Stories create powerful connections between donors and the missions they care about by providing an emotional experience to inspire giving. Stories tap into a basic human inclination to connect emotionally to other people, and stories deftly illustrate the human impact of your healing work.

Stories also provide donors who have not had a personal care encounter with a rich, emotional and sensory experience of your mission in action. Given the impact a story can have, it is essential to know the “truisms” for telling stories well.

**TRUISM ONE: Emotion trumps reason**

The field of psychology called behavioral economics says *people do not behave rationally*; rather, *people behave irrationally in predictable ways*. For that reason, our emotional and intuitive right brain makes decisions for us. Then our analytical and logical left brain collects evidence to support the decisions we’ve already made. That means it’s very important to make an emotional connection first—people must feel something. Then they will want to find out more or get engaged.

A 2011 Harvard University article by Ron Ritchhart, “Of dispositions, attitudes and habits: exploring how emotions shape our thinking,” shares more: “Our first ‘read’ of a new situation is always centered in our emotions, feelings and attitudes….When we feel empathy for another’s plight, our emotion may help us to direct our energies to doing something about the situation….Our emotions act as magnets to either pull us into action or channel our energies in a particular direction.”

For example, participants in a behavioral study conducted in 2004 by Deborah Small, George Loewenstein and Paul Slovic were given an appeal for an international children’s organization. One group was told an emotional personal story, while a second group was given the story along with detailed statistical information about the 17 million people who were impacted. Then both groups were asked to consider making a charitable gift.

So, how did they respond? Those who had *just the story* gave 66 percent more than those who had detailed data and information. In other words, the
emotional story inspired a stronger response than the rational case for giving.

Princeton psychology professor Danny Oppenheimer summed it up in his 2010 article, “How charities get you to give”: “People give less when they are thinking analytically.” So, if statistics reduce empathy and willingness to give, health care organizations should carefully select key facts to elucidate the case or to give credibility for the proposed solution without getting bogged down in statistics for the sake of statistics.

The caveat with building emotion is that you must know where the line is. The emotions of fear, pity and guilt have all been shown to increase the number and size of gifts, but efforts to produce these emotions must be handled carefully.

In their 2010 book, Fundraising Principles and Practice, Adrian Sargeant and Jen Shang note that the use of emotions “should be strong enough to demand action, but not so strong that they become personally distressing to the donor. At this point, stimulating emotion becomes counterproductive and donors deal with their distress not by giving but by avoiding the communication.”

TRUISM TWO: The power of one

More than 500,000 people died in the Darfur region of the Sudan in Africa between 2003 and 2009. The scene was mass genocide with bodies piled on roadsides and discarded in ditches. While it was a scene of immense horror, organizations raising money to alleviate suffering found little support. It was not that people did not know conditions were atrocious or even that they did not find the issue important. The lack of support was likely because people couldn’t emotionally connect with—or even conceive of—500,000 dead.

Nicholas D. Kristof of The New York Times wrote an editorial in 2007 about the phenomenon called “Save the Darfur puppy.” In the piece, he talked about a series of studies by psychologists who tried to understand why “good, conscientious people” were not moved by the genocide. He said, “Time and again, we’ve seen that the human conscience just isn’t pricked by mass suffering, while an individual child (or puppy) in distress causes our hearts to flutter.” He says activists for particular causes often share the dramatic scale of mass human tragedy—likely in hope of shocking people into action—while not understanding that “the more victims, the less compassion” because of “psychic numbing” that limits human capacity to feel.

An article in Wired Science about a study of jury verdicts further reinforces this phenomenon for people charged with exposing others to toxic substances. The 2010 study by Jess McNally found that the more victims there were, the less harsh the sentence was for the crime.

