



ISSUE BRIEF

STORYTELLING: A Tool for Health Advocacy

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» INTRODUCTION

Storytelling is an important strategy for persuading audiences across many different issues. The right story has great potential to change strongly held beliefs¹ and make information easier to remember. However, the question of what it is, specifically, about a story that makes it persuasive is not very well understood by health advocates² and, lacking that understanding, the success of health advocacy stories has tended to be hit-or-miss, or often unknown.

This brief is primarily intended for health advocacy organizations and funders seeking to develop or refine storytelling strategies. It provides tips and guidance from the experiences of Project Health Colorado (PHC), a 2011-13 community-focused effort designed to engage individuals and organizations in a statewide discussion about health care and how it can be improved. As part of PHC, over 20,000 people were reached in person by community volunteers and staff.³ Many of the community volunteers and staff used stories to talk about health care and build their audiences' awareness, understanding and commitment to improve access to health in Colorado. Stories were delivered in many different ways, including news articles, community meetings, websites and social media. Community volunteers and staff also used a wide variety of story collection strategies, gathering stories on many different topics and in different forms (i.e., written, audio

and video). In addition, community volunteers and staff engaged their audiences for different reasons, from starting a conversation to focusing the conversation on specific policy issues and agendas.

This brief focuses on the internal elements of a story that increased or decreased the ability to persuade different audiences, and identifies a few key guidelines to help health advocates choose the right story (i.e., one that will do the most to move the audience on a particular topic). It is with this last piece that advocacy groups often need the most help—the many toolkits on story collection and storytelling often help identify general topics, but they tend to lack a more detailed breakdown of what type of elements move people to action. The tips and lessons in this brief were generated by and grounded in the direct experiences of community volunteers and staff who used stories to engage Coloradans in discussions about health; in best practices on narrative in advocacy; and in PHC's own research on the effectiveness of stories.

Understanding what makes a story persuasive is crucial to using stories as a meaningful part of an advocacy campaign.

» STORY COLLECTORS

PROJECT HEALTH COLORADO

Project Health Colorado (PHC) was created and funded by The Colorado Trust, a statewide grantmaking foundation, to organize a group of organizations and individuals interested in discussing health care issues, learning more and standing together to make health care work better for Coloradans. By asking questions, getting straight answers and encouraging people across the state to be part of the solutions, PHC helped influence how decisions are made about health care. PHC built on the work of 13 organizational partners to help foster the necessary awareness, understanding and, ultimately, support for the kind of changes that will help achieve access to health for all Coloradans. Additional funding for those partners was provided by the Colorado Health Foundation. The communication and messaging experiences outlined in this brief build on the training PHC participants received from Spitfire Strategies, one of the PHC communications consultants.

PHC generated many of its own stories, primarily through videos and often covering the work of the partner organizations. The following four organizations also generated their own stories:



COLORADO HEALTHSTORY

Colorado HealthStory was a collaboration between the Colorado Rural Health Center, Colorado Coalition for the Medically Underserved and ClinicNet. Colorado HealthStory helped community members share their stories via audio clips at forums, meetings and online.



9HEALTH FAIR

9Health Fair collected stories from participants at health fairs throughout Colorado, engaging people in the moment of accessing preventive health care information. The stories were primarily shared through social media and provided to advocacy and news partners who needed a storyteller on a specific health care issue.



Children's Hospital Colorado

CHILDREN'S HOSPITAL COLORADO

Children's Hospital Colorado videotaped stories about families accessing care for their children, often highlighting specific health care reform issues. They also videotaped the experiences of families learning to advocate for policy change. Both types of stories were used on the hospital's website and at advocacy events.



COLORADO PUBLIC NEWS

Colorado Public News produced health access-related news stories and disseminated the stories to media outlets across the state. Their news stories included the personal experiences of individual Coloradans, and periodically highlighted PHC storytellers.

» DEFINING THE “POWER” OF A STORY:

In this advocacy context, we define a story as powerful, or persuasive, if it makes its audience members want to tell others about it and/or take some action on the topic.

» WHAT MAKES A STORY POWERFUL

Narrative scholars Melanie Green and Timothy Brock tell us that “transportation into narrative worlds, or immersion into a story, is a primary mechanism of narrative persuasion.”⁵ PHC’s own research found this to be true as well—immersion, or “transportation,” is a key ingredient of a powerful story. But immersion alone does not necessarily make a powerful story. There are other important elements that can build the power of a story to move people to action.

To understand the power of a good story, PHC’s evaluation team conducted a survey that randomly assigned participants to read, listen to or watch video of one of six stories, or were placed into a control group that did not receive any stories. The six stories were culled from the actual stories PHC and PHC-funded organizations gathered from their volunteers and used in their efforts to engage audiences around health access. Some of the stories were very personal, highlighting a particular individual or family’s health experiences with accompanying facts and data. Some were focused on community conversations and the differing viewpoints on health around Colorado.

