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Housing Influences on Active Aging: Perspectives from African Immigrant Elders in Chicago's South Side

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Abstract

The quality of housing and the surrounding environment have been shown to have a significant impact on the health and well-being of older adults. This is especially relevant for immigrant populations, where poor housing conditions can lead to mobility limitations, social isolation, and stress, which contribute to unhealthy lifestyle choices and declining health. While active aging has been proposed as a promising approach to enhance health outcomes among the general population, its relevance for immigrants who often reside in suboptimal urban housing environments remains largely unexplored. This study aims to investigate the factors in urban housing environments that contribute to inactiveness among African immigrant older adults in the United States, with the goal of identifying potential areas for promoting active aging through targeted interventions in the built environment. Employing grounded theory qualitative methodology, this study collected interview data from 30 older adult African immigrants (55+) in diverse housing environments in Chicago's south side. Photographs of the environment were included solely as a visual method, serving as a valuable and context-rich form of qualitative data. Given that most interviews were conducted outside participants' residences, these images provided important contextual insight into the environments being described. Interview recordings were transcribed using *NVivo* software, cross-checked, and manually corrected for linguistic nuances or occasional native language use before coding. The photographs were analyzed thematically, with attention to environmental cues that supported and enriched the interview data. Four main themes were identified: participants' cultural perceptions, housing barriers to indoor physical activity, neighborhood factors, and social dimension of active aging. Understanding the relationship between housing environments and active aging is crucial for designing effective interventions to enhance lifestyle of aging African diaspora immigrants in the United States. However, obtaining population-specific data is essential to tailor these interventions to the unique needs of individuals within their specific housing environments.

Keywords: African, Active Aging, Housing environment, Immigrant, Older Adult.

Urban housing in the United States is crucial for the older adults' well-being, with factors like accessibility, safety, and social cohesion directly influencing their physical and mental health (Oswald et al., 2007). As individuals age, their reliance on the home environment grows, with increased time spent at home necessitating supportive surroundings (Wahl et al., 2009). Older African immigrants, one of the fastest-growing foreign-born groups in the U.S., face distinct housing challenges while contributing to the rising population of seniors (American Community Survey Briefs, 2023).

While many marginalized groups face systemic racism, housing discrimination, and economic inequities, immigrant communities often encounter additional challenges such as cultural adaptation, language barriers, and navigating unfamiliar systems (Obeng-Odom, 2012; Sadarangani & Jun, 2015). For African immigrants, the intersecting factors such as race, migration, socioeconomic status, and the new housing environments characteristic that is different from what they are used to create obstacles to their active living (Blanas et al., 2013; Turk et al., 2015). This highlights a pressing need for focused research, especially among their older population.

A key issue is the aggregation of diverse Black populations in health data. Cultural values, health beliefs, and lived experiences shape older African immigrants' health perceptions, guiding their healthcare practices, diets, and preventive care attitudes—often differing from mainstream U.S. norms (Boise et al., 2013; Commodore-Mensah et al., 2018). Black aggregate health data has led to inadequate health interventions, misinterpretation of health trends, and a lack of effective resources tailored toward active aging of African immigrant and other aggregated races (Sewali et al., 2015).

Active aging, defines as optimizing health, social participation, and security in later life, is strongly influenced by urban housing environments (WHO, 2002). Supportive housing environments foster active aging through access to social networks, community resources, and physical activity opportunities (Chaudhury et al., 2012; Jumadi et al., 2019). For older immigrants, active aging mitigates social isolation, enhances mental health, and improves overall well-being (Rowe and Kahn, 1997). Promoting active aging through supportive housing directly improves immigrants' physical and mental health. Addressing housing inequalities and developing age-friendly communities can elevate this population's health and quality of life.

Some of the barriers to active aging associated with the housing environment include unsafe neighborhoods, fear of crime, costly programs, and limited access to physical activity spaces (Belza et al., 2004; Van Duyn et al., 2007). Physical environmental barriers, such as scarce community centers, poor transportation, and unsafe walkways, also hinder active living (Begun et al., 2018; Oswald et al., 2003). Many housing interventions rely on designers' expertise and programmatic strategies to address activity barriers (Chaudhury et al., 2012). However, these efforts often overlook the lived experiences and needs of residents, particularly those from diverse backgrounds.

To design housing environments that combat inactivity and its root causes, understanding residents' firsthand experiences is critical. This study contributes to a broader initiative to retrofit housing environments for older African immigrants' active living needs in the U.S. This study examines how housing environments shape the lifestyles of aging African immigrants in Chicago's South Side. By centering older African immigrants lived experiences, this study uncovers barriers to maintaining active lifestyles in their housing. Using qualitative in-depth interviews, the study collects detailed data on participants' daily routines, activity habits, and housing perceptions. This data will identify key factors affecting their physical activity engagement.

