




Aging in Chinatowns: the Meaning of Place and Aging Experience for Older Immigrants

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Abstract

The concept of “Aging in place” has not been fully validated among older immigrant groups living in diverse cultures. The study used a qualitative research approach and interviewed Chinese immigrant older adults across three Chinese enclave communities in New York City to identify whether Chinatowns are a place for Chinese immigrants to age and explore their experience of aging in Chinatowns. The findings showed that Chinese immigrants did consider Chinatown as the place, which conveyed practical, linguistic, social, emotional and cultural meaning. Aging in Chinatown, older adults sought independence, security, and autonomy through various social resources. However, older adults, especially newly arrived immigrants, have faced obstacles that undermine their aging experience. Older immigrants’ unique aging experience has provided profound insight in understanding migration and AIP, which help develop proper policies and programs to support the AIP initiative.

Keywords Aging in place · Chinese immigrant · Chinatown · Enclave

Introduction

“Aging in place” (AIP) has been widely discussed in the field of aging policy as a preferred housing arrangement for senior populations; this concept has also received substantial attention in the gerontological literature over decades. AIP generally refers to the notion of aging in one’s own home and community safely, independently, and comfortably, regardless of age, income, or physical/cognitive capacity, as long as possible in order to delay any potential relocation to an institutional care

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setting (Centers for Disease Control and Prevention, 2020). Based on the classical ecological model of aging (Lawton & Nahemow, 1973), AIP is conceptualized as a person-environment process that older people's optimal function is determined from the dynamic interaction between individuals and the social and objective environments. It is noted that the popularity of AIP not only reflects a changed policy orientation moving away from institution-based older care to community-centered efforts but also responds to the growing cultural diversity of senior populations (Levitt, 2013). However, despite that AIP is generally considered benefiting, and preferred by, minority older adults, this notion has not been fully validated among older immigrant groups.

According to the U.S. Census, 7.3 million older adults (age 65 and above) were foreign-born, counting for 13.9% of the total older population (Mizoguchi et al., 2019). By 2060, the older immigrant population is expected to increase by 200% to 22 million (Mizoguchi et al., 2019). For older immigrants, particularly those who arrived in the U.S. at old age, aging out of place—experiencing the physical and emotional detachment from their familiar environment and culture and growing older in a foreign nation—occurs first before their aging in place (Curtin et al., 2017; Lewis, 2009; Sadarangani & Jun, 2015). Previously studies of AIP have been criticized for not providing sufficient aspects to understand the transactions between aging and place, particularly not responding to the diversity of American society in which immigration has occurred (Johansson et al., 2013).

This study presents a snapshot of older Chinese immigrants in New York City, their experience of aging in Chinatowns, as well as their perception and understanding of “the place.” New York's older immigrant population has been growing rapidly in recent years, far outpacing that of the US-born senior population, and reached 49.5%—nearly equal to the native-born share; older immigrants from China are responsible for the greatest increase in the senior population from foreign countries or regions (González-Rivera, 2017). New York City also hosts the largest ethnic Chinese population outside Asia (U.S. Census Bureau, 2017). While Chinatowns are perceived as the “home” for Chinese immigrants (Hsu, 2014), are Chinatowns really *the* place for Chinese immigrants to age? Do older Chinese fare well in Chinatowns?

Literature Review

In practice, places have been loosely defined to encompass neighborhoods, community attributes, and social affiliations (Black, 2008; Johansson et al., 2013; Means & Evans, 2012). Such use of the “place” incorporates several interrelated dimensions, which typically include a physical dimension as one's home or neighborhood, a social dimension concerning the relationships and connection with people, a psychological and emotional dimension involving a sense of belonging and attachment, as well as a cultural dimension relating to people's value, ethnicity, and symbolic meanings (Lecovich, 2014). AIP and environmental gerontology studies have focused on the functional, symbolic, as well as emotional attachments and meanings of homes, neighborhoods, and communities for older adults (Johansson et al., 2013; Lecovich, 2014; Wiles et al., 2012). Indeed, the utmost value of AIP rests on the fact

that people would want to remain autonomous, active, and independent as possible surrounded by their family and friends as they age (Farber et al., 2011); thus the place's characteristics, such as the resources, vitality, and emotional attachment, are essential to the older adult population (Cook et al., 2007; Wiles et al., 2012).

