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Growth of the Oldest Old Population and Future Implications for Rural Areas

The older population has been growing and aging rapidly, with the fastest growing segment being the oldest old—those 85 and older. This segment of the older population increased 37 percent between 1980 and 1990. The oldest old are more likely to be women, to be in poor health, to live alone, and to be poor. This article examines recent changes in the oldest old population by residence and considers implications for the future.

The older population has been growing and aging rapidly, with the fastest growing segment being the oldest old—those 85 and older. This segment of the older population grew by 37 percent between 1980 and 1990, compared with a 16-percent increase for the population 60 to 84 years old. The oldest old are projected to increase rapidly into the next century, reaching 24 million persons, or one-quarter of the population 60 and over, by 2050. 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 changes in that population. The aging of the population is important because eligibility for many major social transfer programs is associated with age.

Awareness of the special needs of the rural elderly has increased along with the increase 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. The availability of comprehensive health care services often poses problems in low-density, sparsely populated nonmetro communities. Many of these communities are far from specialized medical care, which is concentrated in metro centers.

The aim of this article is to better understand the relationship between changes in the age composition and geographic concentration of the older population and the implications of such changes for current and future rural policy decisions. How important is rural-urban residence in understanding changes in the growth and concentration of the oldest old and how has the importance of residence changed over time? This article examines (1) changes in the age and residential distribution of the older population between 1980 and 1998 across the rural-urban continuum; and (2) the implications of these aging trends for rural community planning, provision of services, resources, and assistance programs.

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Many Nonmetro Regions Gained Population 60 and Older Due to an Influx of Retirees

The older population (see "Data and Definitions") increased by 17 percent between 1980 and 1990 and by 7 percent between 1990 and 1998. The median age of the U.S. population increased from 30 in 1980 to 32.9 in 1990 and 34 in 1998 (table 1), a strong indication of population aging. The nonmetro population is older than the metro population, with a median age of 36 in 1998, compared with 34 for the metro population. The older population accounted for more of the total population in nonmetro counties (18 percent in 1998) than in metro counties (15 percent). The nonmetro share of the older population has grown both from retirement inmigration and outmigration of young adults.

The number of older persons varies from region to region. 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 among the regions of its older population age 85 and older, reflecting aging-in-place. The greater concentration of the older population, especially those 85 years and older, in the Northeast and Midwest raises social policy issues for local governments in these areas (Bean, Myers, Angel, and Galle). For example, the oldest old have the greatest need for long-term care services; however, Medicare, which provides significant health insurance coverage, offers only limited coverage of long-term care services.

There is a growing concentration of elderly persons in the Sunbelt States in general, and in several specific retirement areas, including a band of counties stretching from northwestern Arizona, the Ozarks in Arkansas, and central Texas to western North Carolina and eastern West Virginia (Siegel). Growth in nonmetro retirement counties has continued at a rapid pace since 1980, much faster than in other nonmetro counties (Reeder). These rural retirement counties benefit substantially by attracting retirees, as shown by their population growth, increased family incomes and tax bases, greater economic diversification, and reduced unemployment rates. Similar growth is seen for metro retirement areas, with notable increased concentrations in metro counties with climate and recreation amenities as in central and southern Florida.

Many nonmetro regions—such as the Corn Belt, Great Plains, and Southern Appalachian Coal Fields—which depend on farming or mining, and have experienced slow growth and net outmigration, have been aging through the loss of young working-age persons (Fuguitt and Beale). Older persons have remained and become an ever-increasing proportion of the total population in these areas. The changing geographic distribution of the older population has resulted in disparities between community resources and needs, such as medical services, social services, housing, and long-term care. Small rural counties of the Midwest are especially challenged in providing services for the elderly. In addition to the relatively greater demand for services and low tax base, there are special problems of transportation, availability of facilities and resources, and delivery of services associated with the geographic dispersion and isolation of the population (Siegel).

Urban Influence Associated With Growth in the Older Population Across the Rural-Urban Continuum

Counties show wider variation in the proportion of the older population than regions or States. The rural-urban continuum distinguishes counties by population size and type for metro counties and by size of urban population and adjacency to a metro area for nonmetro counties (see "Data and Definitions"). In general, as size of place and proximity to urban areas increase, so does the growth of the older population.

All counties across the rural-urban continuum increased in population age 60 and older between 1980 and 1990 (table 2). Metro counties had a greater rate of increase than nonmetro counties, with the highest rate of increase for fringe counties of 1 million or more population (27 percent) between 1980 and 1990. Among nonmetro counties, the increase in the elderly population was greater for counties with larger urban populations and for counties

Table 1

Age distribution of the older population by metro-nonmetro residence, 1980, 1990, and 1998

The median age increased 4 years from 1980 to 1998

Residence and year	Median	60 and older		85 and older	
		Population	Share of total population	Population	Share of 60 and older population
	Age	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]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.

adjacent to metro areas. Thus, both local level of urbanization and metro proximity is associated with growth in the older population. Most likely, the availability of medical facilities and health and social services in nearby metro counties influenced older persons in their residential decisions. Adjacent counties with 20,000 or more urban population grew 18 percent among the population 60 and older (compared with 17 percent for nonadjacent counties), while counties with 2,500 to 19,999 urban population grew 12 percent (compared with 8 percent for nonadjacent counties), and those with less than 2,500 urban population grew 9 percent (compared with 5 percent for nonadjacent counties). Remote, completely rural counties had only a minimal increase in population 60 and older between 1980 and 1990.

