



Protective Factors in the Context of Successful Aging in Urban-Dwelling Alaska Native Elders

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Abstract

Successful aging in rural Alaska communities has been established as a characteristic best described by reaching “Eldership,” conveying reverence and respect from the community and implying leadership responsibilities. Most Alaska Native (AN) Elders believe that aging successfully or aging well happens within their home communities. However, limited rural resources lead Elders to relocate to urban settings. While protective factors supporting aging well in rural communities have been established, little is known about which factors support aging well after relocation to an urban setting. This exploratory, qualitative, community-based participatory research study explored AN Elder’s (ages 48–84) experiences comparing successful aging within four rural Alaska communities and of Elders who relocated from a rural to an urban community. Thirteen rural-based Elders and 12 urban-based Elders semi-structured interviews were compared to explore how successful aging was experienced similarly and differently in rural and urban settings. To age well in urban Alaska, access to health care services, family, and community engagement were essential. The main challenges for urban Elders involved establishing a sense of community, intergenerational involvement, and the ability to continue traditional ways of living. This research identified challenges, similarities, and differences in aging well in an urban community. The findings of this study inform practices, services, and policies to improve existing urban services and initiate needed urban services to foster successful aging after relocation from remote rural areas into urban communities in Alaska.

Keywords Aging well · Indigenous · Urban · Rural · Community

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Introduction

Only recently has successful aging research involved Indigenous perspectives (Pace & Grenier, 2017). The mainly Western approach to studying successful aging holds the notion of individual responsibility, minimizing social, political, and historical influences, including socioeconomic and health disparities often found to impact Indigenous people's lives (Loppie-Reading & Wien, 2009). This initial theoretical framework of successful aging introduced by Rowe and Kahn (1987) differentiates between "usual" aging and "successful" aging (Cosco et al., 2014), with usual aging referring to older adults functioning well but being at high risk for disease and disability. Successfully aging adults were defined as those displaying high levels of functioning across three domains, namely physical and cognitive health and engagement with life (Johnson & Mutchler, 2014). Over the last decade, successful aging models have become more holistic by shifting from pure biomedical models to increasingly include subjective aspects of the aging process (Cosco et al., 2014). With that, scholars now investigate culturally distinct perceptions of aging, including the voices of older adults reporting to age successfully despite existing physical challenges (Inui, 2003; Pruchno et al., 2010).

Furthermore, an increasing number of scholars emphasize integrating culturally diverse groups into the study of successful aging or aging well, particularly Indigenous groups. For Indigenous people, aging well and health in late life are strongly connected to the land and intricately interwoven with continued connections to family, community, culture, and socio-political environmental influences.

Lewis (2011), an Alaska Native (AN) researcher, investigated successful aging from an AN perspective. He proposed that within the cultural and traditional understanding of AN people, the concept of "Eldership" is analogous to the Western concept of successful aging. Within Alaska Native communities, a person has entered "Eldership" and is considered an Elder when the person adheres to a traditional lifestyle and is actively involved in the community. This involves five elements of Eldership (i.e., successfully aging Elders): emotional well-being, community engagement, spirituality, physical health, and generativity (Lewis, 2011, 2021). This holistic perspective on aging highlights the significance of community relations as a vital aspect of Elders' well-being, expanding aging well from the individual to the community and society at large. Within this article, we acknowledge an AN revered older adult by referring to an Elder in distinction to an elder with a lower-case letter who is not considered a role model or involved in the community (Lewis, 2011). Reaching Eldership in AN communities is beyond the individual and a specific identified age. Eldership is expressed by bidirectional relations involving self- and community identification based on community engagement, leadership, and teaching roles and acknowledged by the community, even in younger adults (Lewis, 2011; Kim, 2020; Tonkin et al., 2018).

Despite a common holistic understanding of aging well and health within Indigenous groups, the influences of various nuances within Indigenous cultural groups still need to be better understood (Quigley et al., 2022). This includes exploring the

influences of relocation from remote rural AN villages to the metropolitan area, its impact on aging, and which urban resources support aging well.

Aging in Alaska

Like many Indigenous lives, AN lives have been negatively impacted by the disruption of traditional subsistence practices, dispossession of land, and relocation to urban communities, leading to increasingly sedentary lifestyles and poor diets with higher levels of obesity and challenges in cardiovascular health (Lewis, 2011; Pace & Grenier, 2017; Quigley et al., 2022). Contributing to the experience of AN older adults is the complex historical legacy of Alaska's Indigenous groups, including the experience of Indian residential schools, intergenerational trauma, colonization, and oppression, which are often the cause for current struggles of Indigenous populations with poverty, physical and mental health issues, high suicide risks, substance abuse, and high risk for chronic disease (Pace & Grenier, 2017).

