

NDEP Webinar Series:
Art of Storytelling
Use of Culturally Adaptive Tools to Educate
5- September - 2013
Diabetes Transcript

Ms. Rodríguez: Good afternoon, *buenas tardes*, good afternoon everyone and welcome to today's webinar. We are very happy that you joined us today and we would like to share that as of today we have over 200 participants registered for this event. Isn't that great?

To me, this topic has always been a passion. As a Puerto Rican, I grew up reading fotonovelas like many other Latinas doing in this childhood years. Indeed fotonovelas were part of our culture and of our upbringing. They took us to the live stories of these fictional characters and we lived their lives, we suffer, we love, we cry by just reading these stories. All of these stay close to the power of storytelling. Storytelling is at the heart of many cultures, a way of sharing wisdom and it is perhaps humanity's oldest form of teaching. Stories ignite the listener's interest, creating vivid mental images that encourage thinking and understanding. Even today we have access to so much information through the internet, our cell phones, the TV. The power of the story remains a powerful engagement tool. But telling the story is just part of the equation. Listening to our patients' stories is the other half. Today, two great speakers will take us through the process to help us understand how we can help our audiences understand their health issues and how we can influence behaviors and help outcomes.

The objectives for today are to illustrate the benefits of using storytelling in diabetes education. We will also identify tools and resources to support storytelling. We will also share techniques to develop your own stories and finally, we will be working to identify techniques to encourage patients to tell their own stories.

Let me introduce our first speaker for today, Ana Consuelo Matiella. We also have Alexis Williams. They both will demonstrate in this interactive webinar how telling and listening to stories can enhance communications and improve the impact of diabetes education. So, let's begin with Ana Consuelo Matiella who is a principal at the ACMA Social Marketing at the Fotonovela Production Company. Ana Consuelo is an expert in social marketing, multicultural health communications and fotonovela development. She is one of the first health communication specialists in the United States to use fotonovelas as a health education tool and is the most experienced educational fotonovela producer in this country. As a teenager, much to her mother's dismay she spent more of her lazy summer afternoons reading Cinderella stories in fotonovela format. She claims to have read hundreds of fotonovelas from 1967 to 1972. The first fotonovela she developed was produced for the National Arthritis Foundation in 1983, while she was working as director of a rehabilitation and education program for people with arthritis, and where she saw the need for entertaining and easy-to-read materials. *Dolores y Esperanza*, the first fotonovela ever developed on arthritis, launched Ana Consuelo's career as an educational fotonovela producer. In the mid '80s, Ana Consuelo worked for a health education and research organization where she published fifteen fotonovelas in English and Spanish on various aspects of sexuality education. In the early 90's, she launched a social marketing and multicultural health communications firm that continues to thrive to this day. Since then, she has produced dozens of fotonovelas for national and state organizations. Ms. Matiella was born in Nogales, Sonora,

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Mexico. She has a bachelor in sociology and a master's in English as a Second Language and Applied Linguistics. Ms. Matiella developed the first bilingual fotonovela and storytelling tool for NDEP: Do it for them! But for you too. (¡Hazlo por ellos! Pero por ti también.) It is a pleasure working with you Ana. Ana, the mic is yours.

Ms. Matiella: Thank you Betsy, thank you so much and thank you to Alexis Williams and Ana Toro for their contribution and for Alexis in the second part of this presentation.

Today I am going to talk about storytelling and the use of fotonovelas, of course. Here on your screen you have some vintage fotonovelas that we found to share with you from the past, thanks to Ana Toro. The first thing that I want to talk a little bit about is the power of storytelling. Recently, I had the pleasure of reading this book, it is a very new book, it is called the Power of Storytelling and the—I chose some quotes from it to share with you.

Story is for a human as water is for a fish, which is one of my favorites. We tell stories all day long and then when we go to sleep we dream stories all night long. Humans are storytelling animals, nothing is so central to the human condition than the story. This is a great book; I highly recommend that you get it for those of us that use storytelling to teach. He has written this extensive historical perspective on how central story and storytelling is to the human experience. It just makes sense then that if we are storytelling animals and that every waking and sleeping moment we spend we spend spinning tales that one of the best ways to teach and learn is through story. Why it has taken us so long to incorporate story into health education and healing is a mystery but here we are in the 21st Century, using story to teach, learn and heal to use one of the Betsy's quotes. The graphic or pictorial narrative as an effective teaching tool, a lot of times people call what we do as graphic narrative.

I have discovered through the work with some of my colleagues at New Mexico State University, this recent neuroscientific research that supports the effectiveness of storytelling which I find really, really interesting and encourage those of you who are really into this topic to look into a little bit more the Transportation Imagery Model. This model supports the power of story and its ability to transport the reader to a different plane or level of consciousness. It is really, really remarkable. It demonstrates that graphic narrative actually causes emphatic responses in the brain. So this graph—this neuroscientific research really supports us using fotonovelas to transform life and help people make decisions that affect their health, their education and their actual purchases. New Mexico State University has developed graphic novels just to give you an example to teach graduate students in their MBA programs about business ethics. Lawyers are turning legal briefs into graphic narratives, if you can believe that, because they have a better chance at being read and understood by fellow lawyers, judges and clients. It is interesting because those of us that are in health literacy we want to enhance health literacy but this graphic narrative, this type of storytelling is being used in other areas, in other disciplines.

