

**A RAND NOTE**

**Demographic Factors Reshaping Ties to  
Family and Place**

**Peter A. Morrison**

**December 1990**

**RAND**

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## *Demographic Factors Reshaping Ties To Family and Place*

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*RAND Corporation*

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This article explores the broad topic of how the selective character of human migration and changing family circumstances may shape the intensity of local need among the future elderly. At origin, it is the healthier, better educated, and more affluent elderly who venture to migrate; and although people migrate from a broad spectrum of origins, they flow selectively to a narrow spectrum of destinations. At the same time, contemporary changes in family makeup and internal division of labor alter their capacity to care for elderly members. These demographic realities define a policy issue ripe for study. 1990 census data can reveal how the pressures of population aging will diffuse spatially, in terms of timing and intensity, and, given the complex interaction of migration selectivity and family transformation, who will be distanced from whom, and with what consequences. Scattered evidence from earlier years casts light on certain facets of this issue: (a) the ties between elderly and their children, (b) the differing configurations of migration flows generating elderly concentration in locales, and (c) the changing nature of elderly concentration in recent decades. With 1990 census data, it will be possible to extend certain findings and consider their implications for how future aging and dependency may express themselves locally.

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*Today, the approximately 31 million Americans who are 65 or older constitute 12% of the national population. In just 22 years, the first members of the large baby boom will begin turning 65, ushering in an era of intense change. By 2025, the number of elderly will increase to 60 million, and one of every five Americans will be 65 or older.*

Those who will be among the elderly in 2025 will have more years of life ahead of them than do their counterparts today. By then, projected life expectancy at age 65 will extend at least 2 years beyond

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what it is for contemporary 65-year-olds. For some, these added years will be mostly healthy and active; for others these years will be a burden of ill health and functional impairment (Rogers, Rogers, and Belanger 1989).

Statistics like these have heightened public awareness of population aging as a national phenomenon. Less apparent is *where* the pressures of these developments will be felt. That will depend on how this national phenomenon diffuses spatially, in terms of timing and intensity. Spatial and temporal variations in societal aging are important but largely unstudied dimensions of this national phenomenon (see Warnes 1989).

Population aging inevitably means greater service requirements in the future, and local communities will seek out more efficient ways to meet those needs. Some segments of the elderly population will migrate, and others will stay put; for most, future family settings will be different. Given these developments, what types of elderly persons with what types of limitations will end up where, and with kinship ties to whom?

This article explores these locational dimensions in the circumstances of elderly people's lives. It considers the broad topic of how selective migration and changing family circumstances may shape the intensity of need among the future elderly at local scales. The issues considered are difficult to fathom, yet they carry important future implications that are now ripe for study. As one illustration, the Veterans Administration must site future facilities to accommodate the needs of a rapidly aging veteran population. Will those future needs intensify in "sunbelt" communities in direct proportion to the number of retiring veterans who migrate there? Or will needs intensify disproportionately among veterans who remain in economically stagnant areas as their relatives (and potential future caregivers) move away, drawn to economic opportunity elsewhere?

Studies to date fill in only isolated pieces of this complex jigsaw puzzle (see, for example Bohland and Rowles 1988; Golant 1984; Rogers and Watkins 1987; Rogers and Woodward 1988; Speare and Meyer 1988; Sullivan 1985; Watkins 1990). Research on migration shows that interregional migration tends to select the healthier, better

educated, and more affluent elderly persons at origin. That makes it important to distinguish between places where the elderly population is composed largely of recent migrants and places where those who are elderly have aged in place. Furthermore, although people migrate from a broad spectrum of origins, they flow selectively to a narrow spectrum of destinations. Elderly migration, then, operates like a giant parabolic mirror, collecting distinctive types of individuals from everywhere and concentrating them in certain places.

