Correlates of Self-Rated Successful Aging Among Community-Dwelling Older Adults

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Objective: *There is no consensus on how to define successful aging. The authors sought to determine the correlates of self-rated successful aging as well as its correspondence with major researcher-defined criteria.* **Methods:** *Participants were 205 community-dwelling adults over age 60. A questionnaire survey asked the participants to rate their own degree of successful aging and inquired about demographic characteristics, medical history, activity levels, resilience, daily functioning, and health-related quality of life (Medical Outcomes study 36-item Short-Form [MOS-SF-36]). Participants' subjective ratings of successful aging were contrasted with sets of researcher-defined criteria, and correlates of subjectively rated successful aging were examined.* **Results:** *Ninety-two percent of the participants rated themselves as aging successfully. A majority of them also met other research criteria for successful aging such as independent living, mastery/growth, and positive adaptation but not those requiring an absence of chronic medical illness or physical disability. Higher SF-36 scores as compared with a published sample indirectly corroborated participants' subjectively rated successful aging. Subjective ratings of successful aging were significantly correlated with higher scores on health-related quality of life as well as resilience, greater activity, and number of close friends but not with several demographic characteristics.* **Conclusion:** *Most community-dwelling older adults viewed themselves as aging successfully despite having chronic physical illnesses and some disability. Longitudinal studies of the reliability and validity of subjective ratings of successful aging are warranted.* (Am J Geriatr Psychiatry 2006; 14:43–51)

Key Words: Successful aging, resilience, quality of life, health, disability

"Although researchers have operationalized the term in a variety of different ways, 'successful aging' remains a value judgment for many. Beliefs of aging individuals about the meaning and relevance of 'successful aging' have not been systematically documented."[1]

"Successful aging" has been a subject of increasing public and research interest during the past two decades in light of the rapidly growing number of seniors who continue to function at high levels cognitively, physically, and socially.[2–6] Yet, there is no consensus on how to define successful aging (which

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has also been called healthy aging, productive aging, or aging well).[1,7,8] Phelan and Larson[1] have criticized the published literature for not incorporating the perspectives of older adults themselves. As such, there is little understanding of how older adults' views of successful aging relate to the different sets of criteria that researchers have proposed.

The components of successful aging listed in a previous review[1] included: longevity,[9] life satisfaction/well-being,[10,11] absence of physical disease,[4] freedom from disability,[4,12] mastery/growth,[2] active engagement with life,[4,13] high/independent living,[14] and positive adaptation.[1,3] However, only physical functioning and disability appeared in a majority of operationalized definitions.[15] Only a few studies have questioned older adults themselves regarding the essential elements of successful aging and/or used subjective ratings for comparative purposes.[16,17]

Strawbridge et al.[16] compared subjectively rated successful aging (i.e., agreeing with the statement "I am aging successfully or aging well") with an operationalized definition of the criteria proposed by Rowe and Kahn[4] (i.e., freedom from disability, active engagement with life, and high physical and cognitive functioning). In a community sample of older adults, the proportion of individuals who rated themselves as aging successfully was much higher (50%) than those meeting Rowe and Kahn research criteria (19%). An investigation of Dutch octogenarians compared subjective ratings with a set of criteria that combined freedom from major disability, regular social activities, lack of cognitive impairment, and lack of depression.[17] Only 10% of the participants were categorized as successfully aging using the latter criteria, whereas 81% of the subjects stated they were aging successfully in a qualitative interview.

Yet, relatively little attention has been paid to assessing how subjective ratings of successful aging compare with other domains of researcher-defined criteria (e.g., adaptation, mastery). The properties and correlates of subjectively rated successful aging are also unclear.[16] Subjectively rated health has been found to predict mortality independent of disease and disability among elderly persons.[18] Therefore, self-rated successful aging may be an important construct to examine. Furthermore, the relationship among subjectively rated successful aging and resil-

ience,[19] specific health behaviors, and lifestyle factors has not been explored adequately.

