



# Growing Older in a New Land:



*Understanding  
Healthy Aging and  
Intergenerational  
Relationships in  
Immigrant and  
Refugee Families*



*A publication of*



The Intergenerational Center  
TEMPLE UNIVERSITY

*Supported by*

**MetLife Foundation**

## The Intergenerational Center At Temple University

Created in 1979, the Intergenerational Center at Temple University brings generations together to address critical community concerns and promotes lifelong civic engagement. As an international leader in the intergenerational field, the Center:

- *develops innovative intergenerational program models* and initiatives that foster cross-age relationships and meet community needs;
- *builds the capacity* of organizations, institutions, government agencies and funders to utilize intergenerational approaches to enhance their effectiveness; and
- *conducts evaluation and research* that identifies promising practices and generates new knowledge.

Rather than focusing on just one issue, we have demonstrated the effectiveness of intentionally using an intergenerational lens to confront many of the pressing challenges that face individuals, families and communities. Our programs, both national and local in scope, engage culturally, economically and age diverse populations in a spectrum of civic roles that support children and youth, help caregiving families, foster immigrant integration, and build community capacity. The Center's national training and technical assistance services have helped thousands of non-profit organizations, foundations, and government agencies infuse intergenerational strategies into their programs and services and promote opportunities for lifelong civic engagement. In 2011 Center was awarded the inaugural Eisner Prize for Intergenerational Excellence and the Migration Policy Institute's E Pluribus Unum Award for promoting immigrant integration.

Staff of Project SHINE (Students Helping in the Naturalization of Elders), the Center's national immigrant integration initiative that helps college students, older adult volunteers, and immigrant elders connect and contribute to their communities, assumed major responsibility for the development of this report. Through Project SHINE, volunteers of all ages help immigrant and refugee elders learn English, prepare for citizenship, acquire health literacy skills, and engage in meaningful civic roles.

---

For more information on the Intergenerational Center, go to [www.templeigc.org](http://www.templeigc.org)

# Growing Older in a New Land:

## *Understanding Healthy Aging and Intergenerational Relationships in Immigrant and Refugee Families*

### **Written by**

**Hitomi Yoshida, M.S.Ed. with Nancy Henkin, Ph.D.**

**Made possible by a grant from MetLife Foundation**



### **A publication of**



The Intergenerational Center  
TEMPLE UNIVERSITY

1700 North Broad, Suite 412  
Philadelphia, PA 19122  
[www.templeigc.org](http://www.templeigc.org)

© 2012

# Acknowledgments

We would like to express our appreciation to the community members and leaders who shared their experiences and insights about healthy aging and intergenerational relationships with us. We are grateful to our community partner organizations which helped us recruit participants and provided space for the focus groups. In particular, we would like to thank BPSOS Delaware Valley Branch in Philadelphia, PA and Camden, NJ, Confederation of Somali Community in Minnesota in Minneapolis, MN, Orange County Human Relations in Anaheim, CA and Southeast Asian Mutual Assistance Associations Coalition, Inc. in Philadelphia, PA.

A special thanks to Don Rackin for his editorial support, Annette Earling for graphic design, Corita Brown for conducting several focus groups, and Patience Lehrman for her overall guidance of this project.

Finally, we would like to express our gratitude to MetLife Foundation for their generous support and their commitment to using intergenerational strategies for promoting healthy aging in diverse communities.





# Table of Contents

I. Introduction.....	3
II. Background Research .....	4
III. Goals and Methodology.....	6
IV. Findings .....	7
A Factors Influencing Healthy Aging .....	7
1. Individual Factors .....	7
2. Family Factors.....	7
3. Availability of Social Services.....	9
B. Challenges Related to Healthy Aging .....	9
1. Social Isolation .....	9
2. Diminishing Value of Elders .....	10
C. Nature of Intergenerational Relationships .....	11
1. Loss and Separation.....	11
2. Competing Demands on Middle Generation.....	12
3. Acculturation of Younger Family Members .....	12
4. Adapting to a New Cultural Context .....	13
5. Maintaining Culturally Embedded Gender Roles .....	16
V. Key Conclusions .....	17
VI. Recommendations for Service Providers and Community Leaders.....	18
VII. Implications for Further Research .....	19
Appendix.....	20
References .....	21

# I. Introduction

With dramatic increases in American longevity rates, a great deal of attention has been focused on helping older adults age “in place” and lead healthy lives. Aging in place refers to “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (Center for Disease Control, 2009). Across the country, programs, services and policies are being designed to help older adults maintain their autonomy and access various social services without having to move out of the communities in which they have lived for years.

For many older immigrants and refugees, however, the concepts of independence and autonomy may not be sufficiently aligned with prevailing cultural values. Rather than aging in place, this population is aging “out of place” in a foreign land (Lewis, 2009). Their life experiences, cultural norms, expectations and needs differ greatly from mainstream older adults. Many have fled their homelands, lost loved ones, experienced marginalization and continue to feel disconnected from the culturally foreign world in which they live. They exhibit different forms of coping and require different services from those of native born elders. Numerous studies

suggest that limited English-speaking elders face multiple jeopardies such as social isolation, linguistic and cultural barriers, and limited economic resources (Trang, 2008). Many are seeking a sense of belonging and meaning through family relations and participation in ethnic-based cultural activities (Lewis, 2009).

In order to support the growing population of foreign-born older adults who will age in the United States, we need to understand how “healthy” or “successful” aging is perceived, barriers to aging well, and the nature of intergenerational relations, particularly as they relate to care for elders. Through this exploratory study funded by MetLife Foundation, we listened to the voices of Vietnamese, Somali and Mexican immigrants and refugees who provided important insights into the meaning of healthy aging and the changing patterns of intergenerational exchange. This report presents a brief review of background literature, shares key findings from focus-group interviews conducted with three ethno-linguistic communities, and discusses conclusions and recommendations for ethnic-based and aging service organizations, researchers and policy makers.

**The number of older immigrants who are growing older in their communities, coming to the United States as refugees, or joining their families through the Family Reunification Act is growing significantly. Nearly 40 million, or 13% of US residents are foreign born, with 81% coming from Latin America and Asia (U.S. Census Bureau, 2012). Since 1990, the number of foreign-born residents over 65 has grown from 2.7 million to 4.3 million and is expected to increase to 16 million by 2050 (Tan, 2011). The Latino elderly population is projected to grow from 3 million in 2010 to 17.5 million in 2050, while the population of Asian elders will expand from 1 million to 7.5 million during the same period (Federal Interagency Forum on Aging, 2012).**

## II. Background Research

### Cultural Views of Healthy Aging

The widely-held definition of successful and healthy aging includes three key criteria: (1) absence of disease, disability and risk factors, (2) maintaining sufficient physical and mental functioning, and (3) active engagement in life both with other people and in productive activities (Rowe & Kahn, 1987; Strawbridge, Wallhagen & Cohen, 2002).

