Perceptions of Successful Aging Among Diverse Elders With Late-Life Disability

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Purpose: Researchers often use the term "successful aging" to mean freedom from disability, yet the perspectives of elders living with late-life disability have not been well described. The purpose of this study was to explore the meaning of successful aging among a diverse sample of community-dwelling elders with late-life disability. **Design and Methods:** Using qualitative grounded theory methodology, we interviewed 56 African American, White, Cantonese-speaking Chinese, and Spanish-speaking Latino disabled elders who participate in On Lok Lifeways, a Program of All-inclusive Care for the Elderly. Through semi-structured interviews with open-ended questions, we explored the elders' perceptions of what successful aging and being old meant to them. **Results:** Despite experiencing late-life disability, most participants felt they had aged successfully. An overarching theme was that aging results in *Living in a New Reality*, with two subthemes: *Acknowledging the New Reality* and *Rejecting the New Reality*. Participants achieved successful aging by using adaptation and coping strategies to align their perception of successful aging with their experiences. Themes were common across race/ethnic groups but certain strategies were more prominent among different groups. **Implications:** Across race and ethnic groups, most of these participants with late-life disability felt they had aged successfully. Thus, successful aging involves subjective criteria and has a cultural context that is not captured in objective measurements. Understanding elders' perception will help establish common ground for communication between clinicians and elders and identify the most appropriate interventions to help elders achieve and maintain the experience of successful aging.

Key Words: Attitudes and perception toward aging/aged, Diversity and ethnicity, Grounded theory, Qualitative research methods, Cross-cultural studies, Home and community—based care and services

The increasing social and economic affect of late-life disability has resulted in greater interest in helping elders avoid disability. One prominent way this has been framed in research is as *successful aging*. Of the many conceptualizations for successful aging, Rowe and Kahn's (1997) framework has been widely adopted in research and defines successful aging as the absence of disease and disability, maintenance of a high degree of physical

and cognitive functioning, and meaningful engagement in life. Measuring this framework has been challenging, with operational definitions varying greatly; however, the greatest common elements have been preservation of physical functioning and freedom from disability (Depp & Jeste, 2006). In addition, the focus on avoiding disease and disability is seen in the objectives of Healthy People 2020 (2012) and the strategic goals of the National Institute on Aging (2007). These initiatives seek to improve elders' physical well-being and quality of life. Though successful aging is a research concept, the term has now worked its way into common usage. Successful aging "expos" have emerged that are marketed directly toward elders and represent the idea with images of the young-looking, disability-free elders (Successful Aging Expos, 2012).

The way in which successful aging has been defined by researchers can influence how practitioners and others approach or understand aging and disability and their expectations of what is possible. This is also true of aging individuals. Definitions from outside guide and define what aging individuals think is possible and what function needs to be maintained. This is problematic when aging inherently brings limitations—very few bypass this reality. What this does to those who don't meet the ideal is a concern. Understanding how individuals make sense of successful aging in the context of disability and age-related changes gives voice to those who have to deal with the changes they are experiencing. Our research is focused on understanding successful aging from the perspectives of those experiencing late-life disability.

Elders who do not meet objective criteria for successful aging often perceive themselves to be aging successfully anyway (Cernin, Lysack, & Lichtenberg, 2011; Montross et al., 2006; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010; Strawbridge, Wallhagen, & Cohen, 2002). When asked to define successful aging, elders identify domains of physical functioning and health, but they also emphasize subjective domains that counterbalance physical decline, such as acceptance, attitude, adaptation, and emotional well-being (Laditka et al., 2009; Lewis, 2011; Tate, Lah, & Cuddy, 2003; Troutman, Nies, & Mavellia, 2011; von Faber et al., 2001). Some studies compared participants who met and did not meet objective criteria for successful aging but did not explore the reasons for discordance between the different measures (Berkman et al., 1993; Cernin et al., 2011; Pruchno et al., 2010). Though chronic conditions and physical disability increase with age, few studies have focused specifically on elders with late-life disability. Thus, the unique views of disabled elders, particularly of those who feel they are aging successfully are not well described and need to be understood.

