



Welcome to the Reframing Long-Term Care Lunch and Learn Series!

Session #1





Reframing Long-Term Care Lunch and Learn Series

The series will feature 3 sessions on reframed LTC outreach materials, how to apply this concept, and how to get others to join in the movement to address and prevent abuse in LTCs.





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How To Build Public Support for Restructuring Nursing Home Care

Evidence-based Framing Guidance for Sharing the NASEM Report

Consensus Study Report

published by the National Academies of Sciences, Engineering, and Medicine (NASEM)



THE NATIONAL IMPERATIVE TO IMPROVE
NURSING HOME QUALITY

Honoring Our Commitment to Residents, Families, and Staff



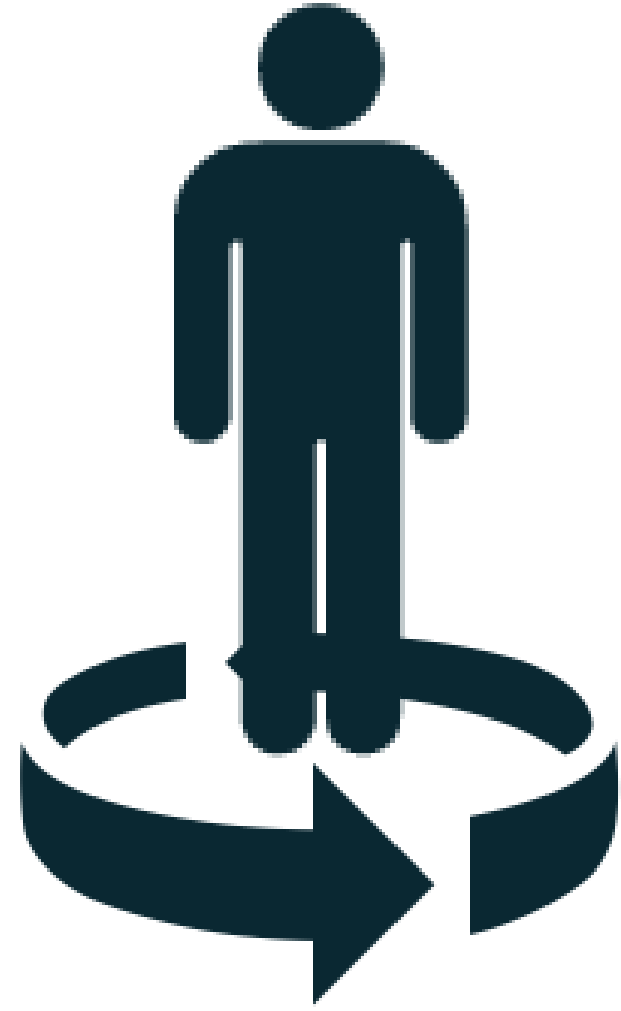
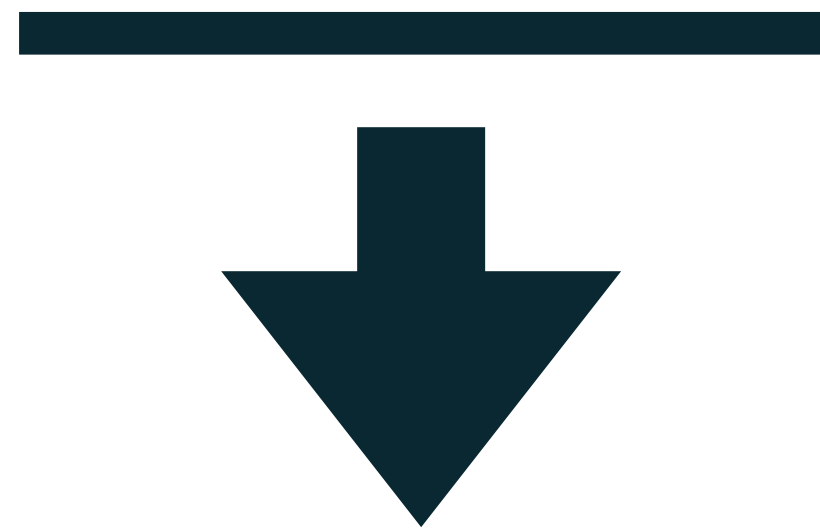
Today's Agenda

