



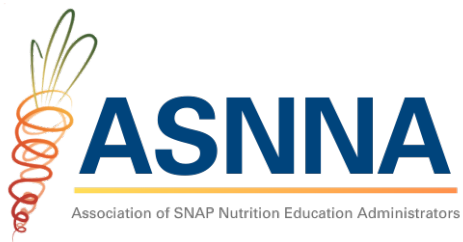
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# **Ethical Storytelling & Asset-Framing: A Toolkit for Centering Equity when Communicating Programmatic Success**

Prepared by the Evaluation and Reporting Subcommittee of the National Association of SNAP Nutrition Education Administrators (ASNNA) Evaluation Committee Representing SNAP-Ed Agencies

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## Acknowledgements

This toolkit builds on the work of others. The toolkit authors adapted ideas from other individuals and organizations and applied those to present a curated set of asset-framing and ethical storytelling resources and practical examples to support public health researchers, practitioners, and evaluators. This is a working document that should be developed and strengthened over time. This work would not have been possible without thought leaders who have been working in this space. While there are many individuals and organizations who have contributed to a collective understanding of the concepts presented within this toolkit, the authors would like to explicitly acknowledge Trabian Shorters, a social entrepreneur and CEO/ Founder of BMe (<https://trabianshorters.com/>) who developed an Asset-Framing® for Equity framework. The authors would also like to acknowledge the Ethical Storytelling™ (<https://ethicalstorytelling.com/>), a website and community that has curated resources on understanding and applying ethical storytelling. Both Trabian Shorters and Ethical Storytelling are valuable resources for learning more about using an asset frame and ethical storytelling to promote social justice. This toolkit is not meant to supplant or replace these resources.

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The toolkit authors would like to acknowledge the design contributions of Angela Duncan.

## Positionality

### *Positionality of Toolkit Authors:*

The developers of this toolkit are evaluators of the Supplemental Nutrition Assistance Program - Education (SNAP-Ed), participating in a national evaluation community of practice through the Association of SNAP Nutrition Education Administrators (ASNNA) Evaluation Committee. This toolkit captures experience and learnings from a year-long Evaluation and Research (E&R) Subcommittee conversation on equitable evaluation. The goal of the collaborative work is to connect disparities and community wide problems to systemic causes and design evaluation approaches and dissemination practices that equitably and respectfully lift up community voice.

We, the authors, hold positions in SNAP-Ed State or Implementing Agencies, many at universities or public health organizations. Our years of time and roles within SNAP-Ed vary, as do our geographic locations; racial, ethnic, and socioeconomic backgrounds; lived experiences; and values.

While we represent many cultural identities, we acknowledge that SNAP-Ed may have promoted and has the potential to perpetuate health inequities through the use of paternalistic, universalistic, and supremacist framing in the development, implementation, and evaluation of public health nutrition programming. Using learnings and practices from asset framing and ethical storytelling, as well as the guiding principles proposed by our colleagues on the ASNNA Race, Health, and Social Equity Committee, we hope to disrupt the imposition of dominant cultural norms about diverse communities, which devalue and suppress the resources and assets of those communities and re-frame and reimagine more liberating, equitable, and inclusive communities.

As individuals with varying identities and positionalities, we acknowledge the advantages provided through the receipt of sustained government funding for SNAP-Ed, in addition to our individual privileges as members of university and public health communities. We believe that advancing equity is an ongoing process that involves both how we treat people and allocate resources internally and externally to the agencies and

organizations in which we work. We are committed to promoting health equity through our SNAP-Ed-funded work, using those funds to uplift community voices and existing assets that have not been previously recognized by the public health nutrition community. We also believe evaluation should serve to improve social justice in addition to demonstrating program effectiveness and guiding future work.

Advancing equity through evaluation is an ongoing journey for us as evaluators of public health nutrition programs. We welcome feedback and constructive criticism to help us grow as practitioners, evaluators, and advocates.

## Contact Information

This version of the toolkit was featured at the AEA annual meeting in October of 2023. For feedback or additional questions on the toolkit, please contact:

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## Introduction

Evaluation practices should promote inclusion and reduce stigma. This is especially relevant to data sharing and storytelling. Words and narratives prime the way we think about people. With the more prevailing deficit-framing approaches, our brains begin to match negative qualities to certain groups of people, perpetuating stigmatization. Asset-framing shifts the stories we are telling from problem-centered to person- and strength-centered, demonstrating the value of people's lived experiences. Evaluation approaches have the potential to shift thinking, and as Trabian Shorters, a

*“Story has the opportunity to show someone how strong they can be and to highlight our strengths and dignity and hope, potentially amidst dark, trying, and sometimes overwhelming injustice.”*

– Rachel Goble, CEO of The Freedom Story and a co-curator of the Ethical Storytelling website

*“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.”*

– Trabian Shorters, Thought Leader and Creator of Asset-Framing®

thought leader and creator of Asset-Framing says, it allows you to “... engage people from a more aspirational lens, a more inspirational lens, and actually a more accurate lens.”(Shorters, 2023)<sup>1</sup> For more information on Trabian Shorters and his social impact and equity work, see: [TrabianShorters.com](https://trabianshorters.com)

This toolkit will review asset-framing and ethical storytelling approaches and provide recommended resources to apply these practices to evaluation data narratives. By sharing these resources and approaches, the developers hope to reinforce principles of inclusion and equity so that the evaluation stories we tell are aspirational and convincing. Tools shared here will provide examples of how to connect disparities and community-wide problems to systemic causes, transforming harmful narratives and reducing stigma. To be most effective, these practices must be integrated into program planning and evaluation design and reflected through ongoing community engagement.

As a practical resource, the toolkit includes infographic-style (Appendix A) and storytelling (Appendix B) templates that can be modified to readily apply the concepts shared here to evaluation dissemination. The resources and examples are designed to support inclusive communication and equitable evaluation practices that can be embedded over time, while also sharing ready-to-use tools and examples so that users can easily incorporate these equity principles into their existing implementation and evaluation approaches. These resources are also applicable across a diversity of programs, funding, and topic areas and the developers hope they will be applied more broadly to more equitably uplift community assets and participant voice in public health programming. The toolkit is also an effort to share meaningful resources without being overly prescriptive.

This toolkit is a guide for moving along the asset-framing and ethical storytelling continuum with the goal of eventually reaching equitable evaluation. It is not meant for evaluators and practitioners to appropriate the language of asset-framing and ethical storytelling if programs do not involve community members in a respectful manner. To fully integrate asset-framing into evaluation, the principles must be incorporated into all aspects of program and evaluation planning and data collection. Though that is not a primary focus of this toolkit, several resources that address equitable community engagement principles and equitable evaluation frameworks are provided.

<sup>1</sup> Shorters, T. (2023). *Trabianshorters.com*. <https://trabianshorters.com/>

# Overview

## What is in this toolkit and why should I use it?

- **What:** This toolkit provides definitions of key concepts to understand why this method is so important; guiding questions, language suggestions, and practical applications to help facilitate asset-framing and ethical storytelling; before and after examples to showcase modifications to narratives, infographics, and success stories; and additional resources beyond the scope of this toolkit.
- **Why:** Users will be able to communicate the outcomes and impacts of community initiatives using an asset frame and incorporating the principles of ethical storytelling.

## Who is this toolkit for and when should it be used?

- **Who:** Anyone can benefit from learning the skill of asset-framing and ethical storytelling. In particular, evaluators working to share programmatic outcomes and uplift stories of intervention success can use this toolkit to reframe their findings to showcase the strength of a community before discussing the gaps; uplift community voice; and reduce the stigma associated with deficit-framing in evaluation dissemination.
- **When:** This toolkit is designed to be useful for evaluation reporting and dissemination in both narrative and data visualization formats. Additionally, the concepts shared here can help to inform evaluation planning. Users may find that applying the approaches in this toolkit brings to light gaps in data and can inform future evaluation planning, community engagement, evaluation design, and data collection methodologies, as well as help ensure integration of the principles shared here throughout the program lifecycle.

## How do these approaches advance equitable evaluation practices?

- **How:** This approach helps to reduce stigma and provide an inclusive language that uplifts communities by shifting the user's mindset from problem-centered to person/strength centered. Instead of the user's brain matching negative qualities to certain individuals in a group which can perpetrate stigmatization, they match lived experiences and the value of community voices to understand the circumstance and strengths individuals hold and where communities can best support.

## Defining the Concepts

The first part of this toolkit will be introducing the two main concepts of asset-framing and ethical storytelling and briefly describe their background, context, and explain each practice.

### Ethical Storytelling

Language through story is a major way humans encode and explain the environment around us and shape our understanding of each other and the world. Our entire perception of reality, our beliefs and behaviors, is created, understood, and expressed through the creative use of language and storytelling. Research demonstrates that *humans are hardwired for stories* because we are an ultrasocial species with minds designed for processing stories, not logic (Boyd, 2009; Polkinghorne, 1988)<sup>2</sup>. Stories can also act as mental shortcuts, using past experiences to make quick decisions. These shortcuts, called heuristics, combined with our implicit biases, while an asset during our evolutionary development as a human species, can today be detrimental when false narratives, stereotypes, and false beliefs reinforce misinformation about each other in harmful ways (Bottom, 2004)<sup>3</sup>. Truthful and intentional storytelling is essential for overcoming biased, incomplete, and oppressive narratives.

A story's ability to engage people, evoke emotions, and influence thoughts, attitudes, beliefs, and behaviors is what makes stories so powerful. Listening and learning from the stories and lived experiences of participants allows researchers and community partners to explore the context, cultures, and complexities surrounding public health work and the nuances of the human aspects that underpin social challenges, especially those involving marginalized groups (Rose & Franck, 2022)<sup>4</sup>. The sharing of such stories and experiences has also been found to have positive impacts on community storytellers (McCall et al., 2021; DiFulvio et al., 2016; Gubrium et al., 2016)<sup>5</sup>.

Because stories from individuals are personal, especially those shared from marginalized and deliberately silenced or unheard communities, it is critical to take a trauma-informed approach and follow ethical guidelines to ensure the safety, autonomy, voice, and dignity of a community is centered. Additionally, because prevailing social and cultural norms often carry biased and stigmatized overtones, it is critical that evaluators and storytellers work to intentionally combat those narratives that cause harm.

Ethical Storytelling, developed by and for social impact professionals, is about creating a culture where people feel empowered and their stories are portrayed with dignity and strength (Leukefeld et al., 2003)<sup>6</sup>. Ethical Storytelling principles can be used by SNAP-Ed professionals to ensure the ethical and equitable collection, translation, and sharing of stories.