Self-perception is a key aspect of many theoretical conceptualizations of successful aging. Havighurst (1961), Ryff (1989), and Baltes and Baltes (1990) view successful aging as an adaptive process that results in elders maintaining the perception of well-being and successful aging. Havighurst (1961) and Ryff (1989) focused on adaptations that resulted in maintaining a sense of life satisfaction, leading to successful aging. Baltes and Baltes (1990) theorize a process, called selective optimization and compensation, whereby elders maintain a subjective feeling of satisfaction by making adaptations to optimize functional domains that are important to them. Understanding elders' self-perception of successful aging that is devoid of an imposed set of objective criteria can help in clinical exchanges by allowing the development of a patient-centered definition. From such an understanding, providers can identify the types of interventions that are most appropriate to improve the experience of successful aging and respect elders' values.

As our population ages, it is also becoming more diverse. However, the concept of successful aging has not been well studied in diverse populations. Across different race/ethnic groups, Laditka and colleagues (2009) found similarities and differences to other research. Compared with the other race/ethnic groups in this sample, Asians were more likely to emphasize the relationship between outlook and health, family, and having few health problems. Thematic differences were not found among Latinos; however, Markides and Ray (1988) found that, compared with Whites, Latinos were more likely to consider themselves as old and to report more declines in health as they age, which could affect both their subjective and objective measure of successful aging. Angel (2009) notes there are cultural and structural barriers to successful aging because disparities in health, health care access, and acculturation affect elderly Latinos' ability to age successfully, especially when physical criteria are used. Other studies examined successful aging among elders in Asia and noted that financial stability was an aspect (Chou & Chi, 2002; Hsu & Jones, 2012; Li et al., 2006). Troutman and colleagues (2011) and Cernin and colleagues (2011) examined successful

aging among African Americans and found that faith was included as a component.

In light of the predominant research view of successful aging, we sought to explore the concept among groups of elders who are not well represented in research. Consequently, the purpose of this qualitative study was to explore the meaning of successful aging specifically from the perspective of culturally diverse elders living with late-life disability who would likely not meet objective criteria of successful aging.

Methods

Participants

Elders with late-life disability were recruited through On Lok Lifeways (On Lok) in San Francisco, CA. On Lok, the original Program of All Inclusive Care for the Elderly (PACE), was theoretically chosen because participants were community dwelling and met the criteria for nursing home eligibility—thus capturing a sample that had the types and extent of late-life disability that we were seeking. Inclusion criteria included being aged 55 or older, having at least two impairments in activities of daily living (ADLs; Katz, Ford, Moskowitz, Jackson, & Jaffe, 1963) and/or instrumental activities of daily living (IADLs; Lawton & Brody, 1969), being African American, Chinese American, Latino, or White, speaking English, Cantonese, or Spanish, and having a Mini-Mental Status Examination score of 18 or higher. All On Lok members who met the eligibility criteria were approached by case managers regarding participation in the study; those who indicated no interest were excluded as potential participants. The majority of Chinese and Latinos were immigrants to the United States, whereas the majority of the African Americans and Whites were born in the United States.

Study Design and Data Collection

We conducted one-on-one, qualitative interviews using a common, semi-structured interview guide. The English-language version of the guide was translated into Cantonese and Spanish, back-translated to verify accuracy, and then revised for equivalency in the three languages. Four research assistants (RA), who were trained in qualitative interviewing techniques, performed the interviews. The RAs were native speakers of the language used during the interview and were ethnically diverse (two Latinos, one Chinese American, and one White). None of the RA's were African American, which could have impacted the interviews with African American participants. However, African American participants were very forthcoming with data. The initial participant in each race/ethnic group was asked to interpret the questions and to identify points of confusion. Based on this input, the interview guide was modified to clarify the questions. As the ongoing analysis identified emerging themes, the interview guide was further modified. The study was approved by the University of California, San Francisco Committee on Human Research.

