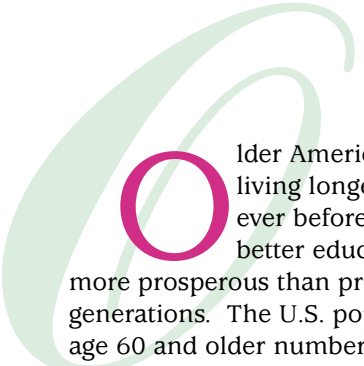


# The Older Population in 21st Century Rural America

Carolyn C. Rogers



Older Americans are living longer than ever before, and are better educated and more prosperous than previous generations. The U.S. population age 60 and older numbered 43 million in 2001 and is expected to double by 2050. Moreover, the population age 85 and older has been increasing more rapidly than any other age group. Continued growth of the older population will greatly impact resources such as medical care facilities, nursing homes, Medicare/Medicaid, and Social Security funds. Consequently, policymakers, researchers, and community leaders must better understand and anticipate the health and economic needs of this segment of American society.

Throughout the Nation, rural areas generally have a higher proportion of older persons in their total population than do urban areas. Rural areas are aging as a result of aging-in-place, outmigration of young adults, and inmigration of older persons from metro areas, straining community resources to provide adequate health care, housing, and trans-

*Older Americans are increasing steadily in number and proportion of the total population, especially those age 85 and older. Rural areas generally have a higher proportion of older persons in their total population than do urban areas. Although poverty rates of older persons have generally declined, a metro-nonmetro gap persists, with the rural elderly more likely to be poor than the urban elderly. Rural areas differ widely in terms of population trends and the socioeconomic mix of their older population, and policies and programs for the older population that recognize these rural differences will be the most effective.*

portation. The rural elderly have higher poverty rates and poorer health than the urban elderly, implying a greater need for services and resources. Recent policy changes affecting rural health care delivery will have a major impact on rural areas that are more limited in their health care services and facilities, increasing demands for medical and social services and long-term care.

This article examines demographic and socioeconomic characteristics of the older population by metro-nonmetro status, and implications for current and future rural policy decisions in terms of resources, services, and programs. How does metro-nonmetro residence affect the social and economic well-being of the older population? And what subgroups are most vulnerable?

The article is based on data from the March 2001 (and previous years) Current Population Survey (CPS). Because the CPS excludes the institutional population, such as those in nursing homes, the num-

ber of older persons is underestimated. This underestimate is more pronounced at advanced ages, as seen in the 2000 census—1.1 percent of persons age 65-74 were in nursing homes, as were 4.7 percent of those age 75-84 and 18.2 percent of those age 85 and older.

## **Older Population Is Aging, With the Fastest Growing Segment Age 85 and Older**

In 2001, 43.4 million Americans (16 percent of the total population) were elderly, or age 60 and older; this represents an increase of 7 percent in the older population since 1991. The aging of the baby boom generation, born between 1946 and 1964, will accelerate the growth in the older population, as the leading edge of the cohort reaches age 65 in 2011. Already, the aging of the baby boom has led to an increase in the median age from 33 in 1991 to 35 in 2001 (table 1). The nonmetro median age was 38.0 in 2001, compared with 34.0 for the metro population.

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The metro older population grew by 11 percent between 1991 and 2001, while nonmetro areas lost persons 60 and older, mostly in the early 1990s. Nonmetro counties with declining older populations are concentrated in the Great Plains, Corn Belt, and lower Mississippi Valley (see “Recent Trends in Older Population Change . . .” elsewhere in this issue). Urban proximity facilitates growth, as retirees move toward facilities and resources in urban areas as well as to places with cultural or recreational amenities.

Rural areas generally have a higher proportion of older persons in their total population (20 percent) than do urban areas (15 percent) (table 1). Rural areas have dif-

ferent needs for health care delivery, transportation, and access to social services. For example, accessing health care services can be difficult in low-density, sparsely populated rural communities, which are often far from comprehensive, state-of-the-art medical care and facilities (Buczko; Rogers, 2002). Rural areas also have fewer physicians and smaller hospitals (Rogers, 2002).

The older population is concentrated in the South, with 16 million persons age 60 and older in 2001; 28 percent of these older persons reside in nonmetro areas. Of the nonmetro population nationwide, 45 percent of the older population resides in the South and 31 percent in the Midwest.

The proportion of the population age 60 and older varies among States and counties. Counties age at various rates due to the population shift (by metro-nonmetro status) in recent decades and differences in the rate at which local populations enter older status. The share of the total county population that is elderly is affected by the mortality rate, the number of older persons who migrate to a county, and the number of younger persons who move out of the county. The pattern of internal migration has produced changes in the older population in many nonmetro areas. Retirement areas benefit from high immigration, while high elderly concentration in many other nonmetro counties is due to outmigration of young persons and aging-in-place (or the aging of late middle-aged people into old age).

