

University of Nebraska - Lincoln

## DigitalCommons@University of Nebraska - Lincoln

---

Publications from the Center for Applied Rural  
Innovation (CARI)

CARI: Center for Applied Rural Innovation

---

September 2007

### Rural Nebraskans and Health Care in Retirement

Randolph L. Cantrell

*Nebraska Rural Initiative, University of Nebraska-Lincoln, rcantrell1@unl.edu*

Miguel A. Carranza

*University of Nebraska-Lincoln, mcarranza1@unl.edu*

Bruce B. Johnson

*University of Nebraska-Lincoln, bjohnson2@unl.edu*

David J. Peters

*University of Nebraska-Lincoln, dpeters2@unl.edu*

Rebecca J. Vogt

*Center for Applied Rural Innovation, University of Nebraska-Lincoln, rvogt2@unl.edu*

Follow this and additional works at: <https://digitalcommons.unl.edu/caripubs>



Part of the [Rural Sociology Commons](#)

---

Cantrell, Randolph L.; Carranza, Miguel A.; Johnson, Bruce B.; Peters, David J.; and Vogt, Rebecca J., "Rural Nebraskans and Health Care in Retirement" (2007). *Publications from the Center for Applied Rural Innovation (CARI)*. 15.

<https://digitalcommons.unl.edu/caripubs/15>

This Article is brought to you for free and open access by the CARI: Center for Applied Rural Innovation at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Publications from the Center for Applied Rural Innovation (CARI) by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.



# Nebraska Rural Poll Research Brief

[cari.unl.edu/ruralpoll/](http://cari.unl.edu/ruralpoll/)

RB 07-003

September 2007

## *Rural Nebraskans and Health Care in Retirement*

### *Key Findings*

- Rural Nebraskans are concerned about health and health care during their retirement.
- Concerns over health care needs are likely to influence where older Nebraskans choose to reside.
- The perceived need to provide personal health insurance for oneself is likely to keep older rural Nebraskans in the labor force.
- Upon retirement, rural Nebraskans expect to finance their health care in a variety of ways, but expect to rely most heavily upon Medicare.
- Reliance upon family and friends for any level of health care support is seen as an unlikely option by most rural Nebraskans.

### *Introduction*

According to Census estimates for the year 2006, 129,000 non-metropolitan Nebraskans are currently over the age of 65, and nearly 84,000 more will reach that age during the next decade. Nebraskans in both age groups are over represented in the state's 84 non-metropolitan counties. While approximately 43-percent of all Nebraska residents are non-metropolitan, that percentage climbs to 46-percent for those age 55 to 64 years, and to 55-percent for those age 65 years and over.

These Census estimates indicate that 28-percent of non-metropolitan Nebraskans are either at or approaching traditional retirement age (compared to 20-percent of the metropolitan population). With health care costs continually rising and the provision of rural medical services becoming increasingly difficult, how these individuals are providing for, or plan on providing for their medical needs is a matter of great importance not only for themselves but for the health care industry and policy makers at all levels as well. The 2007 Nebraska Rural Poll included twelve questions related to health care in retirement, providing a picture of the concerns and plans of 2,680 randomly selected non-metropolitan Nebraskans.

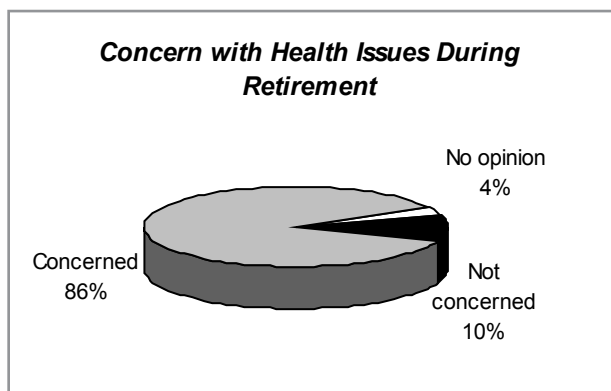
### *The Nebraska Rural Poll*

The Nebraska Rural Poll is an annual survey of rural Nebraskans that was started in 1996. The goal of the Nebraska Rural Poll is to give local and state leaders a better understanding of the issues, challenges and concerns of Nebraska's rural citizens. The Rural Poll focuses on such issues as community, government policy, well-being and work. Core questions are included every year; over time these core questions will provide insight about trends and changes occurring in rural Nebraska. In addition, each year rural citizens and government officials form an advisory committee that identifies key issues or topics to include in the survey.

For more information contact Randolph Cantrell, (402) 472-1772 or [rcantrell1@unl.edu](mailto:rcantrell1@unl.edu)

## Rural Nebraskans are Concerned about Their Health during Retirement

When asked about issues that might concern them during their retirement, 86-percent of rural Nebraskans indicated that they are concerned about their health. This response is most prevalent among respondents age 40 to 64 years (90%), and lowest among those age 19 to 29 years (81%) and those age 65 and over (82%).



