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National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

TRANSFORMING NARRATIVES FOR HEALTH EQUITY: A CURATED LIST

Health equity begins with the stories we tell. Narratives are the shared stories and frameworks that shape how we understand social issues, including health equity. They influence how people make sense of the world by assigning cause, responsibility and solutions.[1] In this way, narratives are closely tied to power. They shape public opinion, determine what is seen as normal or inevitable, influence which issues are prioritized, and guide how resources and policies are distributed.[2]

A growing body of public health research has highlighted how health inequities are deeply connected to how power is distributed, maintained and exercised across systems and institutions. In response, the National Collaborating Centre for Determinants of Health (NCCDH) released *Let's Talk: Redistributing power to advance health equity*,[3] which explores power as a key determinant of health and offers strategies for changing power dynamics. Understanding power as a driver of inequities has brought greater attention to narratives as a way in which power operates and can be transformed.

The stories we tell about health are not neutral. Narratives shape whose experiences are recognized and whose are overlooked. Dominant public health narratives have often focused on individual behaviours and choices while failing to consider broader social, economic and structural conditions that shape health.[1] Maintaining these dominant narratives narrows the scope of public health to what is familiar and comfortable, reinforcing stigma, obscuring accountability and limiting the range of actions taken to address inequities.[4]

Core competencies for public health in Canada: Release 2.0 emphasizes communication, advocacy, partnership, leadership and reflective practice, with a strong focus on health equity and social justice.[5] Developing skills to change narratives supports these competencies by strengthening how practitioners communicate about health, engage with communities, and advance equitable policy and practice through reframing that builds understanding and supports action.[4]

Shifting narratives is therefore an essential and evolving strategy to advance health equity. By strengthening narrative power — the ability to shape and sustain stories that reflect equity, justice and collective responsibility — public health can expand what is considered critical work, broaden the scope of action and support more transformative approaches that address the structural determinants of health.[1,4]

This curated list brings together 10 selected readings, tools and frameworks to support public health practitioners, leaders and partners in reflecting on and shifting narratives. The resources include key definitions, approaches and topic-specific examples to make power visible, centre the experiences of communities most affected by inequities and surface the structural conditions that shape health. They also reflect the important role public health can play in supporting action that redistributes power and strengthens community leadership.[4]

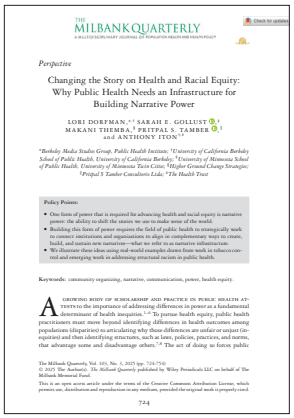
The NCCDH has compiled this list to support learning, reflection and action on narratives and health equity. The resources can be used to inform collaborative partnerships, program planning, communication strategies and policy development. By engaging with these materials, public health practitioners can deepen their understanding of how narratives influence health equity and explore ways to align public health practice with values of fairness, dignity and collective well-being.

Narratives for health equity

Human Impact Partners. [2024].

This short video was produced by Human Impact Partners (now Health in Partnership),[6] a non-profit organization dedicated to transforming public health by centring equity and building collective power to address the root causes of health inequities. The video explores how narratives shape public understanding and policy decisions about health, often reinforcing a limited view of health as an individual's responsibility. These dominant narratives emphasize medical care and behaviour change while overlooking structural factors and basic needs, and they often place blame on communities most affected by inequities.

The video highlights how everyday stories shape beliefs and obscure the role of social determinants of health, policies and systems of oppression. It calls for alternative narratives that centre lived experience, collective identity and community power to advance more equitable public health practice and policy.


THE MILBANK QUARTERLY

Perspective

Changing the Story on Health and Racial Equity: Why Public Health Needs an Infrastructure for Building Narrative Power

LORI DORFMAN, SARAH E. GOLLUST, MAKANI THEMBA, PRITPAL S. TAMBER and ANTHONY ITON

Policy Points:

- One form of power that is required for advancing health and racial equity is narrative power: the ability to shift the stories we use to make sense of the world.
- Building this form of power requires the field of public health to strategically work to connect institutions and organizations to align in complementary ways to create, build, and sustain new narratives—what we refer to as narrative infrastructure.
- We illustrate these ideas using real-world examples drawn from work in tobacco control and emerging work in addressing structural racism in public health.

