

Community-engaged research in successful aging: Health beliefs of Chinese and Hmong elders

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Background

The concept of successful aging

Research on successful aging enhances our understanding of the social and personal conditions that promote optimal satisfaction in later life.

Broadly refers to factors that promote healthier old age (Bowling & Dieppe, 2005).

The biomedical model proposed by Rowe and Kahn (1987) is most widely used (Mortimer et al., 2008; Bowling & Dieppe, 2005).

1. Absence of disability and disease and factors leading to disability and disease
2. Physical and mental functioning
3. Positive interactions with others

Critics of this mono-theoretical model suggest that successful aging encompasses more than just functionality.

Objectives

1. Discuss the value of community engagement in aging research
2. Describe ways in which definitions of successful aging for Chinese elders differ from that for Hmong elders
3. Identify health contributing factors that are believed to be modifiable

Methods

44 elders (21 Hmong, 23 Chinese) were recruited for one-on-one semi-structured interviews. Interviews lasted from 40 mins to 3 hours. No incentives were offered. Analyses of data was inductive using the principles of grounded theory.

No interpreters were needed for Chinese interviews. Interpreters were needed for all Hmong interviews (except 1).

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.

Community engagement cont.

We built on existing relationships in the communities to identify champions to facilitate entrée into the senior communities.

CHINESE COMMUNITY

- Engaged the help of Mrs. Anna Wong, manager of a Milwaukee County funded senior meal site program called the Golden Age Club (GAC) ran through the Chinese Senior Center.
- Mrs. Wong was also helpful in bridging connections to the local chapter of a national Chinese social organization called the Organization of Chinese Americans (OCA).

HMONG COMMUNITY

- Mrs. Mayhoua Moua, Mr. Zhongcheng Moua, and Mrs. May yer Thao are respected leaders in the Hmong community.
- Mr. and Mrs. 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

Participant Characteristics

Characteristics	Mean (standard deviation) [range]		P-value
	Chinese (n=23)	Hmong (n=21)	
Age	70.52 (10.36) [60 - 100]	71.05 (9.76) [61 - 95]	0.7505
Years in U.S.	53.22 (16.56) [23 - 100]	26.86 (6.68) [13 - 35]	<0.0001*
Years of education	16.48 (3.54) [4 - 22]	1.71 (3.00) [0 - 12]	<0.0001*
Size of household	1.91 (0.60) [1 - 3]	5.67 (3.21) [1 - 11]	<0.0001*

Characteristics	Percent (%)		P-value
	Chinese (n=23)	Hmong (n=21)	
Sex			0.4900
Female	56.52	66.67	
Marital status			0.0571
Single/separated	--	14.29	
Married	69.57	38.10	
Divorced	8.70	4.76	
Widowed	21.74	42.86	
Country of birth			<0.0001*
Laos	--	100	
China/Hong Kong	69.57	--	
United States	21.74	--	
Other	8.70	--	

Results

Definitions of successful aging

(Chinese, female, age 90+) *"I'm really enjoying my freedom right now. I can do what I want, sleep when I want to, 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, alertness
3. Having a positive attitude
4. Harmonious family relationships
 - a) Filial piety
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: Factors outside of self-control:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Diet 2. Exercise 3. Social enrichment 4. Realistic expectations for aging and health | <ol style="list-style-type: none"> 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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