In this study, we assessed self-rated successful aging in community-dwelling, putatively high-functioning older adults at four different sites. First, we examined whether there were significant site differences on subjective ratings of successful aging as well as on other study variables. Next, we evaluated the relationship between subjective ratings of successful aging and demographic characteristics, activities, health-related quality of life, and resilience. We hypothesized that self-ratings of successful aging would significantly correlate with age, marital status, living situation, education, income, levels of activity, degree of everyday functioning, health-related quality of life, and resilience. Finally, we computed the proportions of self-rated successful agers who also met researcher-defined criteria for successful aging.

METHODS

Participants and Procedures

Data from 205 community-dwelling adults over age 60 were used in this study: La Jolla Village Towers (N = 68), White Sands (N = 48), California Veterans Home (N = 25), and the Institute for Continued Learning (ICL) (N = 60). Four surveys had missing location data. The La Jolla Village Towers and White Sands are continuing-care retirement communities in La Jolla (a suburb of San Diego, CA). The California Veterans Home in Chula Vista (a suburb of San Diego, CA) is one of four facilities within the state of California providing a full spectrum of care to older veterans. All these retirement communities meet the needs of individuals requiring all levels of care, from independent living to assisted living and skilled nursing. The ICL is an extension program for community-dwelling retirees and semiretirees at the University of California, San Diego, CA (UCSD) that includes courses and lecture series but offers no formal educational credits. The study was approved by the UCSD Institutional Review Board. Participants were informed about the study during seminars given at each site by the project's investigators. Additionally, flyers were posted by the community/

program staff. Each research participant provided written informed consent. The respondents completed a take-home survey questionnaire that assessed several measures.

Measures

Demographic characteristics. These included age, gender, ethnicity, current marital status, number of close friends, years of school and college completed, degrees earned, and annual income.

Activities. Similar to the list of activities used by Menec,[20] participants were given a list of social and individual activities and were asked "How many days per week do you engage in the following activities?" These activities included: reading, completing crossword puzzles, attending classes/lectures, watching TV, writing, engaging in sports activities/ exercise, completing artwork, attending religious activities, engaging in computer-related activities, playing cards (e.g., bridge), listening to the radio, visiting friends, and visiting family.

Everyday functioning and health-related quality of life. The Medical Outcomes study 36-item Short-Form (MOS-SF-36) scale[21] was included as a general indicator of physical and mental health functioning. It includes eight subscales, each with scores ranging from zero to 100 (0 = lowest functioning, 100 = highest functioning) and two superordinate physical and mental health composite scores normed with a mean of 50 and a standard deviation (SD) of 10.

Andresen et al.[22] have published normative MOS SF-36 data on a sample of 253 community-dwelling adults over the age of 65. The latter sample was comprised of primary care patients who had made at least one office visit to a physician over the course of two years and who were considered to be, "on average, in relatively good health." These data were used for comparative purposes in this study.

Subjective rating of successful aging. Participants were asked to rate their own degree of successful aging on a scale from one to 10 (1 = least successful, 10 = most successful). Participants were additionally asked in a separate portion of the questionnaire to indicate their agreement with the statement "I am aging well" using a four-point Likert scale (4 = definitely true, 3 = mostly true, 2 = mostly false, 1 = definitely false).

Resilience. Respondents' ability to adapt well and overcome adversity was assessed using the Connor-Davidson Resilience Scale or CD-RISC,[23] a 25-item scale developed using general population, outpatient, and psychiatric samples. Participants receive a score from 0–100, with higher scores indicating greater resilience. Sample items include "I am able to adapt to change," "I tend to bounce back after illness or hardship," and "I am not easily discouraged by failure." Each item is scored on a five-point Likert scale ranging from zero (not true at all) to five (true nearly all of the time).

Rates of physical illness. Like in the study by Walter-Ginzburg et al.,[24] the occurrence of physical illness was assessed by asking: "Do you suffer from or has a physician ever told you that you have any of the following?" The conditions included cancer, diabetes, high blood pressure, cataracts, heart attack, other heart disease, stroke, osteoporosis, Parkinson disease, and respiratory disease.

