



AGING WELL ACROSS CULTURES

INSIGHTS FROM OLDER ADULTS



EXECUTIVE SUMMARY

STUDY OVERVIEW

The US population is becoming increasingly racially and ethnically diverse, and older adults' perspectives of successful aging may differ based on a broad array of factors such as spirituality, cultural values, resilience, and close familial ties. Understanding these experiences is important to better serve older adults across different sociodemographic groups. The purpose of this study is to explore aging well among racially and/or ethnically diverse groups of older adults and to identify ways to promote aging well among those populations.

Mather Institute conducted this study in collaboration with researchers from University of California at Davis, Howard University, Rush University Medical Center, the University of Illinois at Chicago, and the University of Michigan at Ann Arbor.

METHODS

Over a period of three years, 930 community-dwelling adults ages 50+, including Black/African Americans, Chinese Americans, Hispanic/Latino Americans, Middle Eastern/Arab Americans, South Asian Americans, and White (non-Hispanic) Americans, completed anonymous surveys. Additionally, we conducted 107 in-depth, 30- to 90-minute interviews with Black/African Americans, Chinese Americans, Middle Eastern/Arab Americans, and South Asian Americans. Each group provided meaningful insights into their aging experiences and what matters to them.

RESULTS

Participants generally felt positive about their aging experiences, with relatively high levels of successful aging, including





healthy lifestyle, engagement with life, and adaptive resilience; however, there were some differences between racial/ethnic groups. Wellness, meaningful social connections, resilience, autonomy and stability, and purpose were identified as key components of aging well across racial/ethnic groups, with variations in the emphasis and expression of these factors between groups. Cultural values and contextual factors such as neighborhood safety also influenced perceptions, as did participation in faith-based activities.

IMPLICATIONS

The findings from this study underscore the importance of culturally sensitive approaches that will help us better understand and support diverse aging experiences. Efforts that build community and connection, promote engagement in meaningful activities, focus on health and wellness, and enhance resilience and empowerment—all of these support aging well in diverse communities. Since there is also variation within racial/ethnic groups, tailoring programs and services to individual preferences may further enhance engagement.

THE PURPOSE OF THIS STUDY IS TO EXPLORE AGING WELL AMONG RACIALLY AND/OR ETHNICALLY DIVERSE GROUPS OF OLDER ADULTS.

ISSUE IN FOCUS

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Being part of my neighborhood temple association keeps me active and engaged. But see, it is not just about keeping busy. I feel like I am valued, my word matters even now, although I am retired. Simply put, it is this feeling of purpose I get when I am there helping with aarti [prayer] or distributing sweets for Diwali. It's not just about keeping busy; it's about feeling like I am contributing to something bigger than me.

– South Asian Interviewee

To me, it is about embracing all the wisdom, all the knowledge, all the traditions, and all the values of my ancestors and passing them to my grandchildren. For me, aging well means the happiness I get when I cook meals from my culture and share stories from my homeland.

– Middle Eastern/Arab Interviewee

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These excerpts from participant interviews provide a glimpse into the unique intersection of cultural identity, community involvement, and a sense of meaning and purpose that shapes the aging experience in diverse communities. As the US population becomes increasingly diverse, understanding these experiences is important to better serve older adults across different sociodemographic groups.

THE CURRENT STUDY

To answer this call, Mather Institute conducted a series of studies to examine aging experiences across diverse communities of older adults. Over three years, we partnered with researchers from the University of California at Davis, Howard University, Rush University Medical Center, the University of Illinois, Chicago, and the University of Michigan at Ann Arbor to conduct surveys and interviews with racially and ethnically diverse groups of adults ages 50+.

THE PURPOSE OF THE STUDY WAS TO:

- explore aging well among racially and/or ethnically diverse groups of older adults
- identify ways to promote aging well among racially and/or ethnically diverse groups of older adults

AN INCREASINGLY DIVERSE US POPULATION

This is a timely and important topic to research because there has been a profound demographic shift in the US population characterized by a rapidly aging population and increasing diversity. In 2022, approximately 55.8 million people (about 17% of the total population) were 65 years or better, and 25% of older adults were members of racial/ethnic minority groups, including 9% identifying as Black/African American, 9% as Hispanic/Latino Americans, and about 5% as Asian American (Administration for Community Living, 2024). Relatedly, more than 47 million immigrants (14% of the total US population) call the US their home, with approximately 18% of this foreign-born population being age 65 and older (Batalova, 2024). Immigrants from Latin America and Asia constitute about 80% of the immigrant population, with many born in Mexico, India, China, the Philippines, and El Salvador (Pew Research Center, 2024).

These demographic shifts indicate that in the coming years, a significant proportion of the older US population will identify as a member of a racial and/or ethnic minority group, underscoring the need to better understand how factors such as cultural background influence aging well in diverse communities.





DEFINING SUCCESSFUL AGING

The current study draws upon the concept of successful aging, which has captured the interest of researchers and practitioners alike for decades. Rowe and Kahn's (1997) model of successful aging provides a comprehensive framework for understanding three essential components: avoiding disease and disability, maintaining cognitive and physical function, and active engagement with life. According to this model, people who incorporate these three criteria can experience a rewarding and purposeful later life. The successful aging model also provides a more positive view of older adulthood (Kotter-Grühn & Hess, 2012) by challenging negative societal stereotypes on aging and offering a wealth of benefits, including enhanced quality of life, greater autonomy, and increased longevity (Depp & Jeste, 2006).

Indeed, scientists and practitioners have long recommended that exercising regularly, eating a balanced diet, and

proactively managing one's health are factors that contribute to chronic disease maintenance and better physical health (Piccardi et al., 2023). Relatedly, participation in activities such as reading regularly, solving puzzles, and lifelong learning can preserve mental acuity and offset age-related cognitive decline (Privitera et al., 2024). Moreover, active engagement with life that includes meaningful pursuits such as volunteering, preserving social ties, and community involvement imparts a sense of purpose and meaning to older adults (Pilkington et al., 2012).

**READING REGULARLY,
SOLVING PUZZLES, AND
LIFELONG LEARNING
CAN PRESERVE
MENTAL ACUITY.**

In recent years, however, the concept of successful aging has been challenged by scholars of race and ethnicity who argue that overemphasis on optimal physical and cognitive health, absence of disease and disability, and active engagement in later life may not represent the perspectives of diverse older adults, who may place a greater value on relational, spiritual, or other factors (Hilton et al., 2012; Martinson & Berridge, 2015). Understanding cultural variations in experiences related to aging well is critical in order to enhance overall quality of life of older adults in diverse communities and support all older adults in their unique journeys. To address these gaps in understanding and to better reflect the personal realities of aging, there is a call for a more inclusive approach that encompasses an array of aging experiences and acknowledges the varied pathways that lead to a sense of fulfillment and enhanced life satisfaction as people transition into older adulthood (Lamb, 2014).



HOW THE STUDY WAS CONDUCTED

Data collection for this study began in June 2021 and ended in April 2024. We used a mixed-methods approach, collecting data from both surveys and in-depth interviews to explore aging well across diverse racial and/or ethnic groups. A total of 930 surveys and 107 interviews were conducted in English.

- Surveys included a 12-item measure of successful aging (adapted from Reker, 2009) with questions on three domains: healthy lifestyle, engagement with life, and adaptive resilience. Additional questions assessed autonomy, achievement, and affiliation as well as self-reported health, religiosity, and demographic characteristics.

- In-depth interviews lasting 30 to 90 minutes were conducted to capture perceptions as well as challenges and barriers to aging well.

Purposive sampling was used to recruit study participants (e.g., recruiting through community contacts, community centers, and word of mouth) as diverse racial/ethnic groups are generally considered difficult-to-reach populations due to factors ranging from a historical mistrust of research to unique language or cultural barriers.





