Relocation of Older Adults and Transitions versus Aging in Place

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Objectives

1. Define common migration terms: migration, residential mobility, in-migration, out-migration, net-migration.
2. Understand the mobility patterns of the older population: amenity seeking move, return assistance move, institution/assistance move.
3. Identify migratory trends by state.
4. Discuss Public Health and policy changes to accommodate these relocation issues.
Introduction

• Interest in migration of the elderly by gerontologists began to heighten in the 1960’s.
• Only in the 1980’s did gerontologist literature that uses census data begin to accumulate.
• Everett Lee, a leading American migration specialist considered the increased propensity to migrate at certain stages of life as one of the enduring generalizations that can be made about migration.
• This life course patterning of migration is not unique to U.S.A. but occurs in other countries as well.

Introduction

- In 2012 the population in USA aged 65 and older was 43.1 million and is expected to double in the next 20 years.
- Most elderly people do not move.
- In a 5 year period approximately 20% changed residence.
- The “oldest old” (aged over 85 years) were the most mobile.

Common Migration Terms

• MIGRATION:
  Moves that cross jurisdictional boundaries (counties in particular).
• RESIDENTIAL MOBILITY:
  Moves within a jurisdiction.
• DOMESTIC or INTERNAL MIGRATION:
  Moves within USA.
• INTERNATIONAL MIGRATION:
  Moves into and out of USA.

Common Migration Terms

• IN-MIGRATION
The number of persons who moved into an area during a given period.

• OUT-MIGRATION
The number of people who moved out of an area during a given period.

• NET-MIGRATION
The difference between in-migration and out-migration during a given period.
  • A positive net or net in-migration means that more migrants entered than left in a given period.
  • A negative net or net out-migration means that more migrants left an area than entered it.

Waves of Relocation of the elderly

Three waves

• Young Old: aged 65-74 years
• Old: 75-84 years
• Oldest old: over 85 years
Reasons for Relocation
First Move: Amenity Seeking Move

65 - 74 years
• Newly retired
• Good health
• Married
• Relatively wealthy
• Move to warmer climates in the Sunbelt, nonmetropolitan small towns or college towns.
• Move to areas they have visited many times before.
• Have a social network: Restaurants, museums, theaters, churches, friends, and volunteer clubs.

Reasons for Relocation
Second Move: Return Assistance Migration

75 – 84 years
• Develop chronic disabilities
• Widowhood
• Unable to perform instrumental activities of daily living
• Move closer to family
• Informal caregiving

Reasons for relocation
Third Move: Institution/Assistance Seeking Move

Age over 85 years

• Severe disabilities
• Needs cannot be met by informal care givers
• Institutionalized care
• Usually local rather than long distance move
• Children can
  • visit
  • take them out to dinner
  • Give emotional support
  • Be an advocate for the parent

Influence of Income

- Low income elders tend to age in place
- Desire to remain at home or no place to go?
- Same motivations as high income seniors but circumstances interfere with their ability to act on these motivations.

Net-Migration

• The South experienced net in-migration for all 3 subgroups of older people
• Virginia, North Carolina, South Carolina, Georgia and Florida were ranked in the top 10 in terms of net migration gain.
• Florida gained the largest number of older movers but Nevada had the highest net in-migration rate.
• On the other hand New York lost the largest number of older movers and the District of Columbia the highest net outmigration rate.

States with net in-migration

- Nevada, Arizona and Florida were the states with the highest net in-migration.
- Milder climates
- Florida gained a large number of elders from the colder Midwest and Northeast regions
- Geographic proximity contributed to the high in-migration rates to Arizona and Nevada

States with net out-migration

• Relocation trends varied for the top losing states
• Older New Yorkers moved to
  • Southern states along the Eastern seaboard: Florida, North Carolina, Virginia and South Carolina, or to
  • Neighboring northeastern states: New Jersey, Pennsylvania and Connecticut.
• Seniors from Illinois relocated evenly throughout the country to Florida (largest number), Arizona, Wisconsin, Indiana and California.

Florida

- Gained the largest number of persons over 65.
- However the percentage of migrants to Florida is decreasing
  - 1980 – 26.3%
  - 1990 – 23.8%
  - 2000 - 19.1%
  - Meanwhile Texas and North Carolina have increased in the same time period. The only two states to do so.
- Florida has a net out-migration for the oldest old for the institution/assistance move.