It’s called the “scope-severity paradox.” Psychologist Paul Slovic of the University of Oregon, in commenting on the study, says it “shows that as the number of people who are victims of some problem increases—whether it’s a crime or a famine—the responsiveness to it, and the likelihood of taking action to
TRUISM THREE: Find a good hero

Good stories need good heroes. While it can sound cold, there is selectivity that needs to go into choosing a hero or victim for your story that your audience will feel is “innocent” in terms of the situation you are relaying. To use an obvious but extreme example, you would never tell the story of a patient who sustained life-threatening injuries following a car accident caused by driving under the influence of alcohol.

Likewise, there are diseases and injuries where heroes or victims can be less appealing because their condition could have been created or influenced by lifestyle choices or poor decisions. Research supports that donors respond most to someone they feel is suffering from consequences beyond his or her control. Donors will rally and fight for a victim who is relatable and who inspires empathy.

TRUISM FOUR: Focus on the benefits

Many times when we tell a story—especially about an innovative piece of technology—we tend to talk about features that are explained by a lot of numbers. For example:

The compact CT scanner provides 256 slices per rotation, has a gantry rotation of 0.27 seconds and delivers 120 kW power. X-ray tube technology enhances spatial resolution.

This excerpt is adapted from a real description of a piece of technology. While such features may interest a very slim audience, a description like this leaves most laymen with more questions than answers, and it sure would not tell you the real benefit of having one of these scanners. A donor reading a case statement about the acquisition of this piece of

Secrets to great mission stories

- **Get personal.** One person’s individual story creates the strongest emotional connection.
- **Be resonant.** Tell stories that connect with people’s values and beliefs.
- **Don’t resort to drivel or shock factor.** Use emotion without being so sappy or upsetting that donors shut down.
- **Be authentic.** Be genuine and trustworthy in the stories you tell. Feature stories of identifiable, real people in your community.
- **Be relevant.** Make stories relevant to donors; show them why they should care and show them what’s in it for them and their community.
- **Tell it well.** Great stories move on the power of action, not adjectives.
- **Be specific.** Give people a specific, concrete, understandable way to help.
- **Skip the jargon.** It’s more accessible but no less authoritative to say “cancer” instead of “oncology.”
- **Don’t be too politically correct.** “Poor” says more than “disadvantaged.” People connect with and understand “poor.”
- **Walk the fine line between problem and dream.** Most organizations have a gap between their reality and their dream, so it doesn’t take away from the current care to point out opportunities for a higher standard.
- **Do it right.** Ensure compliance with HIPAA in sharing patient stories.

reduce the problem, decrease.” He continues, “It has to do with the way empathy works. People empathize with people by putting themselves in the other person’s shoes. The more shoes there are, the harder it is to empathize with any single individual. People don’t multiply their feelings of empathy by the number of people involved.”

Whatever the rationale may be for why people respond this way, the implications are clear: Stories should revolve around a single individual that donors can relate to and connect with on a very basic human level.
equipment would really want to know the benefits this technology would offer in improving care to people.

To get you thinking from the right viewpoint, imagine a pair of sunglasses and the words you would use to describe their features. The words might include:
• Black.
• Plastic.
• Dark-colored lenses.

Now think about the benefits the sunglasses provide. For example, they:
• Protect your eyes from UV rays.
• Make it more comfortable to see without glare.
• Make you look stylish.
• Help you escape the clamor of the paparazzi.

So, back to our CT scanner—while donors may not care about the number of slices or the gantry rotation, they will care that having more images can enable a better diagnosis that will help someone to get better faster. They may also care that the CT scanner has a faster scan time, which means a person doesn’t have to stay still for long so the experience will be more comfortable. They would also likely care that it would limit the radiation, so the scan would be safer.

TRUISM FIVE: Happy endings are not required
Health care marketers tend to tell stories that resolve with everyone living happily ever after. However, most stories in real life do not resolve themselves so neatly. And stories that resolve neatly leave nothing for a donor to do to help since there is no unresolved threat. A story that is unfinished or unresolved shows a person who still needs help and allows donors an opportunity to step forward and do something meaningful to change the end of the story.

