Uses of oral history and digital storytelling in public health research and practice

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Objectives: Oral history (OH) and digital storytelling (DST) have been used in a range of ways in public health, including educating populations about health-protecting practices, advocating for improved clinical care and reflecting on public health efforts to combat infectious disease. Yet, these methods are rarely recognized for their potential to contribute to public health research and practice. The aim of this article is to assess how OH and DST have been used in the health fields and to provide examples of ways that these methods have contributed to work in several domains of public health.

Study design: Narrative review.

Methods: We conducted a narrative review of articles gathered from PubMed using the search terms ‘oral history’ and ‘digital storytelling’, which resulted in 102 articles relevant to public health. We then conducted a thematic analysis to create a typology of article topics and to examine cross-cutting themes.

Results: OH and DST have been used for both research and interventions in public health. Specifically, they have been used to 1) examine health risks and experiences; 2) engage and educate populations; 3) educate clinical professionals and organizations; and 4) inform public health practice.

Conclusions: Despite the time, resources, and training required to do OH and DST well, we argue that these methods have substantial potential for supplementing public health activities, allowing the field to glean additional lessons from its experiences, to educate its practitioners further, and to better learn from the experiences of communities affected by public health problems.

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Introduction

To many public health researchers and practitioners, oral history (OH) may seem of limited relevance to the unfolding and urgent public health concerns of our day. OH appears to deal in individual biographies, taking documentation of the past as its primary subject matter. However, OH has been used to educate populations about health-protecting practices, to advocate for improved clinical care, and to reflect on public health efforts to combat infectious disease, among other uses. The aim of this article is to assess how OH and digital storytelling (DST) have been used in the health fields and to provide examples of ways that these methods have contributed to work in several domains of public health.

Donald Ritchie writes that OH ‘collects memories and personal commentaries of historical significance through recorded interviews’.3 These interviews may be audio or video recorded and, in contrast to journalistic or anthropological interviews, are typically archived for preservation using the narrators’ real names. Practitioners in this field hold a wide range of views on what is considered ‘historical significance’ and have preserved many kinds of stories, including those of ordinary individuals, elites, and activists. Interviews tend to be long, with a biographical structure: they may be focused on a particular theme or experience, but they place it within the context of a life story and a social and political context. Oral histories thus allow us to see the connections between individual experience and larger historical, social, and structural forces. They are subjective documents co-constructed in the dialogue between interviewer and interviewee that allow us to learn about what happened in the past and how it is remembered in the present. While the full interviews are archived, OH interviews may also be excerpted and used by participating individuals, their families, researchers, advocates, organizers, and other interested parties.a

Oral histories can be seen as one end of a continuum of history-making and storytelling practices.b Related tools like DST facilitate the distillation of experience into focused, shareable stories and are increasingly popular public health tools.c-d One of the most widespread formats for such stories are the short videos produced through the workshop structure developed by StoryCenter. While StoryCenter began with a focus on teaching individuals how to craft their own multimedia first-person stories for personal purposes, increasingly, their vision and mission have expanded to include stories ‘as a vehicle for education, community mobilization, and advocacy’.d These 2- to 5-min videos are crafted by narrators themselves and layer first-person audio recordings with images.b

OH and DST thus offer a set of methods and resources for documenting and providing detailed insight into population-level public health issues and processes through the lens of individual interlocutors. These are valuable data in which they provide an emic view of public health issues—that is, insider, experiential views that are embedded in the context of lives—which are an essential complement to the field’s emphasis on analysis of large-scale data sets to understand public health problems. In this article, we explore the specific ways that OH and DST have been used to pursue population-level health protection and promotion, and central goals of global and national public health efforts worldwide.

Methods

Our search examines where OH and DST surface in the health sciences literature using the PubMed database, one of the largest sources of peer-reviewed public health and clinical literature. We conducted separate searches using the search terms ‘oral history’ and ‘digital storytelling’.c A flowchart of our search process appears in Fig. 1. In phase 1 of our search process, we filtered out non-English language journal articles, articles referring to dental and clinical oral histories (which are a separate practice from the form of OH we describe above), those that did not appear to discuss OH or DST, and those unrelated to health. This resulted in 343 articles, 302 from the OH search and 41 from the DST search. In both searches, there were articles that were more clinical and those that were more public health oriented. Thus in phase 2, in order to isolate articles focused on public health, we defined public health broadly as encompassing articles related to health that dealt with a population’s experience outside of a clinical setting (though these articles could also include experiences within the clinical setting). We excluded articles that solely pertained to clinical professionals, as well as articles that were not primary studies discussing discrete situations in which these methods were used (i.e. review articles, methods articles, and book reviews were excluded). In the OH search, there were 76 articles that met our inclusion criteria (Table 1), and in the DST search, there were 26 such articles.

The review process consisted of reading through the article titles and abstracts to form an initial list of categories. Both authors then assigned all OH articles to categories, adding categories along the way as necessary, in a process similar to conventional content analysis described by Hsieh and Shannon.14 Each author categorized OH articles separately using similar and to adjust our coding practices when necessary. The authors then assigned all OH articles to categories, adding categories along the way as necessary, in a process similar to conventional content analysis described by Hsieh and Shannon.14 Each author categorized OH articles separately using the web-based software Dedoose15 with periodic conversation and consultation to ensure that we were applying the codes similarly and to adjust our coding practices when necessary. One author (E.K.T.) developed the coding system applied to the articles resulting from the DST search in consultation with the second author (A.S.).

While our primary focus in this article is the articles relevant to public health, it is worth briefly mentioning the

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a For further information on the practice of oral history, its applications, and analyses of its use, please see books by Leavy, Sheftel and Zembrycki, and Yow.2-4
b For further information on the practice of digital storytelling, its applications, and analyses of its use, please see Lambert’s book on the topic and two articles by Gubrium and colleagues.7,13