

# **Profile of Older Floridians**

by

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## **ACKNOWLEDGMENTS**

The Florida Policy Exchange Center on Aging would like to express its deep appreciation to the Department of Elder Affairs for its generous support of the research project that led to the writing of this report. We are especially appreciative of the support and guidance provided by Dr. Horacio Soberon-Ferrer. We hope this report and reports based on additional waves of the AHEAD data will prove useful to the Department and other organizations in the development of policies, programs and legislation for Florida's older residents.

## **EXECUTIVE SUMMARY**

This project was designed to enable the Florida Department of Elder Affairs to access the most recent representative population survey of its elderly citizens aged 70 and above. In order to do this, we examined the Asset and Health Dynamics Among the Oldest Old (AHEAD) [Wave 1 of the Florida oversample] survey (1993-94). The authors hope this meets the needs of the department in its efforts to understand its target population and deliver the most efficient and economical services to the citizens of the state. It is also our hope that the details contained within this report will enable the department and advocates for the elderly to enter into informed discussions with the Florida legislature on the role of government in the lives of older citizens, as well as state government's role in meeting elders' needs for the next several critical decades.

Chapter 1 frames our discussion and places our analysis in perspective both nationally and in Florida. As the vanguard state in aging in the nation, Florida's ability to deal with its aging population presages the same issues nationally by approximately two decades and, as such, is the "bellwether" for good or bad that others will follow in the future. The state's population of those 65 plus, estimated at 2.4 million in 1990, will effectively double by the year 2020. Furthermore, 42% of Florida's elderly population is 75 and older, and this age group will continue its march as one of the fastest growing segment of elders. Due to increasing longevity, the state's 85+ population is increasing

substantially and expected to double by the year 2050.

Chapter 2 identifies the population demographics of the Florida oversample in the AHEAD survey. Of the Florida elders sampled, the mean age is 77 years of age; they are predominantly female, married or widowed, and White. Another characteristic is that the Hispanic population is overwhelmingly Cuban (81%), whereas the Hispanic population in the AHEAD core sample is predominantly Mexican-American (72%). Where the elderly population resides in the state is also important. The "oldest" counties are all located on the Gulf coast, contiguous to the Tampa Bay area from Charlotte county in the south Pasco and Hernando counties in the north (Fig.2.3). Approximately 14% of the elderly live in rural areas, and 34.7% live alone [44% females, 22% males]. A comparison of the demographic statistics between Florida and the core samples shows remarkable similarities between the two, which is another reason Florida's aging may well become the "model" for the rest of the United States.

Chapter 3 details gender and diversity issues. Examining the statistics for the total population of the elderly often masks the vulnerabilities of smaller subpopulations of the elderly. Thus, by assessing many of the details of family life, support systems, income and health by gender and also by racial/ethnic groups, we are able to identify segments of the older population most in danger of

poverty and marginalism by the systems designed to help the aged.

Comparing the Florida oversample to the core sample, significant differences include marital status, gender, and race/ethnicity. There are significantly higher percentages of Florida residents who are married and lower percentages who are widowed than the general population. Also, there are lower proportions of females among the Florida oversample. Concerning race/ethnicity, there are higher percentages of Florida residents who are Hispanic, and lower percentages who are African-American than in the AHEAD core sample. Aside from these differences the two samples look similar.

Chapter 4 identifies family issues, first nationally, then in the AHEAD Florida oversample, in comparison with the core. It is well known that women have greater life expectancy and they usually marry older men. Should a spouse die, men tend to remarry quickly, while women are most likely to remain alone. In 1990, 64% of elderly men were married compared with 31% of women.

The Florida population looks remarkably like that of the core in numbers of children (2.4 vs. 2.6), number of grandchildren (5.2 vs. 5.9), number of siblings (1.8 vs. 2.0), respondents still having living parents—generally a mother (1.65 vs. 1.81), and having a relative available to provide assistance in the future (49% vs. 51%). Increasingly for Floridians, that person available for assistance is a spouse. Only 35% of older Florida residents have a proximate child residing within 10 miles, as opposed to 54% of the core. The average number of persons

in the older Floridian's personal family network is 9.9, significantly less than the core sample. Focusing on the helper, Florida Hispanics have access to the most helpers with a spouse and children leading the way. African-Americans in Florida have larger networks and family size than African-Americans in the core, and receive the most help from children. Whites predominantly depend on spouses and other individuals/organizations for assistance.

Chapter 5 details financial issues. Table 5.2 gives a complete listing of the family income, assets, and net worth of both Floridians and the AHEAD core. The similarities are more striking here. Only in value of home/apartment, checking accounts, and other assets do Florida and the core differ. We also analyzed family and network characteristics by income, and identified income by gender, race/ethnicity and age group. Our final analysis (Table 5.5) identified both income and net worth by quartiles. The most noteworthy result of our analysis is identifying a number of individuals in our samples in the lowest quartiles who appear to be without any assets at all, and that the very poorest older group in our study appears to be African-Americans in Florida.

Chapter 6 examines the topic of insurance. Health care coverage is almost universal through Medicare. Medicare A covers 96% of Floridians, and 98% of core respondents. Medicare B coverage is similar. Three quarters of the sample also have other types of insurance. There is a significant difference, however, in the amount paid out of pocket for all types of supplemental

health insurance — it is 60% more costly for Floridians than for the core. More older adults, in both Florida and the core with cancer and heart disease, are covered by Medicare A & B than are older adults with a broken hip.

Chapter 7 discusses housing accommodations. Nationally the elderly overwhelmingly tend to own their own homes; 77% of Whites, and 50-67% of Blacks and Hispanics own their homes. The two samples vary significantly only in age of housing and the number of stories. Floridians own rather than rent newer homes, generally on one floor, and a higher percentage live in apartments/condos and in retirement communities. They are more likely to have a mortgage (22% vs. 9%) than are those in the core. The most common housing adaptation for safety for the elderly is single-floor living (approximately 88% vs. 50%), followed by grab bars in bathrooms (about 28% for both samples). Housing condition varies; those who report very good or excellent condition are 34% vs. 22% respectively.

In national housing statistics for the elderly, owners generally pay a lesser percentage of their income for housing, while renters pay approximately 33% of their income. For those not married (widowed, separated, divorced, and single) — males pay 18% of their income and females pay 61%.

Mobile homes are a popular choice of housing for the elderly, particularly in Florida. Nationally 5% of the elderly live in this type of housing. Over half of this kind of housing is in rural areas. Single persons make up 57% of those living in mobile homes. In the Florida oversample, 18% of respondents live in mobile homes versus only 5% of the

core. Twenty-four percent of Floridians live in retirement communities versus the core (9%).

Chapter 8 details health issues in some depth. We address demographic issues nationally to frame the discussion, then move to a discussion of the considerable amount of detail in AHEAD. We enumerate health variables through comparison of the Florida oversample and the core sample. We examine only the Florida oversample on a number of details, and to obtain a closer look at group difference, we split the sample by gender, racial/ethnic category, and age groups. Finally, we discuss characteristics of older individuals with specific health limitations by all the above details.

For older adults, killer diseases such as heart disease, stroke, cancer have been decreasing since the 1980's. Chronic conditions, often disabling, such as arthritis, diabetes, and hypertension have become more common. Floridians appear to exercise greater health care utilization than do those in the core, but none of the differences were significant. In nearly every case of disease, Floridians have lower prevalence, but only two diseases — arthritis and hypertension — are significant. Both samples had relatively low depression scores. Finally, Floridians appear to be only somewhat healthier than those in the core.

In examining limitations in instrumental activities of daily living (IADLs such as needing help shopping, preparing meals etc.) and functional limitations (such as not being able to walk up a flight of stairs), the analysis is more complicated. For those who

are higher functioning or healthier, older Floridians appear to have an edge in that they are slightly higher functioning. In other words, when focusing on the relatively healthier older adults, older Floridians seem to be the healthiest. However, when the focus shifts to difficulties in activities of daily living (ADLs are more crucial to independence and include such tasks as bathing, toileting, dressing, and eating), both groups look quite similar. Among all the tasks, Floridians appear to have the advantage only in dressing. The three ADLs most associated with institutionalization are eating, transferring and toileting, and there are no significant differences between the two samples for the tasks. Thus, we have a qualified series of conclusions concerning health. Floridians are the healthiest among the healthier population of those 70 years and older in the AHEAD data base; but in the less healthy group, there appears to be more similarities than differences between the two samples.

Chapter 9 discusses such things as transportation, current and former work experience, and various expectations for the future. Of the three, the majority of our analysis concerned three types of expectations: the future, leaving an inheritance, and various housing moves. The most interesting expectation was the move closer to a child and to a retirement or nursing home. Quite a few (>40%) among the two samples expected to live another 10 years. There was no difference between the groups on whether they expected to have enough money to cover all their future costs, but significantly fewer older Floridians expected to have enough money to cover medical costs. As far as inheritance is concerned, significantly more Floridians expected to leave an inheritance than those in the core

sample. There appears to be a paradox in the expectation of having enough money to cover all costs, yet not having enough money to cover all medical costs, but then expecting to leave an inheritance in excess of \$20,000.

When we examine factors associated with the expectation of leaving an inheritance behind for ones' heirs, we find no difference between Florida residents and the core. The most important factors were: having wealth, being sure that one's income will keep up with inflation, being on Medicaid, and being male. We also examined factors associated with the expectation of entering a nursing home within the next five years. In this case, Florida residents were 2.5 times more likely to anticipate nursing home placement than those in the core sample. Also important in predicting this expectation were: worse self-reported health, fewer members in the family network, not being married, having multiple ADL impairments, and increasing age.

Chapter 10 discusses conclusions, policy implications and future directions. As we noted previously, increasing age is associated with increasing functional limitations. Floridians, with smaller support networks and fewer proximate children (living within 10 miles) and fewer grandchildren, face high levels of unmet need as they age in place. In Florida the basic apparatus for long-term care services is largely in place. This foundation of a long-term care system needs additional supports to reach the burgeoning population of oldest old citizens.

Finally, Chapter 11 details future research utilizing the AHEAD database.

# 1 AGING OF FLORIDA AND THE NATION

America is growing older as a nation. Projected growth in the older population is expected to raise the median age of the U.S. population to 42 by the year 2030 from the current 32.9. One of the most significant demographic facts facing this nation is that the number of people age 65+ is growing more rapidly than the rest of the population. Between 1990 and 2030, the age 65+ population is expected to double (see Table 1.1, 1.2 and Figure 1.1). By the year 2030, there will be proportionally more elderly than young people in the population — 20% of the population is expected to be age 65+.<sup>1,2</sup> More elderly are surviving into their 10th and 11th decades. The Census Bureau estimates there were 36,000 persons 100 years or older in 1990, and there will be over 100,000 by the year 2000. In 1900, the elderly dependency ratio was 7 elderly to every 100 persons of working age; in 1990 it was 20 elderly for every 100 workers; by 2030 the number will rise to 38 elderly per 100 persons of working age.<sup>3</sup>

Table 1.1  
U.S. Elderly Population (by age) 1980-2030

U.S. Elderly Population, in thousands, and percentages

Year	Age 65+	Percent
1980	25,707	11.3
1990	31,224	12.5
2000 (proj.)	35,322	12.8
2010 (proj)	40,104	13.3
2020 (proj)	53,348	16.4
2030 (proj)	70,175	20.1

Source: U.S. Bureau of Census, 1994, *Current Population Reports*.

In Florida, which is arguably the nation’s oldest state demographically, the 1990 census put Florida’s population of elderly aged 65+ at 2,369,431 which represents 18.3% of the population of the state. This compares with the nation’s 12.6%. The state’s median age was 36.4, considerably higher than the 32.9 median age of the nation’s population.<sup>1</sup> The median age is a result of decreasing fertility accompanied by increasing longevity; and in Florida, it is accompanied by age-selective in-migration. Thus in Florida, the elderly come predominantly from elsewhere. This distinction is important when it comes to future policy and financial issues.

Table 1.2  
Elderly Population of Florida by Age Group: 1990 - 2050

Age (In Thousands)	1990	2000	2020	2050
65-69	745	758	1330	1947
70-74	632	702	1099	1756
75+	1006	1104	1505	3422
<b>Total</b>	<b>2369</b>	<b>2564</b>	<b>3933</b>	<b>7125</b>

(Census)

Source: Bouvier & Weller, 1992, *Florida in the 21st Century: The Challenge of Population Growth*.

The primary reason Florida has aged so rapidly has been the continuing in-migration of older persons. Early retirement, the expectation of living longer, and retirement “amenity” or “life-style” migration has led millions of Americans to retire to the “sunny climes” of Florida. Projections for future in-migration streams of retirees suggest that it will continue into the next century.<sup>4,5,6,7</sup>



October 1993 until May 1994 by the University of Michigan's Institute for Social Research. Wave 1 data became available nationally for researchers in 1996. Wave 2 interviews began in October 1995 and were completed in 1996 and should be available to researchers soon. Wave 3 data will be gathered during 1998-99.

AHEAD provides detailed data on three important domains: (a) health, (b) economic resources, (c) family structure and flows of resources within the family. As health declines within the elderly population, persons are often forced to use their financial resources for personal care and health-related expenses not covered by insurance. Unique to this study is the ability to evaluate the changes in health characteristics, such as functional impairments, cognitive impairments, sensory deficits, and other health conditions, with changes in economic resources, living accommodations, and the transfers of money and time to and from their children.

The importance of learning from the AHEAD data and the Florida oversample is underscored in the following national statistic:

**In 1990, only Florida had an elderly population greater than 16%. Yet by 2020, 32 states will be in that category.**

Currently more than half the nation's elderly live in nine most populous states: California, three million; New York, 2.5 million; Florida, 2.5 million; and Pennsylvania, Texas, Ohio, Illinois, Michigan, New Jersey, each >one million elderly. The west and south continue to gain elderly residents.

In the year 2020: The Census Bureau projects (Series A) that over half the nation's 53 million elderly will live in those nine states, with the addition of a tenth state, North Carolina. California and Florida will rank #1 and #2 respectively with the highest concentrations of elderly.<sup>2</sup>

#### **THE FLORIDA OVERSAMPLE**

In 1993, Congress mandated that the AHEAD survey contain a proportional sample of Florida residents. The 1,088 respondents from the state of Florida in Wave 1 are a representative community sample of Florida's elderly population age 70 and above at the baseline date of 1993-94. The 1,088 Florida residents, known hereafter as Florida Oversample, or shortened to Florida, and the remainder of the AHEAD respondents (7,134), known as the AHEAD Core or core, compose the two groups we will study in *Profile of Older Floridians*, a project funded by the State of Florida Department of Elder Affairs.

## 2 POPULATION DEMOGRAPHICS

Often for convenience, the elderly are grouped into three age groups: the young old (65-74 years), the old (75-84 years), and the oldest-old (age 85+ years). The target population for the AHEAD data are those aged 70 and above.

The growth rate of the elderly population age 65+ in the U.S. continues to climb and has done so in the 2-3% annual growth range since 1910. It will slow to an historic low of 1.3% growth during the period of 1990-2010 due to the smaller number of those born in the 1930's. However, with the aging of the Baby Boom generation born in 1946-1964, it will then grow at a rate of 2.8% annually from 2010 to 2030 (Figure 2.1).

