



# TRANSFORMING THE NARRATIVE:

Health Equity and The Community

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A TOOLKIT

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“

Whoever  
controls the  
*narrative*,  
controls the  
*people*.

– ABHIJIT NASKAR

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# WELCOME!

Welcome! We are so glad that you have picked up, found, were pointed to or given this toolkit. It was designed, not as a step-by-step guide, but to complement the narrative change work being done in our communities every day that decreases exposure to Adverse Childhood Experiences (ACEs), prevents substance use and creates more opportunities for health equity. Whether you are a public health agency, community power building organization or curious community member, we invite you to join us in this work. We believe that the current dominant narrative's ideas about the way the world works shape the way we see ourselves and respond to people and situations. They can cause intentional harm to our people, divide us from one another, and maintain an unjust status quo. Amplifying liberating, or aspirational, narratives that include all of us is essential to create thriving ecosystems of care in our homes, communities and work spaces.

The goal of this toolkit is to offer insight from project partners that built and amplified transformative narratives in their communities, as well as resources that will help you build sustainable, cross-sector relationships, and grassroots power that help us all achieve health equity. For health departments this helps to offer a frame for more justice rooted language. This is different from normal public health department guides. This information is more community driven and empowering, getting to the purpose behind the work that health departments and communities build together. This toolkit uses language that is true to the narratives that come from everyday experts.

We recommend using this toolkit in collaboration with the video training. The workbook is located at the end of this toolkit. When choosing to engage in narrative change work we ask you to be curious about yourself and the others you are inviting in. Know that this work is powerful and that we all have biases and stories that impact how and why we interact with our families, communities and organizations the way we do. When we say "yes" to working together we learn how to listen more intently and get clear about the changes we see as integral to evolution.

This toolkit was informed and developed by work completed by The National Network of Public Health Institutes and the Michigan Public Health Institute, in collaboration with the Centers for Disease Control and Prevention, Vanderbilt University, local community partners at local health departments and with community power building organizations in Ohio and Michigan. Partners worked on projects later discussed in the case study over the course of a three year initiative to promote primary prevention of Adverse Childhood Experiences (ACEs) as a strategy to prevent future substance use in Cleveland, OH, Cincinnati, OH and Detroit, MI. For some added context, when this project first began in 2018 we were in a different place. It was pre-COVID19, people doing work in the community were able to knock on doors and meet people face to face, we were able to hug family members, go to coffee shops, visit loved ones in the hospital, have trainings and events in person, and so much more. During the pandemic everything became amplified and project partners had to shift how they worked with community members, manage their own mental health and wellbeing in new ways and learn a ton of new options for communicating with each other. There was an escalation in violence and substance use to cope with the grief of further separation and with many of us feeling as though we abandoned our loved ones or that they died alone. We saw increases in firearms violence and a domestic attack on the United States Capitol.

Today the Delta Variant of the COVID-19 pandemic is making it hard for all of our communities to feel safe and thrive. The pandemic has uplifted disparities in Black, Brown and impoverished communities who have been affected at higher rates, deemed as invisible and disposable, while many immigrants have been excluded from federal COVID assistance. We experienced the murders of unarmed Black folk and blatant anti-Blackness demonstrations as well as a growth of the Black Lives Matter Movement. As a community we know that racism is a public health crisis that affects us all. The partners engaged in this work made magic happen in the midst of being afraid and losing loved ones, finding new ways to thrive and pivot when something was not working the way they needed it to.

## Next Steps:



1. Review and complete the Health Department/Community Organizing Assessment Tool located in the Workbook or this **Self-Assessment for Addressing Health Inequities Toolkit and Guide**.



2. After completing the assessment tool you should have a better understanding of your capacity and some questions about narrative change. See the “what is a narrative?” section.



3. Be curious and invite partners with a vested interest in narrative change, power building and health equity to develop goals and objectives as well as to determine training needs.

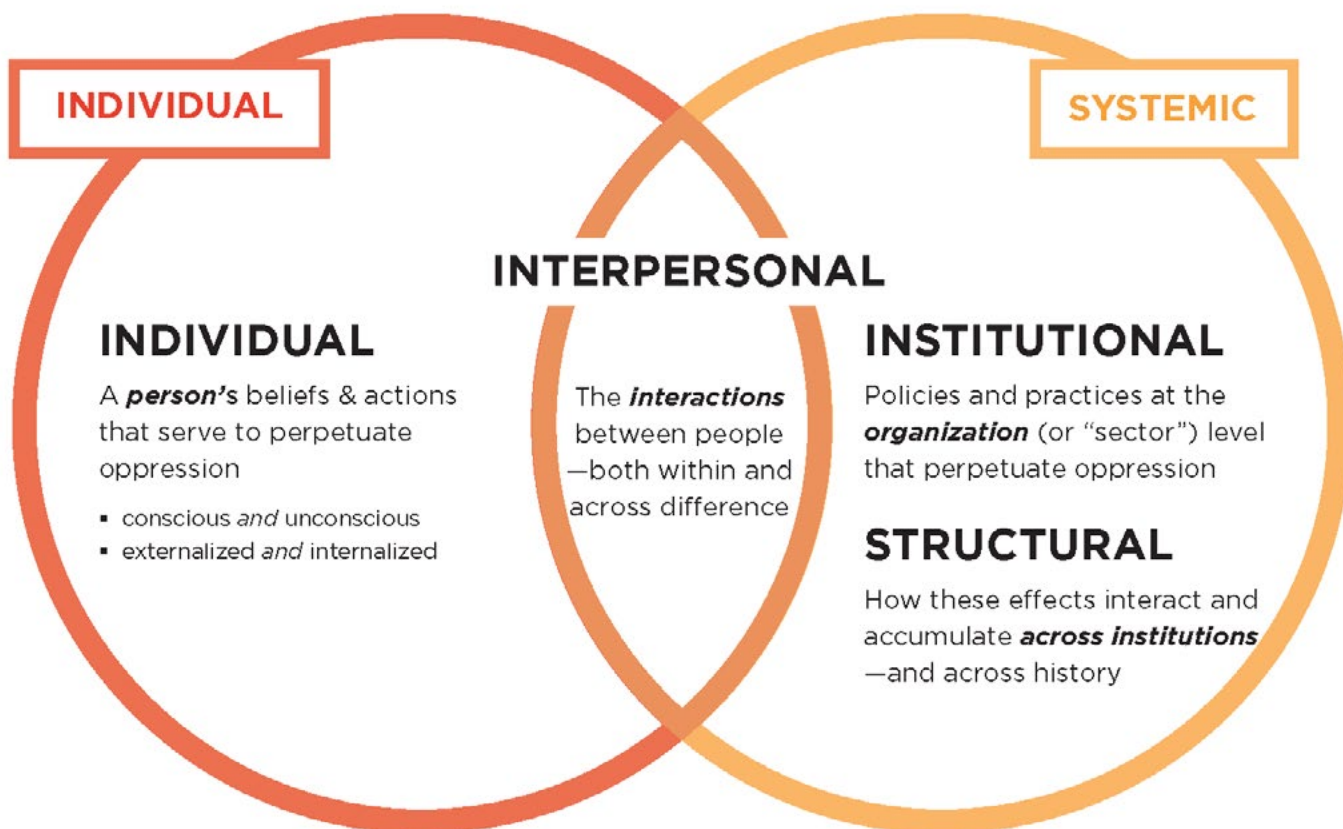
We want to thank you for saying “YES”  
to the work you are stepping into.



# A Note on Systemic Oppression & the Role of POWER

**Systemic oppression** is the strategic and intentional disadvantaging of a group of people based on their socially structured identity. It benefits members of a dominant group (race, gender, class, sexual orientation, religion, language, etc.) by strategically maligning Black, Brown, Indigenous, Immigrant, Appalachian, Queer, trans, gender nonconforming, intersex, multi-abled and low income people through economic, political, social and cultural systems. It is complex and intersectional; woven into every part of our lives. Impacting all of us on every level: social, emotional, spiritual, physical, bio-chemical, mental, environmental, etc. Living through systemic oppression creates continuous and debilitating barriers that keep loved ones without the resources necessary to thrive and systems in place that only benefit people living in a socially constructed status of privilege.

Historical experiences of enslavement, anti-Black/Queer rhetoric, and internalized oppression result in trauma, health disparities, violence, feelings of worthlessness, self-harm, numbness, fear, depression and many more. Moving forward we implore you to understand that racism is a strategic concept that manipulates narrative. To shift narratives, we invite you to get curious about yourself and how you will choose to show up in this world. Below are examples of how oppression impacts us and how racism distributes opportunity and compounds traumas that may be experienced by those who have not realized or know how to use their inherent power.



### Some phenomena playing out at each level

INDIVIDUAL	INTERPERSONAL	INSTITUTIONAL	STRUCTURAL
<ul style="list-style-type: none"> <li>▪ Identity and difference</li> <li>▪ Individual advantage and disadvantage</li> <li>▪ Explicit bias</li> <li>▪ Implicit bias</li> <li>▪ Stereotype threat</li> <li>▪ Internalized oppression</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reproductive discourse (“Discourse 1”)</li> <li>▪ Microaggressions</li> <li>▪ Racist interactions</li> <li>▪ Transferred oppression</li> </ul>	<ul style="list-style-type: none"> <li>▪ Biased policies and practices (e.g. in hiring, teaching, discipline, parent-family engagement)</li> <li>▪ Disproportional (e.g. racialized) outcomes and experiences</li> </ul>	<ul style="list-style-type: none"> <li>▪ Systems of advantage and disadvantage</li> <li>▪ Opportunity structures</li> <li>▪ Societal history of oppressive practices and policies</li> </ul>

Source: [National Equity Project](#)





*“If the United States took a public health approach to creating and supporting community, what would that look like?”*

**- ADAORA**



**Power is “dynamic, relational and multidimensional, changing according to context, circumstance and interest.**

Its expressions and forms can range from domination and resistance to collaboration and transformation.” (Just Associates, 2006). When you step into community work one of the first things you learn about is the role of power...who has it, wants it, is winning/losing, numb/overwhelmed, etc. We learn about the strength and power of our collective voices.

We also realize that we have our own, inherent power, which often loses to institutional power because we fight our issues alone instead of collectively. It is important for us all to share power and hold each other accountable to what could be instead of what just is. There is also external power; your title, wealth, social media popularity, etc. Power can change in a second. Power is more potent when shared and is usually obtained through people (you and me) along with resources like money and votes.

Power offers us an opportunity to challenge and overcome systemic oppression. It is important to remember that systems and structures that have been in place for a long time have a lot of built in red tape. Organizations oppress their staff by silencing

opinions, curbing innovation and stifling the adoption of more effective practices. It is important to remember the role of power in staff and community spaces for this reason. Sometimes staff/community has become so hyper aware of the presence of power that we become numb to the amount of effort it takes to navigate it. That doesn't mean our brains, bodies or spirits don't become tired from it. A living example of this came from project partners who shared that even though transparency and feedback were encouraged, staff had learned how to silence themselves as a practice because of fear of a consequence or job loss.

Several partners shared that they had to get really curious, let go of ego, and learn to internalize their own power and work strategically in order to shift the narratives in their work spaces. “Challenging power structures from the inside, working the cracks within the system, however, requires learning to speak multiple languages of power convincingly.” by Patricia Hill Collins. Source: Collins, Patricia Hill. (2013). Truth-telling and Intellectual Activism. Volume 12, Issue 1, Page(s): 36 - 41. Just like power, systemic oppression is taught and can be unlearned so that we can find new ways to show up with each other. We can learn how our own stories and experiences have shaped what we “know” to create space and be curious about who we are and could be.



*Below are some of the ways systemic oppression impacts us on a daily basis:*



**EDUCATION:** Limited/no access to high quality education, lack of resources or after school activities, little to no IEP (Individualized Education or Special Education Plan) creation/support, segregated schooling (race, class, religion).



**HOUSING:** Redlining: denying financial support to someone because of their race, ethnicity, gender, sexuality or religion.



**FOOD:** Lack of access to green foods and fruits, overly processed food on shelves, no grocery stores within walking distance, food deserts or swamps (no food or an abundance of fast food).



**PUBLIC ASSISTANCE:** Lower participation, poor customer service, inability to access a service, making it difficult to find support, limiting the number or times/ways to access a service.



**HEALTHCARE:** Exposure to high stress environments, poor quality patient care, lack of access to critical resources, discrimination of patients pain, outdated treatment practices, epigenetics, gaps in insurance coverage.



**WORKPLACE:** Hiring practices that limit or have quotas to the amount of minorities they hire, tokenizing people of color or identities, promotion practices, under/over valuation of contributions leading to pay increases, Lack or no implementation of anti-discrimination policies.



**LAW ENFORCEMENT:** Racial Profiling, Militarization, increased surveillance in low income communities or communities of color, police brutality.



**JUDICIAL & LEGISLATIVE SYSTEMS:** Longer sentencing for people of color or lower income, outdated and unjust laws, budgeting favoring the rich or economically stable, Immigration or Incarceration policies, predatory banking.



**ECONOMIC SYSTEMS:** Inequitable wages, predatory banking and loans; exclusion of mainstream economic sectors to access high quality financial products; wage theft.



*“People spend their whole lives struggling to survive due to conditions they have absolutely no control over, like systemic racism and poverty.”*

**- ERIKA**

# Grounding Values & Relationship Building

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**Public narrative** draws on and is grounded in an underlying worldview, a set of values and beliefs, norms and assumptions that shapes our understanding of the world and how we act in it. In the case study below you will hear about how Local Health Departments (LHD's) and Community Power Building Organizations (CPBO's) built what might be considered nontraditional relationships, in order to advance health equity and prevent ACEs. These relationships were grounded on the values of equity and dignity of human life. There were shared fundamental beliefs that reducing harm, restoring dignity, honoring brilliance and offering every person opportunities to reach their full potential make for a healthier and more equitable world, and that changing the narrative to one that encompasses us all makes spaces we live and work in safer.



*“Every single human is worthy of happiness, love, health and safety. They’re human rights that we should all be born with. They are taken away from a lot of people.”*

**- ERIKA**



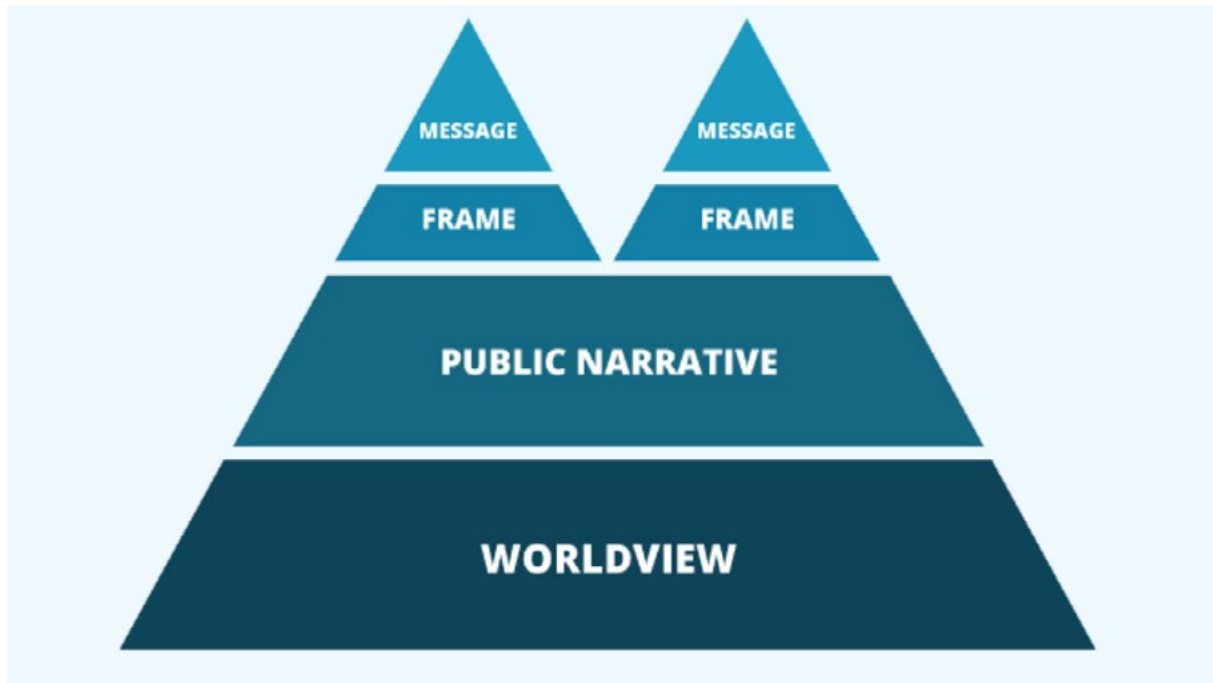
# Building a Narrative

## WHAT IS A NARRATIVE?

**Public narrative** is a collection of stories that share values, a central idea or belief, all of which guide behavior and influence how we move in the world. It brings alignment to group experiences and helps us process and understand how the world works. Narrative can be overt and intentional and also becomes subconscious and ingrained, framing how we tell our stories, address problems, view the world around us and assess the people and systems within it. Public narratives shape what is possible.

