

National FIMR Storytelling Learning Collaborative

Evaluation Final Report

Prepared for National Center for Fatality Review
& Prevention, Michigan Public Health Institute (MPHI)

Prepared by Center for Healthy Communities, MPH

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Project Background

The National Center for Fatality Review and Prevention (NCFRP) Fetal Infant Mortality Review (FIMR) National Storytelling Learning Collaborative Cohort 2 explored how strategic storytelling can refresh and strengthen current FIMR approaches to combining data and community engagement to improve prevention of fetal and infant deaths. Building on the lessons learned from the Storytelling Learning Collaborative Cohort 1 (fall of 2020), a Design Team, comprised of partners and content experts in maternal child health, FIMR, and storytelling, helped to shape the learning collaborative's strategy and provided ongoing recommendations for incorporating storytelling practices into FIMR. Additionally, guest contributors/faculty with diverse backgrounds and experiences worked with Dr. Magda Peck (project consultant) to shape and deliver a collaborative learning experience for participants.

FIMR programs from across the nation applied to participate in the Learning Collaborative Cohort 2 and were accepted based on their level of readiness. There were six FIMR Action Learning Teams in this second cohort, comprised of thirty-nine individuals. Each team represented a geographic service area within the United States. There were several opportunities provided to learning collaborative participants: an orientation session, storytelling workshop sessions, coaching calls, a tool kit, and a final showcase and workshop session. Each participating FIMR team received a foundation in how stories can catalyze social change, developing personal 'anchor stories' to ground individual and team practices, and co-created a set of preliminary strategies for integrating storytelling into their FIMR program for greater impact. The learning collaborative also aimed to elevate awareness and understanding of how racial inequities and systemic racism – past and present – influence and impact health outcomes across generations.

Evaluation Approach and Methods

Evaluation Questions

The evaluation was guided by the following questions:

1. To what extent did the FIMR Storytelling Learning Collaborative meet the stated objectives?
2. To what extent did participants' knowledge of storytelling change after attending the learning collaborative?
3. How confident are learning collaborative participants in their ability to apply storytelling in their role?
4. How, if at all, did storytelling change the participants' perceptions of themselves and others?
5. How satisfied were participants of the FIMR Storytelling Learning Collaborative?
6. How, if at all, do learning collaborative participants intend to apply storytelling in their role?
7. How, if at all, has storytelling impacted consultants' and contributors' understanding of how storytelling can be used as a tool for health equity?
8. How, if at all, do consultants and contributors envision incorporating strategic storytelling into their work practices and protocols?
9. To what extent did consultants and contributors develop partnerships through their engagement with this learning collaborative?
10. What were the successes, challenges, and lessons learned from serving as a consultant or contributor to the FIMR Storytelling Learning Collaborative?

Evaluation Methods

The evaluation used multiple methods to answer the evaluation questions:

Review of Learning Collaborative Documents

NCFRP collected registration and attendance of the FIMR sessions and provided this information to MPH-CHC for analysis. Additionally, the evaluation team reviewed program materials, such as the learning collaborative toolkit.

FIMR Storytelling Learning Collaborative Evaluation Survey

The FIMR Storytelling Learning Collaborative Evaluation Survey contained 41 multiple choice, and open-ended questions evaluating changes in knowledge of storytelling, how participants envisioned applying what they learned, and how using storytelling could impact their work. Thirty-nine learning collaborative participants, representing six FIMR action learning teams, were invited to complete the survey online. The survey was completed by 26 respondents (66% completion rate). Five of the six FIMR action learning teams were represented. Among survey respondents, there were 18 core team members (expected to participate in all activities), seven extended team members (expected to participate in specific strategic activities), and one missing response.

FIMR Consultant and Contributor Evaluation Survey:

The FIMR Consultant and Contributor Evaluation Survey contained 42 multiple choice, yes/no, and open-ended questions evaluating the extent to which the learning collaborative consultants, collaborators, and contributors engaged with the collaborative and other collaborative members, future applications of storytelling in their work practices and organizations, and successes, challenges and lessons learned. Fourteen consultants, collaborators, and contributors were invited to complete an online evaluation survey. The survey was completed by ten respondents (66% completion rate). Respondents represented all potential roles: Design Team Member, Faculty, Coach, Facilitator, and Other.

FIMR Storytelling Key Informant Interviews

The evaluation team developed Key Informant Interview questions based on the themes that emerged from the FIMR Storytelling Learning Collaborative Evaluation Survey. Questions covered knowledge and understanding of strategic storytelling, engagement with the three core elements of the learning collaborative (team agreements, anchor stories, and story strategies), application of concepts, and feedback on the learning collaborative. Interviews were completed with eight participants, representing five of the FIMR teams. Interview participants represented multiple FIMR roles and included core and extended team members.

Analysis

Surveys were analyzed using descriptive statistics, as well as content analysis of open-ended questions. Relationship data from the consultants and contributors survey were analyzed using social network analysis. Interviews were transcribed and analyzed using a thematic analysis approach. The members of the study team developed a coding scheme based on the evaluation questions and emerging ideas, themes, and concepts. Using the coding scheme, each interview transcript was coded independently by two MPH study team members. Any discrepancies in themes were discussed until a consensus was reached. Once the data was coded and themed, the study team reviewed the data to develop interpretations, findings, and conclusions.

Findings – Learning Collaborative Members

To what extent did the FIMR Storytelling Learning Collaborative meet the stated objectives?

Participants and Attendance

The Storytelling Learning Collaborative Cohort 2 had thirty-nine learning collaborative participants representing six FIMR action learning teams. One person on each team served as a team lead. Participants were classified as either core team members (22 members) or extended team members (17 members). Core team members were expected to participate in all activities of the learning collaborative. Extended team members were invited to participate in a smaller set of strategic activities.

Learning collaborative participants held a wide variety of roles with FIMR including, FIMR Site Leaders/Administrator, FIMR Interviewer, FIMR Abstractor, Community Action Team (CAT) member, Case Review Team (CRT) member, Epidemiologist/Data Analyst, external partner, and FIMR chair.

