

INTRODUCTION

THE STORY OF THE STORY PROJECT

The story concept for Volume II of Healthy Alaskans 2010 developed in an evolutionary way from early discussions between the Department of Health and Social Services and the Healthy Alaskans Partnership Council. We were asked to devise a strategic plan that addressed the whole state and not just the activities of our department.

In the spring of 2001 the Healthy Alaskans Partnership Council agreed to be our advisory body for this project. In an exercise that envisioned the talking circle principle that organizes this volume we went around the room a couple of times to get the guidance, ideas and perspectives of each Council member. Through this exercise we formulated the *10 Core Principles* that have guided this project.

We built *Volume I: Targets and Strategies for Improved Health* around the monitoring of indicators for the decade, following the approach of the federal Healthy People 2010 plan for the nation. For the second volume, the strategic plan, we began talking about communities or neighborhoods that for reasons of ethnic or geographic isolation were usually marginalized in planning processes. The communities were often left out of statewide examinations of issues or their issues were not acknowledged.

It was really the looks on the Council members' faces more than what they said out loud that directed this project. Seeing them yawning and their eyes glazing over when you started talking about a strategic plan in the usual planning jargon led me out of desperation to start using anecdotes.

I told the Council about a recent experience—we had given a workshop in Sitka to Community Wellness Associates from around the State. At the end of the workshop we asked them if there were any other issues or questions on their minds. An Associate from one of the smallest communities asked for some training in how to do peer counseling better in her community. She said in a quiet voice that they had been trying it and it seemed to be “too burdensome, too much for our kids. They all know each other very well; we’re related. My son was very upset when he was asked to do peer counseling with one of his classmates. It really upset him to hear about abuse and drug problems. He did not know how to handle it.”

We said we didn’t know what was right for them, but suggested that peer counseling may not be the appropriate model for her small community. We urged her to talk with the other Community Wellness Associates to see what their experiences were. It seemed that more damage might occur in her community with this particular model even if it is considered a “best practice.” Trying to use it might make good people feel like failures. We suggested consideration of adult mentoring or healing circle approaches. As we were to learn clearly from stories we would collect for this volume, well-intentioned, imported “best practices” may not fit. Local control in selecting or designing a strategy is essential.

The Council felt that this was exactly what we needed in the plan: real examples, diverse approaches and the use of stories to convey the complexity and richness of detail. They asked us to limit the “didactic” material to commentary or links to other material, and relegate the summary of existing plans to a third volume.

Since then we have had only positive responses as we have moved toward story telling. And then we started to uncover stories! We believe this effort puts the “equal sign” between strategic planning and stories directly, in a way we have not seen elsewhere. I think this is a positive contribution.

-Alice Rarig, Chief
Data and Evaluation Unit

PUTTING THE PLAN TOGETHER

The task outlined by the Department and the Council was clear enough. Through stories, the strategic plan should address the importance, richness and complexity of the historical, cultural and geographical diversity of Alaska and its health challenges. The health problems and their solutions should reflect the variety in size and structure of Alaskan communities.

The plan should recognize and honor the role and good work of the people at the program and community level who often appear only as abstractions in statewide strategic plans, yet who grapple with the difficult problems on a daily basis. The stories should be written in a clear, interesting and friendly manner. They should be accessible to people in smaller communities of diverse cultural and language backgrounds. Finally, the plan also needed to address all the issues in the twenty-six chapters of Volume I. But it should not be organized in the same format as Volume I—although it should be cross-referenced in such a way that it was easy to find the connections. And, by the way, it should be short.

The practical solution to this challenge came when I attended a talking circle of elders and youth at the Alaska Conference on the Environment in January, 2002. The elders were from all over the state: Yup'ik, Inupiaq, Athabascan, Aleut as well as Non Natives who had made life long commitments and contributions to Alaska. The youth in the circle included Athabascan kids from Chickaloon and Caucasian kids from Anchorage. The subject of the circle was the environment. The purpose was to teach, to encourage understanding, critical thought and problem solving. The first day was spent listening to elders telling stories about the environment. The youth were then asked to create their own stories about the environment for presentation the following day.

