1992

Common Beliefs About the Rural Elderly: Myth or Fact?

U.S. Senate Special Committee on Aging

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COMMON BELIEFS ABOUT THE RURAL ELDERLY: MYTH OR FACT?

A Staff Report

to the

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

JULY 1992

Serial No. 102-N

This document has been printed for information purposes. It does not offer findings or recommendations by this committee.

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON 1992

For sale by the U.S. Government Printing Office

Superintendent of Documents, Congressional Sales Office, Washington, DC 20402


COMPLETED
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(155)
PREFACE

Although policymakers rely on statistics in forming their legislative agendas, it is often difficult to translate detailed, sometimes contradictory national statistics into focused knowledge which is relevant for public policymaking.

Last year the Special Committee on Aging met with the Federal Interagency Forum on Aging Related Statistics to discuss how best to address this dilemma. The result was a report which focuses on some of the most disadvantaged of our elderly population, the rural elderly. This report identifies common beliefs about rural persons aged 65 and over, and provides accompanying statistical information to refute or confirm these beliefs. This synthesis of data translates detailed statistics into useable knowledge which the Committee hopes will help policymakers interested in aging issues to form their legislative agendas.

The Committee wishes to recognize the contributions of the Federal Interagency Forum on Aging Related Statistics for the production of this report, and in particular the Forum’s work group on older Americans in rural areas (See Appendix I), and the work group Chairman, Joan Van Nostrand. The Committee also wishes to recognize the contributions of Committee staff, including Porter Mittelman, Bonnie Hogue, Anna Kindermann, and Holly Bode.

DAVID Pryor, Chairman.

COMMON BELIEFS ABOUT OLDER AMERICANS IN RURAL AREAS: MYTH OR FACT?

A. CONCEPTS OF RURAL

A commonly held belief is that it is easy to measure the elderly population living in small towns and rural areas outside large cities. In fact, there is some debate over the concept of "rural" or the appropriate way to measure rural populations.

The Census Bureau and the Office of Management and Budget (OMB) define "rural" differently. According to the Census Bureau, "rural" is defined as territory outside places of 2,500 or more inhabitants, or outside an urbanized area. An urbanized area comprises one or more places and the adjacent densely settled surrounding territory that together have a minimum of 50,000 persons. OMB defines "nonmetro" areas as those outside a metro area.

A metro area is a county or group of counties containing a place or urbanized area of 50,000 or more and a total population of 100,000 or more, including adjacent counties which have a high degree of economic and social integration with the central county.

The overlap of concepts of rural and nonmetro is less than one might expect. For example, while approximately two-thirds of the nonmetro population is rural, only 16 percent of the metro population is rural (see Chart 0.0). Examples of nonmetro areas near Washington, D.C., include Winchester, Virginia; Cumberland and Salisbury in Maryland; and Martinsburg, West Virginia.

The nonmetro/metro designation is mainly used in this briefing for pragmatic reasons. Most data presented are from existing, national surveys of a general-purpose nature which collect data at the county level, allowing a nonmetro/metro designation to be made. Thus, it should be remembered that the use of this designation does not imply that it is the "best." One of the most prominent characteristics of rural America is its social and economic diversity. Due to the availability of data, however, the information presented here examines differences in a summary fashion by using the nonmetro/metro dichotomy. It is important to remember the diversity of rural America that exists behind these summary figures.

For additional information regarding the metro/nonmetro distinction, refer to Charts 0.1-0.5.

B. POPULATION

It is commonly believed that elderly individuals and children comprise higher proportions of the nonmetro population than metro population, and that the proportion of elderly persons is higher in the nonmetro South than in other regions.
Data reveal that elderly persons and children are proportionally more concentrated in nonmetropolitan areas (See Chart 1.1). According to the 1990 Census, the elderly represented about 15 percent of the nonmetropolitan population, but only 12 percent of the metropolitan population. The proportion of elderly persons in the South, however, is not greater than in other regions (See Chart 1.2).

The 1990 Census indicates that 8.2 million elderly persons live in nonmetropolitan areas (26 percent) compared with 23 million elderly residing in metropolitan areas (See Chart 1.0). Slightly greater proportions of nonmetropolitan elderly are 75 years of age and older than elderly individuals residing in metropolitan areas. Approximately 73 percent of males between 65 and 69 years of age are veterans, as are 48 percent of males between 70 and 74, and 21 percent of males age 75 and older (See Charts 1.3 and 1.4).

C. MINORITY POPULATION

It is commonly believed that a lower proportion of minority elderly resides in nonmetropolitan areas than in metropolitan areas and that minorities in nonmetropolitan areas are more impoverished than their metropolitan counterparts. The data support these beliefs.

In 1990 approximately one-fourth of the elderly population lived in nonmetropolitan areas. The distribution of various race and ethnic groups, however, varied widely. For example, Asian and Pacific Islanders and Hispanics of any race were particularly concentrated in metropolitan areas, whereas over half of American Indians, Eskimos, and Aleuts lived in nonmetropolitan areas (See Chart 2.1).

