

Culturally Responsive Interventions

The Power of Digital Storytelling as a Culturally Relevant Health Promotion Tool

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Digital storytelling is an emergent method in health promotion. It addresses health inequities by combining technology with the voices of members of vulnerable, often underrepresented populations. The overall goal of this pilot project was to explore if digital storytelling could be a culturally relevant health promotion tool for Hispanics/Latinos to share their experiences with cancer, or other diseases. Promotores participated in a train-the-trainer workshop. Community members worked with trained promotores to create digital stories through community workshops. We conducted one-on-one interviews with digital story creators to elicit perspectives and assess their experience. One overarching theme among storytellers was the power of storytelling. Supporting subthemes that emerged in the interviews were (1) connection and communication, (2) lack of opportunities and barriers to telling stories, and (3) potential for disease prevention awareness and education. This study found digital storytelling to be culturally relevant for Hispanics/Latinos of Mexican origin. For these storytellers it was a uniquely valuable tool for sharing personal stories of overcoming or managing health issues. Participants found the digital story experience to be positive and beneficial. It provided a healing outlet to reflect on a difficult experience and find support within one's own community.

Keywords: qualitative research; digital storytelling; health promotion tool; health disparities; promotores; Hispanics/Latinos

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► INTRODUCTION

Throughout history, storytelling has been a valuable tool for reflection and healing in a variety of cultural outlets (Gazarian, 2010). In songwriting, religious practice, academics, poetry, and many other forms, stories are used to teach and to remember struggles so that others may struggle less. Furthermore, the act of telling one's story can, in itself, be a healing process. Digital storytelling is a creative process that involves visual, oral, and written communication. Digital stories are 3- to 5-minute videos that synthesize images, such as personal photographs or drawings, video segments, audio-recordings of the storyteller's voice, music, and text to create compelling accounts of personal experiences into visual narratives (Gubrium, 2009). In our

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technology-driven society, digital stories provide an electronic format to share a long-standing human tradition of storytelling in a way that is easily accessible and can reach across generational, geographical, cultural, and social class divides (Weis, Benmayor, O'Leary, & Eynon, 2002). The overall goal of this pilot project was to explore if digital storytelling could be a culturally relevant tool for Hispanics/Latinos of Mexican origin to share their experiences with cancer or other diseases. In this article, we describe the process used to work with community members in the Yakima Valley of Washington State to create digital stories around prevalent health issues, and summarize the findings from interviews with these digital story creators.

► BACKGROUND

Narrative Defined

A narrative is “a representation of connected events and characters that has an identifiable structure, is bounded in space and time, and contains implicit or explicit messages about the topic being addressed” (Kreuter et al., 2007, p. 222). We use narrative in our daily lives as we communicate and interact with one another by using testimonial or storytelling to share a message (Hinyard & Kreuter, 2007); it is an accustomed way for us to share and receive information as well as a way for us to understand our lives and those of others around us (Czarniawska-Joerges, 2004).

As the field of health communication emerged to address health promotion and disease prevention, messaging focused on conveying information about risk in numeric form with statistics and probability (Hinyard & Kreuter, 2007; Larkey, Lopez, Minnal, & Gonzalez, 2009). However, personal risk information in numeric form is not always well understood by people with low levels of education and/or low numeracy (Larkey & Gonzalez, 2007). To help make complicated messages easier to understand, the use of narratives in health communication, such as testimonials, soap operas, and cartoons, increasingly serves as a strategy to educate and promote health behavior change (Hinyard & Kreuter, 2007; Pérez et al., 2014).

Theoretical Framework

Several theories have been suggested to determine how and why narrative communication can contribute to changes in health behaviors and outcomes. Transportation theory, which is relevant to narrative, is defined by Green (2006) as “an integrative melding of attention, imagery, and feelings focused on story

events” (p. S164). Research around the theory of transportation has shown that through the use of modeling, narratives can be powerful tools for overcoming resistance to cancer prevention and control information, facilitating the processing of such information, providing social connection relevant to cancer prevention and control, and addressing emotional and existential issues (Kreuter et al., 2007). This theory is relevant to digital storytelling, because through their narrative, storytellers can model how they have lived through an experience to help others learn. On the receiving end, viewers' attention is focused on the digital story and they can become “carried away” by the story to the point that it brings out certain feelings or reactions (Larkey & Hecht, 2010). Evidence for the use of transportation theory in nonwritten media forms is limited, and few studies have researched outcomes of narrative communication in community settings (Hinyard & Kreuter, 2007). However, the theory assumes that transportation is not limited to written narrative but can also be experienced by listening or viewing a narrative (Green, 2004; Green & Brock, 2000), such as a digital story.