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<sup>2</sup> Boyd, B. (2009). *On the origin of stories: Evolution, cognition, and fiction*. Harvard University Press.; Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. SUNY Press.

<sup>3</sup> Bottom, W. P. (2004). *Heuristics and biases: The psychology of intuitive judgment*. JSTOR.

<sup>4</sup> Rose, C., & Franck, K. (2022). *Ethical Storytelling The Role of Ethical Storytelling in Evaluating Extension's Impact*. <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://extension.tennessee.edu/publications/Documents/W1078.pdf>

<sup>5</sup> McCall, B., Shallcross, L., Wilson, M., Fuller, C., & Hayward, A. (2021). Storytelling as a research tool used to explore insights and as an intervention in public health: A systematic narrative review. *International Journal of Public Health, 66*, 1604262.; DiFulvio, G. T., Gubrium, A. C., Fiddian-Green, A., Lowe, S. E., & Del Toro-Mejías, L. M. (2016). Digital storytelling as a narrative health promotion process: Evaluation of a pilot study. *International Quarterly of Community Health Education, 36*(3), 157–164.; Gubrium, A. C., Fiddian-Green, A., Lowe, S., DiFulvio, G., & Del Toro-Mejías, L. (2016). Measuring down: Evaluating digital storytelling as a process for narrative health promotion. *Qualitative Health Research, 26*(13), 1787–1801.

<sup>6</sup> Leukefeld, C., Roberto, H., Hiller, M., Webster, M., Logan, T. K., & Staton-Tindall, M. (2003). HIV prevention among high-risk and hard-to-reach rural residents. *Journal of Psychoactive Drugs, 35*(4), 427–434.



## **AN ETHICAL STORYTELLING APPROACH ASKS QUESTIONS LIKE:**

- Have we truly listened to our participants and given them the respect they deserve?
- Have we asked the storyteller for consent to use their story?
- Does the storyteller know and agree with how their story will be shared?
- Has the success and/or outcome of participation been framed from the perspective of the community/participant?
- Do we include perspectives of various interested parties and ideas throughout the process?
- Does the storyteller have agency in the story and are they involved in the writing process?
- Do we depict our services as a “rescuer” or as a partner that supports the individual?
- Does our version of the story reinforce harmful stigmas and stereotypical narratives?
- Are we using person-first, strength-based language?
- Are published stories culturally and linguistically appropriate, and are they easily accessible for the individuals and communities from which they came?

It is also important to consider the principles of language justice, which is described as an individual’s right to communicate in the language in which they feel most comfortable, the right to be heard both as an individual and as part of a diverse community and cultural context, the recognition of social and political dimensions of language and language access, and the intentional creation of multilingual spaces that reduce barriers, bridge differences for shared understanding, and equalize power dynamics and meaningful participation (*Ethical Storytelling | Changing The Way Non Profits Tell Story*, 2018; *Language Justice*, 2022)<sup>7</sup>. Ethical Storytelling can equip SNAP-Ed professionals with tools to responsibly highlight community successes in ways that reduce harmful stereotypes and inspire hope, dignity, and humanity.

### **Asset-Framing**

The way that information is presented, or framed, can have an impact on how it is perceived and acted upon (Tversky & Kahneman, 1981)<sup>8</sup>. A very common way to present information about educational programs and multi-level interventions is to present an issue or problem to be “solved,” followed by a description of how the intervention components addressed this issue. Logic models, for example, usually follow this format. This approach can be described as deficit-framing.

Alternately, asset-framing is a communication approach that centers individual and community assets rather than focusing on a problem to be solved. Asset-framing does not ignore or deny that problems exist, but rather allows a more nuanced presentation.

Health-related assets have been defined as “any factor that enhances the ability to create or sustain health and wellbeing” (Brooks & Kendall, 2013, p. 128)<sup>9</sup> An asset-based approach is one that emphasizes the ability of

<sup>7</sup> *Ethical Storytelling | Changing The Way Non Profits Tell Story*. (2018). Ethical Storytelling. <https://ethicalstorytelling.com/>; *Language Justice: A Toolkit For Organizers - Right to the City*. (2022). <https://www.righttothecity.org/resources/language-justice-a-toolkit-for-organizers>.

<sup>8</sup> Tversky, A., & Kahneman, D. (1981). The framing of decisions and the psychology of choice. *Science*, 211(4481), 453–458.

<sup>9</sup> Brooks, F., & Kendall, S. (2013). Making sense of assets: What can an assets based approach offer public health? *In Critical Public Health* (Vol. 23, Issue 2, pp. 127–130). Taylor & Francis.

individuals and communities to contribute to the identification of the issues they face as well as what actions are needed to solve them (Morgan and Ziglio, 2007)<sup>10</sup>. Such an approach allows for an understanding of how perceptions, patterns of behavior, and understandings developed as protective factors in response to the contexts and conditions in which they were developed and are maintained.

Assets can be included in several ways when framing a project, whether in terms of project planning, evaluation of the project, or communicating results. Some examples include (De Andrade & Angelova, 2020)<sup>11</sup>:

- Depicting the beliefs or behaviors of an audience, from the perspective of audience members, to increase understanding of their perspectives
- Explaining strategies and solutions that are identified or created by individuals, organizations, and communities; some of these may have arisen in response to inequities or other contextual challenges
- Identifying indicators or measures of success that are meaningful to those prioritized by the intervention, which may or may not align with those previously identified as part of the program theory

## Applying the Concepts

This section of the toolkit provides practical steps to approach and integrate asset-framing and ethical storytelling into evaluation dissemination. For both concepts, the toolkit provides key things to consider, what to avoid, and examples of application.

### How to Approach Ethical Storytelling

Ethical Storytelling is about the types of stories we tell and how we go about collecting and distributing those stories. The importance of building and maintaining meaningful, authentic, trusting relationships with storytellers cannot be understated. Investing in these relationships and storytelling partnerships is vital to the process. The types of stories we tell must move beyond the obvious ones that highlight challenges and deficits, elevate exceptional and outlier experiences or outcomes, create a dramatized “hero,” or center programs and organizations as “saviors.” More ethical approaches center stories that affected individuals and communities are excited to share, stories that are developed with deep consent and collaboration, that include multiple perspectives, historical and systemic contexts, and emphasize growth, strengths, assets, beauty, and dignity. At all times, we should be asking ourselves:

### How can we collect and craft stories that center connection, relationship, and belonging?

Are we sharing a story or using a story, encouraging a voice or exploiting it. We must be thoughtful and intentional about the ways we approach collecting and sharing stories, especially those stories emerging from individuals and communities who have experienced trauma or oppression. The following methods for collecting and communicating stories can help you demonstrate impact and success while showing storytellers respect and dignity.

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<sup>10</sup> Morgan, A., & Ziglio, E. (2007). Revitalising the evidence base for public health: An assets model. *Promotion & Education*, 14(2\_suppl), 17–22.

<sup>11</sup> De Andrade, M., & Angelova, N. (2020). Evaluating and evidencing asset-based approaches and co-production in health inequalities: Measuring the unmeasurable? *Critical Public Health*, 30(2), 232–244.

## WHEN COLLECTING STORIES

### Seek Continuous Consent

- Always get consent and continue asking throughout the collection and creation process (Klykken, 2021).
- Maintain the privacy of all participants and partners.
- If the quote or story belongs to a child, a guardian or caregiver must give consent, and the child must provide assent.
- Be respectful if people choose not to share and DO NOT be coercive.

### Practice Transparency

- Go to the source of the story (partners and participants). Avoid making assumptions about someone else's experience. Seek the support of others to determine whether you are unknowingly making assumptions.
- Explain why you want to share their experiences and perspectives. Explain how their story will be used and where it will be shared. Share the updated media release form.

### Exhibit Conscious Curiosity

- Take a posture of humility and learning. Be aware of your own assumptions, biases, reactions and emotions. Strive to be respectful and non-judgmental.
- Use a trauma-informed approach to asking questions because sharing stories about life can increase vulnerability.

## WHEN SHARING STORIES

### Co-Create Stories

- Invite diverse perspectives from all stakeholders involved.
- Practice “member checking” (Livari, 2018), where you allow the people in the story to review your work and continue to check in about accuracy.
- Seek the opinion of leaders and cultural liaisons to ensure ethicality.

### Use Empowered Writing

- Use person-first, strengths-based language. Frame personal challenges as a temporary issue, not as a defining characteristic. Be aware of how sharing a person's story could place the sharer at risk for harm.
- Avoid simplifying and over-dramatization.
- Include the nuance and complexity of each story because people and groups of people are not all the same (monoliths).
- Don't twist, morph, or exaggerate a story into something it is not.

