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THE EFFECTS OF MIGRATION UPON THE QUALITY OF LIFE OF ELDERLY MOVERS IN A SMALL PRAIRIE CITY: THE CASE OF BRANDON, MANITOBA

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Abstract. Mobility decisions and the effects of migration upon the quality of life of elderly people who had recently relocated to or within Brandon are assessed and compared with the responses of a non-mover "control group." Although confirming many established results concerning the migration of the elderly, other conclusions also emerged. For instance, migrants and non-movers have a number of different social demographic characteristics, and their needs and desires appear to be quite dissimilar. Although non-movers appear apprehensive about the future, many movers see positive outcomes, in terms of life satisfaction, resulting from their migration. The research also raises the question of whether contemporary service and support patterns are appropriate for the people who need them. If these elderly are not to be "forced" or "imposed upon" to move, then different policies must be enacted that build more distinct and creative support systems.

Canada, like many other countries, is growing older, but more importantly it is becoming "greyer" as a result of a dramatic growth in the number of people in the elderly cohorts. This state of affairs has obvious "academic" interest, as "the numbers and proportions of seniors living to old age today represent a new, historical phenomenon," that is still incompletely understood (Chappell 1990; see also McDaniel 1986; Soldo and Agree 1988; Golant 1989). But it also has relevance in an applied, planning context because the increasing proportion of senior citizens has had, and will continue to have, "macro" (i.e. society-wide) implications on a wide
range of social and economic policies (Marshall 1980; Chappell 1990). For instance, people are living to an age when dependency, at least to some degree, has become the norm, and the increasing proportion of seniors means more community social services, since these services focus on chronic conditions to which seniors are particularly susceptible (Chappell 1990). These developments have other societal implications which are often echoed in the popular press, as many “ordinary people” have fears of the elderly becoming an “increasing burden” that cannot be coped with, given contemporary support systems (Drummond 1993).

Although studies of the elderly, as a distinct demographic unit, are relatively recent, they have become a “growth industry” in a variety of disciplines, and have arguably led to the emergence of a dominant paradigm related to the subfield of aging (McDaniel 1986). Like other social scientists, geographers and psychologists are cooperating in this research area, because many of the challenges faced in later life, and many of the contemporary issues of social gerontology, have important spatial elements (Wiseman 1978; Rowles 1986; Warnes 1990).

These spatial components may be many and varied, but the most studied are those related to the migration of the elderly—the permanent moves—which is one “of the principal mechanisms that generates an uneven spatial distribution and growth pattern for the older population” (Rogers 1992). In addition to migration, the mobility (short-term trip patterns), and the location (settlement patterns) of the elderly are also of demographic interest (Davies 1980). The present study incorporates elements from all three of these topics, but concentrates on the migration of the elderly. Although the results discussed here have a special significance for the Prairie region of Canada, the country as a whole, and indeed many industrialized societies, the data reviewed are based upon a case study of the “Westman” region of Manitoba (Fig. 1). Currently, Manitoba has one of the oldest populations in Canada, and is projected to retain this position into the immediate future (McDaniel 1986; Moore 1989).

Migration has long been recognized as one of the most important areas of contemporary research on population (Kosinski and Prothero 1975), and migration research has been characterized by an interdisciplinary approach employing economics, sociology, geography, anthropology, and psychology (Cadwallader 1986; Greenwood 1991). There is, however, little explicit migration “theory” (Northcott 1988), and much of what there is still owes a major debt to Ravenstein (1885 and 1889) and E. S. Lee (1966). Some of Lee’s major points, such as those focused upon economic-labor market
Figure 1. The study area.
opportunity, are inappropriate to the present research (Biggar 1980; Heaton 1980; Louviere 1986). However, his general concept of push-pull and several of his hypotheses do apply to elderly migration. In particular, the hypotheses that are related to what Ritchey (1976) has termed "social demographic studies" and to a lesser extent "cognitive-behavioral" approaches are particularly relevant. Although these are referred to throughout this paper, many of the theoretical generalizations made by these authors refer to migration streams over time, and are less appropriate to the present study which is based upon data gathered during one time period. As a consequence, what McDaniel (1986) terms the "atheoretical," but "valuable," descriptive approach to the analysis of population aging will be followed in this study. The data presented will also contribute to the construction of theoretical propositions.

One of the fascinations of elderly migration research results because the principal causes of migration among the elderly population differ significantly from those of the non-elderly population (Meyer and Speare 1985). In addition, while elderly migration rates are generally lower than those for the general population, two of the three sequences of rising migration rates associated with age are connected with the migration of the elderly, one with the "young old" (60-75 years old) and the other with the "old old" (beyond 75 years old) and "very old" or "super elderly" (over 85 years old).

Thus, although elderly migration rates are generally lower than those for the general population, one important time for mobility comes when people have recently withdrawn from the labor force and this occurs particularly at retirement and involves, most commonly, longer distance moves. "Retirement frees persons of ties to a particular place of employment, increases leisure time, and often results in a lower standard of living. It is no small wonder, then, that migration appears as a mechanism of adjustment" for many of the younger elderly (Heaton 1980). The "older old" also tend to be spurred into moving (usually shorter distances) as a consequence of a need for assistance resulting from the loss of a spouse, declining income levels, and health-related questions (E. S. Lee 1980; Patrick 1980). Closely related to all of these issues are variable "satisfactions-with-life" gained from different living environments, and how government policies can be adapted to maximize life satisfaction for the greatest number of the elderly, and can become better involved with what has become known as "eldercare" (Rajs 1991). By investigating these different spatial aspects of the aging process, the geographer can better understand the relationship
between the elderly and their environment, and thus perhaps contribute both
to geographical theory, and to an understanding of the processes of change
that take place throughout peoples' lives.