Operationalization of researcher-defined criteria for successful aging. Using the major elements of researcher-defined successful aging as outlined by Phelan and Larson,[1] we operationally defined the various sets of criteria as follows:

1. Independent living[14]: Living independently in own home or retirement community; not residing in a skilled nursing facility.[14]
2. Positive adaptation[25]: Reporting "often true" or "true nearly all of the time" on the CD-RISC items "I am able to adapt to change" and "I tend to bounce back after illness or hardship."[23]
3. Active engagement with life[4]: Visiting friends or family at least one day a week (see "Activities" section) and the presence of at least three close friends (on the item that asked "How many close friends do you have?").[16]
4. Mastery/growth[2]: Reporting "often true" or "true nearly all of the time" on the CD-RISC items "I am in control of my life" and "I can deal with whatever comes my way."[23]
5. Life satisfaction/well-being[10,11]: A score of at least 73 on the MOS SF-36 Emotional Health/Well-being subscale (73 was the mean score reported in a normative sample of healthy older adults),[22] which combines five items measuring peacefulness/calmness, happiness, freedom from depres-

sion (feeling blue and feeling down in the dumps), and nervousness.

6. Freedom from disability[4,12]: MOS SF-36 scores of "no limitation" in the ability to lift or carry groceries, climb one flight of stairs, bend/kneel/stoop, walk one block, or bathe/dress oneself.[16]

7. Absence of disease[4]: Absence of cancer, diabetes, high blood pressure, heart attacks, other heart disease, stroke, osteoporosis, Parkinson disease, and respiratory disease.[16]

Analyses

Data were examined for homogeneity of variance and normality of distribution (Shapiro-Wilk W and the Kolomogorov D), followed by appropriate transformation methods if needed (such as log or square root). Pearson's product-moment correlations were used to test the relationship between self-rated successful aging and continuous measures. Analyses of variance (ANOVAs) and χ^2 analyses were performed to examine group differences on categorical variables with corresponding post hoc comparisons using Tukey Honestly Significant Differences or 2×2 χ^2. Comparisons among sites indicated they did not differ on subjective ratings of successful aging; thus, all participants were combined in the correlational analyses. All the appropriate statistical tests were two-tailed, and the alpha value was set at $p \leq 0.05$.

RESULTS

Sample Characteristics

Demographics. The mean age of the study participants was 80.4 years (SD = 7.5, range = 60–99), 60% were female, and 96% were white. Overall, they were well-educated (76% earned a bachelor's degree or higher) and financially stable (49% earned ≥$65,000/year). Most respondents lived independently (89%), whereas 11% lived in assisted care settings.

Subjective rating of successful aging. On a 1–10 scale for successful aging, 92% of the respondents (N = 188) rated themselves 7 or higher. Two respondents rated themselves "4," one person "5," and

seven people "6." A score of "7" was endorsed by 12% of the sample, 39% selected "8," 31% rated "9," and 13% gave themselves a perfect "10." The reliability of this subjective rating of successful aging was bolstered by its significant correlation with the separate "I am aging well" item (r = 0.41, N = 187, p = 0.000).

Site differences. The four study sites differed from one another on age, gender, ethnicity, marital status, living situation, level of education, income, presence of high blood pressure, days per week engaged in classes/lectures, computer activities, playing cards, listening to the radio, and visiting friends (Table 1). The sites were also different on the MOS SF-36 Physical Composite, as well as on the subscales for Physical Functioning, Role Limitations due to Physical Problems, Emotional Health, and Bodily Pain. However, the sites did not differ significantly from one another on the primary dependent variable—subjective rating of successful aging.

Relationship of Level of Self-Rated Successful Aging to Demographic, Psychologic, Health, and Lifestyle Factors