Older immigrants have experienced moving in and out of places as a result of migration. Literature suggests that immigrants may go through the physical and emotional experience of aging in a foreign environment with different sociocultural backgrounds (Sadarangani & Jun, 2015). Immigrants' experiences of "place" may occur at multiple levels, from home to neighborhood and even at the national level, and the "place" could carry older immigrants' sense of attachment, independence, and person-in-environment adaptation (Rosenwohl-Mack et al., 2020). For better age, older immigrants would be situated in places that are sources of meaning (e.g., immigrant enclave) and a locus of social activity (e.g., immigrant temple and church), and their places could also be an extension of themselves through connections with family members and immigrant community organizations (Becker, 2003; Hwang, 2008; Lai et al., 2019). Meanwhile, study also recognized the "placemaking" process among people who find themselves between places—rather than finding a meaningful place, immigrants transform the physical spaces into relevant and valid places (Johansson et al., 2013). The proactive "placemaking" is valuable as immigrants also incorporate ethnicity and cultural expressions through their everyday practices (Johansson et al., 2013).

For Chinese immigrants, Chinatown has been a residential neighborhood, a place providing many of its residents with access to shopping, restaurants, transportation, foods, as well as jobs and opportunities for economic activities. The use of ethnic enclaves (Lim et al., 2017) to portray Chinatowns has become a popular understanding of the Chinese immigrant community (Zhou, 2010). Historically, Chinatowns were the place for newly arrived Chinese immigrants for affordable housing, jobs, ethnic products and community support; Chinatowns had also served as buffers to anti-Chinese racism and hostile environments (Zhang, 2013). In recent decades, Chinatowns across the U.S. have experienced urban transformation, including the rapid growth of ethnic urban tourism. While various social-economic and political forces have envisioned Chinatown as an ethnic space differently, the neighborhood has evolved mostly with a bifurcated pattern, simultaneously being gentrified and remaining as Chinese enclaves and gateways for working-class immigrants (Acolin & Vitiello, 2018; Hom, 2020; McKee, 2016; Santos & Yan, 2008), as well as heritage sites and organizing points to be preserved (Zhang, 2013). Significantly, scholars also noted the rise of newer Chinatowns, not at the traditional downtown location but in the suburbs, as a result of increasing globalization and the arrival of a large number of middle-class and educated Chinese immigrants with capital and resources (Ang, 2020). Chinatowns and Chinese communities in the U.S. have demonstrated decentralized, differentiated, and multi-ethnic characteristics in the context of globalization and transnationalism (Yu, 2020).

Traditionally, Chinatowns were perceived as transitional spaces; resources in Chinatowns such as employment agencies helped new immigrants, often in their working age, ease the initial settlement process and ultimately supported immigrants' integration into the larger American society—moving out of Chinatowns and

moving up (Chen, 2018; Liang et al., 2018). For newly arrived older adults, most of them migrated to the U.S. not for the economic opportunity and a better life as their younger cohorts, but often migrated in assisting their adult children's needs of work and family life, conceptualized as serial migration, thus living in extended-family households (Treas, 2008; Zhou, 2012); these older immigrants scatter throughout the city but go to Chinatowns, old and/or new, for shopping and gathering. Despite that older immigrants might not necessarily need to live in Chinatown neighborhoods to work out the challenges concerning their aging and care, recent literature indicates that the age structure of the Asian population in Chinatowns was characterized by the high share of older adults (Xie & Batunova, 2020), and monolingual long-term Chinese older residents claimed Chinatown as home (Hsu, 2014). The older immigrant population is still highly relevant with immigrant enclaves due to their decreased possibility of language acquisition and cultural integration into the broader society (Zhou, 2010).

