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Abstract

The older population in the United States has been growing and aging rapidly, with the fastest growing segment being the oldest old—those age 85 and older. This segment of the older population increased 37 percent between 1980 and 1990 compared with a 17-percent increase in the total population of elderly (60 and above). The oldest old are more likely to be women, to be in poor health, to live alone, and to be poor. This analysis presents data on changes in the age distribution and socioeconomic status of the older population by rural-urban residence and examines the implications for resources, services, and programs in rural areas.

Keywords: Older population, elderly, oldest old, metro-nonmetro residence, rural-urban, poverty, socioeconomic characteristics

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Summary

The older population of the United States has been growing rapidly, with the fastest growing segment being the oldest old—those age 85 and older. This segment of the older population increased 37 percent between 1980 and 1990. The nonmetro population has also grown markedly and has been aging rapidly as a result of aging-in-place, outmigration of young persons, and inmigration of elderly persons from metro areas. Poverty rates of older nonmetro residents are higher than those of metro residents, a disparity that is even more pronounced among the oldest old. Three aspects of the aging U.S. population are of major public concern: (1) failing health and the consequent loss of the ability to take care of oneself; (2) poverty in old age, especially among the oldest old, those living alone, and the most rural elderly; and (3) the preponderance of women, with their greater economic vulnerability. This assessment of the socioeconomic status of today's older population will help planners anticipate the need for programs and services for the elderly.

This report examines the relationship between changes in the age and socioeconomic composition of the older population by metro-nonmetro residence and the implications of such changes for current and future rural policy decisions in terms of resources, services, and programs. The report originated from the Task Force on Aging's recommendation for research on the dynamics of the geographic distribution of the older population and its effects on disparities between resources and needs. 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.

- The median age of the U.S. population increased from 30.0 in 1980 to 32.9 in 1990 and 34.0 in 1998. The older population 60 years and over increased by 17 percent between 1980 and 1990 and by 7 percent between 1990 and 1998. The nonmetro population has an older age structure than the metro population, with a median age of 36.0 in 1998, compared with 34.0 for the metro population.

- Metro counties had a greater rate of increase in population age 60 and older between 1980 and 1990 than nonmetro counties, with the highest rate of increase for fringe counties of 1 million or more population (27 percent). Among nonmetro counties, the increase in the elderly population was greater for counties with larger urban populations, and the increase was greater for those adjacent to metro counties. Nonmetro adjacent counties with 20,000 or more urban population grew 18 percent among the 60-and-older population, while in the most rural nonadjacent counties of the rural-urban continuum, the growth in the older population was 5 percent. Both local level of urbanization and metro status influence growth in the older population.

- Women have a greater survival rate than men at all ages. In each age group over 60 years, women constitute a larger share of the population. In nonmetro areas, women represent 53 percent of the population age 60 to 64 and 63 percent of the population age 85 and older. Because women live

longer than men on average, their health and economic status are quite vulnerable at later ages.

- With advancing age, economic well-being declines. In 1998, over half of nonmetro persons age 85 and older were poor or near-poor (income of 100 to 149 percent of poverty level), compared with only one-quarter of those age 60-64. The oldest old are the most economically vulnerable population and also the most in need of health, medical, and other services in rural areas hard-pressed to provide such services. Since a higher proportion of the nonmetro than metro elderly population is age 85 and older, this becomes an urgent issue in nonmetro areas.

- Older persons living alone are considerably more likely to be poor than are older married couples. While 8 percent of nonmetro elders age 60-64 in married-couple families were poor in 1997, 32 percent who lived alone were poor. Poverty increases with advancing age, so that by age 75 and older, 12 percent of the nonmetro elderly in married-couple families were poor, as were 36 percent of those living alone.

- Most older persons own their own homes. In 1998, 83 percent of those 60 and older owned their homes, as did 71 percent of those 85 and older. Nonmetro elders were more likely to own their homes (87 percent of those 60 and older) than were metro elders (81 percent). Nonmetro elderly homeowners tend to have small or no mortgages and thus lower housing costs than metro elders. Eighty-six percent of elderly homeowners in nonmetro areas in 1995 owned their homes free and clear, compared with 78 percent of older metro homeowners. The homes of the nonmetro elderly also tend to be lower in value and in somewhat poorer physical condition.

- While 61 percent of nonmetro elders age 85 and older had not completed high school, only 28 percent of those 60 to 64 years old had not done so. A substantially higher proportion of the elderly living in metro areas completed high school than did the elderly in nonmetro areas. The educational attainment of older persons 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 older persons with less education. Also, in some nonmetro retirement areas, higher-educated older persons are moving into the area, raising overall educational levels.

- The majority of older persons under age 85 assessed their health as good to excellent in 1998. 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.

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 inmigration 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 indepth 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 inmigration. 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 community 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.

Data and Definitions

This report defines the older population, or the elderly, as persons 60 years old and older. Data are presented by age up to the oldest old, age 85 and older, because the aging process itself leads to a number of changes in an individual's social and economic condition, and because many health problems and limitations do not become evident until late in life. The older population is a diverse group, and many differences among the elderly are age-related.

This report is based on data from the 1980 and 1990 decennial censuses, and the March 1998 Current Population Survey (CPS). The decennial census file provides detailed rural-urban distinctions. The CPS provides a wealth of information on the demographic and socioeconomic characteristics of households and families, making it an excellent resource for studying the heterogeneous older population, particularly in the years between censuses. Since the CPS excludes the institutional population, estimates from the CPS are not strictly comparable with decennial census figures.

The institutional population includes those in homes for juveniles and for the physically and mentally handicapped, hospitals, nursing, convalescent and rest homes, homes for the aged and dependent, and correctional institutions. Approximately 5 percent of the elderly 60 years and older are in institutions, and this percentage increases with advancing age. In 1990, less than 1 percent of the population age 60-64 years old were in nursing homes, compared with about 1.5 percent of those age 65-74 years, and 10 percent of those age 75 and older. Independent estimates by the Census Bureau of the total population age 60 and older in 1998 show 44,565,000 persons compared with the CPS estimate of 42,145,000, a difference due primarily to noncoverage of the institutional population in the CPS. The proportional shortfall is greater at age 85 and over, where the CPS estimates 2.9 million persons, while the independent population estimates are 4.0 million. Nevertheless, for the purposes of this report, the CPS is a useful source for post-1990 detail on the social and economic characteristics of most of the older population.

As previously mentioned, the metro-nonmetro dichotomy conceals important differences within residential areas. Consequently, such residential comparisons (rural-urban or metro-nonmetro) are limited, and an analytical framework that reflects greater residential variation is preferable. Both size of place and proximity (adjacency) to a metro area are important variables to consider; however, such geographic detail is available only from the decennial census of population. Since the March 1998 CPS data lack this geographic detail, post-1990 comparisons are limited to metro-nonmetro residence.

This report uses the USDA rural-urban continuum code for 1980 and 1990 to distinguish metro counties by total metro area size and nonmetro counties by degree of urbanization and proximity to metro areas. This continuum code yields a 10-part county classification scheme (Butler and Beale, 1994). The four metro categories are (1) central counties of metro areas of 1 million population or more, (2) fringe counties of metro areas of 1 million population or more, (3) counties in metro areas of 250,000 to 1 million population, and (4) counties in metro areas of fewer than 250,000 population. The six nonmetro categories are (1) urban population of 20,000 or more, adjacent to a metro area; (2) urban population of 20,000 or more, not adjacent to a metro area; (3) urban population of 2,500 to 19,999, adjacent to a metro area; (4) urban population of 2,500 to 19,999, not adjacent to a metro area; (5) completely rural or less than 2,500 urban population, adjacent to a metro area; and (6) completely rural or less than 2,500 urban population, not adjacent to a metro area.

Changes in the Population Age 60 and Older, by Age and Residence

To determine whether rural-urban residence is an important factor in understanding the changing size and age distribution of the older population, let us first look at indicators of U.S. population aging and then examine data on regional and rural-urban differences.

One indication of the aging of the U.S. population is the increase in the median age from 30.0 in 1980 to 32.9 in 1990 and 34.0 in 1998 (table 1). The older population 60 years and over increased by 17 percent between 1980 and 1990 and by 7 percent between 1990 and 1998. The nonmetro population is older than the metro population, with a median age of 36.0 in 1998, compared with 34.0 for the metro population. Also, the older population accounted for a larger proportion of the total population in nonmetro counties (18 percent in 1998) than in metro counties (15 percent). The proportion of elderly in the nonmetro population has grown as a result of both in-migration of retirees and the outmigration of young adults.

The number of older persons varies from region to region, reflecting in part the distributional differences in the total population. In both metro and nonmetro areas, the older population is concentrated in the South, with a substantial proportion of the nonmetro elderly residing in the Midwest and the metro elderly residing in the Northeast. The nonmetro Midwest also has the largest proportion of its older population who are age 85 and older, compared with other regions, reflecting aging-in-place. The large concentration of the older population, especially those 85 years and older, in the nonmetro Midwest and metro Northeast raises social policy issues for local governments in these areas (Bean, Myers, Angel, and Galle, 1994).

Elderly persons have become increasingly concentrated geographically. This pattern is reflected in the large concentration of elderly persons in the Sunbelt States in general, and in several specific retirement areas, including northern Michigan and a band of counties stretching from northwestern Arizona, the Ozarks in Arkansas, and central Texas to western

Table 1—Age distribution of the older population by metro-nonmetro residence, 1980, 1990, and 1998
The aging of the U.S. population is reflected in the increase in the median age, from 30 in 1980 to 34 in 1998

Residence and year	Median age	60 years and older		85 years and older	
		Number	Share of total population	Number	Share of 60-and-older population
	Years	*Number*	*Percent*	*Number*	*Percent*
1980:					
U.S. total	30.0	35,637,048	15.7	2,240,067	6.3
Metro	29.9	25,500,112	15.1	1,574,667	6.2
Nonmetro	30.1	10,136,936	17.7	665,400	6.6
1990:					
U.S. total	32.9	41,857,998	16.8	3,080,165	7.4
Metro	32.6	31,002,048	16.1	2,233,652	7.2
Nonmetro	33.8	10,855,950	19.4	846,513	7.8
1998:[1]					
U.S. total	34.0	42,145,000	15.7	2,928,000	6.9
Metro	34.0	32,465,000	15.0	2,252,000	6.9
Nonmetro	36.0	9,680,000	18.4	676,000	7.0