A dominant public narrative is one that beats out other narratives and has the most power to shape what is possible. Dominant narratives become dominant because they are shaped and promoted by a group of people for a purpose. We hear and experience dominant narratives all around us, in the media, and from other people. They are embedded in our institutions, structures, and norms. Most of the time, we are hardly even aware of them, much less the way they shape our understanding of our experiences.

**Dominant Narrative:** It's a belief system, pattern of thought and framework for how we collectively understand each other and the world around us. It helps us determine how we live and respond to the things we experience. It's a frame that helps us assess experiences and frame beliefs as to what is worthy or right. What it really tells us is that what is right and true is white, affluent, able bodied, heterosexual, Christian and cisgendered male, with no focus on the entirety of all of us as human beings. It does not make space for true safety, culture, creativity, depth or abundance. Often, dominant narratives become our blind spots.



Source: *CJPH Narrative Development Toolkit*

An example of a phrase that is part of a dominant narrative is “pull yourself up by your bootstraps.” It tells the story that we are all individuals that have the ability to change any situation we are in when we make the choice to do so. The challenge with this type of narrative is that it assumes we all have straps, boots or the resources to obtain them. This is not true for the majority of us. Like this example, these stories can become so powerful that they shape how we think, make decisions and address problems. They can become like blinders that limit our view of the situation and of what is possible. In order to create equitable ecosystems of care and conditions that enable us to thrive, we must be able to widen our scope, acknowledge how dominant narratives oppress us and become curious about the people, systems and structures around us and whether they are helping us be well.

Public narrative is found in all societies, “invisibly woven into the fabric of everyday life. These shared systems of meaning, mostly taken for granted and unremarked, exist as themes or stories in our consciousness. They give coherence to group

experience, particularly how the world works. Sometimes this means that they also provide ‘moral justification’ for inequities in society. Expressed in legal codes, the arts, mass media, and corporate discourse, core narratives provide the necessary mental models, patterns, and beliefs to make sense of the world and explore our place within it.” (Wainwright, Falola & Kinglake, 2019)

Public narrative has the power to shape what is possible. “Narrative builds power for people, or it is not useful at all...narrative power is the ability to create leverage over those who set the incentives, rules and norms that shape society and human behavior.” (Wainwright, Falola & Kinglake, 2019) When we tell our stories and shift public narratives we invite each other to heal and connect. We invite each other into truth instead of assumptions. We make new things possible. To continue building a true understanding of the power of narrative and its effectiveness we need to develop the ability to monitor how narrative has been dispersed and shifts our language and behaviors over time.



## NARRATIVE AS A TOOL

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***For many generations, narrative has been used to divide and oppress us.*** It works by making us believe we can succeed by isolating ourselves from their ecosystems of care. It manipulates belief systems around who is deserving, good or bad, right or wrong. It offers us preconceived notions with no basis in the truth of who we are individually and as a collective ecosystem. We see this every day and are often blind to it. We elect officials that are given great power with no accountability with the expectation that they will make a decision that has our best interest at the forefront. This reality debilitates us and makes it *feel* impossible to achieve our goals around health and wellness.



*“The dominant narrative is, that’s for somebody else. You don’t get that. You don’t deserve that...the narrative is, stay in your place...You should be satisfied with what you have, content with what you have.”*

**- DANIEL**

Often we also don't realize that we are so inundated with narratives that are not true to who we are and our collective values. We often find ourselves unable to understand who we are and what we need right now because we are taught that overproduction leads to worthiness. Overproduction really means that we do not have the capacity to make space to think clearly, get adequate rest to nourish our brains and bodies, or get clear on what we actually need to feel well or successful. It's intentional and can be changed with clear choices and an awareness of how whiteness and worthiness impact our thinking and control our environment. Making space in the busy every day with the idea that you cannot survive and thrive without working yourself into death is the subliminal narrative. That you have to do it by yourself, instead of trusting others and learning where your boundaries are is another way historical narratives have inundated us. An interesting evaluation of narrative and its uses comes from the book *Dog Whistle Politics* (Lopez, 2014) where the author, a law professor specializing in race and racism, writes that current narrative is an animation of white racial fears through the use of coded language and manipulation. It is a "metaphor that pushes us to recognize that modern racial pandering always operates on two levels: inaudible and easily denied in one range, yet stimulating strong reactions in another" (Lopez, 2014).

In the United States especially we are often faced with narratives that uphold a history that does not include the whole of our experiences. One of the ways this is continuously done is what is known as bootstrapping, literally translating to "I pulled myself up by my bootstraps to get where I am, without any help from anyone else." What it leaves out is the impacts of privilege. That many of us don't have straps, boots, socks or any other resource that could be used to change our current living experience. Individual achievement does not heal systemic injustice (Open Society Foundation, 2018).

Narrative change only becomes possible inside of an ecosystem with systematic and ongoing collaboration. If we look to other narratives that are created by people who have been implicitly harmed by oppression and racism, we see narratives of hope,

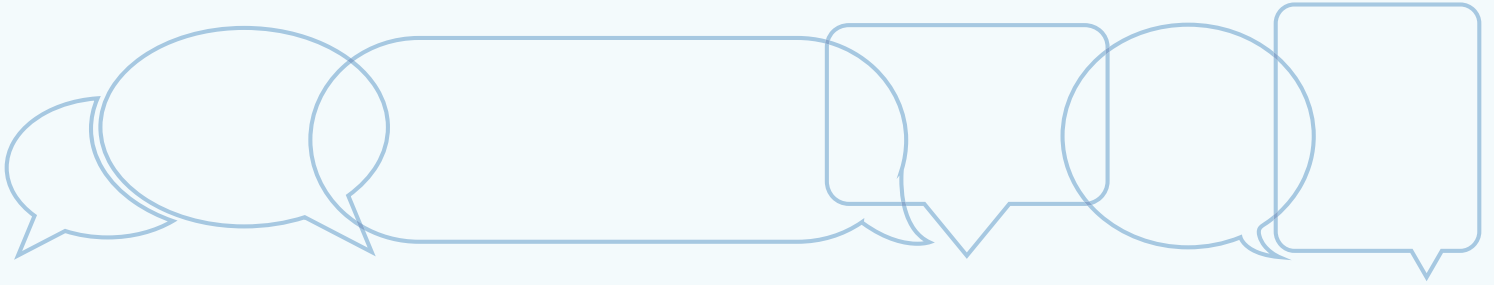
joy and the rejection of the title of victim as well as deficit thinking. We begin learning about inclusive ecosystems and economic liberation and the truth that there is more than enough for all of us. We also begin to become more aware of the fact that we are creating history now, that our choices directly impact what is possible today.

*"People say, pull yourselves up by your bootstraps...we don't even have the boots, or the straps. They say if you work hard enough, you can succeed. Really? How is that possible, when there are barriers and roadblocks and systems that were designed to keep us from having the American Dream."*

**- DELORES**

*"As a Black man, some of the narratives that I wrestle against is that I'm dangerous, not knowing how to show up in space. It's a lot. I think a lot of it we fully understand before we finish elementary school."*

**- DEJUAN**



## CREATING A NEW NARRATIVE

### **Aspirational/Transformative Narrative:**

A narrative rooted in collective values and beliefs, co-created by those who will translate, elevate and amplify it to spread awareness of the truth about our lived experiences. An aspirational narrative invites us to tell our stories and uplifts stories that have historically been intentionally silenced, inaccurate or ignored. Zora Neale Hurston shares that “There is no agony like bearing an untold story inside of you.” When we begin to share a new narrative we are including all people in order to become more visible and abolish or transform systems that create life giving and affirming laws and policies. It restructures opportunity by reassigning value to every living being, elevating urgent needs and opportunities and providing awareness to the fact that we should all be able to live to our full potential. The beauty of a new narrative is that it invites us into action by sharing what we are dreaming of and the strategies we can use as a collective to get us there. They offer us the opportunity to heal while building power that revolutionizes the way we live our lives.

### **Race, Class, Gender Identity and Narrative:**

There is a current narrative that invites possibility if we can begin to think of race, class and gender as intersectional. It contradicts the idea that a singular narrative is a clean one. It also challenges us to think about our own cultural and historic complicity of racism as well as how we have and are teaching each other to think of ourselves as having gender-typed characteristics.

When we begin speaking about racial and gender justice we often use the word equity to avoid having the conversation around how we, or I, are responsible for the choices we make that exclude others or justifies their worthiness. To counteract this we must begin discussing race, class and gender overtly, with deep intention around inclusivity and vulnerability. We must also discuss how economic liberation is deeply tied to race and gender and the ways it is utilized to oppress. When we reframe our experiences to include all of these things we become more aware of how legal authority and institutional control transfers individual prejudices into laws and policies that impact our families and communities daily.

# IMPACTFUL AND EFFECTIVE NARRATIVE COMPONENTS

As we have shared earlier, narrative is an asset that builds power for all of us by creating the opportunity for us to tell who we are in the world. There is the possibility for creation of who we want to be while honoring the needs of our family, culture, and economics while making meaning of the world that we are living in and evolving through. Inviting us to create a story that tells who we are in a way that transforms us all while removing shame, blame and guilt, and instead offering dignity, opportunity and wisdom.

Impactful and effective narratives are built when we have a healthy ecosystem combining leadership development, relevant infrastructure, sustained financial resources and organizations working across sectors (Soriano, Phelan, Brown, Cortés and Choi, 2019). It is powerful enough to shift decision making processes, policy development, economic access to generational wealth and implement new health and wellness initiatives.

When we first started building narratives in the project discussed later, we asked everyone in the room to tell us what they heard in their communities, where the previously mentioned “bootstrap” narrative came up. Every participant was asked to share an “I believe” statement, get in groups and have discussions about how to put their statements together into a narrative statement. They were asked what was the truth about their neighborhoods and families, where the possibilities are, and what they wanted others to know. They shared statements about Social Justice, Economic Dignity, Education, Culture, Healthy Communities, Families, Environmental Justice, Health and Healing, Family, Friend and Peer Support, Systemic Oppression, Structural Supports, Self-worth, Appreciation, Empathy, Coming together, Substance Use Disorders and Mental Well-being.

The “I Believe...” statements looked like this...

- “I believe everyone has purpose and potential.”
- “I believe the narrative can shift from focusing on individualism to community inclusiveness.”
- “I believe in quality free healthcare for every person. That everyone deserves access to treatment and recovery options that meet their needs.”
- “I believe we should develop other methods to treat injuries through medicine.”
- “I believe trauma can lead to substance misuse but resilience can prevent it.”
- “I believe in removing barriers for low income families in our community.”
- “I believe misuse was caused by a desire to medicate physical, emotional, spiritual or mental pain.”
- “I believe in walking humbly with Creator/God... recognizing that all people have a piece of God and I need to consider the fact that I have not walked in anyone else’s shoes.”
- “I believe people who have overdosed love their kids as much as I do and should be able to be around their children and get a lot of support.”
- “I believe that healing, recovery and wholeness is possible.”

*“Healthier communities. A cleaner and safer environment. Jobs. The economy would be better. Less crime. Real justice. A decrease in health disparities.”*

- DELORES

Groups took their “I Believe...” examples from each city and synthesized them into the following statements:

1. **“Everyone deserves respect, compassion, and has the right to self-determination.** All kids are worthy of love and the opportunity to thrive. Those who suffer from SUD deserve support, access to medical treatment, and the ability to use safely.”
2. **“Diverse Treatment options for clients and adequate wages and support for the providers of those services.** Every person in recovery shall be offered available and supportive treatment options. First responders, law enforcement and treatment professionals shall receive both personal and professional support ongoing.”
3. **“Global Justice encompasses transformative justice, restorative justice and social justice.** Transformative justice when it comes to the judicial system. Restorative justice redemption, reconciliation NOT punishment. Social justice for everyone, not just some. We can all be leaders in whatever fight we choose.”
4. **“People deserve unconditional basic supports, opportunities and conditions to thrive.** Everyone including returning citizens and veterans deserve access to all they need to be healthy and happy: a job that pays enough to live and thrive, safe, affordable housing and transportation, food access and security, affordable utilities, water and car insurance, paid leave, daycare, recreation. Every community should have clean water, clean energy, reduced waste and environmental sustainability.”

There were so many positive stories of hope shared, there was sadness and frustration and gaps in understanding. Partners opened up about themselves and their experiences in ways that were unexpected and beautiful. There was so much wisdom in the room and innovation regarding what was needed and possible solutions.

After synthesizing comments everyone took time to develop powerful new narratives where they took what was created and distilled it down some more. Below are several narrative examples that are aspirational and transformative.

1. **“Substance use is a symptom of a much bigger problem.** The real problem is political and structural. People who misuse substances face poverty, institutional oppression such as racism and mass incarceration, trauma and other forms of abuse. If we prevent oppression, abuse and trauma, we prevent substance misuse.”
2. **“People with substance use disorder (SUD) deserve dignity, care, treatment and the ability to use safely.** People and families dealing with SUD deserve to be treated with love, kindness, and respect. People who use substances are able to love and be loved. They can be successful community members and parents.”
3. **“Economic prosperity should be attainable for all people.** Each individual should have access to a good paying job that ensures adequate housing, food, education, medical care, and occasional vacations. Financial stability creates opportunities for hope and positive change.”



# NARRATIVE POWER and RACIAL JUSTICE



Source: Open Society Foundations, 2019



# Brief Overview of Adverse Childhood Experiences (ACEs)

**Adverse childhood experiences**, or ACEs, are common, preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence in the home or community, and having a family member attempt or die by suicide.

## Adverse Childhood Experiences - ACES

What are Adverse Childhood Experiences (ACEs)?  
ACEs are potentially traumatic events that occur in a child's life:

### Abuse



Physical



Emotional



Sexual

### Neglect



Physical



Emotional

### Household Challenges



Mental Illness



Incarcerated  
Relative



Divorce



Parent Treated  
Violently

### Health Outcomes



Suicide Or Death



Substance  
Abuse

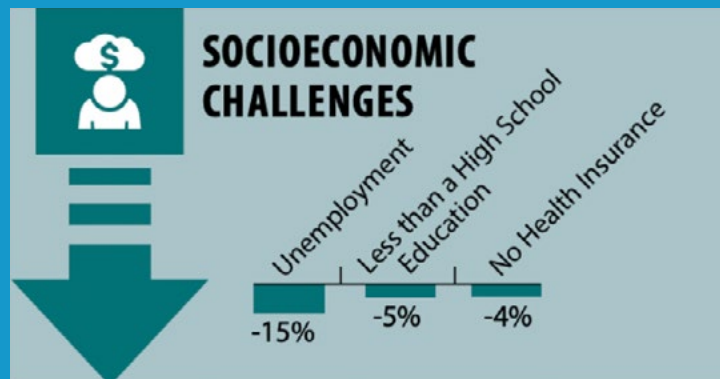
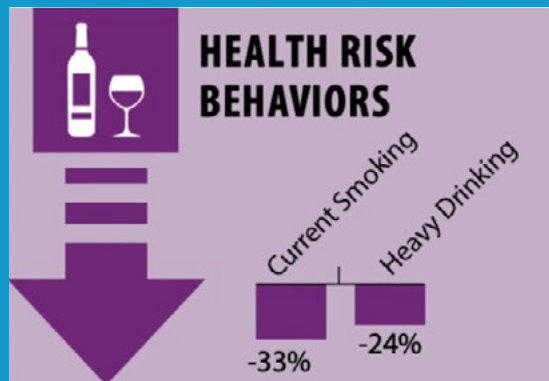
Source: CDC, American Society for the Positive Care of Children





## Children need safe, stable and nurturing relationships and environments to thrive — ACEs undermine this.

Living in under-resourced or racially segregated neighborhoods, frequently moving, being subjected to homelessness, or experiencing food insecurity can be traumatic and exacerbate the effects of other ACEs. Toxic stress resulting from experiencing ACEs can change brain development and one's ability to give attention to certain tasks, impacts decision-making skills, learning and stress responses. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. (CDC, 2021) ACEs are also the historical and ongoing trauma we experience because of oppression, systemic racism, poverty and lack of resources.