It quickly became clear that the talking circle was the format that we sought for the strategic health planning volume of Healthy Alaskans 2010. Stories are a traditional teaching tool of the circle. The circle's rules encouraged participants to be good listeners and honest speakers, to learn, to teach, to appreciate complexity, context, sadness, humor, insight and the validity of diverse points of view. The format and procedures of the circle are respectful and egalitarian. The circle may have many or few participants and could adjust to any size.

The talking circle concept highlighted the importance of the *voice* of the storyteller. So retaining the voice of the community and of the individuals who owned the problems, experience and the solutions was essential. In some cases we were fortunate to have members of the community itself tell the whole story. In other cases we were tasked with providing the “story shell” and illuminating it with the words and insights of the participants. In many cases, numerous rounds of participant reviews followed taped interviews. The most rewarding part of the story project has been learning how to get out of the way and let the story and the storytellers enrich our understanding.

When all is said and done, the plan that you have in your hands is not a talking circle, no matter how much we wish it were. Our goal during this project has been to promote a talking circle among communities and neighborhoods to enable Alaskans to share their experiences making our communities healthier and happy places. This plan comes closer to a real talking circle when you read, consider, share, expand, and retell these stories and add new ones.

-Nick Coti, Planner
Data and Evaluation Unit

TIPS FOR USING VOLUME II

Creating Healthy Communities: An Alaskan Talking Circle emphasizes the importance of Alaskans sharing insights and experience as we work toward making healthier, happier, and safer lives for ourselves as individuals, communities and a state. Designed to help the strategic efforts in communities and neighborhoods, this volume should be useful to a wide range of Alaskans: elders and legislators, policy makers and health care practitioners, administrators and students, grant writers and community activists, to mention a few.

There are fourteen chapters in this volume. As you move through the chapters, the story settings tend to change from Alaska's smaller, more traditional, rural communities to our larger towns and urban areas. However, there are many commonalities among all the stories as discussed in the *Afterword* at the end of this volume.

Each chapter begins with a story. Stories are the oldest method that human beings use to share important experiences and valued insights. We all cherish stories handed down to us from past generations. We first learn about our world and how it works through the stories told to us in childhood. The most valued insights are often those told through stories our elders infuse with a lifetime of experience.

As Alaskans, we are especially favored to have the rich and dynamic oral traditions of our indigenous communities and of the other cultural groups who have come here to make their homes. It is these traditions that we hope to embrace.

Some stories in this volume describe how communities have tackled various health care issues. In other stories, individuals or groups talk about their experiences and lessons learned through a single project or a long career. There are no set formulas. There are no prescriptions for "strategies that will work in your community." There are, however, many examples of strategies that have worked, as well as examples of barriers and challenges that have to be faced.

The second section of each chapter contains a short discussion called *What Numbers Can Tell Us*. This section was included with the grant writers and program managers in mind, especially those from smaller communities. This section deals with story related data issues. It suggests ways data issues might be handled in a grant application or program report.

A third section, *Things to Consider*, offers some ideas, questions or issues that a reader might want to consider when thinking about how the story might relate to another situation or context. Some suggestions are very concrete, while others are abstract. Some are offered by the local community, others are pulled from storehouse general planning knowledge and principles. Users may find this section helpful in organizing a group discussion or brainstorm session.

The final section, *To Find Out More*, contains a relatively short list of contacts, organizations, plans, web sites or other resources that should be helpful to someone wanting to explore further the issues and problems presented in the narrative. This section also lists the most relevant Volume I chapters for the particular story. For grant writers and program planners seeking a comprehensive public health resource, *Volume III References and Resources: Plan Summaries, Acronyms and Other Public Health Materials* describes a wide variety of existing state health planning documents and other available materials.

We hope that this volume will encourage the sharing of experiences among Alaskan communities in the ongoing quest to build and maintain healthy communities and lifestyles in diverse Alaskan settings.