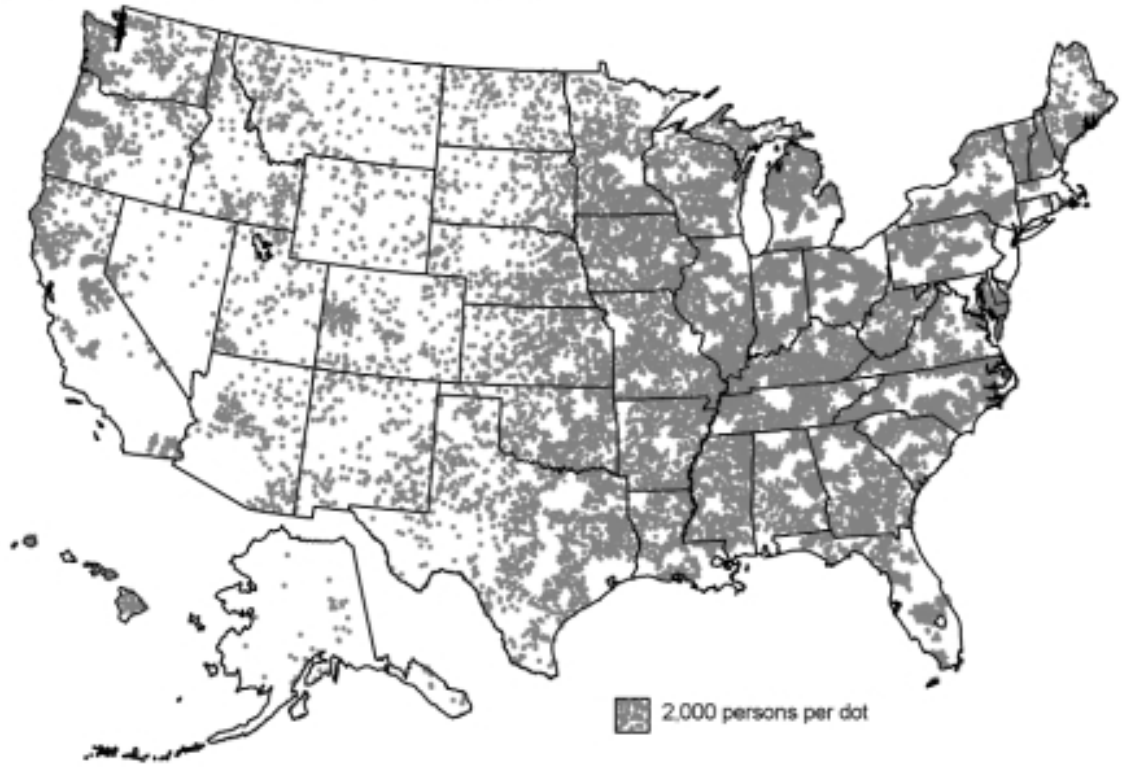
[1]Data set does not include the institutional population.

Source: Calculated by ERS from March 1998 Current Population Survey (CPS) data file, and 1980 and 1990 Census of Population, General Population Characteristics, U.S. Summary.

North Carolina and eastern West Virginia (Siegel, 1993). The nonmetro older population is concentrated in the eastern United States, the Midwest, and coastal areas of northern California, Oregon, and Washington (fig. 1). Nonmetro retirement counties have grown at a rapid pace since 1980 (fig. 2), much faster than other nonmetro counties (Reeder, 1998). Rural retirement counties are defined as those with a 15-percent or greater increase in population age 60 and older from inmovement of population between 1980 and 1990. These counties benefit significantly from retirees, as seen in their population growth, increased family incomes, greater economic diversification, and reduced unemployment rates. Besides boosting local populations and tax bases, inmigrating retirees contribute to and help sustain local businesses, churches, charities, volunteerism, and other civic activities (Reeder, 1998). Metro retirement areas have also grown, with notably increased concentrations in counties with climate and recreation amenities such as those in central and southern Florida.

Many nonmetro regions have been aging through the loss of young adults, especially regions dependent on farming and mining such as the Corn Belt, Great Plains, and Southern Appalachian Coal Fields (Fuguitt and Beale, 1993). Older persons have remained in these areas and become an ever-increasing proportion of the total population. Other nonmetro areas have gained older residents, largely due to an influx of retirees (Reeder, 1998). This changing geographic distribution of the older population has resulted in disparities between resources and needs—such as medical services, social services, housing, and long-term care—in communities, States, and regions. Small rural counties of the Midwest potentially have the most serious problems in providing services for the elderly. In addition to the relatively greater demand for services and the relatively low tax base, special problems of transportation, availability of facilities and resources, and delivery of services associated with the geographic dispersion and isolation of the population complicate service delivery (Siegel, 1993).

Figure 1
Nonmetro population 60 years and older, 1990
Older persons are generally concentrated in the Sunbelt



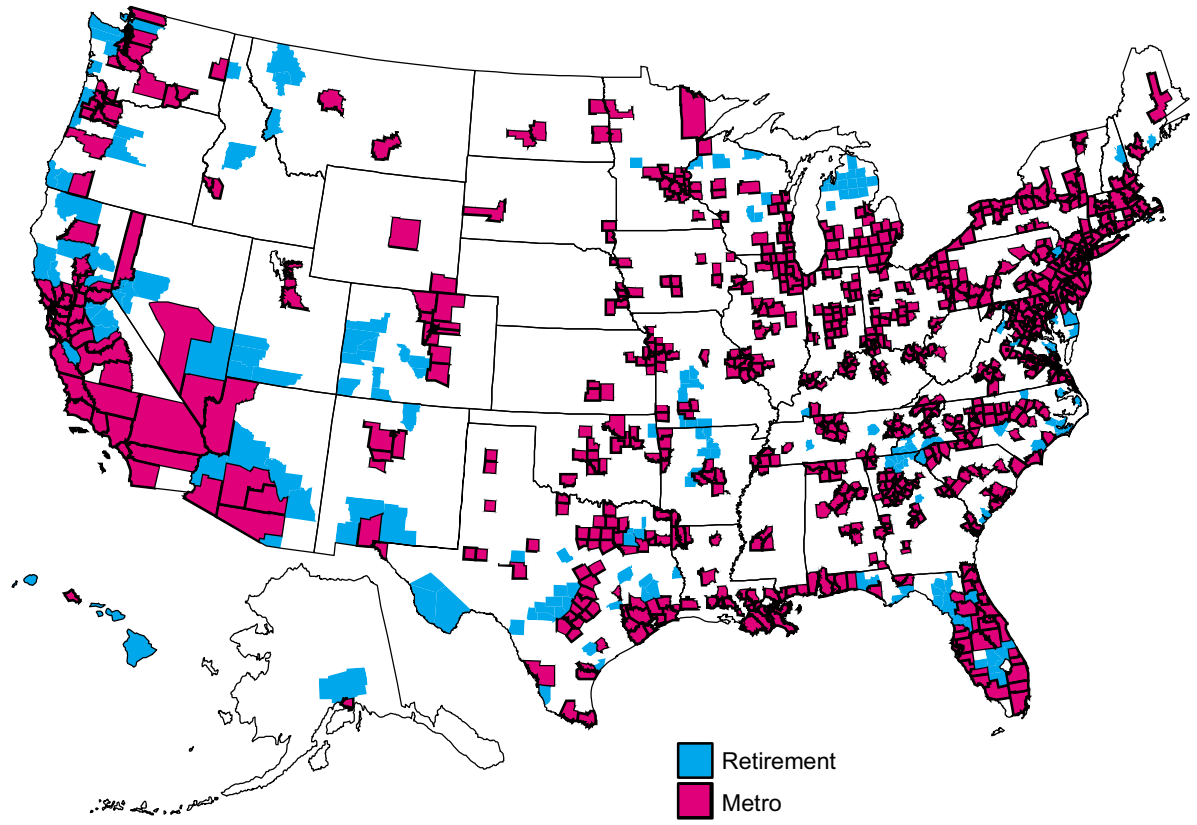
Source: Food and Rural Economics Division, using data from the 1990 Census of Population, Bureau of the Census.

In short, the consequences of changes in the older population vary widely for rural areas based on the county economic type and the composition of the older population—either relatively young retirees or persons who have remained and grown old in the community. Rural retirement areas seem to benefit the most, as inmigrating retirees boost the tax base and help sustain local businesses. On the other hand, nonmetro areas dependent on farming and mining have been losing younger working-age persons and experiencing declining populations and tax bases. The remaining older population has become an ever-increasing proportion of the population, increasing demands for medical and social services and long-term care. This mismatch between availability of and demand for services can create serious problems for service delivery in such areas.

Figure 2

Nonmetro retirement-destination counties, 1990*

Retirement-destination counties have grown rapidly since 1980



*Counties with 15 percent or more inmigration of persons aged 60 and over, 1980-90.
Source: Rural Economy Division, Economic Research Service, USDA, using data from the Bureau of the Census.

The Rural-Urban Continuum

The rural-urban continuum allows one to go beyond the metro-nonmetro dichotomy and examine the diversity among rural areas in relation to the concentration of the older population. Counties show wider variation in the proportion of the older population than regions or States, with counties distinguished by type for metro counties and by size of urban population and adjacency to a metro area for nonmetro counties.

Places with larger populations that are closer to urban areas tend to have greater increases in their older population. All county types recorded an increase in their population age 60 and older between 1980 and 1990 (table 2). Metro counties had a greater rate of increase between 1980 and 1990 than nonmetro counties, with the highest rate of increase being in fringe counties of 1 million or more population (27 percent). Among nonmetro counties, the increase in the elderly population was greater for counties with larger urban populations: for counties in each urban population group, the increase was greater for those adjacent to metro counties. Thus, both local level of urbanization and metro status influence growth in the older population. Nonmetro adjacent counties with 20,000 or more urban population grew by 19 percent among the 60-and-older population, while in the most rural nonadjacent counties, the growth in the older population was 5 percent.

Table 2—Change in the population 60 and older and 85 and older by rural-urban continuum code, 1980-90
Growth of the older population is greater with an increase in size of place and proximity to urban areas

Rural-urban continuum code	Persons 60 years and older			Persons 85 years and older		
	1980	1990	Change, 1980-90	1980	1990	Change, 1980-90
	Number		*Percent*	*Number*		*Percent*
Total U.S.	35,633,190	41,831,037	17.4	2,192,679	3,003,328	37.0
Metro:						
1 million or more population—						
Central	15,522,520	17,997,510	15.9	930,154	1,267,309	36.2
Fringe	1,079,968	1,372,292	27.1	67,822	95,591	40.9
250,000 to 1 million population	7,387,220	9,174,773	24.2	440,065	630,159	43.2
Less than 250,000 population	2,775,078	3,387,093	22.1	173,593	244,933	41.1
Nonmetro:						
Urban population of 20,000 or more—						
Adjacent	1,485,491	1,759,778	18.5	91,627	125,760	37.3
Nonadjacent	918,478	1,073,309	16.9	60,814	80,358	32.1
Urban population of 2,500-19,999—						
Adjacent	2,848,179	3,184,948	11.8	188,358	245,776	30.5
Nonadjacent	2,384,237	2,572,324	7.9	158,657	208,656	31.5
Completely rural—						
Adjacent	473,115	513,948	8.6	30,213	39,678	31.3
Nonadjacent	758,904	795,062	4.8	51,376	65,108	26.7

Source: Calculated by ERS from data from the Bureau of the Census, 1980 and 1990 Census STF4 files.