Despite this need, and the obvious "window of opportunity," the
geographic mobility of the elderly has been neglected until recently as
these cohorts have constituted a relatively small part of the population, are
still on average less likely to move than other segments of the population,
and have been involved with migrations that are not economically based.
Consequently they are of less interest to many migration theorists who are
particularly concerned with labor force dynamics (Northcott 1988).

In addition, and significantly for the present discussion, much of the
information accumulation on the elderly that has recently taken place has
not focused on the elderly outside of large urban areas (but see Krout 1986).
Graham Rowles reported in 1986 that "a void exists with regard to informa­
tion on local moves of old people in rural environments." While there is still
no comprehensive and extensive body of research on rural migration,
investigation in this area is now definitely under way. The present study is
particularly concerned with those elderly living within the city of Brandon
who had migrated within the five years prior to this study (195 people), as
well as a control group of elderly (97 people), also living within the city of
Brandon, who had not recently moved. It also includes data from an earlier
survey of 143 migrants within Brandon, that sheds additional light on the
research issues at hand, as well as other research geared to planning and
eldercare issues in Manitoba that has been completed by the authors.

Our investigation was concerned with mobility, and how this is con­
nected to the "quality of life" of the elderly. We explore how planning and
policy changes within the province in general, and the study region in
particular, can help to provide services that give "the greatest happiness to
the greatest number." This is a major problem for those who have to design
the packages of services for older people. This challenge is emphasized in
Manitoba by the rural location of many of the elderly, which makes the
 provision of a quality life style more difficult—and potentially more exp­
ensive. Although migration by the rural elderly might only be a small part
of the migration process, it is of considerable local regional significance.
This planning problem will be further accentuated because the proportion
of the population needing social services is increasing. In 1986, 20% of
Canada's elderly population was over 80; in 2001, it will be 25%. In 1986,
only 2% of seniors between 65 and 69 lived in institutions, compared to
37% of Canadians 85 and over. Further complicating the issue, the elderly
are scattered over a sometimes large area, and facilities have to take geography into account (Matthews 1988). As a consequence, the location of these facilities has always been important and contentious and this controversy is likely to increase. Although Manitoba has been a leader within Canada in terms of providing eldercare, the increasing numbers of seniors, their fragmented geographical distribution, recent Canadian federal funding policies, and the present recession, have all led to strains upon the system. There is a need for a reevaluation of how the elderly can best be served by society.

In our research we have, necessarily, been concerned with the provision of, and potential provision of, publicly funded health care. Although present in the region, private health care has not yet assumed a major stance in the market, although certain elements in the current federal and provincial governments would, almost certainly, favor a greater degree of privatization. As a consequence we have had to be involved in the question of how much responsibility there is on the part of the public to supply, or to help to supply, elderly people with services, when such provision draws upon an increasingly tight budget (Golant 1989).

For instance in larger towns and cities it may be possible to provide services that raise the potential for a quality lifestyle inexpensively. But in smaller towns and villages this will be difficult, and for people who remain "in the countryside" it will be even more costly. But, where do you stop in this locational sense? Do we say that if you are an urban dweller, and always have lived in a city, that you will remain "blessed" with many services after retirement? Conversely, if you are a rural person, you must relocate in order to obtain a level of services which urban people take for granted.

However, if a choice is made to provide services to rural areas, how do you do this in an economic fashion? The options are a quagmire, and we do not pretend to know all of the answers, but rather hope that our research will ultimately illuminate what is wanted, needed, and the possibilities open to the various parties involved.

The Elderly in Canada

Since the beginning of the twentieth century the elderly have become a larger and more visible segment of the population in Canada. In 1901, the proportion of people aged sixty-five or older was 5%, but by 1986 had increased to 11%. By the year 2031, according to Government of Canada statistics, the number of elderly will have climbed to approximately 7.5
In Manitoba and Saskatchewan the proportion of the elderly is higher than the Canadian average, with almost 13% of the population of each province being 65 and older in 1986, up from 12% in 1981 and about 10% million and account for over 22% of the total population of the country (Fig. 2).
TABLE 1

POPULATION AND PROPORTION OF ELDERLY,
PRAIRIE PROVINCES, 1986

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>% of Population Aged 65 and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>25,309,331</td>
<td>10.7</td>
</tr>
<tr>
<td>Manitoba</td>
<td>1,063,016</td>
<td>12.6</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>1,009,613</td>
<td>12.7</td>
</tr>
<tr>
<td>Alberta</td>
<td>2,365,825</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Source: Census of Canada, 1986.

in 1961 (Table 1) (Moore 1989). Outside the major metropolitan regions the picture is accentuated because the younger working age cohorts are no longer able to find meaningful employment in the rural areas. This has left an *in situ* aging population, with over 30% of people in villages commonly being elderly, and in some instances, over 60% being over 65 years old (Table 2). This situation is particularly prevalent in Manitoban settlements of 1,000 to 5,000 population (Table 3). “It appears that a concentration of the elderly is becoming a distinguishing feature of the town and village social mix” (Hodge and Qadeer 1983).

