

Cultural Perspectives, Lifecourse and the Social Ecology of Successful Aging

Purpose: The primary goal of this exploratory study is to examine the ways in which the cultural values, social ecology, and lifecourse experiences impact Chinese and Hmong elders' views of successful aging and social engagement.

Methods: In-depth semi-structured interviews were conducted with a total of 44 elders (Hmong n=21 and Chinese n=23), both men and women. Self-reported health status and satisfaction with life were obtained as a measure of well-being. Participant ages ranged from 60 to 100 years. Interviews were conducted in English and Chinese, or Hmong (through the aid of an interpreter). Engaging community partners in this project facilitated access to and trust-building within the community and among participants.

Results: There were statistically significant differences in the distribution of self-reported health status and satisfaction with life scores between Chinese and Hmong elders with Hmong elders, as a group, having lower scores on both. However, the correlation between self-reported health and satisfaction with life was not statistically significant. Analyses of interviews suggest that factors contributing to successful aging include harmony among family relationships, physical independence, mental acuity, financial stability, fulfilling friendships, lack of stress, spiritual wellness, and acceptance of one's physical health, regardless of quality. Filial piety was very important for wellness of the mind and body, particularly among Hmong elders. Chinese elders emphasized the need to practice moderation and self-discipline throughout one's life in order to maintain a state of healthiness. Remaining socially active and social support was perceived as important and essential for maintaining good mental health and intellectual stimulation. However, most Hmong elders choose to interact within extended family and clan circles while Chinese elders look outside of family and relatives for social support. Health contributing factors within the realm of self-control include food consumption, exercise, social enrichment, planning and discipline, and having realistic expectations about aging. Factors outside the realm of self-control include genetics/family history, luck, external stressors, poor family relationships and lack of adequate support systems.

Conclusions: Lack of correlation between self-reported health status and satisfaction with life indicates that people who reported good health status were just as likely to have poor satisfaction with life as people with poor health status. This indicates the influence of factors other than physical health in contributing to elders' evaluation of life satisfaction. Conceptualizations of successful aging are driven by the following values: 1) independence 2) meaningful interactions with others 3) psychological growth 4) happiness 5) hope and security and 6) harmony in relationships.

Two additional values that threaded through Chinese narratives are: 1) accomplishments and 2) altruism. Many elders said that some physical decline and development of chronic diseases is a normal and expected part of aging. Happiness in old age is akin to healthiness, regardless of the physical conditions of the body. For some, it is difficult to conceptualize the idea of being "healthy" in old age. For others, though some physical changes are expected, recognizing the need to make lifestyle adjustments as well as having the self-discipline to sustain them is the key to remaining healthy. However, social structures and conditions such as English proficiency and level of education, immigration experiences, and lack of access to resources and information are recognized as limiting conditions reflecting the socioecological framework. Hmong elders emphasized the importance of filial piety and dependence on children for emotional and tangible support. Disharmony in family relationships may be the most important cause of poor health and emotional distress and mainly arises from inter-generational conflicts regarding expectations in roles and responsibilities. Filial piety is very important in traditional Chinese culture but this view was more prominent among Hmong elders than Chinese elders, which is perhaps a function of acculturation given the differences in social and immigration histories between the two populations. While all elders in the Hmong group were immigrants, elders in the Chinese group represented a mix of long-time immigrants, first-generation and second-generation Americans. The differences between the two groups in regard to beliefs and values not only highlight the heterogeneity of Asian ethnic group but also reflect the ways in which the combination of cultural values, social conditions, and life experiences uniquely shape an individual's perspective on what it means to be healthy and happy in old age. This has implications for the design of health promotion services for the elderly and suggests that caution must be taken in assuming the applicability of traditional values to ethnic groups. From a broader perspective, societal efforts to promote the conditions for successful aging must look beyond individual values and consider the impact of the social environment, conditions, and experiences in shaping individuals' access to resources that promote healthy and successful aging.