

ANALYSIS OF PERCEPTIONS OF SUCCESSFUL AGING AMONG OLDER KOREAN
IMMIGRANTS AND THE ROLE OF RESILIENCE AND ACCULTURATION AS
PREDICTORS

by

JAEWON LEE

(Under the Direction of Larry Nackerud)

ABSTRACT

Rowe and Kahn's longitudinal study of successful aging developed the Model of Successful Aging, which has been considered one of the most salient models among the studies on aging. However, there have been controversies on the model due to the restricted subjectivity on the perceptions toward successful aging. Moreover, the limited sample population for the study participants has been a critical issue. Therefore, further study is needed to investigate the subjective perceptions on successful aging and to focus on ethnic minority populations who may be more vulnerable due to their lower socioeconomic status and cultural differences. The purpose of this study is two-fold: 1) to explore what factors are important for older Korean immigrants to become successful agers, and 2) to examine the relationships among the level of successful aging, the level of resilience, and the level of acculturation among older Koreans in the USA.

Quantitative data were collected through a survey to examine older Koreans' level of successful aging, resilience, and acculturation via pre-existing scales. Qualitative data were also collected through short interviews to explore their perceptions of successful aging. All of the

participants of the study were enrolled in one of two Adult Day Health Care Centers in Los Angeles, CA.

Positive and statistically significant relationships were found between the levels of successful aging and resilience. In addition, a positive and significant relationship was found between the levels of successful aging and acculturation. Older Koreans expressed their own perceptions about successful aging, including the following: 1) maintaining a good physical and cognitive health status, 2) positive attitude toward the current life, 3) spiritual activity and religious life.

The major contribution of the study is a newly developed concept of successful aging including the mediating role of resilience by older Koreans' perceptions to successful aging. Implications are directed to social work researchers and practitioners to help educate older adults in the community on the social and behavioral importance of the positive aspects of aging such as successful aging and healthy aging to increase a chance of longevity.

INDEX WORDS: Successful aging, Older Korean immigrants, Resilience, Acculturation

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In loving memory of my father, Dr. Sook-Jong Lee, who was a passionate professor and pastor.

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CHAPTER 1

INTRODUCTION

Chapter 1 presents an introduction to the study, including a statement of the problem, the rationale of the study, and the purpose. In addition, the significance of this research is discussed.

Introduction

Aging is inevitable to every human being, but successful aging is not the case for everyone (Fleckenstein & Weisman, 2006). No one may want to be an unsuccessful ager, but not everyone will become a successful ager. The reason is that everyone has his or her own issues resulting from various health problems, different socio-economic status, and other factors that determine successful aging. Thus, successful aging is meaningful in terms of the value recognized in one's own life (Rowe & Kahn, 1998).

This dissertation examined what successful aging means to ethnic older immigrant members of this mosaic society. More specifically, this study explored their perceptions toward successful aging and indicated the important predictors to determine successful aging among older Koreans in the United States. This study also examined the relationship between successful aging and resilience, and successful aging and acculturation among the population in order to investigate how successful aging could be affected by resilience and acculturation among the population.

Problem Statement

Perceptions toward Aging

Based on a statistical report from the US Census Bureau in 2012, the size of the older population, or persons 65 years or older, in 1966 (the first year of Medicare), was 19.1 million. After a generation passed, it grew to 33.8 million in 1998. In 2011, the older population in the United States was 40.3 million, and is expected to be about 72.1 million by 2030 (US Census Bureau, 2012). According to a statistical report from World Population Aging (2007), the older population will account for approximately 22% of the total world's population by 2030. The World Population Aging of the United Nations described the growth of the older population as "unprecedented" (2007).

When 20% or more of the total population is 65 or older, the society can be called a “super aging society” (Muramatsu & Akiyama, 2011; Ortman, Velkoff, & Hogan, 2014). In the case of Japan, the older population (65 and older) reached 24% of the total population in 2012 (Muramatsu & Akiyama, 2011), and some western European countries such as Germany and France expect to become a super aging society by 2020 (World Health Organization, 2014). The situation of the USA is not different; the country expects to become a super aging society between 2020 and 2025 (Ortman, Velkoff, & Hogan, 2014).

Once our society turns into a super aging society, we will meet new problems in social, economic, and cultural dimensions (Ortman, Velkoff, & Hogan, 2014; Muramatsu & Akiyama, 2011). We will need to improve our social policies for the rapidly increasing older population, and governmental expenses for the older population should be reconsidered because of the considerably higher cost of medical and long-term care services needed. In our communities, more facilities and social infrastructure for Senior Citizens' leisure and their retirement life will

be needed as well, and this might change our culture that has been focused on the younger generations (Ortman, Velkoff, & Hogan, 2014; Muramatsu & Akiyama, 2011).

For example, the older population will eventually become a huge consumer group. According to the US Census Bureau (2012), 35% of the total US population is Baby Boomers (people born in 1946-1964). According to a report, 40% of wireless device users and 41% of Apple computer buyers are baby boomers. Baby boomers hold 70% of the US disposable income (Ortman, Velkoff, & Hogan, 2014). Their consumption is expected to grow faster, and this will change the structure of the current market and culture as well.

However, despite such social, economic, and cultural changes as demographics and the pattern of consumptions, the attitudes and perceptions toward aging and older populations among younger generations in the United States are still on the negative side (Foos, Clark, & Terrell, 2006). According to previous studies, Americans' perceptions toward older populations are relatively more negative than their perceptions toward the younger population (Gellis, Sherman, & Lawrance, 2003; Kimuna, Knox, & Zusman, 2005). For example, over 70% of the study respondents answered that some type of discrimination toward older generations exists in every part of society such as work places, public service centers, communities, and even families.

The US Census has analyzed that immigration is expected to play an important role in how the age structure of the United States will change over the next four decades (2012). However, the case of the perceptions toward ethnic older minorities and immigrants are even worse (Rafael, et al., 2012). The younger generations' perceptions toward older racial/ethnic minorities have been placed on the negative side due to their limited English skills and cultural differences in addition to their natural aging process (Gellis, Sherman, & Lawrance, 2003; Kimuna, Knox, & Zusman, 2005). Thus, older minorities and immigrants in the United States are

struggling with biases and misperceptions toward aging (Rafael, et al., 2012). They are double or even triple jeopardized to be marginalized due to the higher probability of lower socio-economic status, social isolation, and health deterioration than other older population groups (Hooyman & Kiyak, 2011).

Older Koreans in the United States

One of the first Korean immigration groups to the United States was sugarcane agriculture employees who settled in the Hawaii area in 1903 (Oh, Zhou, Kreps, & Kim, 2014). For more than a century, the number of Korean immigrants in the U.S. increased dramatically, from only a couple hundred to currently over 2.5 million (US Census Bureau, 2012). They have been contributing to the development of the country of freedom and brave, the United States of America, the Land of Opportunity (Lee, 2007; Oh, Zhou, Kreps, & Kim, 2014).

The City of Los Angeles and the New York City area have the largest number of Korean immigrants, which is estimated at over a million and half in those two areas. These two large metropolitan areas are followed by Atlanta, Washington D.C, Chicago, Seattle, Dallas, and Houston with over 100,000 to 200,000 Koreans in each city, each with large Korean communities (Lee, 2007; Oh, Zhou, Kreps, & Kim, 2014).

A large number of older Korean adults reside in this country. Whether they wanted to or not, the majority of the older Korean immigrants moved to the United States with their children. Due to the Korean cultural tradition that children (most likely the oldest son) should take care of their parents when they are getting older, aging Koreans had to immigrate to the country with a different culture and language (Choi & Thomas, 2009; Lee, 2007; Oh, Zhou, Kreps, & Kim, 2014). In addition, there was a huge influx of immigrants from South Korea to the United States after the critical economic crisis in Korea in the late 1990s (Lee, 2007). Furthermore, during this

time a large number of Koreans from other immigrant communities in the US relocated to metropolitan areas, including Los Angeles, New York, and Atlanta, to find better opportunities for business, children's education, and welfare systems (Choi & Thomas, 2009; Lee, 2007; Oh, Zhou, Kreps, & Kim, 2014; Sohn, 2004).

Those internal and external relocations of older Korean immigrants caused sudden changes in their lifestyle, which correlated significantly with the deterioration of physical health conditions. Such changes affected older Korean immigrants' quality of life considerably (Jang, Kim & Chiriboga, 2006; Sohn, 2004). According to a research study on acculturation and depression among seven older ethnic minorities from foreign countries in the United States, older adults from South Korea were identified as the population experiencing the most serious psychological distress (Tseng et al., 2010).

The Asian American Federation's (AAF) study of 'Growing Older' (2003), based on interviews of 407 older Asian immigrants in the New York Metropolitan area (105 Chinese, 100 Koreans, 100 Indians, and 102 other Asians) reported that over 70% of the Korean participants responded that they had experienced rapid deterioration of their physical health after their relocation (over 80% from the AAF survey responded that they moved to the U.S. after the late 1990s). In addition, over 40% of the Korean study participants reported having symptoms of depression and anxiety after their relocation to the United States (AAF, 2003). Over 80% of them responded as having feelings of social isolation due to their hardship of communication in English and cultural differences.

Furthermore, older Koreans reported that they lacked personal resources for social support systems to interact with other community members in their own community. Han et al. (2007) explained that the lack of social interaction was one of the most significant factors

affecting older immigrants' quality of life because it often influenced a change in beliefs, values, and behaviors of the immigrants.

The lack of social interaction also served as a conditioning variable that plays a significant role in determining the self-perception of immigrants' own health and emotional status (Han et al., 2007). If a portion of the population is feeling an increase in social isolation, this means that group members are more at risk for deterioration of physical and emotional health conditions. In the case of the older Korean immigrants, since over 80% of the AAF survey participants reported having feelings of social isolation, that group has a higher potential risk of deterioration of their physical and mental health. Additionally, over 30% of them stated that they lived under the poverty line (household income less than \$20,444 per year) due to a lack of financial resources, which correlates to less confidence in social interaction with others.

In addition to the problems from their natural aging process, the majority of older Korean immigrants experience acculturative stress when they encounter the social, cultural, and linguistic barriers in a new country (Berry, 2003; Choi & Thomas, 2009; Lee, 2007). The stress is often associated with biopsychosocial problems such as rapid deterioration of physical functions, mental health problems, and social isolation (Han, Kim, Lee, Pistulka, & Kim, 2007; Jang, Kim, & Chiriboga, 2006).

In sum, older Korean immigrants are experiencing extra biopsychosocial problems such as psychological distress, rapid deterioration of physical health, and social isolation. Those problems may be the result from relocation to a new country with different culture and language, financial hardships due to a lack of income resources, and cultural challenges related to the language barrier in addition to their natural aging process (Choi & Thomas, 2009; Lee, 2007).

Therefore, older Korean immigrants are at a greater risk of being marginalized due to lower socioeconomic status, health problems, and acculturative stress (Hooyman & Kiyak, 2011).

Rationale of the Study

This section includes the rationale of the study, in other words, the reason why the study on successful aging among older Korean immigrants in the United States was conducted. Since Rowe and Kahn published “The Study of Successful Aging” in 1998, there have been numerous ongoing debates on their study and the accompanying theory due to its restrictive definition, biased results, and, most of all, limited access to representative sample populations and regions (Phelen, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

Since most of the sample populations were recruited from a relatively higher socioeconomic class in secured communities, the limited access to the sample populations and regions became the biggest criticism of the study. Critics claimed that the sample populations of the study were not representative of older populations in the United States, which are more diverse and complicated. Even though the original study utilized a rich array of data and standardized scales, the bias in the sample population that resulted in a lack of representation of various older adult populations has been clearly the most debated issue (Depp & Jeste, 2006; Dillaway & Byrnes, 2009; Knight & Ricciardelli, 2003; Phelen, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

According to McLaughlin et al.’s study (2009), no more than 11.9% of older adults in the United States were aging successfully (prevalence estimates from a national sample of older adults). The researchers used the secondary data from the Health and Retirement Study (HRS), and the prevalence of successful aging was calculated for older adults aged over 65 years at four time points: 1998, 2000, 2002, and 2004. Surprisingly, few older adults (only 11.9% of older

adults in the United States) met the criteria of Rowe and Kahn's definition of successful aging (McLaughlin, Connell, Heeringa, Li, & Roberts, 2009). Additionally, the authors (Rowe and Kahn) did not examine differences by race or immigration.

Hence, this dissertation study of successful aging among older Korean immigrants was designed as an attempt to overcome the limitations of previous studies, which include biased sample population, ignorance of subjective perception of successful aging, and a restrictive definition. This study addressed the most debatable issue of the limited access to the sample population, as the study had a different sample population from different regions, cultural backgrounds, and socioeconomic status as well as different perspectives on aging.

Because the ethnic older immigrants had a different cultural background, history, perceptions toward aging, and perspectives of life and death, different responses related to predictors and factors of successful aging were expected, expanding the results of the previous studies. For instance, since the older Asian immigrants have more diverse cultural and religious backgrounds than do most older Americans, the perspectives of life and death can be different as well. Hence, these different kinds of perspectives of life and death brought up a different type of predictor of successful aging. This included different components in determining successful aging than the factors found in older American adults who are Christian, Catholic, Jewish, atheist, or another creed who do not ascribe to the transmigration of souls, commonly found among Asian religions, which is also known as "reincarnation." According to this concept, the soul or spirit begins a new life in a new body after biological death, whether human, animal, or another being, depending on the actions of the previous life (Hansen, 2000).

Significance of the Study

This section states the significance of the study of successful aging among older Korean immigrants in the United States. This dissertation study is significant for the following three reasons. First, it fits into social work's core value of providing equal research opportunity to all populations. It is important for social work research activities to promote the health status and well-being of all members in all communities. Studying diverse populations and providing equal research opportunity to all ethnic minorities are essential in identifying their needs, understanding their reality, and improving their lives (Lee & Waites, 2006). However, older Korean immigrants have not received the needed attention by researchers. They have been staying in the marginal area of the social work research field (Choi & Thomas, 2009; Min & Moon, 2006; Sohn, 2004). Therefore, this study is necessary in that examining the population of older Korean immigrants will be a starting point for the research about various social work issues of this ethnic minority.

Second, this dissertation study is able to make a valuable contribution as an attempt to grasp a better understanding of factors and predictors of maintaining the aging process of an older ethnic minority group. Such factors and predictors regarding the population's culture, religious beliefs, and perspectives of life and death from different backgrounds are important issues to be explored. As the factors and predictors can significantly affect a group's life satisfaction, they are directly connected with the successful aging of the population.

Third, this study is important in constructing specific types of strategies to improve the population's quality of later life and will be helpful in increasing interest in living a successful life among the older ethnic minority population. The hope of becoming a successful ager and the efforts to promote the health status of this population will contribute to making a more effective

society and to reducing the cost of institutionalization by delaying the time of placement in long-term care facilities, such as nursing homes and assisted living facilities (Menec, 2003).

In addition, this study of successful aging among this older Korean population can promote the health status and well-being of older ethnic minority immigrants by stimulating their interest in becoming successful agers. This stimulus can lead to building a healthier society and community.

Purposes of the Study

The first purpose of this dissertation is to explore the population's perceptions toward successful aging and to indicate their predictors to become successful agers. This will stimulate the population's interest in becoming successful agers; furthermore, it will contribute to building a healthier immigrant community in the country. Hence, studying successful aging among older Korean immigrants in the United States is important not only to improve an individual's quality of later life, but also to make society and the community healthier.

A considerable number of studies have been conducted on successful aging. However, no studies focusing on the relationships among resilience, acculturation, and successful aging of older Korean immigrants were found in the University of Georgia Libraries and online search engines such as Google Scholar, although this population is rapidly becoming one of the significant client groups for social work research and practice. No literature about successful aging or resilience among older Korean immigrants in the United States could be found as well. Hence, this dissertation study fits the core values of social work education and research in terms of providing equal research opportunity for health promotion and well-being for all community members who are aging, especially those who can be easily identified as members of a marginal population.

The second purpose of this dissertation is to measure the rate of successful aging, resilience, and acculturation among the population of older Korean immigrants in the United States and to examine the relationships. This could provide a better understanding of the actual later life status of the population. According to the US Census Bureau, approximately 2.5 million Korean immigrants reside in the United States (US Census Bureau, 2013), and the number is constantly growing. The estimated population of Koreans who are 65 or older is about 10-15% of the total population. In the case of metropolitan areas such as Los Angeles and New York City, the ratio of the Korean older population is estimated at up to 20% of the total Korean immigrant population. Today, older Korean immigrants have become an important social work client group (Choi & Thomas, 2009).

Measuring the level of successful aging, resilience, and acculturation, and investigating their relationships is important in terms of providing a better understanding of older Korean immigrants' actual status of later life such as health status, social engagement, supportive systems, coping mechanisms, and the process of adaptation to new environments as immigrants. Since the majority of older Korean immigrants have a higher probability of marginalization due to acculturative stress, lower socioeconomic status, and health care disparities (August & Sorkin, 2010; Hooyman & Kiyak, 2011), the relationship with successful aging, resilience, and acculturation can play an important role in determining the rate of successful aging among the population.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter presents a review of the literature relevant to this dissertation study. First, an in-depth discussion of Rowe and Kahn's Successful Aging will be provided, and a detailed description of theories of aging will be presented to support the theoretical background of this study. Then, a review of the literature on resilience, acculturation, and their relationships with successful aging will follow.

Literature Review

A comprehensive search for literature regarding the theories of aging and successful aging, and studies of successful aging, resilience, and acculturation among older minorities in the United States was performed throughout University of Georgia libraries and internet search engines such as Google Scholar. This search revealed a considerable number of studies conducted on theories of aging and successful aging, but no studies focusing on the relationships among successful aging, resilience, and acculturation among older Korean immigrants.

Two dissertations regarding successful aging among older minorities in the United States were found: "Relationship Between Spirituality and Successful Aging Among Older Minority Women" (Maki, 2005) and "Successful Aging and the Chinese-American Elder" (Victor, 2004). Both dissertation studies were based on qualitative research methods including up to 20 in-depth interviews regarding the perceptions toward successful aging among older minorities in the United States. Despite the contribution of these two studies about successful aging among older

minorities, studies investigating the relationships between successful aging and resilience, and successful aging and acculturation among older Korean immigrants were absent in the literature.

Overview of Successful Aging

A large number of studies have focused on how to age well (Atchley, 1989; Baltes & Baltes, 1990; Cumming & Henry, 1961; Havighurst 1961; Larson & Phelan, 2001; Li et al., 2006; Liang & Luo, 2012; Rowe & Kahn, 1997). Among those studies, Rowe and Kahn's Successful Aging has been assessed as one of the best-conceptualized healthy aging studies over the past decade (Chung & Park, 2008; Depp & Jeste, 2006; Ferri, James, & Pruchno, 2009). It has been considered one of the representative studies on successful aging, and it has been one of the most influential studies on aging in the field of Gerontology (Depp & Jeste, 2006; Ferri, James, & Pruchno, 2009; Maki, 2005; Nagalingam, 2007; Victor, 2004).

Rowe and Kahn (1997) defined successful aging as “an avoidance of disease and disability, maintenance of high physical and cognitive function, and engagement with social and productive activities” (p.439). If an older adult displayed no or few diseases and health-related disabilities, maintained high physical and cognitive functions, and sustained social and productive activities, we could call the older adult a successful ager by the definition of Rowe and Kahn's theory (Ferri, James, & Pruchno, 2009).

