Housing and Society
Volume 17, Number 2, 1990

THE IMPORTANCE OF RETIREMENT COMMUNITY CHARACTERISTICS: VIEWPOINT OF A MATURING POPULATION

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Abstract

This study delineates the relative importance of retirement community characteristics among a preretirement population. The data were collected from an independent, random, age-stratified sample of employees from nine land-grant universities. Respondents were asked to identify the degree of importance that each of twelve community characteristics would have in determining their community-of-choice for the first ten years of retirement. The characteristics deemed more important by respondents included: medical facilities, low utility rates, low cost of living, library facilities, and recreational facilities. Medical facilities were important to 96 percent of respondents. Chi-square and gamma analyses were used to determine how income, age, and self-reported health affected the desired level of medical service. Those with higher incomes, those who were older, and those in poorer health wanted higher levels of medical service. Eighty-six percent required that a hospital be within a 20 to 30 minute drive. Discriminant analyses were used to identify variables which could predict the importance of a community characteristic to a respondent. The desired age mix in a prospective retirement community was the most predictive in five functions: libraries, educational opportunities, malls, medical facilities, and volunteer opportunities. Other factors that proved useful predictors were income, age, education, and spouse's education. Communities who wish to attract and retain retirees need to consider the specific characteristics of the retirement group they want to attract.

Introduction

The percentage of the population over 65 years of age is increasing. By current forecasts this age group will represent 13 percent of the population by the year 2000 and climb to 21 percent by the year 2030 (American Assoociation of Retired Persons, 1987).

When people retire, many change locations for part or all of the year (Bradshaw and Blakely, 1981). As a consequence, retirement migration is becoming increasingly common at a national level (Flynn, Longino, Wiseman and Biggar, 1985). At all stages of life, choosing a community may be influenced by one's personal situation and the desire to match community characteristics and individual needs. But after retirement, certain neighborhood characteristics become even more important (Keating and Brundin, 1983). This may be due, in part, to changes in health and personal interests. Retiree incomes can help strengthen the economic base of a community. They can also enhance a local economy from an increased demand for goods and services (Bradshaw and Blakely, 1981; Summers and Hirschl, 1985), including additional tax resources for the public service sector of the community.

From this study, the authors hope to determine which community characteristics are considered important by individuals near retirement. This preretirement group consists of currently employed people who, in general, have the opportunity and mobility to select a retirement community that may be located away from the immediate vicinity of their current residence. Information that pinpoints the preferences of these preretirees could be used by communities to attract this group.

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Background

People may consider a variety of characteristics important when assessing the desirability of a community as a retirement location. Medical facilities are one of these characteristics. An aging population, for example, expects a wider availability of health care services within a community than normally required by its younger members (Gardner, 1988). Current literature provides little information about the impact of medical facilities and services on retiree migration patterns.

In some areas of the country, utility rates may have a significant impact on living costs. When operating on a fixed income, rising utility costs consume a greater percentage of disposable income each year. A higher cost of living would result and may precipitate movement from areas where utility rates are increasing or where living costs are higher in general ("Survey Predicts", 1983). People may consider the importance of utility rates and other major components of the cost of living when selecting a retirement community.

Employment is one way to stay active and use one's talents. Employment may also be needed to maintain a desired standard of living. As a result, future retirees may be more likely to remain active in the work force ("Survey Predicts", 1983). Many individuals over age 65 prefer part-time work and a flexible work schedule (U.S. Senate Special Committee on Aging, 1988). This means that employment opportunities may be a significant factor in determining location.

Another important factor is the variety of recreational facilities available at a given location ("Survey Predicts," 1983). Pitts (1986) predicted that more retirement housing units will be built near recreational and educational facilities. This permits elderly people to continue the activities they enjoyed before retirement. When choosing a location for retirement, individuals living in less urbanized areas are inclined to move to locations with recreational amenities (Fuguitt and Tordella, 1980).

Continuing-care communities have long provided educational and craft programs; transportation to shopping and churches; volunteer opportunities; and libraries. Those communities wishing to attract retirees should provide these services (Pitts, 1986).

In summary, little research has been conducted that surveys the middle-aged population for their desires regarding retirement community characteristics. Since more people are living longer, it is useful to know what they will require in their retirement communities-of-choice.

