

LAKEHEAD UNIVERSITY

DETERMINANT VARIABLES IN SEASONAL MIGRATION
CESSATION

BY

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF ARTS

DEPARTMENT OF SOCIOLOGY

THUNDER BAY, ONTARIO

SUMMER, 1992

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ISBN 0-315-78953-0

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ABSTRACT

Past research into the seasonal migration of the elderly has mainly focused on how health and economic systems are affected by this group as well as how social and kinship ties are maintained by active participants. Deteriorating health has been implicated in past studies as a major variable in cessation intentions. This research focuses on why cessation has already taken place. It makes a contribution to existing seasonal migration literature through exploration of several variables determining cessation. Findings indicate that although health concerns are a major contributing variable to cessation decisions, a significant percentage lose interest in the activity after participating for extended periods of time. This loss of interest supports Atchley's continuity of aging theory in that this once pleasurable behaviour, initiated in mid-life, is redefined in later years and loses its significance as a pursuable activity.

ACKNOWLEDGMENTS

This thesis would not have been accomplished without the support and encouragement of many individuals. Dr. R. Ruiperez, my supervisor, patiently guided my efforts in exploring the determinant variables in seasonal migration cessation. Dr. J. D. Stafford, a committee member, provided valuable direction and support in designing my survey and analyzing the data. In addition, Mary Lou Kelley of the Department of Social Work, Lakehead University, acted as a committee member and editor, and Dr. Victor Marshall of the Centre for Studies of Aging, University of Toronto, served as external examiner. Their comments and suggestions helped in shaping the final version of the thesis. And finally, without the encouragement and confidence of my two children, Brad and Tara, this work would never have been attempted.

TABLE OF CONTENTS

| | <u>PAGE</u> |
|---|-------------|
| CHAPTER ONE - INTRODUCTION | 1 |
| CHAPTER TWO - THEORY AND LITERATURE REVIEW | 8 |
| 2.1 Current Research Into Seasonal Migration of the Elderly | 8 |
| 2.2 Theoretical Considerations Regarding Seasonal Migration of the Elderly | 27 |
| 2.3 Summary | 29 |
| CHAPTER THREE - METHODOLOGY | 31 |
| 3.1 Origins of the Research Problem | 31 |
| 3.2 Design of the Instrument | 32 |
| 3.3 Determinant Variables in Cessation of Seasonal Migration | 38 |
| 3.4 Summary | 41 |
| CHAPTER FOUR - DATA ANALYSIS | 42 |
| 4.1 Analysis of the Data | 42 |
| 4.2 Discussion | 66 |
| 4.3 Summary | 69 |
| CHAPTER FIVE - CONCLUSION | 70 |
| END NOTES | 76 |
| BIBLIOGRAPHY | 78 |
| APPENDICES | 85 |

CHAPTER ONE

1.1 INTRODUCTION

Each year an undetermined number of Canadians flock to the Southern sun-belt states of Florida, Arizona and Texas during the fall months, only to return again to Canada the following spring where they will reside until the following fall and then repeat the pattern. There is no definitive method of measuring the volume of elderly North Americans seasonally migrating as both Canadian and American census are conducted during the summer months when this population is residing in their home communities and questions directed at migration patterns refer only to changes in residence from a previous five year date (Statistics Canada, 1988). Temporary residential changes are not recorded. It was estimated that between one and a half to two million Canadians travelled to the state of Florida in 1984 and fifteen to twenty five percent were over sixty-five years of age (Statistics Canada, 1984:219). This ebb and flow of seasonal migrants is referred to colloquially as 'snowbirding'. The terms 'snowbirds', 'seasonal migrants' and 'winter residents' are used

interchangeably in the literature without, for the most part, being operationally defined. 'Winter Texans' is a term often used for that state also. It is conceded they are demarcated from vacationers, usually by the length of time spent in the South. They consistently indicate the same general demographic profile (Sullivan and Stevens 1982; Happel et al. 1988). They are retired, healthy, married, white, middle class who prefer warm winters, and are often economically able to support residences in two countries (Tucker et al. 1988), socially and emotionally stable enough to leave their family and friends in one country for considerable lengths of time and able to form substitute social networks in another country (Tucker et al. 1988; Mullins et al. 1989). It would appear they perceive the saliency of social networks within a homogeneous community to have greater priority than remaining in their heterogeneous communities of origin, (Hoyt 1954), and supporting research reveals the middle-class has less kinship contact than do members of the working-class (Nett 1984; Gottlieb 1981). They usually initiate their seasonal behaviour during their middle years when they have limited vacation time from the labour force and continue the behaviour long after retirement for periods extending up to six months each year (Tucker et al. 1988).

Canadians are not the only participants in this behaviour as many American citizens are also involved, but the former group is of particular interest because first, their migratory behaviour is not perceived as a precursor or substitution for permanent migration like American seasonal migrants (McHugh 1990). Secondly, they choose this alternative retirement lifestyle knowing their health is entering the 'at-risk' stage of their life and yet they spend half each year at considerable distance from the Canadian health system. The traditional retirement lifestyle is to either retire-in-place or permanently migrate at or near retirement.

Most studies into the post-retirement, elderly population have concentrated on migration patterns (Kosinski, Leszek 1976; Murphy 1979; Heaton et al. 1981; Flynn et al. 1985; Litwak and Longino Jr. 1987; Bohland and Rowles 1988; Northcott 1988; Rogers and Woodward 1988; Rogers 1989;), types of migrants (Wiseman and Roseman 1979; Meyer and Speare Jr. 1985; Watkins 1989;), impact of migration (Biggar et al. 1980; Longino and Biggar 1981; Haas III and Crandall 1988; Longino Jr 1988; McHugh 1990) and leisure activities (Bultena and Wood 1970; McAvoy, 1979; Ragheb and Griffith, 1980; Tongren 1980; Pageot 1986; McGuire et al. 1988).

The trend toward studying seasonal migrants began four decades ago (Hoyt 1953) but the majority of studies have been conducted during the past decade (Rush 1980; Monahan and Greene 1982; Sullivan and Stevens 1982; Krout 1983; Martin et al. 1987; Happel et al. 1988; Tucker et al. 1988; Mullins et al. 1989; Daciuk and Marshall 1990; Longino and Marshall 1990; Marshall and Tucker 1990) and have concentrated mainly on Americans although Canadians were identified in three studies (Rush 1980; Sullivan and Stevens 1982; Tucker et al. 1988). A growth pattern of increasing volume in seasonal migration has been indicated, but to date, without recognition from Census Bureaus in either country, definitive measurement of the volume has not been established. The main focus areas of major studies conducted during the past decade included health concerns, economic impact, social and kinship ties and demographic profiles.

With increasing longevity, health consciousness, affluence and early retirement incentives, the encroaching 'baby-boomers', representing the largest cohort to soon retire from the labour force, present the potential for significant volume increases in seasonal migration as an alternative post-retirement lifestyle. Therefore, it is imperative that research continues on the present cohort participating in seasonal migration behaviour as its

activities may contain supporting empirical evidence affecting future policy implications. Past research on the economic impact of seasonal migrants has concluded that although the receiving area gains economically with commodity purchases and land taxes, if applicable for home owners, (Rush 1980; Longino and Biggar 1981; Happel et al. 1988; Tucker et al. 1988) there remains the negative perception by permanent residents of the receiving areas regarding congestion of public utilities and services (Monahan and Greene 1982; Sullivan and Stevens 1982). Since temporary residents are not included in population counts, the receiving areas do not receive peak load-based government funding for public utilities or services (Hogan 1987).

Seasonally migrating on an annual basis for extended periods of time before retirement and for several years post-retirement may be considered one strategic method used by a growing number of elderly to provide a sense of continuity in their lives as they face the challenges of one of their last major life events. Successful aging is dependent upon many variables, one being the continuity of significant activities, initiated during mid-life years and adaptable to the elder years which, in turn, may be an attempt to preserve and maintain existing external structures (Atchley 1989).

Tucker, et al. (1988) undertook the largest sample study of Canadian 'snowbirds' in Florida and looked at health issues. Daciuk and Marshall (1990) further analyzed the data focusing on that percentage of the sample who indicated intentions to cease seasonal migration behaviour. It was suggested in this latter study that further research was necessary on the population of seasonal migrants who had already ceased this behaviour to ascertain reasons why they stop migrating. The current study has been designed to address the cessation question directly to determine what variables are included in the decision-making process to stop migrating on a seasonal basis.

Most past studies either assume continuation of seasonal migration of their sample populations or cessation intentions were beyond the scope of their research. However, Martin et al.(1987), Tucker et al.(1988) and Daciuk and Marshall (1990) did address the issue of cessation. The first study indicated one-third of the sample population had continuance intentions, the second study revealed twenty-four percent of the sample population had cessation intentions and the third study concentrated on the differences between those who expressed cessation intentions for health reasons, for other reasons or who intended to continue migrating. The

current study did not structure the question regarding cessation intentions into pre-determined categories as did the past research, but categorized the responses after completion for ease in computation. The remaining sections of the instrument were designed around four main areas: migration patterns, health concerns, social and kinship ties and a demographic profile. Economic issues, although recognized as being important, are beyond the scope of the current study. It is accepted that economic restraint does play an important role in determining seasonal migration cessation, but expansion of that area would deter from the focus of this study.

CHAPTER TWO

THEORY AND LITERATURE REVIEW

2.1 CURRENT RESEARCH INTO SEASONAL MIGRATION OF THE ELDERLY

As previously stated, the main areas of focus on past studies regarding seasonal migration of the elderly are health concerns, social and kinship ties and economic issues. Health concerns are particularly important from a Canadian perspective because of the use of two countries' health systems and the chance this elderly population takes knowing their health is entering an 'at risk' stage. They still choose to live away from their own health care system for extended periods of time each year. In October 1991, Ontario, following the lead of other Canadian provinces, changed its health care coverage policy to substantially limit the amount it would continue paying for 'out-of-country' billing. This policy change resulted in increased rates normally charged by private health insurance companies and may affect potential 'snowbirds' from pursuing this retirement lifestyle.

Social and kinship ties are of interest because this is a portion of the population who voluntarily leave their established lives in a home community to temporarily re-establish themselves in another community, for extended periods of time, which does not usually contain family or friends.

