



Differences in Residential Stability by Rural/Urban Location and Socio-Demographic Characteristics

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Key Findings

- Rural residents are more likely than urban residents to have lived in their homes for more than 20 years (27% vs. 20%) and less likely to have lived in their homes for less than one year (10% vs. 12%).
- Among adults who have lived in their home for more than 20 years, rural residents are more likely to have a disability (17% vs. 13%) and/or be in fair/poor health (24% vs. 17%) than urban residents.
- There are also differences among rural residents by region and socio-demographic characteristics in the likelihood of having lived in one's home for more than 20 years. Some of the highest rates are seen among those living in the Northeast (31%), adults age 65+ (55%), American Indian/Alaska Native adults (40%), and those without a high school degree (35%).

Purpose

Living in the same home and community for a prolonged period of time is associated with increased social cohesion and better health outcomes. However, it may also be indicative of limited opportunities for mobility, especially for individuals with fewer financial resources and in communities with limited housing supply. This policy brief identifies rural/urban differences in residential stability and examines rural/urban differences in regional, socio-demographic, and health characteristics associated with living in the same home for more than 20 years.

Background and Policy Context

Residential stability, or the ability to remain in one's home and community, is associated with better health and mental health outcomes.¹⁻⁵ Living in the same home for a prolonged period of time can have specific meaningful health benefits, related to increased social connectedness and a strong sense of place attachment.^{6,7} Prolonged residential stability is an integral part of aging in place (that is, staying in one's home and community as one ages)^{8,9} and might indicate greater financial security.¹⁰ Indeed, residential instability is most common among low-income individuals,¹¹ and housing costs are not equitably distributed, with notable differences by geography, race, ethnicity, and disability status.¹² Altogether, this can impact who has access to residential stability.

However, living in the same place for a prolonged period of time may also indicate a lack of opportunity to move,¹³ especially in situations where the home or community do not provide a good fit for someone's needs. For example, if someone lives in a home that is not accessible or compatible with their physical and functional status, the home might be a challenging environment.^{14,15} Residential mobility may also indicate an ability to move for family reasons, personal preference, work, or educational opportunities, all of which could have positive health benefits.^{13,16} Conversely, not moving may be indicative of a lack of access to such mobility.

Despite the interconnected relationship between residential stability and health, there is limited research looking at the association between socio-demographic characteristics and duration of time in one's home. Even less research examines rural/urban differences in residential stability, despite the fact that rural

residents are older, on average, and in poorer health than their urban counterparts.¹⁷ Rural areas also have older and poorer quality housing stock, overall,¹⁸ and experience different levels of housing cost burden than their urban counterparts.¹² The limited research that does exist suggests that rural residents are more likely to remain in their homes and communities,¹³ but more information is needed to better understand differences among rural residents in these patterns. This brief highlights rural/urban differences in residential stability, as well as rural/urban differences in the association between region, health, disability, and socio-demographic characteristics in residential stability.

Approach

Data for this study came from the 2021 National Health Interview Survey (NHIS), accessed through the IPUMS Health Surveys.¹⁹ The NHIS is a nationally-representative survey of the civilian, noninstitutionalized population in the U.S., which has been fielded annually since 1957. We included all sample adults age 20 and older who were not missing responses on housing questions in this analysis (n=27,776).

In this brief, we focused on residential stability, which was determined using a question asking respondents, “About how long have you lived in this house/apartment?” Response options included less than 1 year, 1-3 years, 4-10 years, 11-20 years, or more than 20 years. We assessed rural/urban differences between all levels of duration. We also focused specifically on respondents who had lived in their homes for 20 years or more in order to detect differences by location, socio-demographic characteristics, and health in those with the greatest residential stability. Rural location was defined using the 2013 NCHS Urban-Rural Classification Scheme.²⁰ All non-metropolitan counties were categorized as rural and all metropolitan counties were categorized as urban.