Approximately 650,000 elderly persons of races other than white lived in nonmetropolitan areas in 1990, compared with about 2.7 million residing in metropolitan areas. Among the races other than white in nonmetropolitan areas, over a half million were African Americans, Caribbeans of African descent and black Africans, persons with other than white nonmetropolitan areas lived in metropolitan areas, over a half million were African Americans, Caribbeans of African descent and black Africans, persons with other than white nonmetropolitan areas lived in metropolitan areas. In 1990, approximately 1.2 million elderly Hispanics (of any race) resided in nonmetropolitan areas (See Chart 2.1).

Like the elderly population of all races, African American, Caribbeans of African descent and black African elderly persons are more likely to be poor than those in metropolitan areas. In 1990, nearly half of elderly African Americans, Caribbeans of African descent and black African men (45 percent) and women (48 percent) had incomes below the poverty level (See Chart 2.3).

D. INCOME, POVERTY, AND EDUCATION

It is commonly believed that nonmetropolitan elderly persons are more impoverished than their metropolitan counterparts. In 1987, half of the nonmetropolitan elderly population were in families that were poor or had incomes within 200 percent of the poverty line, as compared with 37 percent of their metropolitan counterparts (See Chart 3.1). Only 18 percent of nonmetropolitan elderly persons had high family incomes (greater than 400 percent of the poverty line), compared with 27 percent of the metropolitan elderly population.

Among elderly veterans in 1986, 70 percent of those residing in rural areas had family incomes of less than $20,000 in contrast to 59 percent of urban residents (See Chart 3.2).

In contrast, monthly Social Security benefits in 1990 averaged $60 lower (or $539) for beneficiaries age 65 or older in nonmetropolitan areas than for their metropolitan counterparts ($599). Beneficiaries in nonmetropolitan areas averaged $637 while benefits for their metropolitan counterparts averaged $711. Benefits for women averaged $470 for nonmetropolitan residents compared with $526 for metropolitan residents (See Chart 3.3).

With respect to educational attainment of persons age 65 or older, the data reveal that the percentage who completed high school did not differ very much by metropolitan versus nonmetropolitan residence. More than one-third of the nonmetropolitan elderly, however, completed less than 9 years of school as compared with approximately one-fourth of their metropolitan counterparts. About 12 percent of the nonmetropolitan elderly completed 4 or more years of college compared with 7 percent of nonmetropolitan residents (See Chart 3.7).

E. HOUSING

It is commonly believed that housing for nonmetropolitan elderly persons is lower in value and in worse condition than that for the metropolitan elderly. In fact, nonmetropolitan elderly individuals are more likely to own their homes than elderly persons living in metropolitan areas, as well as to own their homes free and clear, without a mortgage. When they do own homes, nonmetropolitan elderly persons own homes of lower value which tend to be in poorer physical condition than homes of their metropolitan counterparts (See Chart 4.1-4.5).

F. SOCIAL NETWORKS

Many believe that nonmetropolitan elderly persons benefit from a closely knit community, have a better social support network, and are more involved in church than the metropolitan counterparts. While there is little evidence that the nonmetropolitan elderly have a more closely knit community than their metropolitan counterparts, their social support network may be a little larger.

Approximately two-thirds of elderly persons, both nonmetropolitan and metropolitan residents, live in family settings while one-third live alone (See Chart 5.1). One-half of both groups participate in outside activities weekly, although nonmetropolitan elderly persons are more likely to attend weekly religious services (See Chart 5.2).

While three-fifths of both metropolitan and nonmetropolitan elderly have a social network of friends and family to talk with or call on for help, nonmetropolitan elderly have a larger network of friends (See Charts 5.3, 5.4, 5.5).

Comparative percentages of rural and urban elderly veterans receive assistance in basic activities of daily living from family and friends; however, more urban elderly veterans receive this assistance from professional caregivers (See Chart 5.6).

1 The reported Census data includes statistics on these populations.
G. ACCESS

It is commonly believed that elderly individuals living in nonmetro areas have limited access to doctors, hospitals, or advanced medical services. The nonmetro elderly do in fact run up against a variety of barriers to accessing needed health care services. For example, there is a paucity of specialized services in nonmetro areas. To exacerbate the problem, it may be difficult for nonmetro elders to find transportation to facilities that provide these services. For specialized medical care and technology-intensive inpatient procedures, nonmetro elders must first travel to metro areas or nonmetro referral centers (See Chart 6.9).

In nonmetro areas which have a shortage of physicians and other primary care providers (See Charts 6.1, 6.2, 6.3, 6.4), elderly individuals may have to travel considerable distances for their primary care (See Chart 6.6). Once nonmetro elders are able to overcome the transportation barriers, they often encounter longer waiting times at their accustomed sites of care.