Economic issues, are important for the receiving communities because they receive both the benefits of commodity purchases from an influx of residents as well as increased loads on their infrastructures. Three studies specifically addressed the economic benefits for the receiving communities (Happel et al. 1983, Tucker et al. 1988, and Marshall and Tucker 1990). To date, studies have not addressed effects on the home communities regarding the loss of economic benefits when a portion of the elderly population leave for considerable lengths of time.

The infancy of this area of research and the limited body of knowledge regarding seasonal migrants necessitates reviewing past studies to identify problems occurring regarding methodological concerns and to emphasize the importance of continuing further research into this area of social gerontology.

Hoyt (1954) conducted the first significant research on seasonal migrants residing in one of the oldest trailer parks in Florida (Hoyt,

1954:362). The respondents (N=194), were accessed primarily for their entrenchment in social activities. This study's respondents were white, married, in their late sixties (mean=69), retired from managerial occupations or self employment (46.9%) and with above average annual incomes (median=approximately \$3300). Although many indicated climate to be a prime reason for temporarily migrating to Florida, sociability was the reason they returned. The respondents indicated they enjoyed the homogeneous community of their choice and had little interaction with outsiders. Within the confines of the trailer park, they retained their former occupational status as 'Dr', 'Professor' and 'Rev' which helped maintain their self worth, whereas in the outside working world, their new title of 'retired' was perceived as valueless. The activities within the trailer park were well attended and utilized on a more regular basis by these post-retirees than prior to their retirement. Their social networks were the most salient feature of this type of retirement life.

Rush (1980) informally surveyed the economic impact over time on the Rio Grande Valley area of Texas by wintering residents (n=2682) and assessed consumer behaviour. He concluded these older residents had a significant impact and discussed possible consequences of the area

becoming a retirement settlement. Although he identified five percent of his sample population as Canadians, the informal nature of this research is not conducive to extensive comparisons with other research on the subject.

Monahan and Greene (1982) compared seasonal migrants (N=281) with non-migrants (N=143), in Tucson, Arizona, to evaluate what effects the wintering residents had on health and social service delivery. In their comparative analysis, the researchers found many similar socioeconomic characteristics in both populations. The significant differences occurred primarily in income level (seasonal migrants \$15,000+ = 53.7%; non-migrants = 24.5%) and a lessening in health care utilization (physician visit during past year for seasonal migrants = 75.4%; non-migrants = 30%). Both populations were white, in their late sixties (seasonal migrants = 67.3; non-migrants = 68.9), married (seasonal migrants = 86.5%; non-migrants = 79.9%), educated (seasonal migrants = grade 12.5; non-migrants = grade 11.6) and retired from business or professional occupations (seasonal migrants = 50.2%; non-migrants = 36.6%). Since the seasonal migrants were a generally healthier population, empirical evidence gathered from this study failed to find support that there was a burden placed on the local health-care delivery service. The

complaints of permanent residents were seen to be justified in other areas, like congestions of arterial roadways, retail outlets and an increased demand load on public utilities.

Sullivan and Stevens (1982), conducted research (N=224) near Phoenix, Arizona, focusing on female's lifestyle in a comparison of travel trailer versus mobile-home seasonal migrants. The socioeconomic characteristics of both groups compared favourably with that found in other research in that they were middle income (mean=\$15,000), white, married (84%), educated (grade 12), early retirees (mean age=64) from the middle classes. The major differences in the two groups were the perceived transient nature of the travel trailer residents to the mobile home residents. The social networks of both groups were well established within their own parks having little interaction with people residing outside the parks. The mobile home residents were slightly older and wealthier than the travel trailer residents but that could reflect the higher cost of the mobile home. It would take a higher annual income or a longer time receiving that income to be in a position to purchase the more expensive mobile home.

Krout (1983) interviewed participants over sixty years of age (N=1279) in a non-metropolitan New York county and an Area Agency on

Aging Needs Assessment to demonstrate what percentage of the elderly were seasonal migrants; how their socioeconomic characteristics differed from non-migrants and elderly migrants in general; what was the relative popularity of destination locations; and what were the reasons for seasonal migration. Approximately 14% of this elderly population were seasonal migrants and their socioeconomic characteristics, when compared to the general population, indicated they were slightly more educated, wealthier, healthier and married. The established permanent migration patterns of labour force participants of north east to south east was replicated by these seasonal migrants while the main reasons for adopting this way of life were climate, kinship ties and a perception of good health. The main criticism of this study is that the definition of migration was too broad to focus on seasonal migrants only, resulting in only 14% of his study defined specifically in this population. However, the reasons indicated for seasonal migration participation are the same as other studies.

Martin et al. (1987) compared 259 residents in the Upper Rio Grande Valley of Texas with five earlier studies, (Hoyt 1954, Rush 1980, Monahan and Greene 1982, Sullivan and Stevens 1982, Krout 1983) to provide a more comprehensive profile of seasonal migrants. The

comparisons were generally favourable in that all studies showed a propensity for stable marital units, relative good health, age ranges in the late sixties with senior high school education levels predominating. Most studies indicated the occupational level of the respondents to be lower-level management, professional or self-employed but the Arizona studies of Monahan and Greene (1982) and Sullivan and Stevens (1982) showed their respondents with slightly elevated occupational levels. Most researchers described seasonal migrants as middle class. The Martin et al. (1987) study showed the propensity for location loyalty by a marked pattern of returning to the same area year after year. Social networks were well entrenched within the confines of the designated recreational parks and reflected the vested interest of the park owners. This Texas study revealed the significant chronic health conditions to be hypertension, arthritis and heart problems whereas Sullivan and Steven's (1982) Arizona study indicated arthritis to be the primary chronic condition, followed by hypertension. The low incidence of respiratory problems, cancer and diabetes were similar in all compared studies. The drier desert conditions of Arizona could self-select a population seeking relief from arthritis conditions which would be more acute in the

moist climate of Texas and therefore the latter state would be avoided by seasonal migrants.

Happel et al. (1988) collected data on 226 seasonal migrants in two 'lower-end' (Happel et al., 1988:122) mobile home parks near Phoenix Arizona. Although he did not focus primarily on socioeconomic characteristics, the respondent's age in the late sixties and secondary educational level compared favourably with previous studies. Canadians were identified as 13% of the respondents in this survey. The main focus of economic impact on the receiving community led Happel et al. to use data from the questionnaires, annual census data of area mobile home parks and a Savings and Loan Company's data. Estimated annual economic benefit for the host community was in the \$472,000,000 range, equivalent to 9% of total retail sales in the Phoenix area during the same time period. Although the seasonal migrants were taxed on many of their commodity purchases, resentment from permanent residents not involved directly in service industries surfaced often, much like Monahan and Greene's (1982) study. The major complaints were infrastructure-related as in arterial congestion, increase in utility consumption and increased use of public facilities. Since most of the seasonal migrants did not list Arizona as their usual place of

residence, the economic benefits derived from their short-term residency was not realized in return state and federal economic benefits. This area did not receive state benefit packages to compensate a temporary resident population.

It would appear from the similarities of the Arizona studies of Sullivan and Stevens (1982) and Happel et al. (1988), that an undercurrent of permanent residents resentment toward wintering residents is prevalent. But it also appears that seasonal migrants create a dichotomy of attitudes within the permanent population as one side made up of catering service industries realizes direct economic gains and the opposing side does not. This situation is common in all areas where tourism is a major part of the local economy.

Tucker et al. (1988) conducted the largest study (N=2731) of Canadian 'snowbirds' in Florida. The demographic profile of these respondents compared with other studies in that this sample appeared retired (76%), wealthy (mean income=\$30,000, 28% have \$40,000+), married (89%), young (average age=69.2), and educated (grade 11 but 59% had some post-secondary).

This study, focusing on the health of the respondents, their utilization of health systems and their strategic planning for health care, presents a descriptive profile of a rather successful aging population. Although the use of a convenience sample selected from an Anglophone newspaper subscription list contains inherent biases, the resulting demographic profile is relatively consistent with past research.

Over eighty-five percent of those surveyed indicated their health was good or excellent when compared to others their own age. Even though relative good health would appear to be a pre-requisite for long-term travel, this population used some strategic health care planning prior to their departure from Canada. Annual medical check-ups were scheduled prior to the fall departure, prescription drugs were stocked-up, additional private health insurance was purchased, family and friends were notified for possible emergency contingencies and in some cases, open-end airline tickets were purchased. These types of strategic planning indicate this population is cognizant of their 'at-risk' position, but still choose to decrease their proximity to Canadian health care and maintain a foreign residence for almost half the year. Even though they consider their health to be better than average, their strategic planning could indicate their concerns, however

slight, of the 'at risk' health conditions. Half the respondents reported they had a physical condition, illness or health care problem that bothered them currently. Although low levels of health problems generally were reported, 76% reported chronic conditions of arthritis, high blood pressure, heart disease while 13% had visited a health care professional in the previous two weeks and 27% indicated they had billed their provincial health-care plan for either hospital or physician visits. Medical emergencies were reported by 14% of the respondents for the current trip while 41% had used medical services on a previous trip. Of prime importance was the fact that 31% returned to Canada during the course of this study for emergency health care.

Although the health measurements used by these researchers was not strictly comparable to the Arizona (Sullivan and Stevens 1982) or the Texas (Martin et al. 1987) studies, the data did compare with a 1984 health survey of Americans and indicated the Canadian seasonal migrants were considerably healthier than the average American (Marshall et al., 1989:156). Sixty-four percent of the respondents in this study indicated they had a regular relationship with a Canadian physician, forty-six percent

indicated they felt better receiving Canadian health care but only thirty percent reported a relationship to physicians in both countries.

When age was controlled, (65-74 and 75+), out-of-pocket medical expenses indicated the younger cohort had incurred less expense than the older cohort. Typically, the out-of-pocket expenses for hospitals indicated the expense ranged from \$87 to \$1305 for the 65-74 group and \$130 to \$7000 for the 75+ age group. The physician expenses were opposite as the younger ages of 65-74 had higher expenses (\$69.5) while the older group of 75+ had lower expenses (\$55). The younger group had higher (\$25) drug expenses than the older group (\$20). The dichotomy between out-of-pocket expenses between the younger and the older cohorts substantiates the notion that the older cohort, incurring more expensive health care from hospital visits rather than physician office visits, will be more likely to return permanently to Canada as their health deteriorates.

Income differences were a significant variable in health concerns as evidenced by those with lower incomes being more likely to acknowledge worries about health costs, quality of care, feelings of comfort and lack of security in knowing how to access Florida health-care services.