The oldest old (age 85 and older) is currently the fastest growing segment of the older population and is expected to grow faster than any other age group. The oldest old comprised a larger share of the older population (8 percent) in 2001 than in 1991 (6 percent). The U.S. Census Bureau projects that the oldest old population could grow from about 4 million in 2000 to 19 million by 2050. By 2050, nearly 24 percent of the older population is projected to be 85 years and older. This projection has implications for the health care system because those 85 and older tend to be in poorer health and require more services than the younger old. This finding is especially relevant to nonmetro areas as these communities have a slightly higher share of their older populations in the 85-and-older group.

Table 1

**Age distribution of the older population by metro-nonmetro residence, 1991, 1996, and 2001**

*The aging of the U.S. population is reflected in the increase in the median age, from 33 in 1991 to 35 in 2001*

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
			Percent		Percent
<b>1991:</b>					
U.S. total	33.0	40,745,000	16.4	2,390,000	5.9
Metro	32.0	30,081,000	15.6	1,724,000	5.7
Nonmetro	34.0	10,664,000	19.0	666,000	6.2
<b>1996:</b>					
U.S. total	33.0	41,442,000	15.7	2,819,000	6.8
Metro	33.0	31,926,000	15.0	2,245,000	7.0
Nonmetro	35.0	9,516,000	18.3	574,000	6.0
<b>2001:</b>					
U.S. total	35.0	43,425,000	15.7	3,293,000	7.6
Metro	34.0	33,336,000	14.8	2,505,000	7.5
Nonmetro	38.0	10,089,000	19.7	787,000	7.8

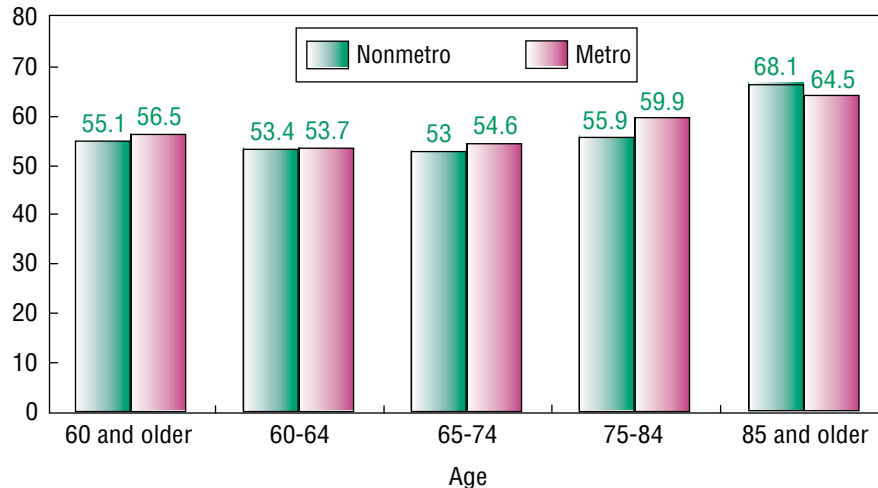
Source: Calculated by ERS from March Current Population Survey (CPS) data files for 1991, 1996, and 2001.

Figure 1

**Older women as a percentage of the population by age and residence, 2001**

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

Female share of population (Percent)



Source: March 2001 Current Population Survey (CPS) data file.

**Older Women Are More Likely To Be Widowed Than Older Men**

Women constitute a larger share of the older population, especially among the oldest old. In nonmetro areas, women represented 53 percent of the population age 60 to 64 and 68 percent of the population age 85 and older in 2001 (fig. 1). Older women are less likely than older men to be married and are more likely to live alone. Because women live longer than men, they are more likely to experience declining health and the dwindling economic resources of advanced age.

Today's older population is predominantly White, but as the older population increases, it is becoming more racially and ethnically diverse. In 2001, 92 percent of the nonmetro older population was White, 6 percent Black, and only 2 percent Hispanic (fig. 2). Minorities, elderly or not, are more likely to live in metro areas than nonmetro areas. In the South, Blacks comprise a larger share of

the older population in both nonmetro (12 percent) and metro (14 percent) areas than they do elsewhere (fig. 2).

