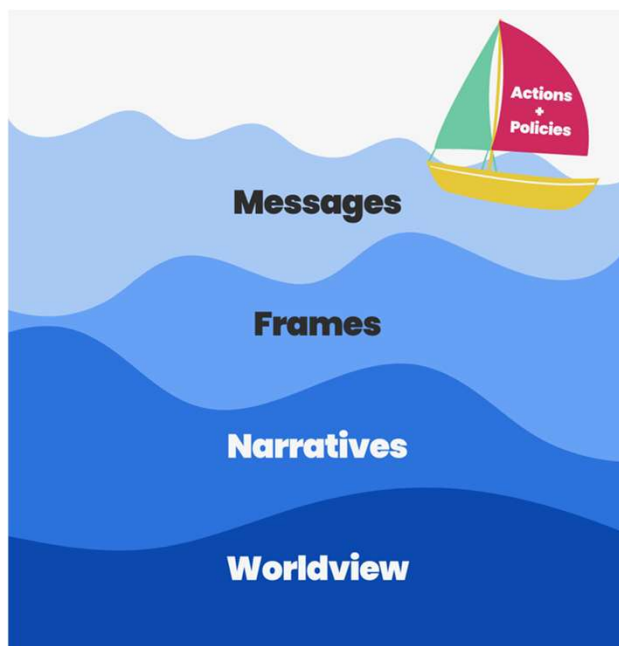
Three Faces of Power

1. **Visible:** Organizing people and resources to influence decisions
2. **Hidden:** Building infrastructure to influence what's on the agenda
3. **Invisible:** Influencing worldview to make what's currently impossible become common sense



Source: Lukes,
Grassroots Power
Project

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**Invisible power:
The ocean we
swim in.**

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

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What can you do next?

- Sign up for our next narrative training
<https://forms.gle/KBaAjMa6Dcdtj6cK9>
- Check out narrativesforhealth.org
 - NFH Guide
 - In Action resource
- Reach out to us at
narrativesforhealth@chrr.wisc.edu



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SWIMMING IN THE SYSTEMIC WATERS OF “SUPREMA-SEA”

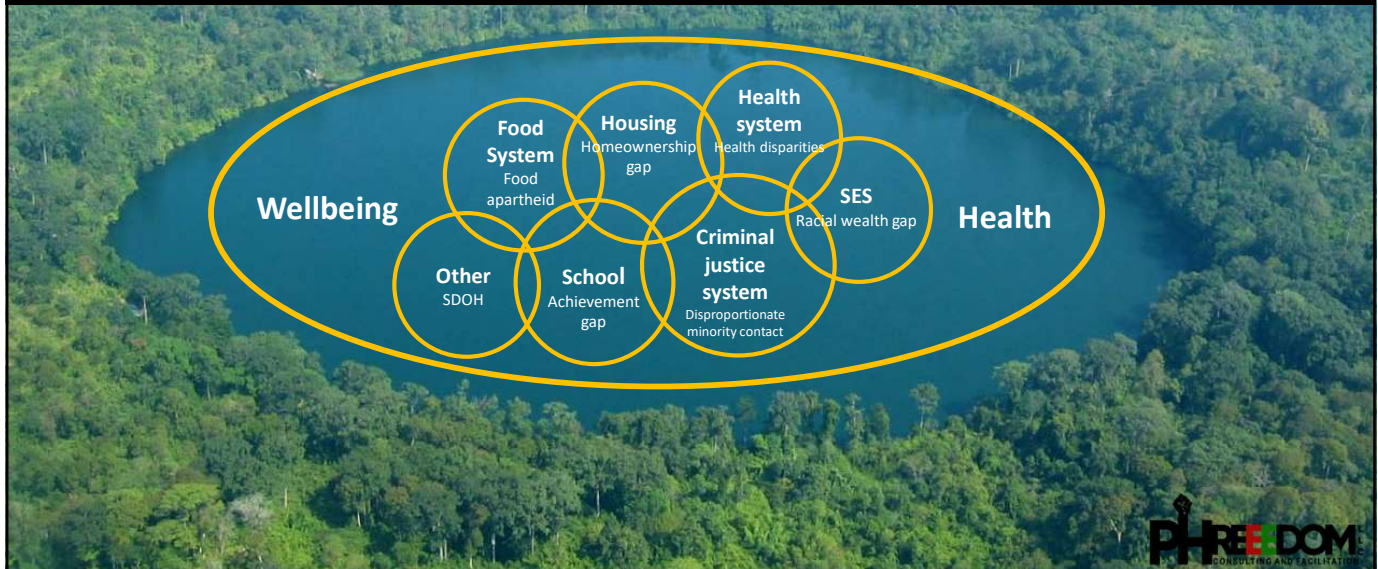
Racial inequities are **systemic, patterned, unjust, actionable/avoidable**



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SWIMMING IN THE SYSTEMIC WATERS OF “SUPREMA-SEA”