Digital Storytelling

Digital story creation, a form of narrative, has been used in health care and education, but it is an emerging method in community studies (Christiansen, 2011; Price, Strodtman, Brough, Lonn, & Luo, 2015; Sanders, Murray, & Pellow, 2008; Stacey & Hardy, 2011; Wyatt & Hauenstein, 2008). Such stories can be used to empower and inspire community members while learning more about health disparities and promoting education on specific health issues (Gubrium, 2009; Gubrium, Hill, & Flicker, 2014). In particular, this technology can be used to provide an outlet for individuals who often do not have a strong voice in their community because of various factors such as social stratification by race, age, class, and language ability (Bader, Wanono, Hamden, & Skinner, 2007; Gubrium, 2009; Gubrium et al., 2014).

Digital stories have been a powerful tool for members of communities of color or low socioeconomic status to share their individual stories, which often go unnoticed by mainstream media (Wexler, Gubrium, Griffin, & DiFulvio, 2013). By concentrating these stories in communities or neighborhoods, more can be learned about the shared experiences of community members. The goal of this type of participatory community engagement is to use the process of reflection and engagement to build partnerships and empower storytellers to use their significant experiences to promote and advocate for health equity in their communities.

Digital storytelling can also have a personal impact on and benefit for the storyteller at the individual level. Creating a narrative around a personal illness can give a person an opportunity to think differently about an emotional experience (Carlick & Biley, 2004). For example, one study of a storytelling project implemented in a low-income African American community in a large urban city found that the act of putting photos to words was a highly impactful method for emotional engagement; the visualization of the experience allowed participants to reflect on their story in a new way (Carlson, Engebretson, & Chamberlain, 2006).

Project Purpose

Fred Hutchinson Cancer Research Center's Center for Community Health Promotion (FHCRC CCHP) has been using a community-based participatory research approach for over 20 years to reduce health disparities experienced in underserved communities in the Yakima Valley of Washington State. Based on anecdotal stories heard from community members over time, in 2013 FHCRC CCHP implemented a pilot project to see if digital storytelling could serve as a culturally relevant tool for Hispanics/Latinos to share their experiences with cancer, or other diseases, with the broader community. Findings from this pilot project will inform the development of a more widespread digital storytelling project in this community. We worked with Creative Narrations, a national training organization for creating digital stories, to provide a train-the-trainer workshop for local community health educators (*promotores*) in the Yakima Valley. These *promotores* conducted subsequent digital storytelling community workshops. Here, we present the process used to work with community members to create digital stories in the workshops and the findings from interviews with these storytellers.

► METHOD

Setting

This project was implemented in the Lower Yakima Valley of Washington State, which is a rural, agricultural area in Eastern Washington. Many communities in this area are majority-minority (Hispanic) towns; overall, 67% of the Valley's residents are of Hispanic ethnicity, primarily of Mexican origin. The population in the Lower Yakima Valley is underserved in terms of poverty rates, educational status, and health insurance status (American FactFinder, 2010).

Intervention

Creative Narrations, a social change consulting collaborative specializing in capacity building in digital storytelling, delivered a 3-day train-the-trainer workshop for *promotores* in January of 2013 at the Northwest Communities Education Center in Granger, Washington. We invited nine individuals to participate in this train-the-trainer workshop; three were partners from community organizations and six were *promotores* from the FHCRC CCHP, the local site office. As part of the train-the-trainer workshop, all nine individuals created digital stories. The *promotores* are bilingual/bicultural trained staff of FHCRC CCHP. They have extensive experience working on community-based participatory research intervention projects around lifestyle behavior changes that are associated with reductions in disease.

Between April and October of 2013, the *promotores*, now trained in the digital storytelling approach, held three community digital storytelling workshops. Participants were recruited by *promotores* with English and Spanish flyers at community events. Flyers provided information on what a digital story is and invited community members to share their story about how a health- or illness-related experience affected their life or the life of a loved one. Workshops were open to community members 18 years or older who were willing to participate in a 2-hour weekly meeting over 5 weeks to create their own digital story. No previous computer skills were required of participants. Participants were community members from different towns in the Lower Yakima Valley. Community workshops were facilitated by *promotores* using the Creative Narrations digital storytelling guide. Participants were told that the purpose of the workshops was to help community members develop digital stories about health-related experiences that were meaningful to them in order to raise consciousness and help the community at large gain awareness about these health topics. As guiding prompts for their digital stories, participants were asked to consider the following: What was a moment when your life was touched by cancer, or another disease? How has your life changed as a result? Why is this story important to you? What message do you want to convey to your audience?

