AMERICA'S AGING POPULATION AND NATIONAL POLITICS:

A YEAR 2000 PERSPECTIVE

VOLUME II

A Dissertation

by

MITCHELL ALÍ RAGLAND

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Approved as to style and content by:

J. H. Hinojosa
(Member)

W. G. Roeseler
(Member)

David L. Pugh
(Member)

R. L. Skrabanek
(Member)

David L. Pugh
(Member)

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CHAPTER V

THE SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME PROGRAMS

In general, social services tend to be targeted to individuals, groups and communities. These services involve the rendering of help, the supplying of resources, and the implementation of benefits to all or a part of the tageted population (Kahn, 1969:11). Social services are traditionally divided into the two main categories of social insurance and public welfare (Jaffe, 1977:1).

The social insurance category include Social Security, Medicare, Unemployment Insurance, Workmen's Compensation, and Civil Service, Railroad and Veterans Retirement and Disability. The public welfare category, frequently referred to as public assistance, includes such programs as Supplemental Security Income (SSI), Medicaid, Aid to Families with Dependent Children (SSI), General Assistance Programs, Veterans Pensions, Food Stamps, and Free Health and Free Social Service Programs (Jaffe:2).

There are many social service programs at the national level that benefit older adults (see Tables 5-1 and 5-2). In the Department of Health and Human Services (HHS) alone, there is the Social Security Administration, which administers the Old Age and Survivors Insurance (OASI) program, the Supplemental Security Income (SSI) program, the health insurance (Medicare) program, and the supplementary health insurance program (Medicaid).

Two of these programs--Social Security (OASI) and Medicare--could well represent major political issues in the future for the

older adults of the nation, even more perhaps than they do today. Both of these programs are categorized as social insurance programs. Two other programs--the Supplemental Security Income program and the Medicaid program--are not forecasted to represent major political issues for older adults in the future; however, these two programs are briefly reviewed in this research study because each program closely complements one of the two major programs being investigated here. Both of these minor programs, minor that is within the context of this study, are categorized as public welfare programs.

The Social Security (OASI) and the Supplemental Income Security (SSI) programs are discussed in this chapter. The Medicare and the Medicaid programs are discussed in the next chapter.

The Social Security Program

Social Security, of course, means many different things to many different people. It is formally called the Old Age, Survivors, Disability and Health Insurance (OASDHI) program. The OASDHI is the "umbrella" program within which there are four separate and distinct trust funds serving four separate and distinct programs--the Old Age and Survivors Insurance (OASI) program, the Disability Insurance (DI) program and two health funds, Health Insurance (HI) and Supplemental Health Insurance (SHI). Data related to these program areas are frequently reported on separately, i.e., for the OASI, the DI, HI and the SHI programs. However, the OASI and the DI program areas are also frequently

reported on together. Although, in this research study the emphasis is on the OASI program, frequently "combined program data" are used here simply because it is available in that format. The following discussion is an example of this very common practice.

The OASDI program is a large and growing program. The expenditures of OASDI have grown from 11.8 billion dollars in 1960 to 123.6 billion dollars in 1980. OASDI expenditures as a percentage of Gross National Product (GNP) have more than doubled from 2.3 billion dollars to 4.7 billion dollars during this period (see Table 43).

The OASI program is an income maintenance program for retired workers and their families. Stated in the simplest of terms, the basic idea of an old-age insurance is that people pay into the program when they are younger and they draw monetary benefits out of the program when they are older. All industrialized countries maintain some type of old-age insurance system and most workers participate in such a system. In fact, nine out of ten workers in the United States are covered by Social Security. This is because the system has slowly expended to cover most workers and because it is mandatory for most workers. Notable exceptions do exist in this area, however. For example, federal government and some state and local government employees are not included in the system (Decker, 1980:178).

Originally, Social Security was designed as a supplement to other income, and theoretically it still serves that function today although millions now use it as a source for the majority of their income. Nonetheless, it is a very basic income program, at best,

TABLE 43

GROWTH OF OASDI, 1960-1980

	Calendar Years				
	1960	1965	1970	1975	1980
OASDI expenditures (billions)	$11.8	19.2	33.1	69.2	123.6
OASDI expenditures as a percent of GNP	2.3	2.8	3.3	4.5	4.7
Beneficiaries (millions)	14.3	20.2	25.8	31.4	35.1
OASDI payroll tax rates					
Employer & employee, each	3.0%	3.625	4.2	4.95	5.08
Self-employed	4.5	5.4	6.3	7.0	7.05

Source: Final Report, Volume 1: 1981 White House Conference on Aging. The 1981 White House Conference on Aging. Washington, D.C.: U. S. Government Printing Office, 1981, p. 44.

designed to encourage the individual to make prudent investments and initiate careful savings programs for his or her old are or to be prepared to suffer the consequences where such is not done.

Eligibility Criteria

To be eligible to draw these old-age insurance benefits, one must be at least 62 years of age and have worked at least 40 quarter years, in most cases, which is a 10-year equivalency, if born in 1930 or later. The requirements are less stringent for those born before 1930.

To be a recipient of these old-age insurance benefits, one must be "virtually retired." This status refers to the condition that a retiree must not earn over a certain specified amount of income in any one year if the retiree is to draw benefits from this program. The amount, which is determined by a retirement test, changes frequently as economic conditions in the economy change. It should be noted that in 1977, an amendment to the Social Security Act implemented a two-tier ceiling of permissible annual incomes for two different segments of the elderly group--those aged 62 to 65 and those aged 65 to 72, now changed to 70 (see Table 44).
only to earned income and does not apply to other "nonwork" sources of income; moreover, there is no ceiling on the earnings of persons 70 years of age or older (Reagan Eligible, 1983:3). Because of the minimum nature of the old-age insurance benefits, many persons take part-time employment and still receive benefits provided that they meet the requirements of the "retirement test."

TABLE 44

MAXIMUM AMOUNTS OF YEARLY EARNED INCOME ALLOWED IN MEETING THE REQUIREMENT TEST

Year	Annual Income($)	
	Age 62-65	Age 65-72
1977	3,000	3,000
1978	3,240	4,000
1979	3,480	4,500
1980	3,720	5,000
1981	3,960	5,500
1982	4,300	6,000

Source: D. L. Decker, Social Gerontology: An Introduction to the Dynamics of Aging. Boston: Little, Brown and Company, 1980.

The old age insurance benefits are based on an average of earnings from the worker's 22nd through his or her 62nd birthday. All employees get a five-year "disregard" in calculations; that is, the five consecutive years in which the worker earned the least income are excluded from the computation process. This gives the employee an advantage at the start of his orher career or at a later time in the employee's career if such is needed.

In 1979, the minimum monthly benefits check that a worker could receive under the old-age insurance program was $133.90; the maximum was $535.00 if the worker retired at age 65. In 1978, the 3 percent delayed retirement compensation went into effect, which pays 3 percent of one's "original pension" for each additional year one postpones retirement.

The minimum benefits work to good advantage for many of the lower income workers; in some cases, these workers actually draw more in monthly allotments than their personal income computation would have provided had such been used. Also, these benefits increase automatically each year in which the Consumer Price Index (CPI) of the Bureau of Labor Statistics (BLS) increases 3 percent or more over the previous year.

Svahn (1982:3-4) states:

> The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35), enacted on August 13, 1981, contained a provision to eliminate the minimum-benefit provision under the Social Security program for both current and future beneficiaries. Although a large majority of the members of both Houses of Congress accepted the measure in the broad context of the Reconciliation Act, there was considerable reaction against it and the provision was reconsidered. On December 29, 1981, new legislation restored the minimum benefit for current

> but not future, beneficiaries. However, under a special exception, the minimum benefit is retained for individuals eligible after 1981 and before 1992 who are members of a religious order under a vow of poverty which had elected to be covered under Social Security before December 29, 1981 (the date of enactment).

The Old Age and Survivors Insurance also covers the worker's dependents in many cases. Where a worker retires and qualifies for old-age insurance benefits, the spouse can also receive benefits provided the spouse is 62 years of age or older or these benefits can commence when the spouse attains the age of 62. Usually an amount equal to approximately half of the allotment of the insured worker is provided for the qualified spouse of such worker.

Decker (1980:18) states:

> A divorced wife or husband who was married to the worker for at least ten years may also be eligible for benefits based on his or her former spouse's employment. An insured worker's children or grandchildren could be eligible for a cash benefit if they are under 18 years of age (under 21 years for students) and are dependent on the worker for their support. There is, however, a maximum amount that a family can receive: the total cannot exceed 188 percent of the worker's benefit. Thus, even if a retired worker had a dependent spouse and several dependent grandchildren, the total family benefit could not exceed 188 percent of the worker's benefit.
>
> It should be noted that both a husband and a wife can be eligible to receive cash benefits based on employment. In this case both would receive 100 percent of the monthly cash benefit to which they are entitled but in most cases neither would be entitled to a benefit as a dependent of the spouse. If one spouse had a large income and the other a small income while they were working, the spouse with the smaller income might decide to receive a monthly cash benefit as a dependent of the spouse with the larger income. This could become especially important if the spouse with the larger income died, because the dependent spouse could then receive the benefit of the deceased spouse.

The Old Age and Survivors Insurance covers the survivors of a deceased recepient, as well. In most cases an eligible spouse can receive payments equal to 100 percent of the deceased workers' benefits. These benefits continue as long as the surviving spouse is in a state of dependency. Should such a person remarry, these benefits are forfeited. For this reason, among many others, older widows frequently refuse to remarry even when they have a very attractive opportunity to do so (Decker, 1980:182).

Financial Income and Outgo of the Social Securit System

The Old Age and Survivors Insurance program is financed by a tax on income. Not only does the rate of this tax change frequently, but so does the amount of income that can be taxed. For example, for the year 2002, the tax rate for the OASI program is projected to be 7.65 percent, up from the 1982 to 1984 figure of 6.70 percent (see Table 45).

The outgo of the OASI program, on an individual basis, seems quite modest indeed. For example, the average monthly benefits paid to a retired worker without dependents in 1977 was $242.98, to a retired couple, $366.05; and to a widow, $221.85 (see Table 46).

Social Security as an Intergenerational Income Transfer Program

From the day the Social Security (OASDHI) passed into national law in its most elementary form in 1935, a majority of the Congress was well aware that Social Security was not an insurance program. Since that time, social reformers have continuously attacked ...

TABLE 45

SOCIAL SECURITY TAX RATE ON WAGES, 1937-2002

Years	Tax Rate (%)
1937-1949	1.0
1950-1953	1.5
1954-1956	2.0
1957-1958	2.25
1959	2.5
1960-1961	3.0
1962	3.125
1963-1965	3.625
1966	4.2
1967-1968	4.4
1969-1970	4.8
1971-1972	5.2
1973-1977	5.85
1978	6.05
1979-1980	6.13
1981	6.65
1982-1984	6.70
1985	7.05
1986-1989	7.15
1990-2002	7.65

Source: D. L. Decker. Social Gerontology: An Introduction to the Dynamics of Aging. Boston: Little, Brown and Company, 1980, p. 185.

TABLE 46

AVERAGE MONTHLY BENEFITS PAID UNDER SOCIAL SECURITY FOR SELECTED PERIODS, 1940-1976

	1940	1950	1960	1970	1977
Retired worker without dependents	$22.10	42.20	69.90	114.20	242.98
Retired couple	36.40	71.70	123.90	198.90	366.05
Widow	20.30	36.50	57.70	102.40	221.95

Source: "Social Security Programs in the United States." Social Security Bulletin 42 (January 1979):184.

the myth of Social Security as an insurance program and have declared it instead to be a payroll-tax financial plan that "is highly, and unnecessarily, regressive in its impact" (Hollister, 1974:19).

Social Security is by fact and by operation an intergenerational income transfer program (IITP) (Gwartney & Stroup, 1980:627). Politicians may call it what they will and members of the general public may believe it to be exactly what the politicians say it is, but that will not convert it into an insurance program. [See the article on this subject entitled "The Majority Opinion Trap: Truth is Not Decided by Majority Opinion" by Sutton (1976:4).]

In an action that would tend to make the politican more honest, as a minor consequence, there are a growing number of theorists who feel that Social Security should, in fact, be converted into a de facto insurance program. Michael Boskins (1977) advocates this position in his book entitled Social Security: The Alternatives Before Us. Admittedly there are two sides to the issue of how it should be classified. It is only fair in a research study of this type to present both sides of this argument.

Hollister (1974:19) states:

> Defenders of the system resist the reformers' suggestions for tidying up the structure. Suggested reforms will, they argue, strip the system of the mystique of contributory social insurance and saddle Social Security with the stigma of a welfare-like means-tested system. In such a case, they argue, the system will become vulnerable to political conflict. They maintain that social myth is [a] necessary cement in the construction of durable social institutions.

Hollister has summarized in three sentences the main thesis that many of the politicians use in continuing to insist that Social

Security is an insurance or at least a "social insurance." This presents the opportunity to introduce still another definition that further confuses the issue. Many politicians insist, however, that the general public cannot and will not tolerate the truth; instead, what they will accept is a "mytique of having participated in a contributory social insurance program."

Hollister (1974:21) adds:

1. In recent years, as the program matures, the inherent contraditions in the Social Security myth have been coming into sharper relief.

2. Thus, the price paid for the social myth is rising [rapidly].

Many politicians emphasize that the "mystique," which is such a necessary part in Social Security, is strengthened by several important elements of the program (Hollister, 1974:23):

1. First, it is a contributory system--many like to call it "social insurance." The contributory essence is highlighted by the clearly identifiable Social Security tax which allows the worker to have the feeling that he is paying something now which will in some sense determine what he will receive in the future.

2. The sense of the system as being contributory is reinforced by the fact that the benefits are graduated so that, in general, those who have had higher earnings and paid more in the past will get higher benefits than their lower-earning cohorts who paid less in Social Security tax.

3. The system is compulsory in the sense that all--in covered industries--must pay the payroll tax; however, as a result of compulsory participation, it yields "benefits as a right."
4. The retirement test is a very important part of the system as it emphasizes that the system is meant to replace earnings.
5. Many of the features mentioned above are similar to those of private insurance or pension plans, but Social Security is to be differentiated from private insurance in that it is shaped by considerations of public needs, as well. Indeed, for this reason it is referred to as "social insurance." These public needs are reflected in the fact that people with lower past earnings have greater unmet needs and, therefore, receive benefits at a higher percentage of their average past earnings than do those with high past earnings. In addition, unlike private insurance, retirement benefits under Social Security are periodically increased across the board as average needs rise with the rise in average living standards.
6. The effect of Social Security on the extent of poverty among the aged is an important element. For example, in 1966--a date chosen because of the availability of detailed data--60 percent of the Social Security benefits went to people whose income without Social Security

would have been below the poverty line; and of this group 90 percent were lifted from poverty by virtue of the Social Security payments.

7. It is important to point out that Social Security is the largest income maintenance program in the United States. For example, in fiscal year 1973 it paid out $42 billion dollars to 25 million recipients.

The social critics reply that:

1. Social Security is not an insurance program, social or otherwise. Of course, when Social Security legislation was passed in 1935, it was envisioned by many as a kind of compulsory national retirement insurance that would operate much like a pension program. Even today, many people believe that their Social Security tax contributions go into an actuarially sound reserve fund, where they are set aside for their retirement. This is not the case. In contrast with private insurance programs, the tax revenues paid into the OASDHI trust fund are not set aside or invested to pay for the contributor's future benefits. The Social Security system operates on a "pay-as-you-go" basis. The tax revenues paid into the system are distributed almost immediately to retirees and other beneficiaries of the program (Gwartney & Stroup, 1980:627).
2. Two incompatible functions have been bound into one system, with the result that neither function is adequately performed. One function is to provide a social

transfer mechanism so that individuals may have income in their older years which exceeds any earnings they may have for those years. The second function is to redistribute income within cohorts of the aged so that some sort of income floor is provided for the poorest. Putting these two functions in a single program means that each is compromised by the constraints imposed by the other (Hollister, 1974:24).

3. Social Security discourages work among the aged because the retirement test amounts to placing a 50 percent tax on earnings within a certain range for workers 65 to 72 (Holister, 1974:25).
4. The tax which is nominally paid by the employer is, in fact, frequently shifted to the worker. The employer tax raises the price of a manhour of labor; therefore, the employer will hire the same amount of labor as he would if there were no tax only if the workers will accept a wage lower by the amount of tax. Whether the employers' portion of the tax is fully or only partially shifted to the employee is a matter of considerable dispute; however, the myth that the employer pays the tax disguises the full extent of the true tax on low incomes (Hollister, 1974:27).

In summary, the social critics claim that the originators and supporters of the Social Security system have deliberately misused the term "insurance" in order to disguise many of the program's

shortcomings. They add that as the system matures these shortcomings will become major weaknesses in the program's operation. Apparently, many of these predictions are now coming true.

The Social Security System Matures

The main political proponents of Social Security knew from the start these facts:

1. The smaller the population base covered in the beginning by social security, the more latitude that would be allowed later for adding additional constituents, thus increasing inflow into the system. Consequently, new augmentations have delayed payoffs as these augmentations must qualify for the program. It should be noted that only workers in commerce and industry were originally included in the program (Derthick, 1979:98).
2. Each new extension of coverage prolonged the period of artificially low tax rates for the system. Each new extension brought a fresh infusion of revenue, whereas the corresponding benefit obligations were deferred for many years.
3. The growing economy eased the growth of the Social Security program. If and when the economy ever fell on hard times, then the financial inputs for the program would have to be raised significantly; however, the 14% benefit increase of 1952 and the 15% benefit increase of 1969 were financed out of increased earnings, without

a tax-rate increase of any type. Consequently, the American people held both the Social Security program, and the politicians who created it, in very high esteem (Derthick, 1979:98).

4. The "level-earnings" assumption--the assumption that earnings would not rise in the future--that was used to guide the program through its early years was a fallacious assumption and most people knew this. But since earnings did continue to rise (until a certain point in time that will be discussed below), this created surpluses in the program which could be used to finance periodic benefit increases (Derthick, 1979:98). Consequently, the American people again held the Social Security system, and the politicians who created it, in even higher esteem than before.

Derthick (1979:98) states:

> On the other hand, nothing in policy-making techniques promised increased benefits in the absence of growth. The actuary (Robert J. Myers, for most of the program's founding years) liked the level-earnings assumption for its prudence. It was a procedure, he once explained to the Senate Finance Committee, that utilized actuarial gains "only after they have materialized." When earnings in fact rose, actuarial calculations were revised to show a surplus in the system--but not before. The level-earnings assumption, though it guaranteed automatic and politically painless benefit increases in a booming economy, provided a margin for error in the event the economy took a turn for the worse.

5. The welfare economists and the social planners knew that the demands of the system, the financial input versus the financial output, would change as the extension of the

program matured to include most of the eligible population. For example, 93% of the population over age 65 is receiving Social Security benefits. The ratio of taxpayers to beneficiaries in 1983 is lower than ever; and as a consequence, individual tax burdens are higher than ever and the ratio of benefits to costs for new entrants into the system, much lower.

6. The ratio of taxpayers to beneficiaries will continue to decline throughout the 1980's and the 1990's; however, from now on more as a result of demographic changes than from the maturing of the Social Security system.
7. The possibilities for capturing new revenues through extending coverage are virtually exhausted. Approximately 90 percent of the work force is covered. Congress is suddenly under pressure to bring in the remaining exceptions--10 percent of nonprofit employees, 30 percent of state and local employees, and all the civilian employees of the Federal government.
8. Policymakers have sacrificed room for maneuver by abandoning the level-earnings assumption and indexing the benefit structure so as to make benefit increases depend automatically on economic events.

Important changes in policymaking procedures occurred in 1972, when Congress hastily enacted an extraordinary 20 percent increase in benefits. It was extraordinary for the method of financing. The practice of assuming level earnings was abandoned for the first

time in the history of the program. The Social Security actuary was instructed to begin assuming that earnings would rise at a rate extrapolated from historic trends. This change made it possible to justify the 20 percent increase; whereas under the traditional estimating methods, only a much smaller increase would have been defensible. Rather than a minimal program providing, in the traditional phrase, "a floor of protection" on top of which other forms of retirement income must be set, it began to provide for many people something like sufficient support--but at a very high program cost. Benefit obligations were greatly increased, and the built-in margin for error was removed from the program, at just the time such a margin happened to be needed. Contrary to all recent experience, in 1974 price increases exceeded wage increases and though the double-digit inflation of that year soon subsided, there was ample reason to believe that inflation in the future would continue to persist at a rate much higher than that to which the nation was accustomed in the past and, further that the economic growth of the country would be slower. This was precisely the sort of economic dislocation for which the now discarded level-earnings assumption had been designed.

The switch to dynamic earnings assumptions coincided with, and logically depended upon, another very important change in policymaking procedures. Instead of continuing the method of ad hoc increases--which had provided a good deal of latitude in responding to economic and political pressures--Congress tied benefit increases automatically to increases in the cost of living in 1972. This meant that when the

severe inflation of the mid-1970's set in, Congress was committed to keeping benefits up-to-date with price increases, no matter how costly this might be. In the event, it proved very costly indeed. Because a high rate of unemployment coincided with a high rate of inflation, a severe and unexpected deficit suddenly developed in the social security program for the first time in the history of the program.

Congress had manuevered itself into an unenviable position with reference to the Social Security program. The program has matured as most key members of Congress had been told repeatedly that it would. Congress, in playing the Social Security game, granted benefit increases at will, financed easily enough out of rising earnings, extensions of coverage, and tax increases. Since the ratio between taxpayers and beneficiaries is always high in an immature program, especially in the growth stage, tax rates can remain relatively low for a very long period of time, permitting the real costs of the program to be obscured at least to members of the general public. Consequently, the American people held both the Social Security system, and the politicians who created it, in continuing high esteem.

Now, however, the situation has changed drastically. Congress has committed itself to paying Social Security benefits to a large proportion of the population based directly on the movements of prices and wages in the future. There is no longer any prospect of windfall gains as was true in the past. Increases in the payroll tax rates are apparently the only option now open for revenue raising for the social

security program; and this option apparently must be used just to maintain the present level of the program. Inflation is driving the cost of living higher and the number of workers available to pay the payroll taxes is decreasing while the number of recipients eligible for the Social Security program is increasing. The problems here are indeed quite serious.

Derthick (1979:103) states:

> Policymakers can respond in any [one] of three ways to the new political situation of social security. They can continue to rely on an earmarked payroll tax to finance the ever-increasing burden of the program; they can shift some of the cost to less visible tax sources, presumably income and profits taxes, which is to say "general revenues"; or they can reduce benefits.

Derthick (1979, 103) continues:

> The Social Security Amendments of 1977, which passed in December of that year, was the first test of legislative reaction to the choices. Congress declined an invitation from the Carter Administration to shift some of the burden to general revenues and to place the payroll-tax burden disproportionately on employers. Whereas the Ford Administration would have met the deficit by increasing payroll-tax rates, its Democratic successor proposed to meet it by introducing general revenues whenever the unemployment rate exceeded 6 percent and by taxing employers, but not employees, on all wages and salaries. Though the wage base would have been increased only slightly for employees, for employers it would have been expanded to cover the whole of their payrolls, breaking the traditional employee-employer parity.

Congress has managed, until only recently, to conceal both the nature and cost of the intergenerational income transfer program that it calls "Social Security" from the general public. This has been particularly easy to do in the growth stages of the program and in a growing economic environment; however, the program has now matured. Extending coverage to new segments of the population is no longer a viable option. Even the main worker segment still out of the

system has organized itself into a powerful volunteer aging-oriented organization called the National Association of Retired Federal Employees (NARFE) to help insure that federal workers will not be included "in mass" in a maturing intergenerational income transfer program just for the simple purpose of providing "delayed gains" for such a system.

The public is becoming quite concerned about the Social Security program. The 1977 Amendment to the Social Security Act raised both taxes and benefits--not an undesirable combination considering that in the very near future taxes will be raised without increasing benefits to recipients. A Harris poll showed the public to be 43 percent for the amendment and 43 percent against it. At the same time the New York Times went on record calling for a restructuring of the Social Security program, meaning a reduction in Social Security benefits (Kerthick, 1979:104).

The American people do not seem to hold a maturing intergenerational income transfer program in as high a regard as they did the earlier Social Security program. The real costs of such a program are slowly becoming apparent. The American public, seeing this for the first time, may try to make some changes in this program in the future.

Social Security and the Aging-Oriented Organization[1]

Many important changes were made to the Social Security system in the 1970's. The changes made to the system in 1972 are considered to be the most important changes made in that decade. The changes made to the system in 1978 are considered to be a "distant runner-up" for this honor, and all other changes are considered to be only minor changes at best.

There were two separate bills, H.R. 15390 and H.R. 1, involved in the changes made in the social security program in 1972. The first bill is referred to as the Mill-Church bill as it was sponsored by Wilbur Mills and Frank Church.

The Mills-Church Amendments did the following:

1. Raised the Social Security tax rate and the Social Security tax base.
2. Authorized an automatic cost-of-living adjustment.
3. Provided a 20 percent across-the-board benefit increase (Pratt:154-168).

The H.R. 1 amendment did the following:

1. Increased recipients' earnings limitations (the means test).
2. Eliminated the dollar-for-dollar benefit reduction.
3. Increased benefits for widows and widowers.

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[1]This section is based largely on materials taken from Chapter 11, The Gray Lobby (1976) by Henry J. Pratt.

How, it is often asked, could such costly, inflationary legislation occur at exactly the time when politicians of both parties were so committed to reducing government expenditures? The answer provides an interesting example of the voluntary aging-oriented organization in action.

The members of the national Advisory Council on Social Security (ACSS) is charged with meeting and considering changes in the Social Security system. The group, composed of thirteen members each chosen by the Secretary of Health, Education and Welfare (HEW), meets in such a manner so that a report on the Social Security program is produced at least once every four years.

In 1969, the members of the Council decided that the "level earning" assumptions used in the past to guide the program were counterproductive and producing unnecessarily large surpluses in the trust fund. They proposed, among other things, to convert the program to "dynamic-earnings" base. It was assumed that such an action would permanently reduce the surpluses generated in this program and, as is now well known, these assumptions proved to be imminently correct.

Arthur S. Flemming, then the Secretary of HEW, was a powerful and influential liberal Republican at the time, as he still is. He chose a group of liberals to sit on the Advisory Council on Social Security which he chaired. Flemming was an old friend of Nelson Cruikshank who had moved out of an AFL-CIO position called "Director of the AFL-CIO Department of Social Security" and was intimate with the leadership of the National Council of Senior Citizens (NCSC).

The AFL-CIO was one of the two main sponsors of the NCSC at the time of its formation. Thus, the leadership at NCSC had access to the full membership on the board of the ACSS through Cruikshank.

The members were not in agreement on several major Social Security issues. For example, J. Douglas Brown, a nationally known Princeton economist and one of the founding fathers of the original Social Security system, expressed great concern and adamant opposition to a proposal placed before the board concerning a minimum benefit for recipients, regardless of their contribution to the system. Brown insisted that contributory insurance and public assistance could not be mixed and that such an operation would undermine the soundness of a social security system in the future.

Robert J. Meyers, another member of ACSS and now president of the prestigous Society of Actuaries, argued against the "dynamic-earnings" concept. He was in favor of the "level-earnings" assumption as he felt that no person could be absolutely certain that national production would, in fact, continue to rise from 2 to 2.5 percent per year throughout the years of the 1980's and the 1990's and beyond; and should it not increase, the system could experience a sizeable deficit in its Social Security trust fund under the "dynamic-earnings" concept.

Cruickshank was a strong advocate at the 1971 White House Conference; in fact, he stated that his group's advocacy, especially the advocacy of the leadership of NCSC, for Social Security changes at the 1971 White House Conference was analogous to the advocacy of NCSC in relation to the Medicare program at the 1961 conference. For example,

following the 1971 White House Conference, the leadership of NCSC used many of the invaluable contacts it had made over the years to insure the passage of the proposed 1972 amendments to the Social Security system.

On February 23, 1972, Mills submitted his bill to the Senate for consideration. He had changed the original 5 percent increase in Social Security to 20 percent. Within the next few days, the Executive Director of NCSC, the formiable William Hutton, met with Mills to discuss the bill. Mills instructed Bill Hutton to have his lobbyist concentrate on the Senators in general and on the members of the Senate Finance Committee in particular because the bill was "holed up" at the time in the Senate Finance Committee.

Accordingly, Bill Hutton met with Russell Long, Chairman of the Senate Finance Committee, and asked Long to co-sponsor the bill with Mills in the Senate, as Mills had instructed him to do. Long abruptly declined the request. Meantime, several other NCSC leaders talked with Senator Church about the issue. On March 7, 1972, Senator Church rose in the Senate and placed the amendment on the floor of the United States Senate for full Senate consideration.

As a Senate informant remarked:

> "Once NCSC and its allies gained the sponsorship of certain key senators, a lot of others just fell right in line. . . . After they got Mansfield to cosponsor, a large group of Northern Democrats followed the lead. . . . The situation repeated itself several times." This snowballing of support would later occur in the House as well. An informant in the House Ways and Means Committee stated, "As soon as the senior citizens got the support of Mills and some of the other House bigwigs, the rest came comparatively easily." (Pratt, 1976:162)

The leadership of NCSC then stepped up its activity in relationship to the elder Americans.

> NCSC energized support through a variety of means. Rather than try to influence every congressman directly, the organization made extensive use of grass-roots solicitations of support for Mills-Church. In retrospect it appears that these mailing campaigns varied in effectiveness. . . . [over all however] the mail campaigns appear to have been decidedly influential. Senator Hubert Humphrey was said to be responding to a barrage of mail requests when he submitted a proposal to make payment of the 20-percent increase immediate. (Pratt, 1976:161)

The key mechanism for reaching the influential target group of concerned elders, however, was the NCSC monthly house organ:

> . . . with an estimated readership of 4 million, [it] appears to have been an effective means of mobilizing rank-and-file support. In addition to containing articles and commentary on all national legislation concerning the elderly, Senior Citizens News often prints lists of proponents and opponents to major age-related proposals. According to NCSC leaders, expressions of support for the Mills-Church Amendments increased markedly just before the Senior Citizens News went to press, a not-untypical development when a major floor vote impends on which the organization has taken a strong stand. In William Hutton's words: "When we have one of these issues we notify [legislators] that we intend to list the names of the co-sponsors in the next issue of the Senior Citizens News. You'd be surprised at the influence this has--when it comes down close to our editorial deadline we have legislators calling us frantically sometimes way past working hours. They don't want to be left off [the list] because the old folks back home pay attention. (Pratt, 1976:160)

In the Senate itself, the NCSC had always been especially close to the membership of the Senate Special Committee on Aging since both were created in the early 1960's. NCSC willingly provided expert advice on technical issues at various times and just as willingly undertook the research of problem areas referred to it by the Senate Committee. The Senators appreciated this effort on the

part of the NCSC leadership, and consequently this leadership frequently consulted on most, if not all, major problem areas relating to the elderly population.

A member of the Senate committee (Pratt, 1976:161) stated:

> NCSC played a very important role in the amendment's passage. Other groups made some contributions but NCSC was definitely the leading force. It served . . . to energize senators' support and, working in close cooperation with our committee, made out very well.

The Senate passed H.R. 15390 by a overwhelming majority of 84 to 3 on the morning of June 30, 1972. The House did almost as well, passing the amendment 302 to 35. The President of the United States signed the amendment into law on July 1, 1972.

On October 30, 1972, the President signed another amendment into law; it was H.R. 1. The proponents for major changes in the Social Security program had won once again.

Actuarial Assessment of the OASI Program

The problem areas in relationship to the Social Security program are rather clearly documented in a broad series of publications. In particular, this has been done with a great deal of accuracy in the publication entitled The Annual Report of the Board of Trustees of the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds (1982). There are actually four separate and distinct trust funds in the Social Security program. These trust funds are the Old Age and Survivors (OASI) Trust Fund, the Disability (DI) Trust Fund, the Hospital Insurance (HI) Trust Fund, and the Supplementary Medical Insurance Trust Fund (SHI) (Myers, 1982:3-8). The OASI

Trust Fund and the DI Trust Fund are reported on together as the OASDI Trust Fund. in many cases.

Actuarially, at least in one primary aspect, the cost of the OASI program for 1980 was projected with great accuracy by the actuaries of 1937. Myers (1982:13-14) states:

> Although the OASI program has been changed markedly over the years, estimates prepared almost half a century ago for the Social Security Act of 1935 were remarkably accurate when viewed from one perspective--the cost of the program as a percentage of taxable payroll. The actuaries of the Social Security Administration have always emphasized that, in long-range cost projections, this is the element of greatest significance and importance, because it gives an explicit indication of the appropriate and necessary tax rates needed to adequately finance the program.
>
> The original actuarial cost estimates, expressed as a percentage of taxable payroll, were amazingly close to what actually developed. For the first decade, the actual costs were below those estimates, but then for the next 30 years, the reverse was the case. However, for 1980--obviously because of a considerable number of counter-balancing elements--the cost estimated for the original program was almost exactly the same as what actually occurred.

This projection relates, however, only to the OASI benefits as a percentage of the taxable payroll. In most other areas the projections were not accurate. Of course, in the area of comparison of estimated income, outgo and fund balance for the OASI program, the 1938 projections were not accurate. Yet, one could hardly expect them to be accurate considering the unpredictable changes that have occurred between 1938 and 1980 that have significantly affected these income streams (see Table 47).

Also, the original estimates for the OASI program assumed that a plateau would be reached in 1980 and that the costs of this program

TABLE 47

COMPARISON OF ESTIMATED INCOME, OUTGO, AND FUND BALANCE FOR ORIGINAL OLD-AGE BENEFITS PROGRAM WITH ACTUAL EXPERIENCE FOR OLD-AGE AND SURVIVORS INSURANCE PROGRAM, CALENDAR YEAR 1980[a]

Item	1937 Original estimate	1980 Actual experience	Ratio of actual experience to original estimate
Tax income in year	$2,295	$103,456	45.1
Interest on fund in year	1,399	1,845	1.3
Benefit outgo in year	3,576	105,082	29.4
Administrative expenses in year	114	1,154	10.1
Fund balance at end of year	46,641	22,824	.49

[a]Dollar amounts in millions

Source: R. J. Myers, An Analysis of Benefits and the Progress of the Old-Age Reserve Account Under Title II of the Social Security Act, Actuarial Study No. 8, Social Security Board. Washington, D.C.: U. S. Government Printing Office, 1982.

would remain relatively stable after this period. This is probably one of the most serious misjudgements made in the early forecasts. As a percentage of taxable payroll, the 50-year current intermediate forecasts for the OASI program estimates that the cost in 2030 will be 50 percent higher than the cost in 1980. Also, the costs of the Health Insurance program is projected to increase significantly during this period as well (Myers, 1982:13).

