

# Telling Your Program's Story: Conducting and Using Success Stories for Program Promotion and Evaluation

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**You will rate each presentation (3) from the viewpoint of your assigned group. The rating form follows this group assignment sheet.**

### **GROUP #1**

You are a group of legislators in Georgia. Your current proposed budget is already over budget and you only have 3 days left in session. To add anything to the budget at this point would require the session going into over-time. This action does not sit well with the voters since it cost tax-payers. If the cause is worthy enough, your voters would hope that you put in the extra hours to provide for Georgia tax-payers.

### **GROUP #2**

You are a group of hospital administrators. The entire Georgia hospital system is already operating in the RED. But your mission is to provide health care for the citizens of Georgia. It is not acceptable in the stakeholder's eye for Georgia hospitals to be operating at below the national average on health care issues. But the hospital can't continue to operate in the RED and must prioritize.

### **GROUP #3**

You are a child advocacy group. Your number one mission is to ensure the health and well-being of children in Georgia. However, you must prioritize your issues as it is impossible to address everything at one time. Right now, your number one issue is child-abuse.

### **GROUP #4**

You represent the media. You have your usual deadlines (2-minutes ago) as well as your need to "sell newspapers" (airtime etc). You know that a story with an emotional hook will "sell". You cannot afford to spend your time chasing stories that the public is not going to read.

# STORY PRESENTATION RATING FORM

On a scale of 1-5 with 5 = "strongly agree" and 1 = "strongly disagree", rate the presentations

1= "strongly disagree"      2= "disagree"      3= "neutral"

4= "agree"      5= "strongly agree"

## **PRESENTATION #1**

1. The story captured my attention? \_\_\_\_\_
2. The story had an emotional hook? \_\_\_\_\_
3. The story had a single, clear message? \_\_\_\_\_
4. I understood what the presenter wanted me to do? \_\_\_\_\_

TOTAL SCORE = \_\_\_\_\_

## **PRESENTATION #2**

1. The story captured my attention? \_\_\_\_\_
2. The story had an emotional hook? \_\_\_\_\_
3. The story had a single, clear message? \_\_\_\_\_
4. I understood what the presenter wanted me to do? \_\_\_\_\_

TOTAL SCORE = \_\_\_\_\_

## **PRESENTATION #3**

1. The story captured my attention? \_\_\_\_\_
2. The story had an emotional hook? \_\_\_\_\_
3. The story had a single, clear message? \_\_\_\_\_
4. I understood what the presenter wanted me to do? \_\_\_\_\_

TOTAL SCORE = \_\_\_\_\_



# Now Joining the Fight to Curb Global Warming: Diesel-Powered Advertising?

Diesel, purveyor of cool clothing, is doing its part to promote awareness of global warming. Sort of. The company has produced a series of print ads that show beautiful people sporting Diesel duds in

a climate-changed world. In addition to Mount Rushmore, the dramatically altered backdrops include New York City, Rio de Janeiro, Venice, and the Great Wall of China. (Visit [www.diesel.com](http://www.diesel.com) to see the complete set.)

The website links visitors to [stopglobalwarming.org](http://stopglobalwarming.org) to learn and do more, so it appears Diesel's intentions are serious. But does a hot-fashions-for-a-hotter-planet approach enhance awareness and promote activism, or is Diesel trivializing the single largest problem facing the planet? I conducted a focus group of one with my seventeen-year-old son, Daniel, showing him the Rushmore ad and asking, "What do you think?" His reply: "I don't buy Diesel. You should ask a girl."

Research completed. ■



# Telling Tales to the Data-Driven

**A doctor's story about an unforgettable Christmas Eve shows how storytelling can make the case when numbers alone don't.**

**O**f all the places I've talked about storytelling, RAND Corporation's Santa Monica headquarters may be the most intimidating. Before visitors can enter the main offices, they must pass by a glass wall on which these words are printed: "The RAND Corporation is a nonprofit institution that helps improve policy and decision-making through research and analysis." Or to my eyes, "Storytellers go home."

When I finished my plea for more storytelling — to polite applause and the feeling there were still some skeptics in the room — a health officer from Georgia asked if he could share a story of his own. Speaking softly but with deep feeling, Dr. Patrick O'Neal made a better case in five minutes for the persuasive power of stories than I had in the previous sixty. The following is his story.

Last month, I was invited to RAND to address 35 public health officials from all across the U.S. These officials oversee departments that would have to communicate quickly and clearly with millions of Americans should a flu pandemic occur. I was there to tell them that in a crisis of such scope, data alone is probably *not* the best way to capture attention, calm nerves, and bring out the best in human nature.



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Newsletter edited by Lori Matsumoto.