This sample indicated they had previous experience with short-term wintering activities prior to retirement when they increased their length of stay to six months. One-fifth of the respondents had ten or more holiday trips to Florida prior to retirement and another two-fifths had made between five and nine trips. The average length of stay was eleven weeks prior to retirement, whereas the average length of stay after retirement was six months.

Social support networks were also investigated and respondents indicated a higher contact rate (56%) from visiting friends than family, although children visits were at 49.0%. Friendship was more frequently reported in those living in close proximity to the Florida residence. The term 'friend' was not operationally defined and thus could indicate acquaintances within the individualized definition of the term.

The Florida economy has gained from this seasonal elderly population as they spent an average of \$1200 US per month on commodities, made little use of the health care system and even less use of the social services. Also, those that owned their Florida home (75%), paid property tax for a twelve month period even though they were in residence for only half the time. Florida has no state income tax, therefore the state is

supported by sales tax on commodity purchases. The Canadian infrastructure, on the other hand, is used only half time also by this group, but there is a federal income tax, twelve month property tax from the Canadian home owners (77%) and absorption of health care costs billed to provincial health plans and commodity purchases for only half a year (Marshall and Tucker 1990).

Daciuk and Marshall (1990) conducted an analysis focusing on the deterrence effect of health status as it related to intention of continuance or cessation of seasonal migration behaviour. A comparison was made between those who did not plan to return because of health concerns (5% of n=2046), those who planned to return to Florida next year (75%) and those who were planning not to return but for reasons other than health (20%). The three groups were compared using the following four variables to ascertain their influence on decisions regarding continuance or cessation: a) differences in general health status; b) impact of specific medical conditions and emergency medical usage c) utilization of services and d) attitudes and expectations toward health care systems in both countries.

The first variable concerning differences in general health status indicated that of the 5% who were not planning to return the following year

because of health reasons, one-third reported daily behaviour modification as a result of illness whereas less than one-tenth of the remaining two groups reported behaviour modification. More serious forms of behaviour modification necessitating bed rest, although seldom reported, was associated more with those two groups reporting intentions not to return than with the other group intending to return. Generally, those reporting health concerns were in the group not planning to return.

The second variable concerning specific medical conditions and emergency usage indicated the group not planning to return had higher incidents of arthritis or rheumatism and high blood pressure. Medical emergencies on either the current trip or a previous trip, also indicated a significant difference between the group planning to cease migration and the remaining groups.

The third variable concerning utilization of the health care system indicated that although utilization of the American system was low, differences were found among the three groups in most relationships with health care professionals. Three types of health care professionals; medical specialists, visiting nurses and pharmacists, were utilized significantly more by those planning to cease migration. When questioned about other types

of health contact, either in person or using the telephone, the most frequent contact was with family doctors and reported by 30% of the group planning to cease migration whereas only 8% of the remaining groups reported this type of health contact.

The final variable concerning attitudes and expectations indicated that while dissatisfaction with Florida's health care services was not indicated by any of the groups, preferences for the Canadian system was indicated by all groups. The group planning to cease migration indicated the least positive attitude toward Florida health care services.

In this analysis, Daciuk and Marshall provided evidence that, although seasonal migrants represent a rather healthy population of elderly, health concerns and especially declining health appear to be significant determining variables in cessation of this behaviour. These researchers indicated "it is a matter of some policy interest to examine the factors which lead to cessation of the 'snowbird' migration pattern" (Daciuk and Marshall, 1990:195). It was also noted that seasonal migration behaviour is more prevalent among married couples (88% married). It was a limitation of the methodology employed that health concerns were only asked of the respondent and not of the spouse also.

Mullins, Woodland and Putnam (1989) also did an analysis of the data focusing on variables determining emotional and social isolation of seasonal migrants. By using (Weiss, 1982) as a basis for definition of the concept of loneliness, the researchers developed a conceptual typology of loneliness by combining the concepts of emotional and social isolation. The former referred to lack of an attachment figure whereas the latter referred to the absence of a place in an accepting community. The measures used to determine various isolation types included loneliness, living arrangements, existence and number of children, and the existence and number of friends. Control variables included age, gender and self-reported health.

This analysis provided support for the view that among this sample of Canadian seasonal migrants, living alone was positively related to emotional isolation among those with good health regardless of age or gender. This was a somewhat surprising result as good health is usually indicative of mobility which provides opportunities to mingle with socially active others. It was concluded that perhaps feelings of loneliness are associated with returning to an empty house after being among others, whereas those who never or seldom left the confines of their living environment would not experience such feelings. When all variables were

considered, those most at risk of emotional isolation were older men who reported fewer friends and were in good health.

The final analysis by Marshall and Tucker (1990), reflects on whether Canadian seasonal migrants to American sunbelt states provides a burden or a boon to those receiving areas. It would appear from consumer goods purchased, property taxes paid and lack of drain on public institutions in the host states that the receiving areas receive more benefits than losses. As changes occur within the health care services of both countries, these researchers concluded the host communities would be "well advised to develop, and advertise payment mechanisms with local physicians and health care facilities that restrict payment to Canadian levels, or at least, to encourage ease of payment with respect to the Canadian Medicare schemes" (Marshall and Tucker, 1990:429). As previously stated, changes did occur, after this last article was published, within the Ontario Health Insurance Plan (OHIP) to decrease 'out-of-country' billings to Ontario limits.

The question of boon or burden needs further analysis and again suggestions for further study include surveying former seasonal migrants to ascertain why cessation was undertaken. Marshall and Tucker suggested political ramifications of in-migration of seasonal non-voters for the

receiving areas and out-migration of voters from the sending areas might well provide further areas of interest in the very small knowledge base that is being developed on this unique population of successfully aging people.

The main methodological designs of the above studies included questionnaires (Rush 1980, Sullivan and Stevens 1982, Happel et al. 1988, Tucker et al. 1988, Mullins et al. 1989, Daciuk and Marshall 1990, Marshall and Tucker 1990); observations (Sullivan and Stevens 1982), interviews (Hoyt 1954, Monahan and Greene 1982, Krout 1983, Martin et al. 1987) or combinations of these techniques.

General criticisms of all past studies include either the exclusive data collection of a single gender or the lack of equality in gender distribution. It is generally accepted that married couples are highly represented within seasonal migrant populations but more males than females are represented in the sample studies. A theoretical frame is generally lacking in past studies with the exception of one mention of the activity theory (Sullivan and Stevens 1982).

2.2 THEORETICAL CONSIDERATIONS REGARDING SEASONAL MIGRATION OF THE ELDERLY

Implicit in all reviewed studies was a sense of the main argument taken from the continuity theory of aging (Atchley 1971, 1989). This theory focuses on the notion that successful aging occurs when activities or interests are developed during the middle years of the life cycle and entrenched in such a manner as to be of future interest during the later years of the life cycle. From the evidence presented, it would appear the patterning of seasonal migration begins prior to retirement and continues after this event (Tucker et al. 1988). Given that the demographic profile of all the studies is fairly consistent, it is reasonable to assume that the extended questioning of the Tucker sample regarding number of previous visits before retirement would be representative of the other sample populations.

Critics of the continuity theory argue the theory is class related (Covey 1984) and continuity as a static condition leads to maintaining outmoded values and behaviours (Fox 1981, 1982). While both points are well taken, the population under study does have a definite class bias as demonstrated in the demographic profile of the population. Entrenchment

of all behaviours related to personal interests is class related. Regardless of the class of association, activities, especially social activities, are derived from the available role models within the class and the availability of resources to participate in the activities. Members of the middle class are able to define their own level of social interactions and activities which in turn may be different from people of the upper or lower classes, yet continuity of effort may result. Another more valid criticism of continuity theory would be its perceived relationship with the labour force. There is an implicit belief that the exit from the labour force is cause for concern and is one of the most salient demarcations in the life cycle. This is more relevant to the male population of the cohort, but not necessarily so for the females of this cohort who, for the most part, were not attached to the labour force directly.

Fox's arguments regarding the lack of completeness in theoretical development, including measurement problems, has some validity since neither standardized instruments nor consensus for operational definitions regarding this population have been addressed. Her other argument regarding the maladaptive nature of continuing with outmoded values and behaviours assumes the position that the term continuity leaves

little room for change. There is room for variations of activities and social entrenchments within the realm of the relative term continuity.

Continued seasonal migration, then, may be viewed as one of the coping mechanisms used by this cohort of elderly to successfully adapt to aging and exiting from the work force. If retirement and the accompanying loss of status with occupation identity is salient in this segment of the population then "travel is a marker of status" and may be used to retain a sense of status albeit different from the occupational status of pre-retirement. (Williams and Shaw 1988)

2.3 SUMMARY

Interest in that relative healthy segment of the North American elderly population who represent successful aging has gained momentum in the last four decades. The 1980s saw the most new research being conducted with the final large study conducted toward the end of the decade (Tucker et al. 1988). Canadians, although typically not identified in the studies, were the exclusive focus of the last study and the demographic profile, although different in ethnic background, did not differ significantly

in general demographic variables such as age, marital status, occupation, income or education.

The major studies reviewed focused mainly on social and kinship ties, health and economic concerns and all, except one, (Krout, 1983), conducted interviews on active participants of seasonal migration or gathered questionnaire data. Recommendations for future research focused on the need to determine the volume of this type of migration as well as economic ramifications of increased winter populations in sun belt states and the need to study those migrants who have since ceased their annual trek to the south. The latter recommendation has been used to design this current study.

CHAPTER THREE

METHODOLOGY

3.1 ORIGINS OF THE RESEARCH PROBLEM

Health concerns and social and kinship ties appear to be determining-type indicators for continuance or cessation of seasonal migration behaviour. They may not be the only indicators, but for the purposes of the current study, these two variables, as well as the migratory patterns and demographic profile of a sample group of self-identified 'ex-snowbirds' currently residing in their Canadian home community of Thunder Bay, Ontario, will be the main focus.

Daciuk and Marshall (1990) concluded that health concerns were a major factor in cessation intentions of the sample population they analyzed and Martin et al. (1987), focusing on health concerns in their study, indicated only one-third of their sample indicated continuance intentions. Sullivan and Stevens (1982) compared their sample population's health conditions with the American civilian female non-institutionalized

population (Sullivan and Stevens, 1982:168) and concluded selected chronic health conditions were reported more in the general population than in their sample population of females temporarily residing in Arizona.