Between 1900 and 1994 the elderly population grew eleven-fold (from 3.1 million to 33.2 million), while the non-elderly population grew only three-fold. About one in eight Americans were elderly in 1994, and approximately one in five could be elderly in 2030 (U.S. Census, 1996). The oldest-old is a small but rapidly growing group. In 1900 there were an estimated 122,000 persons above the age of 85. In 1994 an estimated 3.5 million persons were 85 years and older, nearly 1.2 million of whom were over age 90. The number of those 100 years of age and older is less certain. The 1990 Census reported 36,000 persons, but by another estimation demographers calculated the number could be closer to 28,000. About four out of five centenarians are no longer married—generally widowed women.<sup>2</sup>

In Florida the elderly population from the 1990 census was 2,369,431 persons aged 65+, 18.3% of the state's population. In 2000, the population of elderly in the state is expected to be 16.2% (due to a smaller cohort born during the depression), however it will climb to 17.7% of the state's population in 2020, and 22.2% in 2050. The number of oldest-old, those 85+, is growing rapidly in Florida and is expected to more than double by the year 2050. Projected moderate improvements in life expectancy will result in a substantial increase in the numbers of those 75+. By 2050 the group age 75+ will number 3.4 million and comprise almost one half of the state's population.<sup>1</sup>

The age group 85 and older, 10% of the elderly, is projected to be the fastest growing part of the elderly population. By 2020 the age 85+ population will more than double, from 3 million (1994) to 7 million. By 2050 predictions are that almost 25% of the nation's elderly will consist of those 85 or older.<sup>2</sup>

Figure 2.1  
**PROJECTED ANNUAL GROWTH RATE OF THE U.S. ELDERLY POPULATION 65 YEARS AND OVER: 1910 TO 2050 (IN PERCENT)**

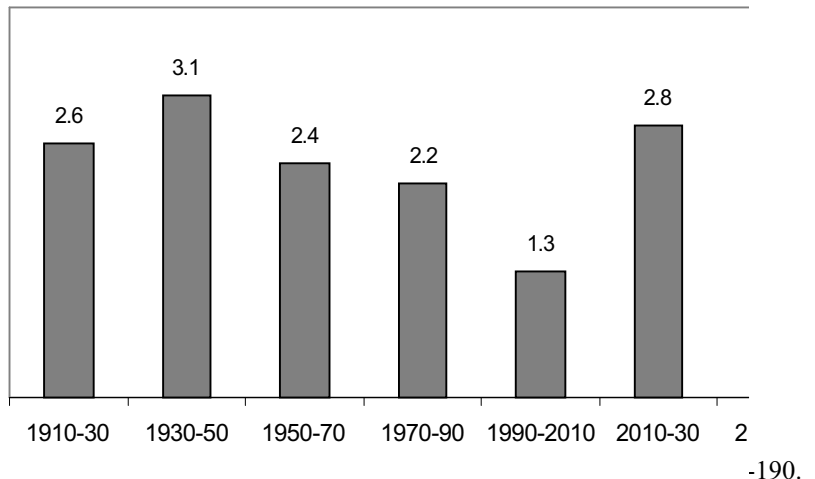


Table 2.1  
**DEMOGRAPHIC DATA (AHEAD)<sup>a</sup>**

<b>Typical Older Adult in Florida Oversample versus the rest of the AHEAD sample.</b>		
	<b>Florida</b> n=1088	<b>Core(AHEAD)</b> n=7135
<b>Age (mean years)</b>	77.4	77.5
<b>Gender*</b>	female 58%	female 63%
<b>Marital Status(%)</b>		
Married*	56	48
Widowed*	36	42
Div./Sep./Single (unmarried)	8	10
<b>Residence, rural</b>	13.8	28.7
<b>Mean Education</b>	11.3	10.9
<b>Mean Income</b>	\$22,676	\$22,000
<b>Religious Preference(%)</b>		
Protestant*	53.4	64
Catholic	28.3	26
Jewish*	11.8	3.3
<b>Race/ Ethnicity(%)*</b>		
White	86	83.6
African-American	5	11
Hispanic	8.5 (81% Cuban-American)	4 (72% Mexican-American)

(The percentages of Hispanic population list the predominant groups in the populations. Hispanic origin asked separately from “race.” These do not add up to 100%.)

a Results based on weighted data

\* p<.05

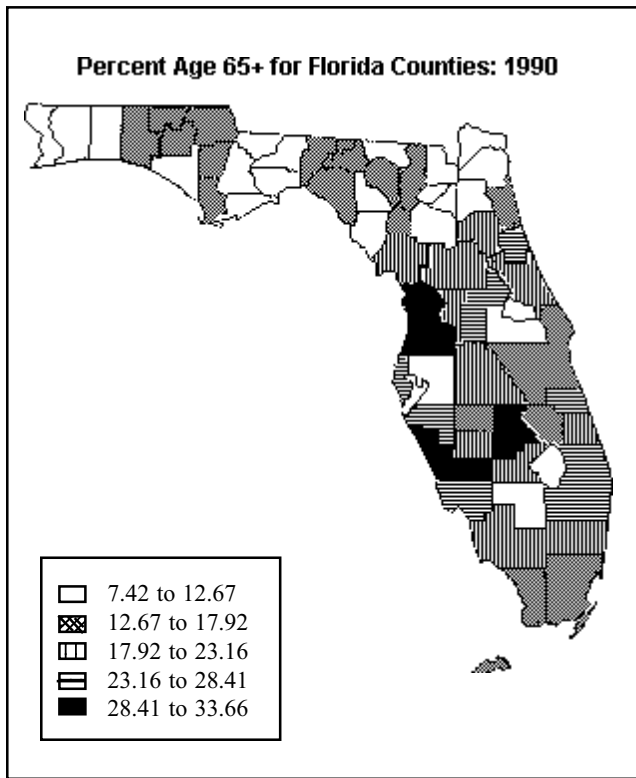
Data collection for AHEAD Wave 1 took place during the “tourist season,” from October 1993 to May 1994. It is unclear whether these data could possibly address the totality of Florida residents, both full-time and part time.

Table 2.1 describes the characteristics of Florida and the core elderly. Generally, Florida shows a significantly lower percentage of women, widows, African-Americans, and more Hispanics than the core. Floridians’ mean education is significantly higher than the core. Floridians are more likely to live in an

urban setting than are those in the AHEAD core. The mean (family) income of Floridians is similar to that of the core, in the \$22,000-\$23,000 range.

Figure 2.2 notes the breakdown of aged in Florida by county. Thirteen counties have median ages over 41. The “oldest” counties are all located on the Gulf coast contiguous to the Tampa Bay area. They are: Charlotte (median age 56.8), Pasco (54.7), Citrus (53.2), Hernando (52.4), and Sarasota (49.2).

Figure 2.2



Source: Bouvier, L. F., & Weller, B., (1992). *Florida in the 21st Century: The Challenge of Population Growth*, Center for Immigration Studies, Washington D.C.: Pine Hill Press, Freeman, S. Dakota

elderly population is expected to be 67% white, 10% African-American, 7% Asian and Pacific Islander, less than 1% Native American; and 16% of Hispanic ethnicity. In Florida we will see the current 87% white, non-Hispanic population shrink to 82% by 2020.<sup>1</sup>

Of the statistics in the AHEAD in Table 3.1, only gender, marital status, the number of marriages and race/ethnicity are statistics where the differences between the Florida oversample and the AHEAD core data are significant. Table 3.2 describes the Florida oversample alone by Race/Ethnicity. We note that the comparison is to all others, African-American to all others, Hispanic to all others, and white to all others.

### 3 GENDER AND DIVERSITY

Diversity is a key characteristic of the elderly population. The experience of aging differs among the demographic groups and for urban and rural elderly.

This chapter’s discussion will center on the national statistics on gender, marriage, race and ethnicity among the elderly population; and we will compare and contrast this with the Florida population as shown in AHEAD. Racial and ethnic diversity within the elderly population in the U.S. will increase in the future. The proportion of those elderly that are white, non-Hispanic will decline from 87% in 1990 to 67% by 2050. In 2050 the composition of the

Table 3.1  
**GENDER, MARITAL STATUS, RACIAL CHARACTERISTICS & DIVERSITY<sup>a</sup>**

Typical Older Adult in Florida Oversample versus the rest of the AHEAD sample.

	Florida	Core(AHEAD)
<b>Gender*</b>	female 58%	female 62.5%
<b>Marital Status(%)</b>		
Married*	56	48
Widowed*	36	42
Div./Sep./		
Single (unmarried)	8	10
<b>Number of Marriages*</b>	1.36	1.24
<b>Race/ Ethnicity(%)*</b>		
White	86	83.6
African-American	5	11
Hispanic	8.5 (81% Cuban-American)	3.9 (72% Mexican-American)

(Hispanic origin asked separately from “race” — these do not add up to 100%. We identify the predominant Hispanic populations for each sample.)

a Results based on weighted data

\* p<.05

Whites are more likely to be married, have significantly higher education, significantly higher income, and live in an urban area. African-Americans have a significantly lower percentage who are married, higher percent widowed or unmarried, lower formal education levels and lower income. Hispanics have significantly lower formal education levels and income than other races/ethnicities. In terms of religious preference whites are represented in the three major western religions—Protestant, Catholic, and Jewish faiths. African-Americans are

more likely to be Protestant. Hispanics are overwhelmingly Catholic.

Table 3.3 reports demographic characteristics of the Florida oversample by gender. There is a lower percentage of females than males among Florida whites. Only marital status, education and income are significant. Florida’s women are more likely to be widowed, less likely to be married and have significantly less income and education than Florida’s men.

Table 3.2

**DEMOGRAPHIC CHARACTERISTICS BY RACE/ETHNICITY OF THE FLORIDA OVERSAMPLE (AHEAD)<sup>a,b</sup>**

Demographic Characteristics	African-American (n = 75)	Other (n = 1013)	Hispanic (n = 91)	Other (n = 997)	White (n = 915)	Other (n = 173)
<b>Mean Age</b>	78.63	77.32	77.06	77.42	77.35	77.62
<b>% Female</b>	71.34	56.91	61.72	57.25	56.40	65.15
<b>Marital Status</b>						
% Married	16.49**	57.61	50.23	56.08	58.54**	37.31
% Widowed	55.05*	35.11	39.01	35.82	34.55*	45.58
% Divorced/Separated/ Never Married	28.46**	7.28	10.76	8.10	6.90**	17.11
<b>Residence</b>						
% Rural	7.93	14.11	0.00**	15.09	15.51**	3.30
<b>Mean Education</b>	6.98	11.53	8.08	11.53	11.828	10
<b>Mean Income</b>	9,445.83	23,364.17	12,496.13	23,618.48	24,520	11,299
<b>Religious Preference</b>						
% Protestant	87.52**	51.62	2.79**	58.08	56.32**	35.35
% Catholic	8.49*	29.34	92.96**	22.32	23.25**	59.48
% Jewish	0.00*	12.37	0.00**	12.84	13.66**	0.00

a Results based on weighted data

\* p < .05

\*\* p < .01

<sup>b</sup> Florida Oversample only.

Table 3.3

**DEMOGRAPHIC CHARACTERISTICS BY GENDER OF THE FLORIDA OVERSAMPLE (AHEAD)<sup>a,b</sup>**

<b>Demographic Characteristics</b>	<b>Women (n = 656)</b>	<b>Men (n = 432)</b>
<b>Mean Age</b>	77.67	77.00
<b>Race/Ethnicity</b>		
% White	84.23	88.53
% African-American	6.12	3.34
% Hispanic	9.07	7.65
<b>Marital Status</b>		
% Married	40.72**	75.78
% Widowed	50.69**	16.24
% Divorced/Separated/Never Married	8.58	7.98
<b>Residence</b>		
% Rural	11.18*	17.38
<b>Mean Education</b>	11.10*	11.57
<b>Mean Income</b>	\$19,847.97**	\$26,522.08
<b>Religious Preference</b>		
% Protestant	56.46	49.23
% Catholic	27.31	29.66
% Jewish	11.29	12.39

a Results based on weighted data  
 \* p < .05  
 \*\* p < .01  
 b Florida Oversample only.

Table 3.4 returns to a comparison of Florida and the core assessing significant gender and race/ethnicity differences. Their racial characteristics differ from the general population as well. Florida has more whites and fewer African-Americans than the general population. If ethnic origin is noted, Florida residents are more likely to be (Cuban) Hispanic, than of Mexican descent, and a greater proportion of the state's population than is the case nationally.

Floridians are more likely to be married than the core, who are more likely to be widowed. In gender comparisons by Florida versus the core,

females are more likely to be widowed in both Florida and the core, with slightly fewer Floridians in the widowed category than the core. Males in Florida have slightly higher education levels than core males. In contrast, for African-Americans, the only significant difference is that those in Florida have less formal education than the core. There are no Hispanics who live in rural areas of Florida; and Hispanics in Florida have more education than those in the core.

Table 3.5 examines marital status by age group. Florida residents in each age group are more likely to be married than the core. After age 75

Table 3.4

**SIGNIFICANT GENDER AND RACIAL/ETHNICITY COMPARISON DIFFERENCES FOR DEMOGRAPHIC CHARACTERISTICS (AHEAD)<sup>a,b</sup>**

Demographic Characteristics	Women		Men		African-American		Hispanic		White	
	F (n=656)	C (n=4549)	F (n=432)	C (n=2596)	F (n=75)	C (n=1026)	F (n=91)	C (n=396)	F (n=915)	C (n=5613)
<b>Mean Age</b>										
% Female									56.4	62.3
<b>Race/Ethnicity</b>										
% White										
% African-American	6.1	11.5	3.3	10.1						
% Hispanic	9.1	3.8	7.7	4.2						
<b>Marital Status</b>										
% Married	40.7	32.7							58.5	50.4
% Widowed	50.7	56.7							34.6	40.7
% Div./Sep./ Never Married										
<b>Residence</b>										
% Rural	11.2	28.9	17.4	28.5			0.0	14.9	15.5	30.5
<b>Mean Education</b>										
			11.6	10.9	7.0	8.3	8.8	5.5	11.8	11.5
<b>Religious Preference</b>										
Protestant	56.5	65.8	49.2	61.4			2.8	16.5	56.3	63.3
Catholic							93.0	78.9		
Jewish	11.3	3.2	12.4	3.4					13.4	4.0

a Results based on weighted data.

b Only differences significant at the p < .05 level are reported

F=Florida

C=Core

typically 50% of women are unmarried (widowed, divorced, or separated) and most live alone. Most men of that age are married, living with their (generally younger) wives. By 2050 we may see evidence of a narrowing in mortality differences between men and women, with five women to three men in the oldest-old (85+) group.<sup>2</sup> Table 3.6 lists the racial/ethnic breakdown of the Florida population age 65+ projected from 1990 to 2050.

Gender and racial gaps in life expectancy from birth persist. In the U.S. there were three elderly females to every two males in the 65+ age group in 1994. In 1995, there were 60 men of age 65+ for every 100 women. The disparity grows with age due to higher male mortality. In 1995 there were five

women to every two men in the 85+ age group. Male mortality is projected to be more favorable in the future.<sup>2</sup>

Table 3.5

**FLORIDA'S ELDERLY POPULATION, BY MARITAL STATUS, BY AGE GROUP (AHEAD)<sup>a</sup>**

Typical Older Adult in Florida oversample versus the rest of the AHEAD sample, Percentages:

Ages	65 to 74		75 +	
	FL	Core	FL	Core
<b>Marital Status</b>				
Married	62.5	61.9	50.9	42.8
Widowed	28.5	28.6	42.1	48.9
Divorced/ Sep.	6.3	6.4	5.1	4.8
Single	2.7	3.0	1.8	3.5

a Results based on weighted data.