The variables that were significantly related to the self-ratings of successful aging included: number of close friends (r = 0.18, N = 171, p <0.020), days per week reading (r = 0.16, N = 189, p <0.031), days per week listening to the radio (r = 0.24, N = 157, p <0.003), and days per week visiting family (r = 0.17, N = 153, p = 0.039). The following MOS SF-36 subscales correlated with subjectively rated successful aging: physical functioning (r = 0.27, N = 187, p = 0.000), role limitations due to physical problems (r = 0.18, N = 185, p = 0.012), role limitations due to emotional problems (r = 0.22, N = 185, p = 0.003), energy/vitality (r = 0.33, N = 193, p = 0.000), emotional health (r = 0.30, N = 193, p = 0.000), social functioning (r = 0.18, N = 193, p = 0.015), and general health (r = 0.38, N = 187, p = 0.000). The MOS SF-36 Physical Composite and Mental Composite scores were also associated with the degree of subjectively rated successful aging (r = 0.23, N = 171, p = 0.002 and r = 0.28, N = 171, p = 0.000, respectively), as was the total score on the CD-RISC—the scale for resilience (r = 0.28, N = 165, p <0.000). On the other hand, self-ratings of successful aging scores were not related to age, mother's age at death, father's age at death, gender,

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TABLE 1. Comparisons of Participant Characteristics by Research Site (N = 201*)

	La Jolla Village Towers (N = 68) L		White Sands (N = 48) W		California Veterans Home (N = 25) C		Institute for Continued Learning (N = 60) I		χ^2/F	df	p	Post Hoc Comparisons¶
	X	SD	X	SD	X	SD	X	SD				
Successful aging variables												
Subjective rating of successful aging†	8.2	0.9	8.5	0.9	8.1	1.5	8.3	1.2	1.0	3,190	0.366	
"I am aging well"†‡	1.7	0.6	1.7	0.9	1.5	0.6	1.5	0.7	1.3	3,185	0.282	
Current age	80.5	5.8	82.7	8.5	83.7	6.5	76.7	7.3	8.5	3,191	0.000	I < L, C, and W
Mother's age at death	78.2	13.6	81.5	15.7	72.6	17.6	77.7	13.7	1.9	3,184	0.124	
Father's age at death	73.9	19.2	78.8	12.6	72.6	14.0	72.5	15.0	1.6	3,186	0.202	
Demographics												
Gender, percent female	68%	N = 46	75%	N = 36	36%	N = 9	48%	N = 29	15.5	3	0.001	I < W and L; C < W and L
Ethnicity, percent white	100%	N = 67	98%	N = 44	83%	N = 20	95%	N = 56	13.0	3	0.005	C < L and W
Marital status, percent currently married	57%	N = 39	31%	N = 15	13%	N = 3	58%	N = 33	21.8	3	0.000	L > C and W; I > C and W
Number of close friends	7.1	4.7	6.3	4.5	7.1	5.9	6.6	4.1	0.3	3,167	0.864	
Living situation												
Percent in assisted living	18%	N = 12	6%	N = 3	28%	N = 7	2%	N = 1	15.9	3	0.001	C > W and L; L > I
Education												
High school or some college	22%	N = 15	19%	N = 9	50%	N = 10	10%	N = 6				
Bachelor's degree or higher	78%	N = 53	81%	N = 38	50%	N = 10	90%	N = 52	14.4	3	0.002	C < L, I, and W
Personal income												
<$25,000/year	0%	N = 0	9%	N = 4	83%	N = 20	7%	N = 4				
$25,000–$65,000	41%	N = 24	31%	N = 21	17%	N = 4	38%	N = 21				
$65,000+	59%	N = 35	60%	N = 27	0%	N = 0	55%	N = 30	102.5	6	0.000	C < L, I, and W
Presence of physical illness												
Cancer	35%	N = 24	29%	N = 14	32%	N = 8	32%	N = 19	0.5	3	0.918	
Diabetes	12%	N = 8	6%	N = 3	24%	N = 6	8%	N = 5	5.9	3	0.115	
High blood pressure	50%	N = 34	33%	N = 16	68%	N = 17	50%	N = 30	8.3	3	0.039	C > W
Heart attack	16%	N = 11	8%	N = 4	8%	N = 2	10%	N = 6	2.4	3	0.498	
Stroke	7%	N = 5	6%	N = 3	4%	N = 1	7%	N = 4	0.4	3	0.951	
Osteoporosis	29%	N = 20	17%	N = 8	16%	N = 4	22%	N = 13	3.4	3	0.329	
Activities (reported in days per week)												
Reading	6.4	1.5	6.4	1.6	6.2	1.8	6.8	0.7	1.6	3,185	0.200	
Crossword puzzles	2.1	2.8	2.1	2.9	2.3	3.2	2.0	3.0	0.1	3,137	0.985	
Attending classes/lectures	1.8	1.1	2.0	1.4	1.1	1.2	2.9	1.6	9.9	3,158	0.000	I > L, C, and W
Watching television	6.0	1.9	5.8	2.2	5.7	2.3	5.7	1.8	0.2	3,187	0.893	
Writing	3.3	2.6	3.3	2.6	3.1	2.4	3.6	2.7	0.2	3,148	0.890	
Artwork	0.7	1.6	0.8	1.9	1.3	2.5	0.5	1.4	0.8	3,126	0.476	
Religious activities	1.2	1.8	1.5	1.7	2.1	2.6	1.0	1.8	1.7	3,145	0.174	
Computer activities	4.8	2.6	3.7	3.1	2.2	2.7	5.0	2.7	6.3	3,157	0.000	C < L and I
Playing cards	2.2	2.0	1.8	2.1	1.6	2.5	0.9	1.8	3.7	3,145	0.014	L > I
Listening to the radio	3.6	3.1	3.1	3.0	2.4	3.0	4.7	2.9	3.4	3,152	0.019	I > C
Visiting friends	4.3	2.4	3.8	2.8	3.9	2.6	2.2	2.0	7.1	3,165	0.000	I < L, C, and W
Visiting family	1.5	1.8	1.1	1.9	0.5	0.7	1.1	1.9	1.8	3,150	0.149	
All activities combined	3.6	1.2	3.2	1.1	3.2	1.2	3.4	1.1	1.2	3,189	0.303	