Participants were interviewed at the On Lok center they attended. Interviews were conducted by research personnel, and On Lok employees were not present during the interviews. The following questions were asked: "Researchers have come up with the term 'successful aging.' What comes to mind when you hear that term?" and "What does it mean to be old?" Participants were also asked "Do you feel you've aged successfully?" and "Do you feel old?" Additional questions were asked to probe for more information and to explore the ideas expressed by participants. Interviews lasted an average of 30 min (range 15–45 min). Interviews were audiotaped and transcribed verbatim. Data collection continued until theoretical saturation was achieved (Chinese/Whites) or all possible participants of a race/ethnic group were interviewed (African Americans/Latinos). Analysis began with the first interview.

Data Analysis

Fifty-six interviews were included in this analysis. Grounded theory methodology was used to analyze the data through constant comparative analysis, in which data were reviewed iteratively to identify new and emerging themes (Corbin & Strauss, 2008; Strauss, 1987). Positional maps (Clarke, 2005) were used to explore similarities and differences within and across race/ethnic groups. Data were coded using QRS International NVivo version 8 qualitative software. Throughout the study, field notes and memos were written to capture methodological and theoretical perspectives as they developed. The research team represented expertise in medicine, nursing, geriatrics, and ethics. Specific sections of initial transcripts were identified, and each team member open coded these sections independently. They then met together to generate a common codebook.

Disagreements were resolved by consensus. A single researcher (R. D. Romo) then open coded the remaining interviews, as well as recoded existing transcripts as new codes emerged. The research team met biweekly to discuss emerging themes, concepts, and new codes. For the first 25% of transcripts, after initial open coding was completed, a second researcher (A. K. Smith) recoded the transcripts and achieved 80% concordance. Focused and axial coding were done by a single researcher (R. D. Romo) and discussed during the biweekly meetings. To further verify the analysis, interim findings were presented to a research group focused on aging in diverse communities and on fostering minority research leaders. Members were physicians, nurses, sociologists, epidemiologists, and social scientists. We also presented to the Division of Geriatrics at the University of California, San Francisco, including physician and nurse researchers focused on aging. Codes were grouped into an overarching theme, subthemes, and coping strategies.

Language Variation.—Some English words could not be translated directly into Spanish or Cantonese so were translated to terms that were conceptually similar. However, two concepts required the use of multiple terms to convey the conceptual meaning. To convey the concept of *being old* in Spanish, *old* was directly translated to *viejo*. However, *viejo* may sometimes have a negative connotation or be considered too informal, so *old* was also translated to *persona de mayor edad* (an older person/elder), which conveys a degree of respect. Likewise, s*uccessful aging* directly translates into Cantonese as *sing gong low lian*; however, the term was not culturally relevant to all Chinese participants. Consequently, two additional phrases were used to more fully explore the concept: *on lok* (peace and happiness) and *shu fok* (physical comfort). All three terms were used during interviews.

Spanish and Cantonese interviews were translated and transcribed simultaneously by the RA who performed the interview. When translation created uncertainty about the intent of statements in the interviews or impacted coding, the research team discussed the issue with the respective RA, who reviewed the recording to clarify the translation. The issue was then resolved by consensus.

We considered these language issues during analysis because of their possible influence on participants' answers and the results.

Results

Sample Characteristics

The characteristics of the 56 participants are listed in Table 1. The average age was 78.3 years (range 59–97, median 81) and 64% were women. All participants exceeded our minimum ADL/IADL requirement, averaging 2.2 ADL and 6.6 IADLs dependencies. Among those who had immigrated, Chinese Americans had been in the United States an average of 28 years (median = 22, range = 11–64) and Latinos for an average of 34 years (median = 36, range = 17–48). Overall, most participants stated they were aging successfully, and an equal number of participants felt old versus not old. Race/ethnic differences between the concepts were noted, as can be seen in Table 1. Of note, Latinos were less inclined to view themselves as successfully aging, and African Americans were much more likely to not consider themselves as old. Among the Chinese participants, most felt they had aged successfully, but this number may be artificially high. Five of these participants were only asked if they felt old but not whether they had aged successfully. Though these five participants had negative subjective views of their own aging, they could not be included when calculating the percentage for successful aging. In the following qualitative results, we relied on participants' descriptions to understand each individual's experience of aging and successful aging, not the quantitative results described earlier.