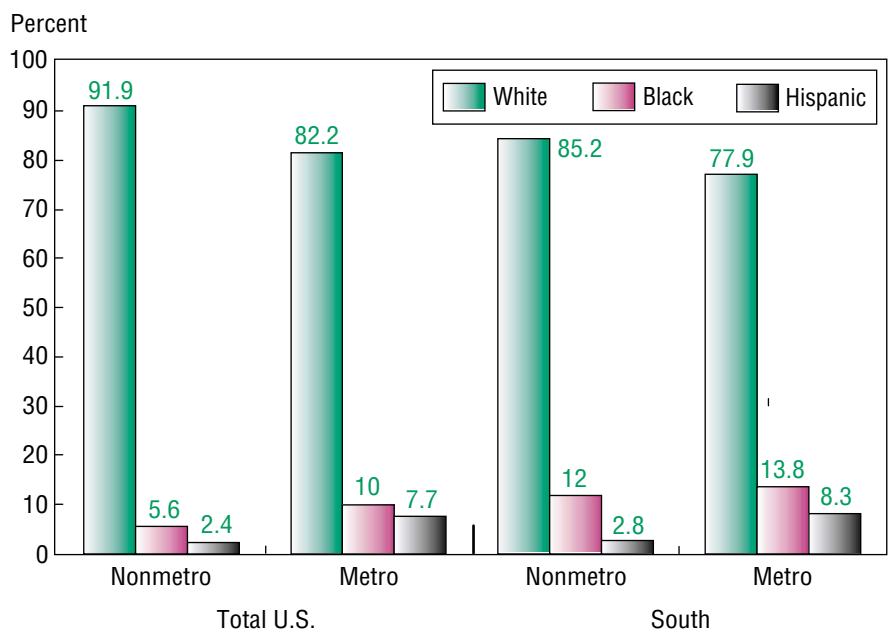
Black and Hispanic older persons are more likely to be younger than their White counterparts. In 2001, 77 percent of nonmetro older Hispanics were age 60-74, compared with 68 percent of Blacks and 63 percent of Whites. Hispanics are growing faster than other race-ethnic groups of the older population, contributing to the growing diversity.

Marital status can strongly influence a person's emotional and economic well-being by influencing living arrangements and the availability of caregivers. In 2001, 62 percent of nonmetro older persons were married and 27 percent were

Figure 2

**Persons age 60 and older by race-ethnicity, residence, and region, 2001**

*Minorities are less likely to live in nonmetro areas; however, in the South, a larger share of the older population is Black*

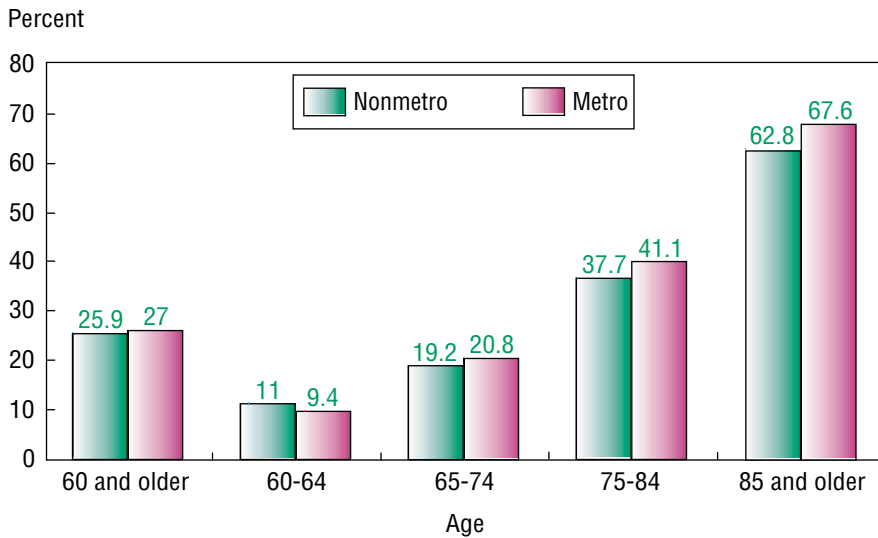


Source: March 2001 Current Population Survey (CPS) data file.

Figure 3

**Persons age 60 and older who are widowed, 2001**

*By age 85, about two-thirds of older persons are widowed*



Source: March 2001 Current Population Survey (CPS) data file.

widowed, versus 58 and 27 percent for metro older persons. Older women are more likely to be widowed than are older men due to differences in life expectancy, the tendency for women to marry men who are slightly older, and higher remarriage rates for older widowed men than widowed women. In nonmetro areas, 76 percent of older men were married and 11 percent were widowed in 2001, versus 51 and 38 percent for older women.

Widowhood increases with advancing age and is more prevalent among older women than men. In 2001, 79 percent of nonmetro men age 60 to 74 were married and only 7 percent were widowed, compared with 63 and 24 percent for comparable women. At age 85, a higher proportion of both men and women are widowed, though women are more than twice as likely to be widowed than men. For example, 59 percent of nonmetro men age 85 and older were married and 30 percent widowed,

compared with only 13 percent of nonmetro women 85 and older who were married and 78 percent widowed.