Research on families and households documents contemporary changes in their makeup, internal division of labor, and living arrangements (see Goldscheider 1990; Mutchler 1990; Wolf 1990). Low fertility has persisted for over 2 decades; more than half of recent marriages are projected to end in divorce; and people are increasingly inclined to live alone in old age. In the course of one generation, married women have shifted from mostly unpaid work to paid employment, transforming families' division of labor and permanently altering traditional support structures within families. Such changes may have profound future implications for the elderly, because family members are the ones who provide most of the care that noninstitutionalized elderly persons receive (see Stone and Kemper 1989 for a recent review). Barring a reemergence of the full-time homemaker (or pervasive debut of house-husbands), future families will lack the capacity to care for their elderly members along traditional lines.

What these studies cannot reveal is how migrations selectivity and family transformations may *interact*, what the future spatial outcomes might be, who will be living with (or distanced from) whom, and how the consequences will play themselves out. In particular locales, tightly clustered ethnic enclaves exhibit the wide range of possibilities that this interaction can produce. Such questions are usefully posed now, because a fresh decennial census can show who ended up living where by 1990.

This article is intended to stimulate thinking on a timely and important topic: how national population aging and dependency express themselves locally, and with what consequences. The article begins with a review of the national context of aging and dependency and then examines the dynamics of local elderly concentration.

*Population Aging and Dependency: The National Context*

Like other nations, the United States is approaching an era when profound changes in age makeup will intensify dependency within the population. Proportionally more people will be over the age of 65 and, increasingly, over age 85. Those above 85 now constitute only one tenth of the population aged 65 and older, but they will reach nearly 16% by the year 2010, and eventually peak at 24% late in the 21st century. The number living to celebrate their 100th birthday will rise dramatically from 54,000 in 1988 to half a million centenarians in the second decade of next century.

Population aging will affect the lives of both the elderly and the nonelderly. Social Security taxes will rise, and more of the federal budget will flow to the elderly. The most palpable effects will be felt locally and within families, as chronic health problems and limitations on the routine activities of daily living increase the need for long-term care. Social Security and other federal entitlement programs distribute local dollars but not local care.

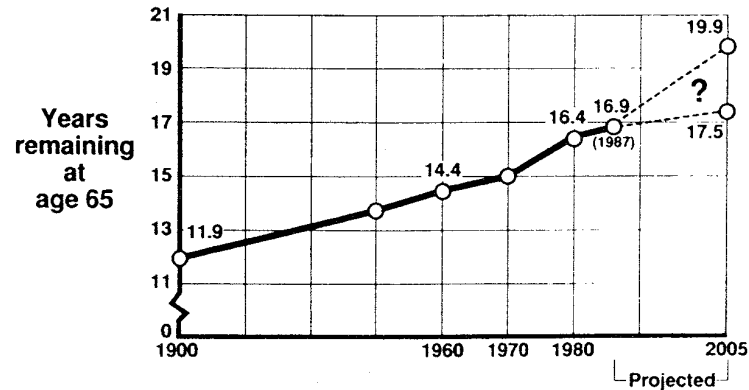
Rising life expectancy of the elderly means that more of the "young elderly" (persons in their 60s and early 70s) will themselves have very old surviving parents. With some luck, such "two-generation geriatric" families will not run short of money. They will need care. How much care, and how it is to be provided, are questions shrouded today in demographic uncertainty.

One unknown is how much further life expectancy may rise. In 1960, an average 65-year-old person could expect to live 14.4 more years (see Figure 1), a gain of 2.5 years since 1900. By 1987, the number had risen another 2.5 years, to a life expectancy of 16.9 more years. The gain over just that 27 years exceeded the entire gain of the first 6 decades of the century. Improved access to medical care, new health technology, life-style changes, and a widespread concern with physical fitness may have all played a part. Adults today smoke less and exercise more, and these better health habits may bestow lasting benefits. Medical research continues to find better ways to control the diseases associated with aging (e.g., cardiovascular disease and stroke).