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A little bit about history, the history of story as teacher. If you think back about your past or your parents and grandparents past you will most likely remember stories, I know I do, that you were told as a child that taught you something. Aesop's Fables is a perfect example and so is the Bible. The story is part of our past, present and future, of course. That is just something to ponder on before we start talking a little bit about what is exactly—what is a fotonovela. The next slide defines what is a fotonovela. This is from the first fotonovela that I produced for the National Arthritis Foundation so many years ago.

A fotonovela is a story told with photos and dialogue, that is what a fotonovela is. An important distinction to make, as a fotonovela scholar, is that fotonovelas—or photo novels as they are often called in English—are stories told with photos, thus *foto* in fotonovela.

And *historietas* are stories told with illustrations like comic strips and graphic novels. So that *historietas* in Spanish is a graphic novel in English. One of the takeaways today is for you to learn—one of my pet peeves and that is that a fotonovela has photos. That is what it is, not illustrations. That is just one of the things that I come across, something that is illustrated and they call it a fotonovela and I'm going, "That is not a fotonovela!" Let's go a little bit and talk about the history of fotonovelas. Before we do that I just want to put a question out there for you participants. Where do you think fotonovelas originated?

Most of you answered that Mexico is where fotonovelas originated and followed by Argentina and then followed by Italy. But actually fotonovela scholars date original fotonovelas to post-World War II Italy. Isn't that interesting? I was always really, really interested in that bit of fotonovela trivia.

Fotonovela scholars date them back to Italy when they became popular. They became popular of course, fotonovelas became part of Mexican pop culture, in the fifties, sixties and seventies and then they evolved into an entertainment/education tool the way we use them today in the United States in the early eighties. Now they are considered one of the best practices in addressing issues of health literacy and reaching out to Latinos. But, who knew that fotonovelas actually originated in Italy? They were used to summarize Hollywood films right after World War II when it was difficult to export films to Europe. And then they became very popular in Mexico and Argentina and other parts of Latin America and even Africa. At this point they were just a pop culture media, people just read them for fun like Betsy and I.

Betsy and I probably about the same time were reading fotonovelas for fun. You could live vicariously through these stories of Cinderella, usually the poor girls in the countryside moved into the city and married the son of the owner of the *hacienda* and became a famous dancer or a business woman although more often they became famous dancers. But they were great, they were great entertainment and fun tools in Mexico in the eighties, sixties, seventies and eighties when literacy rate was so low in Mexico, millions and millions of people were reading

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fotonovelas, which I found really interesting in my research. That is the history. I would be curious to see what you guys have to say at the end about their origins in Italy.

Let's see, now the next question that I have is how long do you think fotonovelas have been around? Fotonovelas, as educational tools, have been around.

Okay, there you go. That one you got, most of you got it right and that is that they have been around for over 30 years.

They have been around for over 30 years as educational tools in this country. In terms of health education tools, the ones that I have—let's see. I think—yes most of you said 30 years. In terms of educational tools, health education tools, they go back to about 1980. My research, the research that I have done I have found some that go back to 1980, developed by the USAID and curiously enough, developed for family planning education in parts of Africa which I found very interesting.

I produced my first fotonovela that I did for the Southwest Arthritis Center, it was called *Dolores y Esperanza*, we did that in 1982 and in 1983 we produced one for the Tucson Public Library, the first library in the country to produce a fotonovela to encourage library use. Then in 1985 I produced the very first fotonovela on diabetes and it was called *La gordura no dura*, which some people hated and some people liked. Then in 1986 we produced one of the very first HIV/AIDS fotonovelas for ETR Associates and of course that was during the height of the AIDS epidemic. It turned out to be a very useful tool—a little trivia about *Saturday Night Special*, it's what it was called. Over two million copies of that were distributed all over the world, probably the most widely distributed fotonovela. I haven't heard of any other fotonovela that has had a wider distribution. That one, the *Saturday Night Special* which was then later developed into *Sábado Loco*, the bilingual counterpart of Saturday Night Special, that fotonovela was presented in an exhibit at the Smithsonian on our nations response to HIV/AIDS, the exhibit was last year at the Smithsonian Institute. That is definitely the widest distribution that I know of. Hopefully we will hit that with the diabetes one that we did, Betsy. Yes, that is a little bit about the history of fotonovelas as health education tools in our country.

Now a little bit about why fotonovelas work as health education tools. They're obviously easy to read because dialogue is easy to read. They tell compelling stories and engage the reader in empathy, sympathy and liking and this statement about empathy is what is backed up by this research that I told you about that I was introduced to by Dr. Stoddard of New Mexico State University. She has done some pioneering work and research on the power of story and she has this to say about it, and I'm going to share this quote with you, and that is that she says in one of the research articles that she recently published, "*the power of story lies in its ability to transport the reader to a different level of consciousness. Stories immerse the reader in the mind, thoughts, emotions and actions of the characters in the story. The story puts the reader into a state that enables him or her to be much more engaged in the content on an emotional and*

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emphatic level. The reader processes the story details in a way that is more intimately connected to their own senses, experiences, memories and emotions. This active involvement in each moment in the story engages the reader in a co-created experience of the story, its character, its plot and the resolution of the problem that the story is about. During this transportation, that's what they call it, transportation. Readers tend to connect their emotions to the emotions of the characters in the story through increased empathy, sympathy and liking." This is why fotonovelas are so appropriate for modeling healthy behaviors. While before we had a hunch that fotonovelas were much more effective at teaching, we now have neuroscientific research that supports this. So I think that this is very exciting research that is available and at the end when we open it up to questions I can also send you, those of you who are interested in diving in more to this research, I can send you some references of people that you can read and articles that you can read. I just find it to be so interesting and this research does not come from the health education field. We are working in silos sometimes and it is good to do some cross fertilization.

