

“The Golden Years” – Narratives of Aging on the AARP Website

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## Abstract

With the number of seniors over the age of 65 projected to grow rapidly over the coming decades, the conversation about aging will become ever more important. AARP, one of the largest media companies targeting seniors, will play a large role in shaping narratives of aging. As such, the case study that follows is an important contribution to the conversation about aging. I explore the narratives of aging related to the topic of health which currently exist on the AARP website, following in the footsteps of Bowen and Anderson, the only published articles studying AARP's narratives of aging. My methods include a content inventory and thematic analysis of a sample of "Health" articles from the AARP website. My results show that there is no single dominant narrative of aging regarding health in AARP's "Health" articles; AARP seems to use multiple narratives to approach their senior audience as agents with a moderate amount of agency.

*Keywords:* AARP, narratives, aging, health

*“These young girls come in and clean my room, and I keep telling them: ‘Just remember, these are the golden years.’” ~ Grandma Jo (2019)*

## Introduction

My grandmother, Josephine or ‘Jo,’ has told me time and time again that she is a “Southern girl.” She can’t go anywhere without her lipstick. Even at 90 years old, she has her hair colored and styled every two weeks, and she reapplies her lipstick after every meal. Grandma Jo lives in an independent senior living facility where she has a studio apartment, complete with a full bathroom, kitchenette, and living area big enough to fit a queen bed, several chairs, and a large TV. She meets her friends in the lobby daily to watch the world go by and to talk about the latest drama and gossip. Though she is legally blind, beset by frailty and vertigo which force her to use a walker, and in the early stages of heart failure which requires her to constantly be on oxygen, she is a positive and happy person.

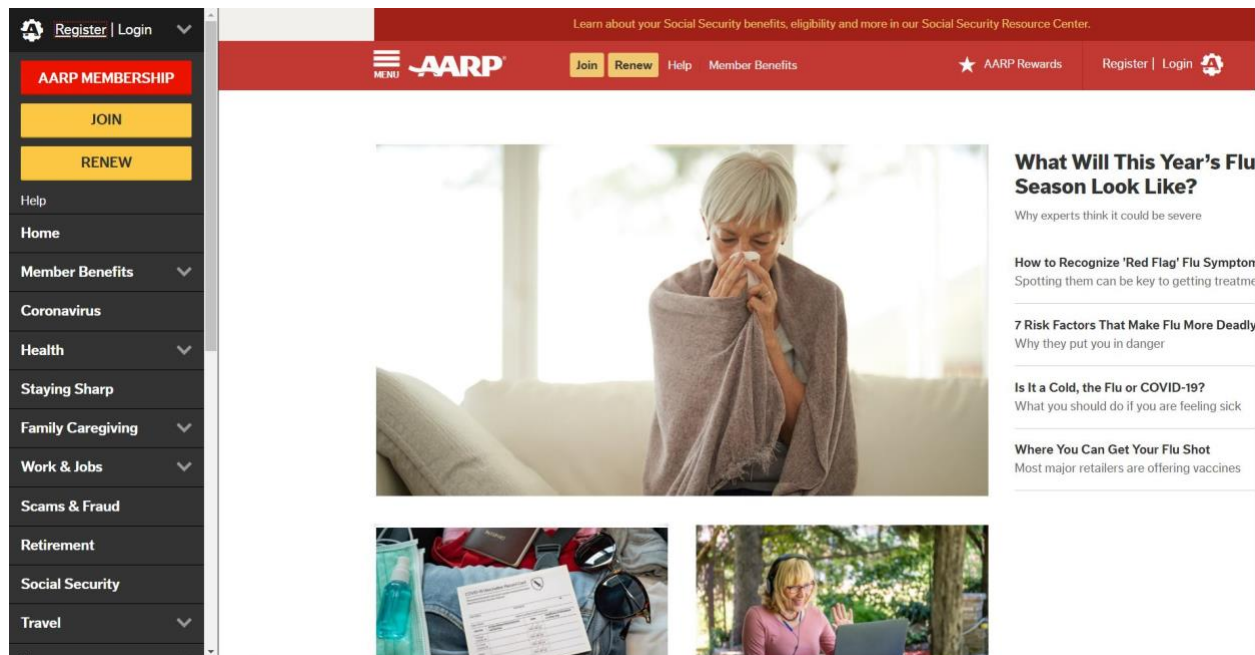
Over the last couple of years, Grandma Jo has begun to advocate more for herself, telling her family what she is and is not willing to do: she will happily meet in the foyer to talk, but she does not like to leave the facility very often. She’ll leave to have a short meal with my uncle, but she tends to decline anything longer. She tells us that she just gets too tired and feels more comfortable staying at home; she says there are things she just can’t do anymore.

According to the Population Reference Bureau, the senior population or the population of “Americans ages 65 and older is projected to nearly double from 52 million in 2018 to 95 million by 2060, and the 65-and-older group’s share of the total population will rise from 16 percent to 23 percent” (Mather et al., 2019). With a significant increase in the senior population underway and projected for many more years, the conversation about aging is becoming more important as millions of seniors decide how to spend their “golden years” of retirement and older age.

Organizations that speak directly to seniors will have significant power to influence the lives of seniors and cultural narratives of aging. The power of such organizations will only grow with an increase in the size of their audience.

AARP is one such organization that speaks directly to the 50 and older population. AARP's mission statement is "to empower people to choose how they live as they age" (AARP, n.d.-a), and the organization advocates for seniors in three ways. First, AARP engages with the private sector and "encourages companies to consider the role they play in affecting positive social change by building or tailoring quality products and services that help those 50 and over live their lives to the fullest" (AARP, n.d.-d). Secondly, AARP also develops, through research, positions on public policy to advocate for those 50 and older (AARP, n.d.-b). And, finally, AARP direct engages with their audience, providing information through periodicals, books, audio and video programming, and, most importantly for this study, their website (AARP, n.d.-c).

AARP's website is available at "<https://aarp.org>." The home page of the website features a variety of articles with thumbnail pictures ranging in topic from vaccines to retirement to caretaking. A hamburger menu is available to click on in the top-left corner, and it expands into a menu bar along the left side of the home page, including headings such as "Member Benefits," "Family Caregiving," and "Health," among others.



*AARP homepage, taken on Sept. 14, 2021.*

In my preparation for exploring AARP’s narratives of aging, I was surprised to find that there are few pre-existing publications on the subject. The most relevant published work was from Dr. Lindsey B. Anderson, an assistant professor of communication at the University of Maryland. Anderson (2015) published a case study in which she “explores how AARP rhetorically constructed a narrative around the issue of an aging workforce and topic of retirement to advocate for continued employment and bridge-work opportunities” (p. 358). Anderson (2015) performed a thematic analysis with open coding on several “organizational documents, including articles from the ‘*Work and Retirement*’ tab of the AARP website, the 2014 issues of *AARP the Magazine* and the *AARP Bulletin*, as well as the 2011, 2012, and 2013 annual reports” (p. 358).

