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Senior citizens as an emerging force in American politics

Martinez, Valerie Jane, Ph.D.
The Ohio State University, 1990

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SENIOR CITIZENS AS AN EMERGING FORCE
IN AMERICAN POLITICS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Valerie Jane Martinez, B.S., M.P.A.

* * * * *

The Ohio State University
1990

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CHAPTER I

INTRODUCTION

Dorothy Ryan is over 80 years old. She is a widow with a high-school education and a current annual income of less than $10,000. Her socioeconomic profile is not typically associated with high participation in politics, and yet Dorothy Ryan is a political force. She joined the National Council of Senior Citizens in 1961 largely because of her husband's similar involvements. After her husband's death she even "temporarily" filled out his term as president of the Ohio Council on Senior Citizens, and has since been elected to the post on her own merits since 1976. She is a registered voter, attends political rallies, volunteers for campaigns, writes letters to policymakers, and attends congressional hearings. When asked if she thought the pattern of female political behavior was changing, she had only to draw upon her personal life experiences to note how women were, "speaking up now when they used to just listen to their husbands" (Ryan 1989).

Dorothy Ryan is more than just an interesting example of how people "fall into" life choices they did not anticipate or plan; she represents a dynamic social movement that may have a profound effect on American politics--the emerging force of senior citizens.

One has only to have followed the popular press for the last few
One has only to have followed the popular press for the last few years to note the increasing attention given to senior citizens. By the election of 1988, the press had become almost infatuated with the prospects of "gray power." Early in 1988, "Grays on the Go" made the cover of *Time* magazine with a feature article extolling the elderly as "more numerous, active, and powerful" (22 February 1988, 66). A few months later, *Washington Business* (a publication of the *Washington Post*) ran a lead story on the American Association of Retired Persons (AARP) entitled "AARP Flexes Its Muscle." Focusing primarily on the astounding size and resource base of the organization, the story noted that "nearly one out of every four registered voters belongs to AARP, a number that will only increase as the population continues to age (Swoboda 1988, 1). Not to be outdone, the *New Republic* contributed to the debate with its cover story, "Greedy Geezers," which portrayed a similar picture of emerging political power for senior interest groups. "These groups [senior interest groups] are strong because no one, especially in election years--and it is always election year in America--dares to say a word that might offend the supposedly meek, ailing, frail, and deserving gray heads" (Farlie 1988, 20).

Taken as a whole, the popular press paints a picture of a numerous and active mass group with powerful representation in the political system through a combination of interest group activity and the acquiescence of the general public. Clearly, the changing demographics of the United States is behind much of this recent interest in the elderly. The "aging of America" does represent much in the way of potential, but grassroots growth vis-a-vis the general population must
be translated into effective political power through the political institutions of government. AARP is growing at a phenomenal rate of 8,000 new members daily, and yet we have no assurance that this increase in membership adds quantitatively to its political power. Similarly, the clash of generations expected by some in the next ten to twenty years—"there is likely to be a revolt of the working members of society when the huge baby boom generation reaches retirement age" (Farlie 1988, 22)—assumes a growing divergence on public policy preferences between the elderly and the rest of society. Interestingly, this statement may also underestimate the future political clout of those "baby boomer" seniors, by assuming they will not be able to put down the "revolt" by using their accumulated political power. In short, the emerging political force of the aged is a dynamic area of interest in American politics that needs more systematic and probing analysis.

This study is designed to fill the gaps in our knowledge of this emerging phenomenon by undertaking a more rigorous analysis. Its primary task is to translate the popular assumption of an emergent force of seniors into an empirical question subject to investigation.

The Nature of the Problem

Senior citizens, those persons sixty years of age and older (60+), are America’s fastest growing population group. Since 1940, the proportion of 60+ has increased from 10.5% to 15.8% of the current population. This is expected to increase to 30% in the next fifteen years (United States Bureau of the Census 1984). On the basis of numbers alone (a population base of roughly 37 million persons), there
is little doubt that the aged have the potential to play a significant role in the political process. Moreover, the formation and rapid growth in the last few years of a number of old-age interest groups has created a general impression of increasing activism and political unity. Yet, the empirical findings of previous research do not support this general impression.

When voting behavior through the life cycle was studied, Campbell (1971) found that seniors did not cast ballots in any systematic age-related fashion, but continued for the most part to vote as they had always done. Studies by Miller and associates (1980, 1981) found that a substantial proportion of seniors, ranging from 40% to 45%, did not even identify themselves as old or elderly. In looking at seniors who did report a primary sense of identification with elderly persons, Dobson (1983) found that they approached politics with essentially the same political orientations as those who did not identify with older persons and, more importantly, the identifiers were less likely to be politically active. On the basis of his findings, Dobson concluded: "Although the elderly are an important and perhaps especially regarded group in contemporary politics, there is little support for the notion that they are a distinctive, unified political force" (1983, 140).

Media reports on senior participation in recent elections, however, indicate it may be time to reassess Dobson’s conclusion. Focusing on the participation of senior citizens in Iowa politics, CBS News noted that in 1984 seniors voted in greater numbers than any other age group, were composed of approximately two-thirds of all political volunteers, and constituted 50% of those who attended the caucuses ("Gray Power in
In 1988, the elderly participated in even greater numbers and, more importantly, their participation reflected more organization and solidified interests. Officials of AARP estimate that in the days prior to the 1988 Iowa caucuses more than 2,000 senior volunteers manned telephone banks and stuffed envelopes. More than 3,000 AARP members attended the caucus meetings, representing more than one-fifth of the caucus attendees (Swoboda 1988). In the Iowa caucuses, and throughout the country, seniors were widely perceived as constituents of old-age interest groups "who know what they want" ("Gray Power in '88" 1988).

Health-care cost containment, retirement income security, and new programs of long-term care remain top priorities of a coalition of senior interest groups (Engelter 1988). Considerable time and money is spent on the part of these organizations to advance these issues on the political agendas of public officials and senior voters. For example, in the year preceding the 1988 presidential election, AARP spent $8 million on a get-out-the-vote effort that included television advertising, sponsoring candidate debates, holding workshops for activists, and organizing mass mailings. The group also distributed a voters guide containing its positions on key issues.

In addition to AARP, other senior groups have stepped up their political activity in recent years. In 1986, the National Council of Senior Citizens (NCSC) organized "truth squads" of retirees that traveled the country calling attention to incumbent senators' votes on Social Security. In the weeks before the Iowa primary, the National Committee to Preserve Social Security and Medicare used "guerrilla
tactics" to disrupt kaffeeklatsches and candidates' forums to pressure for higher Medicare benefits ("Gray Power" 4 January 1988). Judging by the scope of grassroots lobbying activities and their aggressiveness in policy advocacy activities, the "aged organizations" are making every effort to mobilize and raise the "consciousness" of the aged constituency.

In light of these recent indicators of strength, I believe it appropriate to reassess the political force of seniors. Such an endeavor covers a broad spectrum of questions that frame this inquiry: How do changes in the demographic profile of America's senior citizens contribute to their likely involvement in the political process? Are they becoming more conscious of their collective interests as seniors relative to other reference groups? Are their attitudes on salient public policy issues becoming more cohesive or more like the general population? What are the mobilization strategies of old-age interest groups and how do they contribute to the political activism of senior constituents?

The Relevant Literature

When Verba and Nie wrote Participation in America (1972), they were breaking new ground in the empirical study of mass participation. Not only were they adding quantitatively to our knowledge of public participation in politics, they were instrumental in laying the analytical groundwork for many scholars. Their overtly political focus, "participation as an instrumental act by which citizens influence the government," shall be followed here (Verba and Nie 1972, 8).
Verba and Nie focused little on senior citizens due to the expansive scope of their interests, however they did contribute to the debate over the political force of the elderly, by finding a "slowdown" in political participation among citizens over 50 years of age (Verba and Nie 1972, chapter 9).

When cross-sectional studies of political participation found that voting and related activities declined after the age of fifty, this slowdown was thought to result from causes endemic to the aging process itself, i.e., poor health and greater isolation from society (Verba and Nie 1972; Riley, Riley, and Foner 1972, 464-68). As scholars became more sophisticated in their analyses, however, the existence of an age-related slowdown became questionable.

Verba and Nie themselves contributed to the reevaluation of slowdown by reanalyzing their participation data. By controlling for education levels, socioeconomic status, and sex, they found the effect of age on participation either vanished altogether—as it did with voting—or was significantly muted (Nie, Verba, and Kim 1974). This supported Glenn and Grimes' cohort analysis which found, "no convincing evidence of a decline in voting as people age" (1968, 567). Although one panel study reports declines in more active modes of electoral participation with age (Jennings and Markus 1988), the balance of recent scholarship has continued to de-emphasize the inevitability of a political "slowdown" late in life. Furthermore, as Dobson predicts, "the gradual replacement of the present cohort with more highly educated individuals should work to increase rates of political participation by future elderly citizens" (1983, 281).
In previous research, the status of senior citizens as a political force has usually been considered from a general analytical framework of political movements (Rose 1965; Ragan and Dowd 1974; Hudson 1980; Dobson 1983). This practice, though reasonable, has subtle consequences for their inquiry; they are guided by the expectation that the elderly must coalesce into a unified political movement, either from a cumulative recognition of their strength in numbers or because of increasingly distinct life circumstances they share. Ragan and Dowd put the expectation thusly: "The aged, because of prevailing demographic trends in society, will increasingly become aware of their common political and economic plight and will consequently attempt to parlay this awareness into a broad-based social movement" (1974, 137).

Similarly, Arnold Rose speaks of the development of a "subculture of the aged" created primarily from changing demographic and lifestyle features of seniors including: increasing numbers, rising income and education levels, better health in later years, the demise of the multigenerational family unit, decreasing integration in general society due to increases in early retirement, and development of age-segregated housing and social service programs that encourage more interaction amongst the elderly (1965, 3-16). Rose's conclusion anticipates the popular perception today, that "the elderly seem to be on their way to becoming a voting bloc with a leadership that acts like a political pressure group" (1965, 14).

Robert Binstock, a noted gerontologist and political scientist, is more circumspect about the emergence of gray power. His primary point is that even electoral bloc voting, should it develop, does not
necessarily translate into favorable public policy outcomes. He raises a crucial issue that often gets overlooked by the sociological perspectives of Rose and others, namely, that greater electoral participation may not be the most efficacious way to gain political power in the United States. Seniors could fail to become a political force with significant bloc-like voting behavior or they could become a force without it. An intervening variable, interest groups, could easily account for both possibilities (Binstock 1974, 1981). Accordingly, this study will incorporate a detailed examination of senior participation in interest groups and their mobilization as a political force. If socioeconomic changes are transforming the elderly, their behavior in interest groups should also be changing. And, given the nature of American politics, senior interest groups are likely to be the primary agents for realizing tangible political benefits.

Research Strategy

A strong component of this study is to update existing empirical research on senior citizens' political participation. Given society's growing infatuation with "gray power," it behooves us to probe more deeply into the phenomenon. Most of the empirical research on the relationship between old-age identification and political participation is almost ten years old; we need to update our knowledge. Also, little is known about the direction and strength of policy preferences among the aged (in the few studies available, the findings are conflicting); further research would expand our knowledge in this area and help resolve existing disagreements. Finally, the efforts of old-age
interest groups to politically mobilize senior constituents through ambitious programs of education and propaganda are increasingly evident, yet a comprehensive assessment of these activities is virtually nonexistent. A broadly focused, empirical updating of the political behavior patterns of senior citizens will serve as a vital addition to our existing base of knowledge.

The study focuses on four factors identified by the literature as being relevant in the developing political role of the aged: (1) demographic aspects of the aged population, including their structural relationship in the population to younger people; (2) the extent of "age consciousness" among older persons; (3) their degree of cohesion on policy positions and priorities; and (4) their participation in senior interest groups, particularly as it relates to the mobilization strategies of the organizations. (Please note that one of the goals of this study is to expand the breadth of our knowledge of the political behavior of older persons. Subsequently, since most of the recent empirical research has concentrated on the electoral participation of seniors, especially voting behavior, their electoral participation is not singularly studied in this analysis, but is only considered in the context of the factors that are hypothesized to contribute to the emerging political role of seniors.)

Reports from the United States Bureau of the Census and the National Center of Health Statistics as well as other sources of information are used to document the changing demographic profile of senior citizens. The study of group consciousness and policy cohesion within the senior population involves a trend analysis of data from the
1972-84 presidential year American National Election Studies (ANES).
The assessment of organized activism involves "mapping" the old-age interest group environment, from 1972 to the present, using a variety of sources including the Encyclopedia of Associations, organizational publications, and interviews with group members and staff.

**Demographic Aspects of an Aging Population**

In evaluating the emerging importance of age-based politics, one cannot overlook the increasing numbers of older persons relative to other age groups, and their changing demographic composition--particularly in terms of education and income levels. After all, changing demographics is the supposed wellspring of greater senior activism; as lifestyle and life choices change, the aggregate response of the affected population could be politically significant. To operationalize the relative growth of the older population, the percentage growth rate for the population over 60 is compared to the rate for other age groups for the decades between 1930 and 2030 using actual and projected census figures. Also, an old-age "dependency ratio"--a summary index describing the statistical relationship between population groups--is calculated for the same time periods from the published census age distributions. The rationale for including the dependency ratios is to emphasize the potential salience of issues of social and financial allocation as a diminishing work force continues to be responsible for an increasing older dependent population (Cutler 1977).
To operationalize the change in composition among the aged, the mean educational and income levels of seniors are reviewed over roughly the same time period. Comparisons are made between racial and ethnic groups, men and women, as well as the "young-old" (60-75) and the "old-old" (75+). Senior levels are also contrasted with those of other age groups. Similar trend analysis and comparisons are conducted for employment rates, health status, marital status, and other variables.

**Group Identification and Age Consciousness**

In the last ten years, two overlapping concepts have received considerable attention among scholars of group-based politics: social group identification and group consciousness. (See, for example, Conover 1984, 1985; Cook 1987; Gurin et al. 1980; Klein 1984; Miller et al. 1980, 1981.) Group identification has been defined as "a perceived self-location within a particular stratum, along with a psychological feeling of belonging to that particular stratum" (Miller et al. 1981). Group consciousness has been characterized as "politicized group identification" that implies an orientation toward collective action (Cook 1987, 12).

While some scholars use the terms group identification and group consciousness interchangeably (Cutler 1977; Miller et al. 1980), others consider group identification to be a necessary but not sufficient condition for group consciousness. Gurin and associates (1980) have specified four components of group consciousness, with the first component being social group identification. The second component, power discontent, is the belief that one's group has less power than it
should. The third component, system blaming, is a belief that structural barriers—not individual failings—keep group members down. The last component, collectivist orientation, is a belief that group members should work together for change rather than working separately as individuals for their own achievement.

By such stringent criteria, seniors will almost surely fail to be labeled group conscious because the theory originates out of a class-based analysis of ethnic and socioeconomic groups, features not applicable to a more heterogeneous group. The first and fourth components of group consciousness are the ones I am the most interested in exploring. This is not to deny feelings of relative powerlessness and antagonism to the social system as powerful politicizing agents, but they are not necessary for politicization to occur. Self-identification with a group and belief in the efficacy of working in numbers are important elements by themselves, are the most accessible for survey research, and are the most relevant for studying senior citizens (Gurin and associates 1980).

For the purposes of this research, group consciousness is when objective group members share common interests with the group and recognize their membership. The concept is operationalized using a series of ANES questions that ask respondents to identify the groups they feel close to, the group they feel closest to, and whether they belong to any organizations of the group they feel closest to. The degree of group consciousness among older respondents is measured according to the following scale: (1) not conscious, respondents who do not include older persons among the groups they feel close to; (2)
potential conscious, respondents who include older persons among the groups they feel close to; (3) conscious, respondents who feel closest to older persons among groups they feel close to; and (4) active conscious, respondents who feel closest to older persons among groups they feel close to and indicate they belong to organizations of older persons.

The strength of this operationalization is that the first element, self-identification with a group, is directly ascertainable from the question, and the fourth, indirectly so. The scale follows the assumption that group identification with seniors is greatest when one feels closest to the reference group (seniors), and reports membership in a senior organization, a behavior suggestive of the fourth element of group consciousness, collectivist orientation.

To better appreciate the extensiveness and potential impact of group consciousness among the aged, I compare senior consciousness with the consciousness of other social groups in which active movements have developed: blacks and women. My primary purpose, however, is to assess whether age consciousness affects the political participation of seniors. A related task is to examine whether the "age conscious" have background characteristics that are significantly different from other older persons; if so, these differences may have political implications.

Policy Cohesion

There is little research on the policy priorities of older people and how they differ from those of other age groups (Hudson and Strate 1985). In the few existing studies, the findings are mixed. Scholars
specifically disagree as to whether the aged are significantly more "liberal" on issues involving self-interest (Helig 1979; Epstein and Browne 1979). If public priorities do affect public policy to some degree, those preferences, including their intensity and direction of change, are important variables to study. This study does not, however, trace the policy process in detail or follow a senior "preference" from formulation to enactment. The larger question guiding this section is whether seniors are consolidating their opinions and, if so, whether their preferences are diverging or converging with the general population. I am less interested in defining the public policy process than in addressing the political implications of senior attitudes as factors in their aggregate political power for the next five to ten years. To assess whether seniors are becoming an emerging force, this study focuses on specific dimensions of senior policy preferences: what policy positions do the aged hold on issues in which they presumably have some degree of self-interest and how much importance do they assign to these issues? How cohesive are their policy positions and priorities? How do their preferences compare to those of their younger counterparts?

Policy cohesion is operationalized using ANES questions in policy areas that seem to involve older persons' self-interest. The cost of health care, the extent of government social services, Social Security, and Medicare were assessed for senior input. These salient political questions should give us a solid basis on which to compare attitudes which are likely to have implications for public policy. The trends in policy preferences of senior respondents on each particular policy are
compared with those of other age groups and then senior preferences are further broken down by sex to ascertain whether gender is an important explanatory variable of senior attitudes (given the demographic majority of senior women). In the hopes of contributing to our general understanding of the variables influencing policy preferences, a regression analysis of respondents' answers in terms of social background characteristics is also employed. Finally, the political implications of senior policy preferences are considered from the viewpoint of whether they contribute to or detract from seniors emerging as a more potent political force.

