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Research Article

Do Latino Older Adults and Service Providers Agree on Positive Aging? Using Concept Mapping to Compare Perspectives

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Abstract

Background and Objectives: In the United States, Latino adults are a growing segment of the aging population who will need research-informed interventions to help them age successfully. Arguably, how Latino older adults and service providers understand "positive aging" serves as an important precursor for the cultivation of such interventions. This investigation explored whether Latino older adults' conceptualizations of positive aging aligned with those of service providers.
Research Design and Methods: We compared how Latino older adults (n = 93) and service providers (n = 45) rated 85 positive aging statements produced by Latino older adults. These 85 items were used to generate a concept map, which displays those items thematically by clusters and overarching regions of meaning.
Results: We found divergences at each level of the map—statements, clusters, and regions—which illuminate differences between how service providers and Latino older adults think about Latino positive aging. For example, whereas Latino older adults prioritized the cluster containing items related to internal well-being, service providers rated it seventh of 11 clusters. The region comprising clusters related to relationships garnered the highest agreement between groups, but also a notable departure; compared to Latino older adults, service providers rated community and social involvement as less important.
Discussion and Implications: Understanding such differences can help providers tailor services consistent with the interests of Latino older adults. Future studies should examine the extent to which stakeholders believe various aspects of positive aging are modifiable.

Keywords: Community-based services, Hispanic older adults, Successful aging

Latinos are a growing segment of the aging population in the United States. By 2060, they are expected to make up more than a fifth of the United States' population over 65 years of age (Administration for Community Living, 2020). Consequently, there is an urgent need for research designed to identify practices that help this growing population age successfully. To develop and implement services that help Latinos age well, we posit that health and social service providers (hereafter, service providers) and Latino older adults, must have clear objectives for aging Latinos. A precursor to establishing clear objectives for aging Latinos is the requirement that service providers

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and Latino older adults understand "positive aging" and related terms.

Effective policies and interventions have been developed to support older adults, but successful implementation requires processes that engage multiple stakeholders (Kirst et al., 2017). Scholars have observed that failure to involve and integrate such input has led to differences in how agency administrators and program directors understand effective programs and the evidence that supports their use; this has led to widespread variations in how programs are implemented in communities across wide regions (Bobitt & Schwingel, 2017). Only two empirical studies have explored how conceptualizations of Latino positive aging vary across stakeholder groups to understand potential sources of disagreement (see Piedra et al., 2021, 2022). These studies showed that although stakeholders held many common priorities, including the importance of financial stability, they diverged in systematic ways, such as on the importance of spirituality and varied social connections for Latino older adults. In the current study, we compared how Latino older adults and service providers who work with the Latino aging population rated the importance of 85 statements on positive aging produced by Latino older adults. Using a positive aging concept map generated with statements from Latino older adults and which displays those items by thematic clusters and overarching regions of meaning (Piedra et al., 2022), we identified key similarities and differences between how Latino older adults and service providers conceptualize positive aging. Recognition of the similarities and differences in how these stakeholders view positive aging is an important step toward adapting and promoting practices to help Latinos age successfully.

Perspectives Matter

Culture and language influence outcomes related to the aging process (Hilton et al., 2012; O'Brien et al., 2017). Unfortunately, for Spanish-speaking and/or foreign-born Latino older adults in the United States, cultural and linguistic differences tend to impede *service access*. This contributes to health disparities, as many useful programs are available only in English and are crafted to culturally resonate with native-born populations (Showstack, 2019).

The way that people understand the aging process also influences their behavior (Hess et al., 2015). Attribution theory posits that people tend to act in accordance with what they think will generate desirable outcomes; attributions perceived by people as malleable and within their control encourage behavioral change (Weiner, 1986). When attribution-retraining techniques were used to increase activity levels, a widely recognized aspect of aging well (Bauman et al., 2016), people were encouraged to reject the idea that it is natural to become more sedentary with aging, an unchangeable and uncontrollable ascription. Instead, they were trained to adopt a perspective that their activity level remained within their control and facilitated good health (Piedra et al., 2018; Sarkisian et al., 2007). Studies show that culturally-adapted and linguistically-congruent programs that educated Latino older adults about the benefits of remaining active prompted them to increase their walking levels (Piedra et al., 2017, 2018). This increased activity contributes to a number of health benefits such as improved cognition (Piedra et al., 2017), physical functioning (Burrows et al., 2021), and lower levels of depression (Hernandez et al., 2019). Similarly, when physical activity was linked to culturally congruent forms of dance, activity levels improved (Marquez et al., 2014, 2015).

Scholars and service providers are also influenced by conceptions of aging, which in turn affect their research foci and service priorities (Piedra et al., 2021). For example, more than 20 years ago, Rowe and Kahn (1997) reframed the aging process from one that culminates in disease and disability to one that emphasizes successful living in the later stages of life. They defined successful aging as the avoidance of disease and disability, the maintenance of cognitive and physical function, and an ongoing engagement with life, all the while implying that people can influence the aging process through lifestyle choices. However, while this revolutionary idea generated important new avenues of research, its limitations have overshadowed important aspects of aging.

