ABSTRACT

Research on successful aging in minority older adults and those from certain regions of the United States, such as the South, is lacking. It is important to learn whether disparities exist in Southern Black older adults’ perceptions of successful aging compared to those of majority older adults. Thus, this study examined successful aging using focus groups to obtain a regionally and racially sensitive understanding of the phenomenon. Focus group sessions were facilitated with Southern Black and White older adults with questions on successful aging, using content analysis to interpret the findings. Four central themes were found: Connecting and Relating; Temporality; Perception and Interpretation; and Activity. Beliefs and decisions about managing oneself through life events, including health problems and disability, may have a major influence on the trajectory of progressive, chronic illness, and consequently, successful aging.
Older adults are the fastest-growing segment of the U.S. population; the population 65 and older has increased from 35 million in 2000 to 40 million in 2010 (a 15% increase) and is projected to increase to 55 million in 2020 (a 36% increase for that decade) (U.S. Administration on Aging, 2011). A majority (80%) of adults older than 65 have at least one chronic condition; heart disease, hypertension, arthritis, and cancer are the most prevalent and costly (Federal Interagency Forum on Aging-Related Statistics, 2006) in terms of expenditures, resource use, and quality of life (Centers for Disease Control and Prevention, 2007; Citizens Health Care Working Group, 2006). The older population is becoming more diverse from a combination of immigration and improved health. Older adults from all minority racial/ethnic groups are expected to experience more rapid population growth than White older adults; projections indicate that by 2030, the composition of the older population will be 72% non-Hispanic White, 11% Hispanic, 10% Black, and 5% Asian (U.S. Census Bureau, 2010). Accordingly, the conceptualization of successful aging needs to be generalizable across cultures, races, and age cohorts.

BACKGROUND
Internationally, researchers have examined the meaning of successful aging to older adults in several countries. Bowling and Iliffe (2006) asked British older adults about what features they believed were associated with successful aging. They identified health and functioning, psychological traits, social roles/activities, financial/living circumstances, social relationships, neighborhood/community, work, and independence. Torres and Hammarstrom (2009) asked Swedish older adults what was needed to age successfully. Participants described physical, mental, psychosocial, spiritual, and financial resources; attitude/outlook; and continuity in life. McCann Mortimer, Ward, and Winefield (2008), who asked Australian older women what successful aging meant, found that participants described personal agency and quality of life/death as the most salient features. Social and productive activities were related to successful aging in a Canadian study (Menec, 2003); in Brazil, Chaves, Camozzato, Eizirik, and Kaye (2009) identified the importance of leisure activities. In Taiwan, Hsu, Tsai, Chang, and Luh (2010) identified area-level indicators that found geographic location, particularly urbanization, associated with healthy lifestyle and thus with successful aging.

In the United States, Duay and Bryan (2006) explored Floridian older adults’ beliefs about what contributes to successful aging and strategies they use to adapt to changes in their lives. They identified engaging with others through friendships, participating in social activities, helping others, and connecting with others during the learning process; coping with changes, including methods of adaptation; faith or religion; and maintaining physical, mental, and financial health as essential features of successful aging. Although this study used a Southern sample, the researchers did not inquire about regional influence on participants’ experiences of aging, nor did it have being a Southerner as an inclusion criterion. Rather, a convenience sample of older adults with whom researchers were already familiar (Duay & Bryan, 2006) was used. Furthermore, participants did not have to self-identify as aging successfully. Reichstadt, Depp, Palinkas, Folsom, and Jeste (2007) solicited opinions of older Californians about successful aging. They described attitude and adaptation, security and stability, health and wellness, and engagement and stimulation as essential factors. Successful aging is clearly a personal experience that differs for different groups of older adults. Therefore, it is important to understand the nuances of successful aging that are specific to particular races, regions, and ethnic groups, in addition to universal fea-
tures, to design interventions to promote successful aging in these various groups.

One group that has been little examined is Southern older adults, with even less attention given to specific population groups within the region. Research on these older adults has been limited, yet approximately one third of all older adults in the United States live in the southern states (Cotter & O’Quin, 2007).

