

Age-Friendly Health Systems Style Guide

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Age-Friendly Health Systems Quickstart Style Guide

Thank you for taking the time to review this guidance. By using consistent language and imagery, you support the growth of the Age-Friendly Health Systems movement to improve care for all older adults. You can help to build connections and a shared way of communicating.

Writing about AFHS

- Age-Friendly Health Systems (capitalized) is an “initiative” or “movement” (not capitalized) as opposed to a project, program, model, etc.
- The focus of the initiative is called the 4Ms Framework of Age-Friendly Care, the 4Ms Framework of an Age-Friendly Health System, or simply the 4Ms Framework – capitalized, no space or apostrophe or quotation marks.
- Always hyphenate “age-friendly.” Capitalize references to the initiative, such as “Age-Friendly Health Systems.” Use lowercase for descriptions: “providing age-friendly care.”

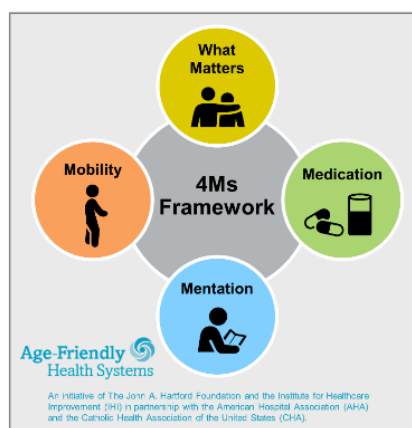
Overall Messaging

- Integrate equity throughout your communication, just as you integrate it into your implementation of the 4Ms.
- Ask whether older adults will see themselves in the images and words you choose (e.g., health status, disability, age, gender, race/ethnicity, culture, income, household/family size or solo aging status, use of assistive devices, etc.).
- Above all, seek to partner with the older adults and care partners/caregivers who you serve to design messages that are clear, relevant, and representative.

4Ms Framework

You may [download two versions of the 4Ms Framework graphic from *ihi.org*](#) and use them for related work. You may use these graphics in their entirety. You do not need to ask for permission. Please do not change or edit the graphics.

For more resources and style guidance, including downloadable graphics and messaging principles for communicating with and about older adults, refer to the full style guide below.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Why Do We Have a Style Guide?

Using consistent language and imagery helps to:

- Spread the evidence-based 4Ms to support reliable, high-quality care
- Build connections and a common way of communicating across different organizations, care settings, communities, and geographic locations
- Grow the Age-Friendly Health Systems movement to improve care for all older adults

Thank you for taking the time to review this guidance.

Writing about AFHS

- Age-Friendly Health Systems (capitalized) is an “initiative” or “movement” (not capitalized) as opposed to a project, program, model, etc. Limit use of the acronym; if needed, use “AFHS.”
- The focus of the initiative is called the 4Ms Framework of Age-Friendly Care, the 4Ms Framework of an Age-Friendly Health System, or simply the 4Ms Framework – capitalized, no space or apostrophe or quotation marks. See below for more about the 4Ms.
- Always hyphenate “age-friendly.” Capitalize references to the initiative, such as “Age-Friendly Health Systems.” Use lowercase for descriptions: “providing age-friendly care,” “becoming age-friendly.”
- “Systems” is plural when referring to the initiative (“Age-Friendly Health Systems”). When separately speaking about one health system that has adopted the 4Ms Framework, that entity may be referred to as an “Age-Friendly Health System” (singular).
- Use “clinician(s)” or “health care team member(s)” instead of “provider(s).”
- Avoid the term “physician” unless only a physician is authorized to perform a certain service.
- A “care location” or “care site” (not a “system”) is “recognized” as an Age-Friendly Health System Participant (not “designated,” “accredited,” “certified,” “verified,” etc). IHI recognizes clinical care settings that are working toward reliable practice of evidence-based interventions at two levels:
 - Level 1: An Age-Friendly Health System Participant has completed a 4Ms Care Description to outline how it will assess, document, and act on all 4Ms at its care setting. Their 4Ms Care Description is a plan that they will test to work towards reliably delivery of 4Ms care.
 - Level 2: An Age-Friendly Health System – Committed to Care Excellence is working toward reliable practice of the 4Ms. They have achieved level 1 and have submitted at least three months of counts of the number of older adults that have received care that included all 4Ms.

- Organizations will be celebrated by IHI when they “share their 4Ms Care Description with IHI” (not “their definition of the 4Ms”).
- Use “nursing home” or “nursing center” when referring to an organization. Avoid the term “facility” unless the context is regulatory (e.g., skilled nursing facility or nursing facility, SNF or NF or SNF/NF if both).

4Ms Framework

- The 4Ms are evidence-based, essential “elements” and not dimensions, components, aspects, etc. 4Ms (or the 4Ms of age-friendly care) used without the word “Framework” refers to the four elements.
- For consistency, use these element descriptions and always list the elements in the same order:

The four essential elements of an Age-Friendly Health System are known as the 4Ms:

- **What Matters:** Know and align care with each older adult’s specific health outcome goals and care preferences, including day-to-day needs as well as end-of-life planning, and across settings of care.
- **Medication:** If medication is necessary, use age-friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.
- **Mentation*:** Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.
- **Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.

