ACCULTURATION STRESS AND SOCIAL PARTICIPATION AMONGST ELDERLY

FILIPINO IMMIGRANTS

By

Mary Julianne Canda

Bachelor of Science – Health Science California State University, Fullerton 2019

A doctoral project submitted in partial fulfillment of the requirements for the

Occupational Therapy Doctorate

Department of Brain Health School of Integrated Health Sciences The Graduate College

University of Nevada, Las Vegas May 2024 Copyright by Mary Julianne Canda 2024

All Rights Reserved



Doctoral Project Approval

The Graduate College The University of Nevada, Las Vegas

March 3, 2024

This doctoral project prepared by

Mary Julianne Canda

entitled

Acculturation Stress and Social Participation Amongst Elderly Filipino Immigrants

is approved in partial fulfillment of the requirements for the degree of

Occupational Therapy Doctorate Department of Brain Health

Donnamarie Krause, Ph.D. *Graduate Coordinator*

Jefferson Kinney, Ph.D. Graduate Program Chair Alyssa Crittenden, Ph.D. Vice Provost for Graduate Education & Dean of the Graduate College

Abstract

There has been a surge of elderly immigrants moving to the United States from Asian countries, as noted by the growing presence of elderly Filipino immigrants in Las Vegas, Nevada. Despite the growth of this population, there is limited information on how the immigration process affects their social participation in a new culture. Using a descriptive study design, this research aimed to gain a more profound knowledge of elderly Filipino immigrants, the challenges they encountered, also known as acculturation stress, and how they impacted their capacity to interact socially with others in the community. Two participants were chosen for a focus group via convenience sampling at Kusina ni Lorraine, a Filipino supermarket in the city. Transcriptions of the audio-recorded recordings were analyzed using content analysis and the Complimentary Action Research Matrix Application (CARMA). Results indicated that acculturation stress includes racial discrimination and the differences in sociocultural behavior and values that led to challenges with transitioning to the United States. However, social participation appears to mitigate these challenges to acculturation as social networks provide support and assistance in navigating the differences in the host country's sociocultural environment.

Acknowledgment

To Dr. Robert Levrant and members of OLLI, thank you for supporting me throughout this process. To Dr. Sheama Krishnagiri, thank you for your help and guiding me in this process.

Dedications

To my Meadow Bear, I love you.

To my mother, sister, and brother, you are my rock. You keep me GROUND-ed.

To my LOCAS, I love you all and thank you for inspiring me to be the version of myself.

To my Mang Tomas Surf Club, I would not be here without your un-WAVE-ring support.

Abstractiii
Acknowledgment iv
Dedications v
Introduction1
Research Problem/ Area of Inquiry
Significance of Study and Relevance to Occupational Therapy
Research Question
Definitions of Terms
Literature Review
Social Participation in Older Adults7
Later in Life Immigration
Social Interactions Amongst the Immigrant Population15
Acculturation Stress in Older Asian Immigrants
Discussion
Statement of Purpose
Theoretical Framework
Methodology
Project Design
Agency Description

Table of Content

Data Collection	
Instrumentation	
Sampling and Recruitment	
Pilot Study	
Data Management and Analysis	
Ethical and Legal Considerations	
Results	
Characteristics of Sample	
Rationale for Immigration	
Challenges of Living in the United States	
Resilience and Coping	
Social Support	
Social Participation	
Financial Stability	
American Dream Disillusionment	
Discussion	
Sample Characteristics	
Rationale for Immigration	
Challenges of Living in the United States	

Resilience and Coping	8
Social Support	0
Social Participation	1
Financial Stability	3
American Dream Disillusionment	4
Implications for Research	6
Implication for Occupational Therapy Practice	8
Limitations and Assumptions of the Study70	0
Limitations	0
Assumptions	0
Conclusion	1
Appendix A: Demographic Questions	2
Appendix B: Focus Group Guiding Questions	3
Appendix C: Kusina Ni Lorraine Authorization Form	4
Appendix D: Osher Lifelong Learning Institute Authorization Form	5
Appendix E: Recruitment Poster	6
Appendix F: Recruitment Script	7
Appendix G: Recruitment Flier	8
Appendix H: Follow-up Telephone Script	9

Appendix I: Informed Consent	80
Appendix J: CARMA Analysis Excerpt	
References	
Curriculum Vitae	102

Introduction

The Asian American and Pacific Islander (AAPI) population is the fastest-growing subgroup in the United States (U.S.), with an estimated 41 million residents by 2050 (Ghosh, 2010). As of 2019, 14.1 million Asian immigrants reside in the U.S., mainly from India, China, and the Philippines. Most Asian immigrants are of working age, with the median age being 46 years old. However, one-quarter of Asian immigrants from Iran, Japan, and the Philippines are 65 and older (Hanna & Batalova, 2021). According to the Population Reference Bureau (2013), the U.S. elderly immigrant population has increased within the last 20 years, with 4.6 million elderly immigrants in 2010. The increased growth of 65-year-old and older immigrants can be accounted for by two trends: the long-term foreign-born population who immigrated to the U.S. early in their careers and recent elder migrants due to family reunification (Leach, 2009). As immigrants relocate to the U.S. and encounter changes in their social and environmental contexts, they begin to experience adapting to the new environment and culture (Leung et al., 2021).

According to Serafecia et al. (2019), acculturation is a process in which an individual adapts to their host country. The acculturation level is an important indicator of an immigrant's health status post-immigration. Prior research indicates that the acculturation process differs amongst older Asian immigrants due to a lack of access to mainstream culture and institutional system because of differences in culture and language (Dong et al., 2015). Numerous factors such as limited English proficiency, financial interdependence on adult children, navigating culturally different environments, and contrasting values and beliefs with Western culture contribute to issues towards acculturation, leading to isolation and depression (Chen et al., 2022; Hernandez & Bigatti 2010; Wilmoth et al., 2012). Leung et al. (2021) reported that with older immigrants, the new social and environmental context comes with difficulties in maintaining

existing relationships and developing new ones, resulting in limited social participation. The lack of socialization opportunities can lead to experiencing loneliness and isolation, which in turn may contribute to increased risk for psychological and physiological problems (Hao et al., 2017). According to the Asian American Federation of New York (2003), Asian American immigrant elders in New York report a high prevalence of feeling lonely compared to the non-immigrant population. Factors contributing to loneliness are facilitated by the lack of social connection and loss of family and friends due to later-in-life immigration (Tonui et al., 2023; Tummala-Narra et al., 2013).

The exposure to multiple stressors, such as learning a new language, differences in cultural values, and changes in familial ties, can pose a barrier for older immigrants to participate socially. Thereby increasing their risk of depression and loneliness, subsequently affecting optimal living and healthy aging (Cheng et al., 2018 & Tulum-Narra et al., 2013). There is substantial research on the impact of acculturation stress amongst older U.S. immigrants from a variety of cultures and compelling literature that acculturation stress contributes to impaired social participation, therefore impacting physical and mental health (Serefica et al., 2019). There is limited research on how this stress affects the social participation of one group of Asian elderly immigrants, and that is in the Filipino community. There is hardly any information on the current conditions and identification of issues for this vulnerable population.

Research Problem/ Area of Inquiry

Acculturation is multidimensional and varies amongst immigrant groups, cultural affiliations, and demographic factors (Serafica et al., 2019). Understanding the dynamic relationship between acculturation stress and older Asian immigrants across the U.S. is a complex and daunting task as it involves multiple ethnic groups with varying core beliefs and

values, along with different needs and levels of assistance. Immigrants often relocate into neighborhoods and communities with similar ethnic identities, which may limit their exposure to the host country's culture and experiences with acculturation (Dong et al., 2015). Therefore, existing research findings may not be generalizable across all Asian sub-ethnic groups.

The Asian American Pacific Islander group (AAPI) in Las Vegas, Nevada, has a sizeable Filipino-American population with a growing number of elderly and recently immigrated Filipinos in the community (Ghimire et al., 2018). However, health data amongst Filipino immigrants is limited due to the clustering with other Asian American ethnic minorities despite differences in social, economic, and cultural contexts (Holland et al., 2012). Therefore, recognizing and identifying distinct needs and current conditions is best addressed by explicitly studying the elderly Filipino immigrant population in Las Vegas to assess the extent of acculturation stress and social participation.

Significance of Study and Relevance to Occupational Therapy

The Administration for Community Living reported that the older adult population will have an expected growth of 21.6% of the total U.S. population by 2040. Their growing presence has brought awareness to this group, with initiatives such as the Decade of Healthy Aging (2021-2030) coordinated by the World Health Organization. The program aims to improve healthy aging through meaningful engagement among older adults, their families, and the community in which they reside. The plan emphasizes social participation through community-based activities and social interaction. This is significant to occupational therapy (OT) because *occupations* are defined as daily activities in which individuals, families, and communities engage that provide meaning and purpose in one's life, which includes social participation (American Occupational Therapy Association, 2020). According to AOTA (2020), social participation is interdependent

on the client's community. Cultivating an environment conducive to social involvement requires understanding the social and cultural contexts of the community to provide social opportunities that are catered to the client's interest.

The U.S. has a growing elderly Asian immigrant demographic, composing 44% of the elderly immigrant population (Mizugochi et al., 2019). Their growing presence changes the cultural milieu within their community. For example, Asian immigrants possess different perspectives on family values, beliefs, and cultural background compared to the dominant group, and their perception of community and social participation is distinct within their group. Understanding the ethnic ideals of Asian sub-ethnic groups is important to support social participation and healthy aging that corresponds with their ethnic identities. The shift from a collectivist society prominent within Asian culture to an individualistic environment prevalent in Western countries may hinder their ability to socially interact within the host country. The restriction of social participation may have detrimental effects on older adults' health, contributing to increased risks of mortality, morbidity, hospitalization, and reduced quality of life (Turcotte et al., 2019). OT's role in health promotion and prevention includes promoting healthy occupations and lifestyles to individuals who are marginalized and at increased risk for health conditions, such as recently immigrated elderly immigrants. Addressing social participation encourages the engagement of activities at a community level in neighborhoods and community organizations that support healthy aging and the dissemination of health information to improve quality of life.

Addressing health disparities falls within the OT scope of practice and is concerned with inclusion and acceptance of diversity to support maximum occupational performance (Taff & Blash, 2017). The elderly Filipino immigrant community is poorly understood due to the limited

discourse of this distinct sub-ethnic group. However, this study can assist with identifying barriers and supports to social participation amongst the Filipino-American diaspora residing in the U.S. It allows for a better understanding of how they socialize in the U.S. to enhance the collaboration with community healthcare services to improve healthy aging and public facilities that encourage socialization (Leung et al., 2021). This study contributes to The American Occupational Therapy Foundation (n.d.) initiative to increase research that supports the participation and engagement of occupations. This is important to OT because the profession advocates for population-based health promotion, as described in the Occupational Therapy Practice Framework: Domain and Process (Reitz & Scaffa, 2020).

Research Question

How Does Acculturation Stress Affect Social Participation Amongst Elderly Filipino Immigrants?

Definitions of Terms

Elder Filipino Immigrant

- **Conceptual definition:** Filipino American adult 65 years old who arrived in the U.S. in the last 20 years (Cruz & Periyakoil, 2010; Davis & Batalova, 2023)
- **Operational definition:** Self-identify as Filipino, 65 years or older, and have immigrated to the U.S. in the last ten years. This is measured via responses to the demographic questions (See Appendix A for a copy of the demographic questions).

Acculturation Stress

• **Conceptual definition:** Stress that emerges from conflict when individuals must adjust to a new culture of the host society (Tummala-Narra et al., 2013).

• **Operational definition:** Mental and emotional challenges associated with making changes to adapt to the host socio-cultural environment and measured via responses in the focus group guiding questions (See Appendix B for a copy of the focus group guiding script).

Social Participation

- **Conceptual definition:** Activities that include social interaction with family, friends, peers, and community members and contribute to social interdependence (AOTA, 2020).
- **Operational definition:** Involvement in social interaction activities that provide the opportunity to socialize with others in the community. Measured via responses in the focus group guiding questions (See Appendix B for a copy of the focus group guiding script).

Literature Review

The purpose of this literature review is to identify existing literature and gain a better understanding of acculturation stress and social participation among the elderly Asian immigrant population. The following themes will be explored: social participation amongst older adults and how socialization changes as one age—followed by stressors with later-in-life immigration to identify challenges that elderly immigrants experience with immigration. Then, topics focused on how older Asian immigrants navigate the issues with acculturation stress and methods to reduce the difficulties with immigration. Lastly, there are concepts about how immigrant groups socialize to understand social participation patterns. Finally, a synthesis will be conducted to summarize key findings to provide a foundation of knowledge, determine inconsistencies in previous studies, and identify a gap in current research about acculturation stress and social participation in elderly Filipino immigrants.

Social Participation in Older Adults

Social participation among older adults is essential for healthy aging (Leung et al., 2021; Turcotte et al., 2019). As one age, social relationships and participation change over time (Buffel et al., 2014). Understanding how social interaction changes through temporal and spatial contexts can contribute to a better understanding of how social participation evolves amongst community-dwelling older adults. The following research articles explore factors that contribute to social involvement and how social relationships are maintained among older adults.

Buffel et al. (2014) examined neighborhood perception and social participation among older adults in Belgium. The study conducted a secondary data analysis using data collected from the Belgium Aging Studies (BAS), which obtained information on local challenges and

opportunities for community-dwelling older adults to use the data for local policies. The sample population was selected randomly via proportional stratified sampling, where a sample of 1,877 respondents was obtained. The primary method of data collection for the BAS was a selfadministered structured questionnaire, which included questions about the perception of social participation and neighborhood. Descriptive analyses and Pearson's correlation were performed for statistical analysis. Results indicated that 75.8% of older adults participate in social activities via walking or biking, but only 32.3% of older people are members of an association for formal participation. In addition, social participation demonstrated statistical significance (p = < 0.05) with neighborhood services and friendliness. Activities organized by or catered towards older adults and provide services within proximity and easy accessibility to the community increase formal participation, improving social participation. The limitation of the study is the need for more generalizability to older adults in the U.S. due to contrasting environmental, social, and political contexts. Additionally, the operational and conceptual definition of social participation differed as it focused more on community mobility than social interaction with others in the community. Despite these limitations, social participation amongst older adults is enhanced when social opportunities are offered within the neighborhood, encouraging engagement and motivating interaction with others in the community. However, social participation was measured based on factors similar to community mobility, which may limit the relatedness of how social participation is interpreted in the U.S.

In exploring older adults' experiences of maintaining social participation in Sweden, Lofgren et al. (2022) recruited nine participants from community-based organizations via

purposive sampling using a descriptive design. Inclusion criteria include those 65 and older experiencing a change in social participation or feeling lonely. The primary method of data collection was a one-on-one semi-structured interview audio recorded for qualitative content analysis. Results indicated that as older adults aged, their social relations weakened, but familial relationships with immediate family became more important. This may be due to the strain of maintaining social ties, such as planning and schedule conflicts. However, a community-based organization that provides fixed routines for social activities with like-minded individuals with similar interests gives a sense of togetherness that motivates the creation of new connections. Overall, the findings demonstrate that social participation is an active process that requires conscious efforts to develop and maintain as one ages. Limitations in the study include a need for more generalizability because it was completed on older adults in Sweden. Therefore, differences in environmental, cultural, and social landscapes may affect external validity. Furthermore, the participants were recommended by a community-based organization, which raises the possibility of sampling bias because of enhanced awareness of the value of social participation compared to the general older adult population. Regardless of the changes in social relationships among aging adults, older adults who are members of community-based programs demonstrate continuous efforts to interact socially with others as it provides a sense of meaning and belonging within the community. However, this may only be relevant in a sociocultural environment that supports programs and organizations that maintain older adults' social participation.

Levasseur et al. (2020) conducted a secondary analysis using multiple sources to examine the environmental characteristics associated with older adults' social participation in Canada. This included the Canadian Community Health Survey "Healthy Aging" (CCHS-HA), Canadian Census, Desktop Mapping Technologies Inc. (DMTI), Quebec Housing Corporation, and

National Road Network. The dependent variable was social participation, which was measured in the CCHS-HA based on self-reported involvement in activities per month, and the independent variables were environmental factors such as services and systems in the community. A descriptive analysis was conducted, and environmental characteristics were categorized into large metropolitan, regular metropolitan, urban, and rural areas. Results indicated that the association between environmental factors and social participation demonstrated statistically significant differences in urban areas with greater positive social interactions and are more likely engaged in greater daily living activities than other environmental categories. This shows greater social participation amongst older adults who could use public transportation, with higher numbers amongst participants who used paratransit. In addition, municipalities with a higher older adult population exhibited increased social participation because of greater social opportunities amongst peers. The limitation of the study is that CCHS-HA data was collected from 2008 to 2009. Therefore, changes in social and environmental circumstances may affect the generalizability of the current older adult population. Additionally, social participation was measured based on self-reports, which is susceptible to response biases. The study indicates that social participation amongst older adults increases when using public transportation to engage in activities and is more prevalent within metropolitan and urban areas than in rural communities. However, this may differ in an environment with an underdeveloped public transportation system like metropolitan Las Vegas.