Present Status of the OASDI Trust Fund. The following data are based primarily on information contained in the Annual Report of the Board of Trustees of the Old Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Fund (1982). This report is referenced to in this section of the present study by the short title, the Annual Report.

During 1981, 116 million workers paid into the OASDI and the HI programs through the payroll tax. On December 31, 1981, approximately 36 million beneficiaries were receiving benefits paid out of the OASDI and the HI programs (Myers, 1982:13).

For the period of 1980 and 1981, the net changes in income and outgo for the OASDI Trusts resulted in negative net changes in assets; however, the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-123) has altered the income-outgo balance of the OASDI Trust Fund in a positive manner. This alone will not correct the short- or the long-range deficit problems of the fund; nevertheless, it is a move in the right direction.

The Annual Report of 1982 projected the future OASDI income and outgo as it does each year. These projections are based on data related to mortality, fertility, unemployment, inflation, and other economic and demographic factors. The projections included in the Annual Report of 1982 include the changes that occurred in the OASDI program due to the passage of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-123). These forecasts use four separate sets of assumptions about these data. "Alternative I" reflects a relatively optimistic view of the external factors that determine Social Security costs. "Alternative II-A" assumes future economic performance consistent with the President's 1983 Budget assumptions; "Alternative II-B" assumes a lower economic growth. "Alternative III" reflects a more pessimistic view of the factors that will determine Social Security cost in the future.

The Short-Range Status of OASDI Trust Funds. Using the four sets of assumptions established in the 1982 Annual Report (Annual Report, 1982), the short-range or five-year projections utilizing alternative II-B projections appears to be the most realistic projection series, at least, this is so at the present time.

With Alternative II-B assumptions, the OASI Trust Fund is projected to show a deficit in 1984. Of course, this fund showed a deficit in 1982 and will show a deficit again in 1983. This fund was permitted to borrow funds under the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-123 as amended) (Svahn, 1982:9). The OASI is permitted under this law to borrow from the DI fund and the HI fund until the cutoff date specified by Congress.

Consequently, the OASI is forecasted to borrow in 1982, under Alternative Projection II-B, 5.7 billion from the DI fund and 5.3 billion from the HI fund. As it turned out, these were accurate projections.

The Long-Range Status of OASDI Trust Funds. Long-range or 75-year projections (1982-2056) for the OASDI program give the best available indication of long-term trends in this area. Several demographic changes are projected for the period from 1982 to 2056. Alternative projections II-A and II-B are based on the following assumptions:

1. Because of the large number of persons born shortly after World War II, rapid growth is expected in the aged population after the turn of the century.
2. Projected improvements in issues related to mortality will also increase the number of aged persons. Table 5-6 illustrates the improvement in life expectancies that is anticipated, based on the assumptions contained in Alternatives II-A and II-B.
3. At the same time, low birth rates would hold down the number of young people living during this period (Ballantyne, 1982:7) (see Table 48).

Interfund borrowing is not the answer to solvency even in short-range projections. The OASI, DI, and HI Trust Funds combined would be solvent through the 1980's only under the two most optimistic projections. Under the two less optimistic projections, the funds will be exhausted in 1984 (see Figure 16).

TABLE 48

PAST AND PROJECTED LIFE EXPECTANCIES[a] USED IN ALTERNATIVES II-A AND II-B PROJECTIONS

Calendar Year	At birth		At age 65	
	Men	Women	Men	Women
1940	61.1	65.6	12.0	13.7
1960	66.7	73.4	13.0	16.1
1980	69.8	77.7	14.3	18.7
2000	72.9	81.1	15.8	21.1
2020	73.8	82.1	16.4	22.0
2040	74.6	83.1	17.0	22.8
2060	75.4	84.1	17.6	23.6

[a]Life expectancy is the average number of years of life remaining, based on the death rates at each age in the year shown.

Source: H. C. Ballantyne, "Actuarial Status of the Old-Age and Survivors Insurance and Disability Insurance Trust Fund," Social Security Bulletin 45 (June 1982):4.

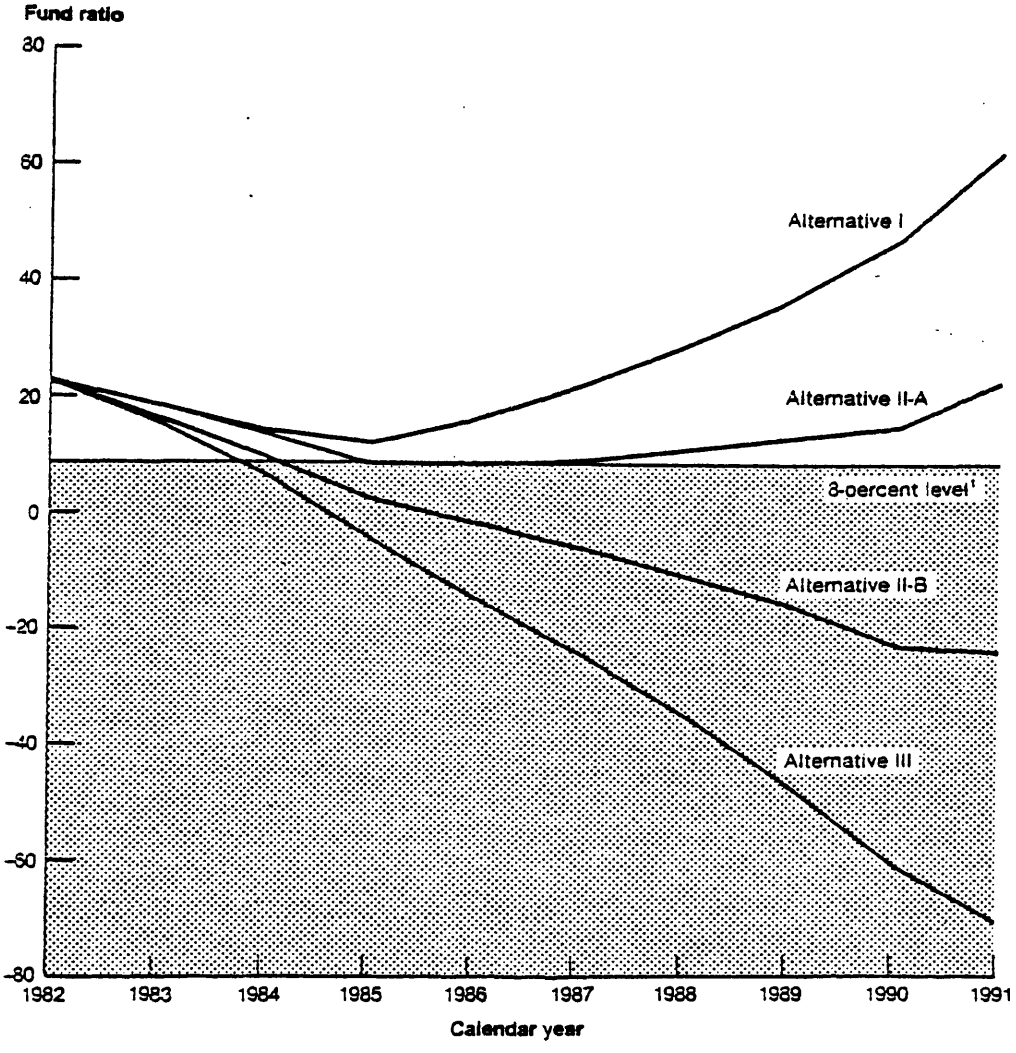


FIGURE 16 PROJECTED SOLVENCY FOR OASI, DI, AND HI TRUST FUNDS COMBINED.

Source: H. C. Ballantyne, "Acturial Status of the Old-Age and Survivors Insurance and Disability Trust Fund," Social Security Bulletin 45 (June 1982):

Beneficiaries of the OASDI program include retired workers, disabled workers, spouses, children and survivors. In 1982, the figure was 31 beneficiaries per 100 covered workers. In 2050, the midline figure is projected to be 76 beneficiaries per 100 covered workers. For the most pessimistic projection, extended on into the last part of the twenty-first century, a figure of 100 beneficiaries per 100 covered workers is obtained (Ballantyne, 1982:9).

Using a different set of assumptions, the 1981 White House Conference on Aging projects a slight surplus for the combined OASDI Trust Funds from 1982 through 2005 (see Table 49). This perhaps represents a type of optimism that is not likely to materialize in this program in the forecast period specified. But it is an interesting forecast, nonetheless.

In summary, to rectify the financial imbalance in this program, there are a number of things that must be done. The most obvious, perhaps, of which are to increase the payroll tax still further by 1.68 percent, for the period 2007 through 2031 and yet another 2.73 percent, for the period 2032 through 2050. If the reality of the above situation appears excessively demanding, an alternative plan would be to add 1.82 percent payroll tax to present projected rates starting with those in 1983 (Final Report, Volume I, 1981:47).

There is clearly no easy answer here. When the financial outgo exceeds the financial input of any financial program, adjustments frequently have to be made at some point in time for the program to remain a functioning and viable program. This is as true for the OASI and DI programs as it is for any other financial program of this size and scope.

TABLE 49

ESTIMATED OASDI COST RATES AS PERCENTAGE OF TAXABLE PAYROLL

COMPARED WITH TAX RATES

Period	Estimated average OASDI Cost Rate (Outgo)	Average OASDI Tax Rate (Input)	Surplus or deficit (-)
1982-2006	11.37	12.01	0.64

Source: Final Report, Volume 1: 1981 White House Conference on Aging. The 1981 White House Conference on Aging. Washington, D.C.: U. S. Government Printing Office, 1981, p. 48.

The Supplemental Security Income Program

The principal means-tested program providing benefits for the elderly is the Supplemental Security Income (SSI) program. This program is classified as a "public welfare program" and is not a "social insurance program" such as the programs referred to by the umbrella title of "Old Age, Survivors, Disabled and Health Insurance" (OASDHI) program. To obtain SSI, there is a means test; in addition, there are no individual contributions to the program as there are in the Social Security program. It is the American program most similar to the English "dole"; and as a public welfare program, it is frequently thought by many to have a negative stigma attached to it that the social insurance programs do not have (Final Report, Volume I, 1981:46).

The SSI program is administered by the Social Security Administration even though it is not a social insurance program. It is funded out of general revenues as are all public welfare programs. The Final Report of the 1981 White House Conference (Final Report, Volume I, 1981:46) states:

> SSI is a federally funded and administered program to provide a nationally uniform minimum income to aged, blind, and disabled persons. The major purpose of the program is to ensure a basic level of maintenance income to aged, blind, and disabled persons who were not covered by Social Security as wage earners or dependents of wage earners, or whose income from Social Security and other sources is not sufficient to provide basic maintenance needs. A State may supplement the Federal benefit to provide a higher income level for its residents or to pay the costs of certain living arrangements (boarding homes, residential institutions) when individuals are not able to live independently.

> In 1981, approximately 4 million people were receiving SSI benefits, a decrease from 4.3 million when the rolls peaked in 1976. About 35 percent of new awards are for aged persons and 65 percent are for the blind and disabled. More than half of SSI recipients are 65 years or older; the median age for this group is 76 years. Thirty-three percent of those over 65 are over 80. Sixty-six percent of the adult recipients are women.
>
> Estimates suggest that only 55 percent of the aged persons potentially eligible for SSI participate in the program. According to a recent study . . . , participation rates are low for several reasons. First, some of the eligible non-participant population is ignorant of the SSI program and its benefits; they have less experience with government programs and are skeptical of them. As the survey indicated, even those who receive Social Security checks may never have heard of SSI. Second, if eligible participants were turned down at some time in the past they are less likely to reapply when changed circumstances make them eligible for benefits. Third, people who have never received "welfare" in their working lives may be reluctant to apply for SSI; the stigma of receiving SSI benefits may be a real concern of the elderly.

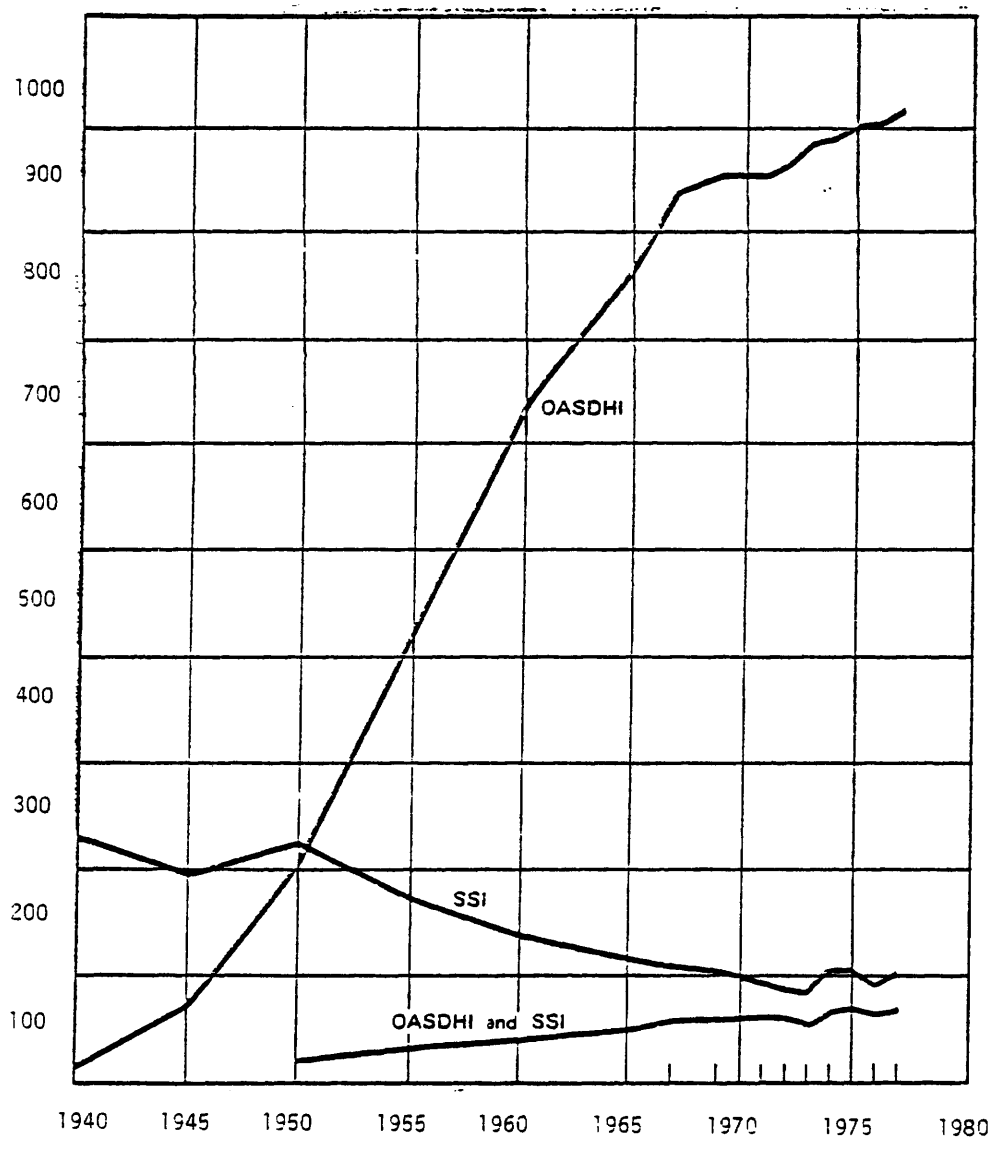
The SSI program was initiated in 1974 to replace the federally reimbursed programs of Aid to the Aged, Blind, and Disabled (AABD) administered by the various states. In fact, in tracing the previous year's expenditures for the SSI program, it is traditional to go back to the beginning of the AABD in 1940 and to refer to it as the SSI program of that period. It should be remembered, however, that the program name as well as the operation changed significantly in 1974 (see Table 50). As can be seen from Figure 17, entitled "Population Age 65 and Over Receiving OASDHI Cash Benefits, SSI Payments or Both, Selected Years: 1940-1977," the beneficiaries per 1,000 population aged 65 and over dropped significantly between 1950 and 1977 for the recipients of the SSI program.

TABLE 50

POPULATION AGE 65 AND OVER RECEIVING OASDHI CASH BENEFITS AND SSI PAYMENTS, SELECTED YEARS: 1940-1977

Year	Beneficiaries aged 65 and over (thousands)			Beneficiaries per 1,000 population aged 65 and over[2]		
	OASDHI	SSI	OASDHI and SSI[1]	OASDHI	SSI	OASDHI and SSI[1]
1940.....	147	2,066	(X)	16	225	(X)
1945.....	777	2,053	(X)	73	192	(X)
1950.....	2,588	2,780	278	205	221	22
1955.....	6,275	2,548	487	422	171	34
1960.....	10,807	2,328	669	638	137	41
1965.....	14,278	2,123	944	765	115	52
1967.....	16,081	2,069	1,096	839	108	58
1969.....	16,884	2,072	1,181	854	105	61
1971.....	17,900	2,024	1,277	853	96	62
1972.....	18,482	1,933	1,276	865	90	61
1973.....	19,269	1,820	1,189	884	84	56
1974.....	19,834	2,286	1,483	888	103	68
1975.....	20,449	2,307	1,603	901	102	71
1976.....	21,043	2,148	1,495	906	92	64
1977.....	21,731	2,353	1,645	913	99	69

Source: "Sources of Income for Persons 65 and Over," Social Security Bulletin 42 (March 1979):398.



Source: Social Indicators III. U. S. Department of Commerce, Bureau of the Census. Washington, D.C.: U. S. Government Printing Office, 1980, p. 377.

FIGURE 17

POPULATION AGE 65 AND OVER RECEIVING OASDHI CASH BENEFITS, SSI PAYMENTS, OR BOTH, SELECTED YEARS: 1940-1977

Supplemental Security Income program targets the aged, the blind, and the premanently and totally disabled who can meet the requirements of the program. The breakdown of the figures showing the number of eligible recipients in each category gives a general idea of how the funding was allocated during the period between 1950 and 1978 (see Table 51).

Since the data on the Supplemental Security Income program is provided only to provide the reader with a complete picture of the important income-maintenance programs that effect the elderly population and since it does not constitute an important political issue for the majority of older adults, much of the supporting data for this program have been placed in the appendix (see Appendix C). A current summary of this program is, however, provided in Table 52.

According to the report published by the 1981 White House Conference on Aging entitled Income (1981):

> . . . SSI is designed to fill the gap between available income and the SSI benefit standard. SSI payments are reduced when eligible persons receive income from another source. For example, SSI payments are reduced by $1 for each $1 received in Social Security benefits or any other nonwork income.
>
> Before this 100 percent reduction is applied, $20 per month of unearned income (usually Social Security) is disregarded or ignored in calculating the SSI benefit amount. This amount has not been increased since 1972, when the SSI program was created. Consequently, as Social Security benefits have automatically increased to meet rises in the cost of living, many SSI recipients who were marginally eligible for SSI have either lost their eligibility or have suffered declines in the real income provided from their combined SSI and Social Security incomes.

TABLE 51

PUBLIC ASSISTANCE RECIPIENTS AND AVERAGE MONTHLY PAYMENTS PER RECIPIENT, BY PROGRAM, SELECTED YEARS: 1950-1978

Year	Aid to families with dependent children[1]	Supplemental Security Income			General assistance	Emergency assistance[2] (average per family)
		Aged	Blind	Permanently and totally disabled[3]		
NUMBER OF RECIPIENTS (thousands)						
1950	2,223	2,786	97.5	69	866	(X)
1955	2,192	2,538	104.5	241	743	(X)
1960	3,073	2,305	106.9	369	1,244	(X)
1965	4,396	2,087	85.1	557	677	(X)
1970	9,659	2,082	81.0	935	1,056	9.7
1972	11,069	1,933	79.8	1,169	865	16.4
1973	10,815	1,820	77.9	1,275	700	24.2
1974	11,022	(X)	(X)	(X)	851	33.5
1975	11,402	(X)	(X)	(X)	977	34.1
1976	11,203	(X)	(X)	(X)	905	26.9
1977	10,780	(X)	(X)	(X)	820	32.0
1978	10,325	(X)	(X)	(X)	762	32.0
AVERAGE MONTHLY PAYMENTS PER RECIPIENT (Current dollars)						
1950	20.85	43.05	46.00	44.1	22.25	(X)
1955	23.50	50.05	55.55	48.75	23.30	(X)
1960	28.35	58.90	67.45	56.15	24.85	(X)
1965	32.85	63.10	81.35	66.50	31.65	(X)
1970	50.30	77.65	104.35	97.65	57.85	151.35
1975	71.60	90.90	146.57	141.15	102.07	157.56
1976	77.35	94.37	152.77	145.50	116.54	154.20
1977	82.40	96.66	159.20	150.36	155.97	177.50
1978	86.33	(NA)	(NA)	(NA)	157.49	191.49
(Constant 1977 dollars)						
1950	52.48	108.37	115.79	111.01	56.01	(X)
1955	53.18	113.27	125.71	110.32	52.73	(X)
1960	58.01	120.52	138.02	114.90	50.85	(X)
1965	63.09	121.19	156.24	127.72	60.79	(X)
1970	78.50	121.18	162.85	152.39	90.28	236.20
1975	80.62	102.34	165.02	158.92	114.92	177.40
1976	82.34	100.45	162.62	154.88	124.06	164.15
1977	82.40	96.66	159.20	150.36	155.97	177.50
1978	80.22	(NA)	(NA)	(NA)	146.35	177.95

Source: Social Indicators III. U. S. Department of Commerce, Bureau of the Census. Washington, D.C.: U. S. Government Printing Office, 1980, p. 403.

TABLE 52

SUPPLEMENTAL SECURITY INCOME FOR THE AGED, BLIND, AND DISABLED: NUMBER OF PERSONS RECEIVING FEDERALLY ADMINISTERED PAYMENTS AND TOTAL AMOUNT, BY REASON FOR ELIGIBILITY, FEBRUARY 1982

Reason for Eligibility	All persons	Amount of payments (in thousands)		
		Total	Federal SSI	State supplementation[a]
Total	$3,999,718	$723,631	$567,086	$156,544
Aged	1,662,717	228,117	166,837	61,279
Blind	78,351[b]	17,658	12,794	4,865
Disabled	2,258,650[c]	477,856	387,455	90,401

[a]Excludes payment for State supplementation under State-administered programs.

[b]Includes approximately 24,000 persons aged 65 and over.

[c]Includes approximately 419,000 persons aged 65 and over.

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982):37.

It should be noted here that work income also reduces SSI benefits. The work income "disregard" is $65; that is, the first $65 is disregarded in SSI computations. After that, however, SSI payments are reduced one dollar for every two dollars earned. As this rule was established when the program began, it is clearly out of date.

SSI eligibility is based in part on the amount of assets a person owns. The limits are $1,500 for an individual and $2,250 for a couple. Not included in the assets is the full value of a house, household items, personal belongings up to $2,000, an automobile of reasonable value, and a life insurance policy not to exceed a face value of $1,500. The Report on the Mini-Conference on Concerns of the Low-Income Elderly (1981:4) presents this assets issue in a dramatic, but accurate fashion.

> Eligibility for SSI is determined by a means test based on an applicant's assets. For an individual, assets cannot exceed $1,500; for a couple, assets cannot exceed $2,250. This is an all or nothing proposition. Thus, if an individual's assets exceed the $1,500 limitation, even by a dollar, he/she is not considered eligible.

It will be remembered that SSI and Social Security both reduce benefits by 50 percent for earned income (and that Social Security reduces benefits only for earned income at a certain level but not for unearned income). Social Security, however, has a higher "disregard" or a higher replacement earnings test than does the SSI program.

The income of an SSI recipient living in the home of another individual is reduced one third if the recipient cannot prove that he or she pays rent to the home owner. Many critics feel that this

restriction should be removed as it frequently serves as a disincentive to the elderly poor to share a home with relatives including adult children because of the loss of much needed benefits.

The Congress created the SSI program in 1972 and implemented the program in 1974, to help older persons who were living in a state of poverty. Since the numbers of the elderly living in poverty has decreased from the poverty rates that prevailed in the 1950's and 1960's, it is easy to forget the real reason that the SSI program was created. As late as 1969, 25 percent of the elderly were living at or below the poverty level. By 1978, this figure had declined to 13.9 percent; but by 1979, because of high inflation, the rate had climbed to 15.2 percent, the largest single yearly increase in the poverty rate for the elderly that has ever been recorded in the United States (Income, 1981:21). And this figure is expected to climb even higher over the next few years. It is interesting to note that frequently various political writers, especially in the popular press, will cite the low poverty rates among the elderly in the United States. Of course, many of these writers cite poverty figures in this area through 1978.

Of course, some segments of the elderly population traditionally suffer higher rates of poverty than do other segments. Older women, members of minority groups, and the "old-old" suffer disproportionately in this manner. For example, the poverty rate among older women is approximately 60 percent higher than for older men. Since women traditionally marry men older than themselves and since women, on the average, live longer than men, they are frequently widowed in

their later years. One third of these unmarried elderly women falls below the poverty line. It should, consequently, come as no surprise then that more than 70 percent of the elderly SSI recipients are women (Income, 1981:21). Of course, the poverty rate is extremely high among minority groups, as well. For example, 36.3 percent of the elderly blacks and 21.9 percent of the elderly Hispanics live below the poverty line (Income, 1981:21).

The main idea of SSI is to establish a income transfer program for the needy. This is accomplished by setting a certain minimum level for a person's total income and then attempting to bring all qualified applicants back up to this level. Of course, one must meet the SSI assets test to qualify as an SSI recipient. To do this, many elderly people, especially widows who inherit assets but no income, from lengthy marriages, must "spend down" or lower their asset level to $1,500. This action transfers these persons from the "asset ineligible-income eligible" category to the "asset eligible-income eligible" category. They are then qualified to receive SSI payments.

Summary

The Social Security system is the largest social program in the United States. The expenditures on the social programs for the elderly represented 23.0 percent of the Gross National Product in fiscal year 1980; 23.7 percent in 1981; and are projected to exceed 24 percent in 1982. The present administration has implemented program restrictions with the firmly declared goal of reducing expenditures in this area to 21 percent of the Gross National Product

by 1985 and by additional amounts sufficient to insure that expenditures do not represent more than 19.5 percent at any time in the last half of the 1980's or in the 1990's (Final Report, Volume I:15).

On December 16, 1981, President Reagan announced the membership of the National Commission on Social Security Reform, a bipartisan panel that will seek solutions to the financial problems of both the short- and long-term problems of the Social Security program. This Commission has met several times (see Appendix D for names of persons serving on this Commission).

The National Commission on Social Security Reform (NCSS), charged with investigating only the OASI program, is not expected to add much new actuarial information over the next several years to what is already known about the Social Security program. For instance, it is generally agreed that the "short-fall", that is, the deficit in the Social Security program between now and 1990, will run between 150 and 200 billion dollars if no new revenues are generated for this program area, and a "short-fall" of approximately 1,600 billion dollars in the long run or over the next 75 years.

Kilpatrick (1981:18) summarizes the three main options available to correct the program: one, reduce benefits; two, raise revenues; or three, both reduce benefits and raise revenues.

The National Commission on Social Security Reform recommends the following measures:

1. Increase payroll taxes.
2. A six-month benefit freeze.

3. A tax on Social Security earned by middle- and upper-income pensioners.
4. A requirement that new federal employees be required to join Social Security.
5. A ban on state and local government employees presently in the Social Security system preventing them from withdrawing from the system.
6. Expanding coverage to all employees of non-profit groups (Social Security, 1983:1).

It should be obvious at this point that there are no easy answers in this situation. One simply must do what one must do. Beyond this, there are no specific recommendations cited here for the Social Security program.

The changes recommended for the Supplementary Security Income program are much more specific than the recommendations provided for the Social Security program. These are:

1. Payments under the SSI program should be increased by 25 percent, and recipients should no longer be eligible for food stamps. Only a small percentage of those qualified to receive food stamps actually get them because of the many difficulties the elderly have in applying for them.
2. States should be required by law to maintain their current level of supplementation. The federal government should share in the state costs of the state SSI Supplementation. If some portion, say 25 percent, of the

state SSI Supplement were shared by the federal government, more states would be encouraged to provide a state SSI Supplement. In this way, the recipient could be compensated for the wide differences in costs of living for the various regions.

3. The $20 unearned income "disregard" should be converted to a 20 percent "disregard." As Social Security benefits are automatically adjusted to rises in the cost of living, these increases disqualify many recipients who draw both Social Security and SSI. The 20 percent "disregard" would both update and bring considerable equity to SSI recipients.
4. The $65 earned income "disregard" should be converted to a new updated figure and indexed to any future increase in average annual wages. The figure can be updated by computing the increase in average wages from 1972 through 1982 and taking a percentage of this figure. Then this new figure can be indexed to further increases in the annual wages on an annual basis.
5. Asset limitations should be raised from $3,500 to $6,000 for a married couple and from $1,500 to $4,000 for a single person. The old asset limitations are grossly out of date.
6. The one-third reduction that occurs in the SSI payment standard when one person lives in the household of another should be abolished. The reduction is a strong

disincentive for the elderly poor to choose to live with a relative; and for those who do, it unfairly and unreasonably reduces their income levels. Also, it causes older persons who are physically unable to live alone, and who do not have access to home health care services, to be institutionalized. It should be noted that this action alone results in far more expense to the U. S. Government than the one-third reduction saves. Not only is the government required to support this higher cost, but also the elderly person gets a far less humane environment, in most cases, than the person would receive if he/she were allowed to remain with relatives.

CHAPTER VI

THE MEDICARE AND MEDICAID PROGRAMS

This chapter is concerned primarily with the Medicare program. This program, along with the Social Security (OASI) program, is considered to represent issues that hold considerable political potential in the future for the elderly population. On the other hand, Medicaid does not represent a program with any appreciable potential as a political issue among the elderly; however, it is briefly mentioned in order to provide the reader with the data needed to make a complete assessment of the major government suported programs in the health maintenance area that significantly impact older persons. Medicare is categorized as a social insurance program and Medicaid, as a public welfare program.

The Medicare Program

Health care is one of the most important issues for the elderly people of this nation. In fact, after economic issues, health issues received the most comments from both delegates and observers at the 1981 White House Conference on Aging (Final Report, Volume I, 1981:68). Medicare is a vital part of this health care infrastructure. Yet, despite the availability of Medicare and Medicaid, and of private insurance as well, the elderly still paid 29 percent of their health care expenses in 1981 directly out of their own pockets. This percentage is less than the 1965 figure when the elderly paid for more than

half of their health care costs as out-of-pocket expense (Final Report, Volume I, 1981:74).

Medicare, which was enacted in 1965, is a Federal program which provides hospital and medical insurance coverage to persons who are eligible for Social Security cash benefits. Nineteen million elderly persons gained eligibility for Medicare at its inception. Now, 25 million elderly persons are beneficiaries in addition to 3 million persons who are permanently disabled and 73,000 persons who are suffering from end-stage renal disease. Virtually all elderly persons in the nation are covered by Medicare, and three and one-half million of these elderly persons also have Medicaid coverage, a program designed to provide health care to the poor (White House Conference, 1981:70).

The parameters of Medicare have been described concisely in Volume I of the Final Report of the 1981 White House Conference (1981:71).

> Medicare covers the following acute and extended care services: hospital care, physician services, post-hospital skilled nursing facility (SNF) care, home health care, laboratory and x-ray services, physical and speech therapy, rural health clinic services, and durable medical equipment and supplies. Medicare covers neither outpatient prescription drugs nor long-term nursing home care, two services of considerable importance for the elderly.
>
> Medicare consists of two parts: Part A, Hospital Insurance, and Part B, Supplementary Medical Insurance. All persons receiving Social Security retirement or disability benefits are automatically entitled to Part A without premium payments while anyone who is over age 65 or otherwise entitled to Part A benefits may elect Part B. Part A is financed primarily (97 percent) with payroll taxes and Part B is financed by a combination of general revenues (three-fourths of expenditures) and beneficiary premium payments (one-fourth of expenditures). Ninety-six percent of all Part A beneficiaries also enroll in Part B. Conversely, about 40,000 persons not eligible for Part A enroll in Part B. The monthly premium for Part B coverage is now [$13.50].

> Under Medicare Part A, most benefits are available on a spell-of-illness basis. A spell of illness is defined as the period that begins at the time a beneficiary enters a hospital and ends when he has been out of a health care facility for 60 days. During each spell of illness, beneficiaries are covered to 90 days of hospital care and 100 days of skilled nursing care. They are entitled to receive an additional 60 days of hospital care during their lifetime (called lifetime reserve days) and unlimited home health visits if they require a skilled home health service.
>
> Medicare requires beneficiaries to pay part of the cost of services covered by Part A, although most of the cost-sharing is imposed toward the end of the benefit period. During each spell of illness, beneficiaries must pay a deductible amount ($304 for 1983) that approximates the national average cost of one day of hospital care. There is no cost-sharing for days 2 through 60. Coinsurance is charged for days 61 through 90 of each spell of illness (an amount equal to 25 percent of the deductible). . . . , and for lifetime reserve days (50 percent of the deductible). Co-insurance equal to one-eighth of the hospital deductible per day is charged for days 21 through 100 of skilled nursing facility care.
>
> Cost-sharing is also required of beneficiaries under Part B of Medicare. Each year a beneficiary must meet a Part B deductible . . . . Thereafter, Medicare reimburses the beneficiary for 80 percent of what it determines to be reasonable charges of physicians and other suppliers of services. The beneficiary pays the remaining 20 percent of the reasonable charges and, about half of the time, must pay the additional amounts charged by physicians that Medicare does not consider to be reasonable. Benefits paid under both Part A and B of Medicare represent 44 percent of total personal health care expenditures for the elderly.
>
> Almost 70 percent of Medicare spending for the elderly is for inpatient hospital care, 25 percent for physician services, 2.5 percent for home health care, and 1.5 percent for skilled nursing facility care.

In 1979, the nation's annual health cost exceeded 212 billion dollars. It increased still more in both 1980 and 1981. Yet, even with this enormous financial outlay, 50 million Americans, about one of every four, still live in medically underserved areas (Health, 1981:18).

In 1979, the average amount spent on health care was $954, up from $212 in 1965. By 1985, it is forecasted that the cost will have exactly doubled from $943 to $1886. Yet, 26 million Americans have no health insurance coverage and approximately the same number have only highly inadequate health insurance coverage; and 80 million Americans face potential bankruptcy in the 1980's because they have no insurance coverage that protects them against catastrophic medical costs (Health, 1981:18).

Also, national health expenditures are projected to continue their rise throughout the 1980's and the 1990's. Utilizing the standard format of expenditures as a percentage of the Gross National Product, this trend can be seen more clearly in Table 53.