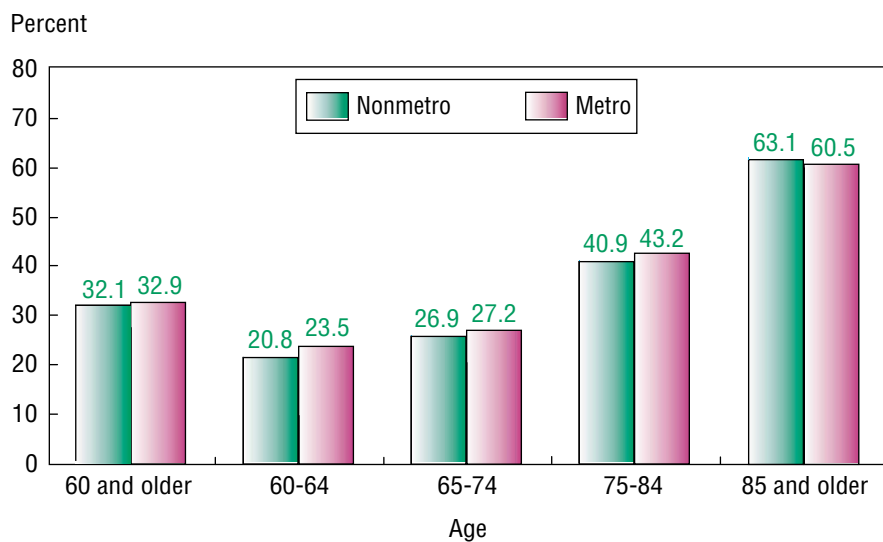
The likelihood of living alone also increases with advancing age. Only 11 percent of nonmetro persons age 60-64 were widowed in 2001, but by age 85, about two-thirds were widowed (fig. 3). Similarly, one-third of all older persons lived alone in 2001, and by age 85, nearly two-thirds lived alone (fig. 4). Many older persons who are widowed live alone and are more likely to lack social support networks, to report themselves in poorer health, and to experience poverty than other older persons.

Higher levels of education are usually associated with higher incomes, higher standards of living, and above-average health among older Americans. The current generation of older Americans is more highly educated than previous cohorts of older persons, and this trend is expected to continue. Gains in educational attainment over time are reflected in the

Figure 4

**Persons age 60 and older who live alone, 2001**

*One-third of all older persons live alone; by age 85, nearly two-thirds live alone*



Source: March 2001 Current Population Survey (CPS) data file.

higher educational levels of the younger old compared with the oldest old. In 2001, half of the nonmetro elderly age 85 and older had not completed high school, versus just 26 percent of nonmetro 60-to-64-year-olds (fig. 5). Furthermore, a higher proportion of the younger elderly had some college training than did the oldest old. Despite the overall increase in educational attainment, substantial educational differences among racial and ethnic groups still exist.

A much higher proportion of older persons in metro areas completed high school than did their nonmetro counterparts. This edu-

cational gap has contributed to a financial disadvantage for nonmetro persons throughout their working careers, resulting in higher current poverty rates and lower retirement incomes.

### Most Older Persons Under Age 85 Assess Their Health As Good or Excellent

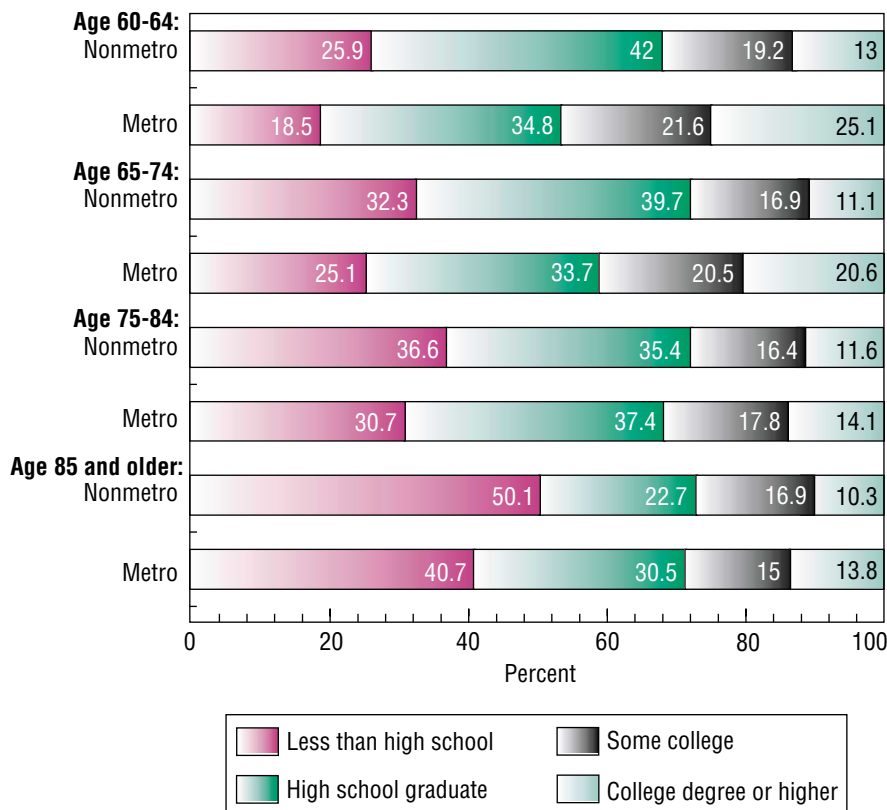
Self-reported health correlates closely with measures of physical functioning and mortality, but also reflects emotional and social aspects of well-being. Most persons age 60-85 assess their health as good or excellent, with metro elders reporting somewhat better