Disparities and gaps are caused by inequities across all systems + SDOH



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Racism:

Science & Tools for the Public Health Professional

Edited by
Chandra L. Ford, PhD
Derek M. Griffith, PhD
Marino A. Bruce, PhD
Keon L. Gilbert, DrPH

Multilevel Racism and Native American Health
N. Kau'i Baumhofer, ScD

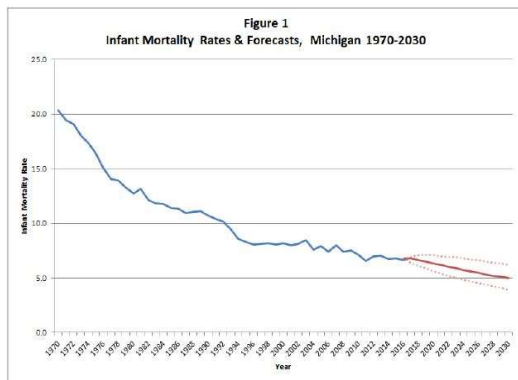
Black-White Health
Inequities by Intentional Design:

“The present is NOT disconnected from the past, and the current distribution of advantage and disadvantage is NOT a happenstance.”

-Dr. Camara Phyllis Jones, MD, PhD, MPH

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What does this graph tell us?



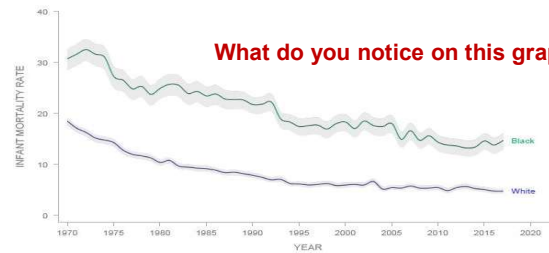
Note: Rates are per 1,000 live births. Rates after 2017 are forecasted within an 80% prediction interval indicated by the dotted lines; this means that the future rates fall between the lower and upper bounds of the interval with 80% probability.

Source: 1970-2017 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

Health disparity: A disproportionate difference in health between groups of people; **observable and measurable**

By itself, disparity does not address the chain of events that produces it...the "why?"

Figure 2
Comparison of White and Black Infant Death Rates for Michigan Residents, 1970-2017



What do you notice on this graph?

Rates are per 1,000 live births. The range indicated by the grey band represents a 95% confidence interval; this means that the true rate lies between the lower and upper bounds of the interval with 95% statistical confidence.

1970-2017 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

What are some of the narratives we hear, believe, perpetuate...about why these outcomes exist?

Where do these narratives come from?

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Life, But Better
Fitness
Food
Sleep
Mindfulness
Relationships
Watch
Listen
Live TV

How to prevent diabetes, according to a doctor

By Katia Hetter, CNN
6 minute read · Published 7:41 AM EST, Thu November 14, 2024

CNN: How common is diabetes? Are some groups at higher risk than others?