Part of the reason for the escalating costs of health care in the United States is that among all the possible modes of health care on the health care continuum, the most expensive form of health care, institutional care, is the one most frequently utilized in this country. In fact, in 1979, almost half of all total outlays for health maintenance went for hospital care. And 74 percent of all Medicare outlays went for this type of care.

For older persons the situation is serious indeed, as on the average they are far more likely to require medical care than persons of a younger age. For example, elderly persons comprise 11 percent of the U. S. population, yet they account for 29 percent of the nation's personal health care bill. In 1979, the health care bill averaged $2,500 for each elderly person requiring some type of health care. This was triple the health care bill for adults between 19 and

TABLE 53

NATIONAL HEALTH EXPENDITURES AND SHARE OF GROSS NATIONAL PRODUCT FOR SELECTED YEARS, 1965 TO 1990

Year	Total Expenditures (billions)	Percent Public*	Percent of GNP
1965	$ 42.0	26.1	6.2
1970	74.9	37.1	7.6
1975	132.1	42.6	8.6
1979	212.2	43.1	9.3
1985+	462.2	44.7	10.5
1990+	821.0	46.4	---
2000+	---	---	---

*Includes Federal, State, and local government expenditures.

+Projected

Source: M. S. Freeland and C. E. Schendler, "National Health Expenditures: Short-term Outlook and Long-Term Projections." Health Care Financing Review, Vol. 2, No. 3 (Winter 1981:105; Report No. 7: Economics of Health Care. National Center for Health Statistics. Washington, D.C.: U. S. Government Printing Office, 1981.

64 years of age; and juxtaposed against this $2,500 average annual health-care cost for the elderly is the fact that one out of four Americans has a total income near or below the poverty line (Health, 1981:18).

According to the latest information published by the 1981 White House Conference on Aging:

> . . . millions of Americans--almost one-third of the population do not receive adequate medical care. Who are these unfortunate Americans? Most are the poor and the elderly, particularly the minority elderly. This deplorable situation exists despite the enactment of Medicare and Medicaid in 1965.
>
> Although Medicare was intended to alleviate these hardships by guaranteeing 80 percent of hospital and physician costs, because of the sharp rise in provider fees it now pays only 74 cents of every hospital dollar and only 53 cents of every physician dollar. Compounding this problem is the fact that less than half of all doctors accept Medicare reimbursement as full payment for their services. (Health, 1981:18)

Background on Medicare

Public Health insurance in the United States goes back to the Social Security Act of 1935 when the federal government commenced to share costs for providing case assistance to the needy, the aged, the blind, single women with children, and later, to the disabled. Actually, the program did not provide assistance for medical expenses per se, but it took these costs into account when computing the allotment to be provided the recipient. Participation in this program by the various states was totally optional (Health, 1981:70).

Marmor (1981:105-106) states:

> Throughout the decade [of the 1940's], public opinion polls continued to report favorable reactions to federal involvement in health insurance. However, although from 1939 to 1946 the Democrats controlled both houses of Congress, the partisan majority did not make up an issue majority. There were too few legislative supporters to bring the repeatedly introduced bill through the stages of committee hearings, committee approval, and congressional passage. By 1945, officials within the Federal Security Agency had secured presidential endorsement of the Wagner-Murray-Dingell proposal, but the advantage of Truman's support was offset by the congressional elections the following year which returned Republican majorities in both the House and the Senate. This Congress, it has been observed, "was generally at logger-heads with Truman in domestic affairs," and in the campaign of 1948, the President used its inaction on health insurance and other domestic issues, to berate the "do-nothing Republican 80th Congress." The election of 1948, returning the presidency to Truman and control of the Congress to the Democrats, left Truman and his advisors with high hopes for enactment of the domestic proposals that had highlighted his "Fair Deal" campaign against Dewey.

The Truman Bill offered a comprehensive health insurance as follows:

1. The insurance benefits would cover all medical, dental, hospital and nursing care expenses.
2. Beneficiaries would include all contributors to the plan and their dependents; and for the medical needs of a destitute minority which would not be reached by the contributory plan, provisions were made for federal grants to the states.
3. The financing mechanism would be a compulsory 3 percent payroll tax divided equally between employee and employer.
4. Administration would be in the hands of a national health insurance board within the Federal Security Agency.

5. To minimize the degree of federal control over doctors and patients, it was specified that doctors and hospitals would be free not to join the plan; patients would be free to choose their own doctors, and doctors would reserve the right to reject patients whom they did not want; doctors who agreed to treat patients under the plan would be paid for their services by the National Health Board, and the question of whether they would be paid on a stated-fee, per capita, or salary basis would be left to the majority decision of the participating practitioners in each health service area (Marmor, 1981:106).

Although the Democrats had gained 25 seats in the House in 1948, a coalition of anti-Truman southern Democrats and Republicans blocked Truman's health insurance plan. It was not reported out of the committee (Marmor, 1981:106). The American Medical Association (AMA), with a million dollar budget devoted solely to opposing the passage of Medicare legislation, was the main opponent of the proposed program. On the other side, the main proponent was the powerful labor organization, the AFL-CIO, which backed the national health insurance program for their labor consituency (Marmor:111).

In 1951, Wilbur J. Cohen and I. S. Falk, advisors to the President, recognized that a health insurance program, to be successful politically, had to be narrowed so that only the elderly who were beneficiaries of the Old Age and Survivors Insurance (OASI) program would qualify as recipients of the medical plan. Of course, in 1951 not many elderly persons qualified for the OASI programs, but it

was a start and they reasoned, that it could always be broadened later.

Marmor (1981:111) states:

> During the debates of the 1940s and early 1950s, the AMA and its allies in big business and big argiculture tellingly focused the debate on the evils of collectivism and socialized medicine. The narrowing of health insurance proposals from universal coverage to the aged, however, set new constraints on the anti-Medicare campaigns. The aged themselves began to organize into such pressure groups as the Senior Citizens Councils and the Golden Ring Clubs. Although the financial and membership resources of these groups were slim compared to the better organized lobbies, the AMA could hardly afford to engage in open warfare with them as it had with the powerful AFL-CIO. AMA reiteration of stock ideological objections to Medicare would run the risk of the AMA being labeled the enemy of America's senior citizens. One effect was the appearance of a conservative willingness to offer alternatives, which in turn helped shape congressional responses, especially in the early 1960s.

President Kennedy, in his presidential address on February 9, 1961, called on the members of Congress to extend Social Security benefits to 14 million Americans 65 years of age and over. The program he envisioned was to cover hospital and nursing home costs but not surgical expenses. The benefits, for the proposed program, would be financed by raising the Social Security tax by a quarter of one percent, an amount almost insignificant by today's standards. President Kennedy had promised to support a hospital insurance pgoram in his campaign for president and he carried through on the promise. Nonetheless, the bill was defeated because of lack of support in the U. S. House of Representatives' Ways and Means Committee.

The Senior Citizens for Kennedy, a special group of older people, formed the basis for a new organization, the National Council of Senior Citizens (NCSC). This occurred in Detroit in the summer of

1961. A collective group of industrial union leaders, including key people in the United Auto Workers, joined with the influential officials in the Democratic National Committee (DNC) to create the organizational structure of the NCSC.

The NCSC's first five years of operation were, by any standards, underfinanced by the unions and the DNC. Pratt (1976:88) states "despite the meager resources of the organization, most (though not all) observers are convinced that NCSC did manage to play a significant role in the passage of Medicare.

In 1964 several changes occurred. The national election outcomes of 1964 guaranteed that the Medicare bill would be passed--the Democrats gained 32 new seats in the House, giving them a 2 to 1 ratio over the opposing political party and, in addition, Johnson was eager to support Medicare. Fortunately, also, increased funding for NCSC occurred in this year. The organization had a role to play in helping to get the Medicare legislation passed and, consequently, it was adequately funded to carry out this role. After the "battle of Medicare" was won, NCSC broadened its goals and objectives and experienced a rapid climb in membership (Marmor, 1981:122).

Financial Input and Outgo of Medicare

Medicare costing data represents a volatile area of government finance. Medicare costs have increased on an average annual rate of 18.8 percent for each of the last ten years. Medical costs in general rose on an average of 8.5 percent for the same period. Additional Medicare costs reached 50 billion dollars in 1982, compared to 20

billion dollars four years ago (in 1978). In fact, Medicare will pay an average bill of $1,696 for 17 million beneficiaries in fiscal year 1982 (Final Report, Volume I, 1981:72).

The passage on August 13, 1981, of the Omnibus Budget Reconciliation Act outdated all alternative projections related to income and outgo in the Health Insurance (HI) program area made prior to this date. The Omnibus Budget Reconciliation Act redefined the HI program in such a way that the income-outgo balance will be such that it will prevent a deficit from occurring in this program in the 1980's. However, these changes will not avert serious deficits and eventual exhaustion of the HI Trust Fund during the 1990's. More changes in the program are needed to accomplish this particular goal. Nonetheless, the immediate emergency, the bankrupcy of this fund in the 1980's, has been averted (see Tables 54 through 57).

TABLE 54

TRUST FUND ASSETS AT BEGINNING OF YEAR AS A PERCENTAGE OF EXPENDITURES DURING YEAR UNDER PRIOR LAW AND UNDER PUBLIC LAW 97-35 (1981 OMNIBUS BUDGET RECONCILIATION ACT)[a]

Calendar year	Prior law			Public Law 97-35		
	OASI	DI	OASDI	OASI	DI	OASDI
	Alternative II-A					
1980	23	35	25	23	35	25
1981	18	20	18	18	20	18
1982	13	13	13	13	13	13
1983	5	33	8	6	36	10
1984	−4	62	3	(1)	68	7
1985	−13	96	−1	−7	106	5
	Alternative II-B					
1980	23	35	25	23	35	25
1981	18	20	18	18	20	18
1982	13	13	13	13	13	13
1983	4	32	7	6	35	9
1984	−5	58	2	−2	64	6
1985	−16	87	−5	−10	97	1
	"Worst-case" assumptions					
1980	23	35	25	23	35	25
1981	18	20	18	18	20	18
1982	13	13	13	13	13	13
1983	2	29	5	4	32	7
1984	−13	47	−7	−10	52	−3
1985	−29	68	−18	−23	77	−13

[1] Between 0 and −0.5 percent.

Note: Estimates for 1983 and later are theoretical because the OASI Trust Fund would become depleted late in 1982, when assets become insufficient to pay benefits when due. Estimates are based on assumptions of the 1981 Trustees Report.

[a]Amounts in Billions

Source: "Current Operating Statistics: Monthly Tables for the Income Maintenance Programs." Based on the 1981 Reports of the Boards of Trustees of the OASDI and HI Trust Funds, Alternate II-B Estimates. Social Security Bulletin 44 (October 1981): 20.

TABLE 55

ESTIMATED OPERATIONS OF THE OASI, DI, AND HI TRUST FUNDS UNDER PUBLIC LAW 97-35 ON THE BASIS OF ALTERNATIVE II-A ASSUMPTIONS OF THE 1981 TRUSTEES REPORT, 1980-90[a]

Calendar year	OASI	DI	OASDI	HI	OASDI-HI
	Income				
1980	$105.8	$13.9	$119.7	$26.1	$145.8
1981	123.3	17.0	140.2	35.3	175.5
1982	132.9	23.9	156.8	40.3	197.1
1983	146.3	27.4	173.7	45.1	218.8
1984	160.4	30.8	191.2	49.9	241.1
1985	181.2	39.0	220.2	56.4	276.6
1986	197.8	43.8	241.6	65.6	307.1
1987	214.2	48.5	262.7	71.2	333.9
1988	229.3	53.1	282.3	76.1	358.4
1989	244.7	57.8	302.5	80.8	383.3
1990	279.4	70.6	350.0	85.3	435.3
	Outgo				
1980	$107.7	$15.9	$123.5	$25.6	$149.1
1981	127.0	18.0	145.0	29.5	174.5
1982	141.9	19.2	161.1	33.6	194.6
1983	157.3	20.2	177.5	38.6	216.1
1984	172.0	21.3	193.3	44.4	237.8
1985	186.8	22.5	209.3	50.9	260.2
1986	201.5	23.7	225.2	58.0	283.2
1987	216.0	25.2	241.2	65.8	307.0
1988	230.5	26.9	257.4	74.1	331.4
1989	244.5	28.7	273.1	82.3	355.4
1990	258.9	30.6	289.5	91.6	381.1
	Net increase in funds				
1980	−$1.8	−$2.0	−$3.8	$0.5	−$3.3
1981	−3.7	−1.1	−4.8	5.8	1.0
1982	−8.9	4.6	−4.3	6.8	2.5
1983	−11.0	7.2	−3.8	6.5	2.7
1984	−11.6	9.5	−2.1	5.5	3.4
1985	−5.6	16.5	10.9	5.5	16.4
1986	−3.7	20.1	16.4	7.6	24.0
1987	−1.9	23.3	21.4	5.5	26.9
1988	−1.2	26.2	24.9	2.0	27.0
1989	.3	29.1	29.4	−1.5	27.9
1990	20.5	40.0	60.5	−6.3	54.2

(continued)

TABLE 55

(continued)

	Funds at end of year				
1980	$22.8	$3.6	$26.5	$13.7	$40.2
1981	19.1	2.6	21.7	19.5	41.2
1982	10.2	7.2	17.4	26.3	43.7
1983	−.8	14.4	13.6	32.8	46.4
1984	−12.4	23.9	11.5	38.3	49.8
1985	−18.1	40.4	22.4	43.8	66.2
1986	−21.8	60.5	38.7	51.4	90.2
1987	−23.7	83.8	60.2	56.9	117.1
1988	−24.9	110.0	85.1	58.9	144.0
1989	−24.6	139.1	114.5	57.5	171.9
1990	−4.1	179.1	175.0	51.2	226.1
	Assets at beginning of year as percentage of outgo during year				
1980	23	35	25	52	29
1981	18	20	18	47	23
1982	13	13	13	58	21
1983	6	36	10	68	20
1984	(1)	68	7	74	20
1985	−7	106	5	75	19
1986	−9	171	10	76	23
1987	−10	240	16	78	29
1988	−10	312	23	77	35
1989	−10	384	31	72	41
1990	−10	455	40	63	45

[a]Amounts in billions

Source: "Current Operating Statistics: Monthly Tables for the Social Security Funds." Based on the 1981 Report of the Board of Trustees of the OASDI and HI Trust Funds, Alternate II-B. Social Security Bulletin 44 (October 1981): 20-24.

TABLE 56

ESTIMATED OPERATIONS OF THE OASI, DI, AND HI TRUST FUNDS UNDER PUBLIC LAW 97-35 ON THE BASIS OF ALTERNATIVE II-B ASSUMPTIONS OF THE 1981 TRUSTEES REPORT, 1980-90[a]

Calendar year	OASI	DI	OASDI	HI	OASDI-HI
	Income				
1980	$105.8	$13.9	$119.7	$26.1	$145.8
1981	123.3	17.0	140.2	35.3	175.5
1982	132.9	23.9	156.8	40.3	197.1
1983	146.9	27.6	174.4	45.3	219.8
1984	161.1	31.1	192.2	50.3	242.5
1985	182.6	39.6	222.2	57.2	279.4
1986	198.5	44.6	243.0	66.5	309.5
1987	213.9	49.4	263.3	72.3	335.6
1988	228.9	54.3	283.2	77.5	360.7
1989	243.4	59.3	302.7	82.4	385.1
1990	278.4	72.8	351.2	87.1	438.3
	Outgo				
1980	$107.7	$15.9	$123.5	$25.6	$149.1
1981	127.0	18.0	145.0	29.5	174.5
1982	142.1	19.3	161.4	33.7	195.1
1983	159.7	20.5	180.3	39.2	219.4
1984	178.8	22.1	200.9	45.4	246.3
1985	199.0	23.8	222.9	52.7	275.6
1986	219.6	25.6	245.2	60.6	305.8
1987	240.1	27.6	267.6	69.3	336.9
1988	260.1	29.7	289.9	78.5	368.4
1989	279.3	31.8	311.2	88.0	399.1
1990	298.2	34.0	332.2	98.9	431.0
	Net increase in funds				
1980	−$1.8	−$2.0	−$3.8	$0.5	−$3.3
1981	−3.7	−1.1	−4.7	5.8	1.0
1982	−9.2	4.6	−4.6	6.6	2.0
1983	−12.9	7.0	−5.8	6.2	.3
1984	−17.7	8.9	−8.7	4.9	−3.9
1985	−16.4	15.8	−.6	4.5	3.9
1986	−21.1	18.9	−2.2	5.8	3.7
1987	−26.2	21.8	−4.3	3.0	−1.3
1988	−31.3	24.6	−6.7	−1.0	−7.7
1989	−35.9	27.5	−8.4	−5.6	−14.0
1990	−19.8	38.8	19.0	−11.7	7.2

(continued)

TABLE 56

(continued)

	Funds at end of year				
1980	$22.8	$3.6	$26.5	$13.7	$40.2
1981	19.1	2.6	21.7	19.5	41.2
1982	9.9	7.2	17.1	26.1	43.2
1983	−2.9	14.2	11.3	32.3	43.6
1984	−20.6	23.2	2.6	37.2	39.7
1985	−37.0	38.9	2.0	41.7	43.6
1986	−58.1	57.9	−.2	47.5	47.3
1987	−84.3	79.7	−4.5	50.5	46.0
1988	−115.5	104.3	−11.2	49.5	38.3
1989	−151.4	131.8	−19.7	43.9	24.2
1990	−171.3	170.6	−.7	32.1	31.5
	Assets at begining of year as percentage of outgo during year				
1980	23	35	25	52	29
1981	18	20	18	47	23
1982	13	13	13	58	21
1983	6	35	9	67	20
1984	−2	64	6	71	18
1985	−10	97	1	71	14
1986	−17	152	1	69	14
1987	−24	210	(1)	69	14
1988	−32	268	−2	64	12
1989	−41	328	−4	56	10
1990	−51	388	−6	44	6

[a]Amounts in billions

Source: "Current Operating Statistics: Monthly Tables for the Social Security Funds." Based on the 1981 Report of the Board of Trustees of the OASDI and HI Trust Funds, Alternate II-B. Social Security Bulletin 44 (October 1981): 20-24.

TABLE 57

ESTIMATED OPERATIONS OF THE OSAI, DI, AND HI TRUST FUNDS UNDER PUBLIC LAW 97-35 ON THE BASIS OF "WORST-CASE" ASSUMPTIONS OF THE 1981 TRUSTEES REPORT, 1980-86[a]

Calendar year	OASI	DI	OASDI	HI	OASDI-HI
	Income				
1980	$105.8	$13.9	$119.7	$26.1	$145.8
1981	122.8	17.0	139.8	35.3	175.0
1982	132.9	23.9	156.8	40.3	197.1
1983	143.6	27.2	170.8	44.7	215.5
1984	160.6	31.5	192.1	50.9	243.0
1985	186.2	41.3	227.5	59.4	287.0
1986	206.7	47.7	254.4	70.8	325.3
	Outgo				
1980	$107.7	$15.9	$123.5	$25.6	$149.1
1981	127.0	18.0	145.0	29.5	174.4
1982	145.2	19.7	164.9	34.1	199.1
1983	168.4	21.6	190.0	40.2	230.2
1984	193.2	23.8	217.0	47.5	264.4
1985	219.9	26.1	246.0	55.7	301.7
1986	247.3	28.4	275.6	64.9	340.5
	Net increase in funds				
1980	−$1.8	−$2.0	−$3.8	$0.5	−$3.3
1981	−4.2	−1.0	−5.2	5.7	.7
1982	−12.3	4.2	−8.1	6.2	−1.9
1983	−24.8	5.6	−19.3	4.6	−14.7
1984	−32.6	7.7	−24.8	3.4	−21.4
1985	−33.7	15.3	−18.5	3.7	−14.8
1986	−40.6	19.4	−21.2	6.0	−15.2
	Funds at end of year				
1980	$22.8	$3.6	$26.5	$13.7	$40.2
1981	18.6	2.6	21.2	19.5	40.9
1982	6.3	6.8	13.1	25.7	38.9
1983	−18.6	12.4	−6.1	30.2	24.2
1984	−51.1	20.1	−31.0	33.7	2.8
1985	−84.9	35.4	−49.5	37.4	−11.9
1986	−125.5	54.8	−70.7	43.3	−27.2
	Assets at beginning of year as percentage of outgo during year				
1980	23	35	25	52	29
1981	18	20	18	47	23
1982	13	13	13	57	20
1983	4	32	7	64	17
1984	−10	52	−3	64	9
1985	−23	77	−13	60	1
1986	−34	125	−18	58	−4

[a]Amounts in billions

Source: "Current Operating Statistics: Monthly Tables for the Social Security Funds." Based on the 1981 Report of the Board of Trustees of the OASDI and HI Trust Funds, Worst-Case Assumptions. Social Security Bulletin 44 (October 1981):20-24.

The Medicaid Program

Because the Medicare and the Medicaid programs are frequently confused by members of the general public, it is necessary at this point to review the guidelines for the Medicaid program very briefly. In an excerpt from Part I of the Final Report of the White House Conference (1981), the program is described in this manner:

> Medicaid is a joint Federal and State program, administered by the States, that finances health services primarily for individuals who are eligible to participate in the Federally supported welfare programs: Aid to Families with Dependent Children and Supplemental Security Income (SSI) for the aged, blind, and disabled. In addition, States may provide Medicaid to medically needy persons. whose incomes are too high for the case assistance programs but who would otherwise be eligible, and whose incomes are not high enough to pay for their medical care. Thirty States and four territories have programs for the medically needy.
>
> Medicaid was enacted along with Medicare in 1965, and States first began to participate the following year. It was not until 1970, though, that the vast majority of States had joined the program. All States except Arizonia now have Medicaid programs.
>
> Certain basic services must be provided under a State Medicaid program: hospital services, physician services, laboratory and x-ray services, SNF services for persons at least age 21, home health services, family planning, rural health clinic services, and health assessment services for children. States also may provide any of a variety of additional services that qualify for Federal matching funds. All States have chosen to cover intermediate care facility (ICF) services. There is great variation in State income eligibility standards, provider reimbursement levels and methods, and in the amount, duration, and scope of benefits.
>
> Medicaid operates as a vendor payment program. Payments are made directly to providers, who must accept the Medicaid payment as payment in full. For nursing home care, individuals are required to contribute any income they have above the eligibility standard to help pay for the care. States may require medically needy beneficiaries to share in the cost of services provided to them.

Forty-six State Medicaid programs have agreements with Medicare to pay the Part B premium on behalf of beneficiaries eligible for both programs.

Medicaid is financed jointly with State and Federal funds. Federal contributions vary with the States' per capita income levels and currently range from 50 percent to 78 percent of program expenditures. The distribution of Medicaid expenditures across services is very different from that for Medicare: just 31 percent for inpatient hospital care; 13 percent for physician, clinic, and outpatient department services; 42 percent for nursing home care; less than 1.5 percent for home health care; and almost 6 percent for prescription drugs. Medicaid payments account for 14 percent of the health expenditures of the elderly.

An estimated 23 million persons will receive Medicaid benefits in fiscal year 1982 at a Federal and State cost of more than $32 billion (the Federal share will be $17.8 billion). Medicaid expenditures have risen rapidly over the past 7 years at an average annual rate of almost 15 percent (1975-1982).

Summary

After a thorough review of the literature, the following thirty-four changes are recommended for the Medicare program:

1. An immediate study should be made of the feasibility of funding a social insurance program for long-term care.
2. The current level-of-living of the spouse of a person in need of long-term care should not be lowered by requirements that force the noninstitutionalized person to contribute excessive amounts of money to pay the costs of care for his or her disabled spouse.
3. A federal housing strategy should be developed that provides social support to maintain an individual

independently to help the person avoid premature or unnecessary institutionalization.

4. The following gaps in Medicare coverage should be corrected:
   a. Out-of-hospital prescription drugs (the elderly consume one fourth of all drugs purchased in this country).
   b. Eyeglasses and vision services (it is estimated that there will be a one-third increase in the number of older Americans with severe vision problems within 20 years).
   c. Hearing aids (29 percent of the elderly report that they have hearing impairments).
   d. Routine dental care, including dentures (almost half of older persons, as compared with less than a quarter of persons of all ages, had not seen a dentist within five years prior to 1978).
   e. Routine physical examinations, immunizations, foot care, chiropratic care, and convalescent care following acute illness.
5. When and where possible, attempts should be made to improve and increase mental health services for the elderly. Furthermore, existing providers and institutions, both formal and informal, need to strengthen their efforts to coordinate services.

6. An important part of service delivery is outreach--reaching and helping older people who do not or cannot seek services for their problems. Outreach is a service that should be encouraged and implemented whenever possible at the local level.
7. For those elderly who do not require institutional or nursing care, other alternatives can be ideal--so long as they are regulated, and so long as they provide or facilitate access to health, mental health and social services. It is recommended that model programs exploring and demonstrating the viability of services in such living arrangements be developed.
8. Many older people currently residing in nursing homes have significant mental and emotional problems, yet mental health services in nursing homes remain negligible. Continued efforts must be made to provide persons who are mentally ill and in these homes with both decent living conditions and improved mental health care.
9. The aspects of Medicare that address the various long-term care needs, should be maintained and strengthened.
10. The basic functions of the long-term care system--i.e., client assessment, eligibility determination, and case management--should be made available, as a matter of entitlement, to all persons over 75, as well as those under 75 who are functionally disabled.

11. Federal funding should be available for emergency community and individual services to fill gaps identified through the client assessment and case management process.
12. A patient's bill of rights should be enacted into federal law to protect those who must be institutionalized.
13. Cost controls should be imposed on nursing homes and their ancillary services, and a system of cooperative community-based nursing care facilities created.
14. Quality-control and monitoring activities should be expanded to insure that the elderly in long-term care facilities are receiving proper treatment.
15. There should be no further cuts in Medicaid or Medicare services at the federal or state level. Eligibility should be expanded to include all elderly, and all medical, dental and opthamological services.
16. Cost control should be immediately applied to doctors, hospitals, pharmaceutical and ancillary services to achieve the necessary savings in Medicare and Medicaid. The elderly in need should not be penalized for excesses in the medical industry.
17. Community-based and prevention-oriented services should be expanded, particularly in out-patient care, mental health, and home health care, nutrition education and counseling services.
18. Service providers should be vigorously encouraged to employ comprehensive assessment as a prelude to treat-

ment. Such assessment is important to the provision of care that is best suited to the older person's needs.

19. The financial barriers to mental health care should be removed. Current reimbursement policies regarding mental health care by both public and private insurance carriers are discriminatory to such care. The $250-per-year ceiling on Medicare reimbursement for out-patient mental health care should be raised substantially or eliminated. The same 80-20% co-payment that applies to physical health care should apply to mental health care. All qualified mental health providers and specialized mental treatment facilities should be covered.
20. A continued examination of health care and social service delivery systems is desirable to produce a better organized and integrated approach to meeting the needs of the elderly more efficiently.
21. Traditional health and mental health agencies should be encouraged to collocate their services within a senior center, thereby maximizing the access of that service to older persons and fulfilling the mandate to reach older persons. Moreover, senior citizens would thus be enabled to share as volunteers in planning, promoting, and carrying out such health programs and goals as health check-ups, maintenance of well-being, and helping other senior citizens with Meals on Wheels, as well as enjoying the fellowship of comrades.

22. The Department of Health and Human Services should investigate methods of modifying provider reimbursement under Medicare in order to alleviate inflationary pressures on the Medicare trust funds. The Department should determine the effects of departing from retrospective cost-based reimbursement and should strive to implement the proposed prospective cost-based reimbursement program that is presently being supported by the Reagan administration.

23. Public programs should be reformed to give beneficiaries and providers incentives to use lower cost settings where feasible, and consistent with, the delivery of quality care.

24. The elderly should be permitted to use their Medicare benefits to enroll in private health plans meeting certain minimum standards for coverage and financial stability. Through some such system such as a voucher system, beneficiaries would be free to buy coverage tailored to their individual needs and to benefit from their willingness to enroll in efficient plans. Beneficiaries wishing to remain in Medicare should be free to do so.

25. To facilitate the development of a voluntary voucher program, the Medicare program should undertake further experimentation with innovative service delivery and financing arrangements such as the ongoing demonstration involving prepayment to Health Maintenance Organizations.

26. States are encouraged to use their existing authority to provide a broader spectrum of long-term care services in connection with Medicare.
27. A full range of setting and services should exist so that individuals have maximum choice in living arrangements and services under Medicare.
28. Limited public resources should, to the extent feasible, be targeted on those functionally disabled individuals who, without aid, would enter expensive nursing homes. These "most at-risk" persons include the frail elderly, especially those individuals who have no immediate family and who are also poor.
29. The health goal of Medicare should be to:
    a. Improve the health of all Americans, especially the elderly.
    b. Contain health care costs.
    c. Focus attention on health promotion and disease prevention.
30. Additional consideration needs to be given to the benefits the elderly can derive from behavioral and life-style modifications within their individual control. Information regarding appropriate patterns and probable benefits need to be made a part of health education for the elderly and for those who serve them.

31. Restructure the health care delivery system so that preventive medicine and well-being are primary objectives.
32. Emphasis should be given to a comprehensive review of prevention-oriented screening procedures for the elderly to determine their medical efficacy. In addition, attention should be given to the cost-effectiveness of such procedures. Results of these reviews need to be widely disseminated to both the elderly and to health professionals, in order to better target prevention efforts, and to provide the basis for considering which services are cost-effective from the viewpoint of the individual, the health service delivery system, and the third-party payers.
33. Various measures should be taken to improve reimbursement procedures and policies and to recognize new medical treatment procedures. They include experiments with negotiated fee schedules for physicians, prospective reimbursement, reimbursement of community health centers in the same way as other mental health facilities are reimbursed, and reimbursing free-standing surgical facilities in a more appropriate manner.
34. And finally, the W-2 income tax forms should provide more specific information as the meaning and allocation of the Social Security and Hospital Insurance payroll taxes.

After a thorough review of the literature, the following five changes are recommended for the Medicaid program:

1. Change Medicaid payment schedules so that institutional care is not encouraged when outpatient care would be more suitable.
2. All individuals whose income is 65 percent or less of the poverty standard should be eligible for Medicaid. This should be a requirement for Federal approval of a State's Medicaid plan.
3. Medicaid eligibility for disabled recipients of Supplemental Security Income should not terminate before the person becomes entitled to Medicare. This is particularly important in cases where eligibility is based solely on receipt of Disability Insurance benefits.
4. The option that some states have for basing Supplemental Security Income (SSI) eligibility requirements on 1972 standards has resulted in many SSI recipients being declared ineligible for the Medicaid program. This provision should be changed.
5. Finally, the reimbursement to physicians for Medicaid should be raised to the levels paid by Medicare.

CHAPTER VII

SYSMEMATIC FUTURES STUDIES

Planning is defined in numerous ways by different authorities. The term is so broad and all encompassing that little is gained by attempting to define the term as such. For this reason Burchell and Sternlieb (1978:Preface xvii-xviii) totally ignore the definition of planning, instead they break it down into four main subareas as follows:

1. Physical planning is defined as a concern for the physical development of an area emphasizing primarily form and function. Its theory, over time, has been concerned with (a) a single end-state plan reflecting an overriding public interest and (b) the size, scope, legal standing and position of this plan relative to derivative regulations (official map, zoning, subdivision control, etc.).

2. Social planning and its derivative, advocacy planning, emphasize the needs and preferences of the plan's consumer population, i.e. ethnic minority groups, the handicapped, and the elderly among others. They are a reaction to the functional and efficiency orientation of physical planning, and are intimately concerned with the systemic distribution of resources to counter social inequity. The advocacy plan pertains to a very specific client and is a much more politicized document than the physical plan.

3. Economic planning, in its simplest sense, deals with the planned as opposed to market distribution of goods and services. The theory of and the legitimacy of controlled goods distribution.

4. Policy planning is concerned with decision making in both the private and public sectors. Its theory involves who decides, how much information is brought to the decision-making process, how alternatives are evaluated and the probability of a decision's success or implementation.

There are two main categories of policy planning, according to Burchell and Sternlieb (1978:Preface xviii). These are conventional

planning and futures planning. All planning is future oriented, however,:

1. Futures planning is deliberately directed by the planner's examined values and is action-oriented. It emphasizes alternative avenues rather than linear projections and concentrates on relationships among probabilities, their cross-impact upon one another and the possible implications of such influences.
2. Futures planning is designed to point to more alternative courses of action than conventional planning; to keep good ideas from being overlooked.
3. Traditional planning has tended to be utopian, to see tomorrow merely as an improved model of the present. Futures research recognizes the need to anticipate and to plan genuinely different concepts of the future.
4. It relies more heavily on the rational study of anticipated developments and their consequences and gives less heed to statistical analysis or projection per se.
5. In futures planning, the focus is not on the reform of the past; rather it concentrates on the creation of a "probabilistic environment," in which alternative consequences and possiblities are given careful study before choices are made.

Systematic Forecasting

Future studies are frequently referred to in the professional literature as technological forecasting, or simply as systematic forecasting, and as futures policy planning studies. In this study systematic forecasting is the preferred term.

Forecasting as a term and as a simple process is not new to mankind, but systematic forecasting is a relatively recent development and in this research study the concern is with systematic forecasting. The beginning of systematic forecasting as an identifiable subject dates from around 1950. The decade of the 1950's proved to be a ten-year incubation period for systematic forecasting while the 1960's proved to be the takeoff period for these future studies. Presently there is much activity in this area with each passing month revealing more and more elaborate multi-level techniques, with an increasing number of these computer-based (Jantsch, 1967:109).

Systematic forecasting is defined by Jantsch (1967:7) as :

> The probabilistic assessment of future technology transfer, which here denotes the entire range of vertical and horizontal transfer processes that constitutes the advancement of technology and the effectuation of impact in technological as [well as] non-technological terms (economic, social, military, political etc.).

Systematic forecasting has both a narrow and a broad meaning. In the narrow definition, systematic forecasting relates more to technology--the interaction of science and machines in the process stages of invention, innovation and diffusion. In the broader context, however, systematic forecasting relates to the political,

economic and social environment because these areas are based, to a large degree, on technological change.

Frequently, a particular subset of data is emphasized in systematic forecasting by the use of hypenated terminology, i.e., techno-economic or techno-social, although the term "systematic forecasting" has long included these various subfields. In fact, the term "systematic forecasting" has become so broad as to encourage the use of these more refined terms.

Systematic forecasting is frequently divided into exploratory and normative components and these two must be joined in some manner by an iterative or feedback process. The exploratory phase emphasizes the "where are we going" or the "where could we go" concept, and the normative process emphasizes the "where should we go" concept. The need for linkage between concepts is obvious since an impossible set of normative goals would lead to an impossible systematic forecasting situation.