- Introduction to Framing
- **What We're Up Against:** Cultural mindsets
- **What Backfires:** Common communications “traps”
- **What Works:** Strategic framing tools
- Time for Questions & Reflections

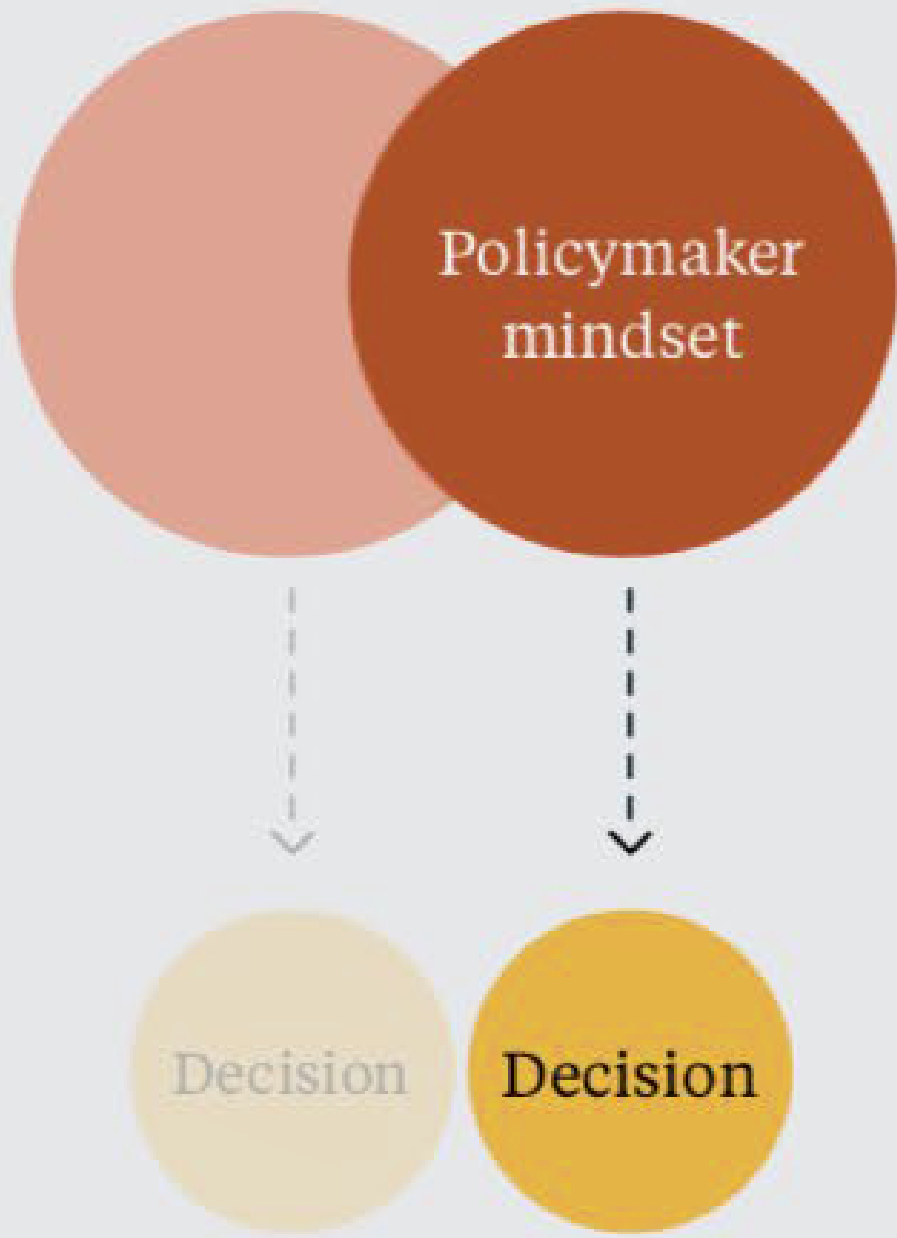
FrameWorks is on a mission...