This shift towards a society which has a relatively high proportion of senior citizens has had, and will continue to have, major implications on a wide range of social and economic policies. The challenge is also accentuated in Manitoba because the elderly are scattered over a sometimes large area. Although rural elders are by no means homogeneous, they do share the characteristic of living in a society which is predominantly urban in outlook as well as in numbers. Consequently, although these seniors might be different in terms of their personal and environmental outlooks from those who are aging in larger urban centers (Chappell 1990), facilities and support services might not always be equally distributed or equally available.
The Migration of the Elderly in Manitoba

TABLE 2

POPULATION COMPARISONS OF SELECTED MANITOBA SETTLEMENTS, 1986

<table>
<thead>
<tr>
<th>Community</th>
<th>Total Population</th>
<th>% of Populations Aged 65 and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winnipeg</td>
<td>625,304</td>
<td>12.6</td>
</tr>
<tr>
<td>Brandon</td>
<td>38,708</td>
<td>14.1</td>
</tr>
<tr>
<td>Portage</td>
<td>13,200</td>
<td>16.1</td>
</tr>
<tr>
<td>Virden</td>
<td>3,055</td>
<td>24.9</td>
</tr>
<tr>
<td>Minnedosa</td>
<td>2,520</td>
<td>25.2</td>
</tr>
<tr>
<td>Killarney</td>
<td>2,318</td>
<td>26.5</td>
</tr>
<tr>
<td>Crystal City</td>
<td>490</td>
<td>29.6</td>
</tr>
<tr>
<td>Hamiota</td>
<td>375</td>
<td>39.3</td>
</tr>
</tbody>
</table>

Source: Census of Canada, 1986.

The location of facilities has, as a consequence, always been expensive and contentious, and this controversy is likely to increase.

The Study Group and Sampling Frame

One difficulty with studying the elderly results from the data sources used. Many data sets have not been collected by researchers, and as a consequence are often not entirely appropriate to the problem at hand. A classic example of this predicament is the use of census data, which is relatively inexpensive and easy to obtain, but may not enable a researcher to adequately answer the appropriate questions (Louviere 1986; Northcott 1988). For instance, rural census data is difficult to use because of the scale at which it is collated. Thus, census data for Brandon, with a population of nearly 39,000 is published as one census tract, and the smaller, enumeration area, data-divisions (at which information can be obtained), commonly have little relevance to the social and economic realities of the city as a whole. A further problem, common to much demographic research, is that original data sets may not reveal comparable results, because questions designed to shed light upon a particular topic are subtly or even dramatically
TABLE 3

MANITOBA: DISTRIBUTION OF ELDERLY POPULATION, BY LOCATION GROUPS, 1981

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>%65+</th>
<th>%80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban 1</td>
<td>2.4</td>
<td>2.7</td>
</tr>
<tr>
<td>500,000+</td>
<td>11.6</td>
<td>2.4</td>
</tr>
<tr>
<td>100,000-499,999</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>30,000-99,999</td>
<td>13.9</td>
<td>3.3</td>
</tr>
<tr>
<td>10,000-29,999</td>
<td>9.3</td>
<td>2.1</td>
</tr>
<tr>
<td>5,000-9,999</td>
<td>14.9</td>
<td>3.3</td>
</tr>
<tr>
<td>2,500-4,999</td>
<td>22.6</td>
<td>5.9</td>
</tr>
<tr>
<td>1,000-2,499</td>
<td>17.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Rural</td>
<td>10.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Non-farm</td>
<td>12.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Farm</td>
<td>5.3</td>
<td>0.6</td>
</tr>
</tbody>
</table>


different from one another. Since “one of the keys to understanding old age is to do so from the viewpoint of the seniors themselves” (Chappell 1990), “real people” were interviewed in our study.

Two specific sets of data have been used to prepare the present report. They were gathered using questionnaires designed to cover several research areas. To gather the first data set, a questionnaire was personally administered to a random sample of 143 movers who had relocated to or within Brandon in the late 1980s. The second set of data was collected during the summer of 1992 from a second group of 195 movers from Brandon, as well as a control group of 97 non-movers. The latter two sample groups were chosen in order to differentiate between responses which may be “normal” to all seniors, and those which are peculiar to migrants, and thus help us to answer Longino’s (1992) question “what makes the movers different?” This enabled us to regulate the “differences between individuals” inherent in
E. S. Lee's (1966) model, when the process of migration is considered, and to test this author's contention that migrants are not a random sample of the population.

Although there were variations in the questionnaires used to collect the study data, a number of generalizations can be made. First, personal data were collected on a variety of social demographic indicators such as age, occupation and/or reasons for retirement, marital status, education, disposable income, and length of residence. This not only enables us to compare sub-groups of our overall sample, but also to potentially compare with research results in other studies in Manitoba and elsewhere. Second, data were collected on the "social spaces" of the respondents. This included information on housing type and quality, and family size and structure, and, where possible, questions were constructed in such a fashion that they, too, could be compared with other data results. Third, data were collected on health and "life satisfaction," in order to discern whether people's perceived well being had been improved as a result of the move. Fourth, information was collected on the process of mobility itself, including the factors that stimulated the move, how the move fitted into the life plans of the individual, what coping behaviors were used to deal with stress of the move, and future expectations that might lead to another move.