*For communication with community members (older adults, caregivers, partner organizations), please use **Mind** in place of **Mentation**.

- Capitalize the names of the 4Ms when presenting the complete list: What Matters, Medication, Mentation, and Mobility. (You may also capitalize the 4Ms for occasional emphasis, such as a headline for document sections, or calling out how a team’s work addresses each of the Ms). Avoid capitalizing them elsewhere (e.g., when talking about “taking medication” repeatedly in a paragraph of text).
- Do not put quotation marks around the names of the 4Ms.

Caregivers / Care Partners / People Who Matter

A **caregiver** (or **care partner**) is a person (family or chosen family member, friend, neighbor, coworker, other) who supports an older adult with physical, psychological, financial, or other issues related to health.

Different people have different preferences for how to refer to people who care about and support older adults. We encourage you to partner with your intended audience to learn what language works best and adapt as needed.

For example, some older adults may readily name their caregiver if applicable. Others may be unfamiliar with or bothered by the term and prefer “support person,” “person who helps you,” “person who is important to you,” or a more specific descriptor such as “person who goes with you to doctor’s appointments.”

Older adults may include family, friends, neighbors, faith leaders, community members, and others in their care. Solo agers (older adults who do not have immediate family to turn to for support with concerns like health care) may not readily name an individual who support them.

Some people who have challenging relationships may prefer to avoid the term “loved one.”

Some people who support older adults may identify as caregivers. Other may see themselves as care partners who collaborate with the older adult in their care. Many feel that both terms feel overly formal and not relevant to their situation.

Members of the health care team may also think of certain health care staff when hearing the term caregiver.

The Age-Friendly Health Systems movement typically tries to **describe the support provided** by the person. When it is helpful to name the role, the movement most often uses the term **caregiver**.

Above all, remember that the people who matter to the older adult matter in their health and health care.

Principles for Writing about and Portraying Older Adults

- Use the term “older adults” or describe the specific age range you are referring to (e.g., “people aged 65 and older”).
 - For settings that are part of a hospital, you may also use “patients.” Avoid “patients” for other settings.
 - For nursing homes, you may use “residents.”
 - In any setting, avoid the term “elderly.”

- Consider the message sent by the images and words you choose.
 - Choose images that represent a range of older adults in the community you serve. Ask whether older adults will see themselves in the images and words you choose (e.g., health status, disability, age, gender, race/ethnicity, culture, income, household/family size or solo aging status, use of assistive devices, etc.).
 - Aim for positive, aspirational, realistic images showing people doing everyday activities. For example, to portray a range of types of mobility, you may show older adults doing a variety of everyday activities in their homes and about in their neighborhood and incorporating necessary assistive devices; alone or with others; and looking happy, reflective, neutral, or comfortable. When possible, use real images of real people (as opposed to obvious stock photos).
 - Design materials with high contrast and large font size.
- For proven messaging principles, further resources include:
 - [The National Center for Reframing Aging](#)
 - [Serious Illness Messaging Toolkit](#)
 - [The Conversation Project](#), an initiative of IHI
- Above all, seek to partner with the older adults and care partners/caregivers who you serve to design messages that are clear, relevant, and representative.

Graphics and Images

Note: These graphics and images may be undergoing a slight update in the near future. Please return to this guide or visit www.ihf.org/AgeFriendly for the latest materials.

Logo

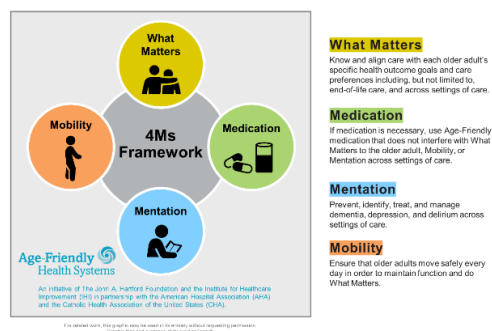
As part of recognition materials, recognized sites have access to download a high-quality copy of the Age-Friendly Health Systems logo. Use it to distinguish materials created to promote age-friendly care. Partners in the movement can request access to the logo.

Please refrain from using other logos for Age-Friendly Health Systems materials (for example, logos belonging to an individual founding partner of the movement, such as the IHI logo).

4Ms Framework Graphics

You may [download two versions of the 4Ms Framework graphic \(with and without descriptions\)](#) and use them for related work. **You may use these graphics in their entirety. You do not need to ask for permission. Do not change, alter, or edit the graphics.**

A graphic intended for older adults and caregivers uses “Mind” in place of “Mentation” is used in some educational resources (e.g., [4Ms Brochure_English.pdf \(ihf.org\)](#)).



