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The Impact of Ethnic Involvement and Migration Patterns on Long-Term Care Plans Among Retired Sunbelt Migrants: Plans for Nursing Home Placement

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Objectives. We examine anticipated preferences for nursing home placement as a strategy for meeting possible future long-term care needs among a sample of community-dwelling elderly European Americans who migrated to Florida after retirement. We synthesize prior research on ethnicity in late life, retirement migration patterns, and informal networks of retired migrants.

Methods. We gathered data through structured personal interviews with 578 retired migrants identified through screening from telephone listings, supplemented with snowball sampling techniques.

Results. Lifetime migration patterns and current ethnic involvement are significant predictors of mentioning nursing home placement as a strategy for possible long-term care needs.

Discussion. We interpret these results within the framework of Rowles's emphasis on the permeability of community–nursing home boundaries.

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THE importance of family members as caregivers of frail elders raises questions concerning long-term care plans of elderly people who migrate to Sunbelt retirement communities. Retired migrants who encounter health problems, widowhood, or financial difficulties sometimes consider a second move, either a return to their community of origin or to an adult child's current location (Litwak & Longino, 1987). Others, however, plan to age in place in their new location (Stoller & Longino, 2001). In this article, we give special attention to the impact of migration patterns, ethnic involvement, and informal networks on anticipated long-term care plans, including possible nursing home placement, of retired Sunbelt migrants who plan to remain in the retirement location.

Nursing Homes: A World Apart or a Permeable Boundary?

A move to a nursing home usually means severing ties with people, familiar places, and treasured possessions, threatening the continuity that enhances both function and quality of life among elderly people (Gubrium, 1973/1997). Challenging the image of the nursing home as a ''world apart,'' Rowles, Concotelli, and High (1996) described a rural nursing home where residents preserved ''their ongoing involvement in the larger community, retaining their self-identity and continuity with their pasts'' (p. 189). The authors attributed this greater involvement to the permeability of the boundary between the nursing home and the community, a situation in which the exchange of people, resources, and communication blurs the social and psychological divide between the nursing home and its environment. Kinship and friendships generated personal relationships among residents and staff, whose lives were intertwined through shared histories sometimes lasting a lifetime. A sense of community ownership was further enhanced by use of the facility for community meetings and social functions (Rowles, 1996).

Rowles and colleagues studied a rural nursing home, but they hypothesized that community integration and continuity can also occur in urban settings, most likely in nursing homes that serve a particular neighborhood or subpopulation. In this article, we explore the hypothesis that migration patterns and ethnic homogeneity among potential nursing home residents can generate the blurred boundaries described by Rowles and colleagues, increasing the likelihood that retired Sunbelt migrants will consider nursing home placement in their new location.

Migration Patterns, Informal Networks, and Nursing Home Preference

Migration patterns can influence anticipated nursing home preference among Sunbelt migrants in two ways. The first involves chain migration, the process through which earlier migrants attract new migrants from the same community of origin (Gober & Zonn, 1983). When friends recruit friends, social ties and homogeneity within friendship networks at the community of origin are transferred to the destination community. Applied to nursing home admissions, the process creates client populations with preexisting social ties that facilitate adjustment to an institutional setting (Bondevik & Skogstad, 1996; Groger, 1994) and generate the ''lifelong conversations [that] can be a valuable resource in the context of nursing home living'' (Gubrium 1993, p. 132). Chain migration creates clusters of migrants linked together by long-term relationships (Cuba, 1989). When these migrants encounter poor health,

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a move to the same nursing home provides an opportunity to continue these long-term friendships.

Individual migration histories can also influence anticipated moves to a nursing home. Elderly people with a history of geographic mobility are less likely to have developed a strong attachment to place. Memories are less likely to be invested in a particular house or locale. The experience of frequent geographic mobility has also taught them how to make transitions to new environments. Gubrium (1993) coined the term "travelers" for elders for whom a nursing home is just "one more place on the road" (p. 115) within the context of a lifetime of migration.

Ethnicity, Informal Networks, and Anticipated Nursing Home Preference

Friendships can be enriched by shared ethnic background (Stoller, Miller, & Guo, 2001). Shared ethnicity implies a shared history and similar culture; often it implies organizational ties, religious preference, and language patterns. In their studies of second- and third-generation European Americans, Alba (1990) and Waters (1990) found a sense of affinity among people of similar ethnic background, which they described as a feeling of communality or even kinship.

