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Gina Fe G. Causin Ph.D.
Stephen F. Austin State University, causingf@sfasu.edu

Hyunsook Kang Ph.D.
Stephen F. Austin State University, kangh@sfasu.edu

Mary S. Olle Ph.D.
Stephen F. Austin State University, ollemary@sfasu.edu

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Abstract

The aim of this study was to explore to what extent life styles, income, and health factors contribute to the life satisfaction of Hispanic older adults. A secondary data analysis from a national survey of Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) (Markides, Ray, Angel, & Espino, 2012) was used. Subjects were Hispanic older adults (over 75 years, $n = 1542$). For this study, Hispanics and Latinos were considered as one and the same. A two-step hierarchical regression was conducted to address the research question. The results showed health status and income were unique predictors in the first step and (a) eating out with family, (b) eating out with friends, (c) spending time on cooking were unique predictors in the second step. It is culturally consistent that Hispanic older adults are more satisfied when they have time eating with people around them (e.g., family, friends) and spending time on cooking.

Key Words: life satisfaction, social relationships, older Hispanic adults, eating out, spending time with friends, culture and socialization, healthy lifestyle

Introduction

The task of defining or determining criteria for an identity is always difficult. For some, it is where you have come from, for others it is where you are now, and others will argue, it is both the past and the present—shaped by the journey (Barrera & Fuentes, 2014). This is true for the Hispanics or Latinos identity. Most government records and the U.S. Census use the term Hispanic. The Hispanic population numbered 50.5 million in 2010. According to Austin and Johnson (2012), Hispanics accounted for over half of the population change from 2000-2010.

The rapid growth of the Hispanic population was one of the key features of the American landscape in the last part of the twentieth century (Chapa & Millard, 2013). The nation's fastest-growing minority, the Hispanic population is growing exponentially in the United States, and its buying power and cultural presence is increasing as well (Austin & Johnson, 2012). All population projections show that the Hispanic population will continue to grow rapidly.

The US Census concept of Hispanic ethnicity and the various identifiers by which the conceptualization was made concrete have changed many times since the first crude effort of the 1930 Census to conceptualize and identify Hispanics who were not immigrants or the children of immigrants. These changes reflect the substantial shifts in the composition of this population that occurred over the course of the twentieth century. They also reflect the increase in the size of the Hispanic population and the increase in national and Census Bureau awareness. During the early part of the twentieth century, almost all of the population now identified as Hispanic were people of Mexican origin who were largely concentrated in a few southwestern states. In contrast, the 2000 Census reports data on more than twenty categories of national origin groups of Hispanics who are to be found in increasingly large numbers in all fifty states (Chapa & Millard, 2013) in

the United States.

It is difficult to label a nation or culture with one term, such as Hispanic, as the ethnicities, customs, traditions, and art forms (music, literature, dress, culture, cuisine, and others) vary greatly by country and region. For individuals who are considered Hispanic and or Latino, the Spanish language and Spanish culture are the main traditions. The investigators of this study considered Hispanic and Latino as one ethnicity.

The purpose of this study was to examine the extent to which life style factors (e.g., eating out with family and friends, spending time on cooking), health and income were associated with life satisfaction for older Hispanic adults.

Research Question

The present study is designed to address the following research question:

To what extent do life styles, income and health factors contribute to the life satisfaction of older Hispanic adults?

The present study contributes to the field in three ways:

1. A broader understanding of the Hispanic culture contributing to life satisfaction in older adults,
2. Social and culture relevance within the Hispanic culture, and
3. Factors that influence life satisfaction among older Hispanic adults.