This definition, however, does not consider constructs that influence the aging of people from diverse ethnic communities such as particular cultural values and norms, influence of past life-course events, and family, social and structural factors (Beyene, Becker & Mayen, 2002; Wassel, 2008; Torres, 2006, Burton, Dilworth-Anderson & Bengtson, 1992). Research suggests that family interaction and support, traditional social roles, and strong spiritual faith are factors that significantly impact immigrant elders' sense of well-being (Beyene et al., 2002).

The relationship between aging and cultural orientation has been explored by a number of researchers. Torres (2006), in her analysis of how Iranian immigrants in Sweden define "a good old age," differentiates between *family-oriented* ("collateral") and *individual-oriented* approaches to aging. She found that "those who chose the collateral ... orientation believe in the importance of family commitment to elders' well-being" (Torres, 2006, p. 19). In their study of cultural value discrepancies within immigrant and non-immigrant families, Phinney, Ong, and Madden (2000) highlight two fundamental values which differentiate European-American from non-Western cultures—*individualism*, which focuses on independence and self-reliance versus *collectivism*, which focuses on group interdependence, harmony in interpersonal relations, and conformity to group norms. Most non-European immigrant groups embrace collectivist values which subordinate individual autonomy to the needs of the family. From a collectivist perspective, healthy aging is seen as a family responsibility.

### Nature of Intergenerational Relationships

Unfortunately, the intersection between healthy aging, immigration and the nature of intergenerational family relationships has received limited attention in the research literature. Although researchers have examined various aspects of intergenerational relationships and developed ways to classify them (Davey & Takagi, 2013), additional information is needed to better understand how those relationships affect the well-being of older immigrants and refugees. It is also important to examine how young people view aging and the obligations they have toward older family members.

One way to understand intergenerational relationships is to explore patterns of intergenerational exchange. Intergenerational exchange is a framework for understanding the giving and receiving of resources and support over time. It includes instrumental (task-oriented), affective (feelings) and symbolic (ideas, advice) types of interaction that are affected by a family's beliefs, cultural norms, and behavior. In most non-Western immigrant families, reciprocity is at the core of traditional intergenerational exchanges (Lewis, 2008). Lewis's research on a Cambodian refugee community in the United States indicates that caregiving is bi-directional and lifelong; "[the] traditional concept of intergenerational exchange embraces a continual spiral of reciprocal care-giving and care-receiving across generations." She maintains that the maintenance of the *interdependent* extended family model is critical to adaptive aging.

Migration to the United States often presents a myriad of challenges for families as they try to redefine relationships and negotiate patterns of exchange within a new cultural context (Davey & Takagi, 2013). These challenges include:

#### Role Loss And Reversal

The migration process strips away many of the assets that older adults had in their homelands. No longer able to transfer land or other financial resources to younger family members and lacking the knowledge to effectively navigate a new culture, the elderly immigrants find that their value is diminished. The wisdom derived from elders' traditional culture is no longer relevant to younger generations, and as a result, elders lose the status and reverence they once enjoyed in the family (Lewis, 2005; Yee, 2009). Traditional roles such

as teacher, spiritual advisor, transmitter of culture and holder of family history are often unavailable. Role loss is further exacerbated by the fact that most immigrant elders have limited English language skills and struggle to communicate with grandchildren who may not know their native language. This handicap often results in elders' reliance on younger family members to navigate health and social service systems. For many immigrant elders, the gap between role expectations and behaviors to carry out appropriate roles is the cause of much distress (Yee, 2009).

### Rates of Acculturation

A phenomenon called "dissonant acculturation" (Portes & Rumbaut, 2001) is often a major cause of intergenerational tension in immigrant families. It is based on the premise that adult immigrants adapt to American culture at a slower rate than those who arrive as children or who are born in the United States. Place of birth, age at migration, and length of time in a new culture affect how one becomes acculturated. Different acculturation levels and speeds generate a wide range of challenges within families "as each generation struggles to find balance between their native country's tradition and American cultural ideologies" (Portes & Rumbaut, 2001; Yee, 2009; Lewis, 2005; Phinney, Ong & Madsen, 2000; Pyke, 2000). A cultural schism exists between the least-acculturated grandparents and their very Americanized grandchildren, especially as grandchildren approach early adolescence and embrace the American ideology of independence and autonomy. In his study of value discrepancies among immigrant and non-immigrant families, Phinney et al. (2000) found that adolescents who were foreign-born endorsed traditional family obligations more than U.S.-born adolescents did.

### Conflicting Values

The degree to which family members adhere to or reject traditional cultural values influences their attitudes toward family obligations. Many immigrant and refugee elders continue to hold onto traditional values related to caregiving such as familism and filial piety in order to maintain their traditional family norms. *Familism* is a theoretical concept that deals with the prioritization of the needs of the family over individual needs (Takagi & Silverstein, 2006). It focuses on structures like multi-generational households and norms that reflect mutual support (Davey & Takagi, 2013). *Filial piety* is a specific framework of hierarchical relationships within Asian families that emphasizes obli-

gation and debt to one's elders. Though these values are still central tenets in most immigrant cultures, *how* these values are expressed and translated into actual behaviors has shifted. Often socio-economic conditions and acculturation to mainstream society limit the ability of families to fulfill traditional family norms, particularly around support for elders. Many adult children are torn by conflicting values, struggling "to find ways to fulfill traditional familial obligations while fulfilling work and educational expectations of mainstream American society" (Lewis, 2005, p.17; Detzner, 2004; Pyke, 2000). Adolescents who are navigating the complex pathway to adulthood often seek greater equality with adults and are less focused on obedience (Phinney et al., 2000). In many cases, elders have to defer to the needs of younger generations on whom they depend. As Treas and Mazumda (2002) suggests, "a cultural ideology of family interdependence not only gives much to older immigrants, it demands much from them."

The ways families deal with these challenges and negotiate exchange patterns vary greatly. The concept of *intergenerational ambivalence* (Connidis, 2001; Pillemer & Luescher, 2004; White & Klein, 2002) helps explain how family members handle both solidarity and conflict in their daily lives. This intergenerational ambivalence suggests that the family experience is socially constructed through interaction between individuals and their surrounding socio-cultural environment (Davey & Takagi, 2013). This ambivalence exists when traditions or habits are inconsistent with the actual experiences of families. Intergenerational ambivalence can create tension in family relations and influence the way resources such as time, housing, finance, food and care are exchanged.

Although many families experience tension as they try to deal with intergenerational ambivalence, some are able to modify traditional patterns of exchange to fit American culture. Generations with different levels of cultural expectations often try to negotiate with each other, integrating more pragmatic solutions with what was traditionally expected (Davey & Takagi, 2013). For elders, this adaptive process is particularly important. Many try hard to adapt their self-image and behaviors to fit into a new cultural environment and yet create ways to remain connected to the past through the sharing of cultural knowledge (Lewis, 2005). The ability to be flexible and resilient seems to be a critical factor for healthy aging (Yee, 2009).