A five-state study of nonmetro versus metro hospital access for Medicare beneficiaries found that while nonmetro elders have a 14 percent higher rate of hospital admissions (See Chart 6.9), they are not hindered from receiving inpatient hospital care. Medicare enrollees in nonmetro areas had a lower rate of days of care (See Chart 6.5). Similar percentages of rural and urban elderly veterans used inpatient as well as outpatient health services in 1987 (See Charts 6.7, 6.8).

H. HEALTH

Although it is often believed that nonmetro elders are healthier and have a more active lifestyle, but tend not to take preventive health care measures, the data reveal that they are not healthier and not more active than their metro counterparts. In fact, a larger percentage of elderly persons in nonmetro areas assess their health as fair or poor (See Charts 7.1, 7.2).

There is no metro/nonmetro distinction made with respect to percentages of elderly who limit their activities due to illness (See Charts 7.3, 7.4), have high blood pressure or are overweight (See Chart 7.6). In addition, there are few differences in health behaviors of nonmetro elderly persons. For example, there is no disparity between percentages of nonmetro and metro elderly persons who smoke heavily (See Chart 7.9), drink heavily (See Chart 7.10), or eat healthful diets (See Chart 7.16).

In contrast, elderly women in nonmetro areas have higher blood pressure and are more vulnerable to dying from breast cancer because a significantly lower percentage had a clinical screening or mammogram than their metro counterparts (See Charts 7.5, 7.13, 7.14, 7.16).

The data also reveal that differences by area were not significant for the percent of minority elderly with fair or poor health or with limited activity days. True differences, however, may be masked by the small size of survey samples of minorities in nonmetro areas (See Charts 7.2 and 7.4).

I. LONG-TERM CARE

There is a common perception that nonmetro elderly individuals have a greater need for, but lower utilization of long-term care services than their metro counterparts. This perception is partially supported by data from the National Center for Health Statistics (NCHS) and the Agency for Health Care Policy and Research (AHCPR). Indicators of the need for long-term care are often measured by limitations in activities of daily living (or ADLs, such as walking, transferring in and out of bed, bathing, and dressing) and instrumental activities of daily living (or IADLs, such as cooking, housekeeping, and shopping). While there is no significant difference among metro and nonmetro elderly persons' limitations in ADLs and IADLs (See Chart 9.1), for those who have at least one of these types of difficulties, a smaller proportion of the nonmetro elderly use home health care services (See Chart 9.2).

J. HEALTH INSURANCE, EXPENDITURES, AND BENEFIT USE

It is commonly believed that nonmetro elderly persons have lower health care expenses than their metro counterparts, and that they have adequate health insurance coverage. Nonmetro elderly individuals do in fact have lower average medical expenses than their urban counterparts, but the use of health insurance benefits is similar in both groups (See Chart 10.1). Nonmetro elderly individuals with no ADL limitations show no difference from those in metro areas with respect to their source of payment for health care services (See Chart 10.3). As elderly persons become more ADL impaired, however, there are differences in sources of payment between metro and nonmetro elderly individuals. On average, Medicare pays a higher proportion of the expenses for metro elderly persons with ADL limitations and Medicaid pays a higher proportion for nonmetro elderly persons with ADL limitations (See Chart 10.3). Comparable percentages of rural and urban elderly veterans received Medicaid as well as VA health benefits for low-income veterans in 1987 (See Chart 10.4).
APPENDIX I: FORUM WORK GROUP ON OLDER AMERICANS IN RURAL AREAS

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Anna Kindermann
Senate Special Committee on Aging
Rural versus Nonmetro

Alternative Concepts and Definitions: There is some debate over the appropriate measurement of the population living in small towns and the countryside outside large cities. Both rural and non-metropolitan (nonmetro) are defined by default—rural being anything "not urban" and nonmetro being anything "not metropolitan (metro)."

Rural: According to the Census Bureau, "rural" is defined as territory outside places of 2,500 or more inhabitants, or outside an urbanized area. An urbanized area comprises one or more places and the adjacent densely settled surrounding territory that together have a minimum of 50,000 persons.

Nonmetro: The Office of Management and Budget's definition of non-metro refers to counties outside a metro area. A metro area is a county (or counties) containing a place or urbanized area of 50,000 or more, and a total population of 100,000 or more, including adjacent counties which have a high degree of economic and social integration with the central county. (In New England, the town—as opposed to the county—is the basic building block.)

The essential difference between the two concepts is that rural refers to low residential density and size, and nonmetro refers to counties lying outside metro areas. This definition of rural does not imply farm residence or a sparsely settled area, since a small city is defined as rural as long as it is outside an urbanized area and has fewer than 2,500 inhabitants.

Population Distribution: The 1990 Census identified 8.2 million elderly persons (or 26 percent) living in nonmetro areas and 23 million elderly in metro areas. In 1989, 54.6 million (22 percent) of the U.S. population of all ages was nonmetro and 66.2 million (27 percent) was rural. Although the percentages do not differ greatly, the overlap of rural and nonmetro population is less than might be expected. Just over half (54 percent) of the rural population live in nonmetro areas, while the rest live within metro boundaries. About two-thirds (65.5 percent) of the nonmetro population is rural. In contrast, only 16 percent of the metro population is rural. Persons living in the rural fringes within metro areas have a different level of access to the metro economy and services than those living in rural territory outside metro areas.