Hoyt (1954) addressed the importance of social ties relative to continuance as well, Mullins et al. (1989) indicated the importance of friendships for seasonal migrants. Sullivan and Stevens (1982) also addressed the importance of social ties for seasonal migrants.

3.2 DESIGN OF THE INSTRUMENT

The current study was designed to receive responses from both husbands and wives, in the case of married or cohabiting couples, as well as individuals not residing with a partner. Past studies failed to respond to individual responses from population samples where married couples represent a significant percentage of the sample. The design of the current study took this into consideration and in the case of married respondents, both persons were interviewed. Some interviews were conducted in the respondent's homes, some were interviewed while at Thunder Bay 55 Plus

Centre, and others by telephone. In all cases, the preference of the respondent was honoured. During telephone interviews, the respondents took turns on the telephone and only questions with individual differences were asked of the second respondent. An example of this situation would be avoiding questioning the second respondent on issues regarding number of visits to the receiving area, the place usually visited or the contacts with family. Those questions needing individual responses were in the health section, reasons for quitting and the last two questions referring to enjoyment of the behaviour and subsequent promotion of the behaviour.

Originally an assumption was made that an 'ex-snowbird' sample population was negatively selected and therefore not willing to be identified as a poster (See Appendix 1) campaign was ineffective in bringing forth potential respondents. Negative selection means the participants would be asked to describe a past experience and if the potential respondents missed that lifestyle or valued it as a status symbol, and had been forced, through ill health or other reasons, to cease the behaviour, they would not be anxious to participate in a study focused on a part of their life they had had to give up. All past studies' respondents had been positively selected as they participated during the time they were active in seasonal migration

behaviour. It is less difficult and time consuming to survey subjects who are together for shared interests living in relatively close proximity than once they disperse among the general population and either lose their common interests or at least become isolated from each other. Posters were distributed to two accessible and available employment locations, Lakehead University and Confederation College, in anticipation of employees spreading the word in the community where retired persons would then be encouraged to participate. When that strategy failed, more posters were put in all seniors residences under the direction of the Thunder Bay District Housing Authority, as well as a mail-out, with a covering letter (Appendix 2), to seventy-five local community groups such as churches, service and seniors clubs. An article appeared in a monthly newsletter of the Fort William Gyro Club (Appendix 3), and finally a public service announcement (Appendix 4) was distributed to all local media, with the assistance of the media staff from the Information and Promotion Services Department of Lakehead University. They contacted a local television phone-in show, "The Rick Smith Show" and arranged for the researcher's appearance for a subsequent one hour show. This venue was successful as the telephone lines to the show became blocked with callers interested in sharing their

experiences as 'ex-snowbirds'. Names and telephone numbers were collected off-air and subsequently, a snow-balling effect for sample collection began to take effect. Two local radio stations, CJRL and CBQ, did on-air interviews with the researcher regarding the study. Twenty-five percent of the total sample was gained through the media attention surrounding this study whereas the remaining seventy-five percent was located at Thunder Bay 55 Plus Centre. A Lakehead University Expo Display, with the inscription "Are You An Ex-Snowbird?", created a focal point for the group of seniors using the facilities during a two day period in April, 1992. As a result, some respondents identified themselves as 'ex-snowbirds' and agreed to participate in the survey. This convenience sample, used because of time and resource restraints, is believed to be a fair representation of the 'ex-snowbird' population in this community as some respondents were homebound for health reasons while others retained adequate mobility.

The structured interview instrument (Appendix 5) was designed with four focus areas: migration history, health status, social and kinship ties and demographic profile. The first nine questions regarding migration history were developed to first, determine the total duration of seasonal migration behaviour (Question 1), second, the stability of the patterning by

location loyalty (Questions 2-3), third, yearly duration patterning (Questions 4-8), and last, the mode of transportation (Question 9). The open-ended Question 10 was designed to be the crucial, direct focus of the interview. The respondents were allowed to define their own reason for quitting and their answers were categorized (Question 11) into one of the following twelve areas: my health, someone else's health (Health), my finances, someone else's finances (Finances), death of spouse, death of someone else (Death), lost interest (Interest), loss of Southern friends, changes in OHIP, family needed me in Thunder Bay, missed winter, and other (Other).

The next seven questions were designed to measure social and kinship ties. Question 12 determined living arrangements while Question 13 was used to determine family ties. Questions 14-15 were designed to measure social ties to the host community while question 16 determined the level of social activities the respondent participated in while in the host community. Loneliness (Question 17) and the presence or absence of a confidante (Question 18) were considered important because they are considered indicators of social network entrenchment.

The following eleven health-related questions (Question 19-30) were developed to ascertain a self-reported health status (Question 19),

chronic conditions (Question 20), the severity and duration of these conditions (Questions 21-24), the number and location of ten specific health care providers (Question 24), the effect of the conditions on cessation or continuance (Question 25-26), the utilization of either health care systems (Questions 27, 29), the presence or absence of strategic pre-planning for health care needs (Question 28) and finally the effect of OHIP on cessation or continuance (Question 30). The choices for Question 20 concerning the presence or absence of chronic conditions included the following conditions: arthritis or rheumatism, high blood pressure, limb or joint problems, heart disease, hearing problems, sight problems, mental health problems, cancer, digestive disorders, dental problems, diabetes, bronchitis or emphysema or asthma and other.

The final group of demographic questions was designed to develop a profile of the respondents using variables as age (Question 31), gender (Question 32), marital status and duration (Question 33), ethnicity and religion (Questions 34-35), education (Question 36), previous occupation (Question 37), duration of retirement years (Question 38), income (Question 39) and type and ownership of housing while in the South (Questions 40-41). Although Question 37 regarding occupation was open-ended, the responses

were categorized into the following six categories: professional, including self-employed; high level management; low-level management including skilled crafts, trades, technical; semi-skilled and unskilled; housewife; and other. The final two questions were developed to measure the impact of cessation in retrospect where negative responses would indicate an unsatisfying experience as a 'snowbird'.

3.3 DETERMINANT VARIABLES IN CESSATION OF SEASONAL MIGRATION

Eighteen crucial questions were chosen from among the four areas of focus to be key determinant variables for cessation of seasonal migration behaviour. Included from the migration area are questions which relate to duration of the patterned behaviour, (Question 1), yearly average duration, (Question 6), stability in location loyalty, (Question 2A) and time of departure (Question 7). These questions were designed to help determine how long the respondents had been participating in the activity as a lesser number of years participating could indicate less importance placed on the activity whereas more years participating would lend empirical support for the continuity theory in that this behaviour continues for extended periods of

time post-retirement. Location loyalty would indicate an environment conducive to sustain social networks whereas location instability would not. The time of departure from Thunder Bay as departure after the family-oriented Christmas season could indicate closer kinship ties and more dependence on family for identity thereby placing these ties on a higher value level than travel, but departure before the Christmas season could indicate a lesser value on kinship ties and a higher value on travel

Crucial determinant variables from the social and kinship ties area include family contact (Question 13), location of confidant (Questions 14 and 15), social activities (Question 16), loneliness (Question 17), missing lifestyle (Question 41) and willingness to recommend lifestyle (Question 42). These questions were selected because they should provide support for the continuity theory in that seasonal migration behaviour will continue as long as it remains a viable activity. Amount of family contact, while residing in the South, could indicate relative comfort or discomfort in being parted. Lack of friends and social activities and loneliness could indicate an unwillingness to commit more fully to Southern living and be indicative of cessation. Not missing the lifestyle and unwillingness to recommend it to others could also indicate the lessening value of the activity.

From the demographic area, questions concerning type of housing and ownership (Question 40-40A) were also expected to be determining variables in cessation. Renters of less costly accommodation should be represented in significant numbers whereas owners of accommodation and renters of more expensive condominiums should not be expected to be significantly present. The absence of a marital partner in this couple-oriented lifestyle (Question 12) should also be included as a determinant variable in seasonal migration cessation.

Four health related determinants could be measured from more responses to chronic illnesses (Question 20), poor self-reported health (Question 19), little utilization of the American health care system (Questions 24, 27, 28, 29) and by negatively replying to (Question 26) regarding returning to seasonal migration after quitting because of poor health and the health improves.

3.4 SUMMARY

In conclusion, migration patterns, social and kinship ties, health status and a demographic profile provided the framework to offer a number of determinant variables for seasonal migration cessation that could affect decisions to stop migrating. These variables are not to be considered exhaustive but are considered to be a fair representation of variables framed by the most salient areas of focus of past studies of seasonal migrants. The resulting eighteen determining variables were chosen almost evenly, (4,4,3) from the areas of migration, health and demographics respectively while the area regarding social and kinship ties had seven determining variables.

CHAPTER FOUR

DATA ANALYSIS

4.1 ANALYSIS OF THE DATA

The forty-two questions from the survey instrument were recoded as variable one through eighty and the responses were entered into a mainframe computer system using the software package, SPSS. After insuring correctness and completeness of the entered data, frequencies and mean and median scores were tabulated.

In Table 1, the profile of the sample population shows that forty-nine percent were male, fifty-one percent were female and the median age was seventy-two. Eighty-two percent were married and forty-three percent of those married had been in the relationship for forty years or more. The respondents were well educated as indicated by fifty-five percent having some or all high school and fifteen percent having some post-secondary education. while the remaining thirty percent had less than high school. When asked "What kind of work did you mainly do in your life?",

thirty-three percent indicated they were either professional, managerial or self-employed, thirty-nine percent indicated their main occupation was housewife and the remaining twenty-nine percent were semi-skilled. At the time they made the decision to quit migrating eighty-one percent of this group were in the \$20-40,000 income range and eleven percent had annual incomes of more than \$40,000. When asked, "Do you consider yourself a member of a special ethnic group?", sixty percent of the respondents replied negatively, forty percent replied positively, and of this latter group, twenty-one percent indicated they were of British ancestry. Of the sixty-eight percent replying positively to membership in a specific religion, forty-five percent indicated they were Protestants while twenty-three percent were Roman Catholic. Forty percent of the respondents were retired between six and ten years, thirty-three percent were retired more than ten years while the remaining twenty-seven percent were retired less than six years.