The exploratory-normative paradigm can be extended to a classification using four categories of methods--intuitive, exploratory, normative, and feedback techniques. In fact, Jantsch (1967:18) lists more than 100 distinguishable versions of these four methods.

The Delphi Technique

It is no accident that under all three divisons of the classification of the various techniques utilized in systematic forecasting formulated by Jantsch--the Technological Development Environments Division, the Aggregated Level Division, and the Technological

Environments of "Social Technology" Division--that the Delphi technique is placed first (see Table 58). The Delphi Technique has proved to be an invaluable tool in systematic forecasting, and its frequent use mandates that it be placed first in all lists of technological forecast methods in use today.

The Delphi Technique is especially appropriate for obtaining concensus among politicians and other policymakers in "value-laden" situations. It is consequently much used in selecting social goals of various types and is an ideal instrument for use in futures policy studies relating to political futures and the older adult.

Erick Jantsch (1967:37) states:

> The "Delphi" technique has been developed to improve the consensus between scientists and other experts. It may become an important tool for the selection of social goals, national objectives and broad missions. The problems of future highlevel goals will be considerably complicated by the logical extension of the simple matching of exploratory and normative technological forecasting to feedback systems. The future goals will then not only be forecast along the lines of highest probability, but anticipation (known also as "possible futures," "alternative futures," and "futuribles") of less probable, but possible, consistent future goals and situations will be systematically explored and will, in an iterative feedback loop, be permitted to influence current decisions as well as the orientation of exploratory forecasting.

Summary

In the introduction of this chapter, conventional policy planning is compared and contrasted with future policy planning. The final objective of this research is to arrive at a series of probable futures as they relate to politics and the older adult. To accomplish this goal, the Delphi study format will be utilized in the present research study.

TABLE 58 MAIN TECHNIQUES UTILIZED IN TECHNOLOGICAL FORECASTING

A. Technological Development Environments	
Brainstorming	More or less out of date in the US, still found useful in a few European companies and in NATO in a version which includes systematic preparation.
"Delphi" technique	Tests planned by TRW Systems (US).
Trend extrapolation on phenomenological basis	Extensive use, including refined S-curve and envelope curve extrapolation, in military environments in both the US and Europe, in industry mainly in the US; most systematic use is for the preparation of input information to PATTERN scheme (Honeywell), necessitating hundred and thousands of individual evaluations.
Contextual mapping	Limited application in a few places, growing importance.
Morphological research	According to its author, 30 industrial applications already, the most thorough application being to jet propulsion systems at Aerojet; also applied to basic astronomy.
Scenario-writing	Applications only where higher-level goals are to be explored for example at Honeywell for the preparation of their PATTERN scheme, and at the big oil companies, in Europe as well as in the US.
Iteration through synopsis	Systematic application by Unilever (Brech) in the United Kingdom. Less systematic applications apparently numerous, including the big oil companies in Europe
Economic analysis	Practically all companies with large research and development programmes. Discounted cash flow methods are used by approximately 20 to 25 percent of the companies visited and are generally applied to well defined projects in the advanced development stage. The Swedish Wallenberg group (ASEA, Ericsson, etc.) applies it

TABLE 58 (CONTINUED)

A. Technological Development Environments

	rigorously for project selection. Ranking procedures based on refinements of DCF are used in several places, for example SCAIR in GEC (United Kingdom).
Exploratory operational models-gaming	Possibly occasional application of business games; under consideration by Canadian Paper and Pulp Research Institute, growing general interest.
Exploratory operational models-rigid computer models	Integrated business models are also used for forecasting (Xerox Corp., US) but are very rare; ad-hoc models are used occasionally; applications in the military technological area (?).
Horizontal decision matrices	Wide use, especially research/resources matrices; some rigorous application for decision-making (Boeing).
Vertical decision matrices	Some applications, especially of the research development programme type; ambitious three-dimensional matrix to link space developments to social end-uses applied by North American Aviation.
Simple decision techniques based on an operations research approach.	In spite of the interest of professional operations research people, only few applications so far; generally combined with economic analysis (maximization of total expected net value); a "growth field."
Simple decision techniques based on a decision theory approach.	Numerous applications of check lists with and without rating but apparently decreasing in number; some numerical formulae in military environments for ranking (France) or partial problems (US Navy), few in industry.
Integrated multi-level relevance tree schemes	Six known applications of PATTERN, (Honeywell, military/space and medical, NASA, US Air Force), at least three applications of other techniques (including NASA); under development at the Battelle

TABLE 58 (CONTINUED)

A. Technological Development Environments	
	Memorial Institute; under consideration by US Navy; arousing great interest--enthusiasm as well as scepticism--and the wish to design similar techniques in a simpler way so as to reduce the substantial effort involving setting them up; operations of a "pioneering" character possibly giving rise to applications in wider technological and governmental decision-making areas.
Network techniques	Application, for example, by General Electric Atomic Power Dept., under consideration at the Battelle Memorial Institute.
Normative Operational models-rigid computer models	A few applications for new consumer products (BBDO's "Demon" and the 3M Company's "New Products" models in the US); a model in preparation for use by the US Air Force; the Battelle Memorial Institute is considering applications.
Systems analysis	Pioneered and applied to asks involving technological forecasting by the RAND Corp., System Development Corp., and General Electric's TEMPO; also in industrial environments such as General Electric Atomic Power Dept or North American Aviation; can possibly be applied usefully only where sophisticated management environments exists.
B. The Aggregated Level	
"Delphi" technique	Application to population forecast tested (doubtful).
Exploratory aggregated level techniques	Applications of statistical models (Battelle Memorial Institute, CECA) input/output analysis (Quantum Science Corporation, RAND? US Air Force, attempted for US economy by Harvard Economic Project), chains of industries (France's BIPE),

TABLE 58 (CONTINUED)

B. The Aggregated Level	
	horizontal diffusion models on empirical basis; forecasts of energy consumption, number of telephone subscribers and telephone traffic are beginning to incorporate technological change in the models used.
Horizontal decision matrices	French national research/research matrix, in experimental stage.
Vertical decision matrices	French national research/industry matrix, being tested.
C. Environments of "Social Technology"	
"Delphi" technique	First tests have been made (RAND Corporation), others in progress (US Air Force), great interest aroused.
Contextual mapping	Being considered for application.
Morphological research	According to its author, applications are being considered for city planning and education
Scenario-writing	Pioneered by the RAND Corporation, System Development Corporation, and particulary the Hudson Institute (Kahn, Brennan); applied to the "Year 2000 Program" of the American Academy of Arts and Sciences and other broad programmes with a socio-economico-political context.
Historical analogy	Systematic testing by the American Academy of Arts and Sciences ("The Railroad and the Space Program"); large-scale use doubtful.
Exploratory operational models-gaming	Considered as an important tool by all leaders in "social technology," but apparently not yet applied to problems involving technological forecasting.

TABLE 58 (CONTINUED)

C. The Aggregated Level	
Exploratory operational models rigid computer models	Proposed by Abt Associates to OECD, considered important by leaders in the field, but apparently not yet applied.
Normative operational models--gaming	Gordon and Helmer's "Game of the Future," was tested in 1966.
Systems analysis	Applications by the RAND Corp. (Cities and vehicles of the future, etc.), System Development Corp, (education etc.), General Electrics TEMPA (cities of the future).
Feedback models	Development phase, pioneered by System Development Corporation (US).

Source: Jantsch, Erick, "Techniques in Perspective." Technological Forecasting in Perspective. Paris, France: OECD Publication, July 1977. pp. 128-131.

CHAPTER VIII

THE DELPHI TECHNIQUE EXERCISE

The sequential steps involved in a three-iteration Delphi study are first reviewed in this chapter. This is followed by a brief discussion of the expert panel and by a brief discussion of the propositional inventory sheets used in the study.

The Sequential Steps in a Three-Iteration Delphi Study

The sequential steps to a three-iteration (or three-round) exercise, after the members of the expert panel have been identified and the propositional inventory has been developed, are:

1. Mail out first set of propositional inventory sheets. Ask respondents for immediate return of instrument. Eliminate from Delphi exercise all respondents, hereafter called actors, who do not return propositional inventory within 30 days of date of mailout.
2. Tabulate results from all propositional inventory sheets and summarize these data on recapitulation sheet referred to as "Recap-1" sheet.
3. Mail out both a second set of propositional inventory sheets (must be identical in content and format to the copy used in the first round of the exercise) and a copy of the sheet entitled "Recap-1." Encourage actors to study "Recap-1" sheet and change any of their prior ratings in any manner that they wish (all actors are

guaranteed confidentiality throughout the exercise). Ask for all materials to be returned to the office of origin in a timely manner.

4. Tabulate results from all propositional inventory sheets and summarize this data on recapitulation sheet referred to as "Recap-2" sheet.
5. Mail out both a third set of propositional inventory sheets (must be identical in content and format to copy used in the first and second round of the exercise) and a copy of the sheet entitled "Recap-2." Encourage actors to study the "Recap-2" sheet and change any of their prior ratings in any manner that they wish. Ask for the timely return of all materials to the office of origin.
6. Upon receiving from all actors the "round three" propositional inventory sheets, tabulate the results from all sheets and summarize this data on "Recap-3" sheet.
7. Review and analyze all three recapitulation sheets for important trends and important reporting patterns.
8. Summarize and draw overall conclusion from total data base.
9. Write up final Delphi technique study report.
10. Submit to appropriate authority.

The Expert Panel

As was stated earlier much of the strength of any Delphi study rests directly on the selection of a quality membership for this panel; consequently, in the present study only top-level policy-makers are included on this panel (for the names and professional positions of the panel members see the section entitled "The Expert Panel" in Chapter I).

The Propositional Inventory

Most surveys use questionnaires or opinion inventories depending on whether the instrument is to be mailed to the respondent or presented to the respondent by another person. The Delphi technique presents a range of possible instruments, one of which is the propositional inventory. Rather than the questionnaire format, the propositional inventory uses a series of statements, which are referred to as propositions, which the respondents rate according to their evaluation of each propositional item.

Following the major trend in general questionnaire construction, the propositional inventory utilizes a double-Likert Scale. On the left-hand side of the propositional inventory sheet is the probability scale and on the right-hand side of the same sheet is the impact scale. The scales are divided into five equal segments, each representing a twenty percent rating. For example, probabilities should be entered on the left-hand side of the scale in 20 point increments: 0, 20, 40, 80, and 100, with 0 being "no chance" of occurrence and 100 being an "absolute determination" of occurrence.

Impact ratings should be entered on the right-hand side of the scale in single point increments: 1, 2, 3, 4, and 5, with 1 being "very small or no impact" and 5 being "extremely large impact" (see Appendix E).

To arrive at the particular statements to be used in this exercise, each identified subject area judged to have any significance in relationship to future developments for that area was written on a 3x5 index card. These cards were then sorted into identifiable propositional statement groupings and the various propositional statements were then prepared for each of the eight propositional inventories (see Appendix E).

Summary

The sequential steps involved in a Delphi study were summarized and the importance of the expert panel in this type of research study was emphasized. The construction and design of the propositional inventory sheets were then presented to bring this chapter to a close.

CHAPTER IX

ANALYSIS OF DATA

From a preliminary list of over two hundred nationally known policymakers involved in the formulation of aging-oriented public policy, a group of twenty persons were invited to participate in the present research study. The panel of twenty persons represents two distinct groups--governmental aging-oriented policymakers and key personnel from the five largest voluntary aging-oriented organizations in the nation. Included in the first group are three U. S. Senators, three U. S. Congressmen and four deputy commissioners from the Administration on Aging. Included in the second group are 10 key policymakers from the voluntary aging-oriented organizations.

The propostional inventory utilized in this research study is divided into the following seven sections: Education, Psychology and Sociology, Economics, Health Science, Political Science, and Political Issues. The analysis of the data in this section proceeds in this same order.

The propositional inventory statement is first presented and the respondent's annotations are then analyzed. Appropriate comments are made at this point by the researcher.

The tabular summary for each of the seven sections in this chapter is to be found at the end of each section. "G.P." stands for governmental group and "A.P." stands for administative or organization group on the tabular summary.

Demography

The area of demography represents an ideal starting place for the study. Certain demographic trends of the future relating to the population segment referred to in this study as older adults are known with a high degree of reliability. Since the members of the expert panels might reasonably be assumed to be aware of many of these trend data, this section serves as a type of informal gauge of general awareness of key issues for the respondents.

1. The sheer numbers of elderly persons in the nation will continue to increase over the next twenty years.

Demographers tend to agree that, barring an unforeseen national disaster, the numbers of elderly persons in the nation will continue to increase over the next twenty years. Since all of the members of these cohorts have already been born, it is possible to establish relatively accurate trendlines for this area of demography.

Barring an unforeseen national disaster, eight members of the government panel and seven members of the organizational panel assign a rating of "absolute determination of occurrence" to this item. The impact rating assigned this item by a large majority of both panel groups is one of "extremely large impact."

2. The rate of increase of the elderly population will slow somewhat between 1980 and 1990 as compared to all earlier 5-year periods since 1900.

This is rated at "100" by eight of the government panel and by nine members of the organizational panel. The impact is rated by

a majority of both groups as representing only "a moderate impact" on politics in the next 20 years.

3. The rate of increase of the elderly population will slow considerably between 1990 and 1995 compared to the period between 1985 and 1990.

This propositional statement was rated as "100" by a large majority of the members of the two groups. The impact on politics is also rated as moderate by members of both groups.

This item divides the 10-year ofrecasts that were presented to the panel into 5-year forecast. Such an operation is problematic at best as the panel members were not presented with direct supporting data on which to base their decisions. Five-year demographic forecasts may vary significantly from the ten-year forecasts of which they are a part. In the present situation, however, the majority of respondents responded correctly.

4. The rate of increase of the elderly population will slow considerably between 1995 and 2005 compared to the period between 1990 and 1995.

This propositional statement was assigned a rating of "100" by seven of the ten members of the government panel and by eight of the ten members of the organizational panel. The impact rating assigned here was one of "moderate impact" value.

This item divides the 10-year forecasts that were presented to the panel into 5-year forecasts. Again this procedure is problematical as the panel members are not presented with direct supporting data on which to base his or her decisions. However, the literature

does provide data that supports this particularly trend statement. Consequently, panel members have exhibited a high degree of awareness of the extant literature in this area.

5. At some point between 1980 and 2003, the annual rate of change for the elderly will be a negative number and not a positive number.

This propositional statement represents a "test of competency" item. The literature is clear on this point. Over the next 20 years, the annual rate of change forecasted will frequently slow, but there will always be a positive number representing some increase over the year before for members of the "65 years of age and older" group.

The members of both panel groups almost unanimously rated the probability of this occurrence at "no chance." The impact rating assigned to this item by a majority of the members of the governmental and the organization panels respectively was a "3" or one of only "moderate impact" value.

6. The population of the elderly when shown as a percentage of the total population will continue to increase over the next twenty years.

A majority of the panel members of both groups rated this item at an "80 percent probability" and, also, as forecasted to have a large impact on politics over the next 20 years.

7. The population of the elderly, when shown as a percentage of the total population, will reach a relative plateau between 1995 and 2005.

The members of both panel groups almost unanimously agreed with this statement. Also, members of both groups assign this item a "moderate impact" rating.

8. The sheer number of elderly will continue to increase from 1990 through 2005; however, when the elderly are shown as a percentage of the total population during this period, this number will show a steady decline in growth rate while the total population figure for the elderly is increasing.

This item is problematical because of convoluted wording; nonetheless the members of both panel groups produced results in full agreement with the major trends of the available literature. The "decline in growth rate" for the period from 1990 to 2005" for elderly persons was rated as "100" by a heavy majority of the members of both groups. The impact rating assigned varied from a "small impact" to a "extremely large impact" with a bare majority of the governmental panel members voting for a "large impact" and with only a near majority voting for the same rating among the organizaion panel members.

9. Both the large number of elderly persons and the sizable proportion of the total population that they will continue to represent throughout the period from 1980 through 2002, will increasingly tend to enhance their political value at the national level.

The governmental panel members are not as certain of this statement as the organizational panel members appear to be. This

item received a probability rating of "80" from six governmental panel members and an "80" from eight organizational panel members in addition to a rating of "100" from two organizational panel members. The rating assigned here by a near majority of both panel groups was one of "extremely large impact" value.

10. The political impact of the elderly will vary from region to region according to the proportion of the regional population that they represent; i.e., in Florida (over 14% elderly) the elderly will become a highly effective political group; in Arkansas, Missouri, and Iowa (between 13.0-13.9%) the elderly will become a very important group politically; in Oklahoma, Kansas, Nebraska, and North Dakota (12.0 to 12.9%) the elderly will become an important group politically.

The statement is problematical because of wording. The implication is that the composition of the elderly in the demographic makeup of each state or region will have certain discernible consequences on politics at the national level over the next 20 years. A majority of the members of both panel groups rated this as "80" with the members of the governmental group marking this as possessing only a "moderate impact" rating and the panel members of the organizational group rating this as having an "extremely large" potential impact for the future.

It would appear from comments written in the margins of the survey instruments for this section that several panel members are, in fact, rating the regional impact of the elderly on regional and not national politics.

For the item analysis for this section, see Table 59.

TABLE 59

ITEM ANALYSIS FOR SECTION ON DEMOGRAPHY

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*				1	1	8	1		1		8
	A.P.**				1	2	7		1	1	1	7
	Total				2	3	15	1	1	2	1	15
2.	G.P.				1	1	8	1	1	7	1	
	A.P.				1		9		1	6	2	1
	Total				2	1	17	1	2	13	3	1
3.	G.P.				1	2	7		2	6	2	
	A.P.					2	8			7	3	#
	Total								2	13	4	1
4.	G.P.				1	2	7		2	6	2	
	A.P.				1	1	8			7	2	1
	Total								2	13	4	1
5.	G.P.	8	1	1					1	7	1	1
	A.P.	9	1							6	4	
	Total								1	13	5	1
6.	G.P.				1	8	1			2	7	1
	A.P.				1	8	1		1	1	6	2
	Total								1	3	13	2

*Governmental Group
**Administrative Group

TABLE 59 (continued)

Item No.	Group Identification	PROBABILITY Degrees 0	20	40	60	80	100	IMPACT Degrees 1	2	3	4	5
7.	G.P.				1		9		1	7	1	1
	A.P.					2	8			6	4	
	Total								1	13	5	1
8.	G.P.				1	2	7		2	2	6	
	A.P.				1	1	8		1	1	5	3
	Total								3	3	11	3
9.	G.P.	1	1	1	1	6			1	2	1	1
	A.P.					8	2				1	4
	Total	1	1	1	1	14	2		1	2	2	5
10.	G.P.			1	3	5	1		3	4	2	1
	A.P.				1	7	2			1	8	1
	Total			1	4	12	3		3	5	10	2

Education

1. In 1990, the average educational level among the elderly will increase only slightly above the average education level indicated for this group in 1980.

Eight members of each panel group rated this item as having "0" probability. The governmental panel members rated the impact on this item as having a "moderate to large impact" value. A large majority of the organizational panel members rated the impact on this item as one of only "moderate" value.

This agrees with the general literature which shows that the average 9.7 years of schooling possessed by the elderly will increase to 11.7 years of schooling in 1990.

2. In 1990, the average educational level among the elderly will increase to approximately 11.7 years of schooling.

This propositional item is a restatement of Item One directly above. One might anticipate a near concensus placing the probability at "100" since the statement in its reverse form obtained a near concensus "0" rating. This almost takes place. A near concensus of both panel groups rated this as having an "80" probability. A majority of both groups also rated the impact of this item as one of "large impact" value.

3. In 1990, less than four out of every ten elderly persons will be high school graduates.

Nearly all of the governmental panel members and all of the organizational panel members rated this propositional item as having "0" probability. The impact rating on this item is rather

mixed in both panel groups. Five members in each group assigning the impact rating of "5" to this item.

This is in agreement with the findings in the professional literature as more than every four out of every ten elderly persons are now high school graduates and this percentage is forecasted to increase even more in the future.

4. In 1990, approximately 50 percent of all elderly persons will be high school graduates.

Near unanimous agreement among members of both groups rated this propositional item as "80". The impact rating for members of both panel groups was extremely varied.

5. In 2000, significantly more than half of the elderly population will be high school graduates.

All ten govermental panel members rated this propositional item as "100 percent" in probability value while nine organizational panel members did so. Members of both groups agreed that this propositional item should receive a "moderate impact" rating.

6. In 2000, approximately 20 percent of the elderly population will have at least some training at the college or university level.

Again, all ten members of the governmental group rated this propositional item as having a rating of "100 percent" probability of occurring. Nine members of the organization panel group rated this item as having a probability of occurrence of "100 percent." Again, the majority of the members of both panel groups assign this propositional item as "moderate impact" rating.

7. As the average educational level of the elderly increases, many of the stereotypes of older people, such as increased rigidity and increased conservativism, will be challenged over the next 20 years.

This propositional item received only "low probability" ratings from the members of both panel groups. A majority of the members of the governmental panel group assign this a "40 percent" probabilty rating. A near unanimous nine members of the organization panel group assigned this propositional item a "20 percent" probability rating. The impact ratings for this item were "low" or "moderate" for members of both panel groups.

8. It will be increasingly accepted in the next 20 years that a person's attitudes are more closely related to a person's educational level than to one's age.

This propositional item received only "low probability" ratings from members of both panel groups--eight members on the governmental panel rated this as "40" and seven members on the organizational panel did likewise. A majority of both panel groups assigned a "moderate impact" rating to this item.

9. There will be an increased emphasis on, and an increased availability of, adult education programs for the elderly over the next twenty years.

Seven of the governmental panel members assigned a "40 percent" probability rating to this item. In contrast, nine of the organization members assigned a "80 percent" probability rating to this item. A near unanimous number of both panel groups felt that the impact rating was one of "large impact" value.

10. The higher the average educational level of the elderly population, the higher the political response rate will be for the members of this group.

The members of the governmental panel group assign this propositional statement a "high probability" rating. Eight members of this group rated the probability of occurrence at "80 percent." Eight members of the organizational panel group rated the item as "40 percent" probable. A large majority of the members of both panel groups, however, rate the impact of this item as one of "large impact."

For the item analysis for this section, see Table 60.

TABLE 60

ITEM ANALYSIS FOR SECTION ON EDUCATION

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*		7	1	1	1		1	1	4	4	
	A.P.**	8	1	1						8	1	1
	Total	8	8	2	1	1		1	1	12	5	1
2.	G.P.				2	8		#	2	2	6	
	A.P.					9	1				8	2
	Total				2	17	1		2	2	14	2
3.	G.P.	9	1					1	3	1	5	
	A.P.	10								2	5	3
	Total	19	1					1	3	3	10	3
4.	G.P.				1	8	1	1	2	2	4	1
	A.P.					9	1			8	1	1
	Total				1	17	2	1	2	10	5	1
5.	G.P.						10			10		
	A.P.					1	9			8	2	
	Total					1	19			18	2	
6.	G.P.						10			8	1	1
	A.P.					1	9			7	2	1
	Total					1	19			15	3	1

*Governmental Group
**Administrative Group

TABLE 60 (continued)

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.	1	1	8				1	7	2		
	A.P.		9	1				1	8	1		
	Total	1	10	9				2	15	3		
8.	G.P.		2	8				1	2	7		
	A.P.		3	7					1	7	1	1
	Total		5	15				1	3	14	1	1
9.	G.P.			7	1	1	1			1	8	1
	A.P.					9	1				9	1
	Total			7	1	10	2			1	17	2
10.	G.P.			1	1	8				2	7	1
	A.P.			8	2	1		1			9	
	Total			9	3	9		1		2	16	1

Psychology and Sociology

1. Elderly persons will, on the average, continue in large part over the next 20 years to withdraw from society (Disengagement Theory).

Members of both panel groups assigned "low probability" ratings to this propositional item. Members of both groups assigned, in general, a "moderate impact" rating to this item.

2. Elderly persons will, on the average, continue over the next 20 years, to turn inward psychologically as they age and care less about the external social and political environments about them (Disengagement Theory).

Members of both panel groups assigned, in general, a very low probability rating to this propositional item. Members of both groups, in general, assigned a "moderate impact" rating to this item.

3. Elderly persons, on the average, who find satisfactory replacement roles and replacement activities for the primary roles and activities that are lost in relationship to the aging process are the persons who will experience the highest degree of life satisfaction in old age (Activity Theory).

Nine members of the governmental panel group assigned a "60 percent" probability rating to this propositional item while all ten of the members of the organization panel assigned an "80 percent"

probability rating to this item. A large majority of both groups rated this item as "moderate" in impact.

4. Elderly persons, on the average, will continue to experience in the next two decades a whole series of changes, some of which are growth and some of which are decline (this is referred to as multidimensional and multidirectional changes) (Life-Span Theory).

Seven members of the governmental panel group assigned a "60 percent" probability rating to this propositional item while nine of the organization panel group assigned it an "80 percent" probability rating. Most members of both panel groups assigned this item a "moderate impact" rating.

5. Psychological researchers studying intelligence in the older adults in the next twenty years will increasingly tend to conceptualize intelligence as either "fluid" or "crystallized" (Horn Model of Intelligence).

Six members of the governmental panel group assigned this item a "60 percent" probability rating while eight of the organizational panel group assigned it an "80 percent" probability rating. A near unanimous vote by members of both groups rated this item as "moderate" in impact value.

6. Many psychological researchers using the cross-sectional research design to study intelligence in the elderly in the future will continue to confuse

the educational levels of the various generations with personal abilities and general intelligence.

Eight members of the governmental panel group assigned this item a "40 percent" probability rating while nine of the governmental members assigned it a "20 percent" probability rating. Members of both panel groups apparently place considerable trust in psychological researchers in general. Nine members of each of the two panel groups assigned an impact rating of "moderate" to this item.

7. On the average, the crystallized intelligence of the elderly will continue to increase up to and through the age of 70 with only a very slow and subtle decline thereafter (statement taken from the often cited research findings of Bromley).

Members of both panel groups appear to be highly optimistic in this area. Seven members of the governmental group assigned an "80 percent" probability rating to this item while eight of the other group did likewise. Members of both groups overwhelmingly assigned a rating of "moderate impact" to this item.

8. On the average, the elderly person will have enhanced capabilities and skills in the social area, i.e., social judgement and social experience as these capabilities are based directly on the factor of crystalized intelligence.

Nine members from each of the two panel groups annotated this propositional item with a rating of "80 percent" probability of

occurrence. Members of both groups indicated that they forecasted the impact of this item to be either one of "large impact" or one of "extremely large impact" value.

9. Increasing numbers of elderly persons over the next 20 years will be in an excellent position, with increased educational levels and enhanced self-concepts, to participate in a highly effective manner in politics at the national level.

Eight members from the governmental group rate this propositional item with a rating of "80 percent" probability of occurrence and eight members of the organization group rate the item as "100 percent" probability of occurrence. The impact rating assigned by members of both groups is either one of "large impact" or of "extremely large impact" value.

For the item analysis for this section, see Table 61.

TABLE 61

ITEM ANALYSIS FOR SECTION ON PSYCHOLOGY AND SOCIOLOGY

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*		3	7					1	8	1	
	A.P.**		2	6	2				1	7	2	
	Total		5	13	2				2	15	3	
2.	G.P.		8	2					1	8	1	
	A.P.		9	1						9	1	
	Total		17	3					1	17	2	
3.	G.P.			1	9				8	1	1	
	A.P.					10			8	1	1	
	Total			1	9	10			16	2	2	
4.	G.P.			3	7				6	2	2	
	A.P.				1	9			7	2	1	
	Total			3	8	9			13	4	3	
5.	G.P.		1	1	6	1	1	1	8	1		
	A.P.				1	8	1		9	1		
	Total		1	1	7	9	2	1	17	2		
6.	G.P.		1	8	1				9	1		
	A.P.		9	1				1	9			
	Total		10	9	1			1	18	1		

*Governmental Group
**Administrative Group

TABLE 61 (continued

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.				2	7	1			8	1	1
	A.P.					8	2			10		
	Total				2	15	3			18	1	1
8.	G.P.					9	1				8	2
	A.P.				1	9					4	4
	Total				1	18	1				12	6
9.	G.P.				2	8	2				9	1
	A.P.				1	1	8				8	2
	Total				3	9	10				17	3

Economics

1. There will be fewer elderly males employed in 1990 than there were in 1980.

Nine members from the governmental group rate this propositional statement by assigning a "40 percent" probability of occurrence to this item while eight members of the governmental group assign it the same rating. Nine of the governmental group assign this item a "moderate impact" rating while eight members of the governmental group assign this item the same impact rating.

2. There will be more elderly males employed in 2000 than there were in 1990.

Almost all members of both panel groups assigned this item a "low" probability of occurrence rating. Nine members of the governmental group assigned this item a "moderate impact" rating and seven of the members of the organization group assigned this item a rating of "small impact."

3. There will be fewer elderly females employed in 1990 than there were in 1980.

Eight members of the governmental group assigned this propositional item a probability of occurrence rating of "40 percent" while eight members of the organizational group assigned this item a rating of 20 percent. Almost all members of both panel groups assigned a "small impact" rating to this item.

Obviously the majority of panel members of both groups forecasted an increase in the number of elderly females employed between 1980 and 1990.

4. There will be fewer elderly females employed in 2000 than there were in 1990.

Eight members of the governmental group assigned this propositional item a probability of occurrence rating of "20 percent" while nine of the members of the organization group assigned this item the same rating. The large majority of the members of both panel groups rated the item as one of only "moderate" forecasted impact.

Obviously the majority of the panel members of both groups forecasted an increase in the number of elderly females employed between 1990 and 2000.

5. Converting all economic figures to the value of the 1980 dollar, the average amount of total assets will not increase appreciably (10% or more) for the average elderly married couple between 1980 and the year 2000.

All members of both panel groups assign this propositional statement a probability of occurrence rating of 80 percent and an impact rating of "moderate impact" value.

6. Converting all economic figures to the value of the 1980 dollar, the average amount of total assets will not increase appreciably (10% or more) for the average elderly single person between 1980 and the year 2000.

All members of both panel groups assigned this propositional statement a probability of occurrence rating of "80 percent" and

eight members of both groups assign the item either a "small impact" or a "moderate impact" rating.

7. The number of elderly persons living in poverty or near poverty (not more than 25% above the poverty cut-off point) will increase between 1980 and 2000 (utilizing a 20-year long-term trend).

Seven members of the governmental group assign this propositional statement a probability of occurrence rating of "80 percent" while eight members of the organizational group assign this item the same rating. A large majority of the members of both groups assigned a "large impact" rating to this item.

8. The percentage of elderly persons living in poverty or near poverty will decrease between 1980 and 2000.

Eight members of the government group and nine members of the organization group assigned a probability of occurrence rating of 20 percent to this item.

The impact ratings range from "small impact" to "large impact," with three of the members of the governmental opting for "large impact" and all ten of the members of the organizational group selecting the "large impact" rating for this item.

This item is the "reverse format" of the propositional statement cited directly above. Consequently, the ratings of the two items are in close agreement with one another.

9. Most futures estimates of income adequacy for the elderly will fall short of actual requirements because they do not allow funds for contingencies.

Eight members of the government group and ten from the organization group selected a probability of occurrence rating of "100 percent" for this item. All ten members of both panel groups assigned an "extremely high impact" rating to this item.

For the item analysis for this section, see Table 62.

TABLE 62

ITEM ANALYSIS FOR SECTION ON ECONOMICS

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P. *		1	9					1	9		
	A.P. **		1	8	1			2		8		
	Total		2	17	1			2	1	17		
2.	G.P.	1	9						1	9		
	A.P.	7	2	1				1	7	2		
	Total	8	11	1				1	8	11		
3.	G.P.		2	8					8		1	
	A.P.		8	2					9	1		
	Total		10	10					17	1	1	
4.	G.P.	2	8						1	9		
	A.P.		9	1					1	8	1	
	Total	2	17	1					2	17	1	
5.	G.P.					10	0			9	1	
	A.P.					10				8	2	
	Total					20	0			17	3	
6.	G.P.					9			8	1	1	
	A.P.					10				8	2	
	Total					19			8	9	3	

*Governmental Group
**Administrative Group

TABLE 62 (continued)

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.				2	7	1		1	2	7	
	A.P.					8	2			2	8	
	Total				2	15	3		1	2	15	
8.	G.P.		8	1	1				2	5	3	
	A.P.		9	1							10	
	Total		17	2	1				2	5	13	
9.	G.P.				1	1	8					10
	A.P.						10					10
	Total				1	1	18					20

Health Science

1. Poor health will continue in the period from 1980 to 2000 to be slightly more common among elderly men than among elderly women.

All 20 panel members assigned a probability of occurrence rating of "100 percent" to this propositional item. Seven members from the governmental panel group assigned a "moderate impact" rating to this item while six members of the organizational panel group assigned only a "small impact" value to this item.

2. Poor health will continue in the period from 1980 to 2000 to be reported more often as a problem by persons in the lower income ranges.

All 20 panel members assigned a probability of occurrence rating of "100 percent" to this propositional item. Seven panel members from the governmental group assigned a "moderate impact" value to this item while seven members of the organizational group assigned only a "small impact" value to this item.

3. Middle-class and upper-class elderly persons during the period from 1980 to 2000 will continue to assess their personal health when compared to persons of their same age as good or excellent more frequently than will members of the lower class.

All 20 panel members assigned a probability of occurrence rating of "100 percent" to this propositional item. Seven panel members from the governmental group assigned a "moderate impact" value to

this item while nine members of the organizational group assigned only a "small impact" value to this item.

4. Chronic illness will be experienced more by the elderly than by members of younger groups during the period of 1980 to 2000.

All 20 panel members assigned a probability of occurrence rating of "100 percent" to this item. Seven panel members from the governmental group assigned a "moderate impact" value to this item while nine members of the organizational group did likewise.

5. Chronic illness will require, on the average, less hospitalization time than will acute illnesses for the elderly person in the next twenty years.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Seven and eight members from the respective panel groups, with the ratings of the governmental group cited first, assigned a "moderate impact" value to this item.

6. Professional treatment for chronic illnesses will cost less, on the average, than will professional treatment for acute illnesses for the elderly person in the next twenty years.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Nineteen panel members assigned a "moderate impact" value to this item.

7. The elderly persons least able to pay for health care will continue in the future to be the persons

who will report the presence of the most acute and chronic conditions requiring medical care.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Eight members of the governmental group assigned a "moderate impact" rating to this item while nine of the organization group assigned a "large impact" rating to this item.

For the item analysis for this section, see Table 63.