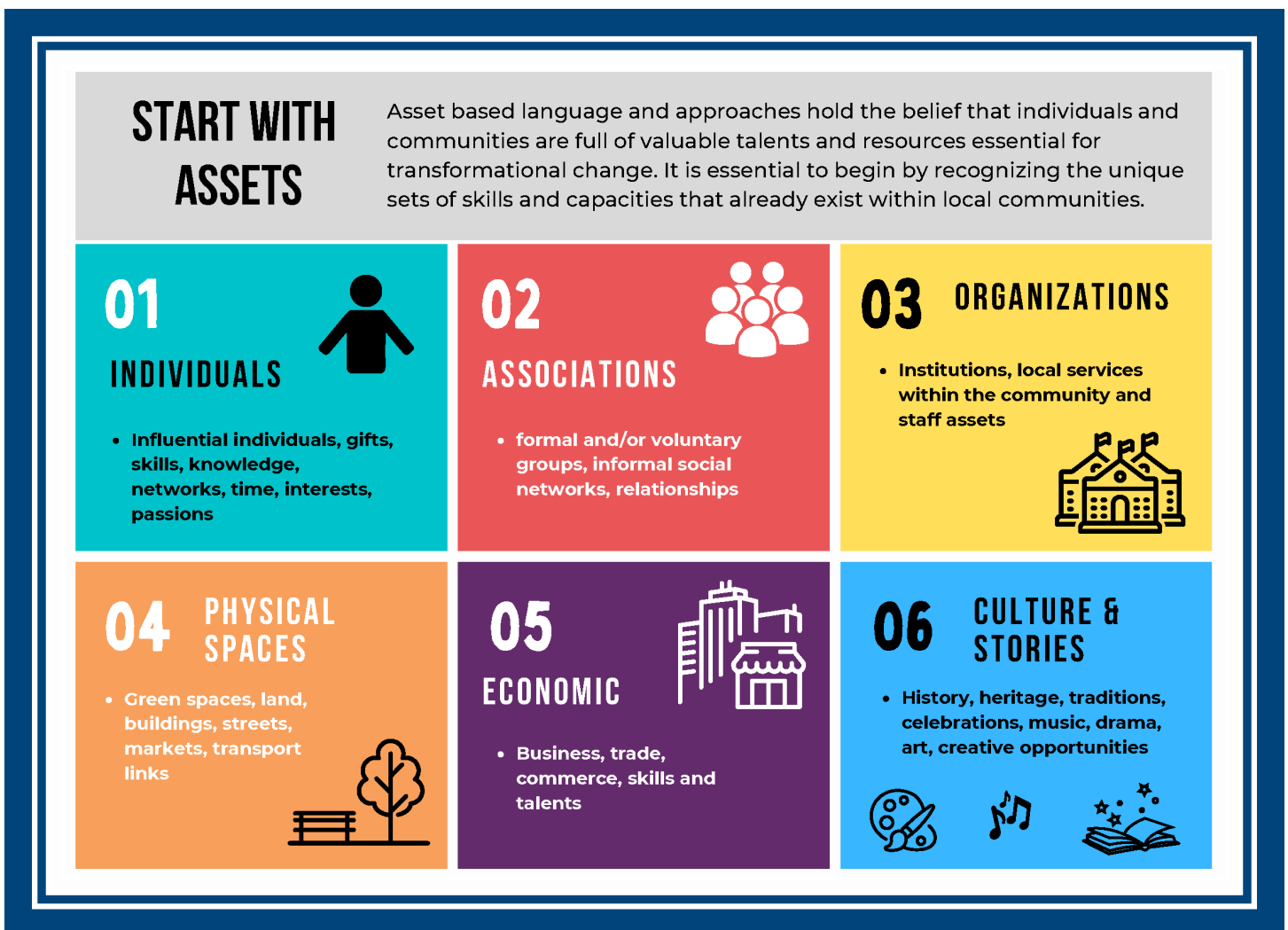
### Avoid Stereotypes

- It is crucial to avoid depicting yourself or your organization as a “savior” that “rescues” a person from their challenges.
- Be intentional and avoid perpetuating misinformation, stigmas, or hurtful stereotypes.

## How to Approach Asset-Framing

When writing data or stories to disseminate, consider the many types of assets that already exist within the community (Evans & Winson, 2014; *Asset Based Community Development (ABCD)*, 2018 )<sup>12</sup>:

Figure 1. Starting with Assets



Transforming your narrative from deficit-framing to asset-framing requires a shift in language and content. Think about this shift as you are framing or re-framing your communication. The following figure provides examples of what to avoid, along with strength-based alternatives.

<sup>12</sup> Evans, M., & Winson, A. (2014). Asset-based approaches to Public Health. *A Conceptual Framework for Measuring Community Assets*. Birmingham City Council & University of Birmingham.; Asset Based Community Development (ABCD). (2018). Nurture Development. <https://www.nurturedevelopment.org/asset-based-community-development/>

Figure 2. Asset-Framing Do's and Don'ts

ASSET-FRAMING DO'S AND DON'TS	
DON'T	DO
<ul style="list-style-type: none"><li>• Refer to a person or community by stigmatizing terms such as "at-risk", "underprivileged", "disadvantaged", or "vulnerable."</li><li>• Forget that people can be part of a group and have separate beliefs and identities from that group. Individuals are not a monolith.</li><li>• Name a disparity without attributing some responsibility to the source of the problem. If failures in the healthcare delivery system (e.g., barriers to care access) are the problem, name them.</li><li>• Avoid a drumbeat of challenges. If you must include deficit language, try to balance it with aspirational language.</li></ul>	<ul style="list-style-type: none"><li>• Use "people-first" language.</li><li>• Define people by their aspirations and contributions.</li><li>• Use higher-aspiration verbs like "end" or "eliminate" to signal you are interested in ending the challenge and the systemic disparities.</li><li>• Name the root cause/source of the problem (systems, not individuals).</li><li>• Try to highlight solutions whenever they exist.</li><li>• Be careful about using white people as the comparison group - this reinforces white as the 'default.'</li></ul>

### Language and Other Considerations

To center equity in the communication of community outcomes, it is important to consider language and tone. There are many resources available to provide guidance by topic area and audience and some of these are described below.

#### **CONSIDER THE LANGUAGE YOU CHOOSE.**

Equity-centered language is accurate, specific, accessible, and objective. It is important to avoid derogatory and factually incorrect language that reinforces societal prejudices. If there is ever any doubt about what language to use when referring to individuals or groups, ask them their preferences - do not assume. The following are just a few examples of how to reframe language to be accurate, objective, specific, and to avoid stigmatization:

**Table 1. Replacing Language that Stigmatizes**

Language that Stigmatizes	Equity-Centered Language
<b>Avoid unintentional individual blaming. Use terms that refer to root causes, historical power imbalances, and structural barriers reflected in/causing the conditions communities are experiencing:</b>	
Low-income, poor, poverty-stricken, needy	People experiencing low income, people with lower incomes, people experiencing poverty
At-risk, underprivileged, disadvantaged, vulnerable	Historically and intentionally excluded, disinvested, oppressed
Hard-to-reach populations, high burden groups	People with limited access to (specific service or opportunity); groups experiencing disadvantage because of...(reason); groups experiencing disproportionate rates of...(condition...because of)
Food desert	Food apartheid (acknowledges systemic disinvestment)
<b>Avoid language that dehumanizes, demoralizes, perpetuates bias, and stigmatizes:</b>	
Clean, low-fat, guilt-free food; good food/bad food	Energizing food, nutrient dense food
Weight loss for health, obesity prevention	Avoid perpetuating fat-bias and weight focused language: diet quality; nutrition security, chronic disease prevention and maintenance
Privileging, prioritizing, centering Western knowledge and whiteness as the standard	Lift up culturally and linguistically informed ways of knowing and wisdom
<b>Move away from words and phrases with violent origins or connotations, especially when referring to individuals, groups, or communities:</b>	
Target, tackle, combat, front lines, or other terms with violent connotations	Priority, focus efforts, address, engage, those with relationships of trust
Stakeholders	Avoid words that are historically racist and come from a colonial context: partners, collaborators, rightsholders
<b>Avoid labeling subpopulations and groups of people with negative, inaccurate, and harmful terms:</b>	
Underrepresented, minorities, underserved, underprivileged, disadvantaged	Racialized, historically minoritized and marginalized, disenfranchised, historically and intentionally excluded, under-resourced
Illegal immigrants, illegal aliens, illegals	People with undocumented status, undocumented immigrant, non-citizens, people from mixed-status homes, people who are migrants, asylum seeker, refugee
General terms to describe groups (minorities, ethnic groups, etc)	People from (specific racial and ethnic groups, sexual/gender, religious/cultural groups)
<b>Avoid describing individuals as being a condition. Describe individuals as having a condition or circumstance by using specific, person-centered language:</b>	
Mentally ill person, suffering with depression	A person living with or experiencing mental illness; living with depression
The disabled	Person with a specific disability; differently abled; ask the individual how they would like to be described
An addict or a junkie	Person living with a substance use disorder
Homeless people	Person experiencing homelessness, people who are unhoused
Victims	Survivors

**BE INTENTIONAL ABOUT THE NARRATIVES YOU REINFORCE.** Mainstream narratives are socially constructed and are often divisive and harmful. It is important to examine the words and the framing of our narratives in order to dismantle these dominant narratives.

**Figure 3. Problematic Narratives**

PROBLEMATIC NARRATIVES	COMMENTS
<p><i>“The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a program aimed at helping <u>people lead healthier lives</u> through teaching <u>people using or eligible for SNAP</u> about good nutrition and how to make their food dollars stretch further.”</i></p>	<ul style="list-style-type: none"> <li>• These types of programs often focus on nutrition education as the solution to becoming healthier. This places blame on the individual and disregards any knowledge individuals may already have.</li> <li>• These educational curricula also tend to be centered on whiteness and disregard culturally and linguistically diverse ways of knowing. This kind of language avoids a focus on the myriad of structural barriers impacting an individual's ability to engage in healthy behaviors and access affordable, nutritious foods.</li> </ul>
<p><i><u>Kale VS Collard Greens</u>. Both are nutritionally equivalent, but the white dominant culture holds kale as a “good food” while <u>collards are virtually absent from mainstream food conversations</u>.</i></p>	<ul style="list-style-type: none"> <li>• Mainstream culture associates collard greens with poor Southerners and Black Americans. This racist and classist stigmatization devalues this culturally appropriate food and ignores indigenous, culturally diverse diets. We need to embrace and uplift diversity and variability in food choices.</li> </ul>

*\*Above image is adapted from AMA’s Advancing Health Equity: A Guide to Language, Narrative, and Concepts*

**UNDERSTAND AND CONNECT COMMUNITY CONTEXTS TO STRUCTURAL BARRIERS.** If possible, learn from the community what language they would assign to the public health problem your intervention or program is aiming to address. The following are examples of naming the root cause or source of the problem, noting historical policies or events that happened in the community.

- ➔ Redlining
- ➔ Employment shifts (factory closes, employer leaves)
- ➔ Resettlement after international conflict
- ➔ Wildfires that destroyed gardens

**USE AN EQUITY LENS FOR YOUR APPROACHES AND LANGUAGE.** Using certain words and phrases is important, but it is critical that our approaches and activities actually reflect that language. Using equity language without actually changing behaviors is dishonest. Additionally, some States and institutions may have different social political climates adverse to certain words, but that doesn't mean that the work and language of equity needs to stop.

Here are a few examples of equity-centered language to describe your work:

**Diversity** – Favor words like “voice,” “acceptance,” “tolerance,” and “perspectives” because diversity ends up being about “seeing and acknowledging difference.”

**Inclusion** – 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.”

**Equity** – Favor language like “lead,” “authority,” “power-sharing,” “common goals,” and “benefit” because these words signal “it's not about including you in my thing, it's about making this our thing.”

**CONSIDER THE TONE YOU USE.** Word choices reveal attitudes and intentions towards a certain person or topic. Here are some examples to reflect on:

**Focus on systems issues** – Connect issues to larger systems issues that need repairing and highlight efforts taken to navigate and repair those systemic barriers or challenges.

**Provide messages of optimism and hope** – People are resilient and can recover from past trauma, obstacles, and negative life experiences. To help build resilience and empowerment, use words and phrases that are optimistic and positive.

**Collaborate, don't dictate** – Use words that foster a sense of working together. Be mindful of potential power dynamics and use words that support working with your audience.