Rowe and Khan's model underestimates the certainties of physical decline and mortality. Although lifestyle choices can delay their onset, they do not eliminate their inevitability (Martinson & Berridge, 2015). Their model also does not consider cultural and environmental influences on health and well-being, which accumulate over the life span (Katz & Calasanti, 2015). Moreover, it underrates the importance of adaptation—the capacity to adjust to each life phase affects well-being (Baltes & Baltes, 1990; Baltes & Smith, 2003). Such adaptation includes, for many people, the capacity to "live well" with chronic illnesses and late-onset disabilities (Tesch-Römer & Wahl, 2017). These objections are especially relevant for Latinos, who tend to live longer but with more disabilities than their non-Latino counterparts (Angel et al., 2015; Boen & Hummer, 2019). Indeed, a concept mapping study that looked at how community-dwelling Latino older adults defined positive and successful aging found that they emphasized the need for diverse social connections and the cultivation of a mature mindset, in addition to financial stability and behaviors that promoted good health (Piedra et al., 2022). But these analyses did not investigate the extent to which service providers who work with Latino older adults agree with their priorities.

Service providers' perceptions of positive aging are likely to affect the services they offer. While these perceptions can be influenced by specific training, client-worker interactions encourage "implicit learning" as well (Eraut, 2000; Reber, 1989). This leads to tacit knowledge or "practice wisdom" that informs the work they do (Cheung, 2017; Chu & Tsui, 2008). To understand how service providers and scholars conceptualize Latino positive aging, Piedra et al.

(2021) conducted a concept mapping study based on items generated from a literature review. Although both scholars and service providers prioritized financial security as necessary to aging well, they diverged on the importance of spirituality, with service providers rating it much higher. This variance suggests that contact with Latino older adults makes a difference; the service providers observed their clients' reliance on spirituality and internalized it as a priority. Scholars who specialize in aging populations are less likely to have such direct contact and may not be cognizant of its importance. The exception, of course, are those scholars whose research focuses on spirituality in aging populations.

To better understand how Latino older adults conceptualize positive aging and related terms, researchers conducted a separate concept mapping study (Piedra et al., 2022). This team found that community-dwelling Latino older adults valued social connections beyond family, held a multifaceted understanding of "stability" that includes finances, relationships, and spirituality, and recognized the need for a mature mindset. Building on the concept map that displays the priorities of Latino older adults, the present study aims to identify similarities and differences between how Latino older adults and service providers understand "positive aging," and similar terms such as, "successful aging" and "aging well." Our results can be used to inform how service providers can craft highly effective communication and outreach strategies that resonate especially well with their LOA clientele.

Design and Methods

Data for this study were collected as part of the Positive Aging for Latinos Study (PALS), a larger community-based participatory research (CBPR) inquiry that involved two rounds of concept mapping (Piedra et al., 2021, 2022) in Cook County, IL, and a follow-up survey administered to providers from the same geographic area. Consistent with CBPR principles (Wallerstein et al., 2017), we convened a steering committee of 20 people (hereafter, referred to as PALS) who consulted in all stages of the research, including participant recruitment and data collection. This study used data from the second round of concept mapping, which focused on Latino older adults' perceptions of positive aging and similar terms (Piedra et al., 2022). Before describing the comparative methods driving our analyses, we briefly introduce concept mapping, its value for understanding various stakeholder perspectives and bridging the research-practice gap (Petrucci & Quinlan, 2007), and how we applied it in our study of Latino older adults' perceptions of positive aging (Piedra et al., 2022).

Concept Mapping Design

Concept mapping is a mixed-methods approach that enables a research team to visually represent the perspectives of diverse actors within defined stakeholder groups (Trochim & McLinden, 2017). The process of generating the concept map used in this study has been described in detail elsewhere (Piedra et al., 2022). Here, we summarize key points to contextualize our comparative analyses of Latino older adults and service providers.

To construct a concept map that reflects how Latino older adults conceive of positive aging, we conducted nine focus groups (six in Spanish and three in English; $N = 101$) with Latino older adults who were asked to discuss what comes to mind when they hear the terms, "positive aging," "successful aging," and "aging well." PALS recruited focus group participants from within their agency setting and organizational networks; fliers and word of mouth were used. All community-dwelling Latino older adults more than 60 years of age were considered eligible and invited to attend; no one was turned away.

Each focus group included in-person notetaking and was audio-recorded and transcribed in the language conducted. Nine sets of notes and the accompanying audio recordings were reviewed by the research team, and 171 statements were extracted; Spanish statements were translated into English. The team next reviewed these statements for clarity and removed duplicate statements, which resulted in a final set of 85 statements (e.g., "letting go of resentment, anger, and jealousy," "dancing," and "growing spiritually"), which were translated into Spanish. Then, in a separate activity, another group of Latino older adults ($n = 93$) used a paper-and-pen survey to rate the importance of each statement. We invited focus group participants to engage in this rating activity and recruited additional respondents using the same approach as for the focus groups; participant overlap was minimal. We detail the rating exercise in the data collection section later. Finally, these items were grouped by Latino older adults during a sorting activity. For this activity, we selected 35 older adults who completed the rating exercise quickly and who met our targets for gender, language preference, and national background. This purposeful sample received index cards; each contained one of the 85 statements printed in the preferred language of the participant. The group was asked to sort the cards into piles according to similarity and to use a blank index card to label the pile (see Figure 1).

The sorting data were used to create a concept map through a quantitative process. Multidimensional scaling and a cluster analysis of the combined, individually coded, data generated visual representations of n thematic clusters, displayed as preliminary "maps." The statements within each cluster depended on how participants grouped statements together thematically during the sorting activity. Because concept mapping directly involves participants in the "coding" of the text, it avoids the inherent biases that can occur when researchers conduct content analyses of open-ended responses (Jackson & Trochim, 2002).