Figure 2

The U.S. foreign-born population ages 65 and older increased substantially between 1990 and 2010.

U.S. Foreign-Born Population Ages 65+ (in millions)

Foreign born U.S. Elders

• More than 10% of U.S. elders are foreign born.
• Two demographic groups
  • Aging of long-term foreign born
  • Recent migration of older adults
• Mainly from Latin America, Asia and the Caribbean.
• Extended family living
  • Especially if unmarried/widowed
  • Lower level of English proficiency
  • Lower level of income
  • Lower level of education
  • Immigrated at older age.

Foreign born US Elders Living Arrangements

- Extended families
  - Arrived after age 60
  - Response to economic need
  - Intergenerational support
    - Child care
    - Health status
    - Social isolation
    - Cultural preference

Foreign Born US Elders
Living Arrangements

• Live on their own
  • High level of English proficiency
  • Live outside of areas where their immigrant group traditionally settled
  • Immigrated at a younger age

• Nursing Home Residence
  • Cultural preference aging at home with family
  • Those who move to nursing homes or other group facilities more proficient in English.

Effects of relocation on the elder

- First move: Amenity seeking move
  - Usually voluntary
  - Less stressful
  - Young old
  - Married
  - Positive physical and psychological consequences

- Second and third moves
  - Often involuntary
  - Failing health
  - Widowhood
  - Older
  - High risk of adverse consequences

Residential relocation and health Status

• Poor health may initiate the assistance seeking and institution seeking moves.
• However some researchers have found that the health conditions may improve or stabilize after the move. (Chen & Wilmoth 2004)
• Seniors moving to facilities with organized events and supportive physical features tended to do better.

Policies and Planning

• This paper discusses relocation of the elderly but we have to keep two things in mind
  • First, more than 70% of the elderly do not move
  • Second, a high percentage of those who move return to their original neighborhoods.
• Studies have been done to investigate what makes a neighborhood more age-friendly and influence persons to age in place.

AARP

• Nation wide survey in focus groups of older adults
• Question: What their communities should do to improve?
• Top 5 answers
  • 1\textsuperscript{st} Increased police presence
  • 2\textsuperscript{nd} Improved schools
  • 3\textsuperscript{rd} Make streets more pedestrian friendly
  • 4\textsuperscript{th} provide transportation for older people and people with disabilities
  • 5\textsuperscript{th} Build or upgrade parks

What Community Amenities Do Older Adults Want Close to Home?

We asked older adults what amenities they want close to home. Access to transportation, food, and green space top the list. These are among the many community indicators that we are measuring as part of the Livability Index project. Find out more about our livability research and the development of our index here: [www.aarp.org/pp/liv-com/](http://www.aarp.org/pp/liv-com/)

% endorsed within 1 mile or less

<table>
<thead>
<tr>
<th>Category</th>
<th>% Endorsed</th>
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<tbody>
<tr>
<td>Bus Stop</td>
<td>50%</td>
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<tr>
<td>Grocery Store</td>
<td>47%</td>
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<tr>
<td>Park</td>
<td>42%</td>
</tr>
<tr>
<td>Pharmacy / Drug Store</td>
<td>42%</td>
</tr>
<tr>
<td>Hospital</td>
<td>29%</td>
</tr>
<tr>
<td>Church / Religious</td>
<td>29%</td>
</tr>
<tr>
<td>Train / Subway</td>
<td>23%</td>
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<tr>
<td>Big Box Store</td>
<td>18%</td>
</tr>
<tr>
<td>Entertainment</td>
<td>16%</td>
</tr>
<tr>
<td>Mall (shopping)</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: AARP Public Policy Institute
Aging in Place

• Most older people desire and actually do age in place.
• State and federal legislators and private developers can work together to make communities more livable not just for the elderly but for all age groups.
• What makes a community more livable?
  • Safety
  • Affordable and appropriate housing
  • Affordable and reliable non-auto transport
  • Available and efficient services.

Livability Index

• The Livability Index is a signature initiative of the Public Policy Institute to measure the quality of life in American communities across multiple dimensions: housing, transportation, neighborhood characteristics, environment, health, opportunity, and civic and social engagement.

• An interactive, easily navigated website, the Livability Index allows users to compare communities, adjust scores based on personal preferences and learn how to take action to make their own communities move livable.

• This helps users to better understand their communities and make decisions about future needs.