The findings advance research on U.S. immigrant health, especially among older African populations. By understanding the challenges faced by this population, researchers and policymakers can develop more targeted and effective interventions to promote active living and improve overall health outcomes. Furthermore, the insights gained from this study can inform the design of housing environments that are increasingly responsive to the needs and preferences of diverse communities, ultimately promoting greater health equity and social justice.

Methodology

Research design and theoretical framework

This study employed a qualitative research design to explore the lived experiences of participants and the influence of their immediate environment. A qualitative approach was appropriate given the study's aim to understand subjective experiences, contextual realities, and environmental conditions through the lens of those directly affected.

The study focused on Chicago's South Side, a region historically shaped by racially discriminatory housing policies that concentrated marginalized populations in under-resourced neighborhoods (Moore, 2016; Smith, 2012). We employed grounded theory to explore their active aging experiences, a method selected for its utility in generating insights from understudied phenomena (Glaser & Strauss, 2017). Cultural backgrounds, national origins, and residency duration are acknowledged as potential influences on participants' perspectives.

Participant recruitment and sampling

Recruitment began with emails to 40 individuals provided by the United African Organization (UAO), yielding six responses. The low response rate stemmed from UAO's non-participation policy (citing concerns about participants' sensitive immigration status) and participants' unfamiliarity with the research team. To diversify recruitment, we employed purposive and snowball sampling via religious leaders and community

events, resulting in 24 additional participants. The final sample comprised 30 older African immigrants. The latter recruitment strategy has also been used in studies targeting similar participants (Ellard-Gray et al., 2015; Ogungbe et al., 2021).

Participants included older African immigrants who are from aged 55 and above. The average life expectancy across African continent was estimated at 61.46 years, with a low dispersion of 13.75 years (Djoumessi, 2022). By focusing on individuals aged 55 and above, we captured the experiences of those who have surpassed the average life expectancy and are in the later stages of life.

Data Collection

Before data collection, the study protocols were approved by the Kansas State University Institutional Review Board ensuring adherence to ethical standards and guidelines for research involving human participants. Following this approval, we collected data between May and August 2023.

In-depth, semi-structured interviews served as the primary method of data collection. The interview guide was developed using the World Health Organization's eight domains of age-friendly communities to explore participants' perceptions of their built environment, barriers to physical activity, and cultural influences on aging (WHO, 2007; Prieto-Flores et al., 2021). The age-friendly domains included outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. Pre-interview questionnaire collected demographic data (age, gender, employment, years in the U.S.) to contextualize their experiences.

To complement and contextualize the interview data, photographs of participants' physical environments were collected. These images captured key aspects of the built and surrounding environment, such as housing conditions, neighborhood layout, and safety features. The visual data helped to illuminate how environmental factors potentially shaped participants' behaviors and experiences. These photographs were analyzed alongside the interview data to identify thematic consistencies and contrasts.

The lead author, familiar with the study population, conducted all interviews. Interview questions were collaboratively designed by the research team to ensure rigor. The interviews with participants recruited through religious organizations were conducted in person at their facilities, whereas the six participants from personal referrals were interviewed in their homes. Prior to the interviews, participants were informed that the interview would last approximately 60-90 minutes and offered no financial compensation. Each interview began with a briefing to explain the interview procedure, the study's scope and objectives, and participants' autonomy throughout the process. Participants were informed of their right to withdraw from the study at any time without consequence. They were also assured that their responses would remain confidential and used solely for research purposes. Signed consent was obtained before data collection, and participants were given the opportunity to ask questions about the study.

Interviews were audio-recorded, supplemented by visual data (Google Earth images, photographs, and field sketches) documenting residential environments. These visuals were analyzed for walkability, green space access, and safety, then cross-referenced with interview narratives to validate findings.

Data Analysis

Both interview transcripts and environmental photographs were subjected to thematic analysis. Transcripts were coded inductively to allow themes to emerge naturally from participants' narratives. Visual data were analyzed through interpretive visual analysis, with attention to environmental features mentioned by participants and those observed independently. Triangulating textual and visual data enhanced the credibility and depth of the findings.

The transcription of interviews was processed in *NVivo* software and manually corrected for accents/native language nuances. Coding followed Braun and Clarke's (2006) thematic analysis, a method widely used in similar qualitative studies (e.g. Johnson & Brown, 2020). The initial coding results in 75 codes identified from common keywords and phrases. These were further consolidated to 33 themes. Afterwards, we applied pattern coding to finalize four overarching themes.

The lead author conducted the coding independently, given his proficiency in the language of the study population. This single-coder approach posed a limitation; however, other authors participated in the review of these themes to ensure their consistency with the coded extracts (level 1), and alignment with the broader dataset (level 2). Also, all authors scrutinize thoroughly the rationale behind the coding decisions and the thematic placements. Likewise, field notes and visual sketches created during interviews supplemented coding accuracy. The final stage involved defining, naming, and contextualizing themes within the study's research questions and objectives.