Think of a typical story of a woman diagnosed with cancer. She possibly started with surgery and has since gone through rounds of chemotherapy and possibly radiation. She’s already made a long journey to get to the point that the doctor finally tells her there’s no further evidence of disease—and it feels like a huge victory. However, before she walks out the door, the doctor tells her she has to come back in six months for another scan to ensure her cancer is still gone. Then, she will likely have to come back still again even if it is clear.

So, her story did not end. Her fight is not over. She is better—for now—but the threat is not entirely resolved. It’s OK tell this story with the unfinished ending; it allows...
someone to see the point of wellness to which she has travelled and the continued possibility that someone will need to intercede to keep her well.

**TRUISM SIX: Be relatable**

There is a video called “Historia de un Letrero” or “The Story of a Sign,” which Producer Alonso Alvarez Barreda originally presented in the 2008 Cannes Film Festival’s Short Film Online Competition. It’s the story of a man sitting on a sidewalk in a park with a sign asking people for financial help. People continue to walk by and look at the man, and some throw coins into a tin can in front of him. However, nobody seems moved by his plight to do more than throw pocket change. The sign the man holds says, “Have compassion, I am blind.”

Soon, a man walks by, sees the blind man’s sign, stops and comes back. He picks up the sign and flips it over to write on the back. He hands the sign back and leaves. After the sign is changed, many, many more people stop and put dollars and money in the can until it is overflowing. At the end of the day, the young man who changed the sign walks by again. The old man asks him what he did to the sign, and the young man replies, “I wrote the same, but in other words.” The new sign says, “It’s a beautiful day, and I cannot see it.”

The lesson is simple—to touch others, our message must be relatable. Most of us have never been blind, so we cannot easily put ourselves in the blind man’s shoes. However, most of us have experienced the beauty of a sunny day, and it would be hard to imagine no longer having that simple joy as part of your human experience.

**TRUISM SEVEN: Be specific**

Jennifer Aaker and Andy Smith from Stanford University wrote a book in 2010 called *The Dragonfly Effect*. In the book, they talk about a successful social media campaign that secured 24,000 bone marrow donors in a short 11 weeks. The campaign focused on two men—Samir and Vinay—who had both been diagnosed with leukemia. However, because of their Indian descent, there were very few probable donor matches for them in the bone marrow registry. So, their friends launched a social media campaign to tell the story of these two young men and their loving families to let people know of the seemingly insurmountable
situation faced by two relatable young family men.

A pivotal element in the success of the campaign was that people were given a very specific and understandable call to action: Get registered as a potential bone marrow donor to see if you are a match to save the lives of one of these young men. It’s not enough to say, “Please help.” It’s not enough to say, “We hope you will do what you can.” People need a specific, concrete and understandable way to exercise their desire to help.

Be yourself
While it doesn’t rise to the level of being a truism, there is another opportunity here to share your own genuine passion. Most of us have a personal reason we care deeply about the health care mission we represent. You don’t come to health care lightly; you come to health care because you care about the plight of other human beings, or you are interested in the way medicine can create miracles. However, many of us have also had health care touch our own lives or that of a family member in a way that our life was impacted or transformed. If your life has been touched, one of the most credible things you can do is share your own story. It gives you unsurpassed credibility when others realize the reason you do what you do is rooted in your heart and in your beliefs, rather than just being a job you are paid to do.

Well-crafted mission stories can be a powerful tool in engaging others in advancing your mission, and these stories happen within the walls of your health care organization each day. Great stories share the real, human, emotional, relatable impact of your healing mission. Great stories wrap a compelling and urgent vision and a clear call to action in an emotional narrative that resonates with a donor’s values. As a development leader, you play an essential role in uncovering and refining the stories of people whose lives were or could have been saved or transformed.

Editor’s Note: See the AHP website at www.ahp.org/spring2012journal for a complete listing of references and resources related to this article.

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