

ELDERLY AND DISABLED - A DOUBLE RISK GROUP

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Abstract

In an effort to identify multiple risk factors that may contribute to the disabled elderly being at greater risk of homelessness than the nondisabled elderly, housing and household characteristics of both groups were compared. It can be inferred from this study that the disabled elderly were shown to be at greater risk than the nondisabled elderly for reasons of poor health, physical and/or mental conditions that limit work, minority status, household crowding, and limited financial assets as implied by lower valued housing, residence in public housing, and receipt of heat subsidies.

Introduction

Housing and family professionals in the U.S. have been concerned with the housing of the elderly for over a decade. Members of the Technical Committee of the NC199 Regional Research Project have focused their study on United States rural households at risk. Five groups of households at risk of homelessness have been identified: 1) elderly, 2) large families, 3) minorities, 4) female-headed households, and 5) households including one or more disabled persons. The NCI99 Technical Committee hypothesized that households described as having a combination of more than one of the identified risk groups would be at an even greater risk of becoming homeless. This paper will examine the housing and household characteristics of households that are subjected to two of these identified risk factors: to be elderly and to be disabled. Comparisons of nondisabled elderly with disabled elderly will be made in an effort to show the increased risk of being both elderly and disabled.

Review of Literature

During the 20th century, individuals 65 years of age and older have increased dramatically in numbers to become the fastest growing population category in the United States. At the beginning of the century, approximately 4% of the U.S. population was 65 years of age or older. As the 20th century draws to a close, this group has increased to represent 13% of the total population. By the year 2020, approximately 18% of the total population will be age 65 or older according to projections by the U.S. Bureau of Census (Spencer, 1989).

The gradual impact of this swelling cohort group of elderly is felt in every area of society's available resources and contributes to the denigration of the elderly. This negative stereotype, referred to as ageism, creates a significant risk factor for the elderly. Of particular importance for life satisfaction in later years is the issue of adequate housing, especially for that group of older Americans described as the frail elderly at risk of becoming homeless. Constraints on the autonomy of the elderly at risk, especially those who are disabled, is brought about by ageistic attitudes of society in general, and by the elderly themselves. Both groups have bought into an elderly mystique which holds that the potentials for growth, development, and continued engagement virtually disappear when people become disabled (Cohen, 1988).

Betty Friedan, who in 1963 proposed the notion of a feminine mystique, suggests the existence of an elderly mystique (1993). This mystique is created by a discrepancy between the reality of older adults as leading continually useful, vital, and productive lives, and the

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ageistic image of older adults as burdens to society without the vigor of youth and productive roles. According to Friedan, age should be viewed on its own merit with its values and strengths, thereby breaking through the definition of age solely as deterioration and decline of youth. In her article, "The Elderly Mystique," Rosenfelt (1965) concluded that, the participant in the elderly mystique knows society finds it hard to accept, let alone forgive his existence. An unsubtle attitude of punishment and retaliation is endemic in modern life. The old person expects derogation in explicit terms" (p. 40).

Many scholars have written about America's denigration of the elderly (Cohen, 1960; Fischer, 1978; Turner, 1984). Ageism has been called the third "ism" after racism and sexism. Ageism limits the potential development of individuals on the basis of age. The elderly are likely to have been labeled out-of-date, old-fashioned, behind the times, of no value or importance.

A double jeopardy exists for the older person when American ageistic attitudes are focused upon the elderly with disabilities, as opposed to the nondisabled elderly. Additionally, the elderly themselves have concluded that when disability arrives, hope about continued growth, self actualization, and full participation in family and society must be abandoned so that all energy can be directed to avoiding the ultimate defeat. The ultimate defeat is not death but institutionalization, which is regarded as living death (Cohen, 1988).

Health status is an important predictor of one's ability to remain functionally independent. Most older people prefer to stay in their own homes and remain independent rather than move (Brody, 1985; Johnson and Fulcomer, 1984; Merrill and Norris, 1986). The absence of support services, however, often forces individuals out of their homes and into costly, alternative living arrangements (Merrill and Smith, 1985). The most vulnerable frail households can be identified by a common constellation of factors: low income, lack of support either within or outside the household, and being a renter rather than a home owner (Reschovsky and Newman (1990).