Objectives

The first objective is to determine the least acceptable level of medical care that is satisfactory to the occupants of a retirement community and the extent to which this level of care is related a respondent's age, income, and self-reported health. The second is to develop functions that predict the importance of community characteristics to respondents by using a series of respondent characteristics as independent variables.

Hypotheses

1. Medical facilities are more important to those who report less than good health for themselves or for their spouse.
2. Community characteristics related to economic factors such as employment, public transportation, and volunteer opportunities are more important to those with lower preretirement income and education levels.
3. Library facilities are more important to respondents when they or their spouses have higher levels of education. Likewise they will place greater importance on educational opportunities in retirement.
4. Those who consign importance to a specific place of worship or who are in poorer health have greater difficulty moving.
5. Those in poorer health place less importance on recreational opportunities.
6. Those with higher income and education place greater importance on convenient air transportation.

Methodology

Random, age-stratified samples of land-grant-university employees were obtained from the Western Regional Project W-176 in October 1987. This population was selected because it was thought to contain a wide variety of occupations, education, and incomes.

Approximately one third of the sample in each state was age 40-49 and two thirds age 50 or older. A higher proportion of the older age group was sampled since they were closer to retirement and may have a better defined set of criteria regarding retirement decisions.

Data were independently collected at each university using the Dillman Total Design Method (Dillman, 1978). A questionnaire was distributed through campus mail. A follow-up letter was sent after one week, and a second follow-up letter and replacement questionnaire were sent after three weeks. The response rate in the states ranged from 60 to 83 percent (Makela, Dillman, Junk, Bailey, McFadden, Tripple, and Turner, in press).

Analysis

Respondents indicated one of six levels of the dependent variable "least acceptable level of medical service." These response levels ranged from "no medical service" to "medical center with ability to perform organ transplants or other complex surgery".

For the chi-square analyses, a probability of 0.05 or less was used to denote a significant relationship. Some respondents did not answer all questions. This resulted in a slight variation in the number of respondents in cross-tabulations. Additionally, because chi-square can sometimes be misleading with a large sample, gamma was used when analyzing the cross-tabulations as a measure of the strength of association among or between variables. The sign of gamma determined if relationships were positively or negatively related. The absolute value of gamma indicated the proportional reduction in error (Norusis, 1987). Gamma was used to make inferences about dependent variables based on the values of the independent variables (Ott, Mendenhall, and Larson, 1978).

Discriminant analysis was used to determine the predictive value of the independent variables as a group. A separate discriminant analysis was conducted with each community characteristic as the dependent variable. An observation was excluded from this analysis if it contained missing values for the dependent variable or any of the independent variables. For this reason the number of observations differed for each dependent variable.

The dependent variables in the discriminant analyses were twelve community characteristics. Respondents were asked to rank each characteristic for a community-of-choice during their first ten years of retirement. The community characteristics were: low cost of living, low utility rates, employment opportunities, volunteer opportunities, convenient air transportation, educational opportunities, shopping mall, library facilities, preferred place of worship, medical facilities, public transportation, and recreational facilities.

The independent variables in each discriminant analysis included both demographic variables and those involving plans, preferences, and decisions. These variables were self-reported health, spouse's health, education, spouse's education, the extent to which retirement locational decisions had been made, likelihood of moving upon retirement, difficulty in moving, age of the respondent, age mixture preferred in a neighborhood and community during the first ten years of retirement, and current income. The independent variable for "decisions about retirement relocation" centered on when and where to retire and whether these decisions had been made. "Difficulty in moving" was determined by ranking the degree of difficulty in relocating to another part of their current state or by moving to another state entirely. "Desired age mix" was determined by asking respondents whether, during their first ten years of retirement, they would prefer a neighborhood and community with people of all ages, a neighborhood of mostly older people in a community with people of all ages, or a community of only older people such as Sun City, Arizona.

Discriminant analysis was used to assess the significance of each independent variable that could contribute to the perceived importance of a community characteristic. It was also used to predict the importance of a community characteristic to a respondent.

The levels of each independent variable in the discriminant analyses and the percentage of respondents in each level are shown in Table 1. Age is a continuous variable. The relationships among variables in each discriminant analysis are considered significant at a probability of 0.01.

Table 1. Categories for independent variables in the discriminant analyses, and the percent of respondents in each category.

