UNDERSTANDING AGING WELL FROM THE PERSPECTIVES OF

HOMEBOUND OLDER ADULTS

by

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Abstract

With the population becoming "grayer" the United States has begun to question what it means to be aging well. Previous research has examined what it means to age well how to diminish age-related losses, although there is a lack of consensus about what this means. The older adult population is diverse regarding race, ethnicity, sex, culture, sexual orientation, and ability; thus, aging well can mean different things to different people. Due to this diversity, the subjective perspectives and experiences of older adults are important to understand the processes of aging well and expand its conceptualization to a heterogeneous population of older adults. This thesis responds to my research question, "What does aging well mean to older adults who are living with aging-related disabilities and/or chronic illness in the context of their daily lives?" The study involves analysis of secondary qualitative data of individual interviews with homebound older adults as part of a larger study about aging well in Arlington, Texas. Through this analysis, I build upon previous conceptual models of aging well from the literature and that developed by a research team composed of members of the parent study. My findings suggest that having a close housing community, engaging in the outer community, being able to give back, environmental structures, and resiliency are all factors in an individual's ability to age well who are living with aging-related disability and/or chronic illness. Discussion is provided regarding these findings and implications for social work practice and future research.

Keywords: aging well, disability, chronic illness, older adults

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Chapter One

Introduction to the Problem

There are approximately 35 million Americans over the age of 65 and this number is expected to double in the next 25 years (National Institute on Aging [NIA], n.d.). Moreover, people aged 85 and older constitute the fastest growing segment of the population in the United States. What it means to be older in the United States has changed as well. For example, life expectancy among older Americans increased from 73.1 years for men and 66.6 for women in 1960, to 81.2 years and 76.4 years in 2014 for women and men respectively (Centers for Disease Control [CDC], 2015). In addition to longer life expectancy, older adults are living longer with chronic illness and aging-related disabilities such that seven of the top ten causes of death in 2010 were chronic diseases (Centers for Disease Control [CDC], 2016). Two of those chronic diseases, heart disease and cancer, together account for nearly 48% of all deaths (CDC, 2016). This phenomenon poses concerns about how we, as a nation, will support this population to "age well."

Values entrenched in American society uphold youth, individualism, and mobility over the wisdom and experiences of older adults (Allen, Cherry, & Palmore, 2009). Consequently, old age is often viewed in terms of what older adults can no longer do versus what they can do through a values framework consistent with individual responsibility and dependency (Angus & Reeves, 2006). Historically, older adults were viewed negatively and burdensome in earlier nomadic tribes, but gained greater value and respect in the cultural shift to rural agrarian societies (Nelson, 2005). Older adults were valued for their experience, wisdom, and their distinct role as the carriers of institutional memory and knowledge; qualities integral to survival in agrarian societies (Butler, 2009). During the economic shift from an agrarian culture to an

industrial economic power, families moved into cities where industrial production created many jobs for younger people (Nelson, 2005). A societal shift of viewing older adults in a negative light correlated with the industrial revolution. For example, older adults with memory and/or mobility impairments were viewed as a burden on families during this transition. Furthermore, one's authority as an elder landowner diminished when the centrality of employment moved the family to the city (Nelson, 2005). This context helped to seed ageism and further a stigmatized identity about aging and older adults, which persists today.

According to Butler (2009), ageism consists of three interrelated components: 1) prejudicial attitudes toward old age, the aging process, and older adults; 2) discrimination against older adults, and 3) institutional practices and policies which perpetuate stereotypes about older adults. More often, societal images of aging and older adults resemble nondescript entities. Although some socio-cultural values about aging and older adults are changing (Nelson, 2005), images of older adults through depictions in media, marketing, and advertising are largely centered on their economic value from a very narrow market representation consistent with longstanding stereotypes, e.g., smiling older adults in ads for health-related products (Zhang et al., 2006). In contrast, media also portray youthful, active seniors who may not necessarily represent the diversity of the population, hence, creating an unrealistic expectation that older adults should age into an active lifestyle, absent disease or disability. According to Nelson (2005), "Our understanding of the far-reaching influence of age prejudice on the lives of older adults is nascent" (p. 217) and much further research is needed about ageism itself.

Despite health promotion's greater role in public health, aging with chronic illness and aging-related disability are a daily reality for people. What may be less understood is that older adults have strengths from which they can draw to support aging well according to their own

values and preferences and the contexts in which they live (Gergen & Gergen, 2000; McInnis-Dittrich, 2014). Strengths derive from individual characteristics e.g., physical health, personality traits, or emotional strength, or they can derive from the environmental influences, e.g., networks of social capital, financial security, or influences within the communities in which older adults live (Simmons, Shapiro, Accomazzo, & Manthey, 2016). New perspectives about the role of "place" from the field of environmental gerontology, emphasizes the reciprocal fit at the intersection of individual and environmental influences and the capabilities that each bring to bear in support of aging well (Moore, 2014). This approach is consistent with a social work ecological perspective, when aging well is framed in a person-in-environment perspective (e.g., micro, mezzo, macro) (Simmons et al., 2016). A strengths perspective within this interactive framework supports a new discourse around the value of older adults, the aging process, and the community to develop interventions which target these multi-level influences on aging well (McInnis-Dittrich, 2014).

Chapter Two

Literature Review

In the following section, I present a review of the literature about the concept of aging well and related concepts historically utilized by researchers. Further, I describe and critique one of the more widely used concepts, "successful aging," often used interchangeably with the concept of aging well. I describe two models of aging well from the empirical literature and compare their conceptualizations. Gaps in the literature are identified with respect to the study of aging well among diverse populations of older adults, particularly, older people who are living with illness and disability which form the basis of the present study. Lastly, I conclude with my research question for the present study.

Background on Positive Aging Terminology

The concept of "aging well" is often conflated with related concepts such as "successful aging" (Havighurst, 1963; Rowe & Kahn, 1997), "effective aging" (Curb et al, 1990), or "optimal aging" (Ryff, 2013). The concept of successful aging first developed in the mid-20th century and gained much interest by researchers in the 1980's and 1990's. In a counter to negative stereotypes of aging, researchers conceptualized successful aging as an absence of disease and disability, high cognitive and emotional functioning, and meaningful interactions with others with interventions and policies geared to support such (Kahn et al., 1997). In contrast, effective aging emphasizes the experience of older adults who are already living with aging-related illness and disability or who have lived for decades with chronic condition(s), but can adapt or compensate for challenges imposed by ill health and disability (Curb et al., 1990). Lastly, Ryff's (2013) conceptualization of optimal aging incorporates eudemonic well-being which emphasizes human flourishing, self-development, personal growth, purposeful

engagement, and resilience (i.e., the maintenance and or recovery of health and well-being during adversity). While these concepts share similar meanings and attributions, each emphasizes a unique perspective of aging well. Successful aging allows practitioners to look at how the older adult is doing physically, while effective and optimal aging gives practitioners an understanding of how the older adult is doing socially and emotionally. Combined, these three concepts look at older adults from a biopsychosocial perspective.

Systematic Reviews of Successful Aging

One of the first uses of the term, successful aging, was in the biomedical gerontology literature about one of the first longitudinal aging studies designed to understand the transition from mid-life to older adulthood (Havighurst, 1961). He initially described successful aging as getting the maximum satisfaction out of life. Since that time, several systematic reviews, i.e. comprehensive literature reviews generally of research studies about a specific topic or question, have aimed to form a consensus definition of successful aging. The following systematic reviews examine various dimensions of successful aging.

Depp & Jeste (2006) confined their systematic review of successful aging/positive outcomes of aging to quantitative studies of adults age 60 and older that utilized successful aging as a dependent variable, inclusive of both longitudinal and cross-sectional studies. Their aim was to evaluate operational definitions of successful aging and the correlates or predictors which influence the reported proportions of successful agers. Here, I focus solely on the variability in successful aging definitions, rather than the predictors. The authors reviewed 28 studies which used 29 different definitions of successful aging or positive aging outcomes. The average number of dimensions per definition was 2.6 with 26 of 29 (90%) definitions involving a disability or physical functioning component with indicators such as self-reported activities of daily living

(ADLs), instrumental activities of daily living (IADLs), walking distance, and grip strength. Cognitive functioning measured by brief cognitive tests and self-reported memory loss appeared in 13 of the 29 (45%) definitions. Psychosocial aspects such as social and productive functioning were represented in 8 of the 29 (28%) definitions and well-being and life satisfaction were included in 9 (31%) definitions. At the bottom end, environmental influences and finances appeared in only 2 (7%) study definitions, while self-reported health and perceptions of successful aging ranked low as well. Interestingly, longevity was contained in only 4 (14%) definitions. Overall, Depp & Jeste's (2006) findings demonstrated variability across definitions with physical ability/physical performance, and to a less extent cognitive functioning predominating researcher-defined constructs.

In a second systematic review, Cosco, Prina, Perales, Stephan, & Brayne (2014) aimed to update the literature by also examining the operational definitions of successful aging among quantitative studies. The authors examined 105 operational definitions of successful aging across 84 studies. The range of dimensionality across operational definitions included 1 to 5 constructs per definition with 34 (32%) definitions consisting of a single, unidimensional construct and the remaining 71 (68%) representing multidimensionality. The authors compiled the 5 constructs of successful aging that they identified across all reviewed studies as follows: Physiological (90%); Well-being (50%); Engagement (52%), Personal resources (25%), Extrinsic factors (7%). Their findings suggest that successful aging is a heterogeneous phenomenon that goes beyond mere survival to include maintenance among social, cognitive, and emotional facets. Similar to the Depp & Jeste's (2006) systematic review, Cosco & colleagues (2014) demonstrate the multidimensional nature of successful aging and absence of a clear operational definition. The

authors exhort researchers to develop a conceptually useful multidimensional definition of successful aging to identify areas for intervention.

