



Introduction to narrative

Health Equity Learning Community
August 2017

Let's talk

- Name core values and beliefs that have shaped you.
- Share a story about how these values and beliefs were formed in you.
- How did your values and beliefs lead you to work in public health?

10 Minutes

Definitions

Worldview is a set of values, beliefs, assumptions that shape our view of the world.

A **narrative** is a story that, when told in many different ways, can shift public consciousness and change what is possible

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



We all have a worldview– a way we see the world – that contains our values, beliefs, and assumptions.

Narrative is a story that, when told in different ways, can shift public consciousness and change what is possible.

In plain language – narratives are...

- Statements, stories, images, metaphors
- that reflect our values and our beliefs about something
- convey our thinking
- to ourselves and to others

It's a normal human thing – part of who we are and how we create and interpret our world.

There can be many narratives, but some are more powerful than others. There is always a dominant narrative that overrides other narratives and carries the day. These narratives have the most power to shape what is possible.

Narratives are...

- Powerful because they draw on values
- Created by people and thus can be changed
- Grounding for messaging and action

Narratives can be powerful when they connect to values.

They are created by people and thus can be changed.

They provide grounding for messaging and action.

Dominant narratives and advancing health equity

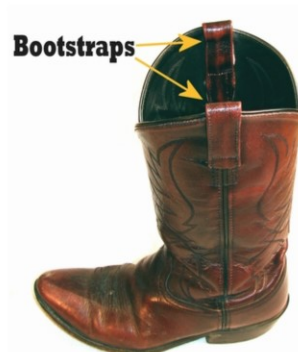
- Narrative determines how issues are understood and framed
- Dominant narratives take over planning and decision-making
- For example: what is the dominant narrative about teenagers?

For example, we talk about the teenage years in specific ways. Imagine you are a youth development coordinator. The dominant narrative about teenagers is that they are difficult, hard to work with, apathetic, risk takers. That image and description of the teenage years is a dominant one.

So imagine you're interested in working on youth development. The dominant narrative is that teens are hard to work with and take risky behaviors and don't listen to adults. It's an uphill battle to promote asset-based youth development programs in this context. Instead the more common intervention is disciplinary or punitive.

Some dominant narratives (in the US)

Bootstraps individualism



Another example you have likely encountered (or will, when you talk to others about the social conditions that shape health) is the “bootstraps” narrative about individualism: that people are successful because of their individual effort – they “pulled themselves up by their bootstraps.” This narrative is rooted in values of hard work and discipline. It’s powerful because it connects to these values. These values aren’t wrong or bad in and of themselves, of course, but the narrative has become so dominant that it limits our vision – it keeps us from seeing other things that contribute to success, like the help we may have received from others and the social conditions and opportunities we have had.

- Stronger than other narratives
- Frames what we consider possible or impossible
- Constricts creative development of alternative solutions
- Limits how we approach our work

Dominant narratives become our blind spots.

So dominant narratives like the “bootstraps” narrative are stronger than other narratives. There may also be new and emerging narratives or other alternative ways of talking about or interpreting something, but dominant narratives carry the day in terms of framing what we consider possible or impossible.

Dominant narratives are powerful because they connect to deeply held values. It’s not the values that are bad, but dominant narratives keep us from seeing alternatives.

Like the strength of the narrative about teenagers gets in the way of our ability to see their strengths and assets.

The narrative of individualism gets in the way of taking the actions that help create the conditions in which people can find meaningful work, work hard, and get ahead.

To connect this back to our previous meeting, dominant narratives become blind spots.