Statistical comparisons between racial/ethnic groups controlled for age, gender, nativity status (born in or outside of the US), and education. For those analyses, the average scores reported for each racial/ethnic group are estimated marginal means, which were statistically adjusted based on age, gender, nativity status, and education to make more even comparisons between racial/ethnic groups. In other words, the influence of those variables was removed from the comparison between racial/ethnic groups.

Percentages are rounded to the nearest whole number, and thus total percentages may not always add up to 100%. The interview data was analyzed by reviewing the transcripts to detect meaningful patterns within the data, coding key segments with descriptive labels, and then grouping these codes into broader themes that represent the participants' perceptions of aging well.

PARTICIPANT PROFILES

The study sample consisted of a diverse group of participants age 50 or better (range: 50–96 years). Survey participants included 147 Black/African Americans, 144 Chinese Americans, 173 Hispanic/Latino Americans, 165 Middle Eastern/Arab Americans, 151 South Asian Americans, and 150 Non-Hispanic White Americans for comparison purposes. Interview participants included 30 Black/African Americans, 30 Chinese Americans, 15 Middle Eastern/Arab Americans, and 32 South Asian Americans.

There were demographic differences between the racial/ethnic groups that are important to keep in mind when interpreting the survey findings. A snapshot of the demographic characteristics of each racial/ethnic group follows. Full demographic details are provided in Table 1.

BLACK/AFRICAN AMERICAN

Participants were 68 years old on average, which makes them one of the older groups. This group had the greatest proportion of female respondents (78%), and marital status was diverse (33% partnered/married, 27% separated/divorced, 22% widowed, 18% never married). Education was comparatively high (47% bachelor's degree or higher). Respondents tended to be completely retired (42%) or employed full- or part-time (39%), and household incomes tended to be lower than average. Nearly all respondents (99%) were born in the US, and this group had the greatest average level of religiousness.

CHINESE AMERICAN

The average age of respondents was 64 and more than one-half were female (57%). Most respondents were married or partnered (82%), and were predominantly born outside of the US (85%). The education level varied (33% bachelor's

degree or higher, 14% associate's degree, 35% high school diploma or GED, and 17% no degree). Income also varied, with 52% reporting incomes less than \$40,000 and 18% with incomes of \$120,000 or more. More respondents were employed full- or part-time (54%) than completely retired (30%).

HISPANIC/LATINO AMERICAN

The average age was 63, almost two-thirds of respondents were female (65%), more than one-half were married or partnered (58%), and one-half were born in the US (50%). Education skewed lower compared to other groups (20% bachelor's degree or higher, 14% associate's degree, 49% high school diploma or GED, and 16% no degree), more respondents were employed (45%) than completely retired (26%), and household incomes tended to be lower than average.

MIDDLE EASTERN/ARAB AMERICAN

This group had the youngest average age (59) and the highest level of employment (71%). More than one-half were female (58%), and educational attainment varied (38% bachelor's degree or higher, 11% associate's degree, 22% high school diploma or GED, and 24% no degree). Household income tended to be higher than average. More than one-half were married/partnered (54%), and this group also had the greatest percentage who were never married (25%). More than two-thirds of respondents (70%) were born outside of the US.

SOUTH ASIAN AMERICAN

Average age skewed a little older (68), and this was the only group composed of more men than women (54% male). Education level was mixed (39% bachelor's degree or higher, 6% associate's degree, 39% high school diploma or GED, and 16% no degree). Slightly more respondents were completely retired (32%) than

employed (27%), and nearly one-quarter indicated they were unable to work (22%). Household incomes tended to be lower than average. Participants were largely married (81%), and nearly all respondents (99%) were born outside of the US.

WHITE (NON-HISPANIC) AMERICAN

The average age was 64, and almost two-thirds were female (65%). This group had the highest degree attainment (55% bachelor's degree or higher), the greatest proportion of completely retired individuals (48%), and greater incomes than average. For marital status, respondents were mainly partnered/married (36%) or separated/divorced (34%). Nearly all (97%) were born in the US, and this group had the lowest average level of religiousness.



TABLE 1. SURVEY RESPONDENT CHARACTERISTICS

	Black/African American	Chinese American	Hispanic/Latino American	Middle Eastern/ Arab American	South Asian American	White	All Participants
Participants	147	144	173	165	151	150	930
Average Age	68	64	63	59	68	64	64
Gender							
Female	78%	57%	65%	58%	46%	65%	61%
Male	22%	43%	35%	42%	54%	35%	39%
Education Level							
No degree	4%	17%	16%	24%	16%	0%	13%
High school or GED	31%	35%	49%	27%	39%	15%	33%
Associate’s degree	17%	14%	14%	11%	6%	29%	15%
Bachelor’s degree	29%	11%	17%	22%	29%	36%	24%
Master’s/PhD	18%	22%	3%	16%	10%	19%	14%
Employment							
Employed full-time	29%	35%	28%	50%	19%	1%	27%
Employed part-time	10%	19%	17%	21%	8%	11%	15%
Not employed and looking for work	2%	2%	9%	5%	2%	2%	4%
Not employed and not looking for work	6%	6%	6%	2%	0%	1%	3%
Partly retired	9%	6%	9%	5%	17%	30%	13%
Completely retired	42%	30%	26%	12%	32%	48%	31%
Unable to work	3%	1%	4%	4%	22%	7%	7%
Marital Status							
Partnered/Married	33%	82%	58%	54%	81%	36%	57%
Never married	18%	1%	14%	25%	3%	9%	12%
Separated/Divorced	27%	8%	17%	6%	1%	34%	15%
Widowed	22%	8%	10%	16%	15%	21%	16%
Nativity Status							
Born in the US	99%	15%	50%	30%	1%	97%	49%
Born outside the US	1%	85%	50%	70%	99%	3%	51%
Income							
Less than \$40k	54%	52%	43%	26%	48%	1%	37%
\$40k to <\$80k	28%	24%	48%	37%	37%	60%	40%
\$80k to <\$120k	14%	5%	9%	23%	10%	39%	17%
\$120k or more	5%	18%	5%	14%	5%	0%	7%
Religiousness (0-10)	7.9	5.0	6.9	7.4	7.0	4.3	6.4

KEY FINDINGS

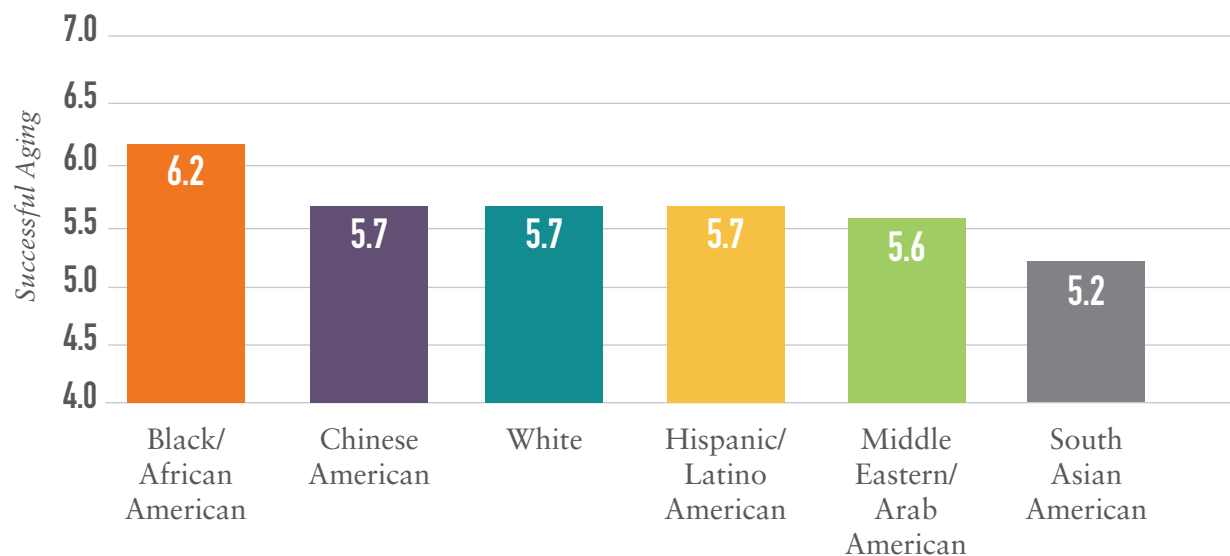
SUCCESSFUL AGING

Participants' level of successful aging was measured using 12 questions that assess factors related to healthy lifestyle, engagement in social and productive activities, and coping and resilience. Overall, participants tended to have moderately high levels of successful aging (average = 5.7 on a scale of 1 through 7, with greater scores indicating more successful aging). There were statistically significant differences in successful aging between racial/ethnic groups (see Figure 1). On average, Black/African American respondents reported greater successful aging than all other groups, and South Asian American respondents reported lower successful aging than all other groups. There were no significant differences among Chinese American, White, Hispanic/Latino American, and Middle Eastern/

