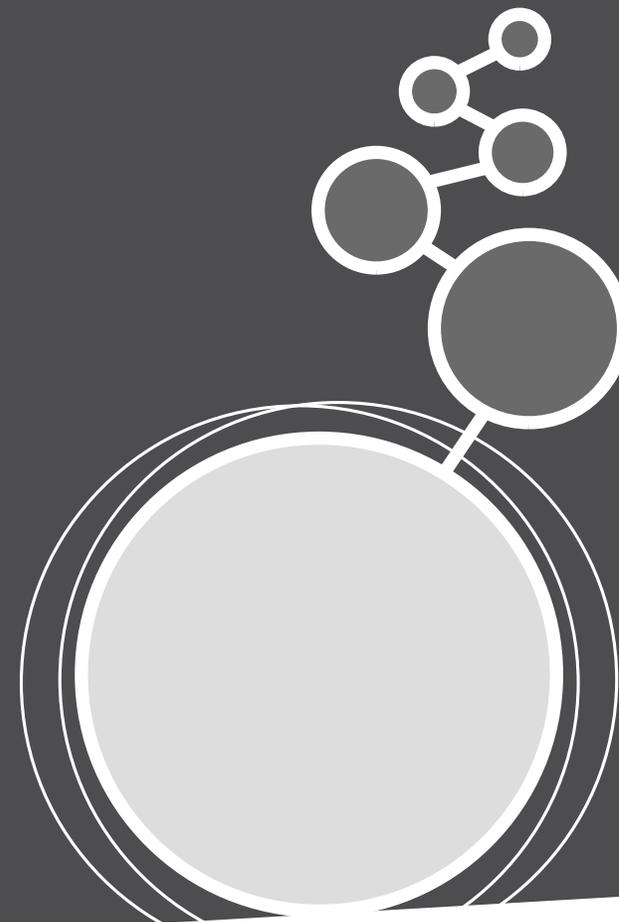


Storytelling





What is storytelling?

Storytelling is an ancient communication technique - humans have always communicated through stories. A story is generally what we would refer to as 'anecdotal evidence', used to describe or illustrate a point.

By using stories, we *show* rather than *tell* the audience our message.

Stories:

- have a cohesive narrative
- humanise data
- connect the audience to the research

For the purposes of this Guide, we define storytelling as: 'Communicating ideas or information in the form of oral, written, or visual narratives in order to engage an audience'



Why use storytelling for communicating prevention research?

We know that most of the data generated by prevention research is not being translated into practice.

Storytelling gives us a tool to evoke an emotional response. By engaging our audiences, they are more likely to remember and access our research.

Storytelling does not replace traditional forms of science communication, nor does it dumb down the science. It is simply a different way of delivering information that generates interest in our work and a desire for change.



The benefits of storytelling

Stories increase engagement

They are inspirational, creating an emotive response that can inspire action or behaviour, and change minds.

Storytelling helps to make a message or concept 'stick' in people's minds. They can be used to show why change is needed and create urgency for action.

Stories help us to be heard

Stories bring data alive, helping us to be noticed. They can hold the audience's attention.

Stories create empathy and engender an emotional reaction in the audience. By making our message relatable, we can show how our message and values have relevance for the audience.

Stories help us demonstrate the value of our work

Stories put our work in context so we can demonstrate impact in the real world.

We can use stories to demonstrate the small wins in changing a complex system – the incremental, unexpected or unintended benefits of prevention that affect the wider community.

"The essential difference between emotion and reason is that emotion leads to action while reason leads to conclusions." – Donald Calne, neurologist.



Stories bring messages to life

Compare:

Professor Kelly has previously worked in research, health systems development, post-graduate teaching and as a health service executive including five years in the role of Director of the Masters of Applied Epidemiology Program at the National Centre for Epidemiology & Population Health at ANU, and nine years in the Northern Territory working as a Principle Research Fellow with the Menzies School of Health Research, as well as with the Centre for Disease Control in the NT Department of Health. Prof. Kelly's work has taken him to five countries on four continents including Malawi, Indonesia, East Timor, and the UK. (Excerpt from Professor Kelly's [ANU profile page](#)).

With:

"So Malawi is in Central Africa. Population at the time I was there of around 10 million. One of the poorest countries in the world, and I was running a 200-bed hospital with usually one, sometimes two other doctors ... Lots of challenges. And in a very poor country, limited resources to deal with them. And it was during that time whilst I was working as a clinician doing operations and delivering babies and giving anaesthetics and whatever else needed to be done where I really kept seeing the same things every day, and the same people coming back with the same things every day. And I realised that prevention was absolutely crucial here, and we needed to do more of that." (Excerpt from Professor Kelly's [Prevention Works podcast interview](#)).