In this discussion, we will focus on North Carolina (NC). The population 65 and older in NC increased by 20% between 2000 and 2010 (NC Division of Aging and Adult Services, 2011b). By 2030, the state’s older adult population will have grown 55% from 2000 (NC Division of Aging and Adult Services, 2011b). People 65 and older in NC have a lower life expectancy, higher poverty rate, and lower average education and income than many of their national counterparts (NC Department of Health and Human Services Division of Aging, 2003). Specifically, 21% of those ages 65 to 74 and 29.7% of those 75 and older live in 100% to 199% of poverty, whereas 9% and 13% of these age groups, respectively, live below poverty (NC Division of Aging and Adult Services, 2011a).

Disparity is evident in the aging experiences of Black and White older adults in NC. For example, Foos, Clark, and Terrell (2006) found that most White participants in NC considered older age as the happiest time of life, whereas only 2% of Black participants described old age as a happy time. White participants identified financial concerns, whereas Black participants reported health care as a major concern. The current study examines variations in perceptions of successful aging between Southern-dwelling, NC Black and White older adults.

The goal of the study was to identify key attributes of successful aging in a sample of older adults who have been largely overlooked in successful aging research. Specific aims were (a) to describe what older Southern adults in NC consider to be successful aging; and (b) to conduct an initial analysis to identify the differences and commonalities between the ways Southern-dwelling Black and White older adults describe characteristics associated with successful aging.

METHOD

This descriptive qualitative study collected data through focus groups, following Krueger and Casey’s (2000) guidelines. Focus group questions were designed based on those used by Knight and Riccardelli (2003).

Participants

Inclusion criteria were ability to speak and understand English; age 65 or older; origin of a Southern state; current resident of NC; Black or White race; self-identified as successfully aging; and absence of cognitive impairment, based on the Mini-Cog (Borson, Scanlan, Brush, Vitallano, & Dokmak, 2000), which assesses registration, recall, and executive function. Participants had to score a 3 to be eligible for the study; if they scored less than 3, they had to have a normal clock-drawing test to be eligible. No one was excluded due to cognitive impairment. Black participants were recruited from a local church, a senior lunch program, and a senior center in Charlotte, NC. White participants were recruited from a local senior center in Charlotte, NC. University Institutional Review Board approval was obtained prior to any data collection. One author (M.T.-J.) reviewed ground rules (participant confidentiality, not mentioning names, right to refuse or cease participation), and each session was audiorecorded.

Data Collection

The first author (M.T.-J.) visited each site to make an announcement and answer any questions about the focus groups. Interested individuals were given an informed consent information sheet and screened for inclusion; all provided oral informed consent. Each focus group comprised six to nine participants. Six focus groups were held, three with Black participants, and three with White participants; total participants in the six groups were 52.

Instruments

Demographic and general descriptive information was obtained by participant self-report on a demographic form. The researchers developed an interview guide using many of the questions set forth by Knight and Riccardelli (2003). Some examples of...
questions included, “Please describe how you have aged successfully. What do you think helped you to do this? What advice would you give to young people on how to age successfully? In what ways, if any, has your race contributed to successful aging? In what ways, if any, has living in the southern part of the country contributed to successful aging?”

**Focus Groups**

A research assistant managed the recording device and took field notes while the author conducted the group meetings, adhering to a standard focus group format: welcome, overview, ground rules, and questions (Krueger & Casey, 2000). Each focus group session was conducted in the same manner and followed a protocol to ensure rigor of data collection. Participants actively engaged in the focus groups, providing descriptive responses and offering comments to the questions. The authors looked for repeated similar findings in the focus groups for each race and determined representativeness and saturation of the data. Data saturation was detected after three sessions with participants of each race.