# III. Goals and Methodology

In order to gain a deeper understanding of socio-cultural factors that influence the aging of immigrant and refugee elders, staff from Project SHINE at Temple University's Intergenerational Center launched a pilot research project that explored the following questions:

- What does “healthy aging” mean in the immigrant and refugee community? What key factors inhibit or facilitate healthy aging?
- How do different generations view the nature of intergenerational relationships and patterns of intergenerational exchange, particularly as they relate to the well-being of elders?
- In what ways are older immigrants and refugees families adapting to changing norms and values related to intergenerational relationships and exchange?

## Methodology

This study was intentionally designed to include perspectives from three generations of refugees and immigrants from three different cultures. Focus groups were conducted with elders, middle-aged adults, and youths from immigrant and refugee communities from the summer of 2011 through early spring of 2012. The data collection targeted three ethno-linguistic groups residing in different parts of the United States: Vietnamese, Somali and Mexicans. These groups were selected to reflect the diversity of refugees and immigrants in terms of socioeconomic, cultural, religious, linguistic, and educational backgrounds as well as immigration status. Ten focus groups with a total of 95 participants took place in Philadelphia, PA; Camden, NJ; Minneapolis, MN; and Anaheim, CA. Participants were

recruited through the Intergenerational Center/Project SHINE's community partner agencies based on their age and their status of being part of three-generational families<sup>1</sup> in the United States. The focus-group interviews were held at community centers that were easily accessible for participants. Focus-group participants engaged in structured discussions based on the three main themes: concept of healthy aging, challenges of aging in a foreign land, and the nature of intergenerational relationships as it relates to the health and happiness of immigrant elders.<sup>2</sup> Participants were also asked to complete a short survey that requested basic demographic data. (See Appendix A for more detailed information about the focus group participants at each site).

In addition to the focus-group discussions with community members, insights and ideas shared at meetings and conference calls with SHINE's ethnic community partner organizations were documented and incorporated into the data analysis.

## Limitations

Due to the narrow scope and the short period of this pilot research, the sample size is limited. Moreover, the findings from the focus group represent issues in the selected local communities. Therefore, they are not generalizable for the overall experiences of three generational-families from Vietnam, Somalia and Mexico. However, the key findings that emerged from the data analysis contribute considerably to building our understanding of the culturally embedded concept of healthy aging and the nature of intergenerational relationships.

---

**1** SHINE's community partner agencies were asked to recruit community members based on the following criteria: 1) elders (generally 60 years old +) who have adult children and grandchildren living with them or living near them, 2) middle generations (generally age 23-59 years old) who have aging parent(s) living with them or living near them and 3) youths (age 14-23 years old) who have a grandparent living with them or near them. Certain exceptions for the age consideration were made due to each community's cultural concept for “elders.” For example, a few Mexican American adults age 43 and 59 years old joined the “elder”

focus group because in their community they are considered elders.

**2** Focus groups with Somali and Mexican youths were conducted in English. Interpretation to their native language was offered at all of the focus groups with the Vietnamese participants, as well as the one with Somali elders. Discussions with Mexican adults and elders were facilitated in Spanish.

# IV. Findings

An analysis of the focus-group data yielded findings in three primary areas—1) perceptions of healthy aging and the factors that influence it; 2) challenges related to healthy aging; and 3) the nature of intergenerational family relationships and how it affects the well-being of elders.

## A. Factors Influencing Healthy Aging

Focus-group responses across different ethnic groups and generations yielded valuable information about three key factors which influence the well-being of refugee and immigrant elders: 1) *individual factors* such as elders' life styles, habits, emotional health, and connections to spirituality, 2) *family factors* such as elders' connections with and concern for younger family members, and 3) *availability of accessible social services* and perceptions about the socio-political environment.

### 1. Individual Factors

#### Active lifestyles and healthy habits

Active lifestyles and healthy habits such as healthy diets, exercising, and routine health check-ups were identified by focus-group participants as essential components of healthy aging. Members of all generations believed that having an active life contributes to elders' health and happiness. Although lifestyle decisions are made by individuals, many focus-group participants emphasized the importance of family support and social connections for elders to practice these healthy habits.

*"I think they can go dancing [to be healthy]...Because they can exercise when they are dancing. ....they can feel young again and they can live more...if you were still healthy you still want to live more till a thousand."*

—Mexican youth

*"You have to spend time [with your elderly parent]. Instead of saying 'just go to walk,' we must say, 'let's go to walk.' We must keep encouraging them. It is common to hear [from aging parents], 'I'm too old for that stuff'—that way we will engage them (would make a difference) ...say 'I'll dance with you!'"* —Mexican adult

#### Emotional health and spirituality

Emotional health was also mentioned in focus groups as a key factor for healthy aging. Although many elders in the focus groups have experienced adversity and still struggle in their daily lives, they indicated that spirituality and connection to a faith-based institution often serve as sources of positive emotion.

*"Looking forward, move forward.....Live in the present — you cannot live in the past."* —Mexican elder

*"First and foremost, to be healthy, your heart has to be clean, have no complexity... You have to be free from negative emotion. No money makes you healthy and happy."* —Somali elder

*"All the blessing that comes from the God, Allah.....that's my happiness"* —Somali elder

*"Seniors who go to a temple or a church, they are happy..."* —Vietnamese adult

### 2. Family Factors

Overall, family factors were most strongly emphasized as indicators for healthy aging, illuminating the complexity of how elders' health and well-being are defined in immigrant and refugee communities.

## Family unity

Across all three ethnic groups, family unity and connection were identified as important indicators for healthy aging. In the respondents' view, being surrounded by family members and relatives contributes to prosperity and happiness.

*"There is no difference [if I am here in the States or in Mexico]. If the whole family is together, that's what makes us happy." —Mexican elder*

*"Seniors, they want what they had in Vietnam... Family live together in a house, they see each other daily and they can walk to see other family members, friends. That closeness, the unity in the family, that's what they want [to be happy]." —Vietnamese youth*

*"My grandma loves having all her family around. She likes us to come over to her house and visit." —Somali youth*

Data also suggested the significance of having grandchildren for elders' well-being.

*"If they [elders] have to be happy, they have to have grandkids. If they take care of grandchildren, that makes them [elders] happy." —Vietnamese adult*

*"The grandchildren give us happiness...as a grandfather, one has time to enjoy the grandchildren and the fact of helping them makes me happy. It's like being a parent all over again, taking them to school, watching out for them...it's all a real joy for me." —Mexican elder*

Although this theme of family connection surfaced across data from three ethnic groups, each group emphasized different dimensions of family relationships. For example, Somali and Vietnamese groups stressed the importance of reverence for and authority of elders. The Somali interpreter described one of the elder's family interactions.

*"He lives with four children, they cook together, they eat together. They are there for him, they would bring anything he*

*wants back to him...Because it is 'pay back time.'" —Somali interpreter*

A Vietnamese youth leader explained that the hierarchical structure of the traditional Vietnamese family puts older males as the center of the family.

*"In Vietnam, being old is seen as a sign of wisdom and the oldest male is a hub of the family, but they lose it here... Here, people don't respect them, that makes them sad." —Vietnamese adult*

Data from the Mexican community echoes the importance of family connections for elders' health and well-being. However, the emphasis appears to be placed more on the exchange of love and affection. Loving and being loved by grandchildren was cited as a source of happiness.