In order to assess the relationship between residential stability and health, we used two widely-used measures of health and functional status. First, we used self-rated health, which is a commonly-used validated measure, asking people to rate their health as excellent, very good, good, fair, or poor.²¹ For this brief, we compared excellent/very good/good vs. fair/poor health. We also included a measure of disability using the Washington Group Short Set Composite Disability Indicator.²² Respondents are coded as having a disability if they indicate not being able to do, or having “a lot of difficulty” doing any of the following:

communicating in usual language, hearing, remembering/concentrating, vision, walking/climbing steps, or washing/dressing.²² Because housing access is closely tied with structural racism and socio-economic status, we also include several demographic characteristics of respondents.^{23,24}

For all comparisons, we used chi-squared tests to determine statistically significant differences between rural and urban residents. We used survey weights for all estimates and ran all analyses in Stata v. 17.

Results

Rural residents were more likely than urban residents to have lived in their homes for more than 20 years, as seen Figure 1 on p.4 (26.9% vs. 19.9%). Rural residents were less likely than urban residents to have lived in their homes for less than one year (10.0% vs. 12.0%), 1-3 years (19.8% vs. 23.2%), and 4-10 years (23.2% vs. 25.5%). Rural and urban residents were equally likely to have lived in their homes for 11-20 years (20.0% and 19.5%). Differences across all categories of duration were significant at $p < 0.001$.

Table 1 (p.3) shows the frequency of living in one’s home for more than 20 years by rural/urban location combined with region and socio-demographic and health characteristics. Within nearly every category, rural residents were more likely than urban residents to have lived in their homes for more than 20 years.

The biggest rural/urban differences in who had lived in their homes for more than 20 years were between non-Hispanic Black adults (rural: 29.4% vs. urban: 17.4%, 12.0 percentage points difference, $p < 0.001$), American Indian/Alaska Native adults (rural: 39.7% vs. urban: 19.3%, 20.4 percentage points difference, $p < 0.05$), and adults without a high school degree in the family (rural: 34.6% vs. urban: 22.0%, 12.6 percentage points difference, $p < 0.001$). Rural adults living in the South were over 10 percentage points more likely to have lived in their homes for more than 20 years compared to their urban counterparts (29.0 vs. 18.9%, $p < 0.001$). Rural adults who were Hispanic, Asian, ages 25-34, and who rented or had a housing arrangement other than renting or owning (e.g., living in someone else’s home) were the only demographic groups less likely than their urban counterparts to have lived in the same home for more than 20 years, although none of those differences were statistically significant.

Table 1: Frequency of Having Lived in Home >20 Years by Rural/Urban Location, Region, and Socio-Demographic and Health Characteristics