Lastly, Cosco, Prina, Perales, Stephan, & Brayne (2013) conducted a systematic review on successful aging from the qualitative literature with the aim to augment conceptualizations of successful aging with lay perspectives, although no age criteria were outlined for study inclusion. Cosco et al., (2013) conducted a review of 26 studies using broad inclusion criteria. Collectively, the 26 studies used purposive samples of community dwelling adult retirees from the U. S. and Canada ranging in age from 23 to 101. In contrast to the quantitative systematic reviews, Cosco et al., (2013) noted a divergence from biomedical concepts of successful aging to include multidimensional psychosocial aspects, particularly attitudinal and engagement components, such as social involvement, stimulation, and participation in community activities. Furthermore, several psychosocial subthemes to emerge were acceptance, maintenance, spirituality, community, social roles, quality of life, independence, prevention and remediation, self-awareness, perspective and engagement (Cosco et al., 2013). The most common subthemes mentioned were engagement, perspective, and self-awareness (Cosco et al., 2013). Overall the authors suggest the advantages of a multidimensional construct of successful aging which includes relevant psychosocial aspects beyond primarily biomedical domains and the inclusion of lay perspectives.

Critique of Successful Aging Concepts. Martinson & Berridge (2014) contribute to the field of social gerontology in their systematic review by identifying common critiques of successful aging/positive aging models and suggest improvements. Accordingly, the authors reviewed 67 articles that met their inclusion criteria of 1) publication between 1987–2013, 2) successful aging/ageing in the title or text, and 3) a critique of successful aging models as a key component

of the article. The authors synthesized their findings into four themes of critiques: 1) *Add and Stir*, 2) *Missing Voices*, 3) *Hard Hitting*, and 4) *New Frames and Names*. The *Add and Stir* theme (16/67 articles) called for keeping the core successful aging framework and adding criteria, such as physiological, psychological, and social dimensions. Rowe and Kahn (2015) appear to concur with this approach. The second theme, *Missing Voices*, (30/67) echoed the need for subjective definitions of successful aging from older adults themselves. A culturally relevant operational definition of successful aging is needed to recognize older adults with disabilities (Martinson & Berridge, 2014). In the third theme, *Hard Hitting*, 14/67 critiques focused on various assumptions in current models of successful aging which hold negative connotations. Collectively, these critiques argue that many positive aging models are conservative by nature through their focus on values of individualism and personal responsibility, thus, perpetuating ageism and ableism (Martinson & Berridge, 2014). Moreover, these particular aging models unwittingly harm older adults and undermine a sense of self identity. Derived from 7 of the 67 articles reviewed, the theme called *New Frames and Names*, proposes a holistic model of successful aging; one that does not "give an unrealistic portrayal of old age" as persons without illness or disability (Martinson & Berridge, 2014, p. 64). This last model incorporates spirituality in hopes of representing "balanced aging," "resilient aging," and "harmonious aging" (Martinson & Berridge, 2014, p.64). The intent behind this last theme is to posit that all people can age with dignity; therefore, omit exclusionary models and limitations which perpetuate ageist or ablest stereotypes (Martinson & Berridge, 2014). Overall, Martinson et al. (2014) advocate for aging models which empower and support social justice concepts of equity by incorporating what and how structural barriers facilitate or impede aging well.

Qualitative Studies. This section builds upon the theme of *Missing Voices* (Martinson et al, 2014) and the need for diverse subjective experiences of older adults for continued development of useful positive aging models. As such, I discuss two qualitative studies by Reichstadt and colleagues (2007; 2010). The 2007 study used focus groups to elicit the perspectives of 72 community-dwelling older adults from retirement communities in San Diego County, CA ranging in age from 60-99 years using 12 focus groups. Four inter-related themes emerged: 1) attitude/adaptation, 2) security and stability, 3) health/wellness, and 4) engagement/stimulation. The authors concluded that psychosocial influences matter more to older adults than biomedical indicators of age welling such as longevity, genetics, absence of disease/disability, function, or independence (Reichstadt, Depp, Palinkas, & Jeste, 2007).

Subsequently, Reichstadt, Sengupta, Depp, Palinkas, & Jeste (2010) examined the opinions from individual interviews of 22 older adults aged 60 and older from retirement communities in San Diego County, CA about what successful aging means to them and interventions or solutions to support their experience of aging well. The sample was composed of a mean age of 80 years and 59% female. The first theme expressed the importance of self-acceptance/self-contentment, consistent with a comfort with oneself and/or self-confidence and engagement. Indicators or subthemes included 1) realistic self-appraisal, 2) a life review, and 3) staying present in the day/moment.

The second theme, life/self-growth, stressed the importance of staying engaged and having a "*can-do*" attitude toward growth and how those themes contribute to aging successfully (Reichstadt et al., 2010, p. 4). Indicators/subthemes included 1) pursuing novel pursuits or passions, 2) giving to others to help others and/or one's self, 3) social interactions or the actuality or sense of being connected to caring others, especially friends consistent with this retirement

community sample, and 4) a positive attitude evidenced by a balance of acceptance of what one's personal experience of aging entails and a genuine interest to stay engaged and grow. Other important aspects of aging included information to make informed decisions, enhanced coping skills, and social and environmental supports. Reichstadt et al.'s study (2010) confirmed what the 2007 study found; themes of self-contentment and self-growth are important to aging well for their study samples

Concordance and Discordance about Aging Well: Researcher and Older Adult

The previous discussion is noted for the discordance between researcher-defined and older adults' perspectives of positive aging, particularly with respect to biomedical models of aging successfully versus psychosocial aspects of aging well. In a seminal study by Strawbridge, Wallhagen, & Cohen (2002), the authors examined the utility of two conceptualizations of aging well to predict well-being in a sample of 867 adults aged 66 to 99 years. The two definitions included were 1) self-rated definitions according to their sample, and 2) Rowe and Kahn's (1997) definition, i.e., absence of disease, disability, and risk factors; maintaining physical and mental functioning; and active engagement with life.

The authors' findings were astonishing in several respects. Of the 867 participants, Strawbridge et al. (2002) found that 50.3% of the total sample self-rated themselves as aging successfully according to their subjective perceptions, while only 18.8% were classified as aging successfully according to Rowe and Kahn's definition. Further, of the 163 participants who were classified as aging successfully according to Rowe and Kahn's criteria, 60 participants did not rate themselves as aging successfully (Strawbridge et al., 2002). Also, of the 704 participants that were not classified as aging successfully according to Rowe and Kahn's criteria, 333 participants self-rated themselves as aging successfully (Strawbridge et al., 2002). Lastly, absence of disease

and maintaining functioning were positively associated with successful aging for both definitions, whereby many participants with chronic conditions and with functional difficulties still rated themselves as aging successfully. This study brings up important questions about the concept of aging well/aging successfully. First, is it more important for older adults to meet certain researcher defined/biomedical criteria or for them to perceive themselves as aging well or both? Considering the participants who met Rowe and Kahn's criteria yet did not rate themselves as aging successfully, what criteria is missing?

Based on this review, a couple of important issues are at the forefront of defining and understanding aging well for diverse older populations. Efforts to expand concepts such as successful aging and aging well are hampered by limited research about the subjective meanings of successful aging or aging well among diverse older adults themselves, i.e. the self-construction of aging (Gergen & Gergen, 2002). Further, a critical discourse on positive models of aging acknowledges that resilience, an often ambiguous ill-defined concept, is integral to furthering theoretical perspectives on aging well (Wild, Wiles, & Allen, 2011). Despite its lack of clarity, resilience as a central part of aging well recognizes the heterogeneity of diverse aging populations through its unique cultural malleability (Brand & Kax, 2007). Critical gerontology's exploration of resilience may pave a broader way to more fully explore the intersection of intrinsic and extrinsic factors necessary for developing newer positive models (Wild et al., 2012).

Two Models of Aging Well

In the following, I compare two models of aging well (Fernández-Ballesteros et al. 2002; 2008; Woods et al., 2016) to illustrate the theoretical biomedical shift from health and functional aspects of aging (Fernández-Ballesteros et al., 2013) to a multidimensional model of aging well which includes psychological and psychosocial dimensions (Woods et al., 2016).

Fernandez-Ballesteros et al. (2002, 2008) as cited in Fernandez-Ballesteros et al. (2013) promulgated a four-domain model of aging well using three latent constructs 1) healthy aging, 2) active aging, and 3) productive aging (see Appendix B). Healthy aging refers to a lack of illness/disease and independence in one's activities of daily living. Active aging includes two domains: 1) high physical and cognitive functioning, and 2) positive affect and control. Productive aging refers to the domain: social participation and engagement. This four domain model of aging well demonstrates the weight given in positive aging research to the stereotype of a disability-free, mobile, and socially engaged older adult. Despite the discordance between lay and researcher-defined meanings of aging well, Fernandez-Ballesteros continues to assert his four domain model through continued research in the field of aging well despite the previously cited critiques (Fernández-Ballesteros et al, 2012, 2013).

In a second model of aging well, Woods et al. (2016) organized an aging well framework by using indicators of aging well from the Women's Health Initiative (WHI) studies. The authors selected indicators from several measures and related them to the following three constructs: 1) successful aging, 2) effective aging, and 3) optimal aging (see Appendix C). Successful aging was defined by an "absence of various diseases, symptoms or risk factors, and functional/role performance perspectives by focusing on integrated human functioning, indicated by activities of daily living and physical, social, and emotional functioning" (p. S7). Effective aging was constructed as "the capacity to manage life challenges associated with aging, resilience, and perceived capacity to manage stress" (S7). Optimal aging consists of indicators of well-being and high levels of wellness consisting of eudemonic and hedonistic dimensions.

Both models have a biomedical/functional health component; however, there are differences between the two models. In the Fernández-Ballesteros et al. model (2013), all four

domains emphasize the older adults' absence of disease and preserved functional capacity, while only one domain in Woods et al. (2016) has that emphasis. Since Woods et al. (2016) has emotional, life satisfaction, and personal growth aspects as well as physiological aspects, this model is more multidimensional than Fernández-Ballesteros et al.'s (2013) model and applicable to a wider range of aging adults. Fernandez-Ballesteros et al.'s (2013) focus on the physical health of older adults implies ableism since it lacks the perspective of older adults with disabilities and/or chronic illness. Woods et al. (2016) model, however, has other constructs aside from the physical, such as effective and optimal aging, which allow practitioners to see how this population ages well in the face of adversity.

