Social and Economic Well-Being of the Older Population

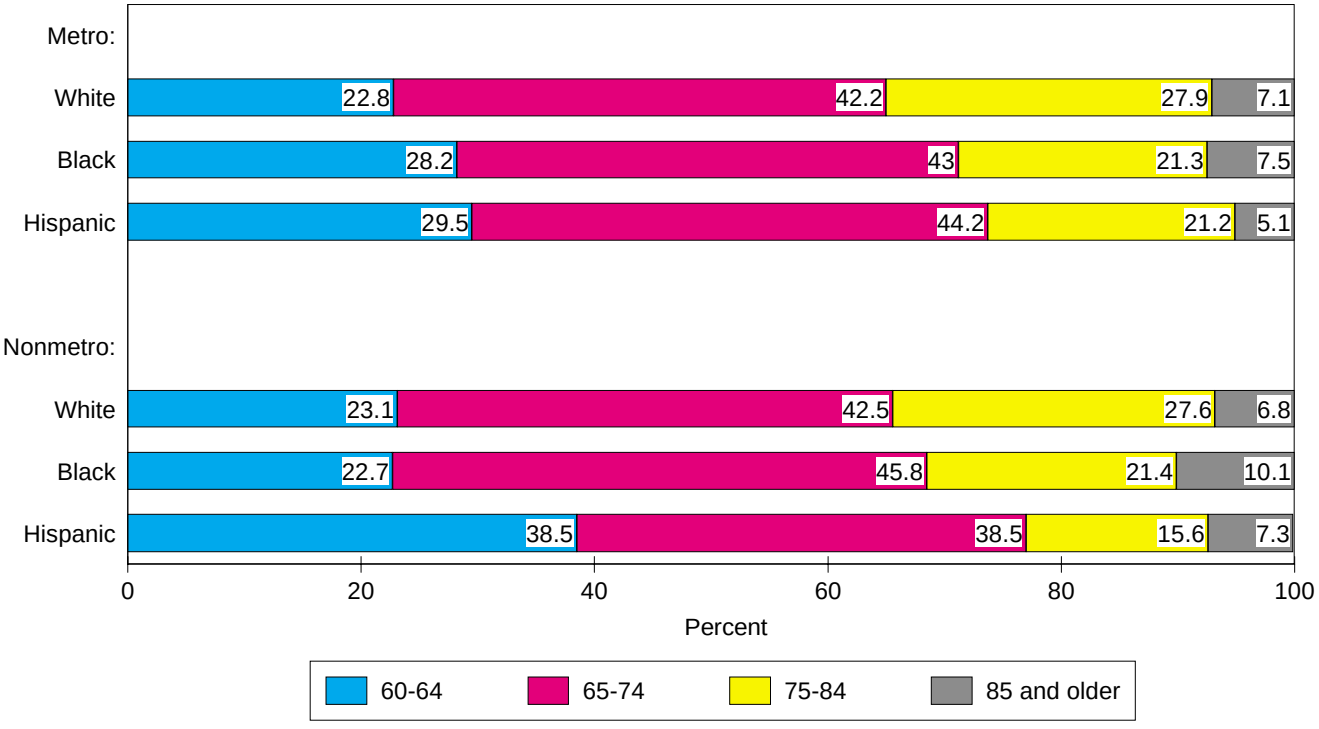
Does residence in a rural area in and of itself affect the socioeconomic status of older persons, or does the rural effect merely reflect the characteristics of persons (age, race, sex, marital status, and educational attainment) who tend to concentrate in rural areas? How do the oldest old fare in terms of health and socioeconomic characteristics, compared with older persons who are less than 85 years old? In general, the older population is a diverse group, and many differences among the elderly are age-related. Moreover, the nonmetro elderly have characteristics and needs that differ from those of the metro elderly. This section looks at differences among the elderly in terms of race-ethnicity, marital status and living arrangements, social support networks, health status, and educational levels by metro-nonmetro residence. An understanding of the diversity of the older population and variations by age, socioeconomic status, and residence will help inform policymakers and service providers in future planning to meet the needs of this growing segment of the population.

