

Attitudes About Aging Well Among a Diverse Group of Older Americans: Implications for Promoting Cognitive Health

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Abstract:

Purpose: To examine perceptions about aging well in the context of cognitive health among a large and diverse group of older adults. Design and Methods: Forty-two focus groups were conducted with older adults living in the community (N = 396; White, African American, American Indian, Chinese, Vietnamese, and Hispanic). Participant descriptions of "someone who you think is aging well" were analyzed. Constant comparison methods examined themes by race/ethnicity. Results: There were notable race/ethnicity differences in perceptions of aging well. Compared with other racial/ethnic groups Chinese participants were more likely to emphasize relationships between mental outlook and physical abilities, Vietnamese participants were less likely to emphasize independent living. American Indians did not relate aging well to diet or physical activity. Important themes that emerged about aging well for all racial/ethnic groups were as follows: living to advanced age, having good physical health, having a positive mental outlook, being cognitively alert, having a good memory, and being socially involved. Implications: To promote cognitive health among diverse populations, communication strategies should focus on shared perceptions of aging well, such as living to an advanced age with intact cognitive function, having a positive attitude, and being mobile. Health promotions may also create a range of culturally sensitive messages, targeted to views that are more salient among some racial/ethnic groups.

Article:

Research suggests that adults are concerned about cognitive health. A recent national survey of adults aged 35 years and older found that more than one quarter (26.7%) were very concerned about getting Alzheimer's disease (Connell, Scott Roberts, & McLaughlin, 2007). These concerns are understandable, as cognitive decline is a leading cause of disability (Desai, Grossberg, & Sheth, 2004). The prevalence of cognitive problems increases dramatically with age (Alzheimer's Association, 2008), making this issue increasingly important as life expectancy rises and as the large baby boom cohort ages. Growing evidence suggests that physical activity, healthy eating, and social engagement may notably reduce risks of cognitive decline (Albert et al., 2007; Hendrie et al., 2006). This evidence provides a new opportunity to promote cognitive health. Concern about cognitive health may increase the likelihood that the public will respond to health communications designed to promote the health behaviors associated with it.

As a recent National Institutes of Health report notes, there is as yet no universally accepted definition of cognitive health. The report defines it as both the absence of disease and "the development and preservation of the multidimensional cognitive structure that allows the older adult to maintain social connectedness, an ongoing sense of purpose, and the abilities to function independently, to permit functional recovery from illness or injury, and to cope with residual functional deficits" (Hendrie et al., 2006, p. 13). Thus, cognitive health is vital for successful aging. Even the primary physical attributes of aging well are closely connected with cognitive health. There is growing evidence that correlates of maintaining physical health in older age

contribute importantly to maintaining cognitive health, perhaps especially physical activity (Albert et al., 2007; Hendrie et al.). Moreover, the activities and characteristics that people tend to value as signs of aging well, such as remaining socially connected, are difficult to maintain with poor cognitive health, as are behaviors that help to maintain physical health. Thus, aging well and maintaining cognitive health are closely linked, although this recognition does not preclude aging well with cognitive impairment.

Researchers have sought to identify public perceptions about important determinants of “successful aging” (Phelan, Anderson, LaCroix, & Larson, 2004; Tate, Lah, & Cuddy, 2003; von Faber et al., 2001). Understanding these perceptions can help develop communication strategies linking characteristics of successful aging with specific health behaviors and may help to promote cognitive health. Other studies have developed theories of successful aging (see Tate et al. for a recent review), emphasizing three areas. Rowe and Kahn (1997) characterize successful aging as being generally free of disease, cognitively intact, and socially engaged. Others add “positive spirituality” (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002) or incorporate perspectives of frail older people, including close interaction with family and helping others (Guse & Masesar, 1999). A third perspective views aging as a dynamic, lifelong adaptive process (Baltes & Baltes, 1990). Research asking respondents to describe successful aging supports characteristics of all three theories (Brown, McGuire, & Voelkl, 2008; Duay & Bryan, 2006; Guse & Masesar; Knight & Ricciardelli, 2003; Phelan et al.; Tate et al.; von Faber et al.).