Late into my research, I also found a 2012 article by Lauren Marshall Bowen entitled “Beyond Repair: Literacy, Technology, and a Curriculum of Aging” which presents how AARP, in their magazine and social media posts, discussed technology and its use as a part of AARP’s

larger “curriculum of aging” (p. 448). Bowen (2012) does engage in some kind of qualitative coding as a part of her methodology, but she is rather vague about how exactly she moved from article analysis to narratives. Regardless, the output of her research shows that AARP used narratives which 1) presented technology as primarily for bodily repair, or the “repair metaphor of gerontechnology” (Bowen, 2012, pp. 448–450), 2) characterized technology as something to be feared, and 3) developed social media literacy (pp. 450–451), though only among those who are already adopters of social media (pp. 451–452).

My case study adds to the area of research started by Anderson (2015) and Bowen (2012), following more closely Anderson’s approach. Just as Anderson (2015) explored the narrative of retirement as it related to AARP publications on work and retirement, I am exploring the narratives or rhetorical constructions of aging related to the topic of health as captured in the “Health” section of the AARP website. My specific research question is: “What is the dominant narrative of aging in the ‘Health’ section of the AARP website?” I attempt to answer this question by first conducting a content inventory of the AARP website, selecting a sample of articles, and then performing a thematic analysis of the sampled articles using a provisional, or closed, coding approach.

Forms of narrative are a major concern in the study of health, medicine, and rhetoric. For example, in her forthcoming 2022 book, Dr. Molly Kessler studies the narratives of ostomy patients and how those narratives shift our understanding of chronic gastrointestinal disease. As Kessler (2022) states, “Stories in health and medicine are powerful. They help us navigate illness, build communities, and make sense of our lives and experiences with disease, death, and acute issues” (p. 8). Another study by Segal (2012) focuses on the narratives of cancer patients as they appear in popular media such as *People* and *Vanity Fair*. With her rhetorical approach, she

aims to find out ‘Who is persuading whom of what and what are the means of persuasion?’ (Segal, 2012, p. 295). In my study, I treat narrative as a form produced by the AARP, an organization that holds power to shape ideas of aging.

AARP’s presentation of narratives of aging in health-related articles is important because health is often an important factor in the experience of aging. Health conditions can limit what a senior can and can’t do. Also, a senior’s own *perception* of their health can lead to conclusions about their overall ability and agency; such perceptions can be further influenced by the actions and attitudes of others. Seniors’ conclusions about their health, ability, and agency may inform a senior’s self-understanding, potentially limiting what a senior does and doesn’t do, but not necessarily because of an inability to act. Given its direct communication to seniors, AARP has a significant opportunity to influence how seniors view their own health, aging, and themselves.

Beyond Anderson’s narrative of “Modern Retirement” and Bowen’s narratives regarding technology, the literature indicates that there are several other narratives more directly related to aging, including Swacha’s “aging as pathology” and van Dyk’s “active aging” (Swacha, 2017, p. 62; van Dyk, 2014, p. 96). On a broad level, aging can be presented as a positive or negative phenomenon that affects a senior. Aging can also be conceived of as a present phenomenon, one which will occur in the future, or one which will occur over the course of time. Within each narrative, there is a certain degree of agency given to the senior agent. In some, the senior has little agency in the aging process, while for others, the senior has no less agency than a mature adult.

In this project, I use eight scholarly articles to delineate narratives of aging: aging as disease, aging as future risk, aging as the next life stage, and aging as nonexistent. I settled on these eight articles because they each in some way comment on how aging is perceived or

represented in different disciplinary areas. Rattan (2014) describes aging from a biological perspective; Swacha (2017) from a rhetorical perspective; Vincent (2006) from a sociological/biogerontological perspective; Laceulle (2017) from a philosophical perspective; Moody and Sasser (2018) and van Dyk (2014) from a critical gerontological perspective; and Jolanki (2009) and Raymond (2019) from an aging studies perspective. It was a relatively easy process to see themes among their discussions of aging and then consolidate their representations of aging into more coherent narratives while also spanning a range of possible experiences. I will describe these narratives in more detail in “Themes and Codes.”

## Methods

This project is a case study involving a content inventory of the AARP website and thematic analysis of articles using provisional coding. The philosophical worldview that informs this project is part constructivist and part transformative. I align with Creswell and Creswell’s definition of a constructivist worldview by “[focusing] on the specific contexts in which people live and work in order to understand the historical and cultural settings of the participants” (2018, p. 8). Though I do not have specific human participants for this research, I am concerned with narratives of aging because they affect the senior population. Because the senior population is a group which can be “marginalized or disenfranchised” and has a need to understand their place in society as they age, my research aligns partially with the transformative worldview (Creswell & Creswell, 2018, p. 9).

A case study is appropriate for this topic because, according to Yin’s influential text, a case study “investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2002, p. 13). The

phenomenon I am studying is the dominant narrative of aging created by AARP in the “Health” section of their website. As Anderson (2015) and Bowen (2012) have already begun to illustrate, AARP crafts narratives within its direct communications to its audience. In determining the dominant narrative of aging in this study, there is no clear delineation between the narratives created and the context surrounding them (article content, website construction, impetus for writing, etc.), thus making this subject suitable for a case study.

The second part of Yin’s definition is as follows: “copes with the technically distinctive situation in which there will be many more variables of interest than data points... relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and... benefits from the prior development of theoretical propositions to guide data collection and analysis” (2002, pp. 13–14). I’ll discuss these points one at a time.

First, there are many possibilities for narratives embedded within AARP articles. One such example is Anderson’s narrative of “Modern Retirement,” but additional narratives could include commentary on aging, social roles, or financial security – or any of Bowen’s narratives of technology. Narratives are Yin’s “variables of interest,” and they are dependent on the coding system used to discover them. Thus, the number of possible narratives may exceed the number of articles, Yin’s “data points,” given the myriad of possible coding systems.

Secondly, to triangulate my data, I used a provisional coding methodology based on eight academic articles about narratives of aging. My coding was verified by a second researcher with initial 75% agreement and 100% agreement after discussion. I additionally made changes to how I approached the coding of articles after this interaction. For a study involving thematic analysis, verification of coding acts as a method of triangulation.

Finally, Anderson (2015) took an open coding approach to her work, seeming necessary in part because there was little previous work done on aging and retirement. In her literature review, Anderson (2015) states: “The aging workforce and retirement are important issues to consider given that aging is all but missing in public relations research” (p. 358). Given that I was able to find previous work on aging as it relates to health, taking a closed coding approach for my research seemed an appropriate deviation from Anderson’s methods.

### Content Inventory

Halvorson and Rach (2012), industry experts in content strategy and leaders of the content strategy consulting business Brain Traffic (p. 188), define a content inventory as simply “A list of all the content you have” that helps a researcher to “learn what you have, where it lives and a few other basic stats” (pp. 50–51). A content inventory provides a foundation for further analysis of content.

Using Halvorson and Rach’s method, I outlined the entire AARP website (Appendix A). I then catalogued the content underneath the “Health” heading and its subheadings. I included articles in my catalogue if they were published between June 1, 2018, and May 31, 2021. Any articles outside of this range were excluded from my project. Additionally, any exclusively non-text (video, interactive, etc.) articles were excluded.