**Data Analysis**

Demographic and quantitative data were analyzed using SPSS version 14.0. The focus group session recordings were transcribed verbatim, and the authors used Microsoft® OneNote® to organize transcripts for analysis. A thematic content analysis was performed. The researchers first engaged in open coding to capture the deeper intent and shades of meaning imbued in the text. Focused coding was applied to identify patterns and relationships among the codes and seek meanings that emerged from these themes. As a crucial check on validity, the authors discussed the results of this stage of coding with a linguist (B.D.), to obtain her insight into potentially deeper meanings that the words and phrases of people with regionally or socially different linguistic characteristics were conveying. Codes/interpretations were adjusted to incorporate the contributions of the linguist before final textual analyses were performed.

**Validity**

Following the analysis, the authors obtained focus group participant validation of the representativeness of the categories into which the data were coded. Older adults who participated

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>PARTICIPANT CHARACTERISTICS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Total (N = 52)</td>
</tr>
<tr>
<td>Health rating</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>37 (71.2)</td>
</tr>
<tr>
<td>Fair</td>
<td>10 (19.2)</td>
</tr>
<tr>
<td>Excellent</td>
<td>4 (7.7)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (2.0)</td>
</tr>
<tr>
<td>Exercise regularly</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32 (61.5)</td>
</tr>
<tr>
<td>No</td>
<td>18 (34.6)</td>
</tr>
<tr>
<td>Missing</td>
<td>2 (3.8)</td>
</tr>
<tr>
<td>Relationship status</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>28 (53.8)</td>
</tr>
<tr>
<td>Married</td>
<td>13 (25.0)</td>
</tr>
<tr>
<td>Single</td>
<td>8 (15.4)</td>
</tr>
<tr>
<td>Divorced</td>
<td>2 (3.8)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Regular fruit and vegetable intake</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>50 (96.8)</td>
</tr>
<tr>
<td>No</td>
<td>2 (3.8)</td>
</tr>
<tr>
<td>Health insurance aside from Medicare</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>35 (67.3)</td>
</tr>
<tr>
<td>No</td>
<td>2 (23.1)</td>
</tr>
<tr>
<td>Missing</td>
<td>5 (9.6)</td>
</tr>
<tr>
<td>Annual income</td>
<td></td>
</tr>
<tr>
<td>&lt;$20,000</td>
<td>17 (32.7)</td>
</tr>
<tr>
<td>$20,000 to $39,000</td>
<td>25 (48.1)</td>
</tr>
<tr>
<td>$40,000 to $59,000</td>
<td>6 (11.5)</td>
</tr>
<tr>
<td>$60,000 to $79,000</td>
<td>0 (0)</td>
</tr>
<tr>
<td>&gt;=$80,000</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Tobacco use</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>50 (96.2)</td>
</tr>
<tr>
<td>Yes</td>
<td>2 (3.8)</td>
</tr>
</tbody>
</table>
in the focus groups, along with other demographically similar senior center or lunch program participants, met with the first author (M.T.-J.) in a single session during which focus group findings and themes were presented. These individuals were then asked to validate or comment on the focus group themes.

RESULTS

Participant Characteristics

The study sample ranged in age from 60 to 89 (mean = 77.12, SD = 7.02 years), with no significant difference in the mean age of Black and White participants. Forty-three of the 52 participants (82.7%) were women. Educational attainment ranged from 8th grade to 6 years post-secondary education, with a mean educational level of 14.08 years (SD = 2.42 years). Black participants tended to be more educated than White participants (mean 14.76 versus 13.14, p < 0.02). Participants overall believed they were in good health, and most reported some form of regular exercise. Although many were widowed, approximately one fourth were still married; a greater proportion of Black participants than White participants were widowed.

Annual income was slightly more evenly distributed among White participants than Black participants. Most reported an income in the range of $20,000 to $39,000 annually (Table 1). This finding parallels that of older adults nationwide: In 2008, the average income of older adults was $29,248 (National Committee to Preserve Social Security and Medicare, 2010).

Although the study was conducted in a region known for tobacco production and consumption, hardly any participants reported tobacco use. Based on self-report of chronic conditions, the sample appeared fairly healthy, with disease frequencies comparable to those seen in the general older adult population (Table 2).