Arab American racial/ethnic groups. These analyses (and other survey analyses in the findings section) statistically controlled for age, gender, nativity status (born in or outside of the US), and education, which removes the influence of those variables in order to more clearly examine racial/ethnic differences in successful aging.

Interview participants described successful aging or aging well as “aging gracefully,” becoming “one with the universe,” acquiring a sense of “wisdom” and “peace,” “remaining active” and “useful,” and leaving behind a “legacy of culture and values” for younger generations. Five prominent themes emerged from

FIGURE 1. SUCCESSFUL AGING



**Numbers indicate averages*

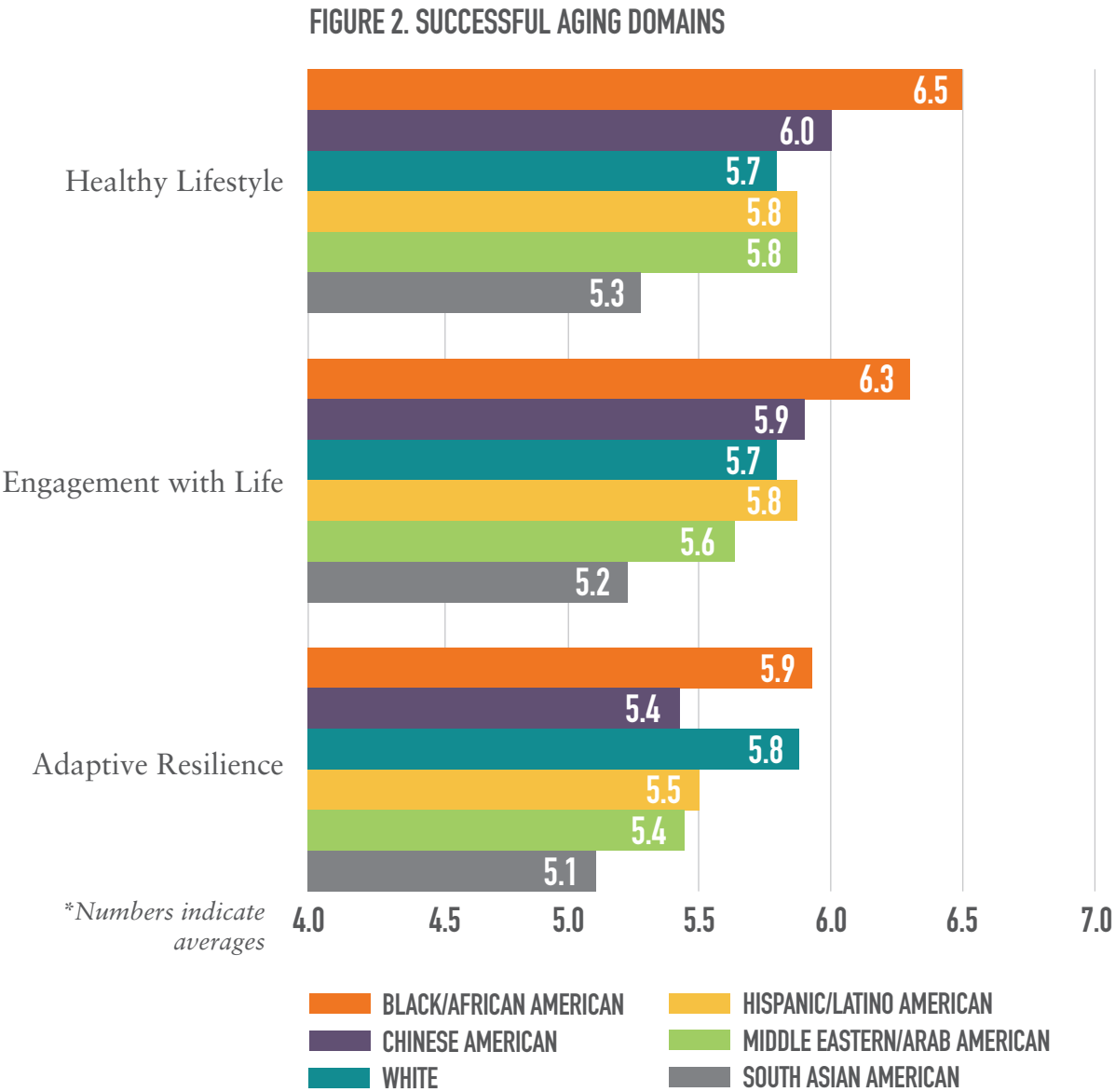
the interviews, highlighting older adults’ perspectives on successful aging. These themes were salient across racial/ethnic groups, though each group emphasized different aspects of these themes based on their lived experiences and cultural values. The central themes included (1) holistic wellness for optimal aging, (2) meaningful social connections, (3) autonomy and stability, (4) purposeful aging, and (5) adaptive resilience. These themes will be discussed in more detail throughout the remainder of the report.

Additional analyses were conducted to examine whether there were racial/ethnic differences on the three subscales of the Successful Aging measure—Healthy Lifestyle, Engagement with Life, and Adaptive Resilience.

HEALTHY LIFESTYLE

A greater score on the healthy lifestyles subscale reflects good physical and mental functioning and healthy lifestyle habits (Reker, 2009). Overall, participants were

moderately high on healthy lifestyle (average = 5.9 on a scale of 1 through 7). There were significant differences between racial/ethnic groups (see Figure 2).



Black/African American respondents reported greater healthy lifestyles than all other groups, and South Asian American respondents were statistically lower than all groups except White respondents.

These survey findings coincide with one of the major themes from the interviews—Holistic Wellness for Optimal Aging. Participants frequently emphasized the importance of maintaining physical health, cognitive engagement, and mental well-being for quality of life and longevity. They highlighted the interconnectedness of physical, mental, and cognitive health in promoting successful aging. For example, a South Asian American interviewee stated, “Aging well is being able to be healthy—mentally, physically, emotionally.” In some cases, wellness was also connected to traditional health practices and cultural beliefs about balance and harmony in life, particularly among Chinese American participants.

In addition, healthy diet and exercise were frequently cited as vital for healthy aging. Participants associated physical fitness with mental well-being and overall life satisfaction. Interview participants also identified easy access to resources such as safe walking spaces and availability of affordable, culture-specific (e.g., kosher, halal), healthy foods as important determinants of well-being. As one Middle Eastern/Arab American interviewee remarked, “I am very conscious of what I put in my body. I try to grow my own vegetables, which, if you think about it, we always did back in Lebanon. We grew our own food. Be fit, eat pure foods, and you will be in fine form.” Similarly, one South Asian American participant said: “I realized... you are what you eat. And then, I omitted sugar from my diet, I did less dairy, and I started going organic. I can’t tell you how wonderful I feel now.”