Each community workshop consisted of five weekly meetings of 2 hours duration. These meetings were held at the FHCRC CCHP site office in Sunnyside, Washington. We established agendas to keep the groups on task for completing their digital stories in five meetings but were flexible if time ran out and we needed to move content to a later meeting. Generally, the first meeting covered: introductions and icebreakers, background on digital storytelling, and a storytelling circle

where each participant shared ideas about his or her story and received feedback from promotores and participants. In the second meeting participants shared drafts of their stories and worked on revising their scripts, as well as on storyboards. The third meeting was used to finalize storyboards, record voice, and upload images and text to Sony Movie Studio. During the fourth meeting participants added special effects, created rough cuts of their digital stories, and started working on details, such as special effects for final cuts. The fifth and final meeting was used to create final cuts of the digital stories and concluded with a viewing of everyone's the digital stories.

Since workshops were small (four people in the first group, two in the second group, and three in the third group), two promotores cofacilitated the workshops and the other four were available to provide one-on-one technical assistance to participants throughout the meetings. Each community participant who completed a digital story received a \$50 gift card for their participation and a copy of their digital story on a DVD as well as a USB flash drive. Participants were asked if they were willing to grant permission for their digital story to be used for educational and community outreach purposes. All the participants consented and completed and signed a release form. This study was approved by the institutional review board at FHCRC in Seattle, Washington. The researchers obtained informed consent from participants.

Evaluation

Two- to 4-months after completion of a digital story, study staff conducted a semistructured face-to-face interview with each participant who created a digital story. Promotores were not interviewed. Interviews were conducted to learn about digital storytellers' experiences and perspectives with a process they had never been through. This pilot project provided the opportunity to gather qualitative data to inform a more widespread digital storytelling project focusing on health promotion in this community.

We approached the nine participants from the community workshops and the three partners from community organizations who participated in the train-the-trainer about participating in follow-up interviews. The three community partners created a digital story in the train-the-trainer workshop, but due to time constraints with their jobs, they did not go on to facilitate any community digital storytelling workshops. All participants except one agreed to the interview ($n = 11$). Interviews ranged in length from 15 to 40 minutes, with an average time of about 18 minutes. All interviewees classified themselves

as Hispanic. All interviews were recorded and then later transcribed into a Word document for analysis. Seven interviews were conducted in Spanish, the other four in English. The interviews conducted in Spanish were transcribed and translated into English by a certified translator. We asked participants questions such as "What kinds of worries or concerns did you have about creating a digital story?" "What was the most interesting part about participating in the workshops to create a digital story?" "What surprised you about the process of creating a digital story?" "How do you think your digital story can educate or inform other people?"

Analysis

Interviews were coded for analysis. To avoid bias, two external individuals with qualitative research experience coded and analyzed transcripts. Prior to analysis, both analysts met with the research team to review the project protocol and interview guides. Analysts applied descriptive coding, in which a segment of text is summarized by a single phrase, or code. That code is then applied to other segments of text interpreted similarly by the analysts (Miles & Huberman, 1994). The analysts applied thematic analysis to the coded data, in which they identified, analyzed, and reported emergent patterns, or themes (Braun & Clarke, 2006). The analysts met regularly to discuss coding. When disagreement arose, the analysts consulted with the larger study team to build a consensus and agree on interpretation of the data.

The analysts created a codebook for the interviews through an inductive, multistep process. First, they read through all the data individually and came up with a preliminary list of codes based on frequent themes observed in the data. Later, they compared their lists of codes, discussed interpretations, and agreed on a final list by combining similar codes and applying definitions to each code. This codebook was then entered into ATLAS.ti software, and the analysts each coded the data files using the finalized codebook. Once each individual had coded all the data, as guided by the final codebook, the files were merged to compile all the coded data. Using ATLAS.ti, codes were compared and conclusions drawn about common themes from the interviews.