**CONSIDER THE ACCESSIBILITY OF YOUR COMMUNICATION PRODUCTS.** This includes more than just how material is written, but also how it is formatted and presented. It is important to know the intended audience and ensure materials are tailored to their needs and preferences.

Federally funded program data should comply with **Section 508** of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), which requires that the federal government procure, create, use, and maintain information and communication technology (ICT) that is accessible to people with disabilities, regardless of whether or not they work for the federal government. Compliance makes information accessible to those experiencing limited vision or blindness, deafness, seizure disorders, and other disabilities. See the resources section for links to 508 compliance guidance.

Some examples include:

- Providing meaningful text alternatives for images
- Making link text meaningful
- Using headings (color and font size and type) to convey meaning and structure to content
- Ensure graphics and colors are 508 compliant
- Ensure images are ethically sourced, representative of diverse populations and non-stigmatizing



## Practical Examples

This section of the toolkit provides three specific examples of applying the concepts of asset-framing and ethical storytelling to evaluation dissemination. The following examples use a before/after approach that provides real-world examples of the evolution of integrating key principles, demonstrating how data sharing can improve over time as practitioner skills develop and data collection becomes more community focused. The examples shared here are based on the practical application of key concepts in the public health and SNAP-Ed evaluation communities.

### Ethical Storytelling Example: Participant Success Story, Before and After

Sharing the successes of community organizations and members that partner with SNAP-Ed is a powerful channel through which to showcase the effectiveness of SNAP-Ed. Success stories, framed through an ethical storytelling approach can be used by SNAP-Ed professionals to ensure the ethical and equitable collection, translation, and sharing of stories. This section shows how a traditional SNAP-Ed Success Story using program-first language can be reformatted using an ethical storytelling lens to more accurately show important context and highlight the successes of SNAP-Ed partners over SNAP-Ed.

The following participant success story contrasts a problematic storytelling example with an updated, ethical storytelling-informed version.

#### Figure 4. Problematic Storytelling Example

PROBLEMATIC STORYTELLING	COMMENTS
<p>"I taught a class at a rehab center where <u>drug users</u> are <u>struggling</u> with drug use and became more than a teacher, I became a friend. This <u>poor homeless man</u>, who reluctantly checked himself into rehab after being a meth addict for 5 years trusted me and I mentored him during his time at the house. <u>I taught him everything he knows</u> about eating healthy and we still talk to this day. <u>He said he always loved my classes</u> and <u>depended on me</u> to bring him new tricks and tips. It brings me joy to know that <u>I saved his life and helped him get back on his feet</u>. Since taking my class, he has left rehab, gotten a job, <u>lives in a trailer, and is working towards getting custody of his child.</u>"</p> <ul style="list-style-type: none"><li>• No direct quote</li></ul>	<ul style="list-style-type: none"><li>• "<i>Drug users</i>" - Don't identify people as their struggle. Use language like "he is working through addiction" instead of "he is an addict."</li><li>• The phrase "<i>poor homeless man</i>" reinforces the victim narrative stereotypes, and positions the author as someone with power; it comes across as judgment/shame.</li><li>• "<i>I taught him everything he knows</i>" is an exaggeration and example of saviorism</li><li>• "<i>He said he always loved my classes...</i>" Whenever possible, try to use a direct quote.</li><li>• Avoid language that places Extension as the hero or savior, such as "<i>It brings me joy to know that I saved his life and helped him get back on his feet.</i>" Instead, shine the light on the participant's efforts.</li><li>• "<i>...lives in a trailer and is working towards getting custody of his child.</i>" These details are ancillary to the story and reinforces stereotypes.</li></ul>

Figure 5. Ethical Storytelling Example

ETHICAL STORYTELLING	COMMENTS
Incorporating strengths-focused language	
<p>Before finding the ABC recovery center, Dan was <u>unhoused</u> and unemployed. <u>Wanting to overcome</u> his addiction and take control of his life, <u>Dan enrolled</u> in a rehabilitation center. It was there that he began participating in nutrition education classes provided by UT Extension. He and the educator became fast friends.</p>	<ul style="list-style-type: none"><li>• Dan is not the actual participant's name. We are using a pseudonym to maintain confidentiality and a personalized tone.</li><li>• The term "<i>unhoused</i>" is preferable to "<i>homeless</i>" because it emphasizes a structural problem; the term "<i>homeless</i>" tends to be associated with personal weakness.</li><li>• The phrase "<i>wanting to overcome</i>" helps frame personal challenges as a temporary issue and change emanating from within the individual.</li><li>• "<i>Dan enrolled</i>" shows the person isn't an object, but an actor with agency.</li><li>• The phrase "<i>educator continued to support</i>" emphasizes the importance of the relationship without suggesting a power imbalance.</li><li>• The phrase "<i>take control of his health</i>" centers the story on Dan and his efforts.</li><li>• Direct quote uplifts individual voice and perspective.</li></ul>
<p>Dan started engaging with the material, asked questions, and was determined to make healthier food and physical activity choices. <u>The educator continued to support Dan</u> in learning and adopting healthy habits.</p>	
<p>Through the classes, <u>Dan was empowered to take control of his health</u> by eating more fruits and vegetables and walking more. Dan has since found housing, has a steady income, and is making healthier choices in all aspects of his life. Dan and the nutrition educator are still great friends, supporting and encouraging one another on their wellness journeys</p>	
<p><i>"I am grateful for the lessons I learned about hydration and eating healthy foods and am motivated to continue making healthy choices in my life." ~ Dan, participant</i></p>	

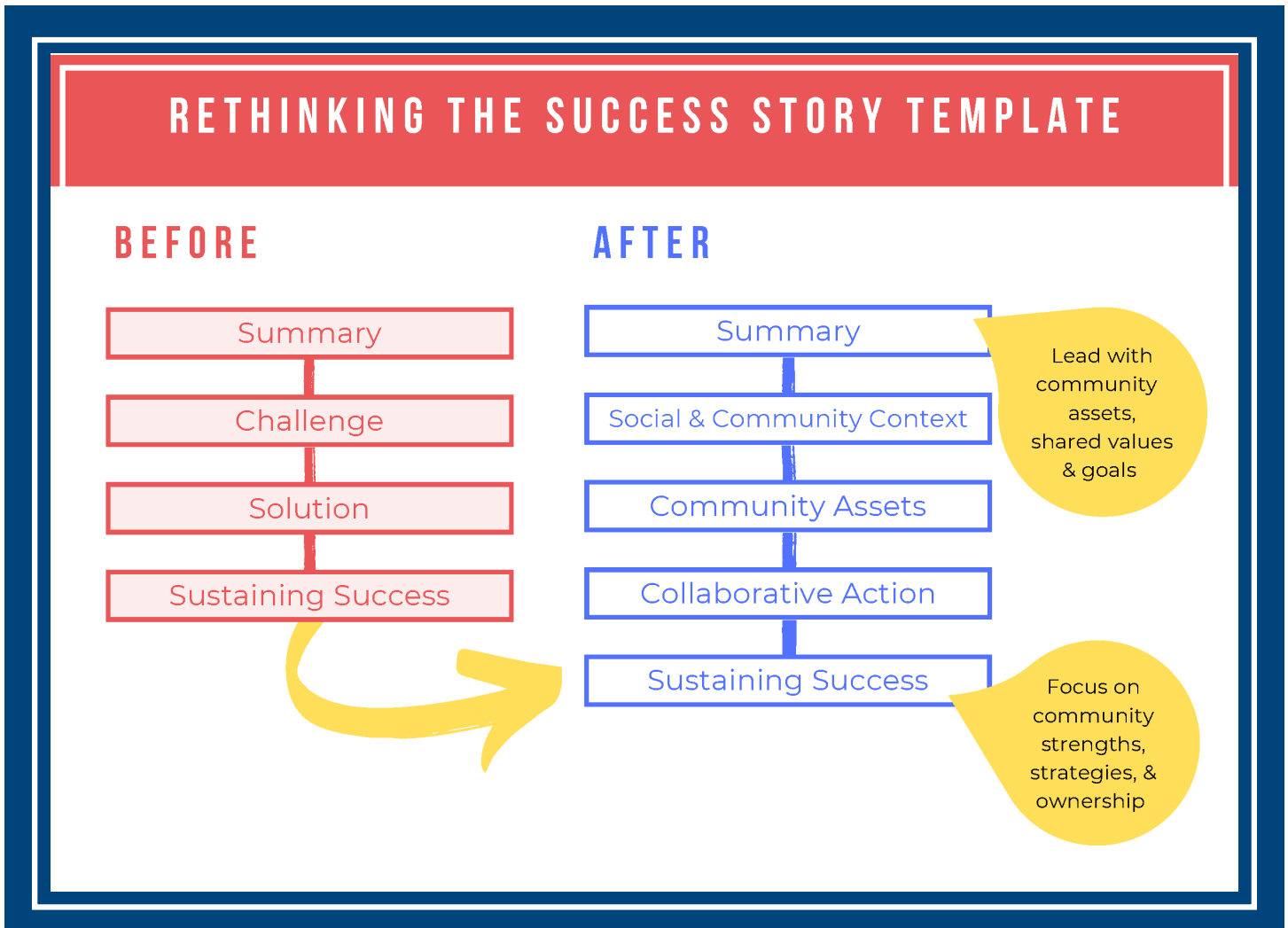
### KEY STEPS IN RETHINKING SUCCESS STORYTELLING

- Practice Transparency (avoid assumptions and explain why you want to share a person's experiences)
- Exhibit Conscious Curiosity (posture of humility and learning)
- Seek Continuous Consent (acquire and maintain consent and privacy of participants)
- Communicating health messages (consider tone by using language of optimism and hope)
- Equity (consider language related to diversity, inclusion, and equity)
- Consider your language (person-first, avoid stigmatizing words, don't overemphasize limited resources, reframe to focus on systems and root causes)

## Rethinking Traditional Reporting Structures

Traditional storytelling tends to start with problems, often fails to account for historical context, community assets and complexities, and frames institutions and programs as the 'heroes' of program success. This new success story template is a recommended structure that allows for a more balanced and nuanced narrative.

Figure 6. Rethinking the Success Story Template



## Ethical Storytelling: SNAP-Ed Success Story, Before and After

The following success story contrasts a more traditional SNAP-Ed Works formatting with an updated, ethical storytelling-informed approach. The first ‘traditional’ success story is titled *“High Risk Patients in Androscoggin County Learn Nutrition Skills to Improve Their Health”* and the second ‘updated’ story is titled, *“Collaborative Action: For the Wellbeing of New Mainers”*.