The survey captured the reactions of an online audience to the stories,⁶ using questions from previous research on how people respond to narratives.⁷⁻¹⁰ The questions focused on the audience’s emotional reaction, the extent to which the stories were engaging and relatable and the impact of the stories on policy priorities for the audience. The questions also focused on which stories people were most likely to want to share with others, and whether the stories inspired an interest in getting involved with PHC.

The survey found that a combination of three out of four major elements added up to a persuasive or powerful story. Transportation into the story’s content—as measured by whether an audience member wanted to know how the story ended, or whether they found it hard to put out of mind afterwards—contributes to a desire to take action. The survey also discovered that to

The Power of a Story

Stories are everywhere, but why? What is so alluring about a story and why do they continue to remain so interesting to us? Part of their allure is the impact they have on audiences by tapping emotions, influencing beliefs, modeling new behaviors and even shaping cultural identities. In other words, stories persuade.¹ The depth of that persuasiveness can be seen in the overwhelming number of stories in our culture—in books, television, films, songs, poems, radio, newspapers and elsewhere. Another marker of how deeply we believe in the power of stories to persuade can be seen in how often we fear their influence, evidenced by the long list of stories that have been censored by governments, schools, libraries and churches, among others, throughout history.

Indeed, change occurs not from lists of bullets, factoids, short “ask” messages, white papers or presentations full of charts or tables—but with stories. For example, when President Obama signed the Affordable Care Act into law in 2010, he related no fewer than four real-life health stories, his mother’s included. Although he said just a few sentences about each story’s subject(s), the multiplicity of stories and the power of each reminded audiences in less than three minutes of the intent of the years-long political battle, rhetoric and 1,990 pages of the actual bill.⁴

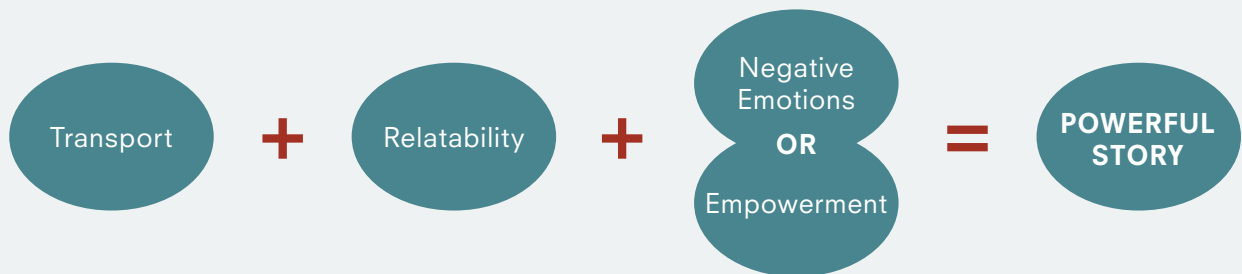
bring someone to action, it helps if the story transports its audience into its “world”; contains everyday people the audience can relate to; and either elicits negative emotions like anger or empowers the audience to believe he or she can make a difference if they take action.

But what do these elements actually look like in a real story? To make this information more useable, we’ve developed the Rule of TREE:

Rule of TREE

You can create powerful stories if you follow the rule of TREE:

- **Transport** the audience into the world of the story
- Characters to whom the audience can **Relate**
- Either **Engage** the negative emotions of the audience or **Empower** the audience in the belief that they can make a difference if they take action.



Transport & Relatability

How does a story transport the audience into another world? That can be challenging, and there is no way to make sure every story has this ingredient for all audiences. If the story follows the basic rules of narrative—that is, the storyline has a clear beginning, middle and end, in which characters encounter and resolve a crisis or crises (resolution does not need to be positive)—then there is a much better chance of transporting the listeners, readers or viewers. Further, if audience members want to know how the story ends; pay attention all the way to the end without stopping or becoming distracted; or report getting “lost” in the story, then they’ve been transported.

Relatability is equally hard to achieve. A story needs to have characters that the audience sees as realistic—characters who are similar to themselves, people they know, or even like people with whom they are familiar. The primary character is generally the most important, but secondary characters (like doctors or health insurance providers, as one is likely to encounter in a health story) also need to be relatable. This means the characters must be neither too altruistic nor villainous—both extremes stretch the audience’s credulity and make them feel like they are encountering fiction.

As an example of both transport and relatability, one survey participant said the following in response to a Colorado Public News story on bankruptcy from medical expenses:

“That could happen to me or someone in my family! How can I keep this from happening?”

~Survey respondent

In other words, this reader could see themselves in the story, and was transported enough to want to take action.

Negative Emotions

Along with transport and relatability, strong negative feelings in reaction to the story contribute to audiences wanting to talk about the story.

