



## **Framing Covid-19: Using Framing Research and Practice to Help Advocates and Experts be Heard and Understood in a Time of Global Crisis**

June 10, 2020 | 10:00 – 11:30 am | Webinar

### **Question and Answer**

**Question:** Can you share any further thoughts on talking about ageism now and reframing Covid-19 in a time when attention is rightfully focused on systemic racism?

**John Beilenson:** Recently we were speaking with someone from the Frameworks Institute who was giving a perspective on communications today and the state of Reframing Aging. One thing he said is that it is not “ageism’s moment”. This does not mean we stop communicating about or stop reframing our communications but calling out ageism and using it as the explanation for what is going on is not appropriate. This is probably not the moment to be using ageism in part because it evokes a racism vs. ageism comparison that is not helpful. I think we are all thinking that maybe we need to take a breath on this, and with that said I think that social support metaphor is more and more useful and that the notion of creating social support beams as part of a healthy and vital society is critical, particularly to older people in the community and in congregate care facilities. I think noting that social support structures are critical to our society ensures that all older people live healthy and well, and all of us live healthy and well. It is probably the explanatory metaphor, the bridge to the solutions that we are talking about. As I noted in the statistics, older people that are in New York and places that are more diverse die at a higher rate.

**Question:** Has AHA taken an advocacy position on the Federal earned income tax credit? This credit affects people older than 65 in the workforce, those without a child to claim, and lower income workers age 65+.

**Heather Carroll:** Structurally, the Alliance for Healthy Aging Advocacy work predominantly is on public health and state-level initiatives that are happening in the state. Fortunately, from experience myself, I have a good relationship with the federal delegation and stakeholders who are doing the federal work. AHA has been tapped by the Federal Delegations and the policy staffers that work on these issues to provide information. We can look at how the demographic in NH is being affected by restrictions and weigh in by having advocates speak with the delegation about how it affects them, and how it can be changed on the federal level so we get results in New Hampshire. We have not expanded into having teams work directly with of the public policy initiatives, but I think a lot of the work, especially during the pandemic, is directly connected to the federal delegation and the money is skipping hurdles and coming into the state. I do not

think that taking a stance is the right way for us to frame it, we certainly are there to offer guidance, data, advocates who have lived experience, and making connections.

**Question:** I am interested to hear about the choice to use the word “vulnerable” in the ad.

**John Beilenson:** I think what we were trying to do was to balance the overall feeling of the ad with the clear description about who is most apt or may be most at risk. In general, we tried to show people who appear in a variety of concerns or difficulties. I think for the most part, the focus of the ad is on the notion of staying connected. I think we used the word vulnerable once, and the focus is to get people to think about the connection as the main event.

**Cheryl Steinberg:** I would say we were not calling people vulnerable adults. When you are isolated, you can be vulnerable and that can apply to anybody. I do think there is a distinction and a reality that isolation is the most important factor in determining whether someone is at risk for abuse or exploitation. I do not think it is violating the Frameworks principles.

**John Beilenson:** These are all choices. I think this is a reasonable concern, but at the same token where the recommendations have come from, there has been previous messaging around elder abuse that focuses on the damage and the brokenness of the people who are victims of elder abuse. Again, we stayed away from that and consciously focused on the importance of connections as a way of evoking, if not directly, the notion of social support which is critical.

**Jennifer Rabalais:** I would add a reflection that hearing you both (John and Cheryl) walk through the choices and decisions highlights that what we know is that there is no one formula for framing. And that really it is a process of thinking through what the framing choices are. I think it is helpful for folks who are new to framing to see how everyone must go through that continual process that evolves over time.

**Question:** Does John have examples or tips on how he successfully helped individuals (including those in government positions or media) making public statements reframe?

**John Beilenson:** We have worked with several folks in their responses to the pandemic specifically to focus those messages on the need to frame this as an issue that affects older people. But it is important to all of us that we see the community and the health of the community as the larger outcome or focus of our efforts. Helping older adults is a strategy towards producing healthier and more vital communities. The examples that Heather described, and the work we are doing with Jennifer now on Reframing some of the priorities for the NH Alliance for Healthy Aging is focused on how we introduce the issue; I think that is the place we end up working most directly with people. How do you start?

Oftentimes, most of us as advocates, we start in the middle and assume that people understand or more importantly care as much as we do about older people and feel the same way about the importance of the issue. Again, I think getting people to take a step back and say 'we are trying to talk to elected officials here, or the media', we have to assume they are not in love with older people like us and have to think carefully about how we bring the issue to the table.

**Question:** When resources are scarce, what are effective ways to talk about why it is important to divert a larger share of those resources to older people at higher risk?

**John Beilenson:** What I love about this question is the answer is in the framing of the question. When you indicate that resources are scarce you are evoking the notion of us vs. them. Whatever we give to someone else is going to be less for us and this will create a sense of defensiveness. This defensiveness is not helpful with a group of people who have a default frame of older people as "less than" or "less deserving than". I would recommend not raising the spectrum of scarcity. The important thing is to start with the larger value of justice that all of us deserve to be active, vital, and healthy to be able to make contributions to our families and community. To do that, we need a set of social structures and programs that enable more older adults to be active participants and volunteers. The comments that Heather made earlier, that older people are volunteering and taking care of grandchildren, making donations, are good examples. To raise those contributions, we need to ensure that as people get older, they get the services they need. I think we should assume we are advocating for a larger share or simply resources for older people, but we do not want to raise the spectrum of the zero-sum game in any way.

### **More Questions? Contact our Presenters!**

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