health across all age groups. Better health prevails among older persons living with their spouses. With advancing age, self-assessments of health as well as physical functioning consistently decline. In 2001, 40 percent of nonmetro elders age 60-64 reported excellent or very good health; by age 85, only 21 percent did so (fig. 6).

As people live longer, many are active and healthy well past retirement. Still, many in their 80s are at increased risk of certain diseases and disorders and have to cope with chronic disabilities and declines in physical functioning. Difficulties in performing personal care tasks and home management tasks are referred to as “functional limitations.” Here too, a higher proportion of elders in nonmetro than metro counties reported a functional limitation—40.5 percent in adjacent nonmetro areas and 37.6 percent in nonadjacent nonmetro areas versus 34.3 percent in metro areas (Coburn and Bolda).

Many older Americans suffer from chronic health conditions such as arthritis, diabetes, and heart disease, which can affect physical functioning and the ability to live independently. Nonmetro elders are more likely to have certain chronic conditions (for example, arthritis and hypertension) that downgrade self-assessed health status and impair their mobility (Rogers, 2002). Nonmetro elders are also more likely to have characteristics associated with poorer health because they tend to be less educated and financially worse off than the metro elderly, and lower socioeconomic status is strongly associated with poor health. Hence, the rural elderly may have a greater need for health care services than their urban counterparts. Chronic conditions can become a

Figure 5  
**Educational attainment of persons age 60 and older, by age and residence, 2001**  
*The younger old are more highly educated than the oldest old*



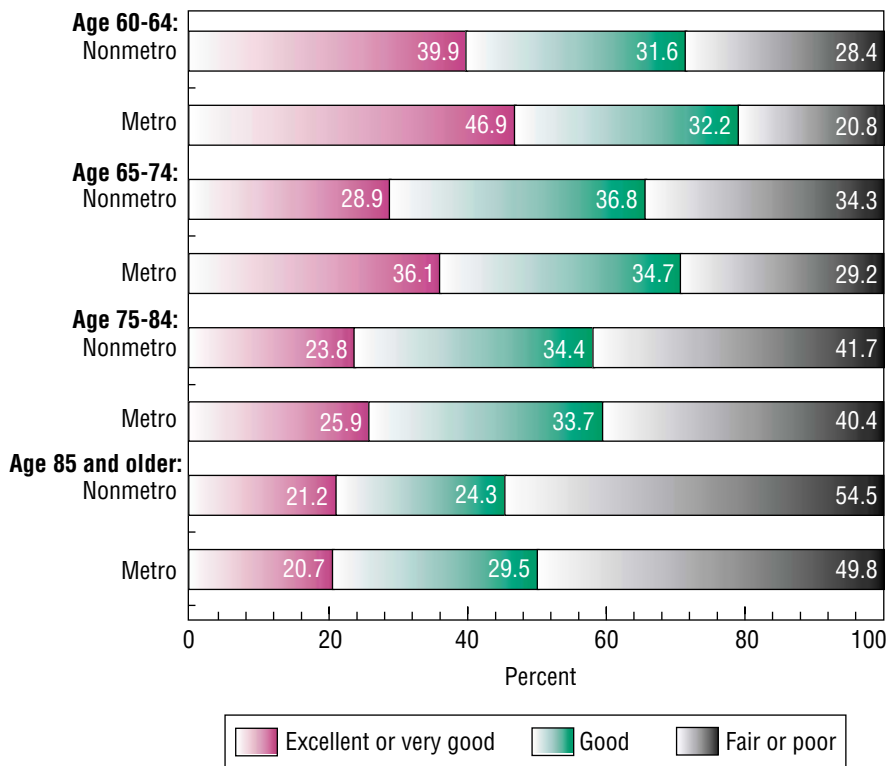
Source: March 2001 Current Population Survey (CPS) data file.