In each data set, the respondents who had moved into Brandon came principally from the Westman region (Fig. 1). This is a vernacular region that largely corresponds with a series of functional areas used for data-gathering and administrative purposes. It is the part of the province that has the highest proportion of elderly aged 65 and over, as well as aged 80 and over (Province of Manitoba 1973; Centre on Aging 1985).

The elderly who had moved into personal care homes were excluded from this study as we were interested in migrants who had had some degree of choice in their decision making process. Movements into personal care homes are generally "forced," or at least "imposed," and are thus of marginal relevance to the present research questions. The sample was obtained from the files of the Manitoba Health Services Commission (M.H.S.C.), the government body which administers the provincial health insurance program. Although the (Saskatchewan-Manitoba) provincial and (Canada-U.S.) national boundaries appear artificial, they are in fact fairly accurate reflections of reality for health purposes. Few (if any) North Dakotans, and a sporadic number of people from Saskatchewan, are ever involved with the M.H.S.C., except for those who are return migrants. The political boundaries are, in this sense, very real. This sampling frame thus constitutes a
complete list of the elderly in the province, and thus comprises an ideal data source. As noted earlier these formal questionnaire data were supplemented by materials gathered in related research projects.

The Study Area

Brandon, a city of about 39,000 people, was founded as a railway town in the early 1880s and has grown to become the second largest center in Manitoba (metropolitan Winnipeg has over 600,000 people). Depending upon the political and economic situation, the influence of Brandon extends into North Dakota and eastern Saskatchewan (Welsted et al. 1988). Located on the Trans-Canada Highway, 210 kilometers west of Winnipeg, Brandon is the regional economic and social service center—as well as the major health center—for Westman (Fig 1). Through this role the city has developed a trade area that encompasses over 200,000 people. Because of the variety of services offered, Brandon attracts not only the population in general within its service area for work, shopping, social services, and leisure, but also a significant number of the elderly for a temporary or a permanent stay in the city. These elderly choose to live in Brandon in part because of “pull” (positive) factors, but also partly because of “push” (negative) factors (Northcott, 1988). The city is large enough to have some degree of internal demographic variation, and this is reflected in the locational opportunities open to the elderly.

The general presence of the elderly in Brandon is indicated by a study of the city’s population age structure. People aged 65 or older make up over 14% of this population, which is above the national average and the Manitoba average. This significant proportion of senior citizens suggests that the city is functioning as a local retirement center (Table 1). An over-representation of people older than 65 years of age can also be observed in most other Prairie service centers of similar size, with these proportions being significantly greater than those found in most of the metropolitan centers of the region (Table 2).

Further evidence of Brandon’s increasing importance as a local retirement center is revealed in the changes that have occurred in the population age structure between 1961 and 1986. The largest increases in Brandon’s population have been in the “baby boom” age range (15-35 years) and in the older age cohorts. For instance, between 1961 and 1981 the population of Brandon increased by 29%, growing by a further 6.6% to 1986. The 65 and over age cohort, however, increased by over 46% from 1961-1981, and 8.3%
to 1986, leading to the assumption that Brandon is attracting a significant number of older individuals from external sources and—unlike Winnipeg—is “greying.” This conclusion is reinforced by other data, which also suggest that the rate of increase is higher for the “old old” (75 years old and older) than the “young old”—that is, for the cohort where there is likely to be a greater demand for health and social services (Moore 1989). These increases are, and will continue to be, heavily biased towards females—reflecting the greater longevity of this gender.

Thus an understanding of the situation in the city of Brandon is critical to our knowledge of the region as a whole, even though the continued in-migration of the younger age cohorts from the countryside means that many rural settlements will continue to have the largest overall proportions of elderly in the province (Table 3). In addition, although eldercare is important within larger urban areas, it has become a particular issue in many rural regions where the density of population, and the strength of purchasing power, makes it unlikely that private care can fulfill all of the necessary functions. How to provide services to people in the most humane AND effective way is a real question.

There is widespread support for the general notion that we have a collective obligation to provide for those who previously contributed to the growth and development of our country. At issue, however, is the extent of this commitment (Soldo and Agree 1988).

In this study area we do not yet seem to have run into a major problem by concentrating on elderly migration after the age of 65, as “early retirement” does not appear to be a major regional phenomenon. Studies elsewhere have indicated, however, that care must be taken with the use of data based upon the traditional age cut-offs.

**Theoretical Background and Hypotheses**

Elderly mobility patterns often constitute a greater challenge in smaller cities and rural areas, where the location of infrastructure and services can prove less flexible, and decision making more difficult. Currently there is little information on the extent to which moves in such areas are premeditated, postponed, or frustrated—or indeed why some individuals choose not to move at all. It is also unclear which factors stimulate migration, and how the focus on moves varies from personal versus housing versus locational
influences. In addition, as we are interested in the quality of life of the elderly, we need to know whether mobility is considered as part of the life plans of a retiree, if it takes place in anticipation of negative life events, or whether it may better be viewed as a result of happenstance. This paper aims to help fill some of these gaps in our understanding of elderly rural migration.