Specific Aims

Analysis of the focus group transcripts suggested four central themes to describe successful aging: Connecting and Relating, Temporality, Perception and Interpretation, and Activity. The focus groups also yielded content areas for interventions aimed at promoting successful aging.

Connecting and Relating involved three subcategories—spirituality, friends and social life, and spouse. Black and White participants identified spirituality as a means of connecting with a higher power, all specifically mentioning God or the Lord. For example, one White woman said, “I feel like God has a plan and He’s the one that’s setting it in motion. And you live one day at a time, and if something happens that’s in the plan, it’s not your plan, maybe, but I feel like it’s for a reason.”

Another White woman described the importance of “living one day at a time, trusting the Lord.” Participants described drawing strength from their spirituality; one White woman described the importance of “doing my part; God is more powerful than us” and “acknowledging His will.” Another White woman reported that her spirituality inspired her to “Live one day at a time, trusting in the Lord, do the best you can, things fall where they may”; she believed that this way of living and believing was “part of successful aging.”

Although both races brought up spirituality as an aspect of their aging successfully, subtle variations were noted between Black and White participants. For example, White participants tended to talk about a spiritual perspective (Reed, 1991), whereas Black participants mentioned the church or relationships with people in the church rather than a “higher power”; one Black woman explained, “I stay busy in the church and the activities keep me on my toes,” and another Black woman specifically stated “church family” was an important element of her aging successfully. This finding could reflect the fact that some Black participants were recruited from a church; however, Black participants were recruited because they attended the senior lunch program provided by the church,
not because they were members (and some were not congregation members). On the other hand, White participants offered explanations of how their awareness of God and feeling of connection with something greater enabled them to age successfully. One White woman described how she “lived one day at a time, trusting the Lord.” White participants emphasized their awareness of God’s presence “daily,” whereas Black participants referenced social or religious gatherings “every week” or at holidays.

A second subcategory of connecting and relating was friends and social life. Participants of both races talked about the meaning they derived and fulfillment experienced from friends and social relationships. They described the nature/situations through which they engaged in these relationships. One Black woman said, “I enjoy seeing all of my friends at the Y and the water aerobics instructor,” while another described being “happy, enjoying life, friends” as key features of successful aging. However, Black participants tended to describe the emotional aspects of relating to friends and social connections, whereas White participants focused on the types of people with whom they related. For example, White participants reported that “friends are considered family” and repeatedly described the “fellowship” or “companionship” as key elements of successful aging. In contrast, Black participants offered “enjoyment” and feeling “happy” as things they derived from the friendships. Thus, although both racial groups attributed their successful aging, in part, to the fact that they engaged in meaningful relationships, the explanations of why the relationships were important to aging successfully were slightly disparate.

However, when asked about whether the presence of a spouse influenced successful aging, one Black woman reported, “It sure doesn’t” whereas another Black woman added:

A lot of females out there, widows. But I know quite a few who have I think significant others, come to think of it, I don’t think that any of these attractions have resulted in marriage, but I do know several who spend part of the time at so and so’s house, and part of the time in their own.

White participants responded similarly; one woman expressed, “Males have to find someone,” explaining that she did not feel the need to do so. This participant expanded further, reporting that her husband had been married four times and had numerous health problems, implying that not only did women not need a spouse, but that perhaps they were better equipped to age more successfully. Women of both racial groups were of the opinion that the presence of a spouse was not a necessary component for successful aging, although men (of either race) had no comments in response to this question. Although participants of either race did not offer extensive commentary on the presence of a spouse, they seemed to accept the idea of significant others or companions, but such partners were not viewed as essential for successful aging.

Temporality was a second major theme noted. Participants frequently turned the discussion to their experiences and history, but they also expressed concerns and views about the future. Subtle nuances distinguished the subcategories of this theme—impressions of the past, family and history, and future generations.

Impressions of the past were particularly salient for Black participants. One woman stated:

I stayed under my grandmother’s feet and learned as much as I could. I learned how to sew, cook, and tend house from my grandmother. She raised me. She did the best she could because we really did not have nothing.