Figure 6

**Health status of persons age 60 and older, by age and residence, 2001**

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



Source: March 2001 Current Population Survey (CPS) data file.

major health and financial burden not only to those with the condition, but also their families and the Nation’s health care system.

Most elderly persons have some form or combination of health insurance coverage. In 2001, 97 percent of the nonmetro elderly were covered by Medicare, as were 96 percent of the metro elderly. About 10 percent of all elderly persons had Medicaid coverage. A slightly higher share of the nonmetro elderly (64 percent) had private insurance in 2001 than the metro elderly (61 percent) (Rogers, 2002). This includes “Medigap” policies that fund various services not covered by Medicare such as prescription drugs.

Expenditures on health care cover the cost of physicians’ services, hospitalizations, home health care, nursing home care, medications, and other products and services used in treating or preventing disease. Such outlays by older people are closely associated with age and disability status. In 1996, the average annual expenditure on health care (both out-of-pocket and covered by insurance) was \$5,864 among persons age 65-69, but \$16,465 for those age 85 and older. Health care can be a major expense for older Americans, and a financial burden for individuals with limited income who have a chronic condition or disability. This affects the rural elderly more than the urban elderly because rural elders are

more likely to be poor or have limited resources.

**Poverty Rates for the Elderly Have Declined**

Generally, the economic status of older people has improved markedly over the past few decades, and poverty rates have declined. In 2000, 10 percent of persons 60 and older were poor, a poverty rate that was on par with that for working-age persons and lower than that for children (16 percent). A metro-nonmetro gap persists, with the rural elderly more likely to be poor than those in urban areas. Thirteen percent of nonmetro elders (60 and older) were poor in 2000, compared with 9 percent of metro elders (fig. 7). With advancing age, economic well-being tends to decline and the metro-nonmetro poverty gap spread. In 2000, 20 percent of nonmetro persons age 85 and older were poor, compared with 12 percent of the metro “oldest old” (fig. 7).

The most remote rural areas have the highest poverty and also slower growth in population and tax bases. Among nonmetro counties, the poverty rate for older persons increases with greater rurality, from 12.8 percent for counties of 20,000 population and adjacent to a metro area to 20.6 percent for nonadjacent, completely rural counties (Rogers, 1999). Completely rural counties, which represent 13 percent of all nonmetro counties, often lack the institutional resources to provide needed services to the older population.

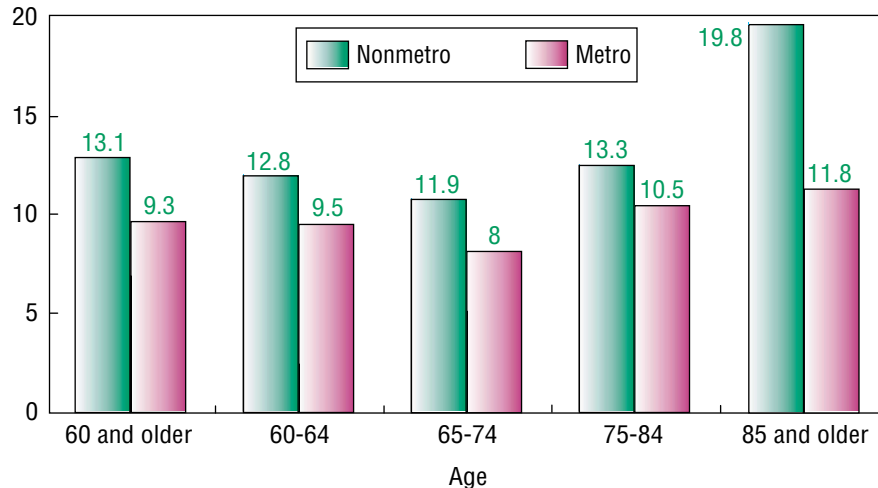
There are wide disparities in poverty rates among the elderly. Poverty is more pronounced among older women, older persons living alone, and the oldest old. Older women are much more likely to be

Figure 7

**Older persons below the poverty level, by age and residence, 2000**

*Nearly one-fifth of nonmetro persons 85 years and older are poor*

Percent



Source: March 2001 Current Population Survey (CPS) data file.

poor than older men; 15 percent of nonmetro women age 60 and older were poor in 2000, compared with 11 percent of men (fig. 8). By age 85, both men and women have higher poverty rates, with the rates for women still exceeding those for men. In 2000, 66 percent of nonmetro older persons age 60 and above with family incomes less than \$10,000 were women. By age 85, 80 percent of the elderly with low income were women, illustrating the economic vulnerability of older women, especially the oldest old.

Older persons living alone are considerably more likely to be poor than are older persons who live with their spouse or another person. In 2000, 28 percent of nonmetro elders living alone were poor, compared with 6 percent of nonmetro elders who did not live alone. By age 85, nearly one-third of nonmetro older persons living alone were poor.