When on a landing page, I selected only the shown articles; there was, in fact, no way to navigate to “all articles” under a heading. I ignored links under “Your Membership,” “Today’s Hot Topics,” “AARP In Your State,” and “Featured AARP Member Benefits” as well as suggested and related articles. I also did not use articles without a date or without a heading

label. To catalogue the webpages, I recorded the following in a Microsoft Excel spreadsheet: a unique ID assigned to the page for the purpose of the project, the title of the page, heading, the date created or most recently updated, the URL, author, and author's origin (AARP, external producers, users, etc.) (Brain Traffic, 2017; Halvorson & Rach, 2012, pp. 51–52; 65; Kaley, 2020).

In total, my content inventory consists of 203 articles. In an interesting development, I found that the articles could be located in two different sections: for example, under both “Health” and “Home & Family”. I found several articles under a “Health” subheading but, upon clicking on the article, the heading navigation showed that the article was housed under a different heading. For example, I found the article “6 Ways to Get Gardening Muscles in Shape and Prevent Injuries” under the “Health – Healthy Living” section but the article heading navigation showed “Home & Family – Your Home” (Moeller, 2021). In response to this development, I labelled all of the articles in my content inventory based on the section in which I found the article under the “Health” heading. So, for example, I labelled the above gardening article as “HL 23” since I found it in “Healthy Living.”

After completing my catalogue, I selected my sample for analysis. I determined in conversation with my advising faculty member that using 20% of articles as a sample would be sufficient for the size of this dataset and for my project purposes. To select forty articles for analysis, I first assigned random numbers to my organized list using a random sequence generator on random.org. I then used random.org's integer set generator to select forty random numbers. The corresponding articles became my sample set for analysis (see Appendix B). I saved my sample articles as PDF files and used Adobe Acrobat Reader to conduct my thematic analysis using the comment feature.

## Thematic Analysis

I am using thematic analysis as explained by Guest, MacQueen, and Namey (2021): “Thematic analyses... focus on identifying and describing both implicit and explicit ideas within the data, that is, themes. Codes are then typically developed to represent (not replace) the identified themes” (p. 9). I am conducting my thematic analysis using a provisional, or closed, coding approach as described by Saldaña (2021). Provisional coding uses themes that are “generated from such preparatory investigative matters as: literature reviews related to the study” (Saldaña, 2021, p. 216).

I developed my provisional coding approach based on eight academic articles which discuss the narratives or rhetorical constructions of aging. While each author approaches aging from a different disciplinary perspective, there are two common threads that connect these articles on aging: temporality and a “positive/negative” perception. I used these two threads to help describe four narratives of aging generalized from the above literature. These narratives became my themes for my thematic analysis. I describe each theme and its evidence in the following section.

To validate my findings, my codebook was used by a second researcher to test the validity of my coding on 20% of my sample, or a total of eight articles.<sup>1</sup> I aimed for 70% or better agreement with 100% agreement after discussion. I achieved that goal, with 75% agreement and 100% agreement after discussion, also satisfying Saldaña’s suggested interrater agreement of 80-90% (2021, p. 54). We were also able to talk through some of the intricacies of

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<sup>1</sup> See my codebook in Appendix C

applying my codebook, so I then recoded the rest of my sample to ensure that my coding would be as informed as possible.

I had originally planned to use paragraphs as subunits of analysis, but I quickly found that paragraphs were too small of a unit given that the articles were typically three PDF pages or less in length. I instead considered each article as a separate unit. I read through each article, noting places where sentences, paragraphs, and/or general ideas corresponded to themes. After getting an overall feel for the article, I assigned the article a code with a short explanation. Each code corresponded to a theme. I used an additional “N/A – none” code for paragraphs showing no theme.

### Themes and Codes

In this section, I discuss how each theme was created with support from my literature review. I developed four themes in total: aging as disease, aging as future risk, aging as a progression to the next developmental stage of life, and aging as nonexistent. I also included an “N/A” code which indicated that none of my themes could be found in the article.

**Table 1**

*Themes and Codes with Short Descriptions*

<b>Theme / Code</b>	<b>Description</b>
Theme: Aging as disease Code: Disease	Present and negative Describes aging through a narrative which shows <b>aging as a currently experienced problem to be solved or eliminated.</b>
Theme: Aging as future risk Code: Future risk	Future and negative Describes aging through a narrative which shows <b>aging as a process which involves future risk.</b>
Theme: Aging as a progression to the next developmental stage of life Code: Next stage	Present/Future and positive

	Describes aging through a narrative which shows <b>aging as a natural progression from one developmental stage to another.</b>
Theme: Aging as non-existent (successful aging) Code: Successful aging	Future and positive Describes aging through a narrative which shows <b>aging as nonexistent and having no effect on agency.</b>
Theme: No theme Code: N/A	Describes aging through a narrative which doesn't correspond to any of the above themes

*Note.* This table provides a concise description of each theme and its corresponding code.

1. Aging as disease – present and negative ~ Code: Disease

This theme describes aging through a narrative which shows **aging as a currently experienced problem to be solved or eliminated.**

Rattan (2014) describes aging as being conceived of as a “disease”; such a perspective inherently involves the possibility of being free from aging and may be presented using “enemy-oriented rhetoric such as the ‘war against aging’” (p. 196). Swacha (2017), from an agentic perspective, uses a similar description of aging as “*pathology*” (p. 66). Adopting this narrative may result in one or more of what Rattan (2014) calls “aging interventions”: 1) “wishful thinking” or “searching for the illusory fountain of youth,” 2) “piecemeal remedies” or “‘fix what is broke’,” and/or 3) “replenishing the loss” to return bodily chemicals to previous levels (p. 199). Vincent (2006), from a biogerontological perspective, would likely describe Swacha’s “pathology” as “anti-aging” which exists along similar lines of thought (pp. 688–692).

In summary, aging as disease perceives aging as a singular thing – aging – that can be solved so long as either aging itself or its constituent pieces are fixed. Compared to other themes, aging as disease assigns limited agency to a senior.<sup>2</sup>

Aging as disease obviously is most applicable to instances directly involving health decline. However, aging as disease could also refer to instances in which health decline prevents a senior from taking a desired action, where the desired action is impossible because of aging. For example, a senior who plays with his grandchildren may blame old age for his lack of stamina, though there may be underlying health reasons *caused* by old age which prevent him from doing so.

## 2. Aging as future risk – future and negative ~ Code: Future risk

This theme describes aging through a narrative which shows **aging as a process which involves future risk**.