To create and interpret the "final" map, the research team and PALS—including service providers and Latino older adults—worked together to determine the number

Figure 1. Example of sorting exercise with seven categories.

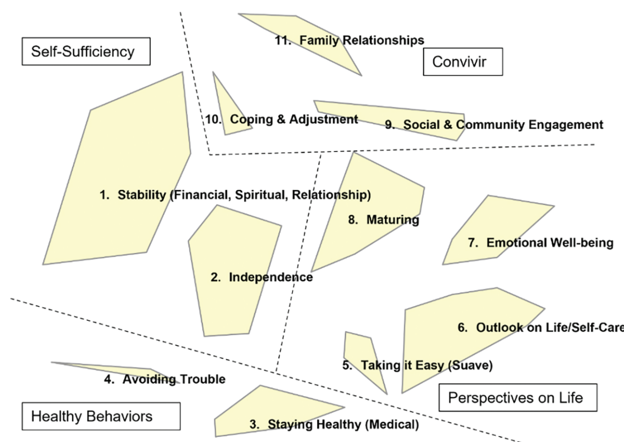

Figure 2. Eleven-cluster map with regions of meaning.

of clusters, label them, and evaluate the map for latent dimensions. These latent dimensions, often referred to as "regions of meaning," are groupings of clusters that represent a broader conceptual frame and can be observed through the examination of gaps or white spaces on the map (Kruskal & Wish, 1978; Trochim & McLinden, 2017). Figure 2 displays the final concept map developed and presented in detail elsewhere (Piedra et al., 2022); the map shows how the clusters were labeled and partitioned into four regions of meaning: "*Convivir* (to coexist)," "self-sufficiency," "perspectives on life," and "healthy behaviors."

Data Collection Procedures

Using the aforementioned 85 statements, we created and administered a survey to both Latino older adults (n = 93) and service providers who work with Latino older adults (n = 45), asking them to rate the importance of each statement on a 5-point scale (1 = *not at all important*; 3 = *somewhat important*; 5 = *very important*; 2 and 4 were unlabeled, listed in sequential order). Specifically, Latino older adults were asked to rate the importance of each statement to them personally, and service providers were asked to report how important each statement was for their Latino older adult clients' positive aging. This provided comparative data on the perceived importance of each Latino older adult-generated statement. At the end of the rating activity, participants also completed a demographic questionnaire.

A purposeful sample of Latino older adults and service providers were recruited from community-based organizations referred by PALS through e-mails, flyers, and word of mouth. Eligible participants included: (a) adults more than 60 years of age living in the community who self-identified as Latino; or (b) service providers (no age requirement) who reported at least 2 years of work experience with Latino older adults and who were currently employed by an organization that serves older adults (60 years and older), with at least 10% of their clientele identifying as Latino. These institutions included: adult daycare centers, caregiver support programs, health and social services organizations, and senior centers. Efforts were made to recruit a mix of people with different Spanish and English language preferences and places of birth (United States and abroad). To recruit eligible service providers, we sent an e-mail to all referrals made by PALS inviting them to the study, along with a link to the consent process and the rating exercise if they chose to participate. We also contacted organizations recommended by PALS and sent the same emails to those referred to us.

Service providers were asked to complete an online survey in English via Survey Monkey. Latino older adults received paper-based surveys in their preferred language during data collection sessions hosted at community organizations; the majority (70%) chose to do so in Spanish. Each data collection session with Latino older adults included at least one Spanish-speaking representative from the research team to answer questions and assist with survey completion (e.g., due to visual impairments or literacy issues). Participants were offered a $10 incentive for completing the rating survey. All participants gave informed consent in their preferred language; Institutional Review Boards at NORC at the University of Chicago (IRB00000967), University of Illinois at Chicago (Protocol # 2017-1226), and Mather LifeWays Institute on Aging (Research Protocol #17-011) approved all protocols.

Analytic Approach

To facilitate data collection and analysis, we used the web-based tool, Concept Systems Global Max. We examined differences in stakeholder responses in three ways. First, for each stakeholder group, we rank ordered the 85 items by their average importance rating from highest to lowest.