A video story from Children’s Hospital Colorado about an extreme example of the costs of the health care system (a mother facing \$10,000 per day of health care expenses for her hemophiliac son) was both significantly transporting—most viewers wanted to learn the end of the story—and generated strong emotions, as in these answers to the question of what thoughts and feelings the story elicited:

“Disgusted that she had to stress about money while trying to deal with her son’s life-threatening illness.” ~Survey respondent

“Frustration and anger. This is an extremely difficult disease, and I grew up with a friend who had severe hemophilia. He died in his thirties, which was tragic. I had NO IDEA it could cost \$10,000 per day. Disbelief.” ~Survey respondent

This story was more likely than others tested to result in the audience wanting to discuss the story or take multiple types of action, such as going online, attending an event or contacting officials.

Empowerment

One story did not generate any negative emotional reactions but did move people to action. A video from PHC tells the story of four parents who visited the state legislature to learn how to advocate for children’s health. In the video, the parents share their experiences and their sense of having a voice. The survey participants listening to this story expressed strong feelings of empowerment when asked what thoughts and emotions the story elicited:

“Empowered with the knowledge that if I have an issue [to] push forward, I can go to my elected officials and not feel intimidated.” ~Survey respondent

“Made me feel like I could at least have a voice.” ~Survey respondent

“Admiration for these people and a desire to learn more about what the legislature is doing about children’s health care issues.” ~Survey respondent

» MOTIVATING AUDIENCES TO TAKE ACTION

While empowerment is a powerful tool within a story, not all positive emotions were equally compelling. For example, a story about a woman with breast cancer accessing health care when she needed it and achieving a positive outcome left the survey subjects feeling happy and hopeful, but did not inspire them to want to talk to others or take action.

Stories can motivate people to take action on issues like health care reform, but only when they help transport someone, are relatable—with characters that look like someone they know or could be them—and either empower or generate negative emotions. The rule of TREE can help you identify the right stories to incite action, but what are the right stories to incite a specific action?

“I wish I had chosen health care as one of the three things that I previously listed (in the survey). I agree that health care works if you are your own advocate and have money, otherwise you’re kind of (in trouble).” ~Survey respondent

» ENCOURAGING STORYTELLERS TO TAKE ACTION

Besides encouraging people to take action, stories can also be used to start specific conversations on a particular policy issue. The issues included in the story will be front and center in the audience’s mind. Choose stories to trigger specific conversations. For example, among the survey respondents who did

not identify health care as a policy priority before taking the survey, 35 percent changed their mind after being exposed to a story about health care.

Respondents who watched Children’s Hospital Colorado’s video about the child with hemophilia and the family’s fears about approaching the lifetime limits on their health insurance were more likely than any other respondents to identify lifetime limits as a major problem with the health care system. None of the respondents that heard the other stories mentioned lifetime caps at all. Additionally, respondents who read the Colorado Public News story about bankruptcy due to medical expenses were more than twice as likely to identify facility fees as a problem with the health care system compared to other respondents.

How stories are collected matters, too. Explaining to storytellers how their stories will be used, and giving them ways to use their story themselves, can help them remain a part of advocacy efforts after they’re finished telling their story. Additionally, the storyteller who is willing to tell their story in person has potential to help motivate others to join advocacy efforts.

In focus groups and interviews, PHC found the experience of storytellers telling their story was generally positive and motivating. Many of the storytellers felt empowered, particularly when they had the opportunity to see their stories being used, and were even surprised to know their stories were important to other people.

However, some focus group participants did not feel empowered by the story collection process because it was unclear to them how, or even if, their stories were being used. This suggests that a storytelling process, when not designed to empower, can unintentionally leave people feeling disempowered.

“Anything that happens from now—I helped, I can do it, nothing will stop me.” ~Storyteller

“I feel liberated, now I can talk to anyone about this problem.” ~Storyteller

“When I told others [about the experience of telling my story], I told them someone actually was asking questions about how we felt about health care in the USA.” ~Storyteller

» CONCLUSION

A storytelling strategy can be valuable to advocacy efforts. A well-crafted and well-chosen story is worthy of respect and attention on several fronts:

- Remember the Rule of TREE: Stories that transport their audiences, allow them to relate to the characters, and either raise negative emotions or empower them to believe they can make a difference and move audiences to take action.
- The issues covered in a story will be front and center in the audience’s mind, so choose a story that introduces the set of topics to be discussed.
- A story-collection process that shows the storytellers how their stories will be used can further empower them and even create long-term messengers.

By paying attention to how and what stories are collected, and how and where stories are used, stories can become a reliably powerful weapon in the arsenal of those seeking to make a meaningful difference in the world. The power of a story to persuade people should not be overlooked.

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Visit the following websites or email the contact person for more information about Project Health Colorado and the grantee organizations featured in this report:

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Spark Policy Institute partners with communities, policymakers, leaders and the general public to find solutions to complex policy problems. The combination of community- and stakeholder-driven research with practical, hands-on experience in the policy systems allows for solutions that bridge across sectors, policy issues, levels of government and diverse beliefs and values. Spark served as the evaluators and real-time strategic learning coaches for Project Health Colorado. To learn more about Spark Policy Institute, visit www.sparkpolicy.com, email info@sparkpolicy.com or call 303-455-1740.

» ENDNOTES

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