



CHCF

Understanding Asset-Framing

Guidelines for CHCF Authors

April 2021




"Human beings are hardwired to create and act upon narratives. We crave the moral direction stories provide. And whether we know it or not, we constantly default to these narratives, which often place white men at the front of history."

– Trabian Shorters, founder and CEO of BMe Community

What is Asset-Framing?

Asset-Framing is a narrative model that defines people by their assets and aspirations *before* noting the challenges and deficits. This model invests in people for their continued benefit to society.

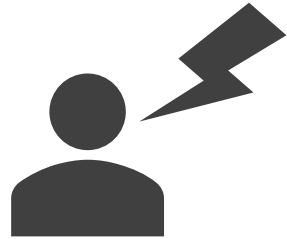
Watch Trabian Shorters define Asset-Framing in 60 seconds. 



Asset-Framing Psychology

- **The primary mind, which does 95% of our mental work, is intuitive.** How it is primed determines how it perceives situations, people, and systems because **priming determines which narratives and data we will credit** and which ones we'll discredit or ignore.
- The purpose of **Asset-Framing** is to **give the primary mind a fuller set of information** and associations to draw upon when making decisions.
- Asset-Framing is a cognitive skill for **priming associations of genuine 'worth' rather than priming fear** as our sole motivator for equitable action.
- A good practice in Asset-Framing is to **state what you want (prime hope) twice as often** as you state what you don't want (prime fear). This is because the mind holds on to fear stimulus longer and more easily, so a 50/50 split is not sufficient to outweigh fear prompting.

Why Is Deficit-Framing Harmful?



1. Defining people by their challenges can be stigmatizing.



2. When using or exposed to Deficit-Framing, your brain can begin to match negative qualities to certain people or groups. That can have cognitive and social consequences.



3. Yet, very often in our work – especially around health disparities – we default to Deficit-Framing.



4. Over time, Deficit-Framing can create cynicism and eat away at hope.

Asset-Framing Audit

We asked Trabian Shorters and Benjamin Evans, who created the concept of Asset-Framing, to perform a communications audit around some of our content. They looked at a variety of content on the CHCF website, including:

- ✓ [About CHCF](#) page
- ✓ Our [Diversity, Equity and Inclusion statement](#)
- ✓ 2 EC blogs on COVID re: [racial and ethnic disparities](#) and [maternal mortality](#)
- ✓ Select parts of the [Disparities Almanac](#)
- ✓ 2 topic pages on [Health Equity](#) and [Homelessness and Health Care](#)

High-Level Findings

Focus on the System

- We know that failures in the health care delivery system are the real *problem* – *e.g.*, barriers around access to care and poor quality of care.
- Yet the mind often conflates the situation, making the *group* the system is failing into the problem and/or rendering them permanent victims.
- This is often the case when it comes to describing disparities.

Include Aspirational Language

- Lead with aspirations before getting into failures. It's a more interesting story that suggests there may be systemic barriers.
- Include at least one key finding that defines groups by their aspirations and contributions.
- “If you have a stake in ‘ending’ health disparities, say so, rather than saying you have a stake in ‘addressing’ them. If you only aspire to address disparities, you’re signaling you’re not that interested in ending them.

Feedback: About CHCF Page

The image shows a screenshot of the California Health Care Foundation (CHCF) website. The top navigation bar includes links for ABOUT CHCF, OUR WORK, THE CHCF BLOG, PUBLICATIONS, GRANTS, INVESTMENTS, EVENTS, and MEDIA. The main heading is "About CHCF". The main content area contains a paragraph: "The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford." Below this is another paragraph: "At the California Health Care Foundation, we know that health care is a basic necessity. We work hard to improve California's health care system so all Californians can get the care they need." A third paragraph follows: "One out of three Californians lives in or near poverty. Because this group faces the biggest health burden and the greatest barriers to care, our priority is to make sure they have access to high-quality care. We recognize the historical and continued oppression experienced by Black, Latinx, Asian, Pacific Islander, and other racial and ethnic groups. That is why we also work to create a health care system that is designed to redress, and not perpetuate, the inequities that too many of our fellow Californians face." The left sidebar lists: About CHCF, Our Goals, Strategy at a Glance, Our Approach, Diversity, Equity, and Inclusion, Learning & Impact, Board of Directors, and CHCF Staff. Three blue callout boxes provide feedback: one pointing to the word "in" in the first paragraph, one pointing to the underlined phrase "particularly those with low incomes and those whose needs are not well served by the status quo.", and one pointing to the underlined phrase "We work hard to improve California's health care system so all Californians can get the care they need.".