Living in a New Reality

The overarching theme that emerged from our data was *living in a new reality*. Aging causes physical changes that alter elders' situations, and their responses to these changes determine whether elders viewed themselves as successfully aging. Further analysis revealed two subthemes: *acknowledging the new reality* and *rejecting the new reality*. Within these subthemes were coping strategies that participants used to achieve successful aging. The terms aging, successful aging, and disability were conflated in the individual's lived experience. Our participants' experience of aging and disability was intimately linked to the experience and interpretation of successful aging and cannot easily be teased apart.

The subthemes and coping strategies were endorsed by at least one member in each race/ethnic group but certain strategies were more prominent within different groups. African Americans

Table 1. Sample Characteristics

N = 56	
Average age (range/median)[a]	78.3 (59–97/81)
Women (*n*)	64% (36)
Race/ethnicity (*n*)	
African American	23% (13)
Chinese[b]	32% (18)
White	20% (11)
Latino[c]	20% (11)
Other/unspecified	5% (3)
Average years in United States (median/range)	
Chinese	28 (22/11–64)
Latino	34 (36/17–48)
Religious affiliation (*n*)	
Buddhist	13% (7)
Catholic	23% (13)
Protestant	32% (18)
None	21% (12)
Other/unspecified	11% (6)
Education (*n*)	
None	6% (3)
Some elementary (1–8)	44% (23)
Some high school (9–12)	29% (15)
Some college/graduate (13–18)	21% (11)
Average quality of life[d] (range)	3.3 (2–5)
Average ADL dependence[e] (range)	2.2 (0–6)
Average IADL dependence[f] (range)	6.6 (3–7)
Average Mini-Mental Status Score (range)	26.1 (20–30)
Feels old (*n*)[g]	50% (26)
African American	23% (3)
Chinese	73% (11)
White	46% (5)
Latino	55% (6)
Other/unspecified	50% (1)
Aged successfully (*n*)[g]	71% (34)
African American	84.6% (11)
Chinese	69.2% (9)
White	100% (8)
Latino	45.5% (5)
Other/unspecified	50% (1)

Notes: [a]The median age among African Americans was 72, Chinese Americans was 81, Latinos was 70, and Whites was 78.

[b]Cantonese-speaking Chinese were selected because they represent the vast majority of Chinese Americans in the San Francisco Bay Area and who participate in On Lok.

[c]Eight Latinos were from El Salvador, one each from Guatemala, Mexico, Nicaragua, and Puerto Rico, and one was native-born.

[d]Self-rated score: 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

[e]Activities of daily living (ADL; Katz et al., 1963) scored from 0 to 6 or more dependencies, as recorded in participants' records.

[f]Instrumental activities of daily living (IADL; Lawton & Brody, 1969) scored from 0 to 7 or more dependencies, as recorded in participants' records.

[g]Interviewer variability resulted in missing data for the descriptive characteristics of feeling old and aging successfully. Consequently, the denominator used to calculate these percentages does not reflect the total number of participants within a race/ethnic group enumerated at the beginning of the table. This impacted the percentages among Chinese American and White participants; however, the affect appears most significant among the Chinese Americans. Those who did not answer the questions subjectively described aging and their own lives in more negative terms, which could not be reflected in the numbers shown. The Whites who did not answer the questions had very positive views of aging and their lives and likely would not have changed the percentages seen.

had strong faith-based perspectives. Latinos placed great value on walking. And Chinese participants expressed more concern for being a burden on family. African Americans and Whites also emphasized the importance of independence.

Acknowledging the New Reality

Participants represented by this subtheme considered themselves old and felt they had aged successfully, despite their disability. Different coping strategies were used to accept aging and adapt to age-related changes.

Acknowledging and Adapting to Aging.—A key to acknowledging the new reality was a view that aging is an unavoidable natural process that includes age-related disability. As exemplified by this quote from an 89-year-old Chinese woman, these participants admitted they were old and talked about the disability they experienced:

> Of course [I'm old]! (laughs) Everything is deteriorating. . . . That's how it is being a senior. . . . Walking will deteriorate. You can't carry things because you don't have the strength. Eyes are slower and blurry. That's deteriorating. (laughs)

Successful aging "means you accept your limitations [and] realize that you can't do at 80 what you did at 20" (81-year-old White man). A 67-year-old African American man said "I can't do some of the things that I used to. That is part of life, and I have to get used to it."

