

The U.S. population is aging unevenly from state to state and place to place. The 1990 Census showed increased concentration of the older population (measured as percentage of people age 65 or older in a local area) over the past decade in the Frostbelt and in nonmetropolitan areas of the South and West. Because population aging has implications for social-

exodus of working-age families from job-scarce areas (primarily in the Frostbelt). Migrating retirees tend to be relatively well-off financially. The resources of Social Security, private pensions, and cash gained from rising home values has provided many older people with the economic means of broadening their residential choices. In retirement-magnet communities, the older

1980s. Growth in the older population was particularly high in medium- and small-size metropolitan areas and, during the 1970s, dispersed to nonmetropolitan areas as well. The nonelderly population also rose rapidly, evidence of the economic pull of the Sunbelt. In the 1970s, both elderly and nonelderly people fueled the major trends—strong population flows from the cities of the northern industrial heartland, migration into the Sunbelt, and a preference for smaller-size places that was sometimes termed a “rural renaissance.”

In the North, the older population grew, but much more slowly. Growth in the nonelderly population slowed even more dramatically. It actually declined in large metros of the North in the 1970s (down 3 percent) and in nonmetropolitan areas in the 1980s (down 2 percent).

In the 1980s, nonelderly patterns of growth began to diverge from the more dispersed growth of the elderly population. Although the nonelderly population still flowed toward the Sunbelt in the 1980s, its growth became more consolidated into large metro areas. The strong 1970s gains in the Sunbelt's smaller metro areas and nonmetro areas tapered off.

## Elderly concentration

These divergent growth patterns helped to shape the current distribution of older people. In the 1960s, small and nonmetropolitan areas of the North and rural South tended to have higher elderly concentration levels. The out-migration of working-age people during the 1970s resulted in an even greater concentration of older people who remained behind. At the same time, the migration streams of older individuals to Sunbelt areas helped to swell their ranks in that region, particularly in some of the smaller metros.

Between 1980 and 1990, the percentage of older persons rose 1.5 percent in the North. In large part, this was the result of slower growth in the nonelderly population and the aging-

# U.S. Elderly Population Becoming More Concentrated

By WILLIAM H. FREY

service requirements, tax bases, and public policies, local patterns of elderly concentration will present a formidable challenge for public policymakers.

## Two paths to aging

The large cohorts of people born between 1895 and 1925 fueled the growth in the size of the older population during the past three decades. The pace of societal aging will slow during the next two decades as the smaller Depression-era cohorts reach their older years. Then, around 2010, it will pick up rapidly when the large baby-boom generation (born 1946 to 1964) becomes the “senior boom.”

