

BIOGRAPHICAL SKETCH

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NAME: Story, William Thomas

eRA COMMONS USER NAME (agency login): WSTORY

POSITION TITLE: Assistant Professor

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Northwestern University, Evanston, IL	BA	06/1999	Molecular and Cell Biology
University of Michigan, Ann Arbor, MI	MPH	04/2004	Health Behavior & Health Education; International Health/Epidemiology
University of Michigan, Ann Arbor, MI	PHD	08/2013	Health Services Organization & Policy

A. Personal Statement

I have over twelve years of professional experience in designing and evaluating community-based maternal and child health interventions in low- and middle-income countries. My training has focused on survey design, qualitative data collection, and both qualitative and quantitative analysis. My research reflects the successful application of my methodological training to my area of expertise, namely the influence of families and communities on the utilization of maternal and child health services. In order to address the complex sociocultural factors that influence maternal and child health care use, I am currently collaborating with a diverse group of colleagues--ranging from faculty in public health and sociology to leaders in the international NGO community--to develop new ways to expand the impact of future social and behavioral interventions. These new research trajectories require a consistent source of funding and I have had considerable success at securing funding from multiple donors, including USAID, CDC and the European Union. Furthermore, I have successfully managed large and small grants, including technical training, implementation, budget development, and human resource management.

1. Story WT, Burgard SA, Lori JR, Taleb F, Ali NA, Hoque DM. Husbands' involvement in delivery care utilization in rural Bangladesh: A qualitative study. *BMC Pregnancy Childbirth*. 2012 Apr 11;12:28. PubMed PMID: [22494576](#); PubMed Central PMCID: [PMC3364886](#).
2. Story WT, Burgard SA. Couples' reports of household decision-making and the utilization of maternal health services in Bangladesh. *Soc Sci Med*. 2012 Dec;75(12):2403-11. PubMed PMID: [23068556](#); PubMed Central PMCID: [PMC3523098](#).
3. Story WT. Social capital and the utilization of maternal and child health services in India: a multilevel analysis. *Health Place*. 2014 Jul;28:73-84. PubMed PMID: [24769216](#); PubMed Central PMCID: [PMC4065630](#).
4. Story WT, Taleb F, Ahasan SM, Ali NA. Validating the measurement of social capital in Bangladesh: a cognitive approach. *Qual Health Res*. 2015 Jun;25(6):806-19. PubMed PMID: [25857652](#); PubMed Central PMCID: [PMC4428589](#).

B. Positions and Honors

Positions and Employment

- 2002 - 2004 Research Assistant, University of Michigan, School of Public Health, Global Health Program, Ann Arbor, MI
- 2004 - 2005 Health Educator and Director of Public Health Preparedness, Washtenaw County Public Health, Ypsilanti, MI
- 2005 - 2009 Child Survival and Health Technical Advisor, World Renew, Grand Rapids, MI
- 2012 - 2012 Research Assistant, University of Michigan, School of Public Health, Department of Health Management & Policy, Ann Arbor, MI
- 2013 - 2015 Postdoctoral Scholar, UNIV OF NORTH CAROLINA CHAPEL HILL, Carolina Population Center, Chapel Hill, NC
- 2015 - Assistant Professor, UNIVERSITY OF IOWA, College of Public Health, Department of Community and Behavioral Health, Iowa City, IA
- 2015 - Director of Training for Public Health, Iowa Leadership Education in Neurodevelopmental & Related Disabilities (ILEND), University of Iowa, Iowa City, IA

Other Experience and Professional Memberships

- 2005 - 2012 Member, Global Health Council
- 2006 - 2009 Member At-Large, Board of Directors, Child Survival Collaborations and Resources (CORE) Group
- 2010 - 2010 Short-term Maternal Health Consultant, Africa Progress Panel, Geneva, Switzerland
- 2010 - 2010 USAID Child Survival and Health Grants Program Final Evaluation Consultant, HOPE worldwide, New Delhi, India
- 2010 - 2010 Short-Term Proposal Development Consultant, Child Survival Collaborations and Resources (CORE) Group
- 2011 - Member, Population Association of America
- 2011 - 2013 Social Policy and Community Systems Consultant, ICF International, Center for Design and Research in Sustainability
- 2012 - Member, American Public Health Association