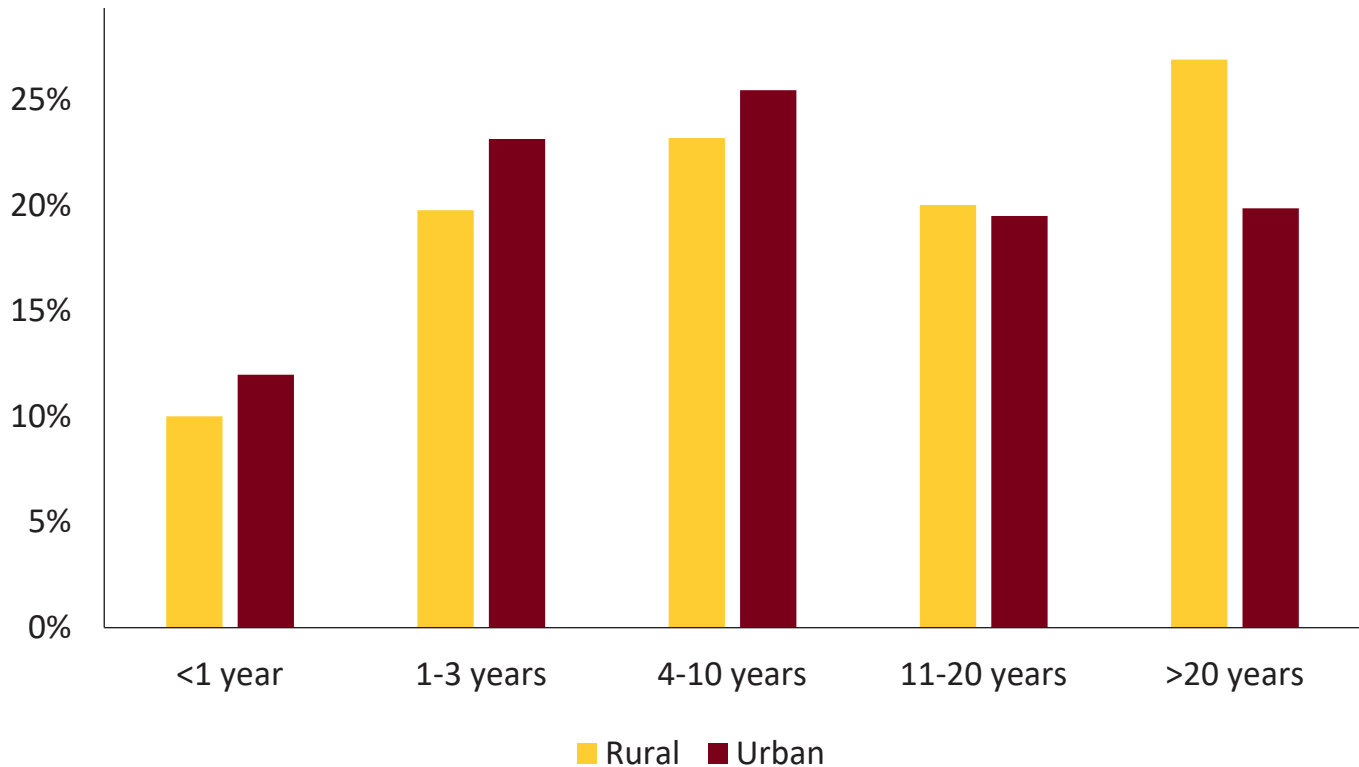
	Rural	Urban	P-value		Rural	Urban	P-value
<i>Region</i>				<i>Homeownership status</i>			
Northeast	30.5%	26.5%	0.273	Own	35.4%	28.2%	<0.001
North Central/Midwest	29.0%	21.5%	<0.001	Rent	2.8%	3.1%	0.645
South	29.0%	18.9%	<0.001	Something else	13.1%	13.6%	0.900
West	22.2%	17.7%	0.320	<i>Employment status</i>			
<i>Age</i>				Employed	20.6%	13.7%	<0.001
20-24	11.1%	8.8%	0.612	Unemployed/not in labor force	37.2%	32.3%	<0.01
25-34	4.2%	6.3%	0.170	<i>Highest educational attainment in family</i>			
35-44	5.8%	3.2%	<0.05	< High school	34.6%	22.0%	<0.001
45-54	18.6%	13.5%	<0.01	High school degree	30.9%	22.8%	<0.001
55-64	39.1%	32.0%	<0.01	Some college/2-year degree	26.7%	21.9%	<0.01
65+	55.2%	46.8%	<0.001	College or more	25.5%	18.9%	<0.001
<i>Sex</i>				<i>Family income to poverty ratio</i>			
Female	28.7%	21.0%	<0.001	<100%	19.0%	13.5%	<0.05
Male	21.9%	20.0%	<0.001	100-199%	29.3%	19.5%	<0.001
<i>Race/Ethnicity</i>				200-299%	28.3%	21.2%	<0.001
Non-Hispanic white	28.8%	24.0%	<0.001	300-399%	27.9%	22.4%	<0.001
Hispanic	11.6%	13.3%	0.759	400-499%	32.1%	21.9%	<0.001
Non-Hispanic Black	29.4%	17.4%	<0.001	500%+	29.9%	21.3%	<0.001
American Indian/Alaska Native	39.7%	19.3%	<0.05	<i>Self-rated health</i>			
Asian	14.8%	15.9%	0.913	Fair/poor	26.4%	19.6%	<0.001
Other/multiple races	21.7%	11.1%	0.248	Good/very good/excellent	35.0%	26.9%	<0.001
<i>Sexual orientation</i>				<i>Disability status</i>			
Lesbian, gay, bisexual	12.4%	9.5%	0.394	Has a disability	34.5%	31.6%	0.277
Heterosexual	28.6%	21.1%	<0.001	No disability	27.0%	19.5%	<0.001
<i>Marital status</i>							
Married/cohabitating	28.5%	20.4%	<0.001				
Separated/divorced/widowed	32.5%	27.6%	<0.05				
Never married	19.9%	15.8%	0.130				