Approximately 52,000 (61%) AN people live in the 256 villages spread out over 493,461 square miles of Alaska's landmass (representative of the areas of Texas, California, and Idaho combined). Village populations range from a handful to several thousand residents. The living circumstances within AN communities are distinct from other communities within the United States, involving isolated, remote (only accessible via boat or airplane), small communities with limited accessibility, rural socioeconomic systems involving substantial dependence on the land for food and traditional uses (Wolfe & Walker, 1987), outmigration of community and family members, high costs in rural communities, and limited access to adequate health care (Driscoll et al., 2010; Lewis, 2013), and a blending of AN traditional practices and modern lifestyles in remote rural communities.

Challenges prompting outmigration from rural to urban Alaskan communities involve barriers to health care, the breakdown of social networks and subsistence lifestyles, the cost of living, and limited employment opportunities (Driscoll et al., 2010; Foutz et al., 2016; Lewis, 2013; Lewis et al., 2023). The extent of these barriers is exemplified in the price of a gallon of milk, \$18, and a gallon of gas, up to \$16, with the employment rate ranging between 7 – 28% (Bureau of Labor Statistics, 2023). Suggested ripple effects of outmigration have led to a chain migration pattern in which friends and family follow others to the new community to maintain a tight-knit social network (Driscoll et al., 2010).

Current Study

About 4,974 (18%) AN/AI older adults live in Anchorage (the biggest city in the state of Alaska), presenting the largest AN/AI senior population in the state (State of Alaska Department of Labor & Workforce Development, 2021). Anchorage is the only city within Alaska presenting a statewide- referral center with a full range of specialties and primary care services serving 163,835 Alaska Native people from 228 federally recognized tribes (U.S. Department of the Interior, 2023). How many older AN adults relocate to Anchorage yearly due to medical or service needs is unknown.

Changing demographics in communities across Alaska and a high number of AN Elders residing in urban communities necessitate the investigation of successful aging within a cultural context, allowing for the detection of traditional resources and practices that have sustained aging in this region for centuries and within urban communities. This study seeks to fill this gap and give voice to AN Elders in rural and urban environments to share their experiences and knowledge to learn more about the reasons for relocation, the impact on the older adult, and the impact of the changed environment on the aging experience.

While Anchorage has the highest number of AN Elders residing within Alaska, no published data or studies exist about protective factors of successful aging within Anchorage. Beyond exploring urban protective factors after relocation from a rural to an urban environment, the unique contribution of this study involves data from matched (age and gender) rural and urban-based Elders from one specific region in Alaska to explore the differences and similarities between the two contexts. Matching Elders from rural and urban communities from the same region allows for a comparative approach to assess whether the assumption “of Elders not aging well after relocation from a rural to an urban community” holds (Kim, 2020; Lewis et al., 2023). Relocation for this study was defined as having lived in the rural communities of this region and the four participating communities for some time and having moved to the urban community. Based on differences in rural and urban communities, we assumed that the accessibility and importance of protective resources might differ (Ungar, 2011). This study focused on the experience of AN Elders’ relocation and how successful aging may be experienced similarly or differently in rural and urban settings. The research questions driving this study were: 1) *Which urban factors help Alaska Native Elders age successfully during and after relocating from a rural, traditional community to an urban community?* and 2) *How is successful aging experienced differently and similarly in rural and urban settings?*

Design and Methods

The underlying constructivist and interpretivism assumptions of this study allow for the description and understanding of a phenomenon as experienced by others (Chilisa, 2012), assuming the world is socially constructed, incorporating historical and cultural contexts (Chilisa & Kawulich, 2012; Gergen, 1994). The combination of a community participatory research framework with a life course perspective was implemented to explore aging successfully from the participant’s experiences within individual contexts while acknowledging social constructs and multiple realities.

Community-based Participatory Research (CBPR) is a collaborative, iterative research approach that allows for the cooperation of researchers and communities as fully equal partners at all phases of the process (Chilisa, 2012; Holkup et al., 2004; Lewis & Boyd, 2013; Richards & Mousseau, 2012; Smith, 2012), resulting in trust, appropriate methods for disseminating findings, and emphasizing the long-term commitment of all involved parties (Holkup et al., 2004). The Elder Advisory Committee (EAC), established by nominations from the participating communities,

co-led and managed the study from conceptualization to dissemination (Farquhar et al., 2014; Lewis & Boyd, 2013).

Reaching Eldership in rural communities is often community-driven and does not always imply a certain age but may instead be indicated by fulfilling responsibilities and involvement in leadership. Therefore, an anticipated age range of 50 and older was used for sampling, yet one participant was younger but considered an Elder based on their role within the community. The purposive sample consisted of AN older adults either community or self-identified as aging successfully. Participants were eligible to participate in the interview if they lived in Anchorage for at least six months, self-identified as AN from one of the four rural communities in the Norton Sound southern sub-region, spoke English, and were considered an Elder or self-identified as aging well.

