

Make Connections and Inspire Action: Engaging Your Audience Through Personal Stories

ADILN Conference
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La Crosse, WI



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“Working with and for Wisconsin’s older adults to shape public policy and improve the quality of life for older people.”

Introduction of Presenters and mission of the Wisconsin Aging Advocacy Network

- Jim Schmidlkofer
- Stephanie Sue Stein
- Janet Zander

WAAN Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association - Wisconsin Chapter
- Board on Aging and Long Term Care (BOALTC)
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Family and Caregiver Support Alliance (WFACSA)
- Wisconsin Institute for Healthy Aging (WIHA)
- Wisconsin Senior Advocates (WSA)
- Wisconsin Senior Corps Association (WISCA)
- Wisconsin Tribal Aging Unit Association



Advocacy Role: Aging Unit/ Aging & Disability Resource Center (ADRC) and Independent Living Centers (ILCs)



- Aging units § [46.82](#) - Powers & Duties - **Advocate on behalf of older adults and assist older individuals in expressing their views to elected officials and providers of services.**
- ADRC Advocacy § [46.283](#) - **Advocate on behalf of the individuals and groups who comprise their target populations** when needed services are not being adequately provided within the service delivery system and **facilitate a customer's self-advocacy.**
- Independent Living Centers (ILCs) § [46.96](#) must provide individual and systems advocacy as a minimum core service.
- Lobbying - Aging Units/ADRCs and ILCs are subject to federal restrictions on using federal funding for lobbying (31 U.S.C. § 1352). In addition, state funding contracts also restrict us of funding for lobbying activities. **Lobbying activities are distinct from advocacy activities, which are required.**

Why should advocates tell their stories?

- Elicits greater empathy than facts and statistics
- Can motivate those who hear the stories (policymakers, community members, others with shared experiences) to take positive action
- Lower audience members' resistance to new ideas

Active Ingredients of effective advocacy stories

- Certain characteristics of stories make them especially effective –
 - Transporting – audience members are absorbed by the story
 - Relatable – audience members can see themselves in the story
 - Emotional – audience members feel for and empathize with the person sharing the story
- To counteract criticism that the experience of a single person may not be generalized to the experiences of others – those sharing their stories may need to acknowledge that theirs is just one story and that their experiences may resonate with the experiences of others and carry wider implications.

Qualities of a Well-Told Advocacy Story

- **Focused** on key messages aligned with goals and tailored to the audience
- **Point to the Positive** change the person sharing the story has experienced or positive change the person hopes to see in the world (community)
- **Carefully crafted** to be specific to the audience and context and include attention-grabbing and memorable “hooks.”
- **Use framing statements** to shape how the audience perceives and responds to the story to avoid being misunderstood or dismissed
- **Practiced** to help find the right balance between using their own natural speaking style, being genuine, and being confident.

Written Vignette:

Alzheimer's Family and Caregiver Support Program

I am my mom's sole caretaker and as her dementia becomes progressively worse, the amount of time it takes to take care of her increases. I would guess that each week, I spend about 20 hours taking care of her needs which includes but is not limited to taking her to all medical appointments, taking care of her finances, grocery shopping, trouble shooting and managing day to day affairs, making sure she is getting out and socializing, etc. Recently she gave up her license so I will now be her full-time driver. We were first approved for AFSCP funds in 2023. Two areas that we used funds for were deli prepared meals from the grocery store and housekeeping services. How wonderful to spend time together over a meal that came fully prepared from the store and only needed to be reheated!

Continued

Written Vignette:

Alzheimer's Family and Caregiver Support Program

That means no grocery shopping for ingredients. No prepping the meal. No cooking the meal followed by cleaning up all the dishes needed to prepare the meal. We just sit down together and enjoy each other's company while enjoying lunch or dinner together. Second, housekeeping helps. Last March, my mom had a stroke which required two surgeries. She is now walking with a cane and is not as steady as she was prior to the stroke which means she needs help cleaning. For me to not have to take on the additional burden of cleaning her apartment is so appreciated. So thank you so very much for the funds that have been made available to me which allows me to just be a daughter sometimes and not always a caregiver!