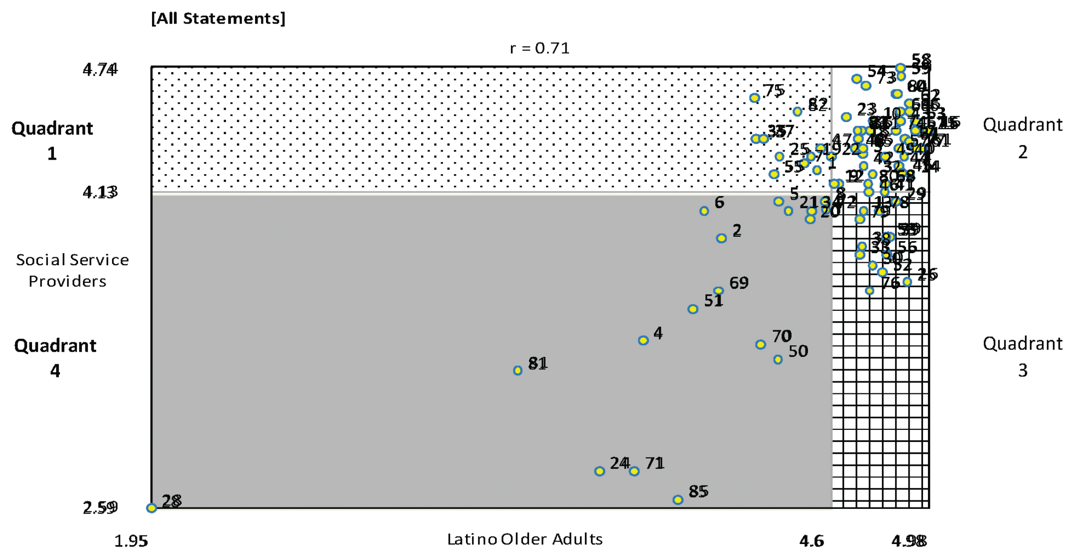

Figure 3. Scatterplot graph. *Notes:* Items in quadrant 1 (upper left-hand side; dotted) scored above average for service providers but below the mean for Latino older adults. Quadrant 2 (upper right-hand side; no shading) shows items that scored above the mean for both groups. Items in quadrant 3 (lower right–left side; grid lined) lie above the average for the Latino older adults but below the mean for service providers. Quadrant 4 (lower right-hand side; dark gray shading) shows items below the mean for both groups.

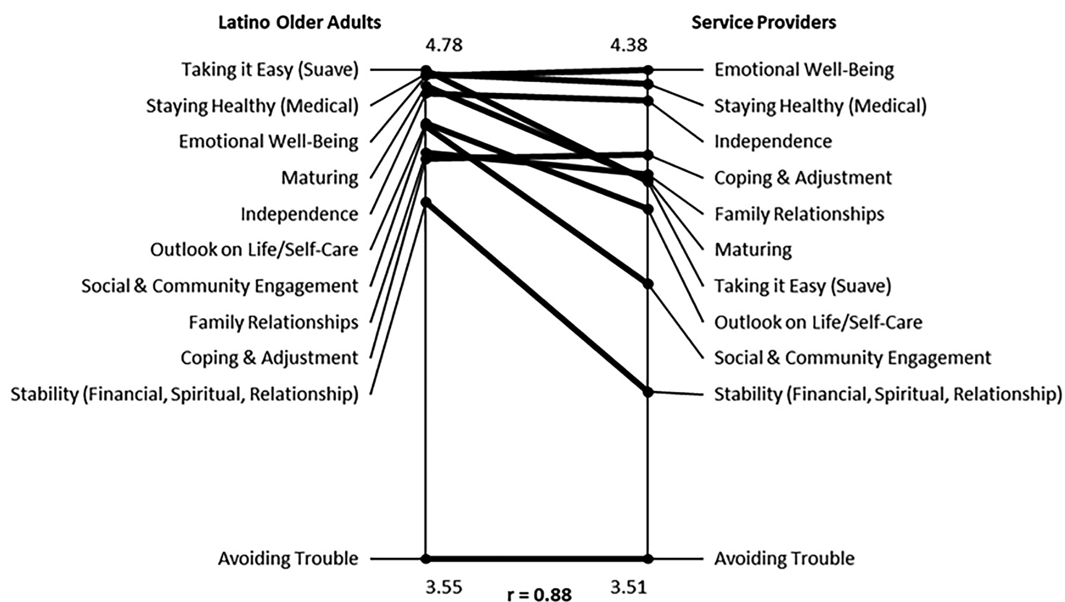

Figure 4. Ladder graph of cluster ratings for participant groups by importance ratings. *Notes:* The cluster order is listed from highest to lowest by average important ratings for each stakeholder group. The slope of the line joining the clusters indicates agreement between the two stakeholder groups; a horizontal line (slope = 0; r = +1.0/–1.0) indicates an exact match, representing no difference in how each group rated that cluster.

Next, we compared the top and bottom 10 ranked items for each group. To be clear, "rating" refers to the importance (1–5) assigned on average by Latino older adults and service providers during the survey; "ranking" refers to how, for each stakeholder group, the items were rank ordered from 1 to 85 by their average rating; the item with the highest average rating was ranked 1, and the lowest was ranked 85.

Second, we generated a scatterplot graph (see Figure 3) that displays the above and below average ratings for each item given by Latino older adults (x-axis) and service providers (y-axis). Third, we examined rating differences, by clusters on the concept map, using ladder graphs (Figure 4). Ladder graphs consist of two vertical scales for each comparison group, whose axes are connected by lines between matched clusters. The slope of these lines shows between-group ratings for each cluster; a horizontal line (slope = 0; r = +1.0/–1.0) indicates an exact match, representing no difference in how each group rated that cluster (Kane & Rosas, 2017; Trochim &

Table 1. Participant Demographic Characteristics

Characteristics	Latino older adults (n = 93) n	Service providers (n = 45) n
Gender		
Female	67 (74%)	37 (82%)
Male	24 (26%)	8 (18%)
Age		
20–39 years	—	29 (67%)
40–58 years	—	7 (16%)
59–69 years	36 (41%)	6 (14%)
70–79 years	36 (41%)	0 (0%)
More than 80 years	15 (17%)	1 (2%)
Survey language		
Spanish	65 (70%)	—
English	26 (30%)	45 (100%)
Education completed		
Less than primary school	18 (22%)	—
Primary school	24 (29%)	—
High School	23 (28%)	5 (11%)
Associate degree	15 (18%)	10 (22%)
Bachelor's degree	3 (4%)	22 (49%)
Master's degree	0 (0%)	6 (13%)
Other[a]	0 (0%)	2 (4%)
Birthplace		
Mexico	28 (31%)	9 (20%)
Puerto Rico	29 (33%)	4 (9%)
Other Latin American country	12 (13%)	1 (2%)
United States	20 (22%)	31 (69%)
Age moved to United States (if applicable)		
Less than 18 years	13 (24%)	8 (57%)
18–29 years	16 (29%)	6 (43%)
30–44 years	13 (24%)	—
45–59 years	6 (11%)	—
More than 60 years	7 (13%)	—

Note: [a]For service providers, the question was "other/prefer not to answer."