Current projections by the Census Bureau and the Social Security Administration assume that elderly life expectancy cannot increase at recently observed rates. If those projections are underestimating life expectancy, they are also underestimating the future number of elderly



### PAST AND PROJECTED INCREASE IN LIFE EXPECTANCY AT AGE 65



Sources: National Center for Health Statistics, U.S. Bureau of the Census.

Figure 1: Past and Projected Increase in Life Expectancy at Age 65

in our nation's population. The range of uncertainty is quite broad. As seen in Figure 1, the difference between the Census Bureau's high and low mortality assumptions implies as few as 17.5 or as many as 19.9 additional years of life beyond age 65. It remains to be seen whether recent mortality declines will be sustained by advances in prevention and therapy or biomedical breakthroughs (see Guralnik, Yanagishita, and Schneider 1988).

A second uncertainty is whether longer life expectancy will add healthy and active years to life, or mostly years of ill health and functional impairment. There is not consensus on this point (see Crimmins, Saito, and Ingegneri 1989; Verbrugge 1984, 1989) which has a crucial bearing on the duration of caregiving elderly people will need in the future. Projections by Rogers et al. (1989) suggest that the more dependent elderly population (defined as those chronically limited in activities of daily living) will increase substantially faster than will the total elderly population through about 2010.

A third uncertainty involves the traditional support structures within family units (which are, and will likely remain, central to long-term care of elderly persons in the community). In the past, adult daughters were traditionally the ones who provided elderly parents with home

care. Today's smaller families, however, eventually will disrupt this custom. Baby boomers, having produced so few offspring, will have few adult children to fill the caregiver role when they grow old next century. Moreover, these prospective caregivers—women now in their 20s—typically hold jobs already, leaving little time for those traditional home responsibilities. Intercohort trends strongly suggest that at least four-fifths of women now in their 20s will be in the labor force when their parents reach old age. Few will be inclined to quit a paying job to become an unpaid caregiver to an elderly parent if any other alternatives exist.

The essence of this demographic scenario is that by early next century, elderly Americans long on life expectancy may find themselves short on care where it matters most—at home. Families then may still have the emotional will to provide care for elderly members, but fewer will have a practical way to do it.

A recent study furnishes some clues about the present-day situation. Analyzing data from several national surveys, Crimmins and Ingegneri (1990) document (a) a declining percentage of elderly parents living with their children and (b) reduced interaction on an everyday basis among parents and their children who do not live together.<sup>1</sup> Yet the *proximity* of older parents to their closest child has remained stable over time (see Table 1). Comparing parent child proximity in 1962, 1975, and 1984, they found a constant 66% to 67% of elderly parents living within 30 minutes of a child.<sup>2</sup>

Are we likely to witness a greater distancing of elderly parents from their prospective caregivers? According to these data, proximity has not diminished. However, the distance factor between the parent and closest child did emerge as the most important *determinant* of how often they interact. Therefore, proximity has considerable potential importance: Any long-term developments that might distance parents from their offspring merit close attention.

### *Subnational Manifestations of Aging and Dependency*

In future decades, the elderly population will increase (at least relatively) in most communities. The increase will be highly variable at local levels, with widely differing consequences from place to place.

TABLE 1  
Proximity to Nearest Child Among Older Persons  
With Surviving Child Outside Own Household

<i>Proximity</i>	<i>1962</i>	<i>1975</i>	<i>1984</i>
Within 10 minutes	47	38	40
11-30 minutes	20	28	26
31-60 minutes	11	13	10
> 1 hour and < 1 day	16	19	20
1 day or more	7	2	5
Total	101	100	101

SOURCE: Adapted from Crimmins and Ingegneri (1990, Table 2).