Literature Review

The term Hispanic broadly refers to the people, nations, and cultures that have a historical link to Spain. It commonly applies to countries once colonized by the Spanish Empire in the Americas and Asia, particularly the countries of Latin America and the Philippines. It could be argued that the term should apply to all Spanish-speaking cultures or countries, as the historical

roots of the word specifically pertain to the Iberian region (Austin & Johnson, 2012). In addition, the term Hispanic is a word used to describe people from or descending from Spanish-speaking countries which includes people from Spain and 19 countries in Latin America (including the U.S. Commonwealth of Puerto Rico) that were once a part of the Spanish Empire. This also includes Equatorial Guinea, a small country on the west coast of Africa, for a total of 21 different countries (Austin & Johnson, 2012).

What does it mean to be Hispanic? In order to answer this question, one must first come to understand the significance of *mestizaje*—a mixture of cultures—and its relationship to the syncretic experiences of the diverse groups of people from Mexico, Puerto Rico, Cuba, Central or South America, and their encounters with one another, and with those of Spain, Portugal, and the United States of America. This new identity, that bares no common characteristics, but instead is what Barrera and Fuentes (2014) and Anzaldúa (1999) referred to as a “transcendence of dualities,” occurred through colonization and post-colonization (p. 102). Using this lens of *mestizaje*, it is evident that this cultural practice takes on multiple subjectivities. Furthermore, Barrera and Fuentes (2014) mentioned that Garcia's (2005) work continues with this notion of multiplicities, arguing that the identity of Hispanics cannot be defined by any particular characteristics. Instead, they pointed out that the Hispanic identity is one that has resulted from a mixing of different racial and cultural elements that coexist with the original racial and cultural identity that existed before the hybridization occurred.

Another consideration for understanding the meaning of Hispanic takes an historical perspective. Although criticized for its simplicity, Tammelleo (2011) suggested a before-during-after approach. In “Continuity and Change in Hispanic Identity,” Tammelleo (2011) traced three significant historical periods that contributed to developing the Hispanic identity: (1)

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colonization, (2) nationalization, and (3) immigration. Beginning with the Colonial Hispanic identity, Tammelleo (2011) concentrated on the “submission of the people of Latin America” (p. 541). The identity then changed to that of a National Hispanic identity due to “the Latin American wars of liberation that resulted in the creation of independent nation states starting in the 1820s” (p. 541). Now in its current state, Tammelleo (2011) argued that the Hispanic identity has actually changed. With historical ties to the Treaty of Guadalupe, the Mexican American War, and the Spanish American War, he pointed out that the immigration of Hispanics created a new Latino identity (Barrera & Fuentes, 2014).

Exploring the meaning of the term *Hispanic* uncovered neither a specific answer nor a common set of properties that one could use to identify an individual, much less a group of people. This is because the Hispanic identity is one that has been formed, and continues to still be formed, by a hybridization of cultures in the context of dynamic and life-changing historical events associated with colonization of new worlds and new experiences. For some, the Hispanic identity is that of a family whose identity changes with every new addition of a member. For others, it is an identity in flux that is influenced and shaped by historical events and political agendas of colonial power. Regardless of which one is more appropriate or accurate, the fact still remains that the Hispanic identity is *un mestizaje* (Barrera & Fuentes, 2014).

The life-course perspective derives from diverse disciplines such as psychology, biology, sociology, and history (Featherman, 1983). Generally, life-course perspective emphasizes the historical time and the social contexts in which the person lives and the individual’s life experience over time (Stoller & Gibson, 1997). Indeed, it is possible to see personal, social, and historical factors simultaneously through the life-course perspective (Elder & Johnson, 2003). There are four main premises underlying the life course perspective (Stoller & Gibson, 1997).

First, individuals' personal resources, life events, and the way in which they adapt to personal resources and life events have an effect on individuals' aging processes.

Personal resources refer to individual characteristics (e.g., race, SES, gender) which determine the person's social positions whereas individuals' life events are the normal life events which occur over the life course, such as retirement and loss of spouse in later life. Second, historical time and social environment may affect individuals' personal characteristics (e.g., life events, personal resources). Third, birth cohort may affect individuals' aging experience which can differ by gender, race, or social class. Fourth, birth cohort can be affected by historical time and social events. Therefore, it is possible to see an individual's aging process through the individual's personal attributes and social-historical contexts which affect individual aging (Stoller & Gibson, 1997).