**to equip mission-driven organizations
to **build public will** for progressive social change**

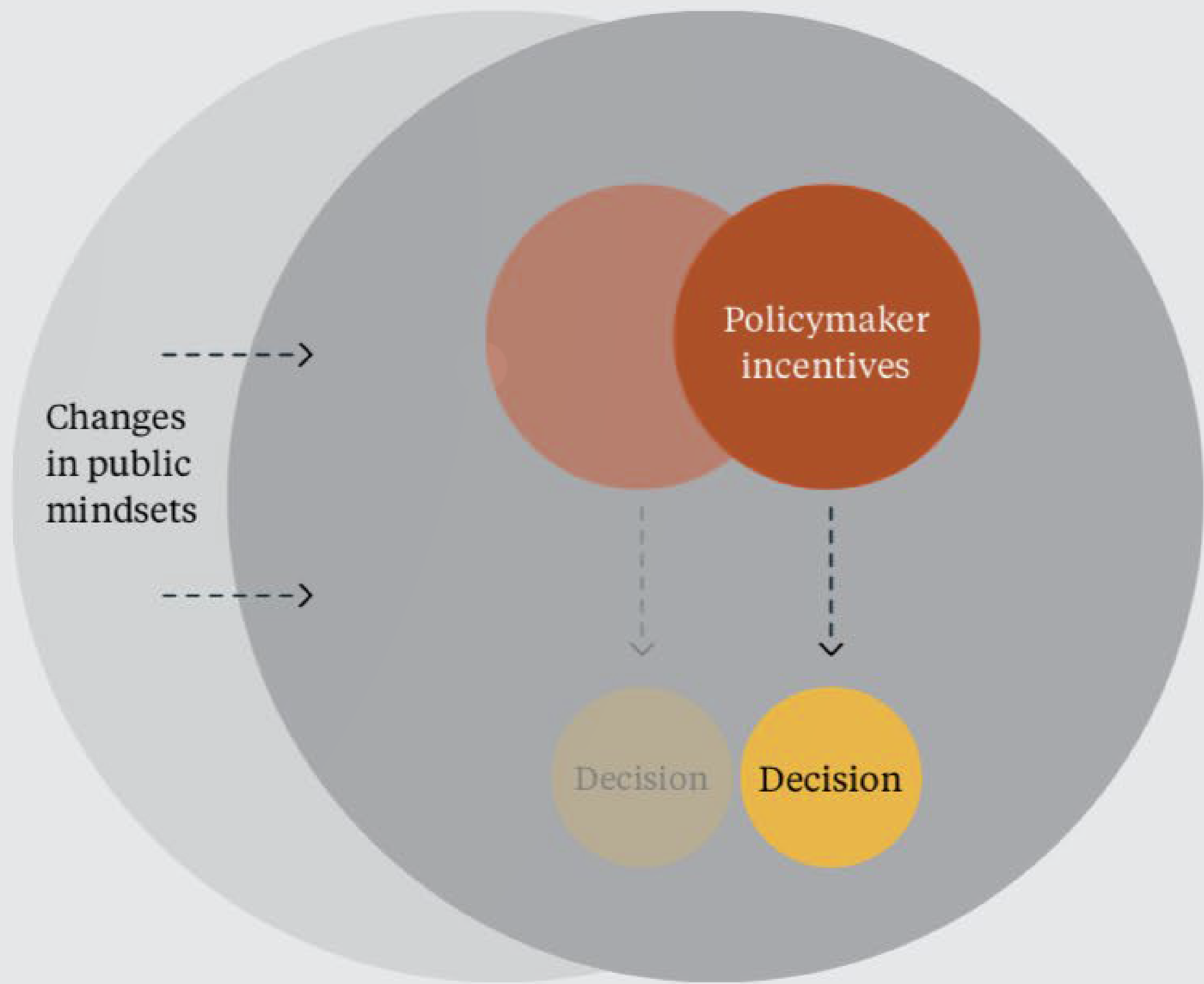