Self-reported health	%	Income level	%	Education level	%
Excellent	58	less than $10,000	1	8th grade or less	1
Good	36	$10,000-14,999	4	Grades 9-11	2
Fair	5	$15,000-19,999	6	High school grad	12
Poor	1	$20,000-24,999	7	Tech or trade schl.	3
		$25,000-34,999	17	Some college	13
		$35,000-49,999	27	Community clg. degree	3
		$50,000-64,999	20	Bachelor's degree	12
		$65,000-79,999	10	Master's degree	18
		$80,000-94,999	4	Doctoral degree	36
		$95,000 or more	4		

Retirement location decision	%	Likelihood of moving from present community	%
Decided			
Neither when nor where	42	Very unlikely	33
When but not where	14	Somewhat unlikely	26
Where but not when	20	Somewhat likely	23
Both where and when	24	Very likely	18

Difficulty in moving to another state for retirement	%	Difficulty in moving to another part of current state	%	Community age mix preference during first ten retirement years	%
Not difficult	49	Not difficult	46	All age community	89
Difficult	32	Difficult	34	Mostly older people	10
Very difficult	19	Very difficult	20	Older people only	1

Findings

Descriptive Statistics

The study found that about 40 percent of respondents had not yet decided when or in what community to retire, while about 25 percent had already made both decisions. Two thirds of the respondents indicated a somewhat strong or strong preference to live in their present community.

Respondents were asked to indicate the importance of twelve community characteristics in choosing a place to live during their first ten years of retirement. These data are shown in Table 2. A general observation can be drawn when combining the percentages of those reporting a characteristic as either "very" or "somewhat important." Eleven of the twelve categories had half or more respondents who considered the characteristic important.

Table 2. Importance of each community characteristic (N=5,662).

Community	Very Important	Somewhat Important	Not too Important	Not at all Important
Medical facilities	67%	29%	3%	1%
Low cost of living	40%	50%	9%	1%
Low utility rates	41%	48%	10%	1%
Library facilities	45%	39%	13%	3%
Recreational opportunities	39%	42%	15%	4%
Shopping mall	26%	43%	23%	8%
Public transport	27%	38%	27%	8%
Educational opportunities	26%	40%	25%	9%
Air transportation	23%	43%	25%	9%
Place of worship	37%	24%	18%	21%
Volunteer opportunities	14%	39%	33%	14%
Employment opportunities	14%	33%	37%	16%

The most important individual characteristic was medical facilities. Almost all respondents indicated it was somewhat or very important. Low utility rates and low cost-of-living were ranked second and third respectively. Next in importance were library facilities followed by recreational facilities. The high ranking for library facilities was unexpected. This may have been a reflection of the number of people in the sample with higher educational levels. Respondents also may perceive that there will be more time for reading and recreation after retirement. Consequently, such indicators should figure prominently in planning a retirement community. Employment opportunities and volunteer opportunities were least important.

Chi-square Analysis

The importance of adequate medical facilities in a retirement community was anticipated. To better understand these needs, respondents were also asked to indicate the least acceptable level of medical service they were willing to have within a twenty-to-thirty minute drive of their retirement home.

Acceptable level of medical service

The most desired minimum acceptable level of medical service was "general practitioners, a few specialists, and a hospital where limited surgery is done." This was followed closely by those who wanted at least "many medical specialists and hospital(s) where general surgery is done." These are shown in Table 3.

Less than 10 percent were willing to accept nothing less than a community with a "medical center able to perform organ transplants or other complex surgery." Surprisingly, a greater percentage were willing to accept "no medical service" than to accept a "nurse practitioner." Because nurse practitioners are a new feature in the health care sector, their qualifications may not have been widely understood by the respondents. Respondents from universities located in rural areas tended to accept lower levels of medical service than their urban counterparts.

The least acceptable level of medical service was evaluated with respect to the respondent's current age, income, and self-reported health. Response percentages are displayed in Table 3 by age and minimum acceptable level of medical service. Although the chi-square test showed that older respondents indicate a preference for the two higher service levels, the gamma statistic suggested very little association between age and minimum acceptable service.

A slightly higher association was found between "income" and "least acceptable level of medical service." As income increased people preferred the higher levels of service.