Life-course perspective emphasizes life transitions in developmental contexts in which development is viewed as a life-long and multi-directional process (Hooyman & Kiyak, 2011). Specifically, older Hispanic adults' life satisfaction may entail different adjustment to new identity and social networks. These adjustments life course perspective, may affect old Hispanics' perception of satisfaction, i.e. preference of eating with family and friends, and spending time cooking (Hooyman & Kiyak, 2011).

Eating with friends and family; social relationships

The U.S. Department of Health and Human Services (2015) reported that the U.S. Hispanic population has been a significant player in the country's population growth since at least 2000. U.S. Census on Aging, 2014, reported Hispanics made up 8% of the older (65 and over) population; this population is projected to grow from 3.6 million to 21.5 million by 2060 making up 22% of the older population. In a study focusing on this aging population, Hilton,

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Gonzalez, Saleh, Maitoza, and Anngela-Cole (2012), emphasized the challenges to society, families, and healthcare providers in this shift in age structure and ethnic composition of the nation's population stating further efforts are needed in order to understand the cultural differences among this Hispanic population.

A key component in the Hispanic culture is the time spent with family and friends. For example, results from the study suggest Latinos accept aging as a normal and natural part of life and find joy in the community of others (Hilton, et al., 2012). Additionally, a study by Duay & Bryan, (2006), found successful aging involves activity engaging with others, close family relationships, and socializing with friends and acquaintances. Similarly, Beyene, Becker, & Mayen (2002) conducted interviews with 83 Hispanic elderlies.

When asked about their view on aging, over two-thirds of the Hispanic elders expressed positive attitudes toward aging, sighting family interaction and having a place in their family as factors in their sense of well-being; further stating within the Hispanic culture, one's status increases and they become older. Conversely, those who reported unsatisfactory family relations defined their health as poor. Consequently, there is potential that positive relationships and time spent with family and friends among older Hispanics may affect their perceived life satisfaction.

Race

The U.S. Bureau of Census (2014) defines the ethnonym Hispanic or Latino to refer to a person of Cuban, Mexican, Puerto Rican, South or Central American, and other Spanish culture or origin regardless of race (Alcoff, 2005; Allison & Bencomo, 2015) and states that Hispanics or Latinos can be of any race, any ancestry, any ethnicity. Kellet (1994), in her Commemorative Lecture, discussed family diversity in the United States and she noted that the Hispanic community comprised of 10% of the population. Based on the current U.S. Census (2014),

Hispanics are the largest minority group in America which represents 17% of the total U.S. population (Allison & Bencomo, 2015). Within the next decade, the Hispanic share of the population is projected to increase across nearly all of the U.S., with the highest concentration in the Southern part of the country (Allison & Bencomo, 2015; Urban Institute, 2015). According to numerous authors (Allison & Bencomo, 2015; U.S. Census, 2014), by the year 2060, the projected Hispanic population will be 31% of the country's population (Allison & Bencomo, 2015).

Age and Gender

In 2014, there were 46.2 million Americans aged 65 and over and 6.2 million aged 85 and over; these numbers are expected to more than double by 2060 for those 65 and over and triple for those 85 and older (U.S. Census, 2014). Among the population age 65 and over, there were 127 women for every 100 men and 192 women for every 100 men age 85 and over (U.S. Census, 2014). All Americans, including the Hispanic population are living longer. The Hispanic older population (of any race) was 3.6 million in 2014 and is projected to grow to 21.5 million by 2060 and make up 8% of the older population. By 2060, the percentage of the older Hispanic population is projected to be 22%. Prior to 2014, almost 70% (2,312,653) of older Hispanics lived in just four states: California (886,636), Texas (633,534), Florida (502,453), and New York (290,030) (US Department of Health and Human Services, 2015).