Elderly living in deplorable housing conditions and who are living in poverty are at risk of becoming homeless (Keigher, Berman, & Greenblatt, 1989; Berman, Iris, & Keigher, 1991). Deplorable housing conditions include structures in disrepair, inadequate plumbing and heating, as well as unsafe neighborhoods. If, in addition, those elderly are physically handicapped, the risk becomes even greater. Homeless people have always been a part of the American population. In early years, homelessness in America was usually found in the inner city. At the present time, however, nearly 20% of the homeless live in suburban and rural areas (Hudson, Rauch, Dawson, Santos, & Burdick, 1990; Koitz, 1987; Kozol, 1988).

Defining homelessness is a difficult task as the group is an extremely varied population which includes young and old, men, women, and children, as well as those persons who are sheltered temporarily in private settings such as those living with family or friends (Sosin, Colson, & Grossman, 1988).

One group of near homeless is comprised of individuals who have had homelessness "imposed" on them and who elect not to move out of the deplorable housing in which they reside. Among emergency services received by clients in a study by Keigher, et al. (1989), 35% of these clients had never experienced homelessness, but had lived in a state of near-homelessness in deplorable housing. The common risk of those without housing and those in deplorable housing is the vulnerability they share in the lack of housing options and the poverty conditions in which they are forced to live (Berman et al. 1991). Although the literature shows a majority of whites among homeless elderly, there is some question as to the validity of these estimates (Hudson et al., 1990).

Even though elderly people who are homeless represent only a small percentage of all elderly, they are a group that needs special attention (Kutza and Keigher, 1991; Hudson, et. al 1990). Estimates range from one elderly in every 16 homeless persons to one of every four. One primary difference in the elderly homeless is that the majority generally have a low, but steady source of income from social security, veteran benefits, or other pensions.

In a study by Keigher et al. (1990) that was designed to assist in the prevention of homelessness, elderly persons at risk of losing their homes were largely unknown to any public service systems, resulting in a loss of personal autonomy and situational instability. In con-

clusion, the authors emphasized the importance that public policy considerations for homelessness be more inclusive and that eligibility for public programs, such as subsidized housing units, rent subsidies, and heat subsidies, be broadened to include elderly at risk. Berman et al. (1991) warns that placing people in a strict category of homelessness will overshadow the multidimensional nature of being homeless or near-homeless. In addition, providing decent and livable surroundings for the elderly will necessitate the commitment of ongoing programs to respond more effectively to clients' own perceived needs and coping strategies. According to Kutza and Keigher (1991), the near-homeless need outreach support services early enough to prevent emergencies that could lead to the loss of their housing.

The primary objective of this study is to identify and compare the housing and household characteristics of the disabled elderly with the same characteristics of the nondisabled elderly in an effort to show the increased risk of homelessness for those households that are both elderly and disabled. The characteristics as selected by the NC199 regional research technical committee are: 1) household characteristics that include a) location by region and by metropolitan/nonmetropolitan, b) minority status, c) health status, d) physical and/or mental conditions preventing work performance; and 2) housing characteristics that include a) housing tenure, b) housing support service as subsidies for rent and/or heat, c) housing value, d) utility costs, and e) crowding.

Methodology

The data used in this research paper were taken from the 1987 Panel Study of Income Dynamics 1987 Wave XX (PSID) (Survey Research Center, 1989). A longitudinal study was conducted by the University of Michigan Survey Research Center under the Office of the Assistant for Planning & Evaluation in the Department of Health, Human Services and Food and Nutrition of the United States Department of Agriculture. The study was supported by grants from the National Science Foundation. Data were obtained through interviews with heads of households. The data selected for this study included several housing and household variables previously determined by the North Central regional research committee, NC-199, for use in a series of studies identifying households at risk. Terminology specific to this study is defined as follows:

1. elderly households - households headed by a person 65 years of age or older
2. nondisabled elderly - elderly not receiving disability assistance income
3. disabled elderly households - elderly households reporting one or more persons receiving disability income
4. minority households - households identifying themselves as other than white (race)
5. metropolitan households - household locations in areas with populations of 20,000 or greater
6. nonmetropolitan households - household locations in areas with populations of less than 20,000
7. household region - household location according to divisions of the United States into Northeast, North Central, Southern, and West regions
8. support services - rent subsidy and/or utility subsidy

The PSID survey included 7061 households; for this study only those households reporting at least one resident of 65 years or older were selected. Of these 7061 households surveyed, 1423 or 20%, which comprised the total number of elderly households, were selected for this report. The elderly household sample was examined by region, by metro and nonmetro areas, and by disability status. Disabled households were defined as those households that reported the receipt of disability income. The total number of disabled elderly households was 154, which included households with head disabled (121), wife disabled (20), or both adults disabled (13) (see Table 1).