This theme has its roots in Rattan’s biological conception of aging as “a process that increases the chances of the onset of diseases” (2014, p. 196). I’ve broadened Rattan’s conception of aging using Jolanki’s research interviewing two groups of seniors. Jolanki (2009) notes that “Old age was often constructed as a period of predictable, inevitable deterioration and health problems, which had many and profound consequences” and continuously placed greater limitations on seniors’ agency to do what they wanted to do (p. 217). Rattan (2014) notes that

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<sup>2</sup> (Swacha, 2017, p. 66) Here, Swacha’s definition of “*aging as ageless*” “seemingly attributes unlimited agency to older adults.” By contrast, “*aging as pathology*” must assign less agency to seniors. Rattan and Vincent’s descriptions reflect this lower agentic power of seniors with regard to aging as disease.

one way to guard against increased risk with aging is to “[strengthen] the homeodynamics” of the body (p. 199).

There are two parts to this theme: aging involves future risk of 1) health decline and 2) decline in agency, perhaps ultimately being supported by a caregiver in both understanding and administering medical care (Opel, 2018, p. 136; 141-143). These two parts are related. Health decline can result in a decline in agency; for example, the onset of dementia may result in the revoking of a driver’s license. However, a decline in agency does not have to occur because of a decline in health. For example, a senior may be less likely to be interviewed for a job simply because of their age, restricting their agency to act in professional capacities.

### 3. Aging as a progression to next developmental stage of life – present/future and positive ~ Code: Next stage

Aging can be perceived as a positive phenomenon. This theme describes aging through a narrative which shows **aging as a natural progression from one developmental stage to another**.

The roots of this theme come from Laceulle (2017) who, speaking from virtue ethics, cites Norton’s argument that “old age... should be seen as a stage in its own right with corresponding virtues and values” rather than one which is pre-scripted or prescribed (p. 5). Moody and Sasser (2018) in a discussion on critical gerontology describe what they term “positive aging” or “a tangible kind of practice build on a more hopeful image of later life” (p. 40). Moody and Sasser (2018) cite several options for seniors which acknowledge older age as a developmental stage, including different models of medical care and a senior-focused educational travel company (p. 40).

These authors seem to describe old age in a way that provides a space for seniors to develop and exercise their agency, even if it is only within the accepted bounds of what they can do. For example, a senior may be able to drive, but realizes that driving at night is an additional risk. The senior may choose to drive during the day unless absolutely necessary, exercising their agency but staying within the bounds of what they can do.

One conception of aging as the next stage of life which did not appear in the literature is the next stage as ultimate decline into dying and death. At some point, for many seniors, this does become the next stage in “development,” even if it means simply coming to terms with mortality and an end to life. I believe that to respect the end of life, final decline, dying, and death should be considered part of the theme of aging as next stage.

#### 4. Aging as nonexistent (successful aging) – future and positive ~ Code: Successful aging

This theme describes aging through a narrative which shows **aging as nonexistent and having no effect on agency**.

Swacha (2017) provides a foundation for this theme with her conception of aging as “*ageless*” which “seemingly attributes unlimited agency to older adults by implying that aging does not affect their capacities for action” (p. 66). The idea of “successful aging” similarly relies on unlimited agency; Raymond (2019) describes “a youthful appearance, vitality, and abilities” as the ingredients for “optimal” or “successful” aging (p. 9). Jolanki’s “new aging” places control over aging in the power of the individual senior emphasizing “the meaning and importance of individual choices and actions” (2009, p. 215). However, Raymond (2019) and Jolanki (2009) both describe problems with this narrative of aging. Raymond (2019) describes the results of their research at a senior club and shows that seniors who fail to age successfully

are dehumanized and marginalized because of that “failure” (pp. 11–14). Also, Jolanki (2009) notes that giving full agency to seniors can be unrealistic and inequitable because seniors “would need adequate financial, social, and cultural and physical resources” to maintain full agency (p. 224). Similarly, van Dyk (2014) notes that “active aging” looks down upon seniors who are genuinely unable to participate in social life (p. 96).

This narrative of aging makes a promise which may or may not be fulfilled. While it is certainly true that some people may be able to age successfully to the point that they don’t seem to age at all, not all seniors are able to do so.

#### Note

One point of clarification: simply because a narrative may construe aging as a positive or negative phenomenon or experience does not mean that that narrative is good or bad for a senior to hear. For example, unlimited agency in nonexistent aging is great in concept, but it may result in a senior pushing themselves too far as to cause injury to themselves or others. In some cases, it may make more sense to view aging as a process increasing future risk so that a senior can take action in the present to try to guard against a future risk, like osteoporosis or falling.

#### Coding in Action

I coded my forty-article sample over the summer of 2021. What seemed to be a straightforward endeavor in the beginning ended up presenting me with more questions than I expected.

As I noted earlier, I initially began using paragraphs as my unit of analysis before changing to use the entire article. I made this change because coding individual paragraphs

seemed to ignore how paragraphs worked in concert with those coming before and after establish a narrative of aging over the entire article. For example, the article “This Is What a Stroke Feels Like” tells the story of four stroke survivors (Nania, 2020). There is no specific mention of aging in the article, but the construction of the article – the use of four anecdotes, the identification of patient age, and the focus on warning signs of strokes – seems to indicate that the article develops a “future risk” narrative of aging. When the paragraphs were coded individually, each paragraph failed to contain enough information to put forward a narrative of aging, so each paragraph ended up coded as “N/A” or no applicable code. I noticed this same phenomenon with other articles, providing me with justification to change my unit of analysis from individual paragraphs to entire articles.

I worked through my sample of articles three separate times. After the first work-through, I made additional clarifications to my codebook and in how I thought about coding. In my second work-through, I made an addition to my codebook, using a short phrase to describe each of the codes as a sort of shortcut to how each code might feel or “sound.” For example, I described “aging as disease” as “fight against aging” and “aging as next stage” as “accept aging”. The article “Memory Cafés Offer Social Activities for Those Living With Dementia” describes a safe place for seniors with dementia and their spouses (Goyer, 2020). The article describes these cafés in a positive light, “not a form of respite care. Instead, they offer a place where both caregiver and care recipient can socialize together and connect with others in similar situations” (Goyer, 2020, p. 3). The article’s tone indicates an acceptance of dementia as a factor of old age and does not attempt to minimize the experience or offer advice to prepare for it, instead focusing on the benefits of using memory cafés.

Similarly, there was a distinct “sound” to the theme of future risk that helped me to identify it. Usually, it came in the form of an explicit or implicit warning: “prepare for aging.” For example, In the article “Chronic Anxiety is Troubling, but Treatable,” the author notes that “Among older Americans, the most prevalent anxiety disorder is generalized anxiety, a condition characterized by a pervasive sense of worry about a wide range of things, according to the ADAA” and, not long after, also that “Sometimes a disorder that was previously diagnosed gets worse with age; in order cases an adult develops a new condition later in life” (Barbalich, 2019, p. 2). The author gives a warning to the audience, first by explicitly including seniors as a group at-risk for an anxiety disorder and then explaining seniors may be at-risk with or without a previous diagnosis. This warning “sound” was echoed in other articles with the theme of aging as future risk, and as such I included that “sound” as a part of my codebook.

Another factor which contributed to my multiple readings of my sample was that the articles were fairly short. Some were just over a page and rarely were they longer than three pages. With such little content to work with, it was difficult to determine how “deeply” I should read into the articles. Intertwined with this question was that of audience. AARP’s general audience are those that are 50+, but what are the other characteristics of this audience? Who is reading AARP articles, and how would they perceive the narratives that are embedded within them?