The theory was generated from the MacArthur Studies of Successful Aging, which was conducted from 1988 to 1996 as a longitudinal study. The study was initiated from the simple assumption that agers with the least health-related issues are successful agers. This study and the accompanying theory of successful aging have been assessed as some of the most influential conceptualizations of healthy aging. MacArthur's study of successful aging will be described, and then the theory of successful aging will be discussed with epistemological assumptions.

The MacArthur Foundation's Study of Successful Aging

In order to develop the conceptual basis of a new gerontology, the MacArthur Foundation assembled a group of scholars from major disciplines relevant to aging. The group consisted of 16 scientists from Biology, Geriatric Medicine, Psychology, Sociology, Neurosciences, etc., with John Rowe, M.D. and Robert Kahn, Ph.D. as leaders of the group (Kahn, 2002).

The study was a longitudinal, and baseline data collection was completed between May 1988 and December 1989. The study cohorts were re-evaluated in 1991 and 1996, with reassessments of all measures in the initial interview. The sample populations were recruited from three communities in Durham, North Carolina; East Boston, Massachusetts; and New Haven, Connecticut; and they were relatively high-functioning men and women aged 70-79 (Strawbridge, Wallhagen, & Cohen, 2002).

The study included standardized tests and structured interviews covering detailed assessments of physical and cognitive performance, as well as other lifestyle characteristics such as socializations. The interviews included the participants' health status, social and psychological characteristics, and demographics including age, education, ethnicity, and income (Sarkisian, Gruenewald, Boscardin, & Seeman, 2008).

The scientists found that the predictors of maintaining physical functions were 1) hand, trunk, lower body movements; and 2) integrated movements of balance and gait. Additionally, they found that the population in the higher income bracket displayed better physical performance (Rowe & Kahn, 1998). The study revealed that the predictors of maintaining cognitive functions in order of strongest to least strong predictors were 1) education, 2) pulmonary peak expiratory flow rate, 3) the amount of strenuous physical activity at and around home, and 4) self-efficacy. The predictors of a continued engagement with life were found to be

twofold: 1) maintenance of interpersonal relations, and 2) productive activities (Rowe & Kahn, 1998).

The MacArthur study showed that the maintenance of interpersonal relations consists of socio-emotional help and instrumental help. Socio-emotional help includes affection, respect, and instrumental help including direct assistance such as providing transportation and financial support. The productive activities consist of functional capacity, education, and self-efficacy, which itself consists of mastery and control (Sarkisian, Gruenewald, Boscardin, & Seeman, 2008; Strawbridge, Wallhagen, & Cohen, 2002).

Based on the findings recently stated, the scientists working on the study funded by the MacArthur Foundation generated the Theory of Successful Aging (Rowe & Kahn, 1999). As mentioned earlier, if an older adult satisfied the three components—lower probability of diseases and disabilities, maintenance of high physical and cognitive functions, and active engagement with society and productive activities—it would be expected that the particular older adult would be aging successfully (Rowe & Kahn, 1998). To satisfy these three components, older adults should avoid having health-related disorders by maintaining their health, must decrease the probability of memory loss and depressive symptoms, increase the probability of their life satisfaction, and involve themselves in social and productive activities (Depp & Jeste, 2006; Dillaway & Byrnes, 2009; Knight & Ricciardelli, 2003; Phelan, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

Epistemological Assumptions of Rowe and Kahn's Successful Aging

Rowe and Kahn's successful aging is comprised of three epistemological assumptions. First, the researchers who conducted this study on successful aging had the simple belief that an active older adult who has a healthy body and mind is a successful ager. Therefore, the scientists

thought that maintaining physical health would be the first way to achieve successful aging. To sustain physical health, the scientists insisted on the avoidance of factors that can cause diseases and health-related disabilities (Rowe & Kahn, 1998; Torres, 2002).

Second, the scientists who participated in the study on successful aging assumed that the maintenance of high cognitive function would lead older populations to age successfully. To maintain such a criterion, the scientists held the view that older adults must be engaged in social and productive activities, as they believed that successful aging could occur when older adults stay active and maintain social interactions. These scientists proposed that people who would like to age successfully should participate fully in daily activities first, and then they should be engaged in community activities. The scientists characterized withdrawal from community activities as a problem, as social isolation can cause deterioration of physical and cognitive functions. They claimed that older adults must fight against social withdrawal by continuing middle-age roles or substituting new social roles in order to age successfully (Rowe & Kahn, 1998; Strawbridge, Wallhagen, & Cohen, 2002).

Third, the scientists assumed that active involvement with social and productive activities would enable older adults to readjust to retirement in their later life. Through experiencing such activities and the process of readjustment, older adults can achieve life satisfaction in their retirement years. This satisfaction with life could contribute to aging successfully since it would be helpful in lowering older adults' risk of having depressive symptoms or memory loss (Glass, Seeman, Herzog, Kahn, & Berkman, 1995).

Rowe and Kahn's successful aging study was generated from the MacArthur Studies of Successful Aging conducted in 1988 to 1996 as a longitudinal study. The study was initiated from the simple assumption that agers with the least health-related issues are successful agers.

Although this study and the accompanying theory of successful aging have been assessed as one of the most influential conceptualizations of healthy aging, over the past couple of decades a considerable number of debates and commentaries on Rowe and Kahn's conceptualization have arisen (Bowling, 2007; Depp & Jeste, 2006; Dillaway & Byrnes, 2009).

One of the strongest criticisms of the study concerns its sample population since most of the participants were upper-class White adult males who were from relatively secure residences and therefore not representative of the whole American population of older people. Furthermore, many researchers have argued that the definition of successful aging is restrictive because it has been limited to an objective judgment and ignores older populations' subjective perceptions of successful aging (Knight & Ricciardelli, 2003; Phelan, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

In addition, even though having an active lifestyle has a positive relationship with life satisfaction, not every older adult leads an active life. Some older populations with lower socioeconomic status or chronic physical conditions such as heart-related diseases or arthritis symptoms cannot be active in their lives unless the appropriate support is guaranteed (Dillaway & Byrnes, 2009; Phelan & Larson, 2002; Torres, 2002; Vance, Burrage, Couch, & Raper, 2008).

Although Rowe and Kahn's theory has conceptualized successful aging through a robust research product, to some populations, particularly older ethnic minority populations, other factors and predictors for successful aging have been considered crucial. The theory focuses only on the current health status such as level of functioning of older adults, and the researchers who conducted the study predicted that older adults who maintain active and reciprocal relationships with their social environment would be more likely to age successfully.

However, the theory ignores the subjective perceptions of successful aging among older populations, which are meaningful life, quality of life, autonomy, financially independent life, optimistic attitudes toward life, effective coping mechanisms, civic engagements, educational or occupational achievements, family values, etc. In conclusion, it would be important to emphasize that older adults are able to experience happiness and well-being by compensating for physical losses with psychological and social recourses, regardless of their age or level of functioning (Depp, Martin, & Jeste, 2013; Ferri, James, & Pruncho, 2009; Young et al. 2009).

Limitations of the Successful Aging Theory

Although the Successful Aging Theory has been assessed as one of the most influential conceptualizations of studies of healthy aging (Dillaway & Byrnes, 2009; Phelan & Larson, 2002), it has a few limitations.

1. The theory expects that older adults have a great capacity to control their social situations or to reconstruct their lives by substituting new roles and activities. However, the theory overlooked that older adults' psychological status might influence their ability to change their social lives and needs, which may be affected by particular life events such as early retirement, widowhood, and loss of significant ones (Dillaway & Byrnes, 2009; Phelan & Larson, 2002).
2. It might be feasible to apply the theory for other ethnic minority groups since an active lifestyle has a positive relationship with life satisfaction. However, applying the theory for the older people of lower socio-economic class would be difficult unless social and financial supports were guaranteed.
3. It would be hard to apply this theory to all types of older adults because the theory is based on a study that excluded the older adults with diseases such as heart-related illnesses, cancer, dementia, motility disorders, HIV, diabetes, musculoskeletal system diseases, etc. The

theory was generated from a study that assessed relatively healthy older adult groups who did not suffer from severe chronic illness (Dillaway & Byrnes, 2009; Phelan & Larson, 2002; Torres, 2002; Vance, Burrage, Couch, & Raper, 2008).

Strengths and Weaknesses of the Theory of Successful Aging

The Theory of Successful Aging does have strengths worth noting: 1) The theory was generated from the study that includes a rich array of data on both the structural and qualitative characteristics of survey respondents. In particular, the study included more comprehensive assessments of the qualitative aspects of social network than other previous studies did. 2) The theory was originated from a study that had more comprehensive assessment of cognitive functioning than other previous similar studies, which mostly relied on the mental status test designed to identify a significant cognitive impairment such as dementia. 3) The mother study of the theory utilized standardized scales having relatively good psychometric properties. The Cronbach's alpha, which measures internal consistency, ranged from .45 to .66 (.45 for the instrumental support scale, .60 for the emotional support scale, and .66 for the demands/conflicts scale) and the correlation r , which measures validity, ranged from .73 to .90 (.73 for average emotional support, .86 for number of social ties, and .90 for demands/conflicts) (Montross, Depp, Daly, Reichstadt, Golshan, Moore, 2006; Rowe & Kahn, 1998; Strawbridge, Wallhagen, & Cohen, 2002).

However, the theory has some weaknesses. First, the study had limited access to the sample population. The populations were mostly recruited from physically and mentally healthy population groups. Second, the study sampled the populations from relatively secure and financially stable regions with less racial diverse areas. Therefore, the data was biased and could not represent the whole older populations in the United States (Depp & Jeste, 2006; Dillaway &

Byrnes, 2009; Knight & Ricciardelli, 2003; Phelen, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

Controversy on the Theory

The theory has been controversial based on its weaknesses regarding the mother study's limited access to the sample populations and recruiting regions, and the lack of representation of sample characteristics. Beyond these two points, the theory has been criticized based on its emphasis on the maintenance of physical and cognitive functions. The majority of older adults who are given the high incidence and prevalence of disease that are common in later life can be misleading to the criteria of unsuccessful agers (Dillaway & Byrnes, 2009).

According to McLaughlin et al.'s study from 2009, no greater than 11.9% of older adults in the USA were aging successfully (prevalence estimates from a national sample of older adults). The researchers used the secondary data from the Health and Retirement Study (HRS), and the prevalence of successful aging was calculated for older adults aged over 65 years at four time points: 1998, 2000, 2002, and 2004. Surprisingly, few older adults (only 11.9% of older adults in the USA) met the criteria of Rowe and Kahn's definition of successful aging. Unsurprisingly, the rate of successful aging was generally lower for those of advanced age, the male gender, and lower socio-economic status (McLaughlin, Connell, Heeringa, Li, & Roberts, 2009).

As mentioned earlier, the theory focuses more on the health status of older adults, and the scientists conducting the study predicted that older adults who maintain active and reciprocal relationships with their social environment would likely be aging more successfully. However, they ignored the subjective perceptions of successful aging among older populations. Older adults' subjective perceptions of successful aging can bring up different factors and predictors of determining whether they are aging successfully or not (Depp & Jeste, 2006; Dillaway & Byrnes,

2009; Knight & Ricciardelli, 2003; Phelen, Anderson, LaCroix, & Larson, 2004; Phelan & Larson, 2002).

Other Theories Related to Successful Aging

Numerous studies (Chung & Park, 2008; Cernin, 2009; Tate, Lah, & Cuddy, 2003; Larson & Phelan, 2001; Li et al., 2006; Liang & Luo, 2012; Maki, 2005; Nagalingam, 2007; Victor, 2004) have employed the theories of successful aging as their main conceptual framework in gerontological research studies in the United States and other countries such as South Korea, China, Singapore, and some European and Latin American countries. These studies in other countries have displayed some commonalities in the components of successful aging, indicating that these ideas can be important factors in determining if the older minority populations in the United States are successful agers or not.

However, they have also suggested other perceptions that should be added to these criteria (Depp & Jeste, 2006; Ferri, James, & Pruchno, 2009; Tan, Ward, Ziaian, 2011). For example, a qualitative study of older Indian adults in Singapore reported that the population selected health status was the most important factor in influencing successful aging, but religious activities, financial resources, and intergenerational relationships were equally important to them (Nagalingam, 2007). Although it is not expansive, the literature presents a framework as to how the theories of successful aging can be fitted to various populations.

Baltes and Baltes' Successful Aging

One of the leading models of successful aging is the life-span model of Selective Optimization with Compensation theory (SOC-model) developed by Baltes and Baltes (Achenbaum, 2009; Bengtson & Putney, 2009; Dillaway & Byrnes, 2009; Moody & Sasser, 2012; Phelan & Larson, 2002; Maki, 2005; Nagalingam, 2007; Torres, 2002; Vance, Burrage,

Couch, & Raper, 2008; Victor, 2004). This model has been considered one of the first to describe the processes of successful aging instead of solely defining the end points, as Rowe and Kahn's Theory did (Achenbaum, 2009; Bengtson & Putney, 2009; Dillaway & Byrnes, 2009; Phelan & Larson, 2002; Torres, 2002; Vance, Burrage, Couch, & Raper, 2008).

Baltes and Baltes' SOC-model tends more likely to offer a qualitative and psychosocial approach that acknowledges aging-related losses in the physical and psychosocial domains and focuses on individuals' actualization of the remaining strengths and resources (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012; Phelan & Larson, 2002). Baltes and Baltes' premise was that successful, individual development such as aging is a process including three components: selection, optimization, and compensation (Baltes & Baltes, 1990).

According to Baltes and Baltes (1990), older adults 1) select life domains that are important to them, 2) optimize the resources and aids that facilitate success in these domains, and 3) compensate for losses in these domains in order to adapt to biological, psychological, and socio-economic changes throughout their lives and to create an environment for lifelong successful development. Since stressors, such as declining health, may decrease multiple resources in later life, selection, optimization, and compensation processes become increasingly important during aging to maintain a positive balance between gains and losses (Achenbaum, 2009; Baltes & Baltes, 1990; Bengtson & Putney, 2009; Moody & Sasser, 2012).

Baltes and Baltes' SOC-model states that aging is best characterized as a heterogeneous process with many different pathways and successful outcomes (Baltes & Baltes, 1990, Donnellan & O' Neill, 2014). The model contains 1) antecedent conditions such as selective adaptation and transformation, internal and external resources; 2) orchestrating processes such as selection, optimization, and compensation; and 3) outcomes such as maximizing gains and

minimizing losses, growth, maintenance of function, and regulation of loss. The outcomes contribute to new antecedent conditions (Baltes & Baltes, 1990).

The model focuses on how people use life management strategies (the processes of selection, optimization, and compensation) to respond to aging-related losses (Donnellan & O' Neill, 2014). The model also explains how older adults maximize their gains and minimize their losses, while striving to achieve important personal goals (Baltes & Baltes, 1997, Donnellan & O' Neill, 2014). Baltes (1997) pointed out that the benefits of evolutionary selection decrease with age, whereas the need for culture increases, pointing to the incomplete architecture of human ontogeny. (Baltes, 1997) In terms of a definition, Baltes and Baltes admitted to a greater interest in the model's power to identify and organize research questions and directions rather than whether it would just remain a scientific topic. The model is a testable structural model if each component is adequately operationalized (Achenbaum, 2009; Bengtson & Putney, 2009; Donnellan & O' Neill, 2014; Moody & Sasser, 2012).

Disengagement Theory

Disengagement theory is the first theory of aging that social scientists developed (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012). Cumming and Henry (1961) defined aging as an inevitable and mutual withdrawal or disengagement, resulting in decreased social interactions among older adults. The theory assumes that withdrawal of older adults is natural, and the process of disengagement is universal (Achenbaum, 1995). The theory viewed that a person aging successfully would want to disengage from an active life (Cumming & Henry, 1961).

According to the theory, withdrawal will be initiated in society as people grow old because older adults are less involved with life, community, and society than when they were

younger (Achenbaum, 2009; Bengtson & Putney, 2009; Cumming & Henry, 1961). Since older adults have a tendency to accept or even long for a decrease in social interactions, society also forces withdrawal on older adults whether they want it or not (Achenbaum, 2009; Bengtson & Putney, 2009; Cumming & Henry, 1961; Moody & Sasser, 2012). Older adults will experience a greater distance from society, and they will develop new types of relationships with society (Bengtson & Putney, 2009; Cumming & Henry, 1961; Moody & Sasser, 2012).

The theory assumes that when older adults disengage from positions in their family, community, and society, they will be replaced by younger adults (Achenbaum, 1995; Bengtson & Putney, 2009; Cumming & Henry, 1961; Moody & Sasser, 2012). To the social scientists such as Cumming and Henry, disengagement was seen as a prerequisite to social stability because as people age, they tend to withdraw from society, and this can be mutual, with society being less likely to engage with and include older adults (Achenbaum, 1995; Bengtson & Putney, 2009).

Disengagement theory, which was considered the first formal theory to explain the process of aging, overlooked the larger number of older adults who do not withdraw (Achenbaum, 2009; Liang & Luo, 2012). The theory might be able to explain social issues related to the increase in aging populations and the related issues such as retirement and role changes in their community and society (Achenbaum, 2009; Moody & Sasser, 2012). However, the theory is not well applicable as social interventions for older adults who have mental health problems due to immigration and relocation from other countries because mental and social stress caused by cultural or language barriers might not be produced by the natural aging process or disengagement from society in reality (Torres, 2002; Liang & Luo, 2012). Nowadays, the theory is considered a classic of the social gerontology area, but the theory did contribute to

developing the basic concept of activity theory even though the theories presented opposing viewpoints (Achenbaum, 2009; Moody & Sasser, 2012).

Activity Theory

According to activity theory, aging successfully means maintaining middle-aged activities and attitudes into later adulthood (Achenbaum, 2009; Bengtson & Putney, 2009; Havighurst, 1961; Moody & Sasser, 2012). The activity theory was presented as an opposing response to disengagement theory (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012). Those two theories were the two major theories that outlined successful aging in the early 1960s (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012; Torres, 2002; Liang & Luo, 2012). Activity theory was developed by Havighurst (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012), who proposed that successful aging might occur when older adults stay active and maintain social interactions. Havighurst (1961) assumed that the aging process would be delayed and the quality of life would be enhanced when older adults remain socially active (Achenbaum, 2009; Bengtson & Putney, 2009; Havighurst 1961; Moody & Sasser, 2012; Rowe & Kahn, 1997; Torres, 2002).

Activity theory predicts that older adults who maintain active and reciprocal relationships with their social environment are most likely aging successfully (Achenbaum, 2009; Bengtson & Putney, 2009; Havighurst 1961; Moody & Sasser, 2012; Rowe & Kahn, 1997). Activities can be divided into informal activities (relationships with friends, relatives, and neighbors), formal activities (participation in volunteer work and organizations), and solitary activities (maintenance of household), and among them, informal activities have the most significant relation with life satisfaction (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012; Rowe & Kahn, 1997). Activity is significant in terms of enabling older adults to readjust to retirement

because the theory expects that older adults have a great capacity to control their social situations and to reconstruct their lives by substituting new roles and activities. Hence, through activities and readjustment, older adults can achieve life satisfaction (Achenbaum, 2009; Bengtson & Putney, 2009; Havighurst 1961; Moody & Sasser, 2012; Rowe & Kahn, 1997; Torres, 2002).