Table 3.6

**FLORIDA’S ELDERLY POPULATION, BY RACIAL/ETHNIC COMPOSITION**

**Florida’s Elderly Population, by Racial /Ethnic Composition, 1990-2050, In Thousands, and Percents:**

Year	White	African-American	Hispanic	Other
1990	2073 87%	126 5.3%	176 7.4%	8 0.4%
2000	2199 85.8%	142 5.5%	204 8.0%	19 0.7%
2020	3215 81.7%	290 7.4%	349 8.9%	79 2.0%
2050	5022 70.5%	802 11.3%	1005 14.1%	295 4.1%

Source: Bouvier & Weller. 1992, *Florida in the 21st Century*.

In 1990, the ratio of older women to men in Florida in the age 65+ population was 135 women for every 100 men.<sup>1</sup> Approximately 42% of the elderly in the state were age 75+. For those in that age group, the ratio was 153 women for every 100 men. This number is projected to remain stable or increase only slightly in future years due to the continued in-migration of younger retirees into Florida — which will counteract the national pattern.<sup>1</sup>

Florida’s population will continue to grow, but the age ranges and ethnic composition of the elderly population will continue to change in the coming years. There will be more age 75+, and a greater percentage of African-Americans and Hispanics. Despite this, the elderly population will remain overwhelmingly white, while the rest of the state population becomes increasingly diverse. Diversity in the state is not uniform either—soon southwest Florida is projected to have no majority racial population group.

**4 FAMILY ISSUES**

The marital status and family arrangements of the elderly depend on mortality as well as historic marriage patterns. Women have greater life expectancy, and they usually marry older men. Elderly men are twice as likely to be married as women. In 1990, 64% of elderly men were married compared with 31% of elderly women.<sup>2</sup> The difference is due largely to the gender gap and to age differences between spouses, but it is also due to the fact that men remarry after divorce and widowhood much more than women. Thus, the landscape of old age is heavily populated with widowed elderly women who live their most vulnerable years alone. Continued projections point to this being a trend for the foreseeable future despite improvements in mortality rates for men. As the Baby Boom cohort retires, its lifetime marriage experience—higher rates of divorce and lower marriage rates—will change the marital profile of the elderly population.

There is no precedent for the experience of this generation of middle-aged and elderly having living parents. The older women typically have primary responsibility for the care of frail relatives while adjusting to their own retirement, reduced income, and widowhood. As medical technology increases longevity, we can expect to see many elderly daughters caring for their parents, the oldest-old with chronic illness and co-morbidities. This will increase the need for long term care and social services.

Table 4.1

**FAMILY STRUCTURE AND ARRANGEMENTS (AHEAD)<sup>a</sup>**

Typical Older Adult in Florida Oversample Versus the Rest of the AHEAD Core Sample.

	Florida	Core
Number of Children	2.4	2.6
Number of Grandchildren	5.2	5.9
Grandchildren live with respondent (>1 yr) (%)	7.92	9.79
Number of Siblings	1.8	2.0
Sisters*	1.0	1.2
Brothers	.87	.82
If needed, is a relative available to provide assistance in future?	48.9	51.0
If respondents have living parents		
% Mother	1.65	1.81
% Father	0.21	0.20

a Results based on weighted data

\* p < .05

Florida's large growing population of elderly is considered the "bellwether" of the nation's elderly growth, and as such its leaders have an important stake in assessing the makeup of the family structure of its retirees. Where there is a lack of family and friends to support the elderly, comes a call for the community and state to meet the needs.

Some data about family structure from the AHEAD household and respondent files indicate in Table 4.1 that Floridians and those in the core sample of AHEAD look remarkably similar. This is in conflict with many commonly held ideas about older Floridians. There are similarities between Floridians and

those in the AHEAD core in numbers of children (2.4 vs. 2.6), number of grandchildren (5.2 vs. 5.9), and number of siblings (1.8 vs. 2.0), noting that the only significant difference is that Floridians have fewer sisters (1.0 vs. 1.2).

We note the influence of helpers in the network of family and friends who assist elders in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Table 4.2 examines network and family characteristics in AHEAD. Significantly, Floridians are more likely to have spouses as helpers, thus alleviating some of the need for other helpers, and they have significantly fewer children living within 10 miles (35.2% vs. the core's 53.7%). The core has a significantly larger average family network size, and uses a greater range of helpers for both ADLs and IADLs (henceforth when written together as I/ADLs).

Table 4.2

**COMPARISONS IN NETWORK AND FAMILY CHARACTERISTICS (AHEAD)<sup>a</sup>**

Characteristics	Florida (n = 1088)	Core (n = 7135)
<b>Helpers with I/ADLs</b>		
% Spouse	13.9*	10.7
% Children	2.1**	4.4
% Other Household Members	1.2*	2.7
% Other Individuals/Organizations	5.6**	9.5
<b>Household Characteristics</b>		
Mean Household Size <sup>b</sup>	0.8	0.8
% Living Alone	34.7	37.7
Mean Family Network Size	9.9**	11.0
Mean Number of Children	2.4*	2.6
Mean Number of Children Living in Household	0.1**	0.2
% Having at Least One Proximate Child	35.2**	53.7

a Results based on weighted data

\* p < .05

\*\* p < .01

b Respondent not counted.

Question asks "Who else lives in the household?"

In table (4.3) we note racial/ethnic comparisons of the family and network characteristics. Since African-Americans are least likely to be married, they receive the most help from children, followed by others/organizations. They have large networks and family size, and have a high percentage of at least one proximate child. There were no significant differences for African-Americans across the samples for family size, but there were differences approaching significance in network size. In addition, African-Americans in Florida have larger networks and more children than in the core, and the highest percentage living alone. Hispanics are significantly more likely to have a spouse and children as helpers, have the largest family and network sizes, and the

smallest percentage living alone. Hispanic Floridians and those in the core differ greatly on the mean numbers of children, family and network size. This may be due to two different Hispanic cultures — Mexican-Americans in the core may have larger families and kin networks than do the Cuban-Americans in Florida.

In Table 4.4 we compare family and network characteristics by gender and between Florida and the core. Here the helper differences are more predominant across samples for the women than the men. Every subgroup has differences of proximity across the samples. Core females (due in part to having significantly fewer spouses) are more likely to have assistance from other household members, have more proximate children, and larger network size. Florida men, similar to those in the core, do not get much help from

**Table 4.3**  
**RACIAL/ETHNIC COMPARISONS IN FAMILY AND NETWORK CHARACTERISTICS (AHEAD)<sup>a</sup>**

Family/Network Factors	African-American		Hispanic		White	
	F (n=75)	C (n=1026)	F (n=91)	C (n=396)	F (n=915)	C (n=5613)
<b>Helpers with I/ADLs</b>						
% Spouse	7.7	8.6	24.0	13.0*	13.3	10.9
% Children	12.7	6.9	6.2	17.4*	1.0	3.3*
% Other Household Members	5.0	5.4	0.0	4.3	1.2	2.2
% Other Individuals /Org.	10.8	15.1	15.9	12.6	4.3	8.6*
<b>Household Characteristics</b>						
Mean Household Size <sup>b</sup>	1.2	1.1	1.2	1.5	0.8	0.8
% Living Alone	49.3	38.4	26.7	32.1	34.7	37.9
Mean Family Network Size	14.8	11.6	8.8	19.7*	9.7	10.5*
Mean Number of Children	3.6	2.8	1.9	4.3*	2.4	2.5
Mean Number of Children Living in Household	0.4	0.1	0.2	0.4*	0.09	0.13*
% Having at Least One Proximate Child	67.9	70.9	70.0	76.3	30.2	50.3*

a Results based on weighted data  
 b Respondent not counted  
 \* p < .05  
 \*\* p < .01  
 F Florida (AHEAD)  
 C Core (AHEAD)

Table 4.4

**GENDER COMPARISONS FOR FAMILY AND NETWORK CHARACTERISTICS (AHEAD)<sup>a</sup>**

Family/Network Factors	Men		Women	
	F (n=656)	C (n=4549)	F (n=432)	C (n=2596)
<b>Helpers with I/ADLs</b>				
% Spouse	7.7	4.5*	22.3	20.9
% Children	3.0	5.7*	0.9	2.1
% Other Household Members	1.3	3.2*	1.1	1.8
% Other Individuals/Organizations	7.8	11.8*	2.7	5.8*
<b>Household Characteristics</b>				
Mean Household Size <sup>b</sup>	0.7	0.7	0.9	1.1
% Living Alone	44.0	48.1	22.0	20.4
Mean Family Network Size	9.5	10.7*	10.5	11.5
Mean Number of Children	2.3	2.5	2.6	2.9*
Mean Number of Children Living in Household	0.1	0.2*	0.1	0.2*
% Having at Least One Proximate Child	40.0	55.9*	28.8	50.2*

- a Results based on weighted data
- b Respondent not counted
- \* p < .05
- \*\* p < .01
- F Florida (AHEAD)
- C Core (AHEAD)

other different types of helpers, as they are most likely to receive assistance from spouses.

The size of family and networks is a critical issue when older individuals become frail and have increasing limitations. It can mean the difference between aging in place with “a little help from their friends” and the need for institutionalization. As noted, Floridians depend more on their spouses and other individuals/organizations for assistance with I/ADLS than other elders. Upon widowhood, they will be looking for more assistance from other individuals and organizations due to geographic distance from many of their kin, or else may be forced to migrate to where those family members reside. Of the 35% of Floridians living alone, where there are no relatives available, the community and state may become the caregiver of last

resort in order to maintain the elderly person. The state must begin to address the issue of unmet needs for services for the elderly that exist currently, and how the burgeoning population of the oldest-old (85+) will likely increase that level of unmet need over the next 10-15 years. Add to that equation the aging Baby Boom cohort and you have an inkling of the enormous potential demand for long-term care services facing the state of Florida.



## 5 FINANCIAL ISSUES

The elderly as a group have benefited from changes in federal policies, Social Security, and pensions, and from favorable economic conditions. Thus, their median income has increased significantly in recent decades. In 1966 the poverty rate for all elderly was 29% compared with today's current rate of 12%. Median income of households headed by persons 65+ increased 69% between 1964 and 1984.<sup>2</sup> The parents of the Baby Boom generation have income that economically outperformed preceding cohorts by substantial margins.

For subpopulations of the elderly, primarily unmarried (divorced, separated, single and widowed) women,

and women of other races/ethnicity, the picture is not a rosy one. The current income disparities by sex among the elderly are significant. Median income of all groups of unmarried persons, both unmarried men and single, divorced and widowed women lagged far behind married couples as is evident in Table 5.1.<sup>10</sup>

In future cohorts of elderly, the increasing labor force participation and duration of worklife of women may improve their future retirement incomes and narrow the gap somewhat. Projections are for strong growth in income for the young elderly ages 65-74 between 1990 and 2010. These elderly benefited from the strong economic growth of the 1960's and 1970's. This fact holds true for that group well into their eighties in 2030. Between 2010 and 2030, unmarried women will show a big percentage jump in median income, but their absolute dollars will still lag behind those of married couples and single men.<sup>10</sup>

In Table 5.2, we collapse the highest category of income to a maximum of \$200,000 (to avoid skewing data). This changed 38 individual's income in the core, and 5 individuals in the Florida oversample. Florida and the core had few differences in the components of networth. Only value of home/apartment, checking, bonds, and other assets were significantly different. Since these data reflect the entire sample, later analysis of the subgroup level of income quartiles in this chapter may present a different picture.

The family and network characteristics across the varied incomes in AHEAD are listed in table 5.3, as per a

Table 5.1  
**PROJECTED IN REAL MEDIAN INCOME (U.S.), BY MARITAL STATUS, AGE AND GENDER**

Real Median Income in the United States, by Marital Status, Age and Gender.			
	1990	2010	2030
<b>Married Couples</b>	\$15,500	\$24,400	\$36,700
65-69	17,300	28,200	40,100
70-79	15,000	23,900	37,800
80+	12,600	16,200	29,100
<b>Unmarried Men</b>	\$7,200	\$10,900	\$16,900
65-69	8,400	14,700	18,200
70-79	7,600	11,800	17,900
80+	6,300	8,500	14,400
<b>Unmarried Women</b>	\$6,000	\$8,100	\$12,000
65-69	6,300	10,100	15,000
70-79	6,200	8,400	13,700
80+	5,600	7,300	11,500

Source: Urban Institute, 1990 *The Needs of the Elderly in the 21st Century*, DYNASIM model. Numbers rounded to nearest hundred. [Baseline, 1988 assumptions]

Table 5.2

**DATA ON INCOME AND ASSETS (AHEAD)<sup>a</sup>**

Typical Older Adult in Florida oversample versus the rest of the AHEAD core sample.

	Florida	Core (AHEAD)
<b>Family Income</b>	\$22,676	\$22,000
<b>Household Income</b>	25,705	25,533
<b>Social Security (annual)</b>	7,679	7,658
<b>Total Assets:</b>		
Value Home/Apartment	71,639	116,508*
Value Real Estate (other)	89,906	121,801
Transportation assets	7,202	7,230
Checking	28,246	22,932*
IRA's	45,329	50,828
Stocks	156,937	125,545
Bonds	166,216	89,395*
CD's	48,254	42,919
Other assets	28,483	25,117*
Debts	5,681	7,021
Mortgage debt	5,729	3,938
<b>NETWORTH</b>	\$179,312	\$182,939

a Results based on weighted data

\*p < .05

request from the Florida Department of Elder Affairs. In both Florida and the core, those in the lowest income category are the least likely to have a spouse. They depend increasingly on other individuals and organizations for help. Those in every quartile of the core have a greater likelihood of a proximate child living near them.

Table 5.4 examines average income by gender and race/ethnicity. In all cases, males have higher income than females, and the oldest age groups have the least income. Florida males have greater income than core males in the youngest categories, from ages 70 to 84; but in the oldest-old category (85+), the core sample's income is higher. Florida females are poorer than the core in both youngest and oldest age groups, but not in the 75-84 age group.

Table 5.3

**INCOME COMPARISONS FOR FAMILY AND NETWORK CHARACTERISTICS (AHEAD)<sup>a</sup>**

	Less than \$9,000		Between \$9,000 and \$15,768		Between \$15,769 and \$27,000		Greater than \$27,001	
	F (n=239)	C (n=1795)	F (n=290)	C (n=1789)	F (n=262)	C (n=1843)	F (n=297)	C (n=1708)
<b>Helpers with I/ADLs</b>								
% Spouse	4.8	4.6	16.0	11.8	15.1	13.5	18.3	12.9
% Children	5.5	10.9*	1.2	3.9	1.4	2.1	1.0	0.3
% Other Household Members	2.9	5.6	1.7	2.9	0.4	1.6	0.0	0.4
% Other Individuals/Organizations	13.5	16.2	5.2	10.1*	2.6	6.3	2.3	5.2
<b>Household Characteristics</b>								
Mean household Size <sup>b</sup>	0.8	0.8	0.8	0.8	0.8	1.0	0.9	0.9
% Living Alone	54.2	53.2	41.1	46.6	27.0	27.7	19.4	22.3
Mean Family Networth Size	10.7	12.2	9.8	11.2*	9.9	10.6	9.6	10.0
Mean # Children	2.6	2.8	2.4	2.6	2.3	2.6*	2.5	2.6
Mean # Children Living in Household	0.2	0.3	0.1	0.2	0.1	0.2*	0.1	0.1
% Having at Least One Proximate Child	50.4	66.2*	41.1	55.5*	32.3	51.5*	21.0	40.9*

a Results based on weighted data

b Respondent not counted

\* p < .05

\*\* p < .01

F Florida (AHEAD)

C Core (AHEAD)

Table 5.4

**COMPARISON OF INCOME BY GENDER, RACE/ETHNICITY, AND AGE GROUP IN AHEAD (in Dollars)<sup>a</sup>**

Typical Older Adult in Florida Oversample Versus the rest of the AHEAD core Sample.

