

FIMR Storytelling Project 2021-2022

Internal Foundations Document for Project Design

Updated November 2021: Phase 2

Prepared by Magda Peck, Project Consultant, with Rosemary Fournier, NCFRP/FIMR
Version 7

I. Purpose

The FIMR Storytelling Project explores how strategic storytelling can refresh and strengthen current Fetal and Infant Mortality Review (FIMR) approaches to combining data and community engagement to further prevention of fetal and infant deaths. Together, we are learning for action: to honor, hone and harness the power of stories for healthier women, children, and families.

Why stories? Stories can help humanize and heal, deepen understanding and motivate action, and catalyze greater impact for systems change. Strategic storytelling may help change the narrative about factors and forces leading to healthy births, and fetal and infant deaths. Stories can lift up circumstances and outcomes not limited to any one situation, which combined, reflect a larger pattern. Storytelling also may help individuals experiencing loss discover their own stories, shape their own narratives, and connect dots that may not have occurred before articulating their experiences.

One component of longstanding FIMR data collection practices, the Family Interview, is conducted with assurances of individual confidentiality, to preserve privacy and assure the integrity of current data protocols and procedures. In this project, we are exploring how to welcome, hear, and elevate the lived experiences of mothers, fathers, and families in new ways, for greater impact. This initiative invites both parents who have experienced loss, and people involved in the work of fatality reviews, to know and tell their own stories, and complement standard data collection approaches.

The FIMR Storytelling Project also aims to elevate awareness and understanding of how racial inequities and systemic racism – past and present – influence and impact health outcomes, across generations. Stories can illuminate how everyday racism manifests in health care access and delivery, as discrimination, implicit bias, and unequal treatment; biologically, as cumulative trauma and toxic stress; and over time, as chronic community stressors - including wealth inequity, housing instability, food insecurity, environmental toxins, disinvestment and economic discrimination.

In Phase 2 of the FIMR Storytelling Project, we will collaborate and align with emerging and existing public health-related storytelling practices in communities and nationally, for greater rigor, synergy and impact, to prevent maternal, fetal, and infant mortality and morbidity, and to promote health and equity for all women, children, father and families. Together, we pledge

to honor stories of lived experience, strengthening our collective commitment to championing maternal and child health and equity in all communities.

II. Phase 2 Aims and Expected Results:

Outcomes for FIMR: Ongoing from Phase I (2020 – 2022):

- ⇒ Participating FIMR teams will **increase their knowledge and understanding** of strategic storytelling for social change, and how to use powerful stories and storytelling in FIMR practices and processes, for greater impact.
- ⇒ Participating FIMR teams and others will **enhance their individual and collective capacity** to invite and incorporate strategic storytelling into their work, to exert greater influence on services, policies, and systems change.
- ⇒ Project Co-leads and Design Team will **make ongoing recommendations** to NCFRP, and to the field of MCH, for incorporating storytelling practices into FIMR and other sentinel health event review processes, going forward.

Additional Organizational/Systems Outcomes for Phase 2 (2021-2022):

1. **Refresh and strengthen sentinel event, case review–based methods** through the incorporation of strategic storytelling into FIMR practices and protocols.
2. **Leverage the power of stories** for greater individual, systems and community impact, and document example case studies of how stories can lead to social change.
3. **Align FIMR story-work with related storytelling initiatives and practices** in local communities, and in the MCH + public health fields, more broadly.
4. **Expand national, state, and local, and tribal storytelling partnerships**, in MCH and communities, for greater collective impact.
5. **Refresh the project’s “Foundations Document,”** to solidify practice, hold ourselves accountable, and produce useful tools for future work in the field.
6. **Monitor and assess lessons learned** in Phase 2, to inform future investments.

III. Project Leadership, Principles and Accountability

1. **Project Leadership.** The second year of the project will be co-led by **Rosemary Fournier (NCFRP/FIMR lead) and Magda Peck* (Project Consultant)**, with a refreshed national **Design Team**, comprised of partners and content experts in MCH, FIMR, and storytelling, from across the country. An array of guest contributors/faculty with diverse backgrounds and experiences will work with Dr. Peck to shape and deliver a high quality, collaborative learning experience for participants in a second cohort of a Storytelling Learning Collaborative.