*"They want that their grandchildren to really love them. It would make them happy. The grandchildren ask my mom to comb their hair. They love it." —Mexican adult*

## Success and well-being of younger family members

The success and well-being of younger family members emerged as a common theme across ethnic groups. Both elders and adults stressed the importance of young family members growing up to be productive and respectful citizens and staying out of trouble. Concern for youth seems to be a major factor impacting elders' sense of well-being.

*"[If] your children or grandchildren are involved with troubles, as a senior, that...has an effect on you... on your health, your mentality...you have that stress coming out if your son or daughter is...in jail or other problems like deportation..." —Somali elder*

*"Worries kill the grandparents.....sometimes we can't avoid it, the drugs and violence." "...everything worries grandparents, their children and grandchildren...they are always praying. I ask [my parents], why [do you have] so many rosaries? They answer, this one is for Juan..this one for Maria...so many worries!" —Mexican adults*

*“They [my grandparents] are happy because I am going to college. I can speak Vietnamese and that makes them happy, too.” —Vietnamese youth*

Several Vietnamese elders articulated their belief that the success and failure of young family members in the U.S. are perceived as *their* success and failure. This impacts their sense of pride or shame.

*“I hope them [youth] to be attentive and listen to us [elders]... and to be successful. What we worried is, if our grandchildren become Americanized in a negative way, bad news will be carried on to Vietnam. Rumors [about Vietnamese-American youth] will float around... We do not want to be told [by elders in Vietnam] that you came all the way to America and this is the way your children turn out to be? That would bring shame....”*  
—Vietnamese elder

### 3. Availability of Social Services

The data indicated that elders’ satisfaction with governmental assistance contributes to their sense of well-being.

*“Social services here are very good, Medicare, all of the health services, what the community offers, that is what makes us love Minnesota.”*

*“[What healthy and happy elders have is the] availability of social service and health service...” —Somali Elders*

*“Coming to America—one of the happiest things. America is very keen to taking care of older people. Better than Vietnam....”*

*“Medical care, that is a big deal, medication is paid... Benefits for seniors, social security.” —Vietnamese elders*

Somali and Vietnamese refugee elders attributed the safe and democratic political environment to their sense of well-being.

*“Nobody abuses us, having freedom and safety, now we are here in America. We appreciate the way that the United States received us.”*

*“How we came here... how myself and my family in this country are healthy, that’s my happiness.” —Somali elders*

*“Compared to Vietnam, we don’t feel life is oppressed because we are not in the communist regime, that’s what brings us together.” —Vietnamese elder*

However, data from the Mexican community indicated that many elders feel disconnected from social services.

*“[Because of] ignorance of the system, they [elders] do not get the information [of services]. Here, there is help but you need to know it ... there is more help and many [elders] do not know.” —Mexican adult*

## B. Challenges Related to Healthy Aging

Focus-group responses revealed a range of challenges for immigrant and refugees aging in a foreign land. Social isolation and the diminishing value of elders were identified as major barriers for healthy aging.

### 1. Social Isolation

Isolation of older adults is a major issue in both mainstream and minority communities. For elders who came from a more socially-connected collective society, the transition to a community which tends to emphasize privacy and individualism generates an even greater sense of isolation. Mexican participants, for example, compared the lack of communal unity to the villages in which they lived.

*“In the U.S., there are no greetings and neighbors are not known. Back in the rural countryside [in Mexico] everyone knows each other, everyone greets.”*  
—Mexican elder

*“In Mexico there are more social [connections], fraternity, and union.” —Mexican adult*

Somali adults pointed out that there are many isolated seniors in the community and stressed the importance of ethnic-based senior centers and programs.



*“Elders want connections... Social connections with peers... is very important. They are so isolated at home, especially in winter, psychologically and physically, this leads them to depression.”*

*“I see elders just go up and down stairs at the apartment complex all day... really sad to see.” —Somali adults*

The issue of isolation intensifies once an elder becomes too weak or too old to help out the family. Comments about fear of abandonment by younger members and “being sent to a nursing home” were repeated by all generations in the Mexican focus groups. Isolation is an especially frightening notion because it does not happen often in their country of origin.

*“[Difficulty of growing old here is] to be taken into a nursing home to stay until our death, becoming isolated.”*

*—Mexican elder*

*“If a grandparent has no income to help out with the household or no longer has the strength to care for children, then I think they are set aside and can be sent to the nursing home.” —Mexican adult*

## 2. Diminishing Value of Elders

Elders’ fear of becoming a burden to their family emerged as a serious barrier to healthy aging. The inability to contribute to the family and to the overall society due to language and cultural barriers decreases elders’ self-value. Although this notion surfaced across different cultural groups, it was expressed slightly differently across ethnic groups. In the focus groups with Mexican immigrants, elders’ loss of physical health was discussed more often than it was in the other focus groups. Many Mexican elders in the focus group have earned their living or provided family support through physical labor such as building and cleaning houses, cooking and babysitting. Both elders and their family members recognized that the elders’ value declines as their physical strength diminishes. A youth participant described elders’ challenges of aging as follows:

*“They have a better [increased] chance of losing their job. Because when they get older, they get more tired and they [employers] want new people [who] can do the job better.”*  
*—Mexican Youth*

Somali elders in the focus group also addressed the lack of work opportunity due to their age. One elder noted that there are many physically strong seniors in the community, but due to the language and racial discrimination, they are unable to find jobs.

*“We have a lot of seniors who are old but strong, but cannot find work here. Seniors are willing to work, but the problem is the language barrier, racial status... has created the situation that they are staying home. That creates too much stress and decreases our self-esteem.”*

*—Somali elder*



Adult participants expressed similar concerns for elders as one cited, *“Many are unemployed and stay at home, so they are lonely... Feeling useless.”*

The Somali focus groups also illuminated the diminishing traditional elder role as a community leader and advisor. An adult participant shared a story of his mother who did not feel valued by the community and ended up going home to Somalia.

*“She did not like living here. Too isolating... She likes having people listening to her. Feeling being useful to the community, giving advice, having a role... She did not find it here, so she decided to go back even if the life is not stable there.”*

*—Somali adult*

Others echoed the similar sentiment; as one man lamented,

*“Elders as advisors... that concept is lost here.”*

## C. Nature of Intergenerational Relationships

*“The reason why we [elders] came here is to gain independence from the communists; we wanted our children to grow up in a different environment. In Asian culture...parents take care of children, then children take care of parents when they are old... but in America, ...you are busy spending time working, your children go to school...so these things separate the family, you have to compete with these things, there is no room [for elderly] to teach about culture, what is Vietnamese.” —Vietnamese elder*

Findings from this pilot research echoed the existing literature which emphasizes the importance of collective and relational wellness for non-western elders. While focus-group participants stressed the significance of family connections and unity for an elder's sense of well-being, they also pointed out the challenges of maintaining the traditional family relationships due to young family members' acculturation to American cultural norms and language. Focus-group and interview respondents shared a range of information on the changing nature of intergenerational relations. They identified three key aspects of the migration process which they felt influence the nature of intergenerational relationships and exchange: 1) loss and separation of family members, 2) competing demands of the middle generation and 3) acculturation of younger family members.

