

NONMETROPOLITAN RETIREMENT LOCATION: PREFERRED COMMUNITY CHARACTERISTICS

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Abstract

The purpose was to study future retirees who had indicated a preference to live in non-metropolitan communities during the first ten years of retirement. The four community size preferences ranged from a community of less than 2,500 people to a community of 20,000 to 49,999 people. The first objective was to determine if age and income influence the importance of community characteristics. The second objective was to determine if the importance respondents placed on selected community characteristics differed by the size of nonmetropolitan area preferred for retirement living. Data from an age-stratified random sample of preretirees in four states were analyzed (N = 702). Multiple regression results indicated that age had a significant ($p < .05$) influence on the importance of medical facilities, low cost of living, low utility rates, and recreational facilities; income had a significant ($p < .05$) influence on the importance of low cost of living, proximity to family, and recreational facilities. One-way analysis of variance revealed that the importance of having medical facilities differed ($p = .0002$) according to the size of nonmetropolitan area preferred for retirement living.

Rural Location

Rural living preferences, voiced in the 1960s, were brought to fruition in the 1970s with a sizable shift in population toward the countryside and its small towns (Beale, 1988). Although population growth in rural and small towns, overall, slowed dramatically in the economic recession of the 1980s (Beale, 1988), preference survey results indicated that millions of Americans not living in small towns, villages, or other rural areas said they would prefer to do so (Beale, 1988; Glasgow and Beale, 1985). Projections indicate that, if and when nonmetropolitan economic conditions rebound, the United States may experience another burst of rural growth (Golant, 1987; Swanson, 1984).

According to the 1980 census definition, metropolitan areas include cities of at least 50,000 people or urbanized areas of at least 50,000 people, with a total metropolitan population of at least 100,000 (U.S. Bureau of the Census, 1989). Nonmetropolitan areas are those not included in the metropolitan areas.

The population not classified as urban constitutes the rural population. The farm population is identified only in rural territory and constitutes only a part of the total rural population (U.S. Bureau of the Census, 1989). The urban population comprises all persons living, (a) in places of 2,500 or more residents that are incorporated as cities, villages, boroughs and towns but excluding those persons living in the rural portions of extended cities; (b) in census designated places of 2,500 or more inhabitants; and (c) in other territory included in urbanized areas. Thus, nonmetropolitan areas include rural areas, those of less than 2,500 people, and some of the areas which are classified as urban by the U.S. Bureau of Census. For this study, the definition for nonmetropolitan areas will be those with population less than 50,000, which will include rural areas with less than 2,500 population.

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Rural Retirees

While only a small proportion of the elderly have moved upon retirement, their freedom from the constraints of paid employment allowed many to seek out rural areas and small towns in the 1960s and 1970s, offsetting a pattern of slow growth or population loss in areas dependent on farming, mining, or manufacturing. Nearly 500 nonmetropolitan counties in 44 states drew in significant numbers of older people in the 1970s, the most rapidly growing class of nonmetropolitan counties during the "rural turnaround" years. From 1975-80, a net of 275,000 people 60 years and over moved to nonmetropolitan areas, nearly all being between 60 and 74 years old (Glasgow and Beale, 1985; Golant, 1987).

Although population growth in rural and small town areas slowed greatly in the 1980s, retirement counties--defined as those with at least 15 percent net in-migration of the elderly during the 1970s--continued to grow in the 1980s (Beale, 1988). Given the older average age of the population in retirement counties, such growth can be achieved only through substantial in-migration, for the birth rate is somewhat low and the death rate somewhat high. The growth slowdown for retirement areas was about the same as for other areas in the first three years of the decade, but retirement counties, made up of less than one-fourth of all nonmetropolitan counties, accounted for over half of all nonmetropolitan population growth from 1980-86. Population in these areas grew by 1.78 percent per year from 1980-86, far above the one percent nationwide rate (Beale, 1988).

Retirement counties were probably the least affected by the recession in the 1980s because the income of a large segment of their population was shielded from unemployment, wage cuts, or other hardships of the business slump. Mature retirement counties--those with a relatively high (one-sixth or more) proportion of population that is elderly--performed much better economically than retirement counties in general. Retirement income can lead to job growth the same way that industrial payrolls generate jobs. For nearly 500 nonmetropolitan counties, the formula for economic success has been to attract retirees as new residents (Reeder and Glasgow, 1990).