Participant Recruitment and Selection

Setting

The Norton Sound southern sub-region in the Bering Strait region of Northwest Alaska is considered one of Alaska's most culturally diverse regions. Of the 10,046 residents in the sub-region, about 2,120 residents are over the age of 50 (U.S. Census Bureau, 2023), while about 100 of those are Elders over the age of 80. This region has three distinct linguistic and cultural groups: Inupiat Eskimo, Central Yup'ik Eskimo, and Siberian Yup'ik Eskimo (Bering Strait Native Corporation, 2020; U.S. Census Bureau, 2023). Most families living in rural villages obtain much of their sustenance from subsistence practices and are supported by an annual cash economy. In rural Alaska, harvesting subsistence resources (i.e., wild fish, game, and plants) holds cultural significance to rural Alaska Native residents and offsets relatively poor local cash economies (seasonal work and limited local employment opportunities), contributing substantially to food security (Huskey, 2009). Many residents participate in subsistence activities such as hunting, fishing, gathering, and arts and crafts based on traditional activities. Four villages within this region participated in the study (Shaktoolik, St. Michael, Stebbins, and Unalakleet).

Recruitment

Rural Elders were nominated by their community, while urban-based Elders were actively recruited through several means, including nominations by the community or self-identification as Elders through Facebook posts, community event outreach, flyers shared at the Alaska Native Heritage Museum, and community boards. Despite the initial focus on Elders who relocated recently, the number of Elders who moved to Anchorage within the past five years is small based on the population of the participating communities. We, therefore, included Elders who had moved to Anchorage more than five years ago.

Participants

Twelve Anchorage-based Elders from the four villages in the Norton Sound southern sub-region were matched with 13 rural-based Elders from the same four villages to explore the influences on successful aging of those aged in place and those who moved from a rural to an urban community. Table 1 presents the demographic characteristics of the two samples. Of these 25 Elder participants, 44% were male, and 56% were female, with the youngest Elder being 48 and the most senior 84 (average age rural sample=67, average age urban sample=71). Most Elders (88%) had at least a high school or an equivalent degree, and almost half of the participants (48%) were married. About 24% of the Elders reported being widowed.

Most Anchorage-based Elders (67%) identified strongly with their village of origin despite a broad range of time spent living there (range of 5 to 70 years). The average number of years spent in the village was 39, with four participants having lived less than 20 years in the rural community and six Elders over 40 years. Seventy-five percent of Anchorage-based Elders reported having learned their Native language first.

Table 1 Demographic characteristics of rural and urban participants

Demographic characteristics	Rural		Urban	
	<i>N</i> (13)	%	<i>N</i> (12)	%
Male	6	46	5	42
Female	7	54	7	58
Age range	60—84		48—80	
Average age	67		71	
Education				
Less than high school	2	15	1	8
GED/high school	5	39	1	8
Some college	4	32	9	76
College degree	2	15	1	8
Marital Status				
Married	6	46	6	50
Widowed	4	31	2	17
Separated	2	15	1	8
Single	1	8	1	8
Divorced	-	0	2	17
Primary Language				
Inupiat	2	15	5	42
Yupik	6	46	4	33
English	5	39	3	25
Years Lived in Village				
Less than 20 years	0	0	5	42
20 – 39 years	0	0	1	8
40 and more	13	100	6	50

Research Process

The University of Alaska Anchorage, the Alaska Indian Health Service IRB, and the regional Norton Sound Health Corporation Research Ethics Review Board approved this research project.

Instrument

The interview guide, based on the Explanatory Model (EM) Interview protocol (Kleinman et al., 1978), was adapted to explore successful aging (Lewis, 2009, 2011). Kleinman, psychiatrist and anthropologist, used the term *explanatory model* (EM) to explore the patient and healer's differing conceptual understandings of the nature of illness, its cause, and its treatment. More recently, EMs can be used to gather five components of disease or health: etiology, onset of symptoms, pathophysiology, course of sickness, and treatment (Kleinman, 1980), as they originate from specific systems of knowledge and values centered in the different social sectors of health. One approach to understanding health and illness is to learn about Indigenous systems of healing and EMs, which are common to specific cultural groups. EMs can be defined as cultural knowledge, beliefs, and attitudes concerning a particular illness or other aspect of health. They also contribute to research with emic perspectives and elicit local cultural perspectives on sickness and health (Lloyd et al., 1998). For these reasons and to better understand the Indigenous concept of successful aging from the perspective of Alaska Native Elders, the EM was adapted. Kleinman's original concepts formed the basis of the semi-structured interview guide.

