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## As Deaths Outpace Births, Cities Adjust

By SAM ROBERTS and SEAN D. HAMILL

PITTSBURGH — This city has passed a grim demographic milestone: More people are dying here than are being born.

What demographers call a natural decrease has been occurring for years in tiny rural towns and in some retirement meccas in the South. But the phenomenon is relatively new in metropolitan areas in the Northeast, the Rust Belt of the Middle West and Appalachia.

Hospitals are closing obstetrics wards and converting them to acute care. Local governments and other social service providers are adjusting to the emergence of entire neighborhoods where the average age is soaring, and private foundations are awarding scholarships to retain students and attract new ones.

In Pittsburgh, public school enrollment plummeted from about 70,000 two decades ago to about 30,000 and continues shrinking by about 1,000 a year.

“At a certain point the school system becomes no longer viable,” said Grant Oliphant, the new president of the Pittsburgh Foundation, which is overseeing a program that provides college scholarships worth up to \$40,000 for any student who has attended the city’s public schools since the ninth grade and graduates from high school with a grade point average of at least 2.0.

“The notion is to create an incentive to stay in school and graduate,” Mr. Oliphant said. “The second aspect is economic preservation — to create an incentive for people to keep their kids in school or move here with their kids — to keep enough taxpayers in town.”

Since 1980, the city’s population has plunged from 423,000 to about 312,000. Since 2000 alone, the metropolitan area has lost 60,000 people.

While natural decrease occurred in many Southern cities that were magnets for retirees, the overall population was replenished by the influx of younger migrants. But in Pittsburgh and other places outside the South, not only has the population aged in place, but also, to a lesser extent, the very old — often disabled and widowed — have returned to spend their last years

with children and grandchildren and avail themselves of better medical treatment and transportation.

“You think of this as a rural or small-city phenomenon,” said Gordon F. De Jong, a sociologist at the University of Pittsburgh. “Here’s a large metropolitan area where it’s happening.”

A 12-block portion of the city’s Lawrenceville neighborhood is a good example. The working-class elderly residents have lived in their neat brick row houses most of their adult lives. They have stayed, even when the jobs left, creating what demographers call a naturally occurring retirement community, because nearly half the households are headed by people 65 or older.

“The senior citizens are good for me,” said Jeffrey Wilson, 55, owner of Wilson Drugs, a mom-and-pop operation that his grandfather started in the Lawrenceville neighborhood in 1950. “They took their pensions, or took other jobs when the mills closed, and continued to work, but they stayed.”

Similar changes are happening in entire metropolitan areas, including the suburbs, which were traditionally havens for young couples and their children.

“The older suburbs which formed when suburbanization began 50 years ago are now in the same precarious state that cities were 20 years ago,” Mr. Oliphant said.

In the 1990s, births in metropolitan Pittsburgh outnumbered deaths by 11,500. Since this decade began, however, nearly 25,000 more people have died here than have been born. Health care has replaced steel as Pittsburgh’s biggest industry. Parochial and public schools have closed.

In more than a dozen municipalities in metropolitan Pittsburgh, more than 24 percent of residents are 65 and older, double the national average.

Other metropolitan areas, too, are teetering on the brink of natural decrease.

In the 1990s, deaths outnumbered births in only four metropolitan areas with more than 250,000 people, and three of those were in the South. Since 2000, 10 metropolitan areas — half of them outside the South — have suffered a net loss of population to natural decrease.

In three other areas hurt by vanishing industry, Buffalo-Niagara Falls and Utica-Rome in upstate New York, and Duluth, Minn., deaths exceeded births in at least one year in this decade.

“The Mohawk Valley region has natural decrease, and I suspect Buffalo will follow shortly,” said Warren A. Brown, a demographer at Cornell University in Ithaca, N.Y.

“What we look like, you’re going to start to see elsewhere,” said Prof. Chris Briem, a regional economist at the Center for Social and Urban Research at the University of Pittsburgh. Mr. Briem traced the shift to the shuttering of steel plants in Pittsburgh, which prompted residents to seek work elsewhere.

“It was a very age-selective migration: young, working-age people took away their families and future families, leaving behind a population that aged in place,” he said.

In Scranton, Pa., where deaths have outnumbered births for more than a decade, two hospitals closed their obstetrics wards last year. Community Medical Center converted its postpartum unit to handle acute care surgery, procedures that the elderly undergo disproportionately.

In Buffalo, which suffered a natural decrease in population for the first time in 2005, business is flourishing at a chain of 14 funeral homes run by Anthony Amgione Jr., whose grandfather began the family business in 1927 from his own home.

“I look at the death rate as our market,” Mr. Amgione said.

In nearby Niagara Falls, part of metropolitan Buffalo, 80-year-old Dr. Melvin B. Dyster used to deliver 100 or more babies annually. When he stopped last year, he was down to one or two a month. Now he cares primarily for elderly patients in a county where the median age has risen two years since 2000 alone, to over 40, and residents 65 and older outnumber children under 5 by three to one.

“We haven’t had any 65- or 70-year-olds having babies,” Dr. Dyster said.

Moreover, the children of many of those 65- and 70-year-olds typically left town years ago and are raising families elsewhere, leaving the elderly to fend for themselves.

The University of Pittsburgh Medical Center, the city’s medical provider in Pittsburgh, now dispatches nurses and social workers as “care coordinators” to visit elderly former hospital patients at home and make sure they are taking proper medication.

“This is my boss,” Helen Bell, a retired baker who lives with her husband in the East Liberty neighborhood, said of Rose M. Whittle, a registered nurse and care coordinator who had just spent 30 minutes on a bimonthly visit arranging their pills by day of the week.

Betty Robinson, 73, a retired secretary, has lived in the Lawrenceville neighborhood her entire life. "My adult children are always like: 'Mom, sell the house. Move here. Move there.' But I wouldn't think of being anywhere else," she said.

She misses the energy of young families, but cherishes the camaraderie of longtime neighbors and having most services within walking distance.

Peter A. Morrison, a demographer with the RAND Corporation, has documented the return of aging snowbirds to their roost. "Healthy married people moved away to retirement destinations, and the people coming back are disabled widows and widowers," he said.

Finding housing for middle-income elderly people remains a problem, said Rob Stephany, acting director of the city's Urban Development Authority, but some neighborhoods are attracting younger residents.

Pittsburgh has also adapted, in part, by capitalizing on what otherwise might be written off as a liability.

"From an economic perspective," said Richard Schulz, director of the university's Center for Social and Urban Research, "the region has benefited from its higher number of elderly persons in that it has enabled us to bring a lot of research money to the region as well as Medicare dollars."

*Sam Roberts reported from New York, and Sean D. Hamill from Pittsburgh. David Staba contributed reporting from Buffalo, and Jo Craven McGinty from New York.*

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