Organized Activism

Some scholars have argued that due to institutional parameters and the general character of American politics that interest groups are the most likely source of increased political leverage for the aged, whether through effective communication of interests leading to the development of a cohesive voting bloc of seniors or through other forms of organized political activity (Pratt 1976; Binstock 1981). The last substantive portion of my study investigates this possibility.

As an extension of the "mass" behavior focus, the analysis is oriented a bit differently than most studies of senior interest groups. Previous research on old-age interest groups has largely focused on the legislative and administrative lobbying behavior of "aged organizations" in their assessment of political influence. Scant attention has been given to other kinds of behavior--namely grassroots mobilization--which organizational theory suggests is an alternative method of extending
influence (Berry 1984; Loomis 1983). Consequently, there are few
guiding hypotheses generated by previous work. As a result, this
analysis is exploratory in orientation and does not rely on the more
rigorous survey data that is utilized in the analysis of the preceding
factors. By mapping previously uncharted ground, the analysis adds
considerably to the existing knowledge of senior interest group
behavior.

Due to constraints primarily of time, the analysis is confined to a
representative sample of the organizations that are actively engaged in
politics at the federal level and are more or less exclusively
preoccupied with issues of the aged, including three of the largest
mass-membership organizations--American Association of Retired Persons,
National Council of Senior Citizens, and Gray Panthers--and a relatively
new and dynamic mass group, the Older Women's League.

The focus of the inquiry is the middle-range between an aggregate
assessment of the senior interest group movement as a whole and a
detailed analysis of a single group. Each selected organization has
different group specific characteristics that are comparable in terms of
their effect on organizational behavior. By laying out their basic
characteristics in a comparable framework, I hope to explain their
distinct and joint contributions to the political power of seniors.

As previously stated, grassroots mobilization serves as the point
of departure for this section. A contemporary study of the mobilization
efforts of senior interest groups fills a void in the literature on
senior citizens and speaks to the broader question of "Gray Power" in
the 1990s.
The analysis begins with a detailed "mapping" of the interest group environment in which mobilization strategies are developed and implemented. The "map" includes such variables as the size and composition of the mass-membership groups; political philosophy and goals; organizational structure; financial resources; size and qualifications of professional staff; and capability for processing and disseminating information. The expectation is that these variables set the broad parameters of interest group activity. Specific goals, organizational history, financial capabilities, and staff and information levels frame the choices available to organizations and hence impact the strategy and character of their grassroots mobilization.

Following the mapping exercise, a comparative analysis of the mobilization strategies of mass senior interest groups is conducted. Mobilization strategies refers to their general plans for activating members in support of selected issues. The points of comparison include tactics, purposes, style, and level of grassroots activism.

Finally, a limited assessment is made of the effectiveness of mobilization strategies based on the proportion of members who regularly volunteer for politically related group projects, the average time commitments of these volunteers, and other measures indicative of the willingness of senior constituents to participate in projects that advance the political interests of the group. I am especially interested in the behavior of politically-active members for two reasons: first, effective grassroots lobbying requires an active membership, and second, the few scholars that have even speculated about grassroots activism have generally considered this to be a weak resource
for seniors (see Binstock 1981 and Atchley 1988). Even with growing numbers in senior interest groups, without an active, politicized membership, the assumed strength in numbers may be illusory. Senior activists are not only an indicator of the effectiveness of interest group mobilization strategies, but a key to translating senior numerical strength into real political power.

Order of Presentation

The study is divided into six chapters. Chapter I introduces the issue of whether senior citizens constitute an emerging force in American politics. It presents the nature of the debate, the relevant literature, and an overview of the research strategy. Chapter II provides a demographic "snapshot" of the contemporary senior population that can be used as a basis for considering current and future trends in their political behavior. Chapter III examines the level of group consciousness among senior citizens and its influence on their participation in electoral politics. Chapter IV examines the policy preferences of seniors by gender and in relation to other age groups on issues of particular salience to seniors. Chapter V provides a comparative description of the organizational environment, mobilization strategies, and grassroots activism of old-age interest groups. Chapter VI discusses significant findings regarding the political force of seniors and its implications for the future politics of aging.
CHAPTER II

A PROFILE OF SENIOR CITIZENS

Introduction

The senior population is larger than at any time in history, and so is its proportional representation in the total United States population. This is one of the central points supporting the argument that seniors are an emerging power group in the political system with policy priorities that will increasingly conflict with the interests of younger cohorts (Cutler 1977). However, in assessing the political position and policy demands of older Americans, it is important to have an understanding of who comprises the group, particularly since there are many stereotypes and claims made about the elderly. Many of them are patently false and perhaps most of them exaggerated in some way. Most serious is the tendency to lump all seniors together as sick, poor, senile, sexless, and generally unproductive (Zopf 1986). These attitudes serve to create a youth-oriented society and to convert the elderly into a segregated minority.

The irony of the situation is that given present age-specific death rates and life expectancy, there is a very good chance that any one of us will enter what has become one of America’s fastest growing minorities. Therefore, considering the demographic reality and the perceptions about "old age," we need to take a closer look at the
characteristics of senior citizens before we can consider the political consequences of an aging population.

With this end in mind, this chapter provides a demographic analysis of the senior population that includes: past, present, and projected numbers and proportions; age composition and dependency ratios; geographic distribution and migration patterns; sex composition; marital status and living arrangements; educational attainment; labor force participation; health status; and economic status. As much as possible the analysis is comparative--contrasting seniors with other age groups. Within the senior population, comparisons are made between men and women, whites and nonwhites, and young-old and old-old. The goal is to present a senior profile that includes insights from formal demography, sociology, economics, health research, and other fields that can be used as a basis for examining the trends in political behavior among senior citizens and some of the meanings of those trends for the entire society.

Nonetheless, the profile may confuse as much as it clarifies if the presentation of "facts and figures" is taken to mean that senior citizens are a homogeneous group and that their diversity can be captured in a series of tables. With this disclaimer in mind, let me review the general characteristics of older people. The first order of business is to consider the concept of aging and the demographic definition of "old age."
A Demographic Definition of Old Age

Obviously, the process of aging varies among individuals if aging is defined in physiological, sociological, or behavioral terms rather than chronological terms. Yet, chronological age is the basis for a demographic definition of aging because for large populations, such as the nation, functional age and physiological age will closely follow chronological age (United States Bureau of the Census 1978, 10-11). Also, the use of chronological age eliminates the problem of establishing the beginning of aging in the individual case, a requirement faced by the biological and behavioral sciences. Furthermore, the demographic approach can utilize the statistical tabulations taken from the census and population surveys for typical age groups.

Even using a demographic approach, the chronological determination of who comprises the senior population is something of an arbitrary choice. The popularly accepted threshold for entering the older ages can range anywhere from 50 to 65 years of age. Major seniors' organizations, such as the American Association for Retired Persons, recognize 50 as the qualifying age for membership. The Social Security Administration uses age 65 as the point for beginning to pay full old-age benefits. The age range 60 and over is emphasized in this study (as in other aging studies) because members of this group are officially recognized as "senior citizens" and are eligible to receive various old-age benefits under the Older Americans Act.

The United States Census Bureau, however, defines the elderly as those aged 65 and older and reports its data on that basis, and if those
valuable data are to be useful, there is little choice but to accept its classification. Therefore, the statistics in this particular chapter will occasionally refer to the elderly population of 65 and older, even though this study defines senior citizens as those age 60 and above.

Numbers of Senior Persons

To say that the older population in the United States is "growing" is something of an understatement. The population of 60 and over, numbering 13.8 million in 1940, has more than doubled in size in the span of 40 years--to 35.8 million in 1980 (see Table 2.1). According to Census Bureau projections, the number of senior citizens should increase about 659 thousand per year throughout the 1980s. Even with a projected slowdown in the growth rate among seniors in the 1990s, by the year 2000 it is anticipated that the 60 and over population will number about 45.5 million, nearly one-third more than exist today. Further increases are expected to bring the figure to 81.5 million in 2030 or two and one-fourth times the 1980 figure.

The population 60 and over increased 24.5% during the 1970-80 period, much more rapidly than the overall 11% for the entire United States population. It was not, however, the most rapidly growing age group in the 1970s. That group was persons 18 to 39 years of age whose ranks include the baby boomers born in the late 1940s and 1950s. The young adult group increased by 34.2% between 1970 and 1980 (see Table 2.2). Yet, seniors are the only age group who consistently show higher decennial percentage increases than those for the entire population between 1940 and 1980. This trend is projected to continue through 2040.
## Table 2.1. Estimated and Projected Numbers of Senior Citizens with Decennial Increases, 1930-2030 (in thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>60 years and over</th>
<th>65 years and over</th>
<th>70 years and over</th>
<th>75 years and over</th>
<th>85 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase in preceding decade</td>
<td>Increase in preceding decade</td>
<td>Increase in preceding decade</td>
<td>Increase in preceding decade</td>
<td>Increase in preceding decade</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Amount</td>
<td>Percent</td>
<td>Number</td>
<td>Amount</td>
</tr>
<tr>
<td>Estimates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1930</td>
<td>10,484</td>
<td>2,532</td>
<td>23.3</td>
<td>6,705</td>
<td>1,776</td>
</tr>
<tr>
<td>1940</td>
<td>13,822</td>
<td>3,338</td>
<td>23.1</td>
<td>9,031</td>
<td>2,326</td>
</tr>
<tr>
<td>1950</td>
<td>18,500</td>
<td>4,678</td>
<td>25.2</td>
<td>12,397</td>
<td>3,366</td>
</tr>
<tr>
<td>1960</td>
<td>23,828</td>
<td>5,328</td>
<td>22.4</td>
<td>16,675</td>
<td>4,278</td>
</tr>
<tr>
<td>1970</td>
<td>28,753</td>
<td>4,925</td>
<td>20.7</td>
<td>20,087</td>
<td>3,412</td>
</tr>
<tr>
<td>1980</td>
<td>35,842</td>
<td>7,089</td>
<td>24.7</td>
<td>25,708</td>
<td>5,621</td>
</tr>
<tr>
<td>Projections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>42,438</td>
<td>6,596</td>
<td>18.4</td>
<td>31,799</td>
<td>6,091</td>
</tr>
<tr>
<td>2000</td>
<td>45,530</td>
<td>3,092</td>
<td>7.4</td>
<td>35,036</td>
<td>3,237</td>
</tr>
<tr>
<td>2010</td>
<td>55,278</td>
<td>9,748</td>
<td>21.4</td>
<td>39,269</td>
<td>4,233</td>
</tr>
<tr>
<td>2020</td>
<td>71,150</td>
<td>15,872</td>
<td>28.7</td>
<td>51,386</td>
<td>12,117</td>
</tr>
<tr>
<td>2030</td>
<td>81,557</td>
<td>10,407</td>
<td>14.6</td>
<td>64,344</td>
<td>12,958</td>
</tr>
</tbody>
</table>


Note: Projections based on middle (Series II) assumptions; base data of projections is July 1, 1981.

*Not reported in census publications before 1939.*
Table 2.2. Decennial Percent Increase of the Population  
For Broad Age Groups, 1930-2030

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>7.3</td>
<td>15.2</td>
<td>18.6</td>
<td>13.5</td>
<td>11.1</td>
<td>9.7</td>
<td>7.3</td>
<td>5.7</td>
<td>4.7</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>-1.1</td>
<td>17.7</td>
<td>36.4</td>
<td>8.1</td>
<td>-8.7</td>
<td>1.0</td>
<td>4.8</td>
<td>2.0</td>
<td>1.2</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>8.2</td>
<td>8.0</td>
<td>8.2</td>
<td>18.6</td>
<td>34.2</td>
<td>8.7</td>
<td>-7.4</td>
<td>-5.1</td>
<td>3.7</td>
<td>-7.1</td>
<td></td>
</tr>
<tr>
<td>40 to 59</td>
<td>17.1</td>
<td>15.7</td>
<td>16.2</td>
<td>11.3</td>
<td>1.7</td>
<td>16.4</td>
<td>34.8</td>
<td>11.7</td>
<td>-8.0</td>
<td>-0.6</td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>31.8</td>
<td>33.8</td>
<td>28.8</td>
<td>20.7</td>
<td>24.7</td>
<td>18.4</td>
<td>7.4</td>
<td>21.4</td>
<td>28.7</td>
<td>14.6</td>
<td></td>
</tr>
</tbody>
</table>


Note: A minus sign (-) denotes a decrease. Periods extend from 1 July of initial year to 30 June of terminal year. Projections based on middle (Series II) assumptions; base data of projections is 1 July 1981.

Although the increase in the senior population seems quite substantial, particularly when compared to the increase in the total population, the most substantial increases have actually occurred within the oldest age groups of seniors. For example, the number of persons 75 and older was more than 275% higher in 1980 than in 1940. Yet, this increase seems small when compared with the increase in the number of persons 85 and older. The oldest senior group went from 370 thousand in 1940 to over 2.2 million in 1980, representing an increase of nearly 515%.

The transformation in the size of the senior population is primarily due to the increases in the number of births that occurred 60 to 85 years ago and the high level of immigration before World War I.
The decline in death rates has also contributed to the growth in the number of older persons, but its impact on the increase has typically been much less than the rise in the number of births (Rhodes 1988). When the number of births change, the size of the senior population 60 years later will also change.

The sharp decline in the growth rate of the 60+ population after 1990 will be due to the drop in the number of births during the period from 1920 to 1940. The higher level of births during the "baby boom" from 1945-65 will rapidly increase the senior ranks after about 2005. The impact of the "baby boom" will last up to about 2030. After 2030, the growth rate of the elderly will decline as the smaller birth groups of the 1960s and the 1970s reach old age.

The racial and ethnic mix of senior citizens reflects the composition of the general population. The two major racial groups are white and black, while the major ethnic subdivision is that of "Spanish origin" or Hispanic. In 1980, 90.3% of the senior population was white and 8.7% was black. About half of the remaining 1% was Asian, 0.3% was American Indian, and 0.2% was undefined. Hispanics may be of any race, but a majority classify themselves as white. In 1980, nearly 3% of the senior population was Hispanic.

The proportion of blacks and Hispanics in the senior population is growing, while the proportion of whites is declining, and the proportion of other races is remaining about the same. However, in the future the proportion of senior Asians will increase due to the rising number of Asian immigrants.
Age Composition and Dependency Ratios

Today's group of senior citizens represents a higher proportion of the total population than ever before and this is certain to increase markedly over the next several decades. Seniors increased from 10.5% of the population in 1940 to 15.8% in 1980. On the basis of the middle population projection series, the proportion of persons 60 and over is expected to continue to rise, at least to 2040, and may continue on past the middle of the twenty-first century (United States Bureau of the Census 1984, No.952).

The estimated and projected change in the distribution of the population across broad age groups between 1940 and 2020 appears in Figure 2.1. The column chart clearly shows the shift in the composition of the United States population: the proportion of seniors has increased as the proportion of young people has declined. While the ranks of the two youngest age groups are each projected to decrease at least 10% between 1940 and 2030, the percentage of middle-age persons (age 40-59) will expand, but not as rapidly as the share of the elderly. By 2030, seniors are projected to comprise the largest percentage of the total population. All of this contrasts sharply with the situation in 1940 and before, when older people were the smallest share of the total population and the young people a much larger share. Moreover, the aging of the whole population creates new implications for the country's ability to absorb older people into satisfying roles, including occupations, the political process, investment policies, and other basic social matters that tend to differ from one age group to another (Riley and Foner 1968, 15-35).
Figure 2.1. Percentage Change in the U.S. Population for Broad Age Groups, 1940-2020; compiled from U.S. Bureau of the Census, Current Population Reports, Series P-25, Nos. 311, 922, and 952; projections based on middle (Series II) assumptions; base data of projections is 1 July 1981.
Within the current senior population, the great majority are concentrated relatively close to age 65. However, the proportion of those 60 to 74 years of age, among everyone 60 years and over, is gradually decreasing, while the proportion 75 years and over is becoming larger. In 1940, for example, the proportion of persons 75 and over of the total senior population was 19%; by 1980 the proportion had grown to 28%. For the year 2040, it is projected that about 45% of the senior population will be over age 74. The aging trend within the senior population implies greater demands on the nation's health-care system, in general, and, in particular, on its long-term care facilities because the frail elderly, those 75 and older, have a greater frequency of chronic debilitating health problems (Estes 1984).

An evaluation of the average burden of support for senior persons, carried essentially by younger adults, logically accompanies the assessment of age distributions and the underlying trend in the age composition of the population. In a broader sense, it is also useful to consider the child-support burden because many questions about population pressures and the projected intergenerational conflict involve the proportions of people available to support those "whose age and its social correlates keep them from caring fully for themselves and who make up the dependent population" (Zopf 1986, 39). Demographers generally recognize the dependent population to consist of the youngest (0-17 years) and the oldest (60+ years) age groups, while those persons between the ages of 17 and 60 are defined as the "supporting" or "producing" population (Zopf 1986, 39).

One widely used summary index of the burden of support is the
dependency ratio, calculated as follows:

\[
\text{Dependency Ratio} = \frac{\text{Population aged 0-17 and 60 and over}}{\text{Population aged 18-59}} \times 100
\]

The dependency ratio is interpreted as the number of dependents for each 100 producers. Although some people under the age of 18 could be considered in the working population, the majority are still in school and are not self-supporting. Similarly, there are people over the age of 60 who are still "producing," but the occupational involvement does drop substantially at this age and drastically afterwards (Rhodes 1988, chapter 4).

In 1980, there were about 78 dependents for each 100 producers (see Table 2.3), with the dependency ratio for seniors (28) accounting for only one-third of the total support burden and the youth ratio (49.6) for the remaining two-thirds. However, it is important to emphasize that since 1900 the youth ratio has fallen continually (except in 1950 and 1960), while the senior ratio has risen in each succeeding decade. In fact, the youth burden has been cut nearly in half since 1900, while the senior support burden has more than tripled.