Participating communities reviewed and accepted the current version of the questionnaire, which consisted of 21 questions investigating Elders' understanding and experiences of aging, aging successfully or poorly, the influence of the community on aging, supports, changes in the experience of aging over time, relocation experiences, and use of resources. Interviews in the urban community were held in locations recommended by the Elder, generally open public spaces such as coffee shops or the library. The interviews were digitally recorded with the Elders' permission and professionally transcribed verbatim through the transcription service VerbaLink.

Data Analysis

An iterative-inductive research methodology was used in which ideas, concepts, and themes emerged from the data without a priori definitions or hypotheses about what would be discovered (Yegidis et al., 1999). Once the interviews were completed, the transcribed data were transferred into MAXQDA qualitative analysis software (Verbi, 2019). Text passages answering the research question were identified and analyzed through thematic analysis (Braun & Clarke, 2012). I open coded, recoded, and analyzed the qualitative data (e.g., interview transcripts) to establish bottom-up codes and patterns (Strauss & Corbin, 1998). Together with an Indigenous co-researcher with experience and knowledge of qualitative data analysis employing

consensus coding, open codes, themes, and higher-level codes were established. These steps included (a) preliminary organization and planning, (b) open and axial coding, (c) the development of a preliminary codebook, (d) pilot testing of the codebook, (e) the final coding process, and (f) review of the codebook and finalizing the themes (Richards & Hemphill, 2018).

Results

Identified text passages were scrutinized for where Elders would like to grow old, protective factors during and after relocation, and similarities and differences in successful aging in rural communities and Anchorage. Contextual elements influencing successful aging, including challenges and protective factors in rural communities and Anchorage, were examined, illuminating the influence of the two contexts on successful aging.

Where Would You Like to Grow Old?

Despite the overwhelming hope of rural and urban-based Elders to age in place, most Elders were cognizant that their needs might be better met in Anchorage. Eight of the 12 Elders living in Anchorage voiced preferences for growing old in their village of origin. Elders moved to Anchorage for various reasons, including needing medical services, overcoming financial hardship, housing shortages, and wanting to be close to family members who out-migrated to Anchorage.

All rural-based Elders expressed wanting to age in place yet recognized they may not be able to do so safely due to the hardships experienced by frequent plane travel for medical, psychological, or special support needs. An Elder noted, “I would love to live here [rural community],...even though it may not be the best place to be. I don’t really want to, but for my husband’s sake especially and our adopted boy, we’re thinking in the near future to relocate to Anchorage because of the better services that will be provided and better help for us to age gracefully.”

Experienced and Perceived Challenges of Relocation

Relocation from a rural village to Anchorage, the biggest city in Alaska, presented many challenges for Elders to overcome. Elder shared struggling with a spatially distanced AN community with limited access to transportation, partial knowledge of existing resources, and cultural differences within Anchorage. As emphasized previously, most Elders noted aging well is highly associated with the continuation of a traditional lifestyle and a community role that spans teaching, mentorship, and leadership. This urban-based Elder shared this notion of Elders’ aging successfully in rural communities:

“They’re older, more mature in the village because they practice their actual Native culture eating habits, living habits. I mean this is what they do. It’s a

slow life out there, so their age is longer than ours here in the city, 'cause we don't do the right things."

At the same time, Elders shared having adapted to the urban environment with the help of available resources and family supports. This Elder in Anchorage noted:

I like to stay in Anchorage 'cause it's easy, not like at home. I'm spoiled here, and when I go back, they [...] tease me that I'm an Anchorage city woman. [...] I went home ...last year and I was received pretty good. I mean those people, most of them asked me, "Why don't you move back? We need you home." I can't live here. It's too expensive. Staying in a village is very expensive and I wouldn't be able to survive.

It was observed that with increased time spent in Anchorage, Western concepts arose more often. Three Elders who had lived in Anchorage for over twenty years and had worked here seemed to experience fewer challenges as they integrated Western and traditional ways of being active (i.e., biking) and engaging with the community (i.e., game night).

Protective Factors During and After Relocation

Five supportive factors were established by attending to the lived experiences of Elders now living in Anchorage: (1) navigation of the new environment; (2) role of family; (3) community engagement; (4) urban resources; and (5) Native ways of living in the urban community. Some protective factors held more importance in the early stage of relocation, while others were more pronounced later or played a recurring role. Each factor will be discussed in depth and substantiated with summaries and quotes of participants.

Theme 1: Navigation of the New Environment

Factors supporting the relocation process from the village to Anchorage involved social connections, transportation, and urban resources. A major reported aspect of initial support during relocation was knowing another person who has been living in Anchorage, preferably family or people from their home community. This Elder expressed the importance of family support during relocation: "They need to have relatives here; they are the guides to things that need to be practiced."