### 1. Loss and Separation

In general, the migration experience involves family separation. Refugees, in particular, experience significant loss and separation of family members due to war, political and religious persecutions, life in the refugee camp and the worldwide resettlement process. Both Vietnamese and Somali refugee members talked about the loss and separation of their family members due to the war and refugee resettlement. As one Somali youth commented,

*“My grandma had 14 children and a few are only alive. Two live in Minnesota and others are in New Zealand and Australia...”*

Family separation often continues after a war. Several male Vietnamese elders stated that they were detained in prison by the North Vietnamese communist regime and lived apart from their families for five to ten years. Eventually, some of these detainees immigrated to the U.S. under the Humanitarian Operation (HO)<sup>1</sup>. It took many years for the rest of the family members to be reunited. Somali refugees also discussed the long period of separation due to the lengthy family reunification process.

In addition to the loss of family members, the issue of property loss was also discussed. In the interviews with Vietnamese participants, elders' loss of property and inheritance was identified as a factor which impacts intergenerational exchange. The Vietnamese participants pointed out that the reciprocal system of filial piety practiced in Southeast Asia no longer applies here in the U.S. Traditionally, aging parents would provide assets such as their house, their land and their material possessions to the child who would take care of them. Since many Vietnamese elders lost all of their assets due to the war and were not able to obtain a job that secures their retirement savings in the United States, they cannot provide economic support for their adult children who care for them.

*“Traditionally...The work of taking care of elderly parents came with materialistic rewards such as the majority of the parents' inheritance like lands...It comes with benefits...But here, no financial or material rewards for caring elders, no benefits but seem more of a burden.” —Vietnamese elder*

The issues around loss and separation did not emerge as strongly in the Mexican focus groups as it did in the two refugee groups. Nevertheless, a community leader explained that stricter border security post 9/11 and the recent economic crisis have prevented the reunification of many Mexican immigrant families. This weakens the family unity which elders used to enjoy in the past.

<sup>1</sup> Humanitarian Operation (HO) was set up to benefit former South Vietnamese who were involved in the former regime or worked for the U.S. They were to be allowed to immigrate to the U.S. if they had suf-

fered persecution by the communist regime after 1975.  
[http://en.wikipedia.org/wiki/Boat\\_people](http://en.wikipedia.org/wiki/Boat_people).

## 2. Competing Demands on the Middle Generation

Changing priorities of adult children living in the United States also influences family dynamics. Adult children in the focus groups expressed their desire to meet the traditional obligations for supporting elders but said they have to spend significant time working outside of the home to support their families. Many adults with limited English and education work multiple jobs to support their entire family, leaving little time to interact with their aging parents at home. Although adult daughters or daughters-in-law used to stay home to be with their aging parents, many are now working and asking grandparents to care for the grandchildren.

One Vietnamese adult explained:

*“We want to take care of the elderly parents, we have a sense of obligation, but the society puts us in a position that makes it difficult... Many adults in the community need to work for long hours to support the family financially... six hard and long days, that is the type of work they do at the nail salon. So, we feel very guilty... I want to sit down and talk to my mother, listen to her all day, but I just do not have time.”*

A Mexican adult participant commented that as a single mother, she relies on her parents to assume the role of stay-at-home parents.

*“I have always worked, I had two jobs, so my two sons were raised by grandparents and they call them mom and dad and they have good relationship while I am not there... There is no other ‘papa’ other than their grandfather because I am a single mother.”*

## 3. Acculturation of Younger Family Members

Data also indicated that the acculturation of younger members has a major influence on intergenerational exchange in the family. Many participants felt that the young generation's acculturation to the individualistic, youth-oriented American culture contributed to the decline of old traditions which emphasize long-term reciprocal intergenerational support. Somali elders explained their cultural expectations regarding caregiving:

*“... it [the traditional custom] is ‘payback time.’ This is how we were raised, that’s the expectation, you take care of your children and so they can take care of you when you are old and no longer take care of yourself.”*

Although one male participant believed that this tradition is well maintained in the community, the rest of the group did not agree. Feelings of despair for the decline of this tradition were expressed by one participant:

*“‘Payback time’ [is the tradition] but... do you want to hear the reality?... Nothing is in our hands, our culture, our expectation, our values are out of our hands, we have no control of them anymore. We gave away all of those [traditional values] to the new American culture.”*

The adult Somali participants attributed the decline of meaningful intergenerational exchange within the family to the younger generation's loss of appreciation for Somali culture and language. They agreed that elders have experiences and wisdom they want to transmit to the younger family members, but because of the language barrier, they cannot play the advisor role in the family.

*“Culture is the base of everything, it’s the base of life, so if the family loses it, it breaks [the family].” —Somali Adult*

Vietnamese focus-group and interview respondents also addressed the impact of acculturation on intergenerational exchange. A community leader described the cultural and linguistic disconnect between grandparents and grandchildren:

*“They [grandchildren] may be physically there at home after school but they cannot communicate with elders... Their demeanor, hair and clothing styles, so American, and elders cannot relate to them. Elders want them to keep the Vietnamese cultural identity but it is not always the case. Many [youth] understand and speak basic Vietnamese but not the level that they can have deep conversation with elders. Their interaction can be superficial.”*

A youth leader described how Vietnamese youth face a constant pressure to be immersed into the American mainstream culture.

*“The youth have no time to sit down in the family. Many youth, sitting down to listen to grandfather talk about stories from the war—they have no time and there are so much other information that bombard you from the mainstream.”*

Mexican focus-group participants also highlighted diminishing intergenerational exchange patterns. They indicated that young people have little interest in listening to and learning from older family members.

*“Teens are more difficult, [they] do not help me. I say help me with the trash, washing the dishes—but they say no.”*

*“I know a lot of sewing, embroidery, but they do not want to do. I bring them yarn from Mexico to make scarves—but they don’t want to do it.” —Mexican elders*

*“My grandma gives a lot of speeches — Three-hour speeches. Yeah, they’re boring... Don’t do this, don’t do this... Back in my days, we had to...”*

*—Mexican youth*

Somali and Mexican adult participants pointed out that role reversal is a major challenge for intergenerational relationships. Because younger generations acquire English skills and learn how to negotiate American systems quicker than elders, elders become reliant on younger family members. As a result, elders are losing their decision-making power and influence in the family.

*“They [youths] speak English without accents. They understand how the society works here and take charge. Then, parents feel powerless, elders become useless.”*

*—Somali adult*

Mexican elders echoed a similar change in family dynamics.

*“We don’t really have power now—it’s the children who decide—they say, you’re going to do this.... choose what is best for their parents...” —Mexican elder*

#### 4. Adapting to a New Cultural Context

While many older participants shared challenges related to intergenerational relationships, some expressed a genuine understanding of the pressures families face and a willingness to adapt to the “American way.”

