Frequently Asked Questions
By webinar and workshop audiences

Q. How should we be addressing issues social isolation and increased vulnerability during this COVID-19 pandemic without sounding like we are in "crisis mode"?

> **A.** It is important to remember that crisis framing is different than explaining in communications the severity of the problems we are facing in this pandemic. Crisis framing only points to how big the problem is and how dire the situation will become if we do not act. Well-framed communications explain the scope of problems while always putting forward ideas and solutions about how we might prevent or address those problems.

Q. Given the disparate way COVID-19 affects people of color, people with low incomes, older adults, and other groups, how do we balance "we're all in this together" with the notion that everyone is NOT in the same boat? There have been some powerful articles recently disputing the latter concept.

> **A.** It important that we state our shared goals: we want to protect people's health and wellbeing. Then it is important to talk about how different groups have different needs and so we need to adopt different strategies, policies, and practices to meet the needs of everyone. We are in the same storm, not the same boat.

Q. Do you have suggestions for motivating people who are not motivated by the idea of collective benefit (i.e. are more interested in personal well-being than community well-being)?

> **A.** At different points everyone can think about personal wellbeing and community well-being. As communicators, we can remind people that the two are not mutually exclusive and are in fact interconnected. And because people have lots of practice thinking about personal wellbeing, it's important to remind them that they care about the well-being of their communities.

Q. How would you frame the work of a senior living facility that is doing extraordinary work to protect its staff and residents during the pandemic and provide high-quality care while as a group, long-term care facilities are being negatively portrayed in the press?

> **A.** We should elevate those stories and explain how and why that particular facility was able to do this kind of work. This way, people will be able to recognize the kinds of supports and resources other facilities might need in order to protect staff and residents. The important thing is to elevate policies and practices rather than characteristics of people who are working in the facilities, for example emphasizing staff pay and opportunities for training and professional development rather than how much the individual staff members care about the residents.

Q. One of your solutions was described as "What Surrounds Us Shapes Us." Could you please talk a bit more about how we might use this when working with our clients and our colleagues?

> **A.** This strategy is designed to help people to think not about aging as simply a matter of individual decision-making (did you diet, exercise and save enough money and generally take care of yourself?). Instead, it helps focus on how our social contexts, experiences, and environment shape how we age. We know that this can effectively help members of the general public (regardless of age) think about how we might shift policies and practices to better support older people. To learn more, access the *Gaining Momentum* toolkit at www.reframingaging.org .

Q. Many powerful people in the limelight frame their comments inappropriately and in stigmatizing language--how do we counter this?

> **A.** People in the limelight will recognize when language begins to shift about the issues that they are working on. If aging advocates together can start to shift the narrative about older people, we will start to see changes in popular discourse.

Q. What can we do with state laws that label victims as vulnerable, elderly, etc.? Legislators are not inclined to pass laws that use verbiage that empowers older persons—they most often, if not always, act out of paternalism and a need to protect. What can we do to counter the language when we must use it to get legislation passed and how do we address laws that already incorporate ageist language?

> **A.** The most effective way to counter paternalistic language is--when possible--to model language that maintains older people's agency. Legislators are also interested in hearing about how a proposed policy solution is innovative and effective. By emphasizing how policies will solve problems facing older people rather than their vulnerability, we can start to help legislators talk to their constituents in different ways.

Q. It seems we need to deal with ageism first through improving the discrimination laws. Currently it is almost impossible to establish age discrimination in the workplace or when trying to find a job.

> **A.** Framing is a part of advocating for policy change. The two are not mutually exclusive. Framing can help make a better case for changing laws, build a bigger constituency to advocate for those changes, and make stronger appeals to decision-makers about why we need to make those changes.

Q. Some states have laws that make a person who is 60+ automatically an APS client (no need for "vulnerability"), does this imply ageism? These laws assume that a 60+ is by default unable to care and protect themselves.

> **A.** We recommend promoting in your own communications the understanding that there is extraordinary heterogeneity across the older adult population. As we age, we become more different, not more alike. We understand that chronological age does not equate to functional ability or physiological age. Therefore, aging does not automatically equal decline or loss of independence. It is a spectrum. For an example of the application of this knowledge to a policy issue, please see _Age Must Not Be Used as Criteria to Deny Treatment_.
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> Our policy language reinforces these false ideas of inherent vulnerability and victim-blaming which it is not helping our cause. Changing our policy language to focus on justice as we age as opposed to paternalism toward older adults as "other" can be the first step in changing this culture.
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> We also recommend using "we" language when talking about older adults with policy makers so they can start to understand that older adults are not "other." We are all aging, so policies that combat negative stereotypes don't help just older adults, they help us all. We do not want to be seen simply as "objects of care" just because we are older. Empowering the older adults of this decade empowers the older adults of the next decade.
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> Lastly, we recommend approaching this conversation from an angle that does not place blame on an individual or a specific organization for this language and culture. Coming from a place of blame may make a policymaker feel defensive.

Q. Have you done any work around reframing specifically for aging LGBTQ+ folks and communities of color?

> **A.** Framing strategy was tested among members of the general public to measure whether framing strategies would increase support for policies that would better address the needs of older people, including older people who experience multiple forms of discrimination.

Q. Is there a concern with starting a sentence with "Older adults..." or "Because older people are..."

>**A.** The important framing strategy is that--even at the level of the sentence--we do not leave room for audiences to blame. This is the difference between writing something like: Older people need to make sure to maintain a healthy lifestyle vs. Older people need access to accessible places to maintain levels of physical activity. The former leads people to think in highly individualistic ways, while the latter points clearly to contexts.

Q. Is reframing language taught to the media? Are they asking for it?

>**A.** There are several ways that the media is becoming familiar with the principles of reframing aging. One major way is by the modification of the style guides that govern the way certain words and concepts are reported in the press. Three of the most popular style guides for academic and popular media, the AMA, the APA, and the AP, have been changed to reflect reframed terminology for older people and considerations on how or when to use ages and age descriptors. This represents a significant victory in ensuring that bias-free language regarding aging is adopted by publications ranging from major scholarly journals to national and local newspapers, websites, and other media outlets.

>The other ways that the Reframing Aging Initiative is helping to change the discourse on aging is by involving GSA's Journalists in Aging Fellows in conversation and workshops when they attend GSA's Annual Scientific Meeting as part of their fellowship program. In addition, many advocates, leaders of national organizations, academics, and communication strategists are increasingly using reframed language, and this modeling of effective messages will have an impact on media producers.

Q. Thoughts on the best term to use... older adults? aging persons? elders? would you recommend we reframe the title 'senior center' or "council on aging"? Can we define what is meant by elderly persons?

>**A.** The FrameWorks Institute research showed that the term "older people" was most effective at helping people focus on the right group of people (i.e., people over 60 years). People in their 20s identify people in their 40s as "older adults." Participants also rated "older people" as more competent with that term applied in comparison to terms like "seniors" or the "elderly." In general, using person-centered language is preferable in any context. It is important to remember, however, that reframing is not renaming. If you know in your community that there is a term used to identify older people that signals their value, you should continue to use it!

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The Reframing Aging Initiative is a long-term social change endeavor designed to improve the public's understanding of what aging means and the many ways that older people contribute to our society. This greater understanding will counter ageism and guide our nation's approach to ensuring supportive policies and programs for us all as we move through the life course. For more information, visit www.reframingaging.org