In exploring the environmental barriers to social participation, Melei and Linder (2022) examined the effects of the COVID-19 pandemic on socialization using a cross-sectional design and snowball sampling to recruit 230 participants who are 65 years and older. The primary data collection method was the COV19-QoL scale to measure the quality of life, mental health during

the pandemic, and factors contributing to social participation, such as employment, social support, and living arrangements. A descriptive analysis was used, and the results indicated a significant difference in social involvement before and after COVID-19. Data analysis revealed that 19.1% of the participants reported inadequate social support, and 7.4% increased dependence on family members, negatively impacting older adults' social participation. The pandemic reduced opportunities for social interactions through community engagement, which led to a lack of adhering to habits, roles, and routines that facilitate social participation. Additionally, increased reliance on kin for independent activities of daily living was not perceived as social support because it needed more meaningful and purposeful interactions. Limitations in the study include using the COV19-QoL scale, a novel instrument with limited reliability and validity. The study would have benefited from data triangulation using an additional instrument to measure social participation to gather more knowledge about the participant's level of social interaction and enhance the data's reliability. The takeaway from this study is that a critical factor in social participation is influenced by environmental contexts, such as organizations and events providing the opportunity to interact with others in the community socially. Due to the pandemic and the closures of public spaces, face-to-face social interactions became limited, leading to a lack of social engagement.

These four studies illustrated that older adults are inclined to engage in social participation when it contributes to community belonging. Providing social opportunities through community-based activities geared towards older adults encourages socialization and enhances the sentiment of being involved within the community (Buffel et al., 2014; Löfgren et al., 2022). However, environmental factors may hinder or facilitate older adults' ability to engage in social participation (Levasseur et al., 2019; Melei & Linder, 2022). A community-based program

within the environment of a community-dwelling older adult can provide opportunities for social participation. Still, lack thereof can hinder occupational involvement, affecting healthy aging (Leung et al., 2021). Limitations of these studies are that the majority were published outside of the U.S., which may not be as quickly applicable to immigrants to the U.S. due to differences in the political and social environment. In addition, the primary data collection method was self-reports, which are plagued by response bias.

Later in Life Immigration

As one ages, social engagements become a vital contributor to healthy aging. However, for immigrants later in life, the differences in the sociocultural environment in the host country may pose a barrier to social participation. As the U.S. population becomes increasingly diverse with an influx of older immigrants from Asian countries, it is essential to understand the unique characteristics and challenges of elderly immigrants from different cultural backgrounds. It is important to identify current issues that policymakers and planners must address to enhance the well-being and health of the U.S. aging population (Population Reference Bureau, 2013). The following articles explored the older immigrant experience with acculturation and factors that contributed to reduced overall well-being.

In exploring the perspective of first-generation elderly Indian Asian immigrants in the Midwest community, Tummala-Narra et al. (2013) recruited 18 participants between the ages of 61-85 years old via purposive sampling for an ethnographic study. The primary data collection method was a semi-structured interview, which was analyzed using content analysis. Results indicated that acculturative stress has long-term effects on immigrants who relocate as older adults. These acculturation stress factors include cultural differences in aging, such as the value of self-reliance and independence prevalent in Western societies, loneliness from the absence of

social interaction, dependence on adult children, lack of quality time with family, limited English proficiency, lack of access to public transportation, and inability to travel back to India. In addition, forming supportive peer interactions and incorporating spirituality through the similarities of cultural beliefs and values are essential strategies for handling acculturation stress. Limitations include a small sample size, which may limit generalizability, and participants were recruited from a senior program and self-selected. Therefore, their immigration experience may have transitioned better than the general immigrant population. Despite the limitations, the difficulty of adjusting to the host country, limited opportunities for social interactions because of learning a new language, and restricted access to public transit are significant factors contributing to acculturation stress. However, this may not be the same for elderly Filipino immigrants as the differences in cultural identity, values, and beliefs may shape their immigration experiences differently.

Examining the psychological effect of later-in-life immigration in the American Midwest, Guo et al. (2019) conducted a community-based participatory action research in collaboration with the Population Study of Chinese Elderly (PINE). The sample used purposive sampling to recruit 3,138 participants who identified as Chinese and 60 years of age or older through community-based organizations. The primary methods of data collection were structured interviews and the Patient Healthcare Questionnaire (PHQ-9). Descriptive and inferential statistics were performed for statistical analysis. Results indicated a significant correlation between the immigrants' later-life depressive symptoms with low income, less access to healthcare, and insufficient social interaction due to increased dependence on familial support. In addition, there was an association between social relations with friends or neighbors and a sense of community, which reduces depression and enhances well-being. However, researchers found

no statistically significant differences between later-in-life immigration and depressive symptoms despite participants demonstrating moderate to severe depression on the PHQ-9. Limitations of the study include the lack of a conceptual definition of later-life immigrants, as the study only referred to an age range and not immigration status. In addition, the homogeneity of the sample population, primarily low-income and low acculturation levels, affected generalizability to older Chinese immigrants with various levels of acculturation and socioeconomic status. The study indicates that despite the assumption of a correlation between later-in-life immigration and depressive symptoms, older immigrants are more reluctant to express life dissatisfaction. Using interviews as an alternative to self-reported questionnaires may encourage participants to respond truthfully and reduce response biases. Lastly, social interactions were measured mostly by inquiring about the number of friends and perceived community cohesion, which gives minimal insight into the participants' engagement in activities and socialization.

Both studies emphasized that stressors from later in-life immigration include financial constraints such as low income and increased dependence on adult children for monetary support (Guo et al., 2019; Tummala-Narra et al., 2013). However, these studies indicate that social interaction is an essential aspect of acculturation and is beneficial in reducing the risk of depression and adaptive response among elderly immigrants (Guo et al., 2019; Tummala-Narra et al., 2013). Older immigrants would benefit from increased opportunities to socially interact with others beyond their immediate family to reduce the stressors of later-in-life immigration and enhance the feeling of belonging in the new country to increase their perception of well-being. Tummala-Narra et al. (2013) utilized semi-structured interviews, demonstrating a better understanding of later-in-life experiences and socialization, compared to Guo et al. (2019),

where structured questionnaires limited the participants' responses. Therefore, using interviews for data collection may provide the opportunity to obtain desired information and enhance data quality.

Social Interactions Amongst the Immigrant Population

Social relationships comprise social networks from friends, family, and community. Supportive social interactions and connections enhance the adaptation of the host cultures, benefiting their overall health. In addition, positive social interactions buffer the negative impact of stressful life events that impact immigrants' mental and physical health (Xu et al., 2023). However, environmental and contextual factors may affect immigrants' ability to develop new social relationships and maintain social connections (Rote & Markides, 2014). The following articles explore factors contributing to developing social support and social connections among immigrant groups.

In examining the association between environmental factors and social engagement among Chinese immigrants, Lai et al. (2019) completed a secondary data analysis on the PINE study with 3,159 participants who identified as Chinese and are 65 years and older. The primary data collection method was a self-reported survey in English, Chinese, and Mandarin, consisting of 35 questions that measured engagement in cognitive and social activities, financial hardships, social support, neighborhood cohesion, and sense of community. Data was analyzed using descriptive univariate and Spearman's correlation to examine the association between environmental factors and social engagement. Results indicated that financial difficulties and neighborhood cohesion are significantly associated with the level of social participation. Older immigrants experiencing financial problems may be forced to continue working, limiting their ability to engage in social activities. Additionally, neighborhood cohesion entails a sense of

community that allows for rapidly disseminating health information and enhancing positive, healthy behaviors. However, the absence of communal solidarity limits the opportunities to develop interpersonal relationships with community members, restricting the circulation of health promotion information. Limitations in the study include that the data was collected at a single point in time, which cannot determine the direction of correlation between environmental factors and social engagement. For example, increased social participation may enhance neighborhood cohesion or vice versa. Takeaways from the study are that financial constraints limit older adults' opportunities to interact socially within the community, and fostering a favorable neighborhood enhances the perception of social support that encourages the development of social relationships. The PINE study's conceptual definition of environmental factors is one-dimensional, focusing primarily on the social aspect of the environment and disregarding the physical, cultural, and attitudinal context in which the participants inhabit. The lack of a multidimensional approach to measure environmental factors obscures the existence of potential issues such as racial discrimination and stereotypes.

Xu et al. (2023) used the PINE to complete a secondary data analysis to examine the association between acculturation and depressive symptoms in elderly Chinese immigrants' social interactions. The PINE Acculturation Scale was utilized to measure the independent variable of acculturation, which included three domains: language use, media use, and ethnic social relations. The Patient Health Questionnaire (PHQ-9) was used to measure the dependent variable of depressive symptoms. Positive and negative social interactions were calculated based on demands from family, friends, partners, or spouses. Data was analyzed using descriptive statistics and binary logistic regression models. Results indicated that depressive symptoms were higher amongst participants with low positive and high negative social interactions. According to

the binary regression model, older Chinese immigrants who socialize with Americans were more likely to experience depressive symptoms. However, language use and media use did not have a significant correlation to depression. The limitations of this study include collecting data in Chicago, which affects the generalizability to other states in the U.S. Furthermore, it is challenging to determine the causal relationship between acculturation and depressive symptoms because the data was gathered at a single point in time, which makes it difficult to measure changes in the population. The takeaway from this study is that older adults who are more acculturated with the dominant group in the U.S. have higher depressive symptoms. This may be due to being accustomed to the American lifestyle, which exposes participants to more significant stressors that enhance the feeling of stress affecting their mental health. However, this may only be limited to older Chinese immigrants who have lived in the U.S. longer than recently immigrated elders.

To investigate the barriers and support amongst immigrants, Hyung-Chul et al. (2015) explored the relationship between social support, acculturation stress, and depression in Chinese multicultural families residing in South Korea. The study is survey research, and thirteen participants were recruited via purposive sampling from three churches frequented by the target population. Three surveys served as the primary tool for data collection. The researchers created their structured questions to measure social support and acculturation stress; however, the Center for Epidemiologic Studies Depression Scale (CES-D) in Korean was used to measure depression. The findings showed a reciprocity in the relationship between acculturation stress and depression. There was no statistically significant difference between social support, acculturation stress, and depression based on age, gender, and length of stay. However, there was a meaningful difference between the participants who had lived in Korea for over two years and those who had demonstrated lower acculturation stress. Lastly, a statistically meaningful significance existed between social support and acculturation stress when participating in sports-related leisure activities. Limitations include recruiting participants at churches, which may have higher social support than the target population. The survey questions were provided in both Chinese and Korean. However, the researchers still need to address techniques for translating the questions that would preserve the accuracy of the original data. The takeaway from this study is that social support mitigates the negative feelings associated with social alienation and depression, as well as acculturation stress. A robust support network mitigates racial prejudice and discrimination against Chinese immigrants, which may buffer the level of acculturation stress experienced by recent immigrants. In addition, participating in leisure sports allows people to come together and relieve stress through physical activity. Despite the study's key findings, the study was completed in South Korea, where Chinese immigrants' experiences differ from those of Asian immigrants in the U.S. Moreover, most participants were under 65, making it difficult to equate their experience to elderly immigrants.

Kim (2021) examined the role of social support and acculturation on suicidal ideation amongst Asian immigrants. The research is a secondary analysis that used information from the National Latino and Asian American Study (NLAAS), which assessed the physical and mental well-being of Asian Americans and Latinx people in the U.S. who were 18 years of age or older in 2002 and 2003. NLAAS used cluster sampling based on ethnic groups, including Filipino, Chinese, and Vietnamese. The study sample population consisted of 1,637 foreign-born Asians who experienced suicidal ideation. The primary data collection method was a self-reported questionnaire developed by the NLAAS. Suicidal ideation was measured using one question, and four domains were used to measure acculturation: years spent in the U.S., English proficiency,

native language proficiency, and ethnic attachment. Perceived social support was measured based on the frequency of interacting with friends and family and the feeling of reliance on friends. Latent class analysis was used to identify assimilated, integrated, and separated acculturation classes. The results showed that the assimilated group had the highest acculturation level and social support but was four times more likely to have suicidal thoughts. In comparison to the separated group, those who had low English proficiency but strong ties to their ethnic community and native language had the lowest score for suicidal ideation. Limitations of this study include using data from 2002-2003. However, no recent data included information on psychological attachment, such as perceived support from family and friends. The takeaways from this study are that recent immigrants may be more reluctant to report suicidal thoughts due to the vulnerability and weakness that is associated with mental illness. In addition, Asian immigrants who have assimilated into the host country may report higher suicidal ideation because they have acculturated the social and cultural norms of American culture, which may have increased their stress experience. The study has limited generalizability due to the changes in the social and political landscape since the data was collected; therefore, it limits its relevance to current elderly Asian immigrants.

In summary, social interactions can be impacted by environmental factors such as SES (Lai et al., 2019), social prejudice, and cultural contexts (Hyung-Chul et al., 2015) that may limit the engagement of social opportunities. The lack of social interaction may contribute to an increased risk of depression amongst immigrants, placing further challenges with acculturation. To support the adaptation to the new social and cultural environment and develop social relationships, providing social opportunities to build friendships can help foster social support within the community that encourages social participation (Hyung-Chul et al., 2015; Lai et al.,

2019)—for example, engaging in sports as leisure promotes the development of social skills to communicate with peers (Hyung-Chul et al., 2015). This gives a sense of belonging that encourages positive social support with others in the community (Lai et al., 2019; Xu et al., 2023). However, not every social interaction is positive, as negative social interactions may also affect psychological well-being. Experiencing racial discrimination is common among immigrant groups, but the social support they receive from their ethnic community mitigates the development of psychological distress (Hyung-Chul et al., 2015; Kim, 2021;). It is essential to know that the taboo of mental illness in Asian culture may lead immigrants to be more reluctant to state their experiences with psychological distress. Finally, it's critical to remember that immigrants who have become more acclimated to the U.S. social norms and values may exhibit more significant stress and depression. Overall, this strengthens the discourse of how crucial social participation is for maintaining the mental health and well-being of immigrant groups.

Acculturation Stress in Older Asian Immigrants

Engaging in social activities fosters a sense of unity and belonging. However, the stress of acclimating to a new culture may lead to additional challenges with socializing in a new country due to cultural and social climate differences. The acculturation process is one's ability to adopt aspects of the host country while maintaining the culture and heritage of their country of origin (Schwartz et al., 2015). The attempt to make sense of the new environment may lead to mental and emotional challenges due to the contrast between the home and the host. Understanding how acculturation stress is dealt with amongst elderly immigrants provides insight into methods and strategies that can reduce immigration challenges. The following articles examine how older immigrants navigate the issues of acculturation stress and the association between increased time spent in the U.S. contributes to higher acculturation levels.

To explain the dynamic relationships between acculturation, acculturative stress, and resilience amongst Filipino Americans in Southern Nevada, Serafica et al. (2019) recruited 123 participants, 55 years and older, via convenience sampling using a cross-sectional design. The primary data collection was four surveys, which included the Short Acculturation Scale for Filipino Americans (ASASFA), the Social, Attitudinal, Familial, and Environmental (SAFE) Acculturative Stress Scale, and the Connor-Davidson Resilience Scale 10 (CD-RISC-10), and a semi-structured questionnaire called the Global Health Instrument. A Descriptive statistic, regression models, ordinary least squares regression models, and mediation analysis were completed to analyze data. Results indicated a statistically significant influence of acculturationon-acculturation stress and resilience, with data demonstrating that older immigrants with high acculturation levels have higher resilience and lower acculturation stress. Social support from family, community, and professionals contributed to these factors that enhance coping abilities to reduce acculturation stress. In addition, reducing acculturation stress and increasing resilience indirectly contribute to the statistically significant positive difference between acculturation level and its influence on physical and mental health. Limitations in the study include sampling bias due to recruiting patients via community-based clinics, which increased the risk of recruiting participants with stronger psychological and physical health compared to the target population. The primary data collection method was self-reports, which may be exposed to response biases to comply with cultural expectations. The takeaway from this study is that acculturation level is not an indicator of older immigrants' mental and physical well-being; however, acculturation stress and resilience have a secondary effect on physical and mental health through social support. However, the study used measuring tools without stating the instruments' reliability and validity, which may limit the data's accuracy and truthfulness.

Kim et al. (2013) explored the experience of acculturative stress-related growth among older Korean immigrants in the U.S. The study used a descriptive design to gather information about lived experiences, perceptions, feelings, emotions, and attitudes. The sample had 13 participants recruited via criterion-based sampling, 65 years old or older, and lived in the U.S. for more than ten years from Korean churches, markets, and senior centers in the northwestern U.S. The primary data collection was gathered via semi-structured interviews lasting 50-90 minutes with questions that captured acculturation stress-related growth among the participants. Data was analyzed using data coding and interpretation of themes. The results identified three main themes: development of mental toughness, engagement in meaningful activities, and promotion of cultural standing. Adaptation challenges, lack of cultural understanding, and social norms contribute to the development of mental toughness. All participants reported experiencing racial tension and communication problems that contributed to acculturation stress; however, such experience enabled the development of perseverance. Meaningful activities through churchbased events and voluntary work contribute to stronger faith and spiritual belief, leading to an enhanced ability to overcome adaptation challenges associated with acculturation. In addition, engaging in community activities promotes cultural understanding of diverse groups. Enhancing the comprehension and appreciation of other cultural enclaves and fostering social connections with diverse groups may improve acculturation stress. Limitations of the research include a small sample size, which restricts the generalizability to the target population because of limited responses and the absence of reaching data saturation. In addition, the inclusion criteria of immigrating over ten years threaten the accuracy of participants' recalling of their immigration experiences. Lastly, the study could have benefited from data triangulation by using an acculturation level measure to identify factors limiting or supporting adaptation to the host

country. This study's takeaway is that older immigrants' acculturation stress may be mitigated through community-based activities and social opportunities with other cultural groups. However, this may only apply to Korean immigrants, as Filipino culture may have different values and beliefs unique to each culture. Lastly, semi-structured interviews allow participants to share their experiences, including racism and immigrant stereotypes.