I discussed these questions with the researcher that verified my codebook; she is a fellow student in my program, and she had seen this project grow from an idea into a proposal and understood what I was trying to accomplish. As we discussed the question of audience and depth, we determined that I attempted to read into implied audiences and implied subjects more than she did. We concluded that this impulse to read deeply is a disciplinary trait but not one

suited to this project. We thought that reading “simply” for the explicit subject and audience made more sense for the purpose of determining the narrative that a reader would actually receive. In short, the average reader of an AARP website article would not use all of their analytic skill to determine the numerous possible implied subjects or audiences. Rather, they would likely take an article at its face value. With this conversation in mind, I recoded my sample for what would be a third time. I ended up changing approximately 25% of the article codes using this simpler paradigm.

## Results

After counting the number of articles assigned each code, I found that no narrative dominated over others. Instead, of the five codes, two were not at all frequent – disease and successful aging – and three were similarly frequent – future risk, next stage, and N/A.

Below is a summary table of my results, to be discussed in-depth throughout the remainder of this section:

**Table 2**

*Results by Theme/Code*

<b>Theme</b>	<b>Results (out of 40 total)</b>
Theme: Aging as disease Code: Disease	0 articles
Theme: Aging as non-existent (successful aging) Code: Successful aging	2 articles
Theme: No theme Code: N/A	13 articles
Theme: Aging as future risk Code: Future risk	13 articles
Theme: Aging as a progression to the next stage of life Code: Next stage	12 articles

*Note.* This table shows the number of articles corresponding to each theme/code.

### Disease – 0 articles

*Describes aging through a narrative which shows aging as a currently experienced problem to be solved or eliminated.*

None of the sample articles I analyzed corresponded to the theme of aging as disease. Some articles focused on different ways to identify a health problem (see “8 Health Problems That Can Be Detected Through an Eye Exam,” (Stepko, 2021b)) some on what preventative measures were beneficial for overall health (see “What New Fitness Research Means for You,” (Blatt Press, 2020)) and some included a bit of both, but no articles developed an overarching narrative about fixing aging itself nor included any “war-like” rhetoric about defeating aging. The diction used overall in the AARP articles most often personally addresses the reader using neutral and sometimes encouraging language, depending on the subject. For example, the article “Medigap Plans Help Bridge Gap of Original Medicare Costs” begins the discussion about the differences in Medicare and Medigap plans and is supportive of the reader’s agency and actions, a tone which is modulated for the article “Memory Cafes Offer Social Activities for Those Living With Dementia” to be more encouraging and heart-felt (Bunis, 2020; Goyer, 2020). Without a focus on fixing aging itself or any combative rhetoric, I could not label any articles with the theme of aging as disease.

I believe the reason that no articles utilized the theme of aging as disease is that AARP gains little from addressing its audience as if they have limited agency. AARP may want to be seen as a resource that, in part, provides actionable information for a senior to use in their life. Being able to act on that information develops trust between the reader and AARP and also encourages the reader to continue using AARP’s website to gather additional aging “tips.” As the

reader finds AARP trustworthy and useful, they increase their traffic to the site which also increase their exposure to other AARP offerings.

#### Successful aging – 2 articles

*Describes aging through a narrative which shows aging as nonexistent and having no effect on agency.*

Only two articles utilized the theme of successful aging, one which showcased seniors who became athletes in old age and another which described the current experience of a celebrity artist (Crouch, 2019; Nash, 2020). Each of these articles shows seniors participating in activities which, at first glance, seem to be mostly associated with general adulthood, representing age as a sort of limiting factor that can be surpassed with effort and dedication. Presenting such success as obtained by 97-year old runner Roy Englert seems to position the article as both encouraging to seniors to push their limits but also as marginalizing for seniors who know that they have limits which can't be pushed (Crouch, 2019).

I believe AARP utilizes the successful aging narrative sparingly as a way to provide idols for seniors, giving them encouragement and hope of what can be done in the golden years. While some seniors may feel jealous or marginalized for their inability to be like Roberta Flack (Nash, 2020), I don't think it enough reason for AARP to completely avoid stories of successful aging. Not including such stories would imply that there is not success that can be found in older age, perhaps implying that death is the only thing that comes with old age. Had I found a large number of successful aging articles in my sample, I may have argued that AARP was too optimistic about aging; but, as it stands, providing success stories through a small number of

articles seems to be an appropriate way to encourage seniors without providing too much unfounded hope.

N/A – 13 articles

*Describes aging through a narrative which doesn't correspond to any of the above themes*

There were thirteen articles which didn't correspond to any of the themes developed out of my literature review. In these articles, there was insufficient development of the concept of aging or recognition of the reader as one of AARP's 55+ audience. For example, the only reference to an older audience in the article "5 Ways to Video Chat" is a single reference to calling grandchildren using video chat applications (Saltzman, 2020). Another example is the article "How to Safely Get Luscious Lashes" which once references the eyelash deterioration of women 50+ (Stepko, 2021a). Neither of these references to a senior audience was placed in the introduction where it could be perceived to characterize the audience for the entire article; rather, both references were simply in the body of the text. Generally, neither article provides enough information to make a senior audience distinct from a more generalized audience.

N/A articles seem to exist because the experience of seniors is not always distinctly separate from that of other age groups. While there could be articles written to advise an audience of just seniors how to use digital communication technologies, a generalized overview as given in the "5 Ways to Video Chat" article is suitable for adults *and* seniors (Saltzman, 2020). Also, there is not always a need to remind seniors that they may exist in a separate audience category. Many seniors likely think of themselves as "normal" adults until they hit their perceived "senior" age; misalignment between how a senior thinks of themselves and how an article perceives them could lead to the loss of a reader.

### Future risk – 13 articles

*Describes aging through a narrative which shows aging as a process which involves future risk.*

About one-third of the articles in my sample used the theme of future risk. There are two ways that these articles approach the future risk theme: 1) by prioritizing identification of *healthy ways of living as preventative maintenance* to avoid adverse health conditions and 2) by prioritizing identification of conditions that affect seniors and *ways in which they can be identified and mitigated*. There is a nuance here that is worth pulling apart.

The prioritization of preventative maintenance as in the articles “Top 5 Foods to Feed Your Brain” and “What New Fitness Research Means for You” indicates immediately that there is something that the reader can do to avoid an adverse health effect (Blatt Press, 2020; Meltzer, 2019). For example, the opening paragraph of “Top 5 Foods” includes the statement “...and research shows that things like the MIND... diet, which focuses on specific brain-beneficial food groups, is linked with better brain health as well as dementia prevention” (Meltzer, 2019, p. 5). The opening paragraph of “Fitness Research” includes a similarly-purposed statement, “specifically, the more steps those over 40 took, the lower their mortality risk from all causes” (Blatt Press, 2020). By identifying an action up front, the author indicates that there is time between the senior’s current experience and the time which may eventually include the adverse health effect, and that during this intervening time a senior has the agency to do something to improve their health.