When comparing "self-reported health" and "least acceptable level of medical service," those in fair or poor health were more likely to want the two highest levels of service. They were twice as likely to want a medical center than those with excellent

Table 3. Acceptable level of medical service and income, age, and self-reported health

		Least Level of Acceptable Medical Service (%)					
	N	No Medical Service No Hospital	Nurse Practitioner No Hospital	General Practitioner Hospital	General Practitioner Hospital	Specialists General Surgery	Med Ctr Complex Surgery
Age							
40-45	(1254)	3.5	1.2	5.0	46.7	37.8	5.7
46-50	(1085)	5.2	1.0	3.8	45.1	38.9	6.1
51-55	(1294)	4.7	0.5	3.8	43.7	42.2	5.0
56-60	(1133)	4.1	0.6	3.4	45.7	40.7	5.5
61-72	(755)	4.1	0.7	1.6	40.1	46.6	6.9
Gamma 0.06							
Income							
<25,000	(914)	5.7	1.2	2.6	45.2	39.5	5.8
$25,000-$34,999	(923)	6.1	1.0	4.1	46.5	36.9	5.4
$35,000-$49,999	(1457)	4.7	0.7	3.5	46.0	40.9	4.3
$50,000-$64,999	(1113)	2.6	1.1	4.2	47.6	40.2	4.3
=>$65,000	(998)	2.8	0.3	3.8	38.7	45.7	8.7
Gamma 0.08							
Self-reported health							
Excellent	(3227)	3.9	0.9	4.2	45.6	40.3	5.1
Good	(2018)	5.0	0.7	3.0	44.7	40.5	6.1
Fair/Poor	(228)	3.1	0.7	2.1	34.4	49.7	10.1
Gamma 0.07							

Chi-square p,0.001

Table 4. Results of discriminant analyses by percent of cases classified.

Community characteristic	n impt. (not impt.)	d.f.	Percent of cases correctly classified	Discriminant functions used to classify respondents*
Low utility rates	4515 (577)	5	70	-.79MOVE-.79PLANS+.50INC+.15ED-.14SPHLTH-3.78C
Low cost of living	4695 (549)	3	68	-.98MOVE+.56INC+.11ED-4.18C
Library facilities	3277 (661)	6	66	-.43COMM+.41SPED-.23INC+.20AGE+.20ED.17MOVE-3.34C
Air transport	2490 (1379)	6	62	+.44ED+ 40INC-.38STATE+.31AGE-.26PLANS.21SPED-5.OC
Educational opportunities	2472 (1358)	9	61	-80.COMM-.36AGE+.29SPED-.23HLTH+.23ED+.21SPHLTH-.14INC-.11PLANS-0.77C
Place of worship	2392 (1570)	7	60	-.38AGE+.30INC-.28STATE+.16HLTH+.15MOVE+.14SPED+.14ED-1.95C
Employment opportunities	1602 (2118)	8	59	-.98ED+.54COMM-.50SPED+.47INC-.38DIFF+.32PLANS+.28AGE-.16HLTH-5.37C
Recreational opportunities	3510 (813)	4	58	+.83AGE+.50SPHLTH-.37MOVE-.20INC-2.94C
Public transport	2330 (1374)	9	57	+.60AGE+.52HLTH+.46DIFF-.46PLANS+.45COMM+.32SPED-.27INC+.25MOVE-.13ED-3.90C
Shopping malls	2551 (1214)	8	56	+83COMM+.46HLTH+.46AGE-.38DIFF-.27ED+.18MOVE+.15INC-.14SPED-3.15C
Medical facilities	3748 (134)	5	56	+.86COMM+.81DIFF+.68SPHLTH-.24PLANS-.20SPED-1.64C
Volunteer opportunities	1919 (1826)	8	55	+1.06COMM-.45INC-.37STATE+.32HLTH+.24MOVE+.16ED-.15SPED+.15PLANS-4.99C

*Where

ED=	respondent's highest level of education	MOVE=	likelihood of moving upon retirement
INC=	total family income before taxes	DIFF=	difficulty in moving within the state
SPED=	highest level of spouse's education	COMM=	community preference for first 10 years
PLANS=	degree of decisions of when and where to retire	STATE=	difficulty in moving outside the state
SPHLTH=	respondent's report of spouse's health	HLTH=	self-reported health
AGE=	age of the respondent	C=	constant

health. Respondents who are in fair or poor health clearly recognize that they may need the higher levels of medical service and therefore want them nearby. If these respondents who are not yet retired already view medical services as important, it is likely that their perceptions of importance will increase with time.