Second, Elders mentioned transportation as a challenge. For example, some Elders could drive themselves but needed to learn to adjust to city traffic. In contrast, others relied entirely on family, organizations, or the public transportation system for medical appointments, shopping, or other activities in Anchorage. Each of these options presented unique challenges. For example, Elders relying on family members for transportation worried about burdening their families. This Elder noted: "Anchorage is easier, but you have to worry about transportation." Transportation provided by organizations was described as only being available to attend specific services or visit specific locations, while reliance on the public transportation system

presented with barriers such as costs or difficulty accessing services (finances, disability). Several Elders voiced needing some time (between weeks and years) to learn about all the available transportation services in Anchorage.

Third, Elders shared having difficulty knowing which resources are available in Anchorage. Case management offered by agencies, family members, and other people from the region usually helped educate Elders on available support. This process appeared to be lengthy, involving several people and agencies. For many Elders, transportation, knowledge of resources, and access to AN traditional practices and foods continued to be a tremendous challenge many years after relocation.

Theme 2: Role of Family

Having family in Anchorage to rely on was considered vital for navigating the new environment. Family members were noted as providing guidance, financial assistance, and creating a sense of belonging in the city. Furthermore, Elders often discussed being able to spend time with their grandchildren, increasing the Elders' well-being, fostering feelings of connectedness, and offering opportunities for knowledge sharing, containing stories related to village life and old customs. Moreover, for some Elders, the support of the family was also crucial in providing access to Native ways of living. This Elder elaborated: "At least I get to meet and be with them daily. We go gathering. We go 20 miles down the road. We do subsist hooligan, salmon. I love it, especially when they sit there and listen and ask."

Theme 3: Community Engagement

For some Elders, the benefits of close-knit communities and closeness to family can be challenging to recreate in Anchorage. One Anchorage participant explained: "Our community here in town is scattered. Here, we're all strangers, except people who are your relatives from the village or sometimes Native people... We have to reach out to each other." However, the AN community is very dispersed within Anchorage, presenting limited intergenerational interactions. Most gatherings are geared toward Elder services, limiting contact to younger generations.

Several organizations and agencies offering spaces to gather weekly have recognized the necessity for community creation within Anchorage. All Elders described the AN hospital lobby as a vital place for meeting and visiting with other AN people. In this place, different dancing groups meet and practice traditional drumming, singing, and dancing. One Elder described the "healing power" of drumming and the positive intergenerational interactions as a form to continue traditional teachings, creating a home community far away from home. This Elder shared: "Every night at the Native Hospital, there's Native dance from a different group. That's a really good place to go to connect with your people and your Native dancing." While tribal organizations have created places to gather and allow people to meet for celebrations and lunches, Elders noted that they offer limited intergenerational activities and space to create AN Elder led groups teaching beading, sewing, and other crafts.

Theme 4: Urban Resources

Getting connected to resources was described as a lengthy process, needing time, sometimes years, to acquire knowledge about services and resources, such as financial support, mental health services, transportation, and the navigation of various health care providers.

Limited finances often contributed to the decision to relocate to Anchorage. These include the inability to afford the high housing costs, groceries, or fuel needed for subsistence activities. In Anchorage, many Elders struggled to find housing, pay for food, or have the means to engage in subsistence activities and community events. Occasionally, limited income was identified as a barrier to social connections. A participant explained: “I didn’t really want to go anywhere, being seen with another Elder. But I would see them when I could afford it, bingo, or something like that.” Financially secure Elders were more likely to be more connected, engaged in subsistence activities, have transportation, and were engaged in a wide array of community events.

Some Elders relocated to Anchorage to access mental health services. Elders appreciated the resources available to address mental health needs. Elders spoke of loss and grief and the challenges that arose from those experiences. An Elder expressed not knowing about the availability of mental health professionals, clinics, and support for mental health needs before arriving in Anchorage. She described low awareness of such services and that they were rarely available in the villages. This Elder described: “When I came here, it took me a couple of years to finally realize, I need help. So I sought out someone to help me, to be seen by a psychiatrist, and I found one, thank the lord for that.”

Access to medical care is one of the most stated reasons for relocation. Most Elders appreciated the closeness of medical care and the availability of specialty care at the Native hospital. While community health aids and visiting dental clinics can deliver some basic care in the villages, they are not equipped to handle complex medical issues. For Elders who need specialty care or more intense and ongoing health monitoring or care, it is necessary to relocate to Anchorage. This Elder declared:

When I first came to Anchorage, I really didn’t know there was so many different services for people, food stamps and all the other stuff, and good health care providers. You can be choosy with the health care provider or the hospital you want to go here in Anchorage. But when you’re out there in the village, you really don’t have a choice. You take what they give you, and sometimes it’s not the right thing.

Life in the city was always considered easier and more comfortable for Elders. However, the main drawback is the difficulty of accessing Native foods. Easy access to stores and restaurants was considered beneficial but unhealthy compared to traditional foods.