Cultural variations in views about successful aging have rarely been examined. Chong, Ng, Woo, and Kwan (2006) explored views of positive aging with 15 focus groups of middle-aged and older adults in Hong Kong. With a face-to-face survey of 584 older people in a rural area of Taiwan, Hsu (2007) examined views about “an ideal and satisfactory old-age” (p. 91). With the exception of their emphasis on financial security and the role of government, findings of these two studies were consistent with those of previous research: Participants emphasized the importance of good health, a positive mental attitude, social support, active participation in social activities, and independence as characteristics of positive aging. No related research has examined perceptions of successful aging specifically in the context of cognitive health.

If views about successful aging differ notably among population groups, knowledge about these differences would be important for designing effective public health communications. However, only one study in the United States has examined ethnicity and views about successful aging, finding no notable differences between Whites and second-generation Japanese Americans (Phelan et al., 2004). The lack of racial/ethnic comparisons is a substantial knowledge gap, given marked differences in mortality and morbidity among minority populations (Hayward & Heron, 1999), including differences in risks of cognitive decline (Alzheimer's Association, 2008), and particularly in the context of our increasingly diverse society. The gap becomes particularly notable as we begin to understand that it may be possible to promote cognitive health through effective public health interventions (Albert et al., 2007), an opportunity that requires understanding how people view cognitive health and the behaviors that have been associated with its maintenance.

This study examines views about aging well among diverse groups of older adults, using focus group data from the Healthy Brain Project. This project, a large, multisite primarily qualitative study, sought to establish a science base that will allow development of effective public health communications to promote cognitive health in diverse populations (Albert et al., 2007; J. N. Laditka et al., 2009). The research was conducted by the nine universities of the Prevention Research Centers Healthy Aging Research Network (PRC-HAN). This study uses data from the Healthy Brain Project to describe views about aging well among older people in racially and ethnically diverse groups. These views were expressed in the context of focus groups that participants attended specifically with the intention to discuss cognitive health.

Design and Methods

Focus Group Participants and Selection Criteria

The study sample included 42 focus groups with 396 older adults living in the community in nine states: 19 non-Hispanic Whites (hereafter Whites), 10 African Americans, 4 American Indians, 4 Chinese, 3 Vietnamese,

and 2 Hispanics. Focus groups were convened between November 2005 and August 2007. Recruiting took advantage of the cultural, economic, geographic, and racial/ethnic diversity of the communities in which PRC-HAN centers are located, to provide information that would be useful for developing communication interventions for specific groups as well as for the general population (J. N. Laditka et al., 2009). Minorities were oversampled to ensure sufficient numbers to provide useful data.

Focus Group Procedures

A nine-item focus group discussion guide was developed (J. N. Laditka et al., 2009). “Brain health” was prominently displayed as the research focus in printed recruitment materials at all sites. As each focus group was convened, the study’s purpose was discussed and informed consent obtained. The consent form included the following statements: “We want to learn what you think about brain health. We also want to learn what you think about health behaviors that may help to promote brain health. … We will use what we learn to find ways to promote brain health. … Keeping our brains healthy is important to everyone, so many people may benefit from our research.” This study focuses on the first question of the guide, “Without mentioning a name, please tell us about someone who you think is aging well.” Given the recruitment focus, and the statements about brain health that introduced each focus group, responses were analyzed in the context of promoting brain health. In the focus group research, the phrase “brain health” was used because it can be easily understood by the public (J. N. Laditka et al., 2009). Hereafter, the terms brain health and cognitive health are used interchangeably. Participants also completed a survey that asked about demographic characteristics, health behaviors, and mental health (Bryant, Laditka, Laditka, & Mathews, this issue).