Results

Participants represented five African countries: Nigeria (50%), Ghana (17%), Tanzania (13%), South Africa (13%), and Senegal (7%). All participants have lived in the U.S. for a minimum of five years post-migration, with approximately 73% having resided in the country for over 10 years. Common themes emerged across groups, however, their cultural and structural differences shaped individual experiences. The average duration of interviews was 75.03 minutes (SD = 7.58). Table 1 shows the demographic characteristics of the participants studied. As shown in the table, the 30 participants comprising 60% female, aged between 55-82 years, have varying work

schedules and residential status. Those between age 50-69 constitute 27% of the study population, engaged in daily double shifts of 16 hours, with just one full day in the week as time off and work only the night shifts every other weekend. They primarily resided in rented apartments. The 60-69 age group, accounting for 43% of the participants, also has similar time off, with only a quarter of the 60-69 age group owning their homes. Both age groups allocated their monthly income to essential bills (including housing, food, and car loans), family support, and personal needs. Homeowners in the 60-69 age group had the additional financial responsibility of a housing mortgage. The 70+ age group, representing 30% of the participants, had different work arrangements and financial priorities. Those in the 70-79 age group worked single shifts of 8-10 hours, either during the day or overnight, with more days off. Half of this group owned their homes. The 80+ age group consisted of retirees who owned their homes. Both the 70-79 and 80+ age groups allocated a significant portion of their monthly income to supporting their children or grandchildren and paying off debts, including mortgages. Overall, Participants reported long work hours as a major constraint to physical activity. However, no direct measures of physical activity levels were collected. Our future research will quantify sedentary behavior among the population studied to further explore this connection. Participants reported employment in various sectors, including health services (e.g., nursing, certified nursing assistant roles), personal business ventures, factory work, and security services.

Table 1: Showing the demographic characteristics of the participants

Demographics		*Number*	*(%)*	*Residential status (%)*		
				Renter	Homeowners	Expenditure
Age class	50-59	8	26.7	27.0	-	Bills, family, loan
	60-69	13	43.3	33.0	10.0	
	70-79	6	20.0	13.0	7.0	Mostly family
	80-89	3	10.0	-	10.0	
Sex	Male	12	40.0			
	Female	18	60.0			
Employment status	Actively working	27	90.0			
	Retired	3	10.0			
Work schedule	16 hours/day	21	70.0			
	<16 hours	6	20.0			
Resident status	Renter	22	73.0			
	Homeowner	8	27.0			
Years of stay	5-10 years	8	26.7			
	over 10 years	22	73.3			

The four key themes that emerged to explain the impact of participants' housing on active aging are cultural perception, residential environmental, neighborhood physical and social environmental factors.

Cultural perception

To better understand the participants' active lifestyles, we assessed the activities outside of their regular work routines. With the exception of those over 80 years old, participants mentioned that the activities they engage in include house chores such as cleaning, laundering, and meal planning and preparation. To the participants these household activities hold cultural importance, and they are also perceived to be adequate as a way of staying physically active. Table 2 shows the number of participants with these views under each age category.

Table 2: Participants' active behaviors in their residences.

Active behavior in the house	Number of mentions by age group			
	50-59	60-69	70-79	>80
Total population under each age category	8	13	6	3
Sweep the house and surroundings.	8	13	5	1
Doing laundering.	8	13	5	1
Arranging and stacking stuff	8	8	4	1
Cooking varieties of food & stored in the fridge	8	13	5	1
Watch television series & religious events.	4	8	5	3
Taking time to rest to rejuvenate	4	7	6	3

The participants explained that cleaning is not just about tidiness but part of their upbringing. One participant remarked, "*I grew up with the habit of sweeping and mopping; it's something I learned from my parents."* Laundering was another task mentioned by the participants on their days off. Some participants even handwash their clothes saying that it "*evokes memories of home and cherished moments with loved ones*." Some mentioned that they have clothing specific to their culture and using washing machines could damage the fabrics or the design on them. One participant explained, "*While the washing machine makes the work easier, it's not suitable for our fabrics. It might tear or bleach the design, and the stones on my clothes could come off. If I handwash, I can take better care of these aspects.*" Several participants believe that combining their traditional hand-washing methods with modern washing equipment yields the most satisfactory level of cleanliness for their linens. A participant shared*: "how can washing machine do a good job in washing some specific areas of the linen such as armpits, collars and so on? I manually wash those areas of my linen and my underwear in a bucket in the bathroom, then turn everything inside the washing machine for spinning and drying. That is enough exercise for a day."*

The preference for cooking their food rather than eating out was a common sentiment among participants. However, a few individuals under 60 noted that their work schedules sometimes made it difficult to find time to cook, though they prefer home-cooked meals. Reflecting this, one participant explained: "*I usually cook my own meals and hardly eat out because I prefer food made the way we do it back home. Since I only get one day off, I cook in large quantities, so the food lasts until my next day off.* Older participants, such as men in their seventies and women in their eighties, who lacked the strength to cook, sought assistance but closely guided their helpers to ensure meals were prepared to their preferences. One participant shared: "*I hire someone to do my cooking because I don't have strength to stand for long. However, even in this situation, I join them in the kitchen making sure they cook the food the way I wanted them to do it."*

The activity mentioned among the participants in their eighties was prioritizing rest, following doctors' advice for essential physical and mental rejuvenation. Their resting periods often involved leisurely naps, watching television, tuning into prayer lines on social media, or talking by phone with family members back home. Likewise, those below the age of seventy mentioned that they seek opportunities to hang out with friends when they can and engage in outdoor activities like sightseeing and boat rides when their families visit.