However, the concept goes beyond mere acceptance and includes adapting one's perspective and outlook, as described in this quote:

> I think I've aged as best as I can with the things that I can control. . . . Blindness is the one thing and then I was diagnosed with diabetes and then I had a heart operation. . . . I'm still walking around and I still enjoy playing music so in that way I'm blessed but in other ways I'm not. . . . I'm not regretting anything and that's the greatest thing you could say if you're getting older. (76-year-old White man)

Although acknowledging and accepting his disability, this participant focuses on the things he can still accomplish, resulting in no regrets. Thus, successful aging comes in part from ones' attitude and perspective.

Participants who accepted their new reality also noted that adapting to age-related changes is necessary as one ages. The 89-year-old Chinese woman quoted earlier provides an example of this approach:

> Well if I cannot walk, I'll use a walker. If I can't use the walker, there are wheelchairs at On Lok for me to use. I will use the wheelchair.

Accepting and adapting to aging are ongoing processes, not static events. As age-related disability increases, more adaption will be necessary. This future reality is viewed as normative.

Accepting Help.—Accepting the new reality also involved acknowledging that there were things the participants could no longer do for themselves, so they had to rely on others. This 86-year-old Latino considered assistance a given that did not interfere with successful aging: "Elders always need help from other people. Always." However, participants preferred to rely on the government or On Lok for support rather than family or friends. An 88-year-old White woman defined successful aging as "when the government takes care of you in your old age," whereas this 89-year-old Chinese man discussed why On Lok is important to so many:

> [Successful aging is] when you have no worries, no care in the world. You have On Lok to take care of you. . . . Don't have to worry about myself. That's most comfortable. . . . [Old people] absolutely do not need to depend on people! They have On Lok to assist you!

The importance of On Lok is apparent—the services it provides are a significant part of successful aging for many participants. Depending on the organization was seen as reasonable and appropriate, did not make one a burden on family, and did not appear to threaten one's sense of independence. A subtle distinction also exists between accepting help and being dependent that appears related to the amount or degree of help needed. This 86-year-old African American woman illustrates the concept that independence can come from what one can still do:

> And I can still, you know, take care of myself in a lot of ways. I can still do for myself. Not everything. (chuckle)

Trusting in God.—Most African Americans and Latinos spoke of their faith in God, and expressed the importance of this faith in strong terms. The positive aspects of their lives were from God, who blessed them with old age. The following quote by a 97-year-old African American woman is representative of how faith in God leads to successful aging:

> Well, I can see it [successful aging] and what I mean [is] Jesus have been good to me. That makes me [a]

success about not worrying about anything because I got Jesus. . . . I think [I have aged successfully]. I just can't get up like I want to get up. I can't sit down [without] almost falling. (laughter) I'm sorry to say. (chuckle) But I keep on trying in the name of Jesus.

This participant's willingness to accept aging and her functional decline with a positive attitude stems from her religious beliefs. Jesus gives her strength and her faith sustains her. Immobility and loss of strength are a part of aging, but because she has faith in God, she has aged successfully. An 84-year-old Latino simply said: "I leave it [successful aging] in God's hands."

Shifting Priorities.—After describing successful aging in terms of physical well-being, some participants shifted focus away from their disability and onto how their lives had been successful. These participants felt they had not been able to achieve what they most highly valued in life, often for reasons beyond their control. As a result, they would, on one hand, speak of not aging successfully and then described how positive aspects of their lives made up for the unsuccessful areas. Thus, successful aging was reached by shifting the priority from a "failed" aspect of their lives onto another "successful" aspect, realigning their perception of successful aging with their personal situation.

Prominent among Latinos was the idea that education was part of successful aging. In particular, if they lacked more than a primary education, they could not consider themselves to have aged successfully, as this 67-year-old Latina notes:

Success? No, because I never got an education. I got to the fourth grade. I did not achieve success. . . . I could only work as a domestic.

But she then notes:

I have been successful in seeing my children get ahead. They went to school and are raising their kids better than I raised them.