The first ‘traditional’ success story titled, *“High Risk Patients in Androscoggin County Learn Nutrition Skills to Improve Their Health,”* follows the traditional SNAP-Ed Works formatting, which leads from a problem-based framing and ends with a SNAP-Ed solution to the problem. As highlighted in the below image from page one of the story, in the title and throughout the story, SNAP-Ed participants are presented through a passive, negative framing, labeled as “high risk.” In the summary section, participants are identified singularly as “low-income” and an assumption is made that they are “frequent users of the health care system.”

In the “challenge” section, participants are defined by their trauma and illnesses alone, which results in the dehumanization of the participants referenced here and negates the opportunity to show the resilience and agency that they have to overcome their traumas.

On the third page, in the “solution” section, there is a quote from a site staff member, who says *“When we initially started the CCT, we had a patient that met the CCT staff at the Nutrition Center. The patient was a diabetic and living on limited funds and buying food was very tough. The patient came to the SNAP-Ed class and was taught by the nutritionist how to shop for healthy food on a budget. This was very helpful to the patient. In addition, the patient was able to cook a healthy meal and have socialization”*. While this quote relates the positive role that SNAP-Ed nutrition classes had in the life of the participant, the framing of the statement positions SNAP-Ed as the savior and the participant is cast in a subjective and negative light. For example, the only information that is shared about the participant is that they are diabetic, have limited funds, and challenges getting food. Further, the perspective shared is from the educator, not the participant themselves. It would have been good to hear directly from the participant. For example, the ability to cook a healthy meal and have socialization assumes that these are indeed things that the participant experienced through participation in the course.

Figure 7. Traditional SNAP-Ed Works! Format – The Before, Part 1

## Success Story

High Risk Patients in Androscoggin County Learn Nutrition Skills to Improve Their Health

### SUMMARY

Since 2015, **Maine SNAP-Ed** has been implementing a **Community Care Team (CCT)** project in Androscoggin County. Through collaborations with three key partners—**Androscoggin Home Care and Hospice, DFD Russell Medical Center and Tri-County Mental Health Services**—Nutrition Educators have reached a total of **252 high-risk patients** in 2015 and 2016 with nutrition education. Patients and their families learn how to shop, cook, and eat healthy on a limited budget. CCT case managers work with the Nutrition Educators to help **reduce barriers to participation** by addressing transportation challenges, assisting with outreach and recruitment, and securing appropriate venues for classes. Partnering agencies describe the approach as both applicable and effective for their patients, providing much-needed nutrition education services for low-income Mainers that are frequent users of the health care system.



### CHALLENGE

Individuals with high health care utilization rates are faced with increased risk of developing chronic diseases. In fact, these patients often have **multiple diagnoses of chronic diseases** such as heart disease and diabetes. In addition, they often have limited resources to manage or treat their illnesses. Barriers to optimal care include lack of transportation, poverty, and low literacy levels. There are 10 CCT providers throughout Maine. They are designed to **improve care and reduce avoidable costs for patients with complex or chronic conditions** by helping with management of health care services. Healthy eating is integral to overall health, and nutrition education can complement existing CCT services to optimize patient support.



**Maine SNAP-Ed**  
Supplemental Nutrition Assistance Program – Education

Maine SNAP-Ed is a USDA-funded program that teaches low-income Mainers the knowledge and skills needed to make healthier lifestyle choices. The program has 44 Nutrition Educators throughout the state that implement 7 evidence-based curricula, reaching the entire age spectrum.

In 2016, Maine SNAP-Ed delivered **11,548** nutrition education classes, reaching a total of **34,190** youth and adult participants.

In 2015 and 2016, Maine SNAP-Ed reached **252 high-risk patients** in Androscoggin County.

**Community Care Teams (CCTs)** are multi-disciplinary, community-based, practice-integrated care management teams that work with Patient Centered Medical Home (PCMH) practices to provide enhanced services for high-needs patients. CCTs are funded as part of the Medicaid (MaineCare) PCMH project.

## THE TRADITIONAL SNAP-ED WORKS! FORMAT

This success story follows the traditional *SNAP-Ed Works!* formatting, which leads from a problem-based framing and ends with a SNAP-Ed solution to the problem.

- 1 In the title and throughout the narrative, SNAP-Ed participants are presented through a passive, negative framing, labeled as “high risk.”
- 2 Participants are identified singularly as “low-income” and an assumption is made that they are “frequent users of the health care system.”
- 3 Additional example of passive, negative framing of participants labeled as “high risk.”
- 4 In the “challenge” section, participants are defined by their trauma and illnesses alone, which results in the dehumanization of the participants referenced here and negates the opportunity to show the resilience and agency that they have to overcome their traumas.

Figure 8. Traditional SNAP-Ed Works! Format – The Before, Part 2

**SOLUTION**

**5** The Maine SNAP-Ed CCT project works to engage CCT patients in Androscoggin County with **interactive nutrition education sessions** led by Nutrition Educators. CCT case managers encourage their patients to participate in the classes by developing promotional materials, calling patients to remind them of upcoming sessions, and even arranging transportation services to classes.

The CCT project utilizes **evidence-based curricula** based on the USDA Dietary Guidelines for Americans. These concepts are integrated into interactive lessons to teach cooking, food safety, and food resource management skills in the grocery store setting. Family members are encouraged to attend the classes to help reinforce the lessons at home.



**SUSTAINING SUCCESS**

In its first two years, implementation of the CCT project in Androscoggin County has proven to be very successful. **Community partnerships have formed and expanded.** Partnering agencies are very satisfied with the CCT project and find the approach applicable and effective. They also indicate that this targeted approach to delivering direct education provides a much-needed service for this high-risk population. Patients are being exposed to curricula that teach them how to shop, cook, and eat healthy on a budget – education they are not regularly receiving in their Patient Centered Medical Homes.

Going forward, the Maine SNAP-Ed Nutrition Educators in Androscoggin County will continue marketing and promotion efforts of this project and will consider expansion of partnerships to increase reach. Reducing transportation barriers will continue to be a priority. In 2017, Maine SNAP-Ed will integrate lessons learned to support **additional programming with CCT patients in other regions of Maine.**

**6** When we initially started the CCT, we had a patient that met the CCT staff at the Nutrition Center. The patient was a diabetic and living on limited funds and buying food was very tough. The patient came to the SNAP-ED class and was taught by the nutritionist how to shop for healthy food on a budget. This was very helpful to the patient. In addition, the patient was able to cook a healthy meal and have socialization.”  
—CCT Partner

**7** For more Success Stories from the Maine SNAP-Ed program, or to get in touch with your local Nutrition Educator, please visit [www.mainesnap-ed.org](http://www.mainesnap-ed.org).

Data sources are available upon request by emailing [mainesnap-ed@une.edu](mailto:mainesnap-ed@une.edu).

This institution is an equal opportunity provider. Maine SNAP-Ed is funded by the USDA's Supplemental Nutrition Assistance Program, or SNAP, which is administered by the Maine Department of Health and Human Services and implemented statewide by the University of New England through contracts with local community organizations. Maine SNAP-Ed educates low-income families on how to eat, healthy eating and active lifestyles.

## THE TRADITIONAL SNAP-ED WORKS! FORMAT

**5** Additional example of passive, negative framing of participants labeled as “high risk.”

**6** In the “solution” section, there is a quote from a site staff member - While this quote relates the positive role that SNAP-Ed nutrition classes had in the life of the participant, the framing of the statement positions SNAP-Ed as the savior and the participant is cast in a subjective and negative light. Specifically, the only information that is shared about the participant is that they are diabetic, have limited funds, and challenges getting food. Further, the perspective shared is from the educator, not the participant themselves.

Additionally, the partner makes inferences about the ‘participants’ ability to cook a healthy meal and socialize. It would have been better to hear directly from the participant, because without the participant’s direct perspective, this sentiment is an assumption.

**7** Continued use of problematic population labeling and attributes problems to individuals while neglecting to address the systemic barriers to success.



## **Collaborative Action: For the Wellbeing of New Mainers (See Figures 9 & 10)**

The second 'updated' success story titled, "*Collaborative Action: For the Wellbeing of New Mainers,*" uses the recommended asset-framed structure of (1) Summary, (2) Social and Community Context, (3) Community Assets, (4) Collaborative Action, and (5) Sustaining Success. These headings more easily allow for the situated framing of SNAP-Ed efforts in the context of the communities in which SNAP-Ed has partnered.

In the summary section, this success story consistently positions SNAP-Ed as collaborator, not savior, while still relating program data on reach and setting. Social and community contexts are not framed from a place of lacking or vulnerability, rather any areas for improvement are rooted in systemic issues, such as food and nutrition security, not individual fail-ure.

The community assets section allows a dedicated space to identify the assets that a community has, such as community-based programs that meet emergent needs, framed with optimism and hope. Lastly, SNAP-Ed is included as a partner in the grounded work, not the main character, presented through a posture of humility and learning.

Figure 9. Updated SNAP-Ed Works! Format –The After, Part 1

# UPDATED SNAP-ED WORKS! FORMAT

## Collaborative Action: For the Wellbeing of New Mainers

### 1 Summary

Community and government organizations in Cumberland County, Maine have been collaborating for years to address the circumstances and environment affecting New Mainers and individuals seeking asylum and to overcome barriers to nutrition security such as transportation, income, and inadequate kitchen facilities in temporary housing. The organizations undertaking this work include farms, food security organizations, nonprofit organizations focused on immigrant and refugee populations, and local community members.

In 2022, **Maine SNAP-Ed Nutrition Educators** collaborated with these entities to support New Mainer and asylum-seeking communities with the following nutrition security approaches:

- **Evidence-based nutrition education**, such as Cooking Matters at the Store and Cooking Matters for Parents and Caregivers, at local grocery stores and temporary housing sites, reached **305 individuals seeking asylum**
- **Fresh and culturally relevant food events**, made possible by the Growing to Give Farm and the Locker Project, reached **152 individuals**
- **Over 200 direct education participants** received **food safety materials in English, French, and Portuguese**

### Social and Community Context

The cities of Portland and South Portland have received hundreds of individuals and families  
Maine SNAP-Ed Annual Report 2022

seeking asylum each year over the past few years. Whether people are healthy or not is complex and is affected by their circumstance and environment. Numerous community organizations, as well as the city governments, continually work to address the circumstances impacting this community.

People seeking asylum are eligible for SNAP, Medicare, General Assistance, and Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) benefits. Due to federal government policies, individuals seeking asylum are not allowed to legally work for six months. Relying on benefit programs can cause confusion and difficulties for individuals trying to navigate the varying restrictions for each benefit program.