► RESULTS

A total of 18 digital stories were created in all workshops (train-the-trainer and community workshops). The topics of those 18 digital stories were (from highest number to lowest and then in alphabetical order for

those that only had one story per topic): breast cancer ($n = 4$), diabetes ($n = 3$), bullying, cancer screening and early detection, colorectal cancer, higher education, food bank access, lifestyle changes, heart health and family history, immigration, prostate cancer, smoking/tobacco, and uterine cancer.

The qualitative data results presented here are based on insights through interviews ($n = 11$) with nonpromotor/a digital story creators, or storytellers. The participants of this study were all working-class Hispanics, of Mexican origin, and mostly female. There was a fairly wide range of participants in terms of age (30-69 years of age) and education level (eighth grade or less to college degree).

We found one overarching theme in the interviews that was important among storytellers: the power of storytelling. Digital storytelling had an impact on the individual, and it has the potential to be influential at the community level. The digital storytelling process had great power for the participants in that it created a sense of community by providing a space for people to share their story and connect with others around their experiences. This process gave participants the opportunity to reflect on a personal life experience and empowered them to share those experiences to help others in the future. One participant stated,

There were tears in my heart and in my eyes . . . because finally I learned what it meant to live with a chronic disease and how difficult it was . . . it helped me so much to create a digital story.

In addition, the digital storytelling process was empowering in that it increased participants' comfort with technology use. One participant noted, "The most interesting was learning and giving the message to the community about what the health topic is about."

Digital storytelling also shows potential to serve as an influential educational tool at a broader level in health prevention work. One participant said, "I think my digital story can influence people that are going through cancer or any chronic illness or difficult problem." Another participant described an experience in which someone had reached out to her from Italy, because she had seen her digital story on the Internet, "She saw it in Italy and contacted me if I wanted to be her friend and she has a sister with the same illness."

The other subthemes serving as supporting evidence for the power of storytelling are as follows: connection and communication, lack of opportunities and barriers to telling stories, and disease prevention awareness and education. These are discussed below.

Connection and Communication

Many storytellers mentioned that creating the stories had emotional benefits, or a therapeutic effect, with one participant noting "... it felt good to talk about the topic." The digital storytelling process also gave them an opportunity to reflect on an experience in a way that they had not before. One of our interviewees described this realization: "It did surprise me [to see] the story once I finished it. It was something different for me, seeing it from living it."

There was overlap in some of the topics, such as cancer and diabetes, which storytellers shared. Those participants noted they made personal connection with others through their stories, "We're also here with the same disease that anybody can go through." Another participant shared, "I thought it was fantastic. The meeting of other cancer patients. Their stories. We all had similarities. We've all been through the journey that you don't wish upon anybody."

During some of the interviews, participants talked about their distrust with the health care system based on personal encounters. Some participants stated that their digital story could be used as a communication tool to engage in a discussion about a topic. Participants acknowledged that it was beneficial to share one's experiences with others so that others would learn from the stories. One participant noted,

When I was diagnosed, I would have liked to know something more about this illness . . . it was difficult for me because I didn't have any information . . . making this digital story, I feel that other people can have at least a base or an idea of what one goes through.

Some storytellers were impressed that others saw the stories and were helped by them. One participant, who is a cancer survivor, talked about the digital story's effect on friends and family, "... I've inspired them to get exams . . . to be one step ahead . . . they've just said that I'm a tough lady."

Lack of Opportunities and Barriers to Telling Stories

The workshops were a good opportunity for community members to share their voice and perspective. Many storytellers were surprised that anyone would be interested in hearing their stories. There was a general sense among participants that they were not "suitable" to have a story to share. One participant noted, "Well, when I got the invitation, I said, 'Can I really make a digital story? No, I don't qualify, right?' I said, 'No, this has to be for someone very extraordinary.'" Another

participant said, "We didn't think that we would be suitable for many people to see us on the Internet." In addition, most participants did not know what a digital story was and hence felt they did not have the skills to create a story, or thought it was going to be challenging. Nevertheless, they came to the workshop.

During the workshops, some participants encountered barriers due to low literacy skills. For example, one participant stated, "The most difficult part was learning to read the card. I am a very slow reader . . . for lack of education. But the reading, the writing . . . I said yeah, I have to do it!" Others had a lack of experience with technology. One participant said that being put in front of a computer caused her to "momentarily freeze." Another participant stated, "In our community I still see a lot of barriers in the use of the computer and technology, it even happens to me . . . I say, 'Oh, what do I do? What do I press here?'" Despite the barriers some participants faced, at the conclusion of the story-making process, the participants reported that they enjoyed going through the process and that they were pleased with having been able to create a digital story that could potentially help others.