A Chinese American participant commented on the importance of physical activity and other healthy lifestyle behaviors:



Just walk, walk, walk. I started slow, but now I do 20,000 steps a day, at minimum. If you are physically fit, everything works out. That is the first thing to remember. Even mental health. It is all connected. Healthy body, positive mind, eight hours of sleep, half-hour meditation, what you eat—it all adds up.





ENGAGEMENT WITH LIFE

Engagement with life includes things such as maintaining meaningful social connections, engaging in productive activities, striving to remain independent, and achieving important goals (Reker, 2009). On average, levels of engagement with life were moderately high (average = 5.8 on a scale of 1 through 7). However, there were statistically significant differences between racial/ethnic groups (see Figure 2). **Black/African American respondents reported greater engagement with life than members of all other racial/ethnic groups, and South Asian American respondents tended to report**

lower engagement with life than other racial/ethnic groups. There were no other significant differences between groups.

Interview participants emphasized the importance of engaging with life by (1) building meaningful social connections, (2) maintaining autonomy and stability, and (3) pursuing purposeful aging. These three themes are also related to measures of Affiliation, Autonomy, and Achievement that were included in the survey.

BLACK/AFRICAN AMERICAN RESPONDENTS REPORTED GREATER ENGAGEMENT WITH LIFE THAN MEMBERS OF ALL OTHER RACIAL/ETHNIC GROUPS.

BUILDING MEANINGFUL SOCIAL CONNECTIONS

Social networks, including family, friends, and community members, were viewed as crucial interpersonal connections for combating loneliness and isolation and enhancing life satisfaction. Black/African Americans reported the greatest levels of community engagement through social interactions, church activities, participation in hobbies, and volunteering, likely due to factors such as community cohesiveness and cultural values that prioritize social ties and community involvement. In addition, most interview participants across all groups consistently underscored the salience of family ties, often preferring to age in place in the company of loved ones. An African American participant shared “You begin to value family members more than perhaps you did in your youth... Because you know aging implies losing loved ones... and when you begin to lose that, the ones who remain become more and more important,” reflecting the importance of familial ties.

In contrast, some participants (e.g., Middle Eastern/Arab Americans) discussed the importance of passing wisdom to younger generations. This intergenerational view was central to their views on aging.

Several participants who identified as Black/African American or Middle Eastern/Arab American, however, shared that neighborhood contextual factors such as safety, lack of adequate transportation, and limited availability of community centers, clubs, libraries, or other recreational facilities in the neighborhood often precluded them from engaging in activities outside the home. In the words of an African American interview participant:

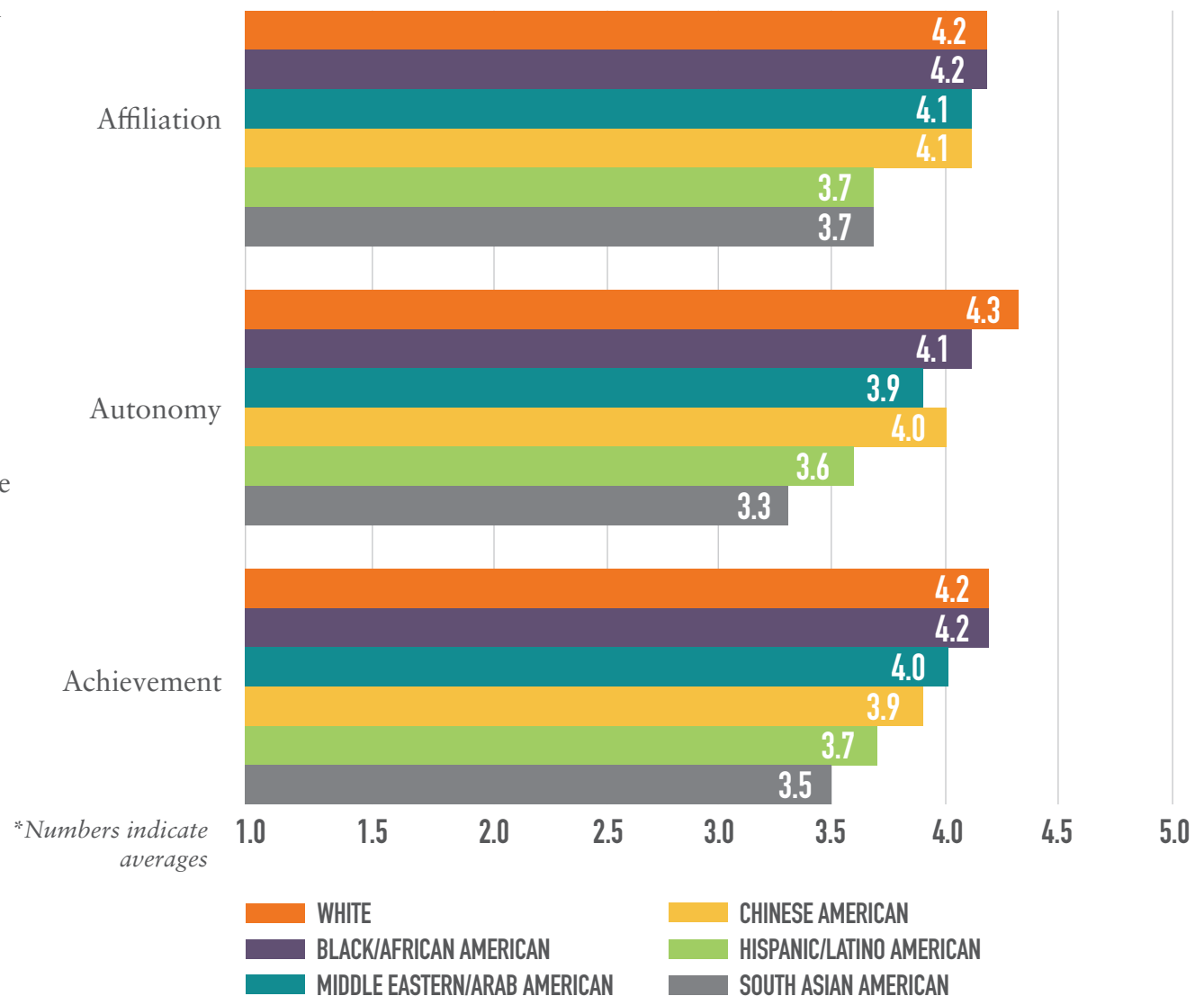
“

I used to go out every night. I had my girls, and we used to have bingo night or movie night, you know? But now it's the safety factor. I live alone. I have no family checking on me every day. Oh, maybe once in a while. So, my son, he calls me on the phone and says, “Mama, you stay right inside. You're not going out at night.” And the funny thing is, I don't like it, but he is right. He is right. It is not safe, but it has also become lonely for me. Lonely times for me.

”

Related to the theme of Building Meaningful Social Connections, Affiliation scores from the survey highlighted fairly strong connections and a sense of belonging across survey participants (average = 3.97 on a scale of 1 through 5). Comparing racial/ethnic groups, Black/African American, White, Middle Eastern/Arab American, and Chinese American respondents tended to have a significantly greater sense of affiliation than Hispanic/Latino American and South Asian American respondents (see Figure 3). There were no other significant differences.

FIGURE 3. AFFILIATION, AUTONOMY, AND ACHIEVEMENT





AUTONOMY AND STABILITY

Another common theme in the interviews centered on Autonomy and Stability. Independence, personal control, and financial stability were also central for participants' sense of empowerment during aging, enabling them to stay actively engaged in life. Autonomy, in particular, was essential among Black/African American participants. For example, one African American interviewee stated, "Fun to finally enjoy all that I ever wanted to do... and the freedom, that control over my life to live it in the way I want to... that's how you age well," demonstrating how personal autonomy was vital for aging well.