Until 2010, it seems likely that the senior dependency ratio will continue to increase gradually as the youth dependency ratio falls. By 2020-2030, however, the senior ratio will leap upward as the postwar "baby boomers" enter the older ages. Meanwhile, barring any new baby boom, the youth ratio should stabilize.

Table 2.3 also shows the steady decline in the number of workers for each senior person. In 1900, there were 9.2 persons aged 18-59 for
Table 2.3. Estimated and Projected Dependency Ratios in the United States, 1900-2030

<table>
<thead>
<tr>
<th>Year</th>
<th>Dependency Ratio</th>
<th>Number 18-59 for each one</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Youth</td>
</tr>
<tr>
<td>Estimated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1900</td>
<td>87.9</td>
<td>75.8</td>
</tr>
<tr>
<td>1910</td>
<td>80.9</td>
<td>68.6</td>
</tr>
<tr>
<td>1920</td>
<td>80.7</td>
<td>67.2</td>
</tr>
<tr>
<td>1930</td>
<td>76.8</td>
<td>61.8</td>
</tr>
<tr>
<td>1940</td>
<td>69.4</td>
<td>51.7</td>
</tr>
<tr>
<td>1950</td>
<td>76.0</td>
<td>54.7</td>
</tr>
<tr>
<td>1960</td>
<td>95.6</td>
<td>69.8</td>
</tr>
<tr>
<td>1970</td>
<td>92.4</td>
<td>65.4</td>
</tr>
<tr>
<td>1980</td>
<td>77.6</td>
<td>49.6</td>
</tr>
<tr>
<td>Projected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>74.6</td>
<td>44.9</td>
</tr>
<tr>
<td>2000</td>
<td>72.8</td>
<td>43.4</td>
</tr>
<tr>
<td>2010</td>
<td>73.5</td>
<td>39.7</td>
</tr>
<tr>
<td>2020</td>
<td>86.1</td>
<td>41.4</td>
</tr>
<tr>
<td>2030</td>
<td>94.0</td>
<td>41.9</td>
</tr>
</tbody>
</table>


Note: Projections based on middle (Series II) assumptions; base data of projections is 1 July 1981.

By 1980, the ratio of workers for every senior was one-third of the number available in 1900. As the United States enters the twenty-first century, the ratio of workers to elderly people will continue to decline, which will certainly increase the average cost per worker for Social Security taxes, Medicare, and other related services for older persons. Realizing that everyone in the 18-59 age group is not actually working and everyone in the 60+ age group is not in fact
"dependent," the rationale for including the dependency ratio in the demographic profile is to emphasize the potential conflicts regarding social and financial allocations as a diminishing work force continues to be responsible for an increasing older dependent population.

Geographic Distribution and Residential Mobility

Not surprisingly, seniors are most numerous in the states with the largest total populations. Therefore, in 1980 California and New York had the largest number of people over age 60 with more than three million each. They were followed in order by Florida, Pennsylvania, Texas, Illinois, and Ohio with more than 1.5 million each. These seven states combined had 45% of the senior population. Michigan, New Jersey, and Massachusetts, also had large numbers of senior residents with populations over one million.

The proportion of senior persons by state ranges from a 1980 high of 23.1% in Florida to only 4.8% in Alaska, but the proportions for most states are within two percentage points of the national average of 15.8% (see Figure 2.2). In addition to Florida, the proportion of seniors is greater than 18% in Rhode Island, Arkansas, and Pennsylvania, and is between 17% and 18% in Iowa, Missouri, South Dakota, Kansas, Massachusetts, Maine, and New York. Several of these states have comparatively low birth rates or have lost large proportions of young adults by net migration, or both, that account for their relatively large shares of senior residents.

The states with unusually low percentages of older people--besides Alaska--are Utah, Hawaii, Wyoming, and Colorado with less than 12% in
Figure 2.2. Percentage of Each State's Population Age 60 and Over, 1980; compiled from U.S. Bureau of the Census, General Population Characteristics: U.S. Summary, 1980.
1980. All of these states either have high birth rates or large numbers of people under age 60 moving into their borders, though fertility and migration frequently act in concert.

Migration during the 1970-80 period indicates a steady movement of seniors out of the Middle Atlantic states and the East North Central states into the Sunbelt states. New York, the District of Columbia, and Alaska lost the most seniors, while Florida, California, and Arizona gained the most senior persons. As Table 2.4 shows, 55.9% of all interstate migration by seniors was to the twelve states that make up the Sunbelt. Florida alone attracted 25.9% of all senior migrants, almost three times greater than the second most popular state for senior migration, California, with 8.8%.

Despite their various movements from place to place, senior people do not move nearly as much as young adults. Mobility rates and migration rates show a downward trend with advancing age beginning with the age group 25-29. While as many as 25% of the people aged 25-29 change residence in a given year, it is rare for more than 6% of the senior population to do so (Soldo 1980). Long-distance migration by older persons, such as to retirement communities in Florida or Arizona, has become more prevalent in the past 20 years, but still accounts for only a small minority. Of those who moved between 1975 and 1979, more than 50% remained in the same county and less than 25% moved to a different state (Soldo 1980).

Long-distance migration usually involves persons in their early or mid-60s who are married, relatively healthy, and with middle to high incomes. Interstate migration, for example, often represents a desire
Table 2.4. Migration of Persons Age 60 or Over to Sunbelt States, 1970-80

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Migrants Age 60 or Over</th>
<th>Percent of State's Migrants Age 60 or Over</th>
<th>Percent of All Interstate Migrants Age 60 or Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>20,300</td>
<td>6.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Arizona</td>
<td>93,709</td>
<td>15.7</td>
<td>5.7</td>
</tr>
<tr>
<td>California</td>
<td>145,018</td>
<td>7.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Florida</td>
<td>428,559</td>
<td>23.8</td>
<td>25.9</td>
</tr>
<tr>
<td>Georgia</td>
<td>25,985</td>
<td>4.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Louisiana</td>
<td>13,121</td>
<td>4.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Mississippi</td>
<td>14,658</td>
<td>6.9</td>
<td>0.9</td>
</tr>
<tr>
<td>New Mexico</td>
<td>17,069</td>
<td>8.3</td>
<td>1.0</td>
</tr>
<tr>
<td>North Carolina</td>
<td>37,572</td>
<td>7.0</td>
<td>2.3</td>
</tr>
<tr>
<td>South Carolina</td>
<td>20,172</td>
<td>6.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Texas</td>
<td>74,931</td>
<td>5.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Virginia</td>
<td>33,727</td>
<td>4.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Total sunbelt</td>
<td>924,821</td>
<td>10.4</td>
<td>55.9</td>
</tr>
<tr>
<td>All interstate migrants</td>
<td>1,654,261</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Biggar 1984.

for a milder climate and the leisure and recreational amenities of a retirement life-style. Such migrants disproportionately choose retirement communities in Florida (for those residing east of the Mississippi River), California, or Arizona (for those living west of the
Mississippi). However, approximately 20% of interstate migration involves seniors returning to their birth-states (Biggar 1984).

Local moves by senior citizens, such as within the same county, typically represent a desire for smaller, cheaper housing or a need for daily-living assistance. Such movers tend to be in poorer health, have lower socioeconomic status, and are more likely to be widowed. Indeed, within-county moves peak in the over-85 age group, probably as a consequence of changes in marital and household status, and entrance and departure from retirement centers and nursing homes (Biggar 1984).

The United States is an urban society and the majority of its citizens, including seniors, live in metropolitan areas (see Figure 2.3). The major finding is that older people are unevenly distributed within the metropolitan areas and there is growing evidence of age segregation in the place of residence (Cowgill 1978; Lichter et al. 1981; Zopf 1986, chapter 1). About 63% of the elderly population live in metropolitan areas, but in 1980 for the first time more older people lived in the suburbs than in the central cities. Yet, certain parts of central cities often contain dense concentrations of senior residents, sometimes because their incomes are too low to allow them to move elsewhere, or because they prefer to remain in familiar neighborhoods among friends and people who share the same ethnic background and age. As younger family members leave the "old neighborhoods" for better educational and employment opportunities, these central-city districts often degenerate into "gray ghettos" where crime and urban decay present serious problems (Soldo 1980, 13).
Figure 2.3. Distribution of Population by Residence Location and Age, 1980; adapted from Atchley 1988, 36; No City County = counties with no city of 25,000 or more; City County = counties with a city of 25,000 or more.
Concentrations of older persons are also appearing in the suburbs. Some of the senior clusters are related to the location of nursing homes, retirement condominiums, and other developments that are not really part of the "natural" neighborhoods, but most senior suburbanites live in single-family homes in suburbs that were established before World War II (United States Senate Special Committee on Aging 1986). The proportion of seniors in the older suburbs is increasing because relatively high percentages of younger family members migrate out to opportunities elsewhere. Also, the high cost of homes and mortgages keeps many young couples from buying the suburban homes that their parents were once able to purchase more easily and where they still live.

Although most seniors reside in metropolitan areas, they represent a greater proportion of the total population in nonmetropolitan areas, particularly in small towns. Nearly one-quarter of the elderly live in rural counties with no cities larger than 25,000 inhabitants. Some of the small-town seniors are lifelong residents, while others move in from nearby farms upon retirement. Still other senior residents have moved from the cities, migrating longer distances for the slower life-style of rural towns (Zopf 1986, chapter 1).

Sex Composition

One of the most striking characteristics of the senior population is its large majority of women. In 1980, women comprised about 58% of the population who were 60 years and older, 65% of those 75 and older, and 70% of those 85 and above. Because the death rate of females is
much lower than males at every age, the proportion of men gradually declines through the age span—from a small excess of boys at birth to a massive deficit of men at the oldest ages (United States Bureau of the Census 1979, 12). In turn, the decreasing share of men typically affects the average social conditions at later stages in the age scale because marital status, living arrangements, and incomes are determined primarily by sex (Report from the White House Mini-Conference on Older Women 1980).

Another way to view the significant sex imbalance at the older ages is to calculate the sex ratio, the number of males per 100 females, for seniors and compare it with other age groups. Figure 2.4 illustrates the wide differences in the estimated and projected sex ratios for age groups in the United States from 1900 to 2020. A ratio over 100, indicating more men than women, is rare among the older groups; a ratio below 100 reflects the reverse situation—more women than men—that is increasingly typical for seniors.

The only period that there is a slight overabundance of senior men is before 1940, due to the heavy representation of men among relatively large immigrant groups admitted previously to the country. The senior sex ratio actually reaches its highest point in 1920 and then begins the downward trend still under way. With the exception of those under 18, other age groups have experienced a similar decline in the proportion of men, but the decline is considerably less pronounced. In 1980 there continued to be an excess of males among the youngest ages, while the balance between the sexes was about even for those between 18 and 39 and only a slight deficit in males among middle-aged adults.
Figure 2.4. Sex Ratios for Broad Age Groups, 1900-2020; compiled from U.S. Bureau of the Census, Current Population Reports, Series P-25, Nos. 311, 519, 614, 917, 922, and 952; projections based on middle (Series II) assumptions; base data of projections is 1 July 1981.
The nation’s population also contains very different sex ratios in the several age ranges that make up the senior group (see Figure 2.5). Propelled by the growing mortality differential, the drop in the sex ratio is most dramatic among those 85 and older, from 75 men per 100 women in 1940 to only 43 men per 100 women in 1980.

In the future, the male-female mortality differential may decrease, for the projections to 2020 suggest that the sex ratio of older people will stop falling and may even rise a little at times during the period. Some of that leveling may be the result of an increase in the mortality of women as their life-styles and social roles become more similar to those of men. Even so, the effect of biological factors that seems to give women a survival advantage will probably remain as it is, and unless we again receive large numbers of male immigrants, the super abundance of women will continue to be a permanent feature of the senior population (Siegel 1980, 350).

While the sex ratios have fallen among older people, since 1920 the sex balance has also become more similar across the states. The frontier conditions and so-called "masculine" occupations that attracted large majorities of men to certain parts of the country earlier in the twentieth century have virtually disappeared everywhere except Alaska, and they are declining there too. In fact, the only place in the United States where men outnumber women in the senior population is on the farms. There are sizable majorities of older women living in the cities, the suburbs, and even the small towns, but on the farms the sex ratio remained as high as 112 in 1980.
Figure 2.5. Sex Ratios in the Older Ages, 1940-2020; compiled from U.S. Bureau of the Census, Current Population Reports, Series P-25, Nos. 311, 519, 614, 917, 922, and 952; projections based on middle (Series II) assumptions; base data of projections is 1 July 1981.
Marital Status and Living Arrangements

The proportional abundance of women in the senior population translates into innumerable chances for loneliness, and even individual tragedies. This reality is underscored by the large statistical surplus of elderly women who are single, divorced, and widowed. In 1983, for example, there were 9.2 million of them, compared with only 2.2 million men who were unmarried. This left about 6.9 million women for whom marriage within their age group was statistically impossible (United States Bureau of the Census 1983b, 8).

There is a mounting body of evidence, however, showing that most elderly women rise to the challenges of widowhood (Giesen and Datan 1980). They not only retain, but improve their ability to cope effectively with life, even becoming aggressive and more self-assured as they deal with financial matters, solitude, and other aspects of widowhood. In sharp contrast, the evidence points to many widowers being unable to cope with the loss of a wife as evidenced by a high incidence of personal disorganization, disengagement from social surroundings, and the tendency to remarry rapidly (Lopata 1980).

In many ways, the longer average life expectancy of women is a "mixed blessing" because they often enter their senior years with skills that enable them to make better adjustments than men to the changes brought about by aging. Many older women become less dependent and more self-confident, while their husbands tend toward greater dependency, particularly after they retire and when they begin to experience serious health problems (Gutmann, Grunes, and Griffin 1980). The older woman is far more likely to have to care for an incapacitated mate which requires
strength and even assertiveness. This contrasts with the common stereotypes about elderly women. In addition, the female spouse generally assumes the primary responsibility for surviving on the reduced retirement income which calls for competence—and sometimes inventiveness. Therefore, increasing numbers of studies portray senior women as confident, capable, and possessing many skills not usually associated with "feminine" roles (Giesen and Datan 1980, 71).

A little over half of the total senior population still have a spouse with whom they live and another 2% have a living mate from whom they are separated. Since more women than men survive to the older ages, however, the marital status and living arrangements of older men differ greatly from those of older women. The differences are also caused by the tendency of women to marry men who are older than themselves and the stronger tendency for widowers to remarry, often not just from the pool of older widows, but from the group of younger unmarried women.

Three-fourths of all senior men are married and living with their spouses, but that is true for little more than one-third of the senior women. Even among those 75 and over, about 70% of the men have spouses living with them. In stark contrast, more than two-thirds of the women, at age 75 and over, are widowed (see Table 2.5).

Despite the common belief that many senior citizens reside in nursing homes and other similar nonfamily settings, less than 6% of all people aged 65 and older actually live in institutions. The other 95% live in ordinary community households, although a growing share are located in age-segregated neighborhoods and complexes.
Table 2.5. Percent Marital Status of Senior Citizens By Age and Sex, 1983

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Age 65-74</th>
<th></th>
<th>Age 75+</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Never married</td>
<td>5.2</td>
<td>5.6</td>
<td>5.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse present</td>
<td>62.2</td>
<td>79.8</td>
<td>48.8</td>
<td>41.1</td>
</tr>
<tr>
<td>Spouse absent</td>
<td>1.9</td>
<td>2.0</td>
<td>1.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Widowed</td>
<td>26.1</td>
<td>9.0</td>
<td>39.2</td>
<td>50.1</td>
</tr>
<tr>
<td>Divorced</td>
<td>4.5</td>
<td>3.7</td>
<td>5.2</td>
<td>2.6</td>
</tr>
</tbody>
</table>


The changes in the living arrangements of noninstitutionalized people age 65 and over are summarized in Figure 2.6. In 1960, about 45% of the elderly lived in extended family households or with unrelated people. By 1983, this percentage had been cut almost in half, falling to 24%. This decline in co-residence was matched by an increase in the share of older people "living independently," either alone or with their spouse only. The proportion of those residing alone rose sharply, from 19% in 1960 to 31% in 1983, while the share of those living only with their spouses increased from 37% to 45%.

While independent living has long been preferred by senior citizens, higher personal incomes have only recently placed separate residence within reach of most people 65 and over (Congressional Budget
Figure 2.6. Estimated and Projected Distributions of Noninstitutionalized Persons 65 and Older, by Living Arrangements, 1960-2030; compiled from U.S. Bureau of the Census, 1983c.
Office 1983, 7). A decline in the number of children who could potentially share housing and the desire for privacy among the general adult population, has also encouraged the trend away from extended family living.

Independent living is projected to become increasingly prevalent over the next half century, in part because elderly people are expected to attain higher incomes and therefore face fewer financial constraints. This assumes that there will be no major change in the economy or in government transfer programs for the elderly. Additionally, on the basis of recent fertility trends, a decline in the average number of children per family is expected after the year 2000 that will make it less feasible for seniors to live with their younger relatives (Congressional Budget Office 1983, xii). And even if residence choices remain unchanged, growth of the senior population virtually guarantees a doubling of the number of older people who live alone or only with their spouses by 2030.

Figure 2.7 provides a more detailed breakdown of current living arrangements by showing them separately for men and women and for "young" and "old" seniors. Today, as in the past, women are far more likely than men to live alone, because they are less likely to be married and more likely to live to advanced ages and, therefore, outlive their spouses. In 1983, women accounted for 80% of all elderly people living alone. Among unmarried elderly people not living alone, women are generally more likely to live with relatives and less likely to live with unrelated people than are men. With the exception of those living with nonrelatives, there are greater differences in the living
Figure 2.7. Living Arrangements of Noninstitutionalized Persons 65 and Older, by Sex and Age, 1983; compiled from U.S. Bureau of the Census, 1983c.
arrangements between younger and older senior women than there are between the generations of men.