There were several group opportunities provided to learning collaborative participants: an orientation session, storytelling workshop sessions, coaching sessions, and a final showcase and workshop session. Each FIMR Action Team had three coaching calls with their assigned coach and the project consultant. Additional coaching calls were offered to FIMR Action Teams if desired.

Attendance at the group opportunities (e.g. Orientation) among all learning collaborative participants fluctuated between 59% and 74%, with the Final Showcase and Workshop session as the most highly attended. Attendance of all participants at the group opportunities increased over time. On average, 66% of all participants attended the group opportunities. Survey respondents and interview participants reported a higher attendance average at all group events, with an average attendance rate of 83% and 94%.

Table 1. Attendance at group opportunities

Group Opportunity	Percent Attendance		
	All Learning Collaborative Participants	Survey Respondents	Interview participants
Orientation	59%	81%	88%
Learning Collaborative Session 1	62%	89%	88%
Learning Collaborative Session 2	69%	85%	100%
Final Showcase and Workshop Session	74%	77%	100%
Average Group Opportunity Attendance	66%	83%	94%

Attendance at the individual FIMR Action Team coaching calls among all participants was, on average, the same rate as the group opportunities (66% vs. 67%). Attendance of all participants for coaching calls ranged from 61% to 75%. Attendance by survey respondents at coaching calls was consistent across calls, with an average attendance rate the same as all learning collaborative participants. Around half of survey respondents (54%) attended additional coaching calls. Coaching call attendance for interview

participants was unavailable, along with additional coaching calls among all learning collaborative participants.

Table 2. Attendance at individual team opportunities

Individual FIMR Action Team	Percent Attendance	
	All Learning Collaborative Participants	Survey Respondents
Coaching Call 1 (November)	61%	69%
Coaching Call 2 (January)	75%	65%
Coaching Call 3 (February)	65%	69%
Average Attendance	67%	68%

Learning Collaborative Core Elements

Learning collaborative interview participants and survey respondents were asked about their experience with creating or developing team agreements, anchor stories, a story strategy or action plan, and any future plans for using these core elements moving forward.

Team agreements (“Touchstones”)

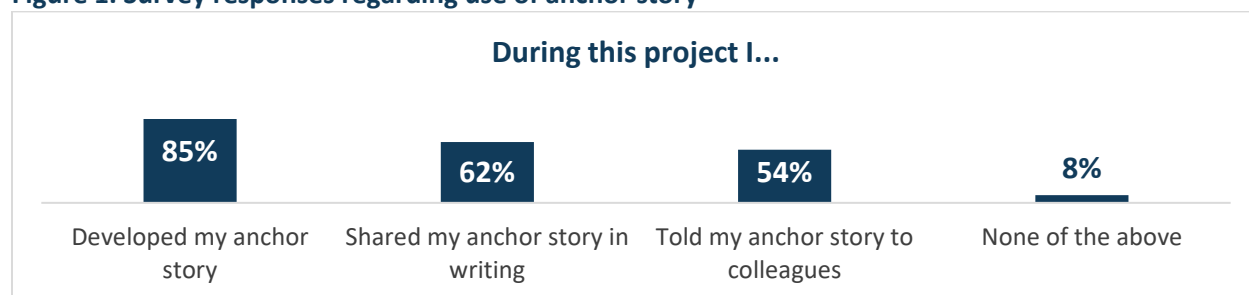
All survey respondents (100%) reported developing team agreements. Almost all interview participants indicated that they used the Touchstones provided by the learning collaborative as they were written or with mild adjustments.

Several teams had implemented these team agreements in their meetings (FIMR, CRT, CAT). A couple interview participants shared that they have already seen changes in the dynamics of their meetings due to the addition or emphasis of the team agreements. Only one interview participant said they were unsure if and how the team agreements would be used.

Anchor Story

A majority of survey respondents developed an “anchor story” during the learning collaborative (85%). An anchor story exercise, a core part of the learning collaborative’s toolkit, invited all individual participants to identify, shape, and tell a personal story about the ‘why’ of doing their work for FIMR, anchored on a single moment about what compels them to engage in the prevention of fetal and maternal mortality. It served to build storytelling skills and ground the practice of storytelling for social change. Fewer participants shared their story in written format (62%), and roughly half told their story to a colleague (54%).

Figure 1. Survey responses regarding use of anchor story



According to interview participants, the anchor story impacted them by changing their perceptions and helping them understand the power of stories. Many identified ways to incorporate anchor stories in

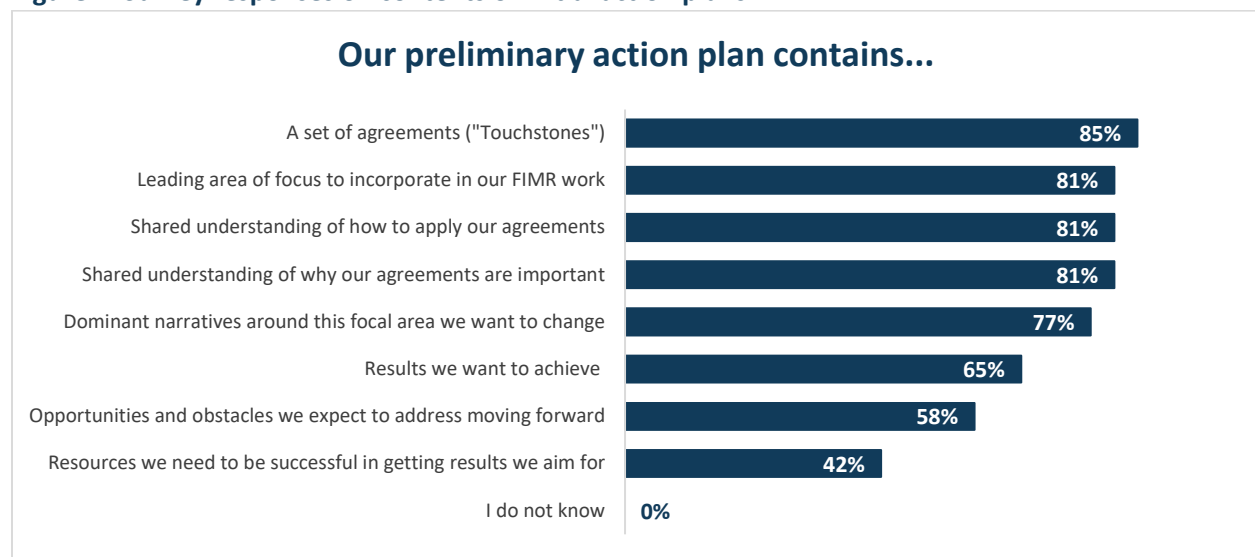
their work (e.g. include in reports, presentations). Plans to use anchor stories of FIMR families were typically still in the development stages, whereas a few interview participants reported that they have already begun to share their personal anchor stories with others. This sharing has successfully led to increased awareness of FIMR and the resources offered by FIMR. All interview participants who shared their anchor story at the learning collaborative had a positive reaction from other participants. They also greatly enjoyed hearing anchor stories of others and would appreciate hearing more example stories.