Keywords: community organizing, narrative, communication, power, health equity.

A GROWING BODY OF SCHOLARSHIP AND PRACTICE IN PUBLIC HEALTH ATTESTS to the importance of addressing differences in power as a fundamental determinant of health inequities.[1–4] To pursue health equity, public health practitioners must move beyond identifying differences in health outcomes among populations (disparities) to articulating why those differences are unfair or unjust (inequities) and then identifying structures, such as laws, policies, practices, and norms, that advantage some and disadvantage others.[5,6] The act of doing so forces public

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Changing the story on health and racial equity: Why public health needs an infrastructure for building narrative power

Dorfman L, Gollust SE, Themba M, Tamber PS, Iton A. [2025].

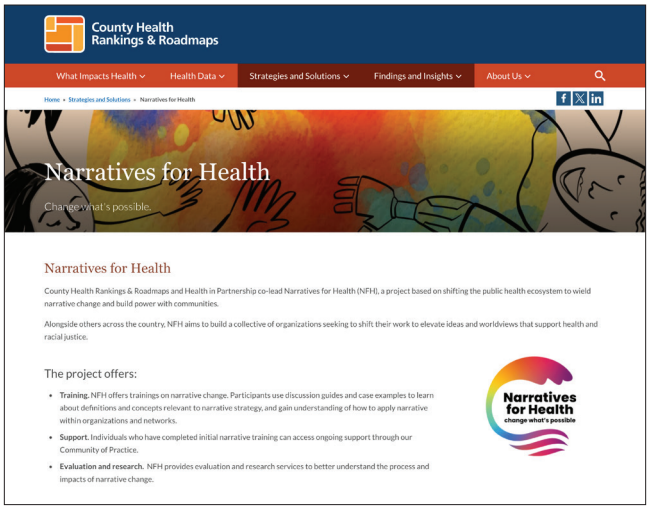
This article[1] examines narrative power as a key determinant of health and racial inequities, arguing that the stories used to explain health outcomes shape public understanding, policy and institutional action. It defines narrative power as the ability to shape the foundational stories people use to make sense of the world, and introduces *narrative infrastructure* as the systems and networks that produce and sustain these stories across society.

Building on theories of power, including Lukes' "three faces of power" and Gramsci's concept of cultural hegemony, the article shows how widely shared narratives are produced and reinforced through institutions such as media, schools, government, faith organizations and cultural systems. These dominant narratives — such as individual responsibility or deservingness — influence how health is understood and constrain ideas for solutions to unhealthy conditions.

In addition to defining key concepts, the article provides examples and a practical framework for building cross-sector alignment, strengthening equity-focused communication, and integrating narrative strategies into policy and practice to support long-term systems change.

Narratives for Health

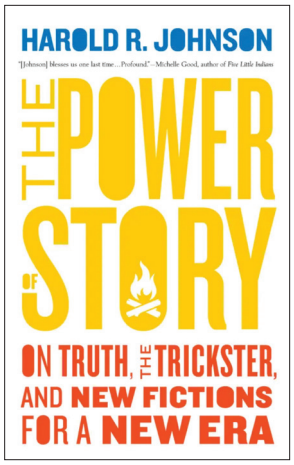
County Health Rankings & Roadmaps. [n.d.]



Narratives for Health is a collaborative project co-led by County Health Rankings & Roadmaps and Health in Partnership. This webpage[7] provides an overview of the project, key definitions and a range of resources for applying narrative approaches in public health and equity-focused work to advance more just outcomes.

The collected resources explore how narratives shape public understanding of health, equity and community conditions. They explain the difference between dominant narratives, which often reinforce inequities by framing health in narrow or individual terms, and transformative narratives that emphasize shared values such as connection, collective responsibility and equitable access to resources. They also describe how narratives operate across multiple levels — from individual beliefs to institutional and societal norms — and offer strategies to identify, challenge and replace harmful dominant narratives.