Among the different county types, increases in the older population tend to have the same pattern as those observed in the general population. Urban proximity facilitates growth, as retirees move toward facilities and resources in urban areas as well as to places with amenities. Metro-nonmetro differences for older men and women are similar, with the percentage increase in the number of women, due to their longer life expectancy, always higher than for the number of men (appendix table 2).

The oldest old increased more rapidly (37 percent) than the older population (17 percent) between 1980 and 1990. The oldest old accounted for a larger share of the older population in 1990 than in 1980. In 1980, 6.3 percent were age 85 and older, increasing to 7.4 percent in 1990. By 1998, the Census Bureau's population estimates (independent of the CPS) showed an increase of 9 percent over 1990. Women outnumber men at advanced ages. The number of women age 85 and older increased more (43 percent) than the number of men (24 percent) between 1980 and 1990 (app. table 3). Again, the increase was greater in metro counties. In nonmetro counties, the more rural counties generally had a lesser rate of increase in the oldest old. At advanced ages, declining health, reduced income, and widowhood induce migration to urban areas where the necessary health and social services are located or where children of the elderly live (Siegel, 1993).

Women have a greater survival rate than men at all ages. At each incremental age over 60 years, women constitute a larger share of the population (fig. 3). In nonmetro areas, women represent 53 percent of the population age 60 to 64 and 63 percent of the population age 85 and older. Because women live longer than men, their health and economic status are quite vulnerable at later ages. The number of women in the upper ages slightly exceeds the number of men. In 1998, 8 percent of older women were 85 years and older, compared with 5 to 6 percent of men.

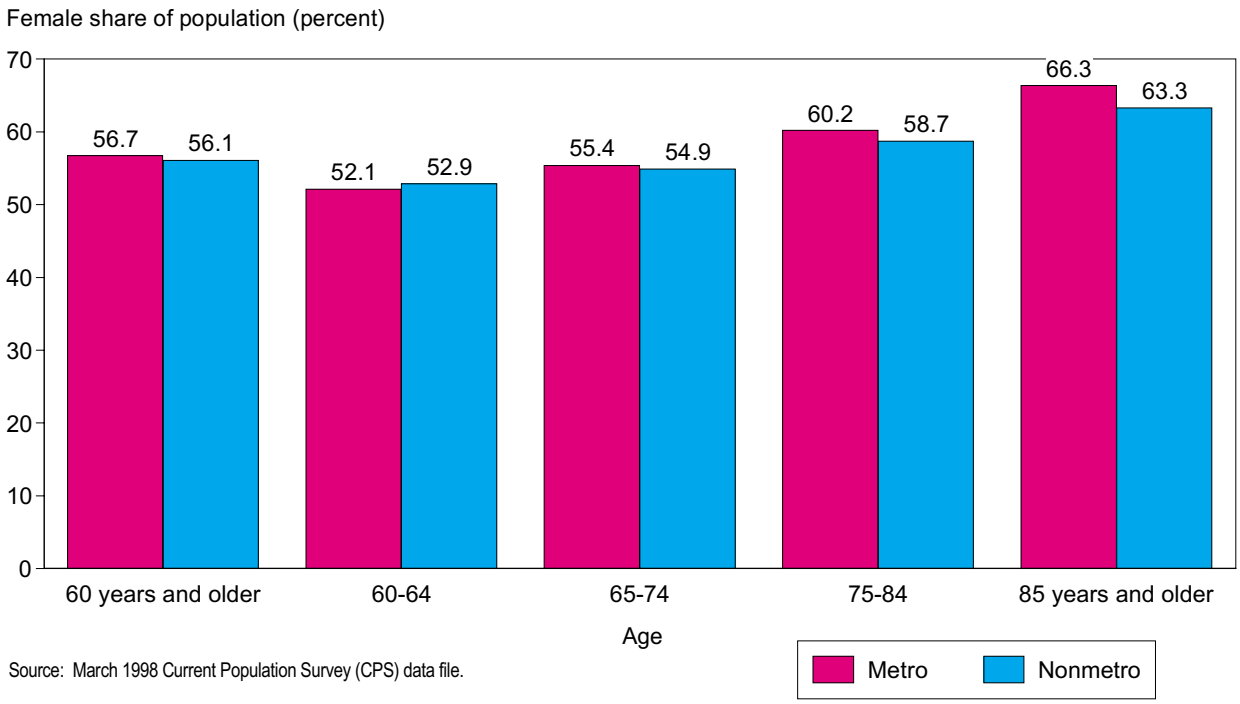
Evidence from the rural-urban continuum indicates that residence is an important variable affecting the size and age distribution of the older population. Metro and nonmetro counties differ in population size and density, geographic isolation, transportation systems, and economic base, as well as in the social and economic characteristics of the older residents. These characteristics are associated with different needs for health care delivery, transportation, recreation, and access to social services. Securing access to health care services presents a difficult problem for isolated, sparsely populated areas. Comprehensive, state-of-the-art medical care and facilities tend to be available only in large urban centers. Traveling long distances to these centers may be required and is often possible only for the younger or more affluent segment of the older nonmetro population.

Needs of the elderly may be greater in remote and farm-dependent communities that have high and increasing shares of elderly as a result of the outmigration of young persons and aging-in-place. These areas have experienced the decline and departure of businesses and services, variability in farm incomes and farmland values, the erosion of the tax base, and reduced services for the elderly. Since the elderly in remote rural and farm-dependent communities tend to be older and poorer than those in retirement communities, the lack of local services can be a serious problem. Trends in the growth of the older population, especially the more rapid increase of the oldest old and the increasing proportion of older women at more advanced ages, are important factors to be considered in future community planning.

Figure 3

Older women as a percentage of the population by specific age group and residence, 1998

With advancing age, women constitute a larger share of the older population



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

Changes in Economic Status of Persons 60 and Older, by Residence

How does rural-urban residence affect the economic well-being of the older population? And are rural elderly persons better or worse off economically than the urban elderly? The nonmetro elderly generally tend to be less educated, to have lower incomes and fewer sources of retirement income, and to have less adequate housing and transportation than the metro elderly. This section looks at factors affecting economic well-being and whether these factors are more prevalent in rural or urban areas. The lower socioeconomic status of the nonmetro elderly has important implications for their health and use of health care and social services.

Differences in Poverty Rates

Poverty among older persons generally declined between 1980 and 1990. The rural-urban differential remained unchanged, however, with a higher proportion of rural elderly below the poverty level, especially in the South. Among nonmetro counties, the poverty rate for older persons increases with greater rurality—ranging from 12.8 percent for counties of 20,000 population, adjacent to a metro area, to 20.6 percent for nonadjacent, completely rural counties (table 3).

Table 3—Poverty rates of the population 60 years and older by gender and rural-urban continuum code, 1980 and 1990

Poverty rates for older persons are highest for completely rural areas

Rural-urban continuum code	All persons 60 years and older		Share of poor 60 years and older who are women		Women 60 years and older		Men 60 years and older	
	1980	1990	1980	1990	1980	1990	1980	1990
	Percent							
U.S. total	13.5	12.0	68.7	70.9	16.1	14.8	9.9	8.3
Metro:								
1 million or more population—								
Central	10.3	9.8	71.2	71.9	12.6	12.1	7.1	6.6
Fringe	12.9	10.6	67.6	71.2	15.6	13.4	9.5	7.0
250,000 to 1 million population	12.8	11.2	69.9	72.0	15.6	13.9	9.1	7.4
Less than 250,000 population	14.1	12.3	69.6	71.7	17.1	15.4	10.1	8.2
Nonmetro:								
Urban population of 20,000 or more—								
Adjacent	14.9	12.8	68.2	70.9	17.8	16.0	11.0	8.7
Nonadjacent	16.9	15.0	67.8	70.0	20.2	18.4	12.6	10.5
Urban population of 2,500-19,999—								
Adjacent	20.0	17.4	66.0	68.9	23.5	21.1	15.6	12.5
Nonadjacent	20.7	18.5	65.4	68.5	24.1	22.2	16.4	13.5
Completely rural—								
Adjacent	23.0	20.0	62.7	66.4	26.4	23.9	18.9	15.1
Nonadjacent	23.8	20.6	61.9	66.3	27.1	24.8	19.8	15.4

Source: Calculated by ERS from data from the Bureau of the Census, 1980 and 1990 Census STF4 files.

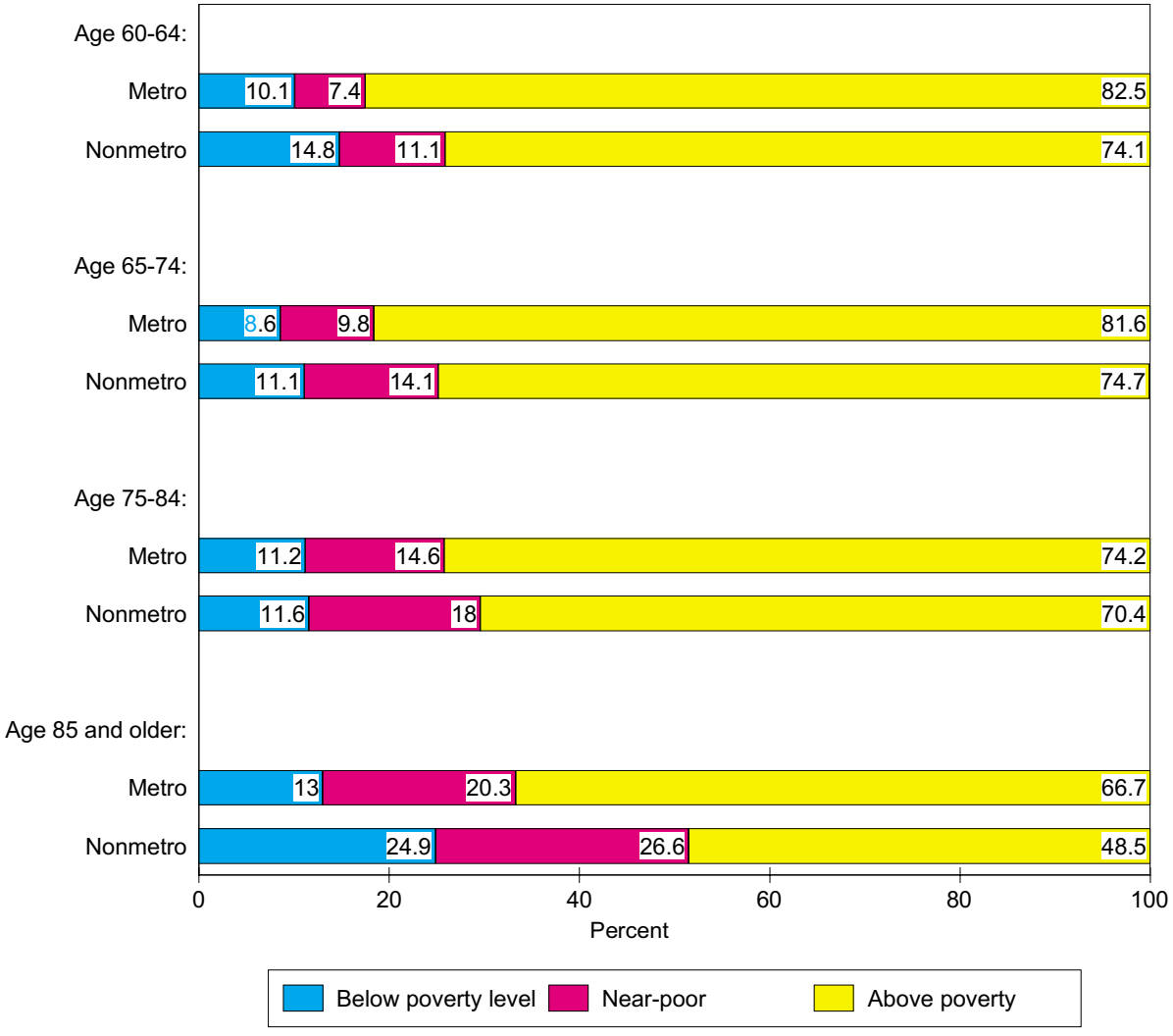
Older women are much more likely to be poor than older men. In 1990, women constituted 71 percent of the poverty population age 60 and older (table 3). This share has increased slightly since 1980, reflecting the aging of the population and the higher share of women among the oldest old.