This woman went on to describe the importance of passing on the teaching “as much as possible to the young folks.” Another Black woman described memories of the past: “I really had a great experience growing up in the country; we did not have much, but we survived and we had food to eat.” Black participants particularly emphasized the struggles they had overcome. One Black woman said, “When you have someone to show you what the right things are to do and how they should be done, it makes it a little easier for growing up.” Participants reflected a great deal on their past and how these times compared to the present. Although Black participants’ accounts seemed more closely related to their present circumstances, White participants talked about the past in a more detached manner, with less affective expression. For example, as one White man reflected on the past, he commented “after World War II you didn’t see a car on the road after midnight unless there was a death.... Or they would stop and rob you.” This participant went on to describe life today, stating his belief that “it’s dangerous.”

Another subcategory of the temporality theme was family and history. Participants talked about how their history and family experiences had influenced them, in good times and bad. For example, one Black woman reported, “I know that my childhood was full of hard times and we were very poor. But we were honest, hard working people and we did not mind following the ways of living in southern Georgia, where I grew up.” This participant went on to say that as a child, she had planned to leave her small southern town “and never return.” Although she did relocate, she remained in the south (NC), where she assumed care of an elderly aunt.

Similarly, White participants described how teachings from their families had a lifelong influence on them, contributing to their successful aging. For example, one White woman reflected, “Our parents’ teaching means more as we age.” A White man noted his parents’ influence on him in setting an example of a strong work
ethic: “Nobody’s worked harder than my mother and dad and...they raised every single thing and they lived until my mother was 93,” as he described the value he placed on hard work as contributing to his successful aging. However, unlike Black participants, White men and women acknowledged family as a source of conflict at times. One pair of White husband and wife participants described conflict that had endured for years over a deceased sibling’s unsettled property division, and how this had distanced their family members, resulting in chronic stress and making successful aging more of a challenge for them.

However, more participants demonstrated a sense of pride and strength in their family experiences. One Black woman said:

I grew up on a reservation and we had to work on the tobacco fields with my granddaddy every day. I did not know what school was until I went to G----boro and visited my cousins during a time of a funeral and found out that they went to school and could read. I told my grandmother that I wanted to learn to read and the next year I went to live with my cousins in G----boro and went to school. I was so far behind and the other children made fun of me but once I learned that. I think that some of it is mental too.”

Another Black participant stated, “I think that it is important for young people to slow down and realize how precious life is. These young people do not seem to take things seriously. My granddaughter is 17 and does not know how to cook yet.”

As they discussed their concerns and their grandchildren being able to age successfully. Participants of both races often referred to what they had learned over their lifetimes, alluding to their experiences as a teacher to today’s youth, and their desire to testify or teach future generations.

**Perception and Interpretation**, the third major theme, included subcategories characterized as mental and cognitive and adjusting (behaviors, ways of being). One Black woman said, “You don’t sit down and say well, I am getting old and I can’t do that. I think that some of it is mental, too.” A White man suggested that successful aging is “mind over matter—don’t discuss your pains.” White participants in particular had much to say about the role of perception and interpretation in successful aging, offering many suggestions indicative of a “can do, so go!” attitude (Table 3), whereas Black participants were less prescriptive (i.e., offering less firm directives).

Participants also discussed their values: One Black woman expressed a need to “realize how precious life is.” Other Black women described enjoying life and friends, and said “things are more enjoyable” or “enjoying simple things” were part of successful aging.

**Table 3**

<table>
<thead>
<tr>
<th>SOUTHERN WHITE PARTICIPANTS’ SUGGESTIONS FOR AGING SUCCESSFULLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Never get mad...take things as they come” (man)</td>
</tr>
<tr>
<td>“Don’t get mad, get even” (man)</td>
</tr>
<tr>
<td>“No time to get sick” (man)</td>
</tr>
<tr>
<td>“Recognize shortcomings—don’t stress, make high goals” (man)</td>
</tr>
<tr>
<td>“[Having and making] choices” (woman)</td>
</tr>
<tr>
<td>“[I] like things simple, make a decision and leave it alone” (man)</td>
</tr>
<tr>
<td>“Well, I don’t fuss all the time” (woman)</td>
</tr>
</tbody>
</table>
fully. White participants were more directive than Black participants in offering suggestions and advice for aging successfully; Black participants were more reflective and reminiscent in their discussions.