Social and Economic Diversity: Probably the most prominent single characteristic of rural America is its social and economic diversity. The Economic Research Service of the Department of Agriculture has identified seven distinct types of rural counties according to their major economic base, presence of federally owned land, or population characteristics:

1. Counties depending heavily on farming;
The South contains the largest share of both nonmetro counties (1,061 counties or 44 percent of the total) and population (23.5 million or 44 percent). However, the greatest share of nonmetro territory is in the Midwest and Western regions.

Use of Nonmetro/Metro Designation. The nonmetro/metro designation is mainly used in this briefing for pragmatic reasons. Most data presented are from existing national surveys of a general-purpose nature, and not from special studies of the rural population. These existing, national surveys collect data at the county level, allowing a nonmetro/metro designation to be made. Hence, use of this designation does not imply it is the “best.” However, a substantial proportion of rural persons live in metro areas. This limits the utility of the rural designation for studying the hinterland population.

Other reasons for use of the nonmetro designation in this briefing are: (1) nonmetro boundaries are drawn beyond the primary commuting field of a metro area; (2) many agencies use alternate definitions of rural, increasing chances of confusion with Census Bureau-defined rural statistics; and (3) most data available in the years between the decennial census are collected and disseminated at the county level—designated as either metro or nonmetro. This facilitates the annual monitoring of conditions in nonmetro counties.

Elderly. Persons aged 65 years and older.

APPENDIX III: DESCRIPTIONS OF DATA SOURCES

American Housing Survey: The American Housing Survey (AHS) is a biennial national survey of the Nation’s housing. There are also individual surveys of four large metropolitan areas over a 4-year period. The surveys are longitudinal, and provide information on size, composition, and financial characteristics of the housing inventory, characteristics of its occupants, changes in the inventory resulting from new construction and from losses, indicators of housing and neighborhood quality, and characteristics and dynamics of urban housing markets. The national survey, conducted in odd-numbered years starting in 1960, but annual prior to that going back to 1973, also provides data for the four Census regions. The surveys are conducted by the Bureau of the Census acting as clearing agent for the Department of Housing and Urban Development.

The current basic sample of housing units, first interviewed in 1985, was drawn from the 1980 Census with a sampling rate of 1 in 2,148. It was augmented to correct for undercoverage by several additional methods, including a sample of building permits for new construction completed since the 1980 Census, a sample of living quarters that were not housing units to identify units that were converted to housing units since the Census, and a sample of non-permit-issuing land areas (primarily rural) to discover and incorporate other new construction and other additions to the housing stock. Similar methods are used to update the sample for each subsequent survey.

The sample is located in 170 self-representing sampling areas and 224 other sampling areas representing all remaining areas of the 50 States and the District of Columbia. The areas are located in all States and the District of Columbia. The basic sample of about 50,000 housing units is expanded in alternate years by units in “neighbor clusters” around selected sampled units or by added units in rural areas.


Census of Population: The census of population has been taken in the United States every 10 years since 1790. In the 1990 Census, data were collected on sex, race, age, marital status, and certain housing characteristics from 100 percent of the enumerated population. More detailed information such as income, education, occupation, industry, and an extended set of housing characteristics were collected from a one-in-six sample. The sample was applied by size of place of residence. The more detailed information was collected.
from 50 percent of households in places of less than 2,500 population, 1 out of 6 households in places of 2,500 or more population, and 1 out of 8 households in census tracts and block numbering areas having more than 2,000 housing units.


Current Population Survey: The Current Population Survey (CPS) is a household sample survey of the civilian noninstitutionalized population conducted monthly by the U.S. Bureau of the Census to provide estimates of employment, unemployment, and other characteristics of the general labor force, the population as a whole, and various other subgroups of the population.

A list of housing units from the 1980 Census, supplemented by newly constructed units and households known to be missed in the 1980 Census, provides the sampling frame in most areas for the present CPS. In some rural locations, current household listings of selected land areas serve as the frame.

The present CPS sample is located in 729 sample areas, with coverage in every State and the District of Columbia. In an average month during 1988, the number of housing units or living quarters eligible for the national sample was about 70,000, of which about 57,000 were interviewed households, and 2,000 were households at which the members were not available for interview. About 11,000 households were visited but were not eligible for interview.

The estimation procedure used involves inflation by the reciprocal of the probability of selection, adjustment for nonresponse, and ratio adjustment.


National Health Interview Survey: The National Health Interview Survey (NHIS) is a continuing nationwide sample survey in which data are collected through personal household interviews. Information is obtained on personal and demographic characteristics, illnesses, injuries, impairments, chronic conditions, utilization of health resources, and other health topics. The household questionnaire is reviewed each year, with special health topics being added or deleted. For more health topics, data are collected over an entire calendar year.