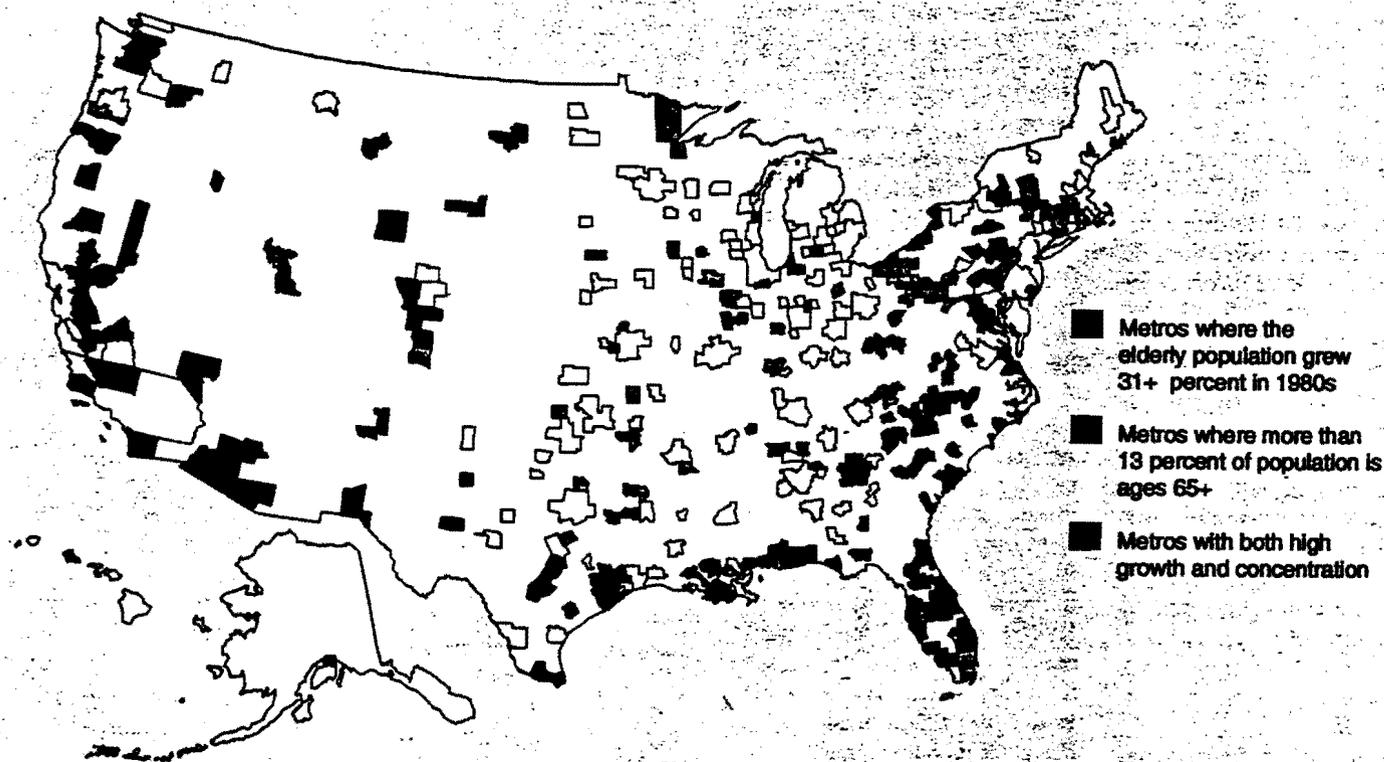
Two migratory movements tend to concentrate older people in certain areas: retirement into magnet areas (primarily in the Sunbelt) and the

in-migrants bring with them buying power and consumer demand. Where working-age exodus has occurred, however, an increasing concentration of elderly may be considered a sign of malaise—harbinger of a rising demand for services and a shrinking tax base to support it.

For three decades, the U.S. elderly population grew at a fairly fast rate. It increased 21 percent in the 1960s, 28 percent in the 1970s and 22 percent in the 1980s (see table). During these three decades, the nonelderly population (those under age 65) grew also, but more slowly: 13 percent in the 1960s, 10 percent in the 1970s, and 8 percent in the 1980s.

In the South and West, growth of the older population was quite rapid, generally exceeding national averages throughout the 1960s, 1970s, and

## Top One-Third Metro Areas for Growth and Concentration of Elderly, 1990.



in-place of older persons. In the small metro and nonmetropolitan areas of the South and West, the percentage of older persons rose by about 2 percent. But the percentage of elderly barely changed in the large metros. This is because these Sunbelt cities continued to attract working-age migrants from other parts of the United States, as well as immigrants, while their pull for retirees diminished somewhat. As a result, the large, Sunbelt metropolises had significantly lower concentration levels of older people in 1990 than the nation as a whole.

Within U.S. metro areas, concentration of the older population ranges from a low of about 4 percent (for Anchorage, Alaska) to 32 percent (for Sarasota, Florida). The ten most concentrated metros in 1990 are all in Florida, and all are more than 18 percent elderly. These metro areas include Sarasota, Bradenton, Fort Myers/Cape Coral, West Palm Beach/Boca Raton/Delray Beach, Fort Pierce, Daytona Beach, Naples, Ocala, Tampa/St. Petersburg/Clearwater, and Lakeland/Winter Haven.