Other articles discuss issues that are affecting seniors but do not necessarily assume that the reader is experiencing them currently. Two examples are “Do You Have Hidden Hearing Loss?” and “Chronic Anxiety is Troubling but Treatable” (Barbalich, 2019; Stepko, 2020). Both articles define the condition which is acknowledged as possibly affecting the reader. However,

there is no discussion of preventative maintenance in these articles. Rather, the article defines the problem and its possible solutions while talking about the condition as it affects other people. By placing the condition “out there” and allowing the reader to determine if it affects them, the writers create a space between the condition and the reader which feels like an insertion of time between the reader in their current state and a possible future state of identifying themselves with the condition or developing it later on.

#### Next stage – 12 articles

*Describes aging through a narrative which shows aging as a natural progression from one developmental stage to another.*

Twelve articles corresponded to the theme of next stage. Most articles describe experiences that place seniors squarely in a life stage beyond adulthood with some agency, though a couple articles show caregiving circumstances where a senior has progressed to a developmental stage which involves a lesser amount of agency. An example of the former is “Understanding Medicare’s Options: Parts A, B, C and D” which speaks directly to the reader as someone that can enroll in Medicare, setting them apart from most adults (Bunis, 2021). However, “Dementia Care: Helping Your Loved One Stay Connected and Safe” and “Memory Cafés Offer Social Activities for Those Living With Dementia” both characterize a loved one who has been diagnosed with dementia and the ways in which their life might change because of the diagnosis, operating as a separate stage from normal adult living (AARP, 2021; Goyer, 2020).

One difficulty in identifying this theme is that there is some overlap with the theme of future risk. As a senior gets older, their risk for health problems increase, so simply being of an

age where there is a higher risk for health problems could be considered a separate developmental stage. However, aging as next stage provides a delineation, even if slight, between the developmental stages of mature adulthood and senior-hood whereas aging as future risk defines aging as a process, one that could span these stages.

## Discussion

With the results I outlined above, how should I answer my initial research question: “What is the dominant narrative of aging in the ‘Health’ section of the AARP website?” The short answer would be that there is not a single dominant narrative of aging in the “Health” section of the AARP website. Instead, AARP seems to use multiple narratives to appropriately approach its senior audience as agents.

While I did not code for agency, agency seems to be a key aspect in reading and analyzing AARP’s articles. I began to understand that agency might be an important part of my findings as I started to work through my results. I was trying to understand why aging as disease and aging as nonexistent were underused when compared to aging as future risk and aging as next stage. I then realized that aging as disease and aging as nonexistent created a sort of spectrum of agency, with these themes as bookends. Either aging could be warred against, with aging inevitably winning, or aging could be ignored, with the individual maintaining an ability to act (almost) indefinitely. Aging as future risk and aging as next stage seemed to fall in the middle of these two, acknowledging an ability to act but also acknowledging that there may be limiting factors to that ability.

Ultimately, I came up with an (informal) definition of agency that seemed to fit what I was seeing in my results: the ability to engage in and influence an individual's health experience. Looking at the quotes I used to help define each of the themes I used for my codebook (Appendix C), there seems to be some evidence to support agency as a sort of determining factor in how AARP's audience is constructed. For example, the quote I used for aging as disease is:

“Indeed, one AARP analysis of spending on just six different supplements marketed for brain health shows that 50-plus adults spend more than \$93 million a month on these proprietary blends alone. ‘These people taking these pills are spending between \$20 and \$60 a month and flushing dollars down the toilet that could be better spent on things that actually improve their brain health,’ Lock says” (Fifield, 2019).

And, the quote for aging as next stage is:

“Although the past six months have sure had echoes of wartime deprivation – with depleted grocery shelves for certain items – Americans haven't been at any real risk of developing scurvy. With fall harvest season ahead, it's a good time to reassess what your body needs now, for maximum health in this decade and decades to come” (Carter, 2020).

While each of these quotes includes some contextual set-up, the emphasis of each seems to be on the action taken by a group of people – either a group meant as a stand-in for the reader or the reader themselves. In the first quote, there's an emphasis on the futility of action by the group of adults 50+, and in the latter, there's an emphasis on preparation for the future. Aging as future risk contains a similar emphasis on preparation, albeit with a cautionary tone:

“Worse, muscle loss can be hard to notice. In a study of nearly 1,900 older adults, researchers from the University of Pittsburgh determined that you’re losing strength about three times faster than muscle mass. So, though your biceps might stay the same size, the quality of the muscle is withering. If you don’t eat for strength now, you might one day struggle to mow your own lawn or lift a bag of potting soil. ‘When you can no longer do the things you once could, it creates a snowball effect,’ Ribeiro observes” (Carter, 2020).

In short, aging as disease points to action as futile, and aging as next stage and aging as future risk point to action as possible. If indeed aging as disease and aging as nonexistent are the ends of a spectrum of agency, then the quote I used to help describe the latter – “Think you’re too old to try a new sport? Don’t tell that to Betty Goedhart, who started on the trapeze at age 78” – moves beyond a certain culturally-accepted level of agency to the point of disbelief or doubt (Crouch, 2019). Thus, it seems the spectrum of agency moves from futility to possibility to highly unlikely.

**Table 3**  
*Themes and Theorized Agentic Labels*

Theme	Agentic Labels
Aging as disease	Action is futile
Aging as future risk	Action is possible
Aging as next stage	Action is possible
Aging as nonexistent	Action is highly unlikely
N/A	Dependent on context

Neither the theme of aging as disease nor aging as nonexistent seem to be a good business decision for AARP. As I explained above, aging as disease does not present a senior audience with much agency and aging as nonexistent presents them with a (likely) unrealistic amount of agency. It seems probable that most of AARP's readers don't exist at these two extremes but rather somewhere in the middle: having agency but perhaps limited in some way or another. Approaching an audience who possesses a moderate amount of agency with a narrative that over or underestimates their agency to a significant degree does not seem to be an approach which will build trust between the audience and AARP. As such, AARP does not seem to rely on aging as disease or aging as nonexistent for the bulk of their messaging.

Aging as next stage and aging as future risk seem to approach a senior audience that has that moderate amount of agency, acknowledging that the audience exists in a current experience of aging that will change as they continue to age, supported by purely educational or informational content. AARP thus positions themselves and their content to be relevant in both a senior's present as well as their future, developing both positive perspectives on the aging experience as well as providing careful warnings about what could be upcoming.

## Conclusion

Thinking about the website as a whole, it seems likely to me that the narratives of the Health section of the AARP website are more carefully constructed and mixed to present *just* the right of agency than in other sections. It's noteworthy that no articles about death and few about caregiving are present in 203 articles I inventoried. Instead, caregiving topics seem to be mostly covered in the Caregiving section of the site, and end-of-life topics don't seem to be covered in any section. Both topics necessarily reference a time where a person may have little to no

agency. The inclusion of any or too many of those articles in the Health section of the site may prove to be difficult to offset in order to present a mix of narratives that characterizes a senior audience with a moderate amount of agency. Caregiving and end-of-life topics seem riskier to include for AARP, which is perhaps why they are not prevalent on the site.