*“Culture is different, you have to adapt in order to survive... bills need to be paid, things need to be done... in Vietnam, there is no separation between families... everything is mobilized and united. Over here, it’s that the culture does not allow for the Asian culture to fit in, so you lose what you have, you just keep on to what you CAN keep on.”*

*“Our generation has to find something we can do by ourselves not to be a burden to our young generation. We have to be independent from our children because I feel their focus is not to maintain the traditional culture... In this culture, American culture, children have enormous amount of pressure... we are in America, not in Vietnam, we need to adapt.” —Vietnamese elders*

When elders and youth were asked about their specific interactions in the family, some were able to share examples of meaningful intergenerational exchange. The role of caregiver for grandchildren was often described as a foundation for intergenerational bonds. Many youth focus group participants identified examples of intergenerational exchange which reflect a sense of connection and concern for the well-being of their older family members.

*“We love going to the swap meet [flea market] [with grandparents] ... Just hanging out, looking at the stuff and getting stuff. That’s where all the Mexicans go, and have fun...” —Mexican youth*

*“I like telling her [my grandmother] stories and stay with her, try to keep her company, so she is not alone... I tell how my day was and I ask her how her day was...”*

*—Somali youth*

*“I talk about my life... they ask how my life is here in America, sometimes my grandfather talks about stories when they were young [in Vietnam].” —Vietnamese youth*



*“They ask about school, we eat together at home.”*

—Vietnamese youth

The data demonstrated a range of roles that grandparents assume in families, including parent, teacher, advisor, and conflict mediator.

## Parent

*“My parents passed away and they [my grandparents] raised me so they are like my parents...”* —Somali youth

*“My mom takes care of my children, do everything...she prepares food and feeds them well, bathes them and takes them to school, does all.”* —Mexican adult

## Teacher

*“My mom correct the children a lot, giving them a good education, good manners.”* —Mexican adult

*“My grandma teaches me how to make food that doesn’t get as hard as rocks”* —Mexican youth

*“They [grandparents] teach me how to cook and how to garden.”* —Vietnamese youth

Teaching native language and cultural customs was also mentioned by elders and youths as an important function.

*“When I... visit her, she says when you go outside the house, [you can] speak English but you know where the door [of my house] is... [once you] open the door [of my house], don’t speak English, speak Somali.”* —Somali youth

*“She told me to show respect for older persons, whenever someone older than you come into the house, I should leave the room, so they can discuss whatever. Also, they tell you about clothing.”* —Somali youth

## Advisor

*“I try to motivate them to become something in life, they see the example of one. I try for them to excel in life. I did not study, I didn’t have the opportunity — but I want for them to study. I encourage them.”* —Mexican elder

*“...Every time I call her [grandmother], she gives me good advice, don’t lose your culture, don’t lose yourself, you are so young, the world is out there for you to catch it, so don’t get lost in it.”* —Somali youth

A group of recently immigrated Vietnamese youths who were sponsored by their naturalized grandfather discussed the guidance he provided on life in America.

*“He [grandfather] gives me ideas on what it is like to live in America. It’s a completely different country, [he] gives me some advice and teaches me about how people think in here [in America].”*

*“They came here before me, long time ago, so they know.”*

*“Yes, 20 years of experience.”* —Vietnamese youth

## Conflict mediator

*“My granddaughter is 17 years-old and has trusted in me... she came to me looking very sad and said she didn’t like the way her mom was treating her... She said, ‘I feel like everything I say she laughs at—she doesn’t take me more seriously.’ I don’t like this...so, I went to her [adult daughter] and I said, ‘you need to pay attention to how you are talking to [the granddaughter].’ In things like this, she [granddaughter] has had more trust with me than with her mother. I’ve talked to her mom about it and it worked.”* —Mexican elder

*“My grandpa is more like a middle person, me and my mom fight...[for example,...] my mom got mad because I went out without telling her. But my grandpa asked my mom to let me back in. So, he is like a mediator.”*  
—Somali youth

Focus-group data also revealed that some grandchildren offer instrumental support for their grandparents such as house cleaning, shopping, cooking and assistance in learning English. Others shared their desire to just spend time with their grandparents as a way to maintain a close relationship.

*“I clean the house and talk with them.”*

—Vietnamese youth

*“I make food for them.” “I go to grocery store for them.”*

*“I help them do their homework for English because she goes to English classes ...”* —Mexican youth

*“I do everything for her, because my grandma is sick, she is old and she can’t see so I do everything for her. I cook for her, clean for her and make it easier for her.”*

—Somali youth

*“My grandma is strong and doesn’t like admitting her feeling....but...she is getting weaker and weaker. I know she wants someone at her apartment...when I visit [her], I like*

*to be in her room and do my homework there. We talked about putting a TV in her room but she says, ‘I don’t like TV, I like conversation.’”*

—Somali youth

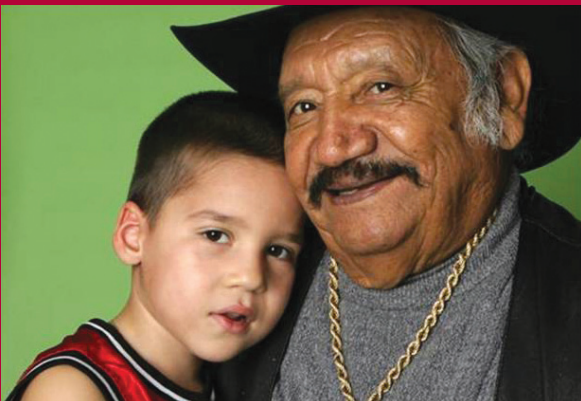
Grandparents also learn from their grandchildren about the life of American teenagers and skills such as technology.

*“My grandma had a stroke in 08. ... She sometimes doesn’t remember anything, her name, my name, and then on some day, she remembers everything, she will tell you what happened 1940s... One day, ... I was massaging her legs and then she just happened to grab my phone and said ‘I wanna text!’ Then I showed her, here is the key, this is how. Then she made sentences which made no sense but she did text it! She just pressed, and pressed...and she learned! My mother doesn’t even know how to text.”*

—Somali Youth

## Grandparents as Moms and Dads

Mexican focus group participants characterized their familial intergenerational relationship as open, affectionate, trusting and informal. Adult children indicated that many grandparents prefer to be called “mom and dad” or “mama and papa.” They call their grandparent by their names or mom and dad, because it signifies more trust and connection to call them mama and papa—grandma implies more formality and traditional forms of respect.



Focus-group participants expressed appreciation for the opportunity to voice their perspectives on intergenerational family issues. For youth, it was a particularly eye-opening opportunity to discuss aging and intergenerational issues

with their peers, as some stated that they had never been asked questions regarding their relationships with their grandparents.

## Maintaining Culturally Embedded Gender Roles

Despite the general shift in family roles and dynamics in the immigrant communities, there was an indication in the Somali community that the tradition of elder support based on gender expectation has continued. According to community leaders who were interviewed, in traditional Somali culture, women assume the responsibilities and obligations associated with caring for elders at home. Even if families are relocated to a new culture, women's roles as caregivers are still clearly articulated.