Growth of the older population by county type tends to follow the same pattern as in the general population. Urban influence facilitates growth, with retirees seeking both places near urban areas and facilities/resources as well as places with natural or other amenities. Residential differences in county growth patterns are similar for older men and women, with higher percentage increases in the number of women than in the number of men.

While the population 60 and over increased 17 percent between 1980 and 1990, the oldest old increased 37 percent. In 1990, those 85 and older accounted for a larger share of the older population (7.4 percent) than in 1980 (6.3 percent). By 1998, the Census Bureau's population estimates (independent of the CPS) showed an increase of 9 percent over 1990.

Along with the rapid growth of the oldest old, the predominance of women at advanced ages is a key phenomenon. In 1990, 71 percent of the nonmetro population 85 and older was female. The number of women age 85 and older increased more (43 percent) than the number of men (24 percent) between 1980 and 1990. Again, the increase was greater in metro counties. In nonmetro counties, the more rural counties generally had a smaller rate of increase in the oldest old. Older women have much higher poverty rates than older men, comprising 71 percent of the poverty population age 60 and older. At advanced ages, declining health, reduced income, and widowhood may prompt a return to urban centers, where the necessary health and social services are located or where children of the elderly live (Siegel).

Because they have lower death rates, women have a greater survival potential than men at all ages. At each incremental age over 60 years, women comprise a larger share of the population (fig. 1). Women comprise 53 percent of the nonmetro population age 60-64, and 63 percent at age 85 and older. Because women live longer than men, their health and economic status are more vulnerable at later ages. The relative numbers of males and females in the upper ages in nonmetro areas exceed the relative numbers in metro areas. In 1998, 9 percent of older men and 13 percent of older women in nonmetro areas were 85 and older, compared with 7 percent of metro men and 12 percent of metro women.

Table 2

Change in the population 60 and older and 85 and older by residence, 1980-90

Metro counties had a greater rate of increase than nonmetro counties

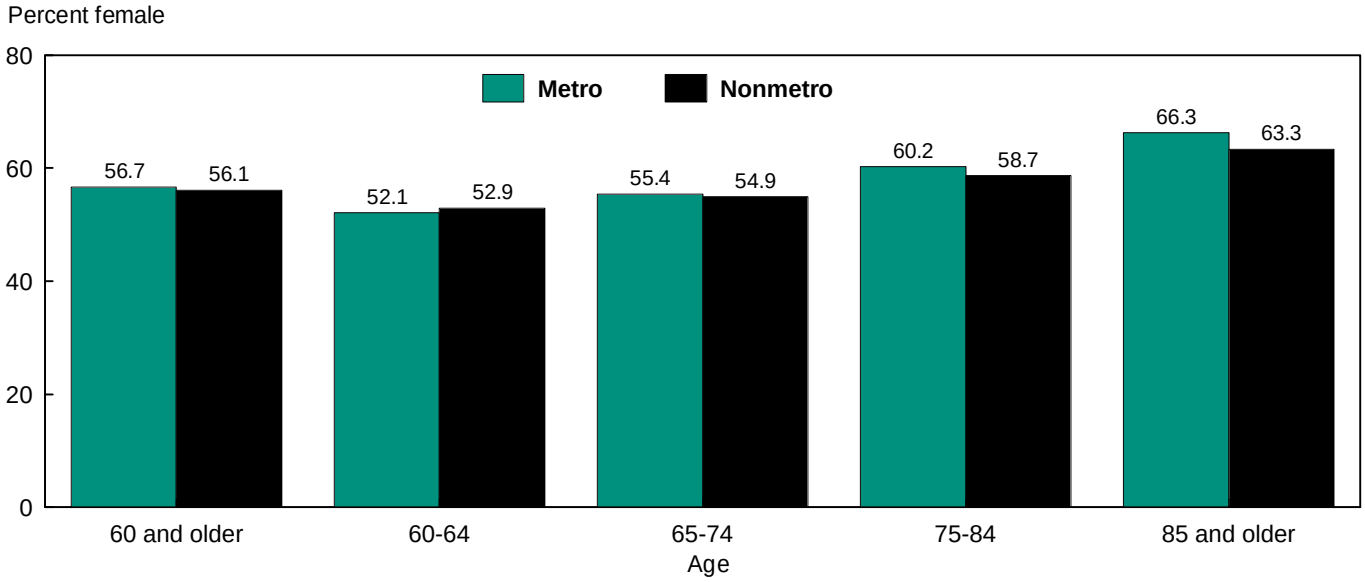
Rural-urban continuum code	Persons 60 and older 1980	Persons 60 and older 1990	Percentage change, 1980-90	Persons 85 and older 1980	Persons 85 and older 1990	Percentage change, 1980-90
	Number		Percent	Number		Percent
Total U.S.	35,633,190	41,831,037	17.4	2,192,679	3,003,328	37.0
Metro:						
1 million + 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 999,999	7,387,220	9,174,773	24.2	440,065	630,159	43.2
<250,000	2,775,078	3,387,093	22.1	173,593	244,933	41.1
Nonmetro:						
20,000 + population—						
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
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.