Lifestyle

Health status reflects the status of an individual's level of functioning in the absence or presence of diseases/disabilities (Hooyman & Kiyak, 2011). La Veist, Sellers, Brown, and Nickerson (1997) suggested that social isolation among older adults may contribute to declines in their health. Recently, Atwood and Genovese (2006) suggested that older adults may increase

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emotional distress (e.g., depression, anxiety) due to their decreased health and social relations.

In contrast, older adults who engage in more activities maintain a higher physical health status and emotional health (Grafanaki, Pearson, Cini, Godula, McKenzie, Nason, & Anderegg, 2005).

As stated by Beyene, Y., Becker, G., & Mayen, N. (2002), the Hispanic culture reflects a high level of positive valuation for the elderly.

Life Satisfaction

Life satisfaction refers to an evaluation of one's life. Life satisfaction results from the comparison of an individual's standard [which he/she perceives as appropriate for him/her] to his/her life circumstances (Bowling, Farquhar, & Grundy, 1996). If an individual's circumstances (e.g., health, leisure, social networks) meet or exceed his/her standards, then he/she is satisfied. Therefore, this may be a subjective judgment rather than an externally imposed objective standard (Oishi, Diener, Suh, & Lucas, 1999). According to a study by Beyene, Becker, and Mayen (2002), the factor influencing their feelings of well-being and sense of fulfillment was having a definite place within the family.

Income

To build social networks in later life, Lopata (1996) emphasized income which offer potential ability to facilitate the utilization of opportunities for social contacts. Indeed, income level may be essential for participating in volunteer activities, defining problems, and locating outside resources (Lopata, 1996). Similarly, in the study of Butler (2006), income was the positive predictors of older adults' social relationships, in which those who had higher income reported better social networks. For example, there is empirical evidence that older adults who have more income levels may more frequently participate in social activities (Pinquart & Schindler, 2007).

Pinquart and Schindler (2007) conducted a longitudinal survey across 37 years with 1456 retired adults to find the association between retirement and its influence on later life. Latent Growth Mixture Modeling (LGM) revealed that lower income levels may cause limitation on social activities. Specifically, in reference to eating with family and friend, it is possible to assume that older Hispanic adults' life satisfaction is influenced by older adults' income or financial status. In addition, it is understandable that older adults who have higher income may participate in diverse and frequent eating out with people around them and enjoy cooking time with them.

Health status

The National Center for Health Statistics (2015) revealed that life expectancy for U.S. residents has increased to 80 years. Given the increase in the older adult population and life expectancy, it is necessary to have more study about the association between health and its influence on later life. According to Hooyman and Kiyak (2011), health status reflects the individual's perception of functioning in the absence or presence of physical or emotional diseases. Physical and emotional health may be the most important factors for determining life quality in later life (Wurm, Tesch-Römer, & Tomasik, 2007).

Healthy older adults may have more active social relationships whereas less healthy older adults may limit their daily activities (Guiaux, van Tilburg, & van Groenou, 2007). Similarly, Nussbaum et al. (2000) supported the finding that physically healthier individuals reported more frequent engagement in daily activities than less healthy individuals. Therefore, it is possible to assume that older Hispanic adults' health status may affect their life satisfaction and life styles, such as frequency of eating with family/friends and spend time on cooking.

Thus, the literature posits that life styles, income, and health factors contribute to the life satisfaction of older Hispanic adults.

Method

Sample

This study used a secondary data analysis from a national survey of Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) (Markides, Ray, Angel, & Espino, 2012) was used. The respondents were Hispanic older adults (over 75 years, $n=1542$). The unit of observation was community dwelling Hispanic older adults aged 75 years and older living in the five southwestern United States of Texas, California, New Mexico, Arizona, and Colorado ($n=3050$). Data type was survey and questionnaire interview which was done in 2006-2007. The data came directly from Inter-university Consortium for Political and Social Research (ICPSR).