“And that’s our biggest takeaway: the anchor stories, knowing how to share the story of FIMR, and then how to share the stories of the families, with permission, of course.”

Strategy and Action Plan

A majority (87%) of survey respondents reported that their team was able to develop an initial set of plans for integrating strategic storytelling into their FIMR practices. Most story strategies (action plans) included recommended elements, such as dominant narratives they want to change and shared understanding of their team agreements. Only 42% of survey respondents reported that their story strategy included the resources needed to be successful in getting the results they aimed for.

Figure 2. Survey responses on contents of initial action plans



The findings from the interviews told a slightly different story. Although all interview participants had ideas for how to implement strategic storytelling in their FIMR work, most did not have a finalized strategy or action plan. Only one interview participant reported finalizing a strategy and action plan with their team. They reported that it was a time and effort-intensive task but that it was worth the effort. Many of the interview participants expressed confusion or uncertainty over how to develop and implement a strategy or action plan and requested additional support in this area (either during future iterations of the learning collaborative or in follow-up coaching sessions).

“I think maybe if it could fit in to really have one more meeting with our coaches to really cement or at least feel a little more ready to take this work into our next steps, our action steps, that would be helpful.”

To what extent did participants' knowledge of storytelling change after attending the learning collaborative?

Definition of Strategic Storytelling

Survey respondents were asked to provide their definition of strategic storytelling. Responses focused on how storytelling has a purpose or is used to create change and how strategic storytelling has a way of humanizing data. Other definitions included: a way to connect various aspects of FIMR, elevate voices, and use stories to highlight something in particular.

Many interview participants echoed that strategic storytelling uses a story with a purpose and is used to bring about positive change. Interview participants elaborated that strategic storytelling was an intentional process. Strategic storytelling helps illuminate connections between issues and outcomes, but in a personal way, by tapping into emotions and the human element of stories.

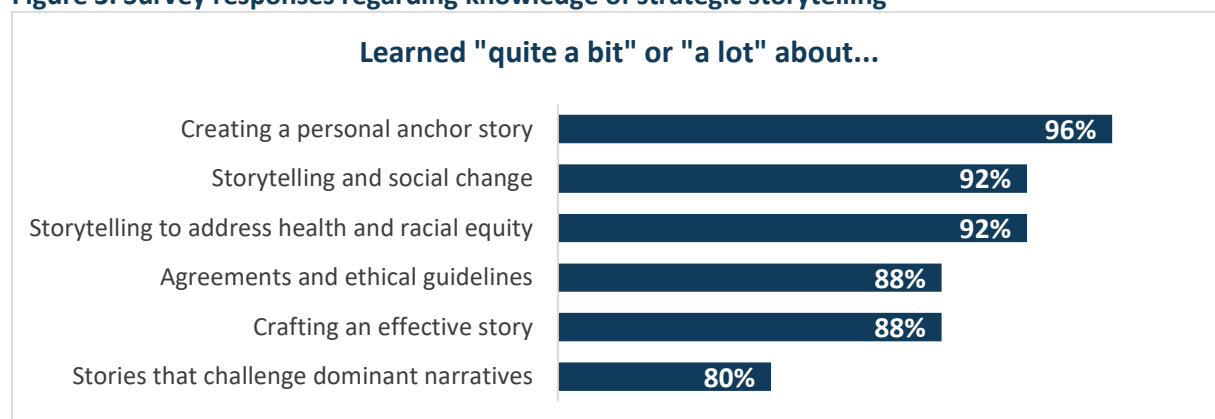
Almost all interview participants reported that their definition of storytelling changed or evolved due to the learning collaborative, emphasizing the “strategic” component and the importance and impact of stories. Additionally, the learning collaborative changed many interview participants’ perceptions of the impact that stories can have on people and on creating change.

“And then I picked a story to go with, and I didn’t think that my story was all that significant, but after I shared it with one of the coaches, I really understood that even a small story, one that doesn’t have a big impact, still is important.”

Knowledge

Almost all (96%) survey respondents reported increased understanding of how to create a personal anchor story, which was also a theme among interview participants. Interestingly, survey respondents were least likely to report learning “quite a bit” or “a lot” about stories that challenge dominant narratives (80%), whereas interview participants specifically mentioned increased knowledge about dominant and counter narratives. Most survey respondents (88%-96%) reported increased knowledge regarding core elements, how strategic storytelling could be used, and how to create stories. Almost all survey respondents reported an increased knowledge of how to create an anchor story, which was frequently mentioned by interview participants as well. Additionally, almost all interview participants reported a shift in their overall understanding of strategic storytelling and how it could be used in general and for FIMR specifically.

Figure 3. Survey responses regarding knowledge of strategic storytelling



Strategic Storytelling for Health and Racial Equity

Survey respondents and interview participants were asked how strategic storytelling could shape new narratives around health and racial equity. Survey respondents thought strategic storytelling could be used to: contextualize data and findings to show why disparities exist, including systemic and structural factors; raise awareness, and tell stories of inequity.

The most frequently reported example of using strategic storytelling for health and racial equity by interview participants was to highlight instances when an individual experienced structural, systemic, or personal racism or discrimination.

“And when you talk to people—when I have done interviews on the [maternal mortality review] side, I really haven’t had anybody on that end tell me that they feel that the person was discriminated against. But I have women, mothers, who have lost babies who have been very vocal in the fact that they felt that they were discriminated against, whether it’s because they were obese, whether it was because they were black, whether it was because they didn’t speak English.”