The concept of AIP has been criticized for not being studied adequately and not having sufficient understanding in the context of immigration in late life (Johansson et al., 2013; Rosenwohl-Mack et al., 2020). Immigration itself leads to a complex process of reconnection with the new place, given that it can include dealing with different customs and languages, altered beliefs regarding aging and the roles of older people in society, changed access to welfare and social resources, transnational relationships, and new forms of mixed or transnational identities (Bozic, 2006; Johansson et al., 2013; Lewis, 2009); immigration processes have changed the aging experiences in terms of place and/or space. Studies have shown that older immigrants who were "aging out of place" have transformed aging from a traditional life stage "in place" into a complex transnational process infused with new learning, insecurity, and separation; some integrated their past experiences of sense of place in their native country with their present experiences of home in the new country (Curtin et al., 2017; Zhou, 2012). While aging in place, the home environment is highly valued for older immigrants, however, potentially threatened by changes to their family relationships due to intergenerational care and living arrangement (Zhou, 2012). It is also noted that undesired isolation and lack of connectedness, due to immigration-related loss in social relationships, changes in daily routines and lifestyles, and left behind personal possessions, were significant among older immigrants (Johansson et al., 2013; Lai et al., 2019; Li et al., 2018), which challenged the fundamental value and applicability of AIP among older immigrants. For the older adults living in the immigrant enclave, their understanding and experience of AIP is ambiguous and might differ from the major ethnicity groups. So, the study asked: Are Chinatowns really *the* place for Chinese immigrants to age?

The ecological theory of aging offers a framework that takes into account various types of personal competence and characteristics of the physical environment, including housing, neighborhood conditions, and public transport (Lawton & Nahemow, 1973; Wahl et al., 2012), and successful AIP emphasizes the interaction between these personal competencies and environmental conditions (Lawton & Nahemow, 1973), that is, the mutual relationships and reciprocity occur between the older individual and their residential environment in which they live, work, and socialize (Lawton, 1983). Ethnic enclaves constitute an important aspect of

immigrants' AIP, enabling them to simultaneously remain connected to the places left behind and yet appropriating and forging significant new place ties. The architectural environment, and social, commercial, and ritual activities, all contribute to immigrants' interactions with the "place" (Mazumdar et al., 2000). Indeed, the concept of "place" often refers to the "place integration", which involves the idea that the geographical neighborhood undergoes constant changes due to the sociocultural process (Cutchin, 2003). People who are experiencing "aging in place" would engage in significant adaptations such as housing, cognition, social behavior, relationships with significant others, community, institutions to accommodate their new needs in aging and new "place" (Rosenwohl-Mack et al., 2020). The existence of ethnic enclaves is complicated, and both advantages and disadvantages are apparent to older immigrants. Aging in Chinatowns allows immigrants to maintain close ties with their home country, access available social networks, and obtain relevant information, essential advice and instrumental supports, which are particularly important for older adults and those physically or linguistically less mobile people (Forrest & Kearns, 2001; Gray, 2009; Luo, 2016). Nevertheless, the older individuals living in enclaves might be confined to the ethnic community with extensive reliance on the residential community and senior centers for overcoming the language barrier, thus encountering higher rates of health disparities, racial stigmatization, social isolation (Chau & Lai, 2011; Li et al., 2018; Osypuk et al., 2009). Aging in enclaves may increase the older people's social exclusion from the outside community and hinder their inclusion within the mainstream age-friendly initiatives as well (Herman et al., 2021). So, this study asked: Do older Chinese fare well in Chinatowns?

Methodology

The City This study examined older Chinese immigrants in the "place", the Chinese enclaves in New York City. Overall, Chinese immigrants in New York City moved into the U.S. at an average age of 46; among the China-born seniors, 27% were living below the poverty line; 91% had limited English proficiency (González-Rivera, 2017). The enclave originated in the old historically-known Chinatown in Manhattan and further expanded beyond its original boundaries to outer boroughs in Brooklyn and Queens due to the dramatically increased immigrant population and the development pressure (Zhou, 2010). Brooklyn's 8th Avenue boroughs, known as "Ba Da Dao" Chinatown among Chinese immigrants, attracted them with affordable housing and easy access to the workplace in Manhattan through the subway lines (Zhou, 2010). Flushing borough in Queens, attracted more middle-class and new immigrants from mainland China and other Chinese diasporas, and it is currently the largest satellite Chinatown in New York (Zhou, 2010).

Data Collection Approaches A theoretical purposive sample of older adults was recruited as evenly as possible across the three Chinese enclave communities in New York City since May 2019. The participants who 1) aged 60 years or older, 2) originally migrated from China, 3) previously lived or currently live in one of the three Chinese-immigrant cluster areas (Manhattan Chinatown, Sunset Park in Brooklyn,

Flushing in Queens) were recruited through the professional and personal contacts of researchers and the assistance of community-based service organizations located in Manhattan, Brooklyn, and Queens.