The older population is predominantly white but is becoming more racially and ethnically diverse. A greater proportion of white than black elderly persons resides in nonmetro areas. Most black nonmetro elderly live in the South, and most nonmetro areas outside the South have very small numbers of black elderly persons (Clifford and Lilley, 1993). Black and Hispanic older persons are more likely to be younger (age 60-64) than their white counterparts. Although nonmetro black elderly have a larger share of their population below age 75 than do white elderly, they also have a higher share of those age 85 and older (fig. 8). Ten percent of nonmetro blacks are age 85 and older, compared with 7 percent of whites. Because blacks are more concentrated in the South, and are also more likely to be poor and in need of economic assistance, policymakers need to be aware of this in terms of planning for health and social services as well as other assistance programs. In general, the racial-ethnic mix of the elderly will have impor-

Figure 8

Persons 60 years and older by age, race-ethnicity, and residence, 1998

Minorities are more likely to be young older persons than are whites



Source: March 1998 Current Population Survey (CPS) data file.

tant implications for the provision of health and social services.

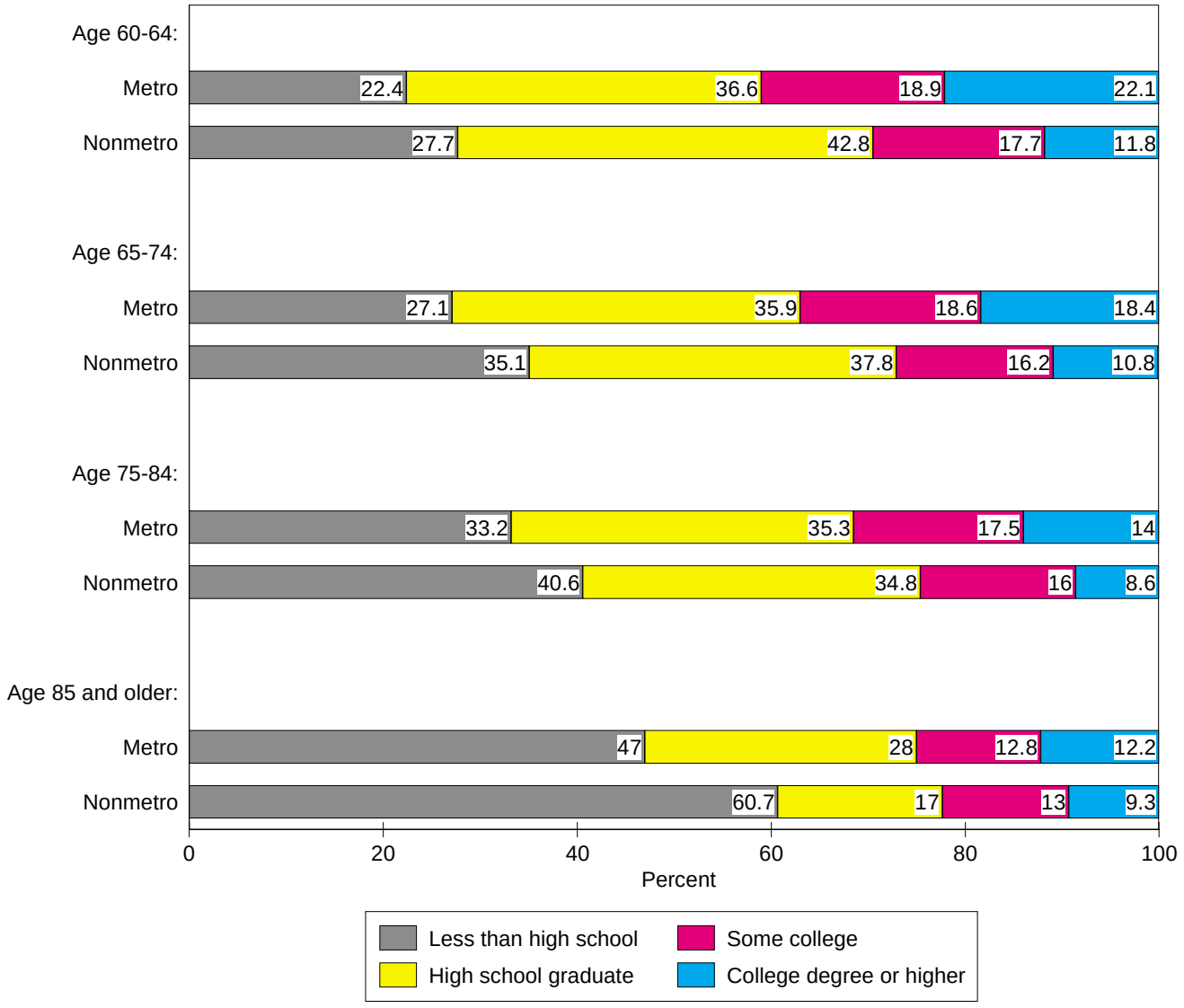
Gains in educational attainment over time are reflected in the higher educational levels of the younger old compared with those of the oldest old. While 61 percent of nonmetro elderly age 85 and older had not completed high school, only 28 percent of those 60 to 64 years old had not done so (fig. 9). A substantially higher proportion of the elderly living in metro areas completed high school than did the nonmetro elderly. This educational gap has contributed to a financial disadvantage for nonmetro persons throughout their working careers, resulting in higher current poverty rates and lower retirement incomes.