SEA
HELP

ABOUT CHCF OUR WORK ▼ THE CHCF BLOG PUBLICATIONS GRANTS INVESTMENTS EVENTS MEDIA

About CHCF

About CHCF

- Our Goals
- Strategy at a Glance
- Our Approach
- Diversity, Equity, and Inclusion
- Learning & Impact
- Board of Directors
- CHCF Staff

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

At the California Health Care Foundation, we know that health care is a basic necessity. We work hard to improve California's health care system so all Californians can get the care they need.

One out of three Californians lives in or near poverty. Because this group faces the biggest health burden and the greatest barriers to care, our priority is to make sure they have access to high-quality care. We recognize the historical and continued oppression experienced by Black, Latinx, Asian, Pacific Islander, and other racial and ethnic groups. That is why we also work to create a health care system that is designed to redress, and not perpetuate, the inequities that too many of our fellow Californians face.

Replace 'in' with 'to' .

'who are negatively impacted by the inequitable policies and treated unfairly by the healthcare system.'

Statement could be stronger and more specific with the change.
-Low income excludes black and brown people who do not have low incomes but experience disparities.
-Status quo is not specific enough and doesn't paint a clear picture for the common person reading.

Love this statement! It speaks to the source of the problems you are trying to solve for. More specific language like this is needed.

Feedback: DEI Statement

CHCF DEI Vision Statement

Historical and continued oppression and the dominance of white culture results in widespread inequities in our society, which are maintained through interpersonal interactions, and policies across systems and institutions. Now...

Imagine a society where diversity is viewed as a strength, where equity is achieved, and where inclusion is valued and supported.

Imagine a health care system where all Californians get the care we need when we need it; a system designed to redress, not perpetuate, inequities faced by historically and currently excluded groups. At CHCF, we aim to put into practice -- through all aspects of our work, organizational policies, and culture -- the values and principles that will move us toward this vision.

In our role as employer, funder, thought partner, convener and investor, we commit to the values of diversity, equity, and inclusion. These values inform our strategy and how we deploy resources, form our partnerships, frame our communications, produce research and analysis, and champion solutions. We commit to creating, implementing, and continuously improving our organizational policies and practices to ensure diverse leadership and staff at all levels, value individual lived experience, and promote opportunities for each of us to thrive and achieve.

We commit to fostering cultural practices and behaviors that go beyond respecting voices to implementing structures so that the values and perspectives of our diverse authentic, and engaged teams define the foundation's strategic priorities, leadership and success on behalf of Californians. We know doing so requires openness, humility, courage, and hard work. We believe that our best work will be achieved in a culture built on mutual respect and trust.

In this final paragraph, you used language that signaled lower commitment to DEI than you may have intended.

In the Diversity to Inclusion to Equity progression, those at the diversity end of the progression tend to favor words like "voice", "acceptance", "tolerance" and "perspectives" because diversity ends up being about "seeing and acknowledging difference".

Those at the inclusion level tend to favor language about "participation", "engagement", "involvement" and so on because they're signaling "not only do I see you but I want you included in my important priorities."

Those at the equity end tend to favor language like "lead", "authority", "power" and "benefit" because they're signaling "it's not about including you in my thing, it's about making this our thing." IMHO

Feedback: Maternal Mortality Blog

Efforts to Reduce Black Maternal Mortality Complicated by COVID-19

Stories that caught our attention

APRIL 20, 2020

By Xenia Shih Bion

SHARE    



Latoyha Young had a birth plan. She was going to have the baby in Sacramento with community doula Joy Dean by her side. Dean was funded by the county's [Black Child Legacy Campaign](#), which works to reduce the disproportional number of Black infant and child deaths in Sacramento.

But in mid-March, when Young went into labor just as Governor Gavin Newsom ordered Californians to stay at home to avoid spreading the novel coronavirus, her plans went awry. Dean drove them to the hospital only to discover that new restrictions on visitors in labor and delivery rooms meant that Young would have to labor alone, [Fileen Guo reported](#) in the *New York Times*.

"I'm not worried about the virus," Young told Guo. Instead, she was worried that without her doula by her side, the delivery room staff would not listen to her.

Young's concern is not unique to the COVID-19 crisis. The [Listening to Mothers in California survey](#), led by the National Partnership for Women and Families and funded by CHCF and the Yellow Chair Foundation, found that [almost one-third of Black mothers \(PDF\)](#) reported that they did not feel the delivery room staff encouraged them to make decisions about their birth progression. More than 10% of Black mothers reported that they were treated unfairly during their hospital stay because of their race or ethnicity.

**ESSENTIAL
COVERAGE**

Beautiful article and very informative. Outlined:

- Aspiration of Black mothers
- Common goals of Black mothers and nurses
- The system in which needs repairing
- Steps taken to navigate in the systems
- Steps taken to repair the system.
- Organizations that offer support.

Asset-Framed introduction is quite engaging!