N=27,776 respondents age 20 and older; data from the 2021 National Health Interview Survey

Among people who had lived in their homes for more than 20 years (see Figure 2, p.4), rural residents reported higher rates of disability (16.6% vs. 12.6%, p<0.001) than urban residents. Among the same sample, rural residents also reported higher rates of fair/

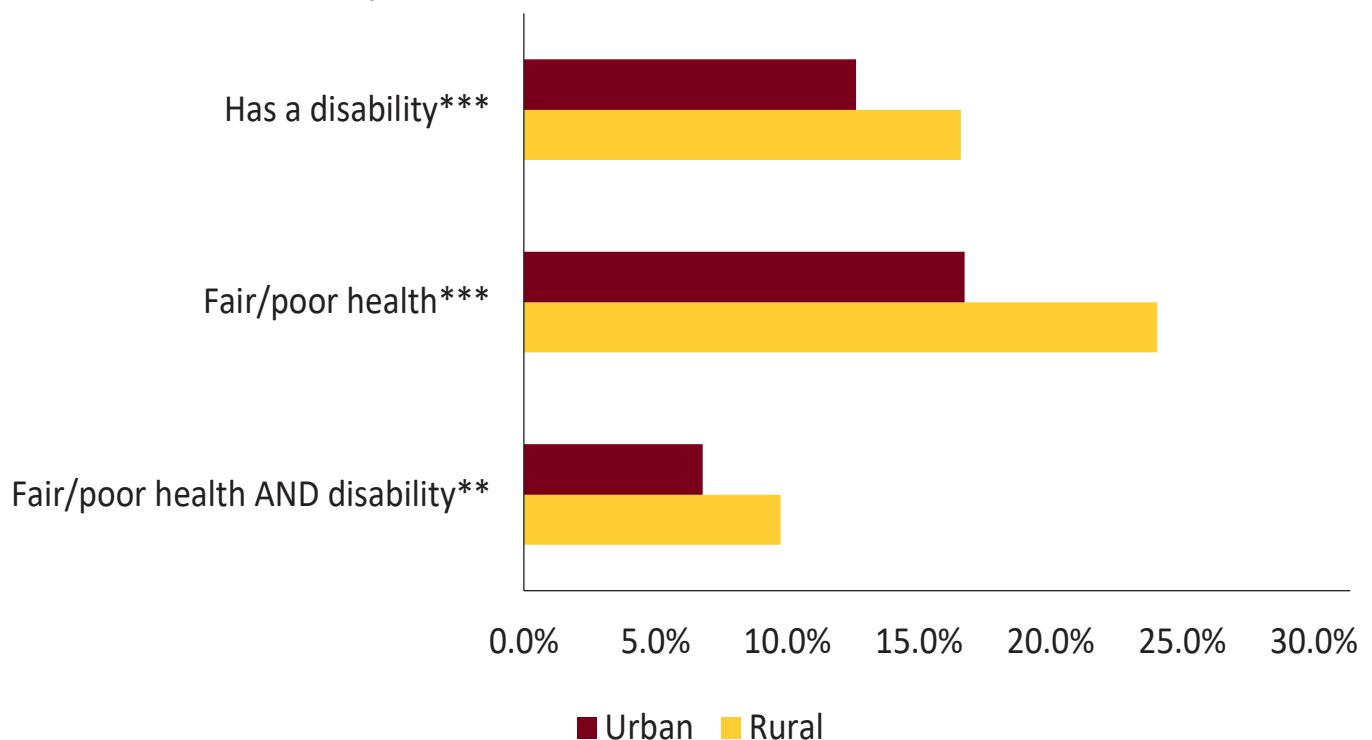
poor self-rated health (24.1% vs. 16.7%, p<0.001) than urban residents. Rural residents who had lived in their homes for more than 20 years were more likely than their urban peers to have both a disability and fair/poor self-rated health (9.7% vs. 6.8%, p<0.01).