Source: Merrick et al, 2019 (ACEs Vital Signs)

## Neurobiology of trauma & stress

Stress is a normal response to challenging life events. However, when stress reaches excessive levels, it can affect how a child's brain develops. ([The Center on the Developing Child, Harvard University](#))

The Center for the Developing Child at Harvard University has outlined three different types of responses to stress:

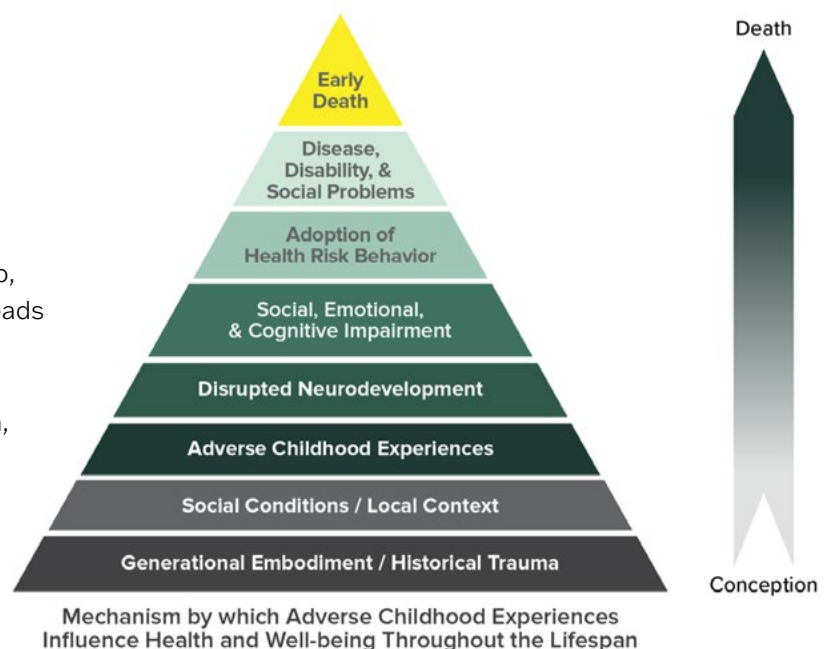
- Positive stress response is a normal part of healthy development in response to challenges such as attending a new school or taking a test. It is characterized by brief increases in heart rate and mild elevations in stress hormones, which quickly return to normal.
- Tolerable stress response results from more serious events such as a car accident and results in a greater activation of the body's alert system. When a child has sufficient support with trusted adults, the body can recover from these effects.
- Toxic stress response can occur when a child is exposed to severe, frequent or prolonged trauma without the adequate support needed from trusted adults. Toxic stress can result in changes in the brain's architecture and function, can affect learning and development processes and can impact long-term health outcomes.

Evidence from the field of neuroscience clearly demonstrates that ongoing exposure to traumatic events in childhood (also commonly referred to as ACEs) — such as physical or emotional abuse or neglect, witnessing or experiencing violence in the home or community, substance abuse or mental illness in the home, the absence of a parent due to divorce or incarceration, severe economic hardship, or discrimination — disrupts brain development, leads to functional differences in learning, behaviors and health and is associated with both immediate and long-term impacts on health. (Lomanowska, Boivin, Hertzman, Fleming (2015).

## Epigenetics and ACEs

Epigenetics is the study of how external factors can alter gene expression of one's DNA. Researchers are learning that environmental factors — such as the exposure to toxic stress — can influence how genes are expressed and cause changes in the body. Studies are now showing that both adverse experiences and resilience can affect gene expression. ([Data Resource Center for Child & Adolescent Health](#))

When communities talk about generational trauma they are often saying what science has proved, that epigenetic changes can be passed from one generation to another through DNA. Many communities uplift their resilience as a positive trait because they have been able to develop intrapersonal skills – self regulation, self-reflection, creating and nurturing sense of self and confidence – and interpersonal skills – establishing safe, stable and nurturing relationships in the midst of ACEs and other harmful and oppressive experiences, systems and structures.



**Strategies and approaches to preventing ACEs are listed below:**

(Content source: Centers for Disease Control, [National Center for Injury Prevention and Control](#), Division of Violence Prevention, 2021)

PREVENTING ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> <li>• Strengthening household financial security</li> <li>• Family-friendly work policies</li> </ul>
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> <li>• Public education campaigns</li> <li>• Legislative approaches to reduce corporal punishment</li> <li>• Bystander approaches</li> <li>• Include everyone as allies in prevention</li> </ul>
Ensure a strong start for children	<ul style="list-style-type: none"> <li>• Early childhood home visitation</li> <li>• High-quality child care</li> <li>• Preschool enrichment with family engagement</li> </ul>
Enhance skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges	<ul style="list-style-type: none"> <li>• Social-emotional learning</li> <li>• Safe dating and healthy relationship programs</li> <li>• Parenting skills and family relationship approaches</li> </ul>
Connect youth to caring adults and activities	<ul style="list-style-type: none"> <li>• Mentoring programs</li> <li>• After-school programs</li> </ul>
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> <li>• Enhanced primary care</li> <li>• Survivor-centered services</li> <li>• Treatment to lessen the harms of ACEs</li> <li>• Treatment to prevent problem behavior and future involvement in violence</li> <li>• Family-centered treatment for substance use disorders</li> </ul>





# Dreaming Together:

Local Health Departments (LHD's) and Community Power Building Organizations (CPBO's)

***Dreaming requires openness and curiosity.*** When we dream together we are opening up possibilities on what each other needs to thrive and how we move our vision into reality. What often gets in the way are assumptions on culture, thought, needs, access, affordability, resources, etc.

LHD's have data that often goes underutilized in public/community spaces and is not readily accessible or easy to find for public consumption. We found that data cannot be activated without the work of organizers and community leaders and the stories they tell. Organizers can push for changes in ways that health departments cannot because they are not bound by typical bureaucratic policies and systems that impede immediate action.

LHD's can help CPBO's identify health disparities in their communities and how they are impacting the residents. Health disparities are unavoidable adverse health conditions that contribute to the prevalence, mortality and frequency of illnesses that specific demographic groups experience. Inequities are caused by social and systemic conditions that determine who has access to care and the quality of it. On the other side is health equity. It is where every living being has access to whatever they need for their health and well-being.

# LOCAL HEALTH DEPARTMENTS (LHDs) & COMMUNITY POWER BUILDING ORGANIZATIONS (CPBOs)

Community power building organizations (CPBOs) and Local Health Departments (LHDs) make powerful allies. CPBO's build leadership through intense and repetitive personal engagement, know that "the power belongs to the people" and are accountable to their base (usually directly impacted stakeholders) and community leaders and influencers. A CPBO's main job is to transform who has access to power while co-creating and advancing equitable policies and pushing for overall systems change. Narrative change strategy, described by Grassroots Policy Project as the 'third face of power' (Healey and Hinson, 2018) can strengthen their power building work.

LHD's have the ability to partner with residents in their city/counties to attain health equity by increasing access, creating programming and service opportunities that improve social determinants of health and the wellbeing of entire communities. Where we are born, develop, live and age are all shaped by economics, social policies and systems. LHD's with prior community engagement work, personal lived experiences and ever changing priorities determine individual and group readiness and capacity to engage in narrative change work.

Pairing a CPBO and LHD allows organizers to have access to data and understandings of systems and structures that can be used in their campaign strategy, messaging and discussions with officials. CPBO's can challenge the structural racism and oppression that shows up in systems and organizations from the outside and have the skills to navigate a multitude of power dynamics while applying the necessary political agitation to systems controlling the dominant narrative. CPBO's have 1:1 conversations with community members, leaders

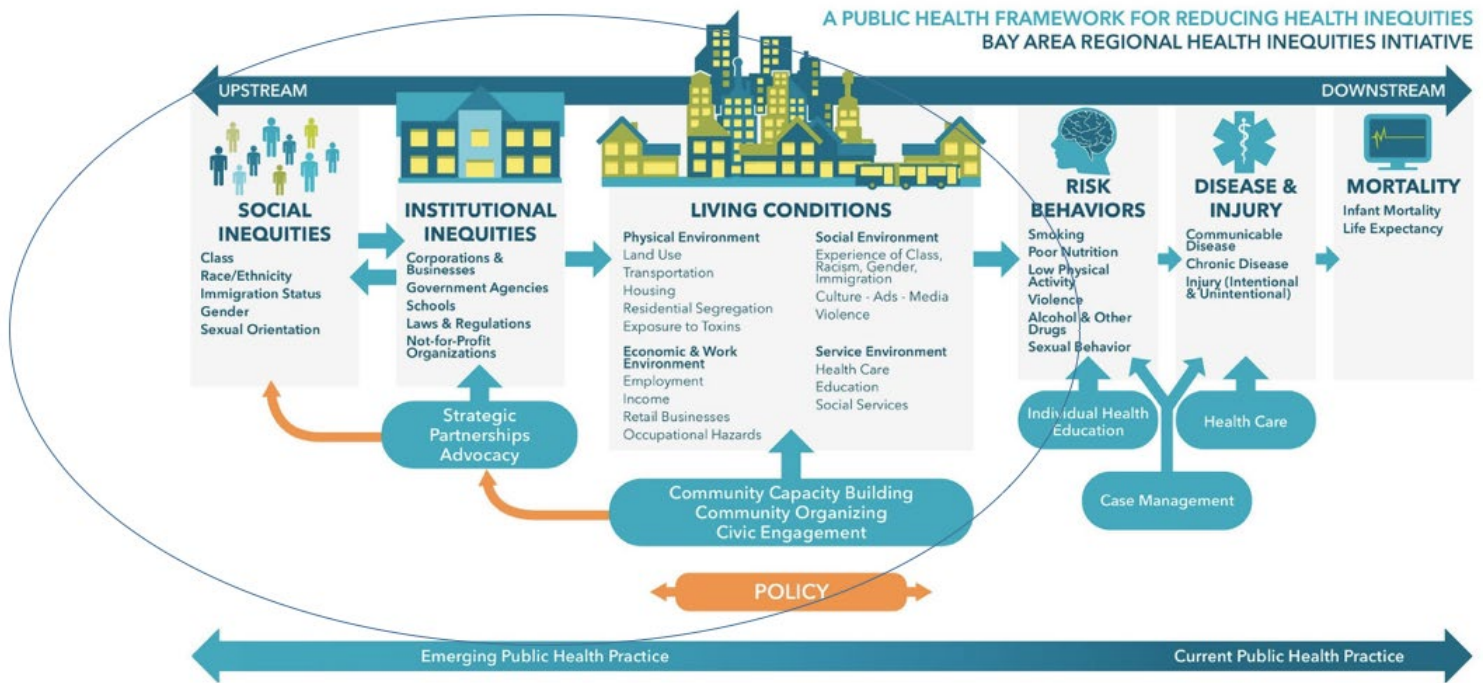
and organizational personnel to understand their self interest, or what it is that motivates them to be involved in community engagement work or their job. There are often public meetings held where all community members and organizations are invited to share stories and create a collective understanding of the harms being experienced in homes and communities and how to address them. This offers the opportunity for organizers to begin working on building collective messaging, or aspirational narratives, that uplift the needs of the community, offer opportunities to build creative solutions around health equity and build power to make them happen. LHD's are skilled in connecting health disparities with equitable health opportunities in order to help communities obtain the resources they need to become healthier.

*"We have big dreams, big visions, big missions – and the accountability and the resources to back that accountability aren't aligning... We have so many people in public health who are committed, who understand why they pursued public health, they want to make a big impact. But, you know, resources drive the work."*

**- ADAORA**



Below is an example framework of how LHD's understand root causes of social and institutional inequities, understand the impacts of them and then create public health practices that meet the needs of their communities.



In order for LHD's and CPBO's to be successful in community work we found Exhibit 1, below, to be true:

EXHIBIT 1	
Organizational Characteristics	Workforce Competencies
<ul style="list-style-type: none"> <li>• Institutional commitment to addressing health inequities</li> <li>• Hiring to address health inequities</li> <li>• Structure that supports true community partnerships</li> <li>• Supporting staff to address health inequities</li> <li>• Transparent and inclusive communication</li> <li>• Institutional support for innovation</li> <li>• Creative use of categorical funds</li> <li>• Community-accessible data and planning</li> <li>• Streamlined administrative process</li> </ul>	<ul style="list-style-type: none"> <li>• Personal attributes such as passion, self-reflection and listening skills</li> <li>• Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data)</li> <li>• Understanding of the social, environmental, and structural determinants of health</li> <li>• Knowledge of affected community</li> <li>• Leadership</li> <li>• Collaboration skills</li> <li>• Community organizing skills</li> <li>• Problem solving ability</li> <li>• Cultural competence and humility</li> </ul>

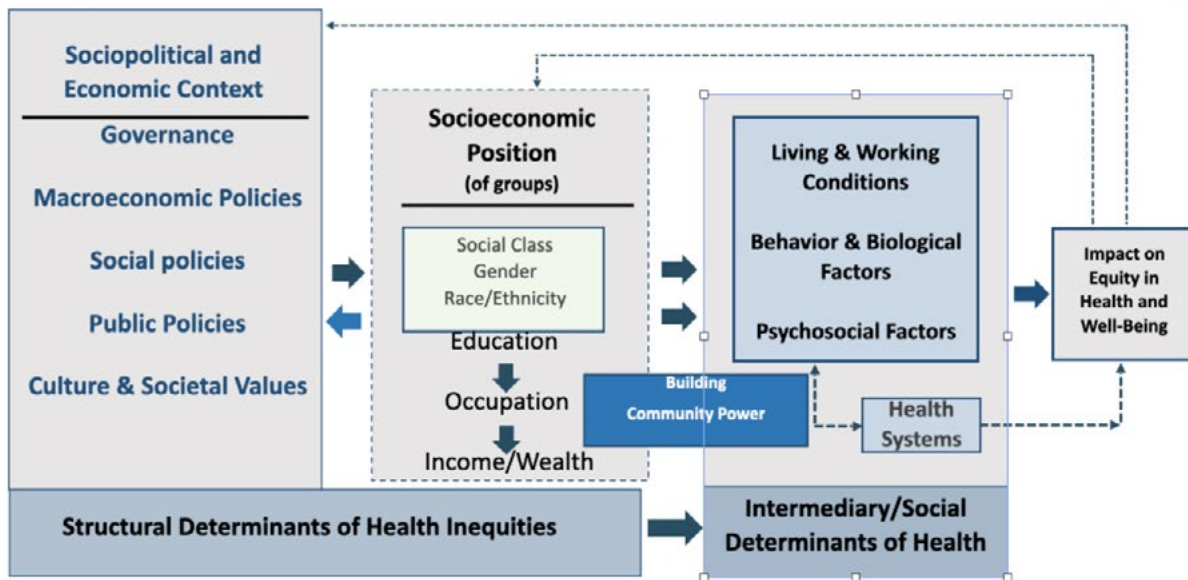
Source: Bay Area Regional Health Inequities, 2010

This next graphic includes strategic practices for Local Health Departments and Community Power Building Organizations to engage in that help build relationships, capacity, and prioritize transformational change.