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MOS SF-36											
Physical functioning	68.8	22.3	69.4	23.6	51.4	24.7	76.1	24.9	5.9	3,186	0.001	C < L, I, and W
Role limitations due to physical problems	71.2	34.0	63.2	40.6	35.7	40.8	71.7	37.7	5.5	3,182	0.001	C < L, I, and W
Role limitations due to emotional problems	87.9	27.8	88.4	26.5	78.3	39.4	82.1	34.1	0.8	3,182	0.471	No significant differences
Energy/vitality	62.3	18.0	66.0	19.2	62.6	17.0	66.3	18.3	0.7	3,192	0.554	
Mental health	85.7	10.9	85.5	10.3	79.3	13.4	81.9	10.3	3.0	3,192	0.032	
Social functioning	89.6	15.6	86.7	17.9	79.7	19.8	87.9	19.0	1.9	3,192	0.136	
General health	71.8	15.6	71.5	13.3	64.1	14.2	73.1	19.1	1.8	3,186	0.149	
Bodily pain	69.9	19.5	61.6	10.8	58.3	08.8	70.9	21.5	5.1	3,190	0.002	L > C; I > C and W
Mental Composite§	57.0	6.7	57.4	6.8	56.1	9.4	54.5	6.5	1.7	3,169	0.167	
Physical Composite§	43.5	9.0	42.1	7.7	35.1	7.4	45.7	9.8	6.1	3,169	0.001	C < L, I, and W
Connor-Davidson Resilience Scale‖	75.2	11.4	75.4	11.9	72.6	16.7	74.7	08.5	0.3	3,161	0.858	

Note: Four participants had missing location data.
†Based on the questionnaire item "Where do you rate yourself in terms of successful aging?" Participants responded to a 10-point rating scale: 1 = least successful, 10 = most successful.
‡Based on the questionnaire item "I am aging well" whereby participants responded on a 4-point rating scale: 1 = definitely true, 2 = mostly true, 3 = mostly false, 4 = definitely false, plus the category of "don't know."
§MOS SF-36 composite scores are t-scores (mean = 50, SD = 10).
‖Connor-Davidson Resilience Scale scores range from 0–100: 0 = least resilient, 100 = most resilient.
¶Post hoc comparisons completed using Tukey Honestly Significant Differences (HSD).

ethnicity, current marital status, living situation, level of education, or income.