Understanding cultural mindsets is key



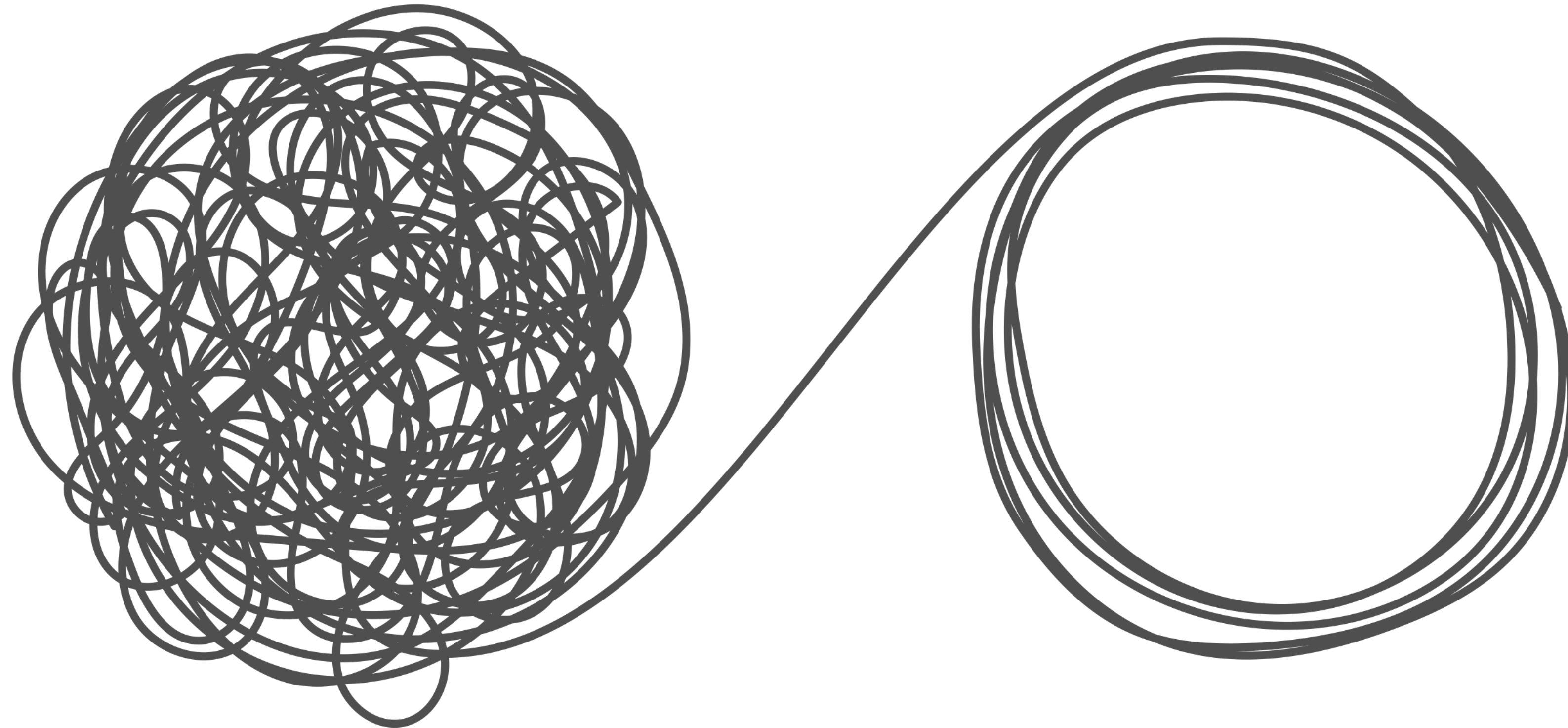
**Policy is changed
either via a change in
a policymaker's mindset,**