E. S. Lee's (1966) "theory" is basically a push-pull formulation that has been put into the context of a four-part model. He suggests that the migration process is influenced by factors associated with the area of origin, the area of destination, intervening obstacles, and the personal aspects of the mover and (in the case of our research) the non-mover. Lee's research suggested a number of avenues for investigation and a number of hypotheses.

One of the major questions we wanted to answer concerned the reasons for the migrations of our study group members. First, we believed that a move would be related to conventional social demographic factors. Thus in order for a potential migrant to leave his/her origin, and overcome the intervening obstacles, a major "push" would be necessary. As the elderly, and particularly those who have lived in an area or a dwelling for a long period of time, develop sentimental as well as economic attachments for a place, which are not easily overcome, a "push" factor is not likely to be "place" oriented as such, although it might be correlated with the facilities available (the infrastructure) at that location. Conversely, the destination is likely to be viewed with some apprehension before the move, and these negative feelings may be difficult to overcome. As the move is, to use Lee's terminology, a result of negative factors at the origin, a return move is less likely. Thus net migration of the elderly, that is the difference between the "stream" and the "counterstream," will be high. This likelihood will be reinforced because after having moved, some rationalization process is likely to occur, with the mover indicating a satisfaction with the move. Coupled with this rationalization process would be an objective ability to view the destination more positively after the move. A corollary of this would be that the members of the control group, which by definition has been selected differently, are likely to view their origin points even more positively than the migrants, and the intervening obstacles and potential destination more negatively than those who have moved.

Second, the decision to move would be related to the life satisfaction in general, and the health of the respondents in particular. Thus, health factors could spur a move, and help overcome the intervening obstacles. This health factor could be related to the individual questioned, or to his/her spouse or immediate family, but may be independent of other social
The Migration of the Elderly in Manitoba

demographic factors such as wealth and education. It is likely that the migration decision would thus be related to age, presence or absence of immediate family, location of these family members, problems with housing, the facilities in the local environment, and transportation. This supposition is in contrast to Lee’s general formulation (not always applicable to elderly migration) which suggests that healthier, wealthier, more educated people tend to become migrants. It is in concert with Lee’s belief, however, that people at certain stages of the life course have an increased tendency to move. Thus, the elderly who have lost a spouse, and the “old old” may be more mobile.

Third, the decision to move would be related to the respondents’ perceptions of the future. In particular, the movers would have a more optimistic outlook for the future, whereas the control group, many of whom are still likely to be faced with mobility decisions in the future, would be more pessimistic. Related to this was our expectation that the process of moving would be viewed more positively by the movers than by the control group, as the migrants would have already recently overcome the obstacles inherent in this process.

**Results**

First, as expected, the moves made by our sample of migrants were mostly a result of negative circumstances. The most important reason given for the movers being in their present household was that they could not manage at their previous residence (57%), with other motivations being a need of company (11%), affordable rent (10%), and an inability to obtain help where they had previously lived (6%). In addition, a question that raised the issue of the health of the spouses of the respondents indicated that the move might have also been tied to this factor.

In order to follow up this line of questioning, the respondents were asked what might precipitate a future move. Four factors were ranked highly by both migrants and control group members, very poor health, physical problems, death of a spouse, and mobility problems. These four were all indicated more frequently by the control group, perhaps demonstrating that the recent move made by the migrant group members had alleviated, if not eliminated, these potential difficulties. Loneliness and a bad neighborhood also ranked high for the control group, with financial reasons, as well as those connected with family support and/or pressure being more common among movers. It is not unusual for loneliness to be a problem for the elderly (Chappell 1990), and as most of the control group
were house owners, a concern for the quality of their local area—which could affect house prices in the event of a move, is not surprising. Other data collected indicated that the movers were less well off financially than the control group members, and the allusions to family relations were also expected. As more people are living longer, the potential “family burden” is becoming greater, and is a common cause for concern (Drummond 1993). Since more families are moving away from the places where their elderly relatives live, and as both spouses are more commonly working outside of the home, eldercare by the family members has become more problematical, and pressures upon the elderly to move into housing that is custom built for older people has increased.

These results are also interesting, however, especially in light of commonly held beliefs, as they make us recognize that migration might precede a decline in health, rather than poor health necessarily induce a change in residential location. It would appear that the elderly are increasingly aware of various possible changes that can affect them as they pass through the life course, and are commonly planning for these changes, and responding to their potential occurrence (Chappell 1990). The diversity of the responses of the elderly is revealed by these data.

Differences between the movers and the control group were also demonstrated when we asked questions about the moving process. These variations indicate that people usually develop sentimental attachments to “place” and particularly the place that they live in—including both their homes, and their local areas. Migration from the places that they have lived in for decades can thus lead to, or be expected to lead to, dislocation and culture shock (Northcott 1988). Despite these potentials for disruption, however, our data revealed that the movers (62%) saw moving as a “good event” or “just another event in my life.” In contrast, but in concert with Northcott’s supposition, 77% of the control group saw it as a potentially “difficult” decision which was “threatening” and led to “losses”—that is to say, they saw the disadvantages of the move. Although it is unclear from these data whether having been involved in a migration leads to changes in one’s opinions, or whether there are inherent differences between the two groups that have not been completely revealed, the responses do indicate that the members of the mover and control groups do perceive mobility quite differently, and that this affects their behavior. Over 82% of the control group had never “seriously thought about moving.”