**a goodman**  
GOOD IDEAS FOR GOOD CAUSES

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► About thirty years ago, Dr. Patrick O'Neal was a staff emergency physician for DeKalb General Hospital in Decatur, Georgia. On one Christmas Eve, usually a quiet night at the hospital, a call came across the radio saying an ambulance was inbound carrying a child who had just been severely injured. When the ambulance arrived and its door opened, Dr. O'Neal could see a paramedic administering CPR to a two-year-old boy.

As the child was moved to an x-ray table, the paramedic explained what had happened. Earlier that evening, the boy's mother discovered she had forgotten to buy a Christmas present on her list, so she asked her husband to drive to a nearby store before it closed. It was a warm evening, not unusual for Decatur in December, and their son was playing outside. Hastily backing his car out of the driveway, the father ran over the boy. Dr. O'Neal could see tire marks on the left side of his abdomen.

The child was in cardiac arrest when he arrived, Dr. O'Neal recalls, and despite resuscitation efforts there was no detectable blood pressure. A hematoma across his temples suggested a head injury, but Dr. O'Neal couldn't tell if the boy was unconscious from this injury or from shock. The location of the tire tracks suggested a ruptured spleen, and the boy's belly was bulging.

"It's easier to call a code (i.e., cease life-saving efforts) when you're dealing with an elderly person," Dr. O'Neal says. "On a two-year-old, it's much harder." The doctor and his team continued attempts at resuscitation for ninety

minutes despite no signs of life on the monitors in the emergency room. A flicker of blood pressure briefly rekindled their hope, and the team pressed on until three hours had elapsed, but close to 11:00 pm they conceded the effort was futile.



Dr. O'Neal pronounced the child dead, gathered his strength, and went to inform the parents. "It was particularly difficult telling the boy's mother," he says, and even now, thirty years later, Dr. O'Neal has to gather himself again just to finish the story. "She started pounding on my chest, saying, 'No, doctor! You're wrong! He can't be dead! Not on Christmas Eve!'"

Dr. O'Neal's voice cracks as he recounts the mother's words.

"If I'd had a pediatric surgeon on hand," Dr. O'Neal continues, "it's conceivable the child's life could have been saved." That thought lodged in his brain and would not let him alone. Over the ensuing years, Dr. O'Neal made it his mission to equip hospitals all across Georgia with the physical and human resources necessary to provide better emergency care – a "trauma system," in the parlance of public health.

The numbers, Dr. O'Neal felt certain, were already on his side, and he cites one statistic from 2004 as an example. In the United States that year, the trauma death rate (i.e., deaths from massive injuries) was 56 per 100,000 people. In Georgia, however, the rate was 64 per 100,000. Well-equipped trauma centers in more hospitals, Dr. O'Neal believed, could help bring Georgia's number down to the national average.

There was one number, however, that was not on his side: the cost. With many hospitals operating in the red and other priorities vying for funding, it was difficult to generate support for the tens of millions of dollars necessary to create a statewide trauma system. Year after year, Dr. O'Neal would make his case to legislators and policymakers, steadily adding to the mounting pile of evidence for improved trauma care. And for nearly twenty years, the answer was always no.

Last August, Dr. O'Neal tried yet again, testifying before a legislative study committee in Atlanta and an audience of about 200 interested onlookers. "This time," he says, "I told them I was going to take a risk and relate a personal encounter that had made me commit to seeking funds for a trauma system." Even though he had plenty of data

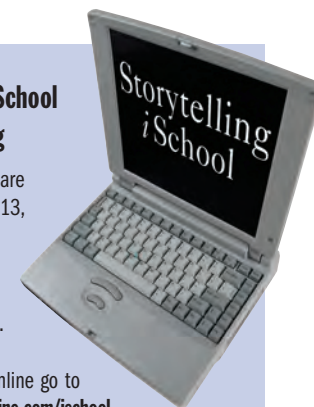
to make his case, he told the committee his reasons for being there were personal. "So I asked them to bear with me," he says, and for the first time in a public forum he told the story about that Christmas Eve in Decatur.

"There was a fair amount of chattering before I began, and even as I started talking," he recalls, "but as I told the story, the room became completely quiet. At the end, you could have heard a pin drop. One of the committee co-chairs left his seat, came around to the podium where I had been speaking and thanked me. He said, 'You don't need to convince us that we need the system. From this point on, our role is to figure out how to fund it.'" This past January, legislation was introduced in the Georgia State Senate to establish the infrastructure for a statewide trauma system, and in February, the House introduced the legislation to pay for it.

Dr. O'Neal has no doubts why the scale finally tipped in his direction. "This demonstrates the impact a story can have when pure data alone fails to make the case," he says. "You need to substantiate your case with data, but you need the story, too." ■

### Storytelling iSchool Set for Spring

The next classes are now set for April 13, 20, 27, and May 4 from 12n-1p Eastern each day. For more details and to register online go to [www.agoodmanonline.com/ischool](http://www.agoodmanonline.com/ischool).