Stories would help illuminate the connection between systemic and structural issues and individual-level outcomes. Many felt stories were important to providing context to the data and getting at the “how” and “why” of the outcome. This enlightenment may help to remove blame and guilt and move towards action.

“And so I think this storytelling will allow us to really highlight some of those structural racism and the other forms of racism that sometimes get overlooked because people say, ‘Well, if they would have done this, it would be different.’”

Reasons to Use Strategic Storytelling

When asked about their plans for applying strategic storytelling, most survey and interview participants saw the benefit of adding a “human element” to the quantitative data typically reported. Participants felt it was important for the audience to recognize that the numbers represent a lost human life.

“So, this is a person. This isn’t an event. We are not reviewing an event. We’re reviewing a birthing person who died.”

Participants also wanted to use strategic storytelling to change dominant narratives. Both interview participants and survey respondents reported wanting to change how others viewed the cause of infant (and maternal) death by raising awareness of individuals’ life circumstances and experiences that are impacted by structural and systemic factors. Through strategic storytelling interview participants hoped to exemplify pivotal interactions (or missed interactions) that could have potentially changed harmful outcome(s). Several interview participants were particularly focused on bringing this awareness to medical providers to cause self-reflection and behavioral change.

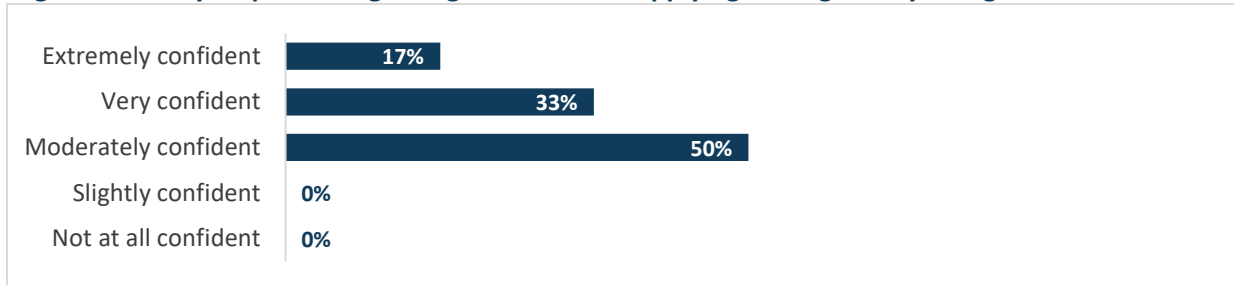
Several interview participants also wanted to change the narrative regarding FIMR and their work. One team, in particular, saw significant positive change to their FIMR work by changing the narrative, such as developed or strengthened relationships with partners and within the FIMR team, increased awareness and interest in FIMR among community partners, and improved morale among the FIMR team and others involved in CRT and CAT work.

“We used to start out saying, ‘FIMR reviews deaths of children under one year old,’ but we changed it in our story and we started with a positive. ‘We create systems changes, or we create actions in the community to reduce infant deaths.’”

How confident are learning collaborative participants in their ability to apply storytelling in their role?

Confidence to apply strategic storytelling within one’s FIMR role varied among survey respondents, but all respondents were moderately confident.

Figure 4. Survey responses regarding confidence in applying strategic storytelling



Understandably, the two interview participants who reported implementing strategic storytelling after the learning collaborative reported feeling very confident in their ability to apply storytelling to their role. Other interview participants were moderately/somewhat confident. One interview participant was not confident they would be able to implement specific changes because they were not in a position to make changes and were unsure if the person who could was going to. Those who felt confident in implementing strategic storytelling credited the learning collaborative with helping build their confidence.

How, if at all, did storytelling change the participants’ perceptions of themselves and others?

Survey respondents were less likely to agree that the learning collaborative helped change their self-perception (71%) compared to changing how they viewed their personal story (79%) and others (79%).

Figure 5. Survey responses regarding change in perception after participating in learning collaborative



Changes in Self-Perception

A couple of interview participants realized they had already used storytelling in previous work (not all FIMR-related roles), but they had not labeled themselves as “storytellers”. Other participants experienced a change in their self-perception where they initially felt that their personal story was simple or boring, but then they saw it had an impact on others.

Changes in Perception of Others

Hearing others' anchor stories caused several interview participants to change how they perceived their FIMR team members. They could see strengths in others that they had not previously noticed. One team, in particular, felt that the learning collaborative changed how they perceived their fellow FIMR team members and was a team-building opportunity.

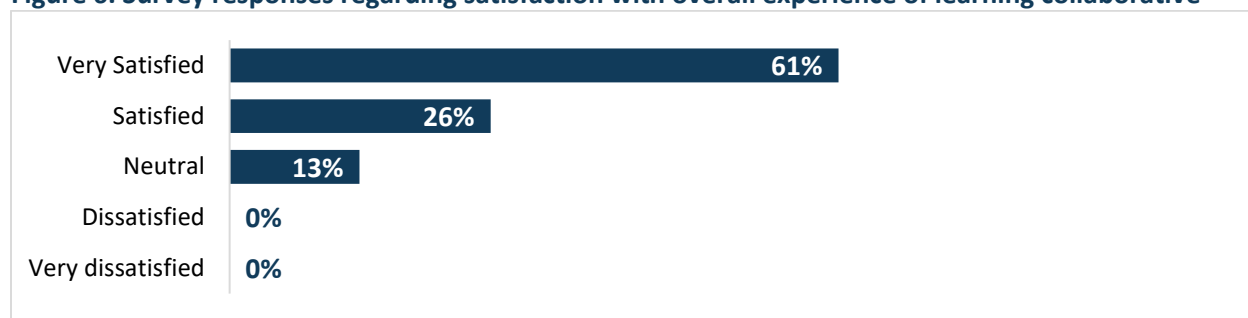
“One of my colleagues who—a wonderful person and very analytical—they’ve always been from my perspective very quiet. But since we have done this and which some of the new initiatives that we are taking, they’ve become a lot more verbal and is sharing more, and are pushing the envelope a little bit.”

How satisfied were participants of the FIMR Storytelling Learning Collaborative?

