### Older Migrant Retirees to South Carolina: Boon or Burden?

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## Gray Gold

- South Carolina is a retirement destination for many seniors, ranking fourth in the nation in net migration gain for people 65 and older.
- State economic policy makers have seen these well-to-do retirees as an economic boon to the state; however, could these older retiree migrants increase the burden of chronic disease and Medicaid costs?



## **Objectives**

- To describe the health status, health behaviors, and SES of persons over 50 years old in the five states from which most retiree migrants to SC live
- To compare data above to health, behaviors, and SES of older South Carolinians
- To predict the impact of campaigns to attract migrants with high incomes and education on the prevalence of chronic disease and Medicaid expenditures in SC
- To predict the likelihood of these retiree migrants to SC maintaining vitality as they age



## Percent Growth For the Population 65 and Over in the Southeast (1990 – 2000)





### **South Carolina Medicaid Expenditures**



Nationally, from FY 2002-2004, four-fifths of the increase of Medicaid spending was due to the elderly and disabled (Ku, L. & Broadus, M. (Jan.13., 2003). "Why are State Medicaid Expenditures Rising?" Center on Budget and Policy Priorities.



### 2000 Educational Attainment for the Population 65 and Over in South Carolina



2005 South Carolina White House Conference on Aging Reports (Patrick Mason- Center for Carolina Living Survey) that 83% of migrant retirees are college graduates.



# South Carolina Median Income By Age Group (1999 Dollars)



2005 South Carolina White House Conference on Aging Reports (Patrick Mason- Center for Carolina Living Survey) that average household income of migrant retirees is \$110,000.



To describe the SES of persons over 50 years old in the five states from which most retiree migrants to SC live and compare to South Carolina (Percentage)





#### The Social Gradient in Action: New York 2006 BRFSS >age 50 No Exercise in Past 30 Days by Income





Location of counties that represent spatial clusters in which poverty rates are at least two standard deviations higher than the national mean. These counties correspond with areas that have been defined for other historical, geographic, economic, and cultural reasons (e.g., Appalachia, Mississippi Delta). The *continental poverty divide* is defined as the distinctive north–south divide across most of the United States, in which concentrations of low poverty and spatial outliers of high poverty are confined to the northern half, and concentrations of high poverty and spatial outliers of low poverty are confined to the southern half. Data source: Community Health Status Indicators (1).

#### **To compare h**ealth risks for top SES group from 5 states to health risks of all older South Carolinians

- Age adjusted results were generated using the United States BRFSS 2005 for the 5 top states of retirement migrants and South Carolina.
- Included in the analysis were residents over the age of 50.
- Prevalence of risk factors for chronic disease were examined
- Presented results are for those in the more than \$50,000 per year household income group, college education or more compared to all SC seniors.

- South Carolina seniors are:
  - More likely than retirees in FL, NJ, NY and GA to be obese.
  - More likely than retirees in all five states to be current smokers, physically inactive, and have high blood pressure.
  - More likely than retirees from NC to have high cholesterol, but equally likely with the rest of the states.
  - Less likely than retirees from all five migrant states to eat five more more servings of fruits and vegetables a day.



### Conclusions

 Older migrants from the top SES groups from the 5 states are those most likely to migrate to South Carolina. The migrating source states' population of well-to-do seniors has been assessed to have healthier habits, better health, lower hypertension rates and are more physically active than South Carolinians in the same age group. They also have greater resources to begin with. Therefore, the migrants are much less likely to spend down resources on chronic disease care and to become a Medicaid burden to state tax payers.



## Implications

 This study could be used to predict the economic impact of campaigns to attract migrants with high incomes and education, and to predict the likelihood of these retiree migrants maintaining vitality as they age. It can be speculated that these migrants are more likely to avoid spend down of financial resources for medical and long-term care than their South Carolina counterparts.