Disease Prevention Awareness and Education

Participants found a great deal of satisfaction in being able to help provide information about preventing or living with chronic diseases. "I think my digital story can influence people that are going through cancer." Participants also noted that survivor stories could potentially be a way for others to learn about a disease or condition. Another participant said, ". . . this digital recording it's very important because we're making it known . . . we are letting our community know that many things can be prevented."

Others stated that people could benefit by hearing what a survivor encountered when coping with a disease or chronic illness. One participant said, ". . . letting them know what we already learned and what we have lived. With regard to that experience, that we lived. We can share it with the community and let them know." Another participant said,

I think it can help because one learns from listening to other people and telling a little bit of our story as one that has lived the illness, how did we survive, how have we been, what have we done to feel better? I think that it helps other people if they are going through the same evil to trust a little of that to see if it works for them too.

Finally, all agreed that ongoing digital story work was important. One participant said, "Don't stop.

Continue letting people be aware of what other people have gone through. The stories are very helpful, I think, for other people that need help and don't know where to go." Another participant shared, "I think it's [the digital story project] making an impact, so if it could be continued . . . there are many people in the community that have passed through problems and have better stories than mine."

► DISCUSSION

In this pilot study we summarize findings from interviews with digital story creators from Hispanic/Latino communities in the Yakima Valley of Washington State. Our findings support the idea that digital storytelling has great potential as a culturally relevant health promotion tool for individuals who experience poor health consequences and outcomes, more specifically Hispanics/Latinos of Mexican origin, to share their experiences with cancer or other diseases.

Participants' comments in the interviews confirm theoretical principles. Through the digital storytelling process, participants were able to make personal and social connections with other storytellers who had a similar experience. The digital storytelling process also gave them the opportunity to take time to reflect on a significant occurrence around an issue or disease in their lives. In turn, they were able to process emotions about their experience, something some participants had never done before. They found this to have emotional benefits. In their digital story narratives, participants discussed this personal, and often difficult, experience in their lives. Through their digital story, they model how they worked through barriers to overcome challenges related to that situation to help others learn from it.

This formative research can be used to establish a more widespread project to study if digital storytelling workshops, or the digital storytelling process, can be used as a therapeutic tool for people who have been affected by chronic disease such as cancer and diabetes. In addition, a more extensive community digital storytelling project could explore how digital stories can be used as a culturally relevant health promotion and behavior change tool with this medically underserved community. Further exploration on the use of digital stories as an advocacy tool to raise consciousness among broader audiences about the importance of health equity for communities of color or low socioeconomic status would also be valuable.

Through this project, community members had an opportunity to share their personal experiences around disease and their hopes for health promotion among

viewers of their digital stories. Several of our study participants indicated that it was surprising to them when FHCRC reached out to them to create a story. Mainstream culture largely portrays the experience of White upper-middle-class English-speaking citizens in advertisements, television, and magazines. The voices of the more “ordinary” community members often go unheard in media and TV culture (Burgess, 2006). Vulnerable populations that are subject to social inequities due to class, race, socioeconomic status, or language ability have fewer opportunities than others to tell their story and be heard. The community of this study falls into this category. Our participants are working-class Hispanics/Latinos of Mexican origin, and the majority of them speak Spanish as a primary language. Some of them did not finish high school, and they do not use computers regularly. Members of these socially underappreciated and underrepresented groups subsequently may adopt the belief system that their stories are less important.

When asked about the community impact of their story, several respondents indicated they hoped to help others by sharing information about their situation. At times, events in a person’s life can seem overwhelming or hopeless. Participants also hoped to show others facing similar circumstances that they were not alone. All participants granted permission for their digital story to be shared for educational and outreach purposes, which helps support the potential power of digital storytelling. Given the increasing use of Internet and social media, the use of digital media for storytelling provides a format for sharing one’s story with the larger world (Chou, Hunt, Folkers, & Augustson, 2011). All our workshop participants indicated that they had used a multitude of formats for storing and sharing their video: DVD, YouTube, Facebook, and e-mail.