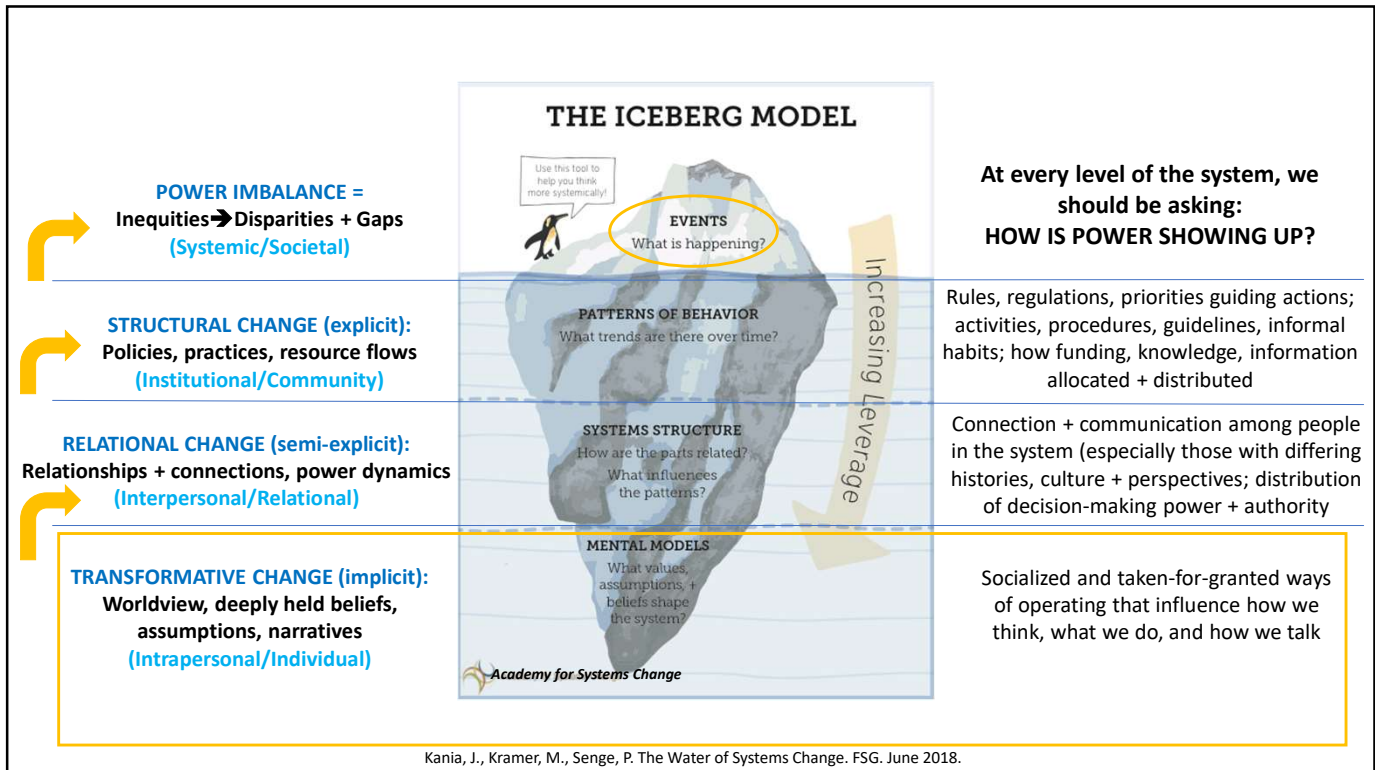
Type 2 diabetes is by far the most common type of diabetes. In the US, about 90% to 95% of cases of diabetes are type 2. In this form, the body doesn't respond to insulin as well and cannot keep blood sugars at normal levels. Unlike type 1 diabetes, which typically develops quickly, type 2 diabetes generally emerges over multiple years, and many people may not know that they have it until they are tested for it.

In addition, type 2 diabetes is typically diagnosed in people 35 and older, though in recent years, there have been more cases in younger individuals — including children and adolescents. Risk factors for developing type 2 diabetes include being overweight or obese and living a sedentary lifestyle. Certain ethnic groups are also more likely to have type 2 diabetes, including African Americans, American Indians, Hispanics/Latinos and Asian Americans/Pacific Islanders, and a family history of first-degree relatives with type 2 diabetes is a risk factor, too.

Considerations:

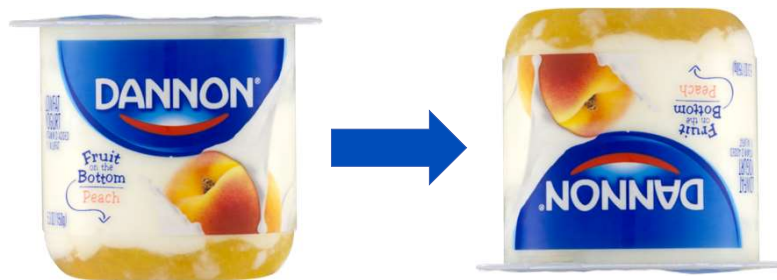
- ✓ What stories are we telling with our statistics?
- ✓ What is not being said or missing?
- ✓ Where do we need to be more intentional?
- ✓ What is(are) the root cause(s) + historical context?

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Equity as a *process* requires us to shift power



Flip the cup and mix it up!
We can mix it up in public health too!

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The 4 BCs: Habits of mind for social justice warriors (and PH leaders)



Be courageous

- Speak your truth
- Be unafraid of controversy
- Embrace challenge
- Know that the edge of your comfort is your growing edge



Jones CP, Corbie G (podcast host). A Different Kind of Leader, Season 2 Opener, Part I, October 13, 2020.
Jones CP, Corbie G (podcast host). A Different Kind of Leader, Season 2 Opener, Part II, October 15, 2020.



Be curious

- Ask “why?” + “why?” + “why?” again
- Read widely + read history
- Stay woke + walk in wonder
- Learn more than one language
- Travel as much as you can, both across town and around the world



Be collective

- Care about the whole
- Share your ideas, time, energy, “stuff” with others
- Recognize yourself as a global citizen
- Organize! Collective action is power



Build community

- Be interested, believe + join in the stories of others
- Talk to strangers
- Create bubble-bursting opportunities
- Speak up and take action on behalf of others
- Go across town + stay a while

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Questions?



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Click on survey in the chat



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Upcoming webinar:

March 11, 2025

Previewing the
2025 Annual
Data Release



Michael Stevenson
Co-director, CHR&R



Jess Hoffelder
Spatial data analyst
CHR&R



Naiya Patel
Evidence analyst
CHR&R

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Discussion group

When: Following the webinar

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Play [Narratives For Health Video](https://youtu.be/PycAQyaChR0)
<https://youtu.be/PycAQyaChR0>

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