Table 2. Service Providers (n = 45) Work Experience and Services Provided

Work experience	n
With Latino older adults	
Less than 5 years	11 (24%)
5–10 years	20 (44%)
More than 10 years	14 (31%)
Services provided (check all that apply)	
Health care services	13 (29%)
Social services	27 (60%)
Senior Programming	20 (44%)
Housing	5 (11%)
Other	6 (13%)

McLinden, 2017). Finally, we conducted t test analyses for all 11 clusters comparing Latino older adults and service providers.

Results

In the current study, we sought to identify similarities and differences between how Latino older adults and service providers understand "positive aging," and similar terms such as, "successful aging" and "aging well." To accomplish this goal, we used an 11-cluster concept map consisting of 85 statements related to "positive aging," "successful aging," and "aging well" that was developed by Latino older adults. These 85 statements were then given to a group of 93 Latino older adults and 45 service providers who were asked to rate the statements in order of importance on a scale of 1–5; 5 = very important.

Table 1 summarizes the demographic characteristics of both the older adults and service providers who completed the rating survey. Most participating older adults were born outside of the mainland United States; nearly two third of participants reported either Puerto Rico (33%) or Mexico (31%) as their birthplace. Most reported low levels of

Table 3. Ten Highest and Lowest Ranked Items by Participant Groups

Rank	Latino older adults	Service providers
Ten highest ranked items		
1	Taking care of themselves	Protecting themselves from tricks and scams
2	Being thankful for being alive	Sleeping well
3	Being happy	Avoiding falls
4	Having a good attitude	Being able to make choices for themselves
5	Accepting themselves	Being a good parent or grandparent
6	Being mentally active	Having people who emotionally support them
7	Appreciating good health	Spending time with children and/or grandchildren
8	**Thinking positively**	**Thinking positively**
9	Loving themselves	Feeling confident
10	Forgiving themselves	Being able to live independently
Ten lowest ranked items		
1	**Going to the curandero (medicine man/woman and folk healer)**	**Going to the curandero (medicine man/woman and folk healer)**
2	Living with children and/or grandchildren	**Doing whatever you want, even if it is bad for you (e.g., eating restricted foods and skipping medicine)**
3	**Doing whatever you want, even if it is bad for you (e.g., eating restricted foods and skipping medicine)**	**Being intimate with their partner**
4	**Working for pay**	**Working for pay**
5	**Having a romantic partner**	**Having a romantic partner**
6	**Being intimate with their partner**	Doing meditation
7	Having a partner who cares about them	Doing volunteer work
8	**Visiting a psychologist or therapist (for depression, anxiety, and grief)**	**Visiting a psychologist or therapist (such depression, anxiety, and grief)**
9	**Traveling for enjoyment**	Living with children and/or grandchildren
10	Dancing	**Traveling for enjoyment**

Note: Boldfaced items indicate agreement between the two groups. The lowest ranked out of 85 items is represented as #1 (going to the curandero) in the table section listing the 10 lowest ranked items.

education; half (51%) reported less than a high school education. In addition, the sample was predominantly female (74%), and ages ranged from 59 to 91 years (M = 72.77, standard deviation [SD] = 7.10). In contrast, most service providers were born in the United States (69%), and the majority held a postsecondary degree (62%). Most of the service providers were female (82%) and were younger than the older adult participants (M = 40.37, SD = 13.69)

Table 2 shows that 75% of service providers reported having five or more years of experience working with Latino older adults. The range of services they provided to Latino older adults included health care (29%), social services (60%), senior programming (44%), housing (11%), and other services (13%), such as in-home care.

To compare differences in perceptions about the 85 items in our concept map, we calculated the average importance rating of each item for each participant group. Then, we rank ordered each rating to the seventh decimal place and generated single standing positions for each item from highest to lowest (see Table 3). Next, we compared the highest and lowest rank ordered items for each participant group.

Table 3 shows greater stakeholder agreement among the lowest 10 ranked items (70%; seven out of 10 statements) than among the highest 10 ranked items (10%; one out of 10 statements). Many items ranked highest by service providers relate to financial and physical well-being (e.g., protecting themselves from tricks and scams, sleeping well, avoiding falls, being able to make choices for themselves, and being able to live independently) and connection with family (e.g., being a good parent or grandparent and spending time with children and/or grandchildren). These items, while also rated as highly important by Latino older adults, were conspicuously absent from their top 10. Instead, Latino older adults favored items that resonate with internal well-being (e.g., being thankful for being alive, being happy, having a good attitude, accepting themselves, appreciating good health, loving themselves, and forgiving themselves). Scatterplot and ladder graph analyses also indicated a high degree of alignment with respect to how these groups rated items, as well as nuanced divergences (see Figures 3 and 4).