Table 1. U.S. elderly and disabled elderly households by region (Panel Survey of Income Dynamics, 1987 Wave XX).

Elderly households		Northeast	North Central	Southern	West	Row Total
No one disabled	frequency	282	372	358	257	1269
	row	22.1%	29.4%	28.3%	20.3%	*100.0%
	column	95.9%	96.4%	75.1%	96.6%	89.2%
Wife disabled**	frequency	2	0	18	0	20
	row	10.0%	.0%	90.0%	.0%	*100.0%
	column	.6%	.0%	3.8%	.0%	1.4%
Head disabled**	frequency	10	14	88	9	121
	row	8.3%	11.6%	72.7%	7.4%	*100.0%
	column	3.4%	3.6%	18.4%	3.4%	8.5%
Both disabled**	frequency	0	0	13	0	13
	row	.0%	.0%	100.0%	.0%	100.0%
	column	.0%	.0%	2.7%	.0%	.9%
Column total		294	386	477	266	1423
		20.5%	27.2%	33.5%	18.7%	*100.0%

* Percentages may not add to 100 due to rounding

** Households on disability income

Comparisons of household and housing characteristics of the disabled elderly with the nondisabled elderly populations were made for both metropolitan and nonmetropolitan locations in all regions. To report these household and housing condition findings of both groups of elderly from the metropolitan and nonmetropolitan locations, frequencies, means, and percentages were selected.

Findings

Household Characteristics

Location. The total number of elderly households in this study was 1423. Elderly households in the United States reporting one or more family members as receiving disability assistance numbered 154, slightly more than 10% of the total 1423. Of these disabled households, 133 were located in metropolitan locations and 21 were located in nonmetropolitan locations. The greatest number of disabled households was found in the Southern region (see Table 1).

Minority status. Of the nondisabled elderly in metropolitan locations, 50.4% of the household heads and 66.8% of the spouses were white, while 44.0% of the household heads and 31.3% of the spouses were African-American. In the nonmetropolitan locations, 67.9% of the household heads and 74.3% of the spouses were white, and 32.1% of the household heads and 25.7% of the spouses were African-American. (see Table 2).

Table 2. Percent of nondisabled elderly and disabled elderly by metropolitan/nonmetropolitan and race. (Panel Survey of Income Dynamics, 1987 Wave XX)

Race	Metro		Non-metro	
	Nondis. elderly	Disabled elderly	Nondis. elderly	Disabled elderly
Household head				
White	50.4	15.7	67.9	52.4
African-American	44.0	84.3	32.1	47.6
Other	5.1	0	0	0
Spouse				
White	66.8	18.5	74.3	44.4
African-American	31.3	81.5	25.7	55.4
Other	1.9	0	0	0
# Households Reporting	948	133	321	21
Total N=1423				

In contrast, of the disabled elderly in metropolitan locations reported, 15.7% of the household heads and 18.5% of the spouses were white, while 84.3% of the household heads and 81.5% of the spouses were African-American. In the nonmetropolitan locations, 52.4% of the household heads and 44.4% of the spouses were white, and 47.6% of the household heads and 55.4% of the spouses were African-American.

Health status. Of the 978 nondisabled elderly households in metropolitan locations, 39.4% of the household heads reported poor health. Of the same household heads, 34.4% reported that their spouses were in poor health. In the nonmetropolitan locations, 51.6% of the heads reported poor health, while 45.2% reported their spouses as having poor health (see Table 3).

Of the 154 disabled elderly households in metropolitan locations, 78.9% reported poor health, while 71.4% reported their spouses to be in poor health. In the nonmetropolitan locations, 57.1% of these household heads reported that both they and their spouses were in poor health.

Disability status. In the metropolitan locations, 47.0% of the nondisabled elderly household heads reported physical and/or mental conditions that limited the type and amount of daily work they could do. Of these same household heads only 37.1% reported

Table 3. Comparison of metropolitan/nonmetropolitan locations of nondisabled elderly households with disabled elderly households in the United States.