Finally, fotonovelas have proven to be effective in increasing knowledge, changing attitudes and motivating behavior. We do have health education research that backs that up. It is just the other, the neuroscientific research on empathy and sympathy that I find so fascinating. Let's see, another little question that I have for you guys is, Were you familiar with fotonovelas before you saw—for those of you that saw *¡Hazlo por ellos!*, were you familiar with fotonovelas?

A good half of you responded that you weren't familiar with fotonovelas or not familiar with the *¡Hazlo por ellos!* fotonovela, which I am now going to show you a picture of for those of you that haven't seen it. Beautiful cover. Okay, all right. On that other little survey that we took we will compile some results and send them to you or post them somewhere. We will figure it out, how to get you some results on that and we will talk a little bit more about it towards the end. Here are some ideas on how to use the NDEP *¡Hazlo por ellos!* fotonovela and of course Betsy can also talk a little bit about that and the inspiration and everything. It was a really great process of a lot of input from a lot of different people and we had various levels of input carefully reviewed by the CDC.

Here are some ideas on how to use NDEP's *¡Hazlo por ellos!* fotonovela. Again, encouraging and modeling behaviors, I think some of you are familiar with Albert Bandura's work on social learning theory and this encouraging and modeling healthy behavior is aligned with Dr. Bandura's work very much so in terms of vicarious role modeling and all that wonderful work that he has done on this topic. It teaches steps towards positive choices. Supporting face to face education by lay health workers, promotoras, community health workers, we have had a lot of experience with using fotonovelas with community health workers and promotoras in New Mexico and also in Hood River, with our colleagues in Hood River. They reinforce clinical recommendations, they initiate discussions among groups and meetings, they encourage self-identification with risk factors, raising awareness and supporting community education outreach. Those are just a few of the ideas on how to use them in group work. That concludes my part of

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the presentation. Of course, I am looking forward to answering your questions and chatting a little bit more towards the end. But for now I am going to turn over the agenda to Betsy who will introduce Alexis Williams, our next presenter.

Ms. Rodríguez: Before introducing Alexis I want to share with you, Ana, one other way that one promotora told me the other day when we were having an online charla talking about fotonovela and she said that she has been making copies of the fotonovela and then she is doing role play with participants and what she is doing is that she changed the participants' names, she put participant names on top of the names in the characters in the fotonovela *¡Hazlo por ellos!* so in a way they get more into the character in role play, even better the story. They have been helping her people get engaged in the role play and that has been helping her to have in-depth discussions about risk factors for preventing type 2 diabetes.

Ms. Matiella: That's excellent, what a great idea.

Ms. Rodríguez: A creative way that I never heard before, how some other promotoras have been using the fotonovela.

Ms. Matiella: Yes, that is a great idea. That's a wonderful idea. I don't think it got into our guide did it, but next time if we do another edit on that guide. All right, thank you very much and I look forward to listening to and answering questions. Thanks again.

Ms. Rodríguez: Thank you very much, Ana, and now please allow me to introduce my dear friend and co-worker Alexis Williams. Alexis Williams is a Public Health Advisor for the National Diabetes Education Program at the Centers for Disease Control and Prevention. The focus of her work is developing and delivering training and technical assistance for NDEP programs and resources. In this capacity, she works with CDC-funded programs, partners and community based organizations to help strengthen their capacity to deliver effective diabetes prevention and control programs. Prior to working for CDC, Alexis managed the national dissemination of *Body & Soul: A Celebration of Healthy Living and Eating* for the National Cancer Institute and the National 5-a-Day for Better Health campaign. Alexis is a Certified Health Education Specialist who holds a Bachelor of Arts in Sociology and a Masters of Public Health in Behavioral Science and Health Education.

Ms. Williams: Thank you Betsy. Hi everyone. I am going to talk about how we get people to tell their stories, but first let's talk about why we should be encouraging storytelling. This is a quote that I keep up in my office, "*we are being drowned in information while being starved for knowledge and distracted from wisdom.*" I think as a health educator one of the things that I am challenged by is to not spew information and data and people but really try to get at what is going to help you change your behavior. In order to do that I need to understand where you are. When I was working on the Body and Soul Program, it is a program for black churches to

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encourage people to eat more fruits and vegetables. I had a whole presentation and we had done all of these studies and we had all of these papers and I had this PowerPoint and I was going around to these church leaders and the heads of these denominations and I was giving my presentation and talking about the benefits of fruits and vegetables and the risk for cancer for African Americans and blah, blah, blah, blah and then the pastor or the bishop or whoever I was talking to would tell me about what was going on in their church and it was basically like that is really nice but these are the reasons why this isn't going to work because this is what is happening in my community. This is what is happening with my members. And we would talk about how this program could help address some of those needs, some of those issues that were going on and then it started to click for the person. I really needed to understand what was happening in that community, in that Parrish, in that denomination in order to make that information relevant to that person and really focus in on what was actionable, what was meaningful and what was going to make a difference. I think that is wisdom, when you can get to that point where you really focus on the concepts that are meaningful to people and stop dumping information on people that is not really going to help them. I think that stories are one of the ways that we move from drowning people with information and really start to move towards wisdom.