Satisfaction

Respondents to the learning collaborative survey and interview participants were satisfied with the overall experience of the learning collaborative. Most survey respondents (87%) reported being satisfied or very satisfied with the overall experience. Similarly, all interview participants provided some positive sentiment about the learning collaborative, sharing how they enjoyed the experience and how worthwhile it was.

Figure 6. Survey responses regarding satisfaction with overall experience of learning collaborative



Survey respondents were asked about their satisfaction with specific aspects of the learning collaborative, including the toolkit, faculty/facilitators/coaches, coaching sessions, and workshops. At least 79% of survey respondents reported being satisfied or very satisfied with every aspect. A high percentage (92%) of survey respondents and almost all interview participants reported being very satisfied with the learning collaborative leadership, facilitators, and coaches.

“The coaches were amazing, at least our coach. And they really helped us understand the tools that were at our disposal to help us with storytelling.”

“Rosemary and Magda did a great job of I think accepting that we’re all in different places and we’re all in different spaces with things and that what we bring to the table at that time is okay.”

Most of the survey respondents and interview participants appreciated the supportive environment cultured by the learning collaborative. The intentionality of the leadership to welcome participants where they were and to focus on creating a safe space was recognized as a strength of the learning

collaborative. This sentiment relates to feedback from interview participants that the learning collaborative was an emotional and personal experience.

“Everyone was so respectful and open. It was very refreshing to have that kind of community that we created.”

Several interview participants hoped that the learning collaborative would continue being offered to others and that they would be able to stay in touch with other learning collaborative participants.

“And I hope that it continues to be something offered to other FIMR teams because I can see where it could really help some teams evolve in different ways but also just really feel like they can integrate themselves in with the community because I think sometimes we feel very removed from the community and our work.”

Feedback

Survey respondents thought the coaches, faculty, and facilitators were great, and they felt handled with care. Additionally, survey respondents reported that they had learned something new, saw a benefit in the collaborative structure (teams and sharing), and thought the learning collaborative helped them see meaning in their work.

Survey respondents and interview participants reported some confusion on how to apply certain tools or storytelling elements and the inter-connectedness of the tools and elements (or if they were meant to be connected). Survey respondents recommended clearer communication, more examples to illustrate concepts, and updates to materials (e.g. toolkit). Most interview participants had not developed or finalized their team’s strategy or action plan. For these issues, interview participants requested additional coaching sessions or other support and clearer direction and instruction.

“I will say that at times, it was difficult to see where do all the pieces come together? Where did the anchor story versus the team rules versus the leading concern, how are all of those linked together? How do we get all of those things together?”

Some survey respondents mentioned that meeting logistics were difficult and recommended improving meeting times and providing longer breaks. Similarly, most of the constructive feedback from interview participants centered on either not having enough time or having too much content to cover for the time allotted. This caused several interview participants to report feeling overwhelmed and struggling to comprehend strategic storytelling as a concept and the elements fully.

“Throughout the beginning of the collaborative, I was a bit confused just because I felt like a lot of the information wasn’t presented in my learning style. It was kind of broad and I didn’t quite understand what the goal was at the end. I didn’t understand if we were making a team anchor story or how that was going to be shared.”

It should be noted, however, that those who reported feeling overwhelmed also added many times that they felt like the workshop was time well spent. A couple of interview participants requested more time for break-out discussions and for breaks (especially if near a meal-time). Survey respondents

recommended shortening the training, whereas a couple of interview participants suggested stretching out the learning collaborative over a longer period to ease the pressure of fitting so much content within a few months. A few survey respondents and interview participants felt that the learning collaborative might work better as an intensive in-person workshop. This in-person recommendation was also accompanied by an appreciation of the geographic spread of learning collaborative participants, which may be impacted if switching to an in-person workshop.

Lessons Learned

Survey respondents recommended that future participants be provided with a heads up that this learning collaborative had the potential to open-up old wounds. Parts of the learning collaborative may cause the participant to feel strong emotions, for example, when listening to stories that “may break your heart” or tapping into personal experiences when developing an anchor story. As one participant noted, it can be “very personal work” that is a “little raw and emotional at times.” Interview participants also noted that although some emotions were unpleasant, their experience was worth it.

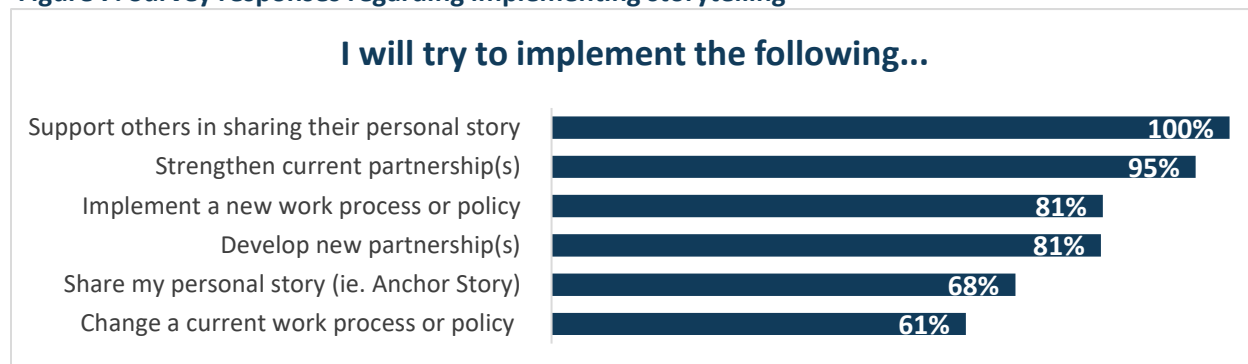
“You’re going to have to have a lot more emotional—you’re going to have to get a lot more emotional to be able to do the collaborative, but it’s in a good way. The emotions help you learn about yourself and also learn about the community, and you’ll see things in different ways than you would have thought before.”

A few survey respondents and interview participants mentioned the importance of having a good team with members who actively participate in the learning collaborative due to the amount of work being more than what one person can handle and the results are more robust with team input versus a single voice. A couple interview participants also mentioned the importance of having someone who helped the team keep on track, both during and after the completion of the learning collaborative.