Overall, participants expressed a preference for continuous activities rooted in their cultural upbringing and childhood training, which have become integral to their lifestyle. They perceived these activities as rigorous physical exercise due to the level of active body movement involved. Reflecting this perspective, one participant explained: "*sweeping involves bending and moving around, making it a way to stay active. By the time I am done cleaning, shower and eat, the next thing is to go to bed and rest because I would have been so tired. What exercise is more than that?"* Overall, the participants generally believe physical activity is already integral in their lifestyle, being embedded in the activities contained in their cultural norms and values.

Table 3: Codebook of Themes: Cultural Perception of Domestic Activities as Physical Activity

Theme	Description	Illustrative Quotes
1. Culturally Embedded Household Activities	Participants identified culturally rooted domestic chores (sweeping, laundering, cooking) as essential forms of physical activity and personal identity.	*"I grew up with the habit of sweeping and mopping; it's something I learned from my parents."* *"Sweeping involves bending and moving around… What exercise is more than that?"*

2. Traditional Approaches to Laundering	Handwashing clothes was described as culturally meaningful and necessary for fabric care, with many combining it with machine use for efficiency.	*"If I handwash, I can take better care of these aspects."* *"I manually wash… then turn everything inside the washing machine for spinning and drying."*
3. Cooking as a Preferred and Active Practice	Cooking meals at home was seen as both a health and cultural necessity. Even participants unable to cook directly remained involved in food preparation.	*"I cook in large quantities… so the food lasts until my next day off."* *"I join them in the kitchen… making sure they cook the food the way I wanted."*
4. Rest as a Functional and Age-Adaptive Activity	Participants over 80 emphasized rest and leisure as health-preserving routines aligned with age and medical advice.	*"I don't have strength to stand for long."* *"Doctors say I need to rest to avoid stress on my heart and joints."*
5. Social and Leisure Engagement	Younger participants occasionally engage in informal social and recreational activities like sightseeing or gatherings, especially when family visits.	*"I hang out with friends when I can."* *"We go on boat rides when my children come around."*
6. Perception of Everyday Tasks as Exercise	Participants widely viewed daily domestic routines as equivalent to structured physical exercise due to the energy exerted.	*"By the time I am done cleaning… the next thing is to go to bed and rest because I would have been so tired."*

Housing Barriers to Indoor Physical Activity

Participants studied were either living in rented or owned residences. Anxiety over structural soundness, layout efficiency, adequate lighting, and ventilation stood out as factors mentioned by the participant as challenges to active aging, irrespective of the type of residents. Both renters and owners among the participants express similar anxieties regarding the structural soundness of their resident flooring. Common among the concern shared was the comment on *"hearing different cracking sounds when I walk in my apartments,"* which led some to think that the *"floor is not strong enough for anything beyond careful walking"* and might not support indoor exercises. This apprehension leads to a reluctance to perform activity beyond commuting from one space to another in their residential interior. "*Houses here are not designed for you to engage in too rigorous activity than sleeping*," one participant remarked.

In addition, participant living in rented housing also mentioned the challenge of insufficient indoor spaces. The limited space within their apartments restricts free movement, making even routine activities such as house cleaning challenging. One participant shared, "*The rooms are not of the same sizes; whoever enters last takes the small room. My room is smaller and cramped*." Also, the shared nature of common spaces further complicates the situation. As one participant explained, "*We share the space, so nobody can dominate any shared space unless the use is mutual. So, I can only maximize my bedroom, and it is packed at the moment with my belongings*."

Similarly, participants in the rented residences identified poor natural lighting and ventilation as significant challenges in their indoor spaces. One participant remarked: *"Most shared spaces in the interior often rely solely on artificial lighting, as they lack exterior-facing windows. Sometimes I feel the lighting is not enough."* Additionally, participants reported reduced physical activity as a strategy to manage the cost of artificial lighting and ventilation, such as air conditioning. This is because utilizing the artificial system poses a financial challenge. As one participant shared, "*You have to rely on AC to cool the room, but when the bill comes, you will rethink putting it on all the time.*" Also, another participant explained: *"I sweat a lot engaging in rigorous activity indoors, and it is not advisable cost-wise to run air-conditioning more often."* Consequently, inadequate natural lighting and ventilation, coupled with the financial burden of artificial systems, significantly hinder indoor physical activity among participants in rented residences.