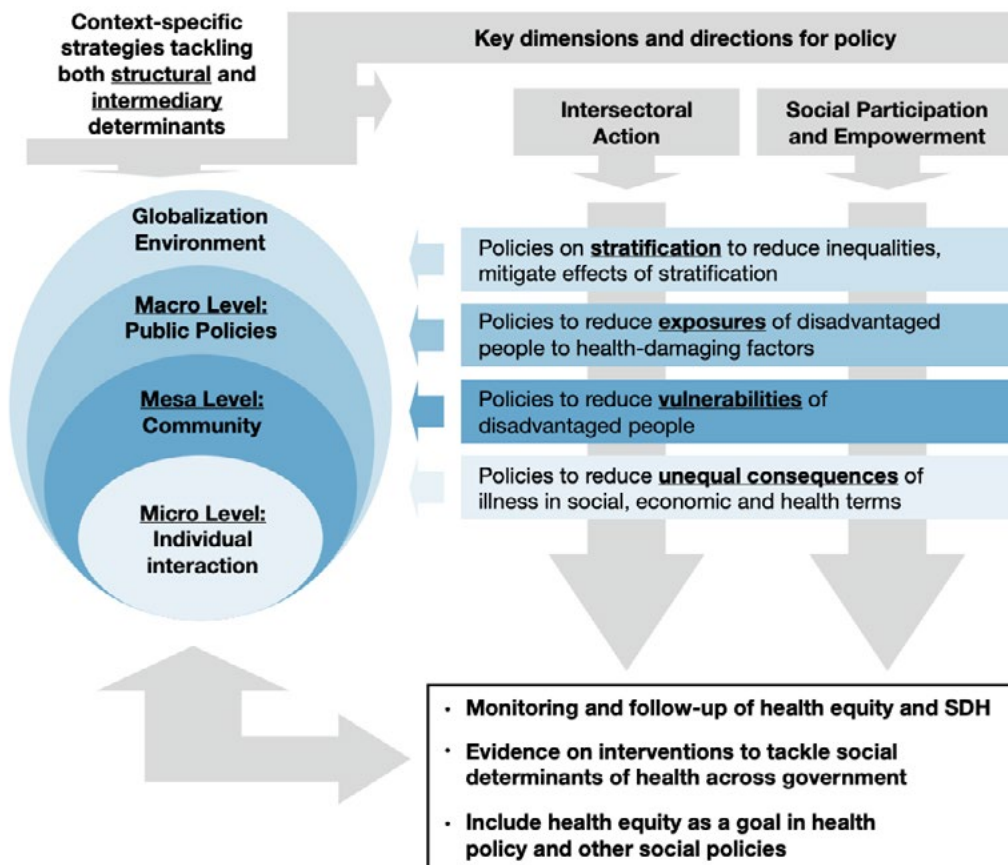
# World Health Organization

## Conceptual Framework on the Social Determinants of Health (adapted)



Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

The above image defines what we mean by structural and intermediary determinants and offers us some guidelines that help us know what power needs to be shifted and informs equitable policy change on every level. The image below offers us some guidelines that help us know what power needs to be shifted and informs equitable policy change on every level.



Source: WHO, 2010



# Tools to Assess Power & Effect Change

The following are two tools that were used in this process to assess what power organizations have, the tools and resources they need, as well as a plan to help get them there. CPBO's use Power Mapping to understand how to move a campaign or issue forward. Health Departments use Community Health Assessment (CHA's) or Community Health Improvement Plans (CHIP) to move their work forward within their organizations and the communities they partner with. To break it down, power mapping and CHA/CHIP's are planning and engagement processes. Both of these offer anyone engaged in the process the opportunity to be curious and create a strategy.

## POWER MAPPING

Power mapping is a strategic framework to problem solve through charting and assessing relationships. It works off of the premise that we all know that power is not equal and can be built and destroyed. Power is the ability or capacity to act, have influence over others, and achieve a collectively agreed upon goal. It affects social change by identifying and examining the political, economic and social power structures of a person, community or organization to determine how to influence someone so that a specific goal can be reached. Power maps can be created as a visual tool with moveable pieces as you locate and assess new information.

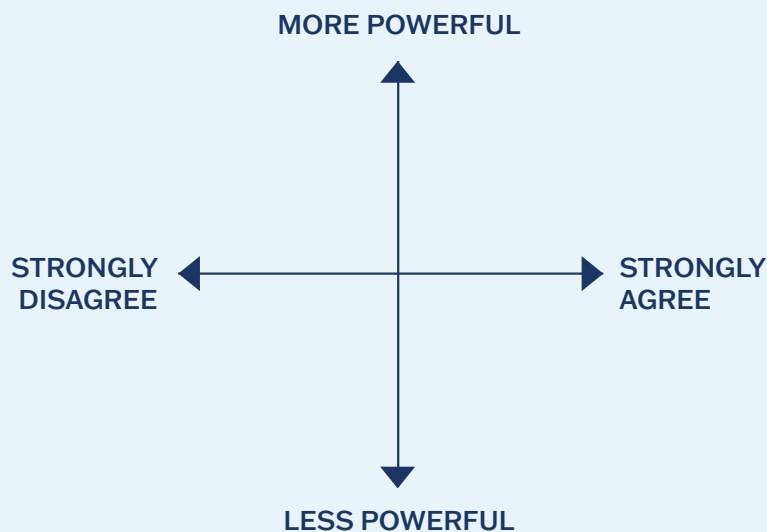
### **A power map will help you answer these important questions:**

- Who are some key potential allies in your community—individuals and organizations who are likely to be on your side and who have the ability to influence others?
- Who might oppose your plan, is on the fence and can be swayed, or firmly on your side?
- What are effective ways to communicate with your community and those you are hoping to influence?

## Several steps to creating a power map:

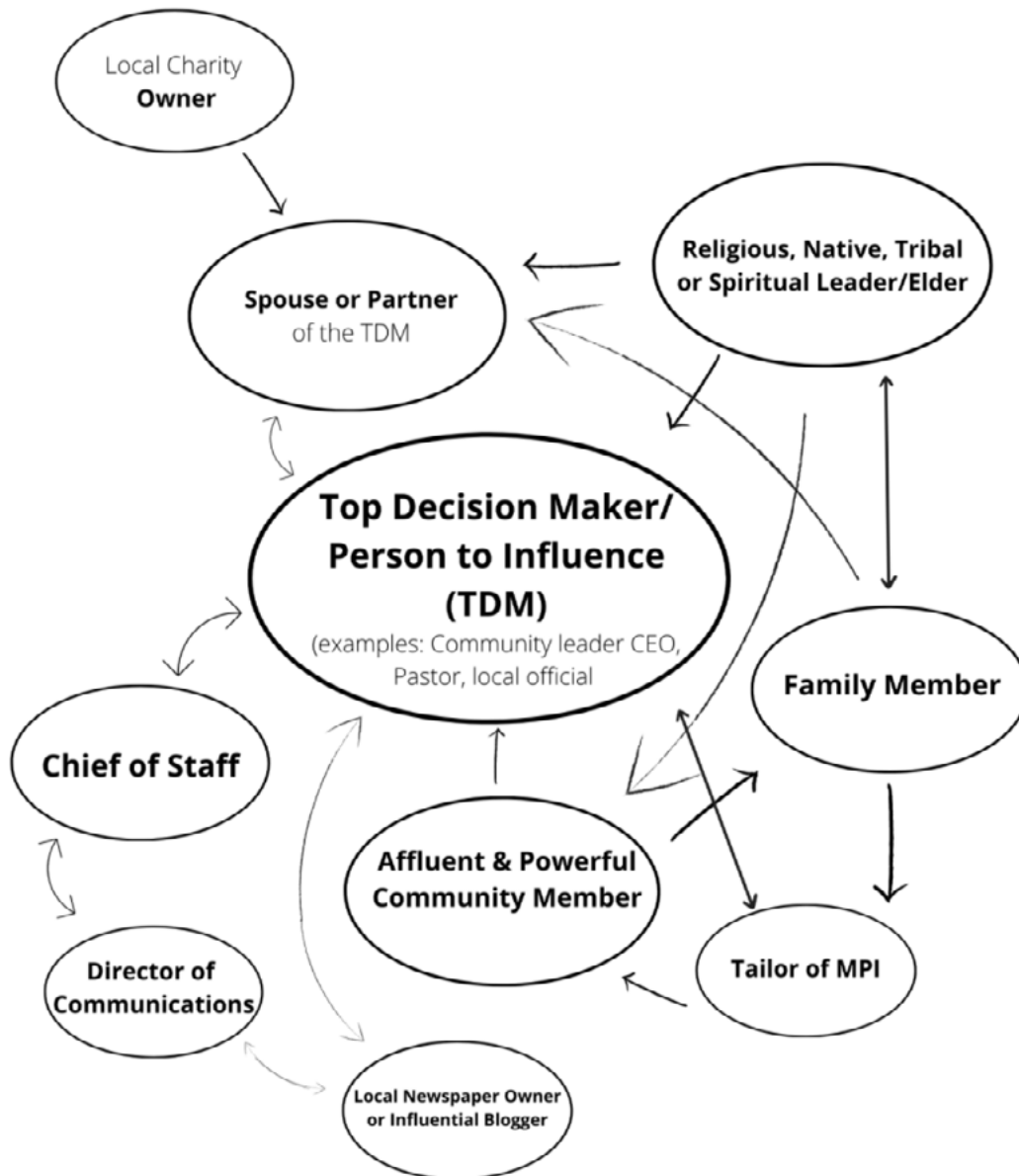
- 1. Identify the problem** you are trying to fix by completing the Root Causes Worksheet located in the Workbook Section of this document.
- 2. Identify the main stakeholders**
  - a. Community members with a lot of influence
  - b. Those responsible for developing, implementing or enforcing harmful rules or policies.
  - c. People with the most resources (economic, social, votes, relationships, etc.)
  - d. Ally organizations
  - e. YOU and other project partners!
- 3. Research the stakeholders.** Remember that organizations do not make decisions, people do. Ask yourself who has the power to make a decision to change an existing practice, rule or policy and whether or not they agree or disagree with your beliefs. Be curious about their values in conversations.
- 4. Complete the below** on a big screen or paper and put stakeholders on post-its to move around as you learn more about them.

### POWER MAPPING: AXES



- 5. Identify the person who holds the most influence or power** on decisions impacting the issue you are working on.

6. **After identifying the most influential person, map their relationships** on a large sheet of paper or white board (not on the axis above, you will move everyone over there later). As a group or in pairs ask who has influence over or with them? Example Below.



(Image Adapted from Source: <https://www.beautifultrouble.org/toolbox/#/tool/power-mapping>)

**7. Understand the factors influencing power** in #6 (above) and draw lines in between each person, organization, and relationship to understand how they are related.

- a. Factors Influencing Power and Positioning on the Power Analysis Grid Below:
  - i. Legal Power/Authority
  - ii. Access to financial and informational Resources
  - iii. Demonstrated Action & Influence Success (were they able to move an agenda)
  - iv. Ability to influence Media, Public Consciousness, Broad Communications
  - v. Institutional, Coalition & Geographic Position (Committee, Board, Policy Creation, size of electorate, organizational influence, voting record, etc.)
  - vi. Relational Power & Allies and Mobilized Base (how many people can they get together)

**8. Prioritize your list** by who has the most power and why. Take the relationships and people in your relationship map and add those with the most power/influence, along with any organizations and groups to the below Power Analysis Grid. Use the below to keep your key influencers separate and easy to identify. (Vertical Axis = Amount of Power, Horizontal Axis = Positions, policies & perspective on Agendas/Campaigns).

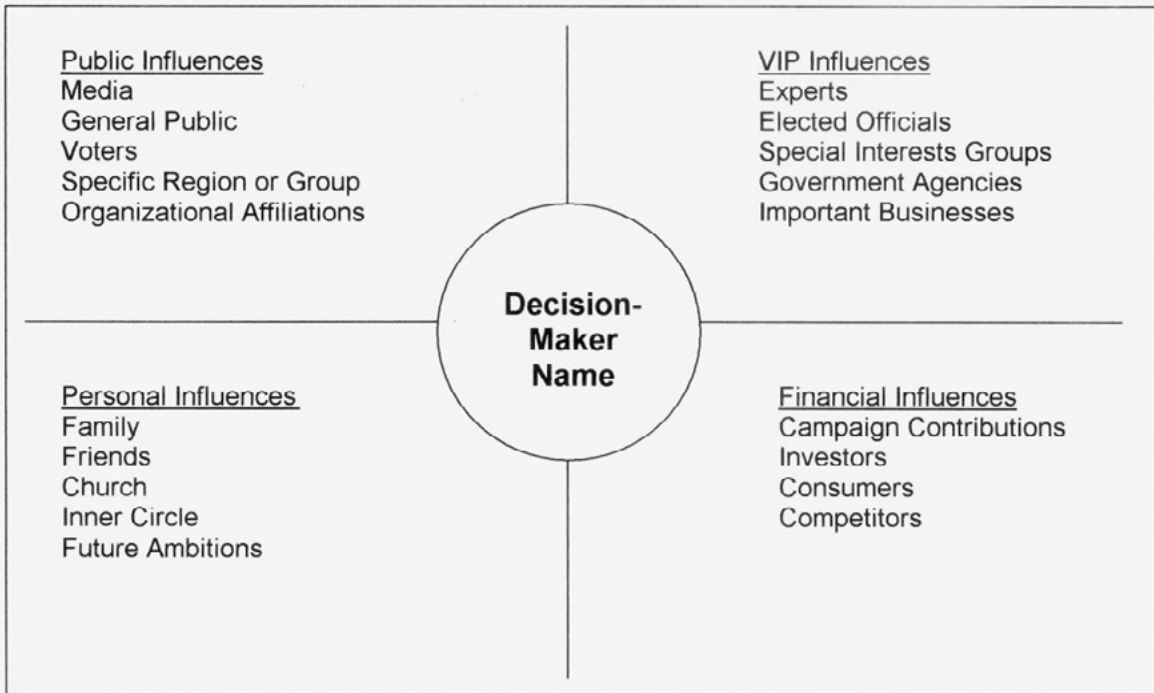
Our Agenda		<b><u>Power Analysis Grid</u></b>				Opposing Agenda					
10	<i>Decisive decision making power or influence</i>									10	<i>Decisive decision making power or influence</i>
8	<i>Active Participant in Decision Making</i>									8	<i>Active Participant in Decision Making</i>
6	<i>Power to have major influence on decision making</i>									6	<i>Power to have major influence on decision making</i>
4	<i>Taken into account</i>									4	<i>Taken into account</i>
2	<i>Can get attention</i>									2	<i>Can get attention</i>
0	<i>Not on Radar Screen</i>									0	<i>Not on Radar Screen</i>
		Die Hard	Active Support	Inclined towards			Inclined towards	Active Support	Die Hard		

Northeast Action Training – Power Analysis, Train-Trainer

10 Adapted from SCOPE's Power Tools

(Source: [http://www.ctbh.org/documents/Power\\_Analysis\\_Trainer\\_Training.pdf](http://www.ctbh.org/documents/Power_Analysis_Trainer_Training.pdf))

## Tool 2: Power Mapping



1. Who has the power to decide? Put them in the center
2. Who are the less powerful players that influence decision maker? Write their names down in the appropriate category
3. Who of these have the most influence? Circle them
4. Who do we have access to? Star them
5. Look over list – whom do we know that has access to and can influence those identified or the decision-maker directly?

(Source: <https://www.organizingforpower.org/tools/>)

**9. Use all of the information your group compiles for analysis** to strategize, develop tactics and create a campaign that helps you reach your goal.

**10. Continuously analyzing a power map** at key campaign moments, and as power shifts, helps you to understand who is currently holding power.

# COMMUNITY HEALTH ASSESSMENT (CHA) AND IMPROVEMENT PLANS

LHD's create and implement CHA's and CHIP's as an integral part of their work. The assessment process helps to foster new relationships with community organizations while helping LHD's understand what they need to build on their respective strengths, skills and strategies in order to implement a large community wide initiative. We recommend all health departments complete a CHA/CHIP before starting the narrative process. Rooting the work this way creates space in order to change dominant narratives, there has to be buy-in at every level with relationships built off of shared values and a willingness to be curious about how everyone can get what they need. CPBO's are often not engaged in long term strategic organizing and can benefit from learning about and going through the process in community to see the impact and effectiveness of long term implementation efforts. If your organization has completed CHA/CHIP already, please review those documents and utilize them to inform your work moving forward. These tools help frame, inform and uplift the work done by health departments.

Community Health Assessment (CHA) refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis, requiring community members to participate in surveys, interviews, and focus groups to provide feedback. Community health assessments use such principles as (Rosenbaum, JD, Sara. 2013. *Principles to Consider for the Implementation of a Community Health Needs Assessment Process*. The George Washington University School of Public Health and Health Services, Department of Health Policy.):

- Multi Sector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
- Proactive, broad, and diverse community engagement to improve results
- A definition of community that encompasses both a significant enough area to allow for

population-wide interventions and measurable results, and includes a targeted focus to address disparities among subpopulations

- Maximum transparency to improve community engagement and accountability
- Use of evidence-based interventions and encouragement of innovative practices with thorough evaluation
- Evaluation to inform a continuous improvement process
- Use of the highest quality data pooled from, and shared among, diverse public and private sources

A Community Health Improvement Plan (CHIP) is created as a result of a collaborative CHA. It connects key stakeholders within the local public health system with the community to create long term plans that improve the health and well-being of everyone living in that community, city, county, space. It establishes priorities, goals, and strategies identified by the community to advance health equity. Hospitals, health departments and other health care providers would benefit by allocating resources in their plan for long term solution development.