How, if at all, do learning collaborative participants intend to apply storytelling in their role?

Respondents to the learning collaborative survey indicated their agreement that they would try to implement storytelling in several ways after the learning collaborative.

Figure 7. Survey responses regarding implementing storytelling



Summary of Changes

Interview participants were asked how they planned to use strategic storytelling in their role. A few had already incorporated storytelling in multiple ways and reported seeing impacts from those changes. Some applications included using storytelling and learning collaborative elements in reporting,

presentations, and meetings. All reported plans to support others in sharing their personal story, which aligns with the survey responses.

Almost all interview participants had used the Touchstones in meetings to create a “safe space” for members. Some used the Touchstones exactly as they were provided in the workshop, and a few made slight modifications for their group. Some already had team agreements and decided to incorporate the Touchstones into what they already had. Of those who used the Touchstones in group meetings, most reported a noticeable increase in the number of members sharing at meetings and the amount of information being shared and learned, along with greater respect for silence as a time to reflect.

Multiple interview participants mentioned sharing stories about their work in FIMR and their experience of being in the learning collaborative with a wide variety of audiences, with plans to focus on FIMR family stories in the future. This differs slightly from 68% of survey respondents reporting that they planned to share their personal stories.

One interviewee mentioned that their FIMR team is now more open with sharing their personal stories with others outside of FIMR, which has led to the development of (new) relationships, recruitment of partners, and increased participation in community action teams (CAT) and case review team (CRT) meetings, along with improved morale among the FIMR team and partners.

For more specific details on plans and current ways interview participants were incorporating strategic storytelling in their work, please see Appendix A.

Barriers

Survey respondents and interview participants were asked to reflect on what barriers they expected to encounter when using strategic storytelling in their work. The most frequent theme of survey respondents was a concern about building the trust necessary to collect stories and finding individuals willing to share their story. Similarly, a couple of interview participants mentioned difficulty collecting stories from those who suffered a loss.

Some survey respondents were also concerned about changing organizational practices. Along those lines, the most frequently mentioned barrier among interview participants was encountering resistance from others to use strategic storytelling. There were concerns about individuals who would resist making changes to their work to incorporate strategic storytelling. A few mentioned already facing this barrier when trying to make changes with individuals who had not participated in the learning collaborative. This aligns with a similar theme from the survey respondents who were concerned about changing organizational practices.

“Our FIMR team has been doing things a certain way for a really, really long time. And don’t seem particularly interested in making any changes in how they do it.”

Concerns about confidentiality were also mentioned as a barrier among interview participants. This was mentioned more frequently by interview participants who served smaller populations. The interview participants recognized confidentiality as a concern but described ways to use strategic storytelling while protecting the storytellers. Some still needed to convince others that confidentiality would be protected before they could move forward with sharing the stories of FIMR families. One interview participant reported changing their confidentiality form to allow sharing of the stories in a de-identified manner and that they had success with FIMR families agreeing to share.

Findings – Consultants and Contributors

How, if at all, do consultants and contributors envision incorporating strategic storytelling into their work practices and protocols?

Respondents to the Consultant and Contributor survey were asked to provide their definition of “strategic storytelling”. Respondents described strategic storytelling as a tool, method, change strategy, and a practice. Strategic storytelling is used to inspire positive change and provide a human element to the data. Respondents mentioned the importance of who is selected as a Storyteller to lift up typically unheard voices.

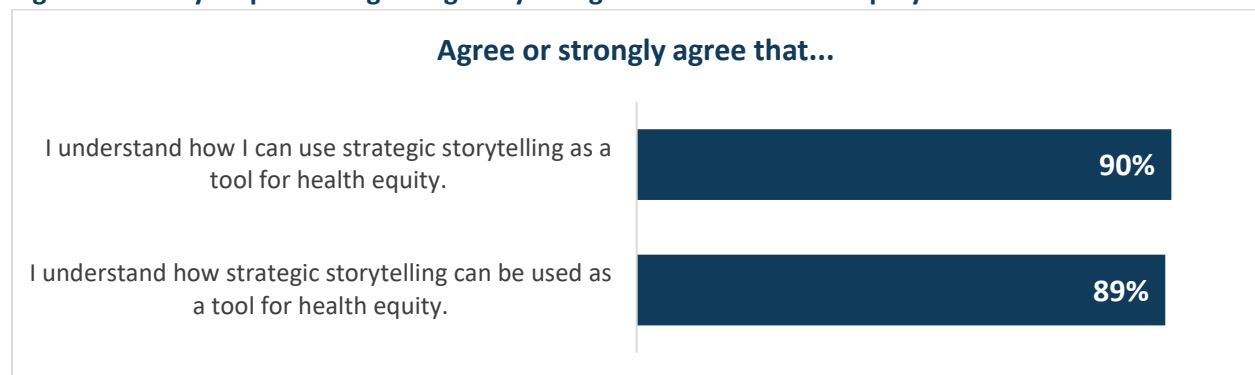
Respondents listed a variety of ways they planned to use storytelling in their work, including supporting others in storytelling, using storytelling to address health equity, focusing on women thriving, and using it with FIMR staff to help prevent burnout. Some respondents indicated that they were already using storytelling in their organization. Future ways to incorporate storytelling in their organization included: invoking change, educating others, and advocating for health and racial equity.

A lack of “hard” data supporting the efficacy of storytelling was described as a barrier to implementation, as was a lack of financial, staffing, and time resources. Other barriers included difficulty selecting stories and lack of collaboration among agencies. One respondent reported their institution did not have any barriers.

How, if at all, has storytelling impacted consultants’ and contributors’ understanding of how storytelling can be used as a tool for health equity?

Almost all consultants and contributors survey respondents understood how storytelling can be used as a tool for health equity, in general and for themselves.