Legislative policies

• Land Use:
  • Statutes in a number of states including Florida encourage integration of land use and transportation planning.
  • This allows communities to plan housing, commercial and retail uses as well as public services in the context of multiple forms of transportation.
  • Transit Oriented Development (TOD): Development of housing and services within easy walking distance from transit stops
  • Joint Use: Most states have statutes that address joint use of school buildings as senior centers, health clinics, libraries or gyms
    • Promotes intergenerational cohesiveness
    • Saves taxpayers money
    • Provides easier access to services.

Legislative policies

• Transportation:
  • Complete Streets:
    • constructing streets with the needs of all users in mind: walkers, bikers, motorists, and transit users.
    • Narrower lanes: to slow traffic and reduce run-off.
    • Safer intersections: to reduce crashes and encourage crossing in the right place.
    • Curb extensions and median crosswalks: to shorten crossing distances and have stopping places.
    • Bike lanes: to give bikes the same treatment as cars.
    • Wider sidewalks and street trees: to make walking a safe pleasant experience and to calm traffic.

**STRIP GARDENS:** Raised and widened medians with plantings serve as refuge, help “calm” traffic, and give the street a boulevard-like feel.

**LOUNGE AREAS:** Encouraging cycling will require more bike racks and bike parking; making the streets safer for pedestrians will require more bollards and better lighting for sidewalks; and benches, tables, and other places to watch the world go by will foster community in public spaces.
Legislative policies

• Housing
  • Affordable: quality of life and health could suffer due to lack of money for other essential needs.
  • Americans with Disabilities Act: since 1992 all public building must be “readily accessible to and usable by” those with disabilities. This does not apply to private housing unless that housing was funded by state or government housing programs.
  • Statutes in some states encourage developers to install features in single family homes to make it easier for elders to age in place.

Facilities that help elders to age in place
PACE: Program of all-inclusive care for the elderly

PACE allows older adults to age at home rather than being institutionalized, it provides all the care and services covered by Medicare and Medicaid if authorized by your health care team. Here are some of the services PACE covers:

- Adult day primary care (including doctor and recreational therapy nursing services)
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services
- Meals
- Medical specialty services
- Nursing home care
- Nutritional counseling
- Occupational therapy
- Physical therapy
- Prescription drugs

13. Medicare.gov
Facilities that help elders to age in place

Meals on Wheels

- Meals on Wheels operates in virtually every community in America.
- Committed to supporting their senior neighbors to live healthier and better nourished lives in their own homes.
- Galvanize the resources of local community organizations, businesses, donors, sponsors and more than two million volunteers – bolstered by supplemental funding from the Older Americans Act – into a national safety net for our seniors.
- Provide more than a daily healthy meal
- Social contact
- Safety

13. www.mealsonwheelsamerica.org
Facilities that help elders to age in place

Home visits by health professionals

• Social workers
• Home health aides
• Nurses
• PT/OT
• Doctors

If health professionals provide services in the home, even services such as filling pill boxes weekly, older adults can age in their homes rather than becoming institutionalized.
Facilities that help elders to age in place

**Adult day care centers**

- Non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings.
- Most centers operate 10 – 12 hours per day and provide meals, meaningful activities, and general supervision.
- Day care centers may focus on providing care only for persons with a specific chronic conditions
- They may also provide transportation and personal care as well as support groups for caregivers.
- Participation in adult day centers may prevent re-hospitalizations and may delay admission to residential long-term care.
- For participants who would otherwise stay at home alone, the social stimulation and recreational activities may improve or maintain physical and cognitive function.
- For caregivers, adult day centers provide respite care, enabling caregivers to work or to have a break from their caregiving responsibilities.

14. Wikipedia.org
Conclusion

- Older people tend to migrate in 3 waves
  - 65-74: Amenity seeking move
  - 75-84: Return Assistance move
  - Over 85: Institution Assistance move
- Most seniors do not move
- Factors that encourage aging in place
  - High livability index of the community: safety, good schools, complete streets, access to transportation, access to services, parks and affordable housing.
  - In age-friendly communities older adults can find healthy food, keep active and get help easily when they need it thus making them stay healthy longer.
  - Forward thinking legislators should plan land use, transportation and housing with the entire community in mind. This will develop communities which encourage the elderly to age in place and remain healthy, independent and active contributors to the well being of their community.
Questions?