Education affords opportunities that have an affect on one's ability to age successfully, such as what job one is able to get. By ensuring her children got a good education and better jobs than she, this participant was able to reframe her perspective so that she achieved a degree of successful aging by giving her children a better life than she had. This 62-year-old African American man also looked at his family to gain a sense of successful aging: "I had children. They grew up, and they had children. I feel good about that."

A number of Chinese spoke of successful aging in multiple terms, distinguishing between financial success and physical security. An example of this is seen in the following quote:

I consider myself secure. . . . It's different [from success]. Success is like he has money and can make money. . . . We're secure. . . . I don't have to worry about anything, so I'm secure. . . . Even if you're successful and you need lots of help from people, it's because you're old and can't do anything so you need people to help you. (83-year-old Chinese man)

This participant did not consider himself to be financially successful but that was not needed for his physical comfort. Thus, he focused on what made successful aging possible in his unique situation. It is noteworthy that to this participant dependence and needing help are not incompatible with successful aging; rather these are seen as a natural part of aging. This demonstrates how multiple coping strategies are employed to achieve successful aging. We should also note that the distinctions raised by this participant may reflect our use of multiple terms in Cantonese; however, similar comments were made by others from different race/ethnic groups.

Rejecting the New Reality

One could have either a positive or negative perspective of successful aging while rejecting the new reality. Some participants achieved successful aging in contradiction to their disability and age, whereas others were unable to find effective coping strategies to address their disability and felt they had not aged successfully.

Backgrounding Aging and Disability.—Some participants neither acknowledged their disability nor considered themselves to be old. Instead, they achieved successful aging by putting their disability in the background and denying its effects. Despite having many ADL/IADL dependencies, these participants considered themselves as being fully independent, noting that "I don't have anyone helping me. I do things on my own" (80-year-old Chinese man) and "I do everything by myself. Nothing—nobody ever helps me do anything" (75-year-old White woman).

For these participants, successful aging was defined in terms of what aging is not. They reconciled their own situations with their perspective of successful aging through the coping strategy of downward comparison (Wills, 1981), whereby

they increased their self-perception of well-being by comparing themselves with those who are more disabled. This 78-year-old African American woman provides an example:

It's just that I'm around the seniors here and um—I'm 78 years old and some of them is older and some of them younger but they—they worse off than me.

So long as there are others who are "worse off," this participant does not need to consider herself as old and consequently has aged successfully.

Downward comparison was related to participants distancing themselves from those they considered old and not successfully aged. The use of "they" permeated these discussions, rather than using the first person or a direct noun such as "the elderly." Negative imagery was also prominent. This 82-year-old Latina illustrates the use of all three strategies:

Sometimes I laugh because I see others and think they are old because they cannot walk and they get in the way.

By comparing herself to others who suffer more disability and having such negative views of aging, she reenforces her self-perception of not being old and of having successfully aged. Thus, she does not need to acknowledge her own disability or age.

Being able to walk emerged as a strong aspect of successful aging among Latinos. Walking enabled participants to get out, be active, and be part of the greater world. The 82-year-old Latina quoted previously also admonished others to not "just sit. That's no good," and uses herself as an exemplar: "If I don't have anything to do, I go out to take a walk with the dog. All old people should get a dog. To go out."

Other participants did acknowledge experiencing some level of disability but would minimize or dismiss its affect. For example, a 64-year-old African American woman frequently said "other than that" to minimize her disability:

This hand shakes when I try to eat and that's the only after effects. . . . In order to see over there to my left I have to turn my head completely around. But other than that that's the only – those two things are the only after effects of the stroke.

This participant's hand shook, and she could not see to her left, but "other than that," she was fine. Cognitively minimizing the residual effects of her stroke enables her to background her disability and see it as an insignificant factor in her life.