The educational attainment of older persons, however, has been rising rapidly. This pattern is due partly to younger persons with more education aging into the 60 and older category and partly to the death of

Figure 9

Educational attainment of persons 60 years and older, by age and residence, 1998

The younger old are better educated than the oldest old



Source: March 1998 Current Population Survey (CPS) data file.

older ones with less education. Also, in some nonmetro retirement areas, higher educated older persons are moving into the area, raising overall educational levels. Increased educational attainment is likely to affect tastes and expectations as well as the nature and type of services demanded by these older persons. The educational level of the elderly has great influence on their current income, largely through past employment. Moreover, higher education enables the elderly to take better advantage of programs designed to benefit them, more easily learning about such programs and handling the paperwork and procedures necessary to secure benefits.

The living arrangements of the elderly have an important bearing on their poverty status and overall well-being. Those living alone are more likely to lack social support networks, to report themselves in poorer health, and to experience poverty. One-third of those age 60 years and older live alone, and two-thirds of those age 85 and older live alone (fig. 10). Widowhood and living alone usually go hand in hand. Widowhood increases with advancing age (fig. 11), as does the likelihood of living alone. Elderly persons living alone are more likely to experience health problems and greater poverty (Commonwealth Fund Commission on Elderly People Living Alone, 1987).

Social support networks can be measured by living arrangements; availability of potential caregivers; contacts with friends, neighbors, and relatives; involvement in social activities; and use of community services. This support is important for the quality of life in later years as well as for the availability of caretakers when needed. Marriage confers health benefits to elderly persons in that one's spouse is often the most important source of help in periods of illness. Married elderly persons living with their spouses are less likely to have difficulties with physical limitations than are the unmarried elderly (Rogers, 1993). Most elderly men are married, most elderly women are not. Divorced and separated persons are more likely to suffer from acute medical conditions and to have greater short-term disability than persons in other marital statuses; formerly married persons appear to have the most chronic health problems (Verbrugge, 1979). Older persons living with their spouses and those who have a resident relative as a potential caregiver have the fewest physical limitations.

Most older persons under age 85 assessed their health as good to excellent in 1998 (fig. 12). Metro elders reported somewhat better health than nonmetro elders across all age groups. With advancing age, self-assessments of health as well as physical functioning consistently decline. At age 60 to 64 years, 35 percent of nonmetro elders reported excellent or very good health, but by age 85 and older, only 20 percent did so. Poorer health is found among women, minorities, and those with fewer sources of social support. Better health is found among the elderly who live with their spouses. As people live longer, many are active and healthy well past retirement; many in their 80's, however, have to cope with chronic disabilities. Higher socioeconomic status, measured by education and income levels, is strongly associated with more positive self-assessments of health and fewer functional limitations.