Educational Attainment

Today's senior citizens have lower average levels of formal education than younger cohorts, because they grew up at a time when education was less available, less important as a tool for entering the labor force, and perhaps less valued for its own sake. In addition, the large immigrant population of the early twentieth century usually had little schooling and that tends to depress the average educational status of senior citizens, especially the group that is now 75 and older. The disappearance of a majority of the old immigrants, however, helps account for the rapid increase in the level of educational attainment among older persons in recent years, as does the entry into that group of cohorts who are increasingly better schooled. For example, the median number of school years completed by persons 60 and over increased from 8.4 years in 1960 to 12.2 years in 1986. For persons aged 25 to 29, the median number of school years only rose from 12.3 to 12.9 during the same period. Thus, the educational gap has been narrowing (United States Bureau of the Census 1988).

The relatively poor showing that older people make in comparison to younger groups is illustrated in Table 2.6, which shows the level of formal schooling attained by people within broad age groups. The data are for people who have presumably completed their formal education—those 25 and older. Sharply contrasting with the less than 6% of those aged 25-39, well over a third of the senior population finished their
schooling without ever having gone to high school. While only about 35% of the total senior population managed to graduate from high school, four-fifths of the 25-39 age group were high school graduates and about half of those continued on to college. Among persons 25 to 39 years old, over 40% have completed one or more years of higher education, whereas only 18% of those 60 and older have any college work.

These data on education are revealing, but they are also deceptive. Many older people are self-educated and their desire to learn on their own has offset their lack of formal education. Also, there are studies showing that people attended some years of school, but either did not learn to read or write or lost the ability they once had (Zopf 1986, chapter 5).

Table 2.6. Level of Educational Attainment, By Broad Age Groups, 1980 (Percent Completed)

<table>
<thead>
<tr>
<th>Education</th>
<th>25-39</th>
<th>40-59</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>.5</td>
<td>.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Grade school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 years or less</td>
<td>5.6</td>
<td>15.9</td>
<td>38.6</td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 3 years</td>
<td>15.9</td>
<td>17.4</td>
<td>18.3</td>
</tr>
<tr>
<td>4 years (Graduate)</td>
<td>38.5</td>
<td>37.8</td>
<td>24.6</td>
</tr>
<tr>
<td>(Graduate)</td>
<td>(82.7)</td>
<td>(66.5)</td>
<td>(34.7)</td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 3 years</td>
<td>21.5</td>
<td>13.8</td>
<td>9.5</td>
</tr>
<tr>
<td>4 years</td>
<td>12.2</td>
<td>7.4</td>
<td>4.8</td>
</tr>
<tr>
<td>5 or more years</td>
<td>10.4</td>
<td>7.3</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Though the senior population ranks below younger groups in its levels of education, it also has some variations internally. There are substantial differences by age within the older population, as well as differences by sex, race, and ethnicity (see Table 2.7). To a large extent, the variations reflect the historical definitions of social roles performed by the sexes and the races, because each group encountered differences in the expectations about the value of education, the degree of access to schooling, and the quality of education provided.

Table 2.7. Median Number of Years of School Completed, By Age and Sex, for Total, Black, and Hispanic Populations, 1980-2010

<table>
<thead>
<tr>
<th>Age</th>
<th>1980 Male</th>
<th>1980 Female</th>
<th>1990 Male</th>
<th>1990 Female</th>
<th>2010 Male</th>
<th>2010 Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>12.2</td>
<td>12.3</td>
<td>12.5</td>
<td>12.4</td>
<td>13.0</td>
<td>12.9</td>
</tr>
<tr>
<td>65-69</td>
<td>10.7</td>
<td>11.5</td>
<td>12.4</td>
<td>12.4</td>
<td>12.8</td>
<td>12.6</td>
</tr>
<tr>
<td>70-74</td>
<td>9.8</td>
<td>10.7</td>
<td>12.1</td>
<td>12.2</td>
<td>12.7</td>
<td>12.5</td>
</tr>
<tr>
<td>75+</td>
<td>8.7</td>
<td>8.9</td>
<td>9.8</td>
<td>10.7</td>
<td>12.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>7.9</td>
<td>8.9</td>
<td>9.0</td>
<td>10.7</td>
<td>12.6</td>
<td>12.7</td>
</tr>
<tr>
<td>65-69</td>
<td>7.6</td>
<td>8.5</td>
<td>8.9</td>
<td>9.7</td>
<td>12.5</td>
<td>12.6</td>
</tr>
<tr>
<td>70-74</td>
<td>6.3</td>
<td>7.6</td>
<td>8.2</td>
<td>8.8</td>
<td>12.0</td>
<td>12.3</td>
</tr>
<tr>
<td>75+</td>
<td>5.1</td>
<td>7.3</td>
<td>6.3</td>
<td>7.6</td>
<td>9.9</td>
<td>11.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>7.1</td>
<td>6.9</td>
<td>8.6</td>
<td>8.3</td>
<td>11.0</td>
<td>11.8</td>
</tr>
<tr>
<td>65-69</td>
<td>6.7</td>
<td>6.6</td>
<td>8.6</td>
<td>8.1</td>
<td>10.5</td>
<td>11.0</td>
</tr>
<tr>
<td>70-74</td>
<td>5.4</td>
<td>5.3</td>
<td>8.5</td>
<td>8.2</td>
<td>10.3</td>
<td>11.9</td>
</tr>
<tr>
<td>75+</td>
<td>4.2</td>
<td>5.1</td>
<td>5.4</td>
<td>5.3</td>
<td>9.9</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Males were more likely to leave school early or never to enter because of the necessity of finding jobs, helping with farm tasks, or serving in the military. Thus, a greater share of the senior men have eighth grade educations or less. Women were more apt to continue their education, but were discouraged from attending college in favor of getting married and raising families. Accordingly, a greater share of the senior women are high school graduates, though they are less likely than the men to be college graduates or have post-graduate educations. The net result is a somewhat higher average level of schooling for the women, particularly in the oldest ages.

The educational variations between older men and women, however, are far smaller than those between whites, blacks, and Hispanics. The lower levels attained by blacks and Hispanics are partially the results of discrimination, because education was available to fewer minorities than whites, but it also reflects differences in socioeconomic advantages and disadvantages. For the overwhelming share of minority persons, education required a large investment of time that they could ill afford to make, given the immediate demands of survival. It is not surprising, then, that while the average white senior in 1980 had obtained some high school training, the average black or Hispanic senior had less than a grade school education.

Projecting educational attainment into the future reveals that the senior population will become more like the general population and that older women will lose their educational advantage over older men. Also the gap between blacks and whites will be reduced substantially, but older Hispanics will still be at a decided educational disadvantage
compared to the total senior population (Atchley 1988, chapter 2).

The recent and future trends in educational attainment have implications for the politics of aging. Associated with higher education is higher socioeconomic status and greater political involvement. Better-educated senior cohorts may behave quite differently from those in previous years.

Labor Force Participation and Retirement Status

The labor force participation of men aged 65 and over has dropped considerably over the last 30 years. In 1950, almost half of the elderly men were in the labor force; by 1981, only about 18% were working or looking for work (see Table 2.8). The decline is due to increases in both opportunities and pressures to retire. Large numbers leave the work force because they want and can afford more leisure, while others are forced out by mandatory retirement provisions or health problems (United States Bureau of the Census 1983, 22).

The significant decrease in male labor force participation extends even to men in their late fifties and early sixties. In 1960, over 88% of the men in the 55 to 59-year-old age group remained in the labor force and 77% of the men aged 60 to 64 still worked. By 1981, their participation in the work force had dropped to 80% and 59%, respectively (United States Bureau of the Census 1983, 22).

The trends among senior men, however, contrast sharply with those of senior women. Labor force participation among women aged 65 and older has varied little over the last 30 years. In 1950, about 10% of them worked, and by 1981, the percentage had dropped only to 8%.
Table 2.8. Labor Force Participation and Unemployment Rates, By Sex, Age, and Race, 1981 (numbers in thousands)

<table>
<thead>
<tr>
<th>Sex, Age, and Race</th>
<th>Total Labor Force</th>
<th>% of Civilian Labor Force</th>
<th>Not in Labor Force</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of Total Population</td>
<td>Unemployed</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 and Over</td>
<td>63,939</td>
<td>77.5</td>
<td>7.4</td>
</tr>
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<td>55-59</td>
<td>4,405</td>
<td>81.2</td>
<td>3.7</td>
</tr>
<tr>
<td>60-64</td>
<td>2,766</td>
<td>58.5</td>
<td>3.6</td>
</tr>
<tr>
<td>65 and Over</td>
<td>1,866</td>
<td>18.4</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>White</strong></td>
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<tr>
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<td>3.4</td>
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<td><strong>Other races</strong></td>
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<td>71.3</td>
<td>14.1</td>
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<td>16 and Over</td>
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<td><strong>Other races</strong></td>
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<td>6,588</td>
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<td>349</td>
<td>50.7</td>
<td>4.7</td>
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<tr>
<td>60-65</td>
<td>216</td>
<td>37.8</td>
<td>4.3</td>
</tr>
<tr>
<td>60 and Over</td>
<td>127</td>
<td>9.1</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Source: Adapted from United States Bureau of the Census, 1983a, Table 12.

Note: The United States labor force includes workers who are employed or actively seeking employment.
Furthermore, women between the ages of 55 and 64 have increasingly joined the work force, their participation rates rising from 27% to 42% between 1950 and 1981 (United States Bureau of the Census 1983, 23).

The share of elderly people remaining in the work force does not vary much by race, though the participation rates are slightly higher for white men than for minority men and somewhat higher for minority women than for white women. These patterns indicate changes, however, for as recently as 1950 the participation rates of minority men, specifically black men, were higher than those for white men and, historically, elderly black women have been distinguished by significantly higher rates than those for white women.

If retirement is gauged by the proportions not in the labor force (includes employed or actively seeking employment), then in 1981 about 81% of the men and 92% of the women 65 and older were classified as retired. But these data are strongly influenced by what people were doing during the survey week, the number of hours worked by those who were employed, whether unemployed people were looking for work, and other factors that prevent noninvolvement in the work force from being a perfect measure of the country’s retired population. Nonetheless, the data available do show that between the ages of 55 and 64 the retirement rate rises significantly, that at age 65 the vast majority of workers of both sexes are retired, and that in the 10 years after age 65 virtually all remaining workers retire from the labor force.

Older workers are increasingly likely to be employed part-time, and the older they become, the greater the likelihood. Thus, in 1981 about 48% of the men aged 65 and older who were still working and 60% of the
working women were employed on a part-time basis. These figures compare
with 30% and 42%, respectively, in 1960. In addition, older workers are
far more likely than younger ones to work only part of each year, though
more than half put in at least some hours during 50 of the 52 weeks per
year (United States Bureau of the Census 1983, 24).

Although some seniors work part-time because they cannot get
regular jobs, most prefer part-time work as a way to supplement their
retirement incomes. Some, especially at the higher education and
executive levels, get pleasure from work itself but prefer to avoid the
demands and commitments of full-time employment. Thus, the less regular
employment of many seniors reflects the mix of activities that they
pursue during their older years, and while work supplements income, it
is not usually demanding enough to interfere seriously with other things
they want to do.

The fact that seniors have a high degree of flexibility in their
work schedules, with many of them having large amounts of "free" or
uncommitted time, has been offered as one explanation for their higher
levels of political participation than those of younger cohorts (Atchley
1988, chapter 10). Furthermore, an unstructured work schedule has been
identified as a critical condition in the development of mass social
movements, such as the women’s suffrage movement (Ragan and Dowd 1974).

Health Status

Health is a central factor in a demographic profile of senior
citizens because health, particularly self-rating of health, is one of
the most consistent predictors of life satisfaction among seniors, and
it greatly affects their participation in most social roles and the way they are treated by others. Also health needs absorb a large share of older people's incomes (Ward 1984; Atchley 1988). Ultimately, health becomes a major determinant of their ability to engage in political activities.

Measures of health can range from subjective self-assessments of health status or degree of activity limitation to reports of acute illnesses and chronic conditions that are physician diagnosed. Changes in psychological functioning is another indicator of health status. As a general rule, older people can be expected to have a higher frequency of adverse measures of health than younger cohorts.

Yet, the critical finding--using any of these measurements--is the improvement in the health status of older persons in recent years. Data collected by the National Center for Health Statistics (NCHS) confirm the conventional wisdom that older people are "feeling better," living longer and more active lives (United States Department of Health and Human Services 1986; hereafter DHHS). However, there are important differences between sexes and among races and age groups within the senior population.

To say that older people suffer more health problems than younger cohorts is somewhat misleading. The incidence of acute conditions, illnesses or injuries that are temporary or short-term, actually declines with age. Persons less than five years old have an average of 3.9 acute conditions per year, and the incidence decreases with age to a rate of 1.1 acute conditions per year for those age 65 and over (Atchley 1988, chapter 4). Yet, when older people experience acute conditions,
they usually have more days of restricted activity (DHHS 1986).

After age five, there are substantial gender differences with regard to the incidence of acute conditions and the average number of days of restricted activity. Compared to males, females at all ages show a higher incidence of illness and injury and a longer duration of disability. Overall, however, the average number of days of restricted activity due to acute conditions for persons 65+ has declined from 12.1 in 1977 to 7.8 in 1987 (Data from NCHS 1977 and 1987).

Chronic conditions are long-term or permanent disease conditions, but are not necessarily disabling. For example, having no teeth is a chronic condition and yet is seldom disabling. The prevalence of chronic conditions increases with age and only about 14% of the noninstitutionalized elderly are free of them. The most common chronic illnesses are arthritis, vision and hearing impairments, heart problems, hypertension, asthma, and diabetes, with each of the first five affecting at least 20% of the 65+ population (Ward 1984, chapter 2).

A key issue for this analysis is the relationship between chronic conditions and activity limitation. As Table 2.9 shows, over 62% of the elderly who have chronic conditions are not limited in any way by them. This represents a sizable increase from 1977, especially for older males. Note also that, contrary to the pattern for acute conditions, older men are more likely than older women to experience major activity limitations due to chronic conditions.

Another more subjective estimate of health status is a self-rating of health. Among the total population of those age 65 and over, those who assess their own health as excellent has increased from 28% in 1977
to 36% in 1987. There are no gender differences in self-assessment. However, when race-specific ratings are investigated, only about one-quarter of older black persons report having excellent health (compared to 40% for older white persons), and the health of almost 50% of older blacks is assessed as relatively fair or poor (compared to 30% for whites) (DHHS 1987).

Table 2.9. Percent Distribution of Persons by Degree of Activity Limitation Due to Chronic Conditions, According to Sex and Age, 1977-87

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Both sexes</td>
<td>With No Activity Limitation</td>
<td>96.6</td>
<td>96.0</td>
<td>3.4</td>
<td>4.0</td>
<td>1.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Under 18</td>
<td>With Activity Limitation</td>
<td>91.9</td>
<td>92.7</td>
<td>8.1</td>
<td>7.3</td>
<td>5.2</td>
<td>5.6</td>
</tr>
<tr>
<td>18-44</td>
<td>With Activity Limitation</td>
<td>76.9</td>
<td>77.7</td>
<td>23.1</td>
<td>22.3</td>
<td>18.6</td>
<td>16.7</td>
</tr>
<tr>
<td>45-64</td>
<td>With Activity Limitation</td>
<td>56.0</td>
<td>62.5</td>
<td>43.0</td>
<td>37.5</td>
<td>37.3</td>
<td>22.8</td>
</tr>
<tr>
<td>65+</td>
<td>With Activity Limitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Activity</td>
<td>Limitation in Activity Limitation</td>
<td>1.8</td>
<td>3.5</td>
<td>5.2</td>
<td>5.6</td>
<td>18.6</td>
<td>16.7</td>
</tr>
<tr>
<td>Male</td>
<td>Under 18</td>
<td>96.4</td>
<td>94.3</td>
<td>3.6</td>
<td>5.7</td>
<td>1.9</td>
<td>4.2</td>
</tr>
<tr>
<td>Under 18</td>
<td>Male</td>
<td>91.3</td>
<td>91.6</td>
<td>8.7</td>
<td>8.4</td>
<td>5.6</td>
<td>5.9</td>
</tr>
<tr>
<td>18-44</td>
<td>Male</td>
<td>75.3</td>
<td>78.6</td>
<td>24.7</td>
<td>21.4</td>
<td>20.1</td>
<td>17.0</td>
</tr>
<tr>
<td>45-64</td>
<td>Male</td>
<td>52.3</td>
<td>61.9</td>
<td>47.7</td>
<td>38.1</td>
<td>43.8</td>
<td>32.8</td>
</tr>
<tr>
<td>65+</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Under 18</td>
<td>96.9</td>
<td>95.8</td>
<td>3.1</td>
<td>4.2</td>
<td>1.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Under 18</td>
<td>Female</td>
<td>92.6</td>
<td>91.8</td>
<td>7.4</td>
<td>8.2</td>
<td>4.8</td>
<td>5.3</td>
</tr>
<tr>
<td>18-44</td>
<td>Female</td>
<td>78.4</td>
<td>76.8</td>
<td>21.6</td>
<td>23.2</td>
<td>17.1</td>
<td>16.5</td>
</tr>
<tr>
<td>45-64</td>
<td>Female</td>
<td>60.3</td>
<td>63.8</td>
<td>39.7</td>
<td>36.2</td>
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<td>Female</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Compiled from DHHS, National Center for Health Studies, 1977 and 1987.

Note: Major activity refers to ability to work, keep house, or engage in school or preschool activities.
One of the popularly accepted images of aging is the general decline in the psychological functioning of older people, whether considering learning, memory, problem solving, or some other aspect. The question of this stereotype's accuracy is complex and undoubtedly the answer requires a study by itself, but some of the more basic findings can be summarized:

1. Several studies indicate declines with age in sensation and perception related to declines in vision, hearing, and taste. Thus older people have higher sensory thresholds, requiring higher levels of stimulation which limits their performance. Older people also respond more slowly to environmental stimuli (slower reflexes), apparently due to changes in the central nervous system (Botwinick 1978).