With advancing age, economic well-being tends to decline. The CPS data for 1998 reveal that a larger share of the oldest old are poor or near-poor (defined as having an income between 100 and 149 percent of the poverty level) (fig. 4). Over half of nonmetro persons age 85 and older are poor or near-poor, compared with only one-quarter of those age 60-64. The metro-nonmetro difference in poverty is more pronounced among the oldest old. Because a higher proportion of the nonmetro than metro elderly population is 85 years and older, this issue has become urgent in nonmetro areas. The oldest old are the most economically vulnerable population and also the most in need of health, medical, and other services in rural areas hard-pressed to provide such services. The elderly

Figure 4

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

Over half of nonmetro persons 85 years and older are poor or near-poor



Note: Near-poor is an income of 100-149 percent of poverty level.

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

poor have less access to support services, housing, adequate nutrition, and transportation, and are apt to be less healthy than the wealthier elderly (Coward and Lee, 1985; Krout, 1986; Lee and Lassey, 1980; and Martin and Preston, 1994). Because the most remote rural areas have the highest poverty and also slower growth in population and tax bases, they are at a disadvantage in providing needed services to the older population.

Poverty status differs by marital status and living arrangements of the elderly. Older persons living alone are considerably more likely to be poor than are older married couples (fig. 5). While 8 percent of the nonmetro elderly age 60-64 in married-couple families were poor in 1997, 32 percent of nonmetro elderly who lived alone were poor. Poverty increases with advancing age, so that by age 75 and older, 12 percent of the nonmetro elderly in married-couple families were poor compared with 36 percent of those living alone.

Rural-urban differences in poverty rates for the elderly may be due in part to differences in the composition of the elderly population in rural and urban areas, in addition to a higher risk of poverty among the rural elderly. Older age, lower educational attainment, and minority status are associated with a higher likelihood of being poor. Hence, the older age structure and lower educational levels among the nonmetro elderly would tend to raise their poverty rates. On the other hand, the lower proportion of blacks and higher proportion of married persons among the nonmetro population would serve to lower poverty rates. While influencing the rates, these compositional factors (age, race, educational attainment, and marital status) alone are unlikely to explain the difference in poverty rates between rural and urban older persons.

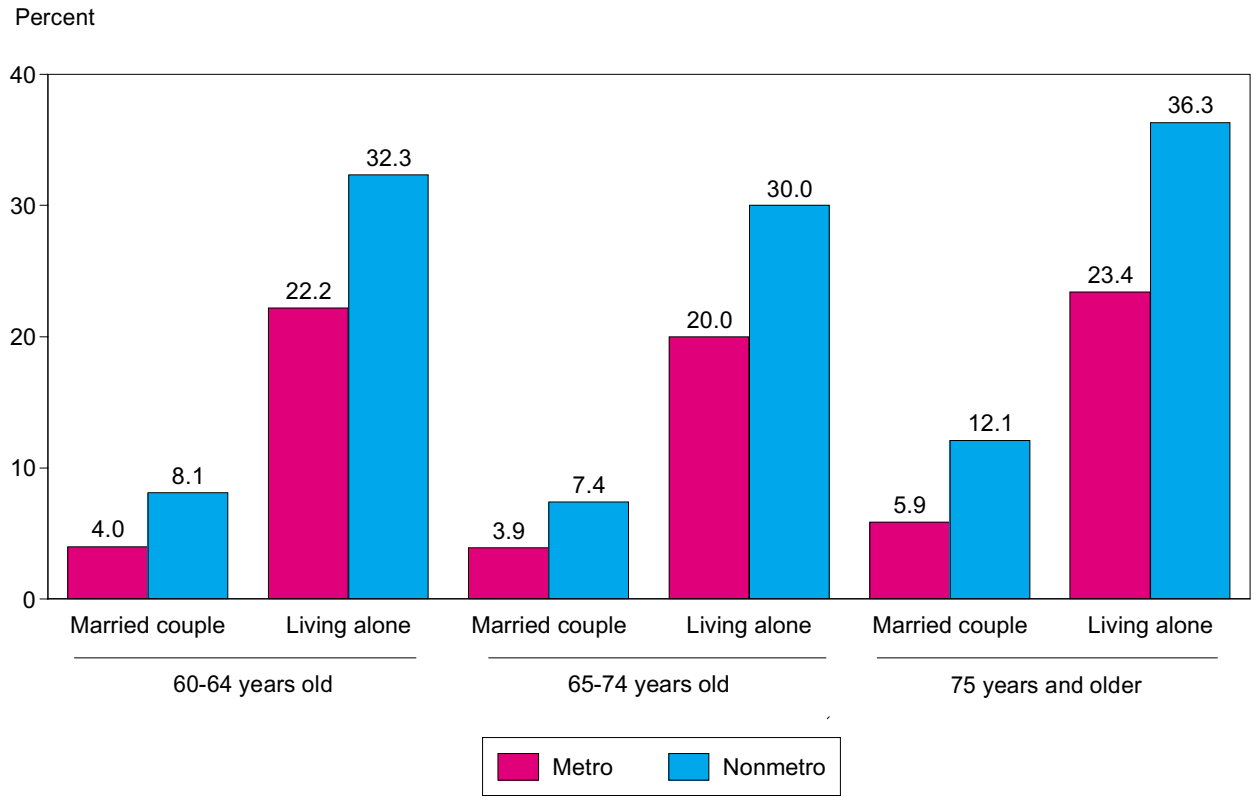
Differences in Income

In 1997, 34 percent of nonmetro persons age 60 and older had incomes under $10,000, 34 percent had

Figure 5

Older persons below the poverty level, by age, living arrangements, and residence, 1997

At each age, older persons living alone are about three times more likely to be poor than those who are married



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

incomes of $10,000-24,999, 23 percent had incomes of $25,000-49,999, and 9 percent had incomes of $50,000 or more. Nonmetro areas have a higher percentage of older persons with low income than do metro areas (fig. 6). With advancing age, an increasing proportion of the elderly live in households with less than $10,000 income. At age 65-74 years, the proportion of low-income persons in nonmetro areas was 30 percent, but by age 75-84 years, the proportion was 38 percent. An even wider gap was found between ages 75-84 years and 85 and older, climbing from 38 percent to 54 percent. Women are disproportionately represented in the low-income population (fig. 7). At younger ages (age 60-64 years), 54 percent of nonmetro low-income households are women, increasing to 69 percent at age 85 and older. Again, this pattern illustrates the economic vulnerability of older women, especially among the oldest old.

Income is more unevenly distributed among older Americans than younger ones, and much of this income inequality is associated with gender and marital status (Holtz-Eakin and Smeeding, 1994). Married couples are the most affluent, while older women living alone have higher poverty than all older men and women. In 1997, 24 percent of married couples had incomes under $10,000, compared with 43 percent of widowed persons. Older married couples were more likely to have higher incomes (30 percent with incomes of $25,000-49,999 and 21 percent with incomes of $50,000 or more) than widowed persons (15 and 8 percent, respectively).

Economic status in later life is a cumulative product of individuals' economic experiences, involving earnings, savings and spending, and participation in pension, health insurance, and public assistance plans. The cumulative economic advantages and disadvantages throughout life contribute to a wide economic inequality among the elderly, particularly among the oldest old.

Sources of Income

The elderly are generally more likely than the rest of the population to receive transfer payments such as Social Security and Supplemental Security Income (SSI), pensions, and asset income than earnings, the type of income mainly supporting the nonelderly. Nearly all older persons receive Social Security benefits and most receive income from other sources. Among persons 60 and older in 1998, 85 percent in nonmetro areas and 81 percent in metro areas received Social Security. At age 85 and older, 94 percent of all persons received Social Security. Only 6 percent of persons age 60 and older received SSI benefits, a program that provides income to needy disabled, blind, and elderly persons. Dependence on Social Security benefits only, or mainly, leaves a substantial share of the elderly in poverty or just above the poverty line. Poverty among the elderly is a matter of increasing public concern, especially since several subgroups—most notably women and racial-ethnic minorities—have very high levels of poverty.

Social Security benefits are the single most important source of income for the elderly, providing 40 percent of the income of the older population, according to data from the Social Security Administration (Social Security Bulletin, 1998). A large share of the elderly, including the most affluent elderly, receive pensions and asset income (37 percent) in addition to Social Security benefits, if not earnings. Other than Social Security, sources of income for the elderly include earnings (20 percent), pensions (19 percent), assets (18 percent), and other sources (3 percent). Earnings are from wages, salaries, and self-employment. Other sources of income commonly include transfer payments (Social Security, SSI, other public assistance, and veterans' payments), private pensions, property income, and related sources.