Second, a number of social demographic differences were revealed between the movers and the control group, which support Lee’s hypothesis that migrants are a different group of people from non-migrants. For in-
stance, our data show that there were significantly more females (73% of the sample) among the movers than in the control group (61%), and that the movers were older than the non-movers (47% over 75 years old). In addition, members of the control group were more commonly married (62.9% v. 45.1%), whereas the movers were often widowed (42.1% v. 25.8%). The data indicates that females live longer than males, death is more likely to occur at an older age, and that in the case of the elderly, the decision to move has commonly been shown to be associated with the death of the spouse.

As expected, the control group had lived in their “present” community for a longer period of time and in their current household longer. This was to a great extent pre-determined by the sample selection procedure. It is important though, as these factors are tied to a series of others that are connected to mobility. Thus the control group overwhelmingly owned their residences (77%) usually houses (79%). Eighty-five percent of the movers rented their suites (41.5%) or units (41%) in elderly peoples housing complexes (EPHs). Although both groups were almost equally content with the costs of their dwelling, the movers were more satisfied with their current housing situation, perhaps because the control group’s residences were more than twice as likely to be in need of repairs (26% v. 12%). The move had thus proved successful in terms of housing quality.

Following up the question of “where to live,” the respondents were asked where they would move next (if they had to), and the answers again reflected inter-group differences. The movers, who were older and already in apartments or EPHs, commonly (36%) saw themselves as more likely to move into nursing homes. The control group members, who were not so far along their life courses, saw their most likely moves as into apartments (21%), or into seniors housing EPHs (45%). As indicated by other studies (Northcott 1988), few of either group wished to move in with other family members, although 62% of the control group and 59% of the movers had relatives in the same community. The elderly in North America like to live near, but not with, their relatives (Rogers 1992).

The possibility of a future move is, necessarily, also related to the satisfaction that one has with his/her present location, as well as other aspects of life satisfaction. Once again differences between the two study groups were revealed when the relevant data were examined. Nearly 82% of the control group ranked “comfortable facilities” in terms of their dwelling places as being a major advantage of their present residence, followed by a “good neighborhood” (67%), and proximity to “shopping conveniences” (57%). Although the migrants also rated “shopping” as important (71%), and “facilities” (64%) as significant, their relatively recent arrival in their
new local area, and lack of ownership responsibilities, probably explain why neighborhood is rated as significantly less important (40%), with proximity to family (50%), friends, and recreational facilities (42%) being more meaningful.

Although most members of both groups were satisfied with their incomes, the control group perceived themselves as better off economically. This probably reflects the older average age of the movers, as well as the smaller proportion of females in the control group. These financial variations were reflected in a number of other results. Thus when asked where they would spend extra income if they had it, the movers indicated medical and health care as well as food and clothing, more commonly than the control group. However, more members of each group indicated that they spend additional money on recreation, travel, or other social activities. Overall, relatively few of our study group members appeared to be in financial difficulty, perhaps reflecting the “safety nets” still present in contemporary Canadian society.

This is not to suggest that there were no problems for our respondents, nor that they were completely satisfied with their lives. As the existing literature suggests, and as hypothesized, health was a problem for both groups (47% of movers and 55% of control), with loneliness second. Perhaps, more significantly, health is perceived as the most serious potential future problem for both groups (70% of movers and 76% of control), with loneliness again coming a distant second (6% and 8% respectively). Health and loneliness have also been demonstrated elsewhere as particular problems for widows, as when their needs increase, their husbands are often no longer there to assist (Chappell, 1990). The greater pessimism on the part of the control group may reflect the recent step taken by the migrants (their move) to improve their quality of life.

We also asked a series of questions dealing with future housing, including factors tied to the housing unit itself, as well as to its location. The control group was more pessimistic, visualizing greater difficulties in nearly all aspects cited, with these ranging from shopping and transportation, to housekeeping, home repairs, and yardwork. The movers only perceived a worse situation than the control group with regard to finance, and this was no surprise given our other results that showed the migrants already in a poorer financial condition.

We also hypothesized problems with transportation, since earlier research indicated that this is commonly a difficult area for the elderly. Half of the migrants experienced transportation problems, whereas only 5% of
the control group said they had difficulties. Significantly, and probably simply reflecting age and gender variations between the study groups, members of the control group still drove (66%, compared to 26% of movers), or were passengers with family or friends (23% v. 14% of the movers). For 33% of the migrants walking was the usual means of transportation with public transportation also being important (16%). Neither of the latter two means of transportation are very convenient for shopping, which is a very important activity for the elderly.

The potential transportation problems for the elderly are reflected in the location of facilities for the elderly in Brandon. As Chappell (1990) has noted, “a variety of housing alternatives are necessary to meet the various needs and preferences of a heterogeneous elderly population.” Most housing designed for the elderly in the city of Brandon is close to Downtown, with bus routes, and is near shopping facilities. There is also a greater variety of housing types in this part of the urban area, reflecting the development of Brandon over time and space. This part of the city is attractive to non-drivers and reduces the amount of driving. People not living in such housing are likely to be farther from public transportation and shopping, and thus more apt to need automobiles.

The data demonstrated that the move, at least in terms of housing and its location, had proved successful. In many cases the movers had deliberately entered facilities geared to the elderly, and where (potentially) troublesome activities, such as yardwork, major repairs, and sometimes even shopping, are handled by staff members.