Household Characteristics	Percent	
	Metropolitan	Nonmetropolitan
Household heads over age 65	75.9 (n=1081)	24.0 (n=342)
Households of elderly on disability income	86.4 (n=133)	13.6 (n=21)
Dwelling type		
nondisabled elderly		
single family	74.8	84.1
duplex	5.2	3.4
apartment	16.0	7.8
mobile home	4.0	4.7
disabled elderly		
single family	75.9	90.5
duplex	6.0	0
apartment	15.0	9.5
mobile home	3.0	0
Housing status/assistance		
nondisabled elderly		
homeowners	68.2	77.5
public housing	7.9	4.7
gov't heat subsidy	10.7	14.4
gov't rent subsidy	6.8	1.6
disabled elderly		
homeowners	41.3	90.5
public housing	39.0	0
gov't heat subsidy	27.8	57.1
gov't rent subsidy	6.0	0

N=1423

their spouses as having limiting conditions. In the nonmetropolitan locations, 46.1% of the household heads reported limiting physical conditions while 42.9% of the household heads designated their spouses as having limiting physical conditions (see Table 3).

In the metropolitan locations 81.0% of the disabled elderly household heads reported physical and/or mental conditions that limited the type and amount of daily work they could do. Of these same household heads, 72.0% reported that their spouses had limiting conditions. In the nonmetropolitan locations, 100% of these household heads reported limiting physical and/or mental conditions, while 75% of the spouses were reported to have limiting conditions.

Housing Characteristics

Housing tenure and support services. Of the total 948 nondisabled elderly households in metropolitan locations, 74.8% lived in single-family homes and 16.0% lived in apartments. Over 68% percent were homeowners, 7.9% lived in public-owned facilities, 10.7% received government subsidies for heating, and 6.8% received subsidies for rent (see Table 4).

Table 4. Comparison of housing characteristics of nondisabled elderly with disabled elderly in the United States. (Panel Study of Income Dynamics, 1987, Wave XX)

Housing Characteristics	Metropolitan	Nonmetropolitan
Mean housing value		
Nondisabled	\$76,148	\$59,506
Disabled	59,598	40,710
Mean annual utilities		
Nondisabled	1,200	1,290
Disabled	1,180	1,267
Mean persons per room		
Nondisabled	.32	.27
Disabled	.39	.37

N=1423

In contrast, 75% of the disabled elderly lived in single-family homes, 15.0% lived in apartments, 41.3% were homeowners, 39.0% lived in public housing, and 27.8% received a government heating subsidy. The findings concerning the disabled elderly in nonmetropolitan locations showed that a greater percentage of the disabled elderly are homeowners, live in single family houses, and receive a government heating subsidy. None of the nonmetropolitan disabled elderly lived in public housing or received a rent subsidy.

Housing value, utility costs, crowding. Of interest in the examination of the PSID data is a comparison of housing value, utility costs, and crowding of nondisabled elderly households with elderly who were disabled (see Table 5). The mean housing value of the homes of the nondisabled elderly was \$76,148 in metropolitan locations and \$59,506 in nonmetropolitan locations. The mean housing value for homes of the disabled elderly was \$59,598 for metropolitan locations and \$40,710 for nonmetropolitan locations. According to the National Association of Realtors (1994) the 1987 mean house value was \$106,300. The 1987 median house value was \$85,600 as reported by Hoffman (1993).

The annual mean utility costs for the nondisabled elderly ranged from \$1200 in metropolitan locations to \$1290 in nonmetropolitan locations. The annual mean utility costs for the disabled elderly ranged from \$1180 in the metropolitan locations to \$1267 in nonmetropolitan areas.

Greater crowding was noted in disabled elderly households that reported a larger mean number of persons per room than the nondisabled elderly in both the metropolitan and nonmetropolitan areas.

Discussion and Summary

The primary objective of the NC199 research project was to examine household and housing characteristics of U.S. rural households that might be at risk of becoming homeless. The disabled elderly, selected for this report, were identified as being a double risk group because of their disability, as well as their advancing age. Of the total number of elderly households (1423) in this report, approximately 10% (154) were identified as receiving disability income. This percentage of disabled elderly corresponds to estimates of the "homeless" elderly that range from 6%-25% of the total elderly population (Kutza & Keigher, 1991).

When the PSID data were limited in this report to include only the disabled elderly, it was noted that the majority of persons in this group living in metropolitan locations were also among a third risk group, namely, the minorities. Among the 133 metropolitan households identified as both elderly and disabled in this report, 15% of the household heads were white and 84.3% were African-American. The preponderance of these minority disabled elderly households support the assertion of Hudson et al., (1990) that there is reason to question the validity of estimates of greater numbers of whites among the disabled elderly.