The sample plan of the NHIS follows a multistage probability design that produces data about the noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time. The response rate for the survey has been between 95 and 98 percent over the years.

The sample was designed so that a typical NHIS sample for the data collection years 1985-84 will consist of approximately 7,500 segments containing about 59,000 assigned housing units. Of these

households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons. In 1988, there were a total of about 122,000 persons and in 1989, a sample of about 117,000 persons.

National Medical Expenditure Survey: The 1987 National Medical Expenditure Survey (NMES II) provides measures of health status and estimates of insurance coverage and the use of services, expenditures, and sources of payment for the period from January 1 to December 31, 1987, for the civilian, noninstitutionalized population of the United States in the Household Survey and for the population resident in or admitted to nursing homes and facilities for the mentally retarded in the Institutional Population Component. The NMES is a research project of the Center for General Health Services Intramural Research in the Agency for Health Care Policy and Research.

The NMES II Household Survey sample is a national stratified multistage area probability sample of about 35,000 individuals in approximately 14,000 households. The design provides oversampling of population groups of special policy interest: African Americans, Hispanics, the poor and the near poor, the elderly, and persons with functional limitations. Each family in this survey was interviewed four times over a period of 16 months with baseline data on household composition, employment and insurance being updated at each interview, and information being obtained on illnesses, use of health service, and health expenditures for each family member.

Social Security and Supplemental Security Income Data: Social Security data are derived on a 100-percent basis from the Social Security Administration's Master Beneficiary Record (MBR) as of December 1990. The MBR contains information needed to administer the Social Security benefit program and limited demographic data on beneficiaries. Metro/nonmetro data are based on county codes in MBR. Since MBR Statistical Areas in New England are defined by cities and towns which are not coded in the MBR, Social Security data are compiled for New England County Metro Areas (NECMAS). Data on Supplemental Security Income (SSI) beneficiaries are derived in a similar way from the Supplemental Security Record (SSR).

Survey of Veterans: The 1987 Survey of Veterans was conducted for the Department of Veterans Affairs by the U.S. Bureau of the Census. It contained an area-probability sample covering the entire United States, weighted to agree with Census Bureau estimates of the U.S. population by age, sex, race, and Hispanic origin. The sample was based on veterans who were in outgoing rotation panels of Current Population Surveys (CPS) conducted by the Census Bureau. The sample is representative of veterans living in private households in the United States at the time they were rotated out of the CPS sample. Not included are veterans in long-term hospitals or other institutional.
tional settings which include college dormitories, correctional facilities, nursing homes, and other nonhousehold living arrangements. Nor did the sample include persons not regularly attached to a household, such as homeless persons or others whose household affiliation is temporary or transitory. For this survey, proxy answers were not accepted, that is, if the veteran was not available for interview, other members of the veteran’s household were not asked to report information about the veteran. Interviews were completed on 9,442 veterans (97.8 percent of the total 11,439 cases assigned). These completed interviews included 2,122 veterans aged 65 years or over. The weighted sample total number of veterans was 26,143,986. The weighted sample number of veterans aged 65 and over was 5,889,671.

Concepts of Rural: Proportion of rural-urban population by nonmetropolitan-metropolitan status, 1989*

Nonmetropolitan

Urban 34.5%
Rural 65.5%

Metropolitan

Urban 83.9%
Rural 16.1%

* Civilian noninstitutional population; rural-urban as defined for the 1980 Census

SOURCE: USDA. Economic Research Service
Current Population Survey (annual averages), Bureau of the Census
Concepts of rural: Nonmetropolitan counties, 1990

Percentage of population classified as rural by nonmetropolitan counties, 1980

SOURCE: Health Resources and Services Administration, Area Resource File
Note: Copyright 1987, Rural Health Research Program, Div. of Geog. for Health Services Research, University of North Carolina at Chapel Hill, reprinted with permission.
Concepts of rural:
Percentage of population classified as rural farm by nonmetropolitan counties, 1980

Concepts of rural:
Persistent poverty and farm dependent by nonmetropolitan counties (USDA types), 1986

SOURCE: Health Resources and Services Administration. Area Resource File
Note: Copyright © 1990. Area Resource Program/Center for State Health Services Research, University of North Carolina at Chapel Hill. Reprinted with permission.
Population: Age distribution of the elderly, 1990

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 to 74</td>
<td>56.5 million</td>
<td>58.5 million</td>
</tr>
<tr>
<td>75 to 84</td>
<td>33.2 million</td>
<td>31.8 million</td>
</tr>
<tr>
<td>85 and Over</td>
<td>10.3 million</td>
<td>9.7 million</td>
</tr>
</tbody>
</table>

Percent of Elderly

SOURCE: Bureau of the Census, 1990 Census of Population

Concepts of rural: Destination retirement by nonmetropolitan counties (USDA type), 1986