Concern with health issues during retirement is high among all groups, but is relatively higher for married, divorced or separated people (88%) than for those who are widowed (80%). Concern is also relatively higher among pre-retirement residents (87%) than among current retirees (83%) and higher among non-Latino residents (87%) than among Latinos (75%).

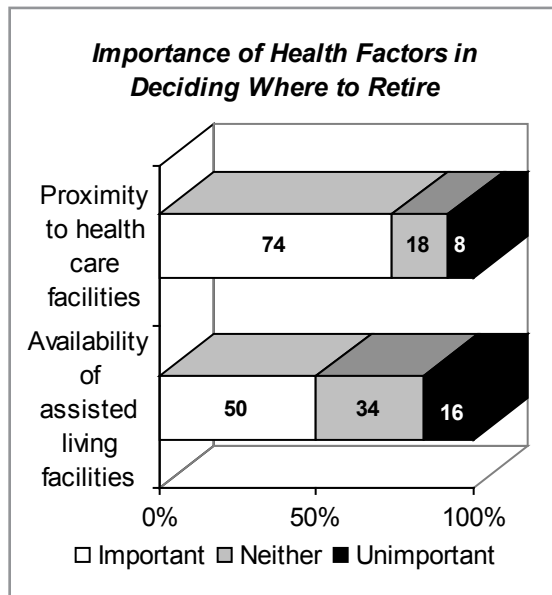
Additional data can be found in Appendix Table 1.

## Deciding Where to Retire

Concerns about health and health care are likely to influence where rural Nebraskans choose to live during their retirement. When asked about the importance of various factors in deciding where to live during retirement, 74-percent of rural Nebraskans indicate that proximity to health care facilities is important. Proximity to health care facilities is most likely to be seen as important by those over the age of 65 (84%), and least likely to be seen as important by those between the ages of 30 and 39 (69%). Women (78%) are more likely than men (68%) to see proximity to health care facilities in retirement as important.

Similarly, retired persons (82%) are more likely to see retiring in proximity to health care facilities as

important when compared to those respondents who are not yet retired (72%). Latino respondents (83%) are more likely to see the proximity of health care facilities as important than are respondents who are not Latino (73%).



Rural Nebraskans are also likely to see the availability of assisted living facilities as an important consideration in post-retirement planning, with 50-percent indicating that such facilities are important in deciding where to live after retirement. The availability of assisted living facilities is most likely to be seen as an important residential consideration by Latinos (64%), widowed persons (62%), those over the age of 65 (59%), those with

## Methodology

A self-administered questionnaire was mailed in February and March to approximately 6,400 randomly selected households. Responses were received from 2,680 Nebraskans living in the 84 non-metropolitan counties in the state - a response rate of 40 percent. Metropolitan counties not included in the sample were Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington. The margin of sampling error for this study is plus or minus two percent based on the total sample at the 95% confidence level. The margin of sampling error is higher for results based on subgroups of respondents. The 14-page questionnaire included questions pertaining to well-being, community, retirement issues, work, and immigration. For more detailed information about the survey methodology and the respondent profile, see Research Report 07-1 available online at <http://cari.unl.edu/ruralpoll/report07.shtml>.

educational attainment of high school or less (56%), and women (53%).

Additional data can be found in Appendix Table 2.

### ***Health Care and Work***

Finally, concerns regarding health and health care are likely to influence the decision of retirement age Nebraskans to continue working in some capacity after traditional retirement age. When the 45-percent of rural Nebraskans who are either currently working or plan on working beyond traditional retirement age are asked about their motivations for such a decision, 34-percent indicate that they are doing so or plan to do so at least in part in order to secure health insurance. However, this is not the most frequently cited motivation for working beyond retirement age. Meeting basic income needs, keeping mentally and physically active, extra income and the personal enjoyment of work are all more likely to be seen as a motivation for delaying full retirement.

For those working or planning to work beyond traditional retirement age, doing so in order to obtain health insurance is most often indicated by those age 50 to 64 (48-percent), and least often indicated by those over the age of 65 (16-percent). In general, acceptance of health insurance as a reason to work beyond traditional retirement age increases with age, up until the age of 65, beyond which physical limitations are more likely to preclude working as an option and various public and private health care programs may prove to be adequate without additional insurance.

Obtaining health insurance is more likely to be seen as a reason to work beyond traditional retirement age by rural Nebraskans earning \$60,000 or more annually (40-percent) than by people earning less than \$20,000 (25-percent), by women (39-percent) than by men (30-percent), by administrative support workers (52-percent) than by farmers and ranchers (20-percent) and by those not yet retired (38-percent) than by those who are at least partially retired (15-percent).