2. Age patterns are less straightforward for intelligence, learning, and memory. The evidence of some cross-sectional studies suggests that intellectual ability does decline with age, but the decline is much smaller, starts later, and involves fewer functions than was once thought. Decline is greatest for psycho-motor performance skills involving speed and perceptual integration, and less in verbal skills involving stored information. The greatest decline occurs after age 70. Longitudinal studies show the same pattern, although decline is less and starts later. Also, these studies indicate that people with high intelligence when they are young tend to retain it as they age (Botwinick 1978).

3. Some forms of intelligence appear to be more age-sensitive than others with the distinction often made between "fluid" and "crystallized" intelligence. Fluid intelligence involves nonverbal skills that are relatively free of education and experience, being more directly related to the functioning of the central nervous system. Crystallized intelligence involves the use of habits of judgments based on experience to solve problems. There appears to be some decline with age in fluid intelligence, but crystallized intelligence appears to increase with age (Ward 1984, chapter 2).
4. Studies indicate the incidence of mental illness does increase with age, due primarily to increases in depression and organic psychological disorders or organic brain syndromes (OBS). Approximately 15% of the older population need mental health services related to depression and other emotional problems. Approximately 4%-6% of the older population suffer from OBS, the most feared psychological disorder of old age. OBS may involve disturbances of a variety of functions, including memory, learning, speech, and orientation to the world. Organic brain disorders are often referred to by the inaccurate term of senility, which implies progressive and irreversible deterioration felt to be caused by general aging processes. But OBS represent disease processes, not normal aging processes and an estimated 20% of organic disorders among older people are treatable and reversible. The most common causes of OBS, Alzheimer's disease and cerebral arteriosclerosis, are not considered reversible, however (Butler and Lewis 1982, chapters 3, 4).

Much of the research on psychological functioning is plagued with tremendous complexities. For instance, some of the observed age differences in intellectual performance may be the result of differences in level and type of education across age cohorts. It has also been suggested that intelligence itself does not decline with age; rather, the information and skills of older people become obsolete due to changes in society (Schaie 1975). But it has become clear that aging does not bring major general declines in mental ability. Overall, the studies indicate there are large individual differences as some older people show sharp declines with age, others improve, and most show considerable stability. "Even when intellectual declines do appear, it is not at all clear that they affect the ability of the vast majority of older people to function in everyday lives" (Ward 1984, 38).
Economic Status

Some of the stereotypes and misconceptions of aging are readily apparent when considering the financial status of senior citizens. Popular attitudes and literature either portray older persons as increasingly destitute or increasingly affluent. Except for select segments of the senior population, however, neither of the popular images is true. Although economic status is one of the most variable characteristics within the elderly population, most older Americans have adequate—though modest— incomes (Atchley 1988, chapter 8).

Age, sex, and race are significant factors influencing income level. Income tends to increase with age until about 55, when significant numbers of people begin to retire and a steady decline in income level begins (see Figure 2.8). For example, the median income in 1981 of men aged 60 to 64 was about 25% less than that of men 15 years younger ($15,000 versus $21,000), but almost double that of men aged 65 and over ($8,000). The pattern for women is somewhat similar, although the decline in income begins at age 50 and is less severe. Women aged 60-64 had a median income of $5,000 in 1981, compared with $7,500 for women aged 45-49 and $4,750 for those 65 and older. Approximately 42% of those aged 25-64 had incomes below $10,000, compared with almost 75% of the elderly. About 25% of the younger group had incomes greater than $20,000, but only 7% of the elderly were as wealthy. Less than 1% of the elderly had incomes greater than $50,000, compared to 4% of the younger group (United States Bureau of the Census 1983a, 1983c).

After age 19, no matter what the age bracket, the median personal income of women is significantly below that of men, but the discrepancy
Figure 2.8. Median Income of Persons 15 Years and Over by Sex and Age, 1981; compiled from U.S. Bureau of the Census, 1983b.
is less in the ages past 65 than it is for people between 25 and 64. Even so, in 1981 the median personal income of women aged 65-69 was only 50% of that received by men, and the income of women 70 and over was 65% of that obtained by men (United States Bureau of the Census 1983a, 1983c).

Within the elderly population, the income differences between races are also striking. Elderly blacks have far lower median incomes than elderly whites. The least favorable comparison is between white men and black women; in 1981, elderly white men had median incomes of about $8,600, while elderly black females received only 36% as much income (approximately $3,500) (United States Bureau of the Census 1983a, 1983c).

When the personal incomes of older men and women are combined into family incomes, the elderly do not fare badly. In 1981, there were 9.4 million families maintained by a person 65 years old or older. The median income of elderly families for that year was $14,335, still considerably lower than that of families with the householder under age 65 ($24,500). But elderly families tend to be smaller than younger families, and when family size is taken into account, the median income of the elderly family was about 90% of that of all families in 1981 (United States Bureau of the Census 1983a, 1983c).

While elderly families have income levels approaching those of younger households, the situation is much different for persons living alone or with nonrelatives. There were 8.1 million persons aged 65 and older in this "unrelated individuals" category in 1981, and 79% of them were women. Their median income of $5,771 was less than 60% of that of
unrelated individuals at younger ages. Only 25% of the elderly unrelated individuals had incomes above $10,000, while about 70% of those under age 65 had incomes greater than $10,000 (United States Bureau of the Census 1983a, 1983c; Zopf 1986, chapter 8).

Most senior citizens have several sources of income, though Social Security is the single largest source of money income for older persons. Over 90% of the population aged 65 and older receive Social Security benefits, and for over half, the benefits constitute at least 50% of their income. Only about 5% of the elderly population, however, rely exclusively on Social Security (Zopf 1986).

In 1981, Social Security accounted for 37% of the total money income for elderly persons. The remaining income came from earnings (25%); property income, such as rents, dividends, and interest (23%); and private and public pensions (13%). However, earnings, property income, and pensions are less universal than Social Security and are of varying significance. For instance, women rely more heavily than men on Social Security and other government transfer payments, but are only half as likely to have earnings and income from property. Also, most of the elderly who reported property income received less than $1,000 from the source in 1979, and most receiving pensions got less than $2,000 (United States Bureau of the Census 1983a). Finally, a recent study by the Social Security Administration showed that private pensions are more likely to be received than in the past, but in 1981 only 2% of the elderly relied on pensions for at least half of their total income (DHHS 1983, 9-10).

The incomes of older persons have risen substantially for many
decades as have those of younger people. Moreover, because of improvements in the Social Security system and other sources of retirement income, the proportion of desperately poor elderly has fallen significantly, especially since 1970—from 24.5% to 15.7% in 1980. (However, the share of seniors with incomes below the official poverty line began to rise again in the 1980s due to cutbacks in both direct and indirect support to the poor by the Reagan administration.) Much of this means that the median incomes of the elderly have risen a little faster than those of all ages combined, and considerably faster than middle-aged adults (Zopf 1986, 199). Using constant dollars, the median income of persons 65 and older has more than doubled since 1951 (see Table 2.10).

While the income levels of most older persons are low in an absolute sense, as well as in comparison to the younger adult population, the economic status of older Americans has improved substantially since the 1950s. This is in large part due to increases in Social Security benefits and other government sponsored programs. The elderly gained arguably as much as and perhaps more than any other group in real dollar terms. The theory of rational self-interest would suggest that older people now have the incentive and are more likely to have the means to politically support government policies (and the officials that sponsor them) to protect and, indeed, further improve their economic status.
Table 2.10. Median Income of Persons 65 Years and Older By Sex, 1951-81 (in constant 1981 dollars)

<table>
<thead>
<tr>
<th>Year</th>
<th>Men In Current Dollars</th>
<th>Men In 1981 Dollars</th>
<th>Women In Current Dollars</th>
<th>Women In 1981 Dollars</th>
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<tbody>
<tr>
<td>1981</td>
<td>$8,173</td>
<td>$8,173</td>
<td>$4,757</td>
<td>$4,757</td>
</tr>
<tr>
<td>1976</td>
<td>5,293</td>
<td>8,456</td>
<td>2,816</td>
<td>4,483</td>
</tr>
<tr>
<td>1971</td>
<td>3,449</td>
<td>7,745</td>
<td>1,706</td>
<td>3,831</td>
</tr>
<tr>
<td>1966</td>
<td>2,162</td>
<td>6,059</td>
<td>1,085</td>
<td>3,041</td>
</tr>
<tr>
<td>1961</td>
<td>1,758</td>
<td>5,345</td>
<td>854</td>
<td>2,596</td>
</tr>
<tr>
<td>1956</td>
<td>1,421</td>
<td>4,755</td>
<td>738</td>
<td>2,470</td>
</tr>
<tr>
<td>1951</td>
<td>1,008</td>
<td>3,529</td>
<td>536</td>
<td>1,877</td>
</tr>
</tbody>
</table>


Some Implications of the Profile of Senior Citizens

The preceding sections have examined the senior citizen population largely on the basis of data collected by federal agencies and essentially as a group, though with many subdivisions. One of the key points that stands out in reviewing the analysis is the overall improvement in the socioeconomic status of seniors, with positive increases in their median level of income and educational attainment as well as general health status in recent decades. The reported relationship between higher socioeconomic status and higher levels of political participation (Verba and Nie 1972) indicates that senior citizens are more likely to be active in politics than ever before, and
given their already high level of participation in voting, they may be expected to become more involved in other forms of political activity.

On the other hand, the analysis also shows that the older population forms a very heterogeneous category that varies widely on most of the demographic characteristics examined. For instance, the range of differences among seniors in such critical areas as health, income, education, and living arrangements is at least as great as the overall differences that exist within the total population on each of these dimensions. Thus, if one of the necessary conditions for the formation and maintenance of a political pressure group is a homogeneity of characteristics among the membership (Truman 1971), this tremendous variability appears to seriously handicap the development of a unified political "front" of senior citizens.

Seniors do have more things in common, however, than just occupying the same age category: the majority are women and both the potentials and the problems of aging belong largely to women. As senior women increase in numbers and become more politically active, they gain in political savvy and clout. Yet, the unique problems and inequities that older women confront, such as extended widowhood or single status, insurance and pension discrimination, set them apart from today's younger women and from men their own age. Thus, there is great incentive for senior women to politically unite and mobilize for their own self-interests. The emerging political influence of senior citizens may very well be found in the attitudes and behavior of older women.
CHAPTER III

GROUP CONSCIOUSNESS AND POLITICAL PARTICIPATION

Introduction

The emergence of senior citizens as a distinctive and unified force in American politics hinges partly on the seemingly controversial question of whether they are becoming more aware of their interests as seniors relative to other reference groups, and the extent to which this age identification or consciousness serves as a stimulus for political participation. Citing the booming growth in old-age interest groups as evidence of increasing collective interests among seniors, some gerontologists have suggested that as older persons become more aware of their senior membership, they are more likely to consider age status as a salient political referent and will think and behave accordingly (Rose 1965; Ragan and Dowd 1974; Cutler 1977; Weaver 1981).

Other students of gerontology reject this suggestion, citing studies which document the tendency of persons 60 years and older to deny their old age and to retain group identification characteristics of middle-aged people (Binstock 1974; Hudson 1981; Dobson 1983). On the basis of data from the 1976 American National Election Study, Dobson concludes that:

among the current generation of elderly it does not appear that "age consciousness" serves as a basis for political mobilization. In fact, it is doubtful that age consciousness has political meaning for most elderly citizens. . . .
Perhaps more importantly, the age-conscious elderly are substantially less likely than other elderly to be involved in the political process (Dobson 1983, 141).

In light of the reference group debate, it is surprising that there has been little systematic study of age-related group consciousness, especially as it relates to the different modes of political behavior. Furthermore, the few studies which have been attempted are marked by methodological difficulties and are based on data that are over 10 years old.

In this chapter, I discuss the various definitions and applications of group identification or consciousness and measure the extent to which seniors are becoming "age conscious." Then, to better appreciate the extensiveness and potential impact of group consciousness among seniors, I compare it with group consciousness in two other social groups in which active movements have developed: blacks and women. Finally, I examine the relationship between levels of senior participation in electoral activities and age consciousness.

**Group Identification and Group Consciousness**

In recent years, two overlapping concepts have received considerable attention among scholars of group-based politics: social group identification and group consciousness. (See, for example, Conover 1984, 1985; Klein 1984; Cook 1987; Miller, Gurin, and Gurin 1980; Miller, Gurin, Gurin, and Malanchuk 1981.) Group identification has been defined as a perceived self-location within a particular social stratum, along with a recognition of shared interests and values and a psychological feeling of belonging to that particular stratum (Miller et
In previous research, age has been treated as an important social stratification (see especially, Riley et al. 1972) and common sense tells us that the perception of belonging to a particular age category may influence the way individuals think and behave. Most definitions limit identification to objective group members.

Consciousness has been characterized as " politicized group identification that implies an orientation toward collective action to achieve the group's goals" (Cook 1987, 12). It has been linked in the literature to political attitudes and behavior and the findings of previous studies have fairly consistently shown that group consciousness is related to increased political participation among members of ascriptively deprived groups, such as blacks, women, and the poor (Olsen 1970; Verba and Nie 1972; Miller et al. 1981).

While some scholars use the terms group identification and group consciousness interchangeably (Dobson 1983; Cutler 1977; Rose 1965), others consider group identification to be a necessary but not sufficient condition for group consciousness.

The concept of group consciousness has generally been formulated using Marxist terms, which reflects the perspective of the downtrodden group. Several scholars have articulated the steps toward group consciousness. First, members must recognize their membership in a subordinate group whose interests are in fundamental conflict with the dominant group. Second, due to their relative sense of deprivation and discontent, members must reject their present position in society. Finally, believing that systemic or structural barriers—not individual failings—are responsible for their subordinate position in society,
members must recognize the need for and become committed to collective solutions (Klein 1984; Gurin et al. 1980; Baum and Boxley 1973; Rose 1965).

The problem with this formulation is that it cannot account for members of dominant groups (such as the rich, corporate businesspersons, or professionals) who may identify strongly with their social group and may feel threatened by competing groups, and subsequently decide to band together and collectively work to protect their position.

In contrast to the common formulation of group consciousness, Miller and associates (1981) offer a model of group consciousness that does not require the perspective of a downtrodden group. They argue that consciousness may potentially act to mobilize a variety of groups, not just subordinate ones. They specify four components of group consciousness, with the first component being group identification.

The second component, polar effect, is a preference for one's own group (ingroup) and a dislike for those outside the group (outgroup). The third component, polar power, is expressed as satisfaction or dissatisfaction with the group's current power--status or material resources--relative to the power of the outgroup. The last component, individual versus system blame, is the belief that the group's low status or threatened power is attributable to either individual failings or to inequities in the social system. In summary:

The four components of consciousness presumably form a political ideology that for subordinate groups represents a shift from a situation in which group members simply accept their status to one in which they express a sense of grievance as victims of injustice, perceive a lack of legitimacy in the social hierarchy, and eventually set about collectively to correct the injustices. Among the dominant groups, the ideology justifies the advantage, gives
legitimacy to their social status, and provokes collective action aimed at securing permanence for their position (Miller and associates 1981, 497).

The major problem with operationalizing this definition of group consciousness, or the general formulation for that matter, is that questions that measure some of the relevant dimensions are not available in most surveys. There are, however, ANES questions on group identification and subsequent membership in organizations of the identified group for 1972, 1976, 1980, and 1984 that provide the "best available" surrogate measure for group consciousness. Thus, for the purposes of this analysis, active group consciousness is when objective group members report a primary sense of identification with the group (group to which respondent felt closest to) plus membership in the group's organizations.

The concept is operationalized using the following ANES questions:

Here is a list of groups. Please read over the list and tell me the letter for those groups you feel particularly close to--people who are MOST LIKE YOU IN THEIR IDEAS, INTERESTS, AND FEELINGS ABOUT THINGS.

Look at the list again. Of the groups you just mentioned, which one do you feel closest to?

Do you belong to any organizations of the group you feel closest to?

The degree of senior or old-age consciousness among older respondents is measured according to the following scale:

(1) not conscious, respondents 60 years and older who do not include older persons among the groups they feel close to

(2) potential conscious, respondents 60 years of age or older who include older persons among the groups they feel close to

(3) conscious, respondents 60 years and older who feel closest to older persons among the groups they feel close to
(4) active conscious, respondents 60 years and older who feel closest to older persons among the groups they feel close to and indicate they belong to organizations of older persons.

The results of this sort of measurement are illustrated in Table 3.1, which shows the proportion and strength of age consciousness among seniors from 1972 to 1984. The table shows a substantial majority of seniors (above 60%) felt some degree of age consciousness. Furthermore, the proportion of seniors who exhibited some degree of consciousness with their age cohort ("potential conscious" + "conscious" + "active conscious") increased between 1972 and 1984, from 62% to 81%. Although the table does not show an upward trend in the level of "conscious" respondents, the proportion of "active conscious" seniors has doubled in the span of 12 years, from 6% to 12%. Added together, the proportion of seniors who feel closer to older persons than any other identified group has remained fairly stable and this should not be discounted, especially if group consciousness is related to political involvement.

Table 3.1. Age Consciousness Among Seniors, 1972-84
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not conscious</td>
<td>38</td>
<td>29</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Potential conscious</td>
<td>33</td>
<td>45</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Conscious</td>
<td>23</td>
<td>19</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Active conscious</td>
<td>6</td>
<td>8</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Number of cases</td>
<td>495</td>
<td>470</td>
<td>322</td>
<td>449</td>
</tr>
</tbody>
</table>

To better appreciate the extensiveness and potential impact of group consciousness among seniors, it may be useful to compare it with
group consciousness among two other social groups in which active and visible political movements have developed. A comparison of Table 3.1 with Tables 3.2 and 3.3 indicates age consciousness among seniors is more widespread than gender consciousness among women and nearly as widespread as race consciousness among blacks. For example, in 1984, only 7% of the female sample felt closest to "women" and 28% of the black sample felt closest to "blacks," compared to 27% of the senior sample who felt closest to "older people."

