Exploring Successful Aging Among Foreign-born Latinos and Other Immigrant Groups in Saint Louis, Missouri
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Abstract

The health and well-being of older and elderly adults in the United States has received increasing attention since the second half of the 20th century. However, immigrants remain an understudied population in gerontological research. This paper is based on an interdisciplinary research study by Drs. Matsuo (Sociology), Willoughby (Psychology), and Hale-Gallardo (Anthropology) that examines physiological, psychological, social, and cultural factors associated with aging for several immigrant populations in Saint Louis (including Eastern Europeans, Asians, South Asians, and Latinos).

Based on a quantitative survey interview that includes open-ended questions, the study measures a broad swath of domains such as language competence, ethnic identity and acculturation, perceived discrimination, intergenerational kinship expectations, health care access, and mental health concerns. This paper presents preliminary findings about the unique challenges and opportunities experienced by Latino foreign-born, older adults living in Saint Louis and their own estimations of their health and well-being, as well as what they deem to be the criteria for “successful aging.” It also presents some of the notable differences in their own experience of aging from other ethnic groups in the region. As Latinos become one of the fastest growing populations in the heartland of the U.S., a better understanding of the variables associated with positive aging experiences of Latinos in Saint Louis, as well as the similarities or differences from the health challenges faced by coexisting ethnic immigrant groups in the city, should enable better future research design on this underexplored topic and help to inform the coordination of health and social services for the diversity of immigrants who reside in the region.

Keywords: gerontology, elderly immigrants, age discrimination, ethnic discrimination
Successful Aging

Gerontology research has increased in recent years to address the challenges of an aging population, especially those related to the costs and losses of providing care to adults in their final years. Researchers and practitioners have looked at health promotion as a strategy to keep people healthier longer and focused attention on theories of aging well (Bowling, 2007; Rowe & Kahn, 1987). Different terms and models have been used to conceptualize the idea of better or optimum aging, and the concept of successful aging has become the most commonly accepted terminology in various disciplines.

There have been primarily two theoretical camps in the conceptualization of successful aging. Biomedically oriented perspectives have defined successful aging in terms of longevity and mental and physical health and functioning (sometimes adding social engagement) (Rowe & Kahn, 1987). Psychosocial perspectives have emphasized life satisfaction (including a positive evaluation of one’s past and present) and reaching one’s psychological and social potential through adaption, productivity, self-mastery, cognitive efficiency, and social competency (Bowling & Dieppe, 2005). Today, successful aging is most often used to denote a holistic sense of physical, mental, and social well-being that combines many dimensions.

Despite its holism, the concept of successful aging was initially developed using empirical data from White or Euro-American populations in the United States and has been applied to other ethnicities in the U.S. without concordant results (Gibson, 1995; Liang & Luo, 2010). Recent scholarship has demonstrated the context-dependent variability of aging and the challenges involved in seeking universal definitions and measures for optimum aging in older adults (Liang & Luo, 2010; Torres, 2004, 2006). It is well known that cultural values play an important role in how people construct aging (Torres, 2004, 2006). Moreover, for foreign-born immigrants who have newly migrated to the United States, additional factors complicate aging. Among these are stressors endemic to the migration and resettlement process that affect immigrants in general but are especially challenging for older adults (Tan, 2011).

Although cultural differences contribute to variability in the experience of aging, with the exception of genetic vulnerabilities that can co-occur with ethnic affiliation, cultural group belonging is not enough to explain major health disparities as people age (Angel, 2009). Nonetheless, the role of shared group experiences such as discrimination can perpetuate negative health outcomes and compound the effects of other related factors such as limited educational opportunities, low-wage jobs, and a lack of health insurance (ibid: 50). These conditions place older adults at a disadvantage for aging optimally. Consequently, in addition to cultural factors, it is vital to understand how “social arrangements become institutionalized in ways that disfavor certain groups over generations,” thereby affecting the experience of aging (ibid: 51).

Although researchers have studied the health and well-being of older non-Hispanic White adults since the second half of the 20th century, few studies on successful aging or mental health in older adults have included Latinos or other foreign-born immigrant groups (Alvarez et al., 2014; Hilton et al., 2012; Laditka et al., 2009). This is noteworthy in the context of a rapidly shifting demographic in the United States where by 2050, 1 in 5 adults over 65 years old will be categorized as Hispanic (DeNavas et al., 2011).

The elderly Latino population as a whole (foreign-born and U.S. born together) suffers from a disproportionately high poverty rate (18.3% compared to 6.6% for non-Hispanic White Americans) (DeNavas et al., 2011). This means that nearly 1 in 5 older Hispanic adults live in poverty. Despite their greater social and economic needs, older immigrants often underutilize health and social services (Tan, 2011). Latinos especially are well known to lack sufficient access to health care and other important services (National Center for Health Statistics, 2012). These services could assist them as they encounter cultural, social, and economic challenges of aging in the United States. Consequently, research on
these populations is vital as it impacts the quality of services and programs provided to them.