Table 4: Codebook of Themes: Housing Barriers to Indoor Physical Activity

Theme	Description	Illustrative Quotes
1. Structural Insecurity and Indoor Inactivity	Participants expressed anxiety about the structural integrity of their homes, particularly flooring. This fear limited physical movement and discouraged indoor physical activity.	"Hearing different cracking sounds when I walk in my apartment." "The floor is not strong enough for anything beyond careful walking." "Houses here are not designed for you to engage in too rigorous activity than sleeping."

2. Spatial Constraints in Rented Residences	Limited indoor space, particularly in rented housing, restricted movement and made everyday tasks like cleaning physically demanding. Shared living arrangements compounded these constraints.	"The rooms are not of the same sizes… My room is smaller and cramped." "We share the space… I can only maximize my bedroom, and it is packed."
3. Poor Lighting and Ventilation	Participants in rented housing described challenges related to lack of natural lighting and poor airflow, which contributed to discomfort and discouraged physical activity.	"Most shared spaces… rely solely on artificial lighting." "Sometimes I feel the lighting is not enough."
4. Financial Burden of Indoor Climate Control	The cost of using artificial lighting and ventilation systems such as air conditioning discouraged participants from engaging in physically demanding indoor activities.	"You have to rely on AC… but when the bill comes, you rethink putting it on." "It is not advisable cost-wise to run air-conditioning more often."
5. Home Environment as a Barrier to Active Aging	The combination of physical, structural, and financial constraints created an indoor environment that discourages active living, especially among renters.	"I sweat a lot engaging in rigorous activity indoors…" "Promoting active aging may require focusing on opportunities outside the residential environment."

This finding suggests that the condition of residential indoor spaces limits physical activity among participants, especially the renters. As a result, promoting active aging among immigrant renters may require focusing on opportunities for physical activity outside the residential environment.

The neighborhood factors

Participants living in rented housing typically reside in multi-story or mixed-use buildings, usually four floors high. These buildings were located along major roads that connect different areas of the neighborhood. These areas are busy, with buildings positioned close to the road, leaving minimal space between the road, sidewalk, and building fronts (see Figure 1). In contrast, participants in owned homes primarily live in single-story residences in quieter, suburban parts of the neighborhood. These areas feature less traffic, with houses set back significantly from the road, creating separation through expansive lawns, gardens, or buffer zones. This environment offers greater privacy and tranquility compared to the bustling settings of rented housing, with fewer nearby commercial or public buildings (see Figure 2).

Figure 1: A picture showing a typical multi-floor rented apartments in the studied neighborhood.
Source: Google Earth (https://earth.google.com/web)

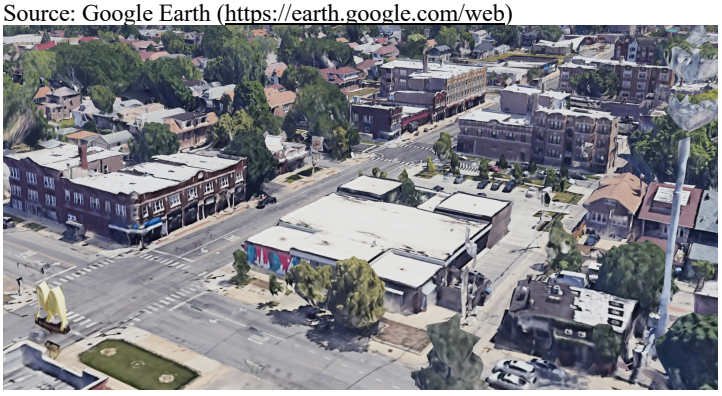
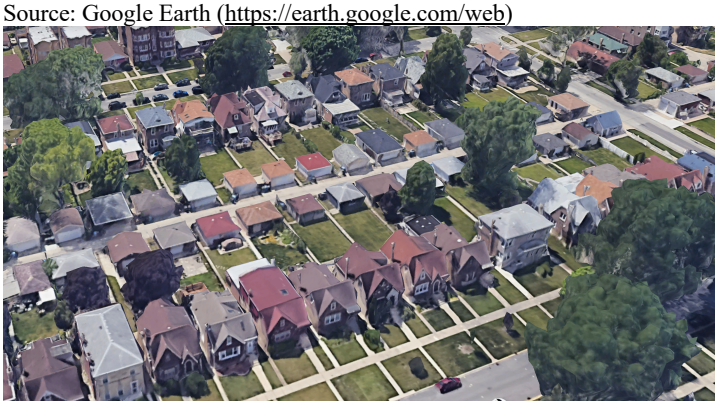


Figure 2: An aerial view of single-family house type on S. Prairie & S. Indiana Avenue in the studied neighborhood
Source: Google Earth (https://earth.google.com/web)



The participants were asked about their neighborhood walkability, whether for leisure or transportation. Participants living in rented housing mentioned that neighborhood is not safe for walking. Capturing the general concern of the participants, one mentioned: "*Walking is too risky in this neighborhood. There is too much reckless driving here and the pavement where people walk is too small for people, and too close to the road. Roads connect everywhere here, even to your doorstep, so one has to be very careful."* Additionally, participants noted the condition and maintenance status of the walkways increasing the risk of falls. "*People just drink and throw the bottle anywhere. The road itself can make you fall if you don't walk carefully. Everything is spoiled. I cannot walk and end up in the hospital with how costly medication is here. Insurance doesn't cover anything, my brother,"* a participant shared.