However, Activity Theory overlooks the physical and psychological status of older adults, and social needs that could be changed in particular life events such as early retirement, widowhood, and loss of significant ones. For those kinds of populations, physical activities can be meaningless (Achenbaum, 2009; Bengtson & Putney, 2009; Liang & Luo, 2012; Moody & Sasser, 2012; Torres, 2002). The theory can be applied to older ethnic minority groups because active lifestyle has a positive relationship with life satisfaction, but on the other hand, this would be difficult for the older adults in lower socio-economic class unless social and financial support were guaranteed (Achenbaum, 2009; Bengtson & Putney, 2009; Liang & Luo, 2012; Moody & Sasser, 2012).

Continuity Theory

Unlike the other two theories discussed above, continuity theory holds a basic concept of the life course perspective (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012) because the theory assumes that an individual's personality would not be changed as the person ages; hence, the past experiences, decisions, and behaviors will influence the individual's future decisions and behaviors. It is similar to the life course perspective in that it assumes that an individual's past will form his/her present and future (Uchida, Norosakkunkit, & Kitayama, 2004; Elder & Giele, 2009) .

According to the theory's definition of normal aging, adults will maintain the same activities, behaviors, personalities, and relationships as they grow older (Achenbaum, 2009;

Atchley, 1989; Bengtson & Putney, 2009; Moody & Sasser, 2012). Therefore, they will positively continue their lifestyle by adapting strategies that are connected to their past experiences (Achenbaum, 2009; Atchley, 1989; Bengtson & Putney, 2009; Moody & Sasser, 2012). Throughout the internal structure (a sense of ego, integrity, self-esteem, personality, ideas, beliefs, etc.) and external structure (relationships and social roles), the theory describes how people adapt to their situation and set their goals (Atchley, 1989). Hence, older adults will try to maintain their continuity of lifestyle by adapting strategies that are connected to their past experiences for their successful retirement years (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012).

The theory has a great potential to explain how people adapt to their own aging because the theory believes an individual's future decisions and behaviors become more predictable through his/her past experiences (Achenbaum, 2009; Bengtson & Putney, 2009; Moody & Sasser, 2012). This concept might be able to explain problems related to aging issues such as elderly abuse, addiction, mental health problems, etc (Onega & Tripp-Reimer, 1997). Also, it can be useful in interventions for the population with such problems (Adams, Leibbrandt, & Moon, 2011). However, the theory neglects the older adults with chronic illness or severe health conditions (Adams, Leibbrandt, & Moon, 2011; Onega & Tripp-Reimer, 1997). Thus, not distinguishing normal aging from pathological aging limits the application of this theory to the older adult population (Achenbaum, 2009; Adams, Leibbrandt, & Moon, 2011; Bengtson & Putney, 2009; Moody & Sasser, 2012; Onega & Tripp-Reimer, 1997).

Studies on Successful Aging

In 2000, University of Washington researchers Larson and Phelan surveyed over 4500 older adults about their views of aging well (Phelan & Larson, 2001). Suspecting that ideas about successful aging are fluid, the researchers also asked older adults if their definitions had changed over time. (Dillaway & Byrnes, 2009; Phelan & Larson, 2002; Torres, 2002; Vance, Burrage, Couch, & Raper, 2008). This direct approach contrasted with previous works such as Rowe and Kahn's study that focused on the researchers' own definitions of successful aging, which may or may not agree with those of older adults (Achenbaum, 2009; Bengtson & Putney, 2009; Dillaway & Byrnes, 2009; Moody & Sasser, 2012; Phelan & Larson, 2002; Torres, 2002; Vance, Burrage, Couch, & Raper, 2008). Phelan and Larson's questionnaire included four dimensions of health conditions: 1) physical, 2) social, 3) functional, and 4) psychological (Phelan & Larson, 2002). These four dimensions were broken down into 13 questions out of the total 20 questions in the questionnaire (Phelan & Larson, 2002).

More than 75% of the participants responded that those four dimensions were the most important factors to determine successful aging (Phelan & Larson, 2002). In addition, the item "being able to take care of myself until close to the time of my death" (from the functioning domain) was rated most important to successful aging by the highest percentage of older adults in the cohort (Phelan & Larson, 2002). In contrast, the items "living a long time" and "being able to work in paid or volunteer activities after usual retirement age" were rated "not at all important" by the largest proportion of participants (Phelan & Larson, 2002). Their recommendation for future research was to consider the definitions of aging from the individual's perspectives (Dillaway & Byrnes, 2009; Phelan & Larson, 2002).

Strawbridge, Wallhagen, and Cohen (2002) similarly suggested understanding older persons' own criteria. They called the choice of the term "successful" problematic, as it implies that there are winners and losers. Their study found that while a little more than half the participants reported themselves to be aging successfully, only 18.8% could be classified as such according to Rowe and Kahn's criteria (Strawbridge, Wallhagen, & Cohen, 2002).

Continuing with this theme of a self-report or a subjective definition, Tate, Lah, and Cuddy (2003) analyzed a 1996 survey of elderly Canadian men. Twenty themes emerged from the open-ended question, "What is *your* definition of successful aging?" The top three answers, each appearing in over 20% of the responses, were good health, satisfaction/happiness, and keeping active. To the question, "Would you say you have aged successfully?", more than 83% responded "yes" without qualification (Tate, Lah, & Cuddy, 2003).

Another study about successful aging among low-income older adults was recently conducted by Chung and Park (2008) in South Korea. In this qualitative research study, the researchers interviewed 220 older South Korean adults. According to the researchers, the low-income older population in South Korea defines successful as being satisfied in old age with one's quality of life and being able to adapt successfully to various changes and losses that accompany the aging process. The most important factor for maintaining successful aging among the population was that successful aging can be achieved when a person is satisfied with his/her later life because they consider success as independent of social or economic status.

The study also found that the population was built on strong relationships with others and a positive attitude toward life for a successful old age. Another significant finding was that one of the important conditions of successful aging is the success of adult children. Their adult

children's educational, financial, and social achievements are very important factors in determining their rate of successful aging (Chung & Park, 2008).

Another study from an Asian country examines "Successful Aging in Shanghai, China: Definition, Distribution and Related Factors" (Li et al., 2006), which was a part of the Shanghai Successful Aging Project, a cross-sectional study to explore perceptions toward successful aging among older adults in the same city. The researchers found that 1) socio-demographic variables are negatively correlated with rates of successful aging; 2) higher educational level and marriage status are related to a higher rate of successful aging; 3) health-related behaviors such as eating habits and quality of sleeping are positively correlated with successful aging; and 4) the more leisure activities, the higher probability of successful aging. Further, the researchers found that life satisfaction and negative life events were correlated with successful aging.

Also, "A Comparison of Self-rated and Objectively Measured Successful Aging in an Urban Sample of African American Older Adults" is a study that investigated successful aging for the African American population (Cernin, 2009). The researcher analyzed 67 African American individuals who were divided into successful and non-successful aging groups based on MacArthur objective criteria. The same group was also divided into successful and non-successful aging groups based on self-rated success.

The results showed that self-rated successful aging is best predicted by being active, whereas objectively measured successful aging is best predicted by demographic characteristics and cognition. However, reading ability, an index of education quality, and the relationship between education and cognition for objective successful aging are also important predictors for the population's successful aging. Additionally, objective successful aging is more related to quantity and quality of education than it is to health behaviors, whereas self-rated successful

aging is related to a wider variety of variables, including social engagement as well as health-related behaviors.

Regarding the perceptions of successful aging among older adults, especially for the minorities and immigrants in the United States, Hilton et al. (2012) conducted a study among older Latinos in a cross-cultural context. The study used an open-ended question and Phelan's Successful Aging Measure to capture 60 older Latinos' perceptions of successful aging. Then, the findings were compared with those of other studies that had used the measure with Anglo, Japanese, Japanese-American, and Latin American samples.

The result revealed that older Latinos focus on maintaining a positive outlook, living in the present, enjoying a sense of community, and relying on spirituality and family for comfort as they age, but they also worry about finances. Interestingly, the older Latinos who participated in the study never mentioned death. They were more likely to focus on finding joy in daily living and being part of a community of others. The study found that Latinos have a rich inner life based on spirituality and that their relationships with others are based on a sense of community rather than a source of emotional and physical support. Latinos are interested in living life, not preparing for death. Even though they strongly relied on spirituality, it might be difficult to have open conversations about end-of-life issues with older Latinos because of the culture. This interpretation might be able to explain why Latinos highlighted joy in daily life and importance of their community engagement.

Then, the article compared Phelan's study with their findings that older Latinos accept aging as a normal and natural part of life, and that they focus on finding joy in daily living and being part of a community of others. Phelan's study showed a little different context from the study of older Latinos' perceptions of successful aging. Phelan's study emphasized

individualistic perspectives of aging such as making choices, adjusting to changes, not feeling lonely or isolated, and being able to cope. However, the study also admitted that older adults' perceptions of successful aging are multidimensional, involving beliefs about physical, functional, social, and psychological health. Therefore, perceptions toward successful aging are more likely a subjective concept rather than an objective one that can be easily validated, generalized, or conceptualized.

Resilience

Resilience theory was used in the current study to examine the relationship between successful aging and resilience among the population. Resilience is the ability to bounce back and the willingness to overcome negative influences that block achievement. It is the ability to thrive in the face of adversity and to adapt body, mind, and spirit to current life circumstances (Richardson, 2002). Based on my literature review, the resilience theory has been used in most cases to support research studies to examine children's ability to overcome their negative circumstances such as domestic violence, diseases, post war, or natural disaster. However, some studies (Fuller-Iglesias, Sellars, & Antonucci, 2008; Jeste et al, 2013; Landau, 2007; Martin, Distelberg, & Elahad, 2015; Smith & Hayslip, 2012; Resnick, 2010; Resnick & Inguito, 2011) indicate that this concept could be used to study the older population's ability to overcome their negative environment such as deteriorated health conditions, lower socio-economic status, cultural differences, and language barriers if older adults were aware of the concept and were able to apply the concept to their lives.

The key concepts for understanding the process of resilience are competence, adversity, assets and risk, and protective processes and vulnerabilities (Conner & Davidson, 2003). Resilience theory (Richardson, 2002) states that if a person were faced with stressors, adversity,

and unexpected life events, he/she would interact with previous experiences of disruptions and be ready for reintegration. Then, he/she would be willing to reintegrate resiliently and return to homeostasis, which is the status of biopsychospiritual balance.

Thus, I am confident that this concept can be applied to older adults and the study of successful aging among older populations including immigrants and minorities. If they are willing to reintegrate resiliently in the face of adversity and bounce back into a homeostatic state, they can begin aging successfully again. For instance, if older immigrant adults have increased their level of resilience such as positive interpersonal relationships, positive self-esteem, strong self-determination, etc., they can have a greater chance to age successfully (Martin, Distelberg, & Elahad, 2015). As noted earlier, older minority/immigrant populations are more likely to be at risk of marginalization, which can contribute to their adversities and disruptions (Conner & Davidson, 2003; Richardson, 2002; Hooyman & Kiyak, 2011).

Measuring resilience is important as it helps show how older immigrants adapt to challenging environments (Lavretsky, 2012; Resnick & Inguito, 2011; Yee-Melichar, 2011). The concept of resilience will be applied to older minorities/immigrants at higher risk of marginalization, having disease and disability, impoverishment, isolation, discrimination, and any other limitations due to lower socioeconomic status. Older minorities/immigrants are double- or triple-jeopardized to be marginalized due to lower socioeconomic status, health care disparities, and acculturative stress (Hooyman & Kiyak, 2011). Thus, resilience can be an essential element for successful aging (Martin, Distelberg, & Elahad, 2015) for older ethnic minorities such as older Korean immigrants who have been suffering from a higher level of psychological distress, functional limitations, lower socioeconomic status, and acculturative stress.

In the case of older Korean immigrants, who are certain to confront adversities and experience extra biopsychosocial problems resulting from acculturative stress in addition to their normal aging process, they will be able to age successfully if they can access resilient assets such as protective processes, self-efficacy, supportive networks, and community engagement (Hardy, Concato, & Gill, 2004). They would likely overcome the adversities such as language barriers, lower socio-economic status if they were provided with more protective processes and resilient assets with those systematic supports (Conner & Davidson, 2003; Richardson, 2002; Hooyman & Kiyak, 2011).

Resilience and Successful Aging

According to Larkin (2013), building resilience in older adults is crucial because it is a requirement for active and successful aging. Colin Milner, the founder and CEO of the International Council on Active Aging states that resilience goes hand in hand with wellness and successful aging (2013). In the case of the baby boomer generation who are looking for more chances to join community activities and to experience unique social life rather than simply to be provided care or hospitality, resilience is an essential concept for them to increase the probability to become successful agers through engagement with social activities (Fuller-Iglesias, Sellars, & Antonucci, 2008; Landau, 2007; Martin, Distelberg, & Elahad, 2015; Smith & Hayslip, 2012; Resnick, 2010; Resnick & Inguito, 2011). Especially, for the older minorities/immigrants who have different cultural backgrounds with language barriers and lower socio-economic status, resilience can be more than a requisite for aging successfully as evidenced by acceptance of changes (physical, mental, and environmental) and enhanced ability to adapt to new circumstances, to identify/utilize resources, and to maintain a positive attitude in their lives (Fuller-Iglesias, Sellars, & Antonucci, 2008; Jeste et al, 2013; Landau, 2007; Martin, Distelberg,

& Elahad, 2015; Smith & Hayslip, 2012; Resnick, 2010; Resnick & Inguito, 2011; Resnick, Gwyther, & Roberto, 2011).

Yee-Melichar et al.'s study about resilience among various Geriatric patients with different cultural perspectives suggests that a strong connection to culture, accessibility to medical attention, and comprehensive assessment of the patients' background can effectively improve the health status of aging individuals (2014). The study states that resilience is a key aspect to aging successfully as it promotes a healthy lifestyle, strengthens older adults' social bonds, and helps them enhance their adaptation to environments. The study also shows that resilience has a connection needed to advance the quality of care and quality of life for aging populations. Therefore, the study concludes that resilience is a critical element for older adults who have geriatric issues to become successful agers in terms of increasing desire to get quality care in a positive aging experience (Yee-Melichar, 2014).

Jeste et al. (2013) conducted a study about resilience and successful aging among community-dwelling older adults in San Diego County in California who had health and cognitive decline but no depression. The researchers reported the following findings: 1) community-dwelling aging individuals who scored high on a scale assessing resilience and who did not suffer from clinical depression reported high rates of successful aging even in the face of worsening physical and/or cognitive functioning; 2) older age was associated with a higher rating of successful aging, despite worsening physical and cognitive functioning; 3) underscoring the importance of resilience, people with poor physical health but high resilience scores had a self-rating of successful aging similar to those of physically healthy people with low resilience; and 4) depression is critical in one's self-rating of successful aging as evidenced by the finding that

people with poor physical functioning but no or minimal depression had scores for successful aging comparable to those of physically healthy people with moderate to severe depression.

The study focused on the association of resilience with physical and cognitive function among the study participants, and there was no mention about socioeconomic status and acculturation. In addition, the study found no significant relationship between study respondents' subjective ratings of successful aging and their demographic characteristics (Jeste et al., 2013). However, the study did find that resilience plays a critical role for successful aging among the older populations with physical and cognitive deterioration as study participants' subjective ratings of successful aging were significantly correlated with higher scores on health-related quality of life as well as resilience, greater activity, and number of close friends (Jeste et al., 2013). Therefore, it is possible to speculate that increasing resilience might have effects on successful aging, as the findings of the study point out the important role of resilience in enhancing successful aging in older adults, even in those with physical disabilities.

Another Jeste et al. study on the critical role of resilience among older adults with depression found that resilience and depression had significant associations with self-related successful aging (2013). Based on the findings, despite there was no causal inference from the cross sectional data, increasing resilience and reducing depression in study participants (N=1006) had effects on successful aging as strong as that of reducing physical disability. The study also suggests that psychiatry plays an important role in promoting successful aging.

The study hypothesized that older age would be associated with worse physical and cognitive functioning and lower self-ratings of successful aging. The study also hypothesized that self-rated successful aging would be positively related to physical, cognitive, and mental functioning and to positive psychological traits. After the survey of 1006 older residents in San

Diego County in California and the analysis of the data, the researchers found that older age was significantly associated with worse physical functioning, objective cognitive functioning, and subjective cognitive functioning, and it was also related to better mental functioning.

Interestingly, age was not related to the level of depression, optimism, or resilience. Contrary to the study's hypothesis, older age was associated with a higher score for self-rated successful aging, not a lower score for self-rated successful aging despite worse physical and cognitive functioning (Jeste et al., 2013). Even though the self-rated successful aging was associated with physical health and cognitive functioning that typically decline with age, older age was associated with higher self-rated successful aging. The research study also found that higher self-rating of successful aging was associated with higher education, better objective and subjective cognitive functioning, better self-perceived physical and mental health, less depression, and greater optimism and resilience. The study showed that resilience and depression seemed to have effects on successful aging with magnitudes that seemed at least comparable to that of physical health (Jeste et al., 2013).

A study about successful aging among LGBT (Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2015) older adults using the Resilience Theory was found through the University of Georgia online library system. Utilizing the Resilience Theory as a guiding theoretical framework of the study, the study investigated the relationship between physical and mental health-related quality of life and covariates by age group. A cross-sectional survey was conducted with 2,560 LGBT participants aged 50 and older. The results showed that the physical and mental health quality of life was negatively associated with discrimination and chronic conditions. However, it was positively associated with social support, social network size, physical and leisure activities, substance nonuse, employment, income, and being male when

controlling for age. Mental health quality of life was also positively associated with positive sense of sexual identity and negatively with sexual identity disclosure (Fredriksen-Goldsen et al., 2015).

What is most noteworthy in the aforementioned study, in terms of application to my study, is their definition of resilience and perspective on the Resilience Theory. They defined resilience as behavioral, functional, social, and cultural resources and capacities utilized under adverse circumstances (Fredriksen-Goldsen, 2007). According to them, resilience is important for cultivating successful aging, and it is critical to understanding how older adults can maintain quality of life and successful aging in light of adversity (Netuveli & Blane, 2008; Fredriksen-Goldsen et al., 2015). In terms of their perspective on resilience, their assumption of the Resilience Theory needs to be explained. They assumed that if resilience showed the pattern of functioning associated with positive adaptation in the context of adversity, it would be important to examine risk and protective factors that lead to successful aging, especially considering the potential for losses typically seen as part of the aging process such as chronic illness, bereavement, and social risk. It was believed that the Resilience Theory allowed the researchers to examine both risk and protective factors contributing to physical and mental health quality of life (Netuveli & Blane, 2008; Lavretsky, 2012; Fredriksen-Goldsen et al., 2015).

The target population of the study was LGBT older adults, but their definition and perspective on the Resilience Theory can be applied and expanded to other older minority/immigrant populations because there is commonality between them such as being double-triple jeopardized to be marginalized due to discrimination, and social and cultural risks on top of their natural aging processes. Their study and my literature review support that LGBT older adults and older minorities/immigrants may experience unique factors due to the social and

historical context of their lives, such as experiences of victimization and discrimination, identity management and disclosure, and limited social networks and family supports. Therefore, if the Resilience Theory can be adapted to this study about successful aging among older minorities/immigrants, multidimensional factors such as unique experiences of the population and the relationship between successful aging and resilience will be adequately examined.