Experienced moderators conducted the groups, which lasted 90–120 min. Moderators used comprehension probes to obtain and clarify responses. For example, moderators may have asked, “Would you give me an example of what you mean?” All groups were audio recorded. Most groups were conducted in English; all Vietnamese and Chinese groups were conducted by native-speaking moderators and assistants, of the same ethnicity and language as participants, using a translated consent form, discussion guide, and survey. Responses from the Chinese and Vietnamese groups were translated into English. Due to resource constraints, some focus groups with American Indians, Hispanics, and half of the African American groups did not match moderator and participant ethnicity. The study was approved by the institutional review board at each PRC-HAN site.

Qualitative Data Analysis

Audio recordings were transcribed verbatim into Microsoft Word. A detailed description of the codebook and data coding is available (S. B. Laditka et al., this issue). Transcripts were imported into ATLAS.ti (version 5.0; Muhr & Friese, 2004) software for qualitative data analysis. Axial coding (Strauss & Corbin, 1990) connected code categories and examined data for themes. The constant comparison method (Glaser & Strauss, 1967), comparing and contrasting themes within and across groups defined by race/ethnicity, identified similarities and differences.

Survey Data Analysis

Survey data were analyzed using Statistical Analysis Software version 9.1.3. For continuous variables, the nonparametric Kruskal-Wallis test was used; pairwise comparisons used the Kolmogorov-Smirnov test, comparing each minority group with Whites. Whites were selected as the comparison group because of their large number in the focus groups, and given their larger proportion in the older U.S. population. Chi-square tests were performed for categorical variables.

Results

Participant Characteristics

Self-reported characteristics of the 396 participants are shown in Table 1. African American, Hispanic, Chinese, and Vietnamese participants were younger than Whites. A greater percentage of African Americans were women. Hispanics and Vietnamese were more likely to be married. Vietnamese participants were less likely to report being socially active. Chinese and Vietnamese were more likely to report fair or poor memory. American Indians and Chinese reported more days with stress. Although we did not explicitly ask participants about their

level of physical health, the results of Table 1 suggest that participants were diverse in health status; large proportions of some racial/ethnic groups were obese, many reported low levels of physical activity, substantial numbers reported having only fair or poor memory, and a notable percentage had low education or low income, both of which are often associated with poorer health status.

Table 1.

Description of Focus Group Participants in the Healthy Brain Project, by Race/Ethnicity ($N = 396$)^a

Variable	African American ($n = 95$)	American Indian ($n = 34$)	Hispanic ($n = 10$)	Chinese ($n = 36$)	Vietnamese ($n = 26$)	White ($n = 195$)	Total ($n = 396$)
Age, $M (SD)$	70.0 (8.4)*	69.6 (9.9)	61.3 (6.0)**	69.0 (8.3)*	60.6 (7.7)***	74.4 (8.1)	71.0 (9.3)
BMI, $M (SD)$	31.7 (8.3)***	31.0 (5.5)**	30.5 (7.4)	23.3 (3.2)***	22.4 (3.3)***	27.7 (5.5)	28.2 (6.7)
Stress (days/week), $M (SD)$	4.8 (8.2)	11.6 (11.5)*	7.6 (7.0)	5.3 (8.2)	7.1 (8.1)*	5.4 (8.4)	5.9 (8.7)
Female, %	88.4**	81.8	70.0	69.4	57.7	71.2	74.9
Married ^b , %	29.5	41.2	90.0**	55.6	61.5*	39.7	41.5
Education, %							
\leq High school	19.0	17.7	20.0	19.4	26.9	18.5	19.2
High school or GED	37.9	38.2	50.0	22.2	38.5	40.2	38.0
Technical or vocational	32.6	26.5	10.0	25.0	19.2	25.3	26.3
\geq College degree	10.5	17.7	20.0	33.3	15.4	16.0	16.5
Annual income, %							
$<$ \$20,000	56.5	51.6	25.0	50.0	46.2	46.6	49.2
\$20,000–\$39,999	32.9	29.0	25.0	25.0	38.5	30.3	30.8
\$40,000+	10.6	19.4	50.0	25.0	15.4	23.1	20.0
Social activity, %							
Very social	55.9	42.4	90.0*	30.6	11.5***	42.7	43.9
Somewhat social	38.7	42.4	10.0	58.3	38.5	50.0	45.6
Not very social	5.4	15.2	0.0	11.1	50.0	7.3	10.5
BMI ^c , %							
(<25) Normal weight	26.3**	17.6**	30.0	55.6***	65.4***	34.4	34.8
(25 to <30) Overweight	25.3	29.4	30.0	38.9	23.1	40.5	34.3
Obese ($30+$)	48.4	52.9	40.0	5.6	11.5	25.1	30.8
Meets PA recommendations ^d , %	16.8*	20.6	10.0	52.8**	50.0*	30.3	29.0
Memory fair or poor ^e , %	21.7	27.3	20.0	47.2**	69.3***	24.9	29.2