Lack of transportation, as well as cultural and language barriers, also create difficulties for those seeking asylum around being able to purchase what they and their families need. Many New Mainers seeking asylum do not have permanent housing and have been temporarily housed in hotels. Most of the hotel rooms do not have kitchens or amenities needed to cook for themselves and their families. These barriers contribute to nutrition and food security issues, as well as isolation and a loss of stability.

**From the USDA: "A household is food secure** if all members, at all times, can access enough food for an active, healthy life. At a minimum, food security includes:



- Readily available nutritionally adequate and safe foods, and
- The ability to acquire those foods in socially acceptable ways without resorting to emergency food supplies, scavenging, stealing, or other coping strategies

**Nutrition security** builds on food security, emphasizing the co-existence of food insecurity and diet-related diseases and disparities. Nutrition security, in turn, means consistent access, availability, and affordability of foods and beverages that promote wellbeing, prevent disease, and, if needed, treat disease....Nutrition security is an emerging concept that complements efforts to increase food security while also:

1 This impact report uses the recommended asset-framed structure:

- (1) Summary,
- (2) Social and Community Context,
- (3) Community Assets,
- (4) Collaborative Action,
- (5) Sustaining Success,

which situates SNAP-Ed efforts in the context of the communities as a partner in change.

2 This success story consistently positions SNAP-Ed as a collaborator, not a savior, while still relating program data on reach and setting.

3 Social and community contexts are provided and connect areas for improvement to systemic issues, not individual failures.



Figure 10. Updated SNAP-Ed Works! Format – The After, Part 2

## UPDATED SNAP-ED WORKS! FORMAT

Recognizing that Americans, in general, fall short of an active, healthy lifestyle, aligned with our Nation's dietary and physical activity guidelines, and

- Emphasizing that we apply an equity lens to ensure our efforts to promote access, availability, and affordability to foods and beverages serve all populations and address the connection between food insecurity and diet-related chronic diseases."<sup>3</sup>

3

Providing culturally relevant foods to populations is an aspect of food and nutrition security because familiar foods can promote wellbeing, allow people to feel more comfortable when asking for help, and reduce food waste that may occur from not knowing how to prepare unfamiliar foods.

### Community Assets

Community and government organizations working to meet the needs of the asylum-seeking community made Maine SNAP-Ed interventions into collaborative action around nutrition security:

- The Locker Project, connecting food insecure children in Maine with nourishing food to improve their learned capacity, health, and future
- Asylum-seeking community members and community-adjacent individuals such as Community Health Workers, providing feedback on cultural relevance of material
- Casco Bay Inn, Quality Inn, Best Western, and Howard Johnson, serving as temporary, emergency shelters and assisting in setup and promotion of SNAP-Ed events

4



3

Social and community contexts continue to be provided and place any areas for improvement as rooted in systemic issues, such as food and nutrition security, not individual failures.

4

An entire section is dedicated to identifying and discussing community assets.

- The Immigrant Welcome Center, serving as a hub of collaboration to strengthen the immigrant community
- Good Shepherd Food Bank, a key hunger relief organization [in Maine] with hundreds of partners. One staff member, who operates the mobile African Market, played a pivotal role in providing cooking appliances and culturally relevant supplies
- Catholic Charities, operating a resettlement program and providing translation and interpretation services for programming
- Portland Public Health's Resettlement Program, providing housing and General Assistance for New Mainers seeking asylum
- Maine Association for New Americans, providing free transportation between hotels and grocery stores for nutrition education
- WIC staff, attending store tours to answer questions about using WIC benefits
- Fedcap, specializing in vocational training and employment resources that provided an intern who supported the promotion, delivery, and adaptation of direct education programming

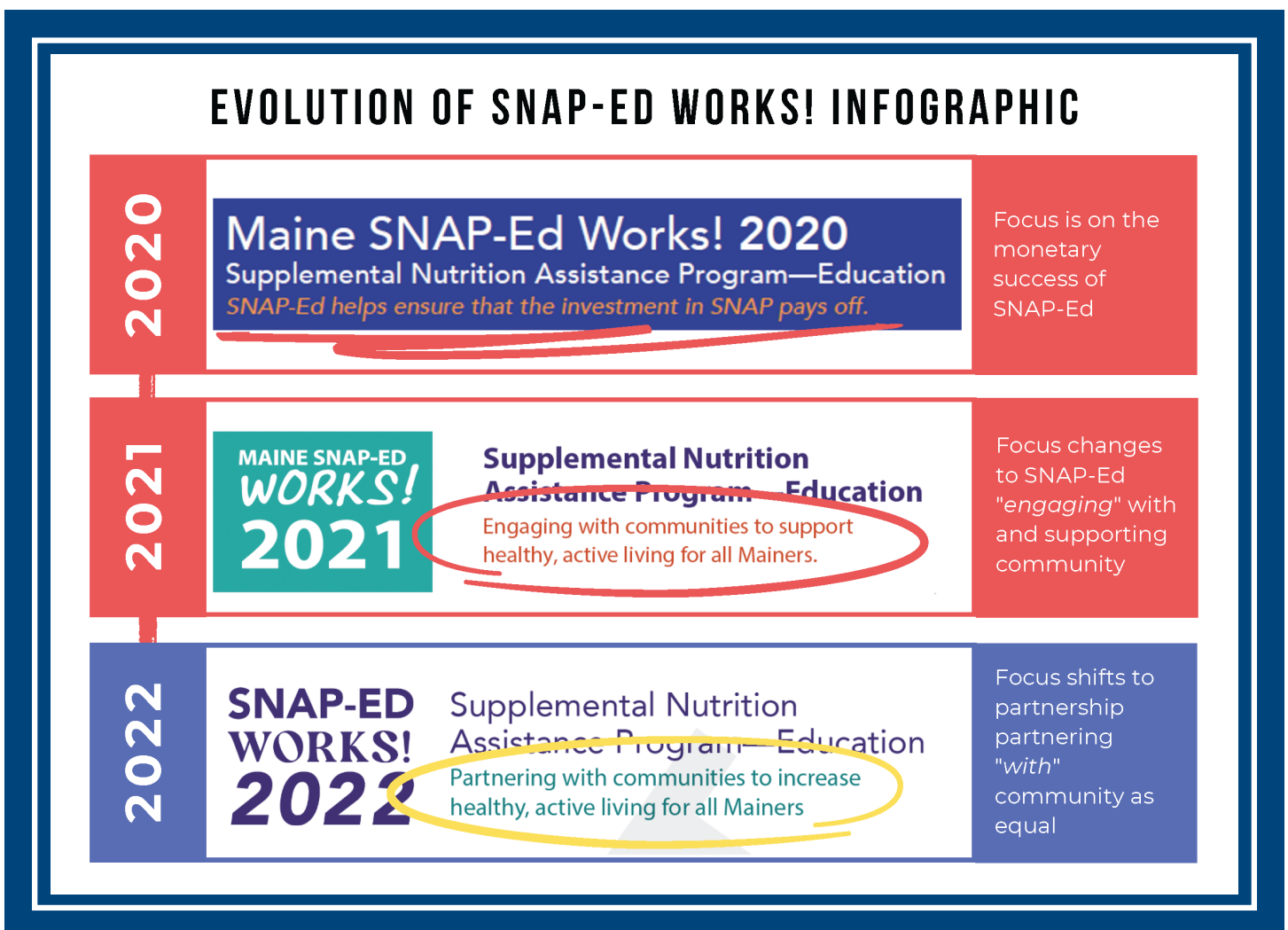
## Infographic Example: SNAP-Ed Works! Infographic, Before and After

Evaluation dissemination is an opportunity to further the principles of asset-framing. The following images illustrate the evolution of moving from a conventional infographic template to a more asset-based format. The 2020 *SNAP-Ed Works!* infographic follows a standard, nationally adopted template format. In 2021, initial changes were made to move towards a more asset-based data visualization for program results. The 2022 example follows a fully revised asset-framing approach.

As seen in the first image, the original 2020 subheading of the infographic, which defines the intervention, focuses on SNAP-Ed “helping,” and there is no reference to the community role or collaboration. The reference to SNAP “paying off” harkens back to early advocacy strategies that were focused on demonstrating the fiscal efficacy of the national SNAP-Ed funding.

Then, in 2021, the language starts to move towards an asset-framed infographic - changing the subheading to be more community oriented. The following demonstrates the evolution towards more asset-framing evaluation dissemination over the three years of reporting for the primary headings in the annual infographic.