Here are some [Principles to Consider for the Implementation of a Community Health Needs Assessment Process](#).



Source: [Detroit Health Department](#)



# Case Study:

## The ACEs Narrative Project

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The National Network of Public Health Institutes and the Michigan Public Health Institute, in collaboration with the Centers for Disease Control and Prevention, local partners and Vanderbilt University supported a three year initiative to promote primary prevention of ACEs as a strategy to prevent future substance use in Detroit, MI Cleveland, OH and Cincinnati, OH. To build support for changing the conditions in which children and families live, community organizers, public health practitioners, and their partners implemented narrative change as a key strategy for prevention. Community organizers brought together community members that were directly impacted to share stories, create and locate policies to shift or remove and disseminate the new narratives in their communities. Public health practitioners offered data, and resources that supported the communities needs, co-hosted committees and collaboratives and created community programming for health equity while working inside their departments to educate staff on ACEs and their surrounding communities. This approach involved creating a shared, values-based narrative and implementing it within their networks to increase support for addressing conditions that contribute to ACEs and substance use disorders.

Community partners worked to understand the current dominant narratives in their communities to be able to share how they contributed to health inequities. They then began a three year journey to create an aspirational and transformative narrative that would change their communities' ability to access and engage in their own wellness. The goal of these new narratives was to shift the belief that health inequities were solely the fault of an individual to instead, create a focus on healthy ecosystems with accessible support and care. Project partners worked to increase awareness of how unhealed traumas led to conditions that may increase the risk of ACEs, especially among populations that have faced historical and ongoing trauma, including racism, and how those risks sometimes led to substance use disorders, brain illness and other hardships.

Implementing narrative change as a strategy built on secondary prevention efforts (e.g., treatment) and brought much needed action on comprehensive approaches supporting children and families. The project built new cross-sector partnerships that focused on improving equitable health outcomes for children and families with a focus on reducing substance use, overdose and death. **Public Health Institutes** were asked to establish evaluation components and technical assistance to site partners.

# DEVELOPING SHARED LANGUAGE & GOALS

## Root Causes

Partners met several times for training and technical assistance to develop a shared language and understanding of the project, ACEs and Narrative. The narrative workshops provided foundational assistance to the project partners and helped them create tactics and strategies around their campaigns. Partners received training on how to locate root causes of health inequities in order to craft a new and transformative narrative.

Understanding root causes provided partners with the ability to connect health disparities with health equity. Below you will see how root causes can be organized into two clusters: (National Academies of Sciences, Engineering, and Medicine, 2017)

1. The unequal allocation of power and resources—including goods, services, and societal attention—which manifests itself in unequal social, economic, and environmental conditions, also called the determinants of health.
2. Structural inequities that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.

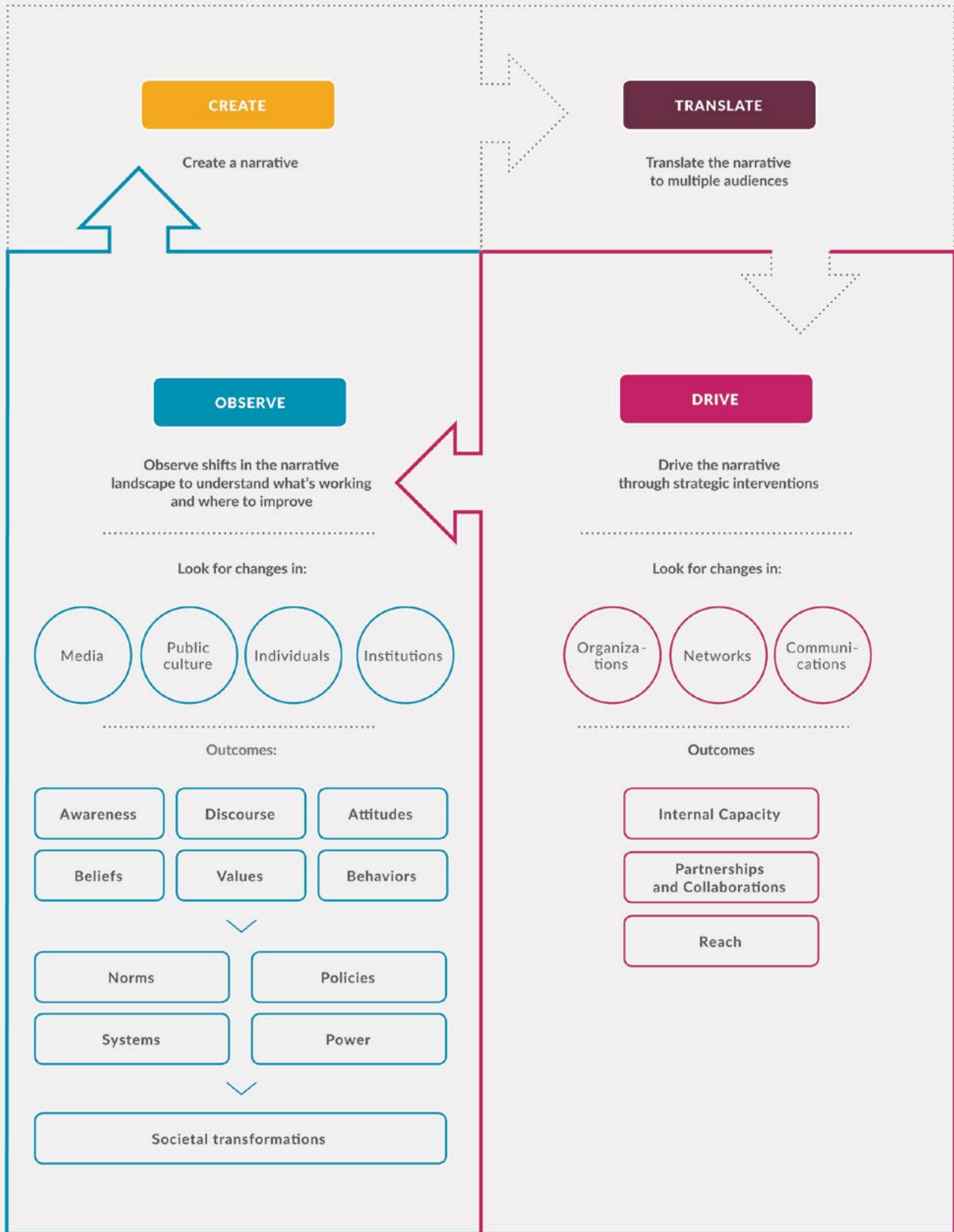
## Four Baskets

Partners used a four baskets approach to understand what they needed to do in order to drive narrative change. This tool helped partners organize their work, find alignment and measure their outcomes. Language, framing, stories (and who tells them) as well as messaging can all be measured and tracked through the four baskets framework. It also offered some opportunities for assessment to determine how to counter the current dominant narrative they discovered in their community work, reframe the questions they asked themselves and shift community members' thinking so it aligned more with their values and then to amplify their new aspirational and transformative narratives.



Image credit: Narrative Initiative

Figure 2 Framework for Narrative Change Outcomes



Source: *ORS Impact, MEASURING NARRATIVE CHANGE, 2019, V1.0*



## PROJECT CREATION

When first beginning the project, partners had planned to go into the community to have discussions about opioid use. There was immediate push back from Black communities who were not receptive to focusing on opioids and were currently struggling to understand how Opioid use affected their communities. After all organizing groups hosted community meetings, conducting listening sessions and phone banking or online engagements it arose that lack of participation in the project was directly connected to Black Americans not believing that the Opioid epidemic impacted them. There was and is a lot of anger, pain and unhealed grief as a result of what is known as the “Crack epidemic,” a time in the early 1980’s - 1990’s when a surge of crack cocaine was being distributed in Black communities throughout the United States. Instead of receiving support, access to mental and physical health treatment and family care, many Black Americans were placed in prison, experienced an increase of joblessness and homelessness, had families separated and loved ones died as a result of substance misuse. While we know that these experiences have been continued with the opiate epidemic, there wasn’t a narrative that shared how this was painful for all of us and impacted us all on levels we were unaware of.

What several Black community members shared was how quickly they noticed a push for the dominant narrative to shift away from criminalization of drug use and toward the need for treatment and harm reduction when this epidemic impacted white communities, including providing care, access to services and support with the creation of a new drug known as Narcan/Naloxone that would revive someone actively overdosing. A lot of pain, grief, anger and fear came up in these discussions and had project partners get curious about what their projects needed to be in order to bring their communities together.

They began working to develop a transformational narrative that would increase prevention efforts and create equitable health policies and practices. They created coalitions with new partners and developed trainings to engage the community.

One of the first steps was training groups on the power and process of narrative change in order to create a shared language that would move their work and campaigns forward. While community organizers used narrative change in their everyday work, many community power building organizations and their bases (number of people engaged) do not currently have the capacity to nurture and sustain massive implementation and sustainable accountability. As mentioned in the welcome there were also a multitude of layers including the COVID-19 pandemic, political and social change work on top of people trying to find balance and maintain their mental and emotional health.



*“For any community-based research, you gotta have the residents, that’s what drives it. But just like a car, what’s that gasoline that gets you going further, are your subject matter experts.”*

**- DARONCE**



OHIO  
**CINCINNATI**



OHIO  
**CLEVELAND**



MICHIGAN  
**DETROIT**

## MAGIC IN THE THREE CITIES

In Cincinnati, OH community organizers held national night outs, community listening sessions, Needle exchange initiatives and Clergy training to shift how leaders spoke about individuals using substances to cope with trauma. After completing several phone banks to build leadership and communication skills as well as to test narrative messages and gain clarity about community beliefs, organizers were able to uplift narratives to shift public thinking and support from criminalization to treatment and care approaches.

Ohio Organizing Collaborative organizers also began to work with the health department in gathering data on a neighborhood called Lincoln Heights, a predominantly Black neighborhood where a local police gun range was located. The community shared the pain of hearing sometimes over 100 gunshots a day while children were at home from school and on Zoom calls. It uplifted the trauma being experienced by children and their families every day and is impacting how those inside of and outside the community talk about what wellness looks like. The campaign might not have been as successful without the data from the LHD and the aspirational narrative crafted by community organizers and members.

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION



The partners in Cleveland were able to create a podcast series aimed at changing the narrative through storytelling techniques. Community members and community health workers shared personal stories and the journey they are on to heal with several sessions including practices and resources each member has used that can be easily implemented in the community.

Cuyahoga County Board of Health and Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS) had a School Pilot Project where they trained officers in ACES and how to recognize them. The program's goal was to get more support for children experiencing ACES in the community by setting up a way for officers to refer children into the school via the school resource officer. Officers shared that the process of understanding ACES and finding out their own score was uncomfortable for them. Students in middle and high school settings were invited to take a class that would teach social-emotional learning and offer mentorship in order to receive extra support for their coursework.



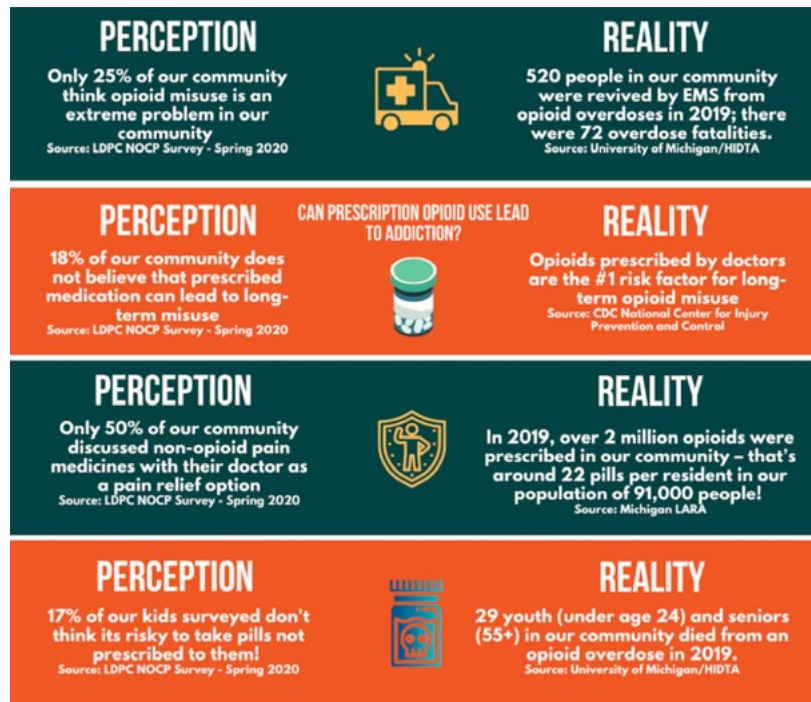


The Ohio Organizing Collaborative worked on a story collection process from community members currently incarcerated, their family members and returning citizens, all of which shared the extreme traumas being placed on incarcerated family members during the pandemic. In Ohio, the COVID-19 testing positivity rate among incarcerated people was four times the rate of the general population at the beginning of the COVID-19 pandemic (Lemasters, K., McCauley, E., Nowotny, K., 2020).



MOSES organizers conducted a Photo Voice project (a participatory research method that uses photographs and narratives to show how an issue is influenced by community infrastructure that has clear policy implications and exposes injustices) to assess the knowledge, skills, and abilities of the project participants related to health behavior change and promotion. Themes identified: injury prevention, harm reduction and healthy relationships. In order to capture their work. Journey Mapping documented the process of their narrative work. It illustrated the benefits of public health and community organizing strategically working in close collaboration to transform the thinking of people and policies addressing ACE's related issues.

Detroit health partners collaboratively worked on a number of projects including Youth Empowerment Summits, DEA Takebacks, Freedom Walks, Trauma Training Series, A George Floyd Freedom Ride and Faith Based Community Leadership Events. The below graphic came out when Detroit focused on telling the truth about Opioid use. This is a concrete example of the power of an aspirational and inclusive narrative in place of a dominant narrative.



All of the partners involved in these projects moved substantial work that was truly created by grassroots efforts.

# A NOTE ON NAVIGATING BUREAUCRATIC HIERARCHIES IN ORGANIZATIONS

During the narrative change process, project partners learned a lot about navigating bureaucracy within their respective organizations. Communications, legalities, relationships and politics take a different type of capacity, skill and awareness to navigate through, and that is never as apparent as when you have a new project to implement. Government agencies are highly risk averse, with many restrictive layers and legal stipulations. Facilitating healthy personal/professional relationships often influence program prioritization and ease of navigation. It was a reminder to partners that organizations do not make decisions, human beings do. Cultivating robust and healthy relationships is crucial to narrative change and campaign development.

When inviting staff from all levels into project work, it is helpful to not let titles influence our beliefs about a person's levels of expertise or inadvertently under-value staff or community members because of personal bias or expectations. Communication and listening are key. When we invite everyone in and are aware of the barriers or biases that may keep them out we learn that "narratives can play a profound role in shaping institutional and policy processes" (Davidson, B., 2016), sometimes changing how organizations engage with their staff, partners and the ecosystems they are a part of.

Below are several noticings and learnings from project partners, mainly things they noticed and flagged for future reflection.

## Time & Chain of Command

Project partners noted that there were certain timeframes that were very rigid and hard to navigate, especially within public sector organizations and government agencies often took a lot of time and energy to work towards what could have been a simple solution. Seeking board approval for certain work would sometimes mean a one month delay if the information was not prepared in enough time or if members needed more evidence of best practice or time to think/come to an agreement. It could create a bit of a disconnect in the flow of working together when different organizations take longer to approve things through the chain of command. The structure of your organization can also make a huge difference in what you are able to accomplish and how long it takes to accomplish those things. Working in an organization that requires less approval at each step and is more supportive/trusting of what you are doing makes it much easier to get things done.

When it came to legal processes there were times where legal contracts (ex. Memorandum of Understanding, MOU) had to be in place whether funding was being exchanged or not. Since some organizations have legal representation on retainer, constantly sending information back and forth sometimes adds weeks onto a timeline. Another note was on Scope of work. Every time a partner or funder changed the scope of work LHD's had to seek approval, whereas the CPBO's were able to immediately start. On the other side of this, LHD's rely heavily on immediate feedback and creation of work, where CPBO's would sometimes take a long time to respond, even when a deadline was given that would move the work forward. Just like being able to understand the dynamics of power, it is important to understand each partner's decision making, approval and other processes from the time the work begins so that ideas, goals and outcomes could be planned accordingly.