Honors

- 2002 Alcoa Global Diversity Internship Travel Grant, University of Michigan
- 2009 Predoctoral Training Grant, Agency for Healthcare Research & Quality
- 2010 Predoctoral Training Grant, Agency for Healthcare Research & Quality
- 2011 New Investigator in Global Health, Global Health Council
- 2012 Rackham Conference Travel Grant, University of Michigan
- 2012 Rackham Predoctoral Fellowship, University of Michigan
- 2012 Rackham Graduate Student Research Grant, University of Michigan
- 2012 Hammel Research Award, University of Michigan
- 2012 International Institute Conference Travel Grant, University of Michigan
- 2013 Poster Session Winner, Population Association of America
- 2013 The Freedman Fund for International Population Activities, University of Michigan
- 2013 Rackham Conference Travel Grant, University of Michigan

C. Contribution to Science

1. Social capital—a broad term including social relationships, networks, and values that facilitate collective action for mutual benefit—has figured prominently in research on health and health behaviors. Yet, few of these studies have focused on low- and middle-income countries. My research has focused on better understanding the utility of the social capital construct in resource-poor countries, validating the measurement of social capital to create a reliable

survey instrument in Bangladesh, and examining the relationship between social capital and maternal and child health outcomes in India. Using focus group discussions and cognitive interviews, I created a new social capital survey instrument that can be used by health and development organizations in Bangladesh. In addition, I used the India Human Development Survey to show that social capital operates at the community level in association with the use of maternal and child health services; however, the results differed based on the type of health service utilized. Furthermore, I found that access to and benefit from social capital contributes to socioeconomic disparities in child undernutrition in India. Overall, strengthening social capital has the potential to give communities better access to resources and information to improve their health; however, negative aspects of social capital have can further marginalize disadvantaged populations and cannot be ignored. I was the primary investigator in all of these studies.

- a. Story WT, Carpiano RM. Household social capital and socioeconomic inequalities in child undernutrition in rural India: Exploring institutional and organizational ties. Consortium of Universities for Global Health Annual Conference; 2015; Boston, MA, USA. c 00 .
 - b. Story WT. Social capital and health in the least developed countries: a critical review of the literature and implications for a future research agenda. *Glob Public Health*. 2013;8(9):983-99. PubMed PMID: [24172027](#); PubMed Central PMCID: [PMC4318243](#).
 - c. Story WT. Social capital and the utilization of maternal and child health services in India: a multilevel analysis. *Health Place*. 2014 Jul;28:73-84. PubMed PMID: [24769216](#); PubMed Central PMCID: [PMC4065630](#).
 - d. Story WT, Taleb F, Ahasan SM, Ali NA. Validating the measurement of social capital in Bangladesh: a cognitive approach. *Qual Health Res*. 2015 Jun;25(6):806-19. PubMed PMID: [25857652](#); PubMed Central PMCID: [PMC4428589](#).
2. Many individuals in a woman's social network play a role in her decisions about childbirth, especially when acute problems arise. The husband is one of several possible family members who may influence this decision. His attitudes and beliefs play a key role in overcoming access barriers to maternal healthcare, or conversely, act as barriers themselves. Nonetheless, relatively few studies have focused on the role of the male partner, leading me to examine husbands' involvement in decisions about childbirth and the use of maternal health services in Bangladesh and Ghana. I found that utilization of a skilled birth attendant was associated with husbands' social support of their wives during delivery and their belief that medical intervention was necessary during childbirth. However, I also discovered that male partners who are excessively involved during the labor and delivery process can actually cause delays in care seeking due to their exclusive control over critical household resources. Studying male involvement will help elucidate effective ways to involve men during childbirth by addressing gender norms during labor and delivery and improving partnership dynamics throughout the antenatal period. I was the primary investigator or co-investigator in each of these studies.
- a. Story WT, Burgard SA, Lori JR, Taleb F, Ali NA, Hoque DM. Husbands' involvement in delivery care utilization in rural Bangladesh: A qualitative study. *BMC Pregnancy Childbirth*. 2012 Apr 11;12:28. PubMed PMID: [22494576](#); PubMed Central PMCID: [PMC3364886](#).
 - b. Story WT, Burgard SA. Couples' reports of household decision-making and the utilization of maternal health services in Bangladesh. *Soc Sci Med*. 2012 Dec;75(12):2403-11. PubMed PMID: [23068556](#); PubMed Central PMCID: [PMC3523098](#).
 - c. Speizer IS, Story WT, Singh K. Factors associated with institutional delivery in Ghana: the role of decision-making autonomy and community norms. *BMC Pregnancy Childbirth*. 2014 Nov 27;14:398. PubMed PMID: [25427853](#); PubMed Central PMCID: [PMC4247879](#).
3. Maternal mortality in resource-poor countries is caused by a number of preventable factors, ranging from treatable infectious diseases to the lack of access to appropriate maternal health services. Many low-income countries are promoting key maternal health services in