Scatterplot Graph

Figure 3 displays the number of items rated above and below average (using a 1 to 5 Likert scale) by Latino older

Table 4. Average Rating by Regions and Clusters for each Participant Group

Regions and clusters	Latino older adults *M* (*SD*)	Service providers *M* (*SD*)	*t* Value
Cluster 1: Tómalo Suave (Taking it Easy; 5 items)	4.78 (0.05)	4.18 (0.19)	2.76*
For example, being calm and at ease, taking your time, doing meditation, and being mentally active			
Cluster 2: Outlook on life/self-care (13 items)	4.64 (0.06)	4.13 (0.08)	4.90***
For example, dancing, having a good sense of humor, listening to music, thinking positively, and being socially active			
Cluster 3: Emotional well-being (8 items)	4.76 (0.04)	4.38 (0.02)	4.22***
For example, celebrating (e.g., birthdays and weddings), letting go of worry, loving yourself, accepting yourself, and having goals			
Cluster 4: Maturing (10 items)	4.74 (0.02)	4.19 (0.05)	6.59***
For example, continuing despite challenges, forgiving yourself, learning from your mistakes, and learning new things			
Cluster 5: Social and community engagement (8 items)	4.64 (0.02)	4.0 (0.11)	4.88***
For example, helping others, talking with friends, being a good example for others, and being connected to your community			
Cluster 6: Coping and adjustment (3 items)	4.55 (0.03)	4.23 (0.02)	2.61
For example, accepting inevitable changes (e.g., loss of a loved one and health decline) and talking to others about your feelings			
Cluster 7: Family relationships (8 items)	4.57 (0.21)	4.20 (0.22)	1.6
For example, being useful to your family, having people who emotionally support you, and being a good parent or grandparent			
Cluster 8: Stability (financial, spiritual, and relationship; 11 items)	4.45 (0.15)	3.81 (0.39)	2.87**
For example, letting go of resentment, growing spiritually, having a partner who cares about you, and having financial stability			
Cluster 9: Independence (7 items)	4.71 (0.04)	4.33 (0.01)	4.89***
For example, doing things on your own, getting out of the house, and having your own private space to live in			
Cluster 10: Staying healthy (medical; 8 items)	4.77 (0.02)	4.36 (0.05)	4.32***
For example, accepting dietary limitations, avoiding falls, sleeping well, and educating yourself about health			
Cluster 11: Avoiding trouble (4 items)	3.55 (0.86)	3.51 (0.71)	0.07
For example, staying away from vices (e.g., excessive drinking, smoking, and gambling)			

Note: SD = standard deviation.
$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$.

adults (*x*-axis; $M = 4.6$) and the service providers (*y*-axis; $M = 4.13$). The unequal quadrants are labeled 1–4, starting in the upper left and rotating in a clockwise direction. The upper right-hand (quadrant 2; no shading) shows items assigned above average ratings by both groups; lower left-hand quadrant (quadrant 4; dark gray shading) displays items rated below average importance by both groups. Two features from this scatterplot graph are notable. First, Latino older adults tended to rate most items very highly ($M = 4.6$), which explains the number of items in quadrants 2 (no shading) and 3 (grid lined). Second, quadrants 2 (no shading) and 4 (dark gray shading) show considerable overlap in importance ratings between the groups (73%; 62 out of 85 items were scored either above or below average by both groups). Both groups scored 52% of the items (44 out of 85 statements) as above average in importance (quadrant 2) and 21% of the items (18 out of 85 statements) as below average (quadrant 4).

Participants' discrepancies appear in the upper left (quadrant 1; dotted) and lower right (quadrant 3; grid lined). Quadrant 1 contains 10 items rated above average by service providers but not by Latino older adults. Quadrant 3 contains 13 items rated above average in importance by the Latino older adults but not by the service providers. Table 5 lists the items rated above average by one stakeholder group and not the other. Items rated above average by service providers, but below average by Latino older adults included celebrating events (item #35), receiving services (item #55), behaviors related to coping (items #1, #7, #19, #25, #37, #47, and #75), and spending time with family (item #82). The following statements were rated as above average in importance by Latino older adults and below

Table 5. Items Rated Above Average by Participant Group

Service providers only (Quadrant 1; Mean ≥4.13)		Latino older adults only (Quadrant 3; Mean ≥4.6)	
1	#1. Letting go of resentment, anger or jealousy	1	#13. Going to church
2	#7. Continuing despite challenges	2	#26. Having a good relationship with God
3	#19. Accepting that there are things that you can no longer do	3	#29. Having good psychological health
4	#25. Doing things on your own	4	#30. Living in the moment
5	#35. Celebrating (e.g., birthdays and weddings)	5	#33. Being a good example for others
6	#37. Talking to other people about your feelings or worries	6	#38. Being respectful of those younger than you
7	#47. Listening to music	7	#39. Being a good listener
8	#55. Receiving services and help from a senior citizen center	8	#52. Being useful to your family
9	#75. Staying away from vices (such as excessive drinking, smoking, and gambling)	9	#53. Giving strength to your family
10	#82. Spending time with children and/or grandchildren	10	#56. Being respectful of those older than you
		11	#76. Having a good physical appearance
		12	#78. Learning new things
		13	#79. Being socially active

average by service providers: spirituality (items #13 and #26), coping (items #29, #30, and #78), relating to others (items #33, #38, #39, #56, and #76), being useful to family (items #52 and #53), and being socially active (item #79).