Table 3.2 Gender Consciousness Among Women, 1972-84 (in percentages)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not conscious</td>
<td>56</td>
<td>40</td>
<td>43</td>
<td>32</td>
</tr>
<tr>
<td>Potential conscious</td>
<td>35</td>
<td>49</td>
<td>47</td>
<td>62</td>
</tr>
<tr>
<td>Conscious</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Active conscious</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Number of cases</td>
<td>1242</td>
<td>1061</td>
<td>789</td>
<td>1068</td>
</tr>
</tbody>
</table>

Table 3.3 Race Consciousness Among Blacks, 1972-84 (in percentages)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not conscious</td>
<td>17</td>
<td>19</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Potential conscious</td>
<td>35</td>
<td>50</td>
<td>53</td>
<td>57</td>
</tr>
<tr>
<td>Conscious</td>
<td>22</td>
<td>20</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>Active conscious</td>
<td>11</td>
<td>11</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Number of cases</td>
<td>162</td>
<td>213</td>
<td>789</td>
<td>207</td>
</tr>
</tbody>
</table>
Interestingly, the level of "active conscious" has declined among blacks and essentially remained the same for women between 1972 and 1984, while the level of "active conscious" seniors has modestly increased. However, further comparison of trends over time in the proportion of seniors in each category reveals substantial differences from women and similarity with blacks, one of the more distinctive groupings in our culture.

The critical question of interest here, to which I turn next, is the implication of this age consciousness for mobilizing seniors to participate in political activities.

Group Consciousness and Political Participation

As a first step toward understanding the political implications of age consciousness, I compared the background characteristics of older persons who were age conscious with those who were "not conscious" of their senior status. As the data in Table 3.4 indicate, age conscious respondents tended to be (1) older seniors, (2) predominantly female, (3) low to medium levels of educational attainment, (4) low levels of family income, (5) retired, and (6) widowed.

The "not conscious" seniors were substantially different with respect to most of these characteristics. Specifically, they were (1) younger seniors, (2) less likely to be female, (3) more likely to report family incomes above $20,000, (4) less likely to have retired, and (5) more likely to have living spouses. Gender, marital status, and income were found to be the biggest differences between respondents who were conscious of their age and those who were not. Differences in educational attainment were negligible.
Table 3.4 Selected Background Characteristics of Senior Respondents by Age Consciousness, 1984*
(in percentages)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>NOTS</th>
<th>POTS</th>
<th>CONS</th>
<th>ACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td>51</td>
<td>56</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>70-79</td>
<td>36</td>
<td>37</td>
<td>32</td>
<td>41</td>
</tr>
<tr>
<td>80-89</td>
<td>13</td>
<td>7</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>90+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Number of cases</td>
<td>85</td>
<td>223</td>
<td>68</td>
<td>46</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>45</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>55</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>Number of cases</td>
<td>85</td>
<td>223</td>
<td>68</td>
<td>46</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade school or less</td>
<td>22</td>
<td>27</td>
<td>34</td>
<td>26</td>
</tr>
<tr>
<td>Some high school</td>
<td>20</td>
<td>14</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>High school graduate</td>
<td>33</td>
<td>34</td>
<td>28</td>
<td>39</td>
</tr>
<tr>
<td>Some college</td>
<td>25</td>
<td>25</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Number of cases</td>
<td>83</td>
<td>221</td>
<td>67</td>
<td>46</td>
</tr>
<tr>
<td><strong>Family income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>23</td>
<td>39</td>
<td>48</td>
<td>42</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>32</td>
<td>34</td>
<td>28</td>
<td>37</td>
</tr>
<tr>
<td>$20,000-$34,999</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>$35,000+</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Number of cases</td>
<td>69</td>
<td>190</td>
<td>54</td>
<td>41</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In labor force</td>
<td>23</td>
<td>15</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Retired</td>
<td>59</td>
<td>58</td>
<td>52</td>
<td>76</td>
</tr>
<tr>
<td>Permanently disabled</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Housewife</td>
<td>14</td>
<td>18</td>
<td>28</td>
<td>13</td>
</tr>
<tr>
<td>Number of cases</td>
<td>78</td>
<td>214</td>
<td>67</td>
<td>46</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>61</td>
<td>53</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>Never married</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Divorced or separated</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Widowed</td>
<td>22</td>
<td>36</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>Number of cases</td>
<td>85</td>
<td>221</td>
<td>67</td>
<td>45</td>
</tr>
</tbody>
</table>

Within the conscious ranks, there is a notable difference between the "conscious" and the "active conscious" with respect to age and employment status. While "conscious" seniors are primarily between the ages of 60-69 (53%) and include a small majority of retirees (52%), most of the "active conscious" are over 70 years old (63%) and 76% are retired.

Finally, the "not conscious" and the "potential conscious" seniors were very similar to each other in every category.

Research on the relationship between socioeconomic status and patterns of political participation in the United States suggests that among older citizens, women and those who are single and who have lower levels of education and income are less likely to participate in politics (Conway 1985). Therefore, age conscious seniors would, on the basis of socioeconomic characteristics, be expected to have lower levels of political participation than "not conscious" seniors.

However, regardless of socioeconomic background, indirect evidence suggests that a certain portion of the senior population may be disposed to increased group consciousness and political activity on the basis of their senior status. This evidence is drawn from studies of social and political participation among blacks and members of other traditionally designated "subordinate" groups, such as the poor and women (Olsen 1970; Verba and Nie 1972; Miller et al. 1981; Cook 1987). Such studies have shown that those members who exhibit a sense of group consciousness record substantially higher rates of participation than do members of the same groups who exhibit no sense of group consciousness.

Controlling for the effects of socioeconomic status, the findings have
remained statistically significant and have proven fairly consistent across different modes of participation. (The one exception was Cook, who in 1987 found feminist consciousness did not serve to increase feminist participation in electoral politics.)

Aware of the potential mobilizing effect of group consciousness, some gerontologists have hypothesized that a sense of age consciousness among seniors may have an effect on seniors similar to that found among blacks and other minority groups (Weaver 1981; Cutler 1977; Ragan and Dowd 1974; Rose 1965). They suggest that as older persons become more conscious of their status as seniors, they are more likely to participate in political activities. Accordingly, we would expect "conscious" seniors to be more active in political activities than "not conscious" seniors.

Tables 3.5 and 3.6 present the relationship between participation in electoral activities and age consciousness in the 1972 and 1984 presidential elections. Somewhat contrary to the mobilization hypothesis, both tables show the level of participation across electoral activities is higher for "not conscious" seniors than it is for "conscious" seniors. Interestingly, in most instances, the level of participation substantially increases between those seniors who are "conscious" and those who are "active conscious," especially in the 1972 election. Similar patterns were also found in both the 1976 and 1980 elections. Thus, there would appear to be a curvilinear relationship between political participation and age consciousness.

Controlling for the effects of socioeconomic characteristics does not appear to diminish the curvilinear relationship in most instances.
Table 3.5 Political Participation by Age Consciousness Among Seniors, 1972

<table>
<thead>
<tr>
<th></th>
<th>NOTS</th>
<th>POTS</th>
<th>CONS</th>
<th>ACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voted in general election*</td>
<td>72</td>
<td>75</td>
<td>58</td>
<td>81</td>
</tr>
<tr>
<td>Tried to influence other's vote*</td>
<td>29</td>
<td>28</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Wore a campaign button/sticker</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Attended rallies/meetings*</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Worked for party or candidate</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Gave $ to party or candidate*</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Number of cases</td>
<td>186</td>
<td>160</td>
<td>114</td>
<td>36</td>
</tr>
</tbody>
</table>


*Significant at .05 or less.

Table 3.6 Political Participation by Age Consciousness Among Seniors, 1984

<table>
<thead>
<tr>
<th></th>
<th>NOTS</th>
<th>POTS</th>
<th>CONS</th>
<th>ACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voted in general election*</td>
<td>83</td>
<td>82</td>
<td>72</td>
<td>83</td>
</tr>
<tr>
<td>Tried to influence other's vote*</td>
<td>31</td>
<td>28</td>
<td>13</td>
<td>39</td>
</tr>
<tr>
<td>Wore a campaign button/sticker</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Attended rallies/meetings*</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Worked for party or candidate</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Gave $ to party or candidate*</td>
<td>18</td>
<td>15</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Number of cases</td>
<td>85</td>
<td>223</td>
<td>68</td>
<td>46</td>
</tr>
</tbody>
</table>


*Significant at .05 or less.

(For illustrative examples, see Tables 3.7-3.9). Income appears to have an overriding effect on senior respondents giving money to a party or
Table 3.7 Political Participation by Age Consciousness Among Seniors, Controlling for Gender, 1984<sup>a</sup> (in percentages)

<table>
<thead>
<tr>
<th>1984</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOTS POTS CONS ACTS</td>
<td>NOTS POTS CONS ACTS</td>
</tr>
<tr>
<td>Voted in election</td>
<td>84 83 74 77</td>
<td>83 80 67 100</td>
</tr>
<tr>
<td>Tried to influence</td>
<td>27 32 12 35</td>
<td>34 23 18 50</td>
</tr>
<tr>
<td>Wore button/sticker</td>
<td>4 6 3 6</td>
<td>10 9 6 8</td>
</tr>
<tr>
<td>Attended rallies</td>
<td>9 11 2 6</td>
<td>10 4 0 8</td>
</tr>
<tr>
<td>Worked for candidate</td>
<td>2 6 4 3</td>
<td>10 4 0 8</td>
</tr>
<tr>
<td>Gave $ to candidate</td>
<td>14 15 8 3</td>
<td>22 15 0 8</td>
</tr>
<tr>
<td>Number of cases</td>
<td>44 123 50 34</td>
<td>41 100 18 12</td>
</tr>
</tbody>
</table>


Table 3.8 Political Participation by Age Consciousness Among Seniors, Controlling for Marital Status, 1984<sup>a</sup> (in percentages)

<table>
<thead>
<tr>
<th>1984</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOTS POTS CONS ACTS</td>
<td>NOTS POTS CONS ACTS</td>
</tr>
<tr>
<td>Voted in election</td>
<td>82 74 75 80</td>
<td>85 89 70 87</td>
</tr>
<tr>
<td>Tried to influence</td>
<td>18 29 10 33</td>
<td>38 28 18 47</td>
</tr>
<tr>
<td>Wore button/sticker</td>
<td>12 5 5 7</td>
<td>4 10 4 0</td>
</tr>
<tr>
<td>Attended rallies</td>
<td>3 8 2 4</td>
<td>13 8 0 13</td>
</tr>
<tr>
<td>Worked for candidate</td>
<td>6 4 5 7</td>
<td>6 6 0 0</td>
</tr>
<tr>
<td>Gave $ to candidate</td>
<td>6 7 7 0</td>
<td>25 22 4 7</td>
</tr>
<tr>
<td>Number of cases</td>
<td>33 104 40 30</td>
<td>52 117 27 15</td>
</tr>
</tbody>
</table>


<sup>b</sup>Single includes never married, divorced, separated, and widowed.

candidate. Also, gender and marital status have a confounding influence on the relationship between age consciousness and seniors working for a
party or candidate.

A closer inspection of both social background characteristics and participation rates suggests there are two sets of elders, the conscious and the not or only potential conscious. The differences between these

Table 3.9. Political Participation by Age Consciousness Among Seniors, Controlling for Income, 1984a (in percentages)

<table>
<thead>
<tr>
<th>1984</th>
<th>&lt;$10,000</th>
<th>$10,000+b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOTS</td>
<td>POTS</td>
</tr>
<tr>
<td>Voted in election</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Tried to influence</td>
<td>19</td>
<td>72</td>
</tr>
<tr>
<td>Wore button/sticker</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Attended rallies</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Worked for candidate</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Gave $ to candidate</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Number of cases</td>
<td>16</td>
<td>74</td>
</tr>
</tbody>
</table>

bTo facilitate the graphic presentation, the original variable values were collapsed. Single includes: never married, divorced, separated, and widowed. $10,000+ includes: $10,000-$19,999, $20,000-$34,999, and $35,000+.

two groups are significant in terms of their sex ratio, marital situations, and, to a lesser extent, income levels.

The similarities between the not conscious and the potentially conscious seniors, in both participation and socioeconomic characteristics, contrast sharply with the notable differences within the conscious ranks. Of the latter, the "actives" look more like the "nots" and the "potential conscious" in their participation.
One possible interpretation is that there is not a continuum regarding group consciousness so much as there is a typology:

NOTS: reject the idea of aging as being relevant to them

POTS: may also reject aging but are warm human beings who feel close to a lot of groups

CONS: have accepted aging but are unable to take collective action to protect or facilitate their self-interests (perhaps their "get up and go" has got up and went)

ACTS: have developed age consciousness of a political form which is presumably "facilitated and enhanced via the mobilization and social networking provided by age-oriented organizational activities" as exemplified by the Gray Panthers (Jennings and Markus, 315)

Conclusion

On the basis of this analysis it does not appear that age consciousness has much political meaning for most senior citizens. Although a growing number of seniors are beginning to feel some affinity with older people (the "potential conscious"), it is difficult to detect the effect of this development on political behavior. The electoral participation of "potential conscious" seniors is sometimes higher and sometimes lower than "not conscious" seniors. Furthermore, for the 20% of seniors who simply identify with being old and do not belong to senior organizations (the "conscious"), they are substantially less likely than other seniors to be involved in the political process. However, for a minority of the older population who identify and belong to senior organizations (the "active conscious"), three-fourths of which happen to be women, age consciousness does seem to serve as an impetus for higher levels of political participation.
This raises several interesting questions concerning the relationship between organizational membership and political activism. Unfortunately, the ANES data are not adequate to pursue these questions. My primary task in a later chapter will be to analyze the efforts of senior organizations to politically mobilize their membership using data collected from the organizations. This should provide at least partial answers to the questions concerning the connections between membership and higher rates of participation.

Another question that arises concerning those "not conscious" is whether they still may be taking supportive policy positions for the interests of senior citizens or whether their positions reflect a full dress denial of aging and its policy implications. I will be answering this question in the following chapter when I examine the policy preferences of the aged.
CHAPTER IV

SENIOR CITIZENS' PUBLIC POLICY PREFERENCES

Introduction

Even though the majority of senior citizens do not consciously identify with "older persons" as their primary reference group, the extent of their support for policies that benefit the interests of aging persons could be indicative of the emerging political force of the elderly. The fundamental assumption undergirding this notion is that public priorities do matter in the United States, and that statutes and administrative policy concerned with a particular policy issue area are molded to some extent by the direction and intensity of preferences of the affected population. Due to the changing economic and social circumstances of older persons, some gerontologists believe seniors are becoming more homogeneous in their political attitudes and opinions, particularly on issues of salience to them, which will result in bloc-like posturing and electoral behavior (Rose 1965; Weaver 1981). For instance, Weaver suggests that the rising life expectancy and the breakdown of the extended family has contributed to the growing number of older people who live alone or in "geriatric ghettos." Since the majority of these individuals have only government to turn to for assistance, this dependency may stimulate the development of "a coherent, self-conscious response which transcends previous ideological
and partisan attitudes, opinions, and loyalties" (Weaver 1981, 39).

Yet, other scholars argue that the political preferences shaped in youth and middle age remain dominant through old age and that seniors have the highest level of partisan identification and a record of strong party loyalty, which essentially precludes the likelihood of a cohesive senior bloc emerging (Campbell 1971; Binstock 1981).

In addressing these conflicting views, I explore the extent of attitudinal homogeneity among the elderly and look for indications of an emerging senior consensus regarding issues of concern to the general population, but of extraordinary significance to the elderly. I begin by reviewing past research on political opinions and age for the purpose of drawing some expectations or hypotheses. Then, using data from the ANES surveys, 1972-84, I compare the attitudes of seniors and younger age groups toward the issues of government health insurance, government guaranteed jobs and standard of living, and federal spending for various programs and services. I also examine any differences of opinion on these issues among men and women to ascertain whether gender is an important feature of senior attributes. Finally, I employ a multiple regression analysis of the respondents' answers in terms of their social background characteristics (e.g., age, education, income, and party identification).

Past Research on Political Attitudes, Opinions, and Age

Traditional values and conservative orientations are often thought of as the hallmark of the elderly. Conventional wisdom tells us that people tend to become more conservative in their political outlook as
they grow older. Thus, many people, including more than a few social scientists, believe seniors to be more conservative than middle-aged adults and the latter to be more conservative than young adults (Glenn 1974; Dobson 1983; Tropman 1987).

The early findings of numerous scholars provide support for the aging-conservatism hypothesis as well as the contention that there are fairly clear differences of opinion across age groups (Stouffer 1955; Campbell et al. 1960; Riley, Riley, and Foner 1972, report on several pre-1968 studies that support the above arguments). Early findings, for example, indicated senior citizens to be less tolerant of political and social nonconformists (Stouffer 1955), more opposed to having either a black or Catholic as president (Erskine 1965), and less favorable toward governmental intervention in social issues (Eysenck 1954). Early cross-sectional studies by Campbell and colleagues (1960) and also by Crittenden (1962), found that older adults were more resistant to change and that they were more likely than younger adults to identify themselves as Republicans and vote for conservative candidates.

Recent scholarship, however, has challenged these findings relating age to conservative opinions. Several scholars criticize the early reliance on single cross-sectional studies, arguing that the cross-sectional data confound aging effects with cohort effects (N. Cutler 1970; Glenn 1974; S. Cutler and Kaufman 1975; Tropman 1987). Later studies, relying primarily on cohort designs in which cross-sectional and longitudinal data are examined simultaneously, have tended to show that aging has no conservative effect per se on an individual's political outlook (Dobson 1983). For example, using cohort analysis, N.
Cutler (1970) reexamined Crittenden's data and found no evidence for linear increases in Republican identification as cohorts age.

Glenn and Hefner's (1972) analysis echoed these results. Furthermore, they identified a number of factors related to the prevalence of Republicans among older voters including the preponderance of the Republican party in the 1910s and 1920s, the continuing strength of party identification, and the disproportionately high mortality rate among segments of the population usually registered Democrat (i.e., laborers and minorities).