- Notes: GED = General Educational Development; BMI = body mass index.

- Data source: Healthy Aging Research Network (HAN), the Healthy Brain Project. Prevention Research Centers HAN sites were as follows: California, Colorado, Illinois, Pennsylvania, North Carolina, South Carolina, Texas, Washington, and West Virginia. Each focus group (FG) was classified into one of six race/ethnic groups, based on participants' self-reported race/ethnicity. In 10 instances, FGs having more than one race/ethnicity were included in the study; in these instances, >80% of participants identified themselves as having the same race/ethnicity. Four FGs with more substantially mixed races/ethnicities were excluded, as was one FG with Asian Indians, because a single FG may not provide results that represent a larger demographic group. Statistical tests compare each group with Whites.
- Compared with single, separated, divorced, or widowed.
- BMI categorized by Centers for Disease Control and Prevention standards; for Asians, normal weight ≤ 23 ; overweight = 23 to <27.5 ; obese = ≥ 27.5 and higher (World Health Organization, 2004).
- PA = physical activity; for details of this definition, see Bryant et al. (this issue).
- Self-reported memory, compared with good, very good, excellent.
- * $p < .05$. ** $p < .01$. *** $p < .001$.

Thematic Analysis Results

Six major thematic areas were identified. These themes and subthemes, and ethnic/racial similarities and differences within them, are described in the following sections in order of the degree to which they were supported by the qualitative data for all focus groups combined.

Living to an Advanced Age.—

All racial/ethnic groups used numerical age to describe someone who is aging well, although Hispanics did so less frequently. Most participants described someone who was aging well as being in their 80s, 90s, or 100s; few people described as aging well were in their 60s or 70s. Four concepts emerged from comments that included a numerical age to describe someone who is aging well, being (a) physically active, (b) mentally “sharp” (and having a good memory), (c) independent, and (d) socially active/engaged.

Social Involvement/Interaction Themes.—

Staying socially active and having leisure activities was mentioned as an important contributor to aging well by all racial/ethnic groups. This characteristic was most frequently mentioned by American Indians, Whites, and African Americans; Chinese mentioned this characteristic less frequently, Vietnamese rarely. Participants described being socially active in a number of ways, “being around people” (American Indian) and “socializing” (White). African Americans and Whites gave examples of interactions with neighbors: “Back during our parents’ time they used to be active because they would go from house to house and quilt” (African American). Participants said being socially active helped older people prevent cognitive decline: “I think that is really important, for us to be involved in many different kinds of activities, and my observation of that group would be that they have had fewer cognitive problems and have just got increasingly interested in life” (White).

White, American Indian, and Chinese participants gave examples of leisure activities (dancing, singing, gardening, and travel) as important for aging well. The range of activities mentioned across all the groups was broad; no particular pattern by activity type was evident. For example, a White participant commented, “I do everything a woman does: I cook, clean, shop, play horseshoes, go dancing, bicycle … the whole ball of wax.”

Volunteering for civic and community service.

American Indians and Whites depicted aging well as reaching out to those in need and volunteering. As one White participant commented:I would say my brother [name] who's now past 70 and still rides a bicycle four miles daily, very active in his retired educators group. . . . Takes communion to the elderly and shut-ins. Works with Alzheimer patients. Also he volunteers.

Being involved in church and community.