**Social Security Payments Are Critical for Many**

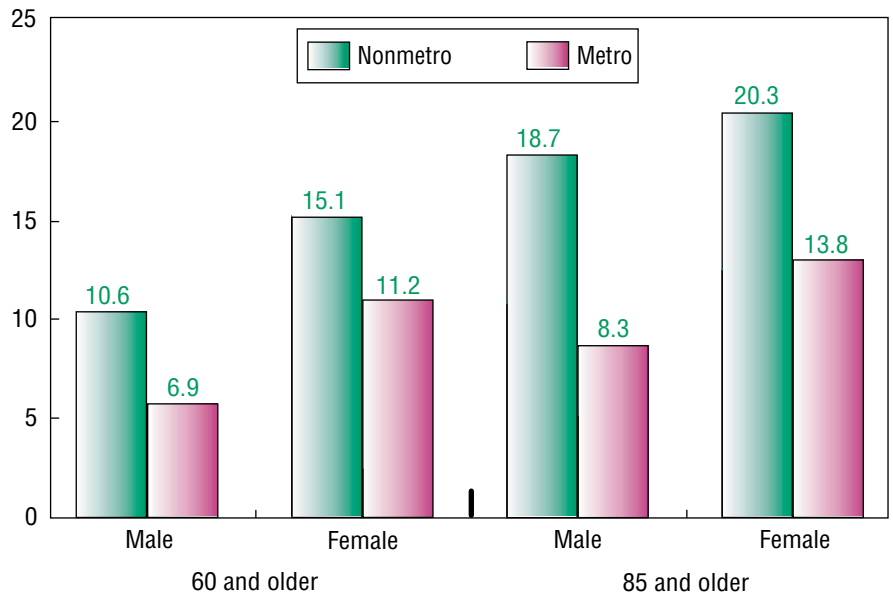
Most older persons are retired from full-time work. Social Security was started in 1935 as a protection for their economic well-being, to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Since the early 1960s, the proportion of income for older Americans derived from Social Security and pensions has increased, and the proportion from earnings has declined. Today, Social Security benefits provide about two-fifths of the income of older persons, while asset income, pensions, and personal earnings each provide about one-fifth of total income. For persons age 85 and older, Social Security and

Figure 8

**Older persons below the poverty level, by age, sex, and residence, 2000**

*Older women have higher poverty rates than older men, especially at age 85 and older*

Percent



Source: March 2001 Current Population Survey (CPS) data file.

assets account for a larger proportion of total income, and earnings and pensions a smaller proportion, compared with persons age 65-74.

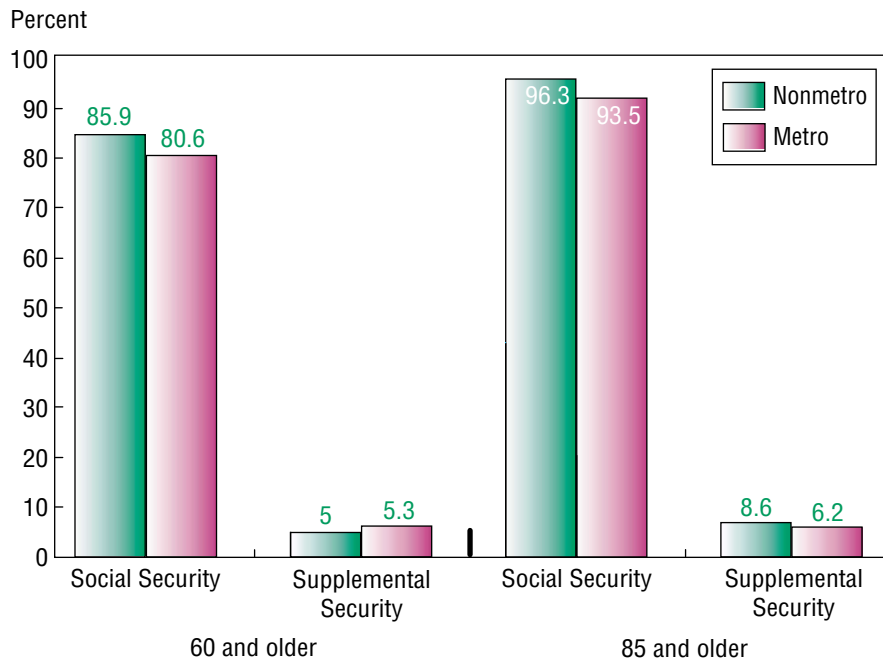
The nonmetro elderly depend more on Social Security income than the metro elderly, who are more likely to have other sources of retirement income. In 2000, 86 percent of nonmetro elders (60 and older) received Social Security, compared with 81 percent of metro elders (fig. 9). However, Social Security benefits are less for older beneficiaries in nonmetro areas than for metro beneficiaries. Five percent of persons age 60 and older, regardless of residence, received Supplemental Security Income (SSI) benefits, a program that provides income to needy disabled, blind, and elderly persons.