Procedure

Permission to survey all participants was granted by the University Social Science Institutional Review Board (SSIRB) and the community and state county's research departments. The survey was administered using a standard protocol that includes a short description of the research project. Participants were allowed to ask question about the study before and during the survey administration. The researchers provided scripted answers to question as a part of the standardized administration (Markides, Ray, Angel, & Espino, 2012).

The survey was created during 2006-2007, in Arizona, California, Colorado, New Mexico, and Texas based on a thorough review of the literature in the area of Hispanic older adults' lifestyle, health and life satisfaction. The following sections briefly outline the methodology and data specifications, and discuss the analyses based on this study's research

question. Frequencies displayed for the variables are not weighted. They are purely descriptive and may not be representative of the study population.

Variables and Measures

Table 1. Measure Variables

Dependent Variables	Life Satisfaction
Independent variables	Income
	Health Status
	Eating with family
	Eating with friends

Independent Variables: Demographics (e.g., income, health) were assessed via single-item questions. Relative income was assessed with a Likert type scale (1= “far below average”, 2= “below average”, 3= “average”, 4= “above average”, 5= “far above average”). The following question was used: “What is your household income relative to American families?” The income was participants’ perceived income level. The mean score was 1.2 ($SD = 3.2$). Physical health was measured with a self-reported Likert type scale (1= “poor”, 2= “fair”, 3= “good”, 4= “very good”, 5= “excellent”). The mean score of physical health was 3.2 ($SD = 1.1$) and a higher score reflected the higher level of health.

Life styles were assessed via single item questions on frequency of leisure behaviors (1= “never”, 4= “often”). Sample item: “For each of these activities, please check whether it is something you do often, occasionally, not very often, or never”: Eating with family, Eating with friends, and Spend time on cooking

Dependent variables: Life satisfaction was assessed with a single-item Likert scale question (1= “strongly unsatisfied”, 10= “very satisfied”). Sample item: “On which of these 10 steps of the ladder do you feel you personally stand at present?”

Research design and rationale for two-step hierarchical regression

The research design is quantitative, secondary data analysis using a two-step hierarchical regression statistical technique. Hierarchical multiple regression, a variant of the basic multiple regression procedure that allows a researcher to specify a fixed order of entry for variables in order to control for the effects of covariates or to test the effects of certain predictors independent of the influence of others. In statistics, stepwise regression is a method of fitting regression models in which the choice of predictive variables is carried out by an automatic procedure. In each step, a variable is considered for addition to or subtraction from the set of explanatory variables based on some pre-specified criterion. Hierarchical regression is clearly most appropriate when there is no logical or theoretical basis for considering any variable to be prior to any other (e.g., hypothetical causal relations).

In the hierarchical model, the IVs are entered cumulatively based on some specified hierarchy which is dictated in advance by the purpose and the research question. The hierarchical model calls for a determination of R^2 at the point at which it is added to the equation. It is very useful when IVs can be ordered with regards to their temporally or logically determined priority. Thus, when there are demographic variables and leisure variables, demographic variables must be considered the causally prior variable since it antedates leisure variables. Current study applied two-step hierarchical regression in that demographic variables (e.g., income and health status) regressed first and leisure factors (e.g., Eating with Family, Eating with friends, and Spend time on Cooking) regressed secondly.