**Figure 11. Evolution of SNAP-Ed Works! Infographic, Part 1**

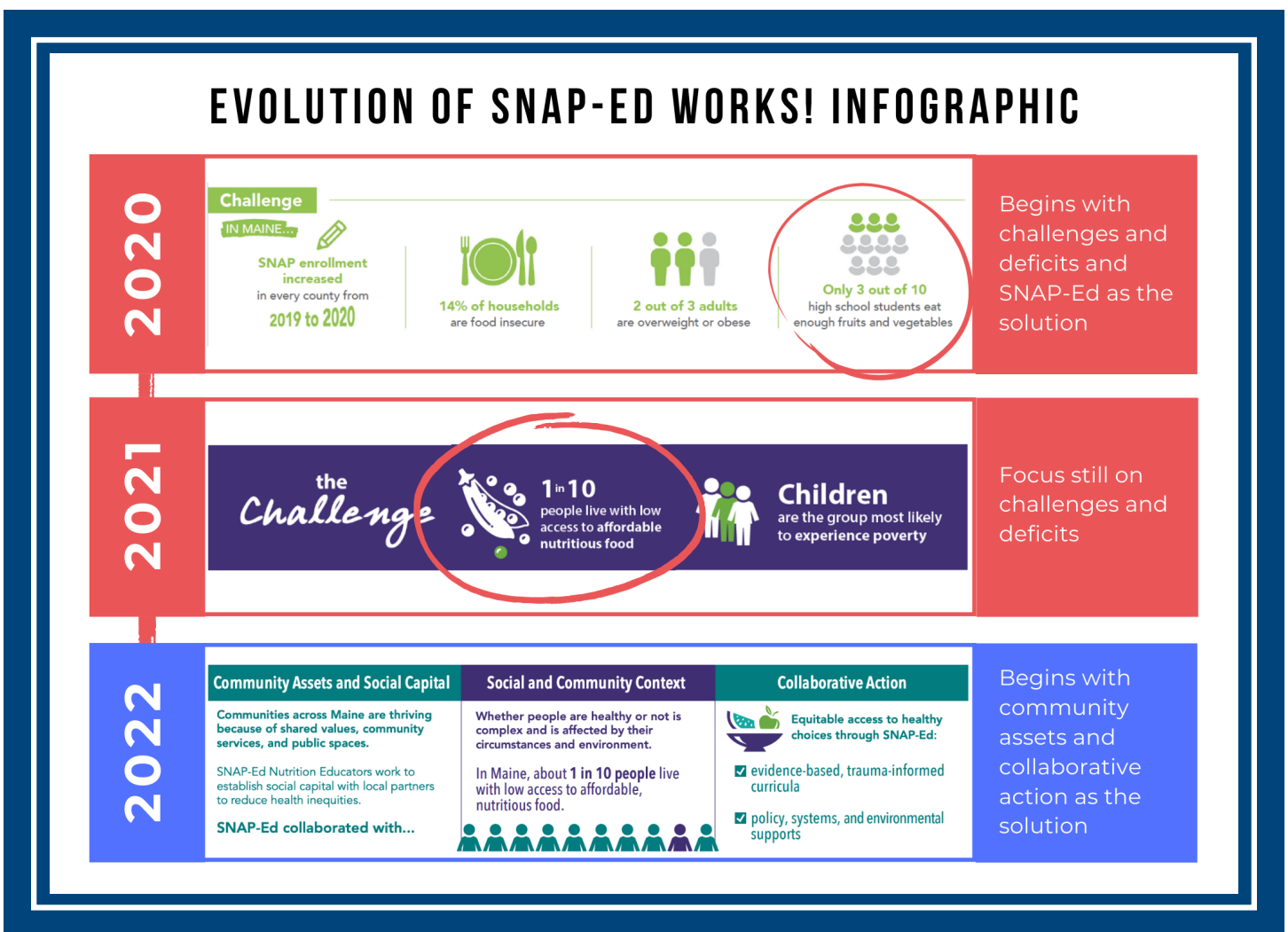


In addition to a shared “heading” and theme, the conventional national SNAP-Ed Works template used three parts to delineate annual results: The Challenge, The Solution, and The Results. This is a format used by many states for about a decade to highlight annual SNAP-Ed outcomes. In the image that follows, you can see how in 2020, the “challenge” focus was highlighting the deficits through individual-level behaviors: “only 3 out of 10” students eat enough fruits and vegetables, with SNAP-Ed as the “solution” to these deficits.

In 2021, the headings were the same, but there was more of a focus on circumstance - changing the opening data from individual-level data to social determinants of health data to shift away from highlighting what people were not doing to be healthy to a more environmental or social context.

Finally, in 2022, the infographic leads with assets for the first time, and The Challenge has been changed to Social and Community Context - entirely rethinking the original infographic template. Instead of The Solution, SNAP-Ed is described as engaged in Collaborative Action in the 2022 example - highlighting and empowering existing community strengths. The accompanying data lifts up community assets as well as SNAP-Ed outcomes.

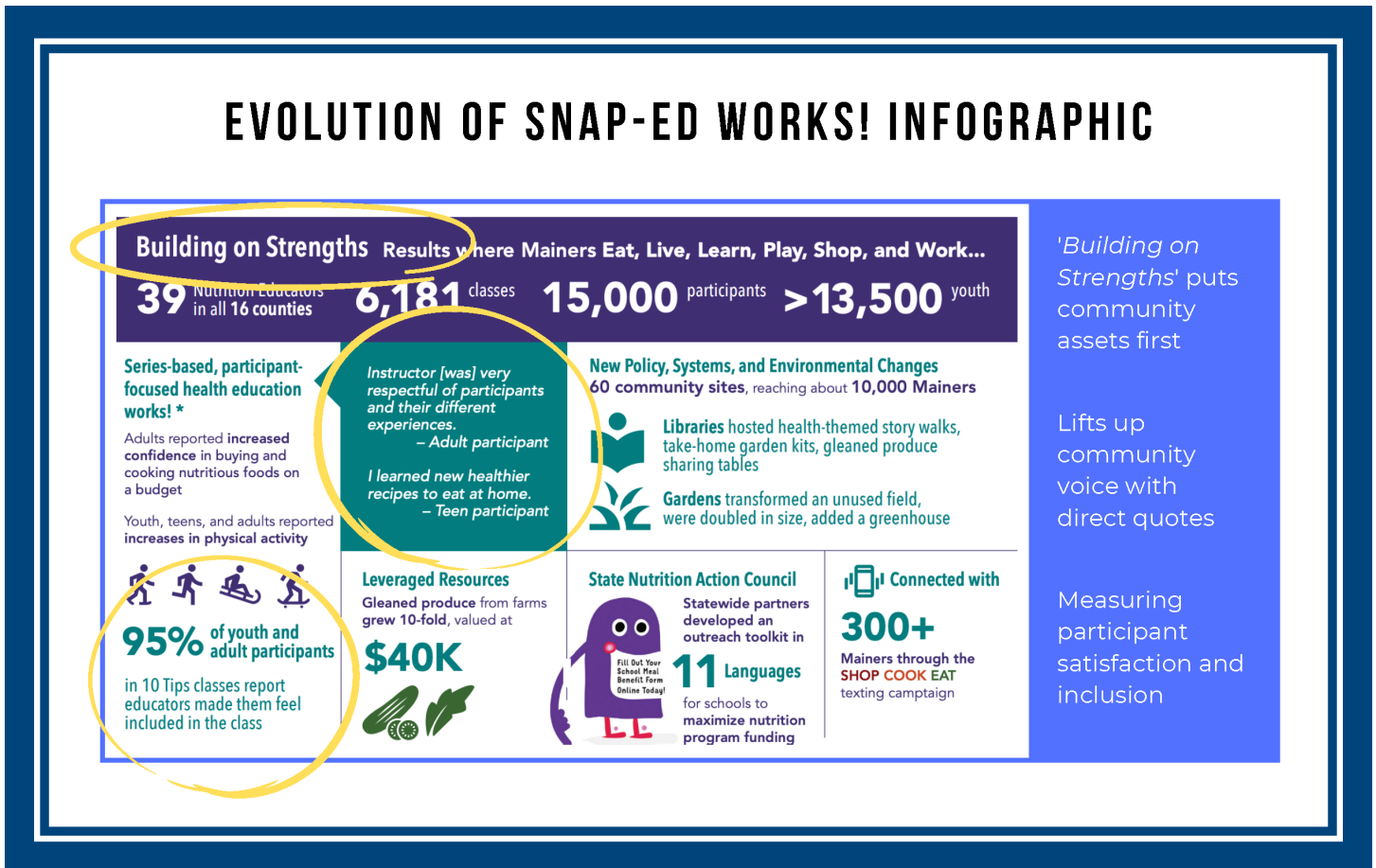
**Figure 12. Evolution of SNAP-Ed Works! Infographic, Part 2**



Finally, another example of how a change in headings can forward the concept of asset-framing. Here, the example demonstrates the change from the conventional use of the phrase The Results in the standard SNAP-Ed Works template, to Building on Strengths - again, recognizing and naming the assets that already exist.

Also, the 2022 infographic includes quotes to uplift community voice, highlighting evaluation findings from post-series nutrition education instruments that ask youth and adult participants if the educator “made them feel included in class” - a foundational principle of trauma-informed teaching practices. Adult and youth quotes related to the participant experience also uplift community voice.

Figure 13. Evolution of SNAP-Ed Works! Infographic, Part 3



### KEY STEPS IN DISPLAYING INFORMATION IN INFOGRAPHICS

- Rethink your headings
- Review your data to highlight assets versus deficits
- Talk about communities and their strengths first
- Focus on the community collaborations
- Highlight overcoming challenges versus focusing on challenges
- Focus less on individual behaviors, considering root causes and structural and social determinants of health
- Go to the source – seek community input, photos, and/or quotes
- Consider your language (e.g., person-first, avoid stigmatizing words, do not overemphasize limited resources)

## Conclusion – *From the Toolkit Authors*

### “Nothing About Us Without Us”

In this toolkit, we have presented several concepts and practical examples of how public health professionals can use their position and platform to be in service of equity and social justice. We have discussed broadly the importance of asset-framing, language choice, and how to design evaluation questions and collect and communicate stories in ways that center community voice, connect community-wide problems to systemic disparities, destigmatize harmful narratives, and demonstrate impact with honesty and dignity. It is also important to note here that the work presented here can also be applied across all other components of public health research and evaluation, including journal articles, research papers, data collection, analysis and use, data visualizations and dashboards, websites, videos, social media posts, and other types of multimedia.

The work of equity is not a checklist but rather a practice of learning and humility. Equity must be considered as you work within community-specific histories and contexts to solve problems, and it must be embedded into every action you take. One way of reorienting to equity-centered mindsets and approaches is to engage in a reflexive practice that includes reflecting on questions to check our assumptions and help us make intentional decisions throughout the arc of our work. We have provided a short list of questions to start with and add to:

#### **Guiding questions to consider when applying the concepts of asset-framing and ethical storytelling:**

- What is my own identity and positionality and how does that color the lens through which I view the world and my work?
- What shifts in planning, programming, data collection tools, and evaluation methodologies need to occur to ensure meaningful relationships and community voice, consent, and ownership are prioritized?
- To what extent does our approach use a strength-based as opposed to a deficit-based approach?
- To what extent have we included historical and contextual details regarding an issue?
- To what extent have we connected disparities and community-wide problems to systemic causes?
- Do our narratives reinforce harmful stigmas and stereotypical narratives or do they promote individual and community autonomy, respect, and dignity?
- To what extent have we followed ethical standards of consent and data collection?
- What are potential, unintended effects of our findings, recommendations, and communications on the primary community?
- How are our communications perceived by each priority population?
- To what extent have our communities been properly attributed and compensated for published work?
- Have we considered accessibility and 508 standards?
- To what extent have we identified opportunities to increase community capacity and build upon existing community strengths and resources?

Finally, we want to reiterate that the work presented here is not fixed in stone. Rather, it is part of an ongoing, ever-changing collective discussion around how we can all become more equity-minded and person-centered with the ultimate goal of overcoming public health disparities. It is our hope that you and your organizations will go forth and begin to apply the concepts of asset-based language and ethical storytelling to reduce harm, increase impact, and advocate for more equitable outcomes in public health research.

# *SNAP-ED WORKS!*

AN ETHICAL STORYTELLING &  
ASSET-BASED LANGUAGE  
REPORT TEMPLATE

**Prepared by:**

The Evaluation and Reporting Subcommittee of the National  
Association of SNAP Nutrition Education Administrators (ASNNA) Evaluation Committee  
Representing SNAP-Ed Agencies



# AN ETHICAL STORYTELLING & ASSET-BASED LANGUAGE REPORT TEMPLATE

## WHAT THIS IS

This template walks you through developing reports and communication publications using ethical storytelling and asset-framing principles. This includes re-framing how content is structured and the inclusion of storytelling and qualitative narratives in developing reports and communications. This data storytelling template can serve as an example for ways you can tailor sharing your program data in a variety of formats, including infographics.