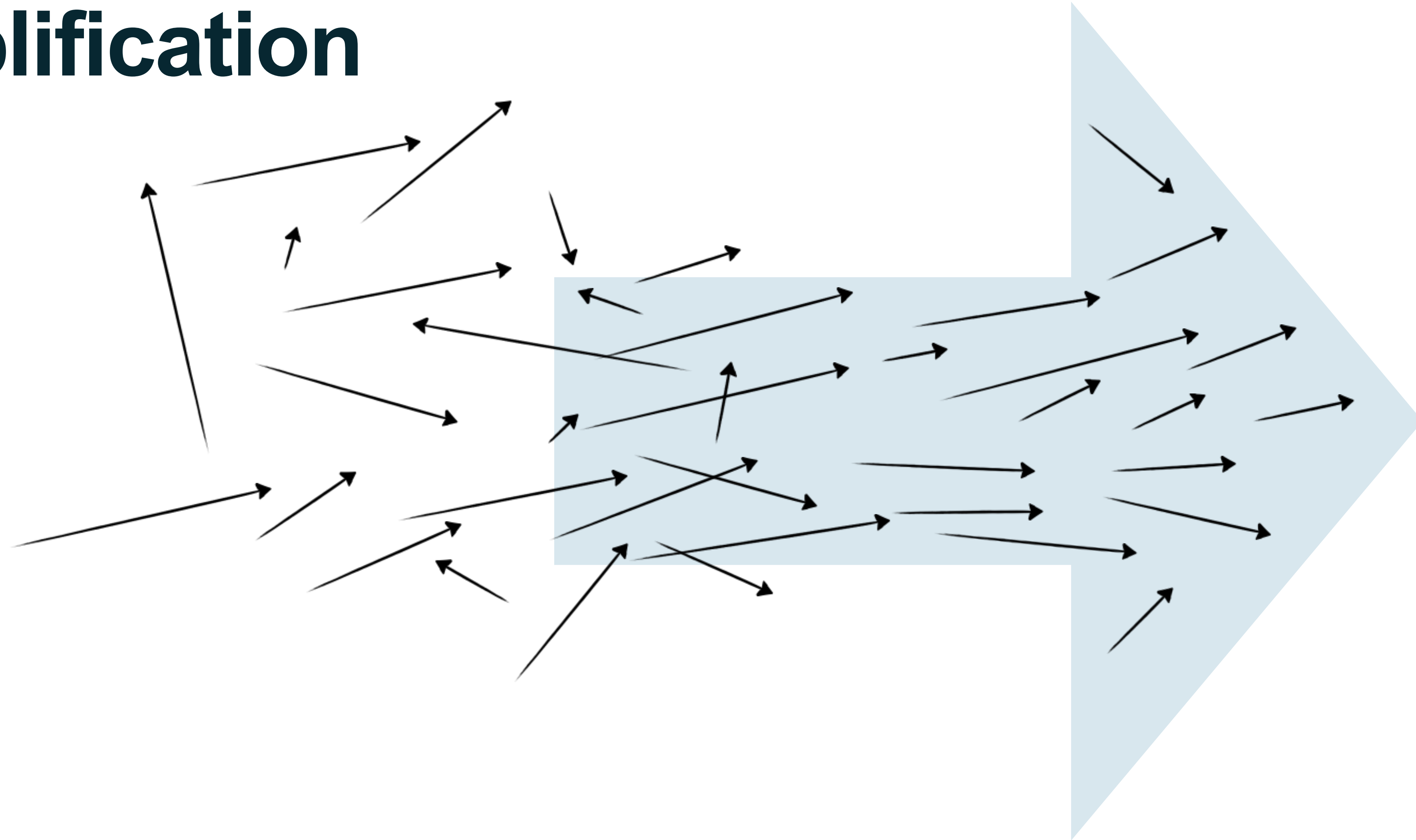
**or when public mindsets create
pressure on a policymaker
to make a different decision.**



Framing can bring clarity to moments of chaos



**Coordination =
amplification**



What We're Up Against

Cultural Mindsets on Nursing Home Care

Cultural Mindsets

How the Public Thinks about Nursing Home Care



Aging =
decline

Cultural Mindsets cont'd

How the Public Thinks about Nursing Home Care

Family
responsibility

Consumerism

“Bad
apples”
discriminate

Place of
last resort

Caring is
innate

Fatalism

What Backfires

Communications “Traps” to Avoid

Trap #1:

“The system is in crisis!”