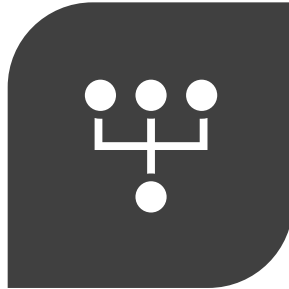
The document overall had a much stronger Asset-Frame than the other research-related documents. I'm curious if this is because mothers are the focus or if this writer is better at asset-framing.

Aspirations Example: RWJF Health Values Survey

Question: Some people say that they make their health a priority in what they do almost always. Other people say that they try to make health a priority but because of time and other considerations they often have to put other things ahead of their health. Which group do you agree with most?

	Hispanic	Non Hispanic, Black	Non Hispanic, White	Non Hispanic, Asian	Non Hispanic, Pacific Islander	Non Hispanic, American Indian/Alaska Native	Non Hispanic, Other/Multiple Races
Those who say they make their health a priority almost always	45.98%	43.81%	35.26%	39.38%	39.35%	30.09%	43.81%
Those who say they often have to put other things ahead of their health	48.71%	49.38%	59.56%	57.36%	49.76%	65.54%	51.05%
Dont Know, Refused, Missing/Blank	5.31%	6.81%	5.19%	3.26%	10.90%	4.37%	5.14%

Potential Applications



**How we describe
CHCF's work – mission,
values, and projects**



**Issue briefs and
reports**



Blogs



**Social media
posts**



**How we work
with our grantees**



**The types of
projects we
initiate**



Imagery

Asset Framing DOs and DON'Ts

DO

- Define people by their aspirations and contributions before noting their challenges.
- In other words, present people with dignity!
- Lead with an aspiration statement instead of a problem statement. (See example from a recent CHCF blog.)
- If you have to include deficit language, try to balance it with aspirational language so it's not a drumbeat of challenge after challenge.
- Use "people first" language. (e.g., person experiencing homelessness)
- Use higher-aspiration verbs like end or eliminate. If you only aspire to address disparities, you're signaling to audiences you're not that interested in ending them.
- Name the source of a problem so that the audience doesn't fill in the gap with personal responsibility.
- Also, try to highlight solutions whenever they exist.
- Be careful about using White people as the comparison group. Doing so can reinforce the thinking that being White is the "default."

DON'T (or try really hard not to do this)

- Don't introduce a person or community as "at-risk," "underprivileged," "disadvantaged," or "vulnerable." Intentionally or not, this can stigmatize the people you are trying to help.
- Don't forget that people can be part of a group and have separate beliefs and identities from that group.
- Don't name a disparity without attributing some responsibility to the source of the problem. If failures in the health care delivery system (e.g., barriers to care access) are the problem, name them.

Blog Example #1

Original Lede

Working at a Newark, NJ, high school, Ashley Edwards often overheard **students chatting about their everyday problems**. She recognized a theme.

“They weren’t naming it this way, but it was trauma,” said Edwards, a native of Newark who attended Yale and Stanford. “**That’s just what it’s like** to grow up in the neighborhoods we live in.”

Revised Lede

At the big city charter school she ran, Ashley Edwards was surrounded by **future artists, writers, and engineers who radiated talent and grit**. Many of her students were **driven to succeed despite encountering racism, poverty, and community violence** on a routine basis, she said.

“I’d generally describe them as **survivors**,” Edwards said of the young people at Newark Prep Charter School in New Jersey. In communities nationwide, young people growing up in Black families and in households with low incomes regularly endure frightening or threatening situations – the kind of stresses that inflict lasting damage on a child’s mental and physical health.

Blog Example #2

Original Lede

The Latinx community in the United States has always been, for the most part, **on the bottom half on income in the American society. The struggle to have access to health and mental care** is part of their own history. However, the COVID-19 pandemic has come to intensify the problems. There are some issues that can no longer be ignored, especially in California, the state where now this group is the majority with approximately 15 million out of 40 million.

Revised Lede

Since 2014, Latinx people have constituted the largest ethnic group in the nation's largest state. They now represent 39% of the California population, and in recent **years Latinx residents have made significant advances in economic well-being** as measured by such metrics as reduced poverty rates and growth in business ownership. The **number of Latinx people elected to school boards, local offices, and the state legislature** also has increased significantly.

Despite this impressive social and economic progress, Latinx residents have lagged other Californians in achieving important goals like home ownership and income growth. We can now add to that list the disproportionate harm visited on that community by the COVID-19 pandemic.

Additional Resources

- [Asset-Framing in 60 Seconds](#)
- [Takeaways from Trabian Shorters at the Communications Network](#)
- [Trabian Shorters speaking at the Aspen Institute on the future of America](#)
- [Asset-Framing: The Other Side of the Story \(10 min read\)](#)
- [Driving Social Impact Through Community And Storytelling](#)