Summary

In conclusion, this literature review explored 1) the concept of successful aging as the dominant paradigm in positive aging and aging well conceptualizations, 2) the relevant research studies which have helped build the concept's structure, and 3) the critiques of the original successful aging framework as set forth by Rowe and Kahn (1997).

Notwithstanding its important contributions, early social gerontology primarily focused on aging and old age through a loss/dependency/decline narrative (Martinson & Berridge, 2015). Hence, health and independence as important parts of quality of life in old age eventually became the core of the successful aging movement (Fernández-Ballesteros et al., 2013). At the same time, another narrative exists. Many older adults remain invisible - economically impoverished, isolated, perhaps wheelchair bound, and living with a chronic illness which can further marginalize them by socially constructed expectations to remain independent and active (Martinson & Berridge, 2015). To date, there is no one distinct definition of successful aging or aging well or how to measure them (Pruchno, Wilson-Gunderson, Rose & Cartwright, 2010).

Critiques are far ranging about their conceptual boundaries (e.g.., objective or subjective criteria, clinical list or process/transition, the role of genetics and life course influences, and the "degree to which contemporary behaviors and social support modify these early influences" (Pruchno et al., 2012, p. 821).

Overall, the main critique of successful aging models involves applying a normative concept to a diverse population. As a normative model, its exclusionary essence contributes further to ageism (Martinson et al., 2015). In response, social gerontology research shifted successful aging through a new movement to re-evaluate the characteristics and processes of aging well. One perspective involves two interrelated components of successful aging/aging well – objective clinical criteria (e.g., absence of disease/disability) and the subjective lived experiences of older adults (Pruchno et al, 2012). This approach places the rhetoric of successful aging/aging well in a human development and life course framework to explore the processes of aging well and understand how people can traverse the transitions that come with aging and chronic illness (Young, Frick, & Phelan, 2009).

Gaps in Research

After reviewing the literature on conceptualizations of positive aging, I have learned that the aging well construct is multidimensional. Many definitions of aging well and/or successful aging include physical, social, emotional, and to a lesser degree extrinsic factors, such as Woods et al.'s model (2016). However, current models, such as Fernandez-Ballesteros et al. (2013) and Woods et al. (2016), have not specifically looked at and gained the perspectives of how older adults with age related disabilities or chronic illness age well. However, Woods et al.'s (2016) framework *can* be utilized when seeking this population's perspective, which is the basis of the present study. When older adult face obstacles, how do they get through them? What does their

resiliency look like? How does their aging well experience look differently compared to older adults without disabilities? How does one's environmental context facilitate aging well?The current research is lacking this population's perspective on aging well. Previous research also lacks subjective definitions of aging well from older adults' themselves, and; therefore, incorporating those perspectives into aging well models. Lastly, literature on aging well has continually left out the multitude of viewpoints from cultures that are not Western, Caucasian, heterosexual, and Protestant. While I cannot address all of these gaps in this research proposal, I will address the lack of perspectives from older adults with aging-related disabilities and/or chronic illnesses.

Research Question

Based on my review of the literature, the voices of older adults who do not meet cultural prescriptions of aging well based on predominantly successful aging models are an underrepresented population in the body of aging well studies. The aim of the present exploratory study is to understand the experiences and perceptions of aging well according to older adults who live with aging-related disabilities and chronic illness in Arlington, Texas. Research Question:

(1) What does aging well mean to older adults who are living with aging-related disabilities and or chronic illness in the context of their daily lives?

Chapter 3

Methods

Research Design

The present qualitative study examines cross-sectional secondary de-identified data to answer my research question. Secondary analysis re-uses a previous research study's data to either investigate a different research question or verify the findings of the previous study (Heaton, 2008). The aim of the present study is to verify and/or expand on previous findings of what aging well means to older adults at the intersection of age-related disability and community (Adorno, Fields, Miller, & Parekh, 2016) (Refer to Appendix D for their aging well model). Quantitative methods were used to analyze the sample characteristics using Microsoft Excel.

Background on the Parent Study

The parent study was a qualitative community assessment of Arlington, Texas as an age-friendly community entitled, "Emerging Elders and Older Adults of Arlington, Texas: Perspectives on "Aging Well" (Adorno, Fields, Parekh, Magruder, & Verbovaya, 2015). The University of Texas at Arlington Institutional Review Board (IRB 2014-0275) provided approval.

The parent study employed a community-based participatory research (CBPR) approach. CBPR is an "applied collaborative method that enables community residents to more actively participate in the full spectrum of research (from conception – design – conduct – analysis – interpretation – conclusions – communication of results) with a goal of influencing change in community health, systems, programs or policies" (National Institutes of Health, 2013). The study's CBPR approach facilitated the research team's engagement with Arlington's older adults

through a process of collaboration, relationship building, mutual learning, and data collection and analysis.

The researchers used a purposeful sampling strategy (maximum variation sampling) to identify potential participants for the study (Patton, 1990). This sampling method provided the variation needed to capture the core experiences and central, shared aspects of community experience. Participants were recruited for individual interviews and focus groups to explore their subjective meanings of aging well, their experiences of aging in Arlington, Texas, and what each participant valued as a means to support aging well in their community. Fifteen participants were recruited through Tarrant County Meals On Wheels, Inc. for individual homebound interviews. Their participation in the Meals On Wheels program served as a proxy for their homebound designation due to chronic illness and or aging-related disabilities. The semi-structured interview guide developed for the parent study is located in Appendix A. In addition, the parent study recruited Arlington residents for six focus groups. However, the homebound interviews are the focus of the present study in keeping with my research question. The individual interviews were conducted in the participants' homes by a member of the research team. Following informed consent, the interviews were digitally audio-recorded and transcribed verbatim. Individual interviews lasted approximately 60 minutes in length. A $20 gift card was provided as an incentive.

Data Analysis

Qualitative. I conducted a secondary qualitative data analysis of the transcripts from the homebound sample ($N = 15$) to answer my exploratory research question. I chose qualitative research, rather than quantitative, because 1) the secondary data were individual text data requiring both inductive and deductive analysis, and 2) the nature of my exploratory question

could be best answered through qualitative inquiry, and 3) I was replicating the analytic process

and building upon/confirming the findings from Adorno et al., 2016. Qualitative analysis gave

me an opportunity to go in depth with each interview transcript, which would not have been as

possible in quantitative work (Padgett, 2008). As Padgett (2008) stated, "qualitative studies seek

to represent the complex worlds of respondents in a holistic, on-the-ground manner," (p. 2)

which was a goal of this study- to be able to go deep within each line of each interview. In the

following, I outline the steps and qualitative analytic methods I used to make sense of the data.

     Stage 1. The first step of my data analysis process was both inductive and deductive. My

initial approach to data analysis in the first stage was inductive, such that I reflected on the line

by line meaning expressed by each participant in their respective interviews (Ayres, Kavanaugh,

& Knafl, 2003). First, I listened to each of the digital audio-recorded interviews while

simultaneously reading the transcripts. Listening to the audio-recording allowed me to gain a

more in-depth understanding of each participants' aging experience in Arlington. For instance, it

allowed me to hear the individual laugh or cry. Hearing those nonverbal forms of communication

gave me a better sense of how important the statement they made was to them. After

simultaneously reading and listening to each individual interview, I used a memoing strategy to

document my initial thoughts about the participant and emerging ideas and potential themes. The

aim of memoing is to give the researcher an opportunity to immerse themselves in the data and

explore the meanings in the data (Birks, Chapman, & Francis, 2008). As a deductive method, my

use of memoing involved conceptualizing terms expressed in the data (Birks et al., 2008). My

memos included the following elements, 1) the individual's strengths and supports in his/her life,

2) the perceived barriers to aging well according to each participant, 3) how these identified

barriers influenced the individual's perception(s) of aging well, and 4) any life experiences that

appeared to be a major influence in their aging process. Based on Woods et al. (2016) conceptual model of aging well (Appendix C), each memo included how each individual perceived aging well, e.g., successful aging/disease model, effective aging/resilience model, optimal aging model. The outcome of this first analysis phase gave me a ground up (inductive) and top down (deductive) familiarity with the themes of aging well expressed by each individual participant.

Stage 2. In the second phase of analysis, I employed a directed approach to qualitative content analysis to analyze the homebound interviews with respect to my research question (Hsieh & Shannon, 2005). At times, existing theory or a conceptualization of a phenomenon is incomplete, thus, requiring further development. Directed content analysis, as a structured process, utilizes existing theory and concepts about the phenomenon of interest for expanding the description of a particular phenomenon.

In the present study, the purpose of my directed content analysis was to expand/confirm the Adorno et al (2016) aging well model by replicating their analytic process as outlined in this thesis. Specifically, Adorno et al (2016) developed a priori coding scheme/codebook consistent with Woods et al. (2016) conceptualization of aging well. Adorno et al. (2016) applied this initial coding scheme to each individual interview in an iterative process of reading and coding transcripts and team discussions to add/refine the codebook with new concepts, operational definitions not otherwise explicated by the Woods et al (0216) model.

In the present study, as a coding auditor, I independently recoded the homebound transcripts using the research team's codebook based on Woods et al. (2016) aging well framework (Appendix C). As a coding auditor, I confirmed the consistency of coding work conducted by the research team, and continued to build through my own analytic process a robust model of aging well that includes the intersection of aging-related disability and

community. Using the research team's codebook as a template, I continued to update the coding

scheme in an interactive process of coding each individual transcript, revising coding definitions,

adding new codes and definitions, and inserting exemplar quotes. This analysis proceeded

deductively as I read each statement and sections in the interviews and reviewed the existing

codebook to determine if the statement fell under any of the latent categories and sub-categories.

For example, I first determined if sections of interview data were conceptually congruent with

latent constructs such as "successful aging", "effective aging", or "optimal aging". If so, I then

reviewed the subcategories under each of the three latent constructs to identify an appropriate

coding category for that section of data. In some cases, I interpreted that a section of data in an

interview transcript that did not appropriately fit in any of the coding categories. However, if the

participant's perception or experience appeared across interviews, I created a new code aligning

it with one of the three specific latent constructs, i.e. successful aging, effective aging, or optimal

aging.