The demographic profile of this sample population is characteristic of the elderly middle class in that, for the most part, their former occupations, income levels, education and marital status are indicative of this aging class of people. Their higher income levels and stable marital status are attributes that are conducive to a relatively long

duration of seasonal migration behaviour. These characteristics aid in selecting this particular activity as one method of providing continuity in their lives as they face the challenges of post-retirement life.

TABLE 1**DEMOGRAPHIC PROFILE OF THUNDER BAY STUDY (n=80)**

| | | |
|-----------------------------|---|------------|
| Gender | - Male | 49% |
| | - Female | 51% |
| Age (years) | - Median | 72 |
| Marital status | - Married | 82% |
| Duration of marriage | - 40 years or more | 43% |
| Education | - Some/all secondary | 55% |
| | - Post-secondary | 15% |
| Occupation | - Professional/managerial/ self-employed | 33% |
| | - Housewife | 39% |
| | - Semi-skilled | 29% |
| Income | - \$20-40,000 | 81% |
| | - \$40+ | 11% |
| Ethnicity | - None identified | 60% |
| | - Identified | 40% |
| | - British Isles | 21% |
| Religion | - Protestant | 45% |
| | - Catholic | 23% |
| Retired | - Less than 6 years | 27% |
| | - 6-10 years | 40% |
| | - More than 10 years | 33% |

Table 2 shows the overall migration patterns of this sample population of 'ex-snowbirds' from Thunder Bay, Ontario. Thirty-one percent of the respondents migrated between one and five years, another thirty-one percent migrated between six and ten years and thirty-seven percent migrated eleven years or more. Location loyalty was well entrenched as almost eighty-two percent of the respondents always went to the same community in the same state. Of the almost eighteen percent remaining, more than half moved about to three or more different states over the course of time they were active participants in seasonal migration. The destination states of choice for these 'ex-snowbirds' were Florida (43.2%), Texas (25.9%) and Arizona (21%). The majority of the respondents left by car for their Southern destination locations during the fall or early winter months and stayed in the South an average of four to six months.

The past migratory behaviour of this sample population of 'ex-snowbirds' is indicative of a group of well adjusting retired people. Their extended periods of active participation as well as their willingness to go to the same place each year are indicators of enjoyment of the activity. It appears this activity had sufficient value before retirement to be continued long enough past retirement to ease adjustment to the new status of 'retired'.

TABLE 2**MIGRATION PATTERNS OF THUNDER BAY STUDY (n=80)**

Duration of seasonal migration

| | |
|-------------------|------------|
| 1-5 years | 31% |
| 6-10 years | 31% |
| 11+ years | 37% |

Same community/state

| | |
|------------|--------------|
| yes | 81.5% |
| no | 17.5% |

If not same state, how many?

| | |
|-----------|------------|
| 3+ | 10% |
|-----------|------------|

State of choice

| | |
|----------------|--------------|
| Florida | 43.2% |
| Texas | 25.9% |
| Arizona | 21% |

Average yearly trip

| | |
|-------------------|------------|
| 4-6 months | 56% |
|-------------------|------------|

Departure

| | |
|----------------|------------|
| Oct-Dec | 55% |
| Jan-Mar | 45% |

Mode of transportation

| | |
|--------------|------------|
| car | 78% |
| plane | 22% |

Table 3 shows the patterns set by the respondents' social and kinship ties. It reveals that although there was contact by telephone and letter, as opposed to visits, the most common type of contact was weekly telephone calls to or from children by fifty-six percent of the respondents. Monthly letters to or from siblings were received by eighteen percent of the respondents. Fifty-eight percent of the respondents indicated they did not have any Southern friends they could confide in something that was personal and important but twenty-eight percent said they had one to three of these defined friends. Of the latter group, only seventeen percent indicated they had daily contact with these friends. Eighty percent of the respondents said their friends were located in the North rather than in the South. Although loneliness was not indicated by over sixty-one percent, almost thirty-four percent did indicate they experienced loneliness while in the South. When asked if they missed the lifestyle, almost fifty-three percent of the respondents said they did and forty-eight percent did not. Over three-quarters of the sample population indicated they would recommend this lifestyle to others while the remaining twenty-one percent would not.

The overall review of social participation indicated slightly more involvement with active rather than passive events. The active social events

participation included sports (59.7% daily or weekly), flea marketing (30.1% weekly or monthly) and dancing (21.3% weekly and monthly). Passive social events included card playing (51.3% daily, weekly and monthly), bingo (17.6% weekly and monthly) and crafts (35% daily and weekly).

Of the total group of respondents, there was a general indication of active social participation while living temporarily in the South and enjoyment of the participation while still retaining Northern kinship ties. It is reasonable to assume the questions regarding friends were interpreted by the respondents in too structured a manner and therefore resulted in much lower responses than past studies.

TABLE 3

SOCIAL AND KINSHIP TIES OF THUNDER BAY STUDY (n=80)

CHILDREN - VISIT

(weekly) 4%

(monthly) 1%

CHILDREN - LETTER

(weekly) 26%

(monthly) 1%

CHILDREN -
TELEPHONE

(weekly) 56%

(monthly) 5%

SIBLING - VISIT

(weekly) 2%

(monthly) 5%

SIBLING - LETTER

(weekly) 19%

(monthly) 4%

SIBLING - TELEPHONE

(weekly) 10%

(monthly) 14%

CONTINUED

TABLE 3 (continued)

SOUTHERN FRIENDS

| | |
|--------|-------|
| (1-3) | 27.5% |
| (4-8) | 12.5% |
| (9-12) | 2.5% |

LOCATION OF FRIENDS

| | |
|-----------------------|-------|
| (South) | 2.5% |
| (North - Thunder Bay) | 80.0% |

LONELY

| | |
|-------|-------|
| (yes) | 33.8% |
| (no) | 61.3% |

MISS LIFESTYLE

| | |
|-------|-------|
| (yes) | 52.5% |
| (no) | 47.5% |

RECOMMEND LIFESTYLE TO OTHERS

| | |
|-------|-------|
| (yes) | 78.8% |
| (no) | 21.3% |

CONTINUED

TABLE 3 (continued)

SOCIAL EVENTS - ACTIVE

SPORTS

| | |
|----------|-------|
| (daily) | 47.5% |
| (weekly) | 12.5% |

FLEA MARKETING

| | |
|-----------|-------|
| (weekly) | 21.3% |
| (monthly) | 8.8% |

DANCING

| | |
|-----------|-------|
| (weekly) | 2.5% |
| (monthly) | 18.8% |

SOCIAL EVENTS - PASSIVE

CARDS

| | |
|-----------|-------|
| (daily) | 40.0% |
| (weekly) | 8.8% |
| (monthly) | 2.5% |

BINGO

| | |
|-----------|-------|
| (weekly) | 13.8% |
| (monthly) | 3.8% |

CRAFTS

| | |
|----------|-------|
| (daily) | 10.0% |
| (weekly) | 25.0% |

The final area regarding health showed a relatively healthy sample population of elderly people. When asked to respond to a question on self-reported state of health, over three-quarters of the respondents indicated their health, at the time they quit going South for the winter, was better or the same as others their age. Interestingly, when previously asked why they quit going South, thirty-five percent of the respondents gave health as their reason for cessation. When the question was changed to "If you quit going South because of health reasons, has/have the condition/conditions improved?" (Question 25), less than 59% of the respondents indicated the question was not applicable. Of the remaining respondents, more than twenty-two percent indicated the condition had improved, sixteen percent indicated the condition had not improved and slightly more than one percent indicated the condition was easier to manage in Canada. Of the slightly more than twenty-two percent who indicated improvement in the health condition that led to cessation, 9.9% said they still would not return to the South and 12.3% were undecided about future plans. The results are significant because, even though these respondents indicated they quit for health reasons, given improvement of the condition, they still would not return to the South or were undecided about returning. Perhaps failing

health or perceptions of failing health were used to justify ceasing an activity that had lost its value for a segment of this particular aging population.

When questioned regarding specific chronic conditions, arthritis appeared in fifty-nine percent of the sample, while hypertension and heart problems were each indicated by twenty-four percent of the respondents. Bronchitis, asthma or emphysema was indicated by sixteen percent of the sample whereas major chronic conditions like cancer and diabetes were indicated by only three and four percent respectively. Although forty-four percent of the respondents indicated they had had these chronic conditions for more than eleven years, eighty-five percent of the sample did not seek medical advice regarding the conditions while they were in the South. Forty-seven percent of the sample, however, had been seeking medical advice in the North for more than eleven years for these conditions. Little utilization of the American health care system was indicated by the low responses to questions regarding usage. They did utilize the Canadian health care system, as ninety-eight percent indicated a Canadian family doctor and fifty-eight percent and ninety-three percent respectively had a Canadian dentist and pharmacist. Eighty-nine percent of this sample indicated they used strategic health care planning prior to departure from Canada by either

stocking up with necessary prescription drugs or having a medical examination.

The overall view of these Thunder Bay residents indicate a relatively healthy group of aging people, who, although they had some minor chronic health conditions, were being monitored by health care professionals and were generally not debilitated by the conditions.

The focus of this study was cessation from seasonal migration and an open-ended question, "Why did you quit going South for the winter?" revealed patterns that were easily categorized into five main areas. Thirty-five percent indicated they quit either because of their own health or some else's health, twenty-four percent indicated they quit because they lost interest, nineteen percent quit because of either their finances or some one else's finances, fifteen percent quit because of death of either a spouse or someone else and the remaining eight percent quit for other reasons which included family needing them in Thunder Bay, changes in OHIP and missing winter. The total percentage is equal to more than one hundred because of rounding.

Although failing health is the main reason given for cessation of seasonal migration by this sample population, almost one-quarter of the

respondents voluntarily quit because they lost interest. Of the group quitting for health reasons, in some cases, the spouse's health failed and the other partner was forced to quit. Also, in the event of quitting for financial or death reasons, the spouse was implicated, thereby making cessation mandatory rather than voluntary. It is significant that one-quarter of this sample population quit because they lost interest in seasonal migration. As well, there were those who quit for health reasons but when their health improved, chose to remain in the North and not resume 'snowbirding'. This suggests that seasonal migration as a continuity mechanism is one option to aid in successful adjustment to post-retirement life.

The remaining analysis will be a comparison of the five categories representing cessation of seasonal migration behaviour for each of the following reasons: health (35%), finances (19%), death (15%), loss of interest (24%) and others (8%) to determine the effects of variables from the four focus areas of health concerns, social and kinship ties, migration patterns and demographic profile.