Active involvement in community events and church activities was described by many African American, White, American Indian, and Chinese participants, as a way to help older adults to stay socially active and age well.Well, I have a friend who just had a 98th birthday party. She attends [name] exercise clinic three days a week. One day, every Thursday, she goes downtown to a religious senior day of exercise and sociality and little snacks. (White)

Mental Attitude Themes.—

Having a positive attitude/not worrying.

Among all racial/ethnic groups, the desirable attitudes for those who are aging well were variously characterized as follows: “not feeling sorry for yourself,” “having a positive attitude,” having a “good mental outlook,” being “young at heart,” and being “very content, very happy.” “Always stay positive. Never be negative. In any situation” (African American).

Connecting mind and body.

Regardless of race/ethnicity, participants said that a positive attitude promotes physical health and aging well: “If you have a good mental outlook, you're probably going to be active and you're probably going to eat

reasonably well” (White). The relationship between mental outlook and physical health was particularly emphasized by Chinese participants: “He is very content. He is happy with his life. So he is very healthy.”

Managing stress/coping.

Also reported as contributing to aging well was having no stress, or not letting stress play a large role in life: “Well, she takes good care of herself. You know, like her eating habits and she's never stressed out, like no stress. She's always like real calm” (Hispanic). As a Vietnamese participant said, “Live relaxedly, happily, and to not think too much about everything; then everything is okay.” Among White participants, a notable contributor to the ability to shed stress was having “an overwhelming passion for something in life,” being “interested in what's going on in the world.”

Accepting aging and health limitations.

Many participants said that acceptance was a way to stay positive, even if that required accepting physical or mental limitations that can accompany aging. For example: She says she doesn't have good memory ... her philosophy is to enjoy life and good life. And, so, even if she doesn't have a good memory, she still enjoys her life. (Hispanic)

Although individuals described as aging well were often depicted as having good physical health, participants commonly stressed sentiments such as, “I don't think that matters” (White). Participants also said that a positive attitude contributed to an individual's ability to remain physically active despite challenges of an aging body. Regarding one person who had physical impairments but who nonetheless was aging well, a participant said: She goes out to breakfast. She's going to be here tomorrow for lunch with the group. And she's walking bones. Bone on bone. And it's terrible pain and that. But she won't let you take her in a wheelchair ... she has a spirit like I can't believe. (White)

Another participant commented, “If you have a good mind and the brain is functioning properly, you could be confined to a wheelchair and still be joyous” (Hispanic).

Cognition Themes.—

Cognitively alert/not impaired.

Characteristics relating to mental alertness and sharp minds were mentioned most frequently by Vietnamese, African Americans, Whites, and Chinese. Few comments in this area were offered by Hispanics or American Indians. Descriptions included, “her mind is really sharp” (White); “nothing wrong with her mind” (African American); “she was very clear-minded and very healthy” (Vietnamese); and “they can think clearly” (Chinese). For some, having a sharp mind is a sign of aging well, regardless of physical decline, “The person I'm thinking of, she is, she's actually very frail physically, but her mind is just as sharp as a tack” (White).

Participants in White, African American, and American Indian groups attributed being independent, self-reliant, and capable of managing property as characteristics of mental alertness and aging well. My parents are both 76 and they are self-contained, independent, living at home, traveling. I think the big part of their ability to travel on their own and be independent and being able to express their wishes. (American Indian)

Having a good memory.

The ability to remember things, especially at an older age, was identified as important for aging well by all racial/ethnic groups. Most examples included a chronological age. A Chinese participant commented: “I have a friend who is 92 this year and I think she's aging very well. Her memory is absolutely fantastic.” Chinese and Vietnamese participants also emphasized the ability to recall names. “My mother is 96 years old. She remembers everything—the names of all her children, nieces, nephews, and grandchildren. Whatever the name, she will remember it” (Vietnamese). Remembering details from the past was also offered by many as an indicator of aging well. An African American participant emphasized that a person who is aging well is “someone that can remember good ... some people can remember back when they were six years old. And I think that's good.”

Engaging in cognitive activities.