**Study Design and Research Process**

This research study was designed by Hisako Matsuo, Ph.D. (Sociology) and Lisa Willoughby, Ph.D. (Psychology), and coordinated by Jennifer Hale-Gallardo, Ph.D. (Anthropology). The study compared different foreign-born immigrant groups in the greater St. Louis metro area in order to begin to disaggregate and specify the strengths, challenges, and needs of foreign-born immigrants in the region. Specifically, we conducted survey research to study health and psychosocial factors associated with successful aging among immigrants after midlife (40 years and older), focusing on six immigrant groups in the greater St. Louis region: Bosnians, Chinese, and Latinos, and to a lesser extent, Koreans, South Asians/Indians, and Vietnamese. The survey questionnaire was developed based on scales measuring various factors that have been positively associated with successful aging, including: life satisfaction—or a positive evaluation of one’s past and present (Neugarten, Havighurst, & Tobin, 1961; Cumming & Henry, 1961), locus of control—or how much control a person feels that he or she exerts over life’s challenges (Langer & Rodin, 1976), and social support—or how much a person feels emotionally supported by members of his or her community and the extent of social relationships (Berkman et al., 2000; Seeman et al., 2001). It also included other variables negatively associated with well-being. An example is perceived discrimination, which is well established in the literature to be inversely associated with health (Williams & Mohammed, 2009).

Foreign-born immigrants who resettled in the greater St. Louis region and arrived in the United States at 18 years of age or older were eligible to participate in the study. A total of 330 participants were interviewed. Interviews were conducted in the native languages of the respondents. Participants were recruited through convenience and snowball sampling. Eighteen research assistants with appropriate language fluencies for our study underwent Human Subjects training (certified through Institutional Review Board [IRB]) and were trained in the study method of face-to-face interviews. An interview survey with closed- and open-ended questions explored language competence, ethnic identity, acculturation, perceived discrimination, intergenerational kinship expectations, health care access, and mental health concerns. A gift card of $25 was given to every individual who participated in the study. Participants were interviewed in a wide variety of settings including their homes, churches, and local eateries in their neighborhoods. Difficulties with snowball sampling varied for different ethnic groups in the study, depending on how well connected or dispersed the populations were. Administering the survey to such a broad swath of diverse participants in a half-dozen different languages presented its challenges for our interviewers. Some questions on the survey were not easily translatable due to nuances of language. In addition, research assistants had to negotiate the collection of data on topic matters that were perceived as more sensitive, for example, household income or plans for their future care after senescence.

**Latino Sample Characteristics**

The mean age of Latino participants was 53.30 years (SD =11.22), with a minimum age of 40 and a maximum of 84. The other five immigrant groups together (Bosnians, Chinese, Koreans, South Asians/Indians, and Vietnamese) had a mean age that was slightly higher at 57.25 years (SD = 12.45). The type of data collected ranged from nominal to ratio data, as well as responses to open-ended questions. Ordinal data (rating scales) were treated by computing the average across items on a particular scale. The preliminary quantitative data analysis included cross-tabulation and t tests.

The Latino sample had 29 male participants and 51 female participants; the other ethnic groups combined had 113 male and 137 female participants. Household income was appreciably lower among Latinos compared with the other groups, with 49% of Latinos reporting that they earned less than
$25,000 per year compared to only 28% of other ethnic groups combined. At the higher end of the financial spectrum, 19% of Latinos reported earnings above $100,000 per year while 38% of the other ethnic groups combined reported these earnings. Educational levels also varied: 26% of Latinos had reached an educational level of only grade school or less compared to 12% of all other immigrant groups combined. Moreover, at the higher end of educational attainment, 29% of Latinos in our study had a bachelor’s or graduate degree compared to 35% for the other groups combined. Almost 70% were married at the time of the interview. A little more than half of Latino participants had full-time work, while the rest fell between part-time (12%), retired (11%), and persons who were unemployed (15%). Latinos had less health insurance coverage as compared to other groups in the study. Almost 60% of Latinos had no health insurance compared to a little more than 10% for other immigrant groups.

Factors Associated with Successful Aging for Latinos

For this paper, we focused on several factors associated with successful aging and well-being. Factors that have been positively associated with successful aging from the scale included life satisfaction—or a positive evaluation of one’s past and present (Neugarten, Havighurst, & Tobin, 1961;Cumming & Henry, 1961), social support—how much a person feels emotionally supported by members of his or her community and the extent of social relationships (Berkman et al., 2000; Seeman et al., 2001), general health ratings, and self-acceptance. We also examined perceived discrimination, a factor that is well established in the literature to be inversely associated with health (Williams & Mohammed, 2009).

We examined subjective health by asking participants to indicate if their general health was poor, fair, good, very good, or excellent. In our Latino sample, 32.5% reported fair or poor health, 38.8% reported good health, and 28.8% reported very good or excellent health.