Additional data can be found in Appendix Table 3.

### ***Funding for Health Care in Retirement***

Respondents were provided a list of eight sources from which their health care needs might be financed in retirement. The sources were both public and private, and respondents were asked to assess each source's current or likely future importance in meeting their health care needs during retirement.

***Table 1. Expected Sources for Financing Health Care Needs during Retirement***

	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>
	(n = 2662)		
Medicare	70%	24%	6%
Medicaid	27	28	45
Supplemental health insurance	44	43	13
Supplemental long-term care insurance	20	35	46
Assistance of family/friends	6	25	68
Personal savings	37	45	19
Pension	29	30	40
Other continuing income sources	22	41	37

Additional data can be found in Appendix Table 4.

### ***Medicare***

When asked about Medicare, 70-percent of rural Nebraskans indicate that it is or will be a major source for financing their health care needs in retirement. Only 6-percent of those responding feel that Medicare will play no part in supporting their health care needs.

Among rural Nebraskans age 19 to 29 years, Medicare is expected to be a major source of health care funding by only 46-percent of the population. That number increases steadily with age, until for those age 65 and older Medicare is seen as a major source of health care financing by 90-percent of the population. It is noteworthy, however, that even among the youngest group only 17-percent of rural residents see Medicare as playing no part in meeting

their future health care needs.

Age and age related characteristics are recurring factors in predicting attitudes toward Medicare. Medicare is more likely to be seen as a major source for financing health care needs in retirement by retired persons (89%) than by those not yet retired (65%) and by widowed (88%) than by never married (58%) persons.

Latinos are the group least likely to see Medicare as a major contributor to their retirement health care needs (40%), and most likely to see it as playing no part in meeting their health care needs (21%).

### ***Medicaid***

Medicaid is much less likely than Medicare to be seen as a major financial resource in meeting the health care needs of rural Nebraskans after retirement. This seems to reflect an understanding of the intended purpose of that program.

Divorced and separated respondents are most likely to see Medicaid as a major source in financing their health care in retirement (40%). Rural Nebraskans who are currently retired and those over the age of 65 are most likely to indicate that Medicaid will play no part in financing their health care needs in retirement (62% and 65% respectively).

### ***Supplemental Health Insurance***

Supplemental health policies, which are intended to augment Medicare and other programs, have grown in number and popularity. Among rural Nebraskans, 44% believe that such insurance will play a major role in providing for their health care needs in retirement. Current retirees (66%) are more likely to rate supplemental health insurance as being of major importance in financing their health care than are those not yet retired (38%). Again, the perceived importance of supplemental health insurance increases with age, being seen as a major source of health care financing by 68-percent of those age 65 and over, but only 27-percent of those age 19 to 29.

### ***Supplemental Long-Term Care Insurance***

Supplemental long-term care insurance is not seen

to be as important in health care during retirement as is more generic health insurance, with only 20-percent of rural residents indicating that it will play a major role in financing their health care after retirement, compared to 46-percent who expect it to play no role at all.

Again, the perceived importance of this form of insurance increases with the age of the individual, and is most likely to be seen as a major source of health care financing in retirement by those age 65 years and older (33%), those who were already retired (31%) and widowed persons (35%).

### ***Assistance of Family and Friends***

Among the potential sources for financing health care in retirement, the one seen as being least likely to play a major role in the lives of rural Nebraskans is the assistance of family and friends. Only 6-percent of rural residents see family and friends as a major source of health care financing, while 68-percent see family and friends playing no role at all in helping to finance health care in retirement.

Opinions regarding family and friends as a major source of health care financing vary little by respondent characteristic. Only among Latinos do a majority of individuals see family members or friends playing any role at all in their health care during retirement and even within that group 41-percent of the population indicate that they expect no such assistance.

### ***Personal Savings***

Slightly over one-third (37%) of rural Nebraskans believe that personal savings will play a major role in financing their health care in retirement. Another 45-percent expect such savings to play only a minor role in the provision of their health care, while 19-percent do not expect to use savings for that purpose.

Rural residents age 40 to 64 years are least likely to see personal savings as a major source of health care financing in their retirement (30%), while the youngest (19 to 29 years of age) and oldest (65 years and older) are most likely to rate savings as being of major importance, indicating that such will be true 45-percent of the time.

Among the groups most likely to believe that personal savings will be a major source of health care funding in retirement are farmers, ranchers and sales workers (48%),

widowed persons, those earning more than \$60,000 annually and Latinos (43% each), and those who are already retired (42%). In no group do a majority of rural Nebraskans see personal savings as a major source of health care financing during their retirement.