Everyday Functioning and Health-Related Quality of Life

Participants' mean score on the MOS SF-36 General Health subscale was 71 (SD = 16.3, range = 25–100), which was higher than the mean score of 59 found in the Andresen et al. normative sample of community-dwelling older adults.[22] Our participants also exhibited higher mean scores, as compared with the normative sample, on all the other MOS SF-36 subscales (Figure 1). It may be noted that the Andresen et al.[22] sample was similar to ours with regard to age (mean age = 76.5), gender (63% female), and ethnicity (93% white). However, no statistical analyses were performed comparing our data with those from Andresen et al. because we did not have access to the raw data from the latter study.
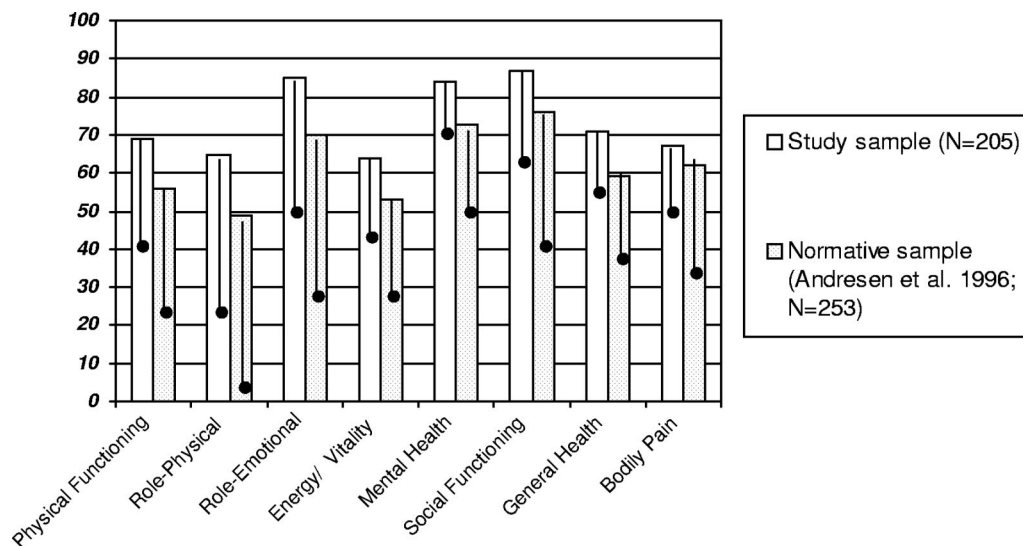
Researcher-Defined Criteria for Successful Aging

A majority of our participants met research criteria for independent living, mastery/growth, positive adaptation, life satisfaction/emotional well-being, and active engagement with life (Table 2). However, only 15% met criteria for absence of physical illness and only 28% reported absence of any limitations in basic physical activities.

DISCUSSION

Nearly all the study participants rated themselves as aging successfully (with a score of ≥7 on a 1–10 scale), but far fewer met researcher-defined criteria for absence of physical illness and disability. Indeed, only 5% of our sample would have met all three criteria for successful aging proposed by Rowe and Kahn,[4] i.e., absence of disease, freedom from disability, and active engagement with life. These results are consistent with those reported by Strawbridge et al.[16] and von Faber et al.[17] The participants' everyday functioning and health-related quality of life (MOS-SF-36) scores were higher than those of individuals in a normative "healthy" sample of older adults.[22] Future research should examine the degree to which self-rated health and successful aging are overlap-

FIGURE 1.   Comparison of Study Sample Mean (with SDs) MOS SF-36 Scores to Andresen et al.[22] Norms

Note: Role–physical: role limitations due to physical problems; Role–emotional: role limitations due to emotional problems.