Theme 5: Native Ways of Living in the Urban Community

Almost every participant used to be or is currently involved in subsistence activities. With family support, many Elders enjoy going fishing and berry picking. However, limited access to the country due to transportation challenges can create a barrier for Elders. At the same time, organized subsistence activities by tribal organizations provided access to traditional activities and subsistence foods. These opportunities were reported as being offered infrequently. Participating in those activities strengthened the Elder's involvement in the community and increased meaning and purpose through sharing and connection with peers or family members. This Elder shared: "I go berry-picking when the berries are ready. I have a girlfriend that's from the Lower Yukon. Her and I just went camping this past weekend, and we were trying to identify edible plants at the beach. I'm kind of losing that."

Elders who had the opportunity, the support, and the resources reported engaging in activities that would allow them to spend time on the land. Elders with available transportation described going on rides outside of Anchorage watching wildlife, or having family picnics in nature. Others were able to participate in gatherings or fishing.

Connecting with others through traditional activities was a common threat. This participant described: "We go to picnic or my daughter, she drives, she'll bring me to go eat out picnic." Several Elders reminisced on sharing with others who had fewer capabilities in their home community. The wish to share with the community and become involved is ingrained in AN Elders. Anchorage-based Elders reported reaching out to organizations, corporations, schools, and community meetings to share their skills and knowledge. Cultural gatherings were often a place where Elders had a chance to share traditions. This was described by another Elder: "And then I would help the Elders, pick them greens or pick something for them that they never eat for a while, and they just loved it. I miss doing that for them."

The most frequent answer to what Elders missed in Anchorage was the unavailability of traditional foods. Even though many Elders were able to enjoy some of their Native foods at potlucks or Elder lunches organized by corporations, they noted these events were sporadic and sometimes difficult to attend due to transportation challenges. Furthermore, Native foods are unavailable for purchase in Anchorage, and access is sporadic and unpredictable. Bartering and sharing between AN Elders is a common way to access Native foods. This Elder explained: "For example, one of my friends in a village near Kotzebue. He wanted lilac satin. So I went and got the fabrics and sent them to him. He said, 'Oh, I'll pay you when I can.' I said, 'No. I don't want payment. I want berries.' He sent me berries, salmonberries, blackberries and blueberries." Another participant pointed out: "The Elders, they want to buy the ready-made stuff like dried fish and seal oil and greens. Whatever we had at home should be available here."

Few Elders reported being able to travel to their home community to practice the Native ways of life, reconnect with family and the land, and be involved in the subsistence lifestyle. Within the group of Elders living in Anchorage, a smaller number discussed spending a prolonged time in the summer to reconnect to their "Nateness" by engaging in traditional ways of living, strengthening community and family ties,

and subsisting. One Elder described this practice as “rejuvenating” and one reason for aging well. Opportunities to visit the village depended on resources, finances, family support, and/or community support. Several Elders expressed the importance of this component as a crucial element to aging well within Anchorage:

For me, my health has been, and my rejuvenation is to go back to the village and make that connection. And the sound, people who live by the ocean live longer than people who live inland. And the salt, it’s my therapy. When I used to come home, come from Unalakleet back to work and they would say, you look so young and healthy. I said it’s because of the ocean. It’s because being with family. It’s because all of the above was reconnection involvement.

Except for re-strengthening “Nateness,” the themes were similar in urban and rural communities. The following section will discuss how these protective factors are experienced similarly or differently by Elders in rural and urban settings and how successful aging is experienced differently and similarly in the two different environments.

Rural and Urban Similarities and Differences in Successful Aging

The findings established rural successful aging as closely tied to community, the land, and traditional practices such as accessing and eating traditional foods. The sociocultural changes experienced during relocation impacted Elders’ ability to connect and access protective factors easily attainable within rural villages and supported by the social structure of close-knit village communities. Urban-based Elders expressed having to rely on family, make an effort to create community, and interact with tribal organizations to access the land surrounding Anchorage for subsistence practices (harvesting, gathering, fishing) and native ways of living. The following quote from an urban-based Elder explains,

...aging well means that you take care of yourself. You are active. You eat good food. You are involved in activities both in the home and in the community. You make things for people, precious people. You make presentations, you acknowledge and thank people for treating you good. You also make things for them, reciprocate. Aging well means that you have a connection with family, you have tradition, you have beliefs, you have love, you have respect, you have hobbies, you stay current with news and with your village people. You dress good to present yourself positively.

This quote encompasses traditional views, including sharing, knowledge transmission, connection with family and community, and respect. Nevertheless, it also emphasizes aspects more associated with Western lifestyles, such as individuality, current developments in the community and the nation, and maintaining connections to the home community. Like this participant, these Elders could fluently move back and forth between appropriate cultural expectations, including values, beliefs, and behaviors. Furthermore, there is a strong sense of an Alaska Native identity with robust community ties living in Anchorage.