These data all reflect upon the quality of life of the respondents, but their life satisfaction was also more directly measured in another series of questions. Using a seven point scale, we found that the majority of both groups of the elderly who were interviewed professed to have a high satisfaction with life. Over 61% of the members of the control group checked the top two categories, with a similar proportion being indicated for the movers (62%). As has been found elsewhere, it would appear that retirement, although viewed with a certain apprehension, has become a relatively normal life event, that most people adjust well to. It does not seem to be the difficult time that many people believed it would be (Chappell 1990).

When this line of questioning was pursued further, however, some distinctions between the two study groups were revealed. In order to assess the effect of migration on the movers, they were asked to rank what they felt their life satisfaction would have been if they hadn’t moved. Only 36%
checked the top two categories. When asked to predict their future life satisfaction (“in five years time”) over 59% checked the top two categories. Thus it appears that the movers saw migration as a positive event which was going to lead to a more satisfactory future—at least one that “scores” nearly as well as the present! When the control group were asked to scale their perceived life satisfaction for five years before, 63% checked the top two categories, with 61% indicating that the future would be as bright as the present. The control group, perhaps realistically, saw a slow but steady decline in their satisfaction with life over a ten year period. The migrants saw a decline occurring, but one which would have been more abrupt and more serious if they had not moved.

Investigations elsewhere in Manitoba have established that the majority of seniors view their health as good or excellent. This perception might seem unusual, given the tendency for seniors’ health to decline with age (Chappell 1990). The explanation is that people answer health questions in the light of their expectations for their age, with “excellent” thus being a conditional response. Our data confirm this research, although results from a number of questions also indicated differences between our two study groups. Thus when asked about their health five years before, nearly 50% of the control group checked the top two sections of the scale, with 29% indicating that their health was still at this level, and 22% saying that they expected it to be the same in five years time. When asked about their health before moving, 52% of the migrants checked the top two parts of the scale. However, 40% still believed that their health was at this level, and 31% believed it would still be at this level five years into the future. These data indicate that although there was little difference between the two groups in the past, there is a variation now, and there is likely to be one in the future. The migration that has taken place again appears to be the critical variable and this is not surprising as health was one of the major reasons given as a “push factor” for a move. Interestingly, in terms of “push factors,” the movers also ranked their spouse’s health lower than did the control group, and this suggests that this consideration also probably led to the move.

Conclusions

As is true elsewhere, most older people in Westman do not migrate, they age in place. But this does not negate the importance of studying those who do move, for however small in numbers, these elderly constitute part of a population’s diversity, and can result in a disproportionate share of the impact of that group of people. Our results indicate, for instance, that as
E. S. Lee (1966) and others have observed, the population of any place is made up of people with different perceptions about that place, as well as about other areas. This is true for migrants as well as non-migrants, and leads to differing data sets for our two study groups. The social demographic backgrounds of the two groups were different, and significantly so in terms of several critical variables. This situation led to, or reinforced, different perceptions with regard to their homes, their “home areas” and other places. These different perceptions were correlated with various stages of the moving process, including the likelihood of an individual to move, the likelihood of that individual to be satisfied with that move, and the probability that he or she would migrate again.

This study also enabled us to focus on the disadvantages of the move, as well as the more commonly discussed advantages (Ford and Warnes 1992). Although both groups experienced problems in terms of their health and their surrounding physical environments, the migrants had attempted to deal with, or at least to lessen the effect of, these negative circumstances by moving from one location to another. The process of moving had positively affected the migrants' quality of life and had ensured them of a better life satisfaction—and better health—into at least the immediate future. In short, for most of our movers, the process of migration appears to have been successful. This success results, at least in part, because retirement is now, for many people, an increasingly planned phase within the life course and is not simply a “knee-jerk” response to unexpected negative circumstances. In this context, elderly migration to Brandon has also been spurred recently by the construction of a number of senior citizen and personal care homes, and this stimulatory process continues to be important as one new retirement home has been completed since the collection of our initial survey data, and another is under construction.

From this observation comes another important point. Although elderly migration is of great significance to the migrants involved, as well as their family and friends, it also has an impact upon the region within which they live. Brandon, as probably many other small and medium-sized regional service centers in the Prairie region of Canada, has added to its traditional functions the role of a retirement center—or at least as an area of retirement concentration—for its residents, as well as for the elderly people living within the city's service area. Although this role may be challenged by a proliferation of senior citizen homes in service centers at a lower hierarchical level, and its strength cannot of course be compared with that of places such as Victoria, British Columbia, a city of the size and functional strength of Brandon appears to be a particularly viable and ap-
pealing option for retirement. It combines an attractive range and quality of urban amenities and social services, with a perceived “small town atmosphere” of peace, familiarity, and tranquillity. Brandon also has a relatively low cost of living, although financial considerations are probably less significant in intra-regional movements such as those discussed here, where spatial variations in cost of living are likely to be small (Fournier 1988). All of these factors have also been found to be attractive to the elderly throughout Anglo America (Frey 1992). For Brandon, as for other towns, the challenge of how to best serve the elderly is real and important (see Glasgow cited in Frey 1992).