### ***Pensions***

A majority of rural residents expect pensions to play at least some part in financing health care during their retirement. However, only 29-percent of them believe that their pensions will be a major source of such funding.

Rural Nebraskans most likely to see pensions as a major source of their health care financing include those earning more than \$60,000 annually (39%) and Latinos (37%). Least likely to expect major financial assistance from a pension are farmers and ranchers (10%).

Most likely to see pensions playing no part in financing their health care in retirement are farmers and ranchers (76%), service workers (52%), widowed persons (51%), those who report being divorced or separated (49%) and those over 65 years of age (48%). These numbers reflect occupations in which pensions are less available and personal situations in which they are likely to be lost.

### ***Other Continuing Income Sources***

Most rural residents indicate that some other source of income will contribute to their health related financial needs in retirement. Such sources might include investment dividends, personal annuities, rents, proceeds from property sales or expected inheritances. However, only 22-percent of rural Nebraskans believe that such income sources will be of major importance in funding their health care needs.

Farmers and ranchers (37%) are the group most likely to indicate that other income sources will be a major source of financial assistance in providing health care during their retirement, possibly reflecting their potential for realizing income from land holdings. Least likely to see such income as a major source of health care funding are divorced

and separated respondents (15%), an opinion which is likely to result from the property losses experienced during the dissolution of a marriage.

### ***Summary***

Rural Nebraskans are concerned about health and health care during their retirement. That concern is evident in all age, educational, occupational, income and ethnic groups.

Concerns over health care needs are likely to influence where older Nebraskans choose to reside. As one might expect, the importance accorded to residing in proximity to health care facilities increases with age. However, a sizeable majority of even the youngest rural residents are of the opinion that the presence of health care facilities is an important consideration in residential decisions after retirement.

The perceived need to provide personal health insurance for oneself is likely to keep a sizeable percentage of rural Nebraskans in the labor force on at least a part-time basis beyond traditional retirement age. The ability to obtain insurance coverage is most likely to influence the work plans of those approaching retirement age. Insurance needs are least likely to motivate those who are already working beyond that age, possibly because other health care funding options have proven to be sufficient for their health care needs.

Upon retirement, rural Nebraskans expect to finance their health care in a variety of ways, but expect to rely most heavily upon Medicare. The importance of Medicare in health care planning increases with age, and is currently highest among rural Nebraska's senior citizens. That importance likely results from their current participation in and dependence upon the Medicare system.

Rural Nebraska's youngest adult residents have less expectation that Medicare will be a major factor in their health care in later life. This may well reflect a growing distrust in the long term viability of all government entitlement programs. It may also result from youthful optimism regarding their own capacity to earn and save money over their working lives.

Reliance upon family and friends for any level of health care support is seen as a very unlikely option by most rural Nebraskans. The sole exception to this is found in rural Nebraska's Hispanic and Latino population, and even there such assistance is perceived as providing a minor level of support.

Randolph Cantrell, University of Nebraska Rural Initiative  
Miguel Carranza, Department of Sociology  
Bruce Johnson, Department of Agricultural Economics  
David Peters, Department of Agricultural Economics  
Rebecca Vogt, Center for Applied Rural Innovation

**Appendix Table 1. Concern with Health Issues During Retirement by Various Individual Attributes**

		<i>How concerned are you about health issues during your retirement years?</i>			
		<u>Concerned</u>	<u>No Opinion</u>	<u>Not Concerned</u>	<u>Significance</u>
<b><u>Age</u></b>		Percentages (n = 2603)			
	19 - 29	81	7	12	
	30 - 39	86	5	9	
	40 - 49	90	3	8	
	50 - 64	90	2	8	$\chi^2 = 43.09^*$
	65 and older	82	4	15	(.000)
<b><u>Retirement Status</u></b>		(n = 2555)			
	Retired	83	3	13	$\chi^2 = 8.20^*$
	Not retired	87	4	9	(.017)
<b><u>Gender</u></b>		(n = 2565)			
	Male	85	4	11	$\chi^2 = 1.54$
	Female	87	4	10	(.462)
<b><u>Marital Status</u></b>		(n = 2558)			
	Married	87	3	10	
	Never married	83	6	11	
	Divorced/separated	88	4	8	$\chi^2 = 23.45^*$
	Widowed	80	3	17	(.001)
<b><u>Education</u></b>		(n = 2553)			
	H.S. diploma or less	85	5	10	
	Some college	87	3	10	$\chi^2 = 13.76^*$
	Bachelors or grad degree	86	2	12	(.008)
<b><u>Occupation</u></b>		(n = 1789)			
	Sales	89	4	7	
	Manual laborer	88	5	8	
	Professional/tech/admin	87	2	10	
	Service	90	2	8	
	Farming/ranching	89	2	9	
	Skilled laborer	91	3	5	
	Administrative support	87	5	8	$\chi^2 = 13.87$
	Other	82	9	9	(.459)
<b><u>Income Level</u></b>		(n = 2349)			
	Under \$20,000	84	5	11	
	\$20,000 - \$39,999	88	3	10	
	\$40,000 - \$59,999	89	3	8	$\chi^2 = 14.08^*$
	\$60,000 and over	85	3	12	(.029)
<b><u>Race/ethnicity</u></b>		(n = 2569)			
	Non-Latinos	87	3	10	$\chi^2 = 44.98^*$
	Latinos	75	10	14	(.000)

\* Chi-square values are statistically significant at the .05 level.