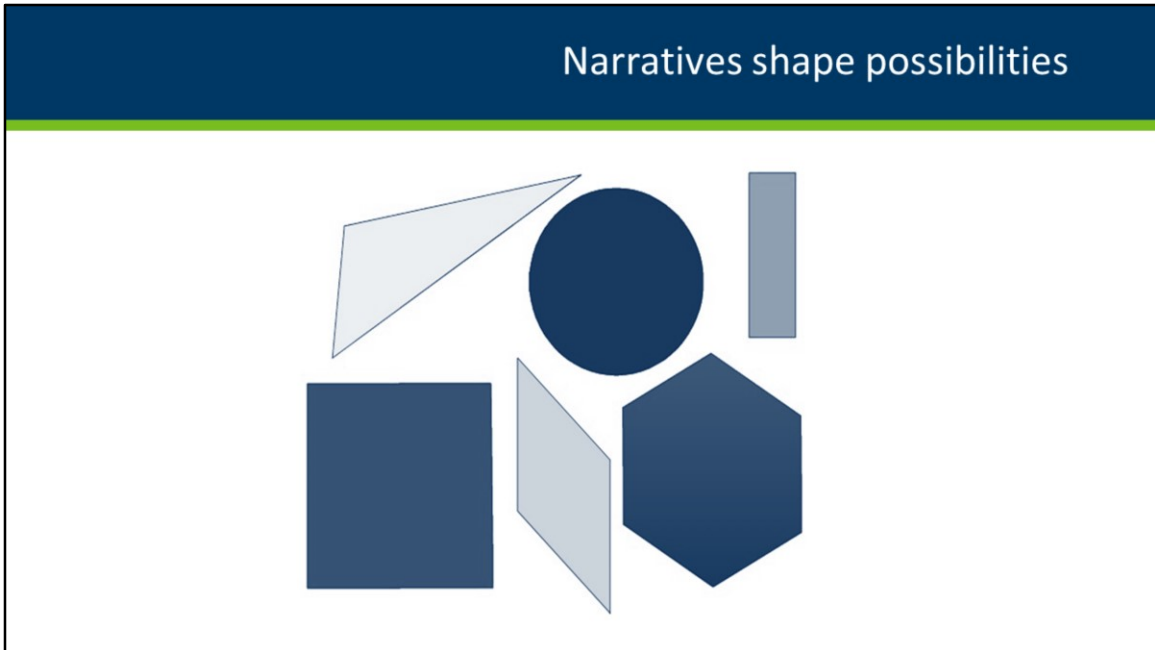
Team discussion: What are our public health narratives?

What are some elements of the current dominant narratives about our profession (public health)?

So let's spend some time thinking together about some of the dominant narratives in public health.

- How do we describe the profession of public health when we are talking to other people?
- [How do we describe our work to others? Where do we focus our time and energy?]

What do we say about public health's role in creating health? What is our part, or our contribution?



What's clear when you start to confront the deep and persistent inequities in our communities is that the dominant narratives in our field have led us to actions and strategies that aren't working for everyone – they aren't wrong, and they also aren't sufficient. Health equity work calls for an expanded set of actions and an expanded narrative about the work we do.

As you move forward with your coaches to identify and take some concrete action steps, keep this in mind, and be thinking about how our dominant narratives in public health shape our ideas and choices. We have these stories about who we are, what we do, and what our role is, and what we're going to be doing throughout the learning community is stretch ourselves to see other possibilities.

If you're interested in going deeper into narrative work, the Center does offer training in that area. Some of you have already been through this training, but for other teams it may be new. Let me know if you would like to learn more about it.

Now, I'm going to hand the mic over to Susan, who is going to talk to us about

applying a health equity lens to our work. Using a health equity lens is one of those strategies for opening up new possibilities. Both of these concepts – of narrative, and of applying a health equity lens, will be threads we'll come back to in different ways over the course of the learning community.

Transition to Susan.

Key points

- We naturally tell stories, or narratives, about who we are, what we do, and why we do it.
- These stories can become so powerful that they influence our thoughts and our decisions.
- These narratives aren't wrong, but they also aren't sufficient.
- Equity work calls us to an expanded set of actions.
- To move forward on equity requires us to acknowledge the dominant narratives in public health and intentionally broaden our perspective.