Age Group	70-74		75-85		85+	
	F	C	F	C	F	C
<b>Gender</b>						
Female	22,573	23,053	19,538	17,681	13,277	14,021
Male	26,575	29,569	28,526	25,995	17,329	19,853
<b>Race/Ethnicity,</b>						
African-American	9,674	15,124	10,428	12,774	5,208	9,442
Hispanic	17,135	12,375*	9,798	9,883	7,240	7,529
White	25,966	27,847	25,384	22,444	16,142	17,050

a Results based on weighted data  
 \* p < .05

Florida’s African-Americans are the poorest in nearly every age group comparison. When comparing whites to African-Americans and Hispanics in Florida, whites have the greatest income, followed by Hispanics, then by African-Americans, (with the exception of those aged 75-84 where African-American rank second in income levels). In the core sample that same comparison ranks whites first, then African-Americans, then Hispanics.

In Table 5.5, we examined mean and median income in quartiles from highest to lowest and also analyzed net worth two ways — with and without the value of a home (real estate). Floridians appear to have a greater mean family income in all but the highest quartile, but none are significantly different from those in the core. When you examine the first three quartiles for both Florida and the core, 75% of both samples, the income ranges from \$9,000 to \$200,000. The poorest, those in the

Table 5.5

**COMPARISON OF INCOME AND NET WORTH BY QUANTILES (AHEAD)<sup>a</sup>**

	Florida				CORE			
	Quartile 1	Quartile 2	Quartile 3	Quartile 4	Quartile 1	Quartile 2	Quartile 3	Quartile 4
<b>Income</b>								
N=	(297)	(241)	(269)	(281)	(1,708)	(1,715)	(1,794)	(1,918)
Range	27,001-200,000	16,001-27,000	9,601-16,000	0-9,600	27,001-200,000	16,001-27,000	9,001-16,000	0-9,000
Mean	48,162	21,486	12,796	6,410	51,235	21,428	12,666	6,045
Median	36,000	21,353	12,680	6,564	40,000	20,500	12,500	6,192
<b>Networth minus value of home</b>								
N=	(212)	(214)	(206)	(109)	(1,289)	(1,287)	(1,223)	(987)
Range	135,001-5,199,000	32,001-135,001	6,006-32,000	0-6,005	131,001-12,655,000	33,506-131,000	5,101-33,505	0-5,100
Mean	473,898	76,290	16,318	2,458	442,333	72,750	16,333	1,640
Median	325,000	70,250	15,500	2,050	285,800	68,500	15,000	1,000
<b>Networth</b>								
N=	(48)	(50)	(47)	(52)	(358)	(359)	(360)	(353)
Range	358,001-1,315,000	160,001-358,000	66,001-160,000	0-66,000	325,001-9,655,000	171,001-32,500	82,901-171,000	0-82,900
Mean	724,870	262,118	107,377	30,224	763,567	236,120	123,728	43,120
Median	701,500	266,750	96,440	30,800	521,500	232,500	122,000	47,500

a Results based on weighted data

fourth quartile, have incomes from zero to not much greater than 125% of poverty. Thus, you have a very vulnerable and very poor 25% of the population in both Florida and the core, a fact which is often obscured when one looks at average incomes for the elderly. To refer back to Table 5.4, we also note a very poor African-American elderly population—particularly in Florida.

In discussion of net worth, having analyzed the AHEAD data in two ways—the standard net worth, and the value without the inclusion of the home. We attempt to identify those in our samples who are the “house rich and cash poor” elderly who have little beyond the roof over their heads. In standard net worth the core seem to be wealthier than Floridians in all but the second quartile.

When we factor out the value of the “home/apartment (or condo)” those in both Florida and the core in the upper 50% of assets still have a substantial mean value of assets (>\$72,000) while the lower 50% have considerably lower asset value. We analyze the ranges to tell a fuller story, and for those with the least assets, we note that their net worth ranges from \$0 to \$6,005 for both Florida and the core. Thus, in the fourth quartile we have elderly with no assets at all (who may not own a home)

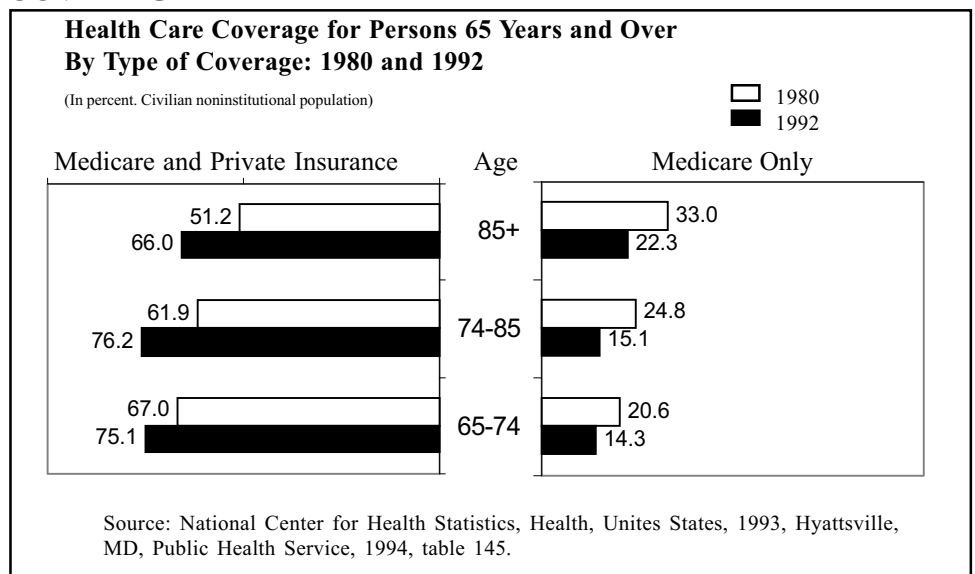
and others with no assets beyond their homes. When we take out the value of their home, Floridians appear to be wealthier than the core when looking at mean and median assets except for the 3rd and 4th quartile when core elders have higher net worth.

In analyzing standard net worth, persons in the core are more likely to be wealthier than Floridians in all but the second quartile. But the most noteworthy result of our analysis is that a number of individuals in both our samples in the lowest quartile appear to be without any assets at all.

## 6 INSURANCE

Health care coverage is available to almost all the elderly through Medicare. For those with overwhelming medical problems and those with low incomes, Medicaid may be available. Figure 6.1 details the national characteristics of elderly persons’ insurance coverage from several national studies, reported from 1980 and 1992 by the National Center for Health Statistics.<sup>2</sup>

Figure 6.1  
**HEALTH CARE COVERAGE FOR PERSONS 65+, BY TYPE OF COVERAGE**



The AHEAD survey included several questions regarding both life and health insurance for older adults. As we know already, most older adults are covered by Medicare, Parts A and B. In comparing the Florida Sample against the AHEAD Core (Figure 6.2), we find that this is true for both groups, but with some significant differences. Some 97% of older adults nationwide are covered by Medicare Part A (hospital/surgical coverage) compared to 96% of older Floridians, and the difference is significant. Interestingly, the picture reverses with Medicare Part B (major medical, optional coverage). In this case, 95% of older Floridians are covered by Medicare B, while 93% of their nationwide peers take advantage of Medicare B.

There appear to be few differences in the types of other kinds of health insurance (Figure 6.3) coverage by the Florida sample and the AHEAD core. Approximately equal numbers have Medicaid

Figure 6.2  
**MEDICARE COVERAGE (AHEAD)**

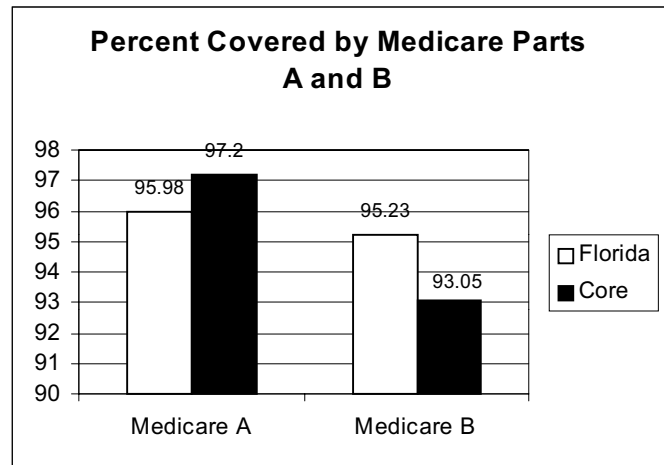


Figure 6.3  
**OTHER TYPES OF HEALTH INSURANCE (AHEAD)**

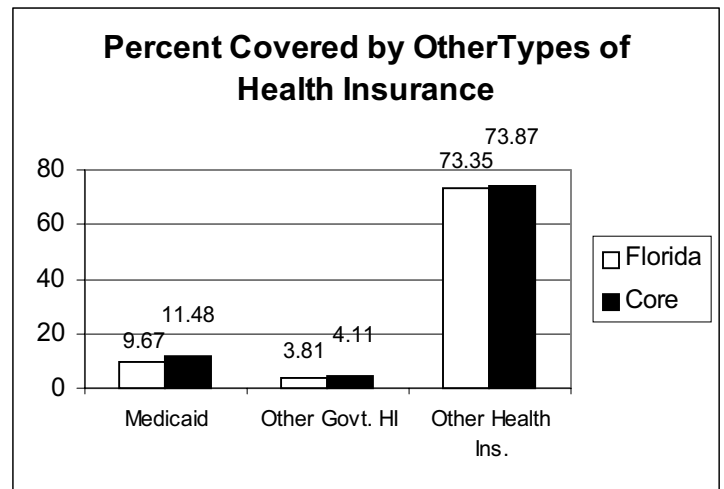
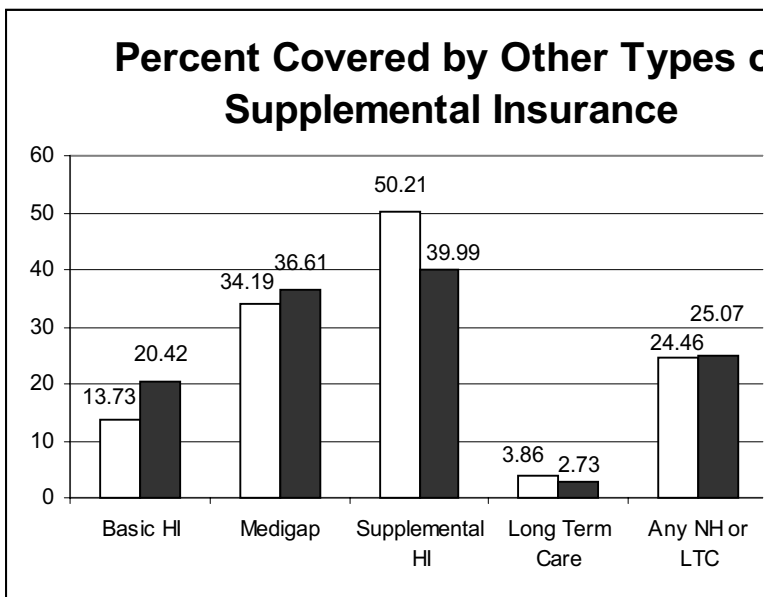


Figure 6.4  
**OTHER TYPES OF SUPPLEMENTAL INSURANCE (AHEAD)**



(10%-Florida; 15%-Core). For government insurance (Champus) and other insurance, the percentages are similar for both samples.

This picture changes, but only slightly when examining the different types of supplemental insurance held by both groups (Figure 6.4). For example, significantly more core respondents (20.4%) have basic health insurance compared to 14% of older Floridians. This is also true of

other types of supplemental health insurance. On the other hand, there is no significant difference between the two groups on the percent covered by Medigap policies, long term care insurance, or any insurance policy that contains long term care or nursing care provisions.

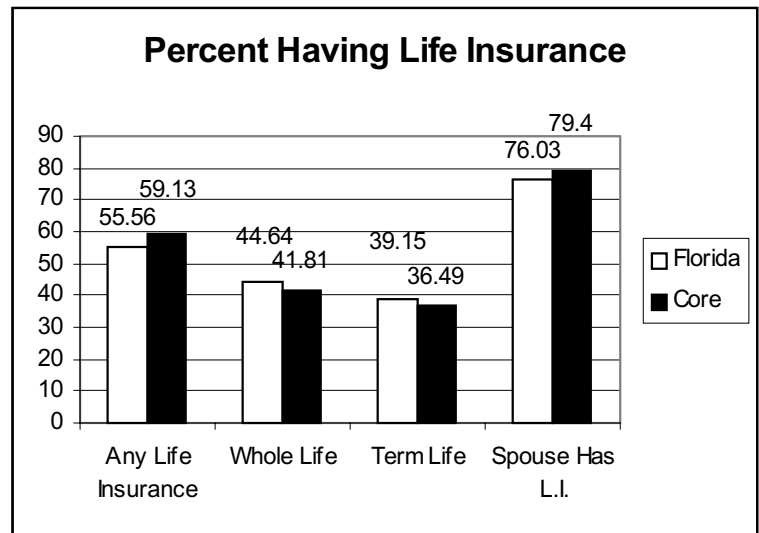
There is a significant difference, however, in the amount of money paid out of pocket for all types of supplemental health insurance. The average amount paid out by the Florida sample is \$535.53, where the average for the core is \$337.24 per year. As there were few differences in the percent having most types of supplemental insurance, the implication for older Floridians having such insurance is 60% more costly than for the AHEAD core sample.

### LIFE INSURANCE

Several questions are asked regarding whether older adults are covered by life insurance; and if they are, what kind? There is no difference between the two groups. We note that, of those with spouses, older Floridians are less likely to report the spouse also has life insurance than older adults in the core sample.

In terms of insurance, then, there appears to be very little difference between either health or life insurance coverage between the Florida sample and the AHEAD core. The only remarkable finding is the disproportionate coverage by term life insurance in older Floridians, a curiosity that may deserve further investigation. (Figure 6.5)

Figure 6.5  
LIFE INSURANCE



## 7 HOUSING

Where and how the elderly live can be a critical part of their economic comfort or insufficiency. For those who own their homes and have little or no mortgage, life on a fixed income can include many opportunities. For the elderly who do not own, but rent, a large number struggle each month to keep both a roof over their heads and food on the table. National statistics from the 1990 census identify 77% of all elderly as homeowners. The AHEAD data notes that the average mortgage for housing for those 70 and above is \$3,900 for those in the core and \$5,700 for Floridians (Table 5.2).

African-Americans and Hispanics have slightly lower rates of home ownership, 50% and 67% respectively. Of those who rent, 21% are married, 18% are single males, and 61% are single (or no longer married) females. Single female renters on average pay 32% of their income for housing. Older women pay an even higher percentage of their monthly income to keep a roof over their heads.

