



Narratives for Health *In Action*

Since 2021, [Narratives for Health](#) has worked with hundreds of public health departments and nonprofits, advocacy organizations and others across the country. The goal is to develop a shared understanding around narrative to shift mindsets on what drives health and equity and to organize for and operationalize the changes we seek.

Once people learn about narrative and ways to use a transformative narrative, they often ask: What's next? How can I advance transformative narratives and embed this in my work? What does narrative look like "in action?"

[Narratives for Health](#) has compiled more than 60 examples of ways narrative change has been implemented into health and equity work – examples that can inspire and advance your narrative efforts.

What are narratives?

Narratives, or values-based themes of stories, help us understand our world and set bounds for what is possible. Narratives call attention to what Frederick W. Mayor states as "who we are, what we believe and what we value." Narratives lead with shared values and narrative change is an organizing tool to see those values actualized in our communities and in the decisions we make.

How does Narratives for Health support narrative change?

Through discussions, tools, resources and a train-the-facilitator series, Narratives for Health offers people and organizations an entry point to understand narrative, narrative change and ways to act and organize. The train-the-facilitator series is a virtual training designed to help participants identify and develop narratives and apply narrative change to health and equity work. Participants learn how to lead conversations and move to action within their own organizations, communities or networks.

What are transformative narratives and the transformative narrative draft?

Through rounds of engagement within the train-the-facilitator series, Narratives for Health, along with over 300 organizations, created the Health Equity Transformative Narrative draft to elevate shared values that reflect a world where everyone can thrive and affect decision making. Because there are harmful narratives used in society that influence how we operate, the draft offers shared values that uplift health and equity to change what is possible.

People and organizations are utilizing either the entire narrative or components called value statements. The value statements are brief sentences or phrases that summarize shared ideas, beliefs or desired outcomes related to how the world should work. They are derived from dialogue and/or analysis among a set of individuals within an organization, community or network. They serve as guideposts that name what is possible when elevating health equity and racial justice and call in the values we want to prioritize to aid us in organizing ourselves and reimagining how our communities can operate. Find the Health Equity Transformative Narrative draft and other narrative materials in our [Narratives for Health guide](#), which is a free, public resource that compiles a sample of materials from our train-the-facilitator series. It includes concepts, models, recommendations and tools to aid organizations delving into narrative change.

Examples came through interviews with people bringing narrative work to their communities and organizations as either Narrative Builders or Narrative Partners. The Narrative Builders represented local, state and national public health, academic and community organizations who participated in a Narratives for Health cohort or train-the-facilitator series. Narrative Partners are state or national organizations already steeped in narrative change and are either sub awardees through or advisors to Narratives for Health.

Examples fit within five categories:

- 1. Build relationships from within:** Create buy-in for and foster shared understanding of narrative. Use these skills to lead difficult conversations and tell stories.
- 2. Embed in strategy:** Diffuse and deploy narrative in planning, policy and advocacy efforts and products.
- 3. Learn and share together:** Conduct or participate in a cohort, conference, course, presentation or other event related to narrative.
- 4. Assess and monitor:** Use research tools to monitor whether your organization has deployed narrative in the ways you intended.
- 5. Prioritize diverse voices:** Design and implement programs with people most impacted by inequities.

There are many ways to bring others along in the journey of elevating transformative narratives. Often, it begins with learning about and creating a shared understanding around narrative that includes a range of settings, audiences and formats.

Regardless of where you are on your narrative change journey, Narratives for Health can support you. After completing a [Narratives for Health training](#), participants can join our monthly community of practice sessions. The community of practice is a space to share and learn from others on how to diffuse and deploy narratives and discuss how to lead with shared health equity values in conversation with others. Narratives for Health also offers paired support with narrative organizers and partners. [Contact us](#) to join a training or learn more about the support we offer.

Build Relationships from Within



Leadership, organizational support and engagement in narrative-related work is critical to implementing change. Some of these strategies aim to generate solidarity and shared understanding within organizations. In addition to applications in professional settings, some examples reflect ways individuals can use narrative to gain understanding of others' perspectives and to bridge across identities.

Create buy-in. Organizations need some amount of internal alignment before being able to change organizational policy and culture and pursue next steps with external partners. For example, a state health department staff member gave a presentation to the agency's senior leadership team where participants learned the definition of narrative, the department's related work and how they could support next steps. In another example, a national public health technical assistance organization led their advisory board through a presentation to show the value of narrative change and gain approval to require new staff to complete a deeper training.

Increase narrative and skills of your organization's staff. Organizations often start narrative work by completing interactive, internal training and discussions. This often leads organizations to create a narrative guide or a written transformative narrative. Here are three examples:

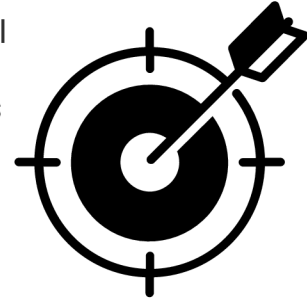
- A local health department held a staff narrative training and created a guide on how to communicate about their work internally, with partners and with the people they serve. They started by gauging awareness and then built buy-in by having staff create their own narratives.
- A state health department, in the context of a state health improvement planning process, trained hundreds of staff on narrative. Staff created narrative statements specific to their division's work, such as occupational health or environmental health.
- All new contractors and staff at a national population health technical assistance organization go through interactive discussions, or narrative cohorts, to infuse their work with the values in the health equity transformative narrative.