Stage 3. During the third stage of data analysis, I completed a third reading of each

transcript in order to apply the final version my codebook to each transcript (Appendix E). In

addition, after my third reading and updated coding of an individual transcript, I also revised my

initial participant summaries created in the first stage analysis by incorporating and linking the

coding categories into each memo. For example, if I had written in a participant's initial memo

that her neighbors give her rides to doctor appointments, I would add the "functional support"

code under optimal aging during this stage. In so doing, I developed a concise thematic summary

for use in the 4th stage of analysis of thematic development; that is, across-case analysis (Ayres et

al, 2003). During this third reading of the interviews, I created a poster board as a visual tool to

display the codes that emerged in each interview as an aid to my across-case analysis. Across-

case analysis refers to the identification of themes and relationships among themes that characterize the aging experience across all 15 homebound participants from the parent study (Ayres et al., 2003).

The poster board's columns each represented the 15 participants. Every column had two sections: one labeled "what does aging well mean to you?" and the other labeled "factors for aging well". While I read the interview, if a sentence correlated with a code, I put the sentence on a sticky note and placed it under one of the two sections, depending on whether the sentence correlated with the individual's personal definition of aging well or if it was a factor that emerged throughout the interview. The sticky notes were color coded: pink represented successful aging, turquoise represented effective aging, and baby blue represented optimal aging. This poster board, as well as the individual's thematic summary, allowed me to complete the across-case analysis.

Stage 4. The across-case analysis was completed during the fourth phase of data analysis. The thematic summaries were used whereby I identified emerging patterns noting similarities, differences, and frequencies under unique circumstances/contexts to answer my research question. I then created an excel spreadsheet that had the fourteen themes that were deduced from the thematic summaries as the rows in the spreadsheet. The columns in the spreadsheet were the fourteen interviews (15 participants). Once the spreadsheet was created, I went through the interviews for a fourth and final time. During this reading, I would put an "X" in the excel spreadsheet for every theme that each interview touched on. After I went through each interview for the final time, I counted how many participants mentioned each theme. This allowed me to see which themes were stated most frequently among the interviewees and if the themes were related to one another.

Chapter 4

Results

As stated earlier, the aims of this study were to 1) understand the experiences and perceptions of aging well according to older adults who live with aging-related disabilities and chronic illness in Arlington, Texas, and 2) expand the concept of aging well according to Woods et al (2016) and Adorno et al (2016) to incorporate new themes relevant to aging well among persons with age-related disability.

Sample Characteristics

Refer to Table 1 in Appendix F for a detailed description of the sample characteristics. The majority of the total sample (N = 15) were women (n = 8; 53.3%) and Caucasian (n = 11; 73.3%) with a mean age of 71.4 years. The average amount of years these participants lived in Arlington was 29 years.

My results are structured in three sections. First, I briefly present my findings from my within-case analysis of each individual transcript. These findings, presented case by case include 1) the individual's subjective meanings of aging well, 2) their perceived barriers to aging well in their community, and 3) how the participant's meanings of aging well align with Woods et al. (2016) three-domain aging well model, i.e. successful aging, effective aging, and optimal aging. I also interpret the congruency of each participant's initial meaning of aging well with how their story of aging well unfolds in his/her interview transcript.

Second, I present the similarities and differences across the participants' subjective meanings and experiences of aging well from my across-case analysis. I describe emerging patterns of aging well at the intersection of aging-related disability and the environment. Lastly, I

discuss the new themes of aging well I interpreted from my analysis, not otherwise included in

Woods et al (2016) or Adorno et al. (2016) models.

Within-Case Analysis. P1. According to a 69-year-old, Caucasian female who lived

alone in a senior housing apartment building, aging well means "aging comfortably, securely,

and with services available to a wide variety of people as they need it" as well as overcoming

age-related debilities. P1, who has a chronic autoimmune disorder, described the closeness of her

apartment community, being able to have meaningful conversations with the other residents,

having functional support- such as rides to doctor appointments and grocery shopping- from her

children and caregiver, and community resources as supports to aging well. This participant's

living facility also offered many activities that she can participant in, such as the Mother's Day

brunch and coffee with the other residents. These activities and her closeness to her neighbors

are tied to her housing community. Regarding her neighbors, this participant stated "If I don't go

to the coffee shop for a week or two, I've got people knocking on my door calling saying

[participant] Where are you? We haven't seen you. You know, have you been all right?" Another

factor that came out of this interview was her ability to keep her mind active which she did

through sewing and reading. This respondent described the biggest barrier to her ability to age

well was the lack of public transportation in Arlington. However, she showed that she could

control this part of her environment. "I just started trying, putting feelings out and finding people

that could give me a ride or situations that could happen." While this participant's initial

definition of aging well aligned with the optimal aging perspective, it expanded to include

effective aging aspects, such as social support.

P2. The second participant, a 63-year-old, African American, female defined aging well

as "someone that's healthy." Her definition of aging well stems from her personal experience of

having stage four breast cancer. She stated that she did not see herself as aging well primarily because of this diagnosis. Statements such as "I always thought I was still young, until I got sick. And then once I got sick, it seemed like every day was a different step getting older and older" correlated with the "successful aging" viewpoint. She commented that one of the difficult transitions during this time has been regarding her independence. Her independence was so important to her and she stated she wants to be able to hang on to what she still has. Along with her cancer diagnosis, another barrier this participant experienced was the lack of information about community resources, specifically ones that could help her with her finances or transportation. Although this woman didn't perceive herself as aging well, she had several strengths that helped her during this time. One of these strengths is her strong support system; she has a formal caregiver who cleans her house and runs errands for her, as well as family members who take her to doctor appointments and provide her with emotional support. This participant's spirituality was another supporting factor in her life; she coped with her diagnosis through the church. Not only does this participant gain social interaction and spiritual guidance through her church, she also sends scripture to 35 people every day, which gives her a sense of purpose. "And when I get to church, they just, you know, they all come up and hug me. We got your scripture, we got your scripture. So, I love doing that." Overall, this participant had a "successful aging" viewpoint since her diagnosis was a main factor in how she perceived herself as aging well; however, other aspects of aging well evolved from this interview that were related to effective and optimal aging, such as community resources, having a sense of purpose, and social support.

P3. The third participant was a 60-year-old, Caucasian, female, who has been diagnosed with Multiple Sclerosis (MS). From her perspective, aging well had to do with physical health.

She pictured a "dancing granny" and defined aging well as "being active, you know, being able to drive and get to where you want to go, being active in church and bingo, and visiting your kids when you want to, and doing your own shopping." While this woman's definition aligned with the successful aging model, when the interview proceeded, she talked more about acceptance, having functional support, faith, and community resources, such as transportation. Those factors align more with effective and optimal aging. For example, even though this individual talked about her image of the dancing granny for someone who is theoretically aging well, when she described her own body, she said "I have to accept what my body is experiencing as part of what was planned for me in that something good is coming out of it…it's like the butterfly cocoon. The cocoon thinks it's going to be fighting in that cocoon all its life, and it suddenly develops into a butterfly." This individual is confined to her apartment, has little mobility, and little engagement, so she would not meet her own definition of aging well.

P4. Participant four was a 67-year-old, Caucasian, male who maneuvers with the help of a power chair. For him, aging well meant "not having to worry of when you get older of being able to do things, go places, you know. Being taken care of. I want to age gracefully…" For him, he is concerned with the capability of doing the same activities he used to do, which aligns with the successful aging viewpoint. However, he acknowledges in his definition that functional support helps someone age well. Throughout the interview, he mentioned how he wants to be able to give back to the community as well as feel included in the Arlington community. "I'm always doing something for somebody. So, it's the lack of ability of being needed. A lot of the seniors think they're not needed anymore. That's why a lot of them stay in their apartments all the time…" Not only is respect in the community important for him to age well, but environmental structures, community resources, and friendly neighbors who look after him are

contributing factors as well. Overall, this participant showed resiliency through his determination to get around the community in his power chair despite structural obstacles as well as making a positive difference for the aging community.

   P5. According to a 71, Hispanic, male, aging well meant being able to keep in touch with his friends across the world and continuing his hobbies, like gardening. This definition aligns with optimal aging, since it is centered on an individual's social support. This participant's main barrier to aging well was stress from being a caretaker for his aunt and his daughter. Other barriers include the lack of public transportation, environmental structures, and financial difficulties. His support when it comes to aging well includes his faith and inner strength. "I try to be strong within myself. I understand that the strength has to come from within;" this quote also exemplifies optimal aging according to Woods et al. (2016).

   P6. The sixth participant was a 61-year-old, African American, female who has been diagnosed with lupus. For her, aging well is defined as "someone that is aging without any problems, any, you know, any physical problems or as far as living situations and stuff like that." While this participant's definition has a successful aging point of view and successful aging concepts were a theme across her interview, effective aging factors appeared more often. Information about resources, remaining independent, socializing with friends, and transportation were some of these factors. This participant also described how she copes with her illness and the loss of some of her functional ability: "…so I just try not to think about it because if I let it bother me, then I'm, I go into a state of depression. It just stuff that I feel, okay, it's worse things than that. So, I try not to think about it." This ability to change her thinking patterns and reframe her situation is a form of resiliency. Other strengths in her life include her faith, friends, and the purpose she gains when she can help other people, such as her neighbors. While she doesn't fit

the criteria she described for her definition of aging well because of her disease, she has strengths that come from effective and optimal aging models.

   P7. For the seventh participant, an 83-year-old, Caucasian, male, aging well meant being able to stay in his own private home and being comfortable. He is a caretaker for his wife who recently had an accident, so he reported that he is only able to leave her for 15 minutes at a time. That being said, his aging experience is in relation to that accident. Early in the interview, he talked about the emotional stress he experiences from being his wife's caretaker. Other barriers to his aging experience include the lack of public transportation and little knowledge about Arlington resources. However, this individual has many supports in his life. He has supportive children who encourage him to take breaks, neighbors who help when needed, a trusted family doctor, a positive outlook on life, private home in a safe neighborhood, and sufficient finances. He has accepted their situation. "Surviving and facing the fact, this is how it is right now. I keep thinking it will be better tomorrow, so you know, positive thinking." For this participant, he would be considered aging well according to his own definition. However, functional support from family and neighbors as well as his outlook on life, both aligning with Woods et al. (2016) effective aging, were also contributing factors.