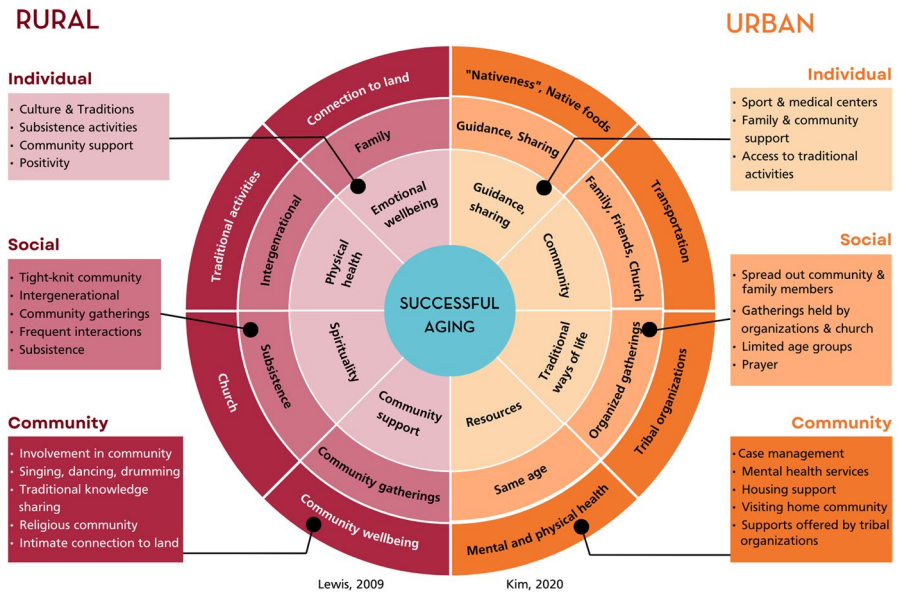


Fig. 1 Comparison of rural and urban successful aging protective factors

Figure 1 presents similarities and differences in successful aging based on the availability and accessibility of protective factors and supportive systems (close-knit communities, tribal organizations, hospitals, and churches). The visual comparison illuminates the stark contrasts between the rural and the urban communities in which organically occurring safety net structures of rural communities are being substituted for organized structures bound to tribal or regional groups.

The displayed rural themes were adapted from Lewis's (2009) research on successful aging in the Bristol Bay region and confirmed by the data of this study. The outlined factors supporting successful aging in a rural community are compared to this study's findings of protective factors within Anchorage. While the circle summarizes the similar and dissimilar themes and factors, the squares outline the contextual differences between the urban and rural environments influencing successful aging.

Discussion

Recent focus within the study of gerontology is directed toward the inclusion of various demographically and culturally diverse populations into the study of successful aging (Rubinstein & de Medeiros, 2015). The report *Urban Indian America* by the Annie E. Casey Foundation (2008) illuminated the lack of sufficient data on urban American Indian and Alaska Native community structures. The data presented provides initial insights into those structures in Anchorage, Alaska's biggest city with the highest number of AN Elders. Reported helpful resources in Anchorage spanned

services offered by corporations, including elder lunches, elder programs, church communities, case management, and medical services. These resources may be considered part of the urban safety net for urban AN Elders, which in rural villages is provided by proximity and close-knit communities (Kim, 2020; Lewis, 2011). Establishing a community-based center for AN Elders may be a first step to more inclusion and strengthening the AN urban community. Elders consistently outlined the need for a centrally located gathering place open to all generations to recreate community and kinship in Anchorage with open spaces for get-togethers, including classes, resources, and support.

The data we presented here allow for a glimpse of AN Elder's experiences, highlighting similarities and differences between aging well in rural and urban communities. The findings contribute to the knowledge of a specific metropolitan area and a specific cultural group expanding beyond existing national and statewide data sets (Annie E. Casey Foundation, 2008).

Challenges to be acknowledged and attended to involve the opportunities for creating a sense of belonging to their cultural group and community. With urban Indigenous communities being multicultural and composed of fluid networks, residences are dispersed (Howard & Lobo, 2013). Cultural components supporting aging include participating in traditional practices, such as gathering greens, walking the land, and engaging in community activities. Facilitating and improving existing offerings of such activities may strengthen community building and the recreation of a safety net within and beyond the specific cultural group. Healthcare organizations and settings may focus on building opportunities for building community, such as a welcome group. Supporting a sense of belonging may be at the center for interventions geared towards improving well-being and mental and physical health through group support efforts involving intergenerational gatherings, e.g., educational classes interwoven and tailored to AN needs involving traditional knowledge and practices. These efforts can support kin reliance and strengthen community networks and reciprocity.

