Evaluating your Kerr L. More than words: applying the discipline of literary creative and disability.1 How do we work with our communities to find solutions?

America has one of the largest health disparities in the world.1 In Minnesota there are persistent health inequalities along lines of race, economic status, age, sexual identity, geography, and disability.2 How do we work with our communities to find solutions?

The Problem

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”3 Per the Center for Disease Control (CDC), “Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”4 But how do our communities define health and the place of the clinic in their health?

Health inequities arise from disparities in the social determinants of health and connected to race, sexual orientation, disability, age, and even gender. Holding a community accountable to a definition of health created historically underserved populations 6.

Defining Narrative Health

Narrative Health asks you to thoughtfully examine who is telling a story and how they are telling it with a focus on how and who is defining health, listening intentionally, and the mutual sharing of stories.

Patient Story (edited for length)

It’s my past that has this path back up. When I thought that door was shut, and I thought it all . . . it was coming back up around the holidays. Always the holidays I would go through this feeling of loss hope. Because of a lot of things I went through (mentally, physically, and emotionally) So I will pick out one from the many things that happen to me while I was growing up. So one was when my mom and dad split up, and I had to go live with my grandpa. A lot of things happen while living with him. Though the one that hurt most was having to stay in a Catholic boarding school because my grandpa did not want to raise me. He wanted his freedom. So for grade school to Jr high school, I was there. While there I got into a lot of fights because I am a half breed. And the way the boarding school try to change me (into the white man’s way of life). Not to long back not to speak our language, not to believing our higher power, and so on. And when holidays come I would be one of the two kids still there. Never being with my family, or relative. This is why I don’t like holidays so much. Then not knowing my own language, to speak it, then the all fight with others, even my own cousins, and so on. This is why I don’t like talking about my past because I go through so many feeling. Tough!!

Using Story to Explore Definitions of Health and Address Bias

Using structured writing exercises allows the writer to move beyond the reflection questions most common in training, the “this is how I feel” essay.

Authentic Voices

Readings come from the actual groups of people represented in our community. Reading from the Disability Poetics movement, Native American writers, written by women, members of the LGBTQIA community, and others are vital to Narrative Health. CUHCC Patient writing is also included, as are stories by those in the health professions.

Patient Answer:

2. Available at: http://www.health.state.mn.us/divs/ehs/healthequity/site_log_report_0_20414.licensed.isa.html
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5784838/