Floridians have newer housing than those in the core. Large numbers of elderly live in standard-built homes built in the Post WWII boom, and their homes are, on average, 40 years old. The older the home, the more likely the resident is to face housing problems with maintenance, plumbing, heating, and cooling, plus additional safety problems and barriers to modifying the environment of their homes for a more secure old age.

Although the majority of the elderly live in single-family homes (Figure 7.1), mobile homes are a choice of housing for the elderly, particularly in the south. Floridians have embraced the mobile home living concept in large numbers. The AHEAD data indicates that 18% of Floridians versus 5% of the core live in mobile homes. Floridians also live in large numbers (24%) in communities reserved primarily for those 60+ (Table 7.1). Over 7.3 % of Floridians who live in retirement communities, live in ones that are also mobile home communities, compared with 1% of the core.<sup>11</sup>

In regard to housing conditions and safety within the home, those in Florida have newer homes in better condition than those in the core. The majority of Floridians and core report their home safety as excellent or very good (figure 7.2). The primary safety device in the home for Floridians is the fact that the

Figure 7.1  
HOUSING TYPE (AHEAD)

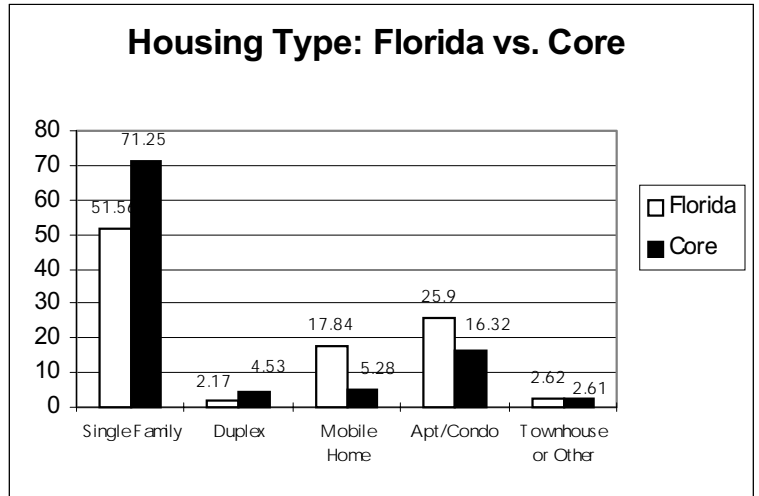


Table 7.1  
HOUSING ACCOMMODATIONS (AHEAD)

Typical Older Adult in Florida oversample versus the rest of the AHEAD core sample (\* indicates significance at the p<.05).

	Florida	Core (AHEAD)
<b>Type of Housing*</b>		
Single family	52	71
Duplex	2	5
Mobile home	18	5
Apartment/Condo	26	16
<b>Home is 10 years or more old</b>	60	75
<b>Accommodations</b>		
Single story*	70	57
# Rooms*	4.8	5.3
Elevator*	49	18
Ramp	9.4	7.8
Railings	7	11
<b>Condition of Home [E, VG]*</b>	34.4	22.3
<b>Own or Rent home*</b>	83	79
<b>Ownership of residence</b>		
Respondent (or spouse)	85.8	84.8
Children*	75.2	72.2
Other*	24.8	27.8
<b>Mortgaged</b>	22	14
<b>Live in a 60+ Community</b>	24	9

## 8 HEALTH

living space is one story. Nearly 30% of both Floridians and core have grab bars in the bathroom (figure 7.3).

Figure 7.2  
HOUSING CONDITIONS (AHEAD)

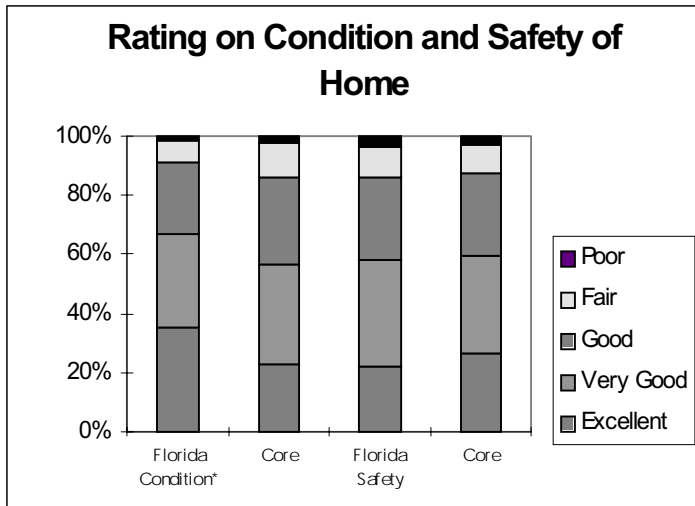
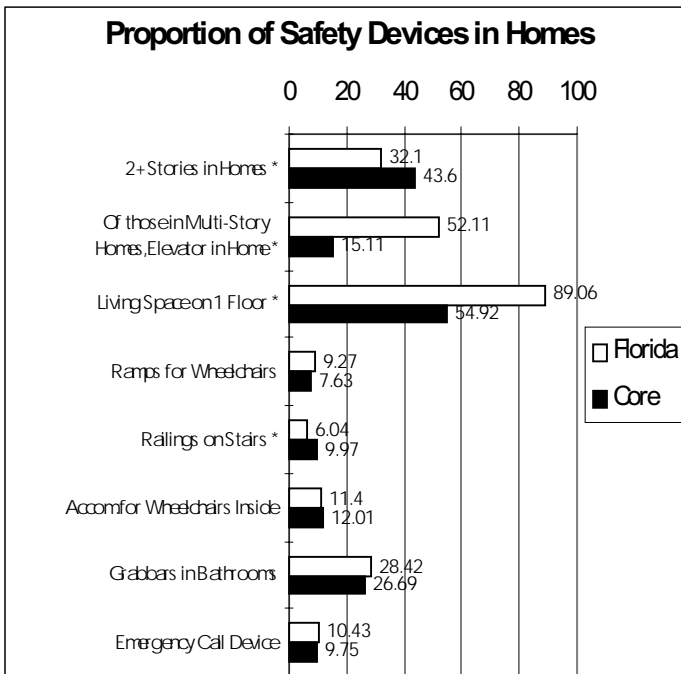


Figure 7.3  
SAFETY DEVICES IN HOMES (AHEAD)



Most studies of the health of older adults have generally found that disease presence increased somewhat in the 1970's, and began to decrease in the 1980's. "Killer" diseases such as heart disease, stroke, and cancer seem to be decreasing, but the story surrounding disabling chronic conditions, such as arthritis, diabetes, and hypertension, is more complicated. The current state of health in the nation's elderly population 65+ is summarized in Table 8.1, using the 1991 current estimates from the National Health Interview Survey.<sup>2</sup>

Table 8.1  
CURRENT DISEASE ESTIMATES IN THE 65+ U.S. POPULATION (Percentages)

Health Status, Disease Estimates in the U.S. Population, 65+.

	Males	Females
Arthritis	42.9	55.4
Cerebrovascular disease	5.3	6.1
Chronic Bronchitis	5.2	6.7
Diabetes	10.7	9.7
Emphysema	6.8	2.9
Heart Disease	36.1	29.9
Hypertension	31.9	39.6
Orthopedic Impairments	15.4	17.4
Vision Problems	9.2	7.6
Hearing Problems	35.4	23.8

Source: 1994 National Health Interview Survey

In the AHEAD data we have self-reported health data as is seen in Table 8.2. For health care utilization, there are no significant differences in hospital stays, nursing home stays, the number of doctor visits, outpatient surgeries, or number of medicines taken.

Table 8.2

**HEALTH MEASURES (AHEAD)**

Typical Older Adult in Florida oversample versus the rest of the AHEAD core sample. (\*indicates significance at the p<.05)

	Florida	Core
Self-reported health (fair or poor)	33	36
Number of times in hospital in the past year	1.6	1.6
Number of times seen doctor in the past year	5.9	5.5
Number of days in bed (month)	8.5	8.3
Seen the dentist in the last year	48.3	45.4
Number of R <sub>x</sub> Drugs	3.2	3.2

as to whether or not older adults in Florida are any healthier than their nationwide counterparts. As there are many components to the health of older adults, including diseases, chronic conditions (many as a result of disease), and functioning ability, we will examine them as separate issues.

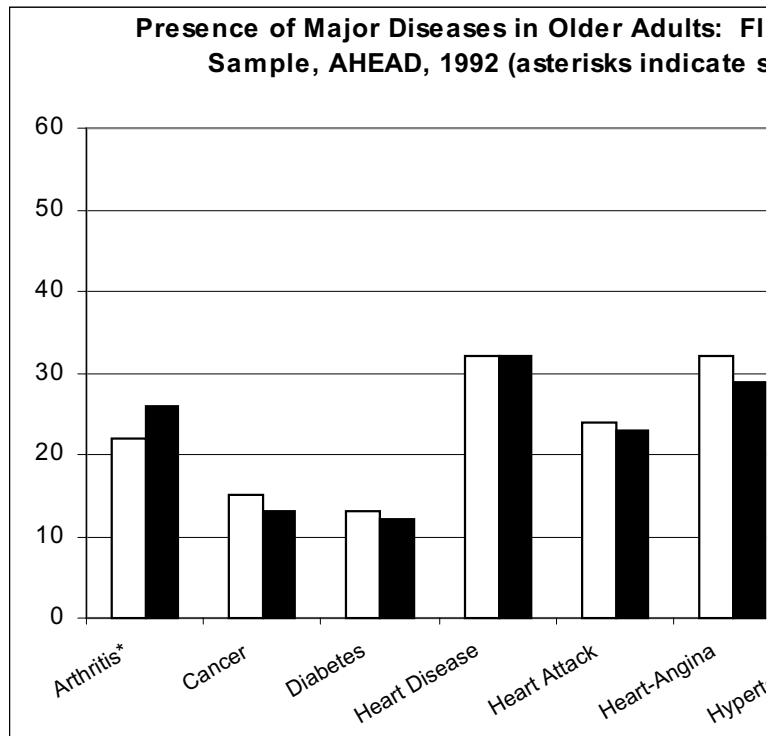
**PRESENCE OF DISEASE**

The AHEAD survey asks several questions about the presence of diseases in the study sample. Most of the questions are phrased in the manner of “has a doctor told you in the last year that you have ...” or “have you seen a doctor in the last year for...” Figure 8.1 displays the comparison of Florida residents versus non-Florida residents on the major disease categories surveyed.

Conventional wisdom holds that the older adults who retire to Florida are relatively healthy compared to older adults who do not move to Florida. Policy questions arise, however, when we consider the number of older adults who grew up in Florida, as well as previous decades’ retirees who have been aging in place in this state. There is a real question

Figure 8.1

**PRESENCE OF MAJOR DISEASES (AHEAD)**



In nearly every case of disease presence, older Floridians appear to have lower levels of disease than do older adults nationwide. In only two cases, however, are these differences statistically significant — Floridians have lower levels of arthritis and hypertension. In four cases, cancer, diabetes, heart attack, and angina, Floridians have higher levels of disease presence; but these differences are too small to be able to say that older Floridians suffer more of these diseases than do other older adults. Both samples had relatively low depression scores. Floridians have a slightly higher prevalence of prostate cancer.

In some cases, we have measures of the aftermath of these diseases. For example, we are given information on how many older adults have problems remaining after a stroke. Levels of the presence of stroke in older Floridians were not significant, neither are levels of problems left behind due to strokes. In

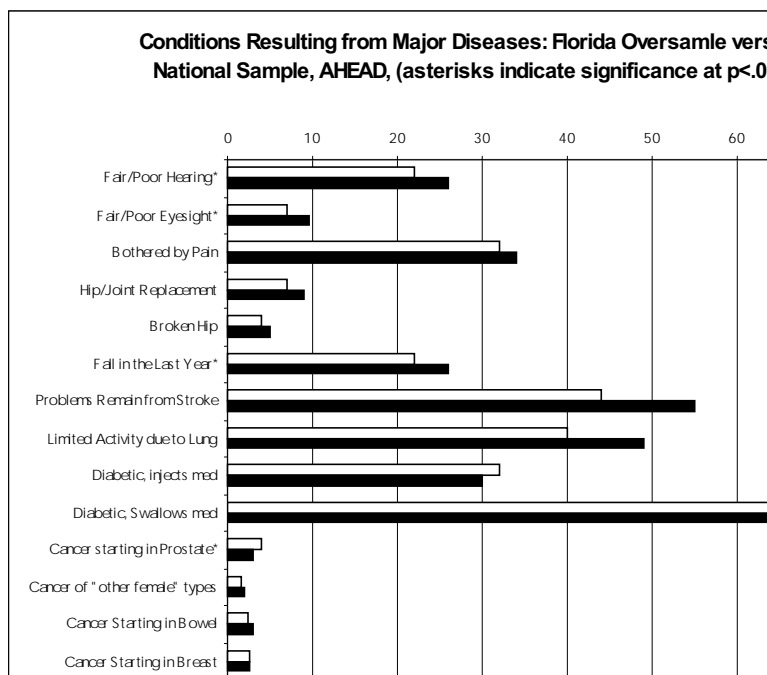
both cases, older Floridians do have slightly lower levels, but again, not reliably different. In addition, there is a measure that asks if the older adults suffers limitations in daily activities due to having had lung disease. Similar to the stroke measures, neither the presence of lung disease, nor lingering problems after a lung disease, are different between older Floridians and their nationwide peers.

### CHRONIC CONDITIONS

Several chronic conditions also are surveyed by the AHEAD data. Eyesight, for example, is examined by asking whether the older adult uses eyeglasses, and then even with the eyeglasses, how is your eyesight (excellent, very good, good, fair, poor); a similar measure is included for hearing with and without hearing aids. Figure 8.2 presents the results of these and other questions about chronic conditions.

Figure 8.2

### CONDITIONS RESULTING FROM MAJOR DISEASES (AHEAD)



In the cases of eyesight, hearing, and the incidence of falls in the last year, older Floridians appear to have a distinct advantage compared to older non-Floridians. This is also the case with being bothered by pain, having a hip or joint replacement, or a broken hip. Considering the fact that there are few diseases in which older Floridians and non-Floridians differ, a reasonable conclusion might be that older Floridians receive better overall health care than older non-Floridians. There are many

factors involved in the incidence and treatment of these conditions and, indeed, they may well interact. If eyesight and hearing are poor, for example, we might well expect the incidence of falls to be greater; falls, of course, are likely to be highly associated with hip and joint replacements, as well as broken hips.

**DAILY FUNCTIONING**

In terms of functioning in the home or community, the measures used in the AHEAD survey are among standard measures for activities of daily living (ADLs): walking, eating, bathing, dressing, transfer, toileting, and instrumental activities of daily living (IADLs): money management, using the telephone, preparing meals, shopping for groceries, taking medication.<sup>12</sup> These are the true tests of function and the leading justification for institutional care. The ADL questions in AHEAD that we used are:

- Does anyone ever help you:
1. Walk across a room?
  2. Dress, including putting on shoes and socks?
  3. Bathe or shower?
  4. Eat, such as cutting up your food?
  5. Get in and out of bed?
  6. Use the toilet, including getting up and down?