A need for access to Native foods was unanimously expressed. This discussion also brought up political and cultural opinions about Native foods. In various ways, Elders encountered the devaluation of their traditions by governmental agencies and had to be creative to gain access to the most essential need—food. Recently, progress has been made in introducing traditional foods into nursing homes (Centers for Medicare & Medicaid Service, 2016). However, the struggle to access Native foods in Anchorage involves bartering, visiting, and sending food from the villages. One AN Elder pointed to the grocery store and said, “Wouldn’t it be great if we could buy some of our foods here in the store?” (private conversation). The benefits of Native foods have been described as increasing satisfaction, well-being, and improved health (Centers for Medicare & Medicaid Service, 2016).

Opportunities for sharing with all ages, community connections, and being able to connect with the land were found to be limited for many Elders. Engagement in these activities required resources and seeking out these opportunities individually by trying to build relationships with schools or corporations in Anchorage. Many Elders recognized the availability of transportation services offering free rides, for example, to the Alaska Native hospital, the Southcentral Foundation Elder Program,

and the Alaska Native Heritage Museum. However, such services are limited and not always dependable.

Working around existing challenges is a strength of all interviewed Elders. Whether employing the bartering system, creating opportunities for sharing, or staying active, Elders found ways to age successfully in Anchorage, living according to their values but within the new environmental surroundings. These findings indicate adaptation and resiliency in the face of relocation, which often requires Elders to use the knowledge they have learned within the village and apply it within the urban setting (Kim, 2020). Traditional ways are not necessarily part of daily life within the Anchorage community unless an Elder has relationships that offer these opportunities. Nevertheless, many Elders found ways to purposefully weave traditional ways into their Western-based lifestyle in Anchorage.

Health providers and care management services may use the findings to create materials for Elders who recently moved to Anchorage to inform and connect them to available services and programs to improve their health and well-being. Elder coordinators may provide cross-organizational resource materials to facilitate integration and connection.

Implication, Limitations, and Future Research

The gathered data on AN successful aging over the past decade (Boyd, 2018; Kim, 2020; Lewsi, 2011, 2014) may be used for guidance to establish a theory of AN successful aging as well as an assessment tool that could be implemented in services geared toward AN Elder supports in Anchorage. Beyond possible applications and expansion of the findings to other AN groups and urban environments, future inquiries may also shed light on the findings, and the established model also holds up for different racial and ethnic minority groups. The findings on AN successful aging may promote further inquiries within other rural and urban Indigenous communities nationally and globally to accumulate knowledge of protective factors of successful aging and necessary policy changes based on the lived experiences of Elders.

The model of rural and urban successful aging factors presented in this article visually compares the similarities and differences between rural and urban contexts. The model may facilitate more research ideas, such as the individual impact of those differences on Elders' well-being and aging. It may also be used to compare other tribal and minority groups to advance the knowledge of urban AI/AN aging.

The study's findings only reflect Elders originating from the Norton Sound southern sub-region. They cannot be applied to other Elders and/or communities in Alaska. The transferability of the results is limited, given the diversity within and across AN cultural groups and outside of Alaska. The value of this qualitative study lies in establishing foundational knowledge to facilitate further studies. The description of AN Elders's aging well experiences within the rural and the urban context contributes to the construct by adding to the publicized knowledge of a non-Western-based account and frameworks for studying aging (Boyd, 2018; Kim, 2020; Lewis, 2009, 2011, 2013).

The interviews were conducted in English. The use of the English language may have influenced the shared information and may even be more Western-based due to translating knowledge to an English-speaking researcher. Many Elders' first language was their Native language (61%), and English their second language. Conducting the interview in their Native language may have resulted in richer, more detailed, understandings of successful aging that may have not been captured through English.

Our sample did not include Elders in assisted living facilities or nursing homes. Future investigations may focus on Elder's relocation experiences of moving from a rural community into a care facility far away from their home community. Similarly, levels of acculturation and familiarity with urban communities may impact an Elder's aging experience after relocation.

Future research based on these findings may conduct a similar inquiry but with a more diverse participant pool to establish if these findings are comparable to other AN Elders from different regions. Within this data set, findings suggest that the time of relocation in one's life, such as advanced age, may play a role in an Elder's ability to adjust and age well. Future research must also explore how gender identity is configured within successful aging, its influence on aging, and its protective resources. This study did not investigate what successful aging means to AN Elders who grow up entirely in an urban community. Specific investigations may focus more on financial strains and supports, the role of acculturation, and the ability to care for oneself when relocating.

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Data Availability Due to the tribal ownership of the research data, the supporting data is not publicly shared but may be available from the corresponding author, SK, upon reasonable request.

Declarations

Conflict of Interest None to declare.

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