So here is Maria and we might have all of this information about her, her vital statistics, the things that put her at risk for Type II Diabetes, the things that might help her prevent Type II Diabetes. But do we have enough—do we know enough to really help her start to make meaningful changes that are going to help her to reduce her risk? I don't think we do. I don't think we can just read the vital statistics about a person and then tell them what they should be doing and really expect them to start to change their behavior. We need some context for that data. We need to understand what's going on with that person. It is that context that transforms that raw data into knowledge. When we start to think about that and talk about that with that person and really understand and help that person work through what is going on with them, we start to gain some insight. That is when we start to move into wisdom that will really provide that person with some meaningful information that is going to help them take control and really focus on the things that they can do, the things that are important to them and the things that are going to work for them in their lives. We move from just dumping information on people and dumping data on people to really starting to have a dialogue with people about what is going to help them make improvements that will help them reduce their risk.

I think that stories, by providing the context that we need, can facilitate that process of transforming data into wisdom. So listening to stories helps to create meaning from information. It encourages a collaborative spirit. It is not just me as the health educator or the expert or the person who knows everything telling you what you should be doing. But in listening to that person's story you recognize that they are the experts on their life. I can't tell you what is going to work for you because I don't walk around in your shoes every day. I don't know what is going on with you. You are the expert in your life. You tell me what's going on with you and together we can find a way to help you find some things that are really going to work and really

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going to be important to you. It encourages that collaboration and also fosters understanding. You can't understand what is happening to a person, where that person is going unless you understand where they have been, and so getting a person to tell that story and really listening to that story really helps you to understand them. It starts to build relationships because now they start to trust you, they see that you care; they see that you empathize; they see that you understand them and that builds a relationship.

It is especially important when you are trying to build cultural divides—and there are people who just do not feel comfortable talking about their personal issues or their personal lives with someone who they don't know or who may not be a part of their culture but by starting to tell these stories and really trying to understand each other we start to build—bridge those cultural divides and really start to open up lines of communication with each other. I think those stories also expose cultural norms and core values. People tell stories about the things that are important and by talking about those stories and by listening to those stories you start to see where some of those cultural norms are and you also start to learn about to what extent does that person meet those norms. They might tell a story about something that happens in their family and say, “You know what? I really don't like it when that happens,” or “That makes me uncomfortable,” or “I wish it didn't have to be that way,” and so you start to understand what is going on in that person's life and to what extent that norm plays a role for them. You understand what is meaningful to them. It also promotes co-learning and an empowering process. Stories are open to interpretation; it is the beautiful thing about stories, that everyone learns what they need to learn from the story. So it is not me sitting here and telling you okay, the moral of the story is this. This is the message you should take home.

We tell a story, that person tells a story and we talk about it and we each take away what meaning that is important to us at the time that we hear the story and that is really co-learning and that is really empowering because you take away the knowledge that is important to you. You take away the things that are going to help you, not someone telling you what to do, but it is you figuring out for yourself what is going to work for you. stories aid in insight and understanding so we really get the whole picture of what is going on with the person and we start to gain some insight into that person's life and that helps us move from just giving out information to really being wise and being focused on what is going to be important and help that person make meaningful change.

Here is Maria's story. We asked her, “What are your plans for the summer?” “Oh, I'm so excited. I am going to have my two grandkids for the summer; they are eight and ten and we're going to go to the beach and the amusement park and we are going to take a road trip to our family reunion. We have a huge picnic every year; I just hope they don't wear me out.” So based on the information you have about her in this story, what are some topics you might discuss with her? Use the chat box on the side of your screen and make sure you chat with some topics you might talk with Maria now that you have heard this story about her. Energy conservation. Energy level and healthy eating. Don't forget the hats and the sunscreen. What

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activities she might do. What should she pack for the picnic? Conflict, resolving a conflict about foods at the picnic. How can you take care of yourself to be able to spend quality time with those grandchildren? How to be a healthy role model? You might talk about the grandkids. The beach, the amusement park, the road trip. Keeping hydrated, plan ahead, that is really important, bringing and drinking lots of water. Those are all really great topics to now bring up as a result. Picnic provides an opportunity for activity, games to play to move. How will you balance your needs with having fun? Taking rest periods. Eating on the go is a really great one. You hear about the road trip and what can you get when you are on the road. Fun healthy recipes to do with the kids. You have really great suggestions. Do you think that you would have been able to come up with these ideas just based on having that list of her age, her weight, whether she is following her meal plan? Whether she is taking her medications, whether she is smoking or not. I think by hearing her story you are able to put that data that you have about her into context of what is happening with her life and what she is excited about and what is important to her and to what her concerns are and really start to talk about some things that are really going to be impactful on her in the next few months or the next few weeks.

That is the benefit of telling a story. It helps you identify what is going to be relevant to the person. How do we get people to tell their stories? I am going to talk about four strategies. I am going to talk about mostly the first three strategies for getting people to tell their stories. Asking the right questions, active listening and exploring different forms of storytelling. You can also tell a story and we will talk about some of the resources that we have to support storytelling. The first strategy is asking the right questions. To encourage a person to tell the story it is really important to start with open ended questions. These are questions that cannot be answered with a yes or a no. You see the question here, “Are you going to say active when traveling?” Yes. No. Probably they will say yes because if you are the health educator they are not going to say no to you. You don’t have enough information there to really help that person. So you want to ask a question in a way where the person has to give you more information. Some people are natural talkers and will tell you their whole story anyway but most people need to ask an open ended question that they cannot answer with a yes or a no. How might you ask this question more open ended where you couldn’t answer it with a yes or a no? You can use the text box if you have an idea about how you might turn this closed question to an open question. What are you planning on doing to stay more active when you are traveling? How are you planning on staying active? What are your plans to stay active? How are you going to stay active while you are traveling? What are your plans to be active? Those are all really good examples of open ended questions.