Use narrative skills in difficult professional and personal conversations. To shift mindsets, we need to get comfortable with discomfort. Narrative skills can help people have difficult conversations. A private foundation staff member reflected that they have leaned on their understanding of narrative at work and beyond. They find they have transformed how they operate by leading conversations with curiosity, sharing their own feelings, actively listening, identifying shared values, and connecting meaningfully with others' interests.

Consider incorporating storytelling in a training, a group discussion, or when engaging media. Stories can be an effective approach to narrative change. A statewide health education organization and a community development corporation serving an Indigenous community both shared how they are using storytelling as part of narrative strategy.

Embed in Strategy

Incorporating the words of transformative narratives alone will have limited results. The examples that follow show that organizations can embed the transformative narrative and its value statements into their health improvement planning process and documents, strategic plans, briefs and policies. Just like a strategic plan can be the beginning of putting strategy into action, embedding health equity values statements into guiding documents marks the beginning of operational, process and policy transformation.



Incorporate a health equity narrative into state and county planning processes and documents, such as a state or county health improvement plan, assessment or implementation plan. State health agencies have infused narrative into State Health Assessment (SHA), State Health Improvement Plan (SHIP) and implementation plans. Consider:

1. Guiding the planning processes with health equity narrative values and statements;
2. Defining health and the ways to achieve better health;
3. Including narrative as a strategy and/or as part of a theory of change; and,
4. Selecting implementation actions and measures informed by narrative values.

Deploy narrative work as a strategy and infuse into strategic planning. A range of organization types — including an academic health sciences center, national population health technical assistance provider, and a national association — have used narrative value statements in strategic planning efforts.

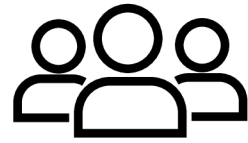
Incorporate narratives in policy recommendations. State health agencies recommend policies and comment on other agencies' policies. An organization can incorporate narratives when making recommendations or comments to reflect what they value.

Incorporate narrative in identifying and shaping advocacy campaigns. An international policy organization used narratives and the values they embodied when crafting its approach to healthy housing. They emphasized that all people have a right to be treated with dignity and to live in safe and healthy homes. In a second example, they advocated for smoke-free laws by focusing on healing and dismantling systems of oppression, instead of on individual behaviors.

Incorporate narrative as part of equity, diversity and inclusion efforts. Because transformative narratives often elevate values like respect, deservedness, diverse leadership and connection that many people across identities share, the value statements can be applicable across disciplines. A local public health institute presented on narratives in a diversity, equity and inclusion service week and wove the transformative narrative into discussions about how they see health equity in their work, outputs, organization, and when working with external partners. And a national public health consultant uses the draft transformative narrative images and words as reflection activities in anti-racist and public health equity discussion groups to help operationalize values with the goal of shifting mindsets and systems.

Learn and Share Together

Many organizations have identified ways to continue sharing with others in their network and community. Organizations can facilitate presentations or engage others in longer, interactive discussions.



Facilitate ongoing and interactive narrative training and discussions with people outside of your organization. Here are a few examples:

- The University of Wisconsin Population Health Institute trained local and tribal health departments in Wisconsin in a [Narrative Summer Series](#) as part of a Public Health Infrastructure Grant and co-facilitated a cohort of grantees with Narratives for Health.
- A faith-based coalition conducted a narrative cohort with a multi-denominational group of faith and lay leaders in one city to raise awareness of social determinants of health, narrative, and local advocacy opportunities related to the social determinants of health. The coalition sought to build a clearinghouse of communications templates (e.g., sample sermons, letters to the editor, social media posts and church newsletter about a public health approach to challenges that the community faced).
- A nonprofit social research consulting firm – in collaboration with their local school district, family member advisors to the school district, community, city and county government – is holding a series of narrative discussions with the goal that organizations and institutions within the collaboration (school districts, family advisory groups, and elected officials) will formally adopt the health equity narrative as guiding values. The strategy is to build support for narrative within a core group, then with families and community, and eventually throughout the county.
- A national population health technical assistance organization has run five narrative cohorts with health education organizations and medical associations.

Disperse narrative in teaching, technical assistance, coaching and courses.

Participate in and/or disseminate information about existing narrative training resources. For example, the National Association of City and County Health Officials has created a series of educational interactive modules to teach about the [roots of health inequity](#), including one on [narrative](#). Other places or ways to incorporate narrative in coursework or coaching sessions include lectures, continuing education content, professional development activities, technical assistance and public health department accreditation activities.