The second subcategory in perception and interpretation (for White participants) was adjusting. Participants talked about conscious decisions they had made in response to life events, with new ways of thinking and subsequent behavior changes. One White man said he “used to hit that good old bottle” but in his second marriage, he “quit drinking and smoking...been married 36 years” and now volunteered for others with mental illness and alcoholism. Participants were clear about the importance of choice in aging successfully. For example, one White woman talked about how she went back to school and “had choices after divorce...not complaining.” Participants’ comments also reflected resilience in coping with adversity. Some participants (primarily Black) specifically alluded to decline or deterioration as part of aging, as they described how they had adjusted to such things and still aged successfully. Descriptions were not necessarily positive or happy; for example, one Black woman said:

“When you have a lot of health problems [it is] not pleasant and you look at yourself as being a problem on others, especially your family members... It is a job trying to find someone to do things for you, especially when they have things to do for themselves.”

For this woman, successful aging meant not necessarily the absence of health problems, but the ability to continue to manage routine tasks and responsibilities; in the face of multiple health problems, she viewed this as a challenge. She found new ways of accomplishing things by relying on others’ assistance. Similarly, another Black woman described having to adjust her daily routine to meet her husband’s needs:

There have been a lot of changes for me since my husband became sick and cannot drive anymore. I have to do everything that needs to be done for him. When I have things to do for him, I have to rearrange my stuff to get it done after I have helped him.

This woman felt her adaptation to her husband’s needs permitted her to still age successfully. Likewise, one White man reported he had a “hard time walking because of my back, doctors had me borderline diabetic, [I] had surgery, now diabetes doesn’t show...exercise will help...walk at least one mile a day.” Another White man offered that his “Diabetes is normal now, checking it daily with medicine.” Thus, both races acknowledged there was some decline with aging, but to them, success meant managing that decline with various strategies.

The fourth major theme was activity, and this included the subcategories of mobility, independence, exercise, and nutrition. Participants described efforts to maintain their mobility as part of successful aging. One Black woman said:

“Since I have stopped working and retired, I do not go up and down steps anymore. I have a hard time getting up and down steps now. Also, I walk every day, just a little short walk around the block, because I have discovered that by not walking my balance is gone. By walking, I don’t fall as much and also I go to water aerobics 5 days a week and chair aerobics 3 days per week.”

Although many participants described activities that required them to be ambulatory, they made it clear that mobility was not a prerequisite for successful aging, as suggested by one White man’s comment: “As far as being able to do things, are we able to walk, some can, some can’t. Some can’t walk but some can play computer games.” A Black woman echoed his sentiments, relating how she had modified her walking routine and avoided steps. What seemed most important to participants was doing the best one could, and adapting.

A second subcategory was independence; participants talked about their ability to go and do, and work. One Black woman stated:

“I have to have someone drive me some times when my arthritis in my knee starts acting up. My daughter tries to help me as much as possible but I try not to bother her that much, but when I need her, she comes and helps me out.”

Another commented:

“I hate waiting on people to do things for me; it gets to be crazy sometimes. I like to know that I can get up and go when I need to and if my car is broken or won’t crank, I just wait until I get it fixed before I go anywhere... If I cannot make it to the doctor, I call them and make another appointment.”

Other Black women offered similar statements:
- “I love to be able to go when I get ready and wherever I want to go.”
- “I have always had to do for myself.”
- “My family does not do much for me and I am OK with that because I will do for myself as long as possible.”
- “I like doing stuff on my own as much as possible. I do not bother people, you know how they say old people be worrying them, so I do not bother my children or grandchildren for anything.”

Likewise, White participants emphasized the importance of “being independent” (woman) and “doing” for yourself as long as you can” (woman).