*“Somali traditional family value is very strong. Women have an obligation to care for their elderly parents. Even if they work long hours, they make sure they visit their parents every day to check in. Family members take turns to make sure the elderly are cared for every day. Many elders...have personal care assistants from the government program but it's not the same as the care by the family, so family still checks in.”*

—Somali adult

Female youth in the focus group showed their acceptance of this tradition and described how their mothers keep enforcing this expectation for girls.

*“My mom always say, ‘go help your grandma, go do this for her...’”*

*“...they [mothers] make you feel guilty [if you don't help grandparents].” —Somali youth*

Girls also shared their long-term commitment to support their grandparents based on their sense of reciprocity.

*“[I would like to take care of my grandmother] because she took care of me when I was little.”*

*“Just to return your favor, that's all.”*

*“We hate senior homes...we think it's a huge abandonment.”*

*“Why do you put your grandma and grandpa in the hands of stranger when you take care of them yourself... They took care of YOU, so why would you do that?”*

The expectation for girls to be home with elders is embedded in the overall Somali religious and cultural expectation for young girls to refrain from being in “public.” The female focus-group participants expressed the challenges of balancing family time at home and extracurricular and social activities with their peers in high school. They explained that Somali families have very different expectations for boys.

# V. Key Conclusions

**1.** Healthy aging in immigrant and refugee communities tends to be grounded in *collectivist* rather than *individual* values. Elders view family unity and the success of younger generations as key factors that affect their well-being. A relationship-oriented definition of healthy aging that underscores the importance of strong intergenerational relationships is essential for effectively promoting health in immigrant families.

**2.** Focus-group data confirm that role loss and the decreasing value of older immigrants and refugees are major barriers to the well-being of elders. Many elders expressed fear of becoming a burden to their families and a strong desire to have a sense of purpose within a new cultural context. Opportunities for *reciprocity* — giving and receiving support across the life span — are critical to the well-being of elders.

**3.** Adult children are under enormous pressure to provide financial support for the entire family and to integrate into the American mainstream society. They are often torn by the dual goals of pursuing the “American dream” for their children and maintaining the traditional values of their elderly parents. Limited time and resources make it difficult for families to fulfill elders’ expectations. Culturally appropriate services are needed to help immigrant and refugee families promote the well-being of their older family members.

**4.** Immigrant and refugee families exhibit both a *schism* between generations and an ability to *adapt* to traditional practices in the American socio-cultural context. Varying levels of intergenerational tension due to differing expectations, values, and beliefs can lead to feelings of despair among elders. However, some elders have found ways to adapt to changing norms and life circumstances by serving as caregivers, teachers, advisors, and conflict mediators. Unfortunately these roles are often unrecognized or under-valued. Flexibility and a willingness by members of all generations to create new forms of intergenerational exchange are key factors in the adaptation process.

**5.** Although young immigrants and refugees have a deep respect for elders, they face multiple school and social pressures that limit their ability to meet family obligations in traditional ways. Some focus-group participants felt that their academic achievements contributed to their grandparents’ feelings of well-being.

**6.** Although there were many similarities among the three groups involved in this study, nuanced differences regarding the nature of intergenerational relationships emerged. The Mexican participants attributed the decline of elders’ self-value to the loss of their physical health more explicitly than other groups. When describing the nature of intergenerational exchange, they emphasized the importance of open and affectionate relationships. In contrast, Vietnamese and Somali participants focused on maintaining a more traditional hierarchical form of exchange. They also identified the loss and separation of family members as a major influence on intergenerational exchange.



# VI. Recommendations for Service Providers and Community Leaders

The rise in the number of multi-generational households in immigrant communities and the increasing diversity of the older adult population suggest that service providers and community leaders need to develop effective strategies for promoting the health of the entire family unit and strengthening generational bonds. Recommendations include:

- Increase recognition of the contributions of elders and expand the types of roles they could play in their families and communities.
- Provide training and resources to help grandparents better understand the American educational system and ways to prepare their grandchildren to succeed.

## Service Delivery

- Develop more *relational-oriented* services which address the importance of intergenerational connectedness within the family and the community as well as peer socialization. Services should support, not supplant, existing patterns of intergenerational exchange within families.
- View the *family*, rather than individual members, as the unit of intervention. Help families redefine intergenerational expectations and find new ways to meet their obligations to each other.
- Develop more culturally and linguistically accessible services to reduce barriers immigrant elders face in attaining social and health services. Use ethnic-based organizations as a bridge between elders and mainstream aging services.
- Recognize the time and resource limitations of adult children who work long hours outside of the home and increase their awareness of and access to culturally appropriate aging services. Provide information to younger generations so they can become informed caregivers.

## Roles for Elders

- Provide opportunities for elders to identify their strengths and enhance their leadership skills. Find ways to translate their knowledge and experience into the American socio-cultural context.

## Intergenerational Understanding

- Work with separate age groups initially to increase awareness of the strengths and needs of different generations as well as perceptions of intergenerational connection and conflict.
- Create safe spaces to bring generations together to build mutual respect and explore commonalities and differences, expectations regarding family obligations, challenges facing each age group, and ways different generations can support each other over time. Develop creative ways to generate cross-age discussion despite language differences, and allow people to use both their native language and English.
- Create formal programs for unrelated older adults and youth to provide support and interact with each other. These might include joint community service or oral history projects, elders teaching youth cultural traditions and native language, youth teaching elders computer skills, and intergenerational health initiatives designed to increase physical activity and healthy eating for all ages. Opportunities for ongoing interaction between generations can foster the development of kin-like relationships and reduce feelings of isolation.
- Develop facilitation skills of community leaders to build their capacity in their communities to foster positive and mutually beneficial intergenerational relationships.

## VII. Implications for Further Research

Intergenerational family dynamics change as immigrant and refugee families migrate and adapt to a new society. This change is affected by the specific circumstances of each family and ethnic group, reasons for migration, socio-economic and educational status, and the extent of cultural differences. More in-depth research is needed to fully understand how different generations within specific immigrant families and communities accept, reject or modify their beliefs and behaviors and the impact of those reactions on intergenerational exchange. Studies focused specifically on the expectations of young immigrants and refugees regarding their current and future roles as family caregivers will yield valuable data that can inform policy makers about the types of infrastructure needed to support the foreign-born population over the next few decades. In addition, a better understanding of the grandparent-grandchild relationship could help families and service providers identify effective strategies for strengthening this important relationship.