One of every four persons age 65 and older resides in rural areas, either in small towns of 2,500 or less or on farms (U.S. Bureau of the Census, 1989). The elderly, with their non-wage incomes, are indeed a growth industry meaningful to rural development (Summers and Hirschl, 1985). Furthermore, a large population of older people creates a demand for trade and service jobs filled by younger people, people of working age (Beale, 1988). The number of Americans over age 65 will increase by 64 percent between 2010 and 2030 and will account for one-fifth of the U.S. population at the end of that 20-year period (Summers and Hirschl, 1985). Even though only a small portion might prefer rural living upon retirement, they could be crucial to continuing rapid growth of retirement counties, one of the few success stories of the 1980s. The preference of nonmetropolitan areas by the elderly may represent the choices made by the elderly to seek places to live that are more consistent with their lifestyles and personal resources. They also suggest the challenges that may confront a nonmetropolitan community's social, economic, and political institutions in trying to satisfy the service needs of their elderly residents. What amenities are future retirees with rural preferences expecting to find in their rural communities? And does the importance of these amenities vary by the size of the nonmetropolitan community that is preferred?

Purpose

The purpose of this research was to study future retirees who had indicated a nonmetropolitan locational preference for the first ten years of retirement. The first objective was to determine if age and income influence the importance of six community characteristics: medical facilities, low crime rate, low cost of living, low utility rates, proximity to family, and recreational facilities. The second objective was to determine if the importance respondents placed on the six community characteristics differed by the size of the nonmetropolitan area preferred for retirement living.

Today's mobile society makes planning by small communities very difficult. It is the moving into and out of areas that mainly alters the size and composition of the population in a short time (Swanson, 1984). Knowing the preferences of future nonmetropolitan retirees

can help small communities plan for a future in which they can attract retirees and keep them by providing the amenities that retirees indicate they want. Similarly, pre-retirees need to be aware of the amenities that can be expected in the various sizes of nonmetropolitan communities so that they can make more satisfying retirement migration decisions.

Methods

Data

The data analyzed for this study were collected in a mail survey, "Housing and Locational Retirement Decisions: A Study of Pre-retirees in Four States," by a Western Regional Agricultural Experiment Station Committee (W-176). The survey was conducted in three western states, Idaho, Oregon and Utah, and in one midwestern state, Michigan. The sample, an age-stratified random sample from the population between 40 and 65 years of age, was ordered from Survey Sampling Incorporated. Data were collected by March of 1990, and the overall response rate in the four states was 43 percent (McFadden and Brandt, 1991). The sample included respondents who preferred to live in nonmetropolitan areas during the first ten years of retirement (N = 702).

Variables

Independent Variables

Income was measured as the midpoint of ten income categories ranging from less than \$10,000 to \$95,000 or more. Age was indicated by respondents filling in the year in which they were born. By subtracting that year from 1990, respondents' age was calculated and ranged from 40 to 65 years. Respondents indicated their preference of county or region in which they would most like to live during the first ten years of retirement by the size of the largest city within that county or region. Those respondents who indicated a preference to retire in counties or regions where the size of the largest city would define those counties or regions as nonmetropolitan were selected for this study. Thus, respondents preferring to live in four sizes of nonmetropolitan areas were studied: (a) areas with less than 2,500 people, also known as rural areas (n = 119); (b) areas with 2,500 - 9,999 people (n = 124); (c) areas with 10,000 - 19,999 people (n = 117); and (d) areas with 20,000 - 49,999 (n = 342).

Dependent Variables

The importance of 33 community characteristics were identified by the respondents' selection of one of four alternatives: (a) very important, (b) somewhat important, (c) not too important, and (d) not at all important. Based on mean scores for each characteristic, the five community characteristics considered to be most important for their choice of location for the first ten years of retirement were: (a) low crime rate (m = 1.22), (b) medical facilities (m = 1.42), (c) low cost of living (m = 1.50), (d) low utility rates (m = 1.61), and (e) proximity to family (m = 1.95).