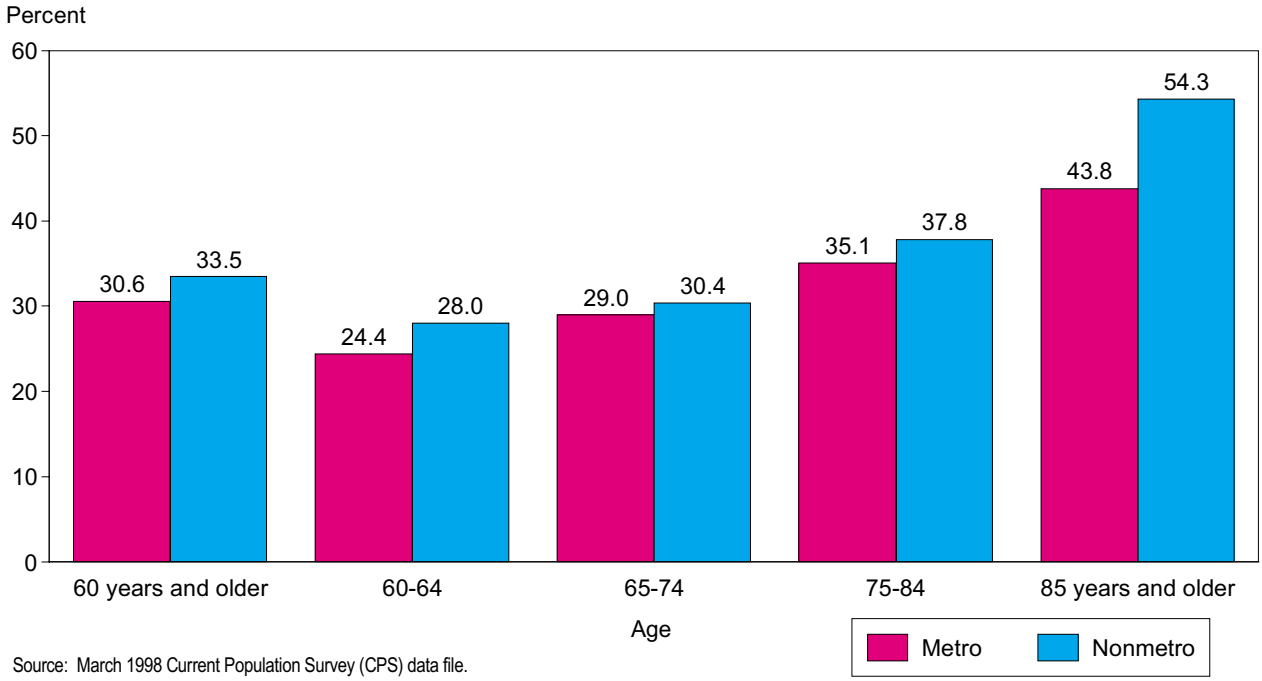
Assets and Homeownership

Measures of income alone do not tell the whole story of the economic circumstances of the elderly. Many elderly persons own assets that contribute directly to income through interest, dividends, and rents, serve as financial reserves for special or emergency needs; and provide services, such as transportation and housing. Assets accumulated during a retiree's working years supplement earnings and other income in retirement. Sixty-three percent of older persons receive income from assets. Home equity is by far the single most valuable type of asset held by the elderly. Next in importance are liquid assets, which include cash and savings or checking accounts. The third and smallest component of assets are illiquid assets, which include stocks and bonds, equity in a business

Figure 6

Persons 60 years and older whose household income is less than $10,000, 1997

At more advanced ages, a larger share of elderly persons have household income under $10,000

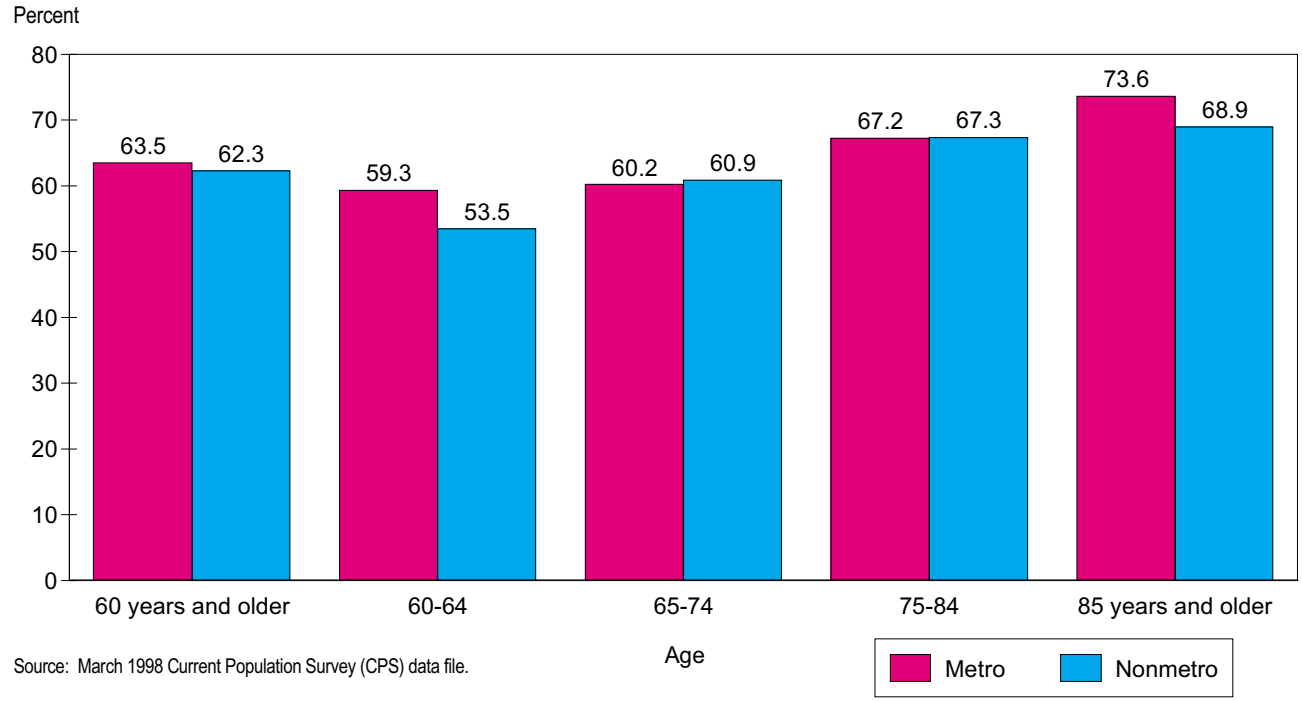


Source: March 1998 Current Population Survey (CPS) data file.

Figure 7

Women 60 years and older with household income less than $10,000, 1997

About two-thirds of all women 60 and older have household incomes under $10,000



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

or profession, real estate, and insurance policies and annuities.

Most older persons own their own homes. In 1998, 83 percent of those 60 years and older owned their homes, as did 71 percent of those age 85 and older. Nonmetro elders were more likely to own their homes (87 percent of those 60 years and older) than were metro elders (81 percent). Nonmetro elderly homeowners tend to have small or no mortgages and thus lower housing costs than metro elders. Their homes also tend to be lower in value and in somewhat poorer physical condition. Home ownership is a valuable asset, though many older persons are asset-rich but income-poor.

Housing units occupied by elderly householders in nonmetro areas in 1995 were more likely to have moderate to severe physical problems, according to data from the American Housing Survey. Nearly 6 percent of elderly housing units in nonmetro areas had moderate physical problems and 3 percent had severe problems. This compares with 3 percent of metro elderly housing units having moderate problems and 2 percent with severe physical problems. In part, these differences result from factors such as the age of the structure; the median year the structure was built was 1959 in nonmetro areas and 1964 in metro suburban areas. Older persons in rural areas are more likely than younger persons to occupy substandard or deficient housing units, as measured by lack of air conditioning and complete plumbing, incomplete kitchen facilities, electrical defects, and insufficient heating and maintenance.

Housing costs for older homeowners were lower in nonmetro areas than in metro areas: in 1995, a median of $228 per month in nonmetro areas, $326 in central cities, and $342 in suburban areas. This reflects, in part, the higher homeownership rate in nonmetro areas, because elderly owners tend to have small or no mortgages (a major housing cost) and thus lower housing costs. Eighty-six percent of elderly homeowners in nonmetro areas in 1995 owned their homes free and clear, compared with 78 percent of the metro elderly.

The median value of elderly-owned homes in nonmetro areas ($62,328 in 1995) was lower than the value of homes in both central cities ($82,909) and suburban areas ($97,436). The ratio of value to current income is less for nonmetro elderly owners (3.3 versus 3.7 in central cities and 4.1 in suburban areas) than for metro elderly because their incomes are closer to metro elderly owners' incomes. Although nonmetro homes are typically lower in value than metro homes, nonmetro homeowners, as a group, have fewer liens on their houses and thus more equity than would otherwise be the case.

Next in importance to home equity are liquid assets, which include cash and savings or checking accounts. Most older family heads hold assets in such accounts; in 1995, 91 percent of those 65-74 years old and 93 percent of those 75 years and older did so. A smaller component of asset income is illiquid assets, which include stocks and bonds, equity in a business or profession, real estate, and insurance policies and annuities. In 1995, for example, 18 percent of family heads 65-74 years old held stocks, as did 21 percent of those age 75 and older (Federal Reserve Bulletin, 1997). Thirty-seven percent of family heads 65-74 years old had life insurance policies and 35 percent of those 75 years and older did so.

In sum, rural elderly persons fare less well economically than the urban elderly. This is due partly to the composition of the population in rural areas, with an older age structure and lower educational attainment. Although nonmetro elders are more likely to be married than are metro elders, a factor associated with lower poverty, the proportion is not sufficient to offset the metro-nonmetro difference in elderly poverty. Local communities might consider directing health and social services and other programs to the most vulnerable groups—the oldest old, women, those living alone, and the rural elderly.

Social and Economic Well-Being of the Older Population

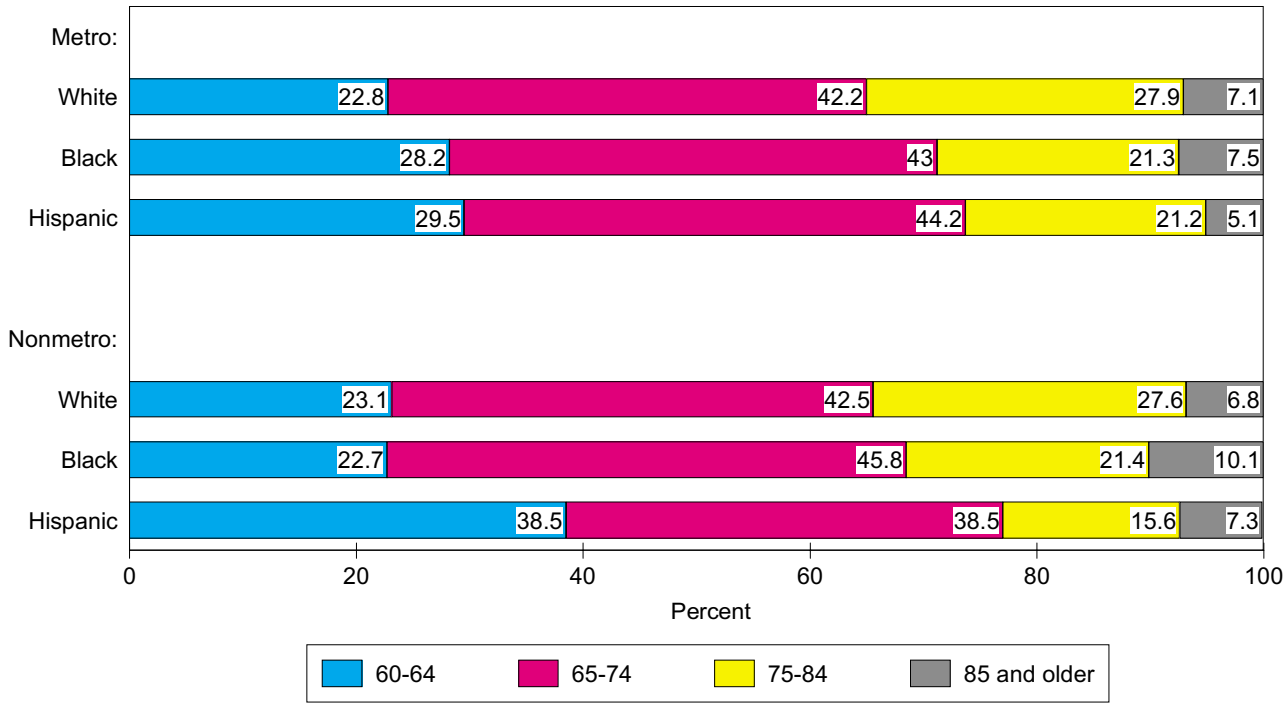
Does residence in a rural area in and of itself affect the socioeconomic status of older persons, or does the rural effect merely reflect the characteristics of persons (age, race, sex, marital status, and educational attainment) who tend to concentrate in rural areas? How do the oldest old fare in terms 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.