The IADL questions in AHEAD include: Are you able to:

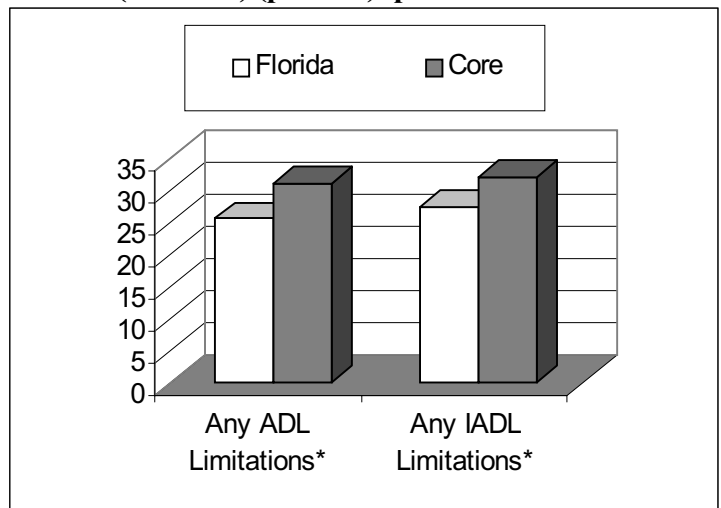
1. Prepare hot meals without help?
2. Shop for groceries without help?
3. Make telephone calls without help?
4. Take medications without help?
5. Manage your own money without help?

Figure 8.3 compares the rates of having any ADL or IADL impairment between older Floridians and the core. In both cases, older Floridians have lower levels of impairment.

In both ADLs and IADLs, Floridians had lower levels of impairment by approximately 5% (table 8.3). Nevertheless, fully 75% of Floridians and approximately 70% of the core had no functional limitations at the time of AHEAD’s surveys in 1993-94. It remains to be seen what the statistics will show as a rate of change from that time to the Wave 2 surveys and to present day.

In looking at specific differences in ADLs, only walking, dressing and bathing were significant between

Figure 8.3  
**COMPARISON OF ADL AND IADL LIMITATIONS (AHEAD) (percent)\*p<.05**



Florida and the core. In IADLs (Table 8.4) only grocery shopping and money management were significant. People who lived alone in the core sample were more likely to have ADL limitations than those who do not live alone

(33.2% vs 28.4%), ( $p < .001$ ), which is not the case for those in the Florida oversample. Those who live alone were less likely to have IADL limitations than others, both in Florida and in the core. Yet when we analyzed the difficulty question — as in how much difficulty did each individual have with each ADL — only one was significant, Floridians had less difficulty in dressing than did those in the core.

Table 8.3 examines health variables between Floridians and the core; again those in the Florida oversample have significantly fewer I/ADL limitations by 5%. Table 8.4 discusses 11 specific I/ADL limitations between Florida and the core. As noted previously, there are significant differences between the two samples in walking, dressing, bathing, grocery shopping, and money management. Table 8.5 details the demographic characteristics of those with ADL limitations. As noted, the mean

Table 8.3  
**COMPARISON OF HEALTH VARIABLES (AHEAD)<sup>a</sup>**

	Florida (n=1,088)	Core (n=7,135)
<b>Health Characteristics</b>		
% Having any ADL Limitation	24.6**	30.2
% Having any IADL Limitation	25.4**	30.6
Mean Number of Functional Limitation	1.2**	1.4
Mean number of Medical Conditions	1.9	1.9
% Having a cognitive limitation	32.8*	38.1

a Results based on weighted data.  
\*  $p < .05$   
\*\*  $p < .01$

Figure 8.4 examines specific ADL difficulties between Floridians and those in the AHEAD core. Figure 8.5 shows IADL tasks and compares difficulties between Floridians and those in the AHEAD core.

Table 8.4  
**COMPARISON OF SPECIFIC ADL AND IADL LIMITATIONS (AHEAD)<sup>a</sup>**

%Respondents Having Each I/ADL											
	Walk	Dress	Bathe	Eat	Bed	Toilet	Meal	Groc	Phone	Medicine	Money
Florida	19.3**	10.2*	9.0**	4.6	8.1	4.0	8.5	14.7*	3.8	3.7	14.7*
Core	24.0	13.4	12.8	5.5	9.5	4.8	9.5	18.6	5.4	5.1	18.1

a Results based on weighted data.  
\*  $p < .05$   
\*\*  $p < .01$

age of those with ADL limitations is between 79.4 and 81 with the mean number of ADLs + IADLs ranging from 3.7 to 6.3. And finally, Table 8.6 examines all I/ADL limitations and shows percentages of respondents having each. It also examines the limitation by Florida/core, gender and race/ethnicity.

In table 8.7 the comparison of health variables by gender is detailed. Most notable is that more women across the board have limitations. However, in the Florida sample there are fewer differences between the genders suggesting a more similar health status.

Table 8.5

**DEMOGRAPHIC CHARACTERISTICS OF PEOPLE WHO HAVE SPECIFIC ADL LIMITATIONS<sup>a</sup>**

Demographic Characteristics	Walking (n=1,912)	Dressing (n=1,066)	Bathing (n=1,005)	Eating (n=425)	Getting out of Bed (n=783)	Toileting (n=382)
<b>Mean Age</b>	79.8	79.4	80.4	81.0	80.0	80.2
% Female	68.8	66.3	70.8	64.0	71.4	72.3
<b>Race/Ethnicity</b>						
% White	72.3	71.1	68.4	70.1	68.8	67.8
% African-American	18.9	18.4	20.4	17.6	18.5	18.3
% Hispanic	7.1	8.7	9.6	10.4	10.2	11.8
<b>Marital Status</b>						
% Married	39.8	43.7	37.7	41.9	41.0	38.2
% Widowed	49.0	46.2	51.5	47.3	47.0	49.7
<b>Residence</b>						
% Rural	25.9	26.0	25.8	19.1	25.4	23.6
<b>Mean Education</b>	9.6	9.5	9.2	9.4	9.2	9.5
<b>Mean Income \$</b>	17,013.7	17,082.3	15,560.7	16,216.4	16,310.7	15,960.2
<b>Mean ADLS +IADLs</b>	3.7	5.0	5.3	6.3	5.3	6.2

<sup>a</sup> Results based on weighted data.

\* p<.05

\*\* p<.01

Table 8.6

**COMPARISON OF SPECIFIC ADL AND IADL LIMITATIONS (AHEAD)<sup>a</sup>**

%Respondents Having Each I/ADL	%Respondents Having Each I/ADL										
	Walk	Dress	Bathe	Eat	Bed	Toilet	Meal	Groc	Phone	Medicine	Money
Florida Total	19.3**	10.2*	9.0**	4.6	8.1	4.0	8.5	14.7*	3.8	3.7	14.7*
Core Total	24.0	13.4	12.8	5.5	9.5	4.8	9.5	18.6	5.4	5.1	18.1
Florida Women	22.3*	11.4	11.2	4.6	9.1	4.7	8.8	18.3	3.4	3.9	13.7
Core Women	27.1	14.3	14.7	5.8	11.1	5.6	10.2	22.7	4.8	5.2	17.5
Florida Men	15.3	8.6	6.1	4.6	6.8	2.9	8.1	9.7	4.2	3.4	16.1
Core Men	18.9	11.8	9.5	4.9	6.7	3.2	8.3	11.6	6.3	5.0	19.3
Florida White	17.9*	9.4*	7.8*	4.4	7.1	3.4	7.8	13.2*	3.0	3.4	14.3
Core White	22.2	12.3	11.4	4.9	8.4	4.2	8.2	16.7	4.1	4.1	16.9
Florida African-Amer.	47.1	22.4	24.0	7.1	29.3*	10.5	13.2	30.6	11.3	6.5	29.3
Core African-American	33.6	18.5	19.9	7.6	13.1	6.8	15.5	27.0	11.1	9.9	22.7
Florida Hispanic	17.7*	11.4	13.1	6.0	6.9*	6.3	12.7	21.7	7.1	5.0	9.5**
Core Hispanic	32.8	20.8	22.0	10.4	18.3	9.8	15.7	31.6	13.8	10.3	31.1
Florida 70-74	13.3	8.9	6.6	3.9	7.5	4.9*	5.9	9.3	2.0	3.2	11.9
Core 70-74	14.2	8.5	7.0	3.0	5.3	2.4	5.1	10.2	2.4	2.3	12.6
Florida 75-79	10.5**	7.2*	7.2	3.3	4.9	2.3	4.7	9.6	3.4	3.6	13.9
Core 75-79	21.8	12.3	11.4	4.3	8.5	4.0	6.6	14.2	4.3	3.8	15.1
Florida 80-84	26.3	14.3	11.6	5.6	10.5	3.6	13.8	22.4	4.7	3.7	18.8
Core 80-84	27.8	15.6	15.5	6.4	11.5	5.8	11.8	23.1	5.9	6.1	20.3
Florida 85+	47.1	14.8*	17.2*	8.2	13.8	5.5	16.9	31.2*	8.9	5.0*	19.2**
Core 85+	51.9	26.3	29.1	14.0	20.8	11.7	24.6	45.6	15.4	14.7	37.5.

<sup>a</sup> Results based on weighted data.

\* p<.05

\*\* p<.01

Figure 8.4

**COMPARISON OF DIFFICULTY WITH SPECIFIC ADL TASKS FL VS CORE (AHEAD)**  
(percent) p<.05

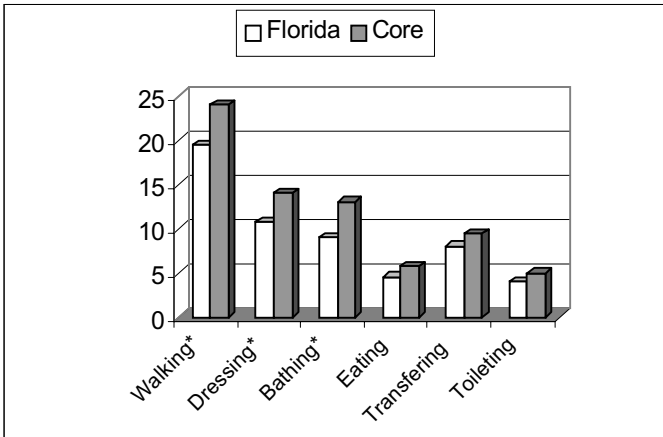
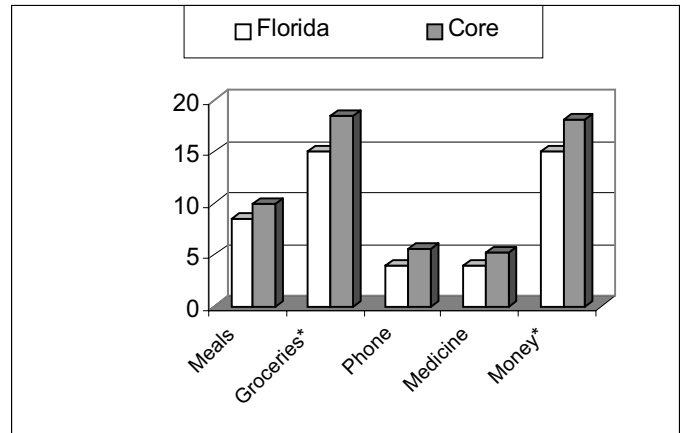


Table 8.8 examines health variables by race/ethnicity. We note that nearly all racial/ethnic differences are significant in the core suggesting that African-Americans and Hispanics are in poorer health than Whites.

Figure 8.5

**COMPARISON OF IADL LIMITATIONS (AHEAD) (percent) p<.05**



In the Florida oversample most Hispanic/other differences were not significant, suggesting a healthier Cuban-American population in Florida than is usually found in Mexican-American Hispanics predominant in the

Table 8.7

**COMPARISON OF HEALTH VARIABLES BY GENDER (AHEAD)<sup>a</sup>**

Health Characteristics	Florida		Core	
	Women (n=656)	Men (n=432)	Women (n=4549)	Men (n=2596)
% Having any ADL Limitation	28.0*	19.9	33.6*	24.6
% Having any IADL Limitation	26.7	23.6	32.4*	27.6
Mean Number of Functional Limitations	1.4**	0.9	1.6**	1.0
Mean Number of Medical Conditions	1.8	1.8	2.0	1.9
% Having a Cognitive Limitations	34.5	30.4	38.9	34.0

a Results based on weighted data.

\* p<.05

\*\* p<.01

Table 8.8

**COMPARISON OF HEALTH VARIABLES BY RACE/ETHNICITY (AHEAD)<sup>a</sup>**

Health Characteristics	Florida			Core		
	White	African-Amer	Hispanic	White	African-Amer	Hispanic
% Having any ADL Limitation	22.9/35.2*	51.1/23.2**	26.0/24.6	28.4/39.5**	39.5/29.1**	41.0/29.8**
% Having any IADL Limitation	24.2/32.7	41.6/24.6	28.2/25.2	28.3/42.5**	40.5/29.4**	49.4/29.8**
Mean Number of Functional Limitations	1.1/1.5**	1.9/1.1**	1.3/1.2	1.4/1.7**	1.7/1.4**	1.9/1.4**
Mean Number of Medical Conditions	1.8/1.9	2.3/1.8*	1.7/1.9	1.9/2.1**	2.2/1.9**	1.9/2.1
% Having a Cognitive Limitation	28.4/59.7**	80.5/30.3**	49.3/31.2**	30.6/70.5**	72.7/32.7**	67.4/35.9**

a Results based on weighted data.

\* p<.05

\*\* p<.01

Table 8.9

**COMPARISON OF HEALTH VARIABLES BY AGE GROUP (AHEAD)<sup>a</sup>**

Health Characteristics	Florida				Core			
	70-74/ Other	75/79/ Other	80-84/ Other	85+/ Other	70-74/ Other	75/79/ Other	80-84/ Other	85+/ Other
% Having any ADL Limitation	16.7/29.6**	16.3/27.9**	33.8/22.2**	53.4/20.6**	19.2/37.0**	27.3/32.2**	35.1/29.0**	60.1/25.6**
% Having any IADL Limitation	18.1/30.1**	21.6/26.9	35.6/22.8**	40.1/23.4**	20.4/37.0**	27.2/32.0**	35.8/29.4**	60.2/26.0**
Mean Number of Functional Limitation	1.0/1.2*	0.9/1.3**	1.4/1.1**	1.8/1.1**	1.0/1.6**	1.3/1.4	1.7/1.3**	2.1/1.3**
Mean Number of Medical Conditions	1.8/1.9	1.9/1.9	2.0/1.8	1.8/1.8	1.8/2.1**	2.0/1.9*	2.1/1.9**	2.1/1.9**
% Having a Cognitive Limitation	22.6/39.2**	30.0/33.9	43.4/30.0**	53.5/30.0**	25.8/42.2**	33.1/38.7**	46.8/34.8**	65.5/32.9**

<sup>a</sup> Results based on weighted data.