Acculturation

Acculturation has been defined as the process of change or adaptation in one's attitudes, values, behavior, and identity that results from experiencing a new cultural context (Kim, Kim, & Gulick, 2009; Park & Bernstein, 2008; Berry, 1997). Previous studies have examined various components of acculturation including language proficiency, religious activities, national or cultural identification, food and media preferences, and attachment to cultural values and traditions (Oh et al., 2002; Jang, Kim, & Chiriboga, 2005). Especially for older Korean immigrants who have a higher risk of being marginalized compared to other ethnic groups due to relatively lower socio-economic status, limited access to health and social services, and being vulnerable to social and linguistic isolation (Jang, Kim, & Chiriboga, 2005; Min, Moon, & Lubben, 2005; Lee, Moon, & Knight, 2004; Mui, 2001), acculturation refers to a greater affiliation to the dominant social, cultural, and behavioral norms of the United States (Chae & Foley, 2010; Finch & Vega, 2003; Nguyen, 2011).

The acculturation model was used as the framework to undergird the sense of acculturation among the older Korean immigrants. According to Berry (2003), acculturation can affect the quality of life among immigrant populations in terms of increasing familiarity to mainstream culture and language, and reducing acculturative stress. Therefore, it would be helpful to see how acculturated older immigrants remain resilient in negative environments. The

acculturation model describes several options that older ethnic minorities can choose: assimilation, separation, integration, and marginalization (Berry, 2003).

According to the model, an older ethnic minority can be assimilated into the majority culture or they can be separated by a defensive assertion of the minority culture. They can be integrated by a blending of the two cultures and a cultural alternation between cultures, or they can be marginalized by a diminishment of both cultures. Hence, older Korean immigrants might be able to choose an option that implies that they still can be identified as a member of the minority culture even if they become a competent participant of the majority culture (Jang, Kim, & Chiriboga, 2005; Jang, Kim, Chiriboga, King-Kallimanis, 2007; Rudmin, 2003).

Berry's model of acculturation (2003), one of the best known acculturation models, is based on two principles: 1) cultural maintenance, which is the extent to which individuals value and wish to maintain their culture; and 2) contact participation, which is the extent to which individuals value and seek out contact with those outside their own group and participate in the daily life of the larger society. These two principles lead to two defining questions: Is cultural maintenance considered to be of value to maintain one's identity and characteristics? Is contact participation considered to be of value to maintain relationships with the larger society? (Berry, 2003)

Berry's model also describes the four primary characteristics of acculturation that a minority can choose: assimilation, separation, integration, and marginalization. According to the model, assimilated individuals seek to become a part of the dominant society to the exclusion of their own cultural group; separated individuals identify exclusively with a specific culture; integrated individuals retain many personal, cultural values but adapt to the dominant culture by

learning necessary skills and values; and marginalized individuals perceive their own culture as negative, but are unable to adapt to the major culture (Berry, 2003; Rudmin, 2003).

Previous studies have shown that the level of acculturation can be representative of socioeconomic status and an indication of social adaptation for older minorities and immigrants (Chiriboga & Jang, 2010; Jang et al., 2006; Lee et al., 2000). According to the previous studies, those who are more acculturated tend to have better physical and mental health that can be positively linked to the level of successful aging compared to less acculturated ones. Older immigrants who are more acculturated to a new culture may have better adjustment to their situations and perceive their own aging processes in a more positive manner (Chiriboga et al., 2002; Jang et al., 2006; Lee, Sobal, & Fronglillo, 2000; Myers & Rodriguez, 2002). In the current study, this model is applied to the population of older Korean immigrants to examine the relationship between resilience and successful aging among the population with acculturative stress.

Acculturation and Successful Aging

Kim, Jang, and Chiriboga (2012) conducted a study to examine the personal views about aging among Korean American older adults in the Orland and Tampa areas in Florida. They also wanted to examine the role of physical health, social network, and acculturation as predictors for a positive view about aging. The researchers hypothesized that older adults with better physical health conditions, larger social networks, and higher levels of acculturation would have a more positive personal view about aging. Survey interviews were conducted with 230 Korean American older adults, and the results showed that more positive views about personal aging were observed among individuals with larger social networks and higher levels of acculturation (Kim, Jang, & Chiriboga, 2012).

In addition, better functional status was associated with larger social networks and higher levels of acculturation, and acculturation and social network were positively connected with each other. In conclusion, the study supported their hypothesis that older adults who are highly acculturated have more positive personal views about aging, which can be linked to positive aging such as successful aging (Jang et al., 2004; Jang, Kim, & Chiriboga, 2005; Jang, Kim, Chiriboga, King-Kallimanis, 2007). The study was unique in terms of explaining older Korean Americans' subjective views about positive aging, which were correlated with physical, mental health status, and acculturation—the focus of this dissertation study as well.

Although it might be less related to successful aging, a study by Lee, Lee, and Diwan (2009) is somewhat relevant in that it found that acculturation could have an impact on preventing Alzheimer's disease, which can be linked to positive aging among older Korean immigrants. The study examined knowledge of Alzheimer's disease and factors related to the disease knowledge among older Korean immigrants in California. The study had four hypotheses, one of which was that more acculturated individuals will be more knowledgeable about Alzheimer's disease. Two hundred and nine older Korean immigrants in Los Angeles, California, participated in the survey for this study.

Results showed that older Korean immigrants had a strong stigma about Alzheimer's disease and interpreted the disease as a form of insanity (Lee, Lee, & Diwan, 2010). The older Korean immigrants considered memory loss and Alzheimer's disease as a part of the aging process, and they seriously lacked knowledge about the treatment, diagnosis, and cause of the disease. Interestingly, the researchers found that those who were less acculturated were likely to have less knowledge about the disease (Lee, Lee, & Diwan, 2010; Jones, Chow, & Gatz, 2006). This could be interpreted as meaning that older Korean immigrants who are more acculturated

would be more knowledgeable about the disease, and this knowledge would encourage the population to pay more attention to the disease. This would have them seek out more information about the disease, and they might try to make an effort to prevent the disease after being more informed and educated about Alzheimer's disease. Ultimately, this effort would lead them to a path to aging successfully.

In addition to the low possibility to have Alzheimer's disease for older adults aging successfully, a lower level of depression among any older adults can also increase the probability of becoming a successful ager because geriatric depression has been identified as a factor of decreasing the quality of life among older populations (Jeste, Savla, Thompson, Vahia, Glorioso, Martin, Depp, 2013). According to a study by Kim, Sangalang, and Kihl (2012), acculturation and social network play the role of predictors of mental health for the older immigrant population.

Their study examined independent and interactive effects of acculturation and social network support on 220 older Korean immigrants with depressive symptoms residing in Los Angeles, California. The results showed that social network support was negatively associated with depression symptoms, and the interaction between acculturation and social network was significantly associated with lower levels of such symptoms. This can be interpreted as meaning that if older Korean immigrants are highly acculturated and have greater social network support, they can have a higher possibility of becoming successful agers with a better mental health status, for example, showing lower levels of depression compared to those who are less acculturated and have less social network support.

Another study (Bryant & Kim, 2013) examined the relation between acculturation and alcohol consumption patterns among older Asian and Hispanic immigrants in the state of

California. According to previous studies on acculturative stress, alcohol consumption patterns such as binge drinking, which refers to a hazardous alcohol consumption pattern of five or more alcohol drinks in one sitting (Bryant & Kim, 2013), have been viewed as a result of the stress that accompanies acculturation (Bryant & Kim, 2013). For instance, older individuals with strong cultural identity may show an increased alcohol consumption as a result of the stress caused by conflicting values between their native culture and the host culture (Kim, 2012).

Previous studies indicated that general alcohol use may have implications for the health of older immigrants (Chartier & Caetano, 2010; Jaffe & Zemore, 2009; Verney & Kipp, 2007), but excessive consumption of alcohol due to acculturative stress can also affect older immigrants' positive aging. According to previous studies related to drinking behaviors, the excessive consumption of alcohol pattern among older populations can increase the risk for unintentional injuries, domestic violence, unsafe sexual behaviors, and other alcohol-related diseases such as liver disease, stroke, and cardiovascular disease (Bryant & Kim, 2013; Chartier & Caetano, 2010; Jaffe & Zemore, 2009; Kim, 2012; Verney & Kipp, 2007). Therefore, it is important to study the relation between the pattern of alcohol consumption among older immigrants and acculturation in that the inappropriate pattern of alcohol consumption can affect successful aging among older immigrants.

This study (Bryant & Kim, 2013) recruited 1,264 older Asian immigrants and 571 older Hispanic immigrants aged 60 or older to participate in a cross-sectional study. The researchers found that acculturation was significantly related to inappropriate alcohol consumption patterns such as binge drinking for both older Hispanic and Asian immigrants. This can be interpreted as meaning that a higher level of acculturation predicts a greater likelihood of alcohol consumption but decreases the likelihood of binge drinking and fewer binge-drinking days. The results

indicated that acculturation is related to alcohol patterns for older immigrants (Bryant & Kim, 2013). In other words, older immigrants' level of acculturation is significantly associated with alcohol consumption among older Hispanic immigrants and older Asian immigrants. This information is useful in understanding lifestyle changes that accompany immigrants' acculturation into American culture.

Regarding the relation between acculturation and positive aging, including successful aging, among the older Latino population, a study by Ghaddar et al. (2010) examined acculturation and healthy lifestyle habits that can affect positive aging among older Hispanics in the United States-Mexico border communities. This was a longitudinal study conducted from April 2006 to June 2008 at 12 community health centers in Arizona, California, New Mexico, and Texas. A survey on acculturation, diet, exercise, and demographic factors was completed by 2,381 participants of a health promotion program funded by a private-profit company.

The researchers found that 1) less acculturated survey respondents reported a significantly higher frequency of fruit and vegetable consumption and healthier dietary habits than those who were more acculturated, 2) older individuals with low language acculturation were less likely to engage in physical activity than those with moderate to high acculturation, and 3) there is an association between acculturation and healthy lifestyle habits. This supports that acculturation in border community populations tends to decrease the practice of some healthy dietary habits while increasing exposure to American culture and awareness of the importance of other healthy behaviors that can be linked with successful aging.

Another study by Gonzalez et al. (2001) investigated acculturation and the prevalence of depression in older Mexican Americans. This study was a cross-sectional analysis from a cohort study, in which 1,789 Latinos were recruited from a few US and Mexico borderline communities.

Depression symptoms were assessed with the Center for Epidemiologic Studies—Depression scale (CES-D). Acculturation was measured with the Acculturation Rating Scale for Mexican Americans (ARS-MA).

The results showed a relatively high prevalence of depression (CES-D) at 25.4%. Women were at a greater risk (32.0%) than men (16.3%; male/female odds ratio). The prevalence of depression was higher among immigrants (30.4%), bicultural participants (24.2%), and less-acculturated participants (36.1%) compared with U.S.-born (20.5%) and more-acculturated groups (16.1%).

Based on these statistical results, the researchers asserted that the least-acculturated Mexican American participants were at a significantly higher risk of depression than those who were highly acculturated. Also, the high prevalence of depression in the least acculturated group was found to be related to cultural barriers encountered by immigrants and less-acculturated older Mexican Americans and to poorer health status.

CHAPTER 3

METHODOLOGY

This chapter presents a discussion of the following research methodology: 1) the research questions and hypotheses; 2) the research design, sampling process, and data collection; 3) the instruments and measurements; and 4) the statistical approaches to analyze the collected data.

Research Questions

Based on the problem statement, rationale of the study, significance of the study, conceptual framework, and literature review, as discussed above, the following research questions guided this study:

Question 1. What are the important factors and predictors determining successful aging among older Korean immigrants in the United States?

Question 2. How does resilience influence successful aging among older Korean immigrants in the United States?

Question 3. How does acculturation affect successful aging among older Korean immigrants in the United States?

Research Hypotheses

Hypothesis1. Aside from the three components to determine an older individual's successful aging by the definition of Successful Aging Theory (physical health, mental health, and social engagement), there are other important factors and predictors that influence successful aging among the older Korean immigrants in the United States.

Hypothesis 2. A significant positive relationship exists between resilience and successful aging among the older Korean immigrants in the United States.

Hypothesis 3. A significant relationship exists between acculturation and successful aging among the older Korean immigrants in the United States.

Research Design and Sampling Methods

This study was designed as a self-administered survey research project using 1) the Successful Aging Scale, 2) the Resilience Scale, 3) the Acculturation Scale, and 4) open-ended questions concerning the important factors that determine successful aging. The primary purposes of this dissertation study were 1) to examine the association between resilience and successful aging, and acculturation and successful aging among older Korean immigrants in the United States; 2) to identify factors that influence achieving successful aging among the older Korean immigrants in the United States; 3) to explore the factors and predictors that determine successful aging among the population; and 4) to compare attitudes and tendencies regarding successful aging and resilience, and successful aging and acculturation among the population in the United States.

This dissertation study was a cross-sectional survey designed for descriptive and explanatory purposes. One hundred and two participants (N=102) who were attending two different Adult Day Health Care Centers in Los Angeles, California, participated in the cross-sectional survey. The survey was voluntary, and the informed consent form that was approved by the IRB of the University of Georgia was given to all the participants. The purpose of the study and detailed information about the scales were explained to the participants prior to the survey.

This study used the convenience sampling method, which is a non-probability voluntary response sampling method (Creswell, 2009). The participants were older Korean immigrants in

the United States who were 60 years old or more, regardless of having specific physical diseases or disabilities, gender, marital status, income, occupation, and living with someone or living alone. Eligibility criteria required for this study were the following: 1) able and willing to provide informed consent, 2) cognitively stable to understand questions in the survey, 3) cognitively stable to answer the questions in the survey, and 4) aged 60 years or older.

Initially, the executive directors of the two Adult Day Health Care Centers were asked to participate in this dissertation study. Follow-up contacts with the administrators of the centers were made and both authorized program directors agreed to join this study and recruit voluntary participants to take the survey. Contacts for visiting the agencies were made with the program directors of the agencies, and the arrangements were made for in-person visits with verbal consent. One hundred percent of onsite surveys were administered in the agencies.

Data Collection and Procedures

The participants who responded to this dissertation study were surveyed by the researcher. Before initiating the survey, a Korean version of the consent form including an introductory letter to provide a better understanding of the purpose of the study was distributed to the participants. The letter explained the need for and importance of a successful aging study in social work as well as the purpose of the study. In addition, it described the participants' right to stop their participation or to refuse to answer the questions in the survey and included a confidentiality clause.

Two consent forms were provided to the participants—one form to turn in to the researcher and the other one to take home. Approximately 30 minutes was estimated for the completion of the onsite self-administered questionnaires including two scales and a demographic questionnaire including open-ended questions. However, it took more than 30

minutes, up to one hour, for a respondent to complete the set of questionnaires due to the older participants' slowness to understand the questions. This was not a result of their cognitive ability nor language problem, and spending more time with the respondents was beneficial to the researcher for gathering better information about their attitudes and perceptions toward successful immigrant life.

Human Subjects

This dissertation study was conducted in accordance with the protocol approved by the University of Georgia Internal Review Board (IRB). The research included voluntary subjects only, and the researcher informed all the participants about the potential benefits and risks along with basic information about the research and the purpose of the study. Each participant was informed of the right to refuse to participate in or withdraw from the survey, and the participating institutions were assured of confidentiality. In addition, the researcher's contact information and that of the University of Georgia IRB were provided to the participants.

Instruments and measurement

This section provides details about the scales used for this dissertation study on successful aging among older Koreans in the United States. For this dissertation study, three pre-existing self-administered questionnaires (the Successful Aging Scale, the Resilience Scale, and the Acculturation Scale), and a demographic questionnaire including two open-ended questions were utilized for the participants in the United States. Since both the English version and the Korean version were available for the three pre-existing scales, the researcher needed to translate the questions in the demographic section only. The original version of the Successful Aging Scale has 14 items, but 10 items were selected for this study. In the case of the Resilience Scale, the original version has 25 items, but 20 items were chosen. All 20 items of the original

Acculturation Scale were used. The questions in the demographic section were developed in English after scholarly review and then translated into a Korean version. The questions and the responses from the open-ended questions were back-translated into English to increase the accuracy of the language equivalence, and both versions were checked by bilingual doctoral students in the School of Social Work and Education at the University of Georgia.

To examine the relationships between successful aging and resilience, and successful aging and acculturation among the population, the following three scales: the Successful Aging Scale, the Resilience Scale, and the Acculturation Scale, and open-ended questions regarding the important factors to determine successful aging were employed. The three scales have relatively good psychometric properties and both the English version and Korean version are available.

Successful Aging Scale (SAS). The target population's level of successful aging was measured by the Successful Aging Scale, which was designed to measure an older individual's rate of successful aging (Reker, 2009). The Successful Aging Scale provides more specific information on the aspects of successful aging (the status of physical health and cognitive function, and social engagement) than do other general measures of life satisfaction of older adults. The Successful Aging Scale is useful in exploring older adults' societal needs and in generating information about the rate of successful aging. The Successful Aging Scale used in this study consisted of 10 items and used five-point Likert scales to score responses.

The scale demonstrated relatively good psychometric properties such as a good internal consistency for the overall scores (Cronbach's $\alpha = .84$) and scores ranged from 0-70 (5 points were given per each question). A high score on the SAS indicated the older individual's better performance on his/her aging, and he/she had more successful aging in their later life. The high scorers on the Successful Aging Scale were more satisfied with their aging, and they

reported a lower level of acculturative stress and a higher level of social engagement and physical and cognitive function (See Appendix A).

Resilience Scale (RS). The target population's level of resilience was measured by the Resilience Scale, which was originally designed to measure the rate of resilience of individuals who were living in a negative environment such as physical/mental disease or disability, natural disaster or war, poverty, or abusiveness (Conner & Davidson, 2003). The Resilience Scale provided more specific information on resilience, which represents the ability of older individuals to bounce back and their willingness to overcome negative influences that block their achievements, than do other more general measures of adaptation to their lives. The Resilience Scale is useful in exploring older adults' process of resilience, which includes competence, adversity, assets and risks, and protective processes and vulnerabilities (Conner & Davidson, 2003). Especially, to the Korean older immigrants who were struggling with additional obstacles to become successful agers such as the language barrier, poverty, lack of social interactions or social support, and negative perceptions toward the population, the Resilience Scale was useful in exploring their coping mechanisms and in generating information about the relationship between resilience and successful aging. The Resilience Scale consisted of 10 items and used a five-point Likert scale to score responses.

The Resilience Scale demonstrated relatively good psychometric properties such as a good internal consistency for the overall scores (Cronbach's $\alpha = .89$), ranging range from 0-50 (5 points per question). High scores on the Resilience Scale indicated that the older individuals performed better on their resilience in negative environments such as acculturative stress and lower socioeconomic status, and they were more successful in their later life. The high scorers on the Resilience Scale showed greater satisfaction with their aging and reported a lower

level of stress in their lives and a higher level of ability to bounce back and willingness to overcome their negative environments (See Appendix B).

Data Analysis

The data analysis included consideration of demographic variables such as age, gender, and marital status. Due to the homogeneity of the Korean population, ethnicity was excluded from the demographic variables to be considered. Data was analyzed by descriptive analysis, coefficient (Cronbach's alpha), correlation (Pearson's r), simple regression, and multivariate regression analysis, using SPSS 17th version. Descriptive analysis describes the characteristics of the subjects as well as demographic information. Coefficient (Cronbach's alpha) tests the reliability of the measurement scales. To examine the relationship between successful aging and resilience among the sample population, a correlation analysis was used to determine whether there were significant relationships among the variables such as the scores of Successful Aging Scale and Resilience Scale. In addition, Pearson's r was used for analysis of the correlation among other demographic variables.