Semi-structured, face-to-face interviews were conducted between June 2019 and November 2019 by bilingual researchers. The interview guide covered a wide range of topics related to aging in Chinatowns, including socio-demographic information; health and caring arrangements; social security and welfare; culture changes and norms (e.g., perception or expectation of immigration, characteristics of Chinatown); and perceptions on aging in the community (e.g., engagement in activities and organizations, social support, business, and public facilities frequented, ideas for positive aging in the Chinatown). The interview questions were asked in an open-ended approach, and follow-up questions were asked subsequently, which enabled the participants to tell their stories and express themselves with more information unrestrainedly. The language used for the interviews was either Cantonese or Mandarin, based on the older adults' preference. The study procedures were approved by the University Institutional Review Board for human subject protection.

Data Analysis Strategies The digitally recorded interviews were transcribed verbatim and read by at least three researchers who were native Mandarin and Cantonese speakers. The qualitative data coding and analysis process was facilitated by using the NVivo12 software. Followed by the principles of constructive grounded theory (Charmaz, 2006; Chun Tie et al., 2019), we performed the initial, focus and theoretical coding processes. During the initial coding, the data were analyzed line-by-line and categorized into analytic concepts. Focused coding was conducted in identifying the most emerging categorized concepts, and theoretical coding was processed to integrate the categories into a more abstract and conceptual level. Throughout the analysis, data were also constantly compared in order to construct the meaning and generate theoretical reflection. The research team jointly reviewed the coded content and discussed the themes identified in the transcripts to increase the trustworthiness. Themes were revised and refined until an agreement was reached about major coding categories, interpretation of the finding, and linkages to the conceptual ideas from the overarching ecological model of aging framework.

Descriptive Data In our study, 22 older adults (14 females) were recruited for the interviews, with eight older adults aged over 75. Most of the participants lived with their adult children, with half of the participants residing in the Queens area. Four immigrants have arrived within five years, while half of the participants have arrived more than 25 years. In addition, 78% of the participants have finished junior high school or above level of education, and 50% of the older adults self-identified as low-income level. Table 1 summarizes some key characteristics.

Table 1 Key characteristics of the participants

	Manhattan (n = 5)	Brooklyn (n = 6)	Queens (n = 11)
Gender (Number)	3	4	7
Age Category (Number)			
Female			
60–75	5	4	5
75+	-	2	6
Years in NYC (%)			
0–5	-	17%	27%
6–15	40%	-	18%
16–25	40%	33%	9%
25+	20%	50%	45%
Level of Education (%)			
Primary School	-	50%	18%
Junior High School	40%	33%	36%
High School	40%	17%	36%
College/ Graduate	20%	-	9%
Family Structure (%)			
Live Alone	-	-	18%
Live with Adult Child & Grandchild	-	33%	36%
Live with Adult Child	80%	50%	36%
Live with Spouse	20%	17%	9%
Language (%)			
Mandarin	20%	-	45%
Cantonese Dialect	80%	33%	27%
Minnan Dialect	-	67%	18%
Northern Dialect	-	-	9%
English Level (%)			
None	20%	50%	64%
Limited Listening & Reading	60%	50%	27%
Daily Communication	20%	-	9%
Family Income Level (%)			
Low	60%	50%	45%
Low to Medium	20%	17%	9%

Table 1 (continued)

	Manhattan (<i>n</i> = 5)	Brooklyn (<i>n</i> = 6)	Queens (<i>n</i> = 11)
Medium	20%	33%	27%
Medium to High	-	-	36%
Average Years in the Chinatown (mean)	13.75 (SD = 11.81)	13.5 (SD = 7.84)	8.2 (SD = 5.95)

Results

The Place: Chinatown

In general, when asked about the experience of aging in place, a majority of participants connected the concept to the broader community where they resided and had daily activities instead of the concept of a house or home. Some immigrants have been living within the Chinatown for a decade. Although they have moved several times, the resident housings were still located within the area:

I have been living in Chinatown for 13 years. Although I have moved several times, it's always in the same area. (P4, Male, 70)