Alzheimer's Family and Caregiver Support Program Participant – Brown Co

Discussion

1. What made this story effective?
2. What experience do you have in sharing written stories?
3. What opportunities do you have to gather this type of story?

Written Vignette with Photo: National Caregiver Support Program



My name is Dianne Rentmeester and I have been the recipient of a \$1,000 grant from the National Family Caregiver Support Fund. I am very grateful for these funds. If you had asked me two years ago if I ever thought I would need a grant I would have laughed. My husband Chuck and I are relatively well off. Retired early with great medical insurance. A Cadillac policy. We are not rich, but solid middle class. Then a freak accident where Chuck suffered a traumatic brain injury. I was told repeatedly he would probably not live and if he did, he would most likely be a vegetable. But God has other plans.

Continued

Written Vignette With Photo: National Caregiver Support Program



Five months after the accident, I was able to bring Chuck home. Chuck at that point was still being 75% tube fed, talked less than 5 words a week, could not do any activities of daily living, (dressing, feeding, drinking, bathing) on his own. He was and is still incontinent. After a year and half at home, he still cannot be left home alone, needs help with all ADL. However, he is improving a little every day. It's just very slow. He is talking more, has learned to sit up alone, can walk in a tall walker but cannot stand up on his own. But we are working on it.

Continued

Written Vignette with Photo: National Caregiver Support Program



I am his primary caregiver. There is no other family to help. While we have GREAT medical insurance it does not pay for caregiving help. It does not pay for the special food, incontinence briefs, extra cleaning supplies and handicap van we needed to purchase. We pay for our caregiver to come in out of our own resources. We originally started hiring a caregiver for 20 hours a week but have now reduced it to 7 hours a week due to cost, Chuck's improvement and hopefully my improvement in caregiving skills. I am with Chuck the other 161 hours a week. Yes, we do have friends who can sit with Chuck for an hour here and there but only our CNA/Caregiver and I can toilet Chuck, bathe him and feed him.

Continued

Written Vignette with Photo: National Caregiver Support Program



This grant helped me, the primary caregiver have a few precious moments to myself to recharge. It provided relief to an already tight budget stretched thin with additional supply costs. If Chuck and I, a solid middle class family find ourselves stretched thin, I cannot imagine what other families are having to sacrifice in order to care for their loved ones. This grant, and others funded specifically for caregivers are the much needed. We are very grateful.

--End--

Discussion

1. What made this story effective?
2. What experience do you have in sharing written stories with photos?
3. What opportunities do you have to gather this type of story?

Oral Vignette:

Hospital Discharge – Family Caregiver Experiences

- Family caregiver – Brown Co.



Discussion

1. What made this story effective?
2. What experience do you have in sharing oral stories?
3. What opportunities do you have to gather this type of story?

Visual Vignette: Carol Asks Congress to #SaveLunch



Discussion

1. What made this story effective?
2. What experience do you have in sharing visual stories?
3. What opportunities do you have to gather this type of story?

What should you do with the stories?

- Messenger: Who should share the stories?
- Audience: Who do you tell the stories to?
- Purpose: Why are you sharing the stories?
- Opportunities: When/where should the stories be shared?

Advocacy Quote

Accept what you cannot change.

Change what you cannot accept.



Aging Advocacy Day



Join Us!

Tuesday, May 14, 2024, 10:00 a.m. — 3:00 p.m.

For more information and to register go to:
<https://gwaar.org/aging-advocacy-day-2024>

Registration
now open!



You're Invited to the 8th Annual

Aging Advocacy Day!

May 14, 2024, Madison, WI



Anatomy of an Advocacy Day

Structure

- Introduction and Constituent Connection
- Review of Core Issues and Asks
- Issue Selection and Story preparation
- Meetings with Legislators/staff
- Debrief and Social

Core Concepts

- Non – Partisan
- Issue Driven
- Leveraging the power of story telling
- Empowering/confidence building
- Relationship building
- Collaborative and Collective impact

Aging Advocacy Day – State Budget Priorities

- Aging and Disability Resource Center
- Family Caregiver Support
- Healthy Aging - Falls Free Wisconsin Center
- Home-Delivered Meals
- Transportation



Strong people
stand up for themselves,
but stronger people stand
up for others.

Chris Gardner



Questions?

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