S. Cutler and Kaufman focused on the earlier finding that older persons tend to be less tolerant of nonconformity. Employing cohort analysis, they found that younger cohorts were more tolerant than older cohorts, but all age groups shifted in the direction of higher tolerance over time. The younger cohorts appeared to shift toward higher tolerance levels at a faster rate than the older cohorts, however, suggesting that seniors may always be conservative in a relative sense due to their slower rate of change. Glenn's (1974) findings were similar:

- According to almost any constant definition of conservatism, people have typically become less, rather than more, conservative as they have grown older, in conformity with general societal trends. . . . Whereas aging cohorts have changed in the same direction as the total adult population, those aging beyond young adulthood have generally changed less than the total population regardless of the direction of change (27).

There is little research on the specific policy opinions of older people and how they differ from other age groups (Hudson and Strate 1985). In the few existing studies, the findings are mixed. Scholars
specifically disagree as to whether seniors are more "liberal" than younger persons on issues involving self-interest. Campbell, for instance, found that older people were as "heterogeneous" as younger cohorts in their attitudes toward health policy and were as likely as younger cohorts to support government guarantees of low-cost medical care (1971, 113). In contrast, Weaver found that "the elderly selected the government health insurance option (rather than the private insurance option) well over 50% more frequently than did their younger neighbors . . . [and the] socioeconomic factors which were associated with attitude and opinion cleavages in the younger group were not nearly as important among the elderly" (1981, 34-5). He concluded that the elderly were both liberal and homogeneous in their preferences in health policy.

More recently, however, Tropman examined a variety of policy topics in his cohort analysis of public opinion data from 1952-78, including civil rights; women's rights; rights of the accused; government involvement in health care, electric power, and housing; and government action to ensure everyone a job and a good standard of living. With important exceptions, concerning the role of women and the importance of stopping crime, Tropman found the opinions between the elderly and younger respondents to be consistently similar in their early support for government functions (1960s) and later support for private efforts (1970s). Regarding the issues of crime and women's equality, seniors took a more traditional or hard-line position than younger age groups. They were more willing to support "stop crime" activities and more likely to support traditional roles for women. He concluded that: "The
data, supported by factor and regression analyses, simply do not support
the commonly held view that there are clear-cut generational splits and
differences across age groups" (1987, 93). Other studies of policy
preferences among seniors found no consistent patterns (Heileg 1979;
Epstein and Browne 1979).

From this brief review of past research, we should expect the
political attitudes and opinions of the aged to follow general societal
patterns. Earlier studies notwithstanding, recent work appears to
suggest that the elderly are not a great deal different from younger
adults. If conservatism is a trend, then we can expect all age cohorts
to share it. Older cohorts simply tend to change less than younger
ones, regardless of the direction of change (Glenn 1974).

Thus, if we regard the early 1980s as a period of conservatism,
then we should expect an increase in the relative liberalism of senior
persons as the general population becomes more conservative. That is,
seniors should be more conservative than fifteen years ago, but at a
slower rate of change than the general population.

There is another reason to believe that seniors are more liberal in
a relative sense--that is, relative to the total adult population. The
current emphasis on privatism, the resurgence of voluntarism, and the
defederalization of social policy back to the states suggests an
important trend away from political patterns that were characteristic of
the 1960-75 period. During that time, seniors were among the
beneficiaries of public policy, particularly in the area of pension
benefits, improvements in Social Security and health care, and the
passage of Medicare. Senior citizens gained arguably as much as and
perhaps more than any other group in real dollar terms. Thus, the theory of rational self-interest would suggest that those who benefit from a governmental program should continue to support it and, indeed, might even demand increments and augmentations. One might expect the elderly, therefore, to exhibit continuing support of public programs while younger age groups are becoming less supportive. (For further discussion, see Tropman 1987, chapter 1.)

Health-Care Insurance as a Policy Issue

The rising cost of health care and the means of paying for it is an issue of particular importance to older persons, and one which offers a reasonable test of the rational self-interest thesis. While the issue is well established throughout the general population, it is of greater concern to the elderly who are more likely than other age groups to suffer from chronic illnesses or other health-related impairments requiring frequent medical treatment. They are also hospitalized more often than younger patients and for longer periods of time. This higher utilization is reflected in the average annual expenditure of $861 for seniors, compared to $250 for non-seniors (Weaver 1981). Thus, we should expect this greater dependence on health-care services to be reflected in preferences for greater government involvement.

For the large majority of older Americans, government programs such as Medicare, Medicaid, or Veterans Administration benefits are essential for helping them to meet their medical expenses; 78% say they are currently covered by one or more of these programs (Harris and associates 1981, 128). At the same time, substantial numbers also
receive coverage from Blue Cross/Blue Shield (44%) as well as from other private companies (34%). Yet, 5% of the elderly say they presently have no medical coverage (Harris and associates 1981, 128).

In sharp contrast, only 6% of younger cohorts (ages 18-59) receive medical coverage from governmental programs, while 38% have Blue Cross/Blue Shield coverage and 49% rely on other companies. As many as 14% report having no medical coverage (Harris and associates 1981, 128).

Given these differences between older and younger cohorts in medical utilization and insurance coverage, what are the differences of opinion between age groups regarding support for government health insurance versus private insurance? Does the policy of government-paid coverage for everyone, both young and old, find a broad base of support in the elderly population? The ANES data provide a basis for answering these questions. In 1972 and 1984, respondents were asked:

There is much concern about the rapid rise in medical and hospital costs. Some people feel there should be a government insurance plan which would cover all medical and hospital expenses for everyone. Others feel that all medical expenses should be paid by the individuals, and through private insurance plans like Blue Cross or other company-paid plans. Where would you place yourself on this scale, or haven't you thought much about this?

1. Government Insurance Plan
2.
3.
4.
5.
6.
7. Private Insurance Plan

There are potential problems in interpreting the results of the data associated with the wording of the question. First, the question compounds a multiplicity of issues associated with health-care policy.
The question explicitly asks whether, and to what extent, government should help people pay for medical and hospital expenses. However, the question begins with the statement "there is much concern about the rise in medical and hospital costs," which introduces a different but equally sensitive issue in health-care policy: the cost of medical care. Thus, in answering the question, respondents may be responding to a mixture of value elements. However, the possibility that the question engenders opinions on rising medical costs as well as the role of government is mitigated by the scale which explicitly addresses the government-private insurance dimension.

Another potential problem relates to the lack of explanation regarding the meaning of opinions positioned between points 1 and 7 of the scale. The survey instrument never provided respondents with any instructions for assigning meaning to the inner points of the scale and respondents were never asked to provide an explanation for their positioning. Nevertheless, an ill-defined scale is preferable to an artificial scale imposed by the researcher and should allow one to spot trends in senior opinion, since the instrument remains the same. Without minimizing any validity concerns, my interest in exploring an "emerging consensus" within the elderly population necessitates a focus on the comparison of attitudes across time. As a result, while I am somewhat nervous about some of the wording in the ANES survey data, it remains one of the best sources available, and it did ask the identical question at four-year intervals from 1972-84. This data should allow me to spot any aggregate shifts in attitudes, however ill-defined. In short, the ANES questions provide a slightly flawed, but serviceable,
vehicle for assessing the political preferences of older Americans. The results of the first question are summarized in Table 4.1.

Between 1972 and 1984, the overall support for a government insurance plan fell from a total of 45% to 37%, while support for private insurance remained constant at 41%. Interpreting the midpoint of the scale (point 4) as a neutral, "depends," or no preference opinion, the proportion of total respondents who selected this position substantially increased, from 14% to 22%.

Table 4.1. Age by Support for Governmental or Private Health Insurance, 1972-84 (in percentages)

<table>
<thead>
<tr>
<th>Age</th>
<th>1972 Govt.</th>
<th>1972 Neutral</th>
<th>1972 Private</th>
<th>1984 Govt.</th>
<th>1984 Neutral</th>
<th>1984 Private</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-39</td>
<td>45</td>
<td>13</td>
<td>42</td>
<td>38</td>
<td>19</td>
<td>42</td>
<td>396/369</td>
</tr>
<tr>
<td>40-59</td>
<td>41</td>
<td>15</td>
<td>43</td>
<td>35</td>
<td>20</td>
<td>45</td>
<td>313/218</td>
</tr>
<tr>
<td>60+</td>
<td>51</td>
<td>15</td>
<td>34</td>
<td>40</td>
<td>24</td>
<td>35</td>
<td>184/181</td>
</tr>
<tr>
<td>All groups</td>
<td>45</td>
<td>14</td>
<td>41</td>
<td>37</td>
<td>22</td>
<td>41</td>
<td>893/768</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100 percent; Govt.=all respondents who placed themselves on the government side of the scale, points 1 through 3; Neutral=all respondents who placed themselves on the midpoint of the scale, point 4; Private=all respondents who placed themselves on the private side of the scale, points 5 through 7; Number of cases=1972 total/1984 total.

As expected, the change in senior citizens' preferences follows the overall trend, but it is important to note that the shift in opinion is more pronounced among the elderly, not less as some earlier studies suggest. Their support for governmental insurance fell 11% between 1972
and 1984, while it declined only 6% for those ages 40-59 and 7% for those ages 18-39. Accordingly, the percentage increase of neutral preferences is greatest among senior respondents (8% to 5% for ages 40-59 and 6% for ages 18-39). Thus, contrary to expectations based on earlier studies, the data suggest attitudes of older people may change more than those of younger people, at least with respect to health-care policy. Seniors do not appear to be lagging behind the general population on this issue, but appear to be leading change. This is even more significant on an issue that is extremely salient to their everyday concerns.

The sharp decline in government support indicates senior opinion is being shaped by something—exactly what, is not clear. An interesting possibility is that seniors are disenchanted with previous governmental action in this area (perhaps, frustrated with the bureaucracy or dissatisfied with the type of assistance they receive), so they are withdrawing their approval. Another possibility, given the theory of rational self-interest, is that seniors are protecting their political gains. The elderly have achieved substantial benefits through government medical programs and supporting it for other subgroups could mean a possible loss to themselves, so they retreat to the safe position of neutrality.

Given the limitations of the data, i.e., respondents were not asked to explain their answers, we will never know for sure whether the decline in senior support for government health insurance reflects their disapproval, self-interest, some combination of the two, or something else. Some evidence favoring the self-interest motive is that when
respondents were asked about federal spending for Medicare—a program that is widely perceived as covering most of the costs of health care for seniors—only 2% of the seniors supported decreases in federal funding (from ANES question asked in 1984, see Table 4.9). This suggests that the movement away from supporting government insurance for everyone may not include more narrow self-interests like Medicare.

It is possible that the variation between age groups is attributable to social characteristics other than age. To confirm the importance of age in explaining respondents' positions on health insurance, a regression analysis of the respondents' answers in terms of their characteristics was conducted. The independent variables, thought to be associated with differences in opinion, included age, sex, level of education, race, income, marital status, working status, party identification, and subjective social class.

In those cases where the variable was continuous (age, education, income, party identification, and subjective social class), an interval coding scheme was used. Noncontinuous variables were coded a "1" or "0." Appendix A lists the independent variables and the approach to coding each. A regression equation was calculated for both 1972 and 1984. The results of the 1984 analysis are reported in Table 4.2.

Overall, the results of this analysis are not impressive. Given the wide collection of socioeconomic characteristics assembled in the regression equations, I had hoped that some would help amplify the issue of health insurance. However, the proportion of variance explained for each year was quite low ($R^2 = .06$ in 1972 and .07 in 1984) as were the beta weights, which may speak to the multiplicity of value elements
represented in the wording of the question. Only four variables were significant at the .05 level: party identification, race, age, and social class. Age ranked as the third best predictor of policy opinion, behind party identification and race.

Given the close balance of seniors supporting one alternative over the other (only a 5% difference between those who favor government insurance versus those who support private plans) and the substantial proportion of those who did not choose to affirm either of the options,

Table 4.2. Results of Regressions of Socioeconomic Variables on Support for Private Health Insurance, 1984

<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardized</th>
<th>Unstandardized</th>
<th>t-ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.074</td>
<td>-.008</td>
<td>-1.957</td>
<td>.050</td>
</tr>
<tr>
<td>Sex</td>
<td>-.040</td>
<td>-.158</td>
<td>1.889</td>
<td>n.s.*</td>
</tr>
<tr>
<td>Education</td>
<td>.021</td>
<td>.017</td>
<td>.527</td>
<td>n.s.</td>
</tr>
<tr>
<td>Race</td>
<td>-.109</td>
<td>-.549</td>
<td>-2.946</td>
<td>.003</td>
</tr>
<tr>
<td>Income</td>
<td>.060</td>
<td>.031</td>
<td>1.598</td>
<td>n.s.</td>
</tr>
<tr>
<td>Marital status</td>
<td>.006</td>
<td>.024</td>
<td>.167</td>
<td>n.s.</td>
</tr>
<tr>
<td>Working status</td>
<td>.019</td>
<td>.031</td>
<td>.535</td>
<td>n.s.</td>
</tr>
<tr>
<td>Party ID</td>
<td>.191</td>
<td>.172</td>
<td>5.154</td>
<td>.000</td>
</tr>
<tr>
<td>Social class</td>
<td>.070</td>
<td>.215</td>
<td>1.889</td>
<td>.050</td>
</tr>
</tbody>
</table>

N=722, R²=.08, adjusted R²=.07, intercept=3.739

*Not significant

nothing like a clear-cut policy mandate emerges from the senior data. From 1972 to 1984, seniors moved in the private/neutral direction away from government support, but the neutral category absorbed most of the
shift. The drop in support for government health insurance, from 51% to 40%, did not shift to wholehearted support for private insurance, but to a more neutral position, which increased from 15% to 24%. The significant finding, however, is that there is still evidence of political realignments within the senior ranks that could result in bloc-like electoral behavior. That is, it is significant that the aggregate senior opinion does change, because this demonstrates the potentiality of senior consensus. The lack of consensus at present does suggest, however, that no unified voice has emerged on health insurance. What may be even more interesting is the emergence of a bloc within the senior ranks, a distinct female subculture.

In 1972, only a small gender gap was evident in the insurance preferences of the elderly (see Table 4.3). Although support for government involvement was higher among men (57% of the men to 48% of the women) and support for private insurance was slightly higher among women (only 30% of the men to 35% of the women), both sexes preferred the government option over private alternatives. By 1984, however, male support had dropped nearly 50% from previous levels (57% to 29%). Equally significant is the fact that this erosion of support for government health insurance did not retreat to a neutral position, but moved toward the private insurance option. Of the 28% that shifted away from government insurance, fully two-thirds are accounted for by the increased support for private insurance. As of 1984, senior men preferred private solutions to medical costs over government involvement by over 40%. Meanwhile, the support for government insurance among older women remained remarkably steady in the face of such a male shift,
dropping only one percentage point in 12 years. During the same time period, confidence in private insurance actually declined! For whatever reason, senior women continue to prefer government over private health insurance by a generous margin, concurrent to a marked change of opinion in their male counterparts.

Controlling for the socioeconomic variables found to be associated with response variation in the general population, such as race, social class, and party identification, suggests this sizable gender gap among older people is not attributable to other independent variables (see Table 4.3).

Table 4.3. Gender by Senior Support for Governmental or Private Health Insurance, 1972-84 (in percentages)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Govt.</th>
<th>1972</th>
<th>Neutral</th>
<th>Private</th>
<th>1984</th>
<th>Neutral</th>
<th>Private</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>57</td>
<td>12</td>
<td>30</td>
<td>29</td>
<td>22</td>
<td>49</td>
<td>64/72</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>17</td>
<td>35</td>
<td>47</td>
<td>24</td>
<td>29</td>
<td>120/109</td>
<td></td>
</tr>
<tr>
<td>All seniors</td>
<td>51</td>
<td>15</td>
<td>34</td>
<td>45</td>
<td>23</td>
<td>37</td>
<td>184/181</td>
<td></td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100 percent; Govt.=all respondents who placed themselves on the government side of the scale, points 1 through 3; Neutral=all respondents who placed themselves on the midpoint of the scale, point 4; Private=all respondents who placed themselves on the private side of the scale, points 5 through 7; Number of cases=1972 total/1984 total.

Table 4.4). Across differences of race and social class, older men are much more likely to prefer private insurance alternatives than their female counterparts. Among men, the relationship between policy preferences and party identification follows the traditional lines of
cleavage; Democrats support a larger government role in health care, while Republicans favor privatism. Partisan loyalties, however, are not nearly as evident in the preferences of older women. Remarkably, even Republican women prefer government insurance by a modest margin, while Republican men favor privatism by a whopping four to one ratio!

Table 4.4. Socioeconomic Characteristics by Support for Governmental or Private Health Insurance, Controlling for Sex, 1984 (in percentages)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Govt. Senior Men</th>
<th>Govt. Senior Women</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>30 23 49</td>
<td>42 26 32</td>
<td>68/100</td>
</tr>
<tr>
<td>Black</td>
<td>40 0 60</td>
<td>90 10 0</td>
<td>5/10</td>
</tr>
<tr>
<td>Social class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>39 13 49</td>
<td>57 21 23</td>
<td>38/53</td>
</tr>
<tr>
<td>Middle</td>
<td>5 11 53</td>
<td>38 34 28</td>
<td>27/46</td>
</tr>
<tr>
<td>Upper</td>
<td>0 0 100</td>
<td>0 100 0</td>
<td>7/10</td>
</tr>
<tr>
<td>Party identification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Democrat</td>
<td>45 15 39</td>
<td>58 24 18</td>
<td>33/55</td>
</tr>
<tr>
<td>Independents</td>
<td>17 50 33</td>
<td>50 50 0</td>
<td>6/6</td>
</tr>
<tr>
<td>Republicans</td>
<td>15 24 60</td>
<td>40 24 35</td>
<td>33/48</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100 percent; Govt.=all respondents who placed themselves on the government side of the scale, points 1 through 3; Neutral=all respondents who placed themselves on the midpoint of the scale, point 4; Private=all respondents who placed themselves on the private side of the scale, points 5 through 7; Number of cases=men/women.