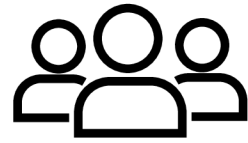
Administer a grant program to provide narrative peer learning sessions and technical assistance to community-based organizations.

A large city health department administered a request for proposals, conducted narrative cohorts, provided technical assistance and mentorship, and coordinated peer connection between organizations. Of 40 applicant community-based organizations, they were able to support peer learning for 10. A group made a video to train the community on how to collect stories, another created an archive for stories, and another trained doctors on narratives and how to tell stories in patients' voices.

Create your own Community of Practice (CoP). At least two states created public health CoPs where they work through ways to apply and learn about narratives, using the transformative health equity draft to guide their work.

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Engage partners, external organizations and media.

Here are a few examples:

- A community development corporation in tribal lands held two media summits to highlight indigenous narratives. The first summit engaged journalists from across the country. That summit also encouraged indigenous people to tell their stories and to change their own internal narratives about themselves. The second summit focused on taking action.
- A state association of local health departments presented on narrative to partners, including state agencies, faith-based and community partners and an association of counties. This deepened collaboration and helped inform each other's work.
- Multi-state coalitions of state and local health departments, hospital associations, local health directors, public health institutes, and health education training centers focused on the social determinants of health including a narrative training.
- As of 2024, Narratives for Health and their partners have presented at state convenings (Center for Public Health Education – Navajo Nation Conference, Indiana Public Health Association, Tennessee Region IV Regional Summits and Wisconsin Public Health Association) and national convenings (American Public Health Association, Communities Joined in Action, Facing Race, Interdisciplinary Association for Population Health Science, Interdisciplinary Association of Population Health Sciences, National Association of City and County Health Officials and National Network of Public Health Institutes).

Engage youth. An inter-agency coordinating council held narrative sessions for a youth group and paired the sessions with aspirational activities. One activity encouraged youth to explore how narrative showed up in the books they read or marches they attended.

Utilize networks to disseminate narratives, messaging and data. CHR&R's state teams are composed of organizations in a state that use, disseminate and inform the development of CHR&R assets, including its annual data release. Members have incorporated narrative statements and images into press releases, slides and presentations about the CHR&R's 2024 Data Update.

One organization focused strongly on narrative, putting all the narrative statements into a promotion flyer and slides for their Data Update event. This organization picked 5 – 6 narrative statements for the slides, which they paired with data from the CHR&R data update. They based their priority narrative statements on relevancy to their state and how they would present to a wider audience (example narrative statements: prioritizing collective wellbeing, interconnection, and diversity is our greatest strength). They invited legislators, partners across the state and others, reaching approximately 250 people in key positions. In a live presentation they led with the health equity narrative while sharing the data update.

Assess and Monitor

Some organizations have audited their own public documents to determine if they are successfully incorporating the transformative narrative or inadvertently pushing out a dominant narrative. Narrative change can take between five and ten years. Therefore, most of our Narrative Builders are not at the stage of evaluating the outcomes of their narrative change strategies. Narratives for Health continues to build infrastructure in order to get organizations at the stage of evaluating how narrative change strategies have changed the public narrative and dominant worldviews.

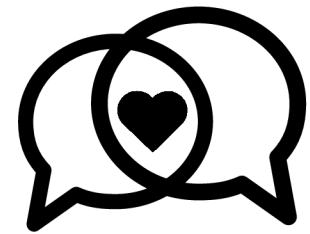


Audit your products. One national public health entity audits materials to determine whether their organizational values are showing up in their work. They audit their documents, webinars, podcasts, tools, discussions and publications to identify the prominent narratives. The organization also reviews public-facing publications with an eye toward narratives. In another example, a state health agency shared how they audit their work to understand whether it reflects the narratives and values they want to uphold. This includes evaluating and asserting their values. They identify gaps between the agency's current and desired practices and think about strategies to animate and operationalize their values.

Conduct a brief survey. A state association of public health leaders created a health equity survey and one-pager based on the health equity transformative narrative. The survey went out to several local health departments and asked them to assess whether their work aligned with transformative narratives.


Prioritize diverse voices

For people and places to thrive, we must honor the leadership and experiences of people most impacted by the health inequities we are working to address.



Prioritize diverse voices. Here are four examples related to narrative change work:

- A community-based organization engaged a part-time media coordinator to elevate stories around fatherhood in blended families.
- A university health sciences center operates a parental advisory committee that gives feedback to the medical school's research program. The center presented to the parents the importance of framing how and why research is done. They also held a webinar with therapists, psychologists, law enforcement and others to introduce narrative and incorporate narrative in a national grant program about children's sexual behavior, with a focus on shifting how systems (medical, law enforcement) think about and treat children with problematic sexual behavior.
- A state public health institute includes narrative as a relational strategy in their work with communities experiencing health inequities.
- A national population health technical assistance organization runs narrative cohorts with community advisors who have experienced discrimination in the medical system and health care professionals to decrease poor birth outcomes.



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