To mitigate the adverse effects of acculturation stress, Rhee (2019) explored acculturation strategies among first-generation elderly Korean immigrants residing in areas without Korean ethnic enclaves. The study is cross-sectional, with 111 participants recruited via convenience and snowball sampling in Ohio and Kentucky. The primary method of data collection was self-administered questionnaires that were completed via mail, in-person, and phone. The study used the Suinn-Lew Asian Self-Identity Acculturation scale (SL-ASIA), which divided the groups into separate, moderately bicultural, and fully bicultural; Acculturation Stress Index (ASI), and the 15-item Geriatric Depression Scale-Short Form (GDS-SF). Data was analyzed using chi-square, ANOVA, cluster analysis, and principal component analysis. Results indicated that most of the participants reported moderately bicultural by being able to adapt to the host culture while still maintaining ethnic practices. The separated group was less educated and had lower income, with higher acculturation stress due to language difficulties and social isolation. There was a significant difference in acculturation stress amongst all three groups and a substantial difference in depressive symptoms between separated and fully bicultural groups. Lastly, results showed a significant difference in language difficulty between all three groups, with fully bicultural groups reporting language difficulties as least stressful. Limitations of this study include the lack of including the number of years since immigrating in their eligibility criteria. The additional qualification could help better understand the onset of acculturation

stress. Additionally, the cross-sectional research design studies the phenomena at a single point in time, as acculturation strategies may change over time due to changes in social and environmental contexts. The takeaway from this study is that the separated groups with low English proficiency and experiencing lower social isolation have a stronger attachment to Korean cultural traditions and practices. This may result in continued difficulties in assimilating into the host culture. Especially in a sociocultural context where cultural diversity is uncommon, such as in areas with a homogenous population of the Eurocentric group. This study has limited generalizability to acculturation strategies to other Asian ethnic minorities because of differences in demographic, cultural, and environmental contexts, such as older Filipino immigrants.

Chang and Moon (2016) conducted a secondary analysis of the California Health Interview Survey (CHIS) to examine the prevalence of psychological distress amongst older Asian immigrant groups to identify acculturation factors that contribute to psychological distress. The study used multistage probability sampling to collect data from six Asian sub-groups across 58 counties in California. The sample population consisted of 1,028 participants 65 to 85 years old who are of Chinese, Korean, Filipino, Japanese, and Vietnamese ethnic background. The primary data collection was a telephone interview using self-reported questionnaires such as the K6 scale to measure psychological distress and structured interview questions to measure acculturation and health care utilization. Data was analyzed using univariate analysis, bivariate analysis, and multivariate analysis. Results demonstrated that most of the sample population has lived in the U.S. for over 15 years. Ethnicity, education, health, impairments, and healthcare utilization had statistically significant associations with psychological distress, with Filipinos demonstrating higher levels compared to other groups. Lastly, age and number of years living in the U.S. are statistically significant predictors of psychological distress. The limitation of this study is that the primary data collection method was self-report, which may be exposed to response biases. In addition, the interview questions inquired about psychological distress, which may be subjected to cultural bias. The takeaway from this study is that older Asian immigrants encounter acculturation stress during the transition period in the host country. This includes the length of time residing in the U.S. rather than their English proficiency. However, the study did not measure acculturation stress but rather acculturation factors, which makes their assumption weak and limited in relevance to how acculturation stress affects older Asian immigrants.

In summary, older Asian immigrants experience acculturation stress triggered by the challenges of transitioning into the new culture (Chang & Moon, 2019; Kim et al., 2013; Rhee, 2019; Serafica et al., 2019). Factors contributing to acculturation stress include social support, community cohesion, and communication issues (Chang & Moon, 2019; Kim et al., 2013; Rhee, 2019; Serafica et al., 2019). The lack of addressing acculturation may result in maladjustment to the new environment, resulting in the poor mental and physical health of elderly immigrants (Chang & Moon, 2019; Rhee, 2019; Serafica et al., 2019). However, the four studies showed mixed results on how limited English proficiency and the number of years residing in the U.S. impact acculturation stress and acculturation (Chang & Moon, 2019; Rhee, 2019; Serafica et al., 2019). This may be due to using different instruments to measure acculturation stress and the need for an operationalized definition of acculturation stress and acculturation across the studies. For example, Chang and Moon (2019) measured acculturation based on the number of years residing in the US and English proficiency, which does not capture the multiple factors contributing to acculturation. Lastly, Serafica et al. (2019) used an acculturation stress instrument that emphasized media use, whereas Rhee (2019) used an instrument that focused on

social and financial difficulties. Using different instruments and the need for a more operationalized definition yields mixed results that affect the generalizability of the studies. **Discussion**

The literature on social participation predominantly features studies conducted outside the U.S., in countries with distinct political and social landscapes like Belgium and Canada. Despite the differences in the environmental contexts, there is an overarching consensus that social participation benefits the aging population. Lofgren et al. (2019) reported that social participation is an essential component of healthy aging that influences older adult's mental and physical health. As one ages, social participation changes due to health, retirement, and loss of family and friends, which may impact their social engagement. This change in roles, routines, and habits leads to challenges maintaining social participation over time (Lofgren et al., 2019; Melei & Linder, 2022).

Community-based activities can enhance social participation as they incorporate social interactions into older adults' daily or weekly routines (Kim et al., 2013; Lofgren et al., 2019). Community-based activities that target older adults encourage social engagement, fostering a positive neighborhood cohesion that increases the perception of togetherness and a sense of community (Buffel et al., 2014; Hyung-Chul et al., 2015; Lai et al., 2019). However, a crucial component in neighborhood cohesion is the macro environment support of these community initiatives. For example, establishing fitness groups and lifelong learning opportunities for older adults promotes healthy lifestyles and community support that enhances healthy aging.

The perception of social support within the community encourages older adults to be active within the neighborhood, motivating socialization and increasing social participation (Buffel et al., 2014; Lai et al., 2019). However, challenges to social participation make it difficult

for elderly Asian immigrants to interact socially with the new socio-cultural environment. The lack of transportation and financial difficulties limit the opportunity to engage in community activities despite being present and available for elderly immigrants (Lai et al., 2019; Levasseur et al., 2020; Tumala-Naarra et al., 2013). Elderly immigrants are more reluctant to socialize with others outside their cultural enclaves due to racial stereotypes, discrimination, and lack of English proficiency (Chang & Moon, 2016; Kim et al., 2013; Rhee, 2019; Xu et al., 2023). These challenges may impact opportunities to participate socially, increasing the risk of social isolation and affecting healthy aging. The discourse on the benefits of social participation amongst the elderly population is eminent throughout the literature. However, most of this scholarly research was developed and completed abroad, introducing limitations when applying their findings within the U.S., especially older adults. The discrepancy in social and political structures means that insights into social participation from these studies may not directly translate to the U.S. scenario, leading to a continuous gap in understanding this phenomenon within the American setting.

Loneliness from the lack of social interaction and experiencing racial discrimination contributes to acculturation stress among elderly Asian immigrants (Guo et al., 2019; Hyung-Chul et al., 2015; Kim et al., 2013; Rhee, 2019; Tumala-Narra et al., 2013). Long-term exposure to acculturation stress has a negative effect on mental and physical health (Chang & Moon, 2016; Hyung-Chul et al., 2015; Serafica et al., 2019; Tumala-Narra et al., 2013; Xu et al., 2023). Providing the opportunity for elderly immigrants to interact within their new environment socially fosters a supportive peer interaction that promotes social support, lowers acculturation stress, and enhances adaptation (Hyung-Chul et al., 2015; Kim et al., 2013; Rhee, 2019; Serafica et al., 2019; Tumala-Narra et al., 2013). However, comprehending acculturation stress and

acculturation experience is challenging due to the need for a unified operational and conceptual definition that complicates efforts to achieve a consensus on denotation. Acculturation stress and level of acculturation are closely intertwined concepts that are measured differently across studies, complicating the discourse. For example, Serafica et al. (2019) utilized the ASASFA, focusing on preferred language, media, and social connections as acculturation factors. However, this approach needs to be uniformly applied, as seen in other studies like Chang & Moon (2016), who considered years in the U.S. and English proficiency, and Rhee (2019), who looked at socioeconomic status. The difference across literature highlights the complexity of acculturation, a multifaceted experience that cannot be measured simply by self-reported questionnaires.

Moreover, acculturation manifests distinctly among various sub-cultural groups, requiring individualized instruments for each group to reflect their unique acculturation processes accurately. According to the literature, English proficiency and years residing in the U.S. were two precursors frequently measured for acculturation level. Notably, the level of English proficiency and its impact on acculturation stress can vary significantly among Asian immigrants, influenced by factors such as the prominence of English in their country of origin. For instance, elderly Filipino immigrants might exhibit lower acculturation stress levels due to the Philippines' bilingual nature, which could affect the perceived prevalence of acculturation stress within this subgroup. Acknowledging these nuances is crucial for understanding acculturation stress within specific ethnic groups, such as the Filipino community.

Engaging in community-based events, partaking in groups with similar backgrounds and interests, or connecting with other cultures in the community builds a connection for social support and enhances the acculturation level (Kim et al., 2013; Kim, 2021; Tumala-Narra et al., 2013). Older adults with a higher level of acculturation demonstrate increased resilience, which

can serve as a support when coping with acculturation stress (Hyung-Chul et al., 2015; Kim et al., 2013; Serafica et al., 2019). Due to the limited information on how elderly Filipino immigrants experience acculturation stress and social participation, this study addresses the acculturation stress on Filipino immigrants and the broader issue of social participation within this ethnic population. By focusing on these areas, this study seeks to enhance the understanding of these phenomena and their implications within the cultural context, thereby bridging a critical knowledge gap.

Statement of Purpose

This capstone project aims to gain new insights into acculturation stress and the social participation of elderly Filipino immigrants. The objective of this study is to investigate how acculturation stress and social involvement are experienced within this cultural enclave. This information can help gain current knowledge about the elderly Filipino community and assist programs such as Osher Lifelong Learning Institute (OLLI) in creating suitable programs to improve social participation among these elderly immigrants.

Theoretical Framework

Conceptual models of practice typically guide the profession's intervention, services, and documentation. In OT, the models of practice focus on the outcomes of the occupational performance of a client, which is unique among disciplines. This study uses the Canadian Model of Occupational Performance and Engagement (CMOP-E) as the theoretical lens to view the topic of interest. Using a conceptual model provides the structure and organization to understand the dynamic relationship between the environment, occupation, and person, which is essential in comprehending the client in the OT process and providing an action plan for service delivery (Joosten, 2015).

(CMOP-E) is an ecological model that emphasizes the person, environment, and occupational factors contributing to an individual's occupational performance and engagement. A unique aspect of CMOP-E is the spirituality centered within the "Person." Spirituality may encompass values and beliefs that influence their behavior and attitudes, impacting their interaction with the environment and their occupational performance and engagement (Polatajko et al., 2007).

Using this conceptual model as a theoretical lens for this study helps the researcher focus on how elderly Filipino immigrants perceive their new environment, their unique cultural values and beliefs stemming from their cultural identity, and how it impacts their occupational engagement in social participation. The CMOP-E provides the opportunity to view and acknowledge individuals based on their spiritual beliefs and norms. This is beneficial in identifying how culture impacts and shapes their perception of social participation within their respective community. Understanding the dynamic interdependence between the person's

cultural values and beliefs, new socio-cultural environment, and maintaining meaningful occupation results in identifying how later-in-life immigration affects their overall well-being and provides insight if an issue occurs within this specific population (Polatajko et al., 2012).

Methodology

This section will describe the methods utilized to answer the research question: "How does acculturation stress affect the experiences of social participation amongst elderly Filipino immigrants?" The chapter will begin with a description of the research project, design, and approach, followed by a discussion of the data collection methods. Next, a summary of the research participants and a list of inclusion and exclusion criteria will be provided. Then, there will be a description of the sampling design and recruitment methods followed by a pilot study and the study procedures. Lastly, data management and analysis.

Project Design

Since there is a lack of knowledge regarding the impact of acculturation stress on social participation, this study used a non-experimental descriptive design to describe the dispersal of one or more variables without considering casual relationships or hypotheses (Aggarwal & Ranganathan, 2019). The advantage of using a descriptive design is that it has an exploratory purpose that provides an opportunity to gain a deeper comprehension of the phenomenon (Nelson et al., 2020). This includes determining if problems exist and the extent of the issues, which may lead to more research using complex and rigorous design (Siedlecki, 2020). Furthermore, the descriptive research design offers a high degree of flexibility in data collection, which makes it possible to gather detailed and comprehensive data regarding the population, behaviors, and attitudes. The disadvantage of descriptive research is its limited generalizability because it focuses on a specific population, which reduces external validity (Aggarwal & Ranganathan, 2019).

In this study, the descriptive design was used to discern if acculturation stress exists amongst elderly Filipino immigrants and if they had difficulties with social participation. Using one focus group with a convenience sample from the Filipino community, semi-structured questions with a conversational approach allowed elderly Filipino immigrants to share their experiences socializing in the U.S. to gain a deeper understanding of the research question. Lincoln and Guba (1985) suggested four criteria to develop trustworthiness in a qualitative inquiry: credibility, dependability, confirmability, and transferability. To enhance the quality of the research design, a prolonged engagement with the participants over a 45-minute interview increases credibility. Using a pilot study to pretest focus group questions ensures that questions are comprehensible to the participants. Additional methods to increase trustworthiness include brainstorming focus group questions with the co-facilitator to validate the questions and reduce research bias. The study's limited sample size could affect transferability because of time and resource constraints. Furthermore, because the one focus group was the primary technique used to collect data for the study, it might be challenging to replicate the findings, which could affect dependability.

Agency Description

The Osher Lifelong Learning Institute (OLLI) at the University of Nevada, Las Vegas (UNLV) is a learning community for semi-retired and fully retired older adults 50 years and older. This program encourages lifelong learning by intellectually stimulating adults' lives through various educational and social opportunities. This includes participating in courses that include, but are not limited to, art, literature, history, and science. OLLI members, community stakeholders, and college professors teach these learning opportunities, encouraging a peer-learning environment. The setting's community-driven model allows for the opportunity for

community-dwelling older adults to foster social connections and the opportunity to participate in a community of learners socially.

Data Collection

The study was approved by the University of Nevada, Las Vegas Institutional Review Board (UNLV-2023-570). Two sets of data were collected. The first was a screening question to determine eligibility, which includes the participant's age, ethnicity, years residing in the U.S., and self-reported English language skills (Refer to Appendix A for the demographic questions). The second was a focus group to learn about how acculturation stress and social participation are experienced (Refer to Appendix B for the focus group guiding script). After completing the focus group, participants were compensated for their involvement with a \$50 Visa gift card and an OLLI Fall semester membership worth \$105.

Instrumentation

The primary data collection method was a focus group interview facilitated by the student researcher and co-facilitated by the site mentor at OLLI at UNLV. A focus group was chosen because the data is gathered from multiple participants within a short time frame, and the group interactions may encourage participants to share their experiences when hearing similar stories from other group members, therefore assisting with focusing on the critical issues.

While one-on-one in-depth interviews would have offered the chance to probe deeper and acquire additional information from the subjects, they are restricted to a single participant's perspective. Honest and complete responses may be limited due to social desirability bias (Polit & Beck, 2017). Due to limited resources and time constraints, data triangulation is not feasible. Using other forms of qualitative data methods, such as structured interviews and surveys, would

restrict the questions' flexibility, while unstructured interviews would compromise the validity and reliability of the study.

Lazar et al. (2017) suggested that a focus group should typically have eight to twelve participants. However, a smaller group of four to six participants is more appropriate for an indepth conversation. A small group would be ideal because it allows all participants to share their experiences, which fosters a thorough discussion. Therefore, in this study, the one focus group was implemented with the goal of four to five participants because it promotes a conversational style of interview, which places participants in a more relaxed circumstance (Lysack et al., 2020). The disadvantage of using a focus group is that the discussion quality depends on the moderator's ability to guide the conversation. Since participants are self-selected, generalizability is difficult (Leung & Savithiri, 2009). Due to the inability to recruit the desired number of participants, the study was conducted with two focus group participants.

Sampling and Recruitment

The target population is elderly Filipinos who have immigrated to the U.S. within the last ten years. The accessible population is elderly Filipinos who have immigrated to the U.S., live in the Las Vegas area, and are present in public spaces where recruitment occurs.