The materials include guides, frameworks, practical tools and examples of narrative change in action, including through relationship building, strategy development and elevating diverse voices. Together, they help build narrative power to intentionally shift world views and advance the structural changes needed for health equity and racial justice.



The power of story: On truth, the trickster, and the new fictions of a new era

Johnson HR. [2022].

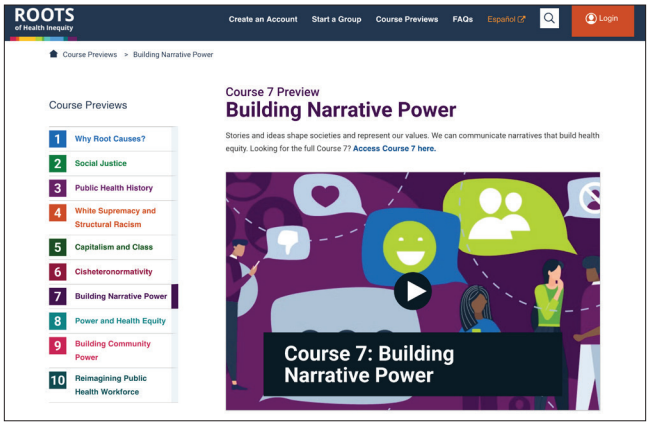
In this book, Harold R. Johnson explores storytelling as a fundamental force shaping human understanding, relationships and social systems.[8] As he writes, "We are all story. We are the stories we are told and we are the stories we tell ourselves" (p. 35). This insight anchors the book's central argument: storytelling is not merely descriptive, but constitutive of who we are.

Johnson, an award-winning Indigenous author from Montreal Lake Cree Nation, examines how stories influence identity, history and collective values, and how dominant narratives can reinforce or challenge existing power structures. Drawing on personal experience, Indigenous teachings and broad social reflection, he highlights storytelling as both meaning-making and a mechanism of power.

The book emphasizes critical self-reflection — why stories matter, how they shape perception and how individuals are shaped by the narratives they inherit. This reflective awareness is essential for questioning dominant narratives and being intentional about the stories we share. Ultimately, storytelling is central to transformation and justice.

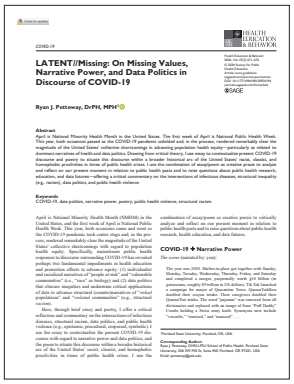
Building narrative power [Online course]

National Association of County and City Health Officials. [2024].



This free online course[9] in the 10-part Roots of Health Inequity series focuses on narrative power as a strategy for advancing health equity. It explores how narratives shape societal norms, values and decision-making, influencing the systems and policies that drive health outcomes. It also highlights how harmful dominant narratives embedded in public health and broader institutions can obscure structural drivers of inequity and limit effective action.

The course provides practical guidance on recognizing, challenging and reshaping these narratives to support structural change. It also emphasizes developing compelling, equity-focused narratives in partnership with communities and cultural organizers to sustain impact. Taking approximately 2.5 hours to complete, the course equips learners with tools to integrate narrative strategies into public health practice and systems change efforts.


LATENT//Missing: On Missing Values, Narrative Power, and Data Politics in Discourse of COVID-19

LATENT//missing: On missing values, narrative power, and data politics in discourse of COVID-19

Petteway RJ. [2020].

This essay and poetry piece by Ryan J. Petteway,[10] a public health researcher whose work focuses on narrative, data justice and health equity, critically examines how data practices and dominant narratives shaped public understanding of health equity during the COVID-19 pandemic. It calls attention to how what is measured — or omitted — becomes a powerful narrative force that can conceal structural inequities such as racism, classism and other forms of systemic oppression.

This critical reflection demonstrates how data systems are not neutral but embedded in power relations. It offers practitioners a way to reflect on how public health "truths" are constructed and how missing or incomplete data can reinforce inequitable policies and outcomes. The piece challenges dominant narratives and calls for more equity-focused interpretations of data while centring structural determinants in public health decision-making.