Participants often identified exercise, a third subcategory of activity, as important for successful aging. One Black woman said:

“I usually go to the Y...twice a week for water aerobics, and the water aerobics has really helped me and strengthened my legs and I noticed that I can walk better, too. I think that the exercise is helping me be healthier and making me stronger in the process.”

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KEYPOINTS

1 Many older adults are able to describe successful aging, suggesting they have put thought into this topic.

2 Perceptions of older adults appear to be a key influential factor in whether one is aging successfully; these older adults emphasized the importance of perspective in adapting and managing one's aging.

3 Although similarities are present in the successful aging of Southern Black and White older adults, subtle nuances differentiate the experience in the two races.

A number of White participants described various forms of exercise:
- “3 times a week on machine, weights.”
- “Exercise every day.”
- “Exercise will help, walk at least one mile a day.”
- “If you raise a garden you know you get your exercise.”

Some participants mentioned efforts to ensure good nutrition as part of successful aging. “Getting older you know that your body is decreasing and you take a few vitamins, especially my C and B vitamins,” said one Black woman, whereas another stated, “I think that your food that you eat has a lot to do with it. I was always told to eat healthy foods, now I drink a lot of juices.” A White man reported, “I raise a garden, eat my own food, and know what’s been sprayed on it.” Another White man with diabetes admitted, “I know it’s [his diet] scary but I try to stick to it, but sometimes I get off of it,” noting that eating healthy was not always easy and diabetes could be a challenge to manage.

Participants noted that being Southern had affected their aging, making them more resilient. One Black woman said:

Being black and living in the south was a challenging thing, but we made it because we did not bother anyone and we minded our own business. It was difficult because it was 12 of us but we did it, and my father made sure that we kept a roof over our heads and had food to eat. We did not have meat every night, but we did have something to eat... We were poor, but we were a proud family.

One of her peers, also a Black woman, said:

It has always been a struggle as a Black person, but me and my family have not let that stop us from anything. I am a college graduate... We never let being Black hold us back from anything, especially a good education. It was hard and we had some hard trying times, but we made it.

Thus, these participants had a fondness and appreciation for their Southern heritage and saw their past as a source of strength that they carried with them into older adulthood. In contrast, White participants tended to be less descriptive about the influence of race or region on their successful aging and focused on more superficial aspects. For example, in one focus group meeting, several White participants reminisced about starting to work "at a young age" and then lapsed into conversation about Southern foods they used to take in their school lunches.

DISCUSSION
This research is not without limitations. The socioeconomic status of the two racial groups was similar, and this resemblance may have masked racial variations that could be more pronounced in older adults with fewer resources. Likewise, it is highly probable that older adults of a lower socioeconomic status would have different descriptions of successful aging, regardless of their race. Although future research with older adults of more varied socioeconomic levels may prove insightful, this study yielded thought-provoking findings about the reality of successful aging in seemingly ordinary older adults who may not appear to be in exceptional health or physical form, but consider themselves to be aging successfully.

These findings are consistent with how other Black older adults have characterized successful aging. Independence and ability, health, mindset, activity/service, family, and spirituality were also previously reported by individuals as key features of successful aging (Troutman, Nies, & Mavelia, 2011). The current study afforded the opportunity for the researcher to further explore these topics in detail and specifically explored participants’ perceptions of racial influence on their aging (previously, participants were only asked to provide a brief written description of what successful aging meant to them).

Participants provided vivid, detailed accounts of successful aging and gave suggestions for how others could age successfully, even in adverse conditions. More commonalities than differences were noted in these Black and White Southern-dwelling participants’ accounts of successful aging, although there were some differences.

In describing connecting and relating, participants of both races clearly saw spirituality as instrumental to their aging successfully, although there were some distinctions between the two. Based on these study findings, it is possible that Southern White older adults might be more responsive to spiritual enhancement via interventions such as journaling/writing in a prayer book or medita-
tion and prayer, whereas their Black counterparts might prefer religious activities that provide fellowship, such as Bible study meetings or being a senior volunteer to provide pastoral care, as some churches do. There is considerable literature support that indicates spirituality is a strength during older adulthood (George, 2010; Lawler-Row & Elliott, 2009).