The inclusion and exclusion criteria are listed below and are based on key features of the target population that will be utilized to answer the research question. Most inclusion criteria are self-reported due to time constraints and limited resources. These include self-identifying as Filipino because the target population is Filipinos 65 years and older. After all, that is referred to as an "older adult" in the literature (Dela Cruz & Periyakoil, 2010) and immigrated in the last ten years to enhance the probability that the participant will be able to recall their immigration experiences. Additionally, participants self-reported as conversational in English, given the

student researchers' limited knowledge of Tagalog and the inability to pay for a translator. This researcher's limitation may affect the generalizability to elder Filipino immigrants with limited English language skills.

Participants were chosen through convenience sampling because it is simple, costeffective, and time-efficient. This design allowed the student researcher to select participants willing to participate in the study. A significant disadvantage of convenience sampling is that the population may be atypical per the target population characteristics, and, therefore, results may be prone to research bias and limited generalizability.

The recruitment process took place in a local Filipino market, Kusina ni Lorraine, where the student researcher obtained permission from the establishment (see Appendix C for the letter of authorization from Kusina ni Lorraine). This location was selected for two reasons: first, it has a greater chance of attracting participants who fit the inclusion criteria; second, it is near the OLLI campus, increasing the likelihood that participants will be able to attend the focus group at the OLLI conference room (see Appendix D for OLLI authorization form). A booth with a poster (See Appendix E for a photo of the recruitment poster) was placed inside the market entrance to direct attention to the student researcher. The booth was directly adjacent to the door, where the student researcher asked potential participants using a recruitment script (See Appendix F for the recruitment script). In addition, the student researcher distributed recruitment fliers to potential participants who inquired about further details about the research study. The recruitment fliers contained basic information about the purpose of the study, eligibility, and contact information (See Appendix G for the recruitment flier).

The recruitment booth was present for three hours a day for two weeks. Per the Kusina ni Lorraine's manager's request, recruitment occurred midday Monday to Friday from 11 am to 2

pm during the lunch rush hours. However, there was a lack of foot traffic during the weekdays due to the accessible population. This lack of pedestrian flow became a challenge for recruitment, which impeded the number of desired participants for the study. Initially, the aim was to recruit five participants; however, due to the lack of transportation of some potential participants who responded, only two agreed to participate in the focus group.

The demographic questions were collected after agreeing to participate in the focus group and meeting the eligibility criteria. The student researcher gathered only the participants' first names and phone numbers and stored their information in a notebook for safekeeping. Each participant was given a case number for de-identification purposes. The student researcher followed up with participants via phone call, using a telephone script two days before the focus group to remind participants of the time and location (See Appendix H for the follow-up telephone script). On the focus group day, the student researcher obtained hard copies of the informed consent form before initiating the group interview. The informed consent included the study's purpose and goals, a description of ensuring privacy and confidentiality, and a statement that participants can withdraw at any part of the process. A phone number and email were provided to allow participants to ask questions about the study after signing the informed consent form. Lastly, participants were asked to sign for permission to audio record during the focus group discussion (Refer to Appendix I for the informed consent form).

Pilot Study

A pilot study was conducted to evaluate the clarity of the focus group questions and provide an opportunity for the student research to moderate a focus group before the main study. Participants for the pilot study were recruited via word of mouth due to the limited number of older Filipino immigrants who meet the inclusion criteria and are willing to participate. The pilot

study was completed with two adults, 65 years and older, who immigrated to the U.S. ten years ago. Informed consent and demographic questions were obtained to gain insight into the length of time required to complete the documents and allowed the student researcher to gain practice in administering the instrument. The pilot study consisted of the student researcher as the focus group moderator. The participants' experiences with acculturation stress and social participation differed from the target population as they have immigrated over ten years. However, the purpose of the pilot study was to assess if the data collection, research design, and data analysis were appropriate to answer the research question. In addition, the pilot study verified the mechanics of the focus group, the quality of the open-ended questions and probes, and whether they elucidate the information needed to answer the research question and gain experience moderating a focus group before the actual participants. This information helped identify any errors that were altered for the main study. Before the leading focus group, the script was also used in a pilot study to improve the questions and identify changes required before the main study participants.

In the pilot study, the student researcher used the focus group script to ask about the participant's ideal and actual experience when moving to the U.S. The student researcher made one change from the pilot to the main study, which was the warm-up question. The student researcher initially asked the pilot participants about their favorite vacation destinations. However, this made the transition to the main questions challenging. Therefore, the question was revised into where they are from in the Philippines for an improved flow of the conversation.

Procedures of the Study

1. Obtained IRB approval from the University of Nevada, Las Vegas.

- Obtained an Authorization form from Kusina Ni Lorraine and Osher Lifelong Learning Institute (OLLI)
- Recruited sample for the pilot study per the procedures written in the recruitment and sampling section
- 4. Completed pilot study
- 5. Recruited for the main study per the procedures written in the recruitment and sampling section
- 6. Obtained demographic questions responses from eligible participants
- 7. Invited eligible participants to the focus group via telephone call
- Completed follow-up phone call to remind participants of the time and location of the focus group
- Met and conducted the focus group. Discussed informed consent and collected signatures on the form before administering the focus group interview.
- 10. Gave participants a \$50 Visa gift card and a free membership to OLLI for one semester as compensation for their time and participation.
- 11. The student researcher transcribed audio recordings from the focus groups verbatim into transcripts with the assistance of Zoom software.
- 12. Digital copies of data were kept on a password-protected computer only accessible by the student researcher, and physical copies will be stored in a locked cabinet at OLLI, also accessible only by the student researcher.
- 13. Information from participants who did not meet the inclusion and exclusion criteria or chose to withdraw from the study was discarded by shredding the information collected. Any digital copies were deleted from the computer and the trash folder.

- 14. Content analysis and Complimentary Analysis Research Matrix Application (CARMA) was used for data analysis and interpretation.
- 15. Analyzed data with assistance from the site mentor and interpreted the results.
- 16. Wrote up results and disseminated findings.

Data Management and Analysis

Participants' personal information, which only consisted of their first name and phone number, was gathered during the screening phase of recruitment and stored in a notebook to which only the student researcher has access. Each participant's data was de-identified into case numbers to maintain confidentiality. Any data collected from participants were referred only by their assigned case numbers. Physical copies of data collection were collected and stored in a locked cabinet at OLLI, and digital copies were stored in a password-protected computer only accessible by the researcher. Participants were given pseudonyms during the transcription of the audio recordings and were only referred to by their pseudonyms during data analysis, interpretation, and reporting of results. For participants who dropped out of the study, their personal information in digital forms was deleted from the computer and trashed files.

Additionally, physical copies were destroyed via paper shredding. The audio recordings from the focus group discussion were transcribed verbatim through Zoom. The student researcher revised the transcripts due to an accent in the participants' speech, which challenged the Zoom software in comprehending their words. The student researcher noted which participants were speaking in preparation for data analysis during this process.

Data analysis was completed using two techniques, with the initial method using content analysis to organize the data into seven categories. The first six categories were preconceived and derived from the existing literature. These categories include rationale for immigration, challenges with living in the U.S., resilience and coping, social support, social participation, and financial stability. The student researcher read the transcripts twice to identify supporting phrases in the data relevant to the six categories. After reviewing the transcript, the student research identified an additional category. The seventh and last category, American dream disillusionment, emerged from the data collected in this study that was unique to the participants. After the student researcher coded the transcripts, all the codes and supporting excerpts were collated and placed into the following data analysis technique.

The second technique used was the Complementary Action Research Matrix Application (CARMA) (Putney et al., 2006). The CARMA was initially developed so teachers could reflect on their students' classroom experiences and improve their educational practices. Teachers encounter students from varying sociocultural backgrounds; therefore, reviewing classroom context and cultural norms and patterns is essential to meet their needs and enhance learning experiences. CARMA consists of three procedures: Note-taking (expectations and actual experiences), Note-making (interpretations), and Note-remaking (recommendations). Notetaking is used in two methods. First, the researcher documents the participant's expectations of the setting, followed by inquiring about their actual experiences and initial assumptions. In the Note-taking process, the researcher only documents the participants' perspectives and does not make any interpretations or judgments. The next step is Note-making, where the researcher interprets the information obtained from the participants and compares the differences or similarities in the Note-taking aspects. The interpretations of the data are restricted to the evidence gathered to deter over-analysis. The last step is Note-remaking which considers the information learned from the Note-making aspect to develop recommendations to enhance the

participant's experiences, minimize the gap between the expectations and actual experiences and improve the participants experiences.

After collecting the data from the content analysis, the student researcher created a row for each of the seven categories with the supporting phrases in the CARMA table. Then, in the Note-taking process, the student researcher organized the phrases according to the participant's expectations and experiences. After completing Note-taking, the student researcher compared the participant's expectations and experiences and began interpreting the information for Note making. Lastly, based on the information the student researcher learned from the participant's experiences, the recommendation was made using an OT lens to improve the transition to the new country for elderly Filipino immigrants hereafter.

Although the focus of this study is different from the original purpose of CARMA, it offers a distinct feature by obtaining information from diverse perspectives, such as the participants and the researcher. CARMA recognizes the significance of understanding the group's culture and strives to identify the participant's cultural practices and behavioral norms. Similarly, this study aims to understand the sociocultural context of elderly Filipino immigrants by obtaining information about their acculturation experiences and social practices. Since there is limited available information regarding their experiences, using CARMA will aid in gaining new knowledge about this growing group. Understanding the cultural patterns and norms of elderly Filipino immigrants will help develop appropriate recommendations through the OT perspective to facilitate a smoother transition to the U.S.

Ethical and Legal Considerations

Ethical and legal considerations were addressed by submitting and obtaining a University of Nevada, Las Vegas Institutional Review Board (IRB) approval to comply with facility authorization forms, ethical standards, regulations, and policies to protect research participants. The IRB submission included demographic questions, focus-group guiding questions, facility authorization forms, a recruitment poster, a recruitment script, a recruitment flier, a follow-up telephone script, and informed consent forms.

A recruitment script, telephone script, recruitment flier, and recruitment poster were prepared to guarantee that the interactions between the student researcher and the participants were professional and considerate, preventing coercion from participating in the study. The facility authorization form was obtained from Kusina ni Lorraine, where the student researcher discussed the responsibilities, risks, and liabilities with the manager, and from OLLI, where the focus group was held.

Due to the nature of the focus group, there was a slight risk of invasion of privacy secondary to a possible breach of confidentiality by other participants after the completion of the focus group. The student researcher cannot mandate participants to maintain the confidentiality of group discussions. However, the student researcher directed the participants to maintain the discussions' confidentiality at the focus group's beginning and end. Therefore, in the informed consent form, the student researcher disclosed to the participants the steps to maintain confidentiality of the research and notified participants not to discuss contents shared in the focus group with others. The informed consent form and demographic questions were completed with a physical copy. They were kept in a locked filing cabinet at OLLI's office and were accessed only by the student researcher and site mentor. The focus group was audio-recorded and disclosed to

the participants in the informed consent form. The audio recording was uploaded via computer with all digital copies collected in the study and kept in a computer with a password-protected feature.

Results

Based on the data analysis, this section will describe in further detail the Note-making aspects of the CARMA. These results will help better understand how elderly Filipino immigrants experience acculturation stress and social participation. This section will begin with a description of the two participants, followed by an in-depth interpretation of each category's differences and similarities in the Note-taking process, followed by an interpretation of all seven categories. The first six categories derived from the current literature and applied to this data set are the rationale for immigration, challenges living in the U.S., resilience and coping, social support, social participation, and financial stability. The seventh category, American dream disillusionment, emerged from the data in this study (See Appendix J for an excerpt of the CARMA analysis).

Characteristics of Sample

The study aimed to have five participants in the focus group. However, only two participants could participate due to schedule conflicts and limited transportation options to the OLLI facility for the focus group interview. To uphold the privacy of the participants, pseudonyms were assigned. Edna and Jenn are both female, 65 years and older, and immigrated from the Philippines in the past ten years. The participants are acquainted as they are both from Cebu, Philippines. They are also acquainted here in Las Vegas and affiliated with the community. The focus group facilitator is also from Cebu; the shared cultural background and identity encouraged, enhancing the data collection's credibility and reliability as they were eager to share their experiences.

Rationale for Immigration

The rationale for immigration category pertains to the decision-making processes involved in immigrating to the U.S. Participants described the feeling of support and bond from their friends and family, which enhanced their sense of belonging and cultural identity. The desire to be close to family and friends became a reason to relocate to the U.S. and for travel opportunities worldwide. Jenn shared, "I want to move here because my mom was here, and travel to go to another part of the world."

The participants' actual experiences after moving to the U.S., which they articulated, showed that they could reconnect with their friends and family. The ability to reunite after separation gave meaning to their immigration story and strengthened kinship. This robust bond promotes family cohesion and encourages the development and planning of social events centered around their Filipino identity. These social affairs enhanced the well-being of the immigrant population, highlighting positive emotions that arise from being surrounded by their social network. "We get together, and we have traditional Filipino food and talk in our native language until our heart's content. It was really nice that they would go home with like, wow."

Challenges of Living in the United States

The second category discussed was the stressors associated with being an elderly immigrant and how they contribute to the challenges of living in the U.S. The participants shared their expectations of living in the U.S. and their actual experiences. Jenn shared,

You see people walking off the streets. Say, hi, right? Yeah, hi. And they sometimes they stop. Come on come on, let's have coffee or have a chocolate or I can bake some goodies, come. And then you stop by, then you eat. Okay, I'm on my way and you see a lot of people. When I came here, nobody is here walking the streets. I used to go and look at the window. Nobody, they are just all to themselves.

There was an expectation that relocating to the U.S. would have a socio-cultural environment similar to the Philippines. The participants arrived in the U.S. with certain expectations based on their cultural background, social norms, and the influence of American media. However, the difference in expectations and experience led to distress in understanding the new host culture.

So they were bigger than me. And they were bigger, and they were so loud. And I kind of have a culture shock, but [In the Philippines], we're all quiet. They were cursing, and it was a Catholic school. So, during lunchtime, I would go out there and sell lunch. And

there were a couple, there were also Latinas and some Filipino families there. It was an all-girls school. So, I remember that they had a gate to buzz in and nobody can come in and out. Nobody could go ahead without because it was Compton. I did not know at that time.

The social and cultural differences between the U.S. and the Philippines contributed to the difficulties of transitioning to the new host country. Immigrating as an adult, where the participants only experienced the socio-cultural environment of their native land, leads to difficulties adjusting to new cultural norms in the U.S. The emphasis on different social norms can be challenging for older adults to understand, contributing to more significant difficulties in adjusting to the host environment. However, social support and resilience play an essential role in adapting to their new environment, reducing the challenges they experience with immigration.

Resilience and Coping

The third category identified is resilience, as the participants shared their mental toughness in overcoming the adversities they experienced as elderly immigrants in an environment with a different cultural milieu. Resilience exhibited by the participants enhances their ability to cope with acculturation stress as a coping mechanism to navigate the obstacles they experience with acculturation. The participants shared their expectations of overcoming hardships to adjust to the host country. For instance, Edna shared her resilience to persevere in the U.S. after doubts of returning to the Philippines, "What are you doing in America, we are okay in the Philippines. But I say no, my life is over there. For me, I can make it. I will make it".

The participants' experiences demonstrate awareness that moving to the U.S. requires mental toughness to navigate the new socio-cultural environment. They are conscious of the adversities they will experience before immigrating to the U.S. The determination and motivation to immigrate serve as a driving force to persevere. Therefore, demonstrating resilience is a way to cope with obstacles and attain economic success in the U.S. Edna articulated her experience once she relocated to the host country, "I've been racially discriminated so I just get in my mind, who cares, as of this time, I really don't care."

After settling in a predominantly African American community, Jenn recalled learning about African American culture. Through this interaction, she learned that certain behaviors and characteristics were prevalent in the community that she did not understand. Additionally, as one of the few Filipino immigrants in the community, she experienced racial stereotypes and discrimination. However, instead of letting the negative interaction deter her from adjusting to the community, she demonstrated optimism and enthusiasm to help create positive social connections.

Social Support

The fourth category is social support, as the participants shared emotional and meaningful companionship that contributes to their well-being and quality of life while adjusting to the U.S. Edna and Jenn expressed the importance of their social network, which helps navigate cultural differences in the U.S. Their expectations demonstrate that social support comes from friends and family, including those residing in the Philippines. Immigrating to the United States

entails family separation; therefore, maintaining familial relationships despite the distance through long-distance telephone communication is vital to foster support. Edna shared that "the only thing that matters to me is that I will call overseas and do that."

The participant's experience demonstrates that most of their social support comes from friends and family. Notably, the significance of friendships was highlighted as a crucial component in Edna's supportive network as it provides assistance in navigating the different cultural environments in the U.S. For instance, Edna does not drive and relies on her friends for transportation. Through her friend's assistance, she can engage in community mobility and socially interact with others, fostering a sense of support within her social circle.

It's nice having friends to like, count on and ask for favors. They will go, do we need to go to the Philippines store, do we have to go to the church? I have a friend that goes to the church every day.