Health Equity

ROUNDTABLE AND BRIEFING PAPERS Open Access

Science, Society, and Dismantling Racism

Abstract

The Case for Alternative Narratives

Science, society, and dismantling racism

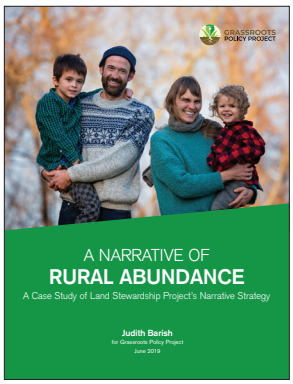
Royal CDM. [2023].

This article[11] positions race, racism and the ideology of racial hierarchy as central to narrative change for health equity. The author, a geneticist and public health scholar whose work examines the intersections of race, genomics and health equity, clearly distinguishes race as a social and political construct, rather than a biological reality, and shows how false beliefs about biological race continue to shape science, health care and policy, reinforcing systemic racism.

The article emphasizes the importance of truth-telling in shifting dominant narratives. It argues that dismantling racism requires reframing how race itself is understood and not simply addressing its outcomes. For public health practitioners, it supports more equity-focused work by providing a critical foundation for interpreting data, designing interventions and communicating about health inequities without reproducing harmful assumptions.

EXAMPLES OF NARRATIVE SHIFT IN SPECIFIC CONTEXTS

The following resources focus on narratives related to specific topics: rural communities, disability and ageism, and early childhood.



A narrative of rural abundance: A case study of Land Stewardship Project's narrative strategy

Barish J. [2019].

This case study[12] from the Grassroots Policy Project shows how narrative framing and strategy can be used to challenge dominant deficit-based portrayals of rural communities. Although rural areas are often described as lacking resources, they actually possess significant social, cultural, ecological and economic strengths. Focused on the Land Stewardship Project in Minnesota, the case study challenges the dominant narrative of free market ideology and promotes a positive vision of rural life.

The case study emphasizes the role of narrative power in shaping public perception, policy and community-organizing outcomes. It also highlights how storytelling can strengthen organizing efforts by fostering shared identity, motivating participation and influencing political engagement. By reframing rural communities as places of abundance, it demonstrates how such narratives can help build solidarity and support collective action and community-led development. In this way, the document positions narrative change as a strategic tool for advancing equity and strengthening rural communities by shifting how they are understood and represented in public discourse.


Journal of Aging Studies

Counter-narratives of active aging: Disability, trauma, and joy in the age-friendly city

Counter-narratives of active aging: Disability, trauma, and joy in the age-friendly city

Côté-Boucher K, Daly T, Chivers S, Braedley S, Hillier S. [2024].

Dominant narratives about aging shape public understanding, policy and service delivery, often privileging ideals of independence, productivity and self-reliance. This article[13] centres counter-narratives from older adults experiencing marginalization — particularly those experiencing disability, trauma and legacies of colonialism — and shows how these lived experiences challenge narrow, individualistic models of "active aging."

Using a narrative and qualitative approach, the analysis connects personal stories to broader structural conditions, highlighting how inequities accumulate across the life course and shape health and well-being in older age. Two stories drawn from the lives of an Indigenous woman and a White paraplegic man anchor this exploration and offer a critical lens for rethinking aging-related policies and programs and encouraging more inclusive, equity-focused approaches. The article underscores the value of storytelling in revealing unmet needs, informing age-friendly systems and designing supports that reflect diverse lived realities.


children
Article
Story to Change Culture on Early Childhood in Australia

[Story to change culture on early childhood in Australia](#)

Kendall-Taylor N, Michaux A, Cross D, Forde K. [2023].

This article[14] looks at the role of narrative and framing in shaping public understanding of early childhood development and influencing policy support. It applies a narrative change lens to early childhood, demonstrating how cultural models guide how people interpret social issues and what solutions they see as viable. Drawing on research, the article outlines a framework for reframing early childhood as a collective, societal responsibility rather than an individual or parental matter, and identifies strategies for shifting dominant narratives to increase public and political will for systems-level change. It also provides practical guidance on communicating about early childhood in ways that align messaging with equity goals and build broader support for policies that address structural determinants of health and well-being for children and their families.