2. **Principles.** All participants in this project agree to use the *Touchstones*¹ framework (adapted from the *Circle of Trust*), in our collaborative learning work, which include:

- a. **Be 100% present, extending and presuming welcome.** Set aside the usual distractions of things undone from yesterday, things to do tomorrow. Bring all of yourself to the work. We all learn most efficiently in spaces that welcome us. Welcome others to this space and presume that you are welcomed.
- b. **Listen deeply.** Listen intently to what is said, listen to the feelings beneath the words. Listen also to yourself. Strive to achieve a balance between listening and reflecting, speaking and acting.
- c. **Always by invitation.** It is never 'share or die.' You will be invited to share in pairs, small groups, and in the large group. The invitation is exactly that. You will determine the extent to which you want to participate in our discussions and activities.
- d. **No fixing.** Each of us is here to discover our own truths, to take our own journey. We are not here to set someone else straight or help right another's wrong, or to 'fix' or 'correct' what we perceive as broken or incorrect in another member of the group.
- e. **Suspend judgment.** Set aside your judgments. By setting a space between judgments and reactions, we can listen to the other – and to ourselves – more fully. Our perspectives, decisions and actions can be more informed.
- f. **Identify assumptions.** Our assumptions are often invisible to us, yet they undergird our world view... and our decisions and actions. When we identify our assumptions, we then can set them aside, and open our viewpoints to greater possibilities.
- g. **Speak your truth.** Say what is in your heart, trusting that your voice will be heard, and your contributions respected. Your truth may be different from, even opposite of, what another has said. Speaking your truth is not debating with, or correcting, or interpreting what another has said. Own your truth by speaking only for yourself.
- h. **Respect Silence.** Silence is a rare gift in our busy world. After you or another has spoken, take time to reflect and fully listen, without immediately filling the space with words.
- i. **Maintain confidentiality.** Create a safe space by respecting the confidential nature and content of discussions held here today. What is said here, remains here, unless there is explicit permission given to share elsewhere.
- j. **When things get difficult, turn to wonder.** If you find yourself disagreeing with another, becoming judgmental, or shutting down in defense, try turning to wonder: "*I wonder what brought her to this place? I wonder what they are feeling right now?*" Stay curious...

In Addition, all participants agree to practice additional Design Team-generated principles

- **Believe their stories.** Do not edit, doubt, or paraphrase others' stories.
- **Do no harm nor re-traumatize,** in the shaping and telling of stories.
- **Listen first,** without ego or need. Let each story take its time.
- **Honor ALL voices,** including the voices and stories of Fathers, in FIMR storytelling.
- **Build upon** parents' and communities' storytelling strengths, practices, and preferences.
- **Circle back** to families, always, before taking their stories forward on their behalf.
- **Lead with respect and reciprocity;** articulate and agree upon mutual benefit.

¹ Primary Source: ESTRUS TUCKER, Facilitator – estrust@aol.com, The Center for Courage and Renewal (www.couragerenewal.org)
Ideas, concepts and practices used in a *Circle of Trust*. Utilized by CityMatCH. Adapted by M Peck, MP3Health Group LLC, www.magdapeck.com, 2020.

- **Model and hold ourselves accountable** to public health practice in making logistic and design decisions, including the practices of cultural humility, mutual respect, and a commitment to honor the humanity in ALL.

IV. Phase 2 Working Plan: March – February 2022: Storytelling in FIMR Practice

1. Collaborative Action Learning Approach

Phase 2 work primarily will take the form of [action learning](#), defined as *a process that involves a small group working on real problems, taking action, and learning as individuals, as a team, and as an organization. It helps organizations develop creative, flexible, and successful strategies to pressing problems.* Over a period of 6 months, selected teams of colleagues and partners from communities where Fetal Infant Mortality Review (FIMR) sites are active will participate in a series of learning, coaching, and practice opportunities. Teams will become the core of a second cohort of an *action learning collaborative*, to be hosted by NCFPR/MPHI and augmented with Design Team members and other partners.