TABLE 2.   Proportions of Participants Meeting Published Researcher-Defined Criteria for Successful Aging* (N = 205)

Domain	Operational Definition Meeting Criteria	Percent Meeting Criteria (N = 205)	Percent of Self-Rated Successful Agers Meeting Criteria (N = 188)
Subjectively reported successful aging	Score ranging from 7–10 on a 1–10 scale item asking, "Where do you rate yourself in terms of successful aging?"[†]	92%	100%
Independent living	Living independently in own home or retirement community; not residing in a skilled nursing facility[‡]	89%	88%
Mastery/growth	Score of "often true" or "true nearly all of the time" on the item: "I am in control of my life"[§]	84%	86%
Positive adaptation	Score of "often true" or "true nearly all of the time" on the following two items: 1) "I am able to adapt to change," and 2) "I tend to bounce back after illness or hardship"[§]	82%	83%
Life satisfaction/well-being	Score of at least 73 on the SF-36 emotional health/well-being subscale[‖]	79%	82%
Active engagement with life	Visiting family and/or friends at least once a week *and* having three or more close friends[†]	62%	63%
Freedom from disability	MOS SF-36 scores of "no limitation" in the ability to 1) lift or carry groceries, 2) climb one flight of stairs, 3) bend/kneel/stoop, 4) walk one block, or 5) bath/dress oneself[†]	28%	30%
Absence of disease	Absence of self-reported cancer, diabetes, high blood pressure, heart attacks, other heart disease, stroke, osteoporosis, Parkinson disease, and respiratory disease[†]	15%	16%

*As outlined by Phelan and Larson[1] literature review of successful aging.
[†]Modeled after the Strawbridge et al.[16] operational definition of successful aging.
[‡]Living independently used by Roos and Havens.[14]
[§]Items derived from the Connor-Davidson Resilience Scale (CD-RISC).[22]
[‖]Andresen et al.[22] sample mean for the emotional well-being/mental health MOS SF-36 subscale equaled 73. Thus, the percentage reported here reflects the number of current study participants who met or exceeded this normative mean.

ping constructs given the large body of evidence supporting the use of subjectively rated health in predicting functional outcomes among older adults.[18,26]

A majority of our participants met research criteria for independent living, mastery/growth, positive adaptation, life satisfaction/emotional well-being, and active engagement with life and experienced a high health-related quality of life despite having common age-associated illnesses and physical disabilities. This supports the notion that subjective assessment of successful aging may be more valid than the research criteria that emphasize an absence of physical disease and functional limitations.[16,17]

As postulated, higher levels of self-rated successful aging were related to spending more time each week reading, listening to the radio, and visiting with family. This finding corresponds to that of a six-year longitudinal study in which greater participation in activities was related to increased happiness, better functioning, and lower mortality.[20] Subjective ratings of successful aging in our sample were also associated with having more close friends, greater resilience, and better everyday functioning and health-related quality of life. Contrary to expectations, successful aging was not related to chronologic age, gender, ethnicity, current marital status, level of education, or income. It is worth noting that despite demographic differences, the samples from the four sites in the study did not differ significantly on mean ratings of successful aging.

Our study has several limitations. The study participants were generally well-educated and most were white. The sample was self-selected, because the older adults who did not function well might have chosen not to participate. We did not include measures of psychopathology, cognitive performance, health behaviors (e.g., smoking, alcohol use, exercise), or objective measures of functional capacity. With respect to the respondents' subjective ratings of successful aging, we did not have a compar-

ison group of older adults who believed they were not aging well. The numbers of participants in each subgroup of interest were small (e.g., number within each site, number in assisted living), thereby hindering the opportunity to perform further analyses of how these characteristics might influence self-ratings of successful aging. Finally, these findings are cross-sectional and all the measures were based on self-report, and thus the predictive value of subjectively rated successful aging was not addressed.

Despite these limitations, we believe that our study offers important information with heuristic value. It provides a look at the correlates of successful aging for a group of community-dwelling, self-rated successful agers from different sites. This investigation also broadens the correlates typically examined in the literature by introducing a standardized measure of resilience, i.e., the CD-RISC. Finally, this study compares the prevalence of successful aging using subjective ratings versus several researcher-defined criteria[1] above and beyond those of Rowe and Kahn.[4,16,17]

Longitudinal studies to monitor the relationship of subjective ratings to morbidity and mortality are needed to validate this important component of successful aging. Qualitative studies could further clarify older adults' views of successful aging. Additional correlates of self-rated successful aging should be explored in larger studies (e.g., family history, sleep patterns, alcohol use, depression, and biomarkers). This type of research could lead to the development of a reliable and valid model for successful aging that incorporates the perspectives of older adults.

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