order to reduce maternal deaths. In collaboration with colleagues at the University of North Carolina in Chapel Hill we studied the continuum of care—a cascade of services beginning with early antenatal care and moving to skilled delivery and postnatal care—across nine low-income countries in Africa and Asia. We found a major “drop-out” (more than 50%) occurs early on in the continuum of care between the first antenatal care visit and four or more antenatal care visits. Furthermore, women who receive all the elements of the continuum of care tend to be the richest and most educated. In a separate study on maternal mortality in Mozambique, we discovered that HIV and malaria were important indirect causes of maternal death. Therefore, it is important to monitor maternal health service use and maternal mortality at a sub-national level to help inform decisions about interventions that address the unique health needs of each district. I was a co-investigator in both of these studies.

- a. Singh K, Moran A, Story W, Bailey P, Chavane L. Acknowledging HIV and malaria as major causes of maternal mortality in Mozambique. *Int J Gynaecol Obstet*. 2014 Oct;127(1):35-40. PubMed PMID: [24981974](#); PubMed Central PMCID: [PMC4175628](#).
- b. Singh K, Story WT, Moran AC. Assessing the Continuum of Care Pathway for Maternal Health in South Asia and Sub-Saharan Africa. *Matern Child Health J*. 2016 Feb;20(2):281-9. PubMed PMID: [26511130](#); PubMed Central PMCID: [PMC4740215](#).

Complete List of Published Work in My Bibliography:
<http://1.usa.gov/1PMZoYR>

D. Research Support

Ongoing Research Support

Maternal and Child Survival Program, ICF International Story (PI) 09/21/15-02/29/16
Child Survival and Health Grants Program Evaluation and Operations Research Support
Work closely with two USAID Child Survival and Health Grant Program grantees whose projects end in FY2015 to strengthen the quality of their final evaluations, operations research reports and operations research briefs and improve the ability to harness learning across projects.
Role: PI

Faculty Development Grant for Global Public Health Research, University of Iowa College of Public Health

Story (PI) 11/01/15-10/31/16
Evaluating the Impact of Social Relationships on Maternal and Child Health Outcomes: A Partnership to Measure and Strengthen Social Capital in Rural India
In collaboration with the Department of Community Health at St. John's Medical College in Bangalore, India, this project will build on prior work by cognitively validating social capital survey questions in rural India and using these questions to evaluate a social capital strengthening initiative.
Role: PI

The Nagel Institute, Calvin College Getui (PI) 02/01/16-06/30/17
Religious Innovation and Competition for the Prevention and Treatment of HIV among Faith-based Groups and Health Facilities in Western Kenya
The goal of the project is to compare faith-based groups and health facilities that have been operating in the context of religious competition to faith-based institutions that have been operating in the context of religious collaboration. We are specifically interested in examining patient satisfaction, social solidarity, and innovative practices within these two different service

delivery contexts.

Role: Co-Investigator

Completed Research Support

Global Public Health Initiative, University of Michigan, School of Public Health Story (PI)

09/01/12-08/31/13

A Comparative Approach to Validating the Measurement of Social Capital in Bangladesh

The primary objective of this project was to examine the measurement of social capital in a new cultural context using qualitative methods, including cognitive interviewing techniques and field notes.

Role: PI

Center for Global Health, University of Michigan Story (PI) 06/01/10-12/31/10

Overcoming Barriers to Professional Intrapartum Care in Rural Bangladesh

The primary objective of this project was to determine ways in which the delivery of maternal health services can better reach the poorest and most vulnerable women in Bangladesh.

Role: PI