Participants reported little interest in moving outside and had a vague impression on the outside areas and other Chinese enclaves:

I don't know much about other Chinatowns in the city and have no interest in going outside. It is great for people living in 8th Ave because we know the language and can buy things within walkable distance. (P20, Female, 67)

Regarding the perception of place, although most of the participants mention the poor sanitary, noise, and dense population of, they recognized its safety and convenience. Most important, within the place they lived in, they spoke the same language and dialects, which enabled them to complete daily routines such as grocery shopping, exercising, seeking primary medical service and participating in community activities and cultural events. Many older Chinese immigrants have experienced emotional attachment and security within this place where they shared a similar cultural background. They have easily gotten used to Chinatown as a place, enabling them to navigate the area and take advantage of its resources in culturally comfortable environments:

I think Chinatowns are a better place for us to live because we can't communicate with others if we go out. I can't read or speak English, so I will not know where I am if I go out. Living in Chinatown is good; at least you can communicate with each other in Chinese. It's more convenient for us to buy some stuff, and we can chat with the neighbors. I can visit the Chinese-speaking doctor here as well. (P10, Male, 83)

As languages were applicable in the major life scenario within the place, language has become a transparent fence of the “place”. All the participants have highlighted the language barrier as a significant concern. Some participants felt restrained with limited English proficiency and could not travel on the subway or visit the general hospital independently. The insufficient language skill has limited their possibility of exploring the outside community and increased reliance on the enclaves. As noted by the participants:

I think it is all a matter of language. I cannot leave Flushing with poor English and don't know how to take the subway. (P9, Male, 84)

I am not so happy staying here as I do not speak the language. I am constrained. I will be happier when I return to my home country. (P17, Male, 77)

Due to insufficient English proficiency, older Chinese immigrants were hesitant to take public transportation to explore other city areas without accompaniment or assistance. They felt anxious when traveling out of their comfort zone. Even though many older adults had experienced moving multiple times, the residences were limited within the enclaves.

Aging in Chinatowns

Living in Chinatown, almost all the participants have recognized and utilized the traditional enclave business to meet their daily needs, such as street vendors, supermarkets, Chinese restaurants, tea, or coffee shops within the place daily. They were also aware of the public facilities, including the hospital, community clinics, banks, parks, post office, bus, or subway stations. Meanwhile, as one participant said:

Older adults should live in Brooklyn as we can either walk or take public transportation to get to the place we want to visit. (P18, Female, 80).

Among many public facilities, the public transportation service was highlighted among many immigrants living in Brooklyn and Queens as a key to their aging place. Older adults can either visit the local store and facilities within distance or travel to other Chinatowns through public transportation.

Access to health services within the community was critical for immigrants' aging experience. Among the participants, the majority of the participants self-identified as fair to good health conditions, although many of them have been taking prescribed medications or treatments for chronic conditions. While half of the participants reported being hospitalized within the past year, they have frequently visited bilingual primary care physicians in Chinatowns. For example,

There are family doctors and clinics available in the community. You can immediately make an appointment with them if you are sick. Many of them speak Chinese, and if you are good at English, you can see an English-speaking one. (P12, Male, 70)

When asked about the overall aging experience in place, most of the older immigrants showed satisfaction and optimism about aging in the U.S. Their level of satisfaction was significantly associated with their financial status. Many older immigrants reported aging well as they were qualified to receive monthly social security and Medicare and public benefits, including Medicaid and Food Stamps. Thus, they were financially secured to maintain their basic living needs under the welfare network.

U.S. welfare is pretty good. I am satisfied with the retirement life here. I receive almost a thousand social security and food stamp money monthly. The grocery expense in the United States is also relatively cheap. It's good enough for me. (P4, Male, 69)

Interesting to note, although some older immigrants were living with their children, they preferred not to increase the caregiving burden of the family and stated the need to move out. However, getting a senior public housing, especially the ones located in Chinatowns, was very difficult and there was a long waiting period. One participant explained:

I don't have a house and have been applying for government housing for years. I use all my cash benefits to rent a room, and I apply for food stamps because I don't have enough money. (P5, Female, 70)

As new immigrants were not eligible for some public benefits, their aging arrangement was more passive. They had to depend on their families, especially adult children since they had fewer options economically and socially as they migrated:

It is a bit hard to think about a better condition due to my short immigration period. I expect more accessible access to senior housing and home care service. I will be satisfied if I had met these needs. (P17, Male, 77)

Moreover, new immigrants encountered negative feelings about aging out of place in the country level. They experienced a sense of being an outsider and showed difficulties in integrating to the new place. For example, one immigrant mentioned:

As an old Chinese saying goes, a falling leaf returns the roots. I never think about staying here, and it is not an ideal place for me to live here. (P10, Male, 83)

People in the Place

Participants identified family members living in Chinatowns or nearby whom they can seek care and support. Prior to migration, many older adults already had family relatives, such as parents, siblings, or cousins that had already been living in Chinatown enclave areas for years and were able to provide basic onboarding resources and ongoing support. Adult children were typically the core people in place, as they accompanied or sponsored the older adults to the U.S. While some older participants lived with their children, they have received limited emotional support and care. As one participant described:

I live with my daughter, but we don't talk much. My daughter goes to work every day. When I get up, she is still sleeping. She comes back after we have already gone to bed. My son lives at [a nearby area]. We don't talk to them much, and they also don't have time to listen to you. I will call my children if needed. Sometimes they may return the call, and sometimes, they may not. (P12, Male, 70)

Meanwhile, several participants preferred to obtain independence and autonomy as much as possible and did not rely on their children:

I want to remine a positive mindset. I really don't want to rely on others when I am getting old. I hate to bother my children. (P11, Female, 69)

I just want my children to call me sometimes. I do not expect them to be filial and ask for more. My children have their own families to take care of, and I understand the difficulties they have. I have been through this before. I can handle my own business and would not choose to bother them. (P11, Female, 69)

When their adult children were mainly busy with their work and social lives, older adults may not receive immediate aid when needed. Under this circumstance, many participants felt that they could reach out to the staff from community organizations in Chinatowns for urgent needs more than their family members. In addition, friendship was considered another critical component for aging well in the community as they could help each other if needed. The friendship was typically formed with the older adults' former colleagues, those who migrated from the same region, or those they got acquainted with from the same Chinese community organizations. Some participants also reported forming friendships with the people met in the park and interest groups. They believed that their friends would provide help if asked, but they seldom ask them for either practical or emotional support.

However, for new immigrant participants, their willingness to create new friendships in Chinatowns was low due to misperception and lack of communication; most relied on and maintained friendships in the home region through the internet:

It is hard for me to communicate with those who have been in the U.S. for decades. They are very backward in thought, and many of them are depressed due to the heavy work burden. Sometimes I feel annoyed and don't want to communicate with them. (P2, Female, 67)

Discussions

This research explored the perception of “the place” to older Chinese immigrants and their aging experience in the New York city enclaves. The concept of the “place” did not narrowly link to the physical house or the home, but more to the broader residential area where the older adults had a daily routine. The older Chinese immigrants have developed a set of daily routines that share the familiar life patterns they had in China. At the same time, the infrastructures in the enclaves are shaped by the early Chinese immigrants and support the daily living of the older adults. The accessibility for the enclave business, transportation, health care and social services sustains the older immigrants' cultural preference for living in the place, allowing the older immigrants to experience AIP in the U.S. as if they were in China. With reflecting to the “placemaking” process, these physical spaces have also been tied to the sense of belonging, affinity, and security for the immigrant older adults, thereby benefiting their aging process.

Previous researchers have highlighted the importance of language for older Chinese staying in Chinatowns. This study further suggests the role that language has played in defining “the place” for aging. Older Chinese immigrants' aging

experience is beyond Chinatowns' geographical boundary marking; within the metropolitan New York, they are in fact aging in a Chinese-speaking network (as a place) that offers various services and care. Chinese language (used as an umbrella term to cover a wide range of dialects) is not only essential to those with limited English proficiency but also meaningful to those who can speak English. It is not clear in this study to what extent services and care offered in the Chinese language have reflected culture norms and tradition; it is also deserving additional research attention on whether the preference of services and care offered in their native language is an aspect of cognitive aging for bilingual older immigrants.