## Growth of Elderly and Nonelderly Populations, 1960-1990

| Region       | Elderly |         |         | Nonelderly |         |         |
|--------------|---------|---------|---------|------------|---------|---------|
|              | 1960-70 | 1970-80 | 1980-90 | 1960-70    | 1970-80 | 1980-90 |
| U.S. average | 21      | 28      | 22      | 13         | 10      | 8       |
| <b>North</b> |         |         |         |            |         |         |
| Large metro  | 17      | 16      | 16      | 11         | -3      | 1       |
| Other metro  | 12      | 20      | 20      | 11         | 4       | 2       |
| Nonmetro     | 7       | 18      | 11      | 2          | 7       | -2      |
| <b>South</b> |         |         |         |            |         |         |
| Large metro  | 48      | 46      | 28      | 30         | 22      | 22      |
| Other metro  | 35      | 45      | 34      | 14         | 18      | 11      |
| Nonmetro     | 19      | 34      | 18      | -1         | 14      | 3       |
| <b>West</b>  |         |         |         |            |         |         |
| Large metro  | 29      | 35      | 30      | 29         | 19      | 24      |
| Other metro  | 34      | 52      | 44      | 26         | 30      | 21      |
| Nonmetro     | 20      | 44      | 38      | 8          | 30      | 11      |

Note: Elderly population is age 65 and older, nonelderly population is under age 65.

Source: Map and table compiled at the University of Michigan Population Studies Center from Census Bureau data.

These Florida metros rank high in both elderly and nonelderly growth during the 1980s, but this makes them unusual. In the ten next most highly ranked cities for elderly concentration, nonelderly population declined in the 1980s: Scranton/Wilkes-Barre, PA;

Johnstown, PA; Wheeling, WV; Cumberland, MD; Pittsburgh, PA; Sharon, PA; Altoona, PA; and Duluth/

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**More feel they "know a lot" about AIDS**

People became more knowledgeable about AIDS between 1990 and 1991, according to the National Health Interview Survey of the National Center for Health Statistics (NCHS). The majority of adults (86 percent) told NCHS they had received information about AIDS in the month preceding the survey, primarily from television, newspapers, magazines, and radio. About two-thirds (69 percent) of parents of 10- to 12-year-olds reported ever having discussed AIDS with their children. White and black parents were somewhat more likely to discuss AIDS with their children than Hispanic parents. Just over half (56 percent) of parents with less than a high school education talked to their children about AIDS.

The overwhelming majority of adults knew that AIDS is transmissible through sexual intercourse (95 percent), that a pregnant woman with AIDS can give it to her baby (94 percent), and that no cure exists (92 percent). Eighty-five percent knew AIDS reduces the body's natural immunity, and 81 percent knew it is an infectious disease caused by a virus. Respondents with the least knowledge were 50 years or older or had less than a high school education.

The proportion of people who felt they knew "a lot" about AIDS increased from 19 percent in 1990 to 29 percent in 1991. However, 14 percent of respondents told NCHS they had not heard the AIDS virus referred to as HIV. [National Center for Health Statistics, *Advance Data*, no. 225, 6 January 1993]

**1990 was U.S. childbearing peak**

There were 4,158,212 babies born in the United States in 1990, according to final statistics from the National Center for Health Statistics (NCHS). Births showed a 3 percent increase over 1989, and the highest total since 1962. Provisional data for 1991 and 1992, however, show a decline, as the aging of the baby boom leaves fewer women in their twenties, the peak childbearing years.

Birth rates to older mothers have risen since the mid-1970s. Between 1980 and 1990, the rate for women ages 35 to 39 increased by 60 percent. There were more births to women in their late 30s—one-third of a million—than in any year since 1963. Births to U.S. teens have risen for the fourth consecutive year, due in part to the growth in the number of Hispanic teenagers, and higher birth rates for young Hispanic women.

Births to unmarried mothers in 1990 reached a record high of 1,165,384, a 75 percent increase over 1980. Births to unmarried women rose faster for white than black women. In 1990, just over 20 percent of white births, 37 percent of Hispanic births, and 67 percent of black births were to unmarried women. [Stephanie Ventura and Joyce Martin, *Advance Report of Final Natality Statistics, 1990*, Vol. 41 no. 9 supplement, 25 February 1993.]

**Contraceptive use up in Malaysia**

Over half (56 percent) of all married women in Peninsular Malaysia were using contraception in 1988, and more than one-third (36 percent) were using a modern method, according to the Malaysian Family Life Survey II. This is a substantial increase from the

previous survey just four years earlier, when 51 percent were using some form of contraception and 30 percent were using modern methods.