The importance retirees placed on recreational facilities (Glasgow and Beale, 1985; Mueller, 1987; Swanson, 1984) led to the inclusion of recreational facilities as the sixth community characteristic for this study. Eight of the 33 community characteristics on the questionnaire dealt with recreational facilities, seven of which were participatory and one which dealt with spectator sports. Respondents' preferences for seven recreational facilities, (fishing, boating, camping, skiing, tennis, golf, and swimming) were summed and divided by the number that were answered. The resulting mean score for each respondent was used for measuring importance of recreational facilities.

Statistical Analysis

Descriptive statistics were computed on sociodemographic variables to describe the respondents and on the community characteristics. Multiple regression analysis was used to test if the independent variables, age and income, influenced the importance of each of the community characteristics (dependent variables): medical facilities, low crime rate, low cost of living, low utility rates, proximity to family, and recreational facilities. One-way analysis of variance was used to test if the dependent variables--respondents' importance of having

medical facilities, low crime rate, low cost of living, low utility rates, proximity to family, and recreational facilities--differed by size of nonmetropolitan area preferred for retirement living (independent variable). The level of significance for this study was set at .05.

Table 1. Descriptive analysis of importance of community characteristics by preferred size of nonmetro retirement location.

Community Characteristics	Nonmetro Community Size			
	<2,500 %	2,500- 9,999 %	10,000- 19,999 %	20,000- 49,999 %
Medical Facilities N=639				
Very Important	55.9	53.7	58.9	67.7
Somewhat Important	31.5	38.9	38.3	30.0
Not Too Important	9.0	4.6	2.8	2.2
Not At All Important	3.6	2.8	0.0	0.0
Low Crime Rate N=644				
Very Important	82.3	83.9	84.3	84.6
Somewhat Important	16.8	12.5	13.9	12.5
Not Too Important	0.0	2.7	.9	1.9
Not At All Important	.9	.9	.9	1.0
Low Cost of Living N=650				
Very Important	74.3	64.0	56.9	62.8
Somewhat Important	21.2	27.0	37.6	31.9
Not Too Important	1.8	7.2	5.5	5.4
Not At All Important	2.7	1.8	0.0	0.0
Low Utility Rates N=640				
Very Important	67.0	63.9	50.9	51.9
Somewhat Important	29.5	25.0	38.9	40.4
Not Too Important	1.8	7.4	9.3	6.7
Not At All Important	1.8	3.7	.9	1.0
Proximity to Family N=642				
Very Important	33.3	35.1	29.6	35.6
Somewhat Important	36.0	38.7	50.0	43.3
Not Too Important	20.7	20.7	15.7	15.4
Not At All Important	9.9	5.4	4.6	5.8

Findings and Discussion

Respondents' Profile

The age of the respondents ranged from 40 through 64 years with a mean age of 51.2 years, and the majority (84 percent) were married. Median family income was in the category of \$35,000 - \$49,999. The median education level of respondents was some college but without a degree earned. The majority of respondents were homeowners (91 percent).

Descriptive Analysis of Community Characteristics

Descriptive statistics of the importance of community characteristics by size of nonmetropolitan area preferred during the first ten years of retirement are given in Table 1 (percentages) and in Table 2 (means). Medical facilities were considered to be a very important community characteristic by more than half of all respondents who prefer all four sizes of nonmetropolitan areas, with mean scores ranging from 1.35 to 1.60; however, more (68 percent) of the respondents who preferred the largest nonmetropolitan area (20,000 - 49,999) considered medical facilities as very important, mean score = 1.35.

Table 2. Mean values of the importance* of community characteristics by preferred size of nonmetro retirement location.

Nonmetro	Community Characteristics					
	Medical Facilities	Low Crime Rate	Low Cost of Living	Low Utility Rates	Proximity to Family	Recreational Facilities
	Mean	Mean	Mean	Mean	Mean	Mean
<2,500	1.60	1.19	1.33	1.38	2.07	2.49
2,500-9,999	1.56	1.21	1.47	1.51	1.96	2.57
10,000-19,999	1.44	1.19	1.49	1.60	1.95	2.67
20,000-49,999	1.35	1.19	1.43	1.57	1.91	2.63

*Importance of alternatives: (1) very important, (2) somewhat important, (3) not too important, (4) not at all important

Over 82 percent of all respondents indicated that having a low crime rate in their retirement communities was very important. The mean scores ranged from 1.19 to 1.21; the mean for three of the four nonmetropolitan areas for low crime rate characteristic was 1.19, indicating the importance of the characteristic.