On the other hand, participants living in areas with single-family homes described their environment as "*too quiet*," and *"I do not feel comfortable walking alone on the streets."* They also mentioned the "*absence of resting spots"* or *"roadside seating."* One participant noted: "*I want to take walks in the cool evenings, but I struggle because I get tired easily and there aren't many places to rest along the way. Even though I sometimes consider using the available lawns, it's hard to get back up afterward."* Additionally, they mentioned that the *"trees planted along the street have overgrown, obstructing the streetlights and creating dark,"* discouraging interest in evening walks.

Overall, these reveal significant environmental barriers that hinder active aging among immigrant populations living in both housing neighborhoods. Safety concerns, poor infrastructure, and inadequate maintenance of walkways in rented housing areas discourage outdoor physical activity due to the heightened risk of injury. Similarly, residents in single-family neighborhoods face psychological and physical deterrents, such as social isolation, lack of resting amenities, and poor lighting conditions, which reduce the appeal and feasibility of walking. Collectively, these challenges demonstrate that without targeted environmental modifications, such as improved pedestrian infrastructure, enhanced safety measures, and the inclusion of age-friendly design elements, efforts to promote active aging in these communities may remain limited in their effectiveness.

Table 5: Codebook of Themes: The neighborhood factors

Theme	Description	Illustrative Quotes
1. Built Environment and Residential Density	Contrasting housing environments shape residents' experiences. Rented housing areas are high-density, noisy, and located along major roads, while owned homes are in low-density, quieter suburban zones.	*"Roads connect everywhere here, even to your doorstep…"* *"This environment offers greater privacy and tranquility…"*
2. Walkability and Perceived Safety in Rental Areas	Participants in rented housing report traffic risks, narrow sidewalks, poor maintenance, and environmental hazards that discourage walking for transportation or recreation.	*"Walking is too risky in this neighborhood… pavement is too small and too close to the road."* *"The road itself can make you fall… insurance doesn't cover anything."*
3. Psychological and Physical Deterrents in Quiet Neighborhoods	While safer and quieter, single-family home areas are perceived as isolating and physically demanding due to limited seating, inadequate lighting, and sparse social interaction.	*"It's too quiet… I don't feel comfortable walking alone."* *"There aren't many places to rest… lawns are hard to get up from."*

4. Inadequate Age-Friendly Design Across Housing Types	Both types of neighborhoods lack infrastructure tailored to older adults—such as well-lit paths, resting amenities, and safe, clean walkways—limiting opportunities for outdoor physical activity.	*"Trees block the streetlights, it's too dark for evening walks."* *"Everything is spoiled… no safe space to walk."*

Social Dimension of Active Aging

Housing Stability and social connection

Participants' social relationships varied notably by housing type, influencing their capacity to age actively. In rented housing, frequent resident turnover disrupted social cohesion, often due to financial instability. One participant shared: *"In this area, friendships are transient due to the frequent movement of residents based on their financial situations. Unlike my workplace, where I have more stable friendships, the ever-changing living situations make it challenging to establish permanent connections at home."*

Conversely, participants living in owned homes described more supportive, enduring neighborhood relationships. Stable residency allowed for meaningful social bonds that enhanced their sense of belonging. As one participant explained: *"In my neighborhood, we truly have a close-knit relationship... We know each other's names, share meals, and help one another out. It feels like one big family... and gives us a strong sense of belonging."*

These contrasting social dynamics underscore the critical role of housing stability in fostering social integration and mutual support—factors central to promoting active aging.

Co-Living as Social and Practical Support

All participants reported living in co-living arrangements, though motivations varied. For renters, cohabitation primarily served economic purposes. For homeowners, it was often framed as community support or cultural duty. One participant explained: *"We help newcomers by accommodating them, which helps them avoid high rent and settle in faster."*

These arrangements also facilitated social engagement through shared values and routines, particularly around faith and cultural activities. As one participant noted: *"We invite each other... for activities at our church or club. These activities usually involve standing, sitting, dancing, and singing... Afterward, we share local meals, which helps us build stronger relationships and a sense of community."*

In addition to fostering community, co-living offered practical assistance. Some older homeowners benefited from support with daily household tasks, while newcomers received guidance on employment and social navigation. One participant stated: *"Having extra people, often younger individuals, living in my home provides companionship and assistance with household tasks such as cleaning, cooking, and shopping."*

These co-living dynamics not only reduced financial burden but also strengthened social networks—enhancing emotional well-being and facilitating active lifestyles.