Figure 1

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

With advancing age, women comprise an ever-increasing share of the older population



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

Rapid Growth of Oldest Old Will Affect Planning and Allocating Funds

The aging U.S. population has important implications for future community planning. First, declining health and possible loss of some independence of the elderly can increase their need for health services, financial assistance, housing, and social and psychological support. Second, poverty in old age hits certain subgroups hardest, especially the oldest old, those living alone, and the most rural elderly residents. Special programs may be required to provide financial assistance to the low-income elderly. Third, the preponderance of women at advanced ages and their greater economic vulnerability are important issues in program planning. Several factors—including work history, family roles such as caregiving, marital status, and changes in pension coverage—affect retirement income and the economic well-being of older women (Rogers).

With advancing age, economic well-being declines. Economic status in later life is a cumulative product of economic experiences, involving earnings, savings and spending, and participation in pension, health insurance, and public assistance plans. Economic advantages and disadvantages throughout the life course contribute to a wide economic inequality among the elderly, particularly among the oldest old. Elderly women have higher poverty compared with older men, and older men and women who live alone or with nonrelatives have higher poverty compared with all older men and women. Since a higher proportion of the nonmetro than metro elderly population is 85 and older, and older age among the elderly is associated with a higher incidence of poverty, this becomes a more urgent issue in nonmetro areas. The elderly poor have less access to support services, housing, adequate nutrition, and transportation, and are apt to be less healthy than their wealthier counterparts.

Metro and nonmetro counties differ in population size and density, geographic isolation, road systems, and economic base as well as in the social and economic attributes of the older residents. These characteristics are associated with different needs for health care delivery, transportation, recreation, and access to social services. Access to health care services is a problem for sparsely populated areas. Remote rural areas are less equipped to provide services and programs to meet the needs of their elderly residents. 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 feasible only for the younger and more affluent segment of the older nonmetro population.

Farming and farm-dependent communities beset by aging-in-place and the outmigration of young persons face a different set of problems than retirement communities. Many of these areas have experienced the decline and departure of businesses and services, a fall in farm incomes and farm land values, erosion of the tax base, and reduced services for the elderly. Since the elderly in farm-dependent communities tend to be older and poorer than those in retirement communities, they are more dependent on local services (Siegel).

Changes in State and Federal policy will affect rural elders because Social Security, Supplemental Security Income (SSI), and Medicare are a major part of their

Data and Definitions

The older population, or the elderly, are defined here as persons 60 and older, and the oldest old as those 85 and older. This article is based on data from the 1980 and 1990 decennial censuses and March 1998 Current Population Survey (CPS). Estimates from the CPS are not strictly comparable with decennial census figures since the CPS excludes the institutional population. Approximately 5 percent of those 60 and older are institutionalized and this percentage increases with advancing age. 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 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.

The decennial census provides detailed rural-urban distinctions. This article 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 (adjacency) to metro areas. This yields a 10-part county classification scheme. The four metro categories are (1) central counties of 1 million population or more; (2) fringe counties of 1 million population or more; (3) counties of 250,000 to 999,999 population; and (4) counties of fewer than 250,000 population. The six nonmetro categories are counties with (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.

incomes and also provide critical support for local service providers. Rural communities are limited in public sector capacity and are economically concentrated in a few industrial sectors. Local economic conditions will continue to affect the range of services available to older persons. Issues such as ease of access to services or low-density service provision are critical when considering the nonmetro elderly.

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 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. Although nursing homes serve only about 5 percent of the elderly at any one point in time, they consume the largest proportion of public dollars spent on the elderly.

Furthermore, the growth of the population age 60 and older poses a major challenge to current government programs that support older people, and will raise the costs of Social Security, private pension programs, Medicare, Medicaid, and a host of other services and programs for the elderly. Smaller family size, greater childlessness, and increased rates of divorce mean that many baby boomers will have fewer family resources to turn to in their old age. On the other hand, the economic circumstances of many in the baby boom generation may be better than for present-day older persons at retirement, since greater proportions will have college degrees, formal labor market experience, and pension coverage.

With the approach of the 21st century and the increasing number of older persons, the need to provide services to this growing segment of the population will become more and more acute. The growth in the size of the elderly is associated with a major policy issue—the allocation of public resources. The elderly require a disproportionate level of services and share of the public budget. The combination of a burgeoning elderly population, a relatively small working-age population, and continuing low fertility means that only a relatively small number of persons of working age will be available to provide the services and funds the elderly need. The concentration of persons in the ages where chronic health problems are most common, in combination with the rise in the ratio of older dependents to workers, may well overtax the supply of health and social service workers. Health and social services will need to provide better and more effective care for the elderly with chronic conditions that impair their ability to function independently. And communities will need to tailor services to suit the physical limitations and geographic concentration of older residents.

For Further Reading . . .

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