We found that in addition to the capacity-building aspect of acquiring new skills with the video software, the act of creating a digital story had several emotional benefits to the storyteller. The digital storytelling workshops provided a forum for a level of personal contemplation (Carlick & Biley, 2004), as the participants designed and creatively depicted their experience through voice and photos. Furthermore, the act of storytelling was a powerful process that stimulated empathy and understanding from listeners (Christiansen, 2011). Our participants frequently discussed the feeling that the digital storytelling experience contributed to a sense of belonging. In the interviews, participants described how they found new connections with their peers through the story circle where they shared their ideas for their digital stories. Digital stories impart more than information

about the symptoms of an illness; they provide hope, strength, and encouragement.

For the storytellers, there was a strong desire to help others who might be struggling with a similar health issue. Several participants voiced mistrust in the health care system based on personal experiences. Digital stories can be used as a tool to improve communication. Other studies of digital storytelling intervention projects have been designed to assess the use of digital stories in medical education. Similar to the benefits of narrative medicine, an emerging method where physicians learn to connect with their patients by attentively listening to them (Charon, 2007), the use of stories in the training of medical professionals is found to invoke empathy for patients and contribute to a patient-centered practice (Christiansen, 2011; Dickerson, Boehmke, Ogle, & Brown, 2005; Gidman, 2013; Levett-Jones, Bowen, & Morris, 2015). In one study, the authors describe how the use of digital stories in medical education contributes to the ongoing paradigm shift in biomedical disease perspective toward a more comprehensive outlook on disease through the social determinants of health (Sierpina, Kreitzer, Mackenzie, & Sierpina, 2007). Digital stories could assist in bridging communication between providers and patients to improve quality of care. This would be beneficial for medical professionals serving vulnerable communities such as the one in this study.

Our participants shared that they believed that survivor stories could provide a powerful medium for learning about diseases. Given what is known about the benefits of storytelling and its long-standing use in many traditions, it is surprising that there is not more of an emphasis placed on this practice throughout the health care field (Gazarian, 2010). There have been several health promotion initiatives using digital stories or narratives as a culturally appropriate tool to relay health information (Cueva et al., 2013; Lal, Donnelly, & Shin, 2015; Larkey et al., 2015; Pérez et al., 2014). Our interviews also demonstrate the necessity of culturally appropriate methods for providing health education in this community.

Storytelling is globally ubiquitous in part because it requires minimal literacy. As long as we speak a language that other can understand, we can teach about our experience and try to extrapolate lessons that will improve future practices. Its omnipresence also speaks to an innate human desire to connect with others. As such, digital storytelling projects can be useful in communities where literacy and economic resources may be low, but cultural tradition is rich. Digital storytelling draws from the expertise and the wisdom of the population it seeks to serve.

This study has a number of limitations. It was a pilot project in this population, so the sample size is small. We used male and female promotores to recruit participants, but it was more common for females to join the storytelling groups. It is not clear why this is so. In addition, even though workshops were open to people aged 18 years and older, participants were 30 years of age or older. Similar to the sentiment shared by some participants in this project, it may be that community members younger than 30 years of age did not feel they had a worthy story to share. Community workshops were conducted over a 2-hour meeting, once a week for 5 weeks; this is a shorter time frame than a typical digital storytelling workshop. Given that we had a 1:1 promotor(a) to participant ratio, participants completed the digital stories in that time, but we do not know if this time frame would yield the same outcomes with a larger group. Storytellers volunteered to be part of the process; thus, it is not clear that all disenfranchised population members would benefit from telling their stories. Nevertheless, this study indicates much support for digital storytelling.

► CONCLUSION

This pilot project was implemented to evaluate the effectiveness of digital storytelling as a culturally relevant health promotion tool among Hispanics/Latinos of Mexican origin in the Yakima Valley of Washington State. The findings of this study support other literature that shows the many benefits of digital storytelling in health promotion work. For these storytellers, it was a uniquely valuable tool for sharing personal stories of overcoming or managing health issues. Participants found the digital story experience to be positive and beneficial. Digital storytelling provided a healing outlet for participants to critically reflect on a difficult experience and find support and connection within their own community. By sharing their personal experiences around a health issue, storytellers model survivorship. Participants shared that they believed that these survivor stories could provide a powerful medium for learning about diseases. Future research using digital storytelling should include a stronger emphasis on recruitment of males and should assess the impact of digital stories on digital story viewers in the community. In addition, efforts should test the effectiveness of digital stories against other forms of culturally relevant health education and should explore the impact on health behavior changes among viewers.

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