Absence of disability and disease and factors leading

Engaging community partners allowed us to gain entrée into

Exercise

Volunteering at the Chinese senior center allowed the

Mrs. Wong was also helpful in bridging connections to the

Realistic expectations

Hmong participants responded to recruitment efforts

Ages

Energy, strength, lack of major illness

Mobility, independence, ability to self-care

Harmonious family relationships

Environmental stressors

Leisure time/freedom

Lack of support systems

Having the companionship of friends

Frequent check-ins

Mrs. and Mr. Moua have long roots in the community and are the co-Directors of a Hmong-serving organization.

Process of engagement included:

- Nguyen volunteered at the GAC as a kitchen helper 2 times a week for 6 months; was present after meals for socializing with seniors at the Chinese Senior Center
- Joined OCA as a contributing member and volunteered at events
- Deferred all Hmong recruitment activities to Hmong community partners
- Frequent check-ins with community partners to share progress and gain insights to data
- Dissemination of results to Chinese elders at the Senior Center at end of project for discussion

Methods

44 elders (21 Hmong, 23 Chinese) were recruited for one-on-one semi-structured interviews. Interviews lasted from 40 to 75 mins. All Chinese interviews were conducted in Chinese, while Hmong elders were interviewed in their native language. No interpreters were used for Chinese interviews, as they were conducted in Chinese.

Inclusion criteria

1. Self-identify as Hmong and/or Chinese
2. Able to communicate verbally in English, Hmong, or Cantonese
3. Ages 60 and over
4. Cognitively intact (Screened using the Six-Item Screener)

Process of community engagement

Leaders in the Hmong and Chinese communities facilitated trust-building among participants and played active role in providing leads for targeted recruitment.

Hmong partners also volunteered to do document translation and interview interpretation.

### Results

#### Definitions of successful aging

**Chinese, female, age 64:** “I’m really enjoying my freedom right now. I can do what I want, sleep when I want to do, however late I want to... I’ve been pleasing people all my life and I don’t have to do that anymore in my senior years...”

1. Physical wellness
   a) Energy, strength, lack of major illness
   b) Mobility, independence, ability to self-care
2. Mental wellness
   a) Acuity, memory, alacrity
   b) Having a positive attitude
3. Harmonious family relationships
4. Fulfilling old age
5. Having the companionship of friends
6. Leisure time/freedom
7. Financial stability
8. Religious faith

**Main group differences**

More recent immigrants have different expectations toward aging than their American-born or long-time resident counterparts.

More recent Hmong immigrants have greater adherence to traditional values around the family-structure and expectations of filial piety.

Chinese elders had greater emphasis on individual factors (i.e. leisure and personal freedom).

Hmong elders had greater emphasis on group factors (i.e. expectations on family roles, living arrangements).

Two components emerged only in Chinese narratives:

1. Feeling accomplished
2. Engaging in volunteer work

#### Factors that contribute to health

**Chinese, female, age 69:** “...you have to be in harmony with your life/lifestyle, anything, activity or thought, if [they are] against your body, all the function has to be in harmony too. So [if] any thoughts of anything from our world disturb it, then you lost harmony and you are sick.”

Main ideas behind staying healthy involve having self-discipline and practicing moderation to maintain harmony in the body.

Factors within self-control:

1. Diet
2. Exercise
3. Social enrichment
4. Realistic expectations for aging and health

Factors outside of self-control:

1. Genetics/family history/luck
2. Environmental stressors
3. Lack of support systems

Discussion

Overall concepts framing successful aging

For Hmong elders, family dynamics and relationships play an important role in their perception of health and ability to age as they would like.

For Chinese elders, though family relationships are important, individual factors are more important for successful aging.

All elders recognized the role of genetics and family history (non-modifiable factors) in influencing health. However, no one said that they were doomed to poor health.

Many elders engaged in some health promotion behaviors. Many also spoke of health in holistic terms, seeing the need to take care of the body, mind, and spirit.

Elders said that self-discipline and moderation was necessary to achieve good health but they framed the concept in terms of maintaining harmony and balance in the body, not in terms of strict adherence to a moral code.

There are clear differences in the successful aging narratives between Hmong and Chinese elders. Differences in health beliefs between the two groups highlight the heterogeneity of Asian populations with implications for the design of health-promoting services to the elderly.

Lessons from community engagement

- Engaging community partners allowed us to gain entrée into the communities. Community partner buy-in allowed access to volunteer translators and interpreters.
- Gaining entrée and building trust was crucial to the research because interviews took place in elders’ private homes; elders had to feel safe with the researcher.
- Hmong participants responded to recruitment efforts because the requests came from a trusted member of the Hmong community, not the researcher.
- In the Hmong community where English literacy among the elderly is low, community partners bridged the communication gap between the researcher and the participant.
- Access to the Hmong elderly community would not have been possible without the work of community partners because language barriers between the participants and researcher was prohibitive.
- Volunteering at the Chinese senior center allowed the researcher to get to know the seniors, and vice versa, to facilitate trust. The exchange was seen as mutually beneficial.

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