A large share of the elderly, including the most affluent, receive pensions and asset income in addition to Social Security benefits, if not earnings. Assets include interest, dividends, income from estates or trusts, and net rental income. Sixty-three percent of older persons receive income from assets (Rogers, 1999). Assets accumulated during a retiree's working years supplement earnings and other income in retirement.

Home equity is by far the single most valuable type of asset held by the elderly. Most older persons own their own homes; in 2001, 89 percent of nonmetro persons 60 and older owned their homes, as did 83 percent of nonmetro persons age 85 and older (fig. 10). Nonmetro elders were more likely to own their homes than were metro elders (84 percent). Furthermore, nonmetro elderly homeowners tend to have small or no mortgages and thus lower housing costs than metro elders (Rogers, 1999). Most older people live in adequate,

Figure 9  
**Older persons receiving Social Security and Supplemental Security (SSI) benefits, by age and residence, 2000**

*Nonmetro elders depend more on Social Security income than metro elders*



Source: March 2001 Current Population Survey (CPS) data file.

affordable housing, but some older Americans need to allocate a large proportion of their total expenditures to housing. When housing expenditures comprise a high proportion of total expenditures, less money is available for health care, savings, and other vital goods and services.

### Rural Implications

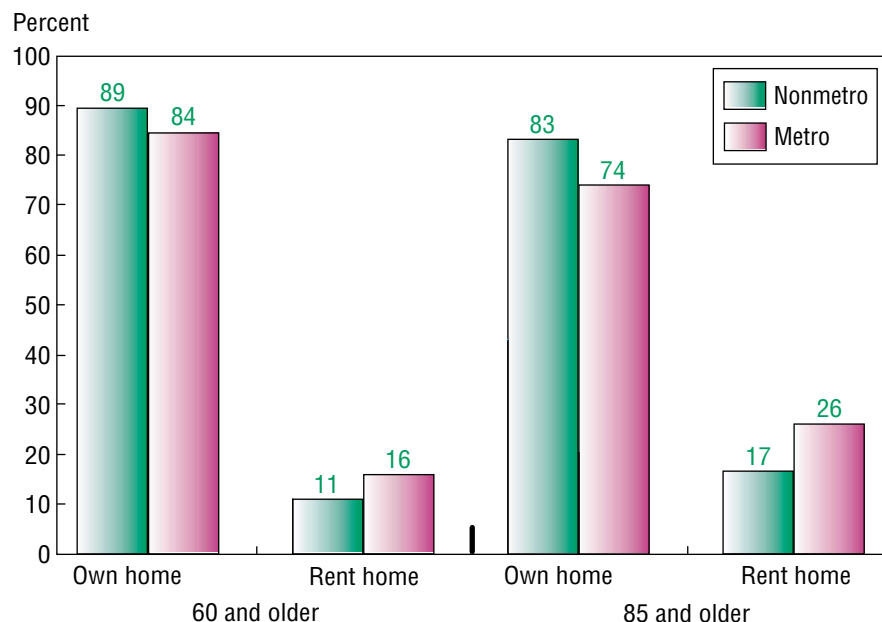
Greater life expectancy and changing family and work patterns are recasting the “golden years” of older Americans. The older population is also becoming more ethnically diverse. Older people today are more educated, healthier, and have greater financial resources than previous generations. Age is an important factor in well-being, and significant differences are found in terms of marital status,

health, and educational/economic standing between the younger old (under age 85) and the oldest old (age 85 and above). The latter are the most likely to need health care and economic and physical support.

The aging of the population has wide-ranging consequences for rural communities. The diversity of rural areas in terms of the size, distribution, and socioeconomic status of the older population affects the demand for and availability of services, resources, and programs for the rural elderly. For example, rural retirement areas are benefiting from growth, as immigrating retirees boost the tax base and help sustain local businesses. On the other hand, rural areas dependent on farming and mining have been losing younger working-age persons



Figure 10  
**Home ownership of older persons by age and residence, 2001**  
*A larger share of nonmetro older persons own their own homes*



Source: March 2001 Current Population Survey (CPS) data file.

and experiencing declining populations and tax bases. Residential differences in physical limitations as well as ease of access to services need to be considered in planning for services in particular communities. Changes in State and Federal policy will affect the rural elderly 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. Understanding the diversity within the older population and their varied needs is critical in designing effective programs and services for the growing older population. <sup>RA</sup>

**For Further Reading . . .**

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