Financial security was equally crucial across groups. South Asian American participants, for instance, emphasized "...In terms of my successful aging... we're going to line up everything that we're going to do so that our kids don't have to think and stress about it..." reflecting the cultural importance of both self-sufficiency and a

strong sense of family responsibility (Kapp, 1963; Mitra & Arnett, 2021).

Overall, survey participants reported positive levels of Autonomy (average = 3.85 on a scale of 1 through 5). In terms of group differences, White respondents reported a significantly greater sense of autonomy than Middle Eastern/Arab American, Hispanic/Latino American, and South Asian American groups (see Figure 3). Black/African American and Chinese American participants also had a greater sense of autonomy than Hispanic/Latino American and South Asian American respondents on average.

PURPOSEFUL AGING

Purposeful aging was also a prominent theme in the interviews. Staying productive, pursuing goals, and engaging in meaningful activities were frequently cited as key factors for aging well. For example, Middle Eastern/Arab American participants saw aging as an opportunity for growth and self-improvement, with one participant

noting, “I feel like one of the purposes of life and aging is to continue to grow and learn and do better, and ultimately become your best self.” South Asian American participants also highlighted the role of spirituality by providing meaning and direction as they age, sharing that “When faith comes in, you can also be accepting with whatever comes along.”

In the survey responses, Achievement scores (average = 3.94 on a scale of 1 through 5) reflected a fairly positive view of one’s ability to be effective and accomplish goals or challenging tasks. Looking at differences between racial/ethnic groups, Black/African American, White, and Middle Eastern/Arab American respondents reported feelings of greater achievement than Hispanic/Latino American and South Asian American respondents on average (see Figure 3). Chinese respondents also reported feeling a greater sense of achievement than the South Asian American group. There were no other significant differences between racial/ethnic groups.

ADAPTIVE RESILIENCE

Adaptive Resilience reflects strengths such as mental toughness, persistence, dealing with uncertainty, and navigating challenges (Reker, 2009). Respondents reported moderately positive levels of adaptive resilience (average = 5.5 on a scale of 1 through 7). There were some statistically significant differences between racial/ethnic groups (see Figure 2). **Black/African American respondents tended to report greater adaptive resilience than Middle Eastern/Arab American and South Asian American groups, and White respondents also had greater adaptive resilience than South Asian American respondents on average.**

The importance of Adaptive Resilience was also a major theme from the interviews. “We all know life is not easy, right? It never is, for nobody. But I seek out ways to keep up. Staying strong, keeping the faith, that’s how I do it,” remarked a South Asian American participant.



Participants discussed embracing the physical, cognitive, and emotional changes of aging through resilience and employing compensatory strategies to overcome challenges associated with aging and maintain well-being. They also mentioned strategies such as maintaining a positive mindset, adaptability, and self-acceptance. Seeking support from family and loved ones, spiritual counseling, and being adaptable to changing life circumstances were some other coping mechanisms discussed during the interviews.

It's interesting to note that levels of adaptive resilience tended to be lower than healthy lifestyle and engagement with life in the survey responses. Interviews revealed that a sizeable proportion of participants shared that adverse childhood experiences such as food insecurity (45%) and perceived microaggressions (88%) across their lives had resulted in them feeling, as one African American participant described, “tired, fatigued, and worn down by this unfair system.”

Indeed, the fact that the cumulative burden of perceived racism, experiences of discrimination, and everyday microaggressions can lead to an erosion in coping skills is well documented in the literature (Geronimus et al., 2020).

Conversely, high levels of adaptive resilience for some respondents resonated with the interview findings. A key thread running through the interviews was strength in the face of adversity, particularly among those who had immigrated to the US and had developed robust coping strategies over time while trying to acculturate to a new country. As one South Asian American participant shared:



When you leave everything behind, family, friends, your entire life in a way, you become a warrior. I decided to embark on this [migration] journey, and I had made up my mind, I have to show the world it was the right decision. So, I became a warrior. And come what may, I will not be defeated. And look at me now. I am 75 years old; I am proud of all that I have achieved along this journey, but I never forget I am still a warrior.

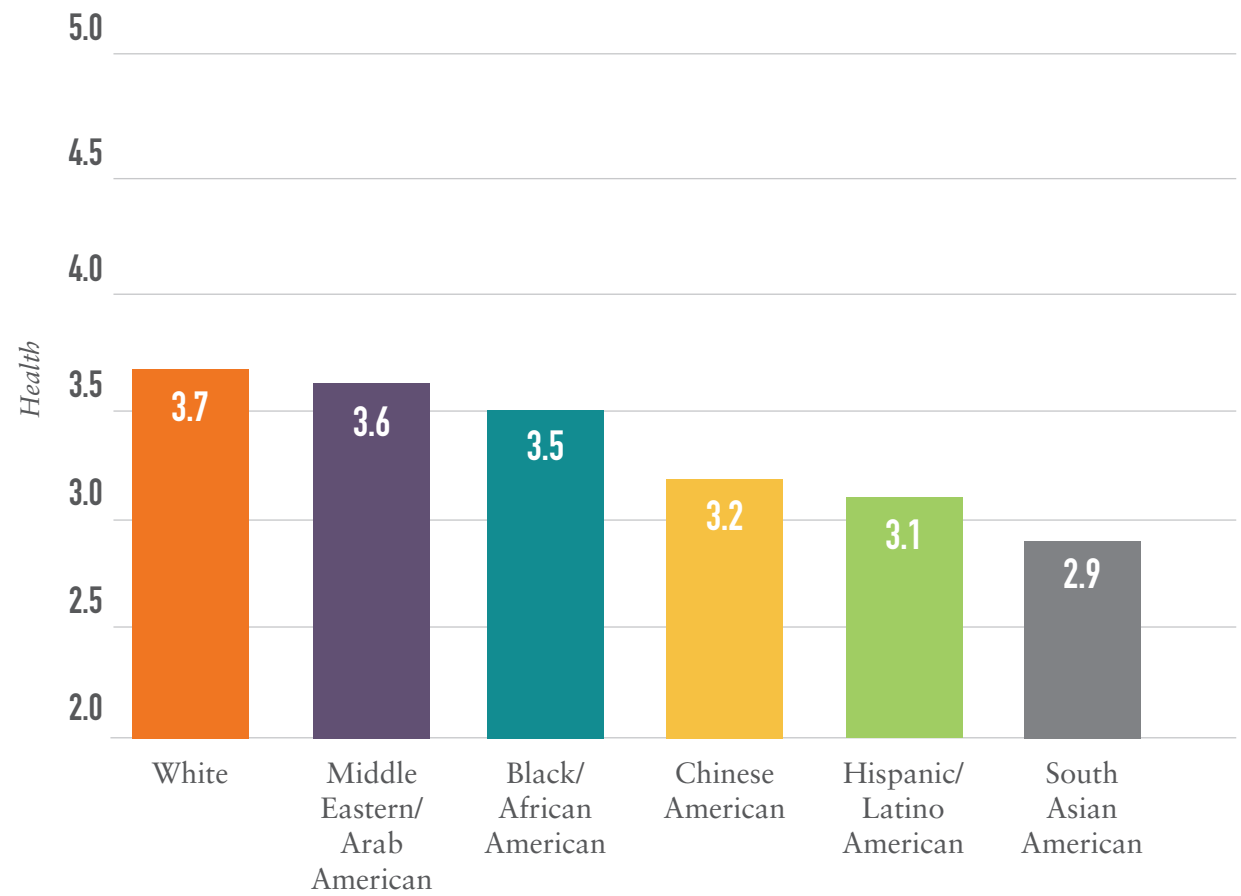


HEALTH

Overall, participants tended to rate their health as “good” (average of 3.3, on a scale of 1 to 5, with higher scores reflecting better health). There were some significant differences between racial/ethnic groups (see Figure 4). Specifically, **White and Middle Eastern/Arab American** respondents reported better health than **Chinese, Hispanic/Latino, and South Asian American** respondents. **Black/African American** respondents also tended to report better health than the **South Asian American** group. It’s interesting to note that the patterns of findings are different for health and successful aging. The **Black/African American** respondent group tended to have the greatest levels of successful aging, but health was not as relatively high, which highlights how aging well involves a broader constellation of factors than health alone.