Wide differences in the contraceptive prevalence rates varied by ethnicity, place of residence, education, age, parity, and fertility preferences. The "most powerful determinant" of contraceptive use, according to the report published by RAND Corporation, was ethnicity, regardless of place of residence. For example, in urban areas, Chinese had the highest use at 72 percent (47 percent modern methods), followed by Indians with 63 percent (45 percent modern) and Malays with 55 percent (32 percent modern).

The pill was the most widely used method (30 percent of users), followed by sterilization (14 percent). The majority of women practice family planning for birth spacing. [National Population and Family Development Board, Malaysia, and RAND Corporation, *Report of Family Life Survey II-1988*.]

**LIS update**

The Luxembourg Income Study (LIS)—a multi-country project that is building an extensive on-line data base on social-services spending in several developed countries—continues to expand. In 1992, Ireland, Belgium, and Norway joined, bringing the total to 16 countries. German data will include the former East Germany, Director Tim Smeeding writes in the *LIS Newsletter*. A two-year grant from the U.S. Agency for International Development will add data for the Czech Republic, Hungary, Poland, Yugoslavia, and Russia. During 1993, Spain, Portugal, and possibly Finland will join LIS. "On the membership horizon we find Korea, Taiwan, Mexico, and Turkey."

LIS's upcoming workshops include:

- *LIS Biennial Project Meeting, Luxembourg, July 11-13, 1993*. A planning meeting open to all country members and users.
- *Fifth LIS Summer Workshop, Luxembourg, July 18-30, 1993*. Applications are due May 10, 1993 for 30 near-PhD-level social science graduate students or post-doctoral students.
- *First LIS U.S. Workshop, Washington, DC, Fall 1993*. A three-day course for government and non-government U.S. users.

Contact Timothy Smeeding, LIS Project Director, 400 Maxwell Hall, Syracuse University, Syracuse, NY 13244. Phone: 315-443-9042. Fax: 315-443-1081.

**High contraceptive use in Chile**

Surveys conducted in 1989 and 1990 by the Chilean family planning association APROFA reveal previously unrecognized high contraceptive prevalence rates for Chilean women. In the capital and its suburbs, 57 percent of women ages 15 to 44 regularly used contraception. Forty-five percent of the women surveyed were not married and 58 percent were "poor" or "very poor," making the contraceptive use rates more remarkable.

APROFA extended the survey in 1990 to two rural areas, where they unexpectedly found contraceptive use rates comparable to those in the city—53.5 percent were "regular users." Almost 80 percent of married women between 30 and 34 years regularly used contraception. Survey results confirmed APROFA's suspicions that official figures were "unrealistically low."

The survey reported low levels of contraceptive use by sexually active 15- to 19-year-olds. Surprisingly, usage was even lower in the cities than in the rural areas. [IPPF *Open File*, November 1992] ■

# POPULATION UPDATE

## Estimated United States Population:

As of December 1, 1992 256,682,000  
 As of December 1, 1991 253,884,000

The population estimates shown are based on April 1990 population as enumerated in the 1990 Census. Since the release of the November 1, 1992, estimates, the series have been revised. Changes are reflected in estimates from May 1, 1990, to November 1, 1992. Data from U.S. Bureau of the Census, *Current Population Reports, P-25, 1097*.

## Estimated World Population:

As of April 1993 5,488,000,000  
 Annual growth 91,000,000

Extrapolated from the mid-1992 population on FFB's 1992 World Population Data Sheet.