Finally, we used the 11 clusters and four "regions of meaning" in the final LOA concept map (see Figure 2) for thematic comparisons between the two participant groups. These 11 clusters represent how the Latino older adults thematically sorted the 85 statements after the data had undergone multidimensional scaling and cluster analysis. The four "regions of meaning," reflect broader conceptual frames among cluster groupings. We calculated the average participant rating by regions and clusters contained within (see Table 4).

Ladder Graph

Figure 4 displays a graph by clusters for each participant group, rank ordered by the average ratings of items within each cluster (r = 88). Unlike the scatterplot graph in Figure 3, which depicts how each item was rated on average by stakeholder group, the ladder graph displays each cluster from top to bottom along each axis, based on the average cluster value (highest to lowest) for each group. The line drawn between the axes visually displays the extent to which clusters are relatively different by both rank order and slope of the line for each participant group (Trochim & McLinden, 2017). The slope of the line connecting the two clusters visually depicts the variation between the two groups; horizontal lines indicate consensus. When interpreting a ladder graph both aspects—rank and slope—should be considered, as our results illustrate.

Figure 4 shows a consistency in how Latino older adults rated items; compared to the service providers, their clusters had higher ratings on average. The rating trend of Latino older adults to skew items (and clusters) toward the higher end of the scale creates a gap with service providers ratings. For example, consider cluster *Stability* (*Financial, Spiritual, and Relationship*). For this cluster, the slope of the line connecting the two groups is steep, and the magnitude of difference in ratings is among the highest of all the clusters (0.64; see Table 4). However, this difference is spurious. Both groups ranked this cluster second to last; the sizeable difference is an artifact of the low variation among the Latino older adults' consistently high item ratings, which are also reflected in average cluster ratings. However, if we consider the cluster *Social & Community Engagement*, with the same slope and magnitude of difference (0.64), we can draw a different conclusion based on each group's cluster rank order. Interestingly, the Latino older adults ranked the *Social & Community Engagement* cluster over *Family Relationships*; whereas the service providers ranked this cluster third to last. The greatest difference between the two groups, in terms of slope and rank, occurs in the cluster entitled *Taking It Easy* (*Suave*), which translates into Spanish as *Tómalo Suave*. This cluster contains items related to mindset (e.g., being calm and at ease, taking your time, doing meditation, and being mentally active), and was ranked highest by the Latino older adults and seventh by the service providers ($t = 2.76$; $p < .05$). In contrast, the clusters labeled *Avoiding Trouble* and *Staying Healthy* (*Medical*) display near perfect agreement, as indicated by the straight lines and their position on the ladder. *Staying Healthy* (*Medical*) was ranked second in importance, whereas *Avoiding Trouble* was assigned the least importance on average by both groups.

Finally, we examined the clusters within their overarching regions of meaning. Table 4 shows the results of our *t* test analyses for all 11 clusters comparing Latino older adults and service providers. While exceptionally high ratings by Latino older adults largely drive these statistical differences, we observed three clusters with no significant differences in ratings, indicating a high degree of agreement between the two stakeholder groups. In addition to *Avoiding Trouble*, the other two clusters with no significant difference between the ratings—*Coping & Adjustment* and *Family Relationships*—each resided within the overarching region entitled *Convivir* (to coexist), which contained items and clusters related to getting along with others. Arguably, the statistically significant difference in ratings for the cluster *Social & Community Engagement* ($t = 4.88$, $p < .001$), within a region with two other closely aligned clusters, underscores the observation made in the ladder graph about *Social & Community Engagement*; Latino older adults and service providers differ on the importance of nonfamilial relationships.

Discussion and Implications

This study presented a comparison between how Latino older adults and service providers rated the importance of statements related to positive aging. The current study used an 11-cluster concept map that reflects how Latino older adults sorted 85 statements on positive aging to compare Latino older adults' perspectives on aging with those of their service providers. The 85 items on the concept map were categorized into 11 thematic clusters and four regions of meaning, which facilitated our analysis of similarities and differences between the two groups.

Cluster comparisons revealed general overall agreements, but there were notable divergences. As expected, our analyses exposed nuanced distinctions between how Latino older adults and service providers prioritize different aspects of positive aging, as defined by Latino older adults. For example, the cluster entitled *Tómalo Suave* (take it easy), which contained many items that address internal well-being and mindfulness, was ranked highest among Latino older adults, but only seventh out of 11 among service providers. This discrepancy suggests an opportunity space for service providers to better tailor services to the interests of Latino older adults. Service providers emphasized items about physical well-being of Latino older adults, which were less important to Latino older adults than statements evoking internal aspects of quality of life. Other accounts of aging populations that consider the priorities of older adults have also noted that older adults tend to value mindset, autonomy, and dignity over physical safety as they advance in age and decline in health (Aronson, 2019; Gawande, 2014; Leland, 2018). Indeed, many of the statements in the *Tómalo Suave* cluster resonate with research that highlights the importance of self-compassion (Ferrari et al., 2019; Kim & Ko, 2018).