As an attempt to collect more detailed information, two open-ended questions regarding the participants' subjective perceptions toward successful aging and the influential components of aging successfully were provided and analyzed by rank order. The researcher used field notes while surveying older Korean immigrants. The field notes described the general observation of the participants' mood, behaviors, and interaction with the researcher during the survey, which consisted of open-ended questions concerning the important factors that determine successful aging. The field notes were helpful for analyzing the respondents' answers to the open-ended questions.

Coding was done according to the themes evident in the words and sentences in the conversation revealing their subjective perception of successful aging as well as the overall survey process. The researcher's subjective thoughts or feelings about the content of the survey might have been included in the notes, but they were excluded in the analysis in order to prevent biased results. The respondents were screened for cognitive ability by the researcher's professional decision prior to their participation in this dissertation study.

This chapter presented a discussion of the research questions and hypotheses, study design, sampling process, and research methods. The next chapter presents the research findings derived by statistical analyses.

CHAPTER 4

RESULTS

This chapter presents the results of the study on successful aging among older Korean immigrants in the United States. The chapter has two sections: quantitative results and qualitative results. The qualitative results are the participants' responses to the open-ended questions regarding the important factors and predictors determining successful aging and their perceptions toward successful aging. The quantitative results have two sections: 1) the frequencies, reliability of the scales, and descriptive analysis for all variables including the demographic variables; and 2) the correlations among the scales of successful aging, resilience, and acculturation.

Important Factors and Predictors Determining Older Korean Immigrants'

Successful Aging

This section lists the older Koreans' answers to the question "In your opinion, what are important factors (or predictors) that determine successful aging?" Each participant was able to address at most three responses to this question. Therefore, a total of 306 answers were received for this open-ended question. Most of the answers were words or a short sentence or two, and some of them were a paragraph-sized passage. Table 1 illustrates the seven themes that were selected after the process of coding and indexing data.

According to Creswell (2009), coding is defined as marking the segments of data with symbols, descriptive words, or category names. It is the process of attaching labels on the lines of text in order to group and compare similar or related pieces of information (Creswell, 2009). Indexing is a process to generate a word list comprising all the substantive words and their

Table 1

Perceptions of Successful Aging among Older Korean Immigrants (N=306)

Successful Aging Themes	Frequency (%)	Responses
Maintaining a good physical and cognitive health status	120 (39.2)	No diseases, disabilities, pains, or aches; no major illness; no dementia; sleeping well; eating well; working out regularly; having a primary physician for regular health checkup; staying healthy physically and mentally;
Positive attitude toward the current life	69 (22.5)	Appreciate what I have; always look at the positive side; live happy; acceptance of current life status without complaining; acceptance of aging process and dying; enjoy every moment and each day; satisfied with life; feel and say that everything is going to be alright; be nice and flexible
Spiritual activity and religious life	57 (18.6)	Have a religion; live a religious life; attend worship services regularly; pray and meditate; sing hymns and gospels; read Bible or Buddhist texts; love your neighbors (like Jesus or Buddha); enjoy meeting with other members in church or temple
Good relationship with family and children	43 (14)	Enjoy being with family; give and receive love and attention; live close to family; visit, invite, or talk (over the phone) often with family; spend more time with family; not being a burden to family; no arguments, confrontations, conflicts, or disputes
Positive social interactions and socialization	40 (13)	Forgiving and being nice to everyone. Don't be greedy and act like adults; be generous and tolerate; be considerate to others; have regular interaction with others (to prevent a solitary life, and social isolation, or solitary death); joining a community activity.
Children's successful life	35 (11.4)	Children's academic achievements; sending children to famous college/university; children's economic attainments; raise and support children to be professionals such as medical doctor, lawyer, professor, etc.; support them to be employed in big company
Financial stability and independent life (mastery of life)	30 (9.8)	Being able to pay my bills; being able to pay for the miscellaneous for daily life; being able to pay for myself; feeling secure about financial matters; being able to invite family or friends for dinner or amusement; not being a financial burden to family and children

location within the texts entered in the data (Creswell, 2009). Although this study was not designed as a qualitative research study, these two qualitative research analysis skills were employed for the efficient analysis of a fair amount of qualitative data.

The seven themes emerged from the older Koreans' comments (N=306) : 1) maintaining a good physical health status, having no diseases or disabilities, maintaining a good mental health status, and no cognitive impairment such as dementia or Alzheimer's disease; 2) having a positive attitude toward the current life; 3) being active in spiritual and religious activity; 4) maintaining a good relationship with family and children; 5) being active in social interaction and positive socialization with others such as neighbors or other members in the adult health care center; 6) children's success; and 7) financial stability and independent life (mastery of life).

Maintaining a Good Physical and Cognitive Health Status.

One hundred twenty responses out of total 306 (39.2%) indicated that maintaining a good physical and cognitive health condition, such as having no serious disease such as cancer, dementia, heart disease, Alzheimer's disease, diabetes, stroke, or other disabilities such as stroke paralysis, deafness, and blindness, etc., would be the most important factor to determine successful aging. The following excerpts are translated actual responses of the study participants.

Older female participant (OFP) 1: Living without severe disease like cancer or dementia and dying without any pain will be the best thing in our later life, and that would be a blessed and successful aging.

OFP 2: Don't get the dementia, it's not only losing you but also losing your family. This type of illness wears out final devotion.

Older male participant (OMP) 1: You don't have to be ill. If you were sick in your old age, that is a burden of your children; furthermore, you will be bothersome to your community and society, so don't be sick!

OMP 2: Maintain your health when you are healthy. If you lose your health when you are old, getting back to the previous status will be way more difficult than when you are younger, so you should be physically prepared before you are getting older.

OFP 3: Living well is a way to dying well. This is also a contribution for all.

OFP 4: I am scared of getting dementia. I don't want to be placed in a nursing home and dying alone. It will be extremely sad dying not knowing who I am and not remembering who I loved and who loved me.

The largest number of participants of this study on successful aging among older Korean immigrants responded that a physically and cognitively healthy ager would deserve to be a successful ager. Not being sick physically and cognitively seemed to be the essence of becoming a successful ager in terms of not being a burden to their spouse, family, or children. At this point, the older Korean immigrants' life style dependent on their family and children was indicated. Due to their language and cultural barrier, their children and family have been the most supportive system for their immigrant life (Choi & Thomas, 2009). According to the Korean traditional culture of parents' infinite and unconditional sacrifice to their children, to some older Korean parents who participated in the study, their children's happiness, well-being, and successful life in this country is more valuable than their life (Min & Moon, 2006). Therefore, to them, not being a burden to their family and minimizing their family's concern was a way of contribution and successful aging.

To maintain the healthy physical and cognitive conditions, the study participants mentioned regular exercise, adequate diet, quality sleep, reading, positive thinking, peaceful mind, meeting with friends, attending church, working or volunteering, participating in any social activities, etc. These were coded and indexed as maintaining a good physical and cognitive health status.

Positive Attitude toward the Current Life

Sixty nine responses out of 306 total (22.5%) indicated that having positive attitudes toward their current life, having appreciation of their life, and being satisfied with their life would be the most important factor to determine successful aging. For example, it might be one kind of successful aging if older Korean immigrants were accepting their current situations even if they were neither healthy nor rich. It might be better if they could just accept their situation as it was. If they were able to understand and accept their children's life status, they would be happier even if they were not economically or educationally successful in this country. The following excerpts are translated actual responses of the study participants. Translated words mentioned alone or in sentences such as *positive*, *appreciation*, *accept*, *satisfaction*, *adapt*, *accommodation*, *gratitude*, *grace*, *value*, etc.' were coded and indexed as positive attitude toward the current life.

OFP 5: Being satisfied with my life and being thankful for what I have would be the way to reach successful aging.

OMP 3: As I am getting older, I have found that there are more valuable things than materials or secular success such as money, house, and car. Meaningful life, quality of life, and blessing others' lives would be more valuable and it would be leading us to successful aging.

OMP 4: Live a simple life and become an average man. There's nothing like being just a regular guy in the world. Don't even try to compare your life with others -- that is the beginning of disaster. Live your life and be thankful.

Traditionally, Koreans have been educated to respect others, accommodate changes in their environment, and obey the authority (Min & Moon, 2006). To them, living alone with such discomforts as language, natural aging process, unexpected physical deteriorations after relocation, and poverty might be the options for them to accept as their destiny (Choi & Thomas, 2009; Min & Moon, 2006). They may think that it would be wiser to live with any type of inconveniences than to fight against them. Although their life status were miserable, if they were willing to accept and be satisfied with their current life, and be thankful for what they have now rather than complaining about what they do not have, they would believe that they could live a successful life in their later life.

In fact, a majority of the study participants expressed how appreciable they were for what they had because most of them were receiving governmental benefits such as Supplemental Security Income (SSI), Medicare, and Medicaid. Some of them received extra benefits such as Food Stamps and In-Home Supportive Service (IHSS). That meant they were placed under the extreme poverty line, and some of them expressed that this was shameful. However, most of the benefit recipients were thankful to the United States government for such reasons as they felt they were overpaid compared with what they had contributed to this country. Some participants did not have any history of working and paying taxes to this country. Other external environmental factors such as mild pacific weather in southern California and the culture of the Korea Town might provide them with more comfortable circumstances such as Korean restaurants, market, and translators than other places in this country.

One of the respondents (OFP 6) expressed her appreciation as follows: I lived such a miserable life. I experienced the Korean War when I was a child. I lost my husband in the Vietnam War, and then I immigrated to the States with my two sons. I made every effort to raise them, and worked diligently to make our American Dream come true. It seemed like we achieved it. I had a successful life in this country of opportunity. But soon, we experienced the L.A Riot and the Earthquake. We lost our business and house. However, we did not give up, and we stood up to all kinds of difficulties. We Koreans are people with a huge latent strength. Now our family is all good. The children are doing great in their positions. I believe I am blessed with all the benefits in this country. I am just satisfied with my current life, and I am undoubtedly living a successful life in my retirement years.

Spiritual Activity and Religious Life

Fifty seven respondents (18.6%) indicated that having a religious life and attending regular spiritual activity would be important factors to lead to successful aging in later life. It has been well known that religious life and attending regular spiritual activities can provide a positive influence for older adults to acquire a better quality of later life throughout more social interactions and opportunities for socialization (Ellison, 1983; Lee, 2007; Adams, Leibbrandt, & Moon, 2011; Lee & Hwang, 2014; Wong, Yoo, & Stewart, 2005). There was no exception for the older Korean immigrants who participated in this study.

OFP 7: Practicing of Zen meditation and listening to Buddha's instruction is the best enjoyment of my current daily life. This practice takes my anxiousness away, and makes my body and spirit healthy. I will continue this practice until the day I can no longer do it.

OFP 8: If you had lived a life that was led by Him, you lived a successful life, and you are aging successfully. We never know whether we lived a successful life or not, only God will judge our life.

OFP 9: We all have to live a pious life because longevity will be obtained through sincere and faithful life.

Koreans' religious practices have been based on a long historical background of Buddhism, Taoism, and Confucianism (Lee & Hwang, 2014; Martin, 2005). The history of Catholicism and Christianity is relatively short in South Korea—120 years, more or less (Lee & Hwang, 2014). The religion of these study participants was not included in the survey demographic questionnaire. This was one of the limitations and a crucial mistake of this study because, based on my dialogues with the study respondents, religious activity seemed to be a critical element of older Korean immigrants, and spirituality was one of the top ranked important factors of determining their successful aging. Maybe in the future research, a couple of yes or no questions about participating in religious and spiritual activities should be included, along with what types of religions they are practicing, such as Buddhism, Catholicism, or Christianity.

The majority of participants were involved with some type of religious practice at the time the research survey was conducted. The purposes of their devotion to religious activity varied. They solicited a blessed in this present life, or they sought for the eternal life. They prayed for their children's happiness, wellbeing, economic and educational success. They also used the religious activity as their coping mechanism and the pathway of social interactions. The churches and temples might be great resources for the older Korean immigrants to socialize. In reality, a large number of the Korean religious organizations provided great opportunities to share all kinds of information such as a community resource seminar for Medicare, Medicaid,

Social Security, Supplemental Security Income, and US Citizenship. Some of the organizations invited medical doctors and nurses to provide educational presentations about how to prevent common geriatric health problems such as dementia, stroke, and heart disease. Also, local social workers were invited to speak about social work-related issues such as grand parenting and caregiver support. Some large-sized churches and temples established an educational, cultural, and social program in their organizations such as 'Silver School' and provided more constant and organized curriculums such as basic computer skills, English, arts & crafts, and exercises for prevention of geriatric health problems. The effectiveness of religious and spiritual activity could be explained in the following quote:

OFP 10: Attending church brings me a lot of benefit. I can meet my friends there, and I can share anything with them. I can find peace of mind there. I love singing gospel songs and hymns, and I love listening to my pastor's preaching. It touches me, it heals me, and it strengthens me. I believe my religion will take me to a good place after my death, and I believe I will meet all of my loved ones up there....

Good Relationship with Family and Children

Forty three respondents (14%) indicated that maintaining a good relationship with family, especially children, would be an important factor for successful aging in later life. According to the discussion with the participants who provided this response, the main reason was their needs. For the older Korean immigrants who had a lack of English fluency, vulnerability, and cultural differences, family support, especially their children's assistance, was an absolute necessity (Lee, 2007; Lee & Hwang, 2014; Wong, Yoo, & Stewart, 2005).

OMP 5: In this immigrant life, the only people we can trust are our family. Who would be our backup when we need some help? In good times or bad times, we family should always be together, concerned about each other, and assist each other. Family should be the best value all the time.

OMP 6: Having someone nearby for support would be necessary when aging, and if the someone were a spouse or one of the family or children, that would be much better. My children are too busy to make their living. They have their own family. They don't have time for me. Sometimes I feel lonely and isolated even though I am living with my children.

OMP 7: Everybody needs somebody. Especially when you are sick and weak, you will need someone to take care of you. When you are physically and cognitively functioning well, you should make a good relationship with everyone nearby you. You should be nice to everyone, and you should be helpful to everyone; that will come back to you later on. I am pretty sure.

Moreover, the people receiving any types of governmental benefits such as Supplemental Security Income, Medicare, Medicaid, and Food Stamp, but having difficulty to read and understand English, tend to be embarrassed or anxious upon receiving a letter or document related to their benefits from the government. In this case, having someone to help them translate and explain the letter or document would be appreciated, and many of the participants wanted their children to play such a role for them.

OFP 11: My life is totally dependent on my children because I don't read and write anything in English. I don't have any financial resource but SSI. There are many documentations to complete to continue my SSI and Medicare and Medicaid. Whenever I

receive a letter from them, I am highly anxious, and I can't even fall asleep due to too much worry. Even if my children said it's nothing and there's nothing to worry about, and that the benefits will be continued and nothing will affect my eligibility, I am always anxious. Without my children's help, who's going to be my support? I know social workers and nurses in this agency can help me, but I am still trust my family and children more. I am always thankful to have those benefits but, on the other hand, I am always nervous about losing them.

Also, some participants mentioned about dying in solitude or committing suicide in their later life. Especially the older adults who lived alone and were not often visited or contacted by their family or neighborhood were concerned about dying alone or being forgotten.

OFP 12: It will be the most miserable thing if I died in solitude and were found dead in a month or longer later on. That kind of news on TV or Newspaper makes me extremely depressed, and I feel like this can be happening to anyone including me. I am just hoping my daughter comes to see me as often as she can, and nothing bad occurs to me and her family.

Positive Social Interactions and Socialization

Another 40 respondents (13%) indicated that positive social interactions and regular base socialization would be important factors for successful aging in later life. There were somewhat overlapping segments between the theme of good relationships with family and children, and social interactions with others (excluding family members), but the latter was highlighted in this section.

OMP 8: If you have someone who is willing to help you anytime, you are successful in this immigrant life. So, get along well with someone around you, and be sure that you are

connected with someone, and keep interacting with others, friends, companions. That's an important factor for aging successfully in this country.

OMP 9: If you have at least one or two friends who will help you and to stand by your side when you are in trouble, especially when you are in difficult situations such as financial trouble or medical trouble, you lived a good life although you are not a successful, rich person or healthy person at the time. Because in this Korea Town, everyone lives for themselves; all are selfish. Sometimes they have to deprive themselves of what others have in order to make their living. In this community like a jungle, if you have anyone who can sacrifice for you, that means you lived a successful life, and if you are aging with such people who interact with you, you are aging successfully.

OMP 10: Relationship is the most important thing in one's life. Most of the problems are caused by unhealthy or broken relationships. Relationships include personal relations and social relations. We need to keep both relations well. See the 1992 Los Angeles Riot – if we had maintained a good relationship with the Latino community and the African American community, it would not have occurred in our community. We always need to be altruistic to others, especially to those who are in worse situations than us. That's the thing we need to consider to have a better life.

Immigrant life can be a desperate life for some (Lee, 2007). Immigrants to the United States expect the American Dream such as better economic opportunities, better quality of education for themselves or their children, and a more family-oriented life style; however, living in a foreign country as immigrants is not always pleasurable (Lee & Hwang, 2014). In the case of ethnic minorities, it can be less secure and more stressful (Lee, 2007; Lee & Hwang, 2014; Min & Moon, 2006; Wong, Yoo, & Stewart, 2005). Older Korean immigrants in the United

States have struggled to achieve their American Dream. They dreamed of an economically prosperous life, their children's successful adaptation, and their own relaxed retirement, but they also had to face homesickness, loneliness, poverty, intermittent discrimination, relationship problems with their family and children, and health deterioration. In these situations, relationships with people around them might be as important as any other assets because broken or unhealthy relationships may cause them problems such as isolation, loneliness, or depression.

Good relationships with other ethnic communities or other immigrant population groups was also emphasized. The people who experienced the 1992 L.A Riot reminisced that the conflict was caused by a bad relationship with another ethnic group. They claimed that beautiful harmony with other immigrant/minority groups would be one of the most important factors to construct a healthy immigrant community in this country.

Children's Successful Life

Thirty five respondents (11.4%) indicated that children's successful life such as educational achievement, economic attainment, or stable and steady immigrant life in the United States would be important factors for successful aging in their later life. It has been well known that Asian parents, for example, Korean, Chinese, Japanese, and Indian, are quite passionate about their children's education (Lee, 2007). They even sacrifice their life for their children's education, and they are willing to move to any place to provide a better educational environment for their children (Lee, 2007; Wong, Yoo, & Stewart, 2005). They are eager to send their children to a better school, better college and university because they believe a highly ranked college/university will bring their children a higher chance to get a better job or become a professional with a high salary, such as medical doctor or lawyer (Lee, 2007; Wong, Yoo, & Stewart, 2005).

OFP 13: Raising children is the best virtue of our cultural tradition. It does not only raise physically healthy people but also they should be raised as an essential member of their community. The best thing would be nurturing them to become high class ones or leaders.

Older Korean immigrants were not exceptions. They believed that parents' successful life can be measured by the level of their children's college/university and their professions. In sum, if their children are going to a top-notch school, or if they are employed by a big company/enterprise like Microsoft or Apple, or if they are working in legal or medical professions, this means their life was successful, and they are aging successfully.