With data from the 1990 Census, it will be possible to examine this spatial unevenness and how it materialized during the 1980s. A useful analytic typology to guide that inquiry was devised in the course of an earlier RAND study (McCarthy 1983). That study distinguished localities according to the configuration of migration flows affecting the resident elderly population. The three configurations that concentrate elderly in a locality are:

1. *Accumulation*: Elderly residents may be left behind in an area that younger residents are leaving. In those places, elderly concentration results from the migration of the nonelderly—as witnessed throughout much of the Plains and western Cornbelt and in declining central cities of older metropolitan areas.
2. *Recomposition*: Elderly persons may be drawn to an area that non-elderly residents are leaving. By recomposing an area's population, the opposite directions of elderly and nonelderly migration flows generate elderly concentration. Recomposition has occurred in certain nonmetropolitan areas where economic opportunities may fail to retain working-age residents, but rural amenities and low living costs can still attract elderly migrants—for example, in various parts of the Arkansas and Missouri Ozarks and in Michigan's Upper Peninsula.
3. *Congregation*: Migrants of all ages may be attracted to an area, but elderly migrants may arrive at a faster pace than do the nonelderly. Examples here are Orlando and Palm Beach in Florida, Ashland and Medford in Oregon, and Appalachian North Carolina (see Watkins 1990).

All three configurations generate elderly concentration but have differing implications. The service needs arising in areas of congregation are typically those of well-to-do retirees (as in Arizona). A quite different set of needs are generated in areas undergoing accumulation (as in the Mississippi Delta), where disadvantaged elderly residents have been left behind to fend for themselves in a chronically distressed region that younger, more mobile residents have abandoned. Clearly, migrant selectivity would be influential here.<sup>3</sup> There is the further question of whether the family circumstances and kinship networks of the elderly vary systematically among these different area types.

The RAND study showed that the processes underlying elderly concentration had changed over time. Specifically, a comparison of the situations in the 1960s and 1970s revealed that

1. *Concentration was more sharply focused geographically after 1970.* Nearly three fifths of the nation's counties experienced elderly concentration before 1970, but only slightly over one third did thereafter.
2. *The dynamic behind concentration shifted away from accumulation and toward congregation.* That is, concentration after 1970 resulted more often when the elderly actively sought a desired destination and less often when they were passively left behind in an area.

This latter point is consistent with a broader view that elderly migrants increasingly are "consumption-oriented" movers (because their relative incomes have risen over time). More of the elderly enjoy locational flexibility: They are assured an adequate income regardless of location, and they can favor areas with more attractive climates and greater natural amenities.

Data from the 1990 census will make it possible to update these findings and extend their scope to an even finer level of spatial detail than whole counties. If elderly persons have become even more concentrated geographically during the 1980s, it will be important to identify these points of concentration and how they are emerging, and to track their evolution during the 1990s. Administrative data series offer possibilities for monitoring spatial patterns during postcensal years. Social Security data, for example, furnish annual counts of the number of elderly Social Security beneficiaries in each of the nation's counties (and potentially in individual zip code areas).

Many other questions are less readily answered. Perhaps the distances separating the elderly from their offspring vary systematically among these types of areas. If so, such differences concealed in the aggregate may foreshadow differential access to family networks. It will be especially important to identify types of communities that may be evolving into future settings of elderly isolation from family care and to design appropriate policies for financing and delivering long-term care to the elderly in such settings.

Research in the 1970s and 1980s focused on the location and relocation of the elderly. Policy issues of the 1990s will sharpen that focus on the circumstances surrounding elderly people's lives in distinct types of settings and on the ensuing consequences for dependency in old age. Those consequences will matter to the elderly and their families, to the communities where they live or take up residence, and to those who design national policies to strengthen the fit among all three.

#### NOTES

1. For example, the proportion of parents who see a child everyday or two has dropped from one half in 1962 to one third in 1984.
2. These percentages refer to parents 65 and older who have a surviving child and do not reside with a child.
3. There are also anecdotal accounts of amenity-oriented migration by New Yorkers retiring to Florida, followed later on by dependency-dominated return migration of frail elderly back to New York.

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