Another way that you get people to tell a story is to ask them to draw on some past experiences. How did you keep up with your healthy eating at last year’s picnic? Now we will get a person to tell a story. The thing you want to do when you are drawing on past experiences or asking questions is make sure that you ask the question in a way that lets them talk about the things that they do really well and the things that were challenging for them. What you want to try to do is avoid questions that might be loaded with something like, what problems did you have keeping

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up with your diet at the picnic? Well, that is a really loaded question because you are just assuming that she had problems or that she did everything, you could also ask that question in a way that makes it sound like she did everything great and then she might feel hesitant to tell you about the things that didn't work out so well for her. You want to make sure you are asking friendly, open questions that are neutral that really make it okay for the person to tell you what worked and what went wrong. Another thing is to try to avoid rhetorical questions. These are questions like, "How are you?" Because we have an automatic response for those. Even if you really do want to know how the person is doing it is just one of those questions that gets asked so much in our culture and we automatically answer, "Fine, how are you?" You want to shake that up a bit so people don't fall back into that pattern of just giving you the automatic answer. Instead of saying, "How are you?" I might ask, "Tell me how you are feeling." That shakes that up and that gets that person to really start talking about what's going on with them. You also want to be thrifty with your questions. You don't want to ask question after question after question "And then what happened?" "And then what did he do?" That really puts the brakes on storytelling. You want to focus on the questions that are really going to make a difference with the time that you have. You want to avoid questions with multiple parts. We call those double barreled questions. "So how are you going to keep up with your healthy eating and your physical activity?" Well, that's a lot for a person to answer, that's two questions. Ask one question, try to focus on one question that will get a person talking, and not ask too many questions in a row.

Then when we talk about active listening we will talk about you ask a question and then you communicate your understanding before you start to ask the next question. If you ask too many questions in a row it starts to sound like you're not getting it and people might start to feel like they're being interrogated. So you don't really want to ask too many questions in a row. And don't ask a question if you don't want to know the answer. If you can't really address that issue with that person, don't ask the question. It might come up in the conversation and then you can talk about how that person might find the answer, but I always think about when you go to a store and you are checking and the person checking you out goes, "Did you find everything you need today?" And every now and then I'll say, "No. I didn't find what I was looking for today." And you know what? About half the time that person has no response, because they really don't want to know, and I'm breaking the rules by answering that question because it's just something that they've been trained to ask, they haven't been trained how to respond if you didn't really find what you were looking for. So don't ask the question. People find it offensive and awkward and they don't want to talk to you if you ask questions that you really don't want to know the answer to or you don't really have a response for. When you think about what you're trying to accomplish with a person, focus on the questions that are going to make a difference.

Try to pick a few a questions and let the story develop and then you go from there, you keep the ball rolling from there. The way that you do that is by using active listening. These are some principles of active listening, and the first one is to pay attention. You have to visibly tune in. A lot of times we talk to people and we're on the phone or we might be taking notes or we might be

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slightly turned away from that person, and these are all signals that you are only half listening and the person will only half tell you their story if you're only half listening. You want to visibly tune in. You want to look at the person, lean in. One thing I do a lot, because I'm always cold, is fold my arms. When you fold your arms that can somewhat close you off to people. So I have to try to remember to keep my hands by my side. It's a body language thing, it shows that you're open and that you're listening and that you're paying attention to them. You want to listen to the whole story. Try not to think about your responses during the story. Pay attention to what they're saying. Pay attention to what they're not telling you. Focus on learning. Focus on hearing the whole thing instead of teaching. Don't interrupt the story to give advice. This one is for me. I'm a health educator, and people start talking, and they start talking about how they're going to the beach and I want to get in there with sun protection information or I want to talk to you about smoking or I want to talk to you about this and that. It makes it seem like I was only half listening to you. I was thinking about what I was going to say instead of letting you get your whole story out. You have to train yourself to just listen, let the person tell their story, and reflect on what they're saying before you respond. You have to learn how to be comfortable with silence and not interrupt the person. It's also, I think, important to respond with empathy. You don't want to skip over the joy or the sorrow or the anger that you hear in a person's story.

I think as professionals we are trained a bit to not be emotional, but it's okay to tell somebody that you're happy for them or that you're sorry that something bad happened to them or that you can hear the frustration in their voice and that must be really hard. Empathy shows that you're listening. It's okay to be empathetic. It's okay to express how you feel, how that story made you feel about a person shows that you're listening. You want to communicate your understanding. So a person tells a story and as I said with the previous slide, you don't want to follow up with another question; you want to respond with a statement. So you might say to Maria, "Well, it sounds like you have a lot going on in the summer." "It sounds like you're really worried about keeping up with your grandkids. It's going to be very exciting for you, though." "It sounds like you're going to have a lot of fun." That shows that you were listening, and the person will continue to tell their story. They will add on to that. They will elaborate. They will say, "Oh, it's not quite that, it's this." They will continue to talk. Statements keep the ball rolling. The thing you want to learn about responding with statements is that statements end with a down turn in your voice, "It sounds like you have a lot going on this summer." It's a down turn. It's not, "It sounds like you have a lot going on this summer?" If you end with your voice going up at the end it sounds like you're asking a question. This is something that you practice.