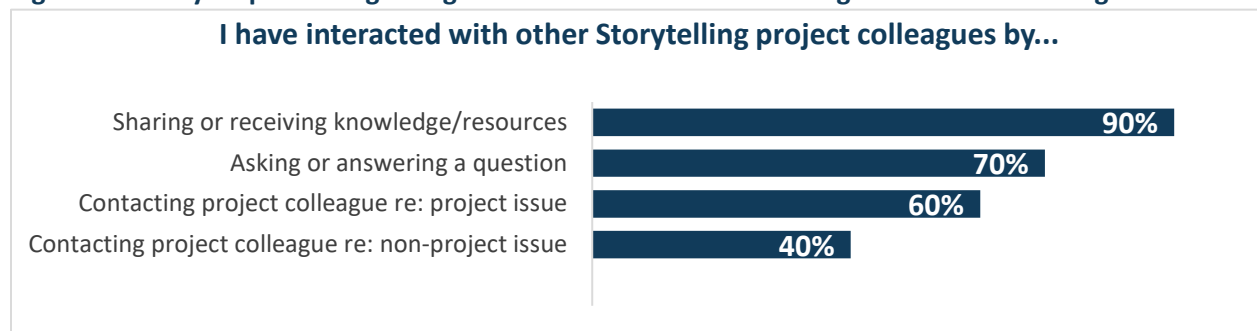
Figure 8. Survey responses regarding storytelling as a tool for health equity



To what extent did consultants and contributors develop partnerships through their engagement with this learning collaborative?

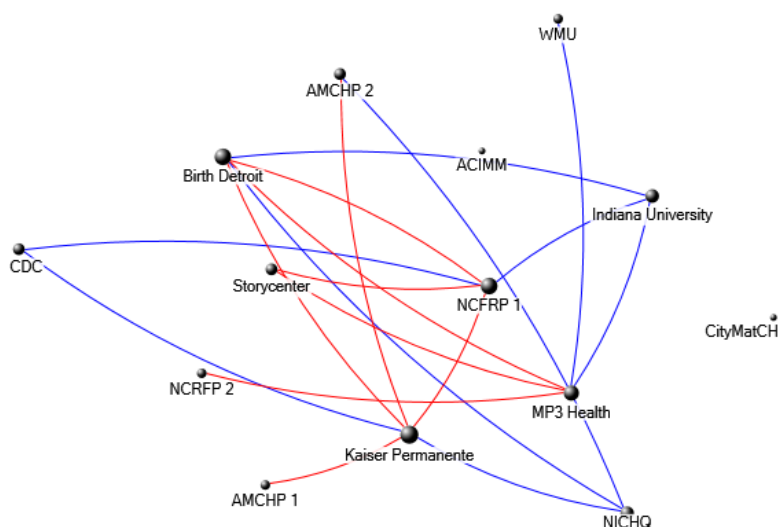
Consultants and contributors survey respondents interacted with one another in several ways, the most common of which was sharing or receiving knowledge or resources.

Figure 9. Survey responses regarding interactions with other learning collaborative colleagues



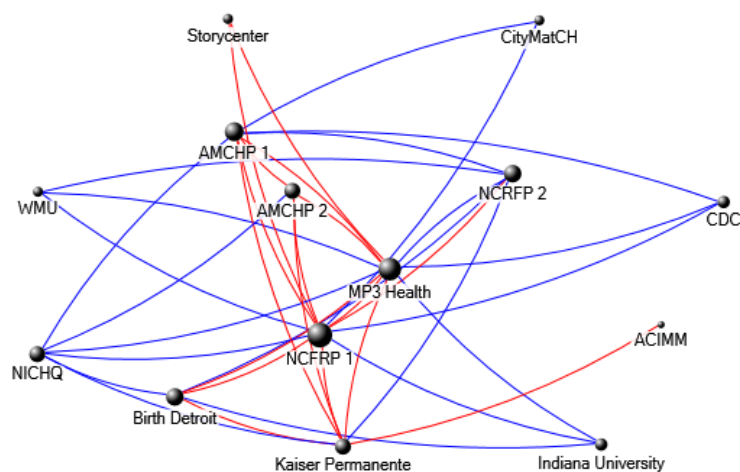
Respondents to the consultants and contributors survey were asked whether they developed or strengthened their relationship with each consultant and contributor. Based on the responses of the ten (out of 14) individuals who completed the survey, there were 85 bi-directional relationships (both individuals identified a relationship with the other). The first network graph below shows respondents who developed a new relationship with one another. The red lines indicate when both individuals indicated this (11% of relationship). Respondents developed between zero and six relationships, with an average of 2.5 relationships.

Figure 10. New relationships developed



Respondents were also asked if they strengthened a relationship through the Storytelling Learning Collaborative. Of the 85 relationships, there were 17 that were perceived as strengthened by both individuals in the relationship (20% of relationships; indicated by the red lines in the graph below). Respondents strengthened between one and twelve relationships, with an average of 5 relationships strengthened.

Figure 11. Existing relationships strengthened



What were the successes, challenges, and lessons learned from serving as a consultant or contributor to the Storytelling Learning Collaborative?

Among consultants and contributors who completed the survey, one of the learning collaborative's biggest successes was the level of engagement from FIMR participants and FIMR consultants, collaborators, and contributors. Respondents acknowledged how difficult it could be to get and keep people engaged when they all have limited time. Other successes were the national reach of the learning collaborative and gaining a greater awareness of the challenges FIMR staff face.

Having time was the greatest challenge. A few respondents pondered over having virtual meetings and what it would have been like if meetings were in-person. Another challenge identified was learning collaborative participants incorporating storytelling into their work without the learning collaborative's support. Embedding storytelling within the FIMR interview process was mentioned as a lesson learned for how learning collaborative participants could incorporate storytelling.

Consultants and contributors felt like they were making a difference when they were interacting with learning collaborative participants or reflecting on participants' work. They felt the learning collaborative was making a difference during the Final Showcase, particularly when learning collaborative participants shared their stories. Survey respondents also shared how the Final Showcase and Workshop brought up strong emotions, making the session powerful.

Advice to strengthen the strategic storytelling work was varied. Respondents encouraged the learning collaborative to be aware of funding and resources and how both influence critical support of the learning collaborative (i.e., emotionally supporting participants) in case they are reduced. Two respondents encouraged in-person meetings once it is safe to do so, and if that was not possible, to connect virtually more frequently.