REFERENCES

1. Dorfman L, Gollust SE, Themba M, Tamber PS, Iton A. Changing the story on health and racial equity: why public health needs an infrastructure for building narrative power. Milbank Q. 2025 Sep;103(3):724–54. doi: 10.1111/1468-0009.70047.
2. Givens ML, Kindig D, Inzeo PT, Faust V. Power: the most fundamental cause of health inequity? [Internet]. Washington (DC): Health Affairs Forefront; 2018 Feb 1 [cited 2026 Apr 28]. [about 6 screens]. Available from: https://www.healthaffairs.org/do/10.1377/forefront.20180129.731387
3. National Collaborating Centre for Determinants of Health. Let's talk: redistributing power to advance health equity. Supplement 2 – public health roles in addressing power imbalances in the Canadian context: summary of interviews and considerations [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2026 Apr 28]. 8 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets-talk-power-Supplement-2_EN.pdf
4. Heller J. Connecting the dots: health inequities, power, and the potential for public health's transformational role [Internet]. Oakland (CA): Human Impact Partners; 2019 Feb 27 [cited 2026 Apr 28]. [about 20 screens]. Available from: https://medium.com/@healthinpartnership/connecting-the-dots-health-inequities-power-and-the-potential-for-public-healths-2b2f91eb3cba
5. National Collaborating Centres for Public Health. Core competencies for public health in Canada: release 2.0 [Internet]. [place unknown]: NCCPH; 2025 [cited 2026 Apr 28]. 31 p. Available from: https://nccph.s3.amazonaws.com/uploads/2025/10/NCCPH_Core-Competencies-for-Public-Health-in-Canada_Release-2.0_PRINT.pdf
6. Human Impact Partners. Narratives for health equity [video on the Internet]. Oakland (CA): HIP; 2024 [cited 2026 Apr 28]. 5 min. Available from: https://www.youtube.com/watch?v=PycAQyaChR0

7. County Health Rankings & Roadmaps. Narratives for Health [Internet]. Madison (WI): University of Wisconsin Population Health Institute; [cited 2026 Apr 28]. [about 10 screens]. Available from: https://www.countyhealthrankings.org/strategies-and-solutions/narratives-for-health

8. Johnson HR. The power of story: on truth, the trickster, and new fictions for a new era. Windsor (ON): Biblioasis; 2022. 128 p.

9. National Association of County and City Health Officials. Building narrative power [Online course]. Washington (DC): NACCHO; 2024 [cited 2026 Apr 28]. Available from: https://www.rootsofhealthinequity.org/course-previews/building-narrative-power/.

10. Petteway RJ. LATENT//missing: on missing values, narrative power, and data politics in discourse of COVID-19. Health Educ Behav. 2020 Oct;47(5):671–6. doi: 10.1177/1090198120950194.

11. Royal CDM. Science, society, and dismantling racism. Health Equity. 2023;7(1):38–44. doi: 10.1089/heq.2022.29023.cro.

12. Barish J. A narrative of rural abundance: a case study of Land Stewardship Project's narrative strategy [Internet]. Berkeley (CA): Grassroots Policy Project; 2019 Jun [cited 2026 Apr 28]. 34 p. Available from: https://grassrootspowerproject.org/wp-content/uploads/2021/11/ANarrativeOfRuralAbundance.pdf

13. Côté-Boucher K, Daly T, Chivers S, Braedley S, Hillier S. Counter-narratives of active aging: disability, trauma, and joy in the age-friendly city. J Aging Stud. 2024 Mar;68:Article 101205 [8 p.]. doi: 10.1016/j.jaging.2023.101205.

14. Kendall-Taylor N, Michaux A, Cross D, Forde K. Story to change culture on early childhood in Australia. Children (Basel). 2023 Feb;10(2):Article 310 [18 p.]. doi: 10.3390/children10020310.

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La version française est également disponible au www.ccnds.ca sous le titre *Transformer le discours pour favoriser l'équité en santé : une liste de lectures essentielles.*