“From 2017 to 2019, more than 2,000 facilities were cited at least once for **not following basic infection-control precautions**, like having employees regularly wash their hands.”

How Nursing Homes' Worst Offenses Are Hidden From the Public

Thousands of problems identified by state inspectors were not publicly disclosed because of a secretive appeals process, a New York Times investigation found.

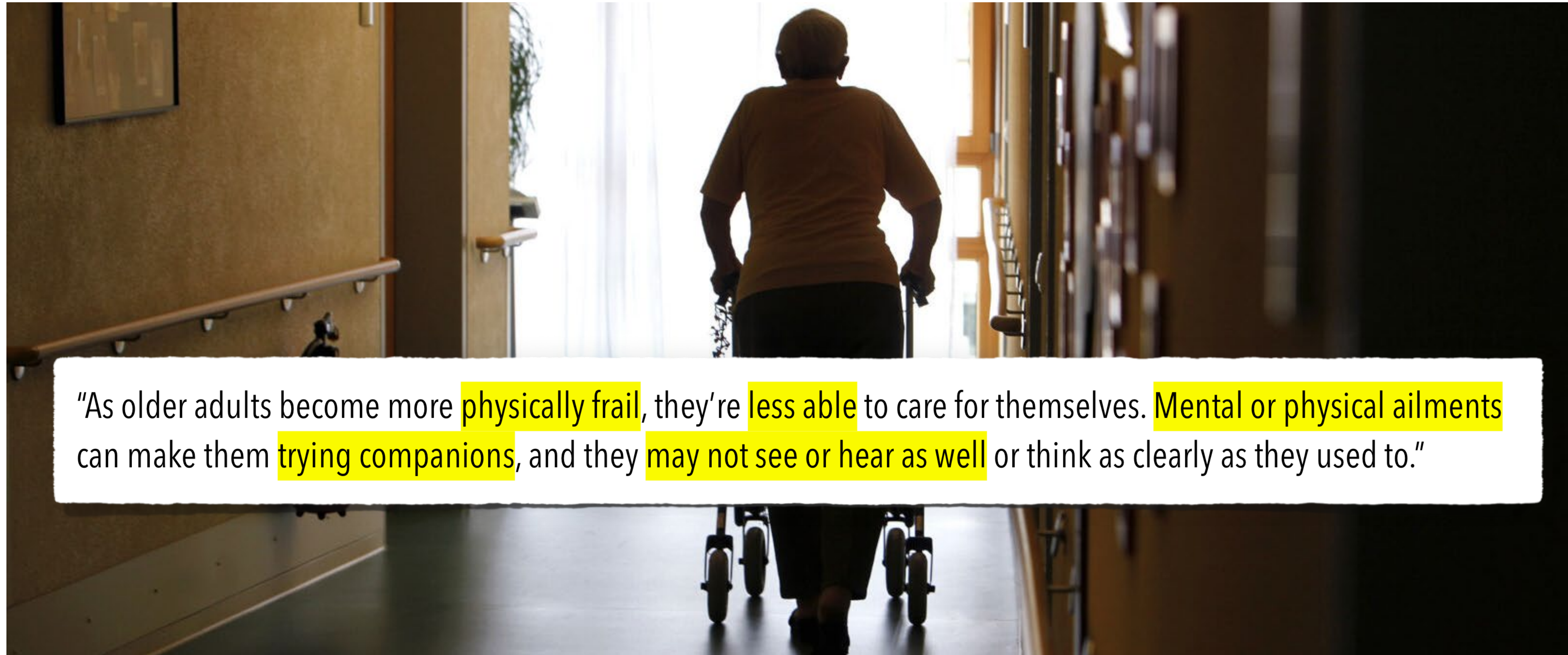
“In a few years we're probably **not going to have enough nurses** to care for our **aging population**.”