Table 4 compares each cessation category with four variables from the migration area. The surprising results of these particular comparisons were that almost half of the group who quit because they lost

interest had participated in seasonal migration for over a decade before losing interest. Although, overall, this group demonstrated stable location loyalty, when they did move about to different locations, they were twice as likely to do so than those who quit for health reasons.

TABLE 4**MIGRATION PATTERNS BY REASONS FOR CEASING SEASONAL
MIGRATION**

| | Health | Interest | Finances | Death | Other |
|------------------------|---------------|-----------------|-----------------|--------------|--------------|
| n | 28 | 19 | 15 | 12 | 6 |
| % | 35 | 24 | 19 | 15 | 8 |
| Duration | | | | | |
| 1-5 years | 7 | 3 | 11 | - | 6 |
| 6-10 years | 6 | 7 | 4 | 6 | 2 |
| 11+ years | 15 | 9 | - | 6 | - |
| Yearly Duration | | | | | |
| 1-3 months | 9 | 7 | 12 | 3 | 6 |
| 4-6 months | 19 | 12 | 3 | 9 | 2 |
| Continuity | | | | | |
| same state | 26 | 14 | 14 | 8 | 3 |
| 3 + states | 2 | 4 | - | 2 | - |
| Departure | | | | | |
| Oct-Dec | 23 | 11 | 2 | 7 | 1 |
| Jan-March | 5 | 8 | 13 | 5 | 5 |

Table 5 shows the amount and type of social and kinship ties and compares these activities with the groups categorized into the various reasons for quitting seasonal migration. The group that quit for health reasons indicated they had more contact with their family and friends in the North than the group who quit because they lost interest. This latter group, on the other hand, participated less in social activities while in the South than those quitting for health reasons. Those quitting because of interest loss also indicated they missed the lifestyle less than those quitting for health reasons and the former group was less likely to recommend the lifestyle to others. Those quitting for lack of interest had fewer Southern friends and their confidantes, if they had any, were usually located in the North. Although feelings of loneliness were reported by less than forty percent of the total sample population, those quitting for loss of interest reported feeling lonely more often than any other group.

TABLE 5

SOCIAL AND KINSHIP TIES BY REASONS FOR CEASING SEASONAL MIGRATION

| | HEALTH | INTEREST | FINANCES | DEATH | OTHER |
|---------------------------|---------------|-----------------|-----------------|--------------|--------------|
| n | 28 | 19 | 15 | 12 | 6 |
| % | 35 | 24 | 19 | 15 | 8 |
| Children | | | | | |
| phone weekly | 15 | 11 | 8 | 8 | 3 |
| Friends | | | | | |
| 1-3 | 4 | 4 | 4 | 6 | 4 |
| 4-8 | 6 | - | 1 | 2 | 1 |
| 9-12 | 2 | - | - | - | - |
| Confidant | | | | | |
| North | 24 | 17 | 9 | 11 | 3 |
| South | - | - | 1 | 1 | - |
| Loneliness | | | | | |
| yes | 6 | 9 | 4 | 7 | 1 |
| no | 20 | 10 | 11 | 5 | 3 |
| Miss lifestyle | | | | | |
| yes | 16 | 5 | 8 | 10 | 3 |
| no | 12 | 14 | 7 | 2 | 3 |
| Recommend | | | | | |
| yes | 27 | 9 | 9 | 12 | 6 |
| no | 1 | 10 | 6 | - | - |
| Activities - Daily | | | | | |
| Cards | 15 | 4 | 1 | 3 | - |
| Sports | 11 | 9 | 7 | 9 | 2 |
| - Weekly | | | | | |
| Bingo | 4 | 1 | 2 | 4 | - |
| Flea Markets | 7 | 3 | 5 | 2 | - |
| Crafts | 11 | - | 2 | 6 | 1 |
| - Monthly | | | | | |
| Dancing | - | 7 | 4 | 4 | 1 |

Table 6 shows the comparisons of health status with the five reasons for quitting categories. Although eighty-three percent of the total sample indicated their health was either the same or better than others their own age, at the time they made the decision to quit migrating, there were significant differences among the five groups. Those quitting for finances, death and other reasons indicated they all considered their health the same or better than others their age. Over fifty percent who quit for health reasons indicated their health was the same or better than others and more than eighty percent who quit because of lack of interest indicated their health was the same or better than others their age. The three major chronic health conditions, arthritis, hypertension and heart problems were indicated in all five groups. Of the group quitting for health reasons, the order of incidence was as follows: arthritis, heart and hypertension while the group quitting due to lack of interest indicated arthritis, hypertension the heart problems. The major chronic conditions of cancer, diabetes and bronchitis, emphysema or asthma showed few responses. The use of Canadian health care professionals was similar in all groups with family doctors, specialists, dentists and pharmacists being well represented in all

groups. Little use of the American health care system was indicated by any of the groups. Since ninety percent of the total sample indicated they used strategic health planning prior to departure from the north, the differences are insignificant among the groups with the exception of a higher percentage pre-planning health care in the group who quit for health reasons.

TABLE 6**HEALTH CONCERNS BY REASONS FOR CEASING SEASONAL
MIGRATION**

| | HEALTH | INTEREST | FINANCES | DEATH | OTHER |
|-------------------------------------|---------------|-----------------|-----------------|--------------|--------------|
| n | 28 | 19 | 15 | 12 | 6 |
| % | 35 | 24 | 19 | 15 | 8 |
| Health Status | | | | | |
| same | 10 | 8 | 5 | 5 | 2 |
| better | 6 | 9 | 10 | 7 | 4 |
| worse | 12 | 2 | - | - | - |
| Strategic Planning | | | | | |
| yes | 25 | 16 | 15 | 10 | 6 |
| no | 3 | 3 | - | 2 | - |
| Northern Health Professional | | | | | |
| Family Doctor | 28 | 18 | 15 | 12 | 6 |
| Specialist | 20 | 7 | 6 | 3 | 5 |
| Chiropractor | 3 | 2 | 2 | 1 | - |
| Visiting Nurse | - | 1 | - | - | - |
| Dentist | 17 | 13 | 9 | 3 | 5 |
| Podiatrist | 1 | 4 | 1 | - | - |
| Physiotherapist | 2 | 1 | 1 | - | - |
| Dietician | 3 | 1 | 1 | - | - |
| Pharmacist | 27 | 17 | 15 | 11 | 5 |

Table 7 indicates the comparison of three determinant variables from the demographic profile of the sample. Marriage was well represented in all comparison groups. The type of housing used by the respondents while living in the south indicated those quitting for health reasons were more likely to live in condominiums than those quitting for lack of interest. This latter group preferred mobile home living. While ownership of southern living accommodations was higher among those quitting for health reasons, renting was higher among those quitting for lack of interest.

TABLE 7**DEMOGRAPHIC PROFILE BY REASONS FOR CEASING SEASONAL
MIGRATION**

| | HEALTH | INTEREST | FINANCES | DEATH | OTHER |
|------------------------|---------------|-----------------|-----------------|--------------|--------------|
| n | 28 | 19 | 15 | 12 | 6 |
| % | 35 | 24 | 19 | 15 | 8 |
| Marital Status | | | | | |
| married | 23 | 19 | 12 | 4 | 4 |
| Type of Housing | | | | | |
| mobile home | 13 | 13 | 8 | 7 | 1 |
| condominium | 10 | 4 | 3 | 5 | 1 |
| hotel | - | 1 | 3 | - | 2 |
| house | 3 | 1 | - | - | - |
| apartment | 2 | - | 1 | - | 2 |
| Tenancy | | | | | |
| own | 20 | 4 | 2 | 8 | 2 |
| rent | 8 | 15 | 13 | 4 | 4 |

4.2 DISCUSSION

Although the total number of respondents is low ($n=80$), this study is quantitative. One open-ended question was used to base the analysis of the data, "Why did you quit going South for the winter?". Allowing for individual interpretation here was considered important. The answers to this question were categorized into five reasons for quitting and quantified:

- my health or someone else's health (Health - 35%)
- my finances or someone else's finances (Finances - 19%)
- death of spouse or someone else's death (Death - 15%)
- loss of interest (Interest - 24%)
- changes in OHIP, family needed me in Thunder Bay, other (Other - 8%)

The Daciuk and Marshall analysis of the data on Canadian 'snowbirds' to Florida (see also Tucker et al. 1988) focused on the five percent of the total sample who indicated they planned to cease migration for health reasons and the twenty percent who indicated they would not return but not for reasons of health. Martin et al.(1987) indicated only one third of his sample had continuance intentions. There is no other reference to

why the remaining two thirds were not planning to return. Although the current study concurs with Daciuk and Marshall (1990) regarding the propensity to indicate seasonal migration cessation intentions by older migrants who experience deteriorating health, other variables determining cessation needed investigation. The current study indicates that when asked directly why they quit migrating, this sample population indicated both health and loss of interest as reasons to quit.

In the demographic area, one hundred percent of those losing interest were married while almost one hundred percent of those quitting for health reasons were married. A higher percentage of those losing interest rented mobile homes while, although a significant number of those quitting for health reasons also lived in mobile home, a significant number owned their units. Renters of more transient type housing would had less vested interest in the South and this could therefore lead to loss of interest.

Social and kinship ties with family and friends in the North were more indicative of the group ceasing seasonal migration because they lost interest than those quitting for health reasons. This latter group had more Southern friends than the former group but both groups indicated greater propensity towards having Northern friends. More than fifty percent of the

group losing interest expressed loneliness. They also missed the lifestyle less and were less willing to recommend it to others. The social activities, while in the South, were attended by fewer people losing interest than those quitting for health reasons.

The closer social and kinship ties with friends and family in the North, expressions of loneliness, unwillingness to recommend the lifestyle to others, not missing the lifestyle and less social involvement while residing in the South are all indications that seasonal migration as a continuity mechanism from mid-life to post-retirement is relatively successful, but its value is reduced over time as successful adjustments are made to aging.

In the final area of focus concerning health status, it was not surprising to learn the group quitting for health reasons was well represented by all determining variables. The group who quit because of interest loss appeared to be slightly healthier as they reported lower incidents of chronic conditions.