   P8. According to an 82-year-old, Caucasian, male, who recently had a stroke, aging well meant having access to necessities, such as groceries and doctors. Accessibility falls under effective aging. However, as the interview continued, he had an equal amount of effective, successful, and optimal aging factors. The environmental structures were the biggest impediment for him and his wife's aging experience. He stated he wants to be able to engage in the community more, but there is no way to get there, because of the transportation and his own mobility barriers. Public transportation and the perceived lack of communication between

Arlington leaders and the aging community were stated as barriers for this aging population, according to him. When asked about how he copes with this transition, he stated, "I've always had a very positive attitude. So has my wife. And we just figure, okay, that's the way it is." He is able to accept his situation from looking at his situation through a positive lens. Along with his attitude, this participant also has support from his children and grandchildren to help him through this life transition. While he admits being frustrated with his declining mobility, his outlook on life and functional support help him age well.

P9. The ninth participant was an 82-year-old, Caucasian, male who is the caretaker for his wife with Alzheimer's. He defined aging well as having "a good doctor, a good team of health specialist like our GP who knows who to send us to…that and having the income to enjoy retirement and having good neighbors…so that we've got people that will help us when we need it." His definition was a mix of effective and optimal aging factors that centered on having resources and supports from the community and friends. This participant and his wife receive help from Meals On Wheels and the Alzheimer's Association. He also has supportive family and friends who help out when they can. When it comes to barriers to aging well, this participant reported the loneliness that comes from being a caretaker for someone with Alzheimer's. Environmental structures also prevent him from engaging with the community; he no longer attends Arlington traditions because of the lack of benches as well as lack of public transportation. However, this participant perseveres in many aspects of his life. Regarding his mobility and living situation, this respondent responded with "well, we can't do things that we used to do, but we can manage very well."

P10. Participant 10 was a 58-year-old, Hispanic, male who has lived in Arlington for 55 years. He defined aging well as an individual's happiness and whether they are taken care of. He

perceives that he is aging well. "I am very blessed with a circle of friends and family that do come here…and I'm very pleased and happy." He has home health care, friends and family that help him out with rides and well as provide him with social and emotional support. This participant's positive attitude was evident throughout this interview, and he talked about how he got his optimistic nature from his mother. "With my mom having such a positive attitude toward life and watching her without even realizing it, now, I realize every day that I'm turning into more like my mom, because I used to hear my mom go from the kitchen to her room and think of that and just start laughing. And I do that." The other big factor that helps this man age well is his faith and the closeness he feels to his church and God. This participant did not report many barriers he faces, except his need for information about resources. Overall, he has an optimal aging point of view when it comes to aging well.

P11. According to a 61-year-old, Caucasian, female, aging well means being able to get to where she needs to go and buy what she needs without any barriers. She mentioned public transportation and affordable housing as examples of barriers. This woman reported that she has had a recent surgery and that it is painful for her to move around. Other barriers she named include the lack of public transportation and environmental structures in Arlington. This woman has support from her home health aide and neighbors, who take her to the grocery store and other places she needs to go. Community resources, such as Lifeline and Medicaid, also help her age in place. Despite the barriers, this woman reported that she doesn't feel old. "I'm very active, you know. Even though I have a lot of things going on, you know, with arthritis and stuff like that, I don't feel old." This idea of having an image of what an older adult acts and looks like falls under successful aging according to Woods et al. (2016).

P12. For an 83-year-old, Caucasian, female, aging well means "no surgery, no rehab, you know, no being homebound or anything like that." This perception is aligned with the successful aging viewpoint since it is centered on someone's physical health. This participant has friends who help her with rides and daughters who are very involved in her life. Her daughters even gave a "thank you" party for the friends who frequently give their mother a ride. The other big factor for this woman is her church community. She has lived in Arlington for 46 years and has been a member of her church since the beginning. She says she "couldn't go without it" and "it's as if I need the strengthening, you know, to get wound up for the week ahead." Through this church, this woman is also a part of a group that gives her meaning and purpose in life. "It's a mission work here at home. I mean, it's great. We really feel like we're doing something, and we're still having fun doing it." While this participant started the interview describing a negative perception of aging, the factors in her life that were influencing her aging experience were more positive and consistent with optimal aging.

P13 and P14. The thirteenth and fourteenth participants were a married couple who have lived in Arlington for 20 years. They are both 76 years old. They defined aging well as staying well, healthy, and not running out of money, which is a combination of successful and effective aging. When it comes to successful aging, they live in a private home, the wife still cooks, and they have made necessary home modifications to make it more accessible. The biggest asset for this couple is their support system. They have children and grandchildren who help with rides and a pastor who brings them communion once a month. They also remain physically active; they ride the bike at their local YMCA. The barriers for this couple were regarding community structures, such as the lack of public transportation, sidewalks, and ramps in the community.

P15. The final participant, a 79-year-old, Caucasian, female defined aging well as being comfortable and staying in her own home. This woman stated that she loves her freedom and has an ample amount of support to be comfortable. She's living in her private home and has neighbors who help her out constantly and bring her food when they go out to eat. While she doesn't drive, she has several people that she can call to give her a ride somewhere. The minister from the church she has attended for 35 years brings her communion. This support helps her cope with her transition of not being able to drive. "It didn't bother me at all because I have a wonderful family. My granddaughters, everybody, you know, in a second they'd be here if I wanted them to." She didn't perceive any barriers in the Arlington community because her family and friends see to it that she gets to where she needs to go. When she thinks about her future and what resources she may need, she responded with "if [resources] are out there and I need them, I'm going to certainly get them," which shows environmental mastery. Overall, this woman would be considered aging well according to her definition. She can age comfortably, an optimal aging factor, primarily because of her significant amount of support.

Across-Case Analysis. Five primary subthemes emerged from completing a constant comparison of coding categories across each case: 1) community engagement, 2) being able to give back to community and/or having a purpose in their life, 3) environmental structures, 4) resiliency, and 5) having a close housing community. These themes confirmed what Adorno et al. (2016) found and incorporated into their codebook (Appendix E). Examples of community engagement were going out to restaurants, attending Arlington activities, going to church, etc. Out of the 14 interviews, 10 (71%) mentioned either being able to get out into the community or having the desire to engage with the community. Specifically, 7 out of the 10 (70%) that mentioned community engagement, stated that they were not able to get out into the community,

but they wished they could. Environmental structures were the most common theme mentioned in these interviews, with 13 out of the 14 (93%) interviews mentioning it. Public transportation, community resources (Meals On Wheels, Lifeline, etc.), access to community activities, walkable sidewalks, available benches, information about resources, and businesses with disability adaptions are all considered environmental structures.

The third subtheme that emerged from the across-case analysis is the concept of giving back; that is, giving back to the community or to loved ones. The feeling of having a purpose in one's life was also related to this subtheme indicating a two-dimensional structure of a larger construct. For example, the sixth participant commented on a neighbor who often needed her help; "I would love helping people. That is what I, where I come from, this is all I did, you know, help...the social worker here, she said, [participant], how do you feel about him [friend/neighbor] calling you all the time? And I said, you know what? I say, I be hurting sometimes he called, and I don't even feel like getting out the bed. But I'll go anyway because it makes me feel good." Half (50%) of the participants had similar sentiments, essentially about deriving personal meaningful from helping others.

Another subtheme that emerged involved an individual's personal resilience. Examples of resilience include an individual's acceptance of their current situation, perseverance, and being able to bounce back and overcome age-related debilities. For instance, the second participant described her perseverance when she talked about her cancer; "It just kind of freaked me out when they first told me. But now, when she tells me it's traveled somewhere, I just pray and keep going" (P2). In this study, 8 out of the 14 interviews (57%) included at least one example of resiliency.

The last subtheme was having a close housing community, specifically neighbors who the individual could count on. Since these 15 participants were homebound, being able to engage with the other older adults and rely on them for help was a positive factor for them to age well. Out of the 14 interviews, this subtheme emerged 10 (71%) times. "Almost every morning all the ladies that are going to the senior center for the activities, they all gather around there. And there's chit chat, you know, and that sort of thing. It's a very friendly complex here" (P1).

Collectively, these five subthemes emphasize the importance of engaging with others- whether that be in the outer Arlington community or in one's own apartment complex or neighborhood- and how the environment within which the individual lives supports or inhibits aging well. It also touches on the influence an individual's personality and attitude can have on their ability to age well.

Codebook Update. The codebook was continuously updated throughout the multi-stage data analysis process. Subsequently, three new codes or subthemes emerged. The three codes were labeled "acceptance", "caretaker stress", and "transition". All three of these codes fell under the effective aging construct. Acceptance was defined as the "ability or inability to accept current situation"; i.e. mobility, housing, and/or amount of social support. Caretaker stress was defined as "stress from being the primary caretaker for a loved one" and "ability to cope with the extra duties put on from being a caregiver." Finally, transition, was defined as "the rate at which the participant aged." This code emerged since some of the individuals stated that they didn't feel "old" until X, Y, or Z happened to them. Moreover, the temporal nature of the aging process affected their perception of how well they were aging. I also revised several existing codes by adding more examples and editing the definitions. The final version of the codebook (version 6)

is in Appendix E. My additions to the codebook have my initials, DLR, next to them and are

highlighted as well.

Chapter 5

Discussion

The research question in the present study was "What does aging well mean to older adults who are living with aging-related disabilities and or chronic illness in the context of their daily lives?" According to the National Health Statistics, life expectancy in 2015 for the U.S. population dropped for the first time since 1993, with a decrease in .01 years (Xu, Murphy, Kochanek, & Arias, 2016). This drop in life expectancy was due to an increase in mortality from chronic diseases- such as heart disease, Alzheimer's disease, and diabetes- as well as suicide (Xu et al., 2016). This statistic brings up the importance of understanding aging well from the perspectives of older adults with chronic illnesses and/or disabilities; specifically how social workers can influence this population to age well. After analyzing the 14 interviews from 15 participants, five subthemes emerged from the data. Engaging with the outer community, having a close housing community, having a purpose in life, age-friendly environmental structures, and exhibiting resilience were all tied to aging well for this group of men and women.

