



Coordination of the Development and Implementation of a Community Storytelling Initiative for LGBTQ Persons of Color

Request for Consultant (RFC)
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Storytelling is an essential but underutilized public health tool that can greatly reduce health and identity related-stigmas, build resilience, support communication, increase effective community engagement and outreach, and promote behavior change among multiple stakeholders.¹³ Leveraging lived experience in the development and implementation of public health innovation has become increasingly recognized as a human-rights based approach to health; and storytelling is one method for doing so.^{4,5} Storytelling, in its many forms, also offers the opportunity to break down hierarchical barriers between communities, healthcare organizations, and government institutions through conversation and “affords special opportunities for building more ethical relationships”⁶ centered around social justice, health equity, and lived experience.⁷ Storytelling has been used as a strengths-based approach within mental health⁸ and HIV⁹ related fields to combat stigma and engage community in social justice and health equity platforms with a goal of addressing racial/ethnic, sexual and gender identity disparities in health. Storytelling and narrative-based innovations have also been supported by a diverse body of entities – from grassroots organizations to federal agencies, including the Centers for Disease Control and Prevention (CDC).¹⁰

Health disparities, especially across race/ethnicity, sexual and gender identities, are particularly stark in New York City (NYC). Though the NYC Annual HIV Surveillance Report demonstrates a steady decline in new HIV diagnoses, it also highlights profound HIV disparities across these same categories,¹¹ in large part, due to institutional mechanisms of racism, sexism, classism, homophobia, transphobia, and other systems of oppression that persist in United States and affect health and healthcare systems, including the field of HIV prevention and care.¹²⁻¹⁴ In addition to the disproportionate effect of HIV among specific sub-populations of LGBTQ persons of color (especially those who are Black and/or Latino/a/x), these individuals’ identities lie at the

¹ Hinyard, L.J. and Kreutler, M.W. (2007). Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview. *Health Education and Behavior*. 34:5.

² Bell, L.A. (2010). *Storytelling for Social Justice: Connecting Narrative and the Arts in Antiracist Teaching*. Routledge, NY.

³ Palacios, J.F.; Salem, B.; and Hodge, F.S. (2014). Storytelling: A Qualitative Tool to Promote Health Among Vulnerable Populations. *Journal of Transcultural Nursing*.

⁴ Unnithan, M. (2015). What Constitutes Evidence in Human Rights-Based Approaches to Health? Learning from Lived Experiences of Maternal and Sexual Reproductive Health. *Health and Human Rights Journal*.

⁵ De Vecchi, N.; et al. (2016). How digital storytelling is used in mental health: A scoping review. *International Journal of Mental Health Nursing*. 25:3.

⁶ Gubrium, A.C.; Hill, A.L.; and Flicker, S. (2014). A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling. *AJPH*. 104:9.

⁷ Wangggren, L. (2016). Our stories matter: storytelling and social justice in the Hollaback! Movement. *Gender and Education*. 28: 3.

⁸ Mannell, J.; Ahmad, L.; and Ahmad, A. (2018). Narrative storytelling as mental health support for women experiencing gender-based violence in Afghanistan. *Social Science & Medicine*. 214.

⁹ <https://www.hiv.gov/blog/digital-storytelling-for-change>

¹⁰ Boydell, K.M., et al. (2017). Co-producing Narratives on Access to Care in Rural Communities: Using Digital Storytelling to Foster Social Inclusion of Young People Experiencing Psychosis. *Studies in Social Justice*. 11: 2.

¹¹ HIV Epidemiology and Field Services Program. *HIV Surveillance Annual Report, 2015*. New York City Department of Health and Mental Hygiene: New York, NY. December 2016.

¹² US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010: Final Review. Retrieved from: https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_final_review.pdf

¹³ Basset, M.T.; et al. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet*.

¹⁴ Albuquerque, G.A.; et al. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health and Human Rights*.

intersection of multiple oppressed identities and are impacted by poverty and discrimination.^{15,16} As such, recommendations have emerged from multiple recent community engagements with these communities which indicate that HIV prevention interventions must move upstream, towards dismantling stigma, building resilience, and creating more non-traditional, inclusive community spaces and venues. Addressing social determinants of health, including assuring the emotional well-being of LGTBQ communities of color (among other non-medical needs, like housing and employment), also emerged as a priority. Accordingly, the NYC Department of Health and Mental Hygiene’s Bureau of HIV/AIDS Prevention and Control (BHIV) recognizes that LGTBQ persons of color may benefit from storytelling and narrative-based innovations.

Aimed at responding to the community and the points above, this solicitation sought a consultant to coordinate the development and implementation of a Community Storytelling Initiative by and for LGTBQ persons of color. The consultant will be responsible for the following deliverables:

1. Establish a Storytelling Initiative Community Workgroup
2. Facilitate the Storytelling Initiative Community Workgroup
3. Facilitate Storytelling Initiative Planning
4. Submit a Storytelling Initiative Proposal
5. Launch and Implement the Storytelling Initiative
6. Finalize the Storytelling Initiative Follow-up

Contract Award

Charlie Vazquez Consulting

¹⁵ Sabin, J.A.; Riskind, R.G.; & Nosek, B.A. (2015). Health Care Providers’ Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *AJPH*

¹⁶ Williams, D.R. & Mohammed, S.A. (2009). Discrimination and racial disparities in health: evidence and needed research. *J Behav Med.*