## Local Health Departments (LHD's) and Community Power Building Organizations (CPBO's)

These two groups offered brilliant insight into what it was like to work together on this project. LHD's shared that a big part of the challenge, and something that required them to be creative around, was modes of communication. Organizers within CPBO's texted information as a key communication tool in order to move it more quickly through channels. Organizers have a lot of autonomy, which differs greatly from LHD staff. They often work outside of a 9 - 5 or Monday through Friday work week to be with community members, which means they were on very different timelines than LHD staff. In the LHD, staff had to seek approval to shift work hours for projects and were often not allowed to use personal phones for business and therefore had to seek special approval to connect with their project partners. The benefit LHD staff found when working with organizers is that it seemed as though they could move their agendas quickly, had more freedom to take on nontraditional activities and add external pressure to LHD leadership in order to have changes implemented immediately. CPBO's shared they really enjoyed being able to connect with LHD's to get data that supported their campaigns and provided necessary information to share with the community that educated them about their own wellbeing and possible inequities, as well as community programs that would benefit them and their families.

### Saying “No”

When working on a project we all encounter barriers that may keep us from being able to move through a process as quickly, or with as much buy-in, as we would like. Sometimes this is due to beliefs around operational integrity or adherence to bureaucratic policies and processes, someone feeling as though their values and beliefs are being violated, or because of a person's prior experiences and expectations. There are so many reasons we hear “no” or hit a wall. Curiosity and story sharing helps us to understand why someone has made a decision or has not bought into a project. When we get curious and ask “why,”

instead of assuming it's not possible or will be too difficult, it gives us an opportunity to hear what a colleague or partner is thinking. Shifting to curiosity and questions also helps us widen our perspective.

The 5 Whys and Root Causes worksheet in the workbook helps us not only find the causes of health inequity but also understand why we may be receiving pushback or encounter challenges on a project like this. It can be applied to many types of systems and offers a process for analysis of different experiences.

### Getting curious...

What would become possible in our workplaces if we all chose to be responsible for challenging practices that cause harm or hinder innovation and be more intentionally accountable to each other for our own wellbeing?

# Takeaways

Investing in grassroots leadership and cross sector collaboration to create and elevate an aspirational narrative helps create changes that can last generations. Measuring narrative change in a way that tells the entire picture is complex and evolving. Creating environments with intention, that are deliberate and systematic, allows everyone the opportunity to offer insight, create movement and bring awareness to all participants.

We found in the beginning of this project that narratives are so good at shaping how we think, that they sometimes hinder our ability to work with populations we aren't familiar with or able to readily understand. When developing the partnerships it might be helpful to share, from the beginning of the project, that there might be a level of distrust between a formal organization and a CPBO, because of generational trauma, biases, personal experiences and current narratives. Doing this offers opportunity for awareness of any ingrained mistrust or fear, as well as offers opportunities to navigate nontraditional relationships.

This project has done a great job on uplifting why partnerships are a necessary component to creating impactful narratives that will last long after funding runs out. LHD's teach CPBO's how to build long term strategies that, in some ways, offer built in succession planning. CPBO's teach LHD's how to truly engage the community at every level of the planning, implementation and evaluation process.

All agencies and organizations hold the responsibility of hiring staff that have the skills and tools to deeply engage directly impacted communities and build transformative relationships. Organizations that hire, develop and retain staff who reflect the diversity of the communities they serve have more robust and sustainable programming. Provide ongoing cultural competency training and build long term sustainable partnerships.

An interesting, and at first very challenging, part of the project was a lack of clarity and communication around the types of activities to complete and the expectations of the partners. There was little to no shared knowledge, language, bureaucratic policies and processes, or programming expectations when LHD's and CPBO's began to connect and build goals and deliverables. After meeting several times and



strengths and abilities on the project we began to see beautiful shifts around communication and creative ideas on how to build a collective and successful narrative campaign. Partners began learning about each other on a personal and professional level and developed relationships that helped them see the work differently. The project started off uplifting the “long felt disconnect in public health between the decision makers, the funders and the ACTUAL NEEDS of the population” (MPHI, Preliminary Findings Report, 2021). It ended with building partnerships that were mutually beneficial and created space for agreements and excitement around the work they were building in their respective communities.

Where will you see change?	Sample Outcomes for Partnerships and Collaborations	
	Sample Outcome	Sample Indicators
Individuals	Increased number of partners supporting issue	<ul style="list-style-type: none"> <li>» Number of formal or informal connections with key individuals or organizations</li> <li>» Number of key individuals or organizations publicly stating support for issue</li> </ul>
Organizations	Increased level of collaboration between partners	<ul style="list-style-type: none"> <li>» Number of key individuals or organizations directly involved in narrative change intervention or campaign</li> <li>» Increased frequency and intensity of communications between partners</li> <li>» Increased levels of trust between partners</li> </ul>
Networks/ Coalitions	Increased alignment of efforts	<ul style="list-style-type: none"> <li>» Development of shared vision and strategy for narrative change</li> <li>» Increased number of joint campaigns and activities around narrative change</li> <li>» Increased sharing of resources between organizations</li> </ul>
	Increased strategic breadth of partnerships	<ul style="list-style-type: none"> <li>» Number of new individuals or organizations with key strategic resources or skill sets engaged</li> </ul>

Source: *ORS Impact, MEASURING NARRATIVE CHANGE, 2019, V1.0*

We noticed that this project was inviting every partner to be curious about their own stories as they did narrative work. We found ourselves needing to create intentional spaces for holding grief and story, reflection, alignment, agreements and exploration in order to move forward. It taught all parties present how to co-hold spaces that facilitate ongoing learning and development, that fostered cohesiveness across sectors. Sometimes these spaces were uncomfortable and made us feel like we wanted to avoid them. When this is the case, we chose to make space for each other and leaning in to just be present became one of the most important tools in our toolbox.

When it comes to funding we know that it is often inequitable. Community power building organizations doing grassroots work are often under-resourced to build capacity and do the work that really changes how we show up with one another. In this project it was important for partners to be explicit about equity with a framework that is adaptable and engaging.

Even with as many tools as we have, there is not yet a way to holistically quantify the impact harmful and oppressive narratives have on our brains and bodies. What we do know is that we must adapt readily and quickly to the needs of our communities; flexibility to change is foundational to local efforts given political, social and cultural events. Leverage skilled and experienced community representatives as liaisons. Cultivate feedback and processes that are accessible in language and format and accessible.

# Recommendations

1. **Invest in retention and economic resources for community organizing and health department staff with a vested interest in building power around community issues.** Being able to retain staff increased the possibility of having clear objectives, succession plans and clear accountability as well as continued relationship building. This includes making space for them to implement healing and preventative modalities into community events in order to offer spaces for community members to share their stories and practice ways to be well together.
2. **Long Term Strategic Organizing** is beneficial for health departments and community power building organizations. It creates a deeper relationship that offers opportunities for systems change. It also gives staff and leaders time to create buy-in (support) so that the vision is shared by organizational leaders. When building metrics it also increases the likelihood that they will be successfully tracked.
3. **Make space and time for partners from all agency and community levels to be able to engage in the entire process.** This creates the opportunity for a culture of learning. A longer timeline gives every partner involved more time to be creative and test multiple hypotheses. It creates space to develop clear goals and metrics tracking as well as outreach to other organizations and community members.
4. **Build capacity across all sectors.** This means having accessible resources to address the current project needs, and involving more existing staff as innovation widens project scope. Start by understanding where you are and developing agreements, instead of holding onto unspoken expectations, with all partners. Create a culture of learning and flexibility. Completely define processes and shift them as new learnings bring opportunities. Educate staff on anti-racist practices, internal biases, story sharing, narrative training, as well as asking questions about how each other learns and gets approval.

## AREAS OF CAPACITY BUILDING

ORGANIZATIONAL	INDIVIDUAL
Strategy	Emotional
Media & Communications	Intellectual
Staff	Spiritual
	Physical



*“Although we all have the right to communicate, historic patterns of privilege, injustice and marginalization mean that we have inequitable access to the tools and resources necessary to fully exercise this right. Bottom line: no change in communications strategy is complete without investments in communications and organizing infrastructure that address these inequities.”*

**- MAKANI THEMBA**

Where will you see change?	Sample Outcomes for Internal Capacity	
	Sample Outcome	Sample Indicators
<p>Organization as a whole</p>	<p><b>Changes in leadership</b></p>	<ul style="list-style-type: none"> <li>» Leaders from narrative change campaigns taking on increasing role in organization</li> <li>» Number of requests from other organizations for support in narrative change efforts</li> <li>» Support provided to other organizations working on narrative change</li> </ul>
<p>Leadership within organizations</p>	<p><b>Improved technical capacity</b></p>	<ul style="list-style-type: none"> <li>» Number of staff trained in technical capacities relevant to narrative change (e.g., community engagement, message development, strategic communications, network building)</li> <li>» Number of staff reporting an increase in their own technical skills relevant to narrative change</li> <li>» Number of staff or other stakeholders reporting an increase in team/department/organization's technical capacity to engage in narrative change activities</li> </ul>
<p>Teams within organization</p>	<p><b>Improved capacity for strategic planning</b></p>	<ul style="list-style-type: none"> <li>» Number of staff trained in strategic planning relevant to narrative change</li> <li>» Number of staff reporting an increase in their own skills relevant to strategic planning</li> <li>» Number of staff or other stakeholders reporting that organization has clear priorities, strategies, and goals related to narrative change</li> </ul>
<p>Individual staff members</p>	<p><b>Improved financial stability and resource availability</b></p>	<ul style="list-style-type: none"> <li>» Increase in or maintenance of adequate staff for narrative change work</li> <li>» Increase in organizational budget dedicated to narrative change activities</li> </ul>

Source: **ORS Impact**, MEASURING NARRATIVE CHANGE, 2019, V1.0

# Evaluation:

## Measuring Outcomes and Indicators

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Evaluation is an ongoing process that should be built in from the start of any new project or narrative change campaign. It takes a team willing to engage in a culture of learning and listening for continuous development. Utilizing the skills of those already on the project is beneficial because partners are very aware of what is going on or went well, where the challenges are or were, as well as expected and unexpected outcomes. Making sure the team creates intentional time to debrief and reflect on the project is vital to its success.



While using an outside evaluator may seem like the best idea, we would like to note that we know not all projects require an outside evaluator and that there may not be the financial resources available to bring an outside evaluator in. If there is, working with someone who has the ability to conduct participatory research with an awareness of their own lived experiences, biases, an understanding of ACES and the power of narrative, and a

commitment to curiosity is beneficial. Evaluation processes have huge impacts on communities and it is everyone's job to ensure that directly impacted community members are engaged to create and measure outcomes.

If working with a formal evaluator, it is important that evaluator be curious or are aware that directly impacted members will have expertise that doesn't come from training or formal education, knowledge from an experience with an issue or challenge, direct experience with a system, process or issue, or from trying to engage with a resource and that awareness of what works, what doesn't work and what resources (formal or informal) are available in the community. (Source: [Getting Started, Engaging People with Lived Experience, September 2020](#)).



Organizational capacity and policy change had huge impacts on project partners and are helpful to evaluate and measure at different points of implementation and evaluation. Every partner conducted work that challenged current dominant narratives in attempts to build a new aspirational and transformative narrative that will unfold over the next several years. Movement like this takes long term commitments and sustainability plans. Developing process indicators that help us understand a baseline of knowledge and skills and how they are measured is crucial. Measurement can be complicated and in order to evaluate its complexity, indicators should be thoughtful and intentionally created by the team completing the work.

Changes in...	Shorter-term Outcomes and Indicators	Longer-term Outcomes and Indicators
<p><b>Organizational Capacity</b></p> 	<ul style="list-style-type: none"> <li>» Increased skills and knowledge relevant to narrative strategy among organization's staff               <ul style="list-style-type: none"> <li>• Number of staff trained in skills relevant to narrative change</li> <li>• Number of staff reporting increase in relevant skills</li> <li>• Number of external stakeholders reporting on quality/utility of activities and outputs</li> </ul> </li> <li>» Increased capacity of relevant partners/ stakeholders (e.g., community members) to act as messengers for narrative               <ul style="list-style-type: none"> <li>• Number of trainings held/Number of participants in trainings</li> <li>• Number of participants demonstrating increase in knowledge or skills</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>» Increased thought leadership/expertise around narrative change               <ul style="list-style-type: none"> <li>• Number of staffing reporting confidence/expertise in narrative change capacities</li> <li>• Number of publications, presentations, materials developed on narrative change</li> <li>• Number of requests from other organizations/partners/stakeholders for support in narrative change efforts</li> <li>• Capacity strengthening provided to other organizations/partners/stakeholders working on narrative change</li> </ul> </li> <li>» Increased adaptive capacity               <ul style="list-style-type: none"> <li>• Pivots made in narrative strategy in response to external context and opportunities</li> </ul> </li> </ul>
<p><b>Policies</b></p> 	<ul style="list-style-type: none"> <li>» Policy or other debates frame issue in alignment with narrative               <ul style="list-style-type: none"> <li>• New policy debates emerge around issue (in cases where issue was not on the agenda)</li> <li>• Desired language used to describe issue and communities</li> <li>• Problem and solutions framed in ways that reflect changed narrative</li> </ul> </li> <li>» Increased political will               <ul style="list-style-type: none"> <li>• Number of decision makers indicating increased willingness to take desired action on issue</li> <li>• Legislation introduced that reflects framing of problem and appropriate solutions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>» Improvements in policies               <ul style="list-style-type: none"> <li>• Community representation and engagement in policy mechanisms and process</li> <li>• Policies that reflect framing of problem and appropriate solutions passed</li> <li>• Policies that reflect framing implemented</li> <li>• Harmful legislation or policies averted (reflecting narrative change efforts)</li> </ul> </li> </ul>

Source: [Measuring Narrative Change: Understanding Progress and Navigating Complexity v.2.0](#)

Asking questions that measure movement can be helpful to invoke deep thought that offer insights to the impact of narrative change. Has a group's thinking or language changed? What behavior has shifted? How and why are family members talking about substance misuse? What are you hearing that is different in your community? It is also important to incorporate knowledge gained around the impact of racism, oppression and generational trauma. This helps to identify gaps in current research and evaluation techniques.

# Conclusion

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In order to create true health equity, we must learn how to work across sectors on long-term, intersectional, sustainable and strategic organizing campaigns. This includes ensuring the participation of directly impacted communities in the design and implementation of narrative work and policy creation. Those policies must offer sustainable resources that explicitly address social determinants and create opportunities for the implementation of complex prevention and intervention methods. We know the systems that surround us are complex, that in order to change them we must all show up with some vulnerability and a dedication to collectively build the power we need to speak truth to those who have held power as inaccessible to the whole of us. In order to dismantle structural racism, improve health and income equality, eliminate poverty and create policies that benefit our communities we must collectively fight for systems level changes.

# Resources

## WEBSITES

### [Grassroots Policy Project | Bringing Together Theory and Practice for Social Movements](#)

Grassroots Policy Project has been working with organizations on narrative strategy for close to two decades. Resources on this website include the Three Faces of Power, multiple case studies and essays on narrative strategy, and a link to a recent documentary film, Power and Health.

### [Public Narrative – Resistance School](#)

A fifteen-part video course led by Harvard Professor Marshall Ganz on an approach to public narrative through stories of self, us and now, that he calls “a way of linking the power of narrative to the work of leadership.”

### [Robert Wood Johnson Foundation: Building Community Power to Advance Health Equity](#)

Sharing how local community power-building organizations advance health and racial equity.

### [The Praxis Project: Communities Building Power for Health](#)

The Praxis Project is a national movement support intermediary committed to capacity building for social change. Our emphasis is on developing fields of work in ways that encourage multi-level, trans-disciplinary learning and collaboration across issues, across the country, and across the globe.

### [Daylong Training: Using Narrative to Build Our Power](#)

This daylong training curriculum co-designed by members of Our Minnesota Future, Grassroots Policy Project, and Narrative Initiative focuses on building narrative power, weaving narrative strategies into campaign and coalition work, and integrating organizing and strategic communications. Include slides, agenda background materials and exercises that provide coalitions and groups with an entry into narrative development, distribution and the craft of organizing narrative change across issues and priorities.