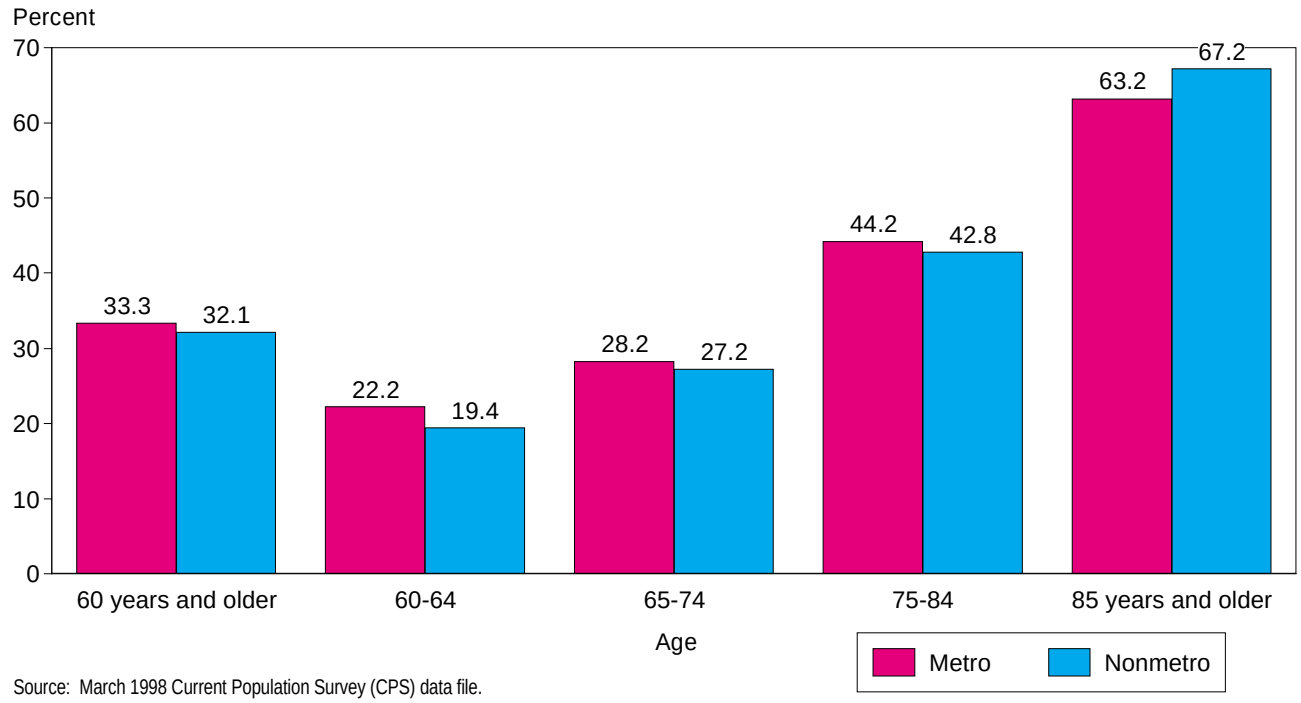
Residential location affects health status indirectly. Nonmetro elders are more likely to have characteristics associated with poorer health because they are more likely to be less educated and financially worse off than the metro elderly, and lower socioeconomic status is strongly associated with poor health. Nonmetro elders are also more likely to have certain chronic conditions (for example, arthritis and hypertension), which have a strong effect on health status and the ability to perform various activities of daily living. Furthermore, rural communities often lack comprehensive medical services and access to public transportation, which could also contribute to the poorer health of their older residents.

Both residence in a rural area and the characteristics of older persons who concentrate in rural areas influence socioeconomic status. For example, older persons who move to retirement areas tend to be better educated than the average older person and more aware of programs and services available to them. They also tend to be in better health than average and bring higher than average income to the retirement area. The retirement community benefits from the increased population and tax base and, hence, is in a better position to provide needed services. In other rural areas with a high proportion of older persons but without an influx of retirees, a declining population and tax base may result in unanswered needs of the elderly in terms of income, health care, housing, and transportation.

Figure 10

Persons 60 years and older who live alone, 1998

One-third of all older persons live alone, with an increasing share living alone at more advanced ages