Engagement was already a code in Adorno et al.'s (2016) codebook under effective aging, but this subtheme was specifically related to engaging with the outer environment, such as going out to eat and community events. According to Mendez de Leon, Glass, and Berkman (2003, p. 633), "participation in leisure activities unrelated to fitness increases survival and has other positive health effects for older adults." Engagement in the community and the other theme that emerged, environmental structures (also under "effective aging"), are connected since many participants reported that one of the reasons they could not get out and engage in the Arlington community was due to poor environmental structures. "It would be a lot nicer if the community was more acting in helping the senior citizens get to functions…not every senior citizen has

vehicles, and I'm thinking of the disability people right now because that's what I am…so I mean, we're kind of stuck here in jail" (P4). If Arlington's environmental structures become more age-friendly in the future, more research should be done to see if older adults became more engaged in the community.

In Adorno et al.'s (2016) codebook, they included a housing code based on Woods eta (2015) model; however, it differs from my subtheme of having a close housing community. Adorno et al.'s (2016) housing code focused specifically on the affordability and services the facility provided, while my housing subtheme looks specifically at the community aspect of where they live, such as social ties to neighbors. Specifically, I focused on an individual's housing community since neighbors, in this specific sample, appeared to provide ample amounts of tangible and intangible support, such as rides to the doctor and a listening ear. Having strong ties to neighbors, in particular, has been shown to increase access to informal aid and decrease isolation (Cornwell, Laumann, & Schumm, 2008). While having involved children and other family members are certainly sources of support, the majority of this sample was not living with their family such that family support was not readily accessible compared to neighbors.

The concept of "giving back" and "helping others" originated with the developmental stage theory of Erik Erikson (1950) in which he defined generativity as an individual's "concern to nurture, guide, and ensure the well-being for future generations and leave a lasting legacy" (as cited in Villar, 2012, p. 9). In his conceptual paper, Villar (2012) describes generativity as a promising "success" indicator, which "provides concrete and meaningful goals and activities upon which adaptive processes can operate" (p. 1099). He further differentiates generativity as a process that occurs within the context of a person's life over time. This description addresses one of the critiques of positive aging conceptualizations (i.e., a set of clinical criteria/ outcomes vs a

process). Villar's (2012) work also lends support for the subtheme of transitions (effective aging) identified in this study as another developmental process influential to perceptions of aging well. Similarly, generativity and its continuity as people age represents another important aspect of aging well, falling under "optimal aging", by providing value and purpose in life, a primary subtheme generated from this study. In contrast, one example from this study clearly demonstrates a sense of loss of one's self when adaptive processes, such as "giving back" are thwarted and new roles/adaptive processes are unattainable. "I was there, making them feel good. This is what I did until I got sick. And I used to love it. I loved every minute of it, whether dressed up looking crazy, and but this was me."

The final subtheme, resiliency, was also in Adorno et al.'s (2016) codebook; however, I added the concept of acceptance as a segment of resiliency. Since the physical aspect of aging was out of these participants' control, I wanted to specifically look at how many had accepted their situation. As mentioned earlier, Reichstadt et al. (2010) had conducted qualitative interviews and found that self-acceptance/self-contentment was one of two primary themes as key to successful aging. Overall, this research showed multiple factors that potentially influence an older adult's ability to age well within the context of their daily experience in their communities. For instance, an individual's support network, physical ability, housing, outer environment, spirituality, level of engagement, and attitude are all factors to aging well.

In the parent study, one of the primary exploratory research questions, "what does aging well mean to you?" was consistently asked at the start of each participant's interview, then a series of questions were posed to prompt discussion about what helps them age well. Frequently, the individual's initial meaning of aging well did not align with the factors that emerged later in their story. For example, participant six defined aging well as having no physical problems.

However, as she proceeded to talk about her personal experience of aging, social support and adequate, accessible, and affordable community resources emerged suggesting the importance of extrinsic factors to someone aging with health problems. Is this difference due to how society commonly views and treats aging- in physical terms- which in turn influences older adults to look at their life through a physical lens? Or was this due to the way the interview was set up; would the participants have defined aging well differently if it was towards the end of the interview?

Study Limitations

This study's trustworthiness may be questioned due to my personal bias. I am an optimistic person who can easily find the strengths and resiliency shown in an individual's life. However, my systematic, thorough review of the data and findings consistent with Adorno et al (2016) results indicates limited extrapolation from the data. Moreover, I met regularly with my thesis chair to discuss and reflect on my analysis process and findings over time. Another limitation to this study was the sample characteristics, with the majority (73.3%) of the participants being Caucasian. Since aging well means different things to different people, future research needs to address how older adults of diverse racial, ethnic, sexual orientations, religious backgrounds perceive aging well.

Implications for Social Work Practice and Research

With the fastest growing segment of the population being people over the age of 80, social workers need to have an understanding of what it means to age well, particularly among the oldest-old (Jeste et al., 2013). Since subjective definitions of aging well are so important and no one definition of aging well exists, social workers need to look at the multitude of factors that influence an individual's ability to age well. Through looking at the various factors in older

adults' lives, social workers can have a better idea of how to utilize interventions that can

potentially assist their clients in finding peace and satisfaction in their later years. Factors social

work practitioners need to look at include their client's level of engagement in the community

and housing facility, level of personal acceptance/resiliency, how age-friendly their client's

environment is, and areas in their client's life that he/she finds personal meaning as well as their

physical and cognitive functioning and personal meanings attached to such.

Geriatric and gerontological social workers can utilize these factors to determine what

they can positively influence an older adult's life from a person-centered assessment approach.

While older adults cannot help if they get diagnosed with a chronic illness or have mobility

difficulties, they have the potential to change the meaning of these conditions and their social

and emotional life, especially with the help of a social worker. For instance, with participant six

who talked about how she misses being able to volunteer, she may not be able to volunteer in the

exact same way that she did pre-diagnosis, but with the help of a social worker, she could

potentially find another avenue through which she could contribute. When it comes to

environmental structures, if Arlington leaders made age-friendly environmental structures a

priority, they could decide to put resources towards adding a public transportation system,

improved access to Paratransit services, and more benches/sidewalks. Social workers should

advocate for these macro-level interventions, such as the city of Arlington adding a public

transportation system, by educating the public on how important transportation is for the older

adult population. Social workers can also help older adults on their quest to find meaning in

his/her life (Villar, 2012). Social workers can do this by identifying certain motivations and goals

that could potentially have meaning for the older adult (Villar, 2012). Social workers can also

have a positive impact on an older adult's life when it comes to resiliency. Social workers can

work with older adults with an aging-related disability to help them navigate the transition of losing some of their independence. Having that social work help can encourage the older adult to grieve and perhaps grow in acceptance of their life situation through finding alternative sources of meaning.

While this study touched on the perception of aging well by older adults with a chronic illness and/or age-related disability, this population is still an under researched population when it comes to their ability and perspective on aging well. More research needs to be done on the difference between the perception of aging well by an individual and how that aligns with the factors in their life. Another area for continued research is the idea of independence and autonomy within this population of older adults with disabilities or chronic illness. Independence was a common response when asked what aging well means to them; however, all participants had different levels of functional ability. Future research should seek to see how an individual's definition of independence changes over time as their reliance on others increases and/or environmental structures improve.

<div align="center">**Conclusion**</div>

While much of the early literature conceptualizes aging well through a biomedical lens, subjective models of aging well yield different results. When social workers and other professionals know what aspects of life are important to older adults, the professionals can assist older adults in reaching the desired goal. Something that has been consistently left out of aging well literature is the perspective of aging well from older adults with age-related disabilities and/or chronic illness. These newer models, such as Woods et al. (2016) and this study's present findings bring various aspects of aging (social, emotional, extrinsic factors, etc.) that allow researchers to look at aging well through a more diverse, interdisciplinary lens. Social workers

and other geriatric and gerontological professionals should consider the importance of both

subjective perspectives and the individual and extrinsic influences for aging well when working

with older adults.

Appendix A

Homebound Individual Interview Guide – Parent Study

1) What does the phrase "aging well" mean to you? "Emerging elder?"

2) What is important to "aging well" in your community?
Sample probing questions:
- What do you consider your community?
- Who do you think of as making up your community?
- Do you fee included in your community as you age?
- Do you know who your neighbors are?
- How often do you leave your home?
- Do you feel safe in your home, your neighborhood?
- What kinds of things do you do outside your home?
- What have been some of the obstacles or barriers to mobility?
- How do you think the community can help your caregiver(s)?
- What are your experiences with cross-cultural interactions in Arlington?

3) What does maintaining your independence mean to you?
Sample probing questions:
- How important is it to maintain your independence in the future?
- What barriers do you anticipate in the future to maintaining your independence?
- To what extent does culture affect "aging well" and maintaining independence?
- Please share with us how you are getting around and managing your life day-day (e.g., activities of daily living, instrumental activities, medical appointment, socializing, church)
- What has helped you to age-in-place?
- What are some of the difficulties you have experiences in trying to maintain your independence?
- How did you manage with the freezing weather extreme hot summer months this past winter?
- Depending on what kind of emergency, who is usually the first person you call?

4) How have your life experiences influenced the course of your life and how you age?
Sample probing questions:
- Can you tell us about a particular transition that you've had to make as you age? (e.g., transitions in care levels, facility transitions, no longer able to drive)
- Can you give us an example of that?
- What helped you through that transition?
- How could that transition been improved?

5) What are your suggestions on how to age well?

6) What recommendations do you have for specific interventions to promote healthy aging?

7) What do you envision an "age-friendly" Arlington to look like?

8) What do you envision that will help you to achieve your goals for aging well?

9) Are you aware of existing resources?