Moreover, a regression analysis of senior respondents' preferences shows gender is the most important social characteristic in predicting
health insurance preferences among seniors (Beta=-.249) (see Table 4.5). The negative coefficient reflects the opposite trend among males and females in their support along the government/private insurance scale. Party identification, which is the primary predictor of policy preferences among the general population, is not as important among seniors (Beta=.224). The positive coefficient indicates that as seniors move from strong Democrat to strong Republican there is a commensurate trend away from government to favoring private insurance. The results of the regressions indicate that social characteristics explain 20% of the total variance in senior preferences. This is a sizable increase over the variance explained in the general population, but not overly impressive.

Table 4.5. Results of Regressions of Senior Respondents' Support for Private Insurance, 1984

<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardized</th>
<th>Unstandardized</th>
<th>t-ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>-.249</td>
<td>-1.005</td>
<td>-3.178</td>
<td>.001</td>
</tr>
<tr>
<td>Race</td>
<td>-.130</td>
<td>-.825</td>
<td>-1.696</td>
<td>n.s.*</td>
</tr>
<tr>
<td>Social class</td>
<td>.111</td>
<td>.303</td>
<td>1.481</td>
<td>n.s.</td>
</tr>
<tr>
<td>Working status</td>
<td>-.117</td>
<td>-.215</td>
<td>-1.569</td>
<td>n.s.</td>
</tr>
<tr>
<td>Income</td>
<td>.107</td>
<td>.081</td>
<td>1.409</td>
<td>n.s.</td>
</tr>
<tr>
<td>Party ID</td>
<td>.224</td>
<td>.188</td>
<td>2.919</td>
<td>.004</td>
</tr>
<tr>
<td>Marital status</td>
<td>-.085</td>
<td>-.336</td>
<td>-1.099</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

N=158, R²=.20, adjusted R²=.16, intercept=5.165

*For reasons of parsimony, education and age were dropped as variables in the final equation.

*Not Significant
Senior Preferences Regarding Other Salient Issues

In order to establish more clearly the relationship between age and policy preferences, the attitudes of seniors and younger age groups toward other issues of importance to seniors were also examined. One of these issues involves the role of the federal government in providing for the economic security of individuals. Since over 90% of the older population receive some form of income assistance from the government, one would expect this issue to be equally salient to them. In 1972 through 1984, ANES respondents were asked:

Some people feel the government in Washington should see to it that every person has a job and a good standard of living. Others think the government should let each person get ahead on his own. Where would you place yourself on this scale, or haven’t you thought much about this?

1. Government see to job and good standard of living
2.
3.
4.
5.
6.
7. Government let each person get ahead on own

The results of the question are summarized in Table 4.6.

As with the health-care question, there are problems in interpreting the data associated with the wording of the question. First of all, it is a compound question. The issue that is explicitly raised is whether the government should be responsible for securing jobs and the standard of living of its citizens. By coupling job assurance with a good standard of living, however, it also raises a related issue of how much government help is necessary to achieve a "good" standard of living. Nevertheless, the generality of the question and the scaled options would seem to give the respondents the ability to roughly place
themselves on this dimension of government assistance versus privatism.

Table 4.6 shows that the overall balance of policy preferences changed in the same direction and in the same manner as the health insurance question (see Table 4.1). From 1972 to 1984 seniors shifted their support away from government-initiated policies toward individualism. Support for government responsibility for economic security declined from 36% to 26%; 8% of that loss is accounted for by a broad shift to individualism. This shift to the right is even more pronounced than the health insurance issue, which also shifted away from government support (51% to 40%), but only to a neutral position, which accounted for 9% of the loss (15% to 24%). Just as senior support for government health insurance fell more than in any other age group, so too did support for government responsibility for economic security. In

Table 4.6. Age by Support for Governmental or Individual Responsibility for Economic Security, 1972-84 (in percentages)

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<tbody>
<tr>
<td>18-39</td>
<td>34</td>
<td>22</td>
<td>44</td>
<td>32</td>
<td>21</td>
<td>45</td>
<td>396/369</td>
</tr>
<tr>
<td>40-59</td>
<td>28</td>
<td>26</td>
<td>47</td>
<td>26</td>
<td>24</td>
<td>50</td>
<td>313/218</td>
</tr>
<tr>
<td>60+</td>
<td>36</td>
<td>21</td>
<td>43</td>
<td>26</td>
<td>23</td>
<td>51</td>
<td>184/181</td>
</tr>
<tr>
<td>All groups</td>
<td>32</td>
<td>23</td>
<td>45</td>
<td>29</td>
<td>22</td>
<td>49</td>
<td>893/768</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100 percent; Govt. = all respondents who placed themselves on the government side of the scale, points 1 through 3; Neutral = all respondents who placed themselves on the midpoint of the scale, point 4; and Individual = all respondents who placed themselves on the individual side of the scale, points 5 through 7; Number of cases = 1972 total/1984 total.
general, seniors have gone from being slightly more liberal than their younger cohorts in 1972 to slightly more conservative in 1984. This greater volatility in senior opinion is reinforced by the convergent results of two questions, each hitting on slightly different dimensions of the government versus private initiative choice.

Table 4.7 shows the relationship between gender and senior preferences regarding this issue. Again, one is struck by the significant differences between senior men and senior women over this 12-year period. Like the health-care issue, senior men shifted markedly in the direction of privatism. Not only did the government responsibility for economic security option drop some 14% (from 39% to

Table 4.7. Gender by Senior Support for Governmental or Individual Responsibility for Economic Security, 1972-84 (in percentages)

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</thead>
<tbody>
<tr>
<td>Male</td>
<td>39</td>
<td>19</td>
<td>42</td>
<td>25</td>
<td>19</td>
<td>56</td>
<td>64/72</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>22</td>
<td>44</td>
<td>26</td>
<td>26</td>
<td>47</td>
<td>120/109</td>
</tr>
<tr>
<td>All</td>
<td>36</td>
<td>21</td>
<td>43</td>
<td>26</td>
<td>23</td>
<td>51</td>
<td>184/181</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100 percent; Govermental=all respondents who placed themselves on the government side of the scale, points 1 through 3; Neutral=all respondents who placed themselves on the midpoint of the scale, point 4; Individual=all respondents who placed themselves on the individual side of the scale, points 5 through 7; Number of cases=1972 total/1984 total.
25%), this loss of support is fully accounted for by the individual responsibility option as opposed simply to being neutral. Clearly, the aggregate male shift was fairly polarized and extreme. On the other hand, while senior women shifted in the same direction, loss of support for the government option was significantly less, and decidedly more neutral. Senior women were, in fact, slightly more conservative than their male counterparts in 1972, and 12 years later, they are distinctly more liberal. Over the last 12 years women have only marginally changed their attitudes over an issue that senior men have markedly shifted on. From a roughly even split in 1972, senior men developed a two to one preference for individualism by 1984. This finding clearly supports the observed gender gap over government health insurance.

On the question of health insurance, a clear gap had emerged by 1984 compared to a very marginal gap over support for government responsibility for economic security. However, most of the observed change or shift in senior opinion between 1972 and 1984 (see Table 4.6) occurred among the men. The level of support for the government position dropped 14% among senior men, compared with a 7% drop among senior women. Support for individual responsibility rose 14% among the men compared to only 3% among the women. Consequently, by 1984 the level of conservative opinion (support for individual responsibility) was almost 10% higher among senior men than it was among senior women.

It is clear that the aggregate preferences of seniors can be more volatile or changeable over time than their younger cohorts--especially those of senior men. And since this volatility as a group is accounted for primarily by the senior men's march to the right, they have created
a discernible gender gap between themselves and their female counterparts.

Conclusion

The least conclusive findings in this chapter were based on the multiple regression analyses. Table 4.2 found little or no relationship between the variables examined and support for private health insurance across all age groups ($R^2 = .08$). Only party identification, race, age, and social class were significant at the .05 level. Table 4.5 showed slightly better results, when only senior attitudes on health insurance were regressed. While the $R^2$ was a marginal .20, the most potent predictors were sex and party identification, which complements the cross-tabulation results. The fact that gender replaces party identification as the most potent predictor of senior preferences, at least adds some additional confirmation to the observed gender gap. Clearly though, the most conclusive findings in this chapter are the comparisons of senior attitude change versus their younger contemporaries, and the male-female comparison within the senior ranks.

The expectation that seniors follow the general societal trends at a slower rate of change was not confirmed. Seniors do appear to follow the general societal trend toward conservatism from 1972 to 1984. On health insurance and economic security policies, seniors were more liberal in 1972 than in 1984. However, if we compare the different age groups over time on the rate of change, seniors prove more volatile than their younger cohorts. This comparatively greater change in attitudes conflicts with our expectation that people change less as they age. In
1972, seniors supported government health insurance over private plans by 51% to 34%. By 1984, they had become much more evenly split at 40% to 35%, respectively. During the same period of time, the 18-59 year-olds also shifted away from government insurance toward privatism, but to a smaller degree (collapsed figures).

When asked if they favored government or individual responsibility for economic security, seniors exhibited even more of a comparative shift to the right. In 1972, seniors narrowly favored individual responsibility by 43% to 36%, but clearly preferred individual responsibility by a two to one margin in 1984 (51% to 26%). During the same period, 18-59 year-olds simply maintained their conservatism. This greater volatility even shows up in a much shorter time frame. Using ANES data on the general ideological domain of reducing/increasing government services, we find the same comparative shift from 1980 to 1984 (see Table 4.8).

During this four-year period the only age group that did not move clearly to the right were 30-59 year-olds. Their support for reducing government services actually dropped 6% in 1984. At the same time however, they were not inclined toward increasing services since that option lost 9%. The aggregate shift then, was more toward neutrality with the polarized options roughly cancelling each other out. Seniors and 18-29 year-olds demonstrate a more significant movement toward reducing government services, but of the two groups seniors changed more. Both age groups opted for reducing government services 3% more in 1984 than in 1980. Also, these two groups moved dramatically away from supporting increases to neutrality with the younger cadre moving 18% and
the seniors moving 25%!

This is even more significant if public policy taken during the intervening four years is considered. The first four years of the Reagan administration realized significant reductions in government services, and one might expect some demand for increasing services to be evident in 1984. Yet, seniors moved 22% toward neutrality and 25% away from increases in the face of real reductions in government services.

One must be careful in distinguishing between these very general questions and more senior-specific ones. In 1984, senior as well as 18-

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<tr>
<td>18-29</td>
<td>29</td>
<td>20</td>
<td>51</td>
<td>32</td>
<td>35</td>
<td>33</td>
<td>549/369</td>
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<tr>
<td>30-59</td>
<td>43</td>
<td>18</td>
<td>39</td>
<td>37</td>
<td>33</td>
<td>30</td>
<td>338/218</td>
</tr>
<tr>
<td>60+</td>
<td>32</td>
<td>23</td>
<td>45</td>
<td>35</td>
<td>45</td>
<td>20</td>
<td>264/181</td>
</tr>
<tr>
<td>All ages</td>
<td>34</td>
<td>20</td>
<td>46</td>
<td>34</td>
<td>36</td>
<td>30</td>
<td>1151/768</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100%; Reduce=all respondents who placed themselves on the reduce services and reduce spending side of the scale, points 1 through 3; Neutral=all respondents who placed themselves on the midpoint of the scale, point 4; Increase=all respondents who placed themselves on the increase services and increase spending side of the scale, points 5 through 7; Number of cases=1980 total/1984 total.

59 year-old support for Medicare was extremely solid, with increasing or stable funding levels favored by all age groups (see Table 4.9).
Seniors have evidently been very successful at making Medicare a "sacred cow" not only with Congress, but with the American people as well. From 1972 to 1984, however, on more general inquiries about health insurance for everyone, economic security, and increasing government services, seniors have exhibited a change of opinion in a conservative direction markedly greater than their fellow Americans.

Glenn's general finding in 1974 was that "according to almost any constant definition of conservatism, people have typically become less, rather than more, conservative as they have grown older in conformity with general societal trends" (1974). The analysis presented here suggests this situation has changed. Instead, this data suggests that

Table 4.9. Age by Support for Increasing or Decreasing Level of Federal Spending for Medicare, 1984 (in percentages)

<table>
<thead>
<tr>
<th>Age</th>
<th>Increase</th>
<th>Maintain</th>
<th>Decrease</th>
<th>Number of cases</th>
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<tbody>
<tr>
<td>18-39</td>
<td>49</td>
<td>45</td>
<td>6</td>
<td>923</td>
</tr>
<tr>
<td>40-59</td>
<td>51</td>
<td>43</td>
<td>5</td>
<td>501</td>
</tr>
<tr>
<td>60+</td>
<td>48</td>
<td>50</td>
<td>2</td>
<td>398</td>
</tr>
<tr>
<td>All groups</td>
<td>50</td>
<td>45</td>
<td>5</td>
<td>1822</td>
</tr>
</tbody>
</table>

Note: Due to rounding, row percentages may not equal 100%.

Seniors are in agreement with public opinion by the mid-1980s, but from a decidedly more liberal starting point in 1972. Without suggesting here what is responsible for this more rapid change of aggregate opinion, it does point up the potential for senior mobilization.
The type of conservatism found by Glenn, i.e., greater resistance to change, would seem to insulate seniors from political mobilization efforts in the 1980s due to their already entrenched political attitudes. Instead, this data is suggestive of a more considerable mobilization potential for seniors. By 1984, seniors had moved more in line with general societal attitudes, which would seem to mitigate against any short-term senior power-bloc forming at odds with the general population. But the comparatively greater aggregate attitude change during the preceding 12 years is indicative of the potential for future senior consolidation. That is, seniors do appear to be responsive to societal trends and are not locked into a rigid attitude "set," at least on the issues examined here.

The gender differences observed within the senior ranks also relate to the issue of volatility. If this shift of opinion were due to a cohort bias, we would expect a cohort induced change to affect men and women similarly. In point of fact, cohort analysis assumes that men and women are similarly conditioned as long as they were socialized during the same period of time. The fact that gender differences by 1984 are more pronounced, suggests cohort induced change is not a sufficient explanation for the aggregate change. Coupled with the observed volatility in only a four-year period, I am persuaded that aggregate senior opinion is amenable to change after seniors have reached late adulthood. However, in assessing the short-term possibilities of senior mobilization, the emergence of a gender gap is probably the most significant finding in the study of senior attitudes.
My comparison of senior men’s and senior women’s attitudes reveals the emergence of a distinct female subculture on issues related to government health insurance and economic security. In 1972, senior women were more likely to favor privatism/individualism than their male counterparts. Twelve years later, senior men shifted significantly away from government support, while senior women shifted only marginally if at all. Their support for government health insurance, for example, remained remarkably steady while senior men flip-flopped from strong support for government intervention in 1972 (57%-30%), to equally strong misgivings by 1984 (29%-49%) (see Table 4.3). This gender difference is robust even when socioeconomic variables like race, social class, and party identification are controlled for (see Table 4.4). Senior women support government intervention more than senior men across race, social class, and party identification. Even Republican women support government health insurance over private plans (40% to 35%, respectively), while Republican men support private plans four to one (60% to 15%).

The emergence of a gender gap would seem to work against the emergence of a coherent senior bloc. In the short term, if men and women continue to diverge, we would expect more dissension within the ranks on policy goals and priorities. The gender gap has a larger significance as well. If the priorities of men and women diverge, the proportion of their activity in interest groups and grassroots activity becomes very important. That is, if senior women become more active at all levels of political activity, including leadership positions of senior interest groups, they could have a profound impact on the shaping
of the political agenda. Indeed, an examination of gender as it relates to "activeness" in senior interest groups is one of the primary focuses of the succeeding chapter.
CHAPTER V

OLD-AGE INTEREST GROUPS AND GRASSROOTS ACTIVISM

Introduction

Due to societal forces and the general character of American politics, old-age interest groups may be the most likely source of increased political involvement for today's senior citizens (Ragan and Dowd 1974; Binstock 1981; Jennings and Markus 1988). The formation and rapid growth in recent years of a number of senior organizations have created the general impression of increasing activism at the grass roots. Yet, our systematic knowledge of the political mobilization of senior citizens as members of such groups is virtually nonexistent.

Most of the empirical research on the political participation of older persons has focused on electoral activity (usually voting behavior) which may or may not be related to their membership in senior groups (see Glenn and Grimes 1968; Campbell 1971; Nie, Verba, and Kim 1974; Dobson 1983; Strate et al. 1989). Furthermore, most of these studies are based on secondary analyses of existing general-purpose survey data, where the number of seniors included in the survey samples is too small to permit fine-grained analyses of group members (Jennings and Marcus 1988).

Previous studies of old-age interest groups have concentrated on the traditional, direct lobbying behavior of senior organizations (Binstock
1981; Carlie 1969; Pratt 1976). They have not given much attention to the indirect lobbying of the organizations, especially their efforts to activate or mobilize grassroots support.

In light of these gaps in our knowledge, this chapter explores the mobilization strategies of senior interest groups1 and the nature of grassroots activity among senior constituents. The analysis varies from previous chapters as it is primarily exploratory and descriptive, with qualitative data that is unsuitable for statistical manipulation.

The chapter is organized into two sections. The first section characterizes the interest group environment in which mobilization strategies are developed and implemented. This environment includes such factors as the size and composition of the mass-membership groups; structural aspects, including division of authority, selection of leadership, and level of staff support; financial resources; and goals and priorities. The second section provides a comparative analysis of the mobilization strategies of the mass-membership groups. The four points of comparison include tactics, purposes, style, and level of grassroots activism. The conclusion attempts to assess, albeit indirectly, the effectiveness of the mobilization strategies by considering the recent trends in grassroots activism and its political implications.

Due to constraints of time and funding, it was not feasible to collect data on every mass-membership senior group. Consequently, the analysis was limited to four organizations that actively engage in politics at the federal level and are mostly preoccupied with issues of aging. The organizations analyzed are the American Association of
Retired Persons (AARP), the National Council of Senior Citizens (NCSC), the Gray Panthers (GP), and the Older Women's League (OWL). These specific organizations were selected because they represent a good cross-section of senior interest group characteristics relating to size, financial resources, functions, and membership demographics.

The data were collected through unstructured elite interviews with top organizational staff, and structured interviews with politically-