

## Writing for the Narrative Matters Section of *Health Affairs*

**Manuscripts of policy narratives submitted to Narrative Matters need to have four key components:**

**1. A compelling story.** We want to meet fully fleshed out human beings and find out what happens to them. When there's a patient in the piece, we don't want to be handed just a group of medical facts. Who is this person? To put it another way: make us care.

- **Technique tip:** Think cinematically. Create a scene. Make the action vivid and revealing. This is where an ear for dialogue and an eye for detail come into play—and both are essential in our narratives.

**2. A complete story,** with a beginning, middle, and end (resolution). Not all stories have these components, but our stories need to incorporate this type of strong narrative arc. This doesn't mean that a writer has to invent a way to resolve the issue being discussed or prescribe a specific new policy—sometimes just laying everything out in an insightful way is what's needed. It's been said that stories seek resolution; for us that means the narrative has to come to a constructed end, not just fade away.

- **Technique tip:** Decide what the story is, then ask: "What's the policy aspect?" Get the story and the policy component, and the outline of the narrative arc is underway.

**3. An insider's view.** Both we and our readers want Narrative Matters essays to show us something that we don't know about, but that the writer—a patient or a patient's family member, clinician, or other caregiver—is intimately familiar with. When writers are health care professionals, this also means that the story needs to be carefully translated into lay terms. Most of *Health Affairs'* readers aren't clinicians, so a Narrative Matters story has to be told in such a way that all of our readers understand all of its aspects. In our essays, we want readers to learn something new or to see the familiar from a new angle. The goal is to tackle a subject in a way that leaves readers saying, "Wow, I didn't know that" or "I'd never thought of it that way."

- **Technique tip:** Think of someone specific—let's say it's a neighbor named Chris—who is very bright but who doesn't know medicine's technical terms, shorthand, or treatment regimens. Write so that Chris will understand every word, using language heard in everyday conversations. For example, use the phrase "kidney failure" rather than "renal failure."

**4. A big-picture message.** Because *Health Affairs* is a health policy journal, Narrative Matters essays have a policy surround to their stories. It's this policy aspect that converts first-person stories into policy narratives. There is no single model to follow here; the policy aspect can be implicit or explicit, for instance. But for an essay to be published in our pages, it needs to include something tied to policy.

- **Technique tip:** Early in the writing process, figure out the story's policy aspect. Ask yourself if the story fits into a "macro" aspect of health care, or a "micro" aspect (meaning a one-time situation that's not part of a pattern). If the answer is macro, there should be a policy point that the piece can be tied to. If the answer is micro, then there isn't a policy point and the piece isn't right for Narrative Matters—although it might be right for another publication.

Not all personal stories related to medicine or health care are cut out to be Narrative Matters essays. We've found that some submissions have a strong personal story, but there's no way to give them a policy hook. Other submissions focus on an important policy aspect, but they don't have the right story to illustrate it. (Or as we sometimes note, they don't have it *yet*. Keep us in mind, we tell writers, when that perfect story does come your way.)

**The bottom line: An appropriate health care story + an appropriate tie to policy = a policy narrative.**

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