Compare:

This was the first study in Australia to examine inequities in diet from a systems perspective – that is, how the entire system influences what people eat.

With:

If Sharon Friel needs proof that social and environmental factors determine a large part of what people eat, she only has to look at her own childhood in the east end of Glasgow.

“I didn’t see a fresh vegetable until I went to university because the local shops didn’t sell them,” she says. “My norm was eating highly processed foods because that’s what I saw every day for 20 years.”



Storytelling works as a tool for prevention messaging

VicHealth's research has shown that allowing people affected by an issue to tell their own stories is more engaging and effective than telling their stories for them.

For example, first person stories on lived experience of a risk factor resonate more than third person accounts calling for increased regulation.

The research shows that using real examples and real people brings the message to life and helps to create persuasive and emotionally compelling communications.



The use of storytelling by industry

Another persuasive argument for using storytelling is that industry is using it to very good effect.

Use of storytelling by companies to describe their products is currently the top marketing trend, according to [Innova Market Insights](#).

See the following examples:

- [British American Tobacco](#) are promoting their sustainability approach through stories (watch the video)
- [McDonalds](#) tells a story around their new crispy chicken sandwich
- [Guzman y Gomez](#) promote themselves through stories of their producers; or by telling a [story](#) about changing the perception of fast food
- [KFC](#) have even made a mini-film!

How to find your story



The story:

- must be true – a real person, not an abstract concept
- must be relatable
- must be relevant to your message

Define the audience and purpose

Who is your audience, and what do you want them to think, feel or do?

People respond to stories they can relate to. Think of a story that resonates with this audience.

Define the messages

What are your key messages? List just 1 or 2 points or insights.

Can you think of an example that illustrates these points?

Define the character/s

Make the central character relatable. Give a little background information so the audience feels empathy with this person.

The character can be you. What motivated you? What was the lightbulb moment when you saw a solution, or realised your work was worthwhile? – see [Prescribe a run in the park for better health](#)



Example

A public health researcher was trying to describe the impact of her work on providing healthy school lunches in Tasmania. She had data on how many schools and children had benefitted, but progress was slow and the data did not reflect the amount of work she and her colleagues had put into the program.

The story she chose was about a little boy who often ran away from school at lunchtime. When healthy school lunches were implemented, he started to stay at school all day, and was able to concentrate throughout the afternoon. His grades improved and the teacher noticed benefits in terms of class behaviour in general.

The turnaround for this one little boy encapsulated the small wins that had been made by the project, and make the audience see that the work is worthwhile.

Note: There were concerns that this story would unnecessarily stigmatise the community in question. But positive framing can turn it around into an inspirational story of success.



How to tell your story

A story should have a beginning, a middle and an end.

Sometimes stories are based on Hollywood plots with 3 acts, or a 12-stage hero's journey. But there are only three basic elements to every story:

1. **Beginning:** The setting; something that grabs the audience's attention and compels them to keep reading.
2. **Middle:** Something disrupts the status quo – an unusual or unexpected event that creates change.
3. **End:** The world has changed and the situation is now better than it was in the beginning.



How to frame your story

According to VicHealth's research, public health messaging is more effective when it is positive and vision-focused rather than negative and problem-focused.

They recommend that stories are both aspirational and common sense.

- 1. Vision:** something that is irrefutably good; e.g. that every child has the best health possible.
- 2. Barrier:** undermines our efforts to achieve the vision; e.g. The unhealthy food industry targets kids on mobile apps and social media then pays supermarkets to place their products in just the right location for kids to pester their parents about.
- 3. Action:** something that would remove the barrier and create a better future; e.g. Governments should help to promote children's health by controlling the messaging they receive online and in supermarkets.



Example

Stories can be written, audio, video or data visualisation. Here are some great examples.

- Weight Issues Network: [The Personal Costs of Weight Issues in Australia](#) (report)
- [Healthy Tasmania community stories](#) (web stories)
- [Children's Medical Research Institute](#) (web stories)
- VicHealth's [What's your story?](#) campaign (video)
- [Made to Measure: Art, science and the obesity epidemic](#) (podcast and play)
- Dr Bronwyn King's [TEDx talk](#) on tobacco-free investment portfolios (video)
- The Warren Centre's [Facing Gender Discrimination](#) (video)



More information

Register to find out more about VicHealth's values-based messaging:
www.vichealth.vic.gov.au/valuesbasedmessaging

Visit [Australian National Centre for the Public Awareness of Science](#)

Visit [Alan Alda Center for Communicating Science](#), Stony Brook University (and listen to their webinar series [here](#))

Read Alan Alder's book: [*If I understood you, would I have this look on my face?*](#)

[The science behind storytelling](#) (webinar from NPR)

Listen to [Professor Penny Hawe's podcast](#) on finding creative ways to communicate prevention