THOUGHTS ABOUT MY STORY:

WHO IS MY AUDIENCE?

AUDIENCE SETTING – FORMAL OR CHANCE MEETING?

WHAT IS THE GOAL/ASK OF THE STORY?

WHAT IS MY EMOTIONAL HOOK?

WHAT IS THE BENEFIT OF MY PROGRAM FROM THE EYES OF MY AUDIENCE?

TITLE

DEFINE THE ISSUE

MEMORABLE FACT

DESCRIBE YOUR PROGRAM/TELL YOUR STORY

IMPACT

THE "ASK"

CONTACT INFORMATION

ELEVATOR STORY IDEA:

HOW OLD IS THIS STORY? CAN I TIE IT TO ANY OTHER "HOT" TOPIC? WHEN DOES THIS STORY EXPIRE?

MEMORABLE FACT:

WHAT INFORMATION WILL I BRING THEM LATER AS FOLLOW-UP?

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for Program Promotion and Evaluation**

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**Rate the Presentation**

On a scale of 1-5, with **5** = “strongly agree” and  
**1**=“strongly disagree”, rate the presentation.

- The story captured my attention: \_\_\_\_\_
- The story had an emotional hook: \_\_\_\_\_
- The story had a single, clear message: \_\_\_\_\_
- I understood what the presenter wanted me to do: \_\_\_\_\_
- **TOTAL SCORE:** \_\_\_\_\_

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**What Cause Would You Join?**



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## Objectives

- To define Success Stories and the rationale for using them
- To describe how the Success Story fits into an overall evaluation plan
- To describe types and formats of Success Stories
- To introduce how to construct your own Success Stories

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[www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth)

**Impact and Value:**  
Telling Your Program's Story



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## Which method is more memorable?



- 89% of Evil Witches hate Princes
- 71% of Princes have been turned to toads
- There are only 43 Princesses in our state
- We need to stop Evil Witches from turning Princes into toads

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**You want your story to be more than tomorrow's "training" paper**

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**What is a Success Story ?**

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- A simple description of a program's
  - ❖ Progress
  - ❖ Achievements
  - ❖ Lessons learned
- A request for action

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**What it is Not**

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- Surveillance report
- Complete evaluation picture
- Completely un-biased

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### Why you would want one

- Visibility and credibility
- Accountability and evaluation
- Advocacy and promotion
- Satisfy information requests and educate decision makers
- Garner more support and resources

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### Ignite Passion for Your Cause



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### A Full Evaluation Toolbox



- Overall picture to the personal level
- Meaning and depth
- Triangulation of data
- Used at any point in program progress

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### **Episodic v. Thematic Tools in Evaluation**

- Snapshot
- Personalized
- Events
- Psychological
- Urgent
- Big Picture
- Surveillance
- Trends
- Political/Environmental
- Long-range

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### **Types of Success Stories**

- We can talk about stories based on the developmental phase of the program:
  - ❖ Upstream
  - ❖ Midstream
  - ❖ Downstream



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### **Multiple Formats**

- Elevator Story
- Paragraph Spotlight
- One-pager
- Two-page
- Full Brief
- Published Article

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## 10 Second Moment of Opportunity

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## Before You Begin

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- Before you get started ask:
  - ❖ Who is your audience?
  - ❖ What is the goal of the story?
  - ❖ Will the story be used for a chance meeting or a formal request for information?
  - ❖ Is the story timely?

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## Who is the Audience?

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- Major business industries in your state
- Civic organizations
- Policymakers
  - ❖ Federal elected officials; Federal management; State elected officials; State appointed officials; State management; Local officials
- Schools or Universities
- Media sources
- Foundations

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**Write for your Reader not Yourself**

- Always show benefit
- Memorable fact/truth
- Emotional hook
- Paint a picture
- Sense of immediacy
- The ASK

*\*\*All from the perspective of your audience*

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**Typical Outline**

- Title with a VERB
- Define the Problem - Issue
- Program Description
- Impact Statement and the ASK
- Contact Information

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**If you want good stories...**

**You must have a system of collecting good information**

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**A Plan for Story Collection**

- Starts with a well-developed plan
  - ❖ A data collection tool or process for collecting both formal and informal stories
  - ❖ Identify staff responsible for collecting, organizing, analyzing and writing the stories
  - ❖ A communication plan for disseminating the stories

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**Identification Methods Examples**

- Site visit/Trip report
- Annual reports and partner publications
- Sharing at annual meetings/coalition meetings/Agenda prompter
- Presentations
- Formal solicitations

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**Some Ways to Elicit Success Stories**

- Three Step Interview
- Data Dialogue
- Graffiti
- Concept Formation
- Cooperative Rank Order

(King & Stevahn, 2003)

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## How to Reach Us

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