Interview participants also indicated that health was an important part of aging well. In the words of one African American participant: “So, health, happiness, family, I think those are three keys for making life better as you get older.”

FIGURE 4. HEALTH



**Numbers indicate averages*

DIVERSE PERSPECTIVES ON SUCCESSFUL AGING

As discussed, five key themes emerged from the interviews that highlight older adults' perspectives on successful aging: holistic wellness for optimal aging, meaningful social connections, autonomy and stability, purposeful aging, and adaptive resilience. While these themes were significant across all racial/ethnic groups, each group emphasized different aspects based on their lived experiences and cultural values. Although these themes were universally important, their specific expression and emphasis varied by racial/ethnic group.

BLACK/AFRICAN AMERICAN PERSPECTIVES

African American participants emphasized the importance of social connections, resilience, and autonomy. Successful aging was linked to maintaining strong connections with family and friends while fostering a positive mindset toward the aging process. Autonomy, especially regarding mobility, financial security,

and pursuit of goals and interests, was essential to their sense of independence and freedom. Flexibility in schedules and time emerged as a vital factor, enabling participants to engage in tasks and hobbies that bring personal fulfillment. For example, engaging in meaningful activities, whether spending time with family or volunteering for social justice causes, was a hallmark of successful aging. Finally, mobility was a key indicator of successful aging, underscoring the importance of physical health in maintaining autonomy. These findings align with previous research on Black older adults, who often emphasize self-reliance and perseverance, shaped by the historical and contemporary context of overcoming oppression and discrimination (e.g., Becker & Newsom, 2005; Griffith et al., 2018; Troutman et al., 2011).

CHINESE AMERICAN PERSPECTIVES

For Chinese American participants, successful aging was described as a natural process, where maintaining a balance

between mental and physical health was key. "I think both mental and physical health has a very strong relationship... you have to do both... to keep a healthy life," one participant shared. Many participants focused on harmony and accepting aging's positive and negative aspects (e.g., yin and yang). Chinese American participants emphasized balance, social engagement, and proactive approaches to health, such as staying productive through hobbies and interests and having a social group that shared these interests. These findings are similar to findings from a past study on older Chinese American adults who emphasized physical and mental health, positive attitudes, social engagements, accomplishments, and positive family relationships as key factors of aging well (Nguyen & Seal, 2014).

MIDDLE EASTERN/ARAB AMERICAN PERSPECTIVES

These participants associated successful aging with finding purpose, setting

meaningful goals, maintaining family connections, and imparting wisdom to younger generations (e.g., grandchildren). Aging is viewed as an opportunity for growth and self-improvement, highlighting the importance of staying connected with family and contributing to society. These views align with cultural values emphasizing familial bonds, intergenerational responsibility, and communal well-being (Beitin & Aprahamian, 2014). For Middle Eastern/ Arab American participants, aging was not perceived as a decline, but simply as a phase of life that brings personal and spiritual development.

SOUTH ASIAN AMERICAN PERSPECTIVES

These participants described successful aging as a process rooted in gratitude, contentment, and faith. They emphasized the importance of being grateful for one's life and health, focusing on long-term satisfaction rather than instant gratification. Participants often discussed becoming

reflective and self-critical as they age, which leads them to try to avoid complaining and let go of negativity. Financial planning was a concern, ensuring they would not burden their families as they aged. Spirituality and family connections were also vital, with participants drawing on their faith for

purpose and meaning. Financial security/ planning, expression of spirituality, and the importance of families were key elements for successful aging, aligning with past research on Bangladeshi older adults (Amin, 2017).



STUDY IMPLICATIONS AND RECOMMENDATIONS

Overall, across groups, participants reported feeling generally positive about their well-being with relatively high perceptions of aging well. However, there were some significant differences between racial/ethnic groups, which suggest that cultural and contextual factors may impact aging well in meaningful ways. **Successful aging tended to be greater among Black/African American respondents and lower among South Asian Americans.** Although the current study cannot determine the reasons for these differences, there are notable demographic differences between groups. For instance, the South Asian American group was largely born outside of the US, and previous research has suggested that **foreign-born status may impact aspects of life such as access**

to health and social care resources, development of a cultural identity, and the building of social connections and support networks—factors that can influence successful aging in powerful ways (Ahmed et al., 2016). **Previous research identified positive spirituality as an overlooked component of successful aging** (Crowther et al., 2002), and Black/African American respondents had the highest average level of religiousness. The sample of Black/African American respondents also included more

women than the other groups, and women tended to have greater levels of successful aging. However, Black/African American men had greater successful aging than men of other races/ethnicities as well, which suggests that the differences between racial/ethnic groups may not be due to the proportion of women. Overall, diverse racial and ethnic groups differ widely in culture, beliefs, histories (e.g., immigration background, nativity), and experiences (e.g., resource access, geographical location,

**PREVIOUS RESEARCH IDENTIFIED POSITIVE SPIRITUALITY
AS AN OVERLOOKED COMPONENT OF SUCCESSFUL AGING.**



discrimination), all of which shape their views on, expectations of, and experiences with aging (Angel & Angel, 2006).

Mather Institute's (2021) Person-Centric Wellness Model is based on research and psychological theories, such as self-determination theory (Ryan & Deci, 2000; Ryan, Huta, & Deci, 2008) and the socioecological model (Bronfenbrenner, 1979). The model highlights individual and contextual factors that influence personal wellness. The core of the model focuses on three key motivators of wellness: autonomy (i.e., having power or agency over one's behaviors and decisions), achievement (i.e., sense of competence and self-efficacy), and affiliation (i.e., social connections and sense of belonging). The survey findings revealed cross-cultural differences, with Hispanic/Latino Americans and South Asian American respondents reporting relatively lower levels of autonomy, sense of achievement, and affiliation. Developing culturally sensitive approaches to supporting their autonomy, achievement,

and affiliation may foster an environment that promotes greater wellness and successful aging.

Similarly, the interview data revealed common themes related to wellness, resilience, social connectedness, autonomy, and purpose across many participants. However, each racial/ethnic group adapted these principles to its unique lived experiences and cultural values. Understanding these cultural nuances offers valuable insights into how successful aging is experienced and perceived across diverse communities.

These findings highlight the need for senior living providers and aging service organizations to foster environments that promote physical activity and healthy eating in culturally sensitive ways and provide safe, accessible opportunities for social engagement and meaningful activities, particularly in underserved communities.

Table 2 provides suggestions for specific actions that senior living and aging service providers can take to create more inclusive communities and support aging well among diverse populations.

This study also underscores limitations of Rowe and Kahn’s model of successful aging that emphasizes disease and disability avoidance, maintaining cognitive and physical function, and active engagement with life as key aspects of a rewarding and fulfilling later life. Our study found that while many participants emphasized healthy lifestyles, relationships, and resilience, aligning well with the successful aging model, contextual factors such as neighborhood safety, social support systems, and resource access were also noted as important to successful aging. In addition, individual factors such as nativity status and education can play a critical role in aging well.