Recognition Badges

Badges are meant to be used by organizations who received confirmation from IHI that they have been accepted for recognition as an Age-Friendly Health System. These badges are included with their Level 1 or Level 2 materials. We hope that organizations will proudly display this badge in care settings and materials.

Attribution

When describing the organizations supporting the movement, use the following language:

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement, and the American Hospital Association.

Description and Mission

About the Movement

When describing the national initiative, use the following language:

For community audiences

We all deserve safe, evidence-based health care focused on what matters to us as we get older. That's age-friendly care.

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement, and the American Hospital Association.

It's a movement helping hospitals, medical practices, convenient care clinics, nursing homes, home-care providers and others deliver age-friendly care.

Age-Friendly Health Systems:

- Follow an essential set of evidence-based practices in a framework known as the 4Ms;
- Cause no harm; and
- Align with What Matters to the older adult.

For academic audiences

In 2017, The John A. Hartford Foundation (JAHF) and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), set a bold vision to build a social movement so that all care with older adults is age-friendly care.

A team of experts reviewed 90 care features from 17 evidence-based care models, leading to selection of the “vital few” components. Then, pioneer health systems worked with IHI to conduct pilot testing of the new framework.

The 4Ms Framework for Age-Friendly Care that emerged is both evidence-based and able to be put into practice reliably and equitably in health care settings. An Age-Friendly Health System is one in which every older adult's care:

- Is guided by an essential set of evidence-based practices (the 4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult

Prototyping of Age-Friendly Health Systems

The 5 prototyping health systems (list alphabetically):

- Anne Arundel Medical Center (Headquarters: Annapolis, MD)
- Ascension (Headquarters: St. Louis, MO)
- Kaiser Permanente (Headquarters: Oakland, CA)
- Providence St. Joseph Health (Headquarters: Renton, WA)
- Trinity Health (Headquarters: Livonia, MI)

Key Messages and Statistics about the Importance of Age-Friendly Health Systems

You are welcome to use the following language.

Key Ideas

- **Everyone deserves age-friendly health care.** All older adults deserve safe, high-quality health care that is based on what matters most to them as individuals and delivered reliably in every setting.
- **We are making it happen together.** [NAME OF ORGANIZATION] is leading the way in making sure that every day, every older adult receives age-friendly health care. Together we will continue improving the care of older adults and, in doing so, make lasting change in our communities. For more information, visit [ADD LINK to organization web page about age-friendly care] or see www.ihl.org/AgeFriendly to learn about the movement.
- **We are using the 4Ms as our framework.** As part of the Age-Friendly Health Systems movement, we are leaders in a movement to implement age-friendly health care across the country and worldwide.
- **We are focused on equity.** In this context, focusing on equity means reliably assessing and acting on the 4Ms regardless of race, ethnicity, language, sexual orientation, gender identity, disability, or social circumstance.
- **We are spreading the 4Ms.** We are part of a movement that is expanding around the world and reaching diverse settings of care, including hospitals, ambulatory care practices, convenient care clinics, and nursing homes.

The Aging US Population and the AFHS Movement

- The United States is aging and becoming increasingly more diverse. As of 2024, 1 in 6 people in the US is an older adult – an individual age 65 or older.¹ That proportion grew from 2010 to 2020 faster than it has in more than a century.² During those ten years, the share of older adults who identify as Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, multiple races, or some other race other than White grew from 15 percent to 23 percent, while the Hispanic or Latino population of older adults increased from nearly 7 to nearly 9 percent.³
- The US Census estimates that by 2100, between one quarter and one third of the US population will be age 65 or older.⁴
- As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while in the care of the health system. Older adults from historically marginalized communities and disproportionately impacted areas suffer from disparate treatment that negatively impacts health outcomes.
- To address these challenges, in 2017, The John A. Hartford Foundation (JAHF) and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), set a bold vision to build a social movement so that all care with older adults is age-friendly care.

1. Neilsberg. 2024 update on the United States population by age. Available at:

<https://www.neilsberg.com/insights/united-states-population-by-age>.

2. Caplan Z. “U.S. Older Population Grew From 2010 to 2020 at Fastest Rate Since 1880 to 1890”. US Census Bureau. May 25, 2023.

<https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>

3. Caplan Z and Rabe M. “The Older Population: 2020.” US Census Bureau. 2020 Census Briefs, Report Number C2020BR-07. May 25, 2023.

<https://www.census.gov/library/publications/2023/decennial/c2020br-07.html>

4. “U.S. Population Projected to Begin Declining in Second Half of Century.” US Census Bureau. November 9, 2023. Press Release Number CB23-189.

<https://www.census.gov/newsroom/press-releases/2023/population-projections.html>

Additional Resources

If your organization is a recognized Age-Friendly Health System, refer to the Participant Communications Kit or Committed to Care Excellence Communications Kit provided by the AFHS team for templates for social media posts, press releases, newsletters, blog posts, and more.

For more ideas and support from peer organizations and faculty experts, try starting a conversation in the AFHS Online Community.