OFP 14: The reason we immigrated to this country was just simple, to make a living and to send my kids to a good school. That's it. Now I have been widowed for years, but I am happy to see my children live a decent life here, and to see my grandchildren go to one of the greatest colleges in this country. I am a blessed one.

This is a unique component that was not included in any other successful aging studies except for the one study conducted in South Korea, Park and Chung's study on successful aging among low-income older people in South Korea (2008). This can be considered as an unusual characteristic of older Korean adults' important factors to determine successful aging.

Financial Stability and Independent Life (Mastery of Life)

Of the total respondents, 30 indicated (9.8%) that financial stability in later life and a financially independent life in retirement years would be important factors for successful aging. All of the participants for this study were receiving SSI at the time the survey was administered. Some of them verbally stated that they had some cash assistance from their children but for most of the participants, SSI was their only financial resource. Most of the participants expressed that

they were always on a budget. Sometimes they felt shameful when they wished to spend some money for their grandchildren, but could not. They felt pity and felt that they were parsimonious.

OMP 11: If you're economically independent, you can raise your voice to your family or to others in your surroundings. If you have enough money, you can invite your children and grandchildren for dinner, and you can buy your grandchildren some toys. Most of all, you need some cash for yourself. You would be the one who needs cash to take care of yourself in your later life.

OMP 12: If you're not economically successful, how could you have a successful life in your retirement years? Even though you have any different type of success in your life, if you could not make a living at this time, how could you live your life successfully?

To become successful agers, older Korean immigrants indicated that they needed enough money to live an independent life. They put more emphasis on non-material components to determine successful aging such as health or children's successful life, but they also explained that they also could not live an independent life without assistance of capital.

Conclusion: Older Korean Immigrants' Perceptions toward Successful Aging

According to the responses of older Korean immigrants participating in this study, of all the important factors to determine successful aging, physical and cognitive health was the most crucial for successful aging, followed by a positive attitude toward their current life. The third most important factor to become a successful ager, as indicated by the survey results, was religious life. Although physical and cognitive health was indicated as important, as supported by Rowe and Kahn's Successful Aging Theory, the older Korean immigrants emphasized that a positive attitude to their current life and religious life was more important than Rowe and Kahn's third component, active socialization.

The reason that older Korean immigrants wanted to maintain their healthy status, that is, the reason that they did not want to have a disease, physical disability, or dementia or Alzheimer's disease was that they did not want to be any burden to their family, especially to their children. In this immigrant life, older Koreans' perception of a successful life was living their own life and not bothering anyone, even their family and children.

Quantitative Results

Descriptive Analysis of the Sample Characteristics

A total of 102 Korean older adults who resided at the Korea Town in Los Angeles, California in the United States participated in this dissertation study. Table 2 presents the socio-demographic characteristics of the participants. The sample (N=102) was recruited in Los Angeles, CA, and consisted of 38.2 % (n=39) males and 61.8% (n=63) females. The average age of the participants was 83.49 years old, and the oldest respondent was 95 years old. A total of 38.2 % (n=39) of the participants were married and 51.0% (n=52) were widowed. Regarding the sample's education, 36.3% (n=37) of the sample had received high school education or more, and 49.0% (n=50) had received elementary school education or less.

None of the participants answered that they currently had an occupation, and none of the participants answered that they were involved in volunteer work. Only one participant responded that currently he/she had a financial hardship, and one participant answered that he/she lacked money for groceries; in addition, 96.1% (n=98) of the participants answered that currently they had a certain type of income (SSI).

It was interesting that even though such a high number of respondents were receiving Supplemental Security Income, which supports people with very low or no income who are over 65 or blind or otherwise disabled (Social Security, 2014), and 3.9% of the respondents did not

have any type of financial resource, only one respondent answered 'Yes' to the question “Do you have financial hardship?” Based on verbal reports of the participants, the majority complained about their sparse financial resources. Perhaps they needed some extra money to maintain their dignity in their family and among friends because SSI was good enough to pay for their rent and groceries but not good enough to pay for their miscellaneous goods. This could be interpreted as if by receiving SSI, they considered themselves as people with income. Even if they were placed beyond the line of extreme poverty, not everyone understood the meaning of the benefit that they were receiving, and they felt they should appreciate what they had rather than complain about what they did not have. They just were being thankful to the American government for the benefit, but also anxious about the possibility of the benefit ending for any reason.

Of the total participants, 34.3% (n= 35) lived with their spouse, 46.1 % (n=47) lived alone, and 6.9% (n=7) lived with their children. A total of 53.9% (n=55) lived with someone (e.g. assistant). With regard to their residence, 63.7% (n=65) of the participants lived in senior citizens' housing, 20.6% (n=21) rented their apartments, 12.7% (n=13) resided in a nursing home, and 2.9% (n=3) own their house or condo.

In the cases of self-rated health status, 42.2% (n=43) of the participants responded that their physical health was “good,” 53.9% (n=55) responded that their emotional status was “good,” and 54.9% (n=56) responded that their memory status was “good.” Others rated their own health status as “fair”: 37.3% (n=38), physical health; 23.5% (n=24), emotional status; and 27.5% (n=28), memory status.

Table 2

Demographic Characteristics (N=102)

Demographic Characteristics	Group	Number (%)
Gender	Male	39 (38.2)
	Female	63 (61.6)
Age	71-80	27 (26.5)
	81-90	68 (67.6)
	91-	6 (5.9)
Marital	Married	39 (38.2)
	Divorce	6 (5.9)
	Separated	4 (3.9)
	Widowed	52 (51.0)
	Missing	1 (1.0)
Education	No education	4 (3.9)
	Elementary	46 (45.1)
	Middle School	15 (14.7)
	High School	15 (14.7)
	Associate Degree	5 (4.9)
	Bachelor's Degree	16 (15.7)
	Graduate School	1 (1)
Occupation	No	102 (100)
Volunteer	No	102 (100)
Financial Hardship	Yes	1 (1.0)
	No	101 (99.0)
Lack of Food Money	Yes	1 (1.0)
	No	101 (99.0)
Skipped Meals	Missing	102 (100)
Skipped Medication	Missing	102 (100)
Income	Yes	98 (96.1)
	No	4 (3.9)
Living With Whom	Spouse	35 (34.3)
	Children	7 (6.9)
	Alone	47 (46.1)
	Nursing Home	12 (11.8)
	Missing	1 (1.0)
How many family members	1	49 (48.0)
	2	37 (36.3)
	3	2 (2.0)
	4	2 (2.0)
	Missing	12 (11.8)

Demographic Characteristics	Group	Number (%)
Living in	Senior APT	65 (63.7)
	Own	3 (2.9)
	Rent	21(20.6)
	Nursing Home	13 (12.7)

Table 2-1

Health, Emotional, & Memory Status (N=102)

Demographic characteristics	Group	Number (%)
Health Status	Excellent	0 (0)
	Very Good	2 (2.0)
	Good	43 (42.2)
	Fair	38 (37.3)
	Poor	19 (18.6)
Emotional Status	Excellent	0 (0)
	Very Good	5 (4.9)
	Good	55 (53.9)
	Fair	24 (23.5)
	Poor	18 (17.6)
Memory Status	Excellent	1 (1.0)
	Very Good	2 (2.0)
	Good	56 (54.9)
	Fair	28 (27.5)
	Poor	15 (14.7)

Frequency and Reliability of the Scales

Successful Aging Scale

The Successful Aging Scale explores participants' level of successful aging whether they are aging successfully or are in alignment with successful aging. The descriptive statistics of the scale, consisting of 10 items, are presented in Table 3. Among the 10 items, the item with which the most respondents agreed was “I am able to make choices about things that affect how I age, like my diet, exercise and smoking” ($M=4.16$, $SD=1.21$), followed by “In difficult times, I develop mental toughness in dealing with the situation” ($M=4.14$, $SD=1.14$).

On the other hand, the item with which the least number of respondents was “I am actively engaged with life through productive activities” ($M=1.35$, $SD=.70$). The total score for the Successful Aging Scale ranged from 10 to 50; the mean score of the total for participants in the current study was 35.16 ($M=35.16$, $SD=6.53$), with high scores indicating a high level of successful aging. After the reliability analysis to test the scale's psychometric properties, none of the 10 items was excluded, and the reliability coefficient (Cronbach's Alpha in Table 3-1) of the scale was .857.

Table 3

Descriptive Statistics for the Successful Aging Scale (N=102, Missing=0)

Successful Aging Scale	Minimum	Maximum	Mean	SD
I am able to make choices about things that affect how I age, like my diet, exercise and smoking.	1.0	5.0	4.16	1.208
In difficult times, I develop mental toughness in dealing with the situation.	1.0	5.0	4.14	1.135
I maintain warm and trusting relations with significant others.	1.0	5.0	3.96	1.193
I am actively engaged with life through productive activities.	1.0	5.0	1.35	.699
I strive to remain independent for as long as possible.	1.0	5.0	3.88	.926

Successful Aging Scale	Minimum	Maximum	Mean	SD
I make attempts to remain relatively free of disease and disability.	1.0	5.0	4.07	.748
I try to maintain good physical and mental functioning as I age.	1.0	5.0	4.00	.901
I am actively engaged with life through regular social contacts.	1.0	5.0	1.84	1.022
I make every effort to achieve goals that are important to me.	1.0	5.0	3.78	.991
I make attempts to engage in healthy lifestyle habits.	1.0	5.0	3.97	.906
<i>Total Successful Aging Scale with 10 Items</i>	<i>10.0</i>	<i>50.0</i>	<i>35.16</i>	<i>6.529</i>

Table 3-1

Reliability Statistics for Successful Aging Scale (N=102, Missing=0)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.857	.858	10

Resilience Scale

The Resilience Scale was employed to measure the participants' rate of resilience: how they bounced back after any type of adversity. The results of the descriptive statistics of the Resilience Scale, consisting of 20 items, are displayed in Table 4. Among the 20 items, the item with which the most respondents agreed was “I am able to adapt to change” (M=4.25, SD=1.09), followed by “I make effort to see the humorous side of things” (M=4.19, SD= .99).

The item with which the least number of participants agreed was “I like challenges” (M=3.32, SD=1.10). The total score for the Resilience Scale ranged from 20 to 100; the mean score of the total was 75.88 (M= 75.88, SD=15.34), with a high score indicating a high level of resilience. The reliability test was administered to analyze the scale's psychometric property. None of the 20

items was excluded, and the reliability coefficient (Cronbach's Alpha in Table 4-1) of the Resilience Scale was .960.

Table 4

Descriptive Statistics for Resilience Scale (N=102, Missing=0)

Resilience Scale	Minimum	Maximum	Mean	SD
I am able to adapt to change	1.0	5.0	4.25	1.087
I can deal with whatever comes	1.0	5.0	3.99	1.215
I make effort to see the humorous side of things	1.0	5.0	4.19	.992
I think coping with stress strengthens me	1.0	5.0	3.79	1.137
I tend to bounce back after illness or hardship	1.0	5.0	3.55	1.174
I can achieve my goals even though obstacles exist	1.0	5.0	3.56	1.040
Under pressure, I can focus and think clearly	1.0	5.0	3.78	1.001
I am not easily discouraged by failure	1.0	5.0	3.76	.997
I think of myself as strong person	1.0	5.0	3.88	.871
I can handle unpleasant feelings	1.0	5.0	3.83	1.016
I believe sometimes fate or God can help me	1.0	5.0	3.99	.980
My past success gives confidence for new challenge	1.0	5.0	3.87	.972
I believe things happen for a reason	1.0	5.0	3.98	.758
I make best effort no matter what the results are	1.0	5.0	3.80	.912
When things look hopeless, I don't give up	1.0	5.0	3.79	.860
I know where to turn for help	1.0	5.0	3.72	.979
I have a strong sense of purpose	1.0	5.0	3.69	.975

Resilience Scale	Minimum	Maximum	Mean	SD
I prefer to take the lead in problem solving	1.0	5.0	3.70	1.032
I like challenges	1.0	5.0	3.32	1.101
I take pride in my achievements	1.0	5.0	3.42	1.085
<i>Total Resilience Scale with 20 Items</i>	<i>20.0</i>	<i>100.0</i>	<i>75.88</i>	<i>15.337</i>

Table 4-1

Reliability Statistics for Resilience Scale (N=102, Missing=0)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.960	.962	20

Acculturation Scale

The Acculturation Scale assessed the participants' degree of acculturation: how much they were acculturated in the American culture and language. The results of the descriptive statistics of the Acculturation Scale, consisting of 14 items, are displayed in Table 5. Among the 14 items, the item with which the most participants agreed was “I get pressure from others to become a part of the American culture” (M=4.71, SD=.82), followed by “Because I am Korean, I do not get enough credit for the work I do” (M=4.61, SD= .98).

In contrast, the least number of participants agreed with the item “It bothers me when I think of my limited English skills” (M=1.80, SD=1.28). The total score for the Acculturation Scale ranged from 14 to 70; the mean score of the total was 42.85 (M=42.85, SD=10.73), with a high score indicating a high level of acculturation. The reliability test was conducted to analyze the scale's psychometric properties. None of the 14 items was excluded, and the reliability coefficient (Cronbach's Alpha in Table 5-1) of the resilience scale was .810.

Table 5

Descriptive Statistics for Acculturation Scale (N=102, Missing=0)

Acculturation Scale	Minimum	Maximum	Mean	SD
I feel uncomfortable when others make jokes about Korean culture.	1.0	5.0	3.21	1.831
My family members do not understand my American values.	1.0	5.0	3.63	1.193
My family members and I have different expectations about my future.	1.0	5.0	3.59	1.163
It bothers me that I cannot be with my family.	1.0	5.0	2.72	1.667
Many people have stereotypes about Korean culture.	1.0	5.0	2.70	1.762
Living in the U.S. gives me stress.	1.0	5.0	2.10	1.324
It bothers me when I think of my limited English skills.	1.0	5.0	1.80	1.275
Other ethnic people try to stop me from advancing.	1.0	5.0	3.20	1.251
I get pressure from others to become a part of the American culture.	1.0	5.0	4.71	.816
Because I am Korean, I do not get enough credit for the work I do.	1.0	5.0	4.61	.977
It bothers me when I lose contacts with friends or families in Korea.	1.0	5.0	2.22	1.565
People look down upon me when I practice my Korean customs.	1.0	5.0	4.04	1.234
It will be better if I have more Koreans in my neighborhood.	1.0	5.0	1.99	1.620
I would gain more respect if I were in Korea.	1.0	5.0	2.36	1.817
<i>Total Acculturation Scale with 14 Items</i>	<i>14.0</i>	<i>70.0</i>	<i>42.85</i>	<i>10.728</i>

Table 5-1

Reliability Statistics for Acculturation Scale (N=102, Missing=0)

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.810	.794	14

Correlational Analysis

Correlations were computed between the dependent variable (DV), successful aging, and one of the independent variables (IV), resilience, and another IV, acculturation. Table 6 presents correlations, whether positive or negative, as well as how strongly the pair of variables were related or not related. The results revealed a statistically significant positive relationship between the DV (successful aging) and one of the IV, resilience ($r = .622, p < .001$) and also a statistically significant positive relationship with another IV, acculturation ($r = .252, p < .01$).

Table 6

Correlations of Successful Aging and Resilience and Acculturation

Variable		Resilience	Acculturation
Successful Aging	Pearson's r	$r = .622^{**}$	$r = .252^{*}$
	p value	$p = .000$	$p = .005$

**Correlation is significant at the 0.001 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

In sum, correlational analyses were performed to examine the relationship between successful aging and resilience, and the relationship between successful aging and acculturation. The results indicated that older Korean immigrants who reported a higher level of resilience and acculturation were more likely aging successfully. This suggests that older Korean immigrants who have more ability to bounce back in negative environments have greater chances to become successful agers. In addition, older Korean immigrants who have been more acculturated to American culture and language have greater probabilities to become successful agers.

Regression Analysis

Simple Linear Regression and Multiple Regression Analyses were conducted to test the relationship between successful aging and resilience, and the relationship between successful aging and acculturation. With regression analyses, the linearity, multivariate normality, and constant variance (homoscedasticity) among the variables were examined via visual inspection of linear regression plots. Figure 1 illustrates the linear regression plots and the results of such examinations. The plots constructed a shape of rectangular distribution of scores clustering in the center. This pattern also satisfied parametric assumptions (Mertler & Vannatta, 2005).

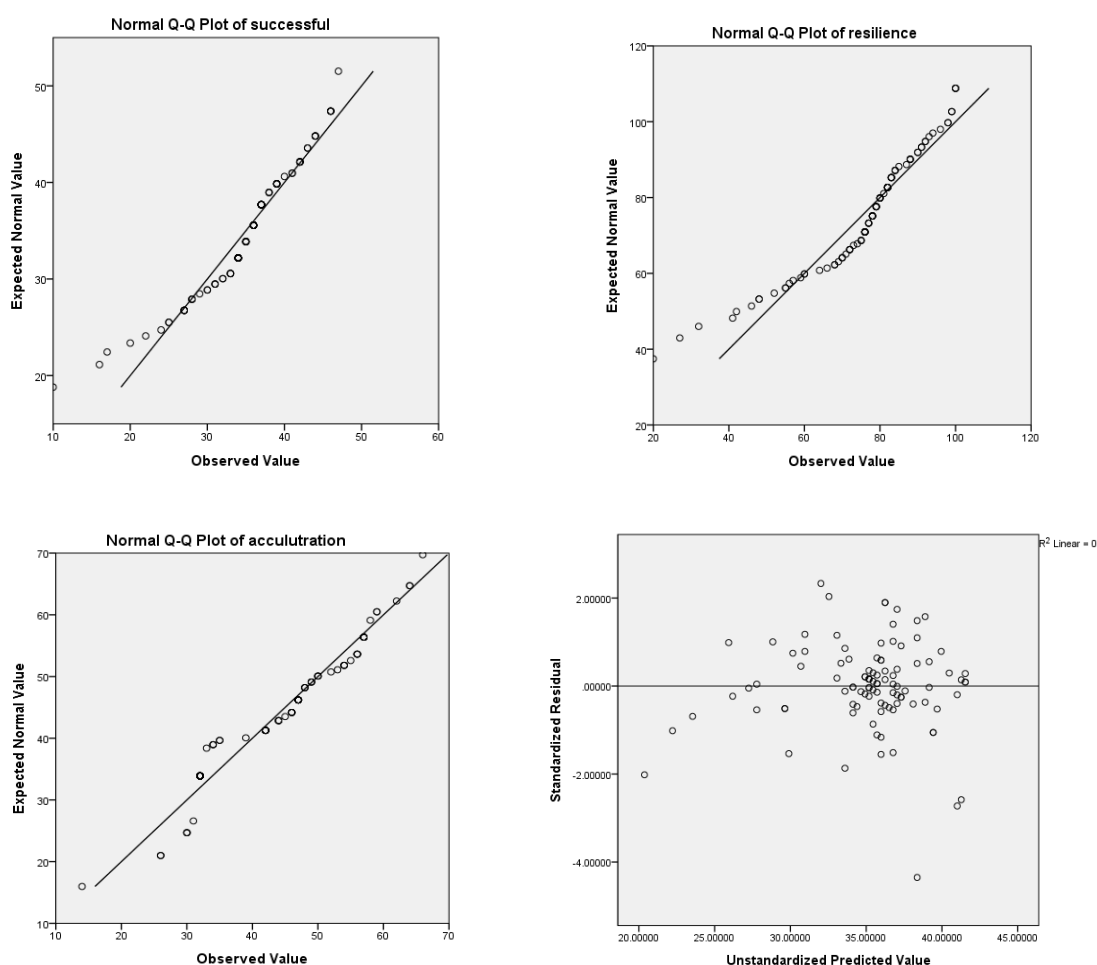


Figure 1. Normal Q-Q plot of successful aging and resilience and acculturation

Table 7 shows the Model Summary of the regression analysis, and Table 7-1 displays that resilience and acculturation were both significant and able to explain 38.8% (Adjusted R Square was .388) of the variance in successful aging ($F [2, 99] = 32.992, p < .001$).