## Latest Provisional Statistics for the U.S.: September 1992

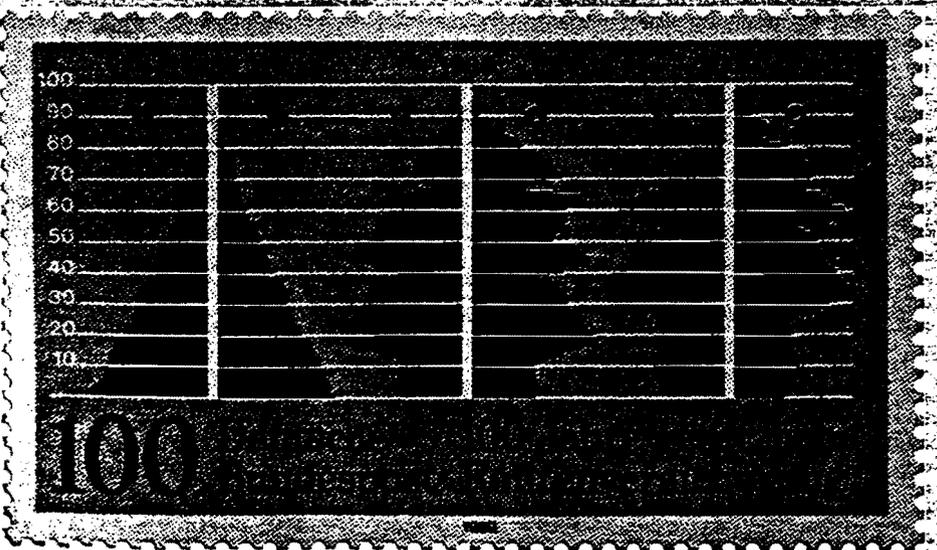
|                        | 12 Months ending with September |           |      |      |      |
|------------------------|---------------------------------|-----------|------|------|------|
|                        | Number                          |           | Rate |      |      |
|                        | 1992                            | 1991      | 1992 | 1991 | 1990 |
| Live births .....      | 4,100,000                       | 4,133,000 | 16.0 | 16.4 | 16.6 |
| Fertility rate .....   | —                               | —         | 69.6 | 70.1 | 70.7 |
| Deaths .....           | 2,183,000                       | 2,149,000 | 8.5  | 8.5  | 8.7  |
| Infant deaths .....    | 34,900                          | 36,900    | 8.6  | 9.0  | 9.3  |
| Natural increase ..... | 1,917,000                       | 1,984,000 | 7.5  | 7.9  | 7.9  |
| Marriages .....        | 2,355,000                       | 2,389,000 | 9.2  | 9.5  | 9.8  |
| Divorces .....         | 1,193,000                       | 1,183,000 | 4.7  | 4.7  | 4.8  |

Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births; other rates per 1,000 population.

Source: National Center for Health Statistics, *Monthly Vital Statistics Report*, vol. 41, no. 9 (1993).

## SPEAKING GRAPHICALLY

### Germans Place Population on a Stamp



By putting a time series of population pyramids on a postage stamp, Germany succinctly captured the story of its demographic transition. A century ago, the pyramid was of the classical shape, widest at the base. In 1989, the pinching at the base due to smaller birth cohorts was clearly evident. The emerging columnar shape of the post-transition pyramid rises out of the base of the 2000 pyramid.

## Elderly population

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Superior, MN. In these Frostbelt metros, the percentage of elderly people rose through aging-in-place and out-migration of working-age people.

These differences can be seen nationally on the map (page 7). The color-shaded areas represent the one-third of metro areas where the elderly population grew most sharply during the 1980s. Elderly growth was strongest in the Sunbelt: South, West, and South Atlantic, as well as the northern Midwest.

The areas that rank high on elderly concentration (above 13 percent) in 1990 are shaded grey. They are disproportionately located in slow-growing northern and interior states. These tend to be the industrial metropolitan areas of the Northeast and Rustbelt, farming areas of the Midwest, and southern "oilpatch" states that suffered economic declines in the 1980s. Retirement magnets of Florida and the Pacific Coast also have high elderly concentrations. In the metropolitan South and most of the West, however, increases in elderly residents were masked by accompanying growth in the nonelderly population.

What are the implications of this increasing concentration of America's senior citizens? In the short run, these patterns will most directly affect service-delivery programs. Particularly in areas where younger people have moved away, the provision of services will become more difficult and more crucial. Effective targeting and better coordination of services will be required to meet this challenge.

Longer-term patterns, however, depend largely on the residential choices that the large baby-boom generation make when it comes time to retire. The lure of the Sunbelt climate may be just as strong, but the actual areas of concentration will depend on the social and economic conditions of that time. ■

For more information, see William H. Frey, "Metropolitan Redistribution of U.S. Elderly: 1960-70, 1970-80, 1980-90," Research Report, no. 92-246, Population Studies Center, University of Michigan, 1992.