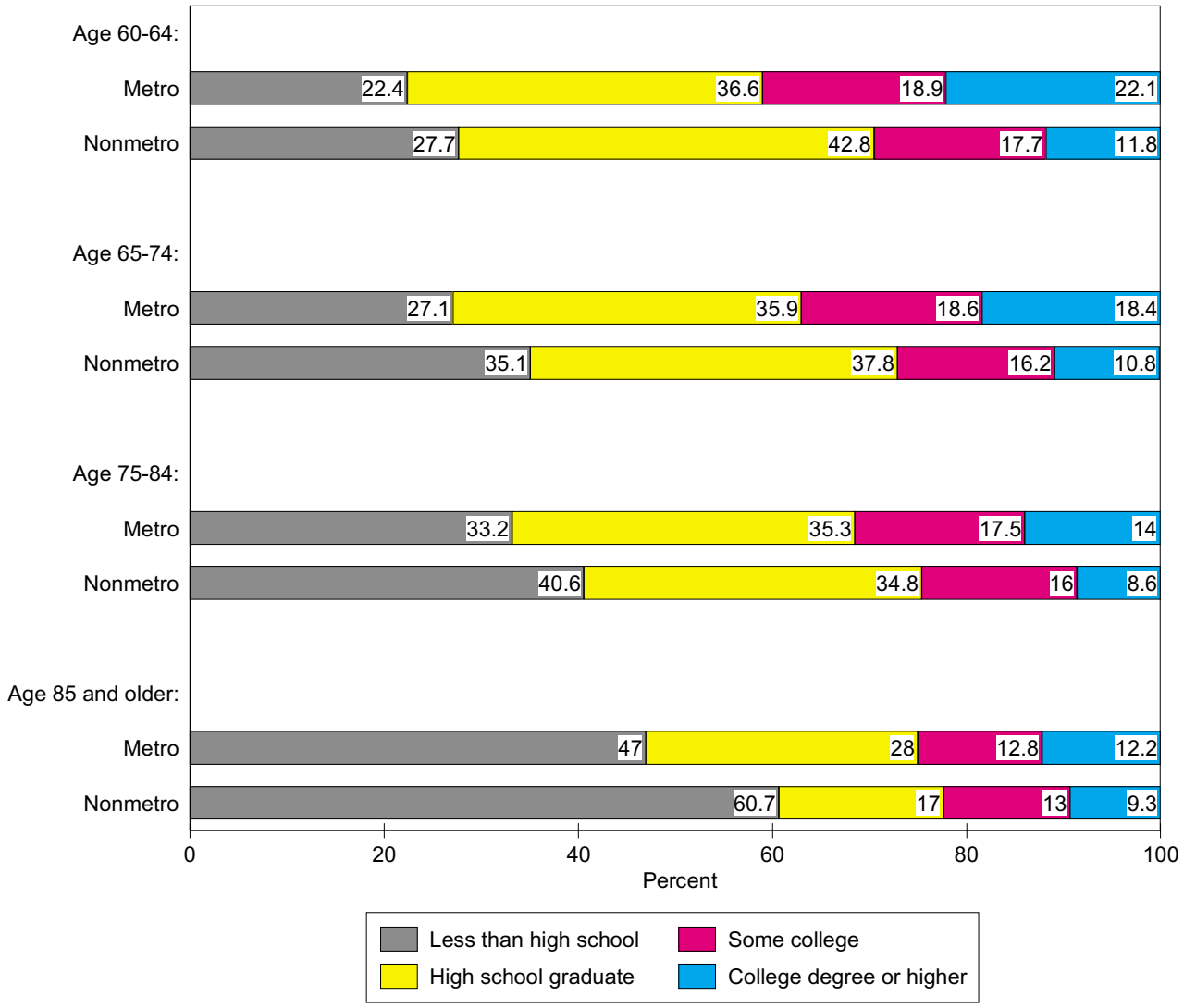
Gains in educational attainment over time are reflected in the higher educational levels of the younger old compared with those of the oldest old. While 61 percent of nonmetro elderly age 85 and older had not completed high school, only 28 percent of those 60 to 64 years old had not done so (fig. 9). 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.

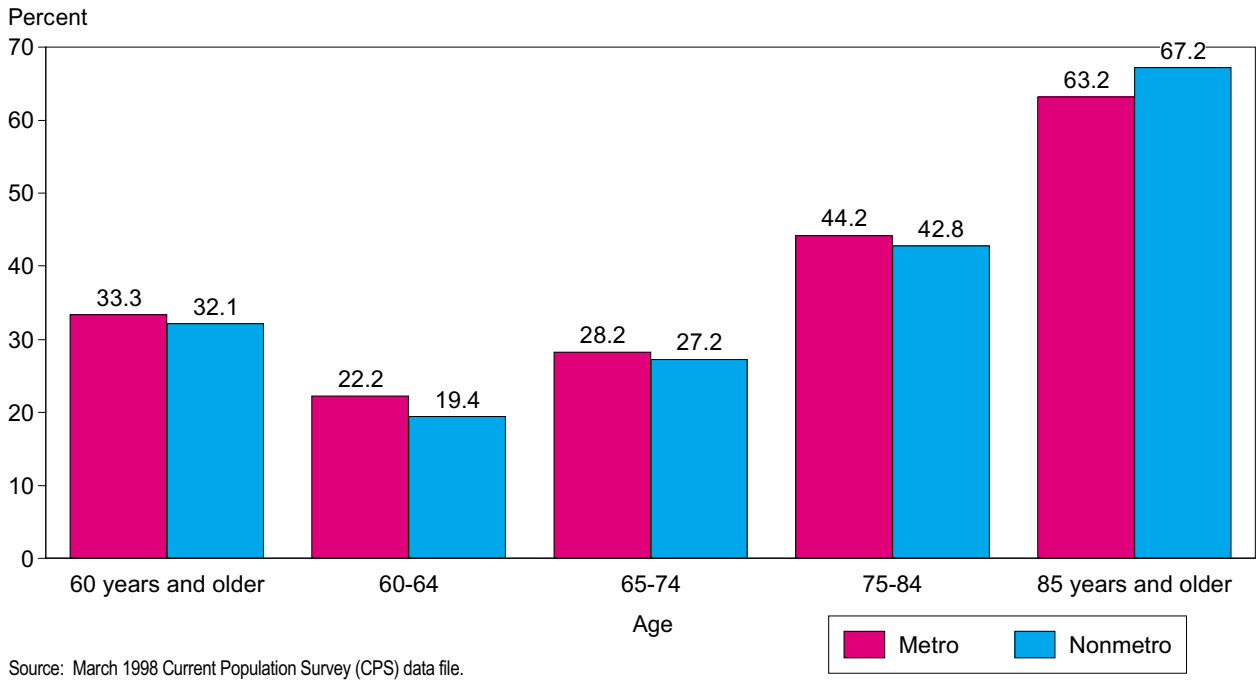
Residential location affects health status indirectly. Nonmetro elders are more likely to have characteristics associated with poorer health because they are more likely to be less educated and financially worse off than the metro elderly, and lower socioeconomic status is strongly associated with poor 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

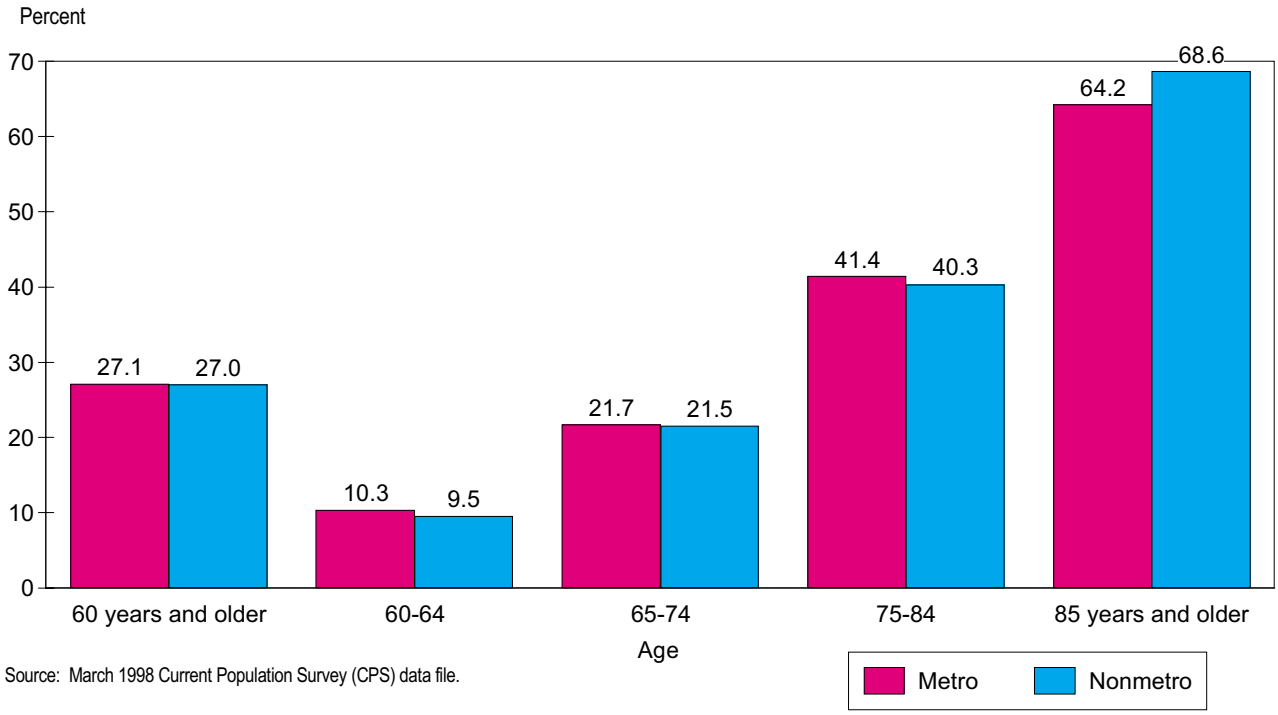


Source: March 1998 Current Population Survey (CPS) data file.