Table 7

The Model Summary of Successful Aging and Resilience and Acculturation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.635*	.400	.388	5.108

* Predictors (Constant), Resilience, Acculturation

Table 7-1

Regression of Successful Aging and Resilience and Acculturation

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	1721.958	2	860.979	32.992	.000**
Residual	2583.532	99	26.096		
Total	4305.490	101			

*Dependent Variable: Successful Aging

**Predictors: (Constant), Resilience, Acculturation

Table 7-2 displays that the positive regression coefficient ($B = .153, \beta = .252, t [99] = 10.990, p < .05$) for acculturation indicated that a statistical significant relationship between successful aging and acculturation. This confirmed that the participants who had a higher level of acculturation were more likely to have a greater level of successful aging.

Table 7-2

Coefficients of Acculturation in Simple Linear Regression Analysis (N=102)

	Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Constant	28.583	2.601		10.990	.000
	Acculturation	.153	.059	.252	2.605	.011*

* $p < .05$

Table 7-3 illustrates that the positive regression coefficient ($B = .153$, $\beta = .252$, $t [99] = 10.990$, $p < .05$) for resilience indicated that a statistical significant relationship between successful aging and resilience. This confirmed that the participants who had a higher level of resilience were more likely to have a greater level of successful aging.

Table 7-3

Coefficients of Resilience and Acculturation in Regression Analysis (N=102)

	Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	Constant	12.823	2.975		4.309	.000
	Resilience	.253	.034	.595	7.450	.000
	Acculturation	.073	.049	.119	1.495	.138*

a. Dependent variable: Successful aging; Independent variables: Resilience and Acculturation

b. Model 1: $R = .632$, $R \text{ Square} = .400$, Adjusted $R \text{ Square} = .388$, $p < .001$.

* $p > .05$

Interestingly, the results showed there was no statistically significant relationship ($B = .73$, $\beta = .119$, $t [99] = 1.495$, $p > .05$) between successful aging and acculturation although the results from the Correlational Analysis, and Simple Linear Analysis showed that both resilience and acculturation were significant in the relationships with successful aging. Additional tests were needed to confirm the results. At that time, the mediating effects of resilience between successful aging and acculturation were assumed because resilience might be able to control the variable of acculturation, and acculturation may be statistically significant only under the variable of resilience (Baron & Kenny, 1986).

Mediation Analysis

It was hypothesized and partially confirmed via Simple Linear Regression Analysis that higher acculturation scores were indicative of higher level of successful aging. However, according to the result of Multiple Regression Analysis, there was no statistical significant between the relationship of acculturation and successful aging (See the Table 7-3). Resilience was a positive predictor of successful aging, and a series of Regression Analyses were conducted to find out the mediating effects of resilience between the relationship of successful aging and acculturation. Finally, it was found that resilience mediated the relationship between acculturation and successful aging.

Table 8 displays the steps to look for mediating effect of resilience. In Step 1 of the mediation model, the regression of Acculturation on Successful Aging, ignoring the mediator, was significant, $\beta = .252$, $t(102) = 2.605$, $p = .011$ ($p < .05$). Step 2 showed that the regression of the Acculturation scores on the mediator, Resilience, was also significant, $\beta = .223$, $t(102) = .024$, $p = .024$ ($p < .05$). Step 3 of the mediation process showed that the mediator Resilience, controlling for the Successful Aging scores, was significant, $\beta = .622$, $t(102) = 7.935$, $p = .000$ (p

< .001). Step 4 of the analyses revealed that, controlling for the mediator Resilience, Successful Aging scores were still a significant predictor of Acculturation scores, $\beta = .595$, $t(102) = 7.450$, $p = .001$ ($p < .001$) (Baron & Kenny, 1986).

Table 8

Steps for Mediating Effect of Resilience

Regressions	Predictors	R ²	Adjusted R ²	F	β	t	Sig.
Step 1: Predicting Successful Aging	Acculturation	.064	.054	6.785	.252	2.605	.011*
Step 2: Predicting Resilience	Acculturation	.050	.040	5.231	.223	2.287	.024*
Step 3: Predicting Successful Aging	Resilience	.386	.380	62.970	.622	7.935	.000**
Step 4: Predicting Successful Aging	(1)Acculturation (2) Resilience	.400	.388	32.992	.119 .595	1.495 7.450	.138*** .000**

* $p < .05$, ** $p < .001$, *** $p > .05$.

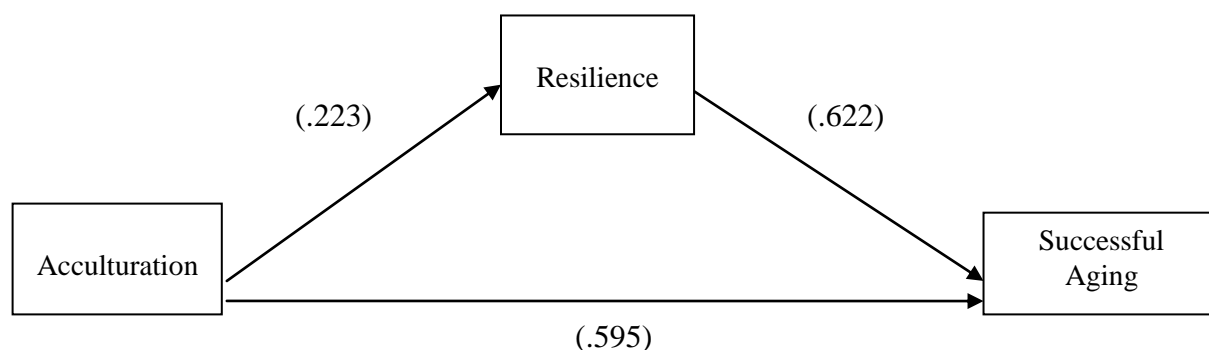


Figure 2. The standardized regression coefficient (β) for the relationship between Acculturation and Successful Aging as mediated by Resilience

Figure 2 illustrates that the standardized regression coefficient (β) between Acculturation and Resilience was statistically significant, as was the standardized regression coefficient between Resilience and Successful Aging. The standardized indirect effect was $(.223)(.622) = .138$, and the significance of this indirect effect was tested as well. Unstandardized indirect effects were computed for each variable, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles. Then, it was found that the indirect effect was statistically significant (Preacher, & Leonardelli, 2010).

Conclusion

In sum, a statistically positive significant relationship was found between successful aging and resilience as evidenced by the test results of Correlational Analysis, Simple Linear Regression, and Multiple Regression Analysis. In addition, a statistically positive significant relationship was found between successful aging and acculturation as evidenced by the test results of Correlational Analysis, and Simple Linear Regression Analysis; however, no statistical significant relationship was found between them according to the results of the Multiple

Regression Analysis. Therefore, it was assumed and confirmed that there was a mediating effect of resilience between successful aging and acculturation because acculturation was statistically significant only under the control of resilience in the relationship with successful aging.

CHAPTER 5

DISCUSSION

This chapter comprises a summary of the study, a summary of tests for research questions and hypotheses, and a discussion of the results and findings of the study. In addition, this chapter considers the implications for the social work profession, including practice and research of social work. Finally, it suggests directions for future study, along with the limitations of this study, and conclusions.

Summary of the Study

Considering the demographic shift toward a graying American society including minorities and immigrant communities, the primary purpose of this study was to explore the perceptions toward successful aging and to examine the relationships among successful aging, resilience, and acculturation among older Korean immigrants in the United States. It aimed to identify significant factors influencing willingness to become successful agers and how successful aging can be associated with the level of resilience and acculturation among the population. The research design for this study was a cross-sectional survey designed for descriptive and explanatory purposes in response to three pre-existing scales and two open-ended questions. One hundred and two (N=102) older Koreans in Los Angeles, CA, participated in this study, and quantitative and qualitative data were collected.

Research Questions and Hypotheses Testing

Each research question and hypothesis examined the relationship between variables presented in the statement. Dependent variable was successful aging, and independent variables

were resilience and acculturation. This section discusses whether the results of the study confirm the research questions and hypothesis or not.

Research Question 1

What are the important factors and predictors determining successful aging among older Korean immigrants in the United States?

According to the responses from the study participants, good health including physical and mental health was the most important factor and predictor to determine successful aging, and positive attitude and accepting the current life was the second most important factor and predictor to become a successful ager among the population. Having a good relationship with family, especially with their children, was the third most important factor and predictor to become a successful ager, and joining a religious (spiritual) activity on a regular basis was the fourth most important predictor to have successful aging.

Hypothesis 1

Aside from the three components to determine an older individual's successful aging by the definition of Successful Aging Theory (physical health, mental health, and social engagement), there are other important factors and predictors to influence successful aging among the older Korean immigrants in the United States.

According to the response of the open-ended questions, there were other components aside from the three components of the theory. Having a positive attitude and accepting the current life was the second most important factor and predictor to become a successful ager among the population. Maintaining a good relationship with family and children was the next important factor and predictor for successful aging. Participating in a religious activity on a regular basis and living a religious life was also other important factors and predictors for

successful aging. In addition, children's successful life such as educational achievement or economic attainment in this country was also important factors and predictors for successful aging among the population.

Research Question 2

How does resilience influence successful aging among older Korean immigrants in the United States?

According to the correlation between the level of successful aging and resilience, there is a positive relationship between them. When the value of resilience increases, the value of successful aging also increases. Therefore, it is indicated that resilience among older Koreans in the United States can positively influence successful aging among the population.

The scale of resilience has been widely used for the younger populations to measure their ability to bounce back in the negative environments such as war, natural disaster, abusiveness, poverty, and physical disabilities after a unexpected accident, medical operations, or sudden physical wound (Conner & Davidson, 2003; Richardson, 2002). In addition, it has been well known for a great reliability and validity, and it has been showing positive results of the related previous studies (Conner & Davidson, 2003). However, the scale has barely used for the older populations even if they were under vulnerable areas.

Despite the limited research supporting the link between resilience (IV) and successful aging (DV), results revealed a significant relationship among these variables. It is reasonable to assert that resilience and successful aging is related to each other, in that lower level of resilience are associated with lower level of successful aging. Living on a limited ability to bounce back in the midst of immigrant life may pose additional threats to older Koreans' perceived ability to

cope with obstacles to be aging successful. This assertion can be particularly relevant to older Koreans who are living under physical disability or disease.

According to the responses to the perceptions toward successful aging among the population, limited physical activity was one of the greatest risk factor to interrupt becoming successful agers in their later life. In addition, the older adults who responded like that also was thinking about the future loss of their cognitive ability will be another serious strain to threaten their immigrant life. However, throughout having senses of resilience such as 'I tend to bounce back after illness or hardship' and 'I can handle unpleasant feelings', they are able to nurture their ability to bounce back in the negative environments such as poor physical conditions.

Hypothesis 2

A significant positive relationship exists between resilience and successful aging among the older Korean immigrants in the United States.

The hypothesis was confirmed in this study, which found that the level of resilience showed a statistically significant relationship with the level of successful aging. The results confirmed that older Korean immigrants who had a higher level of resilience were more likely to have a higher level of successful aging. Hence, a statistically significant positive relationship exists between resilience and successful aging among older Koreans in the United States.

This hypothesis was completely supported. It appeared that resilience of older Korean immigrants could be much more powerful coping skills to adapt themselves to the new environments such as harsh life in the United States with limited English and fixed income. Having to be a recipient of SSI and having to be a non-English speaker in a certain circumstances such as interviewing with a case manager of Social Security office. Probably, these older Korean immigrants felt as if their status were miserable, and their life were failure.

However, having senses of resilience such as 'I am not easily discouraged by failure', 'My past success gives confidence for new challenge', and 'When things look hopeless, I don't give up', they could be bounced themselves back from such a pitiful situation.

Furthermore, this will be helpful to adapt themselves to changes in new environment, which can be linked with becoming successful agers in their later life. Throughout such senses of 'I am able to adapt to change' and 'I can deal with whatever comes', they have been adapting themselves to new environments and new life styles in a different country.

Research Question 3

How does acculturation affect successful aging among older Korean immigrants in the United States?

Overall, this research question was supported. Findings revealed a partially significant relationship between older Korean immigrants' rate of acculturation and successful aging. According to the result of Correlational Analysis, and Simple Linear Regression between the relationship of successful aging and acculturation, there was a positive relationship between them. However, in the Multiple Regression Analysis, the equation showed that there was no significant relationship between the level successful aging and the level of acculturation. It was found that acculturation could be statistically significant only under the control of resilience between the relationship with successful aging.

Therefore, there were additional tests to find out the statistical significant between them, and finally mediating effects of resilience between successful aging and acculturation was found. It was one of the major findings of this study, and throughout this finding, it could be indicated that acculturation among older Koreans in the United States might positively influence successful aging among the population via mediating effects of resilience between them.

Older Korean immigrants were more likely to report acculturative stress when they lived more years in this country. Unlike previous research that has found moderate relationship between the length of stay and acculturative stress (Choi & Thomas, 2009), the verbal responses from the study participants showed a different pattern of acculturation. Interestingly, older Korean immigrants who lived here longer like 10-20 years or more, they experienced more episodes of acculturative stress, racial or cultural discrimination, and they stated that they suffered from lack of English fluency, and they were longing for going back to their home country.

Perhaps, the reason was why they were able to understand what's going on around them after the amount of years passing. For the first 4-5 years, they were just happy for what they received. They were from the country that was one of the poorest one until 1960's, but in this rich country, they received a lot of benefits such as SSI and Medicare. However, when they adapted the life in the United States, and when they recognized that there were inequities and discriminations going on around them, they started feeling acculturative stress. Therefore, there was a no significant relationship between the length of stay in the United States and the level of acculturation, and this might impact the relationship between successful aging and acculturation.

Hypothesis 3

A significant relationship exists between acculturation and successful aging among the older Korean immigrants in the United States.

The hypothesis was partially confirmed, and the study found that the level of acculturation among the population showed a statistically significant relationship with the level of successful aging on the basis of the test results of Correlational Analysis, and Simple Linear Regression. However, the result of Multiple Regression Analysis did not support this hypothesis.

The result showed that there was no statistical significant between successful and acculturation. Only resilience was statistically significant, and this brought up the idea that resilience might control the variable of acculturation, which meant the mediating effects. In contrast, under the control of resilience, acculturation might be significant between the relationship with successful aging. Therefore, mediating effects of resilience was suggested to support this hypothesis.

Mediating effects of resilience between successful aging and acculturation supported that older Korean immigrants who had a higher level of acculturation were more likely to have a higher level of successful aging. Hence, probably a statistically significant positive relationship can exist between acculturation and successful aging among older Koreans in the United States.

Similar to the aforementioned result, there was statistically significant (but not completely confirmed) relationship between acculturation and successful aging. However, it still appeared that acculturation of older Korean immigrants could be influencing with themselves to become successful agers in the United States due to the mediating effects of resilience.

Living in America with different cultural perspectives and language barrier must have been hard on them. There must have been some moments they were unwilling to be adjusted in a certain circumstance, and perhaps not everyone wanted to be adjusted to the culture of this country. Having such senses of acculturative stress as 'I feel uncomfortable when others make jokes about Korean culture', 'Many people have stereotypes about Korean culture, and 'I will gain more respect if I were in Korea', they might feel being alienated from mainstream of American culture. However, since they had resilience that could be bouncing them from those adversity, they might be able to feel overcoming those obstacles to become successful agers.

Discussion

All of the participants in this study were born in Korea and emigrated to the United States in their middle age to 65 years or older. English is their second language, and almost all of them maintain their language, meals, and other cultural values such as family oriented customs and respectful to elderly as they used to do in Korea. One of the main limitations of this study was the lack of diversity in the sample. The sample was homogeneous, and their location was limited as well. Future research is needed to explore other ethnic older minorities and immigrants such as Latinos, African American, and other older adults who were born in other Asian countries.

Older Korean immigrants in the United States' perceptions toward successful aging such as importance of maintaining physical and cognitive health were similar to Rowe and Kahn's theory. The different components were their emphasis on positive attitude and acceptance of their life, family value, religious activity, and children's well-being. There was another limitation in the survey questions of the study. There should have been questions to check on the participants' religion and whether they were attending any types of spiritual activities or not. Future research would be needed to explore how their religious values impact successful aging in later life.

There was a statistically significant positive relationship between successful aging and resilience among the population. Hence, the people with higher level of resilience are more likely to become successful agers. In the case of the sample population who were under vulnerable areas such as living under poverty line and having physical and mental problems as evidenced by receiving Social Supplemental Income, Medicare, and Medicaid, they can possibly be aging successfully if they have a higher level of resilience. There was also a statistically significant

positive relationship between successful aging and acculturation among the population. The people with higher level of acculturation could be more likely to become successful agers.

The Mediating Role of Resilience

It was an unexpected finding that resilience mediated the relationship between acculturation and successful aging among older Korean immigrants. As Figure 2 illustrates, it was confirmed that there was a statistically significant in mediating role of resilience between successful aging and acculturation. It was tested and confirmed that acculturation could be statistically significant under the control of mediating role of resilience between successful aging and acculturation.

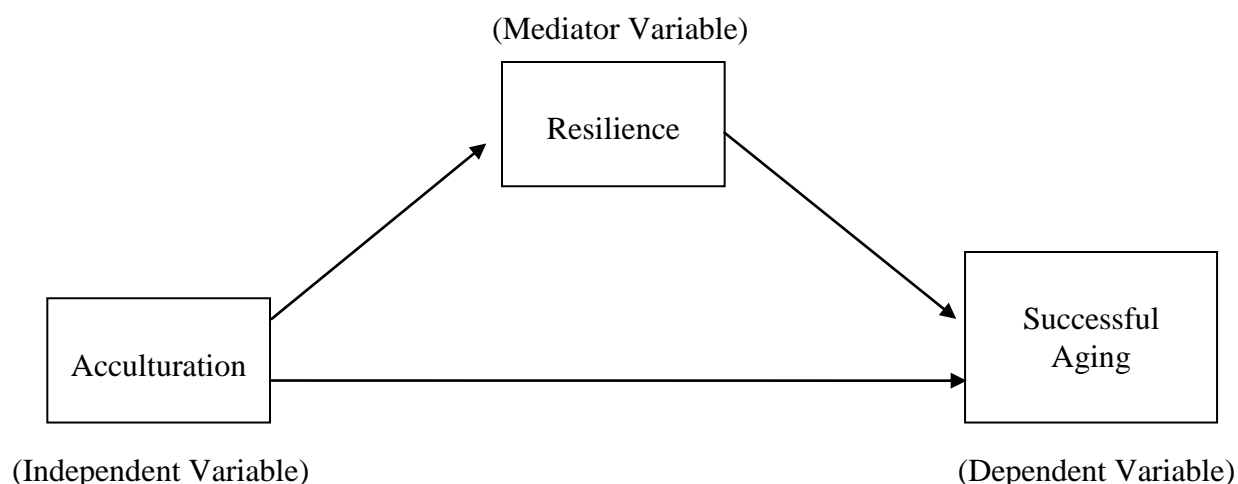


Figure 3. Mediating role of resilience between the relationship of successful aging and acculturation

Mediation has been defined as a model to identify and explicate the mechanism or process that underlines an observed relationship between an independent variable and a dependent variable via the inclusion of a third explanatory variable, known as a mediator

variable (Baron & Kenny, 1986). It specifies a given cause (original predictor variable, which is independent variable) that works indirectly through a more direct cause (mediator variable) to a final effect (outcome variable, which is dependent variable). The mediator is adding to the overall variance accounted for in the model and trying to explain 'why' the dependent variable and independent variable are related (Baron & Kenny, 1986).