Jenn's primary source of social support is her husband. This companionship positively influences her emotional and psychological well-being, helping reduce the stress of acculturation. The opportunity to engage in shared activities with a companion lessens the stress of socially interacting in a new environment. These interactions make adapting to a new environment more manageable, especially when accompanied by a significant other.

So, since my husband is part Hawaiian. So in LA, they also have Hawaiian festival so we go there. So there's a lot of Hawaiians here, in Vegas. So I get to go there, and watch Hawaiian shows. You know those. Eat the Hawaiian food.

Attending cultural events alongside her husband allows Jenn to expose herself to the different cultural landscape in the U.S. It allows her to transcend beyond her cultural enclave and engage with other minority groups. Interacting with other cultural groups enhances the adaptation to diverse cultural contexts to become more familiar with American culture, values, and traditions.

The participants' expectations aligned closely with their actual experiences. For example, both participants reported that they expected most of their social support from friends and family. When they immigrated, they articulated that their primary social support was their friends and family. However, their level of social support may vary as Edna finds greater assistance from her friends, especially within her cultural group. The similarities in values and beliefs mean attending similar events and venues like the church and the Filipino store. With Jenn's experience, the companionship with her husband exposes her to the different cultures in the U.S., enhancing acculturation.

Social Participation

The fifth category derived is social participation, which encompasses the different events and activities that participants engage in within their communities. The participants described partaking in social participation through various contexts, including travel and cultural events in the community. Before relocating to the U.S., the participants' ideal experience of social participation was associated with friends and family, demonstrating a preconceived notion that most of their social interaction would predominantly be within their cultural enclave. Additionally, due to the influence of American media on the Philippine culture, there was an assumption that their social circle would also include white and middle-class Americans beyond their kin. Edna shared her expectations, "I like the white people to be my friends because I learned a lot from when I was in the elementary." However, the participant's experiences differed from their expectations as most of their social participation was within the Filipino community.

So, and they were really into the spirit of, you know. Filipino tradition and so in the Philippines. So in Cebu, we are actually devotees of infant Jesus. The Santo Nino de Cebu. And for over how many years, now, 500-something years, it's always a big affair, and even now, we still have that. We have someone to keep it up, you know. So that's what we do. And then we just get, we get together, and we have traditional Filipino food and talk in our native language until out hearts contents and make jokes.

As the participants age and navigate the culture in the United States, they also experience barriers to their social participation. The participants shared their experiences during the pandemic, lack of social interaction due to social distancing, and how it affected their ability to socialize within their community group.

Yes, yes, for the whole COVID year, less than three years and no. I usually go home every year because of the Fiesta Santo Nino. It's also our class, our reunion. I haven't. I don't go out.

Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.

The pandemic impacted their ability to maintain social participation due to public safety concerns and guidelines implemented to prevent the spread of the virus. This became a barrier to their participation as social gatherings diminished and social distancing became the norm. It negatively impacted their ability to practice cultural traditions and rituals fundamental to their cultural identity. During the pandemic, the inability to visit the Philippines and reunite with friends and family impacted their ability to socially participate in cultural activities. Additionally, both participants expressed social deprivation due to concerns about contracting the virus, which facilitated their social distancing from friends and family in addition to public places. As an older adult, the additional fear of contracting the virus due to immunocompromised health makes it difficult to maintain their routine and habits. However, as the COVID-19 pandemic slowly subsided, the participants reported increased social participation in their community and, more specifically, a travel group to fulfill their aspiration to travel outside the U.S.

We have a travel buddy group. We're going here and going there. My husband does not travel, so it's just me that goes. On our own, we went to Spain, Portugal. Last year, we went to Croatia, all the way up the Adriatic Sea to Bosnia and Herzegovina.

I went to Egypt. I went to South Africa, London, Egypt, and then South America like Ecuador..Oh wow, it's very interesting. We are enjoying a lot. especially when we do the picture thing.

Initially, there was the assumption that most of their social interactions will mostly be with the White and middle-class population in the U.S. However, when they moved to the U.S., their social circle differed from their expectations. Most of their social interactions are within their cultural enclave. Sharing similar values, beliefs, and spirituality brings familiarity to their foreign environment. Developing and maintaining relationships with other Filipino members allowed them to continue practicing rituals and traditions central to their cultural identity. The ability to speak in their native tongue and participate in religious festivities brings about a sense of togetherness and a unique community within the Filipino community. Despite the negative social impact the pandemic brought to their lives, the participants did not let it deter them from continuing to participate socially. They identified an alternative way to socially interact with other groups in the community through joining travel groups. Members of this respective party have similar interests in traveling outside the U.S., enabling them to maintain social participation.

Financial Stability

The sixth category that resulted from the focus group analysis is financial stability. Participants shared the significance of achieving economic prosperity in the U.S. and the improvement it brought into their lives. Prior to immigrating, there was this expectation that moving to the United States would yield financial success. The participants had an expectation that Americans are wealthy and immigrating to the United States would yield financial gains, "You are rich because you have dollars, and it happens that I am from America and I have dollars."

The participants assumed the U.S. economy is characterized by abundant employment prospects, which provides an opportunity to attain financial success and engage in meaningful pursuits such as traveling. Edna shared her experience with financial stability: "Money is next to God. If I was not a nurse, I could not afford it. It depends on the job you got."

Edna's expectation about financial stability was validated in her experience, as she reported working in occupations that allowed her to accrue financial resources to travel as an older adult. The concept of wealth to the participant is crucial as it enables them to achieve their long-term goals, aspirations, and social engagement in the community. Access to financial resources facilitates participation in social activities in the community, such as traveling. Through this social interaction with other travel enthusiasts, the participants could join a travel group to achieve their long-term goal of traveling. Monetary gain enables them to plan for the future and achieve their aspiration, contributing to their health and well-being.

American Dream Disillusionment

The seventh category, which emerged from the data collected in this study, explored the influence of American culture in the Philippines and how living in the U.S. differs from the American media's portrayal of life in the U.S. This portrayal was distributed globally, which is what the participants expected when they immigrated. However, what they found was different, contributing to their disillusionment with life in America. Jenn shared her experience regarding American media while living in the Philippines and how that influenced her expectations versus her experience when she immigrated to the U.S.

Well, I remember that. The Philippines want to have this American culture within themselves. Like we watch American movies, educated by American books. So, partly what she said, let's try to go to the United States and see if it is true. Maybe we can experience a slice of the American culture. Something like that. The exposure to American media in the Philippines plays a significant role in the immigrant's perception of the American dream. Edna and Jenn's desire to attain the American dream encouraged their decision to immigrate to the U.S. They anticipated that once they moved, their new life would resemble the white and middle-class lifestyle publicized in American mass media.

People are nice and not nice. I worked in the emergency room. They would say, Chinese girl, you better go home to the country. The black doctor would say, "Don't say that, man because this lady is the one giving you money". Black doctors are protecting me. [Patients] They go to the emergency room they are dosed up with injections and by time done with paperwork, they are gone.

In the city called Compton. Full of black people. I was the only Filipino working there except for a Filipina teacher that was married to a black guy. But I used to get a lot of remarks. At that time, I didn't think it was racist or not, but I know and they know me and I know them that we're two different because of the color of our skin. So, I learned a lot about African American culture, too.

Once they immigrated to the U.S., Edna and Jenn reported experiencing racial

discrimination and stereotypes, a concept that was not discussed in the American mass media they consumed prior to immigration. The participants articulated that in American movies, racial discrimination was depicted exclusively towards the African-American group and excluded individuals who are of Asian background. Edna and Jenn shared that they were unaware of the racism that existed in the U.S. and did not expect to experience racial slurs and negative stereotypes from their American peers. The participants described that their unknowingness of

Asian racism was due to the lack of broadcasting by the American mass media.

Discussion

The study aimed to describe the presence of acculturation stress amongst elderly Filipino immigrants and its impact on their social participation. Findings from this study through the focus group demonstrate that acculturation stress does exist in the form of racial discrimination, stereotypes, and differences in cultural values and beliefs that make the transition to the U.S. more difficult. The following section will focus on the Note-making and Note-remaking portion of the CARMA.

Sample Characteristics

Due to limited information available in Clark County, it is difficult to determine if Edna and Jenn are the typical gender and age of the elderly Filipino immigrant population. The participants reported conversational English but demonstrated differences in articulation and clarity when sharing their experiences. For example, Jenn demonstrated greater fluency in describing her immigration experience compared to Edna, who exhibited challenges in using the appropriate terms to describe her experience.

Rationale for Immigration

The importance of family reunification contributed to the participant's immigration experience and purpose for relocation. This aligns with the current trend of elderly immigrants relocating to the U.S. (Leach, 2009). The Filipino cultural values and the importance of familycenteredness contribute to the significance of family cohesion. It is demonstrated through respecting elders and displaying *pakikisama* (togetherness) and *kapwa* (shared identity) (Javier et al., 2018). As an elderly immigrant, maintaining strong kinship is essential to preserving family bonds (Serafica et al., 2019; Tumala-Nara et al., 2013). However, it is challenging to do so when physically separated from family members. Once reunited, the support from friends and family members in the United States minimizes the uncertainty and barriers of immigration by helping them navigate the new environment. In Edna and Jenn's experience, their respective family helped them navigate the Filipino American community in the U.S. Engaging within their cultural enclave allowed them to continue celebrating Filipino traditions and rituals.

According to Jenn and Edna's experience, the ability to engage in cultural activities alongside family and friends in their host community is meaningful. For incoming elderly Filipino immigrants, it's typical to be unfamiliar with their new community. OT can play a crucial role in community integration by collaborating with local community centers, immigrant support groups, and local Filipino organizations to create a resource list. As elderly immigrants transition, providing a selection of resources can help encourage the establishment of social support within their new community and the opportunity to continue celebrating Filipino culture.

Challenges of Living in the United States

The contrast in socio-cultural influence brings about the different values and beliefs influencing how individuals in their respective communities behave. This makes the transition from Filipino culture to American society challenging, contributing to the participants' acculturation stress experience. The difference between the participants' expectations and experience demonstrates that moving to the U.S. needed to align with what they initially anticipated. The familiarity of a tight-knit community where people openly invited each other to their homes to share meals and conversations still needed to be met. The participants' experience with social harmony and hospitality is embedded into the Philippines' cultural values and beliefs, which contrasted the social behavior in the U.S. rooted in the culture's emphasis on individualism and the need to be assertive, creating a feeling of cultural confusion.

The Philippines presents unique cultural values that may challenge elderly immigrants when transitioning into Western societies. The critical aspects of Filipino culture include prioritizing family bonds, respect for elders, and maintaining cultural values and traditions. There is an emphasis on the interest and well-being of the community (Datu et al., 2018). Through collaboration and cooperation amongst the group, they work in unison to achieve common goals and values. However, in the U.S., where self-reliance and autonomy are core values, community members have looser ties and are stressed about independence. The emphasis on personal autonomy and freedom of expression is a concept that is foreign to immigrants from a community-centered culture and presents challenges when adapting to the new environment. Jenn's experience, observing American adolescents' use of profane language and rowdy behavior, led to cultural disorientation.

Encountering unfamiliar cultural beliefs, values, and norms can lead to psychological distress. In Edna and Jenn's experience, adapting to the host environment was difficult because of their inability to understand and meet the expectations of American social and cultural norms. OT can assist with cultural adjustment support by educating incoming elderly Filipino immigrants on the dominant culture's social norms and strategies to communicate effectively. It will help them navigate the cultural differences they experience in the U.S. and mitigate the feeling of cultural disorientation.

Resilience and Coping

The participants demonstrated high resilience when it came to navigating the new sociocultural environment in the U.S. Before immigrating, they were aware of the hardships they would encounter in the new country. Their awareness helped them develop a mental toughness to prepare for the adversities and obstacles they would experience. Building resilience requires

incorporating coping strategies to help mitigate psychological stress. In Edna and Jenn's experience, fostering a positive attitude and mindset helped them cope with their changing environment. Strong and composed behavior eliciting optimism and confidence promotes a *Bayanihan* spirit, which encourages a positive and hopeful demeanor despite difficult times. An indigenous Filipino trait, *Bayanihan* incorporates the spirit of mutual assistance and cooperation that embodies a hero or patriot (Bankoff, 2020). It is deeply ingrained in the culture and is the source of resilience and coping to overcome obstacles and difficulties.

The *Bayanihan* trait is most often accompanied by exhibiting hopefulness and positivity. However, it is essential to address that this expression can also have negative implications and be exploited in harmful ways. For example, *Bayanihan* could lead to enforcing conformity and pressure to assimilate. It can lead to the development of social pressure to conform to the dominant culture, such as the participants' passive response to racial discrimination and prejudice. For instance, Jenn articulated that her response to racial discrimination and stereotypes was dismissing these remarks and instead exhibiting a positive attitude. The passive responses to racism can perpetuate continued marginalization and oppression of Asian Americans, including the Filipino immigrant group.

Resilience and coping are essential methods to mitigate the adverse emotional and psychological effects of immigration. In Edna and Jenn's experience, passive responses to racism and the adversities they experience in the U.S. are their preferred method of coping. The OT profession emphasizes a client-centered approach, which focuses on the person's values, beliefs, and spirituality. OT practitioners can provide culturally sensitive counseling and support by being considerate and respecting their Filipino identity to preserve their resilience and methods of coping.

Social Support

Fostering social support is facilitated through engagement in social participation in the community. A unique piece of information the participants shared is that much of their social involvement is centered around a distinct Filipino tradition and ritual rooted in the island where it originated. The Philippines is a combination of multiple islands that comprise three regions across the country (Amano et al., 2021). These regions have unique cultural heritage and religious influence, creating special customs and traditions. Edna and Jenn are from the island of Cebu, which has strong religious affiliations with the Santo Nino. The devotion to this religious image is revered throughout the Philippines. However, the most famous of these celebrations is the Sinulog Festival in Cebu (Sala-Boza, 2006). The participants shared the importance of celebrating Santo Nino or the 'Infant Jesus' and how the strong spiritual connection to the religious image promotes the gathering of Filipinos from Cebu to practice their religious ideologies. This social participation primarily revolved around the customs and traditions prevalent in Cebuano culture.

Globally, the Philippines is perceived as one uniform country with the same traditions and rituals throughout the archipelago. However, Filipino culture is composed of multiple ethnic groups with a variety of languages that share the same Filipino national identity. The different regions in the Philippines are influenced by geography, neighboring cultures, and colonial influence that differs throughout the country (Luyt, 2015). There is variability in the different islands in the Philippines, with unique food, customs, and language. Therefore, the participant's experience with social participation is mainly within the Cebuano subgroup, and that is because most of their social relationships and networks are with groups who also originate from the same region. Consequently, most of the participants' social participation revolves around the activities and events surrounding Filipino-Cebuano culture.

Social support is an important component of navigating the challenges of moving to the U.S. It has been shown to reduce acculturation stress, encourage the development of friendships in the community, and enhance the feeling of togetherness (Hyung-Chul et al., 2015; Lai et al., 2019; Xu et al., 2023). The participants found this supportive network through friends and family members within the Filipino community. These social relationships offer emotional well-being, assistance, and cultural adjustment that improves the experience of transitioning from the Philippines to the U.S. Recognizing social support amongst groups with similar interests and values helps preserve the participant's cultural identity and feel connected with their family. However, it's also important to note that exposure to the diverse cultural context in the U.S. is essential as it provides an outlet for cultural adaptation and acculturation. Opportunities for social interactions and participation can help enhance cultural learning and understanding and promote community integration.

Maintaining robust social support is vital to help navigate elderly immigrants' new environments. Edna and Jenn identified their friends and spouse as their primary support. Incoming elderly immigrants may not be as fortunate to have a strong social network during their transition period. OT can mitigate social isolation and deprivation by connecting new immigrants to community resources. These community-based organizations include community centers and local Filipino groups that can help immigrants culturally navigate their new surroundings. Additionally, bridging resources for immigrants can establish social connections for an improved outcome in their immigration experience.

Social Participation

It is important to note that given the opportunity to participate socially, there are several

factors that encourage older adults to socialize. Social participation is an active process requiring internal motivation to create and maintain social relationships beyond kin (Lofgren et al., 2022). The participants demonstrate initiatives to continue socializing in the host country through cultural events such as the celebration of Santo Nino and their respective travel groups. A fixed routine for social activities amongst a group of people who share a similar interest enhances the feeling of cohesion and the maintenance of social participation (Lofgren et al., 2022). Therefore, these cultural gatherings provide structure within their routines, incorporating social engagement and enhancing their social participation.

As one ages, it is innate for social participation to change due to temporal and spatial dimensions during human development (Buffel et al., 2014; Lofgren et al., 2022). For immigrants, the change in social participation is substantial as they are geographically relocating to a new area with a different cultural milieu. This prompts elderly immigrants to withdraw from social participation in the Philippines and find novel forms of social interaction in the host country. A crucial component of social participation is the environmental context, as it can be a support or barrier to social engagement (Buffel et al., 2014; Lofgren et al., 2022; Levasseur et al., 2019; Melei & Linder, 2022). The participants' engagement with their cultural enclave prompted social participation and the maintenance of social interaction. Social opportunities in neighborhood settings and friendliness enhance social participation among older adults (Buffel et al., 2014). These cultural events occur in neighborhood settings with individuals who share the same cultural identity, enhancing the social participation opportunities for older adults.