Black participants tended to talk about friends and family more than White participants, and some White participants actually offered examples of negative experiences with family. Although both racial groups reported friends and being social were also key to successful aging, distinctions were noted between the groups, with Black participants emphasizing the emotional benefits derived from friends and social activities, and White participants focusing more on the people with whom they related and their relationships. Fiori, Antonucci, and Cortina (2006) concluded that having many sources of support or performing many roles in terms of one's family and surrounding community appear to be best for mental health. Thus, results from the current study are consistent with the literature and offer guidance for promoting successful aging by highlighting social relationships for older adults. More importantly, Southern Black older adults might be encouraged to reflect on (and discuss or keep a journal about) the meaning of their friendships and social relationships, and their feelings about these, to promote self-awareness of this successful aging resource. White Southern older adults, in comparison, might be helped by solution-focused therapy (de Shazer, 1985) approaches. Developing a list of social support individuals who could be called on in various situations, or creating a personal calendar of activities and social events for the week, are two examples of interventions that might be helpful.

Many participants made comments suggesting the influence of temporality on their successful aging. This finding points to the usefulness of reminiscence as one mechanism for fostering successful aging. The extent of emotion associated with focus on the temporal varied slightly between the two races, although reminiscence therapy might prove beneficial for Black and White Southern-dwelling older adults. Regarding temporality, encouraging older adults such as these Southern Black and White individuals, to fulfill their sense of concern for future generations, could also enhance their successful aging. Opportunities to mentor local school children, volunteer with Boy/Girl Scouts, or Boys and Girls Clubs are just a few possibilities.

Both Black and White older adults reinforced the significance of perception and interpretation on one's successful aging. Black participants also more often mentioned coping with decline in the face of aging, whereas White participants did so less often. Nevertheless, interventions to promote self-awareness might be useful for encouraging successful aging, perhaps more so for Black older adults. Examples of self-awareness activities include journaling and mindfulness training, which involves repeated placement of attention onto an object while alternately acknowledging and letting go of distracting thoughts and emotions (Garland, Gaylord, & Fredrickson, 2011).

When asked about how living in the South may have influenced their aging, Black participants provided vivid descriptions of hardships they had overcome, noting how these experiences had taught them lessons or made them stronger. White participants shared more superficial reminiscences about growing up in the South. Several commented about how they wished people could “let it go” regarding racial tensions and living in the South, dismissing this history.

Despite variations in their accounts of successful aging, both Black and White participants reinforced the vital role of exercise and good nutrition in successful aging. Moreover, all believed that friends and social connections/activities were essential. In addition, all expressed concern about future generations being able to age successfully.

NURSING IMPLICATIONS

The focus groups yielded data that provide foci for interventions to promote successful aging in Black and White Southern older adults. Interventions to foster connection and relatedness could include encouraging participation in spiritual enhancement (through prayer, religious literature, religious or spiritual music) or religiosity (church attendance or other activities with congregation members). Nurses could suggest any of these activities to older adult patients or their caregivers.

Nurses might also create opportunities for reminiscing, and suggest making or viewing scrapbooks/photo albums with friends or families. Older adults could also be encouraged to become involved in mentoring youth or volunteering for organizations such as the Boys and Girls Clubs of America. Many communities have senior centers, senior lunch programs, church-based group activities for older adults, or travel opportunities for groups.

Psychoeducational or cognitive-behavioral interventions could be implemented to improve aging, along with interventions to promote physical activity and good nutrition. Black and White Southern older adults could be offered all of these interventions. Additionally, providers could offer education interventions such as recipe suggestions for heart-healthy Southern cooking or caregiver instruction on the benefits of reminiscence, tailored to the needs and interests of Southern-dwelling Black and White older adults.
CONCLUSION
The Southern older adult population is increasing and diversifying, making it imperative to design health promotion interventions that are tailored to this regional group. As a beginning, it may be helpful for providers to incorporate interventions such as those suggested here to promote successful aging in Southern older adults. This study yields some insights, elucidating target areas for promoting successful aging.

REFERENCES


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