TABLE 63

ITEM ANALYSIS FOR SECTION ON HEALTH SCIENCE

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*						10	1	2	6	1	
	A.P.**						10	2	6	2		
	Total						20	3	8	8	1	
2.	G.P.						10	2	1	6	1	
	A.P.						10	3	7			
	Total						20	5	8	6	1	
3.	G.P.						10	1	2	6	1	
	A.P.						10	1	9			
	Total						20	2	11	6	1	
4.	G.P.						10		2	7	1	
	A.P.						10		1	9		
	Total						20		3	16	1	
5.	G.P.			10							8	2
	A.P.			10							8	2
	Total			20							16	4
6.	G.P.			10							8	2
	A.P.			10						8	2	
	Total			20						8	10	2

*Governmental Group
**Administrative Group

TABLE 63 (continued)

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.			10					1	1	1	
	A.P.			10							9	1
	Total			20					1	1	10	1

Politics

1. Between 1980 and 2000, the number of elderly persons in the United States will continue to increase.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Six members of the governmental group assigned a "moderate impact" rating to this item and six members of the organizational group assigned a "small impact" rating to this item.

2. Between 1980 and 2000, the average educational level of elderly persons in the United States will continue to increase.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Six members of the governmental group assigned a "moderate impact" rating to the item while seven members of the organizational group assigned a "small impact" rating to the item.

3. Between 1980 and 2000, more elderly persons will vote in national elections.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Six members of the governmental group assigned a "moderate impact" rating to the item while nine members of the organizational group assigned a "small impact" rating to the item.

4. Between 1980 and 2000, the elderly will represent a higher percentage of voters in national elections.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. Seven members of the governmental group and nine members of the organizational group assigned a "moderate impact" rating to this item.

5. Elderly persons, on the average, will not, over the next 20 years, possess sufficient group consciousness to identify themselves as members of the elderly group and vote as a political bloc.

All twenty panel members assigned a probability of occurrence rating of "40" to this propositional item. Eight members in each group assigned a "large impact" rating to this item.

The panel members assigned a "medium low" probability to this item. This means that a medium high probability rating can be deduced from the reverse of this statement--that elderly persons will over the next 20 years, possess sufficient group consciousness to identify themselves as members of the elderly group and vote as a political bloc.

6. The majority of elderly persons will, over the next twenty years, both personally deny that they are old and will increasingly disassociate themselves from aging-oriented organizations, including those organizations with a special interest in politics and political issues.

All twenty panel members assigned a probability of occurrence rating of "40 percent" to this item. Eight members in the governmental group assigned a "large impact" rating to this item while

eight members in the organizational group assigned a "moderate rating" to this item.

Reversing this staement and the assigned probability rating, it can be deduced that panel mebmers forecast with a "medium high" probability that a majority of elderly persons will not disassociate themselves from aging-oriented organizations.

7. Elderly persons, over the next twenty years, will continue to identify with a whole series of roles related to nationality, race, religion, educational attainment, and occupational and economic status; but a large number of them will not identify with groups that restrict their membership to the elderly.

All twenty panel members assigned a probability of occurrence rating of "40 percent" to this item. Eight members in the governmental group assigned a "moderate impact" to this item while nine of the members of the organizational group assigned a "large impact" rating to this item.

It can be deduced that panel members forecast with a "medium high probability" rating that elderly persons will continue to identify with groups that restrict their membership to the elderly.

For the item analysis for this section, see Table 64.

TABLE 64

ITEM ANALYSIS FOR SECTION ON POLITICAL SCIENCE

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*						10			1	8	1
	A.P.**						10					10
	Total						20			1	8	11
2.	G.P.						10			1	8	1
	A.P.						10					10
	Total						20			1	8	11
3.	G.P.						10			2	6	2
	A.P.						10			1	7	2
	Total						20			3	13	4
4.	G.P.						10				10	
	A.P.						10			1	8	1
	Total						20			1	18	1
5.	G.P.			9	1						9	1
	A.P.			7	2	1				1	8	1
	Total			16	3	1				1	17	1
6.	G.P.			8	1	1				9	1	
	A.P.	7	2	1						9		1
	Total	7	2	9	1					18	1	1

*Governmental Group
**Administrative Group

TABLE 64 (CONTINUED)

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.		1	7	2				1	8	1	
	A.P.	2	8							8	1	1
	Total	2	9	7	2				1	16	1	1

Political Issues

1. Over the next twenty years, the elderly will continue to reconsider and change their political positions and vote along issue lines, provided, of course, that they consider these issues are of great importance to them.

Seven and nine panel members from the respective governmental and organizational groups assigned a probability of occurrence rating of "80 percent" to this item. Six and seven panel mebmers, respectively, from the panel groups, cited in the same order as above, assigned a "large impact" rating to this item.

2. The elderly will continue throughout the next two decades to consider Social Security (Old Age and Survivors Insurance) and Medicare as vital to their well being.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. All twenty panel members assigned an "extremely large impact" rating to this item.

3. Elderly persons will increasingly vote as a bloc, should they, at any time in the next twenty years, feel that either the Social Security or the Medicare program is being changed in a manner that is considered to be disadvantageous to them.

All twenty panel members assigned a probability of occurrence rating of "100 percent" to this item. All twenty panel members assigned an "extremely large impact" rating to this item.

4. There will be no elderly bloc vote in the Untied States because national politicians will take special care in considering the special needs of the elderly.

Eight panel members from the governmental group assigned a probability of occurrence rating of "60 percent" to this item. While seven members of the organizational group assigned a rating of "40" to this item. Nine members of the governmental group assigned a "large impact" rating to this item while the ten members divided their votes evenly between the "large impact" and the "extremely large impact" categories.

5. The elderly bloc vote on specific issues will remain over the next twenty years a very effective "bluff" vote, i.e., many persons will believe that it exists while many other persons will doubt its existence but everyone will be exceedingly careful so that efforts are not made to try to activate such a vote.

Six panel members from each group assigned a probability of occurrence rating of "60 percent" to this item. Eight members of the governmental group assigned a "moderate impact" rating to this item while nine of the organization group did likewise.

6. Both major political parties in the United States will continue over the next two decades to appeal to the elderly vote by appearing to back various

provisions of both the Social Security (OASI) and the Medicare programs.

All twenty members of the panel assigned a probability of occurrence rating of "100 percent" to this item. All twenty members of the panel assigned an "extremely high impact" score to this item.

7. The members of the Democratic Party of the United States will continue, over the next twenty years, to project the image that it is the major political party that is more concerned about the provisions of Social Security (OAI) than are the members of the Republican Party.

All twenty members of the panel assigned a probability of occurrence rating of "100 percent" to this item. All twenty members of the panel assigned an "extremely high impact" score to this item.

8. The members of the Republican Party of the United States will continue, over the next twenty years, to project the image that it is the major political party that is more concerned about the provisions of Social Security (OAI) than are the members of the Democratic Party.

Nine panel members of the governmental group and eight panel members from the organization group assigned a probability of occurrence rating of "80 percent" to this item. Nine and seven members of the respective panels, cited in the order listed above, assigned a "large impact" rating to this item.

9. An increasing percentage of the elderly vote will change from the Republican Party to the Democratic Party over the next twenty years.

Nine panel members of the governmental group and eight from the organization group assigned a probability of occurrence rating of "60 percent" to this item. Again, nine panel members and eight panel members from the two respective groups, cited in the above order, assigned a "large impact: rating to this item.

For the item analysis for this section, see Table 65.

TABLE 65

ITEM ANALYSIS FOR SECTION ON POLITICAL ISSUES

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
1.	G.P.*			1	1	7	1			2	6	2
	A.P.**					9	1				1	9
	Total			1	1	16	2			2	7	11
2.	G.P.						10					10
	A.P.						10					10
	Total						20					20
3.	G.P.						10					10
	A.P.						10					10
	Total						20					20
4.	G.P.				8	1	1				9	1
	A.P.			7	2	1					5	5
	Total			7	9	2	1				14	6
5.	G.P.				6	2	2			8	1	1
	A.P.									9	1	
	Total				6	2	2			17	2	1
6.	G.P.						10					10
	A.P.						10					10
	Total						20					20

*Governmental Group
**Administrative Group

TABLE 65 (CONTINUED)

Item No.	Group Identification	PROBABILITY Degrees						IMPACT Degrees				
		0	20	40	60	80	100	1	2	3	4	5
7.	G.P.						10					10
	A.P.						10					10
	Total						20					20
8.	G.P.					9	1				9	1
	A.P.				1	8	1				8	2
	Total				1	17	2				17	3
9.	G.P.		1	7	1	1			1	1	8	
	A.P.			8	2				1		7	2
	Total		1	15	3	1			2	1	15	2

Summary

The members of the expert panel proved to be "expert" in thinking through a series of "basic knowledge questions" in the area of demography on which considerable professional concensus exists. The majority response patterns in this section indicates a panel composition of the very highest order in knowledge, experience and professional capability, at least in the areas under discussion in this research study.

The other six sections following the section on demography were completed in a highly efficient manner, as well. At all points where the propositional statements deal with "the known" or with what can reasonably be extrapolated from "the known," the major response patterns for all items are in general agreement with these positions. In forecasting future events utilizing a series of probabilities ratings, of course, only time will tell how accurate these responses from the expert panel will prove to be.

CHAPTER X

CONCLUSIONS AND RECOMMENDATIONS

All conclusions included in this section of this research study are based directly on the probability forecasts provided by members of the expert panel and relate to national politics in the United States in the next twenty years.

Conclusions

Beginning in 1983, through the year 2003, the number of elderly persons in this nation is forecasted to continue to increase. The average educational level of elderly persons is also forecasted to increase appreciably.

With the number and proportion of elderly persons increasing and with their average educational levels increasing within the time frame under consideration, it is forecasted that more elderly will vote in national elections during this period than have ever voted before.

There is a high probability forecast that, on the average over the next 20 years, elderly persons will begin to possess sufficient group consciousness to identify themselves as members of the elderly group and vote as a political bloc--but only on certain political issues.

By unanimous agreement the political issues considered, by the elderly persons, themselves, to be their most vital concerns are the issues of Social Security and Medicare.

Elderly persons, according to a unanimous vote representing the highest probability rating possible, will increasingly vote as a bloc, should they, at any time in the next twenty years, feel that either the SocialSecurity or the Medicare program is being changed in a manner that is considered to be disadvantageous to them.

The elderly "bloc vote" is seen as an elderly "bluff vote" by panel members. The panel members forecasted the continuance of this "bluff" vote over the next twenty years. In fact, this issue, the continued existence of a "bluff vote," received a "medium high" probability of occurence rating. The panel agreed to the forecast statement "that everyone will be exceedingly careful to operate in such a manner so that efforts are not made to try to activate such a vote." The politicians, as well as the leaders in the voluntary aging-oriented agencies, are eager to let the "bluff" vote of the elderly remain a moot point.

It is forecasted with a high degree of probability that both major political parties in the United States will continue over the next two decades to appeal to the elderly voter by appearing to back various provisions of both the Social Security (OASI) and the Medicare programs. The probability is high that members of each of the two major political parties in the United States will strive to project the image that the members of its own party are the major political support for Social Security (OASI).

The issue of "party switching" by elderly voters over the next two decades is rated as a possible occurence of only "medium"

probability. This is a surprising forecast in light of current happenings on the political scene.

It is forecasted with a high degree of probability that the older adults of this nation do possess the potential to become an effective and viable political force on the national scene, provided that they become concerned enough in relationship to specific issues that vitally a-fect their perceived well being. It is forecasted with a high degree of probability that such specific issues may revolve around Social Security or Medicare or both in the future.

No bloc vote of the older adult was forecasted to operate on general political issues or along standard party lines. All bloc voting by the elderly is forecasted to be concerned with key i-sues defined by the elderly and perceived by the elderly as vital to their well being and to their survival.

While the focus of this research study was on the members of the elderly group and their forecasted impact over the next two decades on politics at the national level, the question remains as to whether the same type of research study should be done on the forecasted impact of this group at both the local and state or at various regional levels. At the local level, the members of the elderly group can, and frequently do, make significant contributions to the political debate. At the state level, as the proportion of elderly peopld continues to rise, it is expected that more and more political power will be exercised by this subsection of the population. Consequently, future research studies should investigate these

discernible trends in potential political power by the elderly at all political levels, from the local through the national.

Summary

The older adult has finally captured the attention of both major political parties at the national level. In each of the two last presidential elections, in 1976 and in 1980, 62 percent of Americans over the age of 65 voted Republidan. In a 1982 Washington Post ABC poll, 62 percent of retired persons interviewed said that they now intend to vote Democratic in the next election. According to the same poll:

> 60 percent of the nation's elderly voters disapprove of President Reagan's handling of the Social Security issue. Emotions are running high among the elderly. The elderly voter has come of age as a major political force in recent years (Dallas Times Herald, 1982:2A).

The future promises to bring even more political power to the elderly of the nation. In a Harris Survey taken following the withdrawal of Senator Kennedy as a candidate for president during the forthcoming 1984 U. S. election, it should be noted that, according to this poll, that former Vice-President Walter Mondale surged ahead in popularity. In addition, Mondale led President Reagan by a 53-44 percent margin in a nation-wide Harris survey "preference poll" involving voters of all ages. In this poll, Mondale won among all age groups, but his most dramatic win was among those in the young-old (55-64) age group. Reagan won the vote of this group 54 to 40 percent in 1980 and it was this vote that represented his largest voting margin among the various age groups.

On early 1983 Reagan ran behind Mondale, among the members of this age group, by 56 to 42 percent. This loss in potential "vote-getting strength" by Reagan is probably the cost Reagan must pay for surfacing a possible 40 percent cutback in Social Security benefits for those who planned to retire at the age of 62 in the future. Incidentally, among those 65 years of age and older who overwhelmingly supported Reagan in 1980, Mondale led in the 1983 "preference poll" cited above, 50 to 42 percent (Houston Post, January 27, 1983:38).

The presidential elections of 1984, 1988, 1992, 1996 and 2000 lie ahead. The older adults are beginning to become conscious of the tremendous political power at their disposal. At the same time, the two major political parties are beginning to become highly cognizant of the elderly vote. The members of the respondent panel forecast that these recent turn of events can only lead to a stronger political position for the elderly in national politics in the future. Of course, only time will tell if the members of the expert panel have indeed accurately forecast the elderly's future involvement in the political process as we continue towards the twenty-first century.

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APPENDIX A

Table A-1. White Race. Years of School Completed by Persons (in percentages).

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
BOTH SEXES																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.6	1.5	0.9	4.6	9.1	5.9	6.9	5.5	35.7	5.9	6.7	2.7	8.4	5.6	(X)
14 TO 17 YEARS OLD	100.0	0.3	0.1	0.1	12.0	26.0	26.3	21.7	12.3	1.1	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.5	0.1	0.1	0.7	1.9	3.5	7.2	22.0	51.3	11.6	1.0	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.2	1.4	2.6	4.1	4.2	44.4	11.1	12.9	6.8	8.7	1.7	(X)
25 YEARS OLD AND OVER	100.0	0.7	2.0	1.2	4.4	8.7	4.0	5.4	3.9	37.6	5.5	6.9	2.6	9.9	7.3	(X)
25 TO 29 YEARS OLD	100.0	0.3	0.6	0.3	1.4	1.7	2.2	3.5	3.0	39.0	9.0	10.6	4.1	16.2	8.1	(X)
30 TO 34 YEARS OLD	100.0	0.4	0.8	0.4	1.7	2.4	2.4	3.6	3.2	39.2	7.6	9.1	3.8	14.6	10.9	(X)
35 TO 39 YEARS OLD	100.0	0.3	0.9	0.4	2.1	3.5	3.3	4.9	3.8	42.4	6.4	7.3	2.8	10.7	11.4	(X)
40 TO 44 YEARS OLD	100.0	0.4	1.4	0.7	2.9	4.5	3.5	5.7	3.8	43.4	5.5	6.9	2.4	10.5	8.3	(X)
45 TO 49 YEARS OLD	100.0	0.6	1.8	1.0	3.5	6.4	4.2	6.1	4.3	42.3	4.7	6.0	2.1	8.5	8.5	(X)
50 TO 54 YEARS OLD	100.0	0.4	1.6	0.9	4.1	7.9	5.1	6.4	5.0	41.8	4.3	5.8	2.4	8.4	6.4	(X)
55 TO 59 YEARS OLD	100.0	0.5	2.1	1.3	4.6	9.6	4.7	5.8	4.4	40.6	5.0	6.6	2.3	7.1	5.5	(X)
60 TO 64 YEARS OLD	100.0	0.6	2.2	1.5	6.4	14.0	5.1	6.7	5.0	37.3	3.8	5.1	1.8	6.2	4.4	(X)
65 TO 69 YEARS OLD	100.0	1.4	3.2	2.1	8.3	18.0	5.9	7.9	4.3	29.7	3.3	4.4	1.6	6.2	3.7	(X)
70 TO 74 YEARS OLD	100.0	1.1	4.1	2.8	9.6	21.4	6.0	7.6	3.8	26.0	2.6	4.1	1.7	5.3	3.9	(X)
75 YEARS OLD AND OVER	100.0	3.0	7.1	3.8	12.7	25.8	5.1	5.1	2.6	18.3	2.8	3.9	1.8	5.3	2.8	(X)
MALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.6	1.6	0.9	4.9	9.3	5.8	6.7	5.4	31.9	6.0	7.1	2.9	9.4	7.6	(X)
14 TO 17 YEARS OLD	100.0	0.4	0.1	0.2	13.8	26.1	26.8	21.5	10.5	0.6	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.6	0.2	0.1	0.8	1.8	3.5	8.5	23.9	49.1	10.5	1.0	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.2	0.4	0.1	1.1	1.6	2.2	3.7	4.6	43.3	12.1	13.1	7.3	8.3	2.1	(X)
25 YEARS OLD AND OVER	100.0	0.7	2.1	1.1	4.5	8.7	3.8	5.1	3.6	33.1	5.5	7.5	2.8	11.5	10.0	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.5	0.2	1.4	1.9	1.9	3.1	2.7	35.9	8.8	11.2	4.6	17.1	10.0	(X)
30 TO 34 YEARS OLD	100.0	0.5	0.9	0.5	1.6	2.5	1.9	3.1	2.6	32.7	7.9	10.4	4.2	16.8	14.5	(X)
35 TO 39 YEARS OLD	100.0	0.3	1.0	0.3	2.4	4.1	3.3	4.0	3.2	37.6	6.0	8.1	2.6	11.9	15.4	(X)
40 TO 44 YEARS OLD	100.0	0.5	1.3	0.8	3.0	4.9	3.4	5.6	3.1	37.5	6.1	7.8	2.4	12.0	11.7	(X)
45 TO 49 YEARS OLD	100.0	0.6	2.0	1.2	3.6	7.5	4.3	5.6	3.8	35.2	4.4	6.0	1.9	10.5	12.3	(X)
50 TO 54 YEARS OLD	100.0	0.5	1.5	1.0	4.3	9.1	4.9	6.7	5.5	34.6	3.9	6.3	2.5	10.2	9.0	(X)
55 TO 59 YEARS OLD	100.0	0.4	2.1	1.2	5.2	10.6	4.7	5.8	4.0	35.0	4.7	6.7	2.4	9.1	8.0	(X)
60 TO 64 YEARS OLD	100.0	0.6	2.9	1.7	6.6	14.8	4.7	6.4	5.0	32.9	4.0	6.0	1.8	7.1	5.5	(X)
65 TO 69 YEARS OLD	100.0	2.0	4.0	2.5	9.1	18.1	6.0	7.9	3.9	28.9	3.4	4.3	1.4	6.4	4.3	(X)
70 TO 74 YEARS OLD	100.0	1.2	4.7	2.8	10.9	23.0	5.9	7.4	4.3	22.5	2.5	3.3	1.6	5.7	4.3	(X)
75 YEARS OLD AND OVER	100.0	3.3	8.1	3.7	14.4	25.3	4.4	4.9	2.4	15.6	2.4	3.8	1.7	6.0	3.8	(X)

(continued)

Table A-1 (continued)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
FEMALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.6	1.5	0.9	4.3	9.0	5.9	7.0	5.7	39.1	5.8	6.3	2.6	7.4	3.8	(X)
14 TO 17 YEARS OLD	100.0	0.2	0.1	0.1	10.2	26.0	25.7	22.0	14.1	1.7	0.1	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.4	0.1	0.1	0.6	1.9	3.6	5.9	20.2	53.5	12.7	1.1	0.1	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.4	0.4	0.1	1.3	1.2	2.9	4.6	3.8	45.6	10.2	12.8	6.3	9.1	1.3	(X)
25 YEARS OLD AND OVER	100.0	0.7	1.9	1.2	4.4	8.6	4.2	5.7	4.1	41.6	5.5	6.3	2.5	6.5	4.9	(X)
25 TO 29 YEARS OLD	100.0	0.3	0.7	0.3	1.4	1.4	2.5	3.8	3.2	42.1	9.2	10.0	3.6	15.2	6.2	(X)
30 TO 34 YEARS OLD	100.0	0.2	0.7	0.4	1.8	2.3	2.9	4.1	3.8	45.6	7.4	7.8	3.4	12.3	7.4	(X)
35 TO 39 YEARS OLD	100.0	0.4	0.9	0.6	1.9	2.8	3.2	5.7	4.3	47.0	6.7	6.6	2.9	9.5	7.5	(X)
40 TO 44 YEARS OLD	100.0	0.3	1.4	0.7	2.9	4.1	3.6	5.8	4.5	49.0	4.9	6.1	2.5	9.0	5.1	(X)
45 TO 49 YEARS OLD	100.0	0.6	1.6	0.9	3.3	5.4	4.0	6.6	4.7	45.3	5.1	6.1	2.2	6.6	4.8	(X)
50 TO 54 YEARS OLD	100.0	0.4	1.8	0.7	3.9	6.8	5.3	6.1	4.6	47.7	4.6	5.4	2.3	6.7	3.9	(X)
55 TO 59 YEARS OLD	100.0	0.6	2.0	1.3	4.0	8.7	4.7	5.9	4.9	45.6	5.2	6.5	2.2	5.3	3.1	(X)
60 TO 64 YEARS OLD	100.0	0.6	1.6	1.3	6.3	13.4	5.4	6.9	5.0	41.2	3.5	4.3	1.8	5.3	3.4	(X)
65 TO 69 YEARS OLD	100.0	0.9	2.6	1.8	7.7	18.0	5.7	7.8	4.7	32.0	3.2	4.5	1.7	6.1	3.3	(X)
70 TO 74 YEARS OLD	100.0	1.1	3.7	2.9	8.7	20.2	6.1	7.7	3.5	25.4	2.7	4.6	1.8	5.0	3.5	(X)
75 YEARS OLD AND OVER	100.0	2.7	6.5	3.8	11.7	26.1	5.8	5.3	2.7	19.9	3.1	3.9	1.8	4.9	2.1	(X)

Source: Current Population Reports, "Educational Attainment in the United States: March 1979 and 1978." Population Characteristics, Series P-20, No. 346. Washington, D.C.: Bureau of the Census, 1980.

Table A-2. All Races. Years of School Completed by Persons (in percentages)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
PERCENT DISTRIBUTION																
BOTH SEXES																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.7	1.9	1.0	5.0	9.1	6.1	7.1	5.9	34.8	5.8	6.5	2.7	7.9	5.4	(X)
14 TO 17 YEARS OLD	100.0	0.3	0.1	0.2	12.9	26.1	25.9	21.3	11.9	1.2	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.4	0.1	0.1	0.8	1.9	4.0	7.9	22.7	49.3	11.3	1.1	0.1	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.2	1.5	2.9	4.4	4.8	44.5	11.1	12.4	6.7	8.1	1.6	(X)
25 YEARS OLD AND OVER	100.0	0.9	2.6	1.3	4.9	8.6	4.2	5.6	4.2	36.6	5.3	6.8	2.6	9.4	7.0	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.6	0.3	1.5	1.7	2.3	3.9	3.7	39.3	9.0	10.3	4.0	15.3	7.8	(X)
30 TO 34 YEARS OLD	100.0	0.5	0.8	0.5	1.7	2.5	2.7	3.9	3.8	39.1	7.4	9.0	3.7	14.1	10.5	(X)
35 TO 39 YEARS OLD	100.0	0.4	1.0	0.5	2.4	3.6	3.4	5.2	4.3	41.9	6.1	7.4	2.8	10.2	10.9	(X)
40 TO 44 YEARS OLD	100.0	0.4	1.5	0.8	3.4	4.8	3.8	6.4	4.8	42.2	5.3	6.9	2.3	9.9	7.9	(X)
45 TO 49 YEARS OLD	100.0	0.6	2.2	1.3	3.9	6.7	4.7	6.4	4.7	40.5	4.6	5.9	2.2	8.2	8.0	(X)
50 TO 54 YEARS OLD	100.0	0.5	2.2	1.1	4.9	8.5	5.4	6.6	5.2	39.6	4.0	5.7	2.4	7.8	6.0	(X)
55 TO 59 YEARS OLD	100.0	0.7	2.8	1.5	5.9	9.9	4.8	6.1	4.6	38.8	4.6	6.3	2.1	6.7	5.1	(X)
60 TO 64 YEARS OLD	100.0	0.8	3.6	2.0	7.3	13.9	5.3	6.6	5.1	35.4	3.6	4.8	1.6	5.8	4.3	(X)
65 TO 69 YEARS OLD	100.0	1.9	5.0	2.7	8.8	17.4	6.0	7.8	4.4	27.8	3.1	4.3	1.5	5.8	3.7	(X)
70 TO 74 YEARS OLD	100.0	1.7	5.9	3.5	10.1	20.3	5.8	7.3	3.7	24.8	2.6	3.9	1.5	5.0	3.6	(X)
75 YEARS OLD AND OVER	100.0	3.9	8.6	4.1	13.1	24.6	5.1	5.0	2.6	17.6	2.7	3.7	1.7	4.9	2.6	(X)
MALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.8	2.0	1.0	5.3	9.2	6.0	6.9	5.7	31.4	5.9	6.9	2.8	8.9	7.1	(X)
14 TO 17 YEARS OLD	100.0	0.4	0.1	0.3	14.7	26.0	26.3	21.1	10.3	0.6	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.6	0.1	0.1	1.0	1.9	4.0	9.2	25.0	47.0	10.1	0.9	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.1	1.6	2.6	4.1	5.3	43.3	11.9	12.4	7.2	7.7	1.9	(X)
25 YEARS OLD AND OVER	100.0	1.0	2.7	1.4	5.0	8.6	3.8	5.3	3.9	32.6	5.4	7.3	2.7	10.9	9.5	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.5	0.3	1.5	2.0	2.0	3.7	3.4	36.5	8.8	10.8	4.4	16.2	9.5	(X)
30 TO 34 YEARS OLD	100.0	0.6	0.9	0.5	1.6	2.5	2.2	3.3	3.2	33.4	7.6	10.2	4.2	16.1	13.8	(X)
35 TO 39 YEARS OLD	100.0	0.4	0.9	0.3	2.6	4.2	3.3	4.2	3.5	37.6	5.8	8.2	2.8	11.4	14.8	(X)
40 TO 44 YEARS OLD	100.0	0.5	1.5	0.9	3.8	5.1	3.5	6.1	3.7	36.8	6.0	7.7	2.2	11.3	11.0	(X)
45 TO 49 YEARS OLD	100.0	0.7	2.5	1.6	4.1	7.5	4.6	5.9	4.2	35.3	4.3	5.7	2.1	10.0	11.5	(X)
50 TO 54 YEARS OLD	100.0	0.7	2.4	1.2	5.2	9.7	5.0	6.7	5.4	33.4	3.8	6.1	2.4	9.4	8.7	(X)
55 TO 59 YEARS OLD	100.0	0.7	3.0	1.5	6.5	10.6	4.6	6.0	4.2	33.8	4.4	6.4	2.3	8.7	7.3	(X)
60 TO 64 YEARS OLD	100.0	0.9	4.3	2.3	7.3	14.4	4.7	6.4	4.9	31.6	3.8	5.6	1.6	6.8	5.3	(X)
65 TO 69 YEARS OLD	100.0	2.8	5.7	3.0	9.5	17.3	6.1	7.5	4.0	25.1	3.1	4.1	1.4	5.9	4.2	(X)
70 TO 74 YEARS OLD	100.0	1.9	7.0	3.6	11.3	21.7	5.7	7.1	4.0	21.4	2.4	3.2	1.4	5.1	4.0	(X)
75 YEARS OLD AND OVER	100.0	4.5	10.1	4.1	14.6	23.9	4.4	4.5	2.4	14.6	2.4	3.6	1.6	5.5	3.7	(X)

(continued)

Table A-2 (continued)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
PERCENT DISTRIBUTION																
FEMALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	4.1	8.8	3.3	12.8	9.9	7.4	7.5	5.8	27.4	3.5	3.8	1.5	2.9	1.3	(X)
14 TO 17 YEARS OLD	100.0	0.3	1.1	0.9	16.2	38.2	23.2	18.7	8.6	0.7	0.1	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.9	0.6	1.1	3.5	6.5	6.6	13.2	17.3	41.2	8.9	0.7	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	1.0	4.1	1.5	9.5	3.6	6.7	7.2	5.5	39.6	5.7	7.7	3.8	3.0	1.1	(X)
25 YEARS OLD AND OVER	100.0	5.7	11.8	4.3	13.8	8.2	5.0	5.1	4.4	28.0	3.2	3.8	1.4	3.6	1.7	(X)
25 TO 29 YEARS OLD	100.0	1.4	7.6	1.8	10.6	4.7	5.7	5.2	4.4	36.2	6.7	6.4	2.4	4.7	2.1	(X)
30 TO 34 YEARS OLD	100.0	1.8	8.6	2.0	15.5	6.2	6.0	5.4	5.6	31.4	3.3	4.6	1.2	4.3	2.0	(X)
35 TO 39 YEARS OLD	100.0	3.5	8.0	2.1	13.6	8.0	5.7	6.2	4.9	32.6	2.2	3.2	1.6	3.1	2.4	(X)
40 TO 44 YEARS OLD	100.0	2.7	10.4	3.1	16.3	7.7	4.1	5.8	4.3	33.9	3.6	4.1	0.8	4.8	2.3	(X)
45 TO 49 YEARS OLD	100.0	5.7	12.7	4.5	14.9	9.1	5.8	5.9	6.2	25.0	2.3	2.4	1.2	3.2	1.2	(X)
50 TO 54 YEARS OLD	100.0	5.2	14.2	3.4	18.2	10.3	6.4	3.8	4.2	25.9	2.1	1.6	1.7	1.7	0.7	(X)
55 TO 59 YEARS OLD	100.0	11.8	13.2	4.4	14.5	11.9	3.4	4.9	3.4	17.4	2.0	3.5	1.6	1.9	1.2	(X)
60 TO 64 YEARS OLD	100.0	11.0	13.2	3.7	16.8	14.2	0.6	4.6	3.1	18.1	1.5	3.2	-	5.3	0.8	(X)
65 TO 69 YEARS OLD	100.0	17.0	22.3	5.5	16.8	12.5	3.9	2.6	2.4	9.1	0.6	3.3	2.3	1.5	2.1	(X)
70 TO 74 YEARS OLD	100.0	17.5	29.5	10.5	12.0	7.7	3.3	3.1	2.4	10.0	-	0.8	-	2.6	0.6	(X)
75 YEARS OLD AND OVER	100.0	27.6	21.9	6.4	14.6	12.3	2.0	3.4	0.5	8.4	-	0.7	-	2.5	-	(X)

1PERSONS OF SPANISH ORIGIN MAY BE OF ANY RACE.

Source: "Current Population Reports," Educational Attainment in the United States: March 1979 and 1978. Population Characteristics, Series P-20, No. 356. Washington, D.C.: Bureau of the Census, 1980.

Table A-3. Years of School Completed by Persons 14 Years Old and Over, by Age, Sex, Race, and Spanish Origin.

AGE, SEX, RACE, AND SPANISH ORIGIN	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
PERCENT DISTRIBUTION																
1979--ALL RACES																
BOTH SEXES																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.7	1.9	1.0	5.0	9.1	6.1	7.1	5.9	34.8	5.8	6.5	2.7	7.9	5.4	(X)
14 TO 17 YEARS OLD	100.0	0.3	0.1	0.2	12.9	26.1	25.9	21.3	11.9	1.2	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.4	0.1	0.1	0.8	1.9	4.0	7.9	22.7	49.3	11.3	1.1	0.1	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.2	1.5	2.9	4.4	4.8	44.5	11.1	12.4	6.7	8.1	1.6	(X)
25 YEARS OLD AND OVER	100.0	0.9	2.6	1.3	4.9	8.6	4.2	5.6	4.2	36.6	5.3	6.8	2.6	9.4	7.0	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.6	0.3	1.5	1.7	2.3	3.9	3.7	39.3	9.0	10.3	4.0	15.3	7.8	(X)
30 TO 34 YEARS OLD	100.0	0.5	0.8	0.5	1.7	2.5	2.7	3.9	3.8	39.1	7.4	9.0	3.7	14.1	10.5	(X)
35 TO 39 YEARS OLD	100.0	0.4	1.0	0.5	2.4	3.6	3.4	5.2	4.3	41.9	6.1	7.4	2.8	10.2	10.9	(X)
40 TO 44 YEARS OLD	100.0	0.4	1.5	0.8	3.4	4.8	3.8	6.4	4.4	42.2	5.3	6.9	2.3	9.9	7.9	(X)
45 TO 49 YEARS OLD	100.0	0.6	2.2	1.3	3.9	6.7	4.7	6.4	4.7	40.5	4.6	5.9	2.2	8.2	8.0	(X)
50 TO 54 YEARS OLD	100.0	0.5	2.2	1.1	4.9	8.5	5.4	6.6	5.2	39.6	4.0	5.7	2.4	7.8	6.0	(X)
55 TO 59 YEARS OLD	100.0	0.7	2.8	1.5	5.9	9.9	4.8	6.1	4.6	38.8	4.6	6.3	2.1	6.7	5.1	(X)
60 TO 64 YEARS OLD	100.0	0.8	3.6	2.0	7.3	13.9	5.3	6.6	5.1	35.4	3.6	4.8	1.6	5.8	4.3	(X)
65 TO 69 YEARS OLD	100.0	1.9	5.0	2.7	8.8	17.4	6.0	7.8	4.4	27.8	3.1	4.3	1.5	5.8	3.7	(X)
70 TO 74 YEARS OLD	100.0	1.7	5.9	3.5	10.1	20.5	5.8	7.3	3.7	24.8	2.6	3.9	1.5	5.0	3.6	(X)
75 YEARS OLD AND OVER	100.0	3.9	8.6	4.1	13.1	24.6	5.1	5.0	2.6	17.6	2.7	3.7	1.7	4.9	2.6	(X)
MALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.8	2.0	1.0	5.3	9.2	6.0	6.9	5.7	31.4	5.9	6.9	2.8	8.9	7.1	(X)
14 TO 17 YEARS OLD	100.0	0.4	0.1	0.3	14.7	26.0	26.3	21.1	10.3	0.6	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.6	0.1	0.1	1.0	1.9	4.0	9.2	25.0	47.0	10.1	0.9	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.1	1.6	2.6	4.1	5.3	43.3	11.9	12.4	7.2	7.7	1.9	(X)
25 YEARS OLD AND OVER	100.0	1.0	2.7	1.4	5.0	8.6	3.8	5.3	3.9	32.6	5.4	7.3	2.7	10.9	9.5	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.5	0.3	1.5	2.0	2.0	3.7	3.4	36.5	8.8	10.8	4.4	16.2	9.5	(X)
30 TO 34 YEARS OLD	100.0	0.6	0.9	0.5	1.6	2.6	2.2	3.3	3.2	33.4	7.6	10.2	4.2	16.1	13.8	(X)
35 TO 39 YEARS OLD	100.0	0.4	0.9	0.3	2.6	4.2	3.3	4.2	3.5	37.6	5.8	8.2	2.8	11.4	14.8	(X)
40 TO 44 YEARS OLD	100.0	0.5	1.5	0.9	3.8	5.1	3.5	6.1	3.7	36.8	6.0	7.7	2.2	11.3	11.0	(X)
45 TO 49 YEARS OLD	100.0	0.7	2.5	1.6	4.1	7.5	4.6	5.9	4.2	35.3	4.3	5.7	2.1	10.0	11.5	(X)
50 TO 54 YEARS OLD	100.0	0.7	2.4	1.2	5.2	9.7	5.0	6.7	5.4	33.4	3.8	6.1	2.4	9.4	8.7	(X)
55 TO 59 YEARS OLD	100.0	0.7	3.0	1.5	6.5	10.6	4.6	6.0	4.2	33.8	4.4	6.4	2.3	8.7	7.3	(X)
60 TO 64 YEARS OLD	100.0	0.9	4.3	2.3	7.3	14.4	4.7	6.4	4.9	31.6	3.8	5.6	1.6	6.8	5.3	(X)
65 TO 69 YEARS OLD	100.0	2.8	5.7	3.0	9.5	17.3	6.1	7.5	4.0	25.1	3.1	4.1	1.4	5.9	4.2	(X)
70 TO 74 YEARS OLD	100.0	1.9	7.0	3.6	11.3	21.7	5.7	7.1	4.0	21.4	2.4	3.2	1.4	5.1	4.0	(X)
75 YEARS OLD AND OVER	100.0	4.5	10.1	4.1	14.6	23.9	4.4	4.5	2.4	14.6	2.4	3.6	1.6	5.5	3.7	(X)

Table A-3.