All groups, except African Americans and Vietnamese, mentioned that engaging in some sort of cognitive activity, such as playing games (e.g., bingo, puzzles, mah-jongg, and Scrabble), helps keep the brain active and is a sign of aging well. She is very, very active. She plays bridge. I wish I could be as sharp at bridge as she is. (White) We play Mahjong together every weekend. Her mind is better than any of us, she always plays the best. (Chinese)

Participants in White and Chinese groups also associated aging well with people who are eager to learn new skills and are open to new experiences: Nowadays, computers are important, so I learn about computers. I still emphasize one thing—stay occupied. I am learning computer at this age in order to prevent my brain from aging. I must keep on learning. (Chinese)

The ability to engage in good conversation was also mentioned as an important factor in aging well. A Hispanic participant described it, “He's got great conversation skill, first of all. Great memory, too. Great storyteller. So, that, that's my model.”

Physical Health Themes.—

Participants in all racial/ethnic groups mentioned an aspect of physical health as a characteristic of aging well, with nine subthemes:

Staying “active” or “busy.”

The most prominent theme, in all groups except Vietnamese, was the idea that “keeping or staying busy” was a sign of aging well. Often, participants spoke generally about “staying active,” “staying busy,” and an “active lifestyle,” in terms of “keeping up with things,” “doing as much as you can,” “getting out a bit,” or “not sitting home—just go out.” Well, there's someone that we know … she's about 90 years old … she gets around, she does things, she goes places and I feel she is aging well because she participates in just about everything that goes on. (African American) Participants gave various responses when prompted to explain what they meant by “active” or “busy”: Some described “being active in many ways,” including activities of daily living (ADLs) and instrumental activities of daily living (IADLs), leisure activities, community volunteerism, and “work”: [Some persons who are aging well] don't go out and do some of the things they used to do, but they're still driving, getting their mail, fixing their own meals. … Their mental facilities are just excellent … it's not just the mental, but the activity. (White) Others described being active as an indication of having “energy,” “stamina,” or “feeling younger.” The people I'm thinking about are managing to move around and do things. They just don't sit at home and watch TV all day long. They're energetic and involved in the community. They'll jump up if something has to be done. (White)

Being mobile.

Participants of all races/ethnicities spoke of aging well in terms of “getting around good,” “moving around,” and “moving very well.” African Americans and Vietnamese were more likely to talk about mobility as important for aging well. Walking for exercise was also frequently discussed in terms of mobility (e.g., “she gets around and exercises” or “she walks three times a week”). Very strong and healthy … at the age of 92 … She takes care of herself and she's even told me: “I exercise. I go to a place that's for older people to interact with one another and I go there so I can play, draw, write, and exercise.” (Vietnamese) Moreover, among Whites, mobility was described in terms of the ability to walk unaided: “I know a lady who … just turned 98. She still walks straight as an arrow and doesn't need a cane or anything” (White).

Continuing to work.

Participants in all racial/ethnic groups said continuing to work was important for aging well, although African Americans and American Indians mentioned this less often. Descriptions of “work” varied from formal occupations, to housework, and to volunteer activities. I do pedicures for senior citizens that can't reach their

toenails anymore or handicapped people. And I had to go to school after I was 75 years old ... to learn how to do pedicures. (White)

Living independently and driving.

In all racial/ethnic groups, participants commented that living independently was a characteristic of aging well. However, African Americans mentioned “living alone and taking care of yourself” more often, whereas Vietnamese participants mentioned it the least. Participants mentioned specific activities that included ADLs/IADLs. African Americans talked the most about ADLs. I live by myself, but you know, I can sit down in the bathtub and get up out of the bathtub by myself, so I think I’m doing great. (African American) Additionally, although mentioned in all groups, African Americans and Whites more often characterized being independent and active as continuing to drive. I’m 73 years old and I’m still driving, thank the Lord. And, I’m driving other little old ladies that’s older than I am. (African American)

Having few or no medical or health problems.