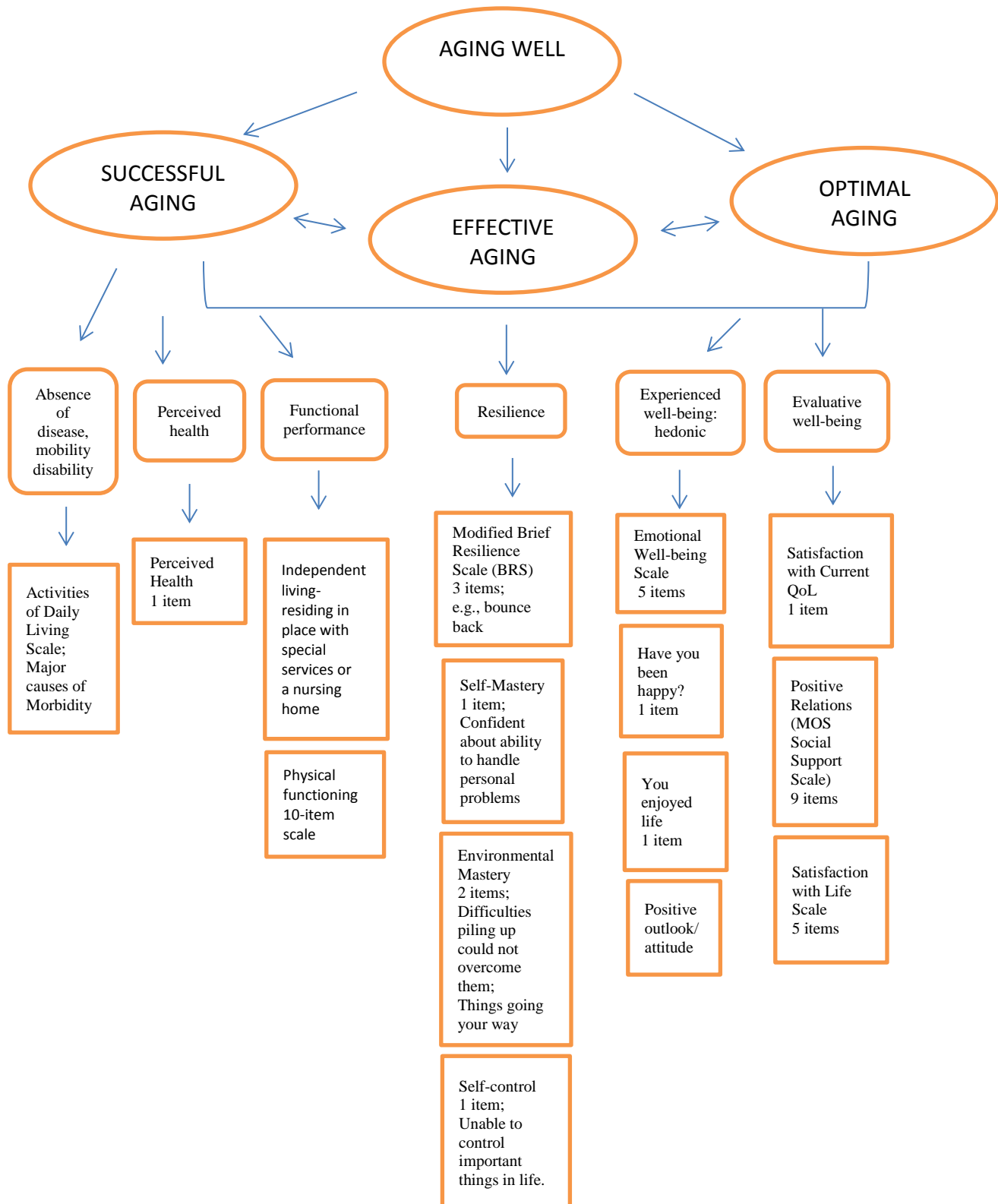10) What kinds of supports has the community of Arlington provided to help you age well?

Appendix B

Figure 1.1: Fernández-Ballesteros' (2013) four domain model of aging well (second order constructs: healthy, successful, active, and productive aging). ADL= activities of daily living
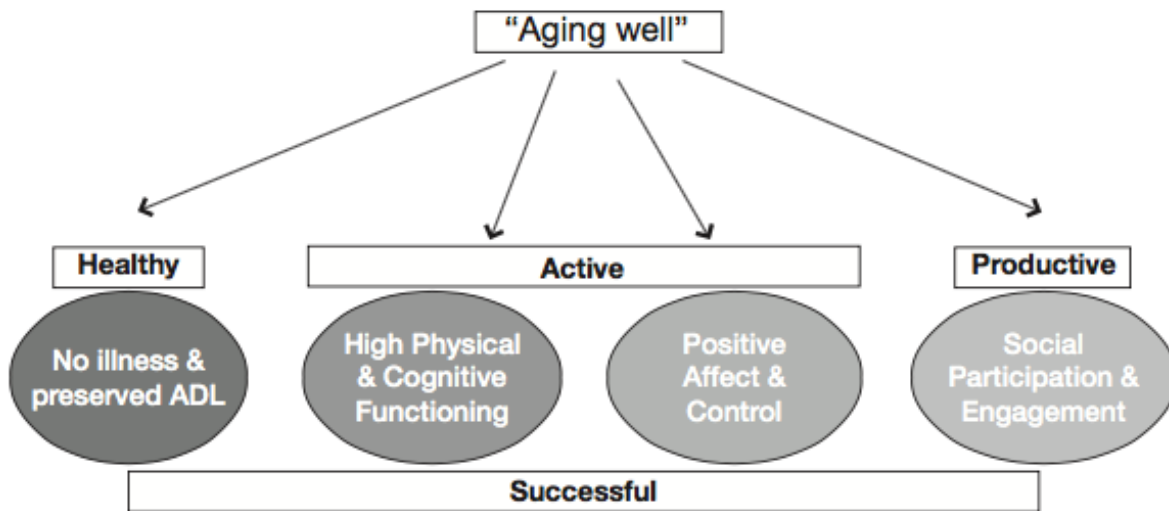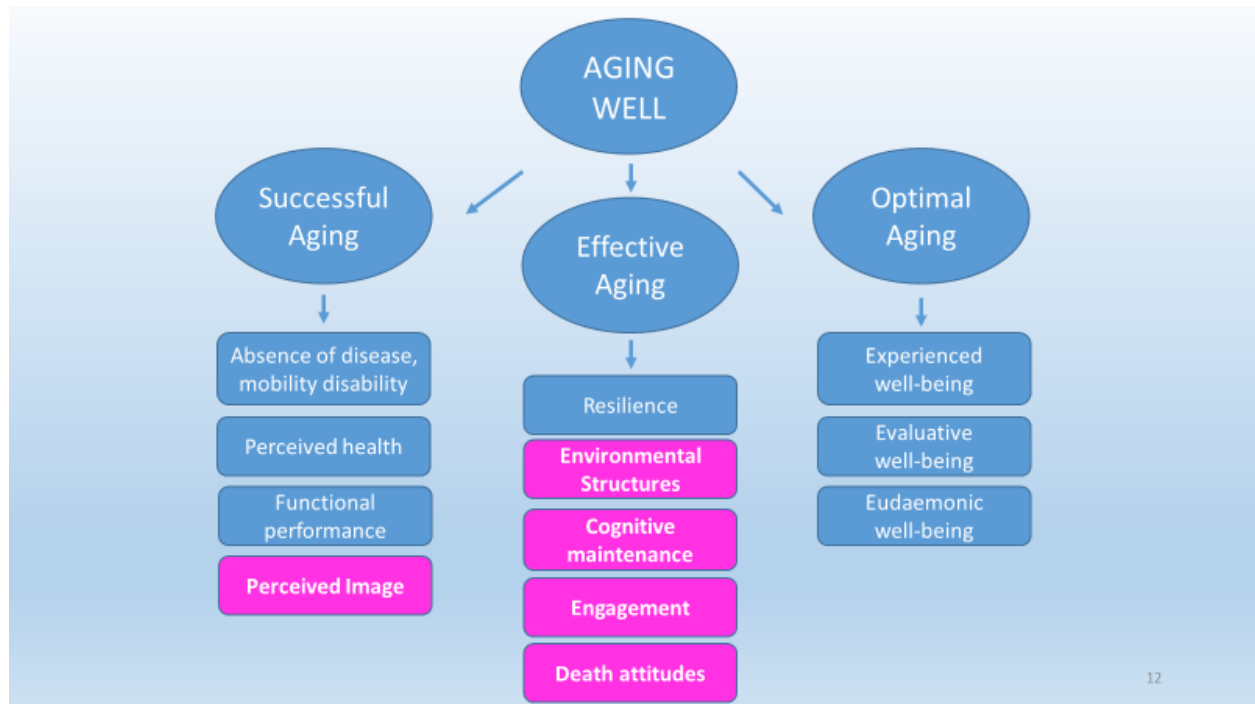
Appendix C

Woods, et al, (2016) Conceptual Model of Aging Well: Constructs and Indicators

Appendix D

Adorno, Fields, Miller, & Parekh (2016) Aging Well Model.