## HOW TO USE IT

Follow the template sections, considering the questions posed and suggested types of data and language to use in each one. Allow flexibility of the suggestions provided based on the data you have available and data you and your community find important to showcase for your own program. Be sure to adjust the template you develop for each audience - to policy makers, partners, community members, and others - to showcase your programming.



# PARTNERING WITH COMMUNITIES TO INCREASE HEALTHY, ACTIVE LIVING FOR ALL YOUTH

Develop a subheading that immediately communicates an asset-frame:

- Does this language reinforce/reduce stigma?



## SECTION 1. COMMUNITY ASSETS

“

*Quote from community member/partner*

”

**This is your introduction section.**

- Lead with community role first.
- How has SNAP-Ed built on existing community resources/assets?
- Lead with data that lifts up community services, public spaces, and the passion of the community, champions, volunteer networks, community services, creative opportunities, etc.
- Highlight the social capital established through SNAP-Ed interventions and collaborations.

## SECTION 2. SOCIAL & COMMUNITY CONTEXT

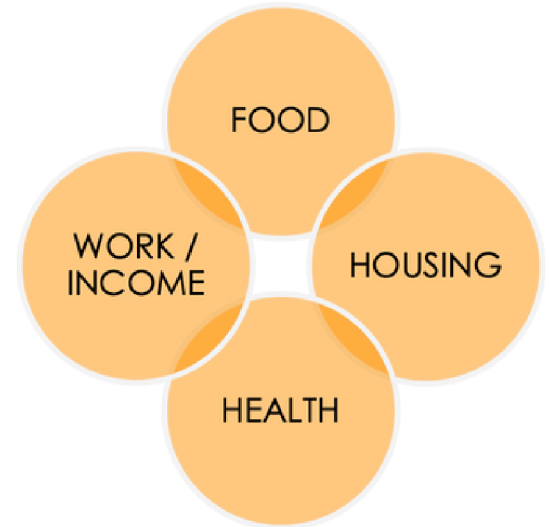
**This is where you define the community challenge and/or initiative within a larger structural context.**

- Define the problem as part of a larger narrative that includes its historical context and describes the structural/social context of the public health challenge.
- Acknowledge that the health of individuals and communities is complex and affected by myriad circumstances and environments, not deficits in individual merit or behavior.

## SECTION 3. COLLABORATIVE ACTION

This section describes your approach.

- Describe how the collaboration is moving towards the vision and shared measures of success.
- Describe the role played by the community - What are the particular strengths, assets, and capacities influencing progress?
- Describe the role of SNAP-Ed in supporting the community initiative and any programming provided to support the community-designed effort.
- Describe the role played by other collaborating partners.
- Connect the work to broader community or public health initiatives (local, state, regional, national).



*Image: Consent and attributions*

## MEASURING PROGRESS

**Visually display your results.** Highlight essential outcomes, successes prioritized by the community, and other data that uplift community voice. Use quantitative data that supports community narratives and successes.



*Image: Consent and attributions*

## MEASURING PROGRESS CONTINUED



45 PARTNERS



800 MEALS

Share welcoming, accurate stories that illustrate self-empowerment, are inspiring, and portray the storyteller and their community with dignity.

- Tie outcomes back to community assets and community goals.
- Ensure appropriate community attributions.

## SECTION 4. BUILDING ON STRENGTHS

This is your results and sustainability section.

- Describe the ongoing efforts to collaborate, fund, and build community capacity and project sustainability.
- What policies and systems are being challenged and changed?
- What is being implemented to ensure the community leads and assumes ownership of the effort?
- Re-emphasize the mutuality and collaboration required to make the impact you are sharing.

“Quote from community member/partner”



Image: Consent and attributions

## Ethical Storytelling & Asset-Framing Resources

The following table contains a curated list of references and resources that inspired this Toolkit. They come from a variety of individuals and organizations relevant to asset-framing, ethical storytelling, and associated topics.

Topic	Title and Link	Author and Date	Short Description
Asset Framing	<a href="#">The Power of Asset Framing: A Conversation</a>	Natalie Fotias, September 2018	Consists of a Blog and 5 one-minute video interviews with Trabian Shorters.
	<a href="#">Driving Social Impact Through Community And Storytelling</a>	Jessica Pliska, August 2018	Forbes interview with Trabian Shorters, Aug 2018.
	<a href="#">A Cognitive Skill to Magnify Humanity</a>	Krista Tippett with Trabian Shorters, February 2022	On Being Podcast with Krista Tippett.
	<a href="#">Understanding Asset-Framing PowerPoint</a>	CHCF, April 2021	Short PowerPoint presentation discussing asset-framing through the use of examples from CHCF.
	<a href="#">The Power of Asset-based Language</a>	Paru Desai, November 2020	Third article in a series about the principles and practices of asset-based language.
	<a href="#">Asset-Based Approaches to Public Health</a>	Michael Evans and Alice Winson, February 2014	Presents a conceptual framework for measuring the prevalence of community asset networks.

Topic	Title and Link	Author and Date	Short Description
<b>Ethical Storytelling</b>	<a href="#">Ethical Storytelling website</a>	Multiple contributors	A resource for gathering and learning how to integrate a new standard of storytelling.
	<a href="#">Ethical Storytelling_The Role of Ethical Storytelling in Evaluating Extension's Impact</a>	Chanta'l Rose and Karen Franck, February 2022	Short article on applying ethical storytelling to SNAP-Ed work.
	<a href="#">Ethical Storytelling</a>	Chanta'l Rose, October 2021	Short Presentation to ASNNA Evaluation Committee.
	<a href="#">Voice of Witness: Ethical Storytelling Principles</a>	Voices of Witness Staff and contributors, 2022	A practical resource with steps towards employing ethical storytelling in practice.
	<a href="#">Social Justice Task Force Commission Summary and Recommendations Report</a>	Immigrants Rising, 2022	Presents an Immigrant Storytellers Bill of Rights and lists Storytelling Principles of Trust.
	<a href="#">Social Justice Task Force Commission Summary and Recommendations Report</a>	Nishani Frazier, Cliff Mayotte, and Social Justice Task Force Committee Members, N.D.	Recommendations from the Social Justice Task Force on conducting ethical oral histories.
	<a href="#">Dignified Storytelling</a>	Dignified Storytellers Alliance and other contributors, 2023	Additional resources for storytellers and organizations to tell fuller, more nuanced stories that prioritize human dignity.

Topic	Title and Link	Author and Date	Short Description
Language and Communication	<a href="#">Hemingway Editor</a>	Hemingway app developers, N.D.	An app that helps users write in simple, accessible prose.
	<a href="#">Resources &amp; Style Guides for Framing Health Equity &amp; Avoiding Stigmatizing Language   Gateway to Health Communication   CDC</a>	CDC, August 2023	Links to resources that help public health practitioners prioritize health equity in their work products and approaches.
	<a href="#">Preferred Terms for Select Population Groups &amp; Communities   Gateway to Health Communication   CDC</a>	CDC, N.D.	Provides asset-framed terminology and descriptors for several contexts, including corrections and detentions, disability, drug/substance use, healthcare access, among many others.
	<a href="#">CDC's Health Equity Guiding Principles for Inclusive Communication</a>	US Dept. of Health and Human Services, CDC, 2021	Provides guidance and discussion on inclusive communication approaches and methods.
	<a href="#">The Language of Health: An Editorial Style Guide to Effectively Communicate to the Public</a>	Cori Lorts, 2019	A resource from the Arizona State Nutrition Action Council that provides language and typographical guidance on writing effectively for asset-framing and ethical storytelling.
	<a href="#">Person-first and Destigmatizing Language</a>	National Institutes of Health, 2023	Instructions for using person-first language with specific examples of language use for conditions and roles such as traumatic brain injury, blindness, caregiver, deafness, etc.
	<a href="#">Prioritizing the Use of Inclusive, Non Stigmatizing Language in Scientific Communications</a>	Sara Bares et al., 2023	A call to action for the use of inclusive, non stigmatizing language and communications in science.
	<a href="#">Advancing Health Equity: A Guide to Language, Narrative and Concepts</a>	American Medical Association, N.D.	An overview of the concept of health equity with an accompanying guide for using language and narrative.
	<a href="#">Violent Phrases That Are Used In Everyday Speech</a>	Center for Hope & Safety, 2023	A list of violent words and phrases used in everyday speech.

Topic	Title and Link	Author and Date	Short Description
<b>Accessibility</b>	<a href="#">Government-wide Section 508 Assessment</a>	General Services Administration, 2023	Overview of Section 508 of the Rehabilitation Act that requires federal agencies and departments to develop and maintain communications that are accessible to people with disabilities.
	<a href="#">BrailleWorks</a>	Braille Works, 2021	An overview and discussion of 508 compliance.
	<a href="#">Digital Accessibility @ HHS</a>	Dept. of Health and Human Services, 2023	A discussion of digital accessibility in the context of 508 compliance.
	<a href="#">Create and verify PDF accessibility (Acrobat Pro)</a>	Adobe, 2023	A user guide to Adobe Acrobat’s built in PDF accessibility function.
<b>Social and Community Context / Engagement</b>	<a href="#">The CIE Data Equity Framework – Health Leads</a>	Rhea Boyd, et al., 2021	Presentation and discussion of the Community Information Exchange (CIE) Data Equity Framework, which “guides individuals and institutions towards building anti-racist systems”.
	<a href="#">Leveraging Community Information Exchanges® for Equitable and Inclusive Data: The CIE® Data Equity Framework</a>	Rhea Boyd, et al. N.D.	A link to the Community Information Exchange (CIE) Data Equity Framework.
	<a href="#">Structural and Social Determinants of Health (SSDHs)</a>	Treatment Action Group, N.D.	A presentation and discussion, using examples, of the Structural Determinants of Health.
	<a href="#">The Spectrum of Community Engagement to Ownership - Movement Strategy Center</a>	Rosa Gonzalez, 2019	Presentation of the Spectrum of Community Engagement to Ownership, a “pathway to strengthen and transform local democracies.”
	<a href="#">USDA Announces Actions on Nutrition Security</a>	USDA press, 2022	Press Release announcing and describing USDA’s inclusion of nutrition security and four accompanying pillars that support nutrition security.

*Last Updated on 10/05/2023*