Results

Research Framework

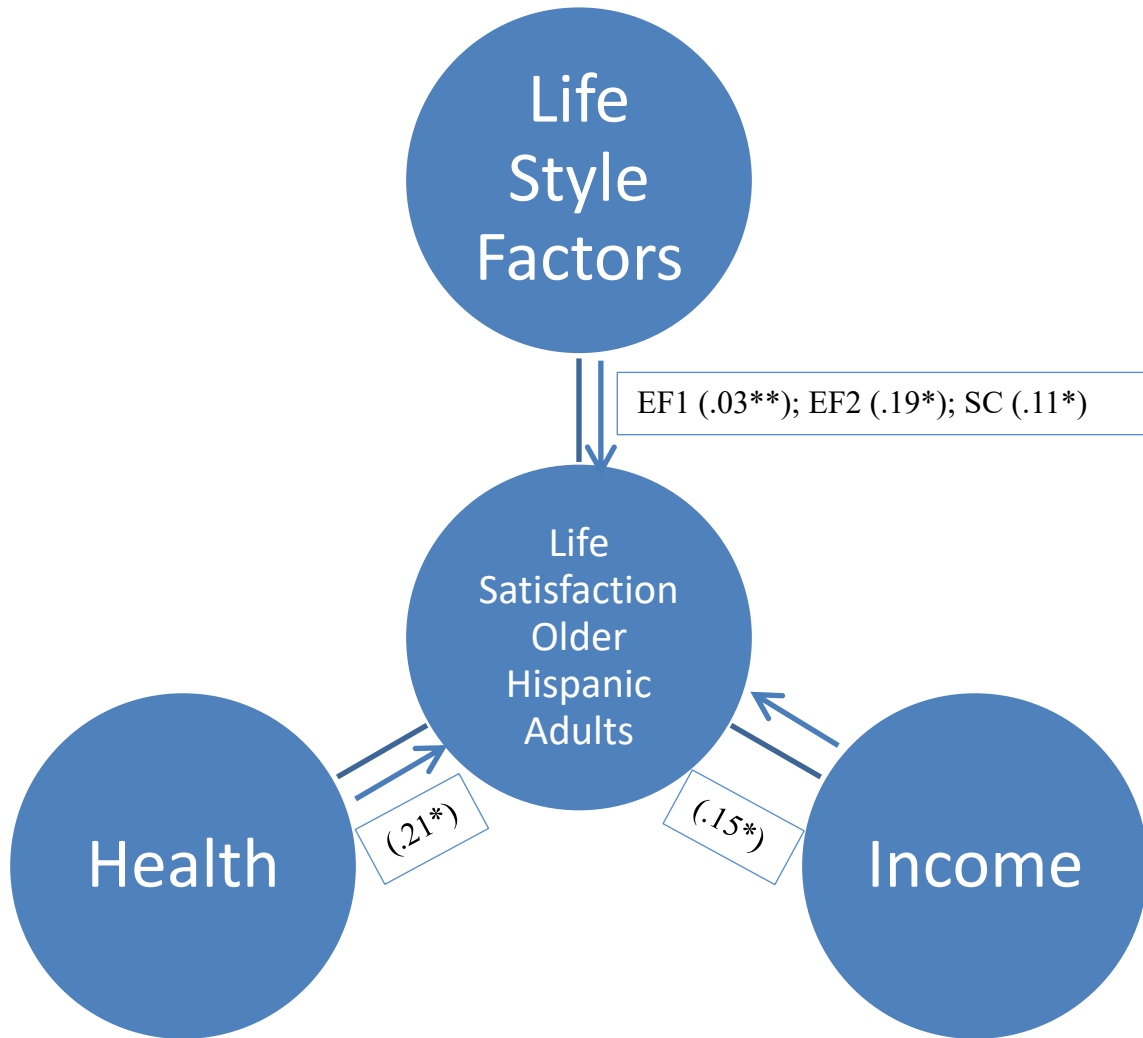


Figure 1: Lifestyle & Satisfaction of Older Hispanic Adults

Legend:

EF1 = eating with family

EF2 = eating with friends

SC = spending time on cooking

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Table 1 revealed that the respondents are satisfied in terms of their income, health status, and lifestyle activities such as eating with family, eating with friends and spending time on cooking. This indicates that older Hispanic adults are happy when they are around people and when they are doing activities with others.