Environmental Preferences across Age

Perceptions of neighborhood vibrancy and livability differed by age and residential context. Participants living in multi-story rental housing in mixed-use neighborhoods described the environment as dynamic and socially engaging. One participant observed: *"This neighborhood is exciting... The variety of activities makes the place feel lively and full of energy."*

However, older participants, especially those in their 70s and 80s, found such environments overwhelming. A participant shared: *"The noise from nearby commercial areas disturbs the peace I once had. It's hard to find peaceful moments with so much going on."*

These contrasting views suggest that aging alters environmental preferences, necessitating adaptive neighborhood designs that balance stimulation and serenity to support aging populations.

Outdoor Spaces as a Social facilitator

Green spaces and yards were frequently cited as enablers of intergenerational and neighborly engagement, especially among residents of single-family homes. Participants described how lawns and yards became social hubs for family gatherings and community interaction. One participant reflected: *"My neighbor next door is Hispanic, and every evening they always have something to do in their yard. I also sit out there... It was not like that when I was in my rented apartment."*

Such informal socialization opportunities promote emotional well-being and a sense of community, underscoring the value of outdoor residential spaces for aging adults.

Neighborhood Safety and Social Withdrawal

Neighborhood safety emerged as a prominent barrier to active aging. Participants living in high-crime areas reported frequent violence, theft, and property damage. One individual described: *"The major streets such as 79th Street are dangerous... all other streets are connected to these dangerous zones."* Safety concerns extended to everyday routines. The unpredictability of violence led participants to limit outdoor mobility and social participation. One participant explained: *"When trouble starts in this*

environment... you might be coming back from work or another social outing... or the fight has already reached your doorstep."

Additionally, poorly lit streets intensified fears, especially at night. Participants described protective routines such as escorting friends to their doors or monitoring the street from their windows. These behaviors reflected persistent safety concerns that undermined physical activity and social connection, a key component of active aging.

Overall, this study highlights how housing stability, co-living arrangements, environmental design, and neighborhood safety collectively shape opportunities for active aging among African immigrants. Stable homeownership and access to outdoor space foster community interaction and physical activity. Conversely, transient rental housing, high crime rates, and poor infrastructure inhibited mobility and social engagement among immigrant populations navigating structural and social vulnerabilities.

Table 6: Codebook of Themes: Social Dimension of Active Aging

Theme	Description	Illustrative Quotes
1. Housing Stability and Social Connection	Stable homeownership fosters long-term neighborhood relationships, while rental housing is marked by social transience due to frequent relocations.	"Friendships are transient due to the frequent movement of residents…" "We know each other's names, share meals, and help one another out."
2. Co-Living as Social and Practical Support	Co-living arrangements support social interaction, cultural continuity, and mutual assistance, though motivations vary by housing type.	"We help newcomers by accommodating them…" "Having extra people… provides companionship and assistance with household tasks."
3. Environmental Preferences Across Age	Perceptions of neighborhood vibrancy differ by age group; older adults prefer calmer environments, while younger individuals find energy in lively settings.	"This neighborhood is exciting… full of energy." "The noise… disturbs the peace I once had."
4. Outdoor Space as a Social Facilitator	Access to green spaces and private yards promotes intergenerational and neighborly interaction, especially in owner-occupied homes.	"Every evening they always have something to do in their yard." "I also sit out there... It was not like that when I was in my rented apartment."
5. Neighborhood Safety and Social Withdrawal	High crime rates and poor lighting in some neighborhoods discourage social participation and outdoor activity, limiting active aging.	"The major streets… are dangerous." "You might be coming back from work… or the fight has already reached your doorstep."

Discussion

This study reveals a range of factors influencing active aging among African immigrant seniors, focusing on the cultural, structural, and social barriers that shape their engagement in physical activity. It offers insights into how housing conditions, neighborhood characteristics, and social dynamics interact with cultural values to support or hinder active aging.

Physical housing concerns—such as limited space, poor lighting and ventilation, perceived structural degradation, and lack of facilities—emerged as prevalent issues among participants. These constraints align with previous findings that emphasize the role of built environments in limiting opportunities for physical activity (Buffel et al., 2018; Van Duyn et al., 2007; Belza et al., 2004). In particular, such inadequacies may contribute to sedentary lifestyles among older adults (Rudnicka et al., 2020). Likewise, external environmental factors—such as autocentric urban design, narrow walkways without buffer zones, inadequate street lighting, and a lack of public resting spots—discouraged walking and reduced perceived safety. These findings are consistent with Foster and Giles-Corti (2008), who observed that poorly designed urban spaces decrease opportunities for physical activity and contribute to feelings of insecurity (Nichol et al., 2010).