# Appendix A: Focus Group Participants

Ethnic Heritage	Generation Group	Focus Group Location	Sex		Age	U.S. Born	Length of Stay in U.S. (years)	Language(s)		Education (years)	
			F	M				Spoken	Read/Written	Native	U.S.
Vietnam	Elders	Philadelphia, PA	9	12	62-96	0	8-30	Vietnamese English Cambodian French Chinese	Vietnamese English Cambodian French Chinese	2-12 years	3 mos-12 years
		Camden, NJ	0	6	64-81	0	15-20	Vietnamese English	Vietnamese English French	11-15 years	none
	Middle	Camden, NJ	6	1	28-57	0	3-25	Vietnamese English	Vietnamese English	6-16 years	3-14 years
	Youth	Philadelphia, PA	5	5	15-22	1	1-20	Vietnamese English	Vietnamese English	8-12 years	1-17 years
Somalia	Elders	Minneapolis, MN	7	4	56-88	0	4-20	Somali English Arabic	Somali English Arabic Italian	3-16 years	1 ½-7 years
	Middle	Minneapolis, MN	1	7	32-56	0	6-30	English Somali Swahili Arabic Spanish	English Somali Swahili Arabic Spanish	12 -16 years	0 -28 years
	Youth	Minneapolis, MN	9	1	14-20	2	7-17	Somali Arabic Spanish English Russian German French Swahili	English Somali Swahili French German Spanish Arabic	0 -5 years	7 -13 years
Mexico	Elders	Anaheim, CA	5	1	43-66	0	13-42	Spanish	Spanish English	4-6 years	none
	Middle	Anaheim, CA	5	2	30-43	0	14-23	Spanish English	Spanish English	2-14 years	2 ½-10 years
	Youth	Anaheim, CA	8	2	12-14	7	9-14	Spanish English	Spanish English	2 years	5-13 years
Total: 95 Participants											

# References

- Becker, G. (2002). Dying away from home: Quandaries of migration for elders in two ethnic groups. *Journal of Gerontology*, 57B(2), 143-149. Retrieved from <http://psychogerontology.oxfordjournals.org/content/57/2/S79.full.pdf>
- Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bond. *Journal of Marriage and Family*, 63(1), 1-16. doi: 10.1111/j.1741-3737.2001.00001.x
- Beyene Y., Becker G., & Mayen N. (2002). Perception of aging and sense of well-being among Latino elderly. *Journal of Cross-Cultural Gerontology*, 17(2), 155-172. doi: 10.1023/A:1015886816483
- Burton, L., Dilworth-Anderson, P., & Bengtson, V. (1992). *Creating culturally relevant ways of thinking about aging and diversity: Theoretical challenges for the 21<sup>st</sup> century*. In E.P. Standford & F.M. Tores-Gil (Eds.), *Diversity: New approaches to ethnic minority aging* (pp. 129-140). New York: Baywood.
- Center for Disease Control (2009). Healthy places terminology. Retrieved December 3, 2012, from <http://www.cdc.gov/healthyplaces/terminology.htm>
- Connidis, I.A. (2001). *Family ties and aging*. Thousand Oaks, California: Sage.
- Davey, A. & Takagi, E. *Adulthood and aging in families*. In G.W. Peterson & K.R. Bush (Eds.), *Handbook of marriage and the family* (pp. 377-399). New York, NY: Springer. 2013
- Detzner, D. F. (2004). *Elder voices: Southeast Asian families in the United States*. Walnut Creek, CA: AltaMira Press.
- Federal Interagency Forum on Aging. (2012) Older Americans 2012: Key indicators of well-being. Retrieved from December 2012, from [http://www.agingstats.gov/Main\\_Site/Data/2012\\_Documents/docs/EntireChartbook.pdf](http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf)
- Lewis, D.C. (2005). *The intersection of filial piety and cultural dissonance: Intergenerational exchanges among Khmer families in the United States*. Unpublished doctoral dissertation, University of Kentucky, Lexington.
- Lewis, D.C. (2008). Types, meanings and ambivalence in intergenerational exchanges among Cambodian refugee families in the United States. *Ageing & Society*, 28(5), 693-715. doi: 10.1017/S0144686X08007034
- Lewis, D.C. (2009). Aging out of place: Cambodian refugee elders in the United States. *Family and Consumer Sciences Research Journal*, 37(3), 376-393. doi: 10.1177/1077727X08330684
- Phinney, J. S., Ong, A., & Madden, T. (2000). Cultural values and intergenerational value discrepancies in immigrant and non-immigrant families. *Child Development*. 71(2), 528-539. doi: 10.1111/1467-8624.00162
- Pillemer, K. & Luescher, K. (2004) *Intergenerational ambivalences: New perspectives on parent-child relations in later life*. Boston: Elsevier.
- Portes, A & Rumbaut, R. (2001). *Legacies: The story of the immigrant second generation*. New York: Russell Sage Foundation.
- Pyke, K. (2000). "The normal American family" as an interpretive structure of family life among grown children of Korean and Vietnamese immigrants. *Journal of Marriage and Family*, 62(1) 240-255. doi: 10.1111/j.1741-3737.2000.00240.x
- Rowe, J.W., Kahn, R.L. (1987). Human aging: Usual and successful. *Science*. 237(4811), 143-149. doi: 10.1126/science.3299702
- Strawbridge, W.J., Wallhagen, M.I., Cohen, R.D. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. *Gerontologist*, 42(6), 727-733. doi: 10.1093/geront/42.6.727



- Takagi, E. & Silverstein, M. (2006) Intergenerational coresidence of the Japanese elderly: Are cultural norms proactive or reactive? *Research on Aging*, 28(4), 473-492. doi: 10.1177/0164027506287788
- Tan, J. (2011). Older immigrants in the United States: The new old face of immigration. *Bridgewater Review*, 30(2), 28-30. Retrieved from [http://vc.bridgew.edu/br\\_rev/vol30/iss2/10](http://vc.bridgew.edu/br_rev/vol30/iss2/10)
- Torres, S. (2006). Different ways of understanding the construct of successful aging: Iranian immigrants speak about what aging well means to them. *Journal of Cross-Cultural Gerontology*, 21(1-2), 1-23. doi: 10.1007/s10823-006-9017-z
- Trang, A. (2008-2009). What older people want: Lessons from Chinese, Korean and Vietnamese immigrant communities, *Generations*, 32(4), 61-63.
- Treas, J. & Mazumdar, S. (2002). Older people in America's immigrant families: Dilemmas of dependence, integration and isolation. *Journal of Aging Studies*, 16(3), 243-258. doi: 10.1016/S0890-4065(02)00048-8
- U.S. Census Bureau. (2010). The foreign-born population in the United States: 2010. Washington, DC. U.S. Census Bureau.
- Wassel, J.I. (2008). Healthy aging in North Carolina. *NC Medical Journal*, 69(5) 366-369. Retrieved from [http://libres.uncg.edu/ir/uncg/f/J\\_Wassel\\_Healthy\\_2008.pdf](http://libres.uncg.edu/ir/uncg/f/J_Wassel_Healthy_2008.pdf)
- White, J.M, & Klein, D., M. (2002) *Family theories* (2nd ed.). Thousand Oaks, California: Sage Publications.
- Yee, B.W.K. (2009) The social and cultural context of adaptive aging by Southeast Asian elders. In J. Sokolovsky (Ed.), *The cultural context of aging* (pp. 1-10). New York: Greenwood Press.