Table 1. Descriptive Statistics of the Dependent and Independent Variables

Variables	Mean	Standard Deviation
Income	2.4	1.9
Health Status	3.1	2.6
Eating with family	2.6	2.3
Eating with Friends	3.2	2.5
Spend Time on Cooking	2.7	2.3
Life Satisfaction	6.7	5.6

To address the research question on to what extent do life styles, income and health factors contribute to the life satisfaction of older Hispanic adults, Table 2 revealed the result of a two-step hierarchical regression that was conducted. In the first step, satisfaction was regressed on the health and income factors. Collectively, the factors accounted for 21% variance in life satisfaction (R^2 adjusted = .18, $p < .001$). Beta values indicated that health status were unique predictors.

In the second step, the life style factors were added to the regression equation. There was a 10% increase in satisfaction variance (total $R^2 = .31$, $p < .001$, total R^2 adjusted = .23, $p < .001$). Beta values indicated that (a) eating out with family (b) eating out with friends (c) spending time on cooking were unique predictors. The results indicated that income and health factors affected older Hispanic adults' life satisfaction.

Table 2. Regression of life satisfaction on health and leisure factors

	B	SE	B
<u>Step 1 – Demographic Factors</u> ($R^2 = .21, p < .001$)			
Income	.64	.36	.15*
Health status	.63	.31	.21*
<u>Step 2 – Leisure Factors</u> ($R^2 \text{ change} = .10, p < .001$)			
Eating with family	.07	.28	.03**
Eating with friends	.63	.31	.19*
Spend time on Cooking	.28	.27	.11*
<i>(Total $R^2 = .31, p < .001$)</i> * $p < .05$ *** $p < .001$			

Discussion

Older Hispanic adults are happy when they are around people and when they are doing activities with others. This could mean that they should live healthy lifestyle choices. This is consistent with the findings of Jay, Gutwick, Squires, Tagliaferro, Gerchow, Savarimuthu, et al (2014) that older Latina expressed pride in their ability to prepare delicious, traditional foods in a healthful way. Preparing delicious meals include healthier ingredients as a primary way to maintain healthy lifestyle. Supportive actions for healthy lifestyles for older Hispanic families often included cooking healthy foods.

Income and health factors affected older Hispanic adults' life satisfaction. It is not surprising that older Hispanic adults are less satisfied when they have decreased health, but more satisfied when they are healthier and financial stable.

Limitation of the Study

Although the results of this study make several contributions to understanding the lifestyles, income, health factors and life satisfaction of older Hispanic adults, there are several limitations to the study (Causin, 2007).

Analysis based on secondary data from the Hispanic Established Populations for the Epidemiologic Study of the elderly (HEPESE) organization that agreed to participate in the study introduces the possibility of bias. However, the fact that the data from HEPESE included in the sample represent a significant portion of older Hispanic adults does make inferences to similar groups not included in the sample possible.

Focus on older Hispanic adults from a secondary data collection cautions the generalizability of results to other data groups. The results cannot be generalized beyond the HEPESE realm.

Lastly, the results may be limited by the nature of statistical analysis utilized in analyzing the data. The statistics derived by two-step hierarchical multiple regression could not make any inferences beyond the development of the predictors. Further analysis should be done in terms of which covariates and predictors predicts lifestyle and satisfaction of older Hispanic adults (Causin, 2007).

Conclusion

It was culturally consistent that eating with family and friends was associated with life satisfaction. It is possible that older Hispanic adults are more likely to have family and friends who share the culture and life experience (Atwood & Genovese, 2006). This could also show that when older Hispanic adults are doing something and are around people, they are satisfied. In addition, the study reconciled the findings about relations between lifestyle factors and life satisfaction across the lifespan. Active lifestyle activity could have important implications for overall health and well-being at any age, and regular activity becomes increasingly important for well-being as age-related declines set in, exacting a toll on people's physical and mental health. In addition to elaborating our theoretical understanding of life satisfaction, this study pointed to

several strategies for improving life satisfaction across the adult life span. These findings suggested that the role of family and friendship in later life may be more complex than previously presumed and requires additional investigation.

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