Other sections like Work & Jobs, Travel, and Home & Family also have potential to rely on several narratives. These topics seem, in concept, to reference areas of life where AARP would want a senior to see themselves with more agency. However, there may also be topics in these other sections that may be as risky as the topics of caregiving and end-of-life.

The sectioning of the AARP website has the potential to present to seniors different narratives about themselves based on the segmentation of topics. My research provides a piece of the puzzle, joining Anderson and Bowen in defining how AARP messages to a senior audience on one topic. There are still many topics to be explored in this space – how AARP develops narratives related to food and diet, community, relationships, independence, caregiving, travel, and entertainment, to name some. Ultimately, future research could build on this research by continuing to define the narratives use in these different sections of the AARP website. Looking across the narratives of the entire website would provide a comprehensive understanding of how AARP communicates to its senior audience and who AARP characterizes them to be.

It may be of use to also study different parts of AARP's communicative ecosystem – their website, advertising, magazine, app, and other channels. As the population ages, there may be a shift to more digital modes of communication as the older generation becomes one more familiar with the digital world. AARP may also, then, begin to shift its narratives to compensate for an increasingly digital audience that has lived an increasingly digital life.

Methodologically, it seems that both a closed and open coding approach can be used with success, as is indicated by my research and Anderson's. My closed coding approach was developed from a somewhat small sample of articles stretching across several disciplines. Future engagements in this space may desire to use a larger number of articles in a literature review to inform their closed coding approach.

Additionally, future research may want to take into consideration how readers read articles on AARP's website. My research assumes that the reader reads only Health articles and is only exposed to the narratives therein. It is possible, and likely, that a reader may move around to different topic areas as their interest takes them. They may start with an article about healthy living after retirement, then navigate to an article about finances, then on to another about vacation deals for seniors. With this non-topically-linear pattern of reading, a reader is exposed to the narratives of aging of several different topic areas. Future research could pair thematic analysis with interviews of real readers of the site to understand more fully how the narratives of the AARP website are created and experienced.

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## Appendix A: Website Outline

This outline is of the entire AARP website. The highlighted headings are ones which I used in this project.

## AARP:

- Home
- Member Benefits
  - Work & Jobs
  - Health & Wellness
    - Medicare Eligible
  - Insurance
    - Healthcare
    - Medicare Eligible
    - Pet
    - Vehicle, Life, and Property
  - Finances
    - Banking & Investments
    - Financial Planning
    - Fraud Prevention
    - Retirement
  - Technology & Wireless
  - Travel
  - Shopping & Groceries
    - Clothing & Accessories
    - Flowers & Gifts
    - Groceries
  - Gas & Auto Services
  - Family Caregiving
  - Restaurants
  - Home & Real Estate
  - Entertainment
  - Community
  - Advocacy
  - Magazines & Resources
  - (EN ESPAÑOL)
- Coronavirus
- Health
  - Medicare Resource Center
    - Eligibility & Enrollment
    - Managing Your Medicare
    - Medicare Q&A Tool
  - Health Insurance

- Conditions & Treatments
  - Hearing Center
  - Eye Center
  - Telehealth
  - Mental Health Center
- Healthy Living
  - Staying Fit
  - Wellness & Longevity
  - Healthy Eating
  - Staying Sharp
- Drugs & Supplements
  - Plans & Savings
  - Side Effects & Safety
  - Supplements & Vitamins
- Brain Health
  - Dementia
- Health & Wellness Benefits
- Staying Sharp
- Family Caregiving
  - Basics
  - Care at Home
  - Nursing Homes
  - Medical
  - Financial & Legal
  - Caregiver Life Balance
  - Community
  - Local Resources
  - Stories
- Work & Jobs
  - Job Search
  - Working at 50+
    - Staying Competitive
    - Age Discrimination
    - Work-Life Balance
    - Planning for Retirement
  - Career Change
    - Second Careers
    - Unemployment
  - Small Business
  - For Employers
  - Age Discrimination
- Scams & Fraud
- Retirement

- Social Security
- Travel
  - Travel Tips
    - Budget
    - Safety
    - Transportation
    - Lodging
  - Vacation Ideas
    - Cruises
    - Road Trips
    - Family
    - History & Culture
    - Beaches
    - All Inclusive
    - Outdoors
    - Foot & Drink
  - Destinations
- Money
  - Scams & Fraud
    - Scam Map
    - Gift Card Payment Scams
  - Living on a Budget
  - Managing Debt
  - Saving & Investing
  - Taxes
  - Insurance
- Home and Family
  - Family & Friends
  - Personal Technology
  - Your Home
  - Family Caregiving
  - Community Voices
- Entertainment
  - Movies for Grownups
  - TV for Grownups
  - Music
  - Celebrities
  - Beauty & Style
  - Books
- Politics and Society
  - Advocacy
  - Government & Elections
  - Events & History

- Government Watch
- Auto
  - Car Buying
  - Driver Safety
    - Refresh Your Driving Skills
    - Safe Driving Resources and Tips
    - Driving Assessment
  - Maintenance and Safety
  - Car Trends and Lifestyle

Appendix B: Sample

Screenshot from Excel sheet used for tracking articles. Highlighted articles were randomly selected for review with a second researcher.