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
PERCENT DISTRIBUTION																
FEMALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	0.7	1.9	1.0	4.7	9.0	6.2	7.3	6.1	37.9	5.7	6.2	2.5	7.1	3.7	(X)
14 TO 17 YEARS OLD	100.0	0.2	0.1	0.2	11.1	26.1	25.5	21.5	13.6	1.7	0.1	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.3	0.1	0.1	0.6	2.0	4.1	6.8	20.5	51.6	12.4	1.4	0.1	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.4	0.1	1.3	1.4	3.2	4.7	4.3	45.6	10.2	12.3	6.3	9.6	1.3	(X)
25 YEARS OLD AND OVER	100.0	0.8	2.4	1.3	4.8	8.6	4.5	6.0	4.6	40.2	5.3	6.3	2.4	8.1	4.8	(X)
25 TO 29 YEARS OLD	100.0	0.3	0.7	0.3	1.5	1.5	2.6	4.2	4.0	42.0	9.1	9.8	3.5	14.4	6.1	(X)
30 TO 34 YEARS OLD	100.0	0.3	0.7	0.5	1.8	2.4	3.2	4.5	4.4	44.5	7.1	7.9	3.3	12.1	7.3	(X)
35 TO 39 YEARS OLD	100.0	0.4	1.0	0.6	2.1	3.1	3.5	6.2	5.1	45.9	6.5	6.6	2.8	9.0	7.2	(X)
40 TO 44 YEARS OLD	100.0	0.3	1.5	0.6	3.1	4.5	4.0	6.7	5.0	47.4	4.8	6.1	2.4	8.5	5.0	(X)
45 TO 49 YEARS OLD	100.0	0.6	1.9	1.0	3.7	6.0	4.7	6.8	5.2	45.5	4.9	6.1	2.3	6.5	4.8	(X)
50 TO 54 YEARS OLD	100.0	0.4	2.0	1.0	4.6	7.1	5.7	6.4	5.1	45.4	4.3	5.3	2.3	6.3	3.6	(X)
55 TO 59 YEARS OLD	100.0	0.7	2.6	1.5	5.3	9.4	5.0	6.1	5.0	43.5	4.8	6.2	2.0	4.9	3.1	(X)
60 TO 64 YEARS OLD	100.0	0.8	2.9	1.7	7.3	13.5	5.8	6.8	5.2	38.8	3.4	4.1	1.6	4.9	3.4	(X)
65 TO 69 YEARS OLD	100.0	1.1	4.5	2.4	8.3	17.4	5.8	8.0	4.7	29.9	3.0	4.5	1.5	5.6	3.2	(X)
70 TO 74 YEARS OLD	100.0	1.6	5.1	3.4	9.2	19.7	5.9	7.4	3.5	27.2	2.6	4.4	1.6	4.8	3.3	(X)
75 YEARS OLD AND OVER	100.0	3.5	7.8	4.0	12.2	25.1	5.5	5.3	2.6	19.3	2.8	3.7	1.7	4.5	2.9	(X)

Source: Current Population Reports, "Educational Attainment in the United States: March 1979 and 1978." Population Characteristics, Series P-20, No. 356. Washington, D.C.: Bureau of the Census, 1980.

Table A-4. Black Race. Years of School Completed by Persons (in percentages)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
BOTH SEXES																
TOTAL, 14 YEARS OLD AND OVER	100.0	1.6	5.1	2.2	8.5	9.4	8.0	9.3	9.4	28.7	4.8	4.8	2.1	3.6	2.5	(X)
14 TO 17 YEARS OLD	100.0	0.6	0.2	0.8	18.5	26.4	23.8	18.4	10.2	1.1	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.3	0.2	0.1	1.8	2.6	7.3	12.7	28.8	35.5	8.9	1.7	0.1	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.3	0.3	0.2	1.4	2.0	5.3	6.8	8.8	45.5	10.4	8.4	5.6	4.1	1.0	(X)
25 YEARS OLD AND OVER	100.0	2.2	7.4	3.0	8.6	8.2	5.6	7.8	7.7	30.0	4.3	5.2	2.0	4.4	3.4	(X)
25 TO 29 YEARS OLD	100.0	0.4	0.5	0.6	2.1	2.1	3.6	7.1	9.0	43.3	8.7	7.6	2.6	8.1	4.3	(X)
30 TO 34 YEARS OLD	100.0	1.2	0.7	0.7	2.0	3.1	5.1	6.5	9.0	40.6	6.2	8.8	2.9	8.2	5.0	(X)
35 TO 39 YEARS OLD	100.0	0.7	1.3	0.4	3.6	4.9	4.7	8.6	9.6	40.6	5.0	7.6	4.0	4.6	4.5	(X)
40 TO 44 YEARS OLD	100.0	0.5	2.6	0.8	7.8	7.1	5.8	12.5	9.4	35.3	4.4	5.7	1.1	3.4	3.4	(X)
45 TO 49 YEARS OLD	100.0	0.9	4.6	4.0	7.8	8.8	8.2	9.1	9.1	27.3	4.2	4.2	2.9	4.1	4.8	(X)
50 TO 54 YEARS OLD	100.0	1.5	6.7	3.1	12.3	15.2	7.5	8.5	7.8	24.3	2.6	3.3	1.9	3.0	2.3	(X)
55 TO 59 YEARS OLD	100.0	2.0	10.6	3.5	18.3	13.3	6.3	8.6	6.6	21.1	1.3	3.1	1.1	2.5	1.8	(X)
60 TO 64 YEARS OLD	100.0	2.7	17.5	6.2	16.2	13.3	6.9	6.1	5.3	17.5	1.6	1.9	0.2	1.5	3.1	(X)
65 TO 69 YEARS OLD	100.0	4.8	21.8	7.2	13.4	12.4	7.5	7.9	5.4	11.1	1.4	3.2	0.4	1.0	2.3	(X)
70 TO 74 YEARS OLD	100.0	7.4	24.3	10.5	16.3	12.7	3.4	5.1	2.7	13.1	1.0	1.4	-	1.8	0.7	(X)
75 YEARS OLD AND OVER	100.0	12.9	25.9	7.8	17.5	12.5	4.4	2.9	2.7	9.8	0.3	1.2	0.5	0.7	0.8	(X)
MALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	2.3	5.9	2.5	9.5	9.0	7.5	9.2	9.4	27.6	4.5	4.4	2.2	3.6	2.5	(X)
14 TO 17 YEARS OLD	100.0	0.7	0.3	0.9	20.7	25.8	23.6	18.6	9.1	0.4	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.3	-	0.3	2.6	2.3	7.2	12.6	34.0	33.0	7.6	0.1	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	0.6	0.4	0.5	1.5	1.6	5.9	7.6	10.1	45.0	9.9	7.6	5.3	3.2	0.9	(X)
25 YEARS OLD AND OVER	100.0	3.2	8.7	3.5	9.3	7.5	4.5	7.1	7.0	29.5	4.1	5.0	2.2	4.7	3.7	(X)
25 TO 29 YEARS OLD	100.0	0.5	0.7	0.3	2.0	2.6	3.0	8.3	8.8	43.5	8.1	6.4	2.5	8.7	4.7	(X)
30 TO 34 YEARS OLD	100.0	1.7	1.1	0.9	1.8	2.8	4.5	4.7	9.2	40.9	5.9	8.3	3.9	8.6	5.8	(X)
35 TO 39 YEARS OLD	100.0	1.5	0.6	0.5	4.4	5.1	3.5	6.4	5.9	39.9	4.8	8.9	5.5	6.4	5.1	(X)
40 TO 44 YEARS OLD	100.0	0.5	3.1	1.7	11.1	6.8	4.5	12.0	10.0	32.0	4.5	6.8	0.2	3.0	3.6	(X)
45 TO 49 YEARS OLD	100.0	1.4	5.4	6.1	8.3	7.6	5.5	9.0	8.5	30.5	4.4	2.0	3.1	3.6	4.6	(X)
50 TO 54 YEARS OLD	100.0	2.6	10.8	2.4	14.0	16.6	5.2	8.1	5.7	21.3	3.0	3.9	1.4	2.2	3.5	(X)
55 TO 59 YEARS OLD	100.0	3.3	12.6	4.7	19.8	10.3	4.9	8.3	6.0	19.6	1.6	3.2	1.9	4.0	-	(X)
60 TO 64 YEARS OLD	100.0	3.7	20.0	8.7	15.8	11.1	4.8	5.7	3.1	19.7	1.2	1.3	-	1.9	2.8	(X)
65 TO 69 YEARS OLD	100.0	9.9	23.4	5.6	12.9	12.0	7.9	4.6	5.5	16.0	1.1	2.8	1.0	0.8	1.7	(X)
70 TO 74 YEARS OLD	100.0	7.8	29.5	10.3	16.9	11.5	4.0	5.2	1.8	10.7	-	1.4	-	-	1.0	(X)
75 YEARS OLD AND OVER	100.0	17.6	31.7	9.2	17.3	7.6	2.3	0.7	3.3	5.9	-	1.5	0.6	0.5	1.9	(X)

(continued)

Table A-4. (continued)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
PERCENT DISTRIBUTION																
FEMALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	1.1	4.3	1.9	7.7	9.5	8.4	9.5	9.5	29.6	5.1	5.1	2.0	3.6	2.4	(X)
14 TO 17 YEARS OLD	100.0	0.5	0.2	0.6	16.3	27.1	24.0	18.2	11.2	1.9	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.3	0.3	-	1.0	2.5	7.4	12.8	24.2	37.8	10.2	3.0	0.3	-	-	(X)
20 TO 24 YEARS OLD	100.0	-	0.2	-	1.2	2.3	4.9	6.1	7.7	45.9	10.8	9.1	5.8	4.9	1.1	(X)
25 YEARS OLD AND OVER	100.0	1.4	6.4	2.6	8.1	8.7	6.5	8.4	8.3	30.4	4.4	5.4	1.8	4.3	3.3	(X)
25 TO 29 YEARS OLD	100.0	0.3	0.3	0.8	2.1	1.8	4.0	6.2	9.1	43.2	9.3	8.6	2.7	7.7	4.0	(X)
30 TO 34 YEARS OLD	100.0	0.7	0.5	0.6	2.1	3.4	5.6	7.9	8.9	40.3	6.4	9.2	2.2	8.0	4.4	(X)
35 TO 39 YEARS OLD	100.0	0.2	1.8	0.4	2.9	4.7	5.3	10.3	11.6	41.2	5.1	6.7	2.8	3.2	3.9	(X)
40 TO 44 YEARS OLD	100.0	0.5	2.3	0.1	5.2	7.2	6.8	13.1	9.0	37.9	4.2	4.8	1.9	3.7	3.2	(X)
45 TO 49 YEARS OLD	100.0	0.5	3.9	2.1	7.4	9.7	10.5	9.1	9.6	24.5	4.1	6.1	2.7	4.6	5.1	(X)
50 TO 54 YEARS OLD	100.0	0.5	3.2	3.7	10.8	14.2	9.4	8.8	10.0	27.0	2.3	2.8	2.3	3.7	1.3	(X)
55 TO 59 YEARS OLD	100.0	0.8	8.9	2.5	17.0	15.8	7.3	8.8	7.1	22.4	1.2	3.0	0.5	1.4	3.3	(X)
60 TO 64 YEARS OLD	100.0	2.0	15.3	4.2	16.3	15.2	8.5	6.3	7.0	15.7	1.8	2.4	0.3	1.2	3.4	(X)
65 TO 69 YEARS OLD	100.0	1.4	20.8	7.7	13.9	12.7	7.2	10.1	5.4	11.9	1.6	3.5	-	1.2	2.7	(X)
70 TO 74 YEARS OLD	100.0	7.1	20.0	10.5	15.8	13.6	2.8	5.0	3.4	15.0	1.8	1.3	-	3.2	0.4	(X)
75 YEARS OLD AND OVER	100.0	9.8	22.1	6.9	17.7	15.3	5.8	4.3	2.4	12.4	0.6	1.0	0.5	0.8	-	(X)

Source: Current Population Reports, "Educational Attainment in the United States: March 1979 and 1978." Population Characteristics, Series P-20, No. 356. Washington, D.C.: Bureau of the Census, 1980.

Table A-5. Spanish Origin. Years of School Completed by Person (in percentages)

	TOTAL PERSONS	YEARS OF SCHOOL COMPLETED														MEDIAN SCHOOL YEARS COMPLETED
		ELEMENTARY					HIGH SCHOOL				COLLEGE					
		NONE	1 TO 4 YEARS	5 YEARS	6 AND 7 YEARS	8 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS OR MORE	
BOTH SEXES																
TOTAL, 14 YEARS OLD AND OVER	100.0	4.0	8.8	3.0	12.7	10.[illegible]	7.5	7.6	6.3	25.3	4.2	4.1	1.7	3.2	1.8	(X)
14 TO 17 YEARS OLD	100.0	0.6	0.8	0.6	17.2	29.[illegible]	24.3	17.2	9.3	0.8	0.1	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.6	1.1	0.9	3.5	4.[illegible]	6.3	13.7	22.5	38.4	8.0	0.7	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	1.0	3.7	1.1	9.5	3.[illegible]	5.7	7.2	6.2	38.4	7.9	8.0	4.1	2.9	0.5	(X)
25 YEARS OLD AND OVER	100.0	5.6	12.1	4.1	13.4	8.[illegible]	4.9	5.4	4.3	25.6	3.7	4.3	1.7	4.1	2.5	(X)
25 TO 29 YEARS OLD	100.0	1.3	7.1	2.3	11.6	5.[illegible]	5.2	5.6	4.7	32.0	7.0	7.4	3.3	5.0	2.3	(X)
30 TO 34 YEARS OLD	100.0	2.6	9.3	3.7	13.1	5.[illegible]	5.3	5.1	4.7	30.1	4.9	5.8	1.6	5.3	3.3	(X)
35 TO 39 YEARS OLD	100.0	2.5	9.0	4.5	14.3	9.[illegible]	6.1	5.9	4.9	27.6	3.5	3.5	2.2	3.3	3.6	(X)
40 TO 44 YEARS OLD	100.0	4.2	11.6	4.5	10.8	7.[illegible]	5.2	6.3	4.4	29.1	3.0	3.9	1.1	5.6	2.8	(X)
45 TO 49 YEARS OLD	100.0	6.4	13.1	4.4	14.3	9.[illegible]	5.4	6.4	5.2	25.0	2.1	3.0	1.4	2.8	2.1	(X)
50 TO 54 YEARS OLD	100.0	5.2	11.7	3.6	17.5	11.[illegible]	5.4	4.1	4.3	24.9	2.5	2.1	1.3	3.3	2.6	(X)
55 TO 59 YEARS OLD	100.0	9.4	16.2	3.9	12.8	14.[illegible]	4.2	6.0	2.6	17.5	1.8	3.4	0.9	2.9	1.6	(X)
60 TO 64 YEARS OLD	100.0	8.6	15.4	5.3	16.4	14.[illegible]	2.2	5.4	3.5	17.2	2.0	2.5	0.4	5.3	1.3	(X)
65 TO 69 YEARS OLD	100.0	14.5	22.8	7.8	15.2	10.[illegible]	2.9	3.2	2.8	10.8	1.6	2.3	1.2	2.0	2.9	(X)
70 TO 74 YEARS OLD	100.0	18.7	27.0	9.7	11.9	8.[illegible]	2.7	2.8	2.2	9.6	1.6	1.3	0.3	3.2	1.0	(X)
75 YEARS OLD AND OVER	100.0	27.5	25.0	3.6	15.7	12.[illegible]	1.5	2.6	2.0	6.6	0.4	0.6	-	2.1	-	(X)
MALE																
TOTAL, 14 YEARS OLD AND OVER	100.0	3.8	8.8	2.7	12.6	10.[illegible]	7.6	7.8	6.9	23.0	4.8	4.4	2.0	3.5	2.3	(X)
14 TO 17 YEARS OLD	100.0	1.0	0.5	0.4	18.1	25.[illegible]	25.3	18.8	9.9	0.9	-	-	-	-	-	(X)
18 AND 19 YEARS OLD	100.0	0.4	1.5	0.7	3.6	2.[illegible]	6.0	14.1	27.7	35.7	7.1	0.6	-	-	-	(X)
20 TO 24 YEARS OLD	100.0	1.0	3.4	0.7	9.5	3.9	4.7	7.2	6.9	37.1	10.1	8.2	4.4	2.8	-	(X)
25 YEARS OLD AND OVER	100.0	5.4	12.4	3.9	13.1	8.[illegible]	4.8	5.8	4.1	22.9	4.4	4.8	2.0	4.7	3.5	(X)
25 TO 29 YEARS OLD	100.0	1.1	6.6	2.8	12.7	5.5	4.7	6.1	5.0	27.4	7.3	8.5	4.4	5.3	2.6	(X)
30 TO 34 YEARS OLD	100.0	3.4	10.1	3.4	10.6	4.[illegible]	4.5	4.8	3.7	28.7	6.7	7.2	2.0	6.3	4.6	(X)
35 TO 39 YEARS OLD	100.0	1.3	10.2	3.8	15.1	10.[illegible]	6.5	5.6	5.0	21.7	5.0	3.9	3.0	3.5	5.0	(X)
40 TO 44 YEARS OLD	100.0	5.9	12.9	3.9	11.4	7.[illegible]	6.6	7.0	4.3	23.9	2.3	3.7	1.3	6.5	3.4	(X)
45 TO 49 YEARS OLD	100.0	7.1	13.5	4.3	13.7	7.9	5.0	7.0	4.2	25.0	1.9	3.6	1.6	2.4	3.1	(X)
50 TO 54 YEARS OLD	100.0	5.3	9.0	3.9	16.5	11.[illegible]	4.0	4.5	4.4	23.6	3.0	2.7	0.9	5.4	5.1	(X)
55 TO 59 YEARS OLD	100.0	6.8	15.1	3.3	11.0	13.[illegible]	5.0	7.1	1.8	17.6	1.7	3.2	0.2	3.9	2.0	(X)
60 TO 64 YEARS OLD	100.0	5.3	18.3	4.9	15.9	12.[illegible]	4.2	6.4	4.1	16.0	2.6	1.6	0.9	3.3	1.4	(X)
65 TO 69 YEARS OLD	100.0	11.9	23.3	10.3	13.5	9.4	1.7	3.8	3.2	12.6	2.7	1.2	-	2.6	3.5	(X)
70 TO 74 YEARS OLD	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(B)	(X)
75 YEARS OLD AND OVER	100.0	27.5	28.3	0.8	16.8	12.7	1.0	1.8	3.5	4.7	0.9	0.4	-	1.7	-	(X)

Source: Current Population Reports, "Education Attainment in the United States: March 1979 and 1978." Population Characteristics, Series P-20, No. 346. Washington, D.C.: Bureau of the Census, 1980.

APPENDIX B

Table B-1. Employment Status of the Population by Age, Sex, and Household Relationship: Annual Averages for 1978, 1970, and 1960

(Numbers in thousands. Civilian noninstitutional population)

Age, sex, and household relationship	Civilian noninstitutional population	Civilian labor force				
		Total	Percent of civilian noninstitutional population	Employed	Unemployed	
					Total	Percent of civilian labor force
1978						
Male, 16 years and over	75,176	58,542	77.9	55,491	3,051	5.2
16 and 17 years	4,209	2,185	51.9	1,767	418	19.2
18 and 19 years	3,962	2,893	73.0	2,512	381	13.2
20 to 24 years	9,373	8,063	86.0	7,330	733	9.1
25 to 34 years	16,027	15,284	95.4	14,629	655	4.3
35 to 44 years	11,479	10,986	95.7	10,678	308	2.8
45 to 54 years	11,087	10,122	91.3	9,842	280	2.8
55 to 64 years	9,647	7,087	73.5	6,892	195	2.7
65 years and over	9,394	1,923	20.5	1,842	81	4.2
Family householder	49,572	40,464	81.6	39,346	1,118	2.8
Female, 16 years and over	83,765	41,878	50.0	38,882	2,996	7.2
16 and 17 years	4,098	1,865	45.5	1,502	363	19.5
18 and 19 years	4,178	2,597	62.1	2,200	397	15.3
20 to 24 years	10,041	6,860	68.3	6,168	692	10.1
25 to 34 years	16,984	10,546	62.1	9,843	703	6.7
35 to 44 years	12,403	7,641	61.6	7,260	382	5.0
45 to 54 years	11,882	6,781	57.1	6,507	274	4.0
55 to 64 years	10,785	4,468	41.4	4,325	144	3.2
65 years and over	13,395	1,126	8.4	1,077	43	3.8
Family householder, no husband present	8,219	4,812	58.5	4,405	407	8.5
Wife of householder	47,389	22,660	47.8	21,436	1,224	5.4
1970						
Male, 16 years and over	64,261	51,195	79.7	48,960	2,235	4.4
16 and 17 years	3,845	1,808	47.0	1,503	305	16.9
18 and 19 years	3,297	2,197	66.7	1,904	294	13.4
20 to 24 years	6,851	5,709	83.3	5,230	478	8.4
25 to 34 years	11,733	11,311	96.4	10,921	390	3.4
35 to 44 years	10,804	10,464	96.9	10,211	253	2.4
45 to 54 years	11,054	10,417	94.2	10,171	247	2.4
55 to 64 years	8,588	7,124	83.0	6,926	197	2.8
65 years and over	8,069	2,164	26.8	2,094	71	3.3

(continued)

Table B-1. (continued)

(Numbers in thousands. Civilian noninstitutional population)

Age, sex, and household relationship	Civilian noninstitutional population	Civilian labor force				
		Total	Percent of civilian noninstitutional population	Employed	Unemployed	
					Total	Percent of civilian labor force
Family householder	45,679	39,213	85.8	38,236	977	2.5
Female, 16 years and over	72,734	31,520	43.3	29,667	1,853	5.9
16 and 17 years	3,793	1,324	34.9	1,093	231	17.4
18 and 19 years	3,577	1,917	53.6	1,641	275	14.4
20 to 24 years	8,454	4,874	57.7	4,489	386	7.9
25 to 34 years	12,669	5,698	45.0	5,372	326	5.7
35 to 44 years	11,678	5,967	51.1	5,705	262	4.4
45 to 54 years	12,006	6,531	54.4	6,302	229	3.5
55 to 64 years	9,650	4,153	43.0	4,042	111	2.7
65 years and over	10,907	1,056	9.7	1,023	33	3.1
Family householder, no husband present	5,723	2,994	52.3	2,834	160	5.4
Wife of householder	44,424	17,989	40.5	17,130	859	4.8
1960						
Male, 16 years and over	55,662	46,388	83.3	43,904	2,486	5.4
16 and 17 years	2,805	1,290	46.0	1,089	200	15.5
18 and 19 years	2,159	1,496	69.3	1,271	225	15.0
20 to 24 years	4,679	4,123	88.1	3,754	369	8.9
25 to 34 years	10,514	10,252	97.5	9,759	492	4.8
35 to 44 years	11,230	10,967	97.7	10,551	415	3.8
45 to 54 years	10,001	9,574	95.7	9,182	392	4.1
55 to 64 years	7,373	6,400	86.8	6,106	294	4.6
65 years and over	6,902	2,287	33.1	2,191	96	4.2
Female, 16 years and over	61,583	23,240	37.7	21,874	1,366	5.9
16 and 17 years	2,768	805	29.1	680	124	15.4
18 and 19 years	2,455	1,250	50.9	1,089	162	13.0
20 to 24 years	5,594	2,580	46.1	2,366	214	8.3
25 to 34 years	11,485	4,131	36.0	3,871	260	6.3
35 to 44 years	12,208	5,303	43.4	5,046	256	4.8
45 to 54 years	10,601	5,278	49.8	5,055	222	4.2
55 to 64 years	8,037	2,986	37.2	2,884	101	3.4
65 years and over	8,435	907	10.8	882	25	2.8

Source: Handbook of Labor Statistics 1975-Reference Edition and Employment and Earnings. Washington, D.C.: U. S. Government Printing Office, 26 (January 1979): 22-41.

Table B-2. Persons Below the Poverty Level, by Selected Family Characteristics: 1959-1978

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
ALL PERSONS														
All Races														
1959	39,490	5,481	34,562	8,320	17,208	9,034	4,928	22.4	35.2	20.8	18.5	26.9	15.9	46.1
1960	39,851	(NA)	34,925	8,243	17,288	9,394	4,926	22.2	(NA)	20.7	18.1	26.5	16.2	45.2
1961	39,628	(NA)	34,509	8,391	16,577	9,541	5,119	21.9	(NA)	20.3	18.1	25.2	16.5	45.9
1962	38,625	(NA)	33,623	8,077	16,630	8,916	5,002	21.0	(NA)	19.4	17.2	24.7	15.1	45.4
1963	36,436	(NA)	31,498	7,554	15,691	8,253	4,938	19.5	(NA)	17.9	15.9	22.8	13.8	44.2
1964	36,055	(NA)	30,912	7,160	15,736	8,016	5,143	19.0	(NA)	17.4	15.0	22.7	13.3	42.7
1965	33,185	(NA)	28,358	6,721	14,388	7,249	4,827	17.3	(NA)	15.8	13.9	20.7	11.8	39.8
1966	30,424	(NA)	25,614	6,200	12,876	6,538	4,810	15.7	(NA)	14.2	12.7	18.4	10.5	38.9
1967	28,510	5,114	23,809	5,784	12,146	5,879	4,701	14.7	28.5	13.1	11.8	17.4	9.5	38.3
1968	27,769	5,388	22,771	5,667	11,427	5,677	4,998	14.2	29.5	12.5	11.4	16.3	9.1	38.1
1969	25,389	4,632	20,695	5,047	10,739	4,909	4,694	12.8	25.0	11.3	10.0	15.3	7.8	34.0
1970	24,147	4,787	19,175	5,008	9,501	4,667	4,972	12.1	25.3	10.4	9.7	13.8	7.2	34.0
1970	25,420	4,709	20,330	5,260	10,235	4,835	5,090	12.6	24.5	10.9	10.1	14.9	7.4	32.9
1971	25,559	4,273	20,405	5,303	10,344	4,757	5,154	12.5	21.6	10.8	10.0	15.1	7.2	31.6
1972	24,460	3,738	19,577	5,075	10,082	4,420	4,883	11.9	18.6	10.3	9.3	14.9	6.6	29.0
1973	22,973	3,354	18,299	4,828	9,453	4,018	4,674	11.1	16.3	9.7	8.8	14.2	5.9	25.6
1974	24,260	3,308	19,440	5,109	10,196	4,135	4,820	11.6	15.7	10.2	9.2	15.5	6.0	25.5
1974[r]	23,370	3,085	18,817	4,922	9,967	3,928	4,553	11.2	14.6	9.9	8.8	15.1	5.7	24.1
1975	25,877	3,317	20,789	5,450	10,882	4,457	5,088	12.3	15.3	10.9	9.7	16.8	6.4	25.1
1976	24,975	3,313	19,632	5,311	10,081	4,240	5,344	11.8	15.0	10.3	9.4	15.8	6.0	24.9
1977	24,720	3,177	19,505	5,311	10,028	4,165	5,216	11.6	14.1	10.2	9.3	16.0	5.9	22.6
1978	24,497	3,233	19,062	5,280	9,722	4,059	5,435	11.4	14.0	10.0	9.1	15.7	5.7	22.1
White														
1959	28,484	4,744	24,443	6,185	11,386	6,872	4,041	18.1	33.1	16.5	15.2	20.6	13.3	44.1
1960	28,309	(NA)	24,262	6,115	11,229	6,918	4,047	17.8	(NA)	16.2	14.9	20.0	13.3	43.0
1961	27,890	(NA)	23,747	6,205	10,614	6,928	4,141	17.4	(NA)	15.8	14.8	18.7	13.3	43.2
1962	26,672	(NA)	22,613	5,887	10,382	6,344	4,059	16.4	(NA)	14.7	13.9	17.9	12.0	42.7
1963	25,238	(NA)	21,149	5,466	9,749	5,934	4,089	15.3	(NA)	13.6	12.8	16.5	11.0	42.0
1964	24,957	(NA)	20,716	5,258	9,573	5,885	4,241	14.9	(NA)	13.2	12.2	16.1	10.8	40.7
1965	22,496	(NA)	18,508	4,824	8,595	5,089	3,988	13.3	(NA)	11.7	11.1	14.4	9.2	38.1
1966	20,751	(NA)	16,732	4,481	7,649	4,602	4,019	12.2	(NA)	10.5	10.2	12.8	8.2	37.3
1966[r]	19,290	4,357	15,430	4,106	7,204	4,120	3,860	11.3	26.4	9.7	9.3	12.1	7.4	36.1
1967	18,983	4,646	14,851	4,056	6,729	4,066	4,132	11.0	27.7	9.2	9.0	11.3	7.2	36.5
1968	17,395	3,939	13,546	3,616	6,373	3,557	3,849	10.0	23.1	8.4	8.0	10.7	6.3	32.2
1969	16,659	4,052	12,623	3,575	5,667	3,381	4,036	9.5	23.3	7.8	7.7	9.7	5.8	32.1
1970	17,484	3,984	13,323	3,708	6,138	3,477	4,161	9.9	22.5	8.1	8.0	10.5	5.9	30.8
1971	17,780	3,605	13,566	3,751	6,341	3,474	4,214	9.9	19.9	8.2	7.9	10.9	5.8	29.6

Table B-2. (continued)

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
1972	16,203	3,072	12,268	3,441	5,784	3,043	3,935	9.0	16.8	7.4	7.1	10.1	5.1	27.1
1973	15,142	2,698	11,412	3,219	5,462	2,731	3,730	8.4	14.4	6.9	6.6	9.7	4.5	23.7
1974	16,290	2,642	12,517	3,482	6,180	2,855	3,773	8.9	13.8	7.5	7.0	11.2	4.7	23.2
1974[r]	15,736	2,460	12,181	3,352	6,079	2,750	3,555	8.6	12.8	7.3	6.8	11.0	4.5	21.8
1975	17,770	2,634	13,799	3,838	6,748	3,213	3,972	9.7	13.4	8.3	7.7	12.5	5.2	22.7
1976	16,713	2,633	12,500	3,560	6,034	2,906	4,213	9.1	13.2	7.5	7.1	11.3	4.7	22.7
1977	16,416	2,426	12,364	3,540	5,943	2,882	4,051	8.9	11.9	7.5	7.0	11.4	4.6	20.4
1978	16,259	2,530	12,050	3,523	5,674	2,852	4,209	8.7	12.1	7.3	6.9	11.0	4.5	19.8
Black														
1959	9,927	711	9,112	1,860	5,022	2,230	815	55.1	62.5	54.9	48.1	65.5	44.1	57.0
1966[r]	8,867	722	8,090	1,620	4,774	1,696	777	41.8	55.1	40.9	35.5	50.6	29.4	54.4
1967	8,486	715	7,677	1,555	4,558	1,564	809	39.3	53.3	38.4	33.9	47.4	27.1	49.3
1968	7,616	655	6,839	1,366	4,188	1,285	777	34.7	47.7	33.7	29.4	43.1	21.7	46.3
1969	7,095	689	6,245	1,306	3,677	1,202	850	32.2	50.2	30.9	27.9	39.6	20.0	46.7
1970	7,548	683	6,683	1,481	3,922	1,279	865	33.5	48.0	32.2	29.5	41.5	20.5	48.3
1971	7,396	623	6,530	1,484	3,836	1,210	866	32.5	39.3	31.2	28.8	40.7	19.1	46.0
1972	7,710	640	6,841	1,529	4,025	1,287	870	33.3	39.9	32.4	29.0	42.7	20.0	42.9
1973	7,388	620	6,560	1,527	3,822	1,211	828	31.4	37.1	30.8	28.1	40.6	18.7	37.9
1974	7,467	626	6,506	1,530	3,819	1,157	961	31.4	36.4	30.1	27.8	40.7	17.6	41.0
1974[r]	7,182	591	6,255	1,479	3,713	1,063	927	30.3	34.3	29.3	26.9	39.6	16.4	39.3
1975	7,545	652	6,533	1,513	3,884	1,136	1,011	31.3	36.3	30.1	27.1	41.4	16.9	42.1
1976	7,595	644	6,576	1,617	3,758	1,201	1,019	31.1	34.8	30.1	27.9	40.4	17.8	39.8
1977	7,726	701	6,667	1,637	3,850	1,181	1,059	31.3	36.3	30.5	28.2	41.6	17.4	37.0
1978	7,625	662	6,493	1,622	3,781	1,094	1,132	30.6	33.9	29.5	27.5	41.2	15.7	38.6
Hispanic[1]														
1972	2,414	(NA)	2,252	(NA)	(NA)	(NA)	162	22.8	(NA)	22.3	(NA)	(NA)	(NA)	33.2
1973	2,366	95	2,209	468	1,364	377	157	21.9	24.9	21.5	19.8	27.8	12.6	29.9
1974	2,601	116	2,394	527	1,433	434	207	23.2	28.5	22.6	21.3	29.0	13.7	33.7
1974[r]	2,575	117	2,374	526	1,414	435	201	23.0	28.9	22.4	21.2	28.6	13.7	32.6
1975	2,991	137	2,755	627	1,619	508	236	26.9	32.6	26.3	25.1	33.1	16.5	36.6
1976	2,783	128	2,516	598	1,424	494	266	24.7	27.7	23.8	23.1	30.1	15.3	37.2
1977	2,700	113	2,463	591	1,402	469	237	22.4	21.9	21.9	21.4	28.0	13.5	29.8
1978	2,607	125	2,343	559	1,354	429	264	21.6	23.2	20.9	20.4	27.2	12.3	29.8