For social support, participants were prompted to rate on a 5-point scale the degree to which they agreed or disagreed with seven statements from the UCLA Loneliness Scale (Russell, 1996): “My family really tries to help me;” “I can talk about my problems with my family;” “I can talk about my problems with my friends;” “I have people with whom I can share my joys and sorrows;” “I can count on my friends when things go wrong;” “I feel a sense of belonging in my community.” Latinos in our study, on average, had a score close to agree (M = 3.94, SD = .53) between neutral and agree.

Discrimination was measured using items developed by the research team. The participants were asked how much they agree with statements that indicated there were times they felt discriminated against in different locales (e.g., workplace, housing, during health care provision, public places, or their neighborhood). The average response across the scenarios was between disagree and neutral (M = 2.62, SD = .86), suggesting perceived discrimination was present but not high across the scenarios.

Self-acceptance was measured using Ryff’s Scales of Psychological Well-Being (RPWB) four-item self-acceptance subscale with a 5-point agreement scale (Ryff, 1989). Latinos in our study, on average, had a score close to agree (M = 3.92, SD = .71) between neutral and agree.

General life satisfaction was measured with five items from the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) rated on a 5-item agreement scale. The average score from Latinos was 3.46 (SD = .74), indicating that, in general, the participants in the study perceived their life conditions in terms slightly higher than neutral but lower than agree.

Discussion of Descriptive Statistics

It is important to note that the Latino sample was notably more economically impoverished and less formally educated compared to other immigrant groups as a whole in our study. Moreover, Latinos, more than any other immigrant group in our study, lacked health insurance. The profile of
our Latino study participants mirrors the findings of other studies that point to a lower socioeconomic index overall for Latinos in the United States. A new report on the senior population found a majority of elderly Latinos living precariously close to poverty, with 70% of Latinos age 65 and over considered economically vulnerable (Gould & Cooper, 2013). For decades now, Latinos have also been underrepresented in health insurance, with Medicare often being the only health insurance coverage obtained in their lifetimes (Burciaga, Valdez, & Arce, 2000).

Latinos in our study scored between neutral and positive on scales of self-acceptance and life satisfaction. However, we predicted that Latinos might score higher than they did on the scale for social support, due to what has been found in the literature to be a high degree of family support among Latino families that is correlated with better health (Mulvaney-Day et al., 2007). Nonetheless, studies have suggested that older Latinos value a sense of community at the same time that they value being able to take care of themselves (Hilton et al., 2012). For example, in a study by Hilton et al. (2012), Latino participants ranked the importance of “friends and family (being) there for me” very low on their survey’s ranking list. The authors explain that this seemingly paradoxical finding makes sense when one understands that while Latinos enjoy being involved in their children and grandchildren’s lives, “their focus is on sharing and community, not on what is in it for ‘me,’” or becoming a burden to others (Hilton et al., 2012). In other words, “their relationships with others are based on a sense of community rather than as a source of emotional and physical support” (ibid:195). Therefore, a largely neutral to only slightly positive score for social support as we found in our study may not necessarily conflict with life satisfaction. Still other studies have found a link between a sense of well-being in Latino elders and perceived social support (Beyene et al., 2002).

In our study, discrimination was present, but it was likely context dependent. More analysis is needed to determine if there is a link between discrimination and other psychosocial variables in this particular study. Researchers have uncovered a link between more negative health outcomes and general quality of life for those who are targets of discrimination (Pascoe & Richman, 2009), and this is especially true for mid- and later-life individuals and their families (Salari, 2002). Furthermore, they have found that discrimination may be an important predictor of poor mental health status among Latino (and Black) immigrants (Gee et al., 2006).

**Conclusion and Limitations**

This study was conceived under a framework of social justice to address the gap in research on older foreign-born immigrants and how these adults imagine and prepare for old age in the United States. As Latinos become one of the fastest growing populations in the United States, a better understanding of factors associated with their aging experiences is needed. Further analyses of our study data will need to be conducted to better understand the relationship between discrimination, social support, self-acceptance, and life satisfaction on the well-being of Latinos in our study and to explore the implications of these findings for models of successful aging. While much remains to be understood about the psychological, social and cultural experiences of middle and later life immigrants, it is our hope that this study on aging among older foreign-born Latinos in the region—as well as their similarities to and differences from other ethnic immigrant groups in the region—can help inform the delivery of health and social services and create a base for future studies.

This study has several limitations. First, the study relied on self-report, and therefore, inaccuracies in reporting may have affected measurement of the variables. Also, there was a limitation of the research instrument as it had to be translated into five different languages (Bosnian, Spanish, Chinese, Vietnamese, and Korean; the Indian participants received a survey in English). Although each survey was translated by a bilingual, native speaker into
English and certified by another native-speaker, it is possible that the questions and answers may not have reliably transmitted the original intent of the survey’s contents. In addition, because at least some of the concepts and assumptions inherent in the survey did not readily translate into other languages, some interviewers had to provide additional explanations to the study participants, which may have also affected measurement of the variables across the sample. There is a strong possibility that explanations of the survey questions to participants varied in meaning from interviewer to interviewer.

References