Living within an area of ethnic residential concentration increases the likelihood that social contacts will place older people in contact with persons of similar ethnicity. Residential concentration can support an ethnic infrastructure and intensify ethnic cultural experiences, a phenomenon Alba (1990) described as the "supply side of ethnicity." By highlighting the visibility of an ethnic group, supply-side features of ethnic communities enhance the attraction of an ethnic identity and foster a sense of loyalty and attachment to the group, generating trust between individuals who are otherwise strangers to each other (Litwak & Silverstein, 1991).

A number of researchers argue that ethnic attachment intensifies in late life (Climo, 1990; Gelfand & Barresi, 1987) and that nursing homes attached to an ethnic culture are attractive to older adults who identify with their ethnic background (Sasson, 2001). Observing ethnic traditions, eating ethnic foods, and attending ethnic programs provide continuity and a social context for sharing memories with other residents. Shared ethnic background can also foster closer relationships between residents and staff (Olson, 2001). For example, one of Rempusheski's (1988) Polish American respondents said she would "be elated" if a Polish American nurse were taking care of her; another said she would consider the nurse "like family." Yeo (1993) reported that nursing homes built on American Indian reservations by tribal entities "are defined as extensions of family care" (p. 167).

These results suggest that nursing homes serving ethnic communities can demonstrate the permeable boundaries that Rowles and colleagues found in rural settings. Even when coethnics are no longer concentrated within ethnic neighborhoods, they are likely to find that friendship ties, organizational links, and overlapping biographies create a context for discovering shared memories. The proximity of elderly migrants from the same ethnic background facilitates the emergence of friendships in which members discover overlapping threads in their personal narratives. In such contexts, the decision to move to a nursing home is but one more stop on a familiar road, in which "biographical continuity with a personal past … finds expression in the behavior and personality of residents within the nursing home" (Gubrium, 1993, p. 198).

A Model for Anticipatory Nursing Home Placement

We begin by identifying characteristics of individuals that are positively associated with the likelihood of nursing home placement, including old age, female gender, and widowhood (Belgrave, Wykle, & Choi, 1993; Wolinksy & Johnson, 1992). However, previous research has also identified circumstances that hinder or facilitate nursing home utilization, including social networks and financial resources. Among elders aging in place, people with more extensive family networks are less likely to be institutionalized than people with more limited networks (Tennstedt, Crawford, & McKinlay 1993). Retired Sunbelt migrants, however, are often geographically distant from family, particularly adult children, who most often provide informal assistance. Therefore, in assessing the impact of social resources on preference for being placed in a nursing home among a migrant sample, it is important to assess the proximity of kin. The impact of financial resources on institutional placement is inconsistent, with some researchers showing a positive association, others a negative association, and yet others no relationship at all (Keysor, Desai, & Mutran, 1999).

In addition to these covariates, we hypothesize that chain migration and shared ethnic background will be associated with mentioning nursing home placement among long-term care plans. Chain migration and shared ethnic background can generate networks of migrants with long-term friendships and overlapping biographies. Although not testable directly with our data, these hypothesized relationships are consistent with the notion of blurred boundaries between ethnic retirement communities and nursing homes serving those communities. We also hypothesize that a lifetime of migration experiences can generate skills that facilitate adaptation to new environments, including nursing homes.

To examine these hypotheses, we undertook a case study of European Americans who migrated to a metropolitan region in southeast Florida when they retired. This amenity migration represents the first stage of the Life Course Model of Retirement Migration given by Litwak and Longino (1987). Some proportion of these migrants subsequently move back to their preretirement locations, a move prompted by diminished resources and need for assistance. Anticipated probabilities of this second move among these respondents have been reported elsewhere (Stoller & Longino, 2001). In this article, we examine long-term care plans of retired amenity migrants who do not anticipate this second move. Therefore, we limit our attention to elderly people who indicate that they plan to remain in the Florida community.

Retirees in this sample are in relatively good health. Fewer than 5% needed help with activities of daily living. Therefore, descriptions of long-term care plans represent strategies for managing a possible future need for assistance. Without a follow-up study to determine actual behavior, the link between current preferences and future long-term care decisions remains an empirical question. However, we expect that elderly people's current health status will influence anticipated long-term care plans, with poor health undermining people's confidence in their ability to live independently in community settings.

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