SOURCE: Health Resources and Services Administration, Data Resource Prog.
Note: Copyright 1981. Rural Health Research Program, Cay G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Reproduced with permission.
Population: Age composition for the elderly and children, 1980 and 1990

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>1990</th>
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<tbody>
<tr>
<td>Nonmetro</td>
<td>29.3</td>
<td>27.7</td>
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<tr>
<td>Metro</td>
<td>13.0</td>
<td>10.7</td>
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</table>

Proportion 65 and Older

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonmetro</td>
<td>14.5</td>
<td>11.5</td>
</tr>
<tr>
<td>Metro</td>
<td>26.8</td>
<td>25.7</td>
</tr>
</tbody>
</table>

Proportion Under 18

SOURCE: USDA Economic Research Service
March 1990.
Population: Percent of elderly males who are veterans by age, 1987

Population: Percent of elderly who are veterans by age, 1987

### Minorities: Percent of elderly persons by race and Hispanic origin, 1990

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>All persons</td>
<td>28.4</td>
<td>73.6</td>
</tr>
<tr>
<td>Black</td>
<td>19.9</td>
<td>79.1</td>
</tr>
<tr>
<td>American Indian, Eskimo, or Aleut</td>
<td>7.2</td>
<td>82.8</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>11.4</td>
<td>88.6</td>
</tr>
<tr>
<td>Hispanic (of any race)</td>
<td>11.4</td>
<td>88.6</td>
</tr>
</tbody>
</table>

**SOURCE:** Bureau of the Census, 1990 Census of Population

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### Minorities: Age composition for elderly and children by race and ethnicity, 1990

**SOURCE:** USDA, Economic Research Service

**Public Use File of the Current Population Survey; March 1990.**

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**Source:** [USDA, Economic Research Service](https://www.ers.usda.gov)
### Minorities: Percentage of elderly persons below the poverty level by race and sex, 1990

<table>
<thead>
<tr>
<th>Group</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Males, 65+</td>
<td>11.3</td>
<td>6.3</td>
</tr>
<tr>
<td>All Females, 65+</td>
<td>19.8</td>
<td>13.9</td>
</tr>
<tr>
<td>Black Males, 65+</td>
<td>45.1</td>
<td>47.5</td>
</tr>
<tr>
<td>Black Females, 65+</td>
<td>22.2</td>
<td>35.2</td>
</tr>
</tbody>
</table>

### Income: Income level for the elderly, 1987

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/near poor</td>
<td>25.9</td>
<td>18.1</td>
</tr>
<tr>
<td>Low income</td>
<td>23.5</td>
<td>19.2</td>
</tr>
<tr>
<td>Middle income</td>
<td>33.0</td>
<td>35.7</td>
</tr>
<tr>
<td>High income</td>
<td>17.6</td>
<td>27.1</td>
</tr>
</tbody>
</table>

**Source:**
Income: Elderly veterans with low income*, 1986

Percentage

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.5</td>
<td>59.3</td>
</tr>
</tbody>
</table>

*Family income less than $20,000

SOURCE: Dept. of Veterans Affairs, *Survey of Veterans*, 1987

Income: Average Social Security benefit for elderly beneficiaries by sex, December 1990

<table>
<thead>
<tr>
<th></th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$538.50</td>
<td>$598.77</td>
</tr>
<tr>
<td>Men</td>
<td>$637.29</td>
<td>$710.59</td>
</tr>
<tr>
<td>Women</td>
<td>$470.12</td>
<td>$526.36</td>
</tr>
</tbody>
</table>

SOURCE: Social Security Administration, Office of Research and Statistics

100 percent data from administrative records, December, 1990
Income: Differences in average monthly Social Security benefits, metropolitan minus nonmetropolitan, December 1990

Income: Proportion of elderly Social Security beneficiaries by sex, December 1990

SOURCE: Social Security Administration, Office of Research and Statistics. 100 percent data from administrative records, December, 1990.

- Nonmetropolitan
- Metropolitan

<table>
<thead>
<tr>
<th>Social Security</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28.3</td>
<td>30.2</td>
<td>69.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Security Income</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71.7</td>
<td>69.8</td>
<td>28.3</td>
</tr>
</tbody>
</table>

SOURCE: Social Security Administration, Office of Research and Statistics
100 percent data from administrative records, December, 1990

Education: Educational attainment of elderly persons, 1989

- Completed 8 years or less
- 1 to 3 years high school
- 4 years high school
- 1 to 3 years college
- 4 or more years of college

<table>
<thead>
<tr>
<th>Education Attainment</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed 8 years or less</td>
<td>26.6</td>
<td>36.5</td>
<td></td>
</tr>
<tr>
<td>1 to 3 years high school</td>
<td>17.0</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>4 years high school</td>
<td>30.2</td>
<td>34.3</td>
<td></td>
</tr>
<tr>
<td>1 to 3 years college</td>
<td>8.8</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>4 or more years of college</td>
<td>7.4</td>
<td>12.4</td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: Bureau of the Census
"Educational Attainment in the United States: March 1989 and 1990.",
Housing: Physical structure problems of elderly households, 1989