Appendix E
Codebook Version 6

AGING WELL				
Coding Category				
AG_Succ	**SUCCESSFUL AGING** Freedom from disease disease-related disability, high cognitive and physical functioning, and active engagement with life. (Kahn & Rowe, 1997). Indicators of healthy aging, emphasizing independent functional performance, absence of disease.			
	Domain	**Description**	**Notes**	**Response Exemplars**
AG_Succ_AbD	**Absence of disease, pain**	• Major causes of morbidity e.g., lupus, post stroke, diabetes, etc.		
AG_Succ_Fun	**Mobility disability/ Functional performance**	• Perception of mobility-impairment • Help with mobility such as assistive device e.g. walker, cane, wheelchair, scooter • transferring, • Includes need for transportation • Driving status • Exercising (DLR)		*Being able to drive and get where you want to go* (P3)
AG_Succ_ADL	**Activities of Daily Living (includes instrumental ADLs)**	• e.g., cooking, bathing, toileting, feeding self, household chores • **e.g., shopping**		
AG_Succ_Hea	**Perceived health, mental health, or body**	• Respondents perception of his or her health and mental health; • **No longer trusts one's body**		*She passed on the 22nd ⋯ I just had a mental breakdown for a little bit.* (P6)*I have a rotator… I could push it and see if I could make it. I might could. But I just, my body has failed me so much that I just don't trust it.* (P3)

AG_Succ_Hou	**Housing**	• Independent living in own home • Residing in place with special services or a nursing home. • **Sense of safety in home/community** • Proximity to necessities/being centrally located (DLR) • Home modifications (DLR)		
AG_Succ_Image	**Aligned with images of youthfulness, vitality**	• **Looks younger than age,** • **"Acts younger"** • **Stigmatized perception of disability, body, self**		*a carefree, happy elder time. (P3)I don't like the wheelchair. It brings attention to me I don't want (P3)*
AG_Eff	**EFFECTIVE AGING** Encompasses the experiences of older adults who are not necessarily free of disease but are able to adapt to related challenges, PERSEVERE THROUGH CHALLENGES (P6), and sometimes transcend them. Emphasizes compensatory strategies, adaptation or rehabilitation that can occur as older adults develop disease or have learned thru their life course. Curb et al. (1990). Effective aging. Meeting the challenge of growing older. J Am Geriatr Soc., 38,827–828. Includes tangible services/resources, environmental accommodations which maximize the reciprocal fit of older adults with health conditions, mobility-disability, etc. to continue to function at the level which he/she perceives to support aging well.			
AG_Eff_Res	**Resilience, Perseverance**			*But I still try to work through the pain, you know. I try to do, (P6)*
AG_Eff_Res_BB	Bounce back; overcome age-related debilities. Smith et al (2008). Brief Resilience Scale	Ability to bounce back or recover from stress; Bounce back quickly after hard times • I have a hard time making it through stressful events • It does not take me long to recover from a stressful event • It is hard for me to snap back when something bad happens • Usually come through difficult times with little trouble I tend to take a long time to get over set-backs in my life		*Means you can kind of overcome that sort of thing (P1)*

AG Eff Res Life Course	Pos. or neg. influences on one's life trajectory that either facilitate, support, or thwart coping with age-related transitions	• Life experiences, patterns learned that support aging well • Personality traits that support aging well (DLR)		
AG_Eff_Res_SeM	Self-Mastery	• Confident **or hopeful** about ability to handle personal problems • Hope for a better day (DLR) • Self-advocacy (DLR)		*But I still wake up every morning, you know, hoping I'm going to have more mobility, easier.* **(P3)**
AG_Eff_Res_EnM	Environmental Mastery	• Difficulties piling up could not overcome them • Things going your way • Resourceful (DLR)		
AG_Eff_DAt	**Death Attitudes,** Mortality, EOL decisions, AD planning	Discover positive meanings of life and death even when one's physical health is failing. • Positive attitude about death • Having a sense of peace about one's mortality		*I said, let me go. You know, don't, I don't want to hang on like that. Just let me go* (P6)
AG_EFF_COG	**Cognitive maintenance**	• Keeping one's mind active, busy • Cognitive restructuring as a coping mechanism (DLR)		*I try not to think about it because if I let it bother me, then I'm, I go into a state of depression. It just stuff that I feel, okay, it's worse things than that. So, I try not to think about it (P7) (DRL)*
AG_Eff_Aut	**Autonomy** **Having choices, options, feeling in control**, independence, freedom, not wanting to be a burden	• Perception of independence • Importance of independence to aging well		*Being able to do things for myself* (P2)
AG_Eff_Structures	**Environmental and institutional resources which support effective aging**	• Access, Availability, Affordability • Governmental resources, the built environment • Services e.g., transportation,		*Aging comfortably, securely, safely and with services available to a wide variety of people as they need it.* (P1) *I get my disability and, yeah. I*

		walkable sidewalks, healthcare specialists • Communication and information • **Businesses with disability adaptions, good lighting, safe mobility** • **Safety from fraud** • Communication with community leaders (DLR)		*think I can stay here* (P2)
AG Eff Structures Ageism	**Stigma, devaluation of aging and older adults, persons with disability**	• **This is distinguished from an internalized self-perception to the larger community or cultural beliefs and attitudes.** • Feeling respected in the community (DLR)		*Sometimes it's a hard transition…Because a lot of old people don't want to be old…they don't want to be considered as old. They want to have the same respect they had when they were younger…And some of them don't get the respect.* (P4)
AG_Eff_Engage	**To get out into the larger community; Social Isolation; activities with others, voting**	• Shopping, movies, church, leisure • Engaging with diverse cultures (DLR)		
AG_Eff_Acc (DLR)	Acceptance (DLR)	• Ability or inability to accept current situation (DLR)		*her mobility does not seem to limit her like mine does. So, I think it's me, personally, that I just have not been able to accept it (P4) (DLR)*
AG_Eff_CS (DLR)	Caretaker Stress (DLR)	• Stress from being the primary caregiver for a loved one DLR • Ability to cope with the extra duties put on from being a caregiver (DLR)		*In the middle of the night I'm wondering, did I do that, or did I do this? …what do I do tomorrow? all caregivers have to face that. It's not something you can just turn loose (P8) (DLR)*
AG Eff Financial	**Financial resources to obtain/engage/participate in**			

	opportunities/resources valued by participant			
AG_Eff_Transition (DLR)	**Transition (DLR)**	• Rate at which the participant aged (DLR)		*And but otherwise, getting old, I think we just sort of went into it. Joyce, I think, aged faster. Once she became ill, she really began to age. (P11)* (DLR)
AG_Opt	**OPTIMAL AGING** A conception of positive aging which emphasizes sustaining a positive outlook **and functional capacity** in the face of life challenges.			
AG_Opt	Aging comfortably and securely, **gracefully (may refer to the *process* and/or *transition* of aging)**			*I know that you want to age gracefully, but sometimes some of us seniors are pushed into a rush deal* (P4)
AG_Opt_Hed	**Experienced Well-being: <u>Hedonic:</u>** Well-being concepts grounded in happiness, life satisfaction, and positive affect.			
AG_Opt_Hed_Emo	Emotional well-being; **no worries; feeling lonely**	• Have you been a very nervous person • Have you felt so down in the dumps that nothing could cheer you up? • Have you felt calm and peaceful? • Have you felt downhearted and blue? • Have you been a happy person?		*I try to stay in good spirits and positive.* (P2)
AG_Opt_Hed_Lif	Enjoyment in life	• Enjoy life		
AG_Opt_Well	**Evaluative Well-being:** Refers to Satisfaction with life, Positive relations, Satisfaction with current QoL			
AG_Opt_Well_QoL	Satisfaction with Current QoL	• Conditions of life are excellent • Satisfied with my life • Feeling at peace		
AG_Opt_Well_Soc	Social Support	• Functional and structural support How is this different from below?		

AG_Opt_Well_Fun	Functional support (e.g. the degree to which relationships serve functional purposes) **Includes caregivers – formal and informal e.g., healthcare professionals, church community, neighbors.** Pets, **Intergenerational contact**	The availability of or perception of functional support (if needed). • Emotional support which involves caring, love and empathy; • Instrumental support (referred to by many as tangible support, financial support • Information, guidance or feedback that can provide a solution to a problem; • Appraisal support which involves information relevant to self-evaluation; • Social companionship which involves spending time with others in leisure and recreational activities • Help with rides		*Usually my daughters or, my caregivers gave me a ride to the last doctor I went to.* (P3)
AG_Opt_Well_Rel	Structure of Interpersonal Relationships	Structure refers to the existence and quantity of social relationships (e.g. marital status, group membership, the number of friends one has), and the interconnectedness of a person's social relationships or social network • number of friends • marital/partner status • relatives		*My ex-husband…we're still technically married. But he has a car, and if he is not working, and I hit him on the right day, he'll take me* (P3).
AG_Opt_Eud	**Eudemonic well-being:** Well-being is grounded in existential, humanistic, & development psychology as well as philosophy. Refers to human flourishing, self-development, personal growth, and purposeful engagement.			
AG_Opt_Eud_PG	Personal Growth	• Feeling of continued development, sees self as growing and expanding, is open to new experiences, has sense of realizing his or her potential,		*It's a new adventure, you know*. (P1)

		sees improvement in self and behavior over time, is changing in ways that reflect more self-knowledge and effectiveness. • A sense of personal stagnation, lacks sense of improvement or expansion over time, feels bored/uninterested with life, feels unable to develop new attitudes or behaviors.		
AG_Opt_Eud_PL	Purpose in Life	• Has goals in life and a sense of directedness • Feels there is meaning to present • Have aims and objectives for living. • Lacks a sense of meaning in life • Has few goals or aims, • Lacks sense of direction • Does not see purpose in past life • Have no outlooks or beliefs that give life meaning. • May be related to role identity/role functioning • Giving back (DLR)		*I can't stand up like I, because I helped in the kitchen and I did usher.* (P2) *Being a nurse is very much part of my identity…it's right up there with mother…last night…I was thinking about helping others…when I was a nurse I did this …it's a frame of reference that I have been useful in the past. Even though I feel like now I'm not useful, I was back then. (P3)*
AG_Opt_Eud_Sp	Spirituality	• **Aging well linked to mention of being active in one's church community, faith, prayer, etc.**	May overlap with AG Opt Well_Func	*Being active in church (P3)*

Appendix F

Sample Characteristics

Table 1. Sample Characteristics

Participant	Age	Race/Ethnicity	Gender	Relationship	Years in Arlington
1	69	White	F	Divorced	5
2	63	African American	F	Divorced	6
3	60	White	F	Separated	30
4	67	White	M	Married	15
5	71	Hispanic	Male	Widow	1
6	61	African American	Female	Single	9
7	82	White	Male	Married	57
8	82	White	Male	Married	45
9	58	Hispanic	Male	Single	55
10	61	White	Female	Widow	42
11	83	White	Female	Widow	46
12	76	White	Female	Married	20
13	76	White	Male	Married	20
14	79	White	Female	Widow	35
15	83	White	Male	Married	50

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