FIMR Storytelling “learning for action” teams will generate (1) individual **anchor stories** to ground and fuel their work for change; (2) co-create **FIMR stories**, to complement current data collection and family interviews in the mortality review process; and (3) develop a preliminary plan for integrating stories and storytelling into local fatality prevention work.

2. Parameters of Cohort 2 (October/November 2021 – February 2022)

A second cohort of FIMR site teams will be recruited and invited by NCFRP staff, using a simplified application process. Recruitment materials will be sent out in September 2021.

Cohort 2 Storytelling Learning Collaborative will strive for a dynamic group of participating sites, and reflect a dynamic mix of people and places, across geographies and regions, urban and rural, social demographics, cultures, and environments.

Cohort 2 will aim for 4 – 5 teams, depending on size and available resources.

Learning Teams can be ‘hybrid’ – members could come from across FIMR sites, by mutual agreement, to augment numbers and diversify participants.

Participating Teams will be selected by the project’s co-leads, based on the following parameters:

A. WHO: LEARNING TEAMS COMPOSITION

An Action Learning Team is strongest when it includes a mix of participants, from four ‘Levels’ of engagement:

- 1 = **FIMR Interviewers (and others)**, with hands on knowledge and understanding, and direct connections with families who have experienced a loss, who can serve as “Story-Catchers”
- 2 = **FIMR-site Leaders/Administrators**, who can assure communications, coordination, and connections for the project
- 3 = **CAT/RT Members**, who will integrate stories with other data as they make recommendations for action to prevent fetal and infant deaths
- 4 = **External (Storytelling) Partners**, from local and Tribal communities, health care systems, universities and colleges, state/local health department MCH/public health, other review (MMRC, CDR) and MCH (Healthy Start) initiatives, among others – for greater alignment and to leverage existing strengths and assets around public narrative and storytelling for social change. Community storytellers, griots, organizers, and others who are seasoned in the craft and practice of storytelling for social engagement, action and change may also become strategic members of a team.

Learning Collaborative activities will be tailored to engage participants from each level

Each site will propose a set of participants that is right for its project team, and ready and able to commit their time and talents, with the following considerations:

- **Each learning team will have two kinds of members: “Core” and “Extended.”**
 - **“Core” Learning Team members** (mostly from Levels 1+2) will be expected to participate in all activities: on-line (with an option to view recorded sessions missed) and in-person (as travel is safe and possible amidst the pandemic).
 - The minimum core learning team size is 3 (interviewer + coordinator + one other) and will include individuals from Levels 1 + 2.
 - Individuals from Levels 3 and 4 - who are interested, able and committed to full participation as core team members for the duration of the project - are welcome.
 - There is no maximum number of core learning team members.
 - Commitment = 20 hours minimum over 5 months, plus potential travel on-site to New Orleans)
 - **“Extended” Learning Team members** (mostly from Levels 3 + 4) will be expected to participate in a limited, strategic set of activities, especially at the beginning and end of the project, to assure integration, support and political will;

- Extended learning team members may opt into other activities.
 - There is no maximum number of extended team members.
 - Commitment: 5 hours minimum over 5 months
- **Health equity and racial justice are foundational** to this project. Diversity and inclusion are central to the recruitment, invitation, composition, and participation of each learning team.
 - **Learning team members should have strong interest in learning** about how to incorporate storytelling into the FIMR process and related work for health and equity and want to be part of an evolving new national initiative.