Thousands of Units

- Metropolitan: 93.5%
- Nonmetropolitan: 4.5%

- Serious: 2.9%
- Moderate: 3.6%
- Adequate: 93.5%

Housing: Homeownership rate for the elderly, 1989

Thousands of Units

- Metropolitan: 74.0%
- Nonmetropolitan: 17.7%

- Owners: 82.3%
- Renters: 26.0%

Source: Department of Housing and Urban Development, 1989 American Housing Survey
Housing: Percent of owned houses owned free and clear (non-mortgaged) for the elderly, 1989

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonmetropolitan</td>
<td>88%</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>80%</td>
</tr>
</tbody>
</table>

Social networks: Living arrangements of elderly persons, 1990

- In families: 67.0%
- Living with nonrelatives: 31.5%
- Living alone: 1.5%

Nonmetropolitan: 66.7%
Metropolitan: 31.3%


Note: For information about sampling error, see "Marital Status and Living Arrangements: March 1990." Current Population Reports, Series P-20, No. 450, Appendix B.
Social networks: Social activities and religious attendance of the elderly, 1987

Social networks: Friends/relatives the elderly talked with in past month, 1987
Social networks: Relatives the elderly can call for help, 1987

<table>
<thead>
<tr>
<th>Number of relatives</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>1 to 3</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td>More than 3</td>
<td>43</td>
<td>40</td>
</tr>
</tbody>
</table>

Social networks: Friends the elderly can call for help, 1987

<table>
<thead>
<tr>
<th>Number of friends</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>1 to 3</td>
<td>36</td>
<td>38</td>
</tr>
<tr>
<td>More than 3</td>
<td>39</td>
<td>33</td>
</tr>
</tbody>
</table>

SOURCE: National Center for Health Statistics, 1987 National Health Interview Survey
Social networks: Source of assistance for elderly veterans receiving ADL*/IADL** aid, 1987

<table>
<thead>
<tr>
<th>Source of Assistance</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>68.6</td>
<td>58.5</td>
</tr>
<tr>
<td>Child</td>
<td>33.2</td>
<td>20.4</td>
</tr>
<tr>
<td>Other family</td>
<td>26.8</td>
<td>18.8</td>
</tr>
<tr>
<td>Friend</td>
<td>22.7</td>
<td>17.8</td>
</tr>
<tr>
<td>Professional</td>
<td>7.1</td>
<td>20.4</td>
</tr>
</tbody>
</table>

SOURCE: Dept. of Veterans Affairs, *Social Networks: Source of Assistance for Elderly Veterans Receiving ADL* and IADL** Aid*, 1987

Access: Frontier counties, 1990

SOURCE: Health Resources and Services Administration, *Aids Resource File*
Access: Access to care for the elderly, 1987

Usual site of care
- Doctor's office: 46%
- Hospital/other: 31%
- None: 24%

Travel time to site of care
- <16 minutes: 54%
- 16-30 minutes: 33%
- >30 minutes: 13%

Waiting time at site of care
- <16 minutes: 63%
- 16-30 minutes: 31%
- >30 minutes: 6%

Percent of elderly

Access: Source of inpatient health care used by elderly veterans, 1987

- VA hospital: 75.0%
- Non VA hospital: 20.5%
- No inpatient use: 4.5%

SOURCE: Dept of Veterans Affairs, Survey of Veterans, 1987
Access: Source of outpatient health care used by elderly veterans, 1987

<table>
<thead>
<tr>
<th>Access</th>
<th>Percent</th>
<th>Source of outpatient health care used by elderly veterans, 1987</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA hospital/clinic</td>
<td>19.3</td>
<td>Rural</td>
</tr>
<tr>
<td>Non VA hospital/clinic</td>
<td>62.3</td>
<td>Urban</td>
</tr>
<tr>
<td>No outpatient use</td>
<td>17.7</td>
<td>19.5</td>
</tr>
</tbody>
</table>

Access: Percent difference in per capita hospital admission rates for Medicare beneficiaries in rural and urban areas, 1988 (5 state study)

<table>
<thead>
<tr>
<th>Access</th>
<th>Percent difference</th>
<th>Source of outpatient health care used by elderly veterans, 1987</th>
</tr>
</thead>
<tbody>
<tr>
<td>All admissions</td>
<td>+15</td>
<td>Rural</td>
</tr>
<tr>
<td>Admissions for technology intensive procedures</td>
<td>-3</td>
<td>Urban</td>
</tr>
<tr>
<td>Admissions for coronary artery bypass surgery</td>
<td>+4</td>
<td>Rural</td>
</tr>
</tbody>
</table>

SOURCE: Dept. of Veterans Affairs, Survey of Veterans, 1987
Health Status:
Death rates per 100,000 elderly women ages 65-74 for heart disease by county, 1979-87