Figure 1: Length of Time Living in Home by Rural/Urban Location



N=27,776 respondents age 20 and older; data from the 2021 National Health Interview Survey

Figure 2: Health and Disability Status among Rural and Urban Residents Who Have Lived in Home >20 Years



*N=6,505 respondents age 20 and older who had lived in their homes for at least 20 years; data from 2021 National Health Interview Survey. Rural/urban difference significant at ***p<0.001, **p<0.01.*

Discussion and Implications

In this brief, we found that rural residents have higher rates of residential stability than urban residents, measured by the length of time living in their home. This is consistent with prior research¹³ and supports the ideas that rural residents experience high rates of place attachment and social cohesion.⁷ In particular, we found that rural residents across nearly every category of region, socio-demographics, and health characteristics were more likely than their urban counterparts to have lived in their home for over 20 years. These findings may indicate greater stability not only for individual residents, but for entire rural communities.

Yet, we also found that rural residents living in their homes for more than 20 years were more likely than urban residents with the same levels of residential stability to have a disability and/or be in fair or poor health. We cannot make causal assumptions about the relationship between health and housing duration in this cross-sectional analysis. In fact, much of the literature suggests a positive relationship between prolonged residential stability and better health outcomes.¹⁻³ However, our findings suggest that rural residents who have lived in their homes the longest may be vulnerable to poorer health outcomes, compared with urban residents. This is likely related to the fact that rural populations are older and may be aging in place, even with changes in health and functional status.^{13,15} That said, our findings suggest the importance of ensuring that rural residents are supported in finding and affording accessible housing. This may include home modifications or, in some circumstances, moving to a new home.¹⁴ Moving to an accessible home also necessitates having those types of homes available locally, which requires policies to increase the supply of accessible homes in rural areas. Beyond living in the type of home workable for mobility and functional limitations, this also requires access to home health care and other services that support and improve health.

We also identified important differences among rural residents in residential stability by region and socio-demographic characteristics. The prevalence of living in one's home for more than 20 years was much lower in the West than in any other region (7-8 percentage points lower). This may be indicative of different demographic patterns, as well as different access to housing and economic opportunity and/or state and local policies by region. Further, rates of living in one's home for more than 20 years were lowest for both rural

and urban residents living in poverty. For rural residents, 19.0% of those living under 100% of the federal poverty level (FPL) had lived in their homes for more than 20 years, compared with nearly 30% of rural residents with the highest incomes (500%+ of FPL). This suggests a tenuous relationship between residential stability and economic resources.

American Indian/Alaska Native rural residents had the highest rates of any racial or ethnic group of having lived in their homes for more than 20 years. At nearly 40%, the rate was more than 10 percentage points higher than the next highest rate – 29.4% among rural non-Hispanic Black adults. The rate of American Indian/Alaska Native rural residents living in their homes for more than 20 years was also more than twice as high as the rate among urban American Indian/Alaska Native urban residents (19.3%). Meanwhile, Hispanic rural residents had among the lowest rate of living in their home for more than 20 years (11.6%). These findings may be indicative of the intersecting roles of rurality and structural racism in housing and economic opportunities, especially for Indigenous and Hispanic rural residents. In particular, these findings illustrate multiple ways in which structural racism may impact housing opportunity, either by impeding one's ability to remain in a home/community or impeding one's ability to move.²³

Conclusion

Altogether, our findings show that residential stability is differentially distributed across the population, with notable differences by rurality, region, health, and socio-demographic characteristics. Some amount of residential stability is necessary to promote good health and community social cohesion. However, when stability occurs because of a lack of access to mobility, it may indicate limited housing and economic options and could be associated with a poor person-environment fit. Housing policies, such as those from the U.S. Department of Agriculture and the U.S. Department of Housing and Urban Development to provide rental assistance and home repairs and modifications for homeowners are necessary to ensure that all rural residents have access to a safe, stable home.

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