Health status and disability status were two separate conditions reported by households in the PSID data set. Disabled elderly in both metropolitan and nonmetropolitan locations in

this study reported higher percentages of physical and/or mental limitations and poor health than the nondisabled elderly.

Table 5. Comparisons in percent of nondisabled elderly with disabled elderly reporting physical/mental limitations and less than favorable health status in both the metropolitan and nonmetropolitan locations in the United States. (Panel Survey of Income Dynamics, 1987 Wave XX)

Health limitations	Metropolitan	Nonmetropolitan
Household heads reporting poor health		
Nondisabled elderly	39.4%	51.6%
Disabled elderly	78.9%	57.1%
Spouses reporting poor health		
Nondisabled elderly	34.4%	45.2%
Disabled elderly	71.4%	57.1%
Household heads reporting "work" limited by physical/mental condition		
Nondisabled elderly	47.0%	46.1%
Disabled elderly	81.0%	100%.0
Spouses reporting "work" limited by physical/mental condition		
	37.1%	42.9%
	72.0%	75.0%

N=1423

A sizable number of both nondisabled elderly and disabled elderly reported poor health and/or physical/mental conditions that limit their work. Among the nondisabled elderly, health was poorest in the nonmetropolitan locations. The greatest percent of disabled elderly in poor health was found in metropolitan locations, while the greatest percent of disabled elderly with limiting physical/mental conditions was found in nonmetropolitan locations. Risk for becoming homeless is increased when the elderly suffer from physical infirmities (Berman, Iris, & Keigher, 1941). Physical/mental limitations among the rural elderly illustrate the spread of homelessness from the inner city to the suburban and rural areas (Hudson et al, 1990).

As noted in the findings, the mean house value of both the nondisabled elderly and the disabled elderly was considerably below the national mean. Deplorable housing conditions and living in poverty are factors that predict the potential for becoming homeless (Berman, Iris, & Keigher, 1991). Low housing values may or may not indicate deplorable housing. Other factors that may influence housing values are location and size.

A substantial number of the disabled elderly lived in public-owned housing, and received government subsidies for heat. Support services in the form of subsidies can be an important factor in delaying relocation of disabled elderly, enabling them to remain in their own homes. Absence of support services hastens relocation into costly, alternative living arrangements (Merrill & Smith, 1985).

Findings from this study show the presence of multiple risk factors that may contribute to the disabled elderly being at greater risk of homelessness than the nondisabled elderly. These factors include region of residence, poor health, physical and/or mental conditions that limit work, minority status, household crowding, and limited financial assets as may be implied by lower valued housing, residence in public housing, and receipt of heat subsidies. Despite the fact that homeless elderly and disabled elderly represent only a small percentage of all elderly, they merit special attention. Eligibility for support services such as rent and

heat subsidies must be broadened to include those elderly at risk. These support services must be publicized and made accessible to the high risk disabled elderly. Efforts to delay costly relocation are economically cost effective. Increased life satisfaction and prolonged independence are legacies deserved by all the elderly, especially the disabled at risk of becoming homeless.

Finally, in the analysis of the PSID data regarding physical/mental limitations and health status, an interesting factor emerged. Despite the fact that many of the elderly were reporting their health as poor and their physical/mental conditions as limiting the type and amount of daily work they could do, a significant number of these elderly were not receiving disability income. In the total U.S., approximately 47% of nondisabled household heads and 39% of their spouses reported limiting conditions. This group of elderly identified themselves as having physical or mental disabilities, but neither had qualified for monetary aid or perhaps, had not applied for it. Other researchers (Doolin, 1986; Keigher, Berman, & Iris, 1990; Ekert, 1979) support this finding that elderly homeless often have physical and mental disabilities, have lived in extreme poverty, and lack public assistance.

Further research that includes all elderly reporting disabling physical conditions, in addition to those presently receiving disability assistance income, may reveal even greater numbers of elderly at risk of homelessness than are indicated in this report.

Credits: This is a five year North Central regional research project (NC199) sponsored by the USDA Experiment Station (AES) running from October 1989-September 1994. The regional committee has been organized to conform with the Manual for Cooperative Regional Research. The participants in this major AES regional project represent 12 states that include the North Central as well as the Northeast, the West, and the Southern regions.

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