In this study of successful aging among older Korean immigrants in the United States, it was found that there was a positive relationship between acculturation and successful aging throughout the test results of Correlational Analysis, and Simple Linear Regression. However, there was no statistically significant in Multiple Regression Analysis. Although there was no hypothesis regarding the mediated associations or mediated effects of resilience between successful aging and acculturation, or mediated role of acculturation between successful aging and resilience, it was assumed that the acculturation could be statistically significant only under the control of resilience. Expansively, resilience was expected to have a mediating role between successful aging and acculturation.

There was a curiosity about the relationship between acculturation and resilience, and it was tested and confirmed that there was a positive relationship between resilience and acculturation. There was no hypothesis that there was a mediating role of resilience between successful aging and acculturation or a mediating role of acculturation between successful aging and resilience, however it was assumed that resilience or acculturation could possibly influence the relationships among the variables based on SPSS results. Finally, it was tested and confirmed that acculturation was only statistically significant under the control of resilience in the relationship with successful aging. Thus, it was found that resilience was mediating between the relationship of successful aging and acculturation.

The newly developed model in Figure 3 predicts that higher acculturation predicts higher level of successful aging. Resilience is not only a significant predictor of successful aging but also is a mediator variable that accounted for a significant amount of variance in the relationship between acculturation and successful aging. One of the major goal of this study was to examine the associations/relationships including role of two resources, acculturation and resilience as measured by the scales of acculturation and resilience. This resource, resilience completely mediated the relationship between successful aging and acculturation. Resilience appeared to provide a sense of comfort and relief to older Korean immigrants who endured physical, emotional and social limitations.

Furthermore, resilience partially increased the level of acculturation among the populations by reducing such thoughts about lack of confidence to interact with other ethnic groups, stereotypes about American culture, stress about living in America and from limited English, and pressure to become a part of the American culture. This finding highlighted the need for older Korean immigrants to enhance the ability to bounce back from their negative environments. Social workers and other practitioners for this population also need to conduct needs assessment on the dynamics of the resilience support system such as family/social support, and to find ways to increase chances of resilience practices such as community aging programs and spiritual activities.

Resilience also helped to partially reduce the uncomfortable feelings about Korean culture, stereotypes about Korean culture, and feelings of being looked down due to Korean customs. Interestingly, a certain types of protective factors in the scale of Resilience such as finding meaning and purpose in life appeared to reduce a negative factors in acculturation and in a sense enabled older Korean immigrants to turn into more adaptive ways to cope with

acculturative stressors. This finding also has important social work implications in that it highlights the need for social workers and other related practitioners to assess resilience assessment, in addition to designing interventions that promote resilience well-being.

The Resilience scale measured a variety of aspects to overcome their negative environments so that they could find meaning and purpose in their life (Hooyman & Kiyak, 2011). One of the subscales in this measure assessed the value individual coping mechanism such as the importance of seeing bright side of the problem, having a sense of humor, recalling the past experience of overcoming obstacles. This particular dimension of individual coping skills is possibly one of the most important factors to become successful agers in terms of their perception toward successful aging such as positive attitude to current life and acceptance of current life status.

If older Korean immigrants find meaning and purpose in life from increasing individual coping skills, and are able to meet the supports of children, family and other loved ones, their feelings of aging successful will be the maximized. It is because there was a great connectedness with successful aging and their values in children, family, community, and other loved ones around them. If they are dissatisfied with the level of support from children, family and other significant ones in their community, their feelings of isolation or abandonment will emerge.

Perhaps, a lack of connections among the older Korean immigrants with their children, family, and other significant ones in their community and limited physical and emotional support from them will create serious problems such as social isolation and abandonment that can be linked with depressive symptoms. This explanation can provide some rationale why older adults who lacked physical and emotional support reported more depressive symptoms and unmet

needs. Of course, further research would be needed to explore other possible mechanisms and pathways in predicting older adults' resilience.

Implications

The Practice of Social Work

It is expected that future gerontological social workers will be faced with huge demographic changes that can influence their field of practice. These social workers can lead in the effort to provide special attention to very diverse older population and their family members. Numerous opportunities for collaboration exist due to this diversity; this cooperation offers more effective gerontological social work practice. In the case of older women and ethnic older minorities who have a greater probability of being marginalized, special attention for their successful aging should be required due to the potential health, economic and social risks in their later years (August & Sorkin, 2010; Holzer, 2000; Morgan & David, 2002;; Taylor & Geldhauser, 2007).

In the case of some baby boomers who are in a relatively higher socioeconomic status, the gerontological social work practice should consider their meaningful aging such as community engagement, productive or successful aging rather than their matter of food, transportation, and housing. However, since not all baby boomers are of a higher socioeconomic status, gerontological work should be flexible to keep a balance between both parties. To some older populations in our world, seeking for their food, clothing and housing can be their biggest concern at any moment.

For future gerontological work on a global scale, those that work for such older populations' successful aging will need to remain aware of these special assignments: the modernization of aging policies, innovations of aging services and programs, and life-course

planning education in middle age individuals. The policies for aging services should be modernized to care for those who are searching for meaningful life in their retirement years, and then service providing agencies should set specific objectives to serve upcoming generation of older adults who are wishing for successful aging.

Gerontological social workers should make great efforts to develop new programs for long-term care services, community-based senior health care centers, senior employment for the older populations in lower socioeconomic status, along with well-being and health promotion, leisure activities and meaningful aging for the older populations in the other side. Furthermore, social workers should be more considerate to the older populations who do not sense whether their current living arrangements will work if frailty, chronic illness, or unexpected loss of a significant one become negative factors to become successful ager in their later life. Throughout the life-course planning education, older individuals must be more sensitive whether adequate access to transportation, shopping, and other services will make it possible for them to remain involved in their communities.

The Research of Social work

For future gerontological social work researchers who will study heterogeneous older populations' positive aging such as productive aging or successful aging, a few general clusters of research needs are identified: successful aging research for older populations at risk, successful aging research for cultural diverse older populations, and research for long-term care services.

Successful aging research activities should be conducted for the older populations in vulnerable areas. In this regard, researchers should be able to design research studies for the populations' risk factors such as stressors and coping mechanisms. For instance, the stressful

experiences of the older populations in the vulnerable areas can be collected through qualitative interviews, which can acquire in-depth information about the populations' origins of stress. Also, by utilizing quantitative research methods, indications of burden, stress, and depressive symptoms along with chronic illness, disabilities, and limited mobilities will be measured. Furthermore, their coping mechanisms and support systems can be implicated by those research studies, which will be a basement to find out a pathway for them to be aging successfully.

Successful aging research activities should contribute to the development of newer long-term care services for the upcoming generation of older adults. For advanced long-term care services and progressive program interventions, more scientific research questions and designs should be developed. Then, effective research technologies, models, and strategies for collecting data that have implications of better long-term care services and policies should be implemented. These types of research will contribute in helping older adults avoid institutionalization, thus reducing the expensive cost of nursing home care. In addition to the equal service opportunity for older populations and advantages of technological innovations in long-term care services, gerontological social work researchers have to initiate newer research activities to keep pace with a society that moves rapidly toward aging society.

Suggestions

It is assumed that some members in our society are not ready for the upcoming effect of demographic changes causing by increased longevity (Washko, Schack, Goff, & Pudlin, 2011). Gerontological social workers need to focus on informing the members of these changes, and should become leaders promoting the well-being and health of all the older members of a given community. The older community members should be educated regarding the demographic changes first, and readiness for an aging society must larger than we have seen before should be

collaborated by local aging service agencies, local governments, local media, local enterprises, etc. Most of all, gerontological social workers should be the leading the way in this cooperation. For new millennium era, as baby boomers retire, social workers should identify an emphasis on gerontological social work practice and research focusing on the consideration of the quality of aging services for a new generation older populations' leisure activities, well-being and health promotion, learning new technologies, leading a meaningful life, productive and successful aging, etc.

Global demographic changes such as the rapidly increasing number of older populations, including those who have functional limitations, lower socioeconomic status, and a different cultural background from the majority, or those who are still healthy, rich, and active in social and productive activities, will understandably affect the field of gerontological social work research. The important suggestion is that the social work researchers should be ready to design any type of research studies, develop scientific research questions and theory, and choose the best research method for the most effective research activities when they identify any problems or certain patterns among older populations. The researchers should obtain knowledge from those gerontological research activities and should know how to utilize this knowledge effectively in order to develop newer policy and to integrate better practices. Changing the traditional contents of research courses may be met with resistance, but applying better methods as determined by the most up-to-date research will be more effective for gerontological social worker as they are faced with huge global demographic changes.

Limitations

A number of important findings came out of this study; however there were several limitations in this study. First, there were no ethnic/racial/geographical diversity in the study

sample population. All of the study participants were Korean born older immigrants living in the Korea Town in L.A, California. Different socioeconomic status of older Korean immigrants in different regions might have produced different outcomes. That is, the study does not represent older minorities in this country nor all older Korean immigrants in the United States. Thus, it is important for future study to employ a probability sampling method to increase generalizability, and to broaden the geographic spread of the study in order to increase representativeness (Rubie & Babbie, 2009).

Second, regarding the questionnaires utilized in this study, there were questions to be added such as survey respondents religion and whether they participated any spirituality activity. Additionally, there should have been questions asking their subjective rate of successful aging such as 'Do you think you are aging successfully?' 'If yes, would you explain why?'

The result of this study indicated that one of the important factors and predictors to determine successful aging among the populations was their religious life and spiritual activity. However, the questions in the survey questionnaires did not inquire the study participants' religious aspects and their own opinion about their status/rate of aging at all. Therefore, future studies may need to investigate and explore the details about the relationships of older adults' religious activity and successful aging utilizing standardized instrument and directive questions about the subject.

Third, a cross-sectional design was a limitation. In the case of Rowe and Kahn's study of successful aging, it was a longitudinal study following up over 2000 study participants for more than 10 years. This study of successful aging among older Korean immigrants was a one-time survey that could not provide information about changes in attitude over time. Multiple

observations at multiple times might be able to produce different findings that could contribute to better understanding about successful aging among the population.

Fourth, the survey instruments that were used for this study were originally developed in English. Those scales had a number of different language versions including Korean, but there was no way to check if the Korean version was culturally validated for Korean immigrant settings. In addition, although efforts to ensure language equivalence were made via translation and back translation, cultural validation including culturally sensitive interpretation was required, especially when the responses of the open-ended questions asking about their perceptions toward successful aging. All of the responses of the questions were Korean, and when they were translated and back translated to English, there were limitations when choosing appropriate words and expressions. For example, when they were emphasizing on the relationship with others, they used various expressions, more than six or seven numbers of words to describe the relations among others such as relations with older people, younger people, or same aged people in Korean, but when those word were interpreted to English, 'interactions' or 'socialization' were the most appropriate words. It was also same when they expressed the positive attitude to their current life and accepting their situations. They used various expressions in Korean to describe their attitudes to current life, but when they were translated to English, 'positive' was the best word. The limitation was it was somewhat broad, and did not fully represent those in Korean.

Last, this study's non-probability sampling method was a limitation in the generalizability of findings to the population at large (Rubin & Babbie, 2010). Again, study was hard to represent all the older Korean immigrants in the United States because all the study participants resided in the Korea Town in L.A, CA. Older Korean immigrants in different regions with

different background, environment, perspectives, and socioeconomic status might be able to respond differently to the questionnaires that could yield different results of the study.

Conclusion

This dissertation has examined the relationship between successful aging and resilience, and successful aging and acculturation among older Korean immigrants in the United States. Additionally, important predictors and factors to determine successful aging among the population, and the population's perceptions toward successful aging were explored. It has identified significant factors influencing the population's aging successfully, and the findings of this study indicated that there were positively significant relationships among successful aging, resilience, and acculturation.

Overall respondents were likely to have a positive attitude toward their immigrant life, and were optimistic toward their successful aging although most of them were placed under the poverty line, and having any types of physical or cognitive deteriorations. One of the important finding was that the participants considered the positive attitude toward their current life status and acceptance of it as important factors and predictors to determine successful aging. Another important finding was the mediating role of resilience between the relationship of successful aging and acculturation.

The study addressed that current rising issues in aging study such as positive aging (successful aging and productive aging), and meaningful life in baby boomer generation's retirement years were somewhat toward to mainstream populations. The study also intended to raise concerns about successful aging among older minorities and immigrants because they have been marginalized by aging research studies. The findings of this study suggest the need for more attention to the populations of older immigrants/minorities, and innovations of community

aging programs for those populations. For these innovations, modernizations of aging policies should be preceded, and for the modernizations of aging policies, rigorous research activities should be accompanied.

Social workers need to be a frontier for these innovations, and will need to be cognizant that community aging services and interventions for successful aging should be ethically and culturally appropriate and in alignment with the needs of new generation of older populations who have various perspectives, experiences, and uniqueness toward their life. Social work practitioners, researchers, and educators' mission to deliver compassionate care aimed at promoting resiliency, enhancing older populations' quality of life, and fostering the dignity and worth of both older adults and their family will become more important in years to come.

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APPENDICES

APPENDIX A

Successful Aging Scale

5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree.

No.	Questions	5	4	3	2	1
1	I am able to make choices about things that affect how I age, like my diet, exercise and smoking.	5	4	3	2	1
2	When things don't go as well as they used to, I keep trying other ways until I achieve the same result.	5	4	3	2	1
3	In difficult times, I develop mental toughness in dealing with the situation.	5	4	3	2	1
4	I maintain warm and trusting relations with significant others.	5	4	3	2	1
5	I am actively engaged with life through productive activities.	5	4	3	2	1
6	I strive to remain independent for as long as possible.	5	4	3	2	1
7	I make attempts to remain relatively free of disease and disability.	5	4	3	2	1
8	I try to maintain good physical and mental functioning as I age.	5	4	3	2	1
9	I am actively engaged with life through regular social contacts.	5	4	3	2	1
10	I make every effort to achieve goals that are important to me.	5	4	3	2	1
11	I feel that I am in control of my immediate environment.	5	4	3	2	1
12	I can deal with whatever comes my way.	5	4	3	2	1
13	I make attempts to engage in healthy lifestyle habits.	5	4	3	2	1
14	I am comfortable in accepting both my good and bad qualities.	5	4	3	2	1

APPENDIX B

Resilience Scale

5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree.

No.	Questions	5	4	3	2	1
1	I am able to adapt to change	5	4	3	2	1
2	I can deal with whatever comes	5	4	3	2	1
3	I make effort to see the humorous side of things	5	4	3	2	1
4	I think coping with stress strengthens me	5	4	3	2	1
5	I tend to bounce back after illness or hardship	5	4	3	2	1
6	I can achieve my goals even though obstacles exist	5	4	3	2	1
7	Under pressure, I can focus and think clearly	5	4	3	2	1
8	I am not easily discouraged by failure	5	4	3	2	1
9	I think of myself as strong person	5	4	3	2	1
10	I can handle unpleasant feelings	5	4	3	2	1
11	I believe sometimes fate or God can help me	5	4	3	2	1
12	My past success gives confidence for new challenge	5	4	3	2	1
13	I believe things happen for a reason	5	4	3	2	1
14	I make best effort no matter what the results are	5	4	3	2	1
15	When things look hopeless, I don't give up	5	4	3	2	1
16	I know where to turn for help	5	4	3	2	1
17	I have a strong sense of purpose	5	4	3	2	1
18	I prefer to take the lead in problem solving	5	4	3	2	1
19	I like challenges	5	4	3	2	1
20	I take pride in my achievements	5	4	3	2	1

APPENDIX C

Acculturation Scale

1=Strongly Agree, 2=Agree, 3=Undecided, 4=Disagree, 5=Strongly Disagree.

No.	Questions	1	2	3	4	5
1	I feel uncomfortable when others make jokes about Korean culture.	1	2	3	4	5
2	My family members do not understand my American values.	1	2	3	4	5
3	My family members and I have different expectations about my future.	1	2	3	4	5
4	It bothers me that I cannot be with my family.	1	2	3	4	5
5	Many people have stereotypes about Korean culture.	1	2	3	4	5
6	Living in the U.S. gives me stress.	1	2	3	4	5
7	It bothers me when I think of my limited English skills.	1	2	3	4	5
8	Other ethnic people try to stop me from advancing.	1	2	3	4	5
9	I get pressure from others to become a part of the American culture.	1	2	3	4	5
10	Because I am Korean, I do not get enough credit for the work I do.	1	2	3	4	5
11	It bothers me when I lose contacts with friends or families in Korea.	1	2	3	4	5
12	People look down upon me when I practice my Korean customs.	1	2	3	4	5
13	It will be better if I have more Koreans in my neighborhood.	1	2	3	4	5
14	I will gain more respect if I were in Korea.	1	2	3	4	5

APPENDIX D

Demographics

What is your gender? ☐ Male ☐ Female

What is your age? _____

What is your marital status? ☐ Married ☐ Divorced ☐ Widowed ☐ Single/Never Married

What is your education level?

- ☐ No education
- ☐ Elementary school
- ☐ Middle school
- ☐ High school or GED
- ☐ 2 years college
- ☐ College degree
- ☐ Graduate degree
- ☐

Do you have an occupation? Yes____ No____

if yes, please describe _____

how many hours a week approximately do you spend working? _____

Do you volunteer? Yes____ No____

if yes, please describe _____

how many hours a week approximately do you spend volunteering? _____

Do you have financial hardship?

if yes, Do you have enough money to buy the food you need? Yes _____ No _____

if yes, Have you skipped meals or eaten less than you felt you should because there was not
enough food in the house? Yes _____ No _____

if yes, Have you ended up taking less medication than was prescribed for you because of the
cost? Yes _____ No _____

Do you have income? Yes____ No____

if yes, What is your income? Social Security____

SSI____

Pensions _____

Food stamps _____

Cash Aid _____

Others _____

Do you currently live with someone?

if yes, please check ☐ Spouse ☐ Children ☐ Grandchildren ☐ Siblings ☐ Caregivers

How many people (including you) live in your household? _____

Where do you currently live ?

☐ Senior Housing ☐ Owned Home ☐ Rented Home ☐ Nursing Home ☐ Other Facilities

How would you describe your physical health status?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you describe your emotional status (within last 2 weeks)?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How would you describe your memory status?

- ☐ Excellent

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How do you define your English competency?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

How long have you been living in the United States? _____

In your opinion, what are important factors (or predictors) to determine successful aging?