SILVER
TSUNAMI

Trap #2:

“Older people are vulnerable.”



“As older adults become more physically frail, they’re less able to care for themselves. Mental or physical ailments can make them trying companions, and they may not see or hear as well or think as clearly as they used to.”

Trap #3:

Example of interpersonal discrimination



EXAMPLES OF AGEISM IN HEALTH CARE

- Physicians dismiss a treatable pathology as a feature of old age.
- Providers treat the natural effects of aging as a **disease**.
- Staff members share and laugh at **ageist jokes**.
- Staff members have implicit **ageist thoughts, feelings, and behaviors** toward elderly patients without conscious awareness.
- Providers **apply stereotypes** to older adults.
- Elderly adults with multiple chronic illnesses are **excluded from clinical trials** to keep them focused on a general population.

What Works

4 Framing Recommendations

Recommendation #1

Start with a solution.

- First, name a change that is needed. *Then*, describe what problem(s) it will solve.
- Adopt a “we can do this” tone (not a crisis tone).
- Avoid language that reinforces “last resort” thinking — e.g. “end up” or “no other options”

Before

Nursing home residents are neglected and nursing assistants can be stranded for hours at a time when no RN is present to implement a care plan.

After

Ensuring a registered nurse is on-site at every nursing home, 24-hours a day, is important to delivering high-quality care for all who live there.

Recommendation #2

Focus on relationships.

- Highlight interconnectedness, rather than focusing on any single group.
- Explain that person-centered care involves lots of different kinds of people.
- Feature residents as participants, not objects of care.
- Avoid invoking vulnerability.

Before

Families deserve to know that their loved ones are in good hands. Instead of worrying about unclean conditions or untreated pain, they want to know their family member has access to qualified care professionals.

After

Minimum staff-to-resident ratios create peace of mind for families. They also allow various care professionals to utilize their unique skillsets, whether it's for treating pain, managing hygiene, or attending to lifestyle preferences.

Recommendation #3

Emphasize collective responsibility.

- Address audiences as citizens (not just consumers).
- Appeal to the kind of society we want to create.
- Define health equity.
- Explain *systemic* racism, sexism, ageism, xenophobia, etc.

Before

Making arrangements for yourself or someone you love who's in need of long term care can be a daunting process. You want to know that you'll receive top notch medical care, continue to enjoy meaningful daily activities, and be treated with dignity.

After

We're all living longer and enjoying a growing range of activities into our later years. We need to design a long term care system with built-in flexibility that can adapt to an increasingly diverse population and meet our society's evolving needs.

Recommendation #4

Paint a picture of quality care.

- Describe how quality care looks/feels/smells/sounds.
- Offer concrete examples of what IS working.
- Connect these vivid details to a broadly shared vision for transformational change.
- Reference the NASEM report and comprehensive plan.

Before

Quality age-friendly care involves being culturally responsive and considering the whole person. It aims to ensure the highest possible physical, mental, social, and emotional well-being for every resident. Quality care also honors individual as well as family preferences, and prioritizes a rewarding work experience for all nursing home care professionals.

After

Quality care is building a weekly shape up into Mr. Johnson's routine. It's managing Mrs. Aguilar's diabetes in consultation with her family, who occasionally cook her favorite traditional cuisine. It means Sam, a CNA, can spend enough time with his residents to learn which ones like to play golf or swim, and that Mrs. May sleeps better when her bed is pushed next to the window.

Overview: 4 Framing Recommendations

1. Start with a solution.
2. Focus on relationships.
3. Emphasize collective responsibility.
4. Paint a picture of quality care.

Remember: You are not your audience!



Thoughts? Questions? Reflections?





Thank you for joining us!



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