4.3 SUMMARY

The analysis of data collected from this convenience sample population of 'ex-snowbirds' describes a slightly older group than active seasonal migrants of past studies. The higher percentages having arthritis and heart problems than the previous studies of Sullivan and Stevens (1982), Martin et al. (1987) and Tucker et al. (1989) are indicative of a slightly less healthy group than those still actively 'snowbirding'. Indicators of the middle class, such as former occupation, income and education levels are similar in the current study of "ex-snowbirds' as well as active participants of past studies. Although it is conceded that health reasons were the major reason for cessation of seasonal migration, interest loss was indicated by almost one-quarter of this sample population and a significant percentage of those who quit for health reasons and the condition improved indicated they either were undecided about returning or were not returning. Seasonal migration, as one activity, initiated in mid life and continued through retirement into old age, could aid in successful adjustment to aging and then be discontinued when the activity is no longer perceived as valuable.

CHAPTER FIVE

5.1 CONCLUSION

A growing awareness of increased longevity of the elderly North American population has resulted in specialized research being conducted as the full impact of the present aging population is being realized. Traditional studies of both migration of the general population and of the elderly have resulted in specific studies focusing on migration of the elderly and a sub-theme of these studies has led to a growing interest in studies of elderly seasonal migration. Beginning four decades ago with Hoyt (1954), and continuing to the present decade with Daciuk and Marshall (1990) and Marshall and Tucker (1990), the past studies have focused mainly on the economic impact on the receiving areas, social and kinship ties, comparative demographic profiles and health concerns. The latter focus appears to be more prevalent toward the end of the last decade and the beginning of the present decade. Several implications of health concerns have risen from these studies with one of the major issues concerning the effect of deteriorating health brought on by advancing age as it impacts on intentions

to cease seasonal migration behaviour. This latter focus formed the basis for the current study of determinant variables in actual cessation. A structured interview was conducted with respondents (n=80) who had already ceased seasonal migration and were living in their Canadian home community of Thunder Bay. The instrument was designed with our main areas: migration patterns, health status, social and kinship ties and a demographic profile. Economic issues were not addressed as these particular issues were perceived as more important for receiving communities.

The responses to the question, "Why did you quit going South for the winter?" were categorized and renamed as one of five reasons for cessation: health, or someone else's health (Health 35%); loss of interest (Interest 24%); finances or someone else's finances (Finance 19%); death of a spouse or someone else (Death 15%); and others (Other 8%). The interviews were conducted with both married partners, if applicable and with individuals where applicable, so that the reasons for cessation could be personal as in 'my health' or through association as in 'someone else's health'. Only health and interest reasons were commented on, even though financial reasons were indicated by almost one-quarter of the sample population because this latter category was considered outside the focus of

the current study. Using 'reasons' as the independent variable, eighteen key selections from the four focus areas were cross-tabulated as dependent variables to see what differences there were among the five groups quitting for various reasons. Although it is conceded that health concerns are a major determinant variable in cessation of seasonal migration, another important reason given for cessation was loss of interest.

One of the four selected determinant variables from the migration area supported the continuity theory of aging because when they indicated lack of location loyalty by moving to three or more different states, the group quitting for lack of interest was twice as likely to move about than the group quitting for health reasons. This amount of instability demonstrated by otherwise stable migratory patterns could be indicative of interest reduction.

The selected determinant variables from the health area indicated those quitting for health reasons reported more chronic conditions than did those in the group quitting because of interest loss.

Two of the three determinant variables selected from the demographic profile area supported the continuity theory. Those respondents in the 'interest' group were significantly over-represented in

mobile home accommodation rather than condominiums and twice as likely to rent their housing unit than own it. Lack of commitment in both types of housing and ownership are indicative of decreasing interest in seasonal migration. It is also accepted that condominium housing could also indicate deteriorating health necessitating a unit requiring less maintenance and with easier accessibility than mobile housing.

Most support for the theoretical frame of this study was found in the seven determinant variables concerning social and kinship ties. The group losing interest had fewer social ties to their Southern location than their Northern location, they expressed loneliness more, missed the lifestyle less and were more reluctant to recommend it to others than those quitting for health reasons. The activity participation was also less for this group. The significance of the latter reason supports the continuity theory of aging that hypothesizes to succeed in post-retirement years, it is necessary to continue pleasurable behaviours established during the middle years so they may be carried over into the later years. It is interesting to note that although the behaviour starts early in mid-life and continues for upwards to a decade after retirement, a significant percentage of the current sample indicated a loss of interest in continuance after considerable time and not

immediately as would be expected if the behaviour had saliency as a lifestyle. The cessation of seasonal migration as an alternative retirement lifestyle could indicate the decreasing need to continue with established middle-life behaviours or could indicate the perceived increasing personal energy consumption necessary to participate in the behaviour. Advancing age and deteriorating health along with re-evaluation of pleasurable activities would make cessation seem like a viable option of a once highly regarded activity.

It must be kept in mind that sixty percent of the respondents of the current sample were contacted at a newly constructed senior's activity centre in a community that is just beginning to plan for its aging population. This particular facility is extremely popular for the new group of members who often indicated, during the initial contact period, that people were coming to this facility who had not been seen around the community for years. This could imply that this community had, until recently, failed to provide an environment conducive to aging in place. Now that more facilities are provided, staying in this Northern community, near family and friends, during the cold winter months rather than going South, may seem

more viable. Hill (1985) concluded that retirees intended to remain in communities providing a conducive environment for the aged.

Seasonal migration, initiated during mid-life prior to retirement, is presented in this study as one pleasurable activity that may be a coping mechanism used to provide a sense of continuity spanning the years of pre-retirement, retirement and post-retirement. Participants may stop the activity as it loses its value as successful adjustments are made to growing older.

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!!! HELP !!!

Do you know anyone who may be an EX-SNOWBIRD???

A Graduate Student in Lakehead University's Sociology Department is looking for people who USED to go South for the winter, but NO longer do so. This study will focus on the reasons WHY people quit going South.

If you know of anyone who may fit this description and would be willing to participate in a short interview, please ask them to contact:

DIANE DIXON

344-2314

OR

**SOCIOLOGY DEPARTMENT
LAKEHEAD UNIVERSITY**

343-8477

APPENDIX 2

VOLUNTEERS NEEDEDARE YOU AN EX-SNOWBIRD?????

A Graduate Student in the Sociology Department at Lakehead University is conducting research on Thunder Bay residents who used to go South for the winter months.

The current study, under the direction of Diane Dixon, supervised by Dr. Raoul Ruiperez, Dr. Jim Stafford and Mary Lou Kelley M.S.W., focuses on the reasons why people have quit being "snowbirds". This Thunder Bay study will add to a growing body of sociological knowledge concerning this important segment of the Canadian population.

If you, or any members of your organization, belong to this group of Ex-Snowbirds and would like to assist with this research, call 344-2314 (anytime - answering machine) or 343-8477 (8:30 - 4:30). Interview times will be arranged for qualifying participants. Confidentiality is assured.

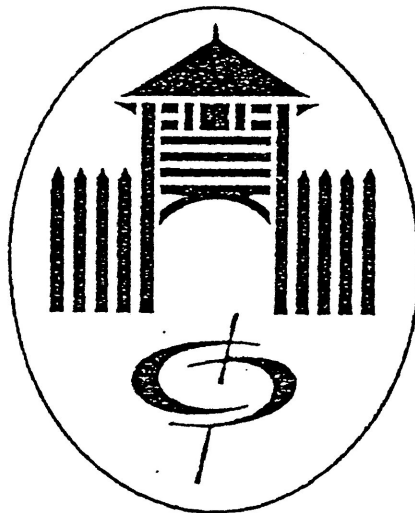
Thank you for your co-operation.

Yours truly,

Diane Dixon, Graduate Student

FORT WILLIAM GYRO CLUB

DISTRICT VII



PRESIDENT
D.J. CHENIER

DISTRICT GOVERNOR
D.A. DOLLIFF

2211 VICTORIA AVE. E.
THUNDER BAY, ONTARIO
P7C 1E6

CHARTERED - 1927

APPENDIX 3 CONTINUED

The scribe left town with our president hot on his heels so Jamie said to heck with it and he left town. Tony Gibb came back for an evening after moving to Florida to watch the show and I am sure most of the directors are on extended leave in the south or parts unknown. So, Russ and Rob, good luck!

DON'T MISS

March 23rd - The Big Thunder Show
Rob McCormack
Airlane Motor Hotel - 6:00 p.m.

March 30th - Initiation
Airlane Motor Hotel - 6:00 p.m.

April 6th - Business Meeting
Airlane Motor Hotel

STUBBORN?

A husband and wife drove for hours in silence after a terrible argument in which neither would budge. The husband pointed to a mule in a pasture.

"Relative of yours?" he asked.

"Yes," she replied. "By marriage."

THE PAST

On March 9th Dr. Marc Thibert spoke to us on plastic surgery and the great results that are achieved in reconstruction. His talk was aided by graphic slides which had heads turned in many directions, the odd one even looking at the screen. This was a very interesting evening with more than a little interest given to the restoration of hair segment.

The following week we went tall ship sailing over half the world with Jim Smithers. This was a most interesting look at educational tourism as the 9 month voyage on a Polish ship was in fact a school for grade 11 and 12. There were 39 students aboard at a fee of \$20,000.00 U.S each (1985) while the Captain of the ship, a varsity grad himself earned \$3.00 U.S. per day. This talk held everyone's attention as we also found out that Canada is one of the very few nations that does not have a national tall ship.

MARCH BREAK

A major illness is one that keeps you from work when the kids are out of school.

SPRING BIRTHDAYS

March - Fred Delgaty, Chuck Kostyshyn, Roy Slater.

April - Ron Anderson, Gordon Bowles, John Charnock, Jim Donaldson, Andrew Hill, Ron Macpherson, Roly Mann, and Art Sparks.

A grand group of fellows. Many happy returns.

EX- SNOWBIRDS

A grad student at L.U. is looking for Ex-Snowbirds who would be willing to take part in a short interview to find out why people quit going south. If you can help please call Diane Dixon at 344-2314 or 343-8477.

Humility is the sense you experience when you check yourself in a clothing store's three-way mirror.

Art
Scribe Pro - Tem

APPENDIX 4

March 4, 1992

PUBLIC SERVICE ANNOUNCEMENT

LAKEHEAD UNIVERSITY

WANTED: EX - SNOWBIRDS

A Graduate student in the Sociology Department of Lakehead University is interested in interviewing people who used to go south for the winter but no longer do so. Please call 344-2314 (answering machine - anytime) or 343-8479 (Sociology Department 8:30 - 4:30).