The Unreconciled Self.—Some participants, particularly among Chinese participants, felt they had not achieved successful aging. For these participants, the weakness and disability of aging could not be overcome, and they were unable to reconcile themselves to their situation or find ways to adapt. Though they were receiving On Lok services, these participants did not perceive the services as having enough of a positive impact to result in successful aging. For this 88-year-old Latina, aging and its inherent change makes successful aging impossible, "What success is there when you are old? You are old. You continue to be old." With age-related disability comes dependence that makes one a burden on family. This 73-year-old Chinese woman reflects the extreme pain that being a burden brings to these participants:

But for those like us that have to be taken care of, for example, like bathing and always needing to depend on people, wouldn't you say it's burdening them? If a family has that kind of person, how can the kids be happy? Right? . . . Well if you only want yourself to be a little bit more comfortable and not consider other people and their feelings then what's the point? . . . You'd burden the kids and they wouldn't be able to work or be happy. . . . The more caring the kids are, the sadder it is.

Successful aging depended not only on how aging impacted the participants but also on how the participants impacted others. Unlike participants who saw depending on the government and On Lok as a means of avoiding dependence on family, these participants continue to rely on their families in a way that creates an unacceptable degree of burden and inhibits successfully aging. The distress of being a burden to family is evident for these participants and is perceived as an obstacle to successful aging.

Discussion

Our study examined the experience of successful aging from the perspective of diverse community-based elders with late-life disability and found that physical functioning did not define successful aging. Thus, although articulating an image of successful aging that was consistent with Rowe and Kahn's (1997) conceptualization, one which participants would not meet because of their significant ADL and IADL dependencies, a majority still felt they had aged successfully. To do so, they reframed their personal situation. Some accepted age-related disability as natural, adapting to their circumstances

accordingly. Others put their age and disability in the background or substituted positive aspects of their lives for "unsuccessful" ones. Still others, a minority, were unable to reconcile themselves to their current situation and did not view themselves as aging successfully.

Successful aging involves a subjective component that is not measured by objective criteria and needs to be better understood. Many of the participants reflect Baltes and Baltes' (1990) selective optimization with compensation model. For example, the Chinese woman who spoke of using a walker and then wheelchair if her ability to walk declined, she selected mobility as a priority function and specified the ways she will compensate in order to optimize her mobility. The use of downward comparison can also be viewed as an adaptation in keeping with selective optimization with compensation. As a cognitive adaptation, downward comparison was used to optimize participants' self-perception and sense of well-being and is consistent with findings that it has a protective effect for elders (Frieswijk, Buunk, Steverink, & Slaets, 2004). *Shifting priorities* reflects Havighurst (1961) and Ryff (1989) emphasis on life satisfaction. These participants achieved successful aging by focusing on the success in their lives, not their physical status. Our study is one of the few that explores the concept of successful aging among those who would likely not meet objective criteria. As an early study, we cannot fully explain why, in the face of their late-life disability, our participants had the experience of successful aging. Further research is needed to further explore how elders with late-life disability achieve and maintain a sense of successful aging.

Understanding the subjective view of successful aging can help those working with elders to design interventions to anticipate increasing disability and assist elders to prepare for and adapt to age-related changes. These interventions may be able to help elders maintain or achieve a sense of successful aging. For example, providers could position assistive devices as a means of maintaining mobility rather than a sign of increased dependence. Or demonstrating how a service like On Lok reduces family burden and could mitigate the effect of disability for some elders. Downward comparison could be a useful tool for care providers, if used carefully. Through downward comparison, elders could emphasize positive aspects of their lives and improve their sense of well-being and outlook on life. However, care providers need to be mindful that the loss of an adequate downward comparison

may threaten elders' self-image and appraisal of successful aging. Longitudinal research is needed to see how future, increased disability affects elders' perception of successful aging and if interventions are effective over time. In addition, tools that include elders' self-perception of successful aging are needed for use in both clinical settings and research. To date, we know of only one such instrument (Troutman, Nies, Small, & Bates, 2011).

Similar to Laditka and colleagues (2009), the subthemes in our findings were noted in all race/ethnic groups, as were the different coping strategies utilized by participants. However, certain findings were more prominent within race/ethnic groups. Compared with other groups, White and African American participants were less likely to describe themselves as old and more likely to emphasized independence. These differences may reflect a difference between U.S. born and non-U.S. born participants (Weaver, 2011). Many Chinese participants felt that On Lok services mitigated any sense of burden but not all did. We could not discern why this was the case, though the participants who felt they had not aged successfully may have had higher ADL/IADL dependencies. This difference among the Chinese participants merits further research. The importance of faith and spirituality to successful aging among African Americans has been noted by others as well and needs to be taken into consideration when evaluating successful aging (Cernin et al., 2011; Parker et al., 2002; Troutman et al., 2011). The strong emphasis on walking as an aspect of successful aging among Latinos was not found in other literature. Identifying and intervening to mitigate barriers to physical activity may be important for Latino elders.

