



Narratives for Health

In Action: Learn and Share Together

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.

[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. This document highlights one of five categories. View the [full resource here](#).

What are narratives?

Narratives, or values-based themes of stories, help us understand our world and what is possible. They call attention to what Frederick W. Mayor states as “who we are, what we believe and what we value.” Narrative change is an organizing tool to see shared values actualized in our communities and in the decisions we make.

How does Narratives for Health support narrative change?

Regardless of where you are on your narrative change journey, Narratives for Health can support. After completion of 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.

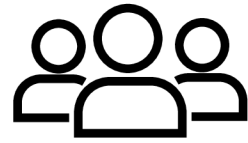
What are transformative narratives and the transformative narrative draft?

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.

Find that and more in our [Narratives for Health guide](#), which is a free, public resource that includes concepts, models, recommendations and tools to aid organizations delving into narrative change.

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.

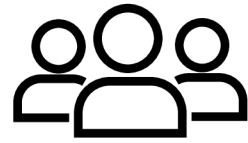
Administer a grant program to provide narrative peer learning sessions and technical assistance to community-based organizations.

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.