TABLE 2. WAYS TO SUPPORT AGING WELL AMONG DIVERSE OLDER ADULTS AND PROMOTE INCLUSIVE COMMUNITIES

Offer culturally appropriate programs to encourage exercise (e.g., Bollywood dancing lessons or yoga and meditation classes) and healthy, nutritious cultural menu options in meal plans.
Encourage older adults to be their authentic selves. Invite them to share the story of their lives and create safe spaces for dialogue and respectful conversations to enhance a sense of belonging. Organize cultural movie nights and encourage resident-led book clubs that include diverse book choices.
Partner with local faith-based organizations such as temples, mosques, churches, synagogues, or gurudwaras to facilitate participation in religious services. Provide transportation services to these locations.
Provide opportunities for meaningful intergenerational engagement (e.g., computer literacy classes taught by high school students or language lessons taught by bilingual older adults).
Learn about and celebrate cultural holidays. Seek advice from diverse communities.
Host “family meetups,” particularly for important milestones such as birthdays or cultural holidays, to create opportunities for social interactions.
Develop programs and offer translation services to support late-life immigrants with low levels of English-language proficiency.
Avoid making stereotypical assumptions, even if well-intentioned. Acknowledge the diversity in lived experiences and that one size does not fit all. Be respectful of individual preferences, beliefs, and practices.

There are several important points to consider when interpreting the study findings. The findings revealed important racial/ethnic differences in aging well; however, aging experiences are also influenced by individual characteristics, situational influences, and cultural or societal factors. Conducting the interviews and surveys in English may have introduced bias to the responses among respondents who had other original languages. Study participants may not be representative of their racial/ethnic group, and it is also important to note that there is heterogeneity within groups. There are interconnections among race/ethnicity, gender, education, income, and other factors that can impact the aging experience in unique ways. Care should be taken not to overgeneralize or stereotype members of racial/ethnic groups based on the study findings. Individual preferences, beliefs, and practices should be respected.



STRATEGIES FOR SENIOR LIVING AND AGING SERVICE PROVIDERS

Here are five strategies to support aging well across diverse communities that senior living and aging service providers may find useful:

1 PRACTICE CULTURAL SENSITIVITY

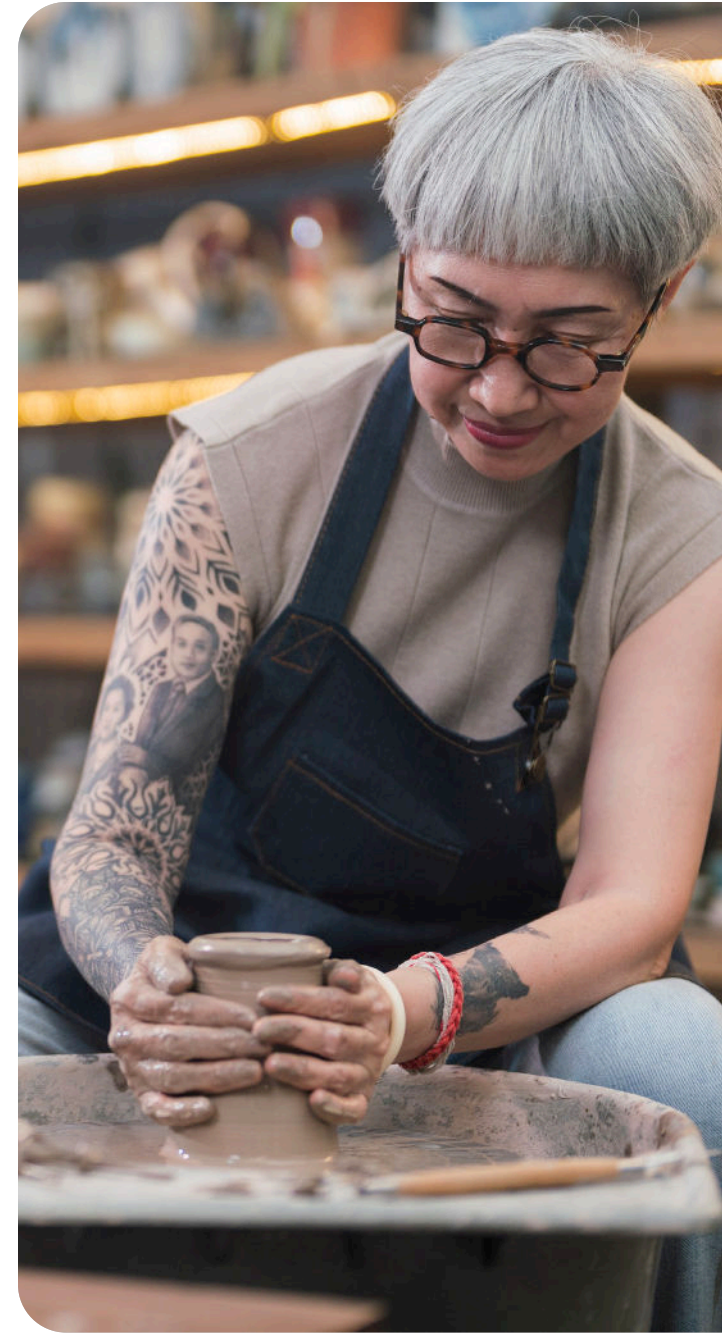
Researchers found that while most participants in the study reported positive perceptions of aging well, adhering to cultural beliefs and values was important to many. Strategies should be tailored to acknowledge and celebrate cultural variations in the aging experience. Marketing campaigns or programs that appeal to specific traditions or values could help establish rapport and nurture stronger connections with diverse communities/older adults.

2 PERSONALIZE TO ENHANCE ENGAGEMENT

Study findings showed that experiences with aging well may vary among racial and/or ethnic groups; however, they also vary

within specific racial/ethnic groups. For example, foreign-born Hispanics often report better health profiles than US-born Hispanic/Latino Americans, potentially due to varying levels of acculturation (Farina et al., 2023; Riosmena et al., 2013). Aging perspectives also vary among Asian groups; Chinese Americans, for instance, expect more age-related declines than Korean Americans (Menkin et al., 2017) and place strong emphasis on the relationship between mental and physical well-being, while Vietnamese American older adults place less emphasis on living independently in comparison to Chinese Americans (Laditka et al., 2009).

To this end, personalization is crucial, since experiences and perspectives related to aging well are not uniform across all people. Programs and services that are tailored to individual preferences, such as culture-specific recreational activities, can go a long way in enhancing engagement and a sense of well-being in older adults. Culturally specific program design can



increase accessibility and enhance a sense of belonging by using community venues, incorporating native language instruction, and integrating culturally relevant activities like popular music, traditional food and celebrations, or exercise routines that are tailored to the targeted populations (Montayre et al., 2020).

3 PROMOTE COMMUNITY AND CONNECTION

Interview participants emphasized the importance of family ties, social engagement, and the desire to maintain their legacy. For instance, South Asian and Middle Eastern/Arab American interviewees highlighted the value of imparting their knowledge, wisdom, and cultural traditions to the next generation and other community members as a key aspect of aging well. A South Asian American participant shared “... as human beings, we are endowed with capabilities, so as we pass, we leave behind something... you can pass on to next generation, and

they can do the same. I think the best thing we can do as we age... is to leave behind some redeemable things or values that human beings can continue to grow on and make their life better, enjoyable, and easier.” Therefore, targeted efforts should be made to foster opportunities for social interaction and meaningful engagement, especially activities or events that align with cultural observances, holidays, or traditions. Activities that involve close family members, such as grandchildren, will likely be appreciated by older adults and encourage their active participation.

4 FOCUS ON HEALTH AND WELLNESS

Maintaining an active lifestyle and healthy eating behaviors were prioritized by many study participants. To support these behaviors, underscore the importance of wellness checks and offer culturally appropriate programs to encourage exercise as well as healthy, nutritious cultural menu options in meal plans. In support of access to nutritious food and opportunities to

develop new skills, Mather is launching a new program to distribute hydroponic gardens and supplies to diverse older adults in the Chicagoland area. Recipients of the gardens will have an opportunity to participate in a training program and monthly discussion groups.