Discriminant Analyses

A stepwise, discriminant analysis was executed with each of the twelve community characteristics as the dependent variable. The four original response levels for each dependent variable were combined to form two levels for this analysis. If the original responses were "very" or "somewhat" important, it was assigned to a new level termed "more important." If the original response was "not too" or "not at all important" it was assigned to a second level termed "less important." Since there were only two response levels, selection based upon mere random choice should be able to predict correctly 50 percent of the time whether a respondent perceived any community characteristic to be "more important" or "less important." Consequently if a discriminant function correctly predicted that level of the discriminant variable at a rate of 55 per cent, it would only be predicting at a rate five percent above a purely random choice. Discriminant analysis was used to determine if one, or a combination of respondent characteristics could be used to predict a respondent's perception of importance regarding a community characteristic. Table 4 lists the coefficients of the significant variables in each linear discriminant function and the percentage of cases correctly predicted by each function. The coefficients are listed in descending order of their predictive power in the function. The value of the constant is listed at the end.

The resulting discriminant functions were able to predict the importance of the twelve community characteristics with accuracies of 55 to 70 percent. A respondent's preference for the "age mixture of the retirement neighborhood and community" was the most powerful predictor for importance of libraries, educational opportunities, malls, medical facilities, and volunteer opportunities. The respondent's age was most powerful for predicting the importance of place of worship, recreation, and public transportation. Four independent variables appeared often in the functions. Income was significant in eleven while age, education, and spouse's education were significant in nine each.

Results

The sign and relative placement of an independent variable in the linear, discriminant functions were used to judge the ability of an independent variable to predict the importance of a community characteristic to a respondent. The twelve dependent variables are shown in Table 4 and discussed below in order of their overall predictability.

Even though significant, the last six discriminant functions increased the expected predictability by less than 10 percent. And though these six were poor predictors, it may be useful to note which independent variables most affected the respondent's perception of importance for each community characteristic.

Low utility-rates

People who indicated it would not be difficult for them to move within their current state when they retired and those who had made fewer retirement decisions regarding location, placed less importance on low utility rates. As was expected, people who had less income and education placed more importance on low utility rates. The importance of utility rates was also characteristic of those who had a spouse in poorer health.

Low cost of living

People with higher levels of income or education placed less importance on a low cost of living. Those who expressed no difficulty moving within their state also placed less importance on a low cost of living.

Library facilities

Education levels of both the respondent and spouse were related to the perceived importance of library facilities. It was expected that those with more education would place more importance on library facilities, and this is supported by the findings.

Convenient air transportation

The higher the level of education of the respondent or their spouse, the more likely respondents were to place importance on convenient air transportation. Education is related to income, and the income of the respondent is also related to the perceived importance of air transportation. People who would not have difficulty moving outside their state when they retire also placed importance on air transportation.

Educational opportunities

As expected, those with a higher level of education already valued education and viewed it as an important retirement community characteristic. Education was also more important to those who wanted to spend the first ten years of their retirement in a community with people of all ages. The spouse's level of education had the strongest relationship to the importance of educational opportunities. Its importance increased as the level of the spouse's education increased. Several additional respondent characteristics were related to a greater perceived importance of educational opportunities. These characteristics were those in good health or who had spouses in good health, had higher levels of income, were younger, had made fewer retirement locational decisions, and were not likely to move.

Preferred place of worship

Age and income were most strongly related to the importance of the preferred place of worship. Those who were older placed greater importance on it as did those with less income. Respondents who felt it was important, expressed difficulty in moving to another state and reported that they were less likely to move upon retirement. Lower levels of education for respondents and their spouses were related to a greater importance placed on place of worship. Poorer health was also associated with increased importance for this factor.

Employment opportunities

The education of the respondent was the most discriminating variable in predicting the importance of employment opportunities. The higher the level of education attained, the less important employment opportunities were. Employment was not important to preretirees who had made retirement locational decisions, who were older, and had higher incomes. Employment opportunities were important to those in poorer health and to those who would find it difficult to move to another part of their state to retire.

Recreational opportunities

Age of the respondent was most strongly associated with the perceived importance of recreational opportunities. The youngest age group of preretirees, 40-45 years old, were much more likely to report recreation as important than those who were older. Those who were likely to move when they retired were more likely to place importance on recreational opportunities. Recreation was less important to those in poorer health and became less important as income decreased.