When we were teaching people the—all of these techniques are from something called Motivational Interviewing, and that's one of the things you get trained, in Motivational Interviewing, is to respond with a down turn because it shows that you were listening and it shows that you understand and that you're not asking another question. Another strategy for getting people to tell their story is to use different forms of storytelling. There are some people who are just not going to share a lot about themselves. People are not talkative. People do not like to talk about themselves. People are uncomfortable talking to people they don't know.

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There are ways that you can prompt people to tell a story. And we use some of these tools or different forms of storytelling as prompts to get people to talk more or to share their stories. This example that you see on your screen comes from a photo-voice project that was conducted in rural Kentucky. What they did is they gave people cameras and they told them to take pictures—people with diabetes—take pictures of what helps you to manage your diabetes and what gets in the way of you managing your diabetes. People would bring their pictures in and then they would explain the picture. And in explaining the picture they would tell their story. This was a way of getting people who come from a culture that's not very talkative, rural Kentucky, to talk with strangers, basically, about what was going on, what they found helpful or what was happening in their communities that was important to them.

Other forms of storytelling that you can use is have people make scrapbooks or video journals or written journals or sometimes people like to draw pictures. Those are ways to get people to tell their stories. Cultural artifacts, these are things like recipes or clothes or jewelry. I wear a charm bracelet and if you ask me about the charms I will tell you a story about my son or my grandfather or my husband, based on the charm. If you look at your desk, you probably have objects on your desk that if someone asked you about it, you would tell them a story. You can use these types of artifacts as ways to prompt people to tell their story. Then we have some tools at the National Diabetes Education Program (NDEP) to support storytelling. You heard about the fotonovela, you have the Road to Health Toolkit, which is focused on diabetes prevention, that tells the story of a family who are trying to prevent type 2 diabetes. You can tell these stories and by telling these stories, encourage people to then share their stories. We also have a guide at CDC called “Stories to Reach, Teach, and Heal,” which has different tips for telling stories in diabetes prevention and management education. Then we have the Eagle Books at CDC that are another form of telling stories that then will encourage other people to tell their story.

Really quickly, because we want to get to your questions, just some challenges with storytelling, the most often one is people not talking. Really, it's important to make sure you're asking open questions, that helps people to tell you more, and you tell a story. Some people are just not going to tell you a whole lot, and you can use some of those prompts that I just mentioned to help people tell some of their story. You might also be worried that people will talk too much and you want to focus the conversation in that case, “Tell more about what goes on at the picnic.” And that focuses—if that's where you think the conversation needs to go, then that focuses on that particular topic. You might also have some time limitations. Again, focus on what's important. Hone in, bring in the conversation on one thing, bring it around to one thing so you can do what you need to do in the time that you have allowed. You might not be comfortable with this communication style, with listening people, with not responding, with responding with empathy or with statements, these are all skills that can be learned. As I said, they all come from Motivational Interviewing. There are videos, there is lots of training available on Motivational Interviewing if you just Google it or use a search engine you will find some information about Motivational Interviewing, and just practice. Practice with you friends. Practice with your kids. Practice with your significant other. Get them to tell some stories. Use some of these techniques

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to get them to tell their stories and just practice listening and responding in these ways. So that is the end of my presentation. I'm going to turn it over to Betsy to see if there are any questions or discussion.

Ms. Rodríguez: Thank you, Alexis. Excellent presentation. I learned a lot, as always when you are doing your presentations. And yes, indeed, we have so many interesting questions here, but I have to say which will be the first one that I would like to pick. Okay. Let me see. Okay, Ana Consuelo

Ms. Matiella: Yes

Ms. Rodríguez: One of the attendees wants to know if the fotonovelas that you presented are available in Spanish.

Ms. Matiella: Yes, most of the work that we do is bilingual and there's very good reason to do that because fotonovelas are not throw-away items, they are pass-along items. And they work inter-generationally, so that although we are producing one for people with pre-diabetes and our target audience is, say, 45 to 55 year old women, you know, say we will do it in English, and then we will also do it in Spanish and so there's the 45 to 55 year old cohort that will read it in English or Spanish, and then there's the older folks, the people who are 65 and older who are immigrants will read it in Spanish, the same thing when we do stuff for teens, we do it in English and we do it in Spanish because in the family, in an intergenerational environment, you have people who have different levels of bilingual capacity. So that's why we always recommend that we do them bilingually.

Ms. Rodríguez: Thank you, and I would like to add that the fotonovela from NDEP *¡Hazlo por ellos, do it for them!* it's bilingual too. In one page you will have the story in English and then the next page will be in Spanish, and then in the middle we have like a working form that's called, *Making the Promise*, *Haciendo la promesa* which is really helping the people to collect behaviors they want to change in order to prevent diabetes. We also have seasoned information to summarize the health messages that have been discussed through the characters in the fotonovela, so it is bilingual, too. So, Alexis, I have a question here for you. How do you cast the characters in the fotonovelas? How do they know they are the—that they would represent the audience?