(continued)

Table B-2. (continued)

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
MALE[2]														
All Races														
1959	29,100	3,450	27,548	6,404	13,063	8,081	1,552	18.7	30.2	18.2	15.8	22.4	15.3	36.8
1960	29,188	(NA)	27,678	6,288	13,193	8,197	1,510	18.5	(NA)	18.0	15.4	22.3	15.3	36.1
1961	28,830	(NA)	27,257	6,437	12,533	8,287	1,573	18.1	(NA)	17.6	15.4	21.0	15.4	36.0
1962	27,394	(NA)	25,842	6,043	12,124	7,675	1,552	16.9	(NA)	16.4	14.3	19.9	14.1	36.5
1963	25,339	(NA)	23,852	5,582	11,137	7,133	1,487	15.4	(NA)	14.9	13.1	18.0	12.9	34.8
1964	25,084	(NA)	23,615	5,338	11,314	6,963	1,469	15.1	(NA)	14.6	12.5	18.2	12.4	32.0
1965	22,127	(NA)	20,834	4,805	9,826	6,203	1,293	13.2	(NA)	12.8	11.1	15.7	10.9	28.9
1966	19,579	(NA)	18,314	4,384	8,374	5,556	1,265	11.6	(NA)	11.2	10.0	13.4	9.6	27.7
1966[r]	18,260	2,710	16,948	4,063	7,884	5,001	1,312	10.8	21.7	10.3	9.3	12.6	8.7	29.3
1967	17,178	2,759	15,873	3,893	7,181	4,799	1,305	10.1	21.8	9.6	8.7	11.5	8.3	26.9
1968	15,025	2,243	13,705	3,292	6,330	4,083	1,320	8.8	17.6	8.3	7.3	10.2	7.0	25.4
1969	13,735	2,305	12,296	3,181	5,253	3,862	1,439	8.0	17.9	7.4	6.9	8.6	6.4	26.2
1970	14,266	2,198	12,828	3,309	5,546	3,973	1,438	8.2	16.7	7.7	7.2	9.2	6.5	24.0
1971	14,151	1,827	12,608	3,203	5,494	3,910	1,543	8.1	13.6	7.5	6.8	9.3	6.3	23.9
1972	12,873	1,535	11,463	2,917	4,988	3,558	1,410	7.4	11.4	6.8	6.1	8.6	5.7	21.1
1973	11,616	1,461	10,121	2,635	4,282	3,204	1,495	6.6	10.5	6.0	5.5	7.6	5.1	19.8
1974	12,484	1,425	10,877	2,757	4,809	3,310	1,607	7.1	10.0	6.5	5.7	8.7	5.2	20.4
1974[r]	11,901	1,290	10,355	2,598	4,605	3,151	1,547	6.8	9.0	6.2	5.4	8.3	5.0	19.5
1975	13,609	1,411	11,943	3,020	5,284	3,638	1,667	7.8	9.8	7.1	6.2	9.8	5.7	19.9
1976	12,390	1,379	10,603	2,768	4,497	3,337	1,787	7.1	9.4	6.4	5.6	8.5	5.2	19.7
1977	12,096	1,350	10,300	2,701	4,371	3,228	1,796	6.9	9.1	6.2	5.5	8.5	5.0	18.0
1978	11,617	1,342	9,793	2,626	4,035	3,131	1,824	6.6	8.8	5.9	5.3	7.9	4.8	17.1
White														
1959	21,369	2,965	20,211	4,952	8,966	6,293	1,158	15.2	28.0	14.7	13.3	17.4	13.0	33.8
1960	21,102	(NA)	19,966	4,863	8,872	6,231	1,136	14.9	(NA)	14.4	13.0	17.0	12.8	33.3
1961	20,842	(NA)	19,685	4,997	8,450	6,238	1,157	14.5	(NA)	14.1	13.1	16.0	12.8	32.4
1962	19,657	(NA)	18,524	4,657	8,170	5,697	1,133	13.5	(NA)	13.0	12.0	15.1	11.5	32.5
1963	18,256	(NA)	17,098	4,275	7,498	5,325	1,158	12.4	(NA)	11.9	11.0	13.7	10.6	32.2
1964	17,911	(NA)	16,805	4,133	7,373	5,299	1,106	12.0	(NA)	11.6	10.5	13.4	10.4	29.4
1965	15,411	(NA)	14,416	3,628	6,274	4,514	995	10.3	(NA)	9.8	9.2	11.4	8.7	27.2
1966	13,837	(NA)	12,840	3,365	5,411	4,064	997	9.2	(NA)	8.7	8.4	9.8	7.8	26.1
1966[r]	12,779	2,258	11,784	3,070	5,092	3,622	995	8.5	19.6	8.0	7.7	9.2	7.0	26.6
1967	12,383	2,318	11,398	3,019	4,799	3,580	985	8.1	19.8	7.7	7.4	8.7	6.8	24.9
1968	10,995	1,873	9,995	2,595	4,298	3,102	1,000	7.1	15.9	6.7	6.3	7.8	5.8	23.3
1969	10,128	1,932	9,046	2,506	3,598	2,941	1,083	6.5	16.3	6.0	6.0	6.7	5.4	24.1
1970	10,653	1,820	9,562	2,606	3,891	3,065	1,091	6.8	15.0	6.3	6.2	7.3	5.6	21.8
1971	10,635	1,494	9,468	2,560	3,889	3,019	1,167	6.8	12.1	6.2	5.9	7.4	5.4	21.5

Table B-2. (continued)

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
1972	9,521	1,225	8,499	2,30	3,511	2,681	1,022	6.0	9.9	5.6	5.3	6.8	4.8	18.6
1973	8,500	1,134	7,409	2,029	3,001	2,379	1,091	5.4	8.9	4.9	4.6	6.0	4.2	17.5
1974	9,437	1,133	8,238	2,185	3,500	2,553	1,200	6.0	8.6	5.5	4.9	7.1	4.5	18.3
1974[r]	9,063	1,025	7,902	2,063	3,396	2,444	1,161	5.8	7.8	5.2	4.7	6.9	4.3	17.7
1975	10,446	1,106	9,221	2,444	3,934	2,843	1,225	6.6	8.4	6.1	5.5	8.2	4.9	17.4
1976	9,357	1,061	8,037	2,182	3,321	2,534	1,321	6.0	7.9	5.4	4.9	7.1	4.4	17.3
1977	9,195	990	7,890	2,140	3,250	2,501	1,305	5.9	7.3	5.3	4.8	7.1	4.3	15.7
1978	8,997	1,034	7,679	2,132	3,047	2,499	1,318	5.7	7.4	5.2	4.7	6.8	4.3	14.7
Black														
1959[1]	7,021	467	6,696	1,309	3,547	1,840	325	50.7	59.2	50.9	43.3	60.6	43.0	46.4
1966	5,210	420	4,930	946	2,667	1,317	280	33.4	49.7	33.0	27.6	39.9	27.3	43.2
1967	4,594	418	4,315	839	2,293	1,183	279	30.0	48.7	29.7	25.3	35.3	25.1	36.0
1968	3,809	349	3,527	660	1,947	920	282	24.7	41.0	24.1	19.9	29.8	19.2	35.1
1969	3,328	347	3,020	629	1,539	852	308	21.5	41.2	20.6	17.9	25.0	17.1	36.5
1970	3,334	345	3,030	648	1,542	840	304	21.7	38.6	20.9	18.6	26.0	18.5	35.9
1971	3,267	296	2,943	605	1,507	831	324	21.2	30.0	20.3	17.2	25.5	16.4	36.5
1972	3,040	295	2,701	558	1,338	805	338	20.3	31.7	19.3	16.2	24.1	16.2	33.7
1973	2,824	299	2,496	553	1,188	756	328	18.5	29.6	17.7	15.4	21.7	14.9	29.1
1974	2,671	261	2,320	506	1,151	663	351	17.7	25.7	16.6	14.2	21.7	13.0	29.9
1974[r]	2,477	241	2,140	470	1,062	608	338	16.5	23.6	15.4	13.2	20.0	12.2	28.5
1975	2,761	292	2,365	509	1,161	694	396	18.2	27.6	16.9	14.2	22.1	13.4	34.0
1976	2,571	296	2,161	495	980	686	410	16.9	27.0	15.5	13.5	19.4	13.2	31.7
1977	2,495	325	2,072	475	965	633	423	16.6	28.2	15.3	13.5	19.9	12.3	28.8
1978	2,233	284	1,781	414	833	534	452	15.1	24.9	13.4	11.8	17.6	10.5	30.9
Hispanic[1]														
1972	1,592	(NA)	1,519	(NA)	(NA)	(NA)	73	18.4	(NA)	17.4	(NA)	(NA)	(NA)	28.0
1973	1,395	54	1,328	256	758	314	67	15.4	19.2	15.2	13.1	18.8	11.4	21.6
1974	1,580	70	1,473	296	813	364	107	17.1	23.6	16.6	14.7	20.5	12.7	29.0
1974[r]	1,563	69	1,460	297	793	370	103	16.9	23.3	16.5	14.7	20.0	12.9	27.8
1975	1,802	78	1,702	348	925	429	100	20.1	26.6	19.7	17.6	23.8	15.5	28.8
1976	1,639	76	1,516	323	789	404	123	17.9	22.6	17.3	15.6	20.8	13.8	32.6
1977	1,497	67	1,386	290	716	380	111	15.3	17.6	14.8	13.2	17.9	12.1	25.2
1978	1,448	75	1,319	272	692	355	129	14.6	18.4	14.1	12.4	17.2	11.2	24.4

(continued)

Table B-2. (continued)

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
FEMALE[2]														
All Races														
1959	10,390	2,031	7,014	1,916	4,145	953	3,376	50.2	49.2	49.4	42.6	72.2	24.0	52.1
1960	10,663	(NA)	7,247	1,955	4,095	1,197	3,416	49.5	(NA)	48.9	42.4	68.4	28.3	50.9
1961	10,798	(NA)	7,252	1,954	4,044	1,254	3,546	49.5	(NA)	48.1	42.1	65.1	29.8	52.4
1962	11,231	(NA)	7,781	2,034	4,506	1,241	3,450	50.5	(NA)	50.3	42.9	70.2	28.8	51.0
1963	11,097	(NA)	7,646	1,972	4,554	1,120	3,451	48.4	(NA)	47.7	40.4	66.6	26.0	50.0
1964	10,971	(NA)	7,297	1,822	4,422	1,053	3,674	45.9	(NA)	44.4	36.4	62.3	24.3	49.3
1965	11,058	(NA)	7,524	1,916	4,562	1,046	3,534	46.0	(NA)	46.0	38.4	64.2	24.5	46.2
1966	10,845	(NA)	7,300	1,816	4,502	982	3,545	43.8	(NA)	43.1	35.1	61.3	22.2	45.4
1966r	10,250	2,404	6,861	1,721	4,262	878	3,389	41.0	44.2	39.8	33.1	58.2	18.6	43.5
1967	10,591	2,629	6,898	1,774	4,246	878	3,693	40.6	47.3	38.8	33.3	54.3	18.9	44.7
1968	10,364	2,389	6,990	1,755	4,409	826	3,374	38.9	41.1	38.7	32.3	55.2	17.8	39.2
1969	10,412	2,482	6,879	1,827	4,247	805	3,532	38.4	41.1	38.2	32.7	54.4	17.5	38.7
1970	11,154	2,511	7,503	1,951	4,689	862	3,652	38.2	41.1	38.1	32.5	53.0	17.9	38.4
1971	11,409	2,445	7,797	2,100	4,850	847	3,611	38.0	38.4	38.7	33.9	53.1	17.5	36.6
1972	11,587	2,204	8,114	2,158	5,094	862	3,473	36.9	33.2	38.2	32.7	53.1	17.0	34.3
1973	11,357	1,893	8,178	2,193	5,171	814	3,179	34.9	28.4	37.5	32.2	52.1	16.0	29.7
1974	11,775	1,884	8,563	2,351	5,387	825	3,212	34.4	27.6	36.8	32.5	51.5	14.9	29.3
1974r	11,469	1,795	8,462	2,324	5,361	777	3,007	33.6	26.3	36.5	32.1	51.5	14.1	27.3
1975	12,268	1,905	8,846	2,430	5,597	819	3,422	34.6	26.4	37.5	32.5	52.7	15.0	28.9
1976	12,586	1,934	9,029	2,543	5,583	903	3,557	34.4	26.1	37.3	33.0	52.0	15.7	28.7
1977	12,624	1,827	9,205	2,610	5,658	938	3,419	32.8	24.1	36.2	31.7	50.3	15.8	26.1
1978	12,880	1,891	9,269	2,654	5,687	928	3,611	32.3	23.9	35.6	31.4	50.6	14.6	26.0
White														
1959	7,115	1,779	4,232	1,233	2,420	579	2,883	43.8	47.2	40.2	34.8	64.6	17.9	50.3
1960	7,207	(NA)	4,296	1,252	2,357	687	2,911	42.3	(NA)	39.0	34.0	59.9	20.1	48.6
1961	7,048	(NA)	4,062	1,208	2,164	690	2,986	41.9	(NA)	37.6	33.5	54.6	21.4	49.6
1962	7,015	(NA)	4,089	1,230	2,212	647	2,926	41.8	(NA)	37.9	33.9	57.6	19.5	48.7
1963	6,982	(NA)	4,051	1,191	2,251	609	2,931	39.9	(NA)	35.6	31.4	54.1	17.8	47.8
1964	7,046	(NA)	3,911	1,125	2,200	586	3,135	38.3	(NA)	33.4	29.0	49.7	17.2	47.1
1965	7,085	(NA)	4,092	1,196	2,321	575	2,993	38.5	(NA)	35.4	31.0	52.9	17.3	43.9

(continued)

Table B-2. (continued)

(Data as of March of the following year)

Race, sex of head, and year	Number below poverty level (thousands)							Poverty rate (percent)						
	Total		In families				Unrelated individuals	Total		In families				Unrelated individuals
	All persons	65 years and over	Total	Head	Related children under 18	Other family members		All persons	65 years and over	Total	Head	Related children under 18	Other family members	
FEMALE[2] White--Continued														
1966.....	6,914	(NA)	3,892	1,116	2,238	538	3,022	36.5	(NA)	32.4	27.8	49.7	15.4	[illegible]
1966[r].....	6,511	2,099	3,646	1,036	2,112	498	2,865	33.9	42.3	29.7	25.7	46.9	13.4	[illegible]
1967.....	6,600	2,327	3,453	1,037	1,930	486	3,147	33.9	46.0	28.5	25.9	42.1	13.7	[illegible]
1968.....	6,400	2,066	3,551	1,021	2,075	455	2,849	32.3	39.2	29.1	25.2	44.4	13.1	[illegible]
1969.....	6,531	2,121	3,577	1,069	2,068	440	2,953	32.1	38.7	29.1	25.7	45.2	12.[illegible]	
1970.....	6,832	2,164	3,761	1,102	2,247	413	3,070	31.4	38.9	28.4	25.0	43.1	11.5	
1971.....	7,140	2,111	4,099	1,191	2,452	456	3,047	32.1	36.8	30.4	26.5	44.6	13.0	
1972.....	6,682	1,847	3,770	1,135	2,273	362	2,913	29.4	31.2	27.4	24.3	41.1	10.2	
1973.....	6,642	1,564	4,003	1,190	2,461	352	2,639	27.9	26.3	28.0	24.5	42.1	9.8	[illegible]
1974.....	6,852	1,508	4,279	1,297	2,680	302	2,573	27.2	24.8	27.6	24.9	42.6	7.6	[illegible]
1974[r].....	6,673	1,435	4,278	1,289	2,683	306	2,394	26.5	23.6	27.7	24.8	42.9	7.7	[illegible]
1975.....	7,324	1,527	4,577	1,394	2,813	370	2,747	28.1	23.7	29.4	25.9	44.2	9.7	[illegible]
1976.....	7,356	1,572	4,463	1,379	2,713	372	2,892	27.3	23.7	28.0	25.2	42.7	9.0	[illegible]
1977.....	7,221	1,435	4,474	1,400	2,693	381	2,747	25.5	21.3	26.8	24.0	40.3	9.0	[illegible]
1978.....	7,262	1,495	4,371	1,391	2,627	353	2,891	24.9	21.3	25.9	23.5	39.9	8.1	[illegible]
Black														
1959.....	2,906	244	2,416	551	1,475	390	490	70.0	69.9	70.6	65.4	81.6	50.4	[illegible]
1966[r].....	3,657	302	3,160	674	2,107	379	497	65.1	64.8	65.3	59.2	76.6	39.9	[illegible]
1967.....	3,892	297	3,362	716	2,265	381	530	61.6	61.5	61.6	56.3	72.4	36.1	[illegible]
1968.....	3,807	307	3,312	706	2,241	365	495	58.6	58.9	58.9	53.2	70.5	32.6	[illegible]
1969.....	3,766	341	3,225	737	2,137	350	541	57.8	64.2	58.2	53.3	68.2	34.4	[illegible]
1970.....	4,213	337	3,656	834	2,383	439	560	58.8	63.9	58.7	54.3	67.7	37.5	[illegible]
1971.....	4,129	327	3,587	879	2,329	379	542	55.8	54.7	56.1	53.5	66.6	30.2	[illegible]
1972.....	4,670	346	4,139	972	2,686	481	531	57.3	51.4	58.1	53.3	69.5	33.4	[illegible]
1973.....	4,564	321	4,064	974	2,635	455	500	55.4	48.5	56.5	52.7	67.2	32.2	[illegible]
1974.....	4,796	365	4,186	1,024	2,668	494	611	55.4	51.8	55.9	52.8	65.7	33.3	[illegible]
1974[r].....	4,705	350	4,116	1,010	2,651	455	589	54.3	50.0	55.0	52.2	65.0	31.0	[illegible]
1975.....	4,784	360	4,168	1,004	2,724	441	616	53.6	48.7	54.3	50.1	66.0	28.5	[illegible]
1976.....	5,024	348	4,415	1,122	2,778	515	609	54.7	45.9	55.7	52.2	65.6	33.4	[illegible]
1977.....	5,230	376	4,595	1,162	2,885	548	636	53.9	48.2	55.3	51.0	65.7	33.3	[illegible]
1978.....	5,392	378	4,712	1,208	2,948	556	679	53.1	46.6	54.2	50.6	66.4	29.9	[illegible]

(continued)

Table B-2. (continued)

Hispanic[1]														
1972.....	822	(NA)	733	(NA)	(NA)	(NA)	89	51.5	(NA)	53.5	(NA)	(NA)	(NA)	
1973.....	971	42	881	211	606	64	90	55.5	41.1	57.4	51.4	68.7	26.6	
1974.....	1,021	47	921	231	619	71	100	51.6	42.3	53.2	49.6	63.9	23.9	
1974[r].....	1,012	48	915	229	621	65	98	51.4	43.7	53.1	49.6	64.3	21.8	
1975.....	1,189	59	1,053	279	694	79	136	55.6	46.8	57.2	53.6	68.4	26.0	
1976.....	1,144	53	1,000	275	636	90	143	54.3	40.9	56.6	53.1	67.3	29.5	
1977.....	1,204	46	1,077	301	686	89	127	53.3	34.0	56.7	53.6	68.6	26.5	
1978.....	1,158	49	1,024	288	663	74	134	53.3	37.1	56.4	53.1	68.9	23.6	

Source: Current Population Reports, Series P-60, No. 120. U. S. Department of Commerce. Washington, D.C.: U. S. Government Printing Office, November 1979, pp. 491-494.

APPENDIX C

NATIONAL COMMISSION ON SOCIAL SECURITY REFORM

On December 16, 1981, President Reagan announced the membership of the National Commission on Social Security Reform, a bipartisan panel that will seek solutions to the financial problems facing the Social Security program. Named by the President to the Commission were:

Alan Greenspan (Chairman), former Chairman of the Council of Economic Advisors during the Ford Administration.

Robert A. Beck, Chairman of the Board, Prudential Insurance Company of America.

Mary Falvey Fuller, Vice President for Finance, Shaklee Corporation, San Francisco; member of the 1979 Advisory Council on Social Security.

Alexander B. Trowbridge, President, National Association of Manufacturers.

Joe D. Waggonner, Jr., consultant, Bossier Bank & Trust Company, Plain Dealing, La.; former Democratic Representative from Louisiana.

The following members were named by Speaker Thomas P. O'Neill, Jr., of the U.S. House of Representatives:

Robert M. Ball, former Commissioner of Social Security.

Martha Keys, former Democratic Representative from Kansas.

Representative Claude Peper (D.-Fla.), Chairman, House Select Committee on Aging.

Named to the Commissioner by House Minority Leader Robert H. Michel were:

Representative Bill Archer (R.-Texas), ranking minority member, Subcommittee on Social Security, Committee on Ways and Means.

Representative Barber B. Conable, Jr. (R.-N.Y.), ranking minority member, Committee on Ways and Means.

Named by Senate Majority Leader Howard H. Baker, Jr., were:

Senator Robert J. Dole (R.-Kansas), Chairman of the Senate Finance Committee.

Senator Daniel Patrick Moyanihan (D.-N.Y.), ranking minority member, Social Security Subcommittee, Senate Finance Committee.

Senator William L. Armstrong (R.Colo.), Chairman, Social Security Subcommittee, Senate Finance Committee.

Senator John Heinz (R.-Pa.), member of the Senate Finance Committee.

Lane Kirkland, President of the AFL-CIO.

Source: "Social Security in Review." Social Security Bulletin 45 (January 1982):1.

APPENDIX D

Table D-1. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons Receiving Federally Administered Payments and Total Amount, 1974-82.

Period	Number of persons				Amount of payments (in thousands)		
	Total	Aged	Blind	Disabled	Total	Federal SSI	State supplementation
January 1974	3,215,632	1,865,109	72,390	1,278,133	$365,149	$260,159	$104,989
December 1974	3,996,064	2,285,909	74,616	1,635,539	450,856	340,853	110,003
December 1975	4,314,275	2,307,105	74,489	1,932,681	493,495	374,419	119,076
December 1976	4,235,939	2,147,697	76,366	2,011,876	507,060	386,440	120,620
December 1977	4,237,692	2,050,921	77,362	2,109,409	527,658	402,743	124,915
December 1978	4,216,925	1,967,900	77,135	2,171,890	546,567	420,454	126,113
December 1979	4,149,575	1,871,716	77,250	2,200,609	645,890	456,808	189,082
December 1980	4,142,017	1,807,776	78,401	2,255,840	694,938	527,884	167,054
December 1981	4,018,875	1,678,090	78,570	2,262,215	734,400	575,472	158,927
1981							
February	4,133,305	1,791,635	78,425	2,263,245	680,530	525,779	154,751
March	4,115,666	1,775,725	78,417	2,261,524	681,534	526,730	154,805
April	4,133,346	1,777,400	78,846	2,277,100	691,484	535,032	156,451
May	4,107,758	1,761,294	78,517	2,267,947	681,173	523,737	157,436
June	4,098,895	1,753,213	78,511	2,267,171	682,006	526,889	155,117
July	4,069,743	1,725,922	78,490	2,265,331	741,696	583,919	157,777
August	4,042,800	1,709,934	78,196	2,254,670	733,037	577,422	155,615
September	4,037,881	1,701,964	78,371	2,257,546	736,244	580,048	156,195
October	4,030,123	1,692,324	78,426	2,259,373	743,702	579,069	164,633
November	4,027,072	1,686,502	78,596	2,261,974	738,246	578,486	159,760
December	4,018,875	1,678,090	78,570	2,262,215	734,400	575,472	158,927
1982							
January	4,019,048	1,675,396	78,624	2,265,028	740,100	578,260	161,841
February	3,999,718	1,662,717	78,351	2,258,650	723,631	567,086	156,544

Source: "Current Operating Statistics: Supplemental Security Income." Social Security Bulletin 45 (June 1982):37.

Table D-2. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons Initially Awarded Federally Administered Payments, by Reason for Eligibility, 1974-81

Period	Total	Aged	Blind	Disabled
1974 [1]	890,768	498,555	5,206	387,007
1975	702,147	259,823	5,834	436,490
1976	542,355	171,798	4,735	365,822
1977	557,570	189,750	5,753	362,067
1978	532,447	177,224	6,375	348,848
1979	483,993	159,927	6,476	317,590
1980	496,137	169,862	7,576	318,699
1981 [2]	315,429	89,414	5,429	220,586
1981				
January [3]	...	...	...	...
February	33,908	10,716	542	22,650
March	34,588	10,466	549	23,573
April	41,286	11,837	748	28,701
May	25,365	6,448	425	18,492
June	33,219	9,927	578	22,714
July	33,266	9,625	572	23,069
August	28,211	7,904	501	19,806
September [3]	...	...	...	...
October	29,241	7,428	529	21,284
November	29,991	8,194	555	21,242
December	26,354	6,869	430	19,055

[1] Reflects data for May-December.
[2] Data not available for January and September.
[3] Data not available.

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982):

Table D-3. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons Receiving Federally Administered Payments, by Reason for Eligibility and State, February 1982

State	Total	Aged	Blind	Disabled
Total [1]	3,999,718	1,662,717	78,351	2,258,650
Alabama [2]	129,864	70,144	1,928	57,792
Alaska [2]	3,077	1,137	61	1,879
Arizona [2]	28,961	10,645	587	17,729
Arkansas	74,229	39,076	1,456	33,697
California	691,196	298,054	18,028	375,114
Colorado [2]	29,161	11,657	381	17,123
Connecticut [2]	23,238	6,797	403	16,038
Delaware	6,840	2,278	153	4,409
District of Columbia	14,562	3,926	207	10,429
Florida	171,500	81,562	2,798	87,140
Georgia	149,442	65,637	2,909	80,896
Hawaii	9,963	4,678	167	5,118
Idaho [2]	7,380	2,324	113	4,943
Illinois [2]	120,997	32,506	1,885	86,606
Indiana [2]	40,679	13,205	1,169	26,305
Iowa	24,782	9,672	1,032	14,078
Kansas	19,664	6,992	299	12,373
Kentucky [2]	92,082	38,210	2,045	51,827
Louisiana	129,481	58,323	2,107	69,051
Maine	20,709	8,676	297	11,736
Maryland	47,083	14,831	675	31,577
Massachusetts	114,104	58,563	5,021	50,520
Michigan	111,049	33,780	1,893	75,376
Minnesota [2]	30,446	11,445	635	18,366
Mississippi	110,829	57,761	1,805	51,263
Missouri [2]	79,947	35,157	1,295	43,495
Montana	6,665	2,045	129	4,491
Nebraska [2]	13,155	4,702	222	8,231
Nevada	6,715	3,376	455	2,884
New Hampshire [2]	5,264	1,820	128	3,316
New Jersey	84,410	30,607	1,147	52,656
New Mexico [2]	24,702	9,752	455	14,495
New York	350,143	124,660	4,074	221,409
North Carolina [2]	135,470	58,833	3,025	73,612
North Dakota [2]	5,984	2,841	80	3,063
Ohio	116,025	30,914	2,308	82,803
Oklahoma [2]	62,768	30,150	985	31,633
Oregon [2]	21,999	6,745	504	14,750
Pennsylvania	157,162	51,654	3,139	102,369

Table D-3. (continued)

Rhode Island	14,660	5,492	207	8,961
South Carolina [2]	81,462	35,511	1,866	44,085
South Dakota	7,769	3,450	144	4,175
Tennessee	126,689	55,650	2,002	69,037
Texas [3]	252,242	135,937	4,214	112,091
Utah [2]	7,628	2,210	167	5,251
Vermont	8,587	3,271	116	5,200
Virginia [2]	78,939	32,149	1,405	45,385
Washington	43,586	13,804	565	29,317
West Virginia [2]	39,362	12,272	643	26,947
Wisconsin	64,125	26,827	967	36,331
Wyoming [2]	1,745	671	36	1,038
Unknown	1	1	.....	.....
Other areas:				
Northern Mariana Islands [3]	596	337	19	240

[1] Includes persons with Federal SSI payments and/or federally administered State supplementation, unless otherwise indicated.

[2] Data for Federal SSI payments only. State has State-administered supplementation.

[3] Data for Federal SSI payments only; State supplementary payments not made.

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982: 38.

Table D-4. Supplemental Security Income for the Aged, Blind, and Disabled: Amount of Payments, Federal SSI Payments, and Federally Administered State Supplementation, by State, February 1982

[In thousands]

State	Total	Federal SSI	Federally administered State supplementation
Total	$723,631	$567,086	$156,544
Alabama	18,753	18,753	...
Alaska	537	537	...
Arizona	5,178	5,178	...
Arkansas	9,912	9,907	6
California	178,735	73,029	105,706
Colorado	4,428	4,428	...
Connecticut	3,918	3,918	...
Delaware	1,060	1,020	40
District of Columbia	2,955	2,615	340
Florida	29,410	29,409	1
Georgia	22,270	22,262	8
Hawaii	1,950	1,576	374
Idaho	1,113	1,113	...
Illinois	20,355	20,355	...
Indiana	5,905	5,905	...
Iowa	3,328	3,240	88
Kansas	2,705	2,699	6
Kentucky	14,831	14,831	...
Louisiana	20,515	20,502	13
Maine	2,761	2,352	409
Maryland	8,001	7,985	16
Massachusetts	21,282	11,428	9,854
Michigan	21,656	16,591	5,064
Minnesota	4,003	4,003	...
Mississippi	16,397	16,391	6
Missouri	12,028	12,028	...
Montana	1,051	985	65
Nebraska	1,837	1,837	...
Nevada	1,112	890	222
New Hampshire	784	784	...
New Jersey	15,864	12,933	2,932
New Mexico	3,971	3,971	...
New York	72,889	53,947	18,943
North Carolina	20,150	20,150	...
North Dakota	802	802	...
Ohio	19,440	19,429	10
Oklahoma	9,084	9,084	...
Oregon	3,465	3,465	...
Pennsylvania	28,713	23,914	4,799

Table D-4. (continued)

Rhode Island	2,407	1,812	594
South Carolina	11,984	11,984	.....
South Dakota	993	990	3
Tennessee	19,106	19,105	1
Texas	34,900	34,900	.....
Utah	1,155	1,155	.....
Vermont	1,482	1,061	420
Virginia	11,790	11,790	.....
Washington	7,919	6,548	1,371
West Virginia	6,996	6,996	.....
Wisconsin	11,382	6,130	5,252
Wyoming	239	239	.....
Unknown	(1)	(1)	.....
Other areas:			
Northern Mariana Islands	131	131	.....

[1] Less than $500.

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982): 38.

Table D-5. Supplemental Security Income for the Aged, Blind, and Disabled: Amount of Combined Federal SSI Payments and Federally Administered State Supplementation, by Reason for Eligibility and State, February 1982

[In thousands]

State	Aged	Blind	Disabled
Total	$228,117	$17,658	$477,856
Alabama	7,954	358	10,441
Alaska	162	13	362
Arizona	1,442	121	3,615
Arkansas	4,103	255	5,554
California	61,536	5,648	111,551
Colorado	1,324	63	3,042
Connecticut	823	76	3,019
Delaware	227	28	805
District of Columbia	534	43	2,378
Florida	12,270	543	16,596
Georgia	7,435	546	14,290
Hawaii	791	38	1,121
Idaho	232	20	862
Illinois	3,953	366	16,037
Indiana	1,274	216	4,415
Iowa	874	180	2,274
Kansas	703	51	1,951
Kentucky	4,418	430	9,983
Louisiana	7,225	402	12,888
Maine	687	49	2,025
Maryland	1,670	133	6,197
Massachusetts	8,283	1,209	11,790
Michigan	4,424	410	16,821
Minnesota	1,138	103	2,762
Mississippi	6,569	339	9,488
Missouri	3,923	221	7,884
Montana	198	24	829
Nebraska	423	37	1,377
Nevada	469	96	546
New Hampshire	171	22	591
New Jersey	4,586	242	11,036
New Mexico	1,147	88	2,736
New York	19,916	917	52,056
North Carolina	6,355	549	13,246
North Dakota	276	14	512
Ohio	3,368	428	15,643
Oklahoma	3,516	192	5,376
Oregon	719	89	2,656
Pennsylvania	6,433	707	21,573

Table D-5. (continued)

Rhode Island	640	44	1,722
South Carolina	3,832	361	7,792
South Dakota	321	29	643
Tennessee	6,004	396	12,706
Texas	15,103	770	19,027
Utah	264	34	857
Vermont	384	26	1,072
Virginia	3,413	258	8,119
Washington	1,722	121	6,076
West Virginia	1,460	131	5,405
Wisconsin	3,290	216	7,876
Wyoming	63	6	169
Unknown	(1)	.....	(1)
Other areas:			
Northern Mariana Islands	68	4	59

[1] Less than $500.

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982): 39.