Although discussed in all groups, this theme was most often mentioned by Vietnamese, African Americans, Hispanics, and Chinese. In some instances, participants discussed specific medical conditions (e.g., “heart problems,” “high blood pressure,” “stroke”) as indications of not aging well, whereas others talked about the importance of keeping the body “healthy,” free of illness or medical problems. My heart is not very good. ... Folks my age, or even older folks, are better than me. They can walk and do everything. ... You can’t tell they are that old. (Chinese)

Having health-promoting behaviors.

Participants in all except American Indian groups identified engaging in various health-promoting behaviors as an attribute of aging well. Hispanics, Chinese, and Vietnamese more frequently discussed “eating habits,” “maintaining their meal plans,” and “avoiding smoking and drinking” (i.e., “living a clean life”) than other participants. A Chinese participant provided specific dietary advice: “Eating habits are important for healthy aging. If you eat food with less animal fat, less cholesterol, then fat will not accumulate in your blood vessels.”

Physical activity was also mentioned as a health-promoting behavior important for aging well. Whites and Chinese were more likely than others to discuss “exercise” and being “physically active.” Participants in all racial/ethnic groups provided numerous examples of formal and informal physical activities. Far more than other activities, walking for fitness and function (“to get to somebody’s house” or “to get around”) was cited as an attribute of aging well. Several participants mentioned use of equipment (e.g., treadmills, bicycles, weights) and going to specific locations (e.g., community centers, walking tracks, gyms, fitness centers, cardiac rehabilitation facilities, local swimming pools) as ways to exercise.

Having a good physical appearance.

In all but the Chinese groups, participants talked about the importance of physical appearance. Often, participants described persons who they felt were aging well as “not looking old” or not “looking their age.” In some instances, participants explained that having “good skin,” with no wrinkles or gray hair, contributed to “aging beautifully” for men and women alike. Others noted that persons who are aging well “keep themselves very nice looking” through their dress and grooming habits. One African American supported the importance of appearance by noting, “I know of a lady that’s 96 ... she lives in independent living and she’s very particular about her care, her lipstick, her jewelry and it’s just wonderful to be in her presence.”

Inheriting “good genes.”

Although not mentioned as frequently as other themes, “genes,” “heredity,” and “inheritance” were described as a trait of aging well in all but the American Indian and Vietnamese groups. Chinese, Whites, and Hispanics often described their own family members as aging well, stressing their ancestry of “healthy” or “active” persons. My mother lived to be 96 and she always told us we had healthy genes because her mother and her grandmother all lived to their 80s in China when the life expectancy was in the high 30s or low 40s. (Chinese)

Spirituality Themes.—

Receiving support/blessings from God.

These characteristics were described more frequently by African Americans, Whites, and Vietnamese. Few Chinese and no American Indians or Hispanics mentioned these characteristics. Most spoke of the importance of receiving spiritual/religious support in aging well, “Sometimes, it's God-given for them to have their brain always stay sharp” (Vietnamese). “I know that God's taking care of me because to be here at this age and still moving around” (African American).

Being active in a faith community.

Participants in all racial/ethnic groups, except Hispanics, commented that being active in a faith community contributed importantly to aging well. Many described going to church or practicing belief as a way to stay connected with the community: “She goes to our church. ... She's aging well. ... I think she has a lot of faith, too. I think that's the most important thing that keeps you going” (African American). “One of the things I think is, is to keep you active is, is fellowshiping, staying close to the family, always involved in community, church” (White).

Discussion

Adults are concerned about maintaining cognitive health (Connell et al., 2007). Yet, little is known regarding views about aging well in the context of cognitive health. This study provided an opportunity for researchers to hear from a diverse group of older adults about what it means to age well in that context.

A new finding is that there were notable differences in views about aging well by race/ethnicity. Chinese and Vietnamese participants were much more likely to emphasize the importance of having few health problems and being mentally alert (Chong et al., 2006; Hsu, 2007). Compared with other racial/ethnic groups, Chinese participants emphasized the relationship between mental outlook and physical health (Chong et al., 2006; Hsu, 2007). Among Vietnamese participants, aging well was related more to mobility but less to independent living. Older Vietnamese tend to highly value family interdependence (Kibria, 1993). In California, the site of the Asian American groups, Vietnamese caregivers have emphasized caring for family members at home (Ivey et al., 2006). These characteristics may help to explain why there was less emphasis on independent living among Vietnamese participants. American Indians did not view aging well as being related to health behaviors such as diet or physical activity.