## TOOLKITS AND CHECKLISTS

### [Local Health Department Organizational Self-Assessment for Addressing Health Inequities](#)

Bay Area Regional Health Inequities Initiative (BARHII) Organizational Self-Assessment Toolkit and Implementation Guide, 2010

### [Developing a Transformational Criminal Justice Narrative: A Toolkit](#)

National Criminal Justice and Public Health Alliance toolkit for developing an aspirational narrative, 2018. Includes an introduction to public narratives and their role in community organizing, systems change, and public policy change and a six-step guide to developing a transformational narrative with exercises and tips.

### [Rethink Health: Developing a Public Narrative](#)

Rethink Health toolkit for using the Marshall Ganz (stories of self, us, now) approach to narrative storytelling to inspire and develop leadership in the context of health, 2017.

## Health Equity Guide

Human Impact Partners web home for resources for and case studies of health departments advancing health equity, both internally and externally. Includes a set of strategic practices to support the work. Resources and examples continue to be added and updated.

## Race Class Narrative Resources — We Make The Future

Checklists, examples and messaging guides based on Race Class Narrative research and ongoing work to counter dog whistles, expand the 'we' and make collective solutions possible.

## Community Engagement Assessment Tool

A tool for understanding community engagement vs. outreach, and for assessing current activities and capacity for community engagement. Can be used by individuals or organizations.

## Measuring Narrative Change - Understanding Progress and Navigating Complexity

ORS Impact report and excellent collection of annotated resources on measuring and learning from narrative change work. Version 2.0, 2021.

# PODCASTS

## GENERAL

### The Social Change Agency Podcast

## ACES

### Responding to ACEs: Resources for Resilience: Part 6

### Central Michigan University College of Medicine's Podcast: Working with Adults with ACEs

### In Conversation...Trauma and ACEs with Dan Johnson

Dan Johnson, Clinical Director of Kibble, a special intervention service supporting children at risk, talks to freelance journalist Jo Carlowe about trauma and ACE's. The relationship between ACE's and the later development of health-harming behaviours, mental health issues and chronic disease noted by both anecdotal experience of Dan and supported by clinical research implies the great need for intervention. Dan and Jo discuss trauma-informed care, the impact of the ACE's framework on clinical practice and government policy and the difference between adversity and trauma.

### How Childhood Trauma Affects Health Across A Lifetime by Nadine Burke Harris

Dr. Nadine Burke Harris is emphatic about protecting children's mental health, specifically in low-income areas of the United States. During her TedMed talk, Dr. Harris addresses the single largest public health threat we are facing today: childhood trauma.

## NARRATIVE CHANGE

### The Role of Narrative Change in Collective Action

A conversation (described as a "master class") on the importance and power of narrative in collective social change efforts. Participants: Crystal Echo Hawk (IllumiNative), Rashad Robinson (Color of Change), and Nayantara Sen (Real Food Real Stories.) Resources linked from the landing page. From the 2021 Collective Impact Action Summit.



## BOOKS

Narrative Change: How Changing the Story Can Transform Society, Business, and Ourselves, Hans Hansen

Stories of Change: Narrative and Social Movements, Joseph E. Davis

The Deepest Well, Dr. Nadine Burke Harris

## ADVERSE CHILDHOOD EXPERIENCES

[CDC - Adverse Childhood Experiences \(ACEs\) - Violence Prevention](#)

[Center for Youth Wellness: ACEs & Toxic Stress](#)

[Cuyahoga County Board of Health: Adverse Childhood Experiences](#)

NEUROBIOLOGY OF STRESS AND TRAUMA

[The Center on the Developing Child, Harvard University](#)

[The Trauma Foundation](#)

Supporting the healing of unresolved trauma.

[The Community Resilience Cookbook](#)

COMMUNITY HEALTH ASSESSMENTS & COMMUNITY HEALTH IMPROVEMENT PLANS

[CDC - Public Health Professionals Gateway: Community Health Assessments & Health Improvement Plans](#)

Public Health Systems and Best Practices plans and information.

[Detroit Community Health Improvement Process](#)

The Detroit Community Health Improvement Process brings key stakeholders within the local public health system together to work with the community to improve the health and well-being of those who live, work, play, and pray in the City of Detroit.

# HOW TO FIND COMMUNITY POWER BUILDING ORGANIZATIONS IN YOUR AREA

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## Organizations Addressing Police Accountability and Racial Justice

This is an expanded list of National Community Power Building Organizations that can connect you to local CPBO's in your area. [The original list can be found here.](#)

Alliance for Youth Action

Black Freedom Collective

Black Lives Matter

BYP100

Caring Across Generations

Center for Community Change

Center for Health Progress

Center for Popular Democracy

Climate Justice Alliance

Community Change

DART

Faith in Action (formerly PICO)

Gamaliel National Network

Grassroots Global Justice Alliance

Industrial Areas Foundation

Jobs with Justice

Not My Generation

Partnerships for Working Families

People's Action

The Right to the City Alliance

Showing Up for Racial Justice



# BRIEF ORGANIZATIONAL CAPACITY ASSESSMENT

This tool is a relevant resource for all community based organizations seeking to build power with, provide support, programming or services to community members. This tool was designed at the request of the ACES/ NARRATIVE PROJECT partners for those coming after the project to complete before saying “YES” to narrative change work.

## Using the Tool:

The following questions are to be both an individual and collaborative group assessment. Local Health Departments (LHD's) and Community Organizing (CO) project partners recommend:

- That you seek information from a diverse population with an equity framework in place, both inside and outside of your organization. This includes community partners and individuals who are most impacted in any work going forward, otherwise your project has already failed.
- Take some time to get clear on your boundaries, capacity and strengths/gaps before stepping in.
- All of these capacity and reflection questions are inter-related so it does not matter where you begin.
- Track your progress as an individual and team for deeper insight and later evaluation.
- Complete the following questions and keep track of your answers in a place that is easy to locate.

## Critical Questions regarding the Purpose of your work moving forward:

1. Who/how was it determined that there was a problem or issue to solve?
2. What do I/we want to accomplish?
  - a. How will I/We know when I/we are satisfied?
  - b. What do I/we require to feel successful?
3. Do I/we have the skills/knowledge, tools, resources and relationships necessary to complete this work in a meaningful way and be successful?
  - a. If unsure, ask these questions:
    - i. What resources and capacity do I/we have to deliver messages and shift policies?
    - ii. What resources and skills are required to uplift a transformative narrative cultivated by the people most impacted?
    - iii. What messaging outlets do we have access to (Facebook, IG, TikTok, Organizational Website, etc)?
4. What is the staff's/community's current workload/investment capacity and turnover rate?
5. What do I/we know about narrative change and how to implement it?
6. Who is already involved in this process?
  - a. How many of our partners are directly impacted by the issue we are solving? If no one in your work is currently experiencing this issue...
    - i. Go out into the community that is most affected by health disparities and the work you want to do and talk to members. Be curious about the wisdom/knowledge they hold and what it could mean for your work. Invite them into the team.
  - b. What person/organization is doing community change in my community?
  - c. Who do I/we need to invite in?
7. What fears or concerns do we have and how do you plan to overcome them?

# ROOT CAUSES AND THE 5 WHYS WORKSHEET

## PROCESS

1. Break into small groups of 3-4.
2. Identify and briefly define the issue/problem you are working on.
3. Complete a Process Map Questions below.
4. Complete the 5 whys related to the problem that lead you to a possible root cause.
  - a. (Why did this happen? Asked 5 times.)

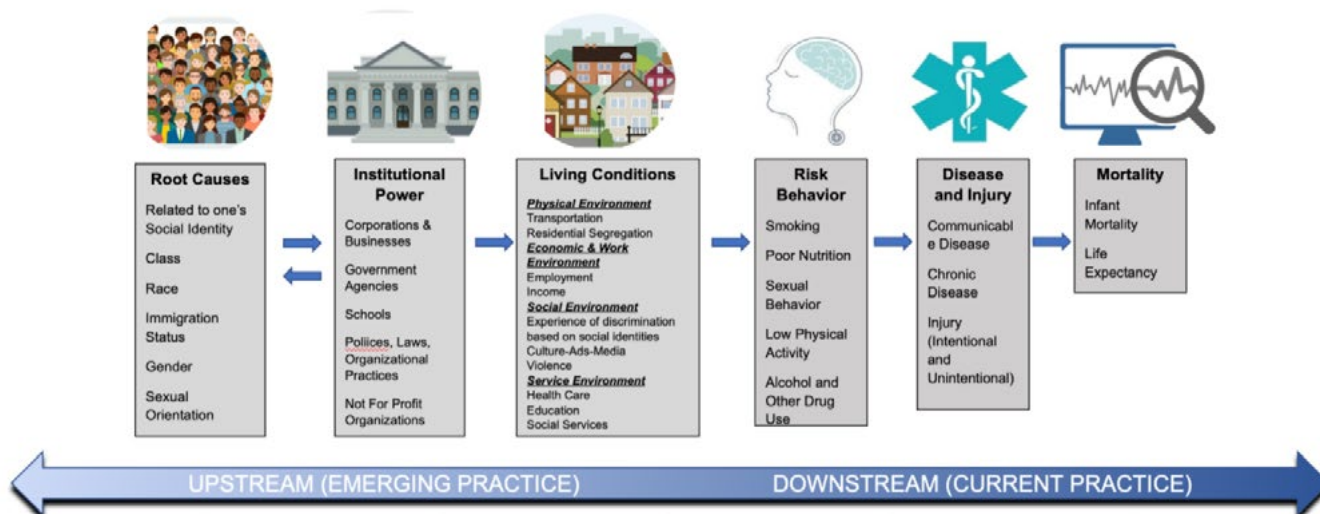
## OUTCOMES

- Gain Clarity on Root Causes of a problem/ACES and its impact on health and wellbeing.
- Partners will be able to Identify what is Upstream (Emerging Practice), also known as preventative and able to be addressed in order to be changed or eliminated and Downstream (Current Practice), which is reactionary in nature and a result of the trauma (ACEs) that are experienced.

## PROCESS MAP

Each group will take time to ask questions that move us “Upstream” (Adapted from: Center for Health Equity Practice):

- Where does this issue live in the “system”?
- Why is this group experiencing these outcomes?
- Why is this group living out these risk behaviors?
- What living conditions increase risk and/or manifestation of disease or injury?
- What institutional policies, practices are at work to uphold harmful practices, policies, laws that intentionally perpetuate these living conditions?
- Who is being impacted and how do others benefit from it?
- What needs to be done to stop it and what do we have the capacity to do?



Source: Center for Health Equity Practice, 2019

Resources: The Root Causes of Health Inequity • Let Me Tell You... Evaluation Toolkit





# EXAMPLE FLYERS FROM PROJECT PARTNERS

THURSDAY 12 SEPTEMBER 2019 FRIDAY 13

9AM - 4PM GRADES 8 - 12 #ISSAPROBLEM 4PM - 10PM AGES 18 - 24+

2ND ANNUAL **YOUTH-LED OPIOID SUMMIT**

HOSTED BY @SHAYOMYGOD

DURFEE INNOVATION SOCIETY  
2470 COLLINGWOOD  
DETROIT, MI 48206

THURSDAY GUESTS: @3Keies, @DJB3525, @OfficialKidJay, @UrbanViolinist, @FreshTheClowns, @TheMackBrothers, @BrooklynQueen03

FRIDAY GUESTS: @Big\_Gov, @JustKynzi, @BrielleLesley, @IAmFrankieP, @NeishaNeshae, @PierreAnthonyMusic and more to be announced!

FOOD | RALLY | PRIZES | ENTERTAINMENT | TRAINING | SPEAKERS

FOR MORE INFORMATION:  
[WWW.ISSAPROBLEM.COM](http://WWW.ISSAPROBLEM.COM)  
IG: @CLASSACTIONYOUTH | TWITTER: @313HOPEDETROIT

**#askmewhoam**  
CONFERENCE ON YOUTH CULTURE

Friday, August 6, 2021  
8:00 a.m. – 4:30 p.m.

2021 THEME:  
**Supporting Youth As We Emerge From a Pandemic**

#askmewholam brings together youth and people invested in youth to promote better understanding of youth culture, specifically as it relates to transition-age youth and young adults with serious mental health challenges.

LOCATION:  
Schiff Family Conference Center | Xavier University  
1624 Herald Avenue  
Cincinnati, Ohio, 45207

6.5 CEU'S WILL BE PROVIDED.


FOR ADDITIONAL INFORMATION, CONTACT:  
Shawn Jeffers, 513-404-8191

JOURNEY  
youth of the center  
Talbert House  
Building a Stronger Community... One Life at a Time

REGISTRATION AND WORKSHOP DETAILS:  
[www.askmewhoiam.com](http://www.askmewhoiam.com)

Friday, February 26 @ 3 pm EST  
**Our Stories, Our Healing**  
**WE CALL IT SURVIVAL**

Join Us Here: INSERT LINK HERE



Sit with us as we sink into what it means to live in the now, with everything we carry, and all the stories written on our bones. As people we have been sharing stories for generations. Here we share the one's everyone told us not to talk about.

MODERATED BY: **BIANCA EDWARDS, SACRED APOTHECARY**


CUYAHOGA COUNTY BOARD OF HEALTH  
A Vision of Change  
ADAMHS BOARD OF CUYAHOGA COUNTY

ADAMHS BOARD OF CUYAHOGA COUNTY  
SCHOOL, DRUG, ALCOHOL & MENTAL HEALTH SERVICES

**ADVERSE CHILDHOOD EXPERIENCES (ACES) & HANDLING CRISES FROM A TRAUMA-INFORMED LENS**  
with Dakota L. King-White, PhD  
Monday, 7/26/21 9:00am to 12:15 via Zoom

This workshop will discuss the impact of the COVID-19 pandemic, the many losses people have experienced, mental health concerns, fatigue, and the increase of substance use. Due to these various challenges, systems must be ready to create trauma-informed environments to support the people they serve, in particular, our youth as they enter back into systems during these unprecedented times. This workshop will focus on bringing awareness on how to handle crises from a trauma-informed lens by taking into consideration adverse childhood experiences. Following this interactive session, participants will be able to:

- 1) Identify adverse childhood experiences & how these experiences may impact individuals;
- 2) Recognize the impact that COVID-19 has had on individuals' mental health & crises that have come out of the pandemic;
- 3) Discuss & identify trauma-informed strategies that they can integrate into their systems before crises happen in their systems.



This training is approved for 3 CEUs and RCHs. CEU Provider #RCS110677 and RCH Provider #50-17837. This training will be held virtually via the Zoom platform and links will be emailed.

Deadline for registration is July 20, 2021. REGISTER SOON. SEATS FILL UP FAST

[CLICK HERE](#)

For more information, contact Regina Spicer, Training Officer at [spicer@adamhsc.org](mailto:spicer@adamhsc.org)

## Example Community Meeting Training/Meeting Agenda

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Davies, Rick. (2013). Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations. Report of a Study Commissioned by the Department for International Development. Source: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/248656/wp40-planning-eval-assessments.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/248656/wp40-planning-eval-assessments.pdf)

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Healey, Richard and Hinson, Sandra. (2018). The Three Faces of Power. Grassroots Policy Project. [https://grassrootspolicy.org/wp-content/uploads/2018/05/GPP\\_34FacesOfPower.pdf](https://grassrootspolicy.org/wp-content/uploads/2018/05/GPP_34FacesOfPower.pdf)

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Schiele MA, Ziegler C, Holitschke K, Schartner C, Schmidt B, Weber H, Reif A, Romanos M, Pauli P, Zwanzger P, Deckert J, Domschke K. (2016). Influence of 5-HTT variation, childhood trauma and self-efficacy on anxiety traits: a gene environment-coping interaction study. *J Neural Transm (Vienna)*. 2016 Aug; 123(8):895-904. doi: 10.1007/s00702-016-1564-z. Epub 2016 May 4.

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# VIDEO TRAINING WORKBOOK

Transforming the Narrative:  
Health Equity and The Community

———— **Workbook for Video Training** ————



The video training that accompanies this toolkit will help you get started on understanding narrative, the power of narrative, co-creating an aspirational or transformative narrative, and integrating it into your work towards health equity.

This is group work, not to be done in isolation. Community does not happen in a silo. Neither does co-creating an aspirational narrative or building power for healthy communities.

