

Changes in the Older Population and Implications for Rural Areas

Carolyn C. Rogers

Introduction

The U.S. population is aging, a phenomenon that has important and wide-ranging implications for both social and health policy. In 1998, 44.6 million Americans were elderly, or age 60 and older. The population age 60 and older increased 17 percent between 1980 and 1990, 19 percent in metro areas and 12 percent in nonmetro areas. The continued growth of this segment of the population will greatly impact resources such as medical care facilities, nursing homes, Medicare/Medicaid, and Social Security funds. Eligibility for most major social programs is strongly tied to age. How social institutions accommodate impending changes in the age structure of the population will significantly affect the quality of life for everyone in the 21st century.

Where the older population resides is an important dimension of research on aging. In particular, awareness of the special needs of the rural elderly has increased, along with the growth in size and visibility of the older population. The nonmetro population has grown markedly since 1950 and has been aging rapidly as a result of aging-in-place, outmigration of young persons from agricultural and mining areas, and immigration of elderly persons from metro areas (Siegel, 1993). With an aging population, the number of persons at risk of disability and chronic conditions increases, creating a greater need for medical, rehabilitative, and social services. Low-density, sparsely populated nonmetro communities are limited in their ability to provide health care services in their own jurisdictions and are often distant from specialized

medical care facilities, which tend to concentrate in metro centers.

The findings presented here will help analysts understand better the relationship between changes in the age and socioeconomic composition of the older population as well as the implications of such changes for current and future rural policy decisions in terms of resources, services, and programs. The Task Force on Aging recommended research on the dynamics of the geographic distribution of the older population and the effects of geographic concentration on disparities between resources and needs (DHHS, 1995). Patterns of change in the older population have substantial consequences for communities, which generally must rely on their local tax bases, real estate values, and institutional resources to meet the needs of their older residents.

This report addresses four main questions:

- 1) Is rural-urban residence an important variable in understanding changes in the size and age distribution of the older population? Where are the oldest old concentrated by rural-urban residence, and how has this changed over time?
- 2) How does rural-urban residence affect the economic well-being of the older population? Where are the poorest older persons located? What subgroups of the older population are most economically vulnerable?

3) Does residence in a rural area in and of itself affect the socioeconomic status of older persons, or is the rural effect merely a reflection of the characteristics of persons (age, race, sex, marital status, educational attainment, and income) who tend to concentrate in rural areas? How do the oldest old fare in terms of health and socioeconomic characteristics, compared with the younger elderly?

4) What are the implications of changing numbers, distribution, and socioeconomic status of the older population for services, resources, and assistance programs in rural areas now and in the future?

This report examines changes in the age and residential distribution of the older population between 1980 and 1998, and variations in the poverty status (a critical indicator of economic well-being) of the older population by residence. Poverty rates of older nonmetro residents are higher than those of metro residents, a disparity that is even more pronounced among the oldest old (age 85 and older). An assessment of the socioeconomic status of today's older population is provided to assess future needs for care and financial assistance. A knowledge of both the geographic distribution of the older population and their demographic and socioeconomic characteristics will help inform public policies for this growing segment of the population.

Jacob Siegel's *A Generation of Change: A Profile of America's Older Population* is a useful starting point for the present analysis. Siegel provides a comprehensive overview of all facets of life for the older population and how conditions have changed over the previous 50 years. He also references key research studies for more in-depth analyses. However, most of his data are limited to dichotomous metro-nonmetro or rural-urban comparisons. In addition, most comparisons are for the entire population of older persons, without specific age group breaks within the elderly population.

Several themes emerge in the review of the research literature on the rural or nonmetro older population. First, nonmetro areas generally have a higher proportion of elderly persons in their total population than metro areas, and the elderly proportion varies by type of county, increasing over time in some, while declining in others (Bean, Myers, Angel, and Galle, 1994; Clifford and Lilley, 1993; Coward and Lee, 1985,

Fuguitt and Beale, 1993; Krout, 1988; Reeder, 1998; and Siegel, 1993). Fuguitt and Beale's research delineates regionally distinctive differences and shows considerable variation in the changing number and proportion of elderly persons due to differences in natural increase and immigration. Their analyses provide greater geographic detail, but the county-level files used in their research do not provide age detail finer than age 65 and older.

A second major theme is that the older population in rural or nonmetro areas is more likely to be poor than the urban or metro elderly (Glasgow, 1993; Glasgow, Holder, McLaughlin, and Rowles, 1993; Holtz-Eakin and Smeeding, 1994; Lee and Lassey, 1980; Rogers, 1998; Schwenk, 1994; and Siegel, 1993). The research on the poverty of the older population, however, is limited by the data (usually survey data such as the Current Population Survey) to urban-rural or metro-nonmetro comparisons.

A third theme is that health care services for the nonmetro elderly are significantly different than those for the metro elderly. Substantial evidence indicates that the range of health care services for elders living in small towns and rural communities is narrower, that fewer alternatives are available, that rural health services are less accessible and more costly to deliver than in urban areas, and that fewer health care providers exist in rural areas to offer specialized services (Coward, 1988; Coward and Lee, 1985; and Krout, 1986; Rogers, 1993). This research underscores the need to identify which rural areas are most underserved.

To understand the implications of rural residence for the lives of the elderly, the effects of rural residence and old age can best be understood by comparing rural with urban areas and specific age groups with one another. Residence and age must be treated as variables. Place of residence is one of many factors that can affect the well-being of the older population. Research that focuses exclusively on the rural elderly cannot go beyond the descriptive level, and is limited in terms of providing an understanding of the implications of residence for the lives of the elderly. Dichotomies of metro-nonmetro or rural-urban conceal important differences within residential areas. Research needs to encompass the entire spectrum of residential locations because of the social and economic diversity of small towns and rural communities

(Coward and Cutler, 1988; and Dillman and Hobbs, 1982). Furthermore, the older population is a diverse group, and the capabilities and needs of a 60-year-old married person differ markedly from those of a widowed 85-year-old living alone.

This study improves on previous research in two major ways: First, the analysis addresses the social and economic diversity that exists in rural communities. The residential classification is expanded to a 10-part county-based rural-urban classification scheme. Both size of place and proximity (adjacency) to a metro area are taken into account. This allows rural development specialists and local com-

munity planners to target rural areas in need of health, social, and other services. Second, the analysis looks at the oldest old within the elderly population, as this is the most rapidly growing segment of that population. Those age 85 and older grew by 37 percent between 1980 and 1990, compared with a 16-percent increase for the population age 60 to 84 years old. The oldest old component of the elderly is the most likely to need health care as well as economic and physical support. Knowing the age composition of local populations will allow State and national leaders to better accommodate the needs of older residents in their community.