**Perspective**

Why Are Older Floridians Exceptional?

The “Hispanic paradox” could account for some of the Florida differences in use of services and mortality rates.

by Jill Quadagno

**ABSTRACT:** Why do older Floridians have higher utilization of health care and live longer than other older Americans? Higher health care use among Florida’s older residents is likely related to housing patterns, marital status, health insurance coverage, and ethnic composition. Lower mortality is unlikely a result of lifestyle factors or labor-force participation rates but may be associated with usage of preventive health care services. These indicators suggest that attention needs to be paid to health behavior and social support networks.

Each fall, like geese, the “snow-birds” make their yearly migration, lumbering along I-75 pulling their Airstream trailers behind their Chevys and Chryslers. Seeking escape from the harsh winters of cities such as Cleveland, Detroit, and Pittsburgh, retired Americans move to Florida to pursue the leisure activities they postponed during their working years. According to Victor Fuchs, their dreams of a carefree existence have been realized. Older Floridians receive more health care and live longer than other older Americans. Is Florida nirvana, or are there other reasons for these intriguing observations?

**Health Care Utilization**

One plausible explanation Fuchs briefly mentions is living arrangements. Older Floridians are much more likely than the general population to live in apartments, condos, and retirement communities, and it is entirely plausible to hypothesize that people who live in congregate housing are encouraged by friends and neighbors to visit health care providers more frequently! Florida has also experienced a boom in assisted living facilities (ALFs) that is unmatched in any other state in the past ten years. In 1991 there were fewer than 20,000 licensed ALF beds in Florida. By 2001 there were more than 80,000. A key component of the ALF philosophy is the idea of “aging in place.” Assisted living residents and their families choose these facilities in the hope that they will not have to make another move; to help them realize this goal, most ALFs provide not only meals, housekeeping, social activities, and transportation but also some medical assistance. Many ALFs hire skilled nurses (a common option following surgery) or arrange for outside home-care services. Whatever choices are made, ALFs are likely to monitor residents’ health more closely and enlist medical services more frequently than what happens when people live independently.

Florida’s elderly are also much more likely than the general elderly population to be married (54 percent versus 47 percent) and living with a spouse and less likely to be widowed (39 percent versus 44 percent), according to...
the Asset and Health Dynamics of the Oldest Old (AHEAD) study. Marital status can influence use of health care, because husbands and wives monitor each other’s health and urge ailing spouses to see a doctor.

Older Floridians pay 60 percent more out of pocket for supplemental health insurance than other older Americans pay. Although this could mean that Medigap insurance premiums are more costly in Florida, it also could mean that Floridians have more comprehensive coverage that encourages higher usage. This interpretation is consistent with another finding from the AHEAD study: that the Florida elderly are more affluent than the older U.S. population as a whole. Florida is also one of the few states with sizable concentrations of Medicare beneficiaries who are enrolled in health maintenance organizations (HMOs). In 1995, 15.6 percent of all Florida Medicare beneficiaries were enrolled in a managed care plan, compared with just 7 percent nationwide. Although the objective of managed care is to reduce unnecessary utilization, managed care patients should receive more preventive care and more careful monitoring, which could increase utilization in the short run.

Finally, patterns of health care use could be related to the large Hispanic communities in some Florida counties and the higher percentage of Hispanics overall (10 percent in Florida, compared with 5 percent in the general population). One study found that Hispanic women in the Miami area were more likely than either white or African American women to conduct monthly breast self-examinations and that the distinguishing causal factor was their higher levels of involvement in social networks.

**Mortality**

Among the explanations for the lower mortality of older Floridians, Fuchs mentions lifestyle. However, the evidence does not support this hypothesis to any significant degree. Although older Floridians are less likely than other Americans to be physically inactive, on other lifestyle measures they are no different. Older Floridians are also just as likely as everyone else to be overweight, no more likely to eat five servings of fruits and vegetables each day, and about as likely to smoke. In fact, older Floridian women smoke somewhat more than average. The real “health nuts” are older Californians who, like their younger counterparts, exercise, eat well, and refrain from smoking.

Even the portrait of older Floridians as retirees wallowing in leisure activities is exaggerated. Older Floridians are only slightly different than other Americans in rates of workforce participation. Among Florida residents age sixty-five or older, 14.5 percent of men and 6.8 percent of women are in the workforce, compared with 16.5 percent of men and 8.6 percent of women in this age group nationwide.

Fuchs doubts that greater use of medical care leads to lower mortality among Florida elderly. Yet actual patterns of use of specific services suggests that higher utilization could influence mortality. Older Floridians receive more of the simple, preventive screening tests that can reduce deaths from heart disease, cancer, and cerebrovascular disease. They are much more likely than the aged as a whole to have had a blood pressure check within the past two years, to have had their cholesterol checked in the past five years, and to have been screened for colon cancer. Older women in Florida are also more likely than other women to have had a mammogram and a pap test in the past two years.

Florida’s large Hispanic population might also have a slight effect on mortality. Even though Hispanics are less likely than whites to be covered by Medicare or to have any health insurance at all, they have lower-than-expected mortality (except Puerto Ricans).

Most of this disparity is generally attributed to
patterns of migration among Hispanics, but differences in health behavior and in social support networks, as noted above, also might play a part. Thus, the mortality advantage of elderly Floridians could be related to the so-called Hispanic paradox.

**Conclusion**

Florida is like the canary in the gold mine: an early warning of the problems and possibilities that await the United States in the next twenty-years as the baby boomers move into old age. Although national attention is often focused on the costs of caring for an aging population, the most important policy issue for most older people and their families is their ability to maximize independence and preserve dignity in the face of inevitable aging. Florida’s example suggests that these optimal conditions can be approximated when there is a community of watchful friends, family members, neighbors, or staff who can monitor health needs.

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**Notes**

4. Peek et al., “Profile of Older Floridians.”
5. Ibid.
9. Ibid.
10. Ibid.