Conclusions and Recommendations

The FIMR Storytelling Learning Collaborative impacted participants in multiple ways. Participants reported that the learning collaborative helped them not to feel so alone. Hearing from others around the country who are working on the same issues created solidarity. In considering how to apply strategic storytelling within their work, participants felt more creative and inventive. The experience of attending the learning collaborative as a FIMR team helped strengthen relationships among team members and re-ignited passion for working in this field. Overall, participants felt they had developed the skills needed to capture and share stories.

Based on the information provided by the surveys, interviews, and other data sources, the FIMR Storytelling Learning Collaborative evaluation was able to answer the evaluation questions.

Conclusions - Learning Collaborative Participants

- Participants **successfully developed team agreements** during the learning collaborative, and several teams reported using the team agreements after the learning collaborative. Most participants **developed an anchor story**, but not all reported sharing their story with others. Although most participants reported that their team **developed an initial set of strategies and an action plan**, most teams reported not having finalized their strategies or plan and expressed uncertainty over next steps.
- Participants reported **increased knowledge of storytelling** due to attending the learning collaborative. Participants mentioned learning how to create a personal anchor story and an overall shift in understanding how strategic storytelling can be used for social change and to address health and racial equity.
- Participants reported being **moderately to extremely confident in their ability to apply strategic storytelling in their role**. Participants credited the learning collaborative with helping to build their confidence.
- Storytelling **changed participants' self-perception** of being a "Storyteller" and how powerful their personal stories could be. The process of sharing their anchor stories during the learning collaborative helped participants see the impact stories can have on others. Hearing stories also **changed participants' perceptions of others**. Participants reported seeing strengths within their FIMR team members that they had not noticed prior to the learning collaborative.
- Overall, participants were **satisfied or very satisfied** with the FIMR Storytelling Learning Collaborative. Participants enjoyed the learning collaborative coaches, leaders, and facilitators. The supportive environment of the learning collaborative was also appreciated.
- Participants reported **intending to apply storytelling in their role**. Some participants have already incorporated strategic storytelling elements within their work, whereas many others had ideas for future ways to incorporate strategic storytelling. Most common applications include using team agreements and incorporating strategic storytelling in reports and presentations.

Conclusions - Consultants and Contributors

- Consultants and contributors described strategic storytelling as a method used to inspire positive change with a human element which is **how storytelling can be used as a tool for health equity**.

- Consultants and contributors, on average, **developed three relationships and strengthened five relationships** due to their participation in the learning collaborative.
- Consultants and contributors envisioned multiple ways they could **incorporate strategic storytelling** in their work. Some reported already using strategic storytelling in their work. Consultants and contributors envisioned using strategic storytelling to invoke change, educate, and advocate for health and racial equity.
- The **high level of engagement among learning collaborative participants** was considered the learning collaborative's biggest success by consultants and contributors. **Having time was the greatest challenge**. Consultants and contributors **did not report any lessons learned** in addition to their general feedback.

Recommendations

Recommendations varied among consultants and contributors, and participants. Participants strongly recommended having more time to learn, process, and clarify their understanding of the content. Adding time could help participants not feel overwhelmed and be better prepared for next steps. Participants enjoyed time to connect with other learning collaborative participants and recommended more time for break-out discussions. Ensuring adequate time for breaks was also important to participants.

The consultants and contributors recommended that learning collaborative leaders continue to be aware of funding and resources needed for this learning collaborative and recognize how critical support of the learning collaborative and participants could be impacted if either is reduced.



Appendix A

The following lists include ideas that Interview participants and Survey respondents reported to incorporate storytelling within their FIMR work and planned or enacted changes to incorporate storytelling. Black text is data from the interviews and blue text is data from the Learning Collaborative Participant Survey.

Future Plans to use Storytelling

- **Support others in sharing their personal story – 100% Survey responses agree**
- **Partner to collect and share stories- Survey responses theme**
- Include in reporting (annual report, technical reports, brief)
- To connect with community (**Survey responses theme: Engage families**)
 - To identify gaps
 - Raise awareness of FIMR in the community
 - Receive feedback (monitoring)
 - Share successes
- Present at conference/summit to Policy makers, government leaders, legislators
- Create a dashboard to disseminate information
- Change interviews into more of a narrative format
- Use in grant writing
- Still forming ideas
- Go on radio
- To educate providers

Taking Steps Now or Have Implemented

- Shared stories with others (**Survey responses theme: Share their story to engage others and serve as an example**)
 - Forums
 - Summit
- Changed interview consent to include sharing of de-identified, anonymous quotes for educational purposes
- Include stories in annual reports (**Survey responses theme: Add context to their findings and recommendations**)
- Build partnership between public health and healthcare
- Incorporated Touchstones in meetings
- Recruitment is built around storytelling
 - Recruited more non-medical members
- Share feedback on what FIMR is doing with the recommendations to show action is being taken (**Survey responses theme: Share their story to engage others**)
- Shared stories about what FIMR does (resources and services) and what its goals are
- Theater production of women, fathers, loved ones, and staff telling their story
- Surveyed FIMR CRT members and created an infographic about their stories
- Changed approach to work so instead of interviewing, used storytelling approach- Story used for educational modules for providers
- Constantly looking for how storytelling can be applied to FIMR work

About the Principal Consultant

Magda Peck, ScD

Dr. Magda Peck brings a unique mix of proven public health expertise and experience in maternal and child health, advancing health equity, strategic storytelling, and leadership development. She is the visionary founding CEO of several health-impact enterprises, including CityMatCH www.citymatch.org and two nationally accredited schools of public health, where she was co-founder and Founding Dean (in Nebraska and at the University of Wisconsin, respectively). Magda is a seasoned strategist and master facilitator for systems change, trained in methods of strategic collaboration; she also is a skilled leadership coach and trainer. More recently, Magda immersed in the art and science of storytelling for social change. She was an Ex Fabula Urban Storytelling Fellow in Milwaukee; and has received training at the National Storytelling Summit, StageBridge (Oakland CA), the Storytelling Association of California, and with the Stanford Social Innovation Review. Magda is an active ally and accomplice for racial equity, committed to unlearning and learning, with immersive training with the People's Institute, the Racial Equity Institute, and CityMatCH. Currently, Magda Peck serves on the secretary's Advisory Committee for Infant and Maternal Mortality (ACIMM) acting as the chair of the data and research to action workgroup.



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