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



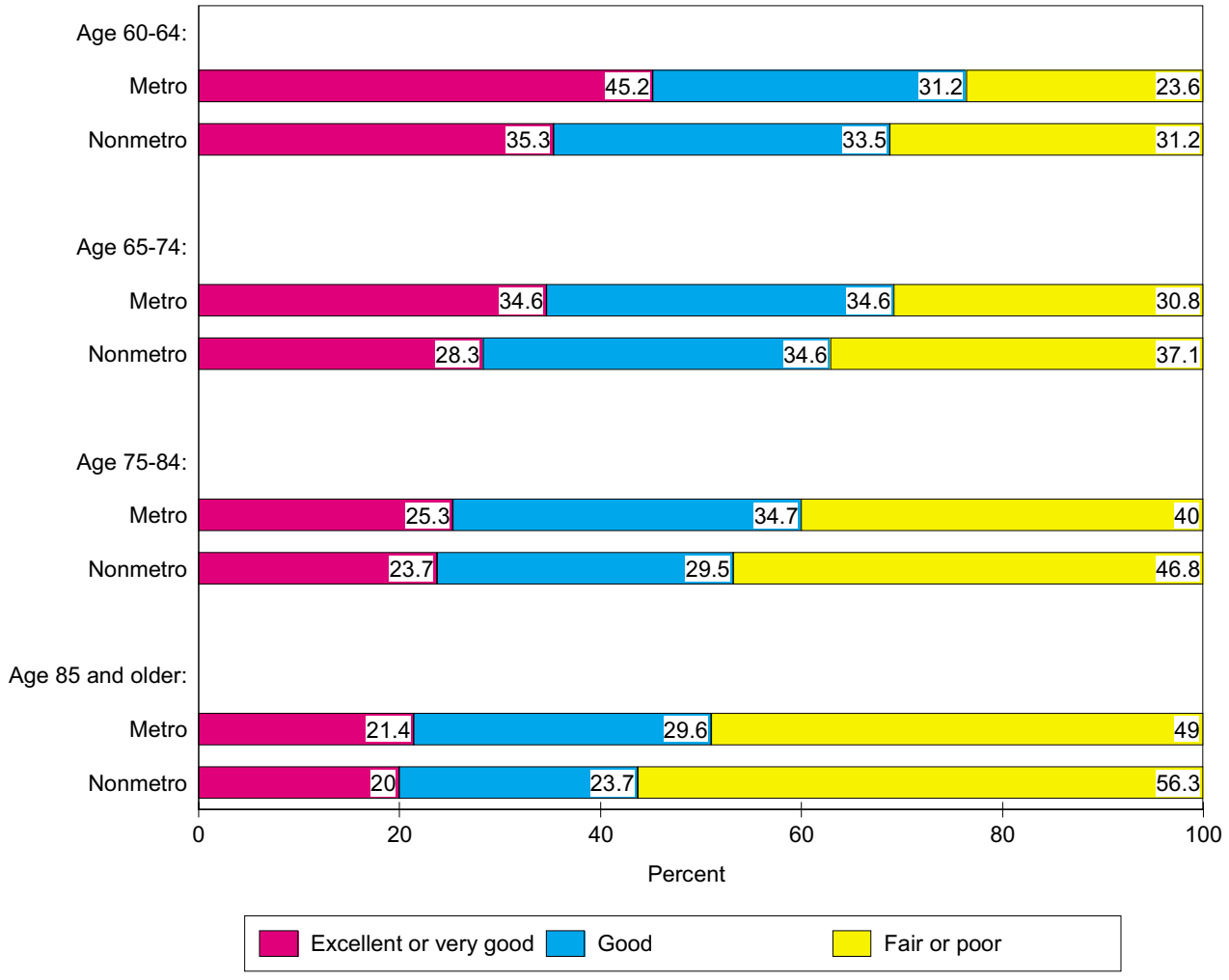
Source: March 1998 Current Population Survey (CPS) data file.

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.

Implications for the Future

Three aspects of the aging U.S. population are of major public concern and have implications for future programs and services for the elderly:

- Failing health and the consequent loss of the ability to take care of oneself. This will lead to increased needs in terms of health services, finances, housing, and social and psychological support for elders in poorer health.

- Poverty in old age. Certain subgroups—especially the oldest old, those living alone, and most rural elderly—may need special programs to alleviate their financial situation. The oldest component of the older population is the most likely to need health care and economic and physical support, suggesting that we need to critically examine the status and location of the oldest old population.

- The preponderance of women, with their greater economic vulnerability. Understanding how several factors, including work history, sex discrimination in the workplace, family roles such as caregiving, divorce, and changes in pension coverage, have influenced retirement income and the economic well-being of women is important (Rogers, 1998).

Between now and 2005, the rate of population growth of those age 65 and older is projected to be slower than at any previous time during this century, due to the small birth cohorts of the 1930's reaching their mid-60's (U.S. Bureau of the Census, 1996). The proportion of the population that is 65 and older will remain at its current level until 2005. After 2010, when the baby boom generation starts to enter this age group, the share of the population that is 65 and older will increase dramatically from 13.2 percent in 2010 to 20 percent by 2030. The number of persons age 65 and older is projected to increase from 39 million in 2010 to 69 million in 2030. The oldest old will grow even more rapidly than the 65-and-older population, based on the assumption that they will benefit the most from future improvements in mortality rates. The population that is 85 or older is growing the most rapidly of all age groups, and is expected to double in size by 2025 and increase five-fold by 2050, when the last cohort of the baby boom enters this age group.

Based on trends in the 1990's, nonmetro retirement counties are expected to continue their rapid growth. From 1990 to 1998, the population of retirement counties increased by 20.7 percent, predominantly due to inmigration (18.5 percent). While retirement counties constitute 9 percent of all nonmetro counties, they accounted for 25 percent of the population growth during 1990-98. With the aging of the baby boom, nonmetro retirement counties will most likely continue to outpace other nonmetro counties in population growth.

The changing size, distribution, and socioeconomic status of the older population has wide-ranging implications for services, resources, and programs for the elderly in rural areas. Issues such as ease of access to services in areas of low population density are critical when considering the rural or nonmetro elderly. The need to provide services to the increasing number of older persons will become even more acute in the 21st century.

A major policy issue associated with the increasing number of elderly is the allocation of public resources. The elderly require a disproportionate level of services and account for a disproportionate share of the public budget (Siegel, 1993). Residential differences in physical limitations as well as access to and availability of services need to be considered in planning for services in particular communities. The concentration of persons in the older ages where chronic health problems are most common, in combination with the increase in older dependents relative to the working-age population, has problematic consequences for the funding and provision of health and social services to the elderly and the supply of health and social service workers. Health and social services need to be designed to provide better and more effective care for the elderly with chronic conditions that impair their ability to function independently.

Changes in State and Federal policy will affect rural elders because Social Security, Supplemental Security Income, and Medicare programs account for a major part of their incomes and also provide critical support for local service providers. Rural communities are more limited in public sector capacity than urban areas and are usually economically concentrated in a relatively small number of industrial sectors. Local economic conditions will continue to affect the range of services available to older persons.

While government programs such as Medicare and Social Security help improve the economic well-being of older people, many vulnerabilities remain. Medicare provides significant health insurance at relatively little or no cost, but it offers very limited coverage of long-term care services—whether in the community or in a nursing home—and much of the cost is borne by older people and their families. The need for long-term care will most likely increase with the growth of the oldest old.

Furthermore, the large role played by government programs makes the older population vulnerable in an era of constrained Federal spending. The continued growth of the population age 60 and older will affect the costs of Social Security, private pension programs, Medicare, Medicaid, and a host of other services and programs for the elderly. Changing family patterns such as smaller family size, childlessness, and divorce mean that many baby boomers will have far fewer family resources to turn to in their old age. Alternatively, the economic circumstances of the baby boom generation upon retirement may be better than those of present-day older persons, particularly for women with formal labor market experience and pension coverage. Gains in educational attainment will also boost the economic well-being of those about to retire and enable them to take better advantage of programs designed to benefit them.

References

Beale, Calvin L. "Nonmetro Population Rebound Continues and Broadens," *Rural Conditions and Trends*, Vol. 7, No. 3, pp. 8-12, 1996.

Bean, Frank, George Myers, Jacqueline Angel, and Omer Galle. "Geographic Concentration, Migration, and Population Redistribution Among the Elderly," in *Demography of Aging*, Linda G. Martin and Samuel H. Preston, eds. Washington, DC: National Academy Press, pp. 319-355, 1994.

Butler, Margaret A., and Calvin L. Beale. *Rural-Urban Continuum Codes for Metro and Nonmetro Counties*, AGES 9425, U..S. Dept. Agr., Econ. Res. Serv., 1994.

Clifford, William B., and Stephen C. Lilley, "Rural Elderly: Their Demographic Characteristics," in *Aging in Rural America*, C. Neil Bull, ed. Newbury Park, CA: SAGE Publications, Inc., pp. 3-16, 1993.

Commonwealth Fund Commission on Elderly People Living Alone. *Aging Alone*. Baltimore, MD, 1987.

Coward, Raymond T., and Stephen J. Cutler. "The Concept of a Continuum of Residence: Comparing Activities of Daily Living Among the Elderly," *Journal of Rural Studies*, Vol. 4, No. 2, pp. 159-68. 1988.

Coward, Raymond T., and Gary R. Lee. "An Introduction to Aging in Rural Environments," in T*he Elderly in Rural Society: Every Fourth Elder*. New York: Springer Publishing Co., 1985.

Dillman, D.A., and Hobbs, D.J. (eds.), *Rural Society in the U.S.: Issues for the 1980's*. Boulder, CO: Westview Press, 1982.

Federal Reserve Bulletin, *Family Finances in the U.S.: Recent Evidence from the Survey of Consumer Finances*, 1997.

Fuguitt, Glenn V., and Calvin L. Beale. "The Changing Concentration of the Older Population, 1960-90," *Journal of Gerontology*, Vol. 48, No. 6, pp. S278-88, 1993.

Glasgow, Nina. "Poverty Among Rural Elders: Trends, Context, and Directions for Policy," *Journal of Applied Gerontology*, Vol. 12, No. 3, pp. 302-19, 1993.

Glasgow, Nina, Karen Holden, Diane McLaughlin, and Gordon Rowles. "The Rural Elderly and Poverty," in *Persistent Poverty in Rural America*, Rural Sociological Society Task Force on Persistent Rural Poverty, ed., Boulder, CO: Westview Press, pp. 259-91, 1994.

Holtz-Eakin, Douglas, and Timothy Smeeding. "Income, Wealth, and Intergenerational Economic Relations of the Aged," in *Demography of Aging*, Linda G. Martin and Samuel H. Preston, eds. Washington, DC: National Academy Press, pp. 102-145, 1994.