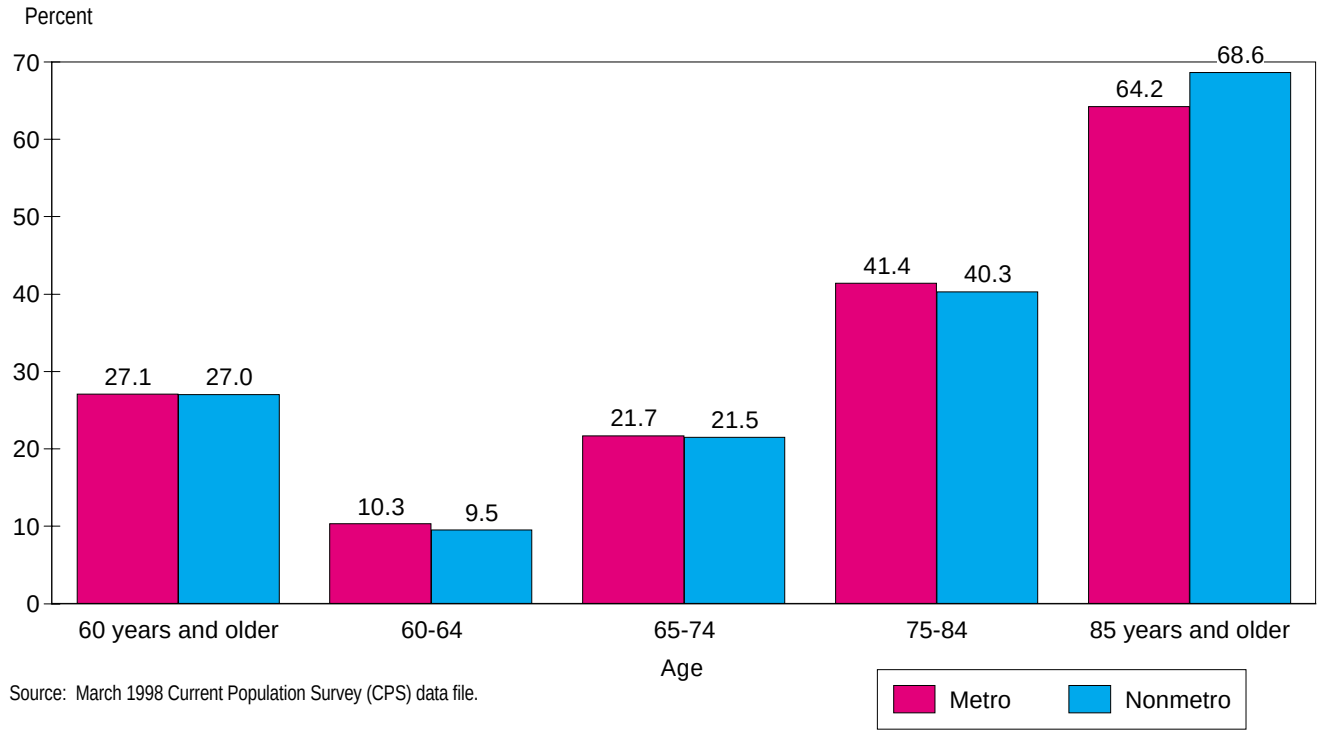


Source: March 1998 Current Population Survey (CPS) data file.

Figure 11

Persons 60 years and older who are widowed, 1998

Only 10 percent of persons 60-64 are widowed, but by age 85, about two-thirds are widowed