**Appendix Table 2. Importance of Health Factors in Making a Decision on Where to Retire by Various Individual Attributes**

	<i>Proximity to Health Care</i>				<i>Availability of Assisted Living</i>			
	<i>Important</i>	<i>Neither</i>	<i>Unimportant</i>	<i>Chi-square (sig.)</i>	<i>Important</i>	<i>Neither</i>	<i>Unimportant</i>	<i>Chi-square (sig.)</i>
<i>Percentages</i>								
<b><u>Age</u></b>		(n = 2453)				(n = 2442)		
19 - 29	73	22	6		49	39	11	
30 - 39	69	21	10		49	34	18	
40 - 49	71	21	9		45	41	14	
50 - 64	75	17	8	$\chi^2 = 39.79^*$	48	34	18	$\chi^2 = 44.52^*$
65 and older	84	11	5	(.000)	59	25	17	(.000)
<b><u>Retirement Status</u></b>		(n = 2412)				(n = 2399)		
Retired	82	12	6	$\chi^2 = 16.98^*$	56	25	19	$\chi^2 = 22.55^*$
Not retired	72	19	8	(.000)	48	37	15	(.000)
<b><u>Gender</u></b>		(n = 2425)				(n = 2412)		
Male	68	21	11	$\chi^2 = 38.75^*$	46	36	19	$\chi^2 = 17.38^*$
Female	78	16	5	(.000)	53	33	14	(.000)
<b><u>Marital Status</u></b>		(n = 2417)				(n = 2403)		
Married	74	18	8		49	35	16	
Never married	71	22	7		55	34	12	
Divorced/separated	70	24	7	$\chi^2 = 20.34^*$	44	37	19	$\chi^2 = 22.65^*$
Widowed	84	10	6	(.002)	62	24	14	(.001)
<b><u>Education</u></b>		(n = 2416)				(n = 2401)		
H.S. diploma or less	76	18	6		56	29	15	
Some college	72	20	8	$\chi^2 = 6.00$	47	37	16	$\chi^2 = 21.92^*$
Bachelors/grad degree	75	17	9	(.199)	46	37	17	(.000)
<b><u>Occupation</u></b>		(n = 1745)				(n = 1737)		
Sales	70	21	9		43	41	16	
Manual laborer	75	17	7		56	31	13	
Professional/tech/admin	75	18	8		45	39	16	
Service	73	21	6		50	36	13	
Farming/ranching	68	18	13		50	30	21	
Skilled laborer	61	26	13		44	40	16	
Administrative support	72	23	5	$\chi^2 = 25.79^*$	42	43	15	$\chi^2 = 18.04$
Other	68	23	9	(.028)	52	30	17	(.205)
<b><u>Income Level</u></b>		(n = 2245)				(n = 2231)		
Under \$20,000	74	20	7		53	30	17	
\$20,000 - \$39,999	77	16	8		53	31	16	
\$40,000 - \$59,999	73	19	7	$\chi^2 = 5.80$	50	34	16	$\chi^2 = 21.42^*$
\$60,000 and over	72	19	9	(.446)	43	41	16	(.002)
<b><u>Race/ethnicity</u></b>		(n = 2431)				(n = 2417)		
Non-Latinos	73	19	8	$\chi^2 = 11.88^*$	48	35	17	$\chi^2 = 25.88^*$
Latinos	83	13	4	(.003)	64	28	8	(.000)

**Appendix Table 3. Currently Work or Plan on Working Past Traditional Retirement Age to Secure Health Insurance by Various Individual Attributes**