Nearly three-quarters of the respondents who prefer rural areas perceived low cost of living as a very important characteristic (mean = 1.33) for retirement areas. However, for those respondents who prefer to retire in the larger nonmetropolitan areas (2,500 - 49,999), fewer indicated low cost of living as a very important characteristic. The mean scores for low cost of living in the three larger nonmetropolitan areas were 1.47, 1.49, and 1.43, respectively.

Low utility rates were very important for 64 percent of those respondents who prefer to retire in either of the two smallest nonmetropolitan areas; mean scores were 1.38 for respondents who prefer to retire in rural areas and 1.51 for those who prefer a nonmetropolitan area with a population of 2,500 - 9,999. Fewer (50 percent) of those who prefer to retire in one of the two larger nonmetropolitan areas considered it as very important. The mean scores for the importance of low utility rates for those who prefer one of the two larger nonmetropolitan areas were 1.60 and 1.57, respectively.

Proximity to family during the first ten years of retirement was rated as very important by only 30 percent to 36 percent of the respondents who preferred one of the nonmetropolitan areas. The mean scores for proximity to family were 2.07 for those who prefer to retire in rural areas, 1.96 for those who prefer areas of 2,500 - 9,999, 1.95 for areas of 10,000 - 19,999, and 1.91 for those who prefer the largest nonmetropolitan area.

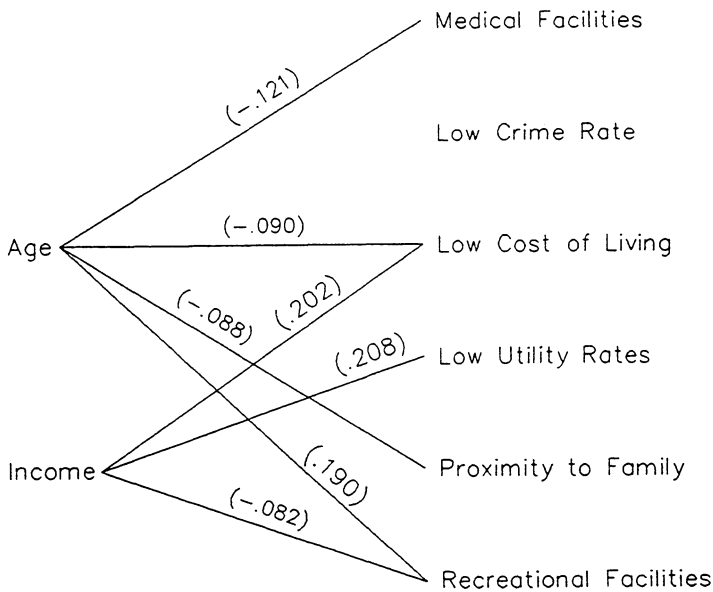
Frequency distributions for recreational facilities cannot be reported because the importance each respondent placed on seven recreational types of amenities was summed and divided by the number answered to arrive at a mean score for each respondent. The mean scores for recreational facilities ranged from 2.49 for those who prefer rural areas to 2.67 for those who prefer nonmetropolitan areas of 10,000 - 19,999.

Results of Inferential Tests

Multiple Regression Results

Multiple regression analysis was used to test for the influence of the two independent variables, age and income, on the dependent variables, community characteristics--medical facilities, low crime rate, low cost of living, low utility rates, proximity to family, and recreational facilities (see Figure 1).

Figure 1. Tested Sociodemographic Variables and Importance of Community Characteristics, including Statistically Significant Beta Coefficients.



Medical facilities. Respondents' age ($p = .003$) was found to significantly influence the perceived importance of having medical facilities in the preferred nonmetropolitan areas. The beta weight of $-.121$ indicates that older respondents considered medical facilities more important while younger respondents placed less importance on medical facilities in nonmetropolitan communities during their first ten years of retirement. Income level ($p = .278$) was not found to influence the importance of having medical facilities in the preferred nonmetropolitan areas.