Health status: Respondent assessed health of the elderly, 1990

Percent of elderly

Excellent & very good

Good

Fair & poor

SOURCE: National Center for Health Statistics, National Vital Statistics System
Minority health: Percent of elderly in fair or poor health by race, 1985-87

Health status: Days of restricted activity for the elderly, 1990
Minority health: Days of restricted activity for the elderly by race, 1985-87

Days per year
- Nonmetropolitan
- Metropolitan

<table>
<thead>
<tr>
<th>Race</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>31</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>40</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: National Center for Health Statistics, 1985-87 National Health Interview Surveys

Health status: Elderly told at least twice* had high blood pressure by sex, 1990

Percent of elderly
- Nonmetropolitan
- Metropolitan

<table>
<thead>
<tr>
<th>Sex</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*By health professional
SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey
Health status. Overweight elderly who are very overweight*, 1990

Percent of elderly

- Nonmetropolitan
- Metropolitan

Male: 10 Nonmetropolitan, 11 Metropolitan
Female: 22 Nonmetropolitan, 21 Metropolitan

*Overweight status is respondent-assessed.

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey

Health status: Elderly whose parents had a history of cancer, 1987

Percent of elderly

- Nonmetropolitan
- Metropolitan

Father with cancer: 15 Nonmetropolitan, 13 Metropolitan
Mother with cancer: 15 Nonmetropolitan, 15 Metropolitan

SOURCE: National Center for Health Statistics, 1987 National Health Interview Survey
Health status: Dental care/visits and toothlessness of the elderly, 1989

Dental visits
Within last 12 months

- 3 or more
- 1 or 2

Nonmetro: 58% 30%
Metro: 29%

Toothlessness

- No teeth
- 1 or more teeth

Nonmetro: 41% 59%
Metro: 33% 67%

SOURCE: National Institute of Dental Research, National Institute of Health; National Health Interview Survey - 1989 Dental Supplement; National Center for Health Statistics

Health behavior: Elderly smokers who smoke heavily* by sex, 1990

- Male
- Female

Nonmetropolitan
Metropolitan

Percent of elderly

*heavy smoking is defined as at least 25 cigarettes per day

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey
Health behavior: Elderly drinkers who are heavy current drinkers by sex, 1990

Percent of elderly

<table>
<thead>
<tr>
<th></th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

*Does not meet standards of reliability

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey

Health promotion: Elderly who had blood pressure check in past year by sex, 1990

Percent of elderly

<table>
<thead>
<tr>
<th></th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>Female</td>
<td>86%</td>
<td>85%</td>
</tr>
</tbody>
</table>

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey
Health promotion: Elderly women who had pap smear in past year, 1990

<table>
<thead>
<tr>
<th>Percent of elderly women</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>29</td>
<td>31</td>
</tr>
</tbody>
</table>

Health promotion: Breast self exam for elderly women, 1990

<table>
<thead>
<tr>
<th>Percent of elderly women</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>81</td>
<td>44</td>
</tr>
<tr>
<td>Knows how to do</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does exam monthly</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey
Health promotion: Breast exam of elderly women by health professional in past year, 1990

Health promotion: Receipt of mammogram by elderly women, 1990

SOURCE: National Center for Health Statistics, 1990 National Health Interview Survey
Long term care: Percent of elderly with home health visits by functional status of the user, 1987

- Nonmetropolitan
- Metropolitan

Percent of elderly

<table>
<thead>
<tr>
<th>Functional Status</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulties</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>IADL and/or ADL difficulty</td>
<td>27</td>
<td>35</td>
</tr>
</tbody>
</table>

SOURCE: Agency for Health Care Policy and Research.
National Medical Expenditure Survey - Household Survey, 1987

Health insurance: Insurance coverage for the elderly, 1987

- Nonmetropolitan
- Metropolitan

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th>Nonmetropolitan</th>
<th>Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Medicare</td>
<td>14.6</td>
<td>12.9</td>
</tr>
<tr>
<td>Medicare and Medicaid</td>
<td>11.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Medicare and Private</td>
<td>72.9</td>
<td>77.9</td>
</tr>
</tbody>
</table>

SOURCE: Agency for Health Care Policy and Research.
National Medical Expenditure Survey - Household Survey, 1987
Health expenditures: Total health care expenditures for the elderly by functional status of user, 1987

Mean annual health care expenditures
- Nonmetropolitan
- Metropolitan

No ADL Difficulties
- Nonmetropolitan: $2,865
- Metropolitan: $3,415

1+ ADL Difficulties
- Nonmetropolitan: $7,100
- Metropolitan: $12,169

Functional status of health care users

Mean percent paid by source
- Other
- Medicaid
- Private
- Medicare

No ADL Difficulties
- Medicaid: 24%
- Private: 14%
- Medicare: 51%
- Self/Family: 50%

1+ ADL Difficulties
- Medicaid: 25%
- Private: 10%
- Medicare: 42%
- Self/Family: 38%

Benefit use: Percent of elderly veterans receiving selected benefits, 1987

Source of benefits