B. HOW: COHORT 2 OVERALL LEARNING PLAN

OVERALL DESIGN. General proposed layout and timeline, through early 2022:

- A. April, May, June 2021: Design Team + consultant shape strategy, ‘package’ and supporting tools
- B. July/Aug/September/October/November 2021: Consultant and NCFRP lead staff develop overall plan, recruit faculty, design curriculum, develop evaluation
- C. August/September/October 2021: Engage, recruit and on-board Cohort 2 teams; teams complete pre-work (team assessment and community ‘story scan’)
- D. Nov/December 2021 + January/February 2022: Learning! Kick off session for full teams in Cohort 2; Followed by Cohort 2 core team learning (with external team members and Design Team 2 invited to opt in)
- E. February 2022: Cohort 2 Full Teams Closing Session: Showcase, Lessons Learned, Recommendations for Action
- F. February/March 2022: Debrief with teams and evaluation, recommendations for future

NATIONAL ALIGNMENT in MCH Storytelling Practices. Our intention is for synergy, collaboration and co-creating common practices for greatest impact on health and equity. This project can serve as a catalyst for integrating and elevating the practice of storytelling for social change, by connecting with and leveraging concurrent activities in the field.

- **All FIMR sites’** meeting: include storytelling in agenda and offerings, on October 13, 2021
- **AMCHP:** follow up MUM 5, continue story-work in MUM 6 and 7 for MMRC’s (with CDC)
- **SACIM:** in current recommendations to HHS, and focus on changing the *narrative* in next year
- **CityMatCH/MCH Epi 2021 (New Orleans and on line):** proposed ‘symposium’- virtual Dec 2021

- **Healthy Start:** grantees meetings – CAN Academy
 - **BMMA and National Birth Equity Collaborative, and Others** - to be developed; initial connections made
 - **Others**, to be identified.
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C. WHAT: Program/Experience/Curriculum (and expected time commitments)

Cohort 2 will be invited to a strategic mix of Learning Activities, to include:

- I. **Pre-Work** (adapted from application) **2 - 3 hours**
 - **Guided Team self-assessment and local/community ‘Story Scan’**
 - **Intro to Storytelling Basics (self-learning available on line)**
 - **Outline of Preliminary Action Learning Plan**

- II. **Action Learning Collaborative Offerings** (with minimum time commitment)
 - A. **Full Team** (Core + Extended) - **Kick off session** (on-line) in late October/early November 2021 (2 hr session)
 - B. **Core Team** (on-line) **2 Half-day intensive learning session(s)**: Nov 2021– January 2022 (4 – 8 hrs)
 - C. **Site-specific team practice, projects, story coaching, and support:** monthly, to localize learning and integrate into FIMR methods; align with local community-based storytelling assets and activities, and with other MCH focused prevention; can pair up sites/teams with coaches for efficiency, better learning, peer support: November 2021 – February 2022 (1 - 2 hours per month/4 -6 hours of practice work)
 - D. **Virtual FIMR Storytelling Workshop** (in conjunction CityMatCH/MCH Epi), with Cohort 2. NOTE: In person meeting of Core Team members (and others) across sites, to present preliminary stories, generate plans, lessons learned; December 2021, postponed due to COVID
 - E. **Cohort 2 Full Teams Closing Session:** 2-hour Storytelling Showcase, Lessons Learned, Recommendations for Action: February 2022
 - F. **Evaluation/Debrief...** follow up with Cohort 2 and Design Team to assess experience and impact.

III. **Content and Curriculum** (under development)

Faculty and Contributors (TBD):

Hold ourselves accountable for assuring a diversity of lived experiences and inclusion of faculty of color, in keeping with our principles.

Content Leads (being developed)

-Magda Peck

-Janelle Palacios

-consult with [StoryCenter](#) (public storytelling for social change) faculty, ethical guidelines, digital storytelling: Andrea Spagat

-adapt [Public Narrative](#) (Marshall Gantz)

-engage National Storytellers: e.g. [Donna Washington](#) on crafting personal narrative

-consult with BMMA and NBEC (follow up with Monica Simpson, others...)