This training is divided into sections, many of which include group activities to deepen relationships and understandings and to begin to strategize about narrative change work. Throughout the video, you will hear from participants in the narrative and ACEs project described in this toolkit.



**“Power, properly understood, is the ability to achieve purpose.** *It is the strength required to bring about social, political, or economic changes. In this sense power is not only desirable but necessary in order to implement the demands of love and justice.”*

- THE REV. DR. MARTIN LUTHER KING, JR.

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**“Public sentiment is everything.** *With public sentiment, nothing can fail; without it nothing can succeed. Consequently, he who molds public sentiment, goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed.”*

- ABRAHAM LINCOLN

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**“One either believes problems are rooted in groups of people, as a racist, or locates the roots of problems in power and policies, as an antiracist.”**

- IBRAM X. KENDI, *How to Be an Anti-Racist*

## Training objectives:

1. Introduce and illustrate the idea and the power of public narrative
2. Increase participant understanding of why narrative change matters for their work
3. Describe and illustrate a process for co-creating an emerging/emergent narrative & point to toolkit(s)
4. Introduce and illustrate frameworks for narrative change strategy
5. Articulate the value of, challenges to, and strategies for established institutions & community power building organizations collaborating on narrative change

TRAINING OUTLINE			
Section	Approximate video time	Estimated group work time	Estimated training time
Welcome and Introduction	5	--	5
Dreaming Together	8	15	30
Grounding Values and Beliefs	15	40	60
Public Narrative Concepts	5	--	5
Naming the Dominant Public Narrative	10	20	30
The Power of Narrative	15	10	25
Co-Creating Your Aspirational Narrative	5	--	5
Narrative Change Strategies	7	25	30
Working Together for Health Equity	10	20	30
Moving Forward	10	--	10
Total	90 minutes		4 hours

 [Slides included in the training video](#)

# DREAMING TOGETHER

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If you could wave a magic wand...

***What is one BIG change you'd want to see that doesn't seem possible right now?***

Introduce yourself if needed. Take about one minute each.

Simply imagining the world we want, without limiting ourselves to what we think is possible, is an important exercise. Envisioning a better future can motivate and energize us as we work toward it.

One of the forces keeping us from making these big changes is a powerful dominant narrative that tells us that what we have now is all we can have, all that is possible; that some of us are more deserving than others; that our pain and our problems are our own fault; and that we are each on our own.

But many of us know in our minds and in our hearts that in fact something different, something better, is possible. That's why narrative change is so important.

# GROUNDING CORE VALUE & BELIEFS EXERCISE

Public narrative draws on and is grounded in an underlying worldview, a set of values and beliefs, norms and assumptions that shapes our understanding of the world and how we act in it.

Take 10 minutes to complete the following questions alone:

*Name three core values or beliefs you have about yourself that have shaped who you are today.*

Myself

- 1.
- 2.
- 3.

Neighborhood/World

- 1.
- 2.
- 3.

***What are the deep grounding values and beliefs that led you to the work you are doing?***

***What is a story about that connection? Who taught it to you? How are those values and beliefs guiding you now?***

Talk in groups of 3 or 4. Each person gets 5 minutes.

***Where do you experience these values being violated in our lives together?***



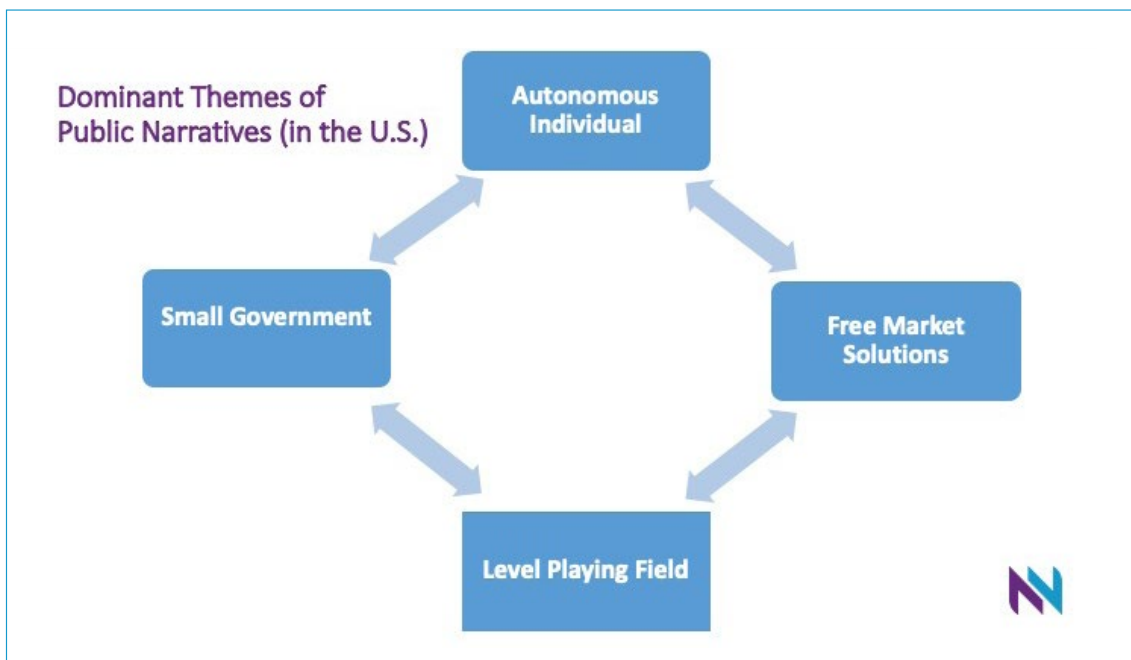
# PUBLIC NARRATIVE CONCEPTS

**Public narratives are stories about how the world works that are told in many different ways, and can *shift public consciousness and change what is possible***

- Grounded in and reinforce a set of values and beliefs.
- Make sense of the world, provide an understanding or interpretation of people and situations.
- Serve a purpose: They shape possibilities and outcomes
- Are more powerful than facts in changing outcomes

**A dominant public narrative is one that beats out other narratives and has the most power to shape what is possible**

- We hear and experience dominant narratives all around us, in the media, from other people, in popular culture and more.
- They are embedded in our institutions, structures, and norms. Most of the time, we are hardly even aware of them, much less the way they shape our understanding of our experiences.
- Dominant narratives become dominant because they are shaped and promoted by a group of people for a purpose.



# NAMING THE DOMINANT NARRATIVE

Making the dominant narrative visible is a key strategy in narrative change.

*What are some elements of the dominant public narrative about the problem or issue you are working on?*

## The Power of Narrative:

The dominant narrative has real power. It can marginalize us, make us feel ashamed, frustrated or powerless. It can keep us from doing the work we want to do, from solving problems, from achieving our goals.

*What is the impact of the dominant narrative you named?*

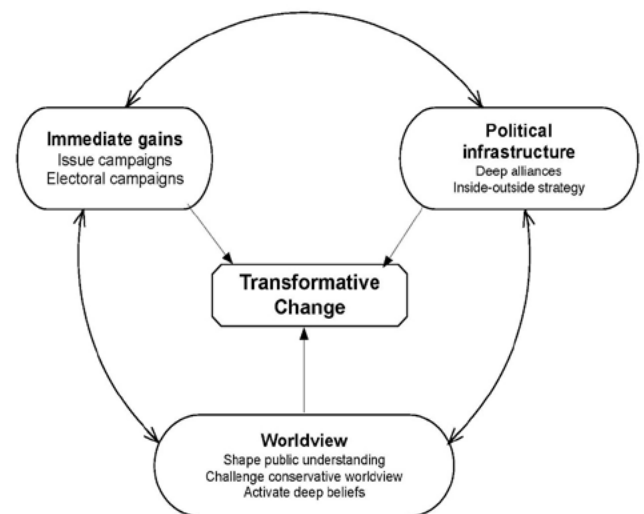
*On you?*

*On your community?*

*On your work?*

*On the problem you are addressing?*

The Three (Interrelated) Faces of Power



*Key resource: Paper from Grassroots Policy Project describing the Three Faces of Power model*

# CO-CREATING AN ASPIRATIONAL/ TRANSFORMATIVE NARRATIVE

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Co-creating an aspirational or transformational narrative together that is grounded in your shared values, beliefs and assumptions, that expresses your own deep understanding of your area of interest can be a powerful experience.

The process of co-creating your own narrative is an important ingredient in narrative change work. It is a generative and energizing process. It solidifies and strengthens the aspirational narrative among group members, creates ownership, empowers group members, and leads to more impactful narrative change work.

Your aspirational narrative is meant to define what can be - your aspirations for your communities and the people and institutions in them, grounded in your deepest values, beliefs, and commitments. It represents what you believe could and should be.

It is:

- An internal document to ground your work
- Designed to represent what you believe and want to achieve
- An articulation of values and beliefs that drive you in your work
- An expression of your collective imagination of the world you are working toward
- A way of reminding yourselves and others that something different is possible

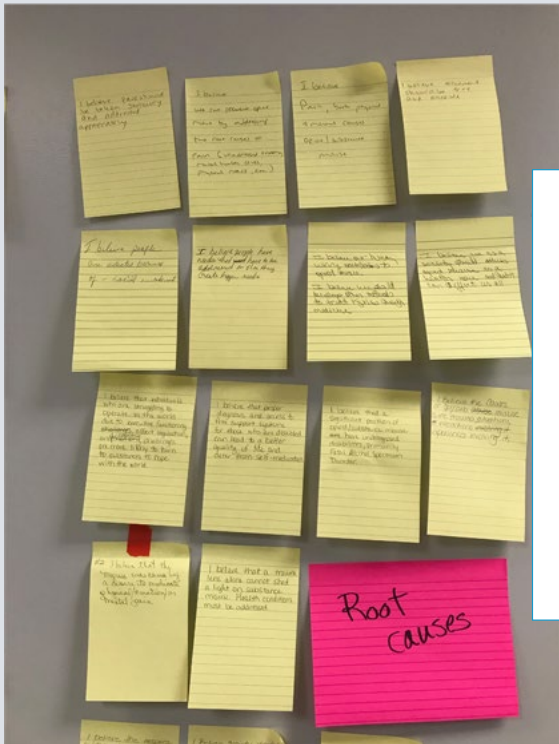
It is not:

- About what is wrong with the world as it is
- A response to or refutation of the dominant narrative. Remember, when you argue directly against a dominant idea, you actually animate and reinforce it
- A messaging document
- A set of policy proposals
- Limited to what you believe is possible today

As you move through the steps of co-creating your aspirational narrative, check in on these points, especially those about what it is not. It is easy to fall into old habits. The “Small Group Guidelines for Generating Elements of an Aspirational Narrative”\* can be helpful in re-orienting yourself or your group.

The above text can be found in [“Aspirational Narrative Is”](#)

[\\*Small Group Guidelines \(Generic\)](#)



## Generating a New Narrative



- Do not worry, for today, about a public message
- This is not a writing or editing exercise – this is a chance to generate ideas
- Stay open to ideas that emerge from within you and from others
- Be open to non-linear thinking – tap the creative imagination in you and in others
- Do not focus on a ‘response’ to the dominant narrative
- Avoid policy proposals – address the underlying beliefs and outcomes you want



### Key resources:

CJPH Narrative Development toolkit – Describes and outlines a process for developing an aspirational narrative  
[https://humanimpact.org/wp-content/uploads/2018/03/CJPH-Narrative-Development\\_Toolkit.pdf](https://humanimpact.org/wp-content/uploads/2018/03/CJPH-Narrative-Development_Toolkit.pdf)

Grassroots Policy Project process document – Outlines a three-step process for narrative co-creation  
[https://drive.google.com/file/d/1CnUtMaSPqU7Soo\\_re8PaZpcNC0C71CRS/view?usp=sharing](https://drive.google.com/file/d/1CnUtMaSPqU7Soo_re8PaZpcNC0C71CRS/view?usp=sharing)

### Example Aspirational Narratives:

The Minnesota Department of Health with the Healthy Minnesota Partnership and community partners have developed ‘emerging’ narratives about number of key public health areas:  
<https://www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/index.html>

A draft narrative synthesis including themes from three communities participating in the narrative and ACEs project:  
[https://docs.google.com/document/d/1BIYhnRPkMDd3Q\\_yPkrbE84D4JRIROQVvWqTUCTOeQ4k/edit?usp=sharing](https://docs.google.com/document/d/1BIYhnRPkMDd3Q_yPkrbE84D4JRIROQVvWqTUCTOeQ4k/edit?usp=sharing)





# NARRATIVE CHANGE STRATEGIES

Nearly everything you are already doing likely can be strengthened by looking at it through a narrative shifting lens.

The core narrative shifting strategies are:

- Unmasking dominant narrative
- Elevating your narrative
- Contrasting or offering a choice between the two

## Elevating & Animating

- Always start with values and beliefs.
- Focus on vision and possibilities.
- Not an argument, or a refutation.
- When we argue directly against a dominant idea, we actually animate and reinforce it.
- And - no one hears about what we believe or value.
- An invitation: What if...? Have you ever thought...?

The more that you can embody, illustrate, and give people an experience of what you believe is possible, the more you will draw them in, and build the power of your transformative narrative.

**Strategic Communications:** Consistently and persistently saying the right thing, to the right people, at the right time, to mobilize social power and advance your narrative, so you can accomplish short-term objectives and set up long-term victories.

Sell Your Brownies! 👍 NOT the recipe! 👎



Sell your brownies, not the recipe! When we buy a box of brownie mix, the picture of the luscious, chocolaty, moist finished product that will make our taste buds happy is what faces us in the aisle and encourages us to buy it - not the small print instructions on the back. We know that what's inside is just gray powder, and that we'll have work to do before we taste those brownies.

Too often in our work, we forget to lead with the brownies, the vision of what is possible, the end goal, healthy and equitable futures for our communities. Instead, we try to sell people on the ingredients or the recipe or the work we have to do. If we want to engage people, we need to lead with the 'brownies'.

### **Narrative frames are lenses that...**

- Couch a specific issue arena in the context of a grounding narrative
- Shape understanding of what needs to happen in the issue arena from a values/beliefs perspective

### **Narrative frames can...**

- Define how shared values/beliefs are being violated or not
- Redefine concerns in the context of shared values/beliefs
- Reshape or expand our understanding of the causes and solutions of shared concerns



*What are the opportunities in your work where you could begin to unmask the dominant narrative, uplift your own narrative, and/or offer people a choice?*

*Who else needs to be involved?*

## **Resources:**

Shifting Narrative Guidelines – Person to Person (Generic)

<https://docs.google.com/document/d/1nEKXUoGT2KUaMxJlol1t8TeUgl66nXtgKf8zQXXioZc/edit?usp=sharing>

Race Class Narrative Checklist

[https://static1.squarespace.com/static/5fd0f29d0d626c5fb471be74/t/6020970d4ef9b65741d7c459/1612748558024/RCNA\\_Checklist.pdf](https://static1.squarespace.com/static/5fd0f29d0d626c5fb471be74/t/6020970d4ef9b65741d7c459/1612748558024/RCNA_Checklist.pdf) (also uploaded)

Race Class Narrative Example Language

<https://static1.squarespace.com/static/5fd0f29d0d626c5fb471be74/t/60872802a6358614c024dc26/1619470344763/We+Make+The+Future+Narrative+Checklist+FINAL+4.26.2021.pdf>

## **Examples:**

Minnesota 2017 Statewide Health Assessment, framed around conditions for health, narrative themes

<https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html>

Minnesota Department of Health 2015 White Paper on Paid Leave

<https://www.health.state.mn.us/communities/equity/reports/2015paidleave.pdf>

Opinion piece on childcare, leading with values/beliefs

<https://www.startribune.com/minnesota-must-stop-stiffing-child-care-providers/600067227/>  
(users may encounter paywall)



## WORKING TOGETHER

*“Building community power is an approach to shaping the conditions needed for healthy and equitable communities by the development and implementation of policy, practice, and structural change... Our growing edge in public health is to shift the purpose of our community engagement to be in service of community power building.”*

Shifting and Sharing Power: Public Health's Charge in Building Community Power

By Lili Farhang and Megan Gaydos, Human Impact Partners

NACCHO Exchange, Winter 2021

<https://humanimpact.org/hiprojects/shifting-and-sharing-power-public-healths-charge-in-building-community-power/?strategy=>

*Who are your current or potential collaborators?*

*What barriers have you encountered in the collaboration, or might you encounter as you build these relationships?*

*What are some strategies for avoiding or overcoming those barriers?*