\* p<.05

\*\* p<.01

Table 8.10

**COMPARISON OF HEALTH VARIABLES BY INCOME (AHEAD)<sup>a</sup>**

Health Characteristics	Florida				Core			
	Lowest/ Other Q4	Low/ Other Q3	Mid/ Other Q2	High/ Other Q1	Lowest/ Other Q4	Low/ Other Q3	Mid/ Other Q2	High/ Other Q1
% Having any ADL Limitation	35.5/21.5**	25.8/24.2	20.4/25.9	18.2/27.0*	44.4/25.2**	32.2/29.2**	24.1/32.3**	18.3/33.8**
% Having any IADL Limitation	34.3/22.9**	25.1/25.5	23.7/26.0	20.0/27.4	45.7/25.5**	31.6/30.3	24.2/32.8**	20.4/33.8**
Mean Number of Functional Limitations	1.5/1.0**	1.2/1.1	1.0/1.2	0.9/1.2**	1.9/1.2**	1.5/1.3**	1.2/1.5**	0.9/1.5**
Mean Number of Medical Conditions	2.1/1.8*	1.9/1.8	1.8/1.9	1.7/1.9	2.3/1.8**	2.0/1.9*	1.8/2.0**	1.7/2.0**
% Having a Cognitive Limitation	55.9/26.1**	32.4/32.9	21.7/34.6	19.3/37.8**	59.2/29.7**	39.0/36.5	31.0/39.2**	18.3/42.9**

<sup>a</sup> Results based on weighted data.

\* p<.05

\*\* p<.01

core. For African-Americans in Florida, the news is not good; they show lower health scores and a relatively high percentage with cognitive limitations. Whether this shows actual cognitive problems or a cultural bias in the tests remains to be further researched. But the evidence leads us to conclude that African-Americans in Florida are the least healthy of all.

For the different age groups (Table 8.9), not surprisingly, the youngest (70-74) are the least impaired with Floridians less impaired than the core. Conversely, the oldest age group (85+) are most likely to be impaired, and again, Oldest Floridians are less impaired than the core. This is a significant finding with respect to long term care issues for Florida.

We are unable to tell from these data whether this is because of migration patterns or differences in mortality. Table 8.10 compares health variables by income. Those in the lowest quartiles have higher percentages of limitations across both samples with Floridians having less.

The issues raised in Table 8.11 must be addressed in light of policy implications of unmet need. Of those with any ADL limitation, a significant

number of individuals have insufficient or no help at all, although none of the statistics in this table were significant. However, 62.6% of the Floridians and 68.2% of the AHEAD core have unmet needs as of the survey dates of 1993-94. When we look to the tremendous growth of the oldest-old population of aged, and factor in the approaching juggernaut of aging Baby Boomers, you have a currently difficult situation with a significant unmet need about to reach critical proportions within the next decade.

**Table 8.11**  
**COMPARISON OF UNMET NEED OF FLORIDA VS. CORE (AHEAD)<sup>a17</sup>**  
(Percentages)

	Total Sample	Floridians	Non-Floridians	p-Value of $\chi^2$ Statistic
<b>Any ADL Limitation</b>				
Sufficient Help	32.2	37.5	31.8	.362
Insufficient Help	23.2	21.1	23.5	
No Help	44.5	41.5	44.7	
<b>Walking</b>				
Sufficient Help	48.6	51.1	48.4	.333
Insufficient Help	35.0	29.2	35.4	
No Help	16.4	19.7	16.1	
<b>Dressing</b>				
Sufficient Help	27.9	34.5	27.5	.505
Insufficient Help	31.5	28.7	31.7	
No Help	40.6	36.9	40.9	
<b>Bathing</b>				
Sufficient Help	39.4	36.0	39.6	.617
Insufficient Help	32.3	38.3	31.9	
No Help	28.3	25.7	26.4	
<b>Eating</b>				
Sufficient Help	60.5	59.5	60.6	.994
Insufficient Help	23.5	24.3	23.5	
No Help	15.9	15.2	15.9	
<b>Transferring</b>				
Sufficient Help	33.8	33.5	33.9	.9997
Insufficient Help	35.7	35.5	35.7	
No Help	30.5	30.9	30.4	
<b>Toileting</b>				
Sufficient Help	23.1	30.0	22.6	.702
Insufficient Help	29.9	26.4	30.1	
No Help	47.1	43.5	47.4	

## 9 OTHER ISSUES

### CONCLUSION

What we, as researchers, can say is that Floridians appear to be somewhat healthier than their counterparts in the core. When we discuss those with some functional limitations (25 to 30%), we need to qualify our statements as follows: Although Floridians and the core differ significantly in walking dressing, bathing, grocery shopping and money management (Table 8.4), these are higher functioning levels. In the higher functioning levels Floridians are better able to function. At the lower levels of functioning, there are three ADLs that presage institutionalization (Figure 8.4): eating, transferring from a bed and toileting. In these, there no significant difference between the Florida oversample and the core.<sup>17</sup>

Thus, our conclusions about the health status of Floridians versus that of the core is a qualified series of answers. The univariate and bivariate analysis points to a trend of a somewhat healthier Florida population. In the multivariate analysis, there are fewer instances where we can say Floridians are slightly healthier—these were in less ADLs and mobility limitations—and the difference was by approximately 5%. When we address the oldest-old populations in Table 8.5, we note that this group is significantly more impaired than younger cohorts, but here Floridians are also somewhat less impaired than those in the core.

### TRANSPORTATION

The majority of the elderly drive, and over three fourths live in low density suburban or non-metropolitan areas—places where use of a private car is either encouraged or absolutely necessary for daily life. Reliance on the car by the elderly has grown since the 1980's; no age group took less than 75% of their trips in a private vehicle, either as driver or a passenger. Use of public transportation is much less than 5%. The elderly are driving ever increasing distances. The elderly as a group drove 20% more in the 1990's than they did in the 1980's, while those over 70 drove 40% more. The largest decrease in rates of driving occurred after the age of 85. There are important differences in the travel patterns of males and females. Overall, elderly men took 24% more trips, traveled 19% more miles, and made 94% more vehicle trips than did females (Table 9.1). Whites are substantially more dependent on the private car than are African-Americans, Hispanics or other races. Distribution of trips by car has not changed substantially, the elderly use their cars more often than younger drivers for shopping trips and medical trips, yet only one trip out of 15 is taken for medical purposes. See Table 9.2 for a distribution of vehicle and person trips.<sup>18</sup>

The impact of being elderly and holding a drivers license or not is devastating, and the elderly have vociferously protected their right to drive at every age. In 1990, for those over the age of 70, 60% of elderly females held licenses, and 70% of

males. The next generation of elderly will have a substantially greater percentage of license holders, and male and female patterns of driving are likely to be more similar. An important issue is what happens to the elderly when they can no longer drive? A lack of social support, and more elderly females aging in place in the suburbs, leads transportation professionals to believe that a crisis is building with respect to accessing daily necessities and medical care for those who cannot drive. In any assessment of need, lack of transportation is noted by respondents over the age of 70 within their top four issues.

### CURRENT AND FORMER WORK EXPERIENCE

As Florida is known to be a primary “retirement” state, it comes as no surprise that the number of non-Floridians currently working far exceeds Floridians by approximately 50%. Of those who are working, however, there is no apparent difference in average time spent working, whether measured by hours per week, or weeks per year (Figure 9.1). Of those who are currently working, older Floridians are more likely to be laborers and less likely to be managers or professionals than non-Floridians. There is no apparent difference between the two groups on the percent of workers who are clerical, sales, and service workers, nor is there a significant difference in the rates of doing volunteer work.

Table 9.1  
ANNUAL MILES DRIVEN, MALES & FEMALES,  
AGE 65+

Annual Miles Driven by People 65+ Residing in Different Locations, by Cohort, 1990						
Age Cohorts	CENTRAL CITY		SUBURBS		RURAL	
	Women	Men	Women	Men	Women	Men
<b>Total</b> 65+	4,054	8697	4,630	9,235	5,046	9,706
<b>65-69</b>	4,683	10,327	5,311	11,083	6,464	11,169
<b>70-74</b>	4,069	8,417	4,819	8,838	4,665	10,703
<b>75-79</b>	3,485	6,738	3,723	8,093	3,916	8,312
<b>80-84</b>	2,959	5,100	1,843	4,944	3,709	6,650
<b>85+</b>	1,914	4,668	1,650	5,630	1,922	2,491

Source: U.S. Department of Transportation, Federal Highway Administration, (1995), National Transportation Survey, Demographic Special Reports.<sup>18</sup>

Table 9.2  
DISTRIBUTION OF VEHICLE & PERSON TRIPS BY  
CATEGORY

Trip Purpose	Distribution of Urban Vehicle and Person Trips Without Work Trips by People 65+ by Sex, 1990 (Percentage)					
	VEHICLE TRIPS			PERSON TRIPS		
	ALL	Men	Women	All	Men	Women
<b>Shopping</b>	34.1	33.6	34.4	33.5	33.0	34.5
<b>Combined Social</b>	29.5	30.5	28.6	30.6	31.8	29.6
<b>Family/Business</b>	24.6	26.2	23.1	23.4	25.1	22.0
<b>School/church</b>	7.5	5.9	8.9	7.3	5.6	8.7
<b>Medical</b>	3.2	2.5	3.6	3.2	2.7	3.7
<b>All Others</b>	1.1	1.0	1.4	1.7	1.8	1.5

Source: U.S. Department of Transportation, Federal Highway Administration, (1995), National Transportation Survey, Demographic Special Reports.<sup>18</sup>

Former work status presents a picture (Figure 9.2) that looks more like the “typical retiree” than does current work status. While there are virtually no differences between the two groups in terms of the number of years worked, or those who have worked at all in the past ten years, there are differences in the occupations these Florida retirees held prior to retirement. Older Floridians were more likely to have been managers or professionals, while the non-Floridian elders were more likely to have worked in clerical, sales, or service jobs. There was no difference in the proportion of those who were laborers. Thus, the predominant occupation of Florida retirees appears to have been managers and professionals--i.e., just the types we would anticipate moving to a relatively comfortable retirement in Florida. This is potentially confirmed by the last two comparisons. There is no statistically significant difference between the amount earned by currently working adults (a relatively low number of people), while an even smaller difference between the amount earned in the last ten years is statistically significant, with older Floridians having earned more than the older non-Floridians. Again, it appears that the retirees started out with relatively high incomes, while older adults who are currently working do so because they have to, regardless of their location.

Figure 9.1

**CURRENT WORKING STATUS**

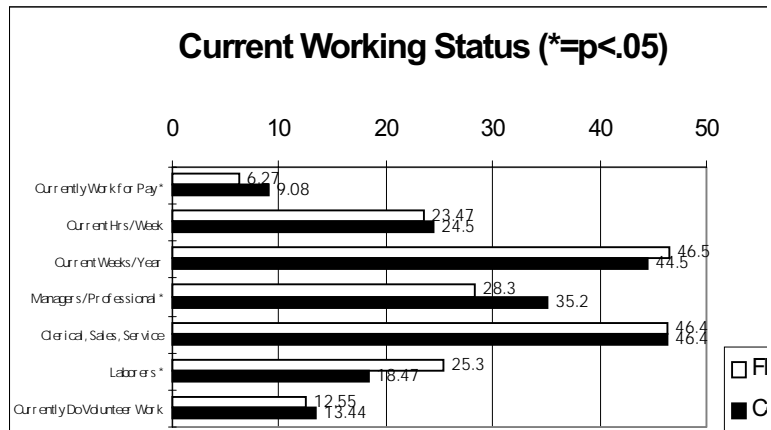


Figure 9.2

**FORMER WORKING STATUS**

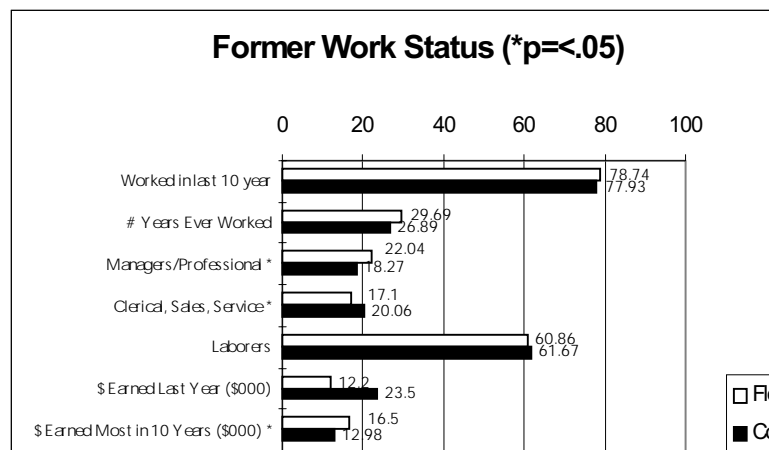
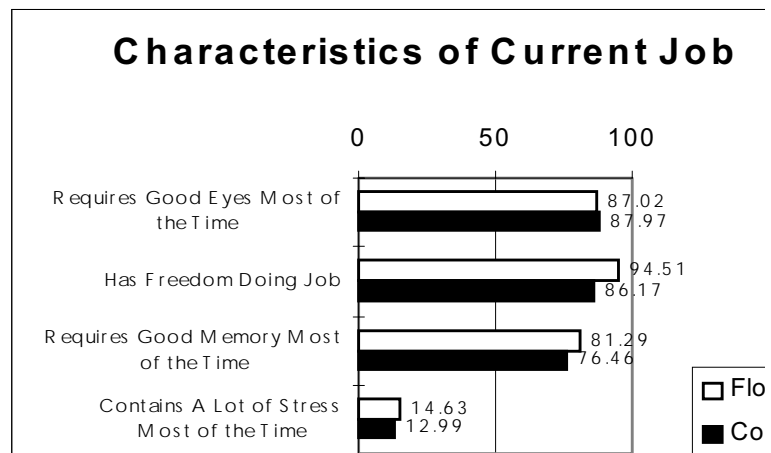


Figure 9.3

**CHARACTERISTICS OF CURRENT JOB**



Another potential confirmation of the similarities among the “must work” older adults is shown in Figure 9.3. Questions address different aspects of the current job, including whether or not the job requires good eyesight most of the time, good memory most of the time, freedom on the job, and the level of stress involved. In none of these cases (among those currently working) were there significant differences between older Floridians and non-Floridians.

### EXPECTATIONS

The AHEAD data also address some of the types of life events or crises to which older adults might be subject in the future. They are asked what they expect for the future in general, what expectations they have for financial exchanges between themselves and family members, and what they anticipate in terms of their future housing needs and preferences.

Figure 9.4 presents expectations for future medical costs, future income adequacy, and subjective life expectancy. Only in the case of the future medical costs is there a significant difference, with older Floridians slightly less likely to believe that they will have the money to cover their future costs, compared to the non-Floridian elders. There is virtually no difference between the groups on whether they expect to have enough income (apparently 65% do), while older Floridians feel a little more likely to live ten years than non-Floridians, but the difference is not significant.

Financial exchanges between generations also show very small,

insignificant differences between the two groups (Figure 9.5). There is a slightly lower likelihood that older Floridians expect either to give monetary assistance to or receive monetary assistance from their adult children. In terms of inheritance, there was no difference between groups on whether they expected to leave an inheritance to their children at all, or to leave an estate valued at more than \$100,000. Interestingly, there was a significant difference on whether they anticipated leaving an estate of \$20,000 or more, with more older Floridians expecting to do so compared to non-Floridians.