		<b>Work or Plan to Work Past Traditional Retirement Age to Secure Health Insurance<sup>#</sup></b>		
		<u>Yes</u>	<u>No</u>	<u>Significance</u>
		<i>Percentages</i>		
		(n = 1084)		
<b><u>Age</u></b>				
	19 - 29	31	69	
	30 - 39	36	64	
	40 - 49	39	62	
	50 - 64	48	53	$\chi^2 = 57.86^*$
	65 and older	16	84	(.000)
<b><u>Retirement Status</u></b>		(n = 1068)		
	Retired	15	85	$\chi^2 = 29.28^*$
	Not retired	38	62	(.000)
<b><u>Gender</u></b>		(n = 1069)		
	Male	30	70	$\chi^2 = 8.69^*$
	Female	39	61	(.002)
<b><u>Marital Status</u></b>		(n = 1064)		
	Married	36	64	
	Never married	22	78	
	Divorced/separated	39	61	$\chi^2 = 10.29^*$
	Widowed	27	74	(.016)
<b><u>Education</u></b>		(n = 1063)		
	H.S. diploma or less	29	71	
	Some college	37	63	$\chi^2 = 8.60^*$
	Bachelors or grad degree	40	60	(.014)
<b><u>Occupation</u></b>		(n = 860)		
	Sales	34	66	
	Manual laborer	41	59	
	Professional/tech/admin	46	54	
	Service	29	71	
	Farming/ranching	20	80	
	Skilled laborer	32	68	
	Administrative support	52	48	$\chi^2 = 35.15^*$
	Other	22	78	(.000)
<b><u>Income Level</u></b>		(n = 1000)		
	Under \$20,000	25	75	
	\$20,000 - \$39,999	35	65	
	\$40,000 - \$59,999	38	62	$\chi^2 = 11.09^*$
	\$60,000 and over	40	60	(.011)
<b><u>Race/ethnicity</u></b>		(n = 1069)		
	Non-Latinos	36	64	$\chi^2 = 1.24$
	Latinos	30	70	(.157)

<sup>#</sup>Question asked only of those who currently work or plan to work past traditional retirement age

**Appendix Table 4. Expected Sources for Financing Health Care Needs During Retirement by Various Individual Attributes**

	<i>Medicare</i>				<i>Medicaid</i>			
	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>
<i>Percentages</i>								
<b><u>Age</u></b>		(n = 2482)				(n = 2058)		
19 - 29	46	38	17		23	39	38	
30 - 39	53	35	12		24	32	44	
40 - 49	66	29	5		30	31	39	
50 - 64	78	21	1	$\chi^2 = 339.68^*$	32	27	42	$\chi^2 = 110.23^*$
65 and older	90	9	2	(.000)	24	11	65	(.000)
<b><u>Retirement Status</u></b>		(n = 2449)				(n = 2025)		
Retired	89	10	2	$\chi^2 = 118.88^*$	26	12	62	$\chi^2 = 65.46^*$
Not retired	65	28	7	(.000)	27	31	41	(.000)
<b><u>Gender</u></b>		(n = 2448)				(n = 2036)		
Male	68	26	6	$\chi^2 = 3.24$	31	32	37	$\chi^2 = 33.57^*$
Female	71	23	6	(.198)	25	25	50	(.000)
<b><u>Marital Status</u></b>		(n = 2440)				(n = 2029)		
Married	68	26	6		25	29	47	
Never married	58	30	12		31	33	36	
Divorced/separated	75	22	3	$\chi^2 = 71.40^*$	40	26	34	$\chi^2 = 40.43^*$
Widowed	88	8	3	(.000)	29	15	55	(.000)
<b><u>Education</u></b>		(n = 2438)				(n = 2029)		
H.S. diploma or less	70	23	7		30	29	41	
Some college	71	24	5	$\chi^2 = 5.61$	30	28	42	$\chi^2 = 28.00^*$
Bachelors/grad degree	67	27	6	(.230)	20	28	53	(.000)
<b><u>Occupation</u></b>		(n = 1716)				(n = 1503)		
Sales	63	30	7		23	30	48	
Manual laborer	66	24	10		36	36	28	
Professional/tech/admi	64	28	8		22	27	51	
Service	65	26	10		28	30	42	
Farming/ranching	72	26	3		27	39	35	
Skilled laborer	65	29	7		36	31	33	
Administrative support	80	17	3	$\chi^2 = 24.74^*$	25	27	48	$\chi^2 = 49.59^*$
Other	62	38	0	(.037)	42	26	32	(.000)
<b><u>Income Level</u></b>		(n = 2252)				(n = 1900)		
Under \$20,000	76	17	8		38	26	35	
\$20,000 - \$39,999	74	19	7		32	28	40	
\$40,000 - \$59,999	69	27	5	$\chi^2 = 49.88^*$	23	31	46	$\chi^2 = 59.51^*$
\$60,000 and over	61	33	6	(.000)	19	28	54	(.000)
<b><u>Race/ethnicity</u></b>		(n = 2454)				(n = 2042)		
Non-Latinos	73	23	5	$\chi^2 = 137.96^*$	27	26	47	$\chi^2 = 31.00^*$
Latinos	40	40	21	(.000)	27	44	30	(.000)

Appendix Table 4 continued.