5 ENHANCE RESILIENCE AND EMPOWERMENT

The study revealed that coping and resilience contributed to aging well. Efforts should be made to help racially/ethnically diverse older adults feel empowered by celebrating their achievements, hearing their life stories, and creating safe spaces for them to thrive psychologically.

CONCLUDING THOUGHTS

The following words from an African American interview participant encapsulate the findings from this study and provide guidance for future directions in the quest to support successful aging for all:

“

Family, faith, friendships, and fortitude are really the keys to aging well. And don't forget to add fun and freedom. Fun to finally enjoy all that I ever wanted to do, to go dancing, being carefree, and walking in the park, watching movies with my granddaughter, learning something new. And freedom, that control over my life to live it in the way I want to. That's how you age well.

”



REFERENCES

- Administration for Community Living. (2024). *2023 profile of older Americans*. https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf
- Ahmed, S., Shommu, N. S., Rumana, N., Barron, G. R., Wicklum, S., & Turin, T. C. (2016). Barriers to access of primary healthcare by immigrant populations in Canada: A literature review. *Journal of Immigrant and Minority Health*, 18, 1522–1540.
- Amin, I. (2017). Perceptions of successful aging among older adults in Bangladesh: An exploratory study. *Journal of Cross-Cultural Gerontology*, 32(2), 191–207. <https://doi.org/10.1007/s10823-017-9319-3>
- Angel, J. L., & Angel, R. J. (2006). Minority group status and healthful aging: Social structure still matters. *American Journal of Public Health*, 96(7), 1152–1159. <https://doi.org/10.2105/AJPH.2006.085530>
- Batalova, J. (2024, March 13). *Frequently requested statistics on immigrants and immigration in the United States*. Migration Information Source. <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-2024>
- Becker, G., & Newsom, E. (2005). Resilience in the face of serious illness among chronically ill African Americans in later life. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 60(4), S214–223. <https://doi.org/10.1093/geronb/60.4.s214>
- Beitin, B. K., & Aprahamian, M. (2014). Family values and traditions. In *Biopsychosocial perspectives on Arab Americans: Culture, development, and health* (pp. 67–88). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-8238-3_4
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L., & Koenig, H. G. (2002). Rowe and Kahn’s model of successful aging revisited: Positive spirituality—The forgotten factor. *The Gerontologist*, 42(5), 613–620.
- Depp, C. A., & Jeste, D. V. (2006). Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *The American Journal of Geriatric Psychiatry*, 14(1), 6–20. <https://doi.org/10.1097/01.JGP.0000192501.03069.bc>
- Farina, M. P., Kim, J. K., & Crimmins, E. M. (2022). Racial/ethnic differences in biological aging and their life course socioeconomic determinants: The 2016 health and retirement study. *Journal of Aging and Health*, 35(3–4), 209–220. <https://doi.org/10.1177/08982643221120743>

Geronimus, A. T., Pearson, J. A., Linnenbringer, E., Eisenberg, A. K., Stokes, C., Hughes, L. D., & Schulz, A. J. (2020). Weathering in Detroit: Place, race, ethnicity, and poverty as conceptually fluctuating social constructs shaping variation in allostatic load. *The Milbank Quarterly*, 98(4), 1171–1218.

Griffith, D. M., Cornish, E. K., Bergner, E. M., Bruce, M. A., & Beech, B. M. (2018). “Health is the ability to manage yourself without help”: How older African American men define health and successful aging. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 73(2), 240–247. <https://doi.org/10.1093/geronb/gbx075>

Hilton, J. M., Gonzalez, C. A., Saleh, M., Maitoza, R., & Anngela-Cole, L. (2012). Perceptions of successful aging among older Latinos, in cross-cultural context. *Journal of Cross-Cultural Gerontology*, 27, 183–199.

Kapp, K. W. (1963). *Hindu Culture, Economic Development and Economic Planning in India: A Collection of Essays*. Asia Publishing House.

Kotter-Grühn, D., & Hess, T. M. (2012). The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 67(5), 563–571.

Laditka, S. B., Corwin, S. J., Laditka, J. N., Liu, R., Tseng, W., Wu, B., Beard, R. L., Sharkey, J. R., & Ivey, S. L. (2009). Attitudes about aging well among a diverse group of older Americans: Implications for promoting cognitive health. *The Gerontologist*, 49(S1), S30–S39. <https://doi.org/10.1093/geront/gnp084>

Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging. *Journal of Aging Studies*, 29, 41–52. <https://doi.org/10.1016/j.jaging.2013.12.006>

Martinson, M., & Berridge, C. (2015). Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist*, 55(1), 58–69.

Mather Institute. (2021). *The person-centric wellness model: Well-being, personalized*. <https://www.matherinstitute.com/person-centric-wellness-model/>

Menkin, J. A., Guan, S.-S. A., Araiza, D., Reyes, C. E., Trejo, L., Choi, S. E., Willis, P., Kotick, J., Jimenez, E., Ma, S., McCreath, H. E., Chang, E., Witarama, T., & Sarkisian, C. A. (2017). Racial/ethnic differences in expectations regarding aging among older adults. *The Gerontologist*, 57(suppl_2), S138–S148. <https://doi.org/10.1093/geront/gnx078>

Mitra, D., & Arnett, J. J. (2021). Life choices of emerging adults in India. *Emerging Adulthood*, 9(3), 229–239. <https://doi.org/10.1177/2167696819851891>

Montayre, J., Neville, S., Dunn, I., Shrestha-Ranjit, J., & Wright-St. Clair, V. (2020). What makes community-based physical activity programs for culturally and linguistically diverse older adults effective? A systematic review. *Australasian Journal on Ageing*, 39(4), 331–340. <https://doi.org/10.1111/ajag.12815>

Nguyen, A. L., & Seal, D. W. (2014). Cross-cultural comparison of successful aging definitions between Chinese and Hmong elders in the United States. *Journal of Cross-Cultural Gerontology*, 29(2), 153–171. <https://doi.org/10.1007/s10823-014-9231-z>

Pew Research Center. (2024). *What the data says about immigrants in the U.S.* <https://www.pewresearch.org/short-reads/2024/07/22/key-findings-about-us-immigrants/>

Piccardi, L., Pecchinenda, A., Palmiero, M., Giancola, M., Boccia, M., Giannini, A. M., & Guariglia, C. (2023). The contribution of being physically active to successful

aging. *Frontiers in Human Neuroscience*, 17, 1274151. <https://doi.org/10.3389/fnhum.2023.1274151>

Pilkington, P. D., Windsor, T. D., & Crisp, D. A. (2012). Volunteering and subjective well-being in midlife and older adults: The role of supportive social networks. *The Journals of Gerontology: Series B*, 67B(2), 249–260. <https://doi.org/10.1093/geronb/gbr154>

Privitera, A. J., Ng, S. H. S., & Chen, S. H. A. (2024). Cognitive and neural mechanisms of learning and interventions for improvement across the adult lifespan: A systematic review protocol. *PLOS ONE*, 19(5), e0301935. <https://doi.org/10.1371/journal.pone.0301935>

Reker, G. T. (2009). *A brief manual of the Successful Aging Scale (SAS)*. <https://doi.org/10.13140/2.1.4238.7201>

Riosmena, F., Wong, R., & Palloni, A. (2013). Migration selection, protection, and acculturation in health: A binational

perspective on older adults. *Demography*, 50(3), 1039–1064. <https://doi.org/10.1007/s13524-012-0178-9>

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist*, 37(4), 433–440. <https://doi.org/10.1093/geront/37.4.433>

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78.

Ryan, R.M., Huta, V., & Deci, E.L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies*, 9, 139–170.

Troutman, M., Nies, M. A., & Mavellia, H. (2011). Perceptions of successful aging in Black older adults. *Journal of Psychosocial Nursing and Mental Health Services*, 49(1), 28–34. <https://doi.org/10.3928/02793695-20101201-01>

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