Another useful finding of our study is that, despite the heterogeneous participant mix, a number of views about aging well were commonly expressed. All racial/ethnic groups identified living to an advanced age, having good physical health, having a positive mental outlook, being cognitively alert and having a good memory, and being socially involved as important for aging well. These views about successful aging are consistent with previous research conducted in the United States, the Netherlands, and Asia (Chong et al., 2006; Duay & Bryan, 2006; Hsu, 2007; Knight & Ricciardelli, 2003; Phelan et al., 2004; Tate et al., 2003; von Faber, et al., 2001). The importance of spirituality was mentioned by all groups except Hispanics, and is consistent with previous research on spirituality and aging well (Crowther et al., 2002; Tate et al.). Participants in most groups spoke about leisure as part of aging well, consistent with previous research (Brown et al., 2008). Most groups, particularly Whites and Chinese, emphasized the importance of continuous learning, which is also consistent with research on aging well (Chong et al.; Duay & Bryan; Hsu).

The fact that the specific question to which participants responded did not focus on cognitive health is acknowledged. However, the focus groups were recruited and conducted in the context of cognitive health. Several additional limitations are acknowledged. There were minor differences among the nine research sites in the ways that participants were recruited. It is difficult to determine whether differences among groups are associated with race/ethnicity, recruitment strategies, or geographic region. It is useful to note that most of the racial/ethnic focus groups were distributed among more than one research site and that the sites were widely distributed geographically. This reduces the likelihood that the results primarily reflect regional differences. Participants represent a convenience sample of individuals who may be more socially active than typical older

adults. Thus, caution is urged with generalizing the results. A number of participant characteristics differed notably by race/ethnicity (e.g., age, gender, marital status). Future research might usefully examine associations between attitudes about aging well and these characteristics. Also, the fact that a racial/ethnic group did not mention a characteristic of aging well, or did so rarely, does not provide conclusive evidence that the given characteristic is not important to that group. Although the multiple groups representing each race/ethnicity reduce the likelihood that views common among a demographic group would not be stated, it is possible that group dynamics or other factors may have focused discussions on other characteristics.

To develop relevant and culturally appropriate health communications for promoting cognitive health, it is useful to understand the views of the intended audience. The results of this study provide valuable information about differences and similarities in views about aging well among six diverse demographic groups, which can be used to create a range of culturally sensitive messages to promote cognitive health. Message development could occur in several ways. Broader messages that focus on the shared perceptions of aging well (e.g., avoiding cognitive decline) could appeal to multiple racial/ethnic groups. Based on the results, message strategies that, for example, focus on the importance of living to 90 years, 100 years, and beyond (i.e., chronological age), and doing so free from major cognitive impairment, appear to be meaningful to all racial/ethnic groups. Similarly, groups were consistent in valuing social involvement in community, church, and volunteer settings as a way to age well. A global message directed to older people participating in such activities might be, “Want to give back? Keep your brain healthy,” or, “Stay involved with your community: Keep your brain sharp.”

To incorporate perceptions of aging well into messages about cognition, a more targeted approach may be useful. Although there was agreement across the groups about the importance of being alert, having a good memory, being mobile, and having few or no medical problems, there was variation within these views. For example, game playing, doing puzzles, and learning “new things” were not often mentioned by older African Americans or Vietnamese. Having few health problems and the connection between mental outlook and physical health were particularly salient for Asian Americans. More knowledge about communication strategies for promoting brain health through changes in health behaviors is needed. This information will be useful for identifying communication methods, such as broadcast and print media, and person-to-person or group education sessions at senior centers or churches. It will also be useful for selecting the best format for delivering messages, including oral and printed text or graphics. Additional research testing the appropriateness of health messages for diverse groups of older adults would advance our effort to create effective communications promoting cognitive health.

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