Reid et al. (1984) found that nearly all nonmetropolitan communities were served by some kind of hospital facility, and people living in these areas had access to hospital beds. However, regardless of where they lived, people routinely traveled to reach proper medical care, thus, exacerbating the needs of the elderly (Coward and Rathbone-McCuan, 1985). The health impairments of the elderly were not readily treated in rural areas. Rural health services were less abundant, less accessible, and more costly to deliver (Nelson, 1980; Rathbone-McCuan, 1981).

Low crime rate. Respondents' age ($p = .288$) and income level ($p = .711$) were not found to significantly influence the perceived importance of low crime rate. Here it should be remembered that in this study low crime rate was perceived to be the most important community characteristic.

McGranahan (1986) found that nonmetropolitan areas were perceived to have lower crime rates than urban areas. In a study by Bankston, Jenkins, Thayer-Doyle, and Thompson (1987), it was found that fear of crime varied among rural farm and rural nonfarm residents.

Low cost of living. Age ($p = .024$, $\beta = -.090$) and level of income ($p = .000$, $\beta = .202$) were found to significantly influence the perceived importance of low cost of living. The betas indicate that older respondents and lower income respondents preferred nonmetropolitan communities which have a low cost of living. Conversely, respondents who were younger or who had higher incomes felt that low cost of living was not as important a community characteristic during their first ten years of retirement.

Ghelfi (1988) reported that nonmetropolitan households had a lower cost of living than metropolitan households in Wisconsin. In Zuiches and Carpenter's (1978) reassessment of people's preference of nonmetropolitan areas, low cost of living was a cited reason. Retirees have decided they can get services, goods, and amenities for the least cost in nonmetropolitan areas (Kuehn, 1986).

The income gap has diminished in nonmetropolitan areas, but a disproportionate share of poor continue to live in these areas, making low cost of living a major factor to consider. Hoppe (1987) noted the widening gap between nonmetropolitan and metropolitan per capita personal income between 1973 and 1984 and a slower per capita income growth in nonmetropolitan areas. Transfer payments that account for a large share of nonmetropolitan income were a contributing factor (Hoppe and Ghelfi, 1990).

Low utility rates. Respondents' age ($p = .123$) was not found to influence the perceived importance of having low utility rates in nonmetropolitan communities. Income level ($p = .000$, $\beta = .208$) was found to significantly influence the importance of having low utility rates. The positive relationship indicates that respondents with lower income levels consider low utility rates an important nonmetropolitan community characteristic during their first ten years of retirement, more so than do respondents with higher income levels. With rising energy costs and the cost of heating fuels cutting into the family budget, lower income people are becoming increasingly aware of keeping their utility rates low (Ghelfi, 1988). In a study of urban elderly, Mileham and Brandt (1990) found that lower income elderly engaged in more energy curtailment behaviors than did those with higher incomes.

Proximity to family. Respondents' age ($p = .031$, $\beta = -.088$) was found to significantly influence the value placed on proximity to family. However, respondents' income level ($p = .173$) was not found to significantly influence the importance of proximity to family. Older respondents were more likely to consider proximity to family as an important characteristic in their nonmetropolitan communities. Those who were younger were more likely to consider this characteristic less important.

Glasgow and Beale (1985) indicated that migration to nonmetropolitan areas was likely because of ties to relatives or friends. Previous studies show that rural elderly had at least one child in the vicinity (Dorfman and Mertens, 1990; Krout, 1986), and as the elderly age they have a sibling living in the same town (Scott and Roberto, 1984). Blieszner, McCauley, Newhouse, and Mancini (1987) reported that older rural residents were more likely to receive help for homemaking tasks from family members. These findings may be a reflection of the lesser availability of community based formal services in nonmetropolitan areas (Coward and Cutler, 1989; Krout, 1986) and, thus, the necessity of nonmetropolitan elderly to rely on family resources.

Recreational facilities. The age ($p = .000$, $\beta = .190$) and income level ($p = .041$, $\beta = -.082$) of respondents was found to significantly influence the perceived importance of recreational facilities. The younger respondents and higher income respondents felt recreational facilities were important nonmetropolitan community characteristics to consider during their first ten years of retirement. For those respondents who were older or who had lower incomes, these characteristics were not as important.