Public transportation

Public transportation was important to those who were in poorer health, older, and somewhat or very likely to move from their present community. Likewise, it was important to those who expressed difficulty in moving to another part of the state, wanted to retire in a community of mostly or only older people, or had a spouse with higher levels of education. It was not likely to be important to those who had made decisions regarding their place of retirement or who had higher levels of income or education.

Shopping mall

Preferring a community with people of only or mostly older people was related to those who placed importance on a shopping mall. Being older, having a higher income level, having poorer health, and likelihood of moving were also associated with those who wanted a shopping mall. A mall was less important as a person's or spouse's level of education decreased. It was also less important to those who would have little difficulty moving to another part of the state.

Medical facilities

This characteristic was the most important community characteristic to respondents, yet the independent variables chosen for this study did not greatly aid in identifying those who would find medical facilities important. This may be due to the fact that 96 percent felt facilities were important. It may be hard to discriminate between this high of a percentage who feel facilities are important and the four percent who did not. What is important is that medical facilities are of overwhelmingly high importance to almost all respondents.

Respondents who preferred to spend the first ten years of their retirement in a community of exclusively older people were more likely to find medical facilities important. The same was true for respondents who would experience difficulty in moving to another part of the state upon retirement. Those at lower income levels were also more likely to find medical facilities important. As expected, a respondent whose spouse was in fair or poor health considered medical facilities important. The respondent's health, however, was not related to the respondent's perceived importance of medical facilities.

Volunteer opportunities

Preference for a "neighborhood or a community of mostly older people" stood out as the variable most closely associated with perceived importance of volunteer opportunities. Those who preferred a community of mostly or exclusively older people also desired volunteer opportunities. Poor health, greater education, and having made retirement locational decisions were also related to the importance of volunteer opportunities. These opportunities were not likely to be important to those whose spouses had lower levels of education, had less income, or who would have little difficulty moving out of state upon retirement.

Conclusions

Attracting and retaining retirees in a community offers benefits such as additional employment and stable economic growth. It also has major implications for community planning and development. Those communities who wish to attract retirees need to consider the specific characteristics of the retirement group they want to attract. If they wish to encourage construction of retirement housing, they also need to promote community characteristics such as medical facilities to attract this target group.

In addition, the kind of neighborhood and the community age-mix during the first ten years of retirement will figure prominently in the community characteristics required by this group. Retirees wanting to live in a community of older people, for instance, are likely to desire shopping malls, medical facilities, libraries, and volunteer opportunities.

Some communities may have difficulty attracting retirees if there are not adequate medical specialists, hospital facilities, and air service. Communities will need to evaluate the adequacy of their medical services and facilities. They may find it necessary to improve them if they wish to compete as a retirement community. Those people who experience declining health after retirement will probably demand more medical services than they indicated as preretirees. The place of worship plays a part in retention of retirees in a community. However, those who placed importance on place of worship also reported poorer health, and this will affect the requirements for medical facilities.

The community characteristics related to economic factors included "low cost of living" and "low utility rates." They were the second and third most important community characteristics preretirees identified and were most important to those in the lower income levels. Communities that have a favorable tax status and lower utility rates, can emphasize a lower cost of living.

The accessibility of library facilities will also be a significant factor. The high ranking of libraries may have been a consequence of the higher education levels of the sample. Most predictive in this category were the desired age-mix of people in the retirement community and the spouse's educational level. Hence, libraries will be especially important to those who want only or mostly older people in the community where they retire.

The west is rich in outdoor recreational opportunities and, for the population studied, these were an important community characteristic. Communities located near recreational facilities can use this to their advantage. A community wishing to attract or retain retirees at the higher income levels should also consider convenient air transportation.

Thus, attracting and retaining retirees in a community will involve community planning strategies. Communities will have to determine the viability of providing services to an older population and how to promote their community to preretirees. They will also need to consider the long-term effects of attracting retirees as the health of retirees declines. The economic benefits of attracting retirees may be offset by an increased demand for public services and facilities.

Findings from this research should not be extrapolated to groups outside the study population. Also, preretirees in the west may place greater importance on specific community characteristics, such as outdoor recreational opportunities, than those from other parts of the United States. Further research will determine if these findings are unique to the population sampled or occur in the general, preretiree population.

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