Figure 9.4

### EXPECTATIONS FOR THE FUTURE

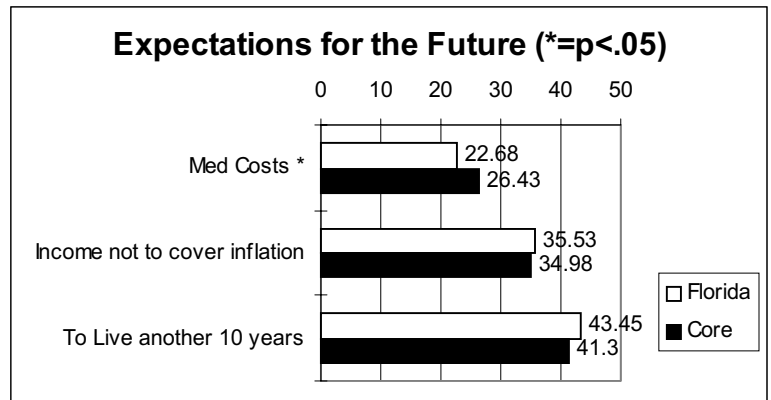


Figure 9.5

### EXPECTATIONS FOR AN INHERITANCE

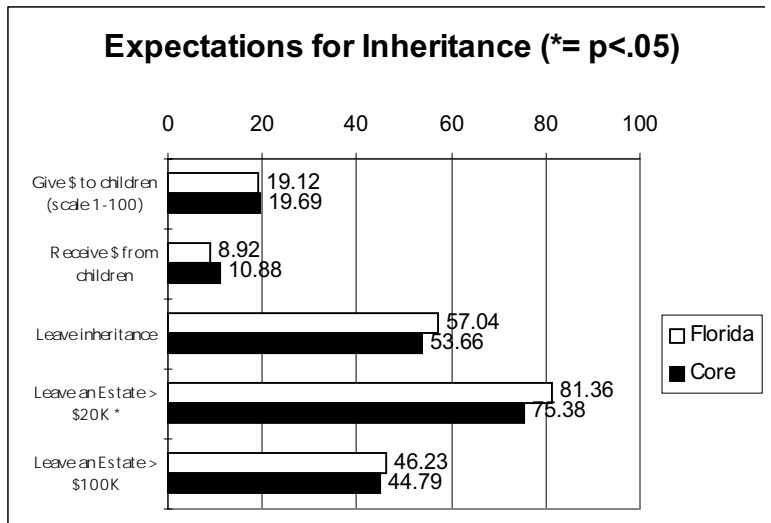
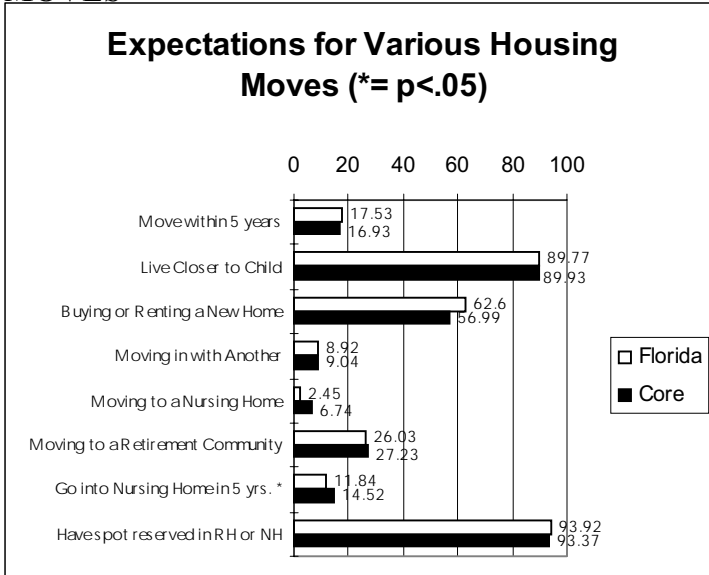


Figure 9.6  
**EXPECTATIONS FOR VARIOUS HOUSING MOVES**



Several questions were asked in relation to the older adult’s expectations of changing housing/living arrangements, including whether they expected to move within five years, closer to a child, or move to other types of housing. Of the responses contained in Figure 9.6, only the prospect of going into a nursing home within five years sparked a significantly different response between groups.

Older Floridians are approximately 25% less likely to expect such a move than non-Floridian elders. This may be a reflection of the rapid growth of alternatives to nursing homes, such as board and care and assisted living facilities. These trends, however, started elsewhere than Florida, so there must also be other explanations, which may include such things as the relatively higher functioning levels in older Floridians and the lower prevalence of chronic conditions.

The AHEAD Survey also asks older adults about their expectations of leaving an inheritance and of moving to

a nursing home. Table 9.3 shows the results of our analysis of factors that influence whether the older adults believe that they will leave an inheritance for their heirs. Subjects were asked [on a scale of 0 to 100, with 0 as no chance, and 100 as a certainty], what do you think are the chances that you will leave a financial inheritance? Significant variables are indicated by asterisks.

Being a Florida resident, compared to the core, had no effect on the expectation of leaving an inheritance. Among the demographic factors, females are less sure than males, and African-Americans are less sure than whites or others. For every additional member in an older adult’s family network, the expectation of leaving an inheritance decreases significantly. Increasing the expectation of leaving an inheritance were being married and having increasing wealth. Poorer self-reported health, having arthritis, hypertension, or depression significantly reduced the expectation of leaving an inheritance. Most interesting was the impact of other financial indicators—being sure that your income will keep up with inflation and having other types of insurance (health and other supplemental) significantly increase the belief that an inheritance will remain; being on Medicaid (a proxy for poverty) suggests a lower expectation of leaving an inheritance.

The standardized betas indicate the relative impact of each factor. Accordingly, we observe that the most significant impact on expectation of leaving an inheritance is exerted by (in descending order)

Table 9.3

**OLS REGRESSION OF AGE, WEALTH, AND HEALTH ON EXPECTATIONS OF LEAVING AN INHERITANCE (AHEAD)**

	Unstandardized Beta	Standardized Beta
Florida Resident	0.269	.002
Age	0.018	.002
Female	-9.654***	-.114
African American	-9.029***	-.060
Hispanic	-2.668	-.011
Married	4.158***	.050
Wealth (in 10,000s)	0.168***	.164
# in Family Network	-1.219***	-.087
Worse Self Reported Health	-2.441***	-.068
Arthritis	-2.655*	-.028
Any Heart Disease	-0.756	-.009
Stroke	0.912	.006
Lung Disease	-0.102	.001
Hypertension	-2.149*	-.026
Cancer	-0.095	-.001
Diabetes	-2.694	-.021
Incontinent	0.474	.004
Depression	-0.632*	-.029
# of ADL Impairments	-0.380	-.010
Income will Keep up with Inflation	0.193***	.162
Receive Medicaid	-4.666***	-.115
Have Other Insurance	11.733***	.111

Adjusted R<sup>2</sup> = .2154

\*p < .05    \*\*\*p < .001

wealth, expectations that income will keep pace with inflation, not being on Medicaid, being male, and having other types of insurance. We might expect that having diseases or chronic conditions would increase the fear that one's resources would be wasted over time. When this worry is (in theory) controlled through the inclusion of other health insurance, the effects of the diseases and conditions are minor. Other reasons for these results may include the possibility that those with a high expectation that their income would keep pace with inflation

may be generally optimistic sorts of people. Further research would be necessary to examine whether this is the case.

Table 9.4 shows the results of a similar analysis on the expectation of entering a nursing home in the next five years. In this case, factors were chosen that represent both medical and environmental reasons why an older adult might require nursing home placement. Florida residents are significantly less likely to expect nursing home placement than are the core. Increasing age, not being African-American, and not being married increase the expectation of entering a nursing home. Higher levels of wealth increase the expectation of nursing home placement significantly. In addition, having more people in one's family network decreases the expectation of entering a nursing home. Among the health factors, worse self-reported health, having lingering problems after a stroke, having hypertension, being incontinent, and having increasing numbers of ADL impairments all increase the anticipation of entering a nursing home.

Finally, we examine environmental factors, specifically, living in an environment that is rated unsafe, or unsatisfactory (how do you rate the safety of your neighborhood; how do you rate the condition of your home), and whether the older adult is on Medicaid. In this case, Medicaid is used less as a proxy for poverty than as an enabling factor to pay for nursing home expenses. Of these variables, only the unsafe housing is

Table 9.4

**OLS REGRESSION OF AGE, WEALTH, AND HEALTH ON EXPECTATIONS OF ENTERING A NURSING HOME IN 5 YEARS (AHEAD)**

	Unstandardized Beta	Standardized Beta
Florida Resident	-2.655*	-.031
Age	0.258***	.060
Female	1.152	-.024
African American	-3.130**	-.038
Hispanic	-0.837	-.006
Married	-2.662***	-.056
Wealth (in 10,000s)	0.174*	.029
# in Family Network	-0.598***	-.077
Worse Self Reported Health	1.746***	.085
Arthritis	0.613	.011
Any Heart Disease	-0.442	-.009
Problem After Stroke	3.755***	.035
Lung Limitation	-0.530	-.005
Hypertension	1.489*	.032
Cancer	0.347	.005
Diabetes-Medicated	-0.243	-.003
Incontinent	2.788***	.047
Injured in Fall	0.071	.001
# of ADL Impairments	1.379***	.063
Unsafe Neighborhood	2.269*	.030
Unsatisfactory Housing	-0.398	-.006
Receives Medicaid	-1.50	-.012

Adjusted R<sup>2</sup> = .0401

\*p<.05 \*\*p<.01 \*\*\*p<.001

significant, increasing the expectation of a move to a nursing home. In terms of relative impact, in descending order, the most important factors are worse self-reported health, fewer in the family network, increasing age, and increasing numbers of ADL impairments.

These analyses indicate that both Floridians and core older adults have reasonable knowledge of the process of institutionalization, as their responses generally accord with known factors in

that process. With the expectation of leaving an inheritance, this is less certain; but the results suggest that the sample's responses are intuitively valid.

***10 POLICY IMPLICATIONS; MEETING THE NEED FOR LONG-TERM CARE SERVICES***

**LONG -TERM CARE ISSUES**

AHEAD (Wave 1) gave us valuable information on the health dynamics and transitions in other life domains of older Americans in both the national population and for Florida residents in the Florida oversample. The previous nine chapters of our report detail the similarities and contrasts between Florida residents and the national sample. We note that Floridians who are often more geographically distant from kin with fewer children, grandchildren and siblings have fewer support mechanisms than the national sample in AHEAD. These facts have important implications for those charged with delivering services to the elderly in need of care.

In Florida, the apparatus for integrating the array of long-term care services supporting informal care, and providing community-based alternatives to institutional care is largely in place. The state has the Community Care for the Elderly (CCE) program, Home Care for the Elderly (HCE) program, and the Alzheimer's Disease Initiative (ADI) all of which provide extensive support to the informal care system and divert frail elderly people from nursing homes. This apparatus, however, is merely the foundation for

a more humane and cost effective long-term care system, not the whole building. With the impending explosion in the number of those 85+ and the increased probability of many of them reaching their ninth or tenth decade, the funding levels for these programs and the assisted living programs will have to be substantially increased over the next several decades and well into the middle of the 21st century just to keep pace with population growth, much less take care of the backlog of unmet needs.

### **FUTURE NEED FOR LONG-TERM CARE SERVICES**

If Florida is not qualitatively different from the rest of the country in terms of the current need for publicly supported long-term care services as indicated by the financial profile of its older population and the level of unmet need for assistance with activities of daily living (ADLs), what will the level of need in the year 2010 be, when the baby boomer generation begins to reach age 65? Unlike many states, which will experience a leveling off of its older population over the next 10-12 years due to the relatively small depression era cohort, Florida is expected to continue to experience a rapid growth in its older population and a concomitant rise in the need for long-term care services.

The population aged 65+ in Florida is expected to grow from 2,667,872 persons in 1995 to 3,540,494 persons in 2010, an increase of 32.7%. In the same period, the population aged 65 to 69 will increase by 37.7%; while the population age 85 and over will

increase 91.3% to 524,301 persons in 2010.

The frail elderly (persons with 3 or more ADL deficits) represent a large and growing segment of the Florida population potentially in need of long-term care services. The frail elder population in Florida is expected to grow from 281,484 persons in 1995 to 400,978 persons in 2010, an increase of 42.4%. Not surprisingly, the majority of the increase in frail elders is projected to be for the oldest age groups. For example, the frail elder population aged 65 to 69 will increase by 37.7%, while the frail elder population age 85 and over will increase 89.6%, to 142,283 persons in 2010. This is the population group at the greatest risk of needing publicly supported long-term care services. Clearly, the need for long-term care services will continue to increase steeply over the next decade, putting extreme pressure on the state's capacity to provide an adequate level of care within the current framework of nursing home dominated care.

## **11 FUTURE RESEARCH**

The Florida Policy Exchange Center on Aging's overriding research interest is to utilize the Asset and Health Dynamics Among the Oldest Old (AHEAD) study to create an expanded database relating to older residents of Florida (age 70+), who represent the highest concentration of elderly in the United States.

From each wave of the study, our aim is to isolate the Florida resident data, combining these with other sources such as Census and Longitudinal Study on Aging data on Florida residents, as well as state-wide housing and services data collected by the consortium of Florida universities.

Additionally, in successive waves of the AHEAD study, we intend to examine health and functioning of the AHEAD respondents to assess the unmet need for care, analyzing the interaction of socio-economic status, gender, different age groups and housing accommodations. Further, we will analyze changes in expectations for various housing moves, leaving an inheritance, having enough money to pay medical costs in the future, and expecting to move to a nursing home in the next five years. Comparison of Florida residents with the AHEAD core sample on worsening health indicators may indicate increasing expectations among some Florida residents that they will move. This will allow us to empirically test the disability move in the developmental migration model as suggested by Litwak and Longino<sup>19</sup>.

## **METHODS**

Data for this report were provided by the University of Michigan's Institute for Social Research's recent study, Asset and Health Dynamics Among the Oldest Old (AHEAD). The AHEAD survey was conducted in 1993-94, and released initially in 1994. It surveys 8,223 respondents from 6,047 households in which there was a person who is 70 years of age or older. The purpose of the study is to provide data about the interaction, over time, of changes in health, in financial well-being, and in the kin network.

The target population for the first wave was people age 70 and older living in households in the U.S. in 1993-94. A dual sampling frame was used which resulted in a nationally representative, stratified sample of older adults. First, from the Health and Retirement Survey of 1992 (HRS), households were screened to identify those with any member age 68 or older. Couples consisting of at least one eligible member (70 or older in 1993-94) were included and re-contacted for interview by the AHEAD staff. This part of the survey sample was intentionally oversampled for African-Americans and Hispanics by census tract, and for Florida residents.

The second sampling frame consists of a random sample drawn from the Health Care Financing Administration (HCFA) file of Medicare enrollees. Approximately half of the AHEAD sample comes from the HCFA files (not oversampled), and the other half

from the HRS samples. To adjust for these differences in sampling frames, analyses presented in this report were weighted to adjust for the oversampling of African-Americans, Hispanics, and Florida residents.

For our statistical analysis, we separated the Florida residents (n=1088) from the other combined samples (n=7135), based on a variable that broke the overall sample into four categories: Core sample, African-American oversample, Hispanic oversample, and the Florida resident oversample. The combined samples, which we refer to as the "Core," were initially run in several ways, weighted and unweighted, including and excluding the African-American and Hispanic oversamples. Results presented here represent figures based on a Core sample that includes the African-American and Hispanic oversamples, weighted to adjust for the oversampling. Results run using different definitions of the Core generally did not differ statistically, and did not differ substantively, so we feel that the results we present here are robust.

All analyses were conducted using SAS, Inc. (C) software (Version 6.12). Statistical analyses were performed using correlations, chi-squares, and general linear modeling techniques.

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