Previous researchers have reported that people who moved or would like to move to a nonmetropolitan county enjoy the recreational opportunities provided in those areas (Glasgow and Beale, 1985; Swanson, 1984) and that the elderly sought places with good recreational facilities (Mueller, 1987). Elderly migrants wanted to stimulate the nonmetropolitan economy by developing recreational facilities to attract younger in-migrants (Swanson, 1984).

One-way Analysis of Variance Results

One-way analysis of variance tests were used to determine if respondents' preference for size of nonmetropolitan retirement area differed by the dependent variables, i.e., respondents' importance of having medical facilities, low crime rate, low cost of living, low utility rates, proximity to family, and recreational facilities. The size of nonmetropolitan area preferred significantly differed ($p = .0002$) according to the importance placed on having medical facilities as a community characteristic. Respondents whose preference was for the smaller nonmetropolitan communities (<2,500 and 2,500 - 9,999) felt that medical facilities were somewhat important, whereas respondents who preferred the larger nonmetropolitan communities (10,000 - 19,999 and 20,000 - 49,999) indicated that medical facilities were very important. Reports show that nearly all rural communities are served by some kind of hospital facility but have fewer physicians than the larger nonmetropolitan areas, (Bauer and Weis, 1989) and lacked some specialized medical services (Reid et al., 1984). Those respondents who preferred the smaller nonmetropolitan areas for retirement expected fewer medical services. These findings are in conjunction with the findings of Reid and Sullivan (1984) that communities under 2,500 residents lacked access to medical services more often than larger places.

Conclusions

This study has addressed two questions: What amenities are future retirees with nonmetropolitan preferences expecting to find in their nonmetropolitan communities? And does the importance of these amenities vary by the size of the nonmetropolitan community that is preferred? Of the six community characteristics under study here, low crime rate, low utility rates, low cost of living, medical facilities, and proximity to family, all ranked high in importance to future nonmetropolitan retirees. Recreational facilities ranked between somewhat important and not too important. With further investigation, it was found that the importance future nonmetropolitan retirees placed on these community characteristics differed by respondents' age and income level.

Communities wanting to attract retirees could make use of these findings through marketing efforts matching what is available to those who indicated that this is what they want. Communities wanting to attract and keep retirees content within their communities could also develop what is wanted and target the type of retirees that they want to attract.

Wealthier respondents in this study were very interested in recreational facilities and indicated that low cost of living or utility rates were less important. Younger respondents also

placed more importance on recreational facilities. Older respondents in this study, those nearing 65 years of age, placed more importance on low cost of living, low utility rates, proximity to family, and medical facilities. Those preferring to retire in the smaller nonmetropolitan areas, areas up to 10,000 population, placed less importance on medical facilities, while those preferring to retire in nonmetropolitan areas of 10,000 to 50,000 indicated that medical facilities were very important. Reid et al. (1984) indicated that nearly all nonmetropolitan areas had medical services, and residents of these areas had access to medical beds. However, the adequacy of the medical services could not be established.

Retirees migrating to nonmetropolitan areas may have higher expectations of the availability of services than what is available. Preretirees need to be educated about the availability of services in nonmetropolitan areas so that their expectations and the provision of services is bridged.

Implications

Nonmetropolitan communities need to be aware of retirees' expectations of community characteristics as retirement income and its multiplier effect on local employment is an expanding source of nonmetropolitan growth. Local community planners and state and federal policy makers will be able to plan for providing medical, recreational, and housing services if they are aware of the potential service demands in nonmetropolitan areas. In the absence of increased funds for nonmetropolitan services, available funds can be better targeted by developing area-sensitive recommendations.

The population turnaround in nonmetropolitan communities generates a need for considerable investment in public facilities. Communities which intend to attract retirees may need to target services to avert costly institutionalization of retirees as they age because retirees may not anticipate their needs for community services related to future compensatory adjustments. Rural revival in the 1990s and 2000s would mean building the infrastructure, providing of services, and meeting the challenges created by the population turnaround. The process of nonmetropolitan development or redevelopment is complex, and systemic analysis is needed for an understanding of the interplay of communities' and retirees' needs. However, communities could easily price themselves out of the market for many future nonmetropolitan retirees if precise and detailed analyses between expectations and provision of services are not completed, and explicit recommendations are not followed.

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Malroux and Brandt

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