Aging in Chinatowns, on the one hand, can be implied as an advantage in terms of a sense of familiarity, connection, and convenience for the older Chinese immigrants. On the other hand, it indeed confined options for immigrants as they were restricted due to socioeconomic and language barriers. While the Chinatown serves as a culturally appropriate place for immigrants' aging, the convenience and familiarity may convey the hidden fact that older adults were trapped in Chinatowns as they cannot live in other places or connect with other diverse groups of people in the greater New York area. This alert concurs to previous observations (e.g., Hsu, 2014; Zhou, 2010).

Aging experiences in Chinatowns are overall positive in this study; this is particularly true for those who are eligible and can access to senior public housing, home care services, social security, and Medicare and Medicaid to maintain the aging process. The whole aging-out-aging-in process seemingly does not distress older immigrants. At the country level, while aging out from the home country to U.S., older immigrants believe that they can access better public pension and healthcare benefits, compared to senior benefits in China. Aging out of places within New York City, much of these moves happened within the Chinatowns areas where there were few variances among places in terms of the cultural characteristics. Moreover, this study demonstrated that, although kinship is an essential component in the Chinese culture, older immigrant adults preferred to obtain a sense of autonomy and independence with limited assistance from their family members, particularly from their children in late life. The willingness of autonomy challenges the traditional Chinese cultural belief as "raising a child is an insurance for old age." As family members were not weighed as significantly as expected, neighbors and service program staff who are readily available in Chinatowns become key players in their aging experience.

Depending on public welfare and social services for a successful AIP indicates the risks and challenges the newly arrived older immigrants might have been facing. New immigrants (i.e., staying in the U.S. less than 10 years) have experienced some obstacles when aging in a country, resulting from the limited resources in the new place, lack of sufficient support through community organizations, and restricted access to public benefits, especially healthcare. New immigrants cannot get Medicare as a rule set up in 1996 requiring 10 years working experience in the U.S. to be eligible. No surprising, the study's finding among the new immigrants also suggests the sense of displacement associated with the late-life immigration experience. It is noted that new immigrants and long-term Chinatown residents would have very different aging experiences; new immigrants might encounter social isolation due to

a lack of belonging, connection, and friendships even they can still function well in Chinatowns. In addition, the sense of discontinuity in place may reduce their sense of security associated with the place, causing passive and problematic experiences in their aging process. Additional research should examine how and to what extent the transnational support networks would facilitate the AIP experience for older immigrants.

Limitation and Conclusion

Several limitations should be acknowledged. First, the study involved a convenience sample of the older participants recruited from the researchers' contacts and community-based service organizations, impeding the target group's representation. Besides, while we expected a larger sample size across different enclaves, we encountered fewer participants and uneven distribution of participants among each area. Thus, the study might not have detected possible differences between older participants with different enclave characteristics. Lastly, we experienced some response bias, whereby a small number of participants did not respond to specific questions and required more clarification. It would be meaningful to convey more insight from the new immigrants and examine their aging experience in the context of global migration.

This study has provided a valuable perspective from the Chinese older immigrant on their understanding of the concept of "aging in place" and aging experience. "Aging in place" is linked to the enclave where older immigrant adults could experience a sense of belonging and security. Instead of high reliance on family care, and regardless of the traditional belief of strong family support among the Chinese older adults, the study highlights the non-familial scenario of aging in place. The existing enclave business and the development and outreach of senior services have made Chinatowns a place where older immigrants prefer to age. The place was and has the potential to be experienced as a positive and suitable environment for older Chinese immigrants. In addition to being a destination of tourists and gateway for working-class immigrants, more culturally and linguistically appropriate community activities can surely further enrich the traditional ethnic enclave and turn it into the place of aging. Additional support and attention should be given to newly migrated older adults to further enhance the process of integration and create a sense of belonging. Also, introducing heterogeneous older groups and theoretical perspectives may facilitate new directions in studying ethnicity, aging, and immigration. This study was conducted in 2019 before the global COVID-19 pandemic occurs. As the spread of racially motivated hate crimes towards the older community, further research is needed to examine how the rise of Anti-Asian hate since COVID will affect the aging in place experience among the older immigrants.

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Data Availability Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

Declarations

The study procedures were approved by the NYU University Institutional Review Board for human subject protection.

Informed Consent All participants have given informed consent.

Conflict of Interest The authors declare that they have no conflict of interest.

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