Ms. Williams: We have to do audience research. You have to understand the community that you're trying to reach. And that is a part of your needs assessment when you're doing your work. So who it is we're trying to reach and what is the message that we're trying to communicate. One of the things that you're looking for is what do they look like? Where do they go? What is it like to be in that community? We used to call them windshield surveys where you would just drive around and take a look at the community to learn about what's

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happening there. You put together a mock up or you take some test pictures of what you think is going to work for that community, and then you go back to them and ask them, “Okay, does this look like somebody that you know?” “Can you relate to this character?” “Does this make sense to you?” It’s really important to do that check back in with the community to make sure that you’ve got it right, that you understood it. You might not be able to do this with a huge number of people, but even if you can just ask a few people or if you can ask people who are experts on that community, like I might not be able to go out—go back to the community and retest my pictures, but I might be able to go to Betsy and she, being an expert on that particular community, can tell me, “Oh well, you got this right,” or “These people look too young, they need to look more middle-aged.” So it’s that kind of advice. If you don’t have the resources to go back to the community again, you can always go to an expert, someone who really understands that community and can give you some advice about whether you got the characters right.

Ms. Rodríguez: Thank you, Alexis. And Ana, these are two questions for you: Number one is what other countries are famous for fotonovelas besides the ones that you presented in your presentation?

Ms. Matiella: In terms of pop-culture fotonovelas or health education fotonovelas, that would be a follow-up question to the person who asked that. But let me just say that in terms of pop-culture, they were very popular—in Mexico they were, there used to be millions in Mexico. I think the statistic, and I can give you the reference to that, is that in 1979, okay, this is the statistic from 1979, there were 70 million copies of fotonovelas being produced in Mexico alone, per month. And so in Mexico there was a fotonovela boom, and it was all about pop-culture, love stories, cowboy stories, crime stories, that kind of thing. They were very popular in Argentina. They were very popular in Argentina and in Mexico and I understand in Puerto Rico as well. Those are the pop-culture fotonovelas. In terms of education fotonovelas, honestly, I think the United States has probably produced more health education fotonovelas than other countries. Maybe Mexico, I have seen some health education fotonovelas from Mexico, but they have become very, very popular here in the United States in terms of health education pieces. I hope that answers the question.

Ms. Rodríguez: Ana, there is another question for you. How long does it take to make a fotonovela from the idea to the final production? Oh my God!

Ms. Matiella: It depends on who you do it for. [Laughter] Here’s the deal, there are various ways of doing these things. And there is a great little white paper on my website, there is a white paper called, “What is a fotonovela?” And in that white paper we list the different steps that you take in order to develop and produce a fotonovela. So go on our website, www.fotonovelacompany.com and look for the white paper. It’s called, “What is a fotonovela?” You can also just Google “What is a fotonovela?” and it will come up. That will give you an idea of all of the steps that have to be taken. Because I’m the social marketer, by training, social

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marketing is my background, I prefer to always start a fotonovela project with conducting focus group interviews and formative research. So that's the very, very first step where you're doing your formative research, you're doing your needs assessment; you're doing that kind of level of research before you even start writing the story. And through focus group interviews we conduct storytelling focus group interviews where we ask people, "If you were writing a story, who would the main character be?" And we ask questions about the story, similar to Alexis' process that she shared is really trying to mine stories from the target audience, from the primary audience, to see what creative ideas we might get. That's the way we prefer to work, by starting with formative research, but oftentimes the agency that we work for has a really pulse on their audience. They know what they want to do. They know what story they want to tell. They know what message they want to get across. And then we work as collaborators to craft a story that will then be field tested with the audience. Again, because of my social marketing background, we don't like to work in a vacuum. We like to go back to the target audience and say, "Here's a story, what do you think? What do you think of the dialogue?" We get a lot of really great feedback and then we fine tune the story and then we produce the story. So it can take anything from three months to a year. And depending on how many people are involved, it can take longer. Sometimes it has to go through levels of medical review, other kinds of reviews. So it depends on the agency and the need and what you're trying to do. Just to give you a ballpark, it can be three months to a year.

Ms. Rodríguez: Going back to the question of how long it takes to make a fotonovela, it would depend on with whom you are doing this. When I was working with Ana, I think it would have been more time, because I was working within a federal organization. That means that I need to go through a lot of clearance processes. We have to do cross clearance with other divisions within my organization, in this case the CDC. So I have to do cross clearance with the Division of Nutrition and Physical Activity group because we want to ensure that all the information we are having in the fotonovela is accurate and it is based on the organization's policy and messages. So it all depends, as Ana Consuelo said, it can take from three months to a year. Let's move to the next set of questions that we have here. During this time of technology how can we get people to tell their story when they're meeting real life and only focusing on recording things and less on pictures. Alexis, do you want to answer this one?

Ms. Williams: It partially depends on the audience. If you're working with young people and they like recording things, then ask them to record something. There are actually a number of projects where young people—and it's a part of photo voice, you can search photo voice on the internet and find different examples of it where they give kids cameras—one project where they gave kids cameras and said, "Film your parent being active," or take pictures of what helps you be active or gets in the way of you being active. And then having the kids come in and show the films that they made or the pictures that they made, they tell a story. The use of visual aids is common in storytelling and it really does help support storytelling. I wouldn't try to fight against people who have their noses buried in their phones, but use that. There's lots of apps that help you journal or you can take a picture right on your phone and it goes right into your journal

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for that day of what you did and you can write a little note along with it. So if you're working with people and you want to talk about what helps you and what gets in the way, what's important, you can have them use these apps to record what's happening and they can bring them in to show you and to talk about it. And that starts to open up a dialog with people.

Ms. Rodríguez: Great. I have now a question for you, Ana. Is the stories are based in real stories, are they still focus group tested?