The COVID-19 pandemic serves as an example of how the environment can be a barrier to social participation. This event had an overwhelming impact on elderly immigrants and limited their social interactions during lockdown. The participants' experience with social

distancing and social deprivation was a prevailing experience for community-dwelling older adults (Melei & Linder, 2022), which further supports the influence environmental context has on social interactions and engagement.

Social participation is essential for incoming elderly immigrants as it assists with community integration. Edna and Jenn articulated the importance of engaging with their cultural enclave and travel group, which provides meaning and purpose to their immigration experience. For incoming elderly immigrants, assisting in a cultural learning experience can promote participation in social activities and allow them to experience American culture firsthand. OT can help with providing community-based services, such as establishing a community immersion program for elderly Filipino immigrants to learn about the new socio-cultural environment.

Financial Stability

The engagement of social participation depends on the availability of time; however, this may not be plausible for elderly immigrants who continue to prioritize work. Older immigrants who experience financial instability are forced to work beyond retirement age, which reduces their opportunities for social participation beyond the work environment (Guo et al., 2019; Lai et al., 2019; Tumala-Nara et al., 2013). As Edna and Jenn mentioned, one of the main objectives for moving to the U.S. alongside family reunification is the opportunity to travel. In the Philippines, economic challenges limit job opportunities, which leads to income inequalities (Beerepoot & Hendriks, 2013). The political and economic climate in the Philippines limits job prospects; therefore, working overseas provides the opportunity to earn higher salaries for improved quality of life (Javier et al., 2018). This led to a labor migration to countries such as the U.S. to seek economic opportunities and supplement the demand for healthcare and domestic and agricultural workers (Maruja, 2017). This prompts many Filipinos to seek employment in the U.S. to escape

poverty, unemployment, and financial hardships. Edna articulated the importance of financial wealth, and being a nurse allowed her to allocate resources to travel. The economic instability in the Philippines contributes to the desire to achieve financial security and stability to achieve their aspiration to travel.

Edna and Jenn articulated the importance of financial success and stability in the U.S. Both participants reported accruing adequate financial resources to engage in their desired activities and groups, such as traveling. However, economic stability may not be shared among elderly Filipino immigrants. OT can assist with employment seeking and acquisition. It includes helping with revising, completing, and submitting employment applications. Additionally, OT practitioners can help elderly Filipino immigrants identify employment interests that best suit their goals and interests.

American Dream Disillusionment

As elderly immigrants acclimatize to the U.S., it becomes apparent that the social and cultural landscape differs from the Philippines. However, this experience may be a culture shock to immigrants whose only exposure to American culture is through the distribution of American mass media. The participants' obliviousness to American diversity demonstrates the media's representation of a primarily white dominant group. Edna and Jenn expressed their astonishment at experiencing racial discrimination and referred to the lack of racism towards Asians in American movies and television shows. The narrative surrounding racism is downplayed to decrease its significance and reduce the acknowledgment that systemic racism issues exist in the U.S. (Roberts & Rizzo, 2021). The lack of discourse on racism in American mass media impacts immigrant groups' expectations during immigration, affecting their experiences.

In the U.S., the dominant groups shape the cultural narrative and social norms,

consequently suppressing the representation of minority groups. A predominantly Eurocentric influence on mainstream culture can lead to the obscurity of the minority groups' experiences. Therefore, the underrepresentation of these racial and ethnic minorities in the mass media led to the experience of culture shock for the participants as they settled in diverse neighborhoods. This experience of racial discrimination among elderly Asian immigrants is a discourse that has been previously addressed (Kim et al., 2021; Hyung-Chul et al., 2015). The contrast between the expectations and experience of the American lifestyle led to unexpected social and cultural norms for the immigrants. It became an additional challenge for the participants to adapt to their new communities and the American culture. Therefore, it contributes to further challenges and acculturation stress when immigrating to the U.S.

In the literature, elderly immigrants' experience with language barriers, racial prejudice, and racial biases leads to reluctance to socialize with groups outside their cultural enclave (Kim et al., 2013; Rhee, 2019; Chang & Moon, 2016; Xu et al., 2023). However, the participants' experience exhibits that most of their acculturation stress is from racial discrimination they experienced from their American peers. The participants demonstrated robust resilience and coping skills to mitigate the psychological distress of immigrating. Their experience indicates that despite the adversities, they persist in overcoming hardships. The cultural influence of resilience is engrained amongst the Filipino population, especially older adults, and influences their perception of their situation, surroundings, and behavioral responses to their current circumstances. The participants' ideal experience of showcasing resilience before immigration became their experience as they mentally prepared for the difficulties and obstacles needed to overcome the challenges of moving to the U.S.

Experiencing the differences between the American and Filipino cultures can lead to cultural disorientation. Edna and Jenn shared that the inaccurate representation of the American lifestyle through mass media contributed to difficulties adjusting to the American culture. OT can help mitigate the challenges with adaptation through the development of community-based organizations that emphasize education. Learning opportunities such as teaching about American cultural norms and customs can help elderly immigrants comprehend American expectations and will help them navigate social interactions in the community.

Implications for Research

The participants in this study demonstrated low acculturation stress and high social participation, which helped mitigate the mental and emotional distress associated with the immigration process. However, the participants' experience is not generalizable to the target population as other elderly Filipino immigrants may experience different circumstances. The participants' social participation was primarily within their cultural enclave, which limits their adaptation and integration to the dominant culture. It is essential to note that from the participant's experience, the acculturation stress was primarily from the dominant culture's differences in cultural values, behaviors, and racial discrimination. Hence, acculturation stress did not stem from the participant's difficulty assimilating into the U.S.

Based on the participants' responses, the Filipino population continues to separate itself from the different sub-ethnic groups in Las Vegas despite its diverse population. It is due to the cultural preservation, social support networks, and racial discrimination experiences that encouraged them to stay within their cultural group. Transitioning from the Philippines to the U.S. requires adjustment and adaptation to acclimate to the new social and cultural environment.

Elderly Filipino immigrants experience difficulties with cultural adjustment as they become accustomed to the cultural and social norms in the Philippines. Encountering racial discrimination and prejudice contributes to further challenges amongst elderly Filipino immigrants that promote the separation from American society and the preference of only socializing within their cultural enclave. Social participation with a diverse group enhances cultural integration, promoting learning social etiquette and skills in the dominant culture. However, transitional programs for immigrant groups do not exist within government agencies, community groups, and non-profit organizations. This program can help mitigate the challenges of relocating to a foreign country, especially for older Filipino immigrants who spent much of their lives in the Philippines.

Examining acculturation stress and social participation among elderly Filipino immigrants is a novel subject within the academic literature. This study's findings establish the groundwork of what is known about the subject matter. Therefore, its uniqueness and existing scholarly literature lack knowledge on this specific topic. Therefore, further research is warranted to better understand this discourse.

Further research should consider a larger sample size as it will yield a more excellent representation of the target population, such as a diverse range of expectations and experiences that enhance the comprehensiveness of the data. Due to the limitation of having a small sample size and conducting only one focus group, future research should aim to have multiple focus groups to cross-examine the categories and patterns that emerged across different groups. A larger sample size allows for the robustness of categories, which enables the identification of additional categories and patterns, leading to data saturation.

Lastly, future research should conduct focus groups in the participants' native tongue as it ensures effective communication, cultural sensitivity, and richer data collection. This eliminates language barriers and encourages participants to accurately share their expectations and experiences. It also contributes to a deeper understanding of their perspectives by enhancing the trust and rapport between the participant and the interviewer. In focus groups where participants are encouraged to share their stories, conducting interviews in their native tongue allows them to take control of their narrative, empowering them to share further details.

Implication for Occupational Therapy Practice

Elderly Filipino immigrants' relocation to the U.S. disrupts their roles, routines, and habits, leading to difficulties in engaging in meaningful occupations. The immigration and acculturation process leads to interruptions in occupations, social isolation, and deprivation that impact the quality of life. The OT discipline was established on the focus of occupation, which is relevant to the individual's cultural context. Engagement in an occupation significant to the individual's cultural identity promotes the individual's occupational performance and participation. The Canadian Model of Occupational Performance and Engagement (CMOP-E) model emphasizes the person, environment, and occupation that facilitates occupational performance and engagement (Polatajko et al., 2007). In this model, spirituality is centered within the "Person," which influences their values and beliefs and how they interact with the environment. Embracing one's cultural identity and pride can enhance confidence and self-esteem, promoting comfortability in building relationships with the dominant group and other ethnic minorities in the U.S.

OT can help elderly Filipino immigrants transition into the host culture by addressing various challenges for a successful adaptation. In OT, where the profession emphasizes the

individualization of treatment plans, practitioners can assist with developing a transition service that can help enhance social interactions through community-based organizations. This intervention would entail conducting group sessions, advocacy, and educational opportunities to make the acculturation process less stressful. Additionally, transitional programs in communitybased organizations can help provide diverse resources within the community by assisting all ethnic minorities. It can facilitate social interaction with other ethnic groups that can break down the experience of racial stereotypes and biases. Lastly, it can provide a safe environment where social interaction with diverse groups is supported and encouraged to adapt to their community successfully.

This research is significant to OT because social participation is within the profession's domain of practice. Social participation provides opportunities for supportive and collaborative relationships that mitigate loneliness, reduce cognitive decline, and improve life satisfaction and healthy aging. Productive aging is a crucial practice for OT as the profession can provide a holistic approach to support older adults in continued engagement in meaningful occupations. OT practice advocates for health promotion and prevention that can enhance healthy aging at a community level. However, more research is needed in the U.S. on social participation in OT. Especially amongst the elderly population with their rapid growth in number and increased life longevity. This research strives to stimulate subsequent scholarly research on acculturation stress and social participation amongst elderly Filipino immigrants within the OT literature as this population becomes more prevalent in the U.S.

Limitations and Assumptions of the Study

Limitations

- The threat of social desirability could have occurred because participants tend to respond according to social norms and expectations.
- Recruitment occurred at Kusina ni Lorraine on a weekday, which could have excluded additional participants who were unavailable due to work or other commitments.
- Limited generalizability to older Filipino immigrants because of the small sample size and only choosing participants that could speak English.
- Limited sample due to lack of resources to hire a translator and research cannot speak Tagalog proficiently.

Assumptions

- The participants were truthful during the focus group.
- The participants maintained confidentiality by not discussing what was talked about during the focus group outside of the focus group.
- The Participants are proficient in English based on self-report.
- The focus group script helped answer the research question.

Conclusion

The older adult immigrant population in the U.S. continuously grows, with a large Filipino immigrant population. The challenges of immigrating later in life, alongside the complications of aging, can lead to impaired social participation. Therefore, it can contribute to reduced interactions within the community. The Las Vegas area has a large Asian American Pacific Islander population (AAPI) with a substantial Filipino demographic. However, despite a significant presence in Clark County, more data about this sub-ethnic group must be collected. According to the results of the study, elderly Filipino immigrants do experience acculturation stress, and the challenges of navigating the socio-cultural environment impact their social participation. The environment, including the social and cultural contexts, plays a crucial role in enhancing the immigration experience for elderly immigrants. Fostering an inclusive and supportive community enhances the sense of belonging and can help mitigate acculturation stress and social participation.

Appendix A: Demographic Questions

The researcher will ask these questions when recruiting participants as one portion of the screening.

Principal Investigator: Sheama Krishnagiri **Student Researcher:** Mary Julianne Canda

ID #:_____

What is your age? ○ 50-64 ○ 65-74 ○ 75-84 ○ 85-95 ○ 95+

Do you identify as Filipino?

 \bigcirc Yes \bigcirc No

Do you understand and speak conversational English?

⊖Yes ⊖No

How many years have you lived in the United States?

 \bigcirc 0-10 years \bigcirc 11-20 years \bigcirc 20 + years

Appendix B: Focus Group Guiding Questions

Introductory question

- When did you move to the U.S.?
 - What was it like coming to the U.S. at an older age?

Transitional questions

- How has your experience been here in the U.S.?
 - What has been good?
 - What could have been better?

Key questions

- Are there any differences between living in the U.S. and the Philippines? (actual experience)
 - Potential probing question
 - i. What could have made living in Vegas, more like the Philippines? (church, community centers to congregates, events)
 - ii. What do you do at those events?
 - iii. What makes it feel like a community?
- What could have made your experience as a new immigrant, living in the U.S. better? (*ideal experience*)
 - Potential probing question
 - i. Do you think that would have made a difference in transitioning to the U.S.?
- Is there a difference between how you socialize in the U.S. and the Philippines?
 - Did it affect how you socialize with the U.S.?
 - Do you socialize with people outside the Filipino group?
 - How did you meet these people?
 - How do you get to these people? Like taking the bus, walking?
- Can you think of anything that could have helped you interact more within the community? Like people outside your family or cultural group *(ideal experience)*
 - Potential probing question
 - i. Would that have made a difference in socializing with others as a new immigrant?

Cool down question

• If you had the chance to repeat your immigration experience in the U.S., what would you have done differently and why?

Appendix C: Kusina Ni Lorraine Authorization Form

Letter of Authorization to Conduct Research at Facility

Kusina Ni Lorraine

Office of Research Integrity - Human Subjects University of Nevada Las Vegas 4505 Maryland Parkway Box 451047 Las Vegas, NV 89154-1047

Subject: Letter of Authorization to Conduct Research at Kusina Ni Lorraine

Dear Office of Research Integrity - Human Subjects:

This letter will serve as authorization for the University of Nevada, Las Vegas ("UNLV") researcher/research team, Sheama Krishnagiri, Ph.D, OTR/L, FAOTA and Mary Julianne Canda, OTD/S to conduct the research project entitled "How does acculturation stress affect social participation amongst elderly Filipino immigrants?" at Kusina Ni Lorraine located at 3507 S. Maryland Parkway #1, Las Vegas, NV 89169.

The Facility acknowledges that it has reviewed the protocol presented by the researcher, as well as the associated risks to the Facility. The Facility accepts the protocol and the associated risks to the Facility and authorizes the research project to proceed. The research project may be implemented at the Facility upon approval from the UNLV Institutional Review Board.

If we have any concerns or require additional information, we will contact the researcher and/or the UNLV Office of Research Integrity - Human Subjects.

Sincerely,

PARL TEDADA MANAGER

Printed Name and Title of Authorized Signatory

Facility Authorization 2-2015

Appendix D: Osher Lifelong Learning Institute Authorization Form

UNIV | OSHER LIFELONG LEARNING INSTITUTE

September 6, 2023

To Whom it May Concern,

On behalf of the Osher Lifelong Learning Institute at UNLV, a unit of the Division of Educational Outreach, we are enthusiastic about serving as a site for Occupational Therapy students for supervisied clinical experience and professional preparation. The partnership between OLLI and the Department of Brain Health is of vital importance to our unit and our division, and enhances our commitment to core areas of the UNLV Top Tier 2.0 initiative by better engaging in the UNLV Academic Health; Student Achievement; and Research, Scholarship, and Creative Activity.

This partnership in the hosting of supervised clinical experience and professional preparation for Occupational Therapy students is beneficial to both UNLV units and we will commit the resources as appropriate in support of this partnership.

Please let me know if you have any questions or concerns,

Sincerely,

Dr. Robert Levrant, Director

Box 452002 • 4505 S. Maryland Parkway • Las Vegas, NV 89154-2002 Main: 702-774-6554 • Fax: 702-895-4194 OLLI.unlv.edu

Appendix E: Recruitment Poster



Appendix F: Recruitment Script

Hello! My name is Julie. I am a student finishing my last year in the occupational therapy program at UNLV. I am doing research with Dr. Krishnagiri as the principal investigator. We want to learn about how immigrants within the last 10 years have adjusted to living in the United States. So, if you are over the age of 65 and have been living here for 10 years, you may be eligible, and I would love to hear about your experience. Are you interested?

If yes,

There are two parts to participating in my study! I would first ask you for some background information, like your age and how long ago you moved here. Then I will call you on the phone and ask just a few private questions, which should only take about 10 minutes. If you are still eligible, then we'll do a group interview for an hour and a half at a facility called OLLI down the street that's a few blocks away. If you are eligible and participate in the group interview, you will be given a \$50 Visa gift card that you can use for groceries or to buy something for yourself, and you will also get a semester's worth of membership at OLLI. With this membership, you would have access to fun and engaging opportunities where you can learn and meet with other adults.

If they ask about the reason for the study,

Our Filipino community is one of the biggest Asian groups here in Las Vegas, but not much is known about our Filipino community – especially the older Filipino immigrants who moved here in the last 10 years. When moving to the U.S. it can feel so different from the Philippines because of the new culture and new surroundings. When you move here around 65 years and older, it might be even harder because you might not know how to get around your new environment. So, this might make socializing, like making friends outside of your family, hard to do. What I'm trying to learn more about through this study is whether or not moving to a new country when you're older affects your ability to socialize with others in the community. So, your participation in this study can help us better understand the Filipino community here in Las Vegas, which could lead to making a program that better supports the elderly Filipino immigrants moving to the U.S.

