

Presenters:

Amber Ayala, Children's Defense Fund-Texas

Aurora Harris, Young Invincibles [slides](#)

Aurora Harris of Young Invincibles presented on storytelling, focusing on the development of narratives to influence the public's understanding of an issue and to shape common sense on that issue. Amber Ayala discussed the process of story collection and working with storytellers. Her portion of the session was conducted as a Q&A.

Key takeaways from this session:

- Shaping a narrative that can be used to influence policy requires changing the public perception of what's politically possible. Using storytelling to shape common sense can influence both conscious and unconscious understanding of an issue and change people's perception of a dominant narrative.
- The power to shape common sense through storytelling is also the power to help people see themselves as agents of change and to believe that change is possible.
- 5 facets of narrative—narratives may be shared by generations, people in certain places/communities, etc.
 - Set of stories
 - Understood consciously and/or unconsciously
 - Shared by group of people with a common identity
 - Shape our attitudes and behaviors about people, places, objects or ideas
 - Narratives are established, amplified and reinforced over time through the careful, deliberate curation of narrative tools like stories, language, messengers and messages.
- Features of narrative
 - Narrative is a collection of stories
 - Dominant narratives exist for a reason—they shape what is possible (and also gatekeep people from influencing or changing the dominant narrative)
 - Narrative change is an arena of power
 - Telling our stories and being explicit about our truths makes more policy change possible
- **Story** and **narrative** are different, and dominant narratives can be damaging
 - Example of an untrue narrative: The American Dream - *anyone* can make it if they *just work hard enough* regardless of where they start (e.g. if they grow up very poor)
 - This is an example of the “bootstrap” myth that ignores the role of education and other early life experiences
 - An individual's story can subvert the dominant narrative and support building a new one that can influence political possibilities.

Example of using storytelling to shape narrative:

Storytelling + creative direct actions + communications strategies grounded in organizing + shifts in “common sense” can lead to a meaningful change in narrative that eventually changes policy

Years of storytelling and organization contributed to the ultimate win of extending postpartum Medicaid in Texas to 12 months. Many storytellers with lived experience of losing Medicaid shortly after the birth of their child told their stories over and over to the media, policymakers, advocates and others, finally leading to a change in the narrative that shifted from opposition to support for extending Medicaid to 12 months.

Summary of Q&A with Amber Ayala of Children's Defense Fund-Texas

Storytelling is a way for all of us to understand how vital health programs are to families. What's the first step to asking families to tell their story?

- Help them solve the problem they're facing: Make sure they get connected to someone who can help them get the help they need and the services they are eligible for. Check in and keep in touch with them.
- Break down what the storytelling process is and what they can expect from working with you.
- Give them time to think about the opportunity, if they want to do it and what questions or concerns they might have. They always have the option to opt out at any time.

After the family has had a chance to think about it, how to get consent once they are willing?

- Get verbal consent at minimum. A consent form isn't always necessary. It may be too formal and may feel like they are giving away the "rights" to their story.
- Any time a story is going to be shared (for example, with media) check in with family to make sure they're still OK with the story being used in that context.
- Mixed status or immigrant families must always have the option to remain anonymous.

What is the best/most respectful way to collect the story?

- Do what the family needs. This may mean connecting with them after work hours or school.
- Ask if it is OK to record the conversation for note taking purposes only. The recording will not be used for anything else.
- Get to know them outside of their health care experience—ask about kids, family, school, etc.
- Ask them to tell you their experiences of how being uninsured affects different aspects of their life.
- You can keep the story anonymous if they ask for that.
- Help them feel confident about telling their stories

What ways will their stories be used?

- As background just for the person/organization collecting stories
- To engage in advocacy and activate power by speaking at advocacy events
- In meetings with lawmakers and state leaders
- Speaking with reporters

From General Q&A:

What types of stories are underrepresented, and who isn't being represented?

Amber said the stories of rural families are underrepresented because Texas is so huge and we can't be everywhere. **Aurora** added: Young people aren't heard enough, and people who are working and going to college. The dominant narrative says it's shiftless lazy unemployed people who don't have health coverage vs. the reality that it's really working poor people who are uninsured. Health care is a vulnerable subject for people to talk about. There's a lot of shame about what happens after giving birth, e.g. lack of health care and ability to care for a new baby so it's hard for people to talk about.

What future trends/developments are there in the field of healthcare storytelling?

Amber discussed developing an engagement ladder for healthcare supporters and storytellers to develop them into leaders who can go back into their communities, learn how to organize people, and

have conversations with neighbors, etc. **Aurora** said cynicism and out-organizing [by opposition] is the biggest challenge vs. people who are directly/actively opposed.

A key closing thought:

The pandemic broke open a lot of health narratives. Texans have been told for so long that we couldn't have the things that we got practically overnight. Now that it's being clawed back it's clear people don't want to give up what they got. (Editorial note: Medicaid unwinding is a potent example of how the clawback has ramifications far beyond the original expectations.).

Examples:

- A free healthcare service without having to pay/show insurance and immigration status didn't matter (vaccination program)
- People got onto SNAP and Medicaid in ways they hadn't before
- Pandemic unemployment insurance and the child tax credit acted as a sort of universal basic income.