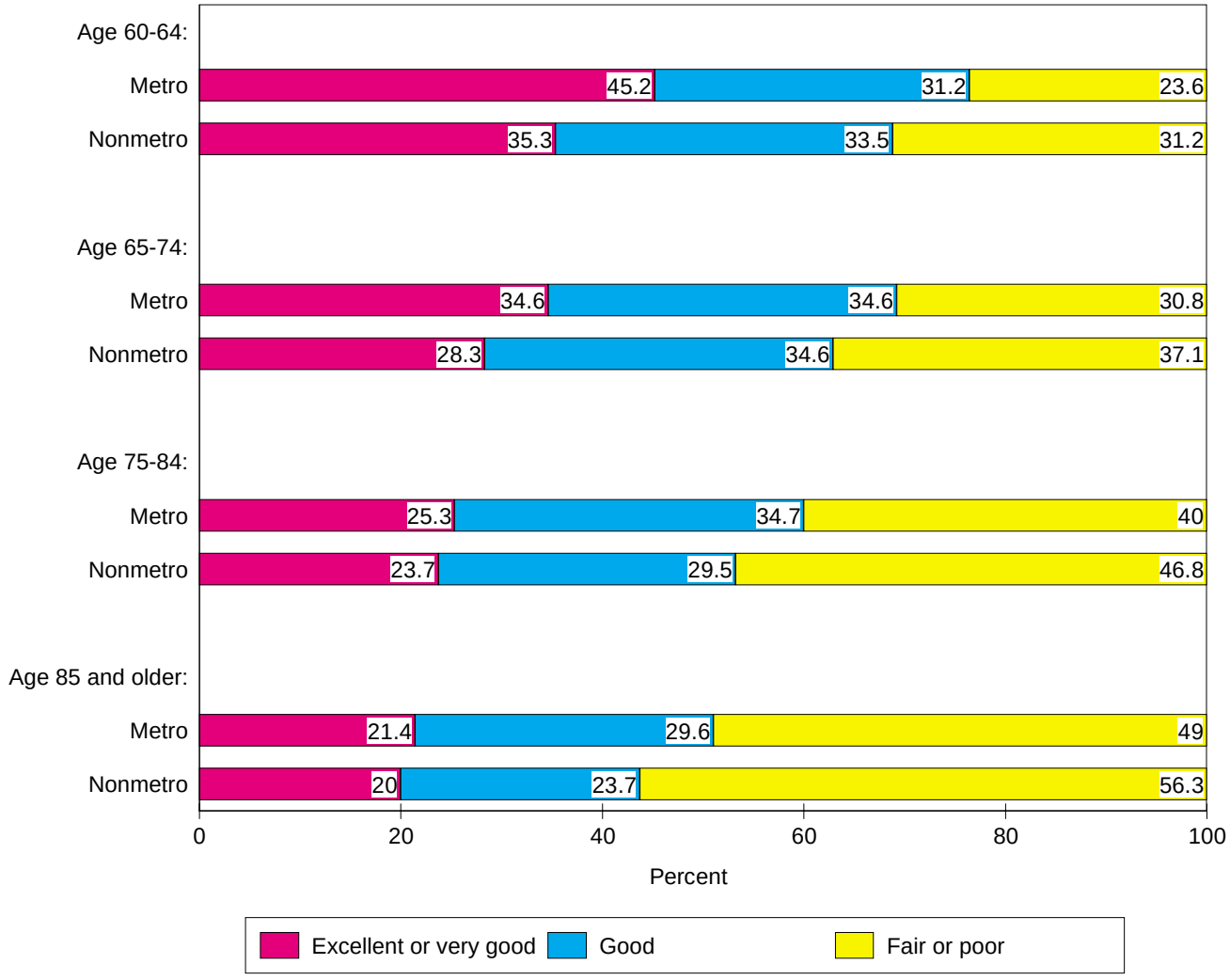
Source: March 1998 Current Population Survey (CPS) data file.

The number and types of facilities and services available in many rural communities are often inadequate (Coward and Lee, 1985). Rural areas have fewer health resources and services and a lower ratio of doctors, nurses, pharmacists, and other health care personnel to elderly residents than metro areas (Krout, 1986). In all regions of the country, the per capita supply of primary care physicians in nonmetro areas was considerably lower than in metro areas (Van Nostrand, 1993). Within nonmetro counties, physician-to-population ratios were related to county population size, with the smallest nonmetro counties having only one-quarter as many physicians per capita as the largest nonmetro counties. In addition, the resources and scope of services in small rural hospitals are often limited (Van Nostrand, 1993). Older persons, as well as the nonelderly, also require emergency medical services, such as ambulances, which are not universally available in rural areas. Nonmetro elders are more likely than metro elders to have to travel greater distances and longer times to reach their usual source of care. Since many nonmetro areas are limited in health care and social services, the lesser availability of services may cause a greater number of older persons in nonmetro areas to have unmet needs. A lower physician-to-population ratio

Figure 12

Health status of persons 60 years and older, by age and residence, 1997

Most older persons under age 85 rated their health as good or better



Source: March 1997 Current Population Survey (CPS) data file.

in rural areas suggests that rural elders may visit doctors less frequently because physicians are less accessible or rural doctors are overburdened.

After health services, economic and social resources make the greatest difference in the quality of daily life for the older population. Older persons have less cash income than younger persons and spend relatively more of their income on food, housing, and health care. On the positive side, a majority of older persons own their homes, often mortgage-free, and are usually integrated into viable social support networks of family and friends. Furthermore, educational levels have increased, and better educated elderly are better equipped to find assistance through services and programs.

As size of place and proximity to an urban area increase, so does the growth of the older population. Growth of the oldest old population is also greater in metro areas. Although remote rural areas have not experienced as large an increase in their older populations, these areas are less equipped to provide services and programs to meet the needs of the elderly. Furthermore, the most rural counties are also the most likely to have higher rates of elderly poverty, putting them at an even greater disadvantage in providing needed services. In addition to the diversity within rural areas, the elderly themselves are a diverse group. Older persons in good health and highly educated will be in a position to better avail themselves of available programs and services. Many retirement areas will also benefit from an influx of such highly educated older persons, since they tend to have higher incomes as well.