If maybe or no,

Thank you for taking the time to talk to me. If you want to know more about my project, please take this flier. My contact information is at the bottom just in case you change your mind. Thank you and have a nice day

Appendix G: Recruitment Flier

ARE YOU FILIPINO AND 65 YEARS OLD? DID YOU COME TO THE U.S. WITHIN THE LAST We are conducting research to understand how acculturation stress affects social participation You may be eligible if What we need from you: • Participate in a 90 min you are: group interview at OLLI • 65 years and older at UNLV to talk about self-identify as Filipino immigration immigrated to the experiences (audio-United States in the recorded) last 10 years Answer a few Self-reported English demographic questions language proficiency • Two-hour time commitment Receive a \$50 Visa gift card after completing the group interview **Any Further Questions? Student Researcher Principal Investigator:** Mary Julianne Canda Sheama Krishnagiri (818)-919-0083 Sheama.krishnagiri@unlv.edu candam1@unlv.nevada.edu

Appendix H: Follow-up Telephone Script

Hello, my name is Julie Canda and I am a student researcher in UNLV's occupational therapy program with Dr. Krishnagiri as my principal investigator. I talked to you at Kusinia ni Lorraine and you gave me permission to call before the focus group as a reminder and confirm that you will be joining at the OLLI facility.

If yes:

I just wanted to say thank you so much for joining my research. Your participation is going to help understand the older Filipino immigrant group in Las Vegas.

Just as a reminder, the focus group is going to be on February 9th, 2024, at 10:30 am and will be about 90 minutes. It will be audio recorded to interpret the results later, but no one will know it is you. I will talk more about it on the day of the focus group when we go over the informed consent form.

The OLLI building is located at 4350 S Maryland Pkwy, Las Vegas, NV 89119. I will be outside waiting to welcome you. If you need help with directions or have any questions or concerns, please call me at 818-919-0083. I am available any time.

If no:

Thank you for your time. I will make sure the information I collect from you will be shredded for privacy and confidentiality purposes.

I hope you have a good day. Goodbye.

Appendix I: Informed Consent



Department of Brain Health – Occupational Therapy

TITLE OF STUDY: How Does Acculturation Affect Social Participation Amongst Elderly Filipino Immigrants?

INVESTIGATOR(S) and Contact Phone Number:

Mary Julianne Canda, Student Researcher: (818)-919-0083 Sheama Krishnagiri, Principal Investigator: (702)-277-7738

For questions or concerns about the study, you may contact Mary Julianne Canda phone number or email at candam1@unlv.nevada.edu

If you have any questions, issues, or concerns about your rights as a participant or about the study, contact the UNLV Office of Research Integrity – Human Subjects at 702-895-2794 or via email at IRB@unlv.edu.

If you decide to join the research study, the level of risk of COVID-19 is not known. The research study will use proper guidelines and standards to prevent the risk of contracting COVID-19 but that will not decrease the chance of transmission.

PURPOSE OF THE STUDY

The purpose of this study is to understand how moving as an elderly Filipino immigrant to a completely different culture has affected your social life and your ability to participate socially. Your experiences moving to the United States are important in understanding what it is like to move to a different culture as an older person.

PARTICIPANTS

You are being asked to join the study because you meet the following requirements: 65 years and older, immigrated to the United States in the last 10 years, identify as Filipino, and have good conversational skills in English.

PROCEDURES

You will be invited to participate in a focus group which should last about 90 minutes. The focus group will include four other people like you and the two researchers. You will be asked about your experience moving to the United States and trying to socialize in this new culture. The focus group will be held at the Osher Lifelong Learning Institute (OLLI) at a time convenient for all.

RECORDING AND TRANSCRIPTS

The focus group session will be audio-recorded for research purposes only. The recording will be typed up for analysis. Only the focus group leaders have access to the paper copy of the discussion. This document will be kept safe in a locked cabinet at OLLI, and digital copies will be stored in a password-locked computer only available to the student researcher.

BENEFITS OF PARTICIPATION

There will not be any direct benefits to you from participating in this study. The study results will benefit Osher Lifelong Learning Institute as they can use the information to develop programming for the elderly Filipino community. In addition, the results from this study may benefit how professionals like occupational therapists can better support the elderly Filipino population who recently moved to the United States.

RISKS OF PARTICIPATION

We do not anticipate any risk or harm to you by your participation in this study. However, if some questions regarding your experiences make you uncomfortable or make you feel anxious, you may choose to not answer the question. You have the right to drop out of the study at any time. You also may request breaks should you feel overwhelmed.

COMPENSATION

You will receive partial compensation, a \$50 Visa gift card, and a redeemable certificate for a free full Fall semester membership at OLLI (worth \$105) to enroll in any classes offered in the term as compensation for your time.

CONFIDENTIALITY

All data that is being collected from you during this study will be kept confidential and stored in a locked cabinet at the Osher Lifelong Learning Institute. Your names will be changed for further confidentiality and data will only be used for research purposes. All digital copies will be stored on a password-protected computer that can only be accessed by the researcher.

Confidentiality cannot be guaranteed in a focus group setting because the focus group asks you to share your experiences with other participants in the group, we ask that you not share information about other participants after the study is completed.

VOLUNTARY PARTICIPATION

Participating in this study is voluntary and your decision. You are free to drop out or refuse to participate at any time during the study. You are not required to answer questions that make you uncomfortable. You can always ask questions about the study before, during, and after the study is completed.

PARTICIPANT CONSENT:

I have read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age.

A copy of this form has been given to me.

Signature of Participant Date: _____

Participant Name (Please Print):

AUDIO RECORDING CONSENT:

Audio Recording: The focus groups will be audio-recorded to interpret the results of the focus group into word-for-word written copy.

By writing my name and date down below, I agree to be audio-recorded for this research study.

Signature of Participant Date:

Participant Name (Please Print):

	Ideal/	Actual	Interpretation/	Recommendation
	Expectations	Experiences	Analysis	
Rational for Immigration	Edna	Edna	The participants had an expectation that	OT can play a crucial role in
mingration	For me	For me	moving to the	community
	personally, it's	personally, it's	United States means	integration by
	I would like to	I would like to	they would be	collaborating with
	go because	go because	reunited with	local community
	some of my	some of my	friends and family,	centers, immigrant
	friends who are	friends who are	which happened	support groups,
	nurses. They	nurses. They	when they went to	and local Filipino
	are here. I just	are here. I just	the United States.	organizations to
	want to go	want to go		create a resource
	there because	there because		list. As elderly
	my friends are	my friends are		immigrants
	there.	there.		transition,
				providing a
	Jenn	Jenn		selection of
				resources for them
	I want to move	I want to move		can help encourage
	here because	here because		the establishment
	my mom was	my mom was		of social support
	here. And	here. And		within their new
	travel go to go	travel go to go		community and the
	another part of	another part of		opportunity to
	the world	the world		continue
				celebrating the
				Filipino culture.
Challenges of	Jenn	Jenn	The was an	OT can assist with
Living in the			expectation that the	cultural adjustment
United States	"You see	"So they were	social and cultural	support by
	people walking	bigger than me.	norm of the United	educating
	off the streets.	And they were	States will be	incoming elderly
	Say, hi, right?	bigger and they	similar to the	Filipino
	Yeah, hi. And	were so loud.	Philippines. It was	immigrants in the
	they sometimes	And I kind of	assumed that	dominant culture's
	they stop.	have a culture	American	social norms and
	Come on come	shock, but [In	community will be	strategies to
	on, lets have	the	neighborly and tight	communicate
	coffee or have	Philippines]	knit. However,	effectively. It will
	a chocolate or I	we're all quiet.	when they relocated	help them navigate
	can baked	They were	to the United States	the cultural
	some goodies	cursing and it	it was different.	differences they

Appendix J: CARMA Analysis Excerpt

	come. And then you stop by then you eat. Okay, I'm on my way and you see a lot of people. When I came here, nobody is here walking the streets. I used to go and look at the window. Nobody, they are just all to themselves."	was a Catholic school. So during lunchtime, I would go out there and sell lunch. And there were a couple, there were also Latinas and some Filipino families there. It was an all girls school. So, I remember that they had a gate to buzz in and nobody can come in and out. Nobody could go ahead without because it was Compton. I did not know at that time. That was it."	Americans did not behave similarly to Filipinos and from their experience were much louder and discourteous. This interaction may have encouraged them to socially interact with others who are similar to them, such as their cultural enclave.	experience in the U.S. and mitigate the feeling of cultural disorientation
Resilience and Coping	Edna "What are you doing in America, we are okay in the Philippines. But I say no, my life is over there. For me, I can make it. I will make it".	Edna "I've been racially discriminated so I just get in my mind "Who cares" as of this time "I really don't care"	The participants expected that strong self-resilience will help with the transition into the United States. Their expectation was met with reality as they coped with the stress by demonstrating <i>bayanihan</i> . Express ing positive attitude method to adjust to the new socio- cultural environment.	The OT profession emphasizes a client-centered approach, which focuses on the person's values, beliefs, and spirituality. OT practitioners can provide culturally sensitive counseling and support by being considerate and respecting their Filipino identity to preserve their

				resilience and
				methods of coping
Social Support	Edna	Edna	The participants	Incoming elderly
			expected support	immigrants may
	"Oh, for me,	"It's nice	from their family	not be as fortunate
	the only thing	having friends	either in the United	to have a strong
	that matters to	to like, count	States or in the	social network
	me is that I will	on and ask for	Philippines.	during their
	call overseas	favor. They	Similarly, the	transition period.
	and do that."	will go, do we	participants'	OT can mitigate
		need to go to	experience is that	social isolation and
		the Philippines	most of their	deprivation by
		store, do we	support comes from	connecting new
		have to go to	their friends and	immigrants to
		the church? I	family. Establishing	community
		have a friend	strong relationships	resources. These
	Jenn	that goes to the	with friends and	community-based
		church	family encourages	organizations
	"Uh huh, my	everyday"	the engagement in	include
	husband helped		social activities	community center
	a lot."	Jenn	such as going to the	and local Filipino
			Filipino grocery	groups that can
		"So, since my	stores or the church.	help immigrants
		husband is part	It promotes and	culturally navigate
		Hawaiian. So	feeling of	their new
		in LA, they	togetherness and	surroundings.
		also have	community	Additionally,
		Hawaiian	cohesion.	bridging resources
		festival so we		for immigrants car
		go there. So		establish social
		there's a lot of		connections for an
		Hawaiians		improved outcome
		here, in Vegas.		in their
		So I get to go		immigration
		there, and		experience.
		watch		
		Hawaiian		
		shows. You		
		know those.		
		Eat the		
		Hawaiian		
		food."		
Social	Edna	Edna	The participants	For incoming
Participation			expected that they	elderly
	"I like the	"So, and they	would be	immigrants,
	white people to	were really into	socializing with the	assisting in a

 1			
be my friends because I learned a lot from when I was in the elementary."	the spirit of, you know. Filipino tradition and so in the Philippines. So in Cebu, we are actually devotees of infant Jesus. The Santo Nino de Cebu. And for over how many years, now, 500-something years, it's always a big affair, and even now, we still have that. We have someone to keep it up, you know. So that's what we do. And then we just get, we get together, and we have traditional Filipino food and talk in our native language until out hearts contents and make jokes." Edna "Yes, yes, for the whole COVID year, less than 3 years and no. I	white, middle-class population. However, most of their social participation were with friends and family within the same cultural group. During the pandemic, there was an unexpected holt to their social interactions. However, this encouraged and motivated them to join a travel group about social distancing has subsided to pursue their aspiration to travel.	cultural learning experience can promote participation in social activities and experience the American culture firsthand. OT can help with providing community-based services such as establishing a community immersion program for elderly Filipino immigrants to learn about the new socio-cultural environment

usually go home every year because of the Fiesta Santo Nino. It's also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutcly. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
year because of the Fiesta Santo Nino. It's also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	usually go
year because of the Fiesta Santo Nino. It's also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	home every
the Fiesta Santo Nino. It's also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
Santo Nino. It's also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60% and my husband just got a triple bypass.	
also our class, our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
our reunion. I haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
haven't. I don't go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousi choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
go out." Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
Jenn Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	go out."
Yes, during COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	Jenn
COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
COVID. Absolutely. I stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	Yes, during
stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
stay in the house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
house. We go out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	-
out, we have to wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
wear a mask. Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
Gloves, masks. For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
For example, my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
my husband has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
has a bowling tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
tournament. He has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
has to practice. Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	has a bowling
Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	tournament. He
Him and his cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	has to practice.
cousin choose a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
a place that you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
you don't have to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
to go all the way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
way past the slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
slot machines. So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
So yea, you kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
kind of consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
consciously have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
have to kind of be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
be like, okay. Cus, we are in our 60's and my husband just got a triple bypass.	
Cus, we are in our 60's and my husband just got a triple bypass.	
Cus, we are in our 60's and my husband just got a triple bypass.	be like, okay.
our 60's and my husband just got a triple bypass.	
my husband just got a triple bypass.	
just got a triple bypass.	
bypass.	
Jenn	bypass.
Jenn	
	Jenn

We have a
travel buddy
group. We're
going here and
going there.
My husband
does not travel,
so it's just me
that goes. On
our own, we
went to Spain,
Portugal. Last
year, we went
to Croatia, all
the way up the
Adriatic Sea to
Bosnia and
Herzegovina.
Edna
I went to
Egypt. I went
to South
Africa,
London, Egypt,
and then South
America like
EcuadorOh
wow, it's very
interesting. We
are enjoying a
lot. especially
when we do
the picture
thing.
Edna
"Good
travelers. They are all doctors.
That's why it's
nice to travel
because people love that."

Financial	Edna	"Oh wow it's very interesting. We are enjoying a lot. Especially when we do the picture thing." Jenn "Yea we have a travel buddy group and now that I'm retired. We're going here and going there." Edna	Financial stability	Economic stability
Stability	"You are rich because you have dollars, and it happens that I am from America and I have dollars."	"Money is next to God. If I was not a nurse, I could not afford it. It depends on the job you got."	and economic prosperity is highly emphasized as it provides the opportunity to engage in meaningful activities. To the participants, the ability to travel is only plausible if there are adequate resources. Through a well-paying job, contributes the allocation of resources to engaged in social participation as an older adult.	may not be shared among elderly Filipino immigrants. OT can assist with employment seeking and acquisition. It includes helping with revising, completing, and submitting employment applications. Additionally, OT practitioners can help elderly Filipino immigrants identify employment interest that best suits their goals and interests.

American	Jenn	Edna	The participants had	OT can help
Dream	00m	Lunu	expectations of	mitigate the
Disillusionment	"Well, I	"People are	American culture	challenges with
Dismusionment	remember that.	nice and not	through American	adaptation through
	The	nice. I worked	media. In the	
				the development of
	Philippines	in the	Philippines, they	community-based
	want to have	emergency	became familiar	organizations that
	this American	room. They	with the American	emphasize
	culture within	would say,	culture via books,	education.
	themselves.	Chinese girl	movies, and	Learning
	Like we watch	you better go	television shows.	opportunities such
	American	home to the	This contributed to	as teaching about
	movies,	country. The	the unrealistic	American cultural
	educated by	black doctor	expectation of the	norms and customs
	American	would say	American lifestyle.	can help elderly
	books. So,	"don't say that	The participants	immigrants
	partly what she	man because	actual experience	comprehend
	said, let's try to	this lady is the	exhibited racism	American
			and discrimination.	
	go to the	one giving you		expectations and
	United States	money". Black	The lack of	will help them
	and see if it is	doctors are	discourse on racial	navigate social
	true. Maybe we	protecting me.	prejudice and	interactions in the
	can experience	[Patients] They	marginalization in	community.
	a slice of the	go to the	American media	
	American	emergency	leads to incoming	
	culture.	room they are	elderly immigrants	
	Something like	dosed up with	unaware of	
	that."	injections and	systemic issues. It	
		by time done	can contribute to	
		with	additional	
		paperwork,	challenges to	
		they are gone.	adapting the	
		they are gone.	American culture.	
		Ionn	American culture.	
		Jenn		
		11. the -:+-		
		"In the city		
		called		
		Compton. Full		
		of black		
		people I was		
		the only		
		Filipino		
		working there		
		except for a		
		Filipina teacher		
		that was		
L			1	1

married to a	
black guy. But,	
I used to get a	
lot of remarks.	
At that time I	
didn't think it	
was racist or	
not, but I know	
and they know	
me and I know	
them that we're	
two different	
because of the	
color of our	
skin. So, I	
learned a lot	
about African	
American	
culture too."	
I I	

References

Administration of Community Living. (May, 2021). 2020 Profile of Older Americans. https://acl.gov/sites/default/files/aging%20and%20Disability%20In%20America/2020Pro fileolderamericans.final_.pdf

Aggarwal, R., & Ranganathan, P. (2019). Study designs Part 2 - Descriptive studies. Perspectives in clinical research, 10(1), 34–36. https://doi.org/10.4103/picr.PICR 154 18