Another interesting discrepancy appeared in the overarching region entitled, *Convivir* (to coexist). *Convivir* connotes coexistence in time and within the same social and physical space (SpanishDict, 2011). Although this region had the highest degree of stakeholder agreement, comparatively, service providers rated the cluster labeled *Social & Community Engagement* as less important than the Latino older adults. Because clusters in each region form an all-encompassing theme, this observation merits commentary.

In our previous LOA concept map study, we interpreted this *Convivir* (to coexist) region as containing clusters of items that connect positive aging with community and family engagement, and with practices that facilitate broader social cooperation (Piedra et al., 2022). In the current study, service providers rated *Social & Community Engagement* lower than Latino older adults did. This may stem from service providers' attunement to the cultural ideal of *familismo*, a multidimensional construct that includes strong family identification and attachment, which also serves as a source of mutual support and obligation (Lopez, 2006; Mendez-Luck et al., 2016). Even service providers who engage in culturally sensitive practices might not be aware of growing critiques of the concept as applied to Latino older adults (Diaz & Niño, 2019; Mendez-Luck et al., 2016; Rojas et al., 2016). Evidence shows that Latino older adults are extending family boundaries to include meaningful involvement with friends and neighbors (Piedra et al., 2022; Ruiz & Ransford, 2012). Service providers in the current study might be surprised to learn that the Latino older adults we surveyed ranked friends and neighbors somewhat higher than family. Programs and services targeting Latino older adults may be overlooking an important resource. The inclusion of friends and neighbors, as well as (or instead of) family members, might serve to better promote and support positive aging.

Limitations and Directions for Future Research

Four limitations merit discussion. First, we had an uneven number of Latino older adults and service providers rate the items, and only Latino older adults generated them. Given that we were exploring stakeholder comparisons from the standpoint of how Latino older adults define positive aging, the use of a concept map in which Latino older adults generated and sorted the statements was considered ideal. That said, the exclusion of service providers in the construction of the map limits our understanding of how service providers might define positive aging. Second, the notably smaller sample of service providers compared to Latino older adults might represent a limitation. However, in concept mapping studies, uneven sampling by stakeholder type is common; for example, service providers and students will always outnumber administrators and teachers.

Third, our LOA ratings show little variability; they gave all but seven items a rating between 4 and 5 and scored

only one item below a three (*going to the curandero* [faith healer] was rated 1.91). This invariance is unusual for a concept mapping study and may indicate a social desirability bias wherein Latino older adults assumed that low ratings might disappoint researchers (Callegaro, 2008; Furr, 2010). However, Latino older adults' uniformly low rating of the item *going to the curandero* suggests otherwise. A more likely explanation for generally high ratings is that the Latino older adults who generated the items considered them important to begin with, and their peers who rated these items agreed for the most part about their importance. We might have seen lower scoring of the items by Latino older adults if service providers had generated them. Additional study would be needed to confirm this. The relative homogeneity of the sample with respect to income and place of residence may have affected rating patterns; Latino older adults with other income levels or living elsewhere might provide different ratings. Even so, the limited variation by income and place provided a strong control for those factors. Another factor that might have contributed to ratings invariance is the overrepresentation of women in the Latino older adult and service provider samples. The gender difference might be driving the consistent ratings, reflecting a volunteer bias which occurs when those who choose to participate differ from the general population (Boughner, 2012). However, two additional factors might be at play. First, beginning at age 55, Latino women outnumber Latino men; a gap that continues to widen as age increases (American Community Survey, 2020). Second, the involvement of PALS led us to recruit people who are connected to a service organization. In such contexts, women tend to outnumber men as clients and as service providers. Thus, the gender proportions might be a proximate representation of the population. However, it is a limitation of the study that could, potentially, affect results.

Fourth, this study reflects how important Latino older adults and service providers to consider the items, not the degree to which they feel the items are feasible or how difficult these behaviors are to carry out. Nor do the results necessarily indicate characteristics or actions that are related to healthy aging. Both Latino older adults and service providers may ascribe to beliefs about healthy aging that are not evidence-based, such as the need to slow down (become sedentary) as someone ages. Indeed, this is not uncommon; people often hold beliefs about healthy aging that are inconsistent with scientific evidence about what engenders healthy outcomes and promotes successful aging. Moreover, additional research would be needed to ascertain whether the service providers' respective community-based organizations provide services congruent with what they (or Latino older adults) indicated as most important to LOA positive aging.

Future studies should examine to what extent service providers and Latino older adults believe it is possible to modify and adopt aspects of positive aging, in the same way other concept mapping studies have considered feasibility and ease of implementation with diverse older adults (Ahmad et al., 2022; Busija et al., 2018; Howell et al., 2022). In keeping with attribution theory, some aspects of positive aging might be considered important but also unchangeable or outside of one's control (i.e., increasing income). Latino older adults will be more likely to modify behaviors that are related to achievable objectives; service providers would be inclined to provide those services that they feel might make a difference. It will also be important to recognize that both groups may lack knowledge about attributes that have been shown empirically to promote positive aging. Therefore, in some instances, attribute-retraining might be warranted for both Latino older adults and service providers. As scholars advocate an expansion in cultural adaptation research from researcher-led interventions to research that informs practitioner-led adaptations (Alvidrez et al., 2019), it is critical to understand which attributes service providers think to promote positive aging. Our findings underscore that the provision of social services, while important, is only one aspect of positive aging as defined by Latino older adults. Aligning the priorities of these two stakeholder groups would facilitate services practices that promote positive aging for Latino older adults.

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Conflict of Interest

None declared.

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