-tap talents of FIMR Interviewers – to be paired with other faculty

- others, TBD

Potential Facilitators and Coaches (from Design Team 2, to be explored)

Kenn Harris

Elon Geffrard

Susanna Joy

Rosemary Fournier

Cheryl Clark

Jack Turman

Janelle Palacios

Magda Peck

Others - TBD

Evaluators: Internal at MPH

Addendum I. Phase 1 (pilot) FIMR Storytelling Learning Collaborative: Synopsis

Background. The National Center for Fatality Review and Prevention, at the Michigan Public Health Institute, is the current administrative home for fetal and infant mortality review (FIMR) initiatives across the United States. In early 2020, FIMR/NCFRP lead Rosemary Fournier engaged a principal consultant, Dr. Magda Peck* to co-lead a small pilot initiative for strengthening current FIMR methods through storytelling. A national “Design Team,” comprised of representatives of leading MCH partner organizations and FIMR practitioners, was convened in March 2020, to advise on the design and delivery of a one-time on-site storytelling intensive workshop for selected FIMR site teams, scheduled for June 2020. The growing COVID – 19 pandemic forced a pause and pivot of planned activities. Instead, based on input from the Design Team, a virtual learning collaborative approach to storytelling was adopted.

Short-term outcomes of an initial set of modified activities were defined, as follows:

- ⇒ *The Design Team and participating FIMR teams will increase their knowledge and understanding about storytelling, and how to use powerful stories and strategic storytelling in FIMR practices and processes, for greater impact.*
- ⇒ *Participating FIMR teams and others will enhance their individual and collective capacity to invite and incorporate strategic storytelling into their work, to exert greater influence on services and systems change.*
- ⇒ *The Design Team will make ongoing recommendations to NCFRP, and to the field of MCH, for incorporating storytelling practices into the FIMR and other sentinel health event review processes going forward.*

A first phase of team-based on-line learning was established, to include 90 Minute virtual sessions, co-created and facilitated by the principal consultant. Four sessions were offered, once a month via Zoom, September 2020 through December 2020, with the primary purpose of establishing a common foundation on storytelling practices in the context of FIMR. Phase I curriculum included:

- I. Basics: The Art and Science of Storytelling
- II. Specifics: Stories of Loss - Storytelling for Health and Healing
- III. Storytelling for Social Change: Panel of Practitioners – Lessons Learned
- IV. Storytelling in FIMR: Making a Greater Difference

Phase 1 guest faculty included Dasha Kelly Hamilton, Master Storyteller and Poet Laureate for the state of Wisconsin; Kenn Harris, NICHQ, Engagement Lead for the Healthy Start project; Janelle Palacios, Nurse Midwife, researcher, storyteller; Dr. Wanda Barfield, Director of CDC’s Division of Reproductive Health (*Hear Her Campaign*)

https://www.cdc.gov/hearher/?gclid=Cj0KCQjwp86EBhD7ARIsAFkgakhfMGXVqtfNPphy4ILWWpBD_R9tIObv-FgwP3w6HmdDfIGRLY5THXQaAig2EALw_wcB; and Magda Peck.

Five Phase 1 FIMR sites were selected via convenience sample, by NCFRP lead Rosemary Fournier. The places and teams invited represented geographic diversity and were a blend of new and experienced FIMR sites, with varying degrees of success in obtaining parental/family interviews. Three to five members were on each invited FIMR learning team, representing

Baltimore City, MD; Broward County, FL; Kalamazoo, MI; Kansas City, MO; and Washoe County, NV.

Each participating learning collaborative team was invited to debrief in January 2021, to give feedback and input into future activities. With limited resources, no formal evaluation was conducted.

*** BIO: Dr. Magda Peck** (www.magdapeck.com/about) 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 founder of several health-impact enterprises, including CityMatCH (www.citymatch.org), the Great Plains Public Health Leadership Institute, and two nationally accredited schools of public health (in Nebraska <https://www.unmc.edu/publichealth/> and at the University of Wisconsin <https://uwm.edu/publichealth/>, 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 is 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, StoryCenter (Oakland CA), and with the Stanford Social Innovation Review. Magda also is an active ally and accomplice for racial equity, with immersive training with the People's Institute, the Racial Equity Institute, and CityMatCH.