- Amano, N., Bankoff, G., Findley, D. M., Barretto-Tesoro, G., & Roberts, P. (2021).
 Archaeological and historical insights into the ecological impacts of pre-colonial and colonial introductions into the Philippine Archipelago. *Holocene (Sevenoaks), 31*(2), 313–330. https://doi.org/10.1177/0959683620941152
- American Occupational Therapy Association. (2020). Occupational Therapy Practice Framework: Domain and Process Fourth Edition. *The American Journal of Occupational Therapy*, 74(2).
- American Occupational Therapy Federation. (n.d.). *About AOTF*. https://www.aotf.org/About-AOTF/About-AOTF
- Asian American Federation of New York. (2003). Asian American Elders in New York City: A Study of Health, Social Needs, Quality of Life and Quality of Care. Retrieved from https://www.aafederation.org/asian-american-elders-in-nyc-a-study-of-health-socialneeds-quality-of-life-and-quality-of-care-2003/
- Bankoff, G. (2020). Old Ways and New Fears: Bayanihan and Covid-19. *Philippine Studies: Historical and Ethnographic Viewpoints*, 68(3), 467–475. https://doi.org/10.1353/phs.2020.0029

- Beerepoot, N., & Hendriks, M. (2013). Employability of offshore service sector workers in the Philippines: opportunities for upward labour mobility or dead-end jobs? *Work, Employment and Society*, 27(5), 823–841. https://doi.org/10.1177/0950017012469065
- Buffel, T., de Donder, L., Phillipson, C., Dury, S., de Witte, N., & Verté, D. (2014). Social participation among older adults living in medium-sized cities in Belgium: the role of neighborhood perceptions. https://doi.org/10.1093/heapro/dat009
- Chang, M., & Moon, A. (2016). Correlates and Predictors of Psychological Distress Among
 Older Asian Immigrants in California. *Journal of Gerontological Social Work, 59*(2),
 77–97. https://doi.org/10.1080/01634372.2016.1140694
- Chen, Xu, H., O'Brien, W., Gao, Y., & Dong, X. (2022). Acculturation Mitigates the Negative Impact of Perceived Stress on Depressive Symptoms Among U.S. Chinese Older Adults. *International Journal of Aging & Human Development*, 95(1), 3–17. https://doi.org/10.1177/00914150211024187
- Chen, Y., Peng, Y., Ye, M., Xu, L., & Dong, X. (2018). The influence of acculturation level and family relationships on quality of life among U.S. Chinese older adults. *Journal of Ethnic & Cultural Diversity in Social Work, 27*(4), 346–365. https://doi.org/10.1080/15313204. 2018.1520165
- Datu, J. A. D., Yuen, M., & Chen, G. (2018). Exploring Determination for Long-Term Goals in a Collectivist Context: a Qualitative Study. *Current Psychology*, 37(1), 263–271. https://doi.org/10.1007/s12144-016-9509-0
- Davis, C., & Batalova, J. (2023, August 8). Filipino immigrants in the United States. Migration Policy Institute. https://www.migrationpolicy.org/article/filipino-immigrantsunited-states

- Dela Cruz, M. T., & Periyakoil, V. J. (2010). Health and healthcare of Filipino American older adults. In V. S. Periyakoil (ed.). eCampus Geriatrics, Standford, CA.
- Dong, X., Bergren, S. M., & Chang, E. S. (2015). Levels of Acculturation of Chinese older adults in the greater Chicago area - The population study of Chinese elderly in Chicago. Journal of the American Geriatrics Society, 63(9), 1931– 1937. https://doi.org/10.1111/jgs.13604
- Ghimire, S., Cheong, P., Sagadraca, L., Chien, L.-C., & Sy, F. S. (2018). A Health Needs Assessment of the Filipino American Community in the Greater Las Vegas Area. *Health Equity*, 2(1), 334–348. https://doi.org/10.1089/heq.2018.0042
- Ghosh, C. (2003). Healthy People 2010 and Asian Americans/Pacific Islanders: Defining a baseline of Information. *American Journal of Public Health (1971)*, 93(12), 2093–2098. https://doi.org/10.2105/AJPH.93.12.2093
- Guo, M., Stensland, M., Li, M., Dong, X., & Tiwari, A. (2019). Is Migration at Older Age Associated With Poorer Psychological Well-Being? Evidence from Chinese Older Immigrants in the United States. *The Gerontologist*, 59(5), 865– 876. https://doi.org/10.1093/geront/gny066
- Hanna, M., & Batalova, J. (2021). *Immigrants from Asia to the United States*. Migration Policy Institutes. Retrieved from https://www.migrationpolicy.org/article /immigrants-asia-united-states-2020.
- Hao G., Bishwajit G., Tang S., Nie C., Ji L, & Huang, R. (2017). Social participation and perceived depression among elderly population in South Africa. *Clin Interv Aging*, 12:971-976.

Hernandez, A. M., & Bigatti, S. M. (2010). Depression among older Mexican American

caregivers. *Cultural Diversity and Ethnic Minority Psychology*, 16, 50–58. doi:10.1037/a0015867

- Holland, Ariel T., BA, & Palaniappan, Latha P., MD, MS. (2012). Problems With the Collection and Interpretation of Asian-American Health Data: Omission, Aggregation, and Extrapolation. *Annals of Epidemiology*, 22(6), 397– 405. https://doi.org/10.1016/j.annepidem.2012.04.001
- Hyung-Chul, J., Ji-Young, K., Soon-Jeong, C., & Harry, K. H. (2015). The Relationship among Social Support, Acculturation Stress, and Depression of Chinese Multi-cultural Families in Leisure Participations. *Proceedia, Social and Behavioral Sciences*, 205, 201–210. https://doi.org/10.1016/j.sbspro.2015.09.059
- Javier, J. R., Galura, K., Aliganga, F. A. P., Supan, J., & Palinkas, L. A. (2018). Voices of the Filipino community describing the importance of family in understanding adolescent behavioral health needs. *Family & Community Health*, 41(1), 64–71. https://doi.org/10.1097/FCH.000000000000173
- Joosten, A. V. (2015). Contemporary occupational therapy: Our occupational therapy models are essential to occupation centred practice. *Australian Occupational Therapy Journal*, 62(3), 219–222. https://doi.org/10.1111/1440-1630.12186
- Kim, J., & Kim, H. (2013). The experience of acculturative stress-related growth from immigrants' perspectives. *International Journal of Qualitative Studies on Health and Well-being*, 8https://doi.org/10.3402/qhw.v8i0.21355
- Kim, M. J. (2021). Acculturation, social support and suicidal ideation among Asian immigrants in the United States. SSM - Population Health, 14, 100778–100778. https://doi.org/10.1016/j.ssmph.2021.100778

- Lai, D. W. L., Li, J., Lee, V. W. P., & Dong, X. (2019). Environmental Factors Associated with Chinese Older Immigrants' Social Engagement. *Journal of the American Geriatrics Society (JAGS)*, 67(S3), S571–S576. https://doi.org/10.1111/jgs.15899
- Lazar, J., Feng, J. H., & Hochheiser, H. (2017). Interviews and focus groups. In J. Lazar, J. H. Feng, & H. Hochheiser (Eds.), *Research methods in human-computer interaction second edition* (pp. 204-207). Morgan Kaufmann.
- Leach, M. A. (2009). America's Older Immigrants: A Profile. *Generations Journal*, 32(4), 34-39. https://www.ezproxy.library.unlv.edu/login?url=https://www.proquest.com/scholarlyjournals/americas-older-immigrants-profile/docview/212192575/se-2
- Leung, A. Y. M., Molassiotis, A., & Carino, D. A. (2021). A challenge to healthy aging:
 Limited social participation in old age. *Aging and Disease, 12*(7), 1536–
 1538. https://doi.org/10.14336/AD.2021.02018
- Leung, F. H., & Savithiri, R. (2009). Spotlight on focus groups. *Canadian family physician*, 55(2), 218–219.
- Levasseur, M., Naud, D., Bruneau, J.-F., & Généreux, M. (2020). Environmental characteristics associated with older adults' social participation: The contribution of sociodemography and transportation in metropolitan, urban, and rural areas.
 International *Journal of Environmental Research and Public Health*, *17*(22), 1–15. https://doi.org/10.3390/ijerph17228399
- Li, C. Y., Arthur, P., Downer, B., Velozo, C. A., Kuo, Y. F., Tzeng, H. M., & Ottenbacher, K. J. (2022). Examining the Clinical Utility of the Brief Interview for Mental Status.
 Research in gerontological nursing, 15(3), 124–130. https://doi.org/10.3928/19404921-20220428-02

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage Publications.

- Löfgren, M., Larsson, E., Isaksson, G., & Nyman, A. (2022). Older adults' experiences of maintaining social participation: Creating opportunities and striving to adapt to changing situations. *Scandinavian Journal of Occupational Therapy*, 29(7), 587–597. https://doi.org/10.1080/11038128.2021.1974550
- Luyt, B. (2015). Replacing the ideology of information by exploring domains of knowledge: A case study of the periodization of Philippine history and its application to information studies. *Journal of Documentation*, 71(6), 1289–1299. https://doi.org/10.1108/JD-11-2014-0162
- Lysack, C., Luborsky, M. R., & Dillaway, H. (2020). Collecting qualitative data. In R. R. Taylor (Ed.), Kielhofner's research in occuaptioanl therapy: Methods of inquiring for enhancing second edition (pp. 203-205). F. A. Davis Company.
- Maruja, M.B. (2017, July 12). The Philippines: Beyond labor migration, toward development and (possibly) return. Migration Policy Institute.
 https://www.migrationpolicy.org/article/philippines-beyond-labor-migration-toward
 -development-and-possibly-return
- McColl, M. A., & Pranger, T. (1994). Theory and Practice in the Occupational Therapy Guidelines for Client-Centred Practice. *Canadian Journal of Occupational Therapy* (1939), 61(5), 250–259. https://doi.org/10.1177/000841749406100505
- Melei, K., & Linder, J. (2022). From isolation to connection: A cross-sectional analysis of older adults' social participation using the COV19-QoL Scale. *The Open Journal of Occupational Therapy*, 10(3), 1–17. https://doi.org/10.15453/2168-6408.1929

Mizugochi, N., Walker, L., Trevelyan, E., & Ahmed, B. (2019). The older foreign-born

population in the United States: 2012–2016.

https://www.census.gov/content/dam/Census/library/publications/2019/acs/acs-42.pdf

- Morillo, H. M., Capuno, J. J., & Mendoza, A. M. (2013). Views and values on family among Filipinos: An empirical exploration. *Asian Journal of Social Science*, 41(1), 5–28. https://doi.org/10.1163/15685314-12341278
- Nelson, D. L., Kielhofner, G., & Taylor, R. R. (2020). Quantitative research designs: Defining variables and their relationships with one another. In R. R. Taylor (Ed.), Kielhofner's research in occupational therapy: Methods of inquiring for enhancing second edition (pp. 244-247). F. A. Davis Company.
- Polatajko, H. J., Townsend, E. A. & Craik, J. (2007). Canadian model of occupational performance and engagement (CMOP-E). In: E. Townsend & H. J.
 Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa, ON: CAOT Publications ACE.
- Polatajko, H. J., McEwen, S. E., Ryan, J. D., & Baum, C. M. (2012). Pilot randomized controlled trial investigating cognitive strategy use to improve goal performance after stroke. *The American journal of occupational therapy: official publication of the American Occupational Therapy Association*, 66(1), 104–109. https://doi.org/10.5014/ajot.2012.001784
- Polit, D., & Beck, C. (2017). Trustworthiness and integrity in qualitative research. In D. F, Polit
 & C. T. Beck (Eds.), Nursing research generating and assessing evidence for nursing practice. (10th ed., pp. 787-791). Wolters Kluwer.

Population Reference Bureau. (2013). Elderly immigrants in the United States. Today's Research

on Aging. 29, 1-9. https://www.prb.org/wp-content/uploads/2020/11/TRA29-2013elderly-us-immigrants.pdf

- Putney, L. G., Wink, J., & Perkins, P. (2006). Teachers as researchers: Using the Critical Action Research Matrix Application (CARMA) for reflexive classroom inquiry. *Florida Journal* of Teacher Education. 9(1), 23-36.
- Reitz, & Scaffa, M. E. (2020). Occupational therapy in the promotion of health and wellbeing. The American Journal of Occupational Therapy, 74(3), 7403420010p1– 7403420010p14. https://doi.org/10.5014/ajot.2020.743003
- Rhee, S. L. (2019). Korean immigrant older adults residing in non-korean ethnic enclaves: Acculturation strategies and psychosocial adaptation. *Journal of Human Behavior in the Social Environment, 29*(7), 861–873. https://doi.org/10.1080/10911359.2019.1627970
- Rote, S., & Markides, K. (2014). Aging, Social Relationships, and Health among Older Immigrants. *Generations (San Francisco, Calif.)*, *38*(1), 51–57.
- Roberts, S. O., & Rizzo, M. T. (2021). The psychology of American racism. *The American psychologist*, *76*(3), 475–487. https://doi.org/10.1037/amp0000642
- Sala-Boza, A. (2006). Perceived synchronicities in Santo Nino Ethnohistory: Santo Niño de Cebu ethnohistorical studies. *Philippine Quarterly of Culture and Society*, 34(3), 189–201.

Saliba, D., Buchanan, J., Edelen, M. O., Streim, J., Ouslander. J., Berlowitz, D., & Chodosh, J.(2012). MDS 3.0: Brief Interview for Mental Status. Journal of the American Medical Directors Association, 13(7), 611– 617. https://doi.org/10.1016/j.jamda.2012.06.004

Schwartz, Unger, J. B., Zamboanga, B. L., Córdova, D., Mason, C. A., Huang, S.,

Baezconde-Garbanati, L., Lorenzo-Blanco, E. I., Des Rosiers, S. E., Soto, D. W., Villamar, J. A., Pattarroyo, M., Lizzi, K. M., & Szapocznik, J. (2015). Developmental Trajectories of Acculturation: Links With Family Functioning and Mental Health in Recent-Immigrant Hispanic Adolescents. *Child Development*, *86*(3), 726–748. https://doi.org/10.1111/cdev.12341

- Serafica, Lekhak, N., & Bhatta, T. (2019). Acculturation, acculturative stress and resilience among older immigrants in the United States. International Nursing Review, 66(3), 442–448. https://doi.org/10.1111/inr.12522
- Siedlecki, S. L. (2020). Understanding Descriptive Research Designs and Methods. Clinical Nurse Specialist, 34(1), 8–12. https://doi.org/10.1097/NUR.000000000000493
- Taff, S. D., & Blash, D. (2017). Diversity and inclusion in occupational therapy: Where we are, where we must go. Occupational Therapy in Health Care, 31, 72-83.https://doiorg.ezproxy.library.unlv.edu/10.1080/07380577.2016. 1270479
- Tummala-Narra, P., Sathasivam-Rueckert, N., & Sundaram, S. (2013). Voices of older Asian Indian immigrants: Mental health implications. *Professional Psychology, Research* , and Practice, 44(1), 1–10. https://doi.org/10.1037/a0027809
- Tonui, B. C., Miller, V. J., & Adeniji, D. O. (2023). Older immigrant adults experiences with social isolation: a qualitative interpretive meta-synthesis. *Aging & Mental Health*, 27(6), 1068–1076. https://doi.org/10.1080/13607863.2022.2068131
- Turcotte, P.-L., Carrier, A., & Levasseur, M. (2019). Community-based participatory research remodelling occupational therapy to foster older adults' social participation. *Canadian Journal of Occupational Therapy (1939)*, 86(4), 262–276. https://doi.org/10.1177/0008417419832338

- Wilmoth. (2012). A Demographic Profile of Older Immigrants in the United States. *The Public Policy and Aging Report*, 22(2), 8–11. https://doi.org/10.1093/ppar/22.2.8
- World Health Organization. (n.d.). *What is WHO's role in the UN Decade of Health Ageing?* https://www.who.int/initiatives/decade-of-healthy-ageing
- Xu, L., Tang, F., Chen, Y., & Dong, X. (2023). Acculturation and depressive symptoms among older Chinese immigrants in the United States: the roles of positive and negative social interactions. *Aging & Mental Health, 27*(3), 604–611. https://doi.org/10.1080/13607863.2022.2032592

Curriculum Vitae

Mary Julianne Canda, OTD/S.

jaycanduh@gmail.com

Education	
University of Nevada, Las Vegas Occupational Therapy Doctorate	May 2024
Capstone title: Acculturation stress and Social Participation amongst I Adviser: Sheama Krishnagiri, Ph.D, OTR/L, FAOTA.	Elderly Filipino Immigrants
California State University, Fullerton B.S. in Health Science	May 2019
Related Work Experience	
Nevada Senior Center Encompass Las Vegas Encompass Henderson Momentum Pediatric Therapy Network Cornerstone Christian Academy Hope for Prisoners Osher Lifelong Learning Institute at University of Nevada, Las Vegas	2021-2021 2022-2022 2022-2022 2023-2023 2022-2023 2023-2023 2023-2023 2024-2024
Professional Affiliations American Occupational Therapy Association Student Occupational Therapy Association Phi Theta Epsilon	2021-present 2021-present 2024-present
Honors and Awards:	
Toyota Scholarship Program UNLV Occupational Therapy General Scholarship	2015-2019 2022-2024