Our use of a multilingual design helped illuminate the cultural context of successful aging, but it also presented challenges. By using different terms for successful aging in Cantonese, we may have influenced participants to particular answers. Still, the subthemes and coping strategies were noted by at least one member of each race/ethnic group, so in the United States at least, there appears to be a common basis for the concept among elders. Acculturation may be a factor as well. The majority of Chinese American and Latino participants had been in the United States for more than 20 years and may have adopted many U.S. customs and attitudes. On the other hand, they preferred to speak in their native language, indicating a lower degree

of acculturation (Thomson & Hoffman-Goetz, 2009). However, acculturation is very complex and nuanced (Abraído-Lanza, Armbrister, Flórez, & Aguirre, 2006), and we neither quantitatively measured nor qualitatively explored the concept. Though many participants mentioned their native countries, few spoke of how life would be different for elders, and none in any depth. Consequently, we cannot ascertain the affect of acculturation. How acculturation affects elders' perceptions and experiences of successful aging merits further study.

On Lok has a significant influence on the lives of our participants, as they spend their day engaged in social activities. This interaction may enhance participants' social supports, which can influence elders' perception of successful aging (Pruchno et al., 2010). On Lok also provides services aimed at keeping participants in their home setting that may alleviate many of the hardships they would otherwise endure and lead to a better overall outlook than other community-based elders. However, On Lok can also be viewed as an adaptive coping strategy in and of itself. Participants often spoke of On Lok as an important aspect of their success. Expanding programs like On Lok could have a great affect on improving elders' sense of well-being and perception of successful aging.

Our sample is not representative of all diverse community-based elders with late-life disability or even all PACE participants. We recruited a convenience sample and did not work with case managers to select participants based solely on new and emerging themes. Thus, we did not use theoretical sampling in its strictest sense. However, the sample was chosen for theoretical reasons, the interview guide was changed as new themes emerged, and participants were often asked for their opinion on what others had said. These techniques are consistent with theoretical sampling. Also, as a convenience sample, our participants may have had more positive outlooks than those who declined participation. This could have affected our findings.

The African American cohort was younger than the rest of the sample and may have resulted in their overwhelming perception of not being old and of aging successfully. Still, the oldest participant was an African American woman with a high number of dependencies who considered herself to have aged successfully. Interviewer variability resulted in missing data that impacted the descriptive characteristics of feeling old and aging successfully. This had a minimal affect on the qualitative analysis, as the descriptive characteristics were not used to interpret participants' experience of successful aging. Finally, we cannot claim theoretical saturation, particularly among African Americans and Latinos. Still, themes were noted across race/ethnic groups and were well grounded in the data, thus, our study gives important insight into the concept of successful aging among an increasingly important segment of the population.

As our study shows, elders with late-life disability can and often do enjoy a sense of well-being and feel that they have aged successfully. Efforts to minimize disease and disability in late-life are important and cannot be dismissed; however, it is inevitable that everyone will age, and for most, a period of deterioration will precede death. Across race/ethnic groups, our data capture persons in this latter phase who report a remarkably high level of perceived successful aging. Clinicians can cast strategies that help elders with late-life disability cope as positive adaptations. From a policy perspective, the major implication is that more funding should be directed toward understanding and supporting those who live with late-life disability, as opposed to the current emphasis on prevention (Healthy People 2020, 2012; National Institute on Aging, 2007). Successful aging is a subjective concept that must be considered and contrasted with the more "objective" criteria often imposed by researchers. This is not to say that the use of the term from an objective perspective is not helpful in predictive models. However, perceived successful aging focuses on the values individuals have about function and capacity, and if these individual views are not taken into account, there will be no common ground from which to communicate.

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