	<i>Supplemental Health Insurance</i>				<i>Supplemental Long-Term Care Insurance</i>			
	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>
<i>Percentages</i>								
<b><u>Age</u></b>		(n = 2370)				(n = 2114)		
19 - 29	27	53	20		19	44	37	
30 - 39	35	50	15		15	46	39	
40 - 49	37	47	15		12	44	44	
50 - 64	44	44	13	$\chi^2 = 203.28^*$	19	27	55	$\chi^2 = 165.87^*$
65 and older	68	26	6	(.000)	33	16	50	(.000)
<b><u>Retirement Status</u></b>		(n = 2333)				(n = 2079)		
Retired	66	27	8	$\chi^2 = 126.56^*$	31	17	52	$\chi^2 = 83.92^*$
Not retired	38	47	15	(.000)	17	39	45	(.000)
<b><u>Gender</u></b>		(n = 2334)				(n = 2091)		
Male	42	45	13	$\chi^2 = 2.37$	19	36	46	$\chi^2 = 1.13$
Female	45	42	13	(.305)	20	34	46	(.568)
<b><u>Marital Status</u></b>		(n = 2329)				(n = 2085)		
Married	45	44	12		18	37	45	
Never married	28	50	22		24	35	41	
Divorced/separated	38	39	23	$\chi^2 = 83.65^*$	13	32	55	$\chi^2 = 54.76^*$
Widowed	63	30	7	(.000)	35	16	49	(.000)
<b><u>Education</u></b>		(n = 2326)				(n = 2083)		
H.S. diploma or less	46	38	16		21	31	48	
Some college	43	44	14	$\chi^2 = 19.20^*$	19	35	46	$\chi^2 = 10.94^*$
Bachelors/grad degree	44	47	9	(.001)	18	40	42	(.027)
<b><u>Occupation</u></b>		(n = 1644)				(n = 1514)		
Sales	36	46	19		24	30	46	
Manual laborer	37	41	22		13	37	51	
Professional/tech/admi	42	48	11		18	40	42	
Service	39	44	18		11	30	59	
Farming/ranching	39	47	14		22	40	38	
Skilled laborer	40	43	17		12	38	50	
Administrative support	38	49	13	$\chi^2 = 23.56$	17	28	55	$\chi^2 = 47.09^*$
Other	29	57	14	(.052)	0	72	28	(.000)
<b><u>Income Level</u></b>		(n = 2151)				(n = 1939)		
Under \$20,000	42	36	23		16	28	56	
\$20,000 - \$39,999	44	41	15		19	33	48	
\$40,000 - \$59,999	39	49	12	$\chi^2 = 64.01^*$	15	36	49	$\chi^2 = 49.41^*$
\$60,000 and over	47	46	7	(.000)	24	41	35	(.000)
<b><u>Race/ethnicity</u></b>		(n = 2342)				(n = 2097)		
Non-Latinos	45	42	12	$\chi^2 = 19.42^*$	19	34	47	$\chi^2 = 10.98^*$
Latinos	32	47	21	(.000)	22	43	35	(.004)

Appendix Table 4 continued.

	<i>Assistance of Family/Friends</i>				<i>Personal Savings</i>			
	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>	<i>Chi-square (sig.)</i>
<i>Percentages</i>								
<b><u>Age</u></b>		(n = 2080)				(n = 2249)		
19 - 29	9	40	52		45	43	13	
30 - 39	7	25	68		40	46	14	
40 - 49	5	19	76		29	48	23	
50 - 64	4	20	76	$\chi^2 = 77.59^*$	30	47	24	$\chi^2 = 60.72^*$
65 and older	9	27	65	(.000)	45	38	17	(.000)
<b><u>Retirement Status</u></b>		(n = 2051)				(n = 2213)		
Retired	8	26	66	$\chi^2 = 3.22$	42	41	18	$\chi^2 = 5.09$
Not retired	6	25	69	(.200)	36	45	19	(.078)
<b><u>Gender</u></b>		(n = 2060)				(n = 2222)		
Male	6	24	70	$\chi^2 = 2.05$	36	46	18	$\chi^2 = 1.48$
Female	7	26	67	(.360)	37	44	19	(.478)
<b><u>Marital Status</u></b>		(n = 2052)				(n = 2216)		
Married	5	24	71		37	46	17	
Never married	9	36	56		39	43	18	
Divorced/separated	6	20	74	$\chi^2 = 41.62^*$	25	38	37	$\chi^2 = 52.17^*$
Widowed	14	28	59	(.000)	43	40	18	(.000)
<b><u>Education</u></b>		(n = 2051)				(n = 2214)		
H.S. diploma or less	10	31	59		37	43	20	
Some college	6	24	70	$\chi^2 = 57.22^*$	33	47	20	$\chi^2 = 15.87^*$
Bachelors/grad degree	3	20	77	(.000)	41	44	15	(.003)
<b><u>Occupation</u></b>		(n = 1500)				(n = 1600)		
Sales	6	27	67		48	30	22	
Manual laborer	9	32	59		31	49	20	
Professional/tech/admi	3	21	76		34	50	16	
Service	5	24	70		31	47	23	
Farming/ranching	4	30	66		48	40	12	
Skilled laborer	6	17	77		30	49	21	
Administrative support	6	17	77	$\chi^2 = 38.53^*$	37	44	19	$\chi^2 = 41.22^*$
Other	16	37	47	(.000)	16	58	26	(.000)
<b><u>Income Level</u></b>		(n = 1916)				(n = 2053)		
Under \$20,000	12	34	54		32	39	29	
\$20,000 - \$39,999	8	29	64		32	46	23	
\$40,000 - \$59,999	3	23	74	$\chi^2 = 90.74^*$	38	46	16	$\chi^2 = 64.27^*$
\$60,000 and over	4	17	79	(.000)	43	47	11	(.000)
<b><u>Race/ethnicity</u></b>		(n = 2066)				(n = 2226)		
Non-Latinos	5	23	72	$\chi^2 = 85.78^*$	36	45	20	$\chi^2 = 8.91^*$
Latinos	15	44	41	(.000)	43	45	12	(.012)