APPENDIX 5

1. How many years did you travel to the south?
 - 1 = 1 - 5
 - 2 = 6 - 10
 - 3 = more than 11 years
2. Did you always go to the same community in the same state?
 - 1 = yes
 - 2 = no
 - A. If no: how many different states did you stay in for extended periods of time?
 - 1 = two
 - 2 = three
 - 3 = more than three
 - 0 = not applicable
3. In what state did you stay in mostly?
 - 1 = Arizona
 - 2 = Florida
 - 3 = Texas
 - 4 = California
 - 5 = Other (Specify) _____
4. What was the length of your first trip to the South?
 - 1 = one week
 - 2 = two weeks
 - 3 = less than one month
 - 4 = more than one month but less than 5
 - 5 = 5 - 6 months
5. What was the length of your last trip there?
 - 1 = two months
 - 2 = three months
 - 3 = four months
 - 4 = five months
 - 5 = six months or more
 - 6 = less than two months
6. Over the course of time, what was your average length of stay in the south?
 - 1 = one to three months
 - 2 = four to six months
7. What month did you usually leave Thunder Bay
 - 1 = Oct through Dec
 - 2 = Jan through March
8. What month did you usually come back to Thunder Bay
 - 1 = Jan
 - 2 = Feb
 - 3 = March
 - 4 = April
 - 5 = May
9. What was your main method of travel?
 - 1 = car
 - 2 = plane
 - 3 = other (specify) _____
10. Why did you stop going south _____

CONTINUED

- 11.
- 1 = my health
 - 2 = someone else's health
 - 3 = my finances
 - 4 = someone else's finances
 - 5 = loss of southern friends
 - 6 = changes in OHIP
 - 7 = family needed me in Thunder Bay
 - 8 = missed winter
 - 9 = death of spouse
 - 10 = death of someone else
 - 11 = lost interest
 - 12 = other
12. At the time of your decision to stop going South for the winter:
- 1 = Did you live alone
 - 2 = With a spouse
 - 3 = With an unrelated person
 - 4 = With a child
 - 5 = With a brother/sister
 - 6 = Other (Specify) _____
13. At the time of your decision to stop going South for the winter:
What types of contact did you have with at least one of your family and how often were they?
- children/visit 1 = daily
2 = weekly
3 = monthly
0 = not applicable/no children
- children/letter 1 = weekly
2 = monthly
0 = not applicable
- children/phone 1 = daily
2 = weekly
3 = monthly
0 = not applicable
- siblings/visit 1 = daily
2 = weekly
3 = monthly
0 = not applicable/no siblings
- siblings/letter 1 = weekly
2 = monthly
0 = not applicable
- siblings/phone 1 = daily
2 = weekly
3 = monthly
0 = not applicable
- other/visit 1 = daily
2 = weekly
3 = monthly
0 = not applicable

CONTINUED

APPENDIX 5

- other/letter 1 = weekly
2 = monthly
0 = not applicable
- other/phone 1 = daily
2 = weekly
3 = monthly
0 = not applicable
- 14. How many friends would you say you had in the South that you could confide in with something that was personal and important?
1 = 1 - 3
2 = 4 - 8
3 = 9 - 12
0 = not applicable/none
- 15. How often would you visit with this/these friend/s
1 = daily
2 = bi-weekly
3 = weekly
4 = bi-monthly
5 = monthly
6 = once every 6 months
0 = not applicable
- 16. What social activities did you participate in while away and how often would you do that?
 - cards 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - sports 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - bingo 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - flea markets 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - dancing 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - crafts 1 = daily
2 = weekly
3 = monthly
0 = not applicable
 - other 1 = daily
2 = weekly
3 = monthly
0 = not applicable

CONTINUED

APPENDIX 5

4

17. Did you ever feel lonely when away?
1 = yes
2 = no
3 = sometimes
0 = not applicable
18. If you had a choice between confiding in a friend in the South or one in Thunder Bay, which would you choose?
1 = South
2 = Thunder Bay
0 = not applicable
19. At the time of your decision to stop going South for the winter:
How would you compare your health, at that time, with other people your age?
1 = same
2 = better
3 = worse
20. What long-term conditions did you have while "snowbirding"?
- | | |
|-----------------------------|---------|
| arthritis/rheumatism | 1 = yes |
| | 2 = no |
| high blood pressure | 1 = yes |
| | 2 = no |
| limb/joint problems | 1 = yes |
| | 2 = no |
| heart disease | 1 = yes |
| | 2 = no |
| hearing problems | 1 = yes |
| | 2 = no |
| sight problems | 1 = yes |
| | 2 = no |
| mental health problems | 1 = yes |
| | 2 = no |
| cancer | 1 = yes |
| | 2 = no |
| digestive disorders | 1 = yes |
| | 2 = no |
| dental problems | 1 = yes |
| | 2 = no |
| diabetes | 1 = yes |
| | 2 = no |
| bronchitis/emphysema/asthma | 1 = yes |
| | 2 = no |
| other | 1 = yes |
| | 2 = no |
21. Did you seek medical advice, while away, for any of these conditions?
1 = yes
2 = no
0 = not applicable

CONTINUED

APPENDIX 5

22. How many years did you have this/these conditions?
1 = 1 - 5 years
2 = 6 - 10 years
3 = more than 11 years
0 = not applicable
23. How many years ago did you start seeking medical advise concerning this/these conditions?
1 = 1 - 10 years
2 = 11 - 20 years
3 = more than 21 years
0 = not applicable
24. What type/types of health care professionals did you have a regular relationship with and where were they located. By regular, I mean one in which you know the health professional and that professional maintains a record or chart of the care provided to you.
- | | |
|----------------|-------------------------------------|
| family doctor | 1 = away 2 = here 0 = neither |
| specialist | 1 = away 2 = here 0 = neither |
| chiropractor | 1 = away 2 = here 0 = neither |
| visiting nurse | 1 = away 2 = here 0 = neither |
| dentist | 1 = away 2 = here 0 = neither |
| podiatrist | 1 = away 2 = here 0 = neither |
| physio. | 1 = away 2 = here 0 = neither |
| dietician | 1 = away 2 = here 0 = neither |
| pharmacist | 1 = away 2 = here 0 = neither |
| other | 1 = away 2 = here 0 = neither |
25. If you quit going South because of health reasons, has/have the condition/conditions improved?
1 = yes
2 = no
3 = easier to manage in Canada
0 = not applicable

CONTINUED

26. If they have improved, are you considering going back?
 1 = yes
 2 = no
 3 = undecided
 0 = not applicable
27. During the time you were "snowbirding", which health care service were you most likely to use for routine attention; other than emergencies, while you were away?
 1 = American
 2 = Canadian
 0 = not applicable
28. Did you prepare yourself for medical needs before leaving each fall with a medical check-up, stocking up on needed prescription drugs, making contingency plans with family/friends at home in the event of an emergency?
 1 = yes
 2 = no
29. Which health care service did you like best?
 1 = Canadian
 2 = American
 0 = not applicable
30. If there was not a limit on the number of days you could use OHIP, would you have stayed longer in the South?
 1 = yes
 2 = no
 0 = not applicable
31. What year were you born?
 0000 = not applicable
32. Are you male or female?
 1 = male
 2 = female
33. What was your marital status at the time you made the decision to quit going South for the winter?
 1 = married
 2 = single
 3 = divorced
 5 = cohabiting
 6 = widow/widower
 7 = separated
- A. duration of marriage/cohabitation
 1 = less than 10 years
 2 = 10 - 20 years
 3 = 20 - 40 years
 4 = more than 40 years
 0 = not applicable
34. Do you consider yourself a member of a specific ethnic group
 1 = No
 2 = Yes

CONTINUED

- A. If yes
- 01 = Canadian
 - 02 = British (Isles) English
 - 03 = U.S.A. or Western Hemisphere
 - 04 = French
 - 05 = German
 - 06 = Scandinavian
 - 07 = Dutch/Belgian
 - 08 = Polish
 - 09 = Russian/Ukrainian
 - 10 = Other European-Middle East (Italian, Spanish, Portuguese, Greek, Slavic, etc.)
 - 11 = Asia Oceanic (Chinese, Japanese, Polynesian, East Indian, etc.)
 - 12 = Native Indian or Eskimo
 - 13 = Other (Specify _____)
 - 14 = Jewish (Country of Origin) _____
35. Do you consider yourself to be a member of a specific religious group?
- 1 = No
 - 2 = Yes
- A. If yes
- 1 = Protestant
 - 2 = Catholic
 - 3 = Jewish
36. What is your highest level of education completed?
- 01 = less than grade seven
 - 02 = grade eight
 - 03 = grade nine
 - 04 = grade ten
 - 05 = grade eleven
 - 06 = grade twelve
 - 07 = grade thirteen
 - 08 = completed one year of college
 - 09 = completed two years of college
 - 10 = completed three years of college
 - 11 = completed one year of university
 - 12 = completed two years of university
 - 13 = completed three years of university
 - 14 = completed four years of university
 - 15 = completed five years of university
 - 16 = completed six years of university
 - 17 = completed more than six years of university
37. What kind of work did you mainly do in your life
- 1 = professional (self employed)
 - 2 = high level management (semi-professional)
 - 3 = low level management (skill crafts/trades/technical)
 - 4 = semi-skilled/unskilled
 - 5 = housewife
 - 6 = other

CONTINUED

38. How many years ago did you retire
1 = less than one year
2 = 1 - 5 years
3 = 6 - 10 years
4 = more than 10 years
0 = not applicable
39. At the time you made the decision to stop going South for the winter: Taking all sources of income into consideration (including pensions, earnings, investments, etc..., please estimate the total family income of you (and your spouse).
1 = less than \$10,000
2 = \$10,000 - \$19,999
3 = \$20,000 - \$39,999
4 = \$40,000 - \$59,999
5 = \$60,000 - \$99,999
6 = \$100,000 or more
0 = Not applicable
40. What type of housing did you usually have while you were away?
1 = mobile home or trailer
2 = condominium apartment
3 = motel or hotel unit
4 = single family dwelling (house)
5 = rented apartment
6 = other (specify _____)
0 = not applicable
- A. Did you own or rent that unit?
1 = own
2 = rent
41. Do you miss that lifestyle?
1 = yes
2 = no
42. Would you recommend the "snowbirding" lifestyle to others?
1 = yes
2 = no