Ref#	Title	Heading	Aaron's Code	R2 Code	Re-code	Final Code
5	The Full Story on Fish Oil	Health - Drugs & Supplements	Future risk		Future risk	Future risk
10	Alzheimer's Deaths Jumped 16 Percent During Coronavirus Pandemic, Report Finds	Health - Brain Health & Wellness	Future risk	Future risk	Future risk	Future risk
43	What New Fitness Research Means for You	Health - Healthy Living	Future risk		Future risk	Future risk
58	Germes in the Pool: A Survival Guide for Swimmers	Health - Conditions & Treatments	Future risk	Future risk	Future risk	Future risk
91	Top 5 Foods to Feed Your Brain	Health - Healthy Living	Future risk		Future risk	Future risk
101	Choking on Supplements May Be More Common Among Older Adults	Health - Drugs & Supplements	Future risk		Future risk	Future risk
103	3 New Books About Memory - and Keeping It Sharp	Entertainment - Books	Future risk		Future risk	Future risk
106	Do You Have Hidden Hearing Loss?	Health - Conditions & Treatments	N/A		Future risk	Future risk
111	Which Common Foods Have More Salt?	Health - Healthy Living	N/A		Future risk	Future risk
119	How a Drugmaker Bribed Doctors and Helped Fuel the Opioid Epidemic	Health - Drugs & Supplements	Future risk		Future risk	Future risk
141	Top Causes of Vision Loss and Blindness	Health - Conditions & Treatments	Future risk		Future risk	Future risk
146	Chronic Anxiety is Troubling but Treatable	Health - Conditions & Treatments	Future risk		Future risk	Future risk
171	7 Major Problems That Can Be Detected Through an Eye Exam	Health - Conditions & Treatments	N/A		Future risk	Future risk
48	Understanding Medicare's Options: Parts A, B, C and D	Medicare Resource Center	Life stage		Life stage	Life stage
81	How to Protect Your Brain Health Now	Health - Brain Health & Wellness	Future risk		Life stage	Life stage
109	Medicare Advantage Plans Adding Benefits for 2020	Medicare Resource Center	Life stage		Life stage	Life stage
51	This Is What a Stroke Feels Like	Health - Brain Health & Wellness	Future risk		Future risk	Life stage
174	10 Signs of Hearing Loss	Health - Conditions & Treatments	Future risk		Future risk	Life stage
116	Do You Need 'Computer' Glasses for Tired Eyes?	Health - Conditions & Treatments	N/A		Life stage	Life stage
125	8 Ways to Save Money on Hearing Aids	Health - Conditions & Treatments	Future risk		Life stage	Life stage
130	Dementia Care: Helping Your Loved One Stay Connected and Safe	Family Caregiving - Basics	Life stage		Life stage	Life stage
158	Medigap Plans Help Bridge Gap of Original Medicare Costs	Medicare Resource Center	Life stage		Life stage	Life stage
165	How Much Does Medicare Cost?	Medicare Resource Center	Life stage		Life stage	Life stage
176	Top 5 Problems With Hearing Aids	Health - Conditions & Treatments	Life stage		Life stage	Life stage
185	Memory Cafés Offer Social Activities for Those Living With Dementia	Family Caregiving - Basics	Life stage		Life stage	Life stage
30	Smart Hearing Aids Go Beyond Help With Audio	Health - Conditions & Treatments	N/A		N/A	N/A
32	5 Ways to Video Chat	Home & Family - Personal Technology	N/A		N/A	N/A
34	FDA Warns Against Taking Heartworm Drug to Prevent, Treat COVID-19	Health - Drugs & Supplements	N/A		N/A	N/A
69	High Blood Pressure and Cold Medicine Don't Mix	Health - Drugs & Supplements	N/A		N/A	N/A
73	This Is What the Coronavirus Can Do to Your Brain	Health - Conditions & Treatments	N/A		N/A	N/A
77	Is It OK to Take a Pain Reliever Before or After Your Covid-19 Vaccination?	Health - Drugs & Supplements	N/A		N/A	N/A
127	5 Ways to Be Happier Now	Health - Healthy Living	Future risk	Life stage		N/A
137	How to Safely Get Luscious Lashes	Health - Conditions & Treatments	N/A		N/A	N/A
152	Your ACA Health Insurance Enrollment Checklist	Health - Health Insurance	N/A	N/A		N/A
156	Taking Metformin Despite the Recalls	Health - Drugs & Supplements	N/A		N/A	N/A
175	Medicare Advantage Premiums Expected to Drop in 2021	Medicare Resource Center	Life stage	N/A		N/A
187	Desserts for People With Diabetes	Health - Healthy Living	N/A	N/A		N/A
201	Do COVID-19 Vaccines Interfere With Common Prescription Drugs	Health - Conditions & Treatments	N/A	N/A		N/A
164	Roberta Flack's Second Take on Debut Album 'First Take'	Entertainment - Music	Successful aging		Successful aging	Successful aging
183	Inspiring Stories From Later-in-Life Athletes	Health - Healthy Living	Successful aging	Successful aging		Successful aging

### Appendix C: Codebook

#### Disease – present and negative – “fight against aging”

Aging as disease depicts **aging as a currently experienced problem to be solved or eliminated**. For this code, aging must be a singular thing that can be eliminated through either curing aging itself or the individual damages of aging. You may see war-like rhetoric and/or one of Rattan’s immediate “interventions” of “wishful thinking” to eliminate or cure aging, “fix what is broke” to repair bodily damage, and/or “replenishing the loss” of biochemical levels of adulthood (Rattan, 2014, p. 199). For this code, a senior has limited agency.

Ex.:

- “Indeed, one AARP analysis of spending on just six different supplements marketed for brain health shows that 50-plus adults spend more than \$93 million a month on these proprietary blends alone. ‘These people taking these pills are spending between \$20 and \$60 a month and flushing dollars down the toilet that could be better spent on things that actually improve their brain health,’ Lock says” (Fifield, 2019).

#### Future risk – future and negative – “prepare for aging”

Aging as future risk depicts **aging as a process which involves future risk**. This future risk may be risk of a decline in health or agency, or any other risk of old age (such as being laid off, falling, sickness, etc.). Here, you may see reference to prevention or preventative maintenance in order to prevent or mitigate the risks or effects of aging *not yet experienced*. Aging as future risk may sound like a warning.

Ex.:

- “Worse, muscle loss can be hard to notice. In a study of nearly 1,900 older adults, researchers from the University of Pittsburgh determined that you’re losing strength about three times faster than muscle mass. So, though your biceps might stay the same size, the quality of the muscle is withering. If you don’t eat for strength now, you might one day struggle to mow your own lawn or lift a bag of potting soil. ‘When you can no longer do the things you once could, it creates a snowball effect,’ Ribeiro observes” (Carter, 2020).

Next stage – present/future and positive – “accept aging”

Aging as the next stage of life depicts **aging as an accepted natural progression from one developmental stage to another**. Aging as next stage may be described as currently experienced – an adult is “in” the next stage of life – or as something that is coming at a later time as part of the natural course of life. The next stage of life differs from normal adulthood and provides a different experience and different opportunities. Here, a senior still has agency to act as they desire, though perhaps acting within some acknowledged limitations. Note, too, that dying and death can be included in this narrative of aging as dying and death ultimately make up the final life stage.

Ex.:

- “Although the past six months have sure had echoes of wartime deprivation – with depleted grocery shelves for certain items – Americans haven’t been at any real risk of developing scurvy. With fall harvest season ahead, it’s a good time to reassess what your body needs now, for maximum health in this decade and decades to come” (Carter, 2020).

Successful aging – future and positive – “ignore aging”

Aging as successful aging depicts **aging as nonexistent and having no effect on agency**. For this code, seniors are able to continue living as they did as adults, without any reduction of agency, pursuing values of “a youthful appearance, vitality, and abilities.”(Raymond, 2019, p. 9) However, this code can also be an indicator of the marginalization that can occur when seniors “fail” to age successfully, sometimes through no fault of their own.

Ex.:

- “Think you’re too old to try a new sport? Don’t tell that to Betty Goedhart, who started on the trapeze at age 78” (Crouch, 2019).

N/A – no theme present – no (significant) commentary on aging

For no theme to be present, the paragraph or article makes no specific mention about aging and/or older adults; even the implied “you” may not seem to be AARP’s 55+ audience. The article may not seem to adapt the information specifically for older adults. Paragraphs or articles may simply present factual information.

Ex.:

- “If you’re a user of the world’s largest social media platform by far, you’ve likely sent plenty of private messages over Facebook Messenger through the years. Built into Facebook and a dedicated app, Facebook Messenger is also an ideal way to make free phone calls and engage in video chats with friends” (Saltzman, 2020).