Appendix Table 4 continued.

	<i>Pension</i>			<i>Chi-square (sig.)</i>	<i>Other Continuing Income Sources</i>			<i>Chi-square (sig.)</i>	
	<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>		<i>Major Source</i>	<i>Minor Source</i>	<i>Not a Source</i>		
	<i>Percentages</i>								
<b><u>Age</u></b>		(n = 2144)				(n = 1999)			
19 - 29	26	40	35		27	45	28		
30 - 39	30	31	39		19	49	32		
40 - 49	29	32	39		22	41	37		
50 - 64	31	30	40	$\chi^2 = 34.93^*$	19	37	44	$\chi^2 = 38.95^*$	
65 and older	31	21	48	(.000)	23	34	43	(.000)	
<b><u>Retirement Status</u></b>		(n = 2112)				(n = 1972)			
Retired	33	24	43	$\chi^2 = 10.26^*$	22	34	44	$\chi^2 = 10.44^*$	
Not retired	29	32	40	(.006)	22	42	36	(.005)	
<b><u>Gender</u></b>		(n = 2121)				(n = 1978)			
Male	29	31	40	$\chi^2 = 0.02$	22	45	33	$\chi^2 = 11.89^*$	
Female	29	30	40	(.992)	21	38	41	(.003)	
<b><u>Marital Status</u></b>		(n = 2115)				(n = 1973)			
Married	31	31	39		22	42	36		
Never married	28	34	38		23	43	34		
Divorced/separated	21	30	49	$\chi^2 = 23.84^*$	15	38	48	$\chi^2 = 22.30^*$	
Widowed	31	19	51	(.001)	24	28	48	(.001)	
<b><u>Education</u></b>		(n = 2111)				(n = 1971)			
H.S. diploma or less	28	28	45		20	37	43		
Some college	27	32	41	$\chi^2 = 15.33^*$	21	42	37	$\chi^2 = 17.92^*$	
Bachelors/grad degree	33	31	35	(.004)	24	45	32	(.001)	
<b><u>Occupation</u></b>		(n = 1544)				(n = 1472)			
Sales	32	23	46		26	39	35		
Manual laborer	30	31	39		16	40	44		
Professional/tech/admi	34	35	31		22	42	36		
Service	21	27	52		18	44	39		
Farming/ranching	10	14	76		37	38	25		
Skilled laborer	33	36	32		18	44	38		
Administrative support	29	35	36	$\chi^2 = 121.41^*$	16	40	44	$\chi^2 = 36.40^*$	
Other	16	37	47	(.000)	7	57	36	(.001)	
<b><u>Income Level</u></b>		(n = 1975)				(n = 1842)			
Under \$20,000	19	24	57		20	32	47		
\$20,000 - \$39,999	24	33	43		19	41	40		
\$40,000 - \$59,999	31	32	37	$\chi^2 = 87.44^*$	20	47	33	$\chi^2 = 34.35^*$	
\$60,000 and over	39	31	29	(.000)	25	44	31	(.000)	
<b><u>Race/ethnicity</u></b>		(n = 2127)				(n = 1985)			
Non-Latinos	29	29	42	$\chi^2 = 33.90^*$	22	41	38	$\chi^2 = 1.80$	
Latinos	37	41	22	(.000)	20	46	35	(.406)	