Ms. Matiella: Yes. I think we should always field test everything. That's just my orientation and my training. When you talk about real stories, that is really interesting. In formative research, we go out and say, "Okay, we're trying to education someone about diabetes, what stories have you heard?" And that kind of thing. They repeatedly ask for real stories by real people. And that is something that I think can be expanded on when we're doing our work in the field. If you can say this story is based on something that really happened and that kind of thing, that lends extra credibility and you would be surprised how well-aligned people are with real stories, because they're so genuine and authentic. And so we often just get support and acknowledgement and validation for the story and often don't have to change it so much, especially when it's based on something that really happened. I hope that answers your question.

Ms. Rodríguez: Thank you, Ana. Now Alexis, it's your turn. There is a question here, what if the audience is really illiterate, would they be able to read and understand a fotonovela?

Ms. Williams: I think so. I think that, for me, one of the beauties of fotonovelas is that they can be very low-literacy pieces where you can understand what's going on through the pictures of what the people are doing. If you are working with a health educator or a community health worker or whoever is walking you through the story, they can tell the story. They don't have to—the person doesn't necessarily have to read the story. The person working with them can tell them the story and can engage with the person while they tell the story. They can talk to them about, "Does this make sense to you?" "How does this work in your family?" Something like that. I also think video is becoming really less expensive and easier to access, so you might start to see more use of video, and the fact that you can put it on your phone or your mobile device that you can fit on your lap and you can sit with a person and watch a video and they don't have to read anything and tell a story in that way. You can make really short, good quality videos that a person can sit in an office and watch. I think we might see more of that used, too, and I think that will help address literacy issues as well.

Ms. Rodríguez: Thank you, Alexis. Ana, now is your turn, there are two questions here for you. If there is a standard number of pages for a fotonovela and if there's a difference if you make it in English or in Spanish?

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Ms. Matiella: I think the question has to do with are you doing a traditional fotonovela, like the traditional pop-culture fotonovelas, which are usually about 12 pages long. Or if you're doing an abbreviated fotonovela, what we are now calling fotonotas. We are doing some for the DPP right now that are two pages in Spanish and two pages in English, a very, very brief story. It just depends on what you're trying to do. If you're trying to produce a traditional fotonovela with the conflict—a traditional three part story structure which is the conflict, the crisis, and the resolution, I think you need more time and more pages, because you want to take the story all the way through. But sometimes you can tell mini stories in one or two pages that still get the distinct message across. It really depends on what you're trying to do. Say you have different topics, then I would recommend smaller pieces on different topics. There are various ways that you can go. The important thing is that the story has to have interesting characters and that the character go through some kind of transformation, that the character isn't better off at the beginning than at the end. That's a very traditional storytelling method. You start off with some conflict and then at the end, because you did what was recommended, you come out a healthier person or better or somehow transformed. If you notice when you read fiction, that's good fiction, too. The story character has to go through a transformation. I think that's what the bottom line is, whether you take two pages or twelve to tell the story. The other thing, too, is that Spanish runs longer than English, but I wouldn't say that because you're doing a 12-page in English you need to do a 14-page in Spanish. You just have to watch economy of words and that kind of thing. Spanish does run longer, but I don't think you would have to increase pages.

Ms. Rodríguez: Great. The next question that they have for you, Ana, these are going to be the last two questions that we are taking today. Professionally speaking, who uses fotonovellas the most? Ana?

Ms. Matiella: Professionally speaking who uses fotonovelas the most? Gee, I don't know how to answer that question. Do you mean agencies? Health agencies, most of the work that I've done in the last 20 years—30 years now, has been for health organizations, and a lot of that funding comes through the Center for Disease Control. I have done dozens of fotonovelas on diabetes and most of that work, most of those funds have come from the Center for Disease Control. So I think that health agencies, health organizations are the ones that do most of the professional fotonovelas. The fiction fotonovelas, of course, are different. There are some fiction fotonovelas being developed now, and produced, by independent producers and that kind of thing. Right now where fotonovelas are most popular is in health education fotonovelas produced by health organizations, and not necessarily by publishers of health education materials. I hope that answers the question.

Ms. Rodríguez: The last question we have is how do you make sure that fotonovelas won't become outdated? Is there a periodic evaluation process where you ask does this still work? Does this still makes sense? Does this still feel outdated?

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Ms. Matiella: The main area of concern there is to make sure that the information that you are communicating is still accurate. The onus of that is on the agency that is developing the fotonovela. So if you are a diabetes organization developing fotonovelas, you have to make sure that the information is accurate. I will give you an example. We produced a digital health fotonovela because we are going into digital health fotonovelas now, our company is, and we produced a prototype, just a prototype, and we field tested it in Los Angeles with 100 young Latinas, but by the time we got done with research, the HPV information that we were testing was outdated because the protocols had changed. So then if somebody was going to take that fotonovela and put it online and, you know, use it, we, as the producers would make sure that the medical information was accurate. That's the most important thing. So that you need medical review folks to do that, and also, in terms of field testing, again, with the primary audience. But you know, storytelling is so universal that some of those stories really hold up. I mean, they really, really hold up over time. But it's the medical information that I would worry about that might be outdated, that's what you have to watch for.

Ms. Rodríguez: I want to say thank you everybody for being here today. Then I would like to share with all of you our contact information. It is on the screen right now. Thank you everybody for attending our webinar today. Please stay connected to fill out the short survey.

[End of webinar.]