Kovar, Mary Grace. "Aging in the Eighties: People Living Alone—Two Years Later," *Advance Data from Vital and Health Statistics*, No. 149. U.S. Dept. Health and Human Services, National Center for Health Statistics, April 1988.

Krout, John A. "Aging in Rural America: A Special Issue," *Journal of Rural Studies*, Vol. 4, No. 2, pp. 101-02, 1988.

_____. *The Aged in Rural America*. Westport, CT: Greenwood Press, 1986.

Lee, Gary R., and Marie L. Lassey. "Rural-Urban Differences Among the Elderly: Economic, Social and Subjective Factors," *Journal of Social Issues*, Vol. 36, No. 2: pp. 62-74, 1980.

Martin, Linda G., and Samuel H. Preston (eds.). *Demography of Aging*. Washington, DC: National Academy Press, 1994.

Reeder, Richard, *Retiree-Attraction Policies for Rural Development*, AIB-741, U.S. Dept. Agr., Econ. Res., Serv., 1998.

Rogers, Carolyn C. "Poverty of Older Women Across the Rural-Urban Continuum," *Rural Development Perspectives*, Vol. 13, No. 2, pp. 2-9, 1998.

_____. *Health Status and Use of Health Care Services by the Older Population*, RDRR-86, U.S. Dept. Agr., Econ. Res. Serv., 1993.

Schwenk, Frankie N. "Income and Consumer Expenditures of Rural Elders," *Family Economics Review*, Vol. 7, No. 3, pp. 20-27, 1994.

Siegel, Jacob S., *A Generation of Change: A Profile of America's Older Population*, New York: Russell Sage Foundation, 1993.

Soldo, Beth, and Kenneth G. Manton, "Health Status and Service Needs of the Oldest Old: Current Patterns and Future Trends," *Milbank Quarterly*, Vol. 63, pp. 286-323. 1985.

U.S. Department of Commerce, Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*, Current Population Reports, Series P-25-1130, 1996.

U.S. Departments of Commerce and Housing and Urban Development. *American Housing Survey for the United States in 1995*, Current Housing Reports H150/95RV, 1997.

U.S. Department of Health and Human Services. *The Threshold of Discovery: Future Directions for Research on Aging: Report of the Task Force on Aging Research*, April 1995.

U. S. Department of Health and Human Services, Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement*, 1998.

Van Nostrand, Joan F., (ed.). *Common Beliefs About the Rural Elderly: What Do National Data Tell Us?* Centers for Disease Control, National Center for Health Statistics, Vital and Health Statistics, Series 3, No. 28, 1993.

Verbrugge, Lois. "Marital Status and Health," *Journal of Marriage and the Family*, Vol. 41, pp. 267-85, 1979.

Appendix table 1—Age distribution of the population 60 years and older, by metro-nonmetro residence and region, 1980, 1990 and 1998

Residence, region, and year	Median age	60 years and older	60-64	65-74	75-84	75 and older	85 and older	Share of total who are 60 and older	Share of 60 and older who are 85 and older
	Years				*Number*				*Percent*
1980:									
U.S. total	30.0	35,637,048	10,087,621	15,580,605	7,728,755	9,968,822	2,240,067	15.7	6.3
Metro	29.9	25,500,112	7,375,436	11,065,119	5,484,890	7,059,557	1,574,667	15.1	6.2
Northeast	31.9	7,166,901	2,073,120	3,070,821	1,565,025	2,022,960	457,935	17.2	6.4
Midwest	29.3	6,034,674	1,764,023	2,562,052	1,313,041	1,708,599	395,558	14.5	6.6
South	29.5	7,355,813	2,089,127	3,294,866	1,563,894	1,971,820	407,926	14.6	5.5
West	29.4	4,942,724	1,449,166	2,137,380	1,042,930	1,356,178	313,248	13.9	6.3
Nonmetro	30.1	10,136,936	2,712,185	4,515,486	2,243,865	2,909,265	665,400	17.7	6.6
Northeast	31.1	1,341,602	363,544	592,122	297,326	385,936	88,610	18.1	6.6
Midwest	30.6	3,251,585	830,367	1,394,525	772,876	1,026,693	253,817	19.0	7.8
South	30.1	4,407,521	1,186,316	2,017,630	947,760	1,203,575	255,815	17.6	5.8
West	28.7	1,136,228	331,958	511,209	225,903	293,061	67,158	15.0	5.9
1990:									
U.S. total	32.9	41,857,998	10,616,167	18,106,558	10,055,108	13,135,273	3,080,165	16.8	7.4
Metro	32.6	31,002,048	7,997,871	13,451,453	7,319,072	9,552,724	2,233,652	16.1	7.2
Northeast	34.2	8,221,786	2,092,951	3,537,903	1,971,622	2,590,932	619,310	18.4	7.5
Midwest	32.5	6,855,327	1,791,332	2,935,044	1,609,497	2,128,951	519,454	16.1	7.6
South	32.4	9,555,304	2,466,229	4,179,371	2,261,757	2,909,704	647,947	15.8	6.8
West	31.6	6,369,631	1,647,359	2,799,135	1,476,196	1,923,137	446,941	14.3	7.0
Nonmetro	33.8	10,855,950	2,618,296	4,655,105	2,736,036	3,582,549	846,513	19.4	7.8
Northeast	34.1	1,146,591	280,270	492,466	283,356	373,855	90,499	19.1	7.9
Midwest	34.3	3,491,086	805,951	1,451,226	913,500	1,233,909	320,409	20.6	9.2
South	33.8	4,813,873	1,178,766	2,084,106	1,206,926	1,551,001	344,075	19.4	7.1
West	32.9	1,404,400	353,309	627,307	332,254	423,784	91,530	17.3	6.5
1998:									
U.S. total	34.0	42,145,000	10,064,000	17,873,000	11,280,000	14,208,000	2,928,000	15.7	6.9
Metro	34.0	32,465,000	7,794,000	13,740,000	8,679,000	10,931,000	2,252,000	15.0	6.9
Northeast	35.0	7,825,000	1,943,000	3,203,000	2,082,000	2,679,000	597,000	17.1	7.6
Midwest	34.0	6,871,000	1,575,000	2,933,000	1,840,000	2,363,000	523,000	14.7	7.6
South	34.0	10,766,000	2,579,000	4,615,000	2,902,000	3,572,000	670,000	15.1	6.2
West	33.0	7,004,000	1,698,000	2,989,000	1,855,000	2,317,000	462,000	13.2	6.6
Nonmetro	36.0	9,680,000	2,270,000	4,133,000	2,601,000	3,277,000	676,000	18.4	7.0
Northeast	38.0	1,099,000	272,000	495,000	264,000	332,000	68,000	19.7	6.2
Midwest	35.0	3,106,000	727,000	1,253,000	921,000	1,126,000	205,000	19.4	6.6
South	35.0	4,186,000	954,000	1,833,000	1,089,000	1,399,000	310,000	18.0	7.4
West	34.0	1,289,000	318,000	552,000	326,000	419,000	93,000	16.7	7.2

Source: Calculated by ERS from March 1998 Current Population Survey (CPS) data file, and 1980 and 1990 Census of Population, General Population Characteristics, U.S. Summary.

Appendix table 2—Change in the population 60 years and older, by gender and rural-urban continuum code, 1980- 90

Rural-urban continuum code	All persons 60 years and older			Women 60 years and older			Men 60 years and older		
	1980	1990	Change, 1980-90	1980	1990	Change, 1980-90	1980	1990	Change, 1980-90
	Number		*Percent*	*Number*		*Percent*	*Number*		*Percent*
U.S. total	35,633,190	41,831,037	17.4	20,675,901	24,363,367	17.8	14,957,289	17,467,670	16.8
Metro:									
1 million or more population—									
Central	15,522,520	17,997,510	15.9	9,131,870	10,589,483	16.0	6,390,650	7,408,027	15.9
Fringe	1,079,968	1,372,292	27.1	611,850	781,901	27.8	468,118	590,391	26.1
250,000 to 1 million population	7,387,220	9,174,773	24.2	4,291,690	5,343,601	24.5	3,095,530	3,831,172	23.8
Less than 250,000 population	2,775,078	3,387,093	22.1	1,610,461	1,971,377	22.4	1,164,617	1,415,716	21.6
Nonmetro:									
Urban population of 20,000 or more—									
Adjacent	1,485,491	1,759,778	18.5	852,419	1,014,460	19.0	633,072	745,318	17.7
Nonadjacent	918,478	1,073,309	16.9	526,528	618,812	17.5	391,950	454,497	16.0
Urban population of 2,500-19,999—									
Adjacent	2,848,179	3,184,948	11.8	1,621,802	1,830,553	12.9	1,226,377	1,354,395	10.4
Nonadjacent	2,384,237	2,572,324	7.9	1,352,981	1,481,230	9.5	1,031,256	1,091,094	5.8
Completely rural—									
Adjacent	473,115	513,948	8.6	260,783	288,091	10.5	212,332	225,857	6.4
Nonadjacent	758,904	795,062	4.8	415,517	443,859	6.9	343,387	351,203	2.3

Source: Calculated by ERS from data from the Bureau of the Census, 1980 and 1990 Census STF4 files.

Appendix table 3—Change in the population 85 years and older, by gender and rural-urban continuum code, 1980- 90

Rural-urban continuum code	Persons 85 years and older			Women 85 years and older			Men 85 years and older		
	1980	1990	Change, 1980-90	1980	1990	Change, 1980-90	1980	1990	Change, 1980-90
	———Number———		*Percent*	*——-Number——*		*Percent*	*——Number——-*		*Percent*
U.S. total	2,192,679	3,003,328	37.0	1,524,701	2,172,927	42.5	667,978	830,401	24.3
Metro:									
1 million population or more—									
Central	930,154	1,267,309	36.2	654,416	924,704	41.3	275,738	342,605	24.3
Fringe	67,822	95,591	40.9	46,906	68,517	46.1	20,916	27,074	29.4
250,000 to 1 million population	440,065	630,159	43.2	309,189	459,514	48.6	130,876	170,645	30.4
Less than 250,000 population	173,593	244,933	41.1	121,651	179,090	47.2	51,942	65,843	26.8
Nonmetro:									
Urban population of 20,000 or more—									
Adjacent	91,627	125,760	37.3	63,579	90,386	42.2	28,048	35,374	26.1
Nonadjacent	60,814	80,358	32.1	41,731	57,527	37.9	19,083	22,831	19.6
Urban population of 2,500-19,999—									
Adjacent	188,358	245,776	30.5	127,866	174,495	36.5	60,492	71,281	17.8
Nonadjacent	158,657	208,656	31.5	106,690	147,578	38.3	51,967	61,078	17.5
Completely rural—									
Adjacent	30,213	39,678	31.3	19,846	26,975	35.9	10,367	12,703	22.5
Nonadjacent	51,376	65,108	26.7	32,827	44,141	34.5	18,549	20,967	13.0

Source: Calculated by ERS data from the Bureau of the Census, 1980 and 1990 Census STF4 files.