In addition, when aging issues are considered, “pragmatic attention, careful analysis and planning solutions are required” (McDaniel 1989). In this context, a center such as Brandon may be, and particularly given the present recession is more likely to be, able to offer services to the elderly on a more cost efficient basis than many of the smaller service centers in the Westman region. Brandon is thus likely to be more successful in receiving money from government funding agencies, as well as proving attractive to the private health industry. This will no doubt also be the case for urban centers with comparable centrality to Brandon, throughout the Prairie and Great Plains regions. Smaller towns around Brandon such as Killarney (population 2,415), Deloraine (1,110), Minnedosa (3,150), and Neepawa (3,675) appear to be able to successfully compete with Brandon as centers for many retirees, but the smaller places in the urban hierarchy are unable to offer a comparable range of goods and services (Matthews 1988).

Interestingly, eldercare in Brandon and in Westman in general (known here as “Support Services for Seniors”), is better than in many other parts of the province, even though this is a “higher impact” area in terms of the proportion of the elderly requiring need (A. S. Lee 1980). This reflects the long-term infrastructure (in terms of both health care personnel and facilities) of the region, which may help to attract migrants: the relative economic viability of this area, compared to poorer regions in Manitoba; the ability of the residents of this Westman region to promote and support, often on a volunteer basis, services for the elderly; and the government organizations’ attempt to encourage quite successfully these patterns of interaction.

This study, and others completed in North America have made it clear that the living environment is of paramount importance to the elderly. But it is also of significance to the non-elderly—thus highlighting the impact of modern social trends. First, it is important because the non-elderly will eventually enter the elderly cohort. Second, it is significant as many non-
elderly are responsible for elderly family members, and this responsibility can affect their potential for adequate work performance, their economic condition, and their socio-psychological status. This is particularly true as more women—the traditional care givers—are working outside the home and are unable to perform their previous roles. This becomes a primary economic issue when the number of families who must now depend upon two major incomes in order to survive is factored in. The search for eldercare can affect work performance, and can cause people to waste a lot of time searching for services or force them to give up their jobs completely, in order to care for the elderly. In the present recession such stresses may prove to be particularly acute, and thus the "issue" of the elderly may be even more critical (Drummond 1993). As numbers and proportions of elderly continue to increase in both Canada and the United States, this is a situation which will not "go away," and in places such as rural Manitoba is likely to be exacerbated by the continuing loss of members of the younger cohorts as a result of rural to urban migration.

Our surveys have reinforced the suspicion that the loss of control over their personal physical environment is viewed very negatively by the elderly. There is evidence that many of Brandon's recent elderly migrants did not move with "free-will," but rather under a condition of what Herbert Northcott (1988) calls "imposed mobility," which is less coercive than "forced mobility" but more so than a "voluntary" migration. Voluntary moves are made when there is freedom of "preference dominated" choice, whereas imposed mobility involves some degree of compulsion, as others make a decision which the elderly person in question unwillingly accepts.

Many of the elderly in Westman have made it clear that they would have preferred to have "aged in place" in their previous homes, or at least in nearby smaller communities (Hynson 1975). In these communities, as has been found elsewhere (for instance, in Kansas), "personal identity and place identity may be fused for many older people, and environmental changes beyond their control may place them at psychological risk" (Norris-Baker and Scheidt 1989). The migrants' moves to the city of Brandon were made, however, because they had little choice if they wished to be close to facilities and services they regard as necessities. Thus the decision was imposed upon them because of the distribution of (in)adequate services within the province. Interestingly, although Brandon is a relatively small city in the North American context, it is quite large in its Prairie situation. It is the second largest urban place in the province. Consequently a move to Brandon may arouse in some, similar negative feelings exhibited by movers to larger urban centers in other regions (for instance Iowa) (Louviere 1986). To put this
situation in the context of the traditional migration literature, little "environmental stress" existed for the migrants in their "home communities," and this stress may have been exacerbated by the move, rather than relieved by it—as is the case under "normal" circumstances (Wolpert 1966).

The results of the present study also have implications for the delivery of services required by the elderly. Although only a few major problems have occurred to date, and government and volunteer support groups continually work to reduce the impact of these difficulties, the number of older people will continue to grow and put an increased demand upon services. It is also obvious that the increase of the elderly population in Brandon has important implications for the social matrix, the economy, and the provision of infrastructures and services for the city. Yet the most recent Development Plan of Brandon (Province of Manitoba 1976) virtually ignored the city's growing role as a retirement center and ambiguous and even contradictory statements are still being made as to what the impact of the elderly population will be on the social fabric and economic future of Brandon.

In conclusion, although research has recently been taking place, this paper like many others, has to include a plea for more activity. There is still a desperate need to strengthen and diversify our knowledge about the rural elderly both in the Great Plains and Prairie regions, as well as in other areas of Anglo America (Krout 1986). As elderly migration is increasingly being considered an option in "developing economic growth strategies" in Manitoba and elsewhere (Watkins and Rowles 1992), further study of this incipient movement must take place in order to guarantee the best use of scarce resources, and to better respond to the challenge of making a longer life also a better life (Soldo and Agree 1988).

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Notes

1. Unfortunately, 1991 data is not yet available in detail, but it is unlikely that the generalizations included in this paper will be significantly changed by the more recent information.

2. It must be acknowledged, however, that these figures may have been exaggerated by the greater propensity, of elderly females to take part in survey research. This tendency has been found elsewhere by the authors.

References