Table D-6. Supplemental Security Income for the Aged, Blind, and Disabled: Average Monthly Amount of Combined Federal and State Payments in States with Federally Administered State Supplementation, by Reason for Eligibility and State, February 1982

State	Average monthly amount			
	Total	Aged	Blind	Disabled
Arkansas	$133.54	$105.01	$175.27	$164.81
California	258.59	206.46	313.27	297.38
Delaware	154.93	99.49	180.31	182.69
District of Columbia	202.92	136.12	206.03	228.00
Florida	171.48	150.44	194.24	190.45
Georgia	149.02	113.27	187.55	176.65
Hawaii	195.73	169.11	227.53	219.04
Iowa	134.30	90.34	174.87	161.52
Kansas	137.55	100.55	169.25	157.69
Louisiana	158.44	123.87	190.80	186.65
Maine	133.32	79.14	166.36	172.53
Maryland	169.93	112.61	197.18	196.26
Massachusetts	186.51	141.44	240.70	233.37
Michigan	195.01	130.97	216.68	223.17
Mississippi	147.95	113.73	187.76	185.09
Montana	157.63	96.80	182.23	184.62
Nevada	165.57	138.95	211.87	189.43
New Jersey	187.94	149.83	210.89	209.59
New York	208.17	159.76	225.08	235.11
Ohio	167.55	108.96	185.41	188.92
Pennsylvania	182.70	124.55	225.17	210.74
Rhode Island	164.16	116.54	213.12	192.22
South Dakota	127.84	93.18	199.45	154.01
Tennessee	150.81	107.90	197.55	184.05
Vermont	172.54	117.28	221.15	206.22
Washington	181.28	124.73	214.07	207.27
Wisconsin	177.50	122.65	223.13	216.78

Source: "Current Operating Statistics: Supplemental Security Income," Social Security Bulletin 45 (June 1982: 39.

Table D-7. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons, Total, and Average State Payment Amount to Persons Under State-administered State Supplementation Programs, by Reason for Eligibility, 1974-81[1]

Period	Number of persons				Total amount (in thousands)				Average payment			
	Total [2]	Aged	Blind	Disabled	Total [2]	Aged	Blind	Disabled	Total [2]	Aged	Blind	Disabled
January 1974	358,293	251,926	8,502	96,926	$14,884	$9,237	$517	$5,102	$41.54	$36.66	$60.86	$52.64
December 1974	300,724	193,057	5,898	101,769	11,354	6,824	330	4,200	[3] 37.75	[3] 35.35	[3] 55.95	[3] 41.27
December 1975	303,391	184,679	4,933	113,504	13,803	7,225	301	6,273	45.59	39.12	61.13	55.26
December 1976	274,377	160,360	4,731	109,248	13,720	6,882	327	6,511	50.00	42.91	69.04	59.60
December 1977	269,695	152,449	4,467	112,467	14,477	7,096	336	7,033	53.68	46.54	75.21	62.53
December 1978	265,378	146,799	4,192	107,430	15,608	7,873	363	7,260	58.82	53.63	86.60	67.58
December 1979	257,289	140,894	3,937	105,830	18,327	9,540	361	8,305	71.23	67.71	91.60	78.47
December 1980	249,514	134,648	3,633	104,330	19,855	10,441	352	8,927	79.57	77.54	96.92	85.57
December 1981	249,590	133,841	3,489	105,738	20,047	10,380	348	9,172	80.32	77.55	99.67	86.74
1981												
January	249,813	135,772	3,626	104,982	19,977	10,486	350	9,021	79.97	77.23	96.44	85.93
February	251,084	135,232	3,611	105,268	20,063	10,509	352	9,064	79.90	77.71	97.61	86.11
March	251,268	135,817	3,596	105,143	20,041	10,518	348	9,038	79.76	77.45	96.83	85.96
April	251,635	135,999	3,576	105,590	19,643	10,095	344	9,070	78.06	74.23	96.32	85.90
May	251,478	135,720	3,588	105,522	19,692	10,115	350	9,101	78.31	74.53	97.48	86.25
June	250,534	134,899	3,521	105,192	19,487	9,896	345	9,108	77.78	73.36	98.01	86.58
July	252,432	135,093	3,575	106,902	19,231	9,566	334	9,187	76.18	70.81	93.55	85.94
August	249,984	134,082	3,523	105,725	19,261	9,663	343	9,083	77.05	72.29	97.27	85.91
September	249,665	134,042	3,508	105,733	19,284	9,717	348	9,078	77.24	72.49	99.24	85.86
October	249,870	133,929	3,470	105,634	19,342	9,752	340	9,106	77.41	72.81	98.04	86.20
November	250,112	133,588	3,477	105,706	19,370	9,741	345	9,134	77.44	72.92	99.24	86.41
December	249,590	133,841	3,489	105,738	20,047	10,380	348	9,172	80.32	77.55	99.67	86.74

[1] Data reported to the Social Security Administration by individual States. All data subject to revision. Excludes optional supplementation data for North Dakota; for Maryland in December 1974 and 1975; and for New Mexico in December 1976.

[2] Includes data for some States not distributed by reason for eligibility.

[3] Excludes data for South Carolina.

Source: "Current Operating Statistics: Supplemental Security Income." Social Security Bulletin 45 (June 1982): 40.

Table D-8. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons Receiving State-administered State Supplementation and Total and Average Amount, by Reason for Eligibility and State, December 1981[1]

State	Number of persons				Total amount (in thousands)				Average payment			
	Total	Aged	Blind	Disabled	Total	Aged	Blind	Disabled	Total	Aged	Blind	Disabled
Total	[2] 249,590	133,841	3,489	105,738	[2] $20,047	$10,380	$348	$9,172	[2] $80.32	$77.55	$99.67	$86.74
Alabama	16,726	12,352	128	4,246	903	657	7	239	53.99	53.16	54.02	56.41
Alaska [3]	928	379	12	537	125	47	2	76	135.23	124.77	172.42	141.79
Arizona	1,674	985	4	685	110	84	[4]	26	65.99	85.15	[5]	38.50
Colorado	34,337	24,242	141	9,954	3,300	2,700	4	596	96.11	111.38	31.13	59.83
Connecticut	11,502	5,029	85	6,388	1,798	775	10	1,013	156.32	154.07	115.02	158.65
Florida	7,122	3,878	[6]	[7] 3,244	270	122	[6]	[7] 147	37.94	31.55	[6]	[7] 45.59
Idaho	2,924	1,211	27	1,686	295	106	2	187	101.00	87.52	81.30	111.00
Illinois	29,754	6,108	311	23,335	2,450	393	24	2,033	82.33	64.32	77.49	87.11
Kentucky	7,981	4,496	106	3,379	914	498	8	408	114.46	110.72	71.99	120.78
Maryland	[2] 532	[6]	[6]	[6]	[2] 69	[6]	[6]	[6]	[2] 130.21	[6]	[6]	[6]
Minnesota [3]	10,239	2,981	167	7,091	982	222	14	747	95.92	74.31	83.84	105.29
Missouri	22,047	17,850	838	3,359	792	541	120	130	35.92	30.33	143.39	38.81
Nebraska	8,241	3,335	130	4,776	457	126	9	322	55.42	37.77	67.39	67.42
New Hampshire	4,413	1,573	166	2,674	460	66	14	380	104.19	42.18	83.93	141.93
New Mexico	[2] 278	[6]	[6]	[6]	[2] 21	[6]	[6]	[6]	[2] 75.00	[6]	[6]	[6]
North Carolina	10,833	6,247	249	4,337	2,087	1,182	52	852	192.63	189.24	210.18	196.49
North Dakota	108	71	2	35	2	1	[4]	1	21.08	19.55	[5]	25.14
Oklahoma [3]	55,594	36,189	460	18,945	3,445	2,187	31	1,228	61.97	60.42	66.58	64.82
Oregon	12,370	4,058	577	7,735	553	214	38	301	44.69	52.68	65.25	38.96
South Carolina	1,695	706	20	969	189	76	2	110	111.39	108.09	116.30	113.69
South Dakota	355	213	3	139	39	25	[4]	13	109.55	118.77	[5]	96.19
Utah	[2] 5,712	[6]	[6]	[6]	[2] 57	[6]	[6]	[6]	[2] 10.00	[6]	[6]	[6]
Virginia	3,401	1,735	44	1,622	706	351	10	345	207.65	202.26	228.11	212.86
West Virginia	109	42	.....	67	8	3	.....	5	71.73	73.62	.....	70.55
Wyoming	715	161	19	535	14	3	[4]	11	20.00	20.00	[5]	20.00

[1] Data reported to the Social Security Administration by individual States. All data subject to revision. Excludes data for optional programs in North Dakota.

[2] Includes data for some States not distributed by reason for eligibility.

[3] Represents March 1980 data for Alaska, September 1981 data for Minnesota and July 1981 data for Oklahoma; data not available for December 1981.

[4] Less than $500.

[5] Not computed on base of less than $500.

[6] Data not available.

[7] Includes data for the blind.

Source: "Current Operating Statistics: Supplemental Security Income." Social Security Bulletin 45 (June 1982): 40.

Table D-9. Supplemental Security Income for the Aged, Blind, and Disabled: Number of Persons Receiving State-administered State Supplementation Only and Total and Average Amount, by Reason for Eligibility and State, December 1981[1]

State	Number of persons				Total amount (in thousands)				Average payment			
	Total	Aged	Blind	Disabled	Total	Aged	Blind	Disabled	Total	Aged	Blind	Disabled
Total	[2] 48,375	29,035	615	18,193	[2] $5,730	$2,962	$94	$2,605	[2] $118.46	$102.02	$152.83	$143.18
Alabama	3,307	2,485	17	805	125	93	1	31	37.86	37.57	38.94	38.74
Alaska [3]	260	128	2	130	21	10	(4)	10	80.29	79.22	(5)	79.92
Arizona	196	157	.....	39	23	21	.....	2	115.19	131.58	.....	49.23
Colorado	10,658	9,243	8	1,407	1,545	1,292	1	252	144.98	139.74	174.50	179.24
Connecticut	8,126	3,483	47	4,596	1,295	538	6	751	159.35	154.48	130.60	163.33
Florida [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Idaho	636	339	3	294	59	30	(4)	29	93.05	88.16	(5)	98.87
Illinois	7,206	1,479	48	5,679	1,131	145	5	981	156.98	98.19	103.85	172.75
Kentucky	1,711	1,282	7	422	210	156	1	54	122.96	121.36	112.00	128.00
Maryland	[2] 532	(7)	(7)	(7)	[2] 69	(7)	(7)	(7)	[2] 130.21	(7)	(7)	(7)
Minnesota [3]	1,182	432	15	735	276	81	2	193	233.40	187.48	124.40	262.62
Missouri	6,140	4,664	333	1,143	301	179	65	57	49.08	38.44	196.03	49.67
Nebraska	1,436	645	17	774	107	32	2	73	74.39	50.43	70.24	94.45
New Mexico [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
North Carolina	2,366	1,628	36	702	325	225	7	93	137.54	138.38	185.81	133.10
North Dakota	2	1	.....	1	(4)	(4)	.....	(4)	(5)	(5)	.....	(5)
Oklahoma [3]	2,361	1,750	9	602	136	101	(4)	34	57.43	57.65	(5)	56.93
Oregon	2,256	1,319	73	864	106	59	4	44	47.18	44.51	54.59	50.63
South Carolina [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Utah [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
West Virginia [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wyoming [6]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

[1] Data reported to the Social Security Administration by individual States. All data subject to revision. Excludes data for mandatory and optional programs in New Hampshire, South Dakota, and Virginia; for optional programs in North Dakota.

[2] Includes data not distributed by reason for eligibility.

[3] Represents March 1980 data for Alaska, September 1981 data for Minnesota and July 1981 data for Oklahoma; data not available for December 1981.

[4] Less than $500.

[5] Not computed on base of less than $500.

[6] No persons receiving State supplementation only.

[7] Data not available.

Source: "Current Operating Statistics: Supplemental Security Income." Social Security Bulletin 45 (June 1982): 41.

APPENDIX E

AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1983-2003)

Basically, the following seven disciplinary fields significantly contribute to this research study: (1) demography, (2) education, (3) psychology, (4) sociology, (5) economics, (6) health science, and (7) political science. The subjects of psychology and sociology are combined into one section. The eighth section is devoted to national political issues and the elderly.

A circumstance set is presented following a summary of the major research findings in each of the eight content areas cited above in relation to persons who are 65 years of age or older, hereafter referred to as the elderly. Included in each circumstance set are a number of possible circumstances or events which could occur between the present and 2003. (The years 2000 or 2005 are referenced only in situations in this research study where reliable data are unavailable for the year 2002).

Probability

You are asked to determine the probability of occurrence for each of the circumstances or events listed. Probabilities should be entered in 20 point increments: 0, 20, 40, 60, 80, 100, with 0 being "no chance" of occurrence and 100 being an "absolute determination" of occurrence.

Impact

You also are asked to evaluate the impact of the circumstance or event. Five levels of impact constitute the scale to be used; and you are asked to specify by number, the impact that would result from circumstance/event occurrence.

5 = extremely large impact
4 = large impact
3 = moderate impact
2 = small impact
1 = very small or no impact

Example

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. By the year 2000, the elderly have developed a group consciousness which greatly enhances their political effectiveness in politics at the national level.	_____

Additional spaces are provided at the conclusion of each circumstantial set so that you may add your own circumstances which are not covered in the stated circumstantial set.

Thank you for your help in this research. Your responses will be held in confidence.

AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1983-2003)

Demography

The Present

In 1900 there were about 3 million Americans, age 65 or over, in the U.S. By 1940 the number had tripled to 9 million; by 1970 it had grown to 20 million persons. Today that number stands at about 25 million; it is expected to reach 32 million by the year 2000. Twenty years later there may well be 45 million elderly Americans in America (Biaggi Study).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and the year 2003.

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. The sheer numbers of elderly persons in the nation will continue to increase over the next twenty years.	_____
_____	2. The rate of increase of the elderly population will slow somewhat between 1980 and 1990 as compared to all earlier 5-year periods since 1900.	_____
_____	3. The rate of increase of the elderly population will slow considerably between 1990 and 1995 compared to the period between 1985 and 1990.	_____
_____	4. The rate of increase of the elderly population will slow considerably between 1995 and 2005 compared to the period between 1990 and 1995.	_____
_____	5. At some point between 1980 and 2003, the annual rate of change for the elderly will be a negative number and not a positive number.	_____
_____	6. The population of the elderly when shown as a percentage of the total population will continue to increase over the next twenty years.	_____
_____	7. The population of the elderly, when shown as a percentage of the total population, will reach a relative plateau between 1995 and 2005.	_____

_____ 8. The sheer number of elderly will continue to increase from 1990 through 2005; however, when the elderly are shown as a percentage of the total population during this period, this number will show a steady decline in growth rate while the total population figure for the elderly is increasing. _____

_____ 9. Both the large number of elderly persons and the sizable proportion of the total population that they will continue to represent throughout the period from 1980 through 2002, will increasingly tend to enhance their political value at the national level. _____

_____ 10. The political impact of the elderly will vary from region to region according to the proportion of the regional population that they represent; i.e., in Florida (over 14% elderly) the elderly will become a highly effective political group; in Arkansas, Missouri, and Iowa (between 13.0-13.9%) the elderly will become a very important group politically; in Oklahoma, Kansas, Nebraska, and North Dakota (12.0 to 12.9%) the elderly will become an important group politically. _____

_____ 11. _____ _____

_____

_____

_____ 12. _____ _____

_____

_____

AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1983-2003)

Education

The Present

Between 1940 and 1980, the average educational level among Americans 65 and over climbed from 8.1 to 9.7 years of school. By 1990 it is projected that the average will increase another two years, and from 1990 to 2000 it will increase another year. During the period from 1940 to 1980, the number of elderly who had graduated from high school rose from one in ten to four in every ten, by 1990 it is projected that two out of every four will be high school graduates. In the year 2000, it is projected that one out of every five older adults will have had some college or university training. Interestingly enough, many of the attitudes thought to be characteristic of older people are not related so much to their age as to their education. A number of the existing stereotypes concerning rigidity, conservativeness and so on will be challenged as a larger porportion of our older population attain a higher level of education. A second but related factor is the length of time that has elapsed since a person's education was completed. The farther removed from his or her training an older person becomes, the more old-fashioned or rigid his or her outlook appears to younger observers. By altering the structure of educational opportunities in the United States and encouraging older adults to enroll in a whole series of alternative educational programs, the major artifact of the datedness of many older people's attitudes will be overcome. That is, there will be a "new type" of older adult appearing with much greater frequency within the next twenty years (Hendricks).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and approximately 2003.

Probability of Occurrence		Circumstance/Event	Impact on Politics
_____	1.	In 1990, the average educational level among the elderly will increase only slightly above the average education level indicated for this group in 1980.	_____
_____	2.	In 1990, the average educational level among the elderly will increase to approximately 11.7 years of schooling.	_____
_____	3.	In 1990, less than four out of every ten elderly persons will be high school graduates.	_____

_____ 4. In 1990, approximately 50 percent of all elderly persons will be high school graduates. _____

_____ 5, In 2000, significantly more than half of the elderly population will be high school graduates. _____

_____ 6. In 2000, approximately 20 percent of the elderly population will have at least some training at the college or university level. _____

_____ 7. As the average educational level of the elderly increases, many of the stereotypes of older people,such as increased rigidity and increased conservativism,will be challenged over the next 20 years. _____

_____ 8. It will be increasingly accepted in the next 20 years that a person's attitudes are more closely related to a person's educational level than to one's age. _____

_____ 9. There will be an increased emphasis on, and an increased availability of, adult education programs for the elderly over the next twenty years. _____

_____ 10. The higher the average educational level of the elderly population, the higher the political response rate will be for the members of this group. _____

____ 11. _____ ____

_____

_____

____ 12. _____ ____

_____

_____

AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1982-2003)

Psychology and Sociology

The Present

There are several major theories of the aging process. The most important of these theories are, perhaps, the disengagement theory, the activity theory, the continuity theory, the life-span theory, and the exchange theory. These theories are briefly reviewed below:

1. The Disengagement Theory. The aging process is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system to which he or she belongs. The process may be initiated by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining relatively close to others. This withdrawal may be accompanied from the outset by a preoccupation with one's self; certain institutions in society may make this withdrawal easy for the person. When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship (Cumming and Henry).

2. The Activity Theory. There are four postulates in activity theory. These postulates are: first, the greater the role loss, the lesser the participation in activity. Second, as activity levels remain high, the greater the availability of role support for role identities claimed by the older person. Third, the stability of role supports insures a stable self-concept. Finally, the more positive one's self-concept, the greater the degree of life satisfaction (Hendricks).

3. The Continuity Theory. There is considerable evidence that, in normal men and women, there is no sharp discontinuity of personality with age, but instead an increasing consistency. Those characteristics that have been central to the personality seem to become even more clearly delineated, and those values the individual has been cherishing become even more salient. In the personality that remains integrated--and in the environment that permits--patterns of overt behavior are likely to become increasingly consonant with the individual's underlying personality needs and desires (Neugarten).

The three main factors determining stability and change in a persons' life style are:

(1) Personality type.

(2) Extent person is engaged or disengaged.

(3) Extent to which person is "life satisfied" (high or low morale).

4. The Life Span theory. The research interested in life span conceptualizations will need to step away from a concept of development which is synonymous with the notion of growth as differentiation. The latter concept assumes that as each new developmental plateau is reached, further development occurs through the emergence of more complex structures. For example, in the area of intellectual development it has been proposed that children do indeed start out with a unitary single-factor component, but as growth occurs it consecutively branches into a number of separate abilities organized in a hierarchical manner. In adulthood this kind of differentiation is likely to cease and transformations will be of a more qualitative nature in response to environmental pressures. In old age there may, in fact, once again be a return to greater simplicity of structure, if only to counteract information overload (Schaie).

5. The Exchange theory. One wonders, however, whether the bargaining position of old people could be significantly improved. The answer is a qualified "yes." The status of old people can be improved, but it will require a modification of existing behaviors that may not be possible. The key to all of this is engagement. In order for old people to improve their negotiating positions vis-a-vis younger partners, they must remain engaged in exchange networks. This is because exchange relations tend toward balance; however, in order for the balanced state to evolve, the exchange relationship must endure. Consequently, even though a strategy of negotiation by default may be a rational response to an unbalanced exchange in the short run, the long-term solution requires old people to remain active and engaged. The withdrawal into private life, which is characteristic not only of old people but also of many in the working class, runs counter to the best interests of these groups politically (Dowd).

6. The Fluid-Crystallized Intelligence theory. Factor analysis has suggested a dichotomy of tests, which measure functions thought to be based, on one hand, primarily on the neuroanatomic integrity of the central nervous system, especially the brain (fluid intelligence), and on the other hand, on learning and experience (crystallized intelligence). Horn and Cattell (1967) tested people aged 40 to 61 years and concluded that fluid, not crystallized, intelligence declines with age. Since the fluid tests appear similar in many ways to the WAIS Performance tests, and the crystallized to the WAIS Verbal tests, it may be concluded that the fluid-crystallized dichotomy reflects the "classic aging pattern" (Botwinick).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and approximately 2003.

Probability of Occurence	Circumstance/Event	Impact on Politics
_____	1. Elderly persons will, on the average, continue in large part over the next 20 years to withdraw from society (Disengagement Theory).	_____
_____	2. Elderly persons will, on the average, continue over the next 20 years, to turn inward psychologically as they age and care less about the external social and political environments about them (Disengagement Theory)	_____
_____	3. Elderly persons, on the average, who find satisfactory replacement roles and replacement activities for the primary roles and activities that are lost in relationship to the aging process are the persons who will experience the highest degree of life satisfaction in old age (Activity Theory)	_____
_____	4. Elderly persons, on the average, will continue to experience in the next two decades a whole series of changes, some of which are growth and some of which are decline (this is referred to asmultidimensional and multidirectional changes) (Life-Span Theory).	_____
_____	5. Psychological researchers studying intelligence in the older adults in the next twenty years will increasingly tend to conceptualize intelligence as either "fluid" or "crystallized" (Hord Model of Intelligence).	_____
_____	6. Many psychological researchers using the cross-sectional research design to study intelligence in the elderly in the future will continue to confuse the educational levels of the various generations with personal abilities and general intelligence.	_____

_____ 7. On the average, the crystallized intelligence of the elderly will continue to increase up to and through the age of 70 with only a very slow and subtle decline thereafter (statement taken from the often cited research findings of Bromley). _____

_____ 8. On the average, the elderly person will have enhanced capabilities and skills in the social area. i.e., social judgement and social experience as these capabilities are based directly on the factor of crystalized intelligence. _____

_____ 9. Increasing numbers of elderly persons over the next 20 years will be in an excellent position, with increased educational levels and enhanced self-concepts, to participate in a highly effective manner in politics at the national level. _____

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AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1982-2003)

Economics

The Present

Income for the elderly can come from one of several sources. The percentages of income that the elderly received from various sources in 1976 were:

Social Security--39 percent of whole.
Earnings--23 percent of whole.
Asset Income--18 percent of whole.
Private Pensions--7 percent of whole.
Government Employee Pensions--6 percent of whole.
Other--7 percent of whole (Grad and Eoster)

The question of income for the elderly is easier to address than is the question of income adequacy for this same group because many value judgments must be made that directly affect the outcome of the analysis (Grad and Eoster).

If the near poor [those not more than 25% above the poverty cut-off point] are added to the official poverty figures and the hidden estimates (those in institutions or the homes of relatives), more than 7 million older Americans would have incomes below the poverty line or so very close to it that they would have difficulty appreciating the difference (Hess).

All estimates of income adequacy for the elderly tend to fall short of the actual requirements because they do not include any slack for "contingencies." For example, slightly more than one out of every ten older people will end up in a hospital this year and the average stay will be 12 days. The cost will run about $1,200 for the hospital alone. It is not difficult to see what such an expenditure would do to an annual budget of $3,000. Even if the individual has hospitalization insurance (and only about half of the older population does), and Medicare pays part of the cost, the individual will still have to cover about a third of the cost of the health care (Atchley).

There were 2,191,000 elderly males employed in 1960; 2,084,000 in 1970; and 1,842,000 in 1978. There were 882,000 elderly females employed in 1960; 1,023,000 in 1970; and 1,077,000 in 1978 (Kart).

Approximately one-fourth of all married couples and nearly 50 percent of unrelated individuals had absolutely no financial assets in the year 1967, while 67 percent of the elderly couples and 80 percent of the unrelated couples had less than $5,000 in financial assets during the same period. Using the highest asset range of $5,000, for example, would produce no more than $400 of income flow

per year which is slightly more than one dollar per day. Income from assets for the great majority of the elderly are consequently negligible (Kart).

Assets are divided into liquid and nonliquid assets. Nonliquid assets are usually defined in such a manner so as to include all items that are not easily converted to a cash flow. Homes are the most common nonliquid asset owned by the elderly. About three-fourths of all elderly persons own their own homes and four-fifths of this group own their homes free of any mortgages (Kart). This could be interpreted to mean that the required income flow for the elderly could be significantly decreased because a majority of the elderly own mortgage-free dwellings. However, it may not have this meaning at all. For example, Atchley (1977) contends that homeownership really does not reduce income requirement for aged persons. He [Atchely] suggests that homeownership is worth less than $500 per year in terms of reducing income needs.

Almost 44 percent of all wage and salary workers in private industry were covered by some sort of private pension in 1972. Fifty-two percent of white men were covered by private pension in 1972, the first year that a majority of this group was covered by private pension. Approximately one third of the white women and 33 percent of all nonwhites were covered for this period (Kart).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and the year 2003.

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. There will be fewer elderly males employed in 1990 than there were in 1980.	_____
_____	2. There will be more elderly males employed in 2000 than there were in 1990.	_____
_____	3. There will be fewer elderly females employed in 1990 than there were in 1980.	_____
_____	4. There will be fewer elderly females employed in 2000 than there were in 1990.	_____
_____	5. Converting all economic figures to the value of the 1980 dollar, the average amount of total assets will not increase appreciably (10% or more) for the average elderly married couple between 1980 and the year 2000.	_____

_____ 6. Converting all economic figures to the value of the 1980 dollar, the average amount of total assets will not increase appreciably (10% or more) for the average elderly single person between 1980 and the year 2000. _____

_____ 7. The number of elderly persons living in poverty or near poverty (not more than 25 percent above the poverty cut-off point) will increase between 1980 and 2000 (referencing the long-term 20-year trend line). _____

_____ 8. The percentage of elderly persons living in poverty or near poverty will decrease between 1980 and 2000. _____

_____ 9. Most futures estimates of income adequacy for the elderly will fall short of actual requirements because they do not allow funds for contingencies. _____

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AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1982-2003)

Health Science

The Present

Improving the quality of health among the older population is a complex task. Solutions to health problems do not primarily lie in improving the health care system. Lifestyles--including pollution exposure, exercise patterns, nutrition, smoking behavior, alcohol consumption--can have a greater impact on health than the health care system itself. And the lifestyles of the older population are, in large part, a reflection of lifetime patterns of behavior and habit (Harris).

Poor health is slightly more common among older men (9.4 percent) than it is among older women (8.0 percent). Also, as one would expect, the reporting of poor health increases as family income decreases. For example, less than 6 percent (5.8 percent) of the elderly with family incomes of $15,000 or more assessed their health as poor, while over 12 percent (12.2 percent) of those with family incomes of less than $5,000 did so. The reverse side of these figures are that over 9 out of 10 persons with incomes of $15,000 or more assessed their health as good or excellent while approximately 6 out of 10 persons with incomes of less than $5,000 do so (Kart).

Many health problems can be classified as acute or chronic conditions. These terms are defined and contrasted below:

1. Acute Conditions. Those illnesses marked by rapid onset, definite crisis and self-limiting aftermath. Usually they are brought on by exogenous factors which result in a traumatic course. The most frequent sufferers of acute illnesses are those in their first half of life (Dorland).

2. Chronic Conditions. Those illnesses lacking in specifiable etiology and which involve endogenous systemic disruptions which do not run a short-term course. Because they involve a number of bodily functions, the chronic diseases which older people suffer from most frequently, are resistant to cure. In contrast to acute conditions, chronic illnesses usually involve a number of bodily functions and cannot be attributed to a single cause, thereby confronting both the patient and the attending physician with a more obstinate problem. Another difference is that, unlike youthful illnesses, the pathological conditions of later years seem to be progressive, leading to increased vulnerability rather than protective resistance (Hendricks).

3. Acute Versus Chronic Conditions. The number of acute conditions decreased with increasing age. There are, on the average, 372 cases of acute conditions per 100 persons 5 years of age or less and 109 cases per 100 persons 65 years of age or older. The number of chronic conditions increases with increasing age. For example, there are 40 chronic conditions per one hundred persons under fifteen years of age. There are 400 chronic conditions per one hundred persons age sixty-five. (This figure does not include those over the age of sixty-five.) Yet, while 86 percent of the elderly adults suffer from one or more chronic conditions, only approximately one half (54 percent) of all elderly adults are limited in any way by a chronic condition and only 14 percent are severely limited by chronic conditions. Even the majority of those persons who are severely limited by chronic conditions are not permanently bedridden (Estes).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and the year 2003.

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. Poor health will continue in the period from 1980 to 2000 to be slightly more common among elderly men than among elderly women.	_____
_____	2. Poor health will continue in the period from 1980 to 2000 to be reported more often as a problem by persons in the lower income ranges.	_____
_____	3. Middle-class and upper-class elderly persons during the period from 1980 to 2000 will continue to assess their personal health when compared to persons of their same age as good or excellent more frequently than will members of the lower class.	_____
_____	4. Chronic illness will be experienced more by the elderly than by members of younger groups during the period of 1980 to 2000.	_____
_____	5. Chronic illness will require, on the average, less hospitalization time than will acute illnesses for the elderly person in the next twenty years.	_____
_____	6. Professional treatment for chronic illnesses will cost less, on the average, than will professional treatment for acute illnesses for the elderly person in the next twenty years.	_____

_____ 7. The elderly persons least able to pay for health care will continue in the future to be the persons who will report the presence of the most acute and chronic conditions requiring medical care. _____

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AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1982-2003)

Politics

The Present

In 1968, Glenn and Grimes completed a study which clearly established, for the first time, that the decline in voting patterns exhibited by the elderly was not so much related to increasing age as it was to several other intervening variables. For example, the fact that women voted consistently less frequenty, on the average, than did men and the fact that there was, of course, a higher rate of women to men in the "65 years of age and older" category, acted in a manner that reduced the rate of voting for this age group. Also, the educational level was found to be a significant intervening variable. Persons with higher educational levels were more likely to vote and more likely to participate in other ways in political affairs, according to the findings of Glenn and Grimes. Since members of older cohort groups had less education on the average than did members of younger cohort groups, the elderly were less likely to vote in comparison to younger adults.

Ley, attempting to insure that the full present implications of the study by Glenn and Grims were not lost on anyone, states: "However, when these factors of sex and education were controlled by the investigators [Glenn and Grimes], the results were not a drop in voting, but rather a stabilization of participation through ages 50 to 80."

Atchley then evaluates the future implications of the findings of the Glenn and Grimes study when he states: "The importance of this finding [by Glenn and Grimes] is its implication that as the general level of education in our population increases over the next 20 years or so, we should expect the age curve of voter participation to rise faster, peak higher, remain at the high plateau longer, and decline even more slowly than the [present] cross-sectional data indicate."

In summary, the older adult is on the average a politically active person, even more so than the younger persons with the single exception of the 45- to 55-year-old cohort. Considering such factors as health and economics, a large percentage of older adults who are able to vote do vote than is true even for the 45- to 55-year-old-group (Atchely).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and the year 2003.

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. Between 1980 and 2000, the number of elderly persons in the United States will continue to increase.	_____
_____	2. Between 1980 and 2000, the average educational level of elderly persons in the United States will continue to increase.	_____
_____	3. Between 1980 and 2000, more elderly persons will vote in national elections.	_____
_____	4. Between 1980 and 2000, the elderly will represent a higher percentage of voters in national elections.	_____
_____	5. Elderly persons, on the average, will not, over the next 20 years, possess sufficient group consciousness to identify themselves as members of the elderly group and vote as a political bloc.	_____
_____	6. The majority of elderly persons will, over the next twenty years, both personally deny that they are old and will increasingly disassociate themselves from aging-oriented organizations, including those organizations with a special interest in politics and political issues.	_____
_____	7. Elderly persons, over the next twenty years, will continue to identify with a whole series of roles related to nationality, race, religion, educational attainment, and occupational and economic status; but a large number of them will not identify with groups that restrict their membership to the elderly.	_____
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____	9. _____	_____
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AN INTERDISCIPLINARY APPROACH TO THE STUDY OF THE ELDERLY AND THEIR IMPACT ON NATIONAL POLITICS OVER THE NEXT TWENTY YEARS (1982-2003)

Political Issues

The Present

It was seen that political socialization commences early in one's life; however, adult experiences can and do make an input into this process. Even in old age, persons frequently reconsider and change their political positions and they frequently vote along issue lines, provided,of course,that they feel that these issues are of great importance to them. It is this potential, plus the fact that the older adults are exceptionally active as voters, that gives added value to the argument that the older adult has great potential as an effective political actor in the future (Ragland).

The Future

Please indicate your opinion as to the probability of occurrence for each of the following circumstances or events and the impact such occurrence would have between the present and the year 2003.

Probability of Occurrence	Circumstance/Event	Impact on Politics
_____	1. Over the next twenty years, the elderly will continue to reconsider and change their political positions and vote along issue lines, provided, of course, that they consider these issues are of great importance to them.	_____
_____	2. The elderly will continue throughout the next two decades to consider Social Security (Old Age and Survivors Insurance) and Medicare as vital to their well being.	_____
_____	3. Elderly persons will increasingly vote as a bloc, should they, at any time in the next twenty years, feel that either the Social Security or the Medicare program is being changed in a manner that is considered to be disadvantageous to them.	_____
_____	4. There will be no elderly bloc vote in the United States because national politicians will take special care in considering the special needs of the elderly.	_____

_____ 5. The elderly bloc vote on specific issues will remain over the next twenty years a very effective "bluff" vote i.e., many persons will believe that it exists while many other persons will doubt its existence but everyone will be exceedingly careful so that efforts are not made to try to activate such a vote. _____

_____ 6. Both major political parties in the United States will continue over the next two decades to appeal to the elderly vote by appearing to back various provisions of both the Social Security (OASI) and the Medicare programs. _____

_____ 7. The members of the Democratic Party of the United States will continue, over the next twenty years, to project the image that it is the major political party that is more concerned about the provisions of Social Security (OAI) than are the members of the Republican Party. _____

_____ 8. The members of the Republican Party of the United States will continue, over the next twenty years, to project the image that it is the major political party that is more concerned about the provisions of Social Security (OAI) than are the members of the Democratic Party. _____

_____ 9. An increasing percentage of the elderly vote will change from the Republican Party to the Democratic Party over the next twenty years. _____

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