Social relationships also played a critical role. Participants in rented apartments often described transient friendships due to the unstable nature of rental housing, while those in owned housing expressed more consistent and supportive neighborhood interactions. These dynamics affect active aging by either undermining or promoting stable social support systems. The presence of close-knit relationships within owned housing facilitated a stronger sense of belonging and community engagement, both essential to active living (Baeriswyl & Oris, 2023; O'Dare et al., 2019). Homeownership has also been linked to increased access to social resources (Manturuk et al., 2010), supporting our findings that housing stability promotes active aging.

The study also highlights the significant role of co-living arrangements in enhancing social support. Participants frequently described co-living as either an economic necessity or a form of communal service, depending on housing tenure. These arrangements often fostered shared religious and social activities, which promoted both physical movement and emotional well-being. Church gatherings and community events encouraged movement through dancing, standing, and singing, while also strengthening social bonds. This reflects how culturally grounded social engagement can foster healthful behaviors and community ties.

Crime and violence in certain neighborhoods emerged as formidable barriers to active aging. Many participants described the unpredictability of local violence and the resulting fear of venturing outdoors. This aligns with existing literature indicating that fear of crime discourages physical activity and social engagement, especially among marginalized populations (Assari et al., 2016; Giraldez-Garcia et al., 2013; Heinrich et al., 2016). The perceived and actual risks of victimization led to decreased mobility and reduced participation in community life, further compounding isolation and health decline.

Importantly, this study reveals that participants interpret physical activity and active aging through a cultural lens. Many associate active livings with traditional practices and communal values. Their preference for residing in culturally familiar communities highlights the role of cultural continuity in fostering well-being (Ibe-Lamberts, 2016). However, the study also exposes a paradox: while these communities offer cultural comfort and social familiarity, they often present environmental and structural challenges that restrict active aging. The demands of American work culture—characterized by long hours and multiple job holdings—further constrain time and energy for physical and social activities, exacerbating the adverse impacts of the housing environment.

This paradox underscores the need for a more nuanced understanding of African immigrant seniors lived experiences. While community ties attract them to specific neighborhoods, structural barriers such as housing quality, neighborhood design, and economic hardship undermine their ability to lead active lives. These findings suggest that effective interventions must consider the interplay of cultural identity, social support, and environmental design.

Policy and programmatic implications include the need for culturally sensitive housing designs that support social engagement and provide access to safe public spaces. Community-based programs tailored to the needs of older African immigrants could promote both physical activity and social participation. This may involve creating accessible rest areas, improving street lighting, and facilitating culturally appropriate group activities.

Finally, while shared experiences of migration and aging unify participants, their narratives reveal intragroup diversity. National background, migration history, and legal status appear to influence their access to resources and community networks. For instance, West African participants often described stronger social ties than others. Future research should investigate how countries of origin, immigration status, and length of residence affect access to social and economic supports and shape engagement in active living.

In sum, this study contributes to a growing body of literature on immigrant health by highlighting the structural, cultural, and social factors influencing active aging among African immigrants. Addressing the barriers identified in this study can inform the development of inclusive policies and practices that support health equity and aging well within immigrant communities.

Conclusion

This study examines the factors influencing active aging among African immigrant seniors, identifying cultural, structural, and social barriers that hinder their active lifestyles. It provides valuable insights into strategies for improving support systems to promote active aging within this population. The findings revealed that while the desire for community connectivity and cultural familiarity initially attracted participants to the area, the neighborhood's characteristics, including limited access to safe outdoor spaces and suboptimal housing conditions, posed significant barriers to maintaining physical activity and social engagement. The study highlights the complex interplay between housing environments, social connectivity, and active lifestyles among this population, underscoring the need for culturally sensitive interventions and policies that address the unique challenges faced by older African immigrants in the United States. The study's contextual approach allowed for an in-depth exploration of participants' experiences, respecting the diverse perspectives they bring to their realities. The findings could foster more effective and culturally sensitive interventions that promote physical activity, social inclusion, and overall well-being of the African population in the United States.

Several limitations of this study should be acknowledged. First, the potential for translation errors exists, as participants often communicated in their native languages during interview, posing challenges in accurately conveying responses in English. This was mitigated by the lead author's familiarity with the dialects spoken by many participants. Second, the use of a single coder and the skewness of sample toward south-western Africa warranting cautious interpretation and generalization of the findings among all African population. Lastly, while participants frequently mentioned work hours as a barrier to physical activity, this study did not measure actual activity levels. Future research should incorporate objective measures such as step counts or activity trackers to validate these claims. Despite these limitations, the study's results provide a valuable foundation for future research on active aging among African immigrant older adult populations. Further research could compare the experiences of African immigrants in other major U.S. cities to identify similarities and differences. Additionally, studies comparing African immigrants with other immigrant populations could

uncover unique challenges and opportunities for promoting active living. Furthermore, examining existing policies and initiatives designed to promote active living could help identify potential policy interventions to address barriers and encourage active aging among all immigrants in the United States.

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