

# Multicultural Storytelling

A New Process for Community Engagement





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# Multicultural Storytelling

## A New Process for Community Engagement

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Minneapolis Urban Health Agenda  
Community Advisory Committee  
by Emily Li-wen Wang.



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# Executive Summary

## Background

### Developing New Ideas to Promote Health Equity

Despite Minnesota’s reputation as a leader on key quality-of-life measures such as wealth, health and educational achievement, Minnesota’s racial disparities continue to grow.<sup>1</sup> Minnesota is consistently ranked as one of the healthiest states in the nation, but stark differences remain between health status, life expectancy, and quality of life for populations of color and American Indians compared with whites.<sup>2</sup> Thus, efforts to promote health equity for all continue to be foremost in the work of the Minneapolis Department of Health and Family Support (MDHFS).

Within this context, in summer 2006, MDHFS convened the Minneapolis Urban Health Agenda Community Advisory Committee. The quality of engagement between institutions and the communities they serve largely determines whether policies and programs reflect the interests of all groups. Thus, this committee of multicultural community advisors was charged with helping to develop a new community engagement model for MDHFS. The community advisors and MDHFS co-designed and co-piloted storytelling as a new community engagement process to inform the department’s health policy and programmatic work for the well-being of city residents. This process involved completing and video recording a series of intergenerational storytelling events from December 2006 to June 2007 in multicultural communities: African American, American Indian, Caucasian, Hmong, Latino, Somali, and Vietnamese. Contrary to more typical institution-based health initiatives, the primary focus of the events was “Tell us about a time when your family/community was healthy and everything was right.” This non-traditional focus on learning more about the community’s strengths, rather than its needs and problems, opened a different door toward arguably more effective and sustainable solutions that support community health and well-being. In summer 2008, the advisory committee completed a DVD titled Minneapolis Multicultural Health Storytelling Project, a short synopsis of the events that also emphasizes the power of stories and listening in order to begin taking action. While six dominant health themes are highlighted throughout the DVD, the uniqueness of each different cultural group is also illustrated.

1 Minnesota Legislative Report Card on Racial Equity. Organizing Apprenticeship Project. 2008.  
2 Eliminating Health Disparities Initiative Report to the Legislature. Minnesota Department of Health-Office of Minority and Multicultural Health. January 2009.

### The training session

1. Please rate the following:

The knowledge & skills I gained in this training will help me in my job	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree
I was engaged in the session	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree
I would recommend this training to others	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree
This workshop provided training in an area of critical need	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree

2. Describe what you liked most about the session.

3. Please share any comments for improvement.

4. Please use this space for any additional comments on the session.

**Feedback Form** Web link to Survey Monkey: <http://www.surveymonkey.com>

**The DVD**

1. What ideas left an impression on you from the video?

2. What was the most important thing you learned?

3. What surprised you?

**The storytelling process**

1. How could you use this process in your work?

2. What challenges would you face applying this technique in your work?

3. Will you use the storytelling process in your work? Why or why not?

**Multicultural Storytelling:  
A New Process for Community Engagement**

**Taking Actions Based Upon Findings**

With the goal of increasing alignment between newly identified health themes that came out of the storytelling project and existing programs, the department began to identify the parts of its work that support the themes, and identify opportunities for improvement. Staff started by integrating the themes of family- and-culturally based health into the funding principles of two grant-making processes focused on improving the health of women and children and eliminating health disparities. As a result, the department has an increased number of grantees whose work supports these themes. This is the beginning of the journey with staff and the community advisory committee to identify additional opportunities to further integrate this work into the department and the City as a whole.

**Impetus for the Toolkit**

An unexpected number of local and national colleagues have expressed interest in learning from and replicating this storytelling process. They have invited the department and its community advisory committee to present initial findings through a variety of local and national conferences, publications and other venues. In summer 2009, development of the Multicultural Health Storytelling Toolkit began in order to increase capacity to assist a broad range of health and human service professionals interested in improving their effectiveness in serving and/or working with multicultural communities. In general, the toolkit serves a dual purpose:

- 1. To share results of a local initiative focused on learning about the healthiest times of multicultural communities; and
- 2. To provide instructions for professionals interested in duplicating a multi-cultural storytelling process.

The DVD is included in the toolkit as a sample product of this community engagement process. In addition to providing instructions for professionals using the DVD for training, the toolkit also provides opportunities for activity-based learning among participants in order to reinforce teaching. The City of Minneapolis Department of Health and Family Support welcomes your feedback on this toolkit and ideas you may have to improve future versions of this it. Please complete our feedback form online or on paper (Appendix F) at: <http://www.surveymonkey.com>. Completed forms can be mailed or faxed to:

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Why Use this Toolkit

Quality engagement between institutions and the communities they serve largely determines whether the policies and programs reflect the community interests. By learning from a local initiative that uses storytelling as a community engagement process, this toolkit was designed to help increase the effectiveness of a broad range of health and human service professionals who serve and/or work with multicultural communities. The toolkit serves a dual purpose:

There are two primary goals for the toolkit’s use:

- 1. To share results of a local initiative focused on learning about the healthiest times of multicultural communities ; and
- 2. To provide instructions for professionals interested in duplicating a storytelling process.

Within these goals are four primary objectives for the toolkit’s use:

- 1. Understand the storytelling process;
- 2. Increase understanding of the power of story;
- 3. Increase understanding of “health” in multicultural communities; and
- 4. Create an action plan to align new understanding with existing programs.

Benefits of Using Multicultural Storytelling

- ✓ Input from the community improves health services delivery
- ✓ Preferred way to share information in most cultural communities
- ✓ Promotes inclusiveness and determines meaning behind quantitative data
- ✓ Empowers storytellers and community members to be actively involved in their health and healing
- ✓ Draws attention toward and respect of untapped skills, talents and strengths community members possess
- ✓ Builds long-term relationships more easily among professionals and the communities they serve

Why storytelling?

Multicultural communities often convey health information and knowledge qualitatively – through sharing stories – while professionals tend to rely more upon quantitative methods – such as data collection – to gather information. Storytelling and other qualitative methods can help professionals understand and determine the meaning behind the numbers, which is key to effective policy and program development.

In addition, sharing a personal story has the added benefit of empowering the storyteller and, if applicable, can also help with his/her healing process. This is especially true when the story is heard by those in leadership positions who can influence positive changes to address elements shared within the story.

In pursuit of a better life for themselves, their families, and future generations, community members desire to go beyond time-limited projects and initiatives, and establish long-



Post-Event Checklist for Multicultural Storytelling Event

Advisory Committee

- ☐ Advisory Committee members submit theme-based report of event discussion to institution
- ☐ If event(s) video recorded, Advisory Committee members choose their preferred segments in video recording which support themes
- ☐ Submit invoice and receipts of actual event costs to institution for reimbursement

Institution

- ☐ Schedule debriefing session with Advisory Committee members to ensure accurate interpretation of theme-based reports
- ☐ Write summary and lessons learned within a couple weeks of the event
- ☐ As needed, work with interpreter services to translate video segments into English subtitles
- ☐ If working with more than one community, conduct a debriefing session of *all communities together* after individual debriefing sessions. This collective voice is especially important when informing policy work.

Institution & Advisory Committee

- ☐ Develop Community Dissemination Plan: “Report Back” Product, including DVD
- ☐ Develop final report informed by theme-based reports & debriefing sessions to be used by institution, as well as for community dissemination
- ☐ If resources allow, identify and contract with video producer to develop finished DVD product
- ☐ Set up interviews with Advisory Committee members to video record their input
- ☐ Provide feedback to video producer on draft DVD
- ☐ Assess current institution policies and programs for alignment with themes
- ☐ Pilot new actions to strengthen alignment with themes
- ☐ Host Honoring the Community/Thank You event to report to community results of new actions in institution
- ☐ If applicable, provide access in multiple languages by using interpreters and translation headsets (Equipment is often available for loan through Minneapolis Neighborhood Associations)
- ☐ Collect feedback from community to further improve new actions
- ☐ Improve actions of institution for stronger alignment with community themes

Institution and Advisory Committee

- ☐ Identify key asset-based question and supporting questions for the event
- ☐ Identify facilitator and note taker
- ☐ Identify format for storytelling event
  - ☐ Begin with a few key storytellers, a group of key listeners, and others
  - ☐ Begin with a few key storytellers, then break up into small groups to share own stories. Return for large group sharing.
  - ☐ Every participant shares their story briefly with the aid of a facilitator
  - ☐ Other formats
- ☐ Set the date and time for the community engagement event
- ☐ Identify site for the event
- ☐ Develop the content (agenda) for the event
- ☐ Create invitation or announcement. Include date for RSVPs if needed (i.e. transportation and child care needs).
- ☐ Print invitations, if needed
- ☐ Develop database for mailing
- ☐ Inform participants of the storytelling process to be used
- ☐ If video recording, print video release forms for each event participant to sign and collect.
- ☐ If providing community stipend, print sign-in sheet to collect signatures of participants' receipt of stipend.
- ☐ Determine your schedule for advertising and publicizing the event
- ☐ Plan for institution member(s) and/or other key stakeholder to attend event to listen; seat institution member(s) next to interpreter, as needed.
- ☐ Consider physical arrangements for the dialogue space; equipment needs and special needs
- ☐ Make arrangements for food and beverages at the event
- ☐ Designate clean up crew, if needed



term relationships with individuals and institutions that play a role in strengthening their health and well-being. Listening to people’s stories in order to take meaningful actions is a timeless and preferred way for people to gain or even re-gain trust in one another. Building trust between institutions and the communities they serve is essential to achieving optimal health and wellness community-wide.

What distinguishes our storytelling process?

Learners may note similarities between our storytelling process and various other engagement processes (e.g. focus groups, citizen engagement, etc.) However, one of the primary distinctions of our process is that it is *strength-based*. This is an important distinction to make for health and human services professionals who traditionally work within institutions focused on individual/community needs and problems. Although understanding problems is important, understanding what creates optimal conditions (i.e. health and wellness) is arguably as important or even more so. Thus, without investing meaningful effort into this type of understanding, and the existing community strengths that can be naturally mobilized and supported, effective long-term solutions to address needs and problems may miss the mark and never materialize.

The other distinguishing characteristic of this storytelling process is that it is *driven by community*. Advisory committee members co-convened/facilitated the storytelling process and also led in the interpretation of the findings. Although the primary focus of the events was the same and information was shared through stories, no two communities used the same method to gain knowledge from their respective communities. For example, while one group sat in a large circle with a facilitator who, in round-robin style, ensured that each person’s story was heard, another group began the session with four primary storytellers and charged ten community members to serve as active listeners/interpreters of the stories for the larger group. This may be different from other processes that may be more structured and controlled by those who are seeking specific information during a single event. By supporting communities’ ability to customize their methods for gaining knowledge within their own cultural and linguistic preferences, we demonstrated our understanding that one size does not fit all. Not only did these actions help to set the tone of respecting cultural differences, but they also helped increase understanding and engagement across cultural communities, which enabled us to successfully build a collective voice.

How to Use this Toolkit

The toolkit contains three modules. Participants can work through the full content of the modules or choose the module in which they are most interested. **Module 1** reviews a sample DVD to help increase participants’ understanding of “health” in multicultural communities. Subsequent group activities are planned to apply this knowledge within participants’ work settings. **Module 2** reviews a sample DVD to increase participants’ understanding of the storytelling process. An example is shared and a PowerPoint presentation focuses on the steps involved in conducting this process. **Module 3** provides a hands-on opportunity for participants to try the storytelling process. It is recommended that Module 3 be used in conjunction with either Module 1 or 2, not alone. Questions at the end of each module facilitate reflection upon the content.



Increase Understanding of “Health” for Multicultural Communities

This module shares how communities across cultures view “health.” These findings are a sample outcome of the *Minneapolis Multicultural Health Storytelling Project*,<sup>1</sup> which was led by the Minneapolis Urban Health Agenda Community Advisory Committee. Beginning in summer 2006, this group of multicultural community advisors and City of Minneapolis Department of Health and Family Support staff co-designed and co-piloted *storytelling* as a new community engagement process which would help to inform the department’s health policy and program work for the well-being of city residents.

Ten intergenerational health storytelling events were completed and video recorded from December 2006 to June 2007 in the following communities: African American, American Indian, Caucasian, Hmong, Latino, Somali, and Vietnamese. Gender-specific events were held in the African American and Somali communities. Although each community utilized slightly different processes for storytelling, the shared strength-based focus of the events was “Tell us about a time when your family/community was healthy and/or everything was right.” A short DVD synopsis of these events that also emphasizes the power of stories and listening in order to begin taking action is included in this toolkit. While six dominant health themes are highlighted throughout the DVD, the uniqueness of each different cultural group is also illustrated.

**Audience:** Health and human service professionals

Learning Objectives:

- Describe how community members conceptualize health. Explain how this may be similar or different from how your profession defines health.
- Identify value-based community strengths and assets.

**Estimated Time Needed:** 1-1/2 hours

Materials Needed:

- *Multicultural Health Storytelling Project DVD* (19 min)
- DVD viewing equipment
- **Handout:** Viewing Guide (Appendix A)
- **Handout:** Post-Event Survey (Appendix B)

<sup>1</sup> The themes which emerged from these events were based on spontaneous comments made during the storytelling sessions, which focused on responses to a question about a time when participants and their families were healthy. The absence of information that may also be important to community groups only means that it was not mentioned during the discussion.



Pre-Event Checklist for Multicultural Storytelling Event(s)

Institution

- ☐ Define the purpose of the initiative
- ☐ Identify the target audience/invitees for the event
- ☐ Identify Advisory Committee members and participants from target audience and convene; select partners who are representative and trusted by those you are interested in listening to (consider balance across cultural groups and gender when appropriate)
- ☐ Define what resources will be needed from your institution to support the Advisory Committee members and participants. Here are sample line item budget considerations per specific subgroups invited:
  - ☐ Community mobilization (i.e. answering questions/concerns re: initiative, overcoming mistrust with your agency, easing/dispelling fears which may exist, etc.)
  - ☐ Community incentives/gift certificates (~ \$25/person; \$15/youth)
  - ☐ Transportation assistance
  - ☐ Childcare assistance
  - ☐ Interpretation/translation services
  - ☐ Facilitator
  - ☐ Note taker/report writer (theme-based; consider additional translation costs, as needed)
  - ☐ Video recorder
  - ☐ Food/beverage
  - ☐ Cups, napkins, eating utensils
  - ☐ Estimated total budget range for ~30 per planning group: \$1,500-3,000. Needs will vary with each group.



**Step 7:**  
Synthesize Cross-Cultural Themes

- If engaging more than one community, bring partners together in a meeting to share theme-based reports
- Further define & understand any cross-cultural themes to inform final summary report

**Step 8: Use Stories**  
to Inform Policy and Practice

- Synthesize and apply themes learned from stories to existing policies & practices
- Identify starting points
  - Pilot small efforts to strengthen alignment of themes with policies & practices
  - Include themes in grant making guidelines

**Step 9:**  
Come Full Circle. Share Results w/ Storytellers, Participants, & Community

- Celebrate community partnerships & accomplishments
- Helps to build trust and sustain long-term relationship and engagement

**Step 10:**  
Sustain Community Engagement by Building Trustworthy Long-term Relationship

- Continue work as equal partners
- Continue presence of leadership
- Community experiences benefits
- Regular reports to community for accountability & sustainability (i.e. annual)

**Process Tools**

- Pre-event checklist for storytelling event(s)
- Post-event checklist for storytelling event(s)

**Questions?**

- First name, Last name
- Email address
- Phone

Thank You!



- Activity:**
1. Facilitator welcomes group, reviews agenda (5 min)  
Handouts are distributed in advance: agenda & viewing guide (Appendix A)
  2. Facilitator plays DVD for audience (20 min)
  3. Facilitator provides time for audience to begin answering questions in viewing guide (5 min)
  4. Facilitator divides the audience into small groups (6-8 is optimal) to answer & discuss viewing guide questions about the DVD (25 min)
  5. Have each small group report its findings and recommendations to the large group (15 min)  
Discuss shared challenges, as well as potential impact of strategies developed by the groups
  6. Optional: Have large group choose 1 potential action they can commit to work on as a group (15 min)
  7. Facilitator closes the activity (5 min)
  8. Facilitator conducts post-event survey 90 days after training to test for knowledge retention
  9. Consider continuing group training with  
Module 3: Try the Storytelling Process (page 18)

**Reflection Time**

What will your action plan look like?

Sample Results: Understanding Health in Local Multicultural Communities

Despite Minnesota’s reputation as a leader on key quality-of-life measures such as wealth, health, and educational achievement, Minnesota’s racial disparities continue to grow.<sup>1</sup> Minnesota is consistently ranked as one of the healthiest states in the nation, but stark differences remain between health status, life expectancy, and quality of life for populations of color and American Indians compared with whites.<sup>2</sup> Promoting health equity has been in the forefront of the Minneapolis Urban Health Agenda Community Advisory Committee members’ efforts when they decided to utilize the storytelling process to learn about the healthiest times experienced by multicultural communities.

Six Dominant Health Themes

Highlighted within the DVD and described below are sample results of conducting a storytelling process. Six dominant themes were revealed by the storytelling sessions held across multicultural communities in Minneapolis.

Please note that every local community has its unique history, demographic make-up, community assets, etc. and may determine a different set of health themes.

- **Extended kinship networks and social interaction promotes health.** Many Minneapolis families are multigenerational and include grandparents, aunts, uncles, cousins, and even neighbors, who play significant roles in promoting and protecting the health and well-being of the family and community. Celebrating the birth of a child, preparing and eating meals together, taking trips, and exercising with loved ones helps to promote health in families. When family members are separated by great distances or by disrupted spousal relationships, or are lost prematurely to diseases or violent death, or are unsuccessful in negotiating traditional extended family roles which can be related to gender or age or simply have no time together due to long work hours, achieving optimal health becomes more difficult for the family. When one family member suffers, the rest of the family is impacted. Dissonance between parents and children can especially harm the family. Isolation and lack of opportunities for visits and social gatherings with loved ones - especially during the long winter season – exacerbate these effects.
- **People can be extremely resilient despite great hardships.** Minneapolis families and communities are survivors; many have survived historic oppression involving slavery, harmful medical research, forced involuntary displacement of family members in boarding schools, civil war, inhumane governments and more. Amazingly, despite attempts to eliminate specific groups of people and their respective cultures and languages, communities have survived. But there have been health consequences. Communities continue to work toward wellness in many ways including holding onto fond memories; staying positive and surrounding themselves with positive people and influences; maintaining culture, language and traditions; seeking counseling or spiritual guidance; and focusing

1 Minnesota Legislative Report Card on Racial Equity. Organizing Apprenticeship Project. 2008.  
2 Eliminating Health Disparities Initiative Report to the Legislature. Minnesota Department of Health-Office of Minority and Multicultural Health. January 2009.



PowerPoint Presentation

10 Steps in Using a Multicultural Storytelling Process

Trainer Name  
Agency Name  
Date

Developed by  
Minneapolis Department of Health & Family Support  
©2009

Step 1: Setting the Stage - Articulating Benefits

- o Community Member Benefits
  - Preferred way to share information in most cultural communities
  - Empowers storytellers & community members to be actively involved in their health & healing
  - Draws attention towards & respect of untapped skills, talents, & assets community members possess

Step 1: Setting the Stage - Articulating Benefits

- o Professional/Institutional Benefits
  - Promotes inclusiveness & determines meaning behind quantitative data
  - Facilitates co-ownership & shared responsibility for the community’s health & well-being
  - Builds needed relationships/alliances between professionals & the communities they serve to achieve optimal health long-term

Step 2: Identify Committed & Engaged Institutional Leader

- o Leadership needs to be actively involved throughout process
  - Minimally at the kick-off, with a check-in during the middle & at the end
- o Important that leadership is not tied to a particular outcome

Step 3: Form Advisory Committee of Representatives

- o Important for committee to have shared decision making power w/ professionals/institutions re: process
- o Seek representatives of interest
  - Consider culture, gender, age, etc.
  - Select those w/ track record of success in working w/ communities of interest

Step 4: Define the Right Strength-Based Question

- o Most important & unconventional step-invest time to do this well
- o Can be challenging to those who are accustomed to focusing on needs & problems, rather than strengths which are more likely to lead to solutions
- o Limit questions to those you are in a position to influence/act upon

Step 5: Conduct Storytelling Process

- o Support community partners on their preferred process
- o Two sample processes
  - Pre-selected storytellers & listeners
  - Large circle-round robin

Step 6: Work with Community Partners to Interpret Meaning & Develop Themes

- o Community partners begin the interpretation by turning in theme-based reports
- o Multicultural communities often express themselves differently from one another



Post-Event Survey

Multicultural Health Storytelling Training

(Send to participants 90 days after training event)

1. Since the training, in what ways have you used the information or insights you gained from it?

a. Thought about applying the information/insights professionally      *Yes / No*  
Comment:

b. Thought about applying the information/insights personally      *Yes / No*  
Comment:

c. Shared my thoughts on the training with others      *Yes / No*  
Comment:

d. Shared materials from the training with others      *Yes / No*  
If yes, which materials?

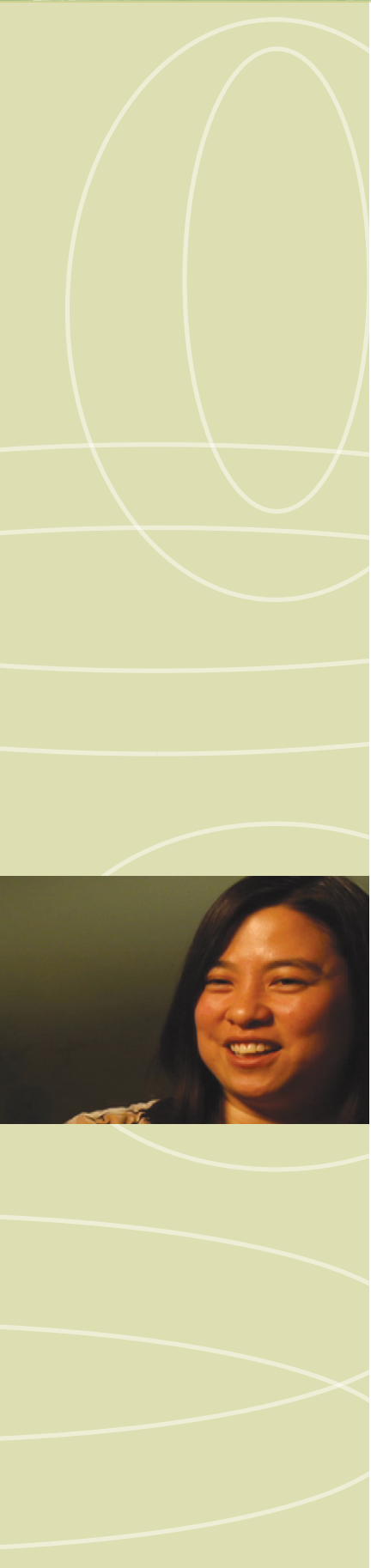
e. Took some action towards changes in my organization      *Yes / No*  
Comment:

f. Began planning a storytelling event      *Yes / No*  
Comment:

g. Other:

2. What about the training has proven to be most useful to you?

3. What do you wish had been a part of the training that wasn't?



on their children and future generations of their families. Still, these communities need more support in reclaiming their health, especially a growing number of youths who have limited, if any, fond memories or positive people or influences in their lives today.

- **Health is viewed holistically, with physical, mental, social and spiritual aspects.** Although Minneapolis communities strive to be physically healthy, they emphasize the importance of the non-physical aspects of health which they believe are just as important or even more so at times. Many who have experienced or continue to experience serious diseases or health conditions in themselves or with loved ones spoke of the importance of mental and spiritual health. Laughing, remembering good times, actualizing dreams, being in nature, praying to spirits, satisfying the soul with close companions, and having children and congregation members at their side has brought peace and happiness – even despite poor physical health conditions – to many. At the same time, it becomes quite difficult for the family to achieve optimal health when people worry about struggling family members they have not been able to help, outstanding bills associated with basic needs and medicine, sleepless nights due to horrific memories, discrimination based on skin color, or being taken advantage of due to limited English skills.
- **Access to and engagement in physical activities is important to health.** Traditionally, physical activity was a way of life for many communities now living in Minneapolis. Chopping wood, gathering water, gardening and farming in mountainous hillsides, carrying grass for animals, and walking to carry out other daily tasks was the norm for many communities. It is difficult to achieve the same level of activity in an urban setting, where automobiles prevail as the primary mode of transportation. Community members, especially those without reliable transportation, need safe, accessible and low-cost options year-round to engage in regular physical activity. Families have been creative in their attempts to increase physical activity levels, like dancing while they are watching TV. Specific requests include access to gyms at non-traditional hours to accommodate work and family schedules, gyms at work, team sports for youths, playgrounds – especially in the winter months – basketball, swimming, dancing, roller skating, aerobics, hockey and more.
- **Racial and cultural pride and maintaining cultural traditions and ties to a cultural community are important to health.** Most Minneapolis communities believe that knowing their language and culture are important in establishing who they and their future generations are. Cultural values – critical elements in keeping families intact – are grounded in respect for women and elders. Culture-specific gatherings are one of the few opportunities for community members to socialize and learn from one another, from youth to elder. Culture-specific communities need places where they can gather regularly, where they feel supported in practicing and passing down their traditions to future generations. Many parents and elders worry that their children are becoming too Americanized and are losing the important values of their culture. Youth need support in maintaining their cultural identities, especially as they face peer pressure to conform.

• **Culturally-competent and language-specific services are essential.**

The City of Minneapolis benefits from its residents’ great diversity of cultures and languages. As the health care workforce better reflects this diversity, the responsiveness to these communities improves. Often culture-specific groups prefer to interact with health professionals who are of the same culture; the professionals are familiar with the environments the groups come from, and their cultural norms related to health and healing. Often times, traditional medicine has proven more effective than modern day medicine for communities who embrace these healing methods. Currently, Minneapolis residents with limited English proficiency are especially challenged in accessing quality health information and services. This is particularly true for those who come from more oral-based communities that have relatively new written languages. Community-based organizations continue to play an effective role in assisting the transition of our newest Minnesotans, as do peers who come from similar experiences and have successfully acculturated into the U.S.



Viewing Guide

Multicultural Health Storytelling DVD

1. What idea(s) left an impression on you from the video?
2. What was the most important thing you learned?
3. What surprised you? What made you uncomfortable?
4. Pick one idea to work on for the questions below. You can choose one of the themes presented in the DVD, or an idea that came from one of your responses to the first three questions:
  - a. How would you apply this to your work?
  - b. Does this align with your current work? If not, how would you make changes in how you conduct your work? Any challenges?
  - c. What is the first step in making these changes? How can you overcome the challenges?
5. Begin to develop your individual action plan.



# Conclusion

This toolkit represents the beginning of a journey to be more effective and inclusive in our community-wide efforts to promote health equity. Both old and new partners are needed in our collective pursuit of this important goal. We hope this toolkit helps to support new and related ideas and opportunities within your work. We would also like to learn from your experiences in using this toolkit, so that we might make additional improvements to this resource, or even identify potential partnership opportunities.

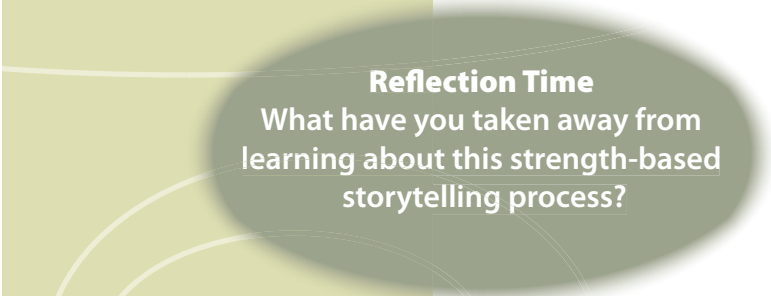


## How Has This Process Been Successful in Minneapolis?

With the goal of increasing alignment between newly identified themes and existing programs, the Department began to identify the aspects of work it is doing which support the themes, as well as identify areas/opportunities for improvement. How can we build upon and enhance the work which supports these themes? What is the first step in making these changes? The Department began by integrating the themes of family and culturally-based health into the funding principles of two grant-making processes focused on eliminating health disparities and maternal child health, leading to an increased number of grantees whose work supports these themes.

How do we begin to shift the individual-based paradigm of health to evolve into a family-based paradigm at a broader level? Beginning with our own employees and colleagues, we continue to engage and challenge a broad range of stakeholders to think about how this information can continue to change practice. In demonstrating our on-going commitment to take new actions, the multicultural advisory committee members have themselves re-committed to continue working with us. Together, we will identify opportunities to further integrate this work into the Department and the City as a whole.

**Reflection Time**  
What have you taken away from learning about this strength-based storytelling process?



# Module 2:

## The Storytelling Process

This module shares information on the steps used by a local health department to successfully engage multicultural communities in their work through *storytelling*. This process can be used by a variety of entities interested in improving their efforts to engage multicultural communities. The steps described have also been incorporated into a sample PowerPoint presentation which a trainer can use to teach groups (Appendix C).

This process is based upon the efforts of the *Minneapolis Multicultural Health Storytelling Project*<sup>4</sup>, an initiative led by the Minneapolis Urban Health Agenda Community Advisory Committee. Beginning in summer 2006, this group of multicultural community advisors and City of Minneapolis Department of Health and Family Support staff co-designed and co-piloted this process to inform the department’s health policy and program work for the well-being of city residents. Ten intergenerational health storytelling events were completed and video recorded from December 2006 to June 2007 in the following communities: African American, American Indian, Caucasian, Hmong, Latino, Somali, and Vietnamese. Gender-specific events were held in the African American and Somali communities. Although each community utilized slightly different processes for storytelling, the shared *strength-based* focus of this process was “Tell us about a time when your family/community was healthy and/or everything was right.” A short DVD synopsis of these events that also emphasizes the power of stories and listening to take actions is included in this toolkit. While six dominant health themes are highlighted throughout the DVD, the uniqueness of each different cultural group is also illustrated.

**Audience:** Health and human service professionals

**Learning Objective:** Understand the storytelling process.

**Estimated Time Needed:** 1-1/2 hours

### Materials Needed:

- *Multicultural Health Storytelling DVD* (19 min)
- DVD viewing equipment
- **Handout:** PowerPoint presentation (Appendix C)
- **Handout:** Pre-event checklist (Appendix D)
- **Handout:** Post-event checklist (Appendix E)

### Activity:

1. Facilitator welcomes group, reviews agenda, and can distribute copies of (5 min) PowerPoint presentation (Appendix C)
2. Facilitator plays DVD for audience (20 min)
3. Facilitator provides time for audience to write down initial thoughts/reactions to DVD (5 min)
4. Facilitator conducts PowerPoint presentation (Appendix C) (20 min)
5. Facilitator reviews pre-event (Appendix D) and post-event (Appendix E) checklists (20 min)



### Activity:

1. Facilitator welcomes group, reviews agenda, and sets the tone for the power and credibility of storytelling. In order to help prepare participants to engage in an unconventional process, the facilitator can first conduct a “thinking out of the box” exercise.
2. Divide participants into small groups (6-8 is optimal) to run a “thinking out of the box” exercise.
3. Determine primary strength-based question for storyteller to respond to (i.e. Tell us about a time when your family/community was healthy and everything was right.)
4. Prepare storyteller(s) to share a story.
5. After listening to the story, participants answer and discuss questions on Viewing Guide (Appendix A) about the story within their small groups.
6. Have each small group report its findings and recommendations to the large group.
7. Participants can discuss shared challenges, as well as potential impact of strategies developed by the groups. Have large group choose 1 potential action they can commit to work on as a group.
8. Facilitator closes the activity.

### Reflection Time

What have you taken away from learning about this storytelling process?



# Module 3:

## Try the Storytelling Process

After learners complete the Module 1 or Module 2 training within the toolkit, they are encouraged to put what they have learned about the storytelling process into practice by “trying it out.”

**Audience:** Health and human service professionals

**Learning Objective:** Apply what you have learned about utilizing a storytelling process to gain information.

**Estimated Time Needed:** 1 hour – half day

### Materials Needed:

- Supplies for “thinking out of the box” exercise (optional)
- Storyteller(s) to share story with the group

Sample Exercise

List the following numbers in the order they appear and put box around them:

1000

40

1000

30

1000

20

1000

10

Ask participants to quickly add the numbers in their head. Ask how many of participants came up with total of 5,000 (the most common answer). Explain that most people come up with this number because they see the pattern of thousands. The correct answer is 4,100.



6. Facilitator conducts Q & A with group (15 min)
7. Facilitator closes the activity (5 min)
8. Facilitator conducts post-event survey 90 days after training to test for knowledge retention
9. Consider continuing group training with Module 3: Try the Storytelling Process (page 18)

## Steps in Using a Storytelling Process

### Step 1: Set the stage by articulating community and institutional benefits.

Genuine understanding among community members and institutions of their shared responsibility to the community’s well-being helps to set the foundation for this unconventional work. There are significant benefits among these partners in conducting this work together. (See Table 1) However, it is important to acknowledge the level of commitment and trust needed by the partners in order to realize these benefits. Unconventional processes may lead to unconventional ideas, which may require modification of existing paradigms. There is a risk of benefits not being realized if community members are not fully engaged and institutions are not fully committed to taking new actions based upon the findings from the storytelling process.

Table 1: Storytelling Benefits our Communities

Community Member Benefits	Professional/Institutional Benefits
Preferred way to share information in most cultural communities	Promotes inclusiveness and determines meaning behind quantitative data
Empowers storytellers and community members to be actively involved in their health and healing	Facilitates co-ownership and shared responsibility for the health and well-being of the community
Draws attention towards and respect of untapped skills, talents, and assets community members possess	Builds needed relationships/alliances between professionals and the communities they serve to achieve optimal health long-term

### Step 2: Identify committed, engaged, institutional leader/ Create buy-in within leadership.

It is critically important to identify committed leadership who can support this work and, subsequently, act upon the findings. Without this institutional commitment, it will be difficult to take meaningful actions based upon the stories shared, potentially increasing levels of mistrust and apathy among community members toward institutions. Once committed leadership is identified, they should ideally be actively engaged throughout this process. At a minimum, they should be engaged at the kick-off, with a check-in during the middle and at the conclusion of the process. It is also important that leadership is not tied to a particular outcome.

**Step 3: Form an advisory committee of representatives you are interested in engaging.**

When in identifying committee members, consider pursuing broad demographic representation (i.e. culture, gender, age, etc.) in order to be as inclusive as possible of varying viewpoints. Seek representatives who are trusted by the community and have a track record of success in working with communities you are interested in engaging. Note that communities of color have often grown weary of receiving recurring invitations from institutions to engage in initiatives to improve their community's well-being with limited success. This is a realistic challenge which can be overcome by the institution demonstrating its commitment and accountability to take meaningful actions. It is important for the committee to have shared power with professionals/institutions in making process decisions.

**Step 4: Define the right strength-based question.**

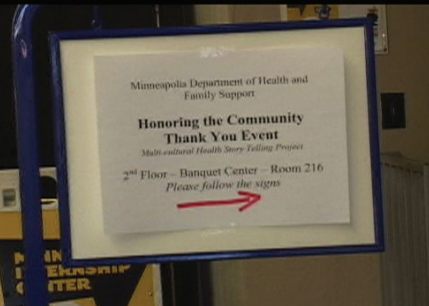
A strength-based orientation is what helps to distinguish this storytelling process from others. This may take some work given that health professionals and institutions typically focus on needs and problems of individuals/ communities, rather than their strengths – which are more likely to lead toward practical solutions. Plan to invest some time into this step of the process.

**Step 5: Conduct storytelling process.**

Support community partners on their preferred process, which can be informed by their cultural and linguistic needs. There are several methods to consider, of which two are highlighted in Table 2.

Table 2: **Two Sample Community Storytelling Methods**

Select Storytellers & Listeners	Large Circle –Round Robin
Identify 4 community members to share their personal health stories. Pursue broad representation (i.e. cultural knowledge, spirituality, gender, age, etc.)	Convene a large circle of community members (~30) and pursue broad representation of participants within a gender group (i.e. cultural knowledge, spirituality, age, etc.)
Identify 10 listeners among community members charged with identifying common themes of storytellers, but also determining what's unique	Identify primary facilitator who sets the tone for the event and asks a series of questions, including the primary question
Identify flip chart note taker(s) to record discussion	Identify note taker to record responses
Designated listeners share their interpretation of the primary stories as part of the dialogue with the larger group	Facilitator ensures equal opportunity for responses among the participants within the circle



**Step 6: Work together with community partners to interpret meaning of stories and develop themes.**

Request that community partners begin the analysis/interpretation of the stories by turning in theme-based reports. This is an important first step towards accurate interpretation of the stories. Multicultural communities often express themselves quite differently from one another. For example, “outreach” may mean something different to each community, as well as the institution involved.

**Step 7: Synthesize cross-cultural themes.**

Bring community partners together in a meeting to share results of theme-based reports. Further define and understand any cross-cultural themes which are identified in order to inform a final summary report of the themes.

This is a critically important step in facilitating increased understanding across participating communities which in-turn effectively builds collective voice and support with the report.

**Step 8: Use stories to inform policy and practice.**

Synthesize and apply themes learned from stories to existing policies and practices. Identify potential starting points for this work. For example, work to increase alignment between newly identified themes and existing policies and programs (i.e. work to incorporate themes into grant funding principles).

**Step 9: Come full circle. Reconnect by sharing results with storytellers, participants, and community.**

Celebrate community partnerships and accomplishments. This is essential to building trust and sustaining long-term relationships and engagement with communities. As a researcher/information gatherer, it is important to share the results of the community's contributions to the work, especially that which leads to community benefit. Unfortunately, culturally-based communities have grown accustomed to being “studied to death” and never receiving benefits from the research, nor hearing back from researchers of the outcome of their engagement. Identify successes and roadblocks encountered along the way, as well as the reasoning behind them. This is a good way to build/regain community trust in the professionals/institutions which serve them.

**Step 10: Sustain community engagement by building trustworthy long-term relationship.**

Working as equal partners on the committee helps to facilitate long-term relationships and sustainability.

Communities are more likely to continue their involvement with professionals/ institutions when leadership is present throughout the process and benefits are experienced. In utilizing a storytelling process, this should not be treated as a single event. Explore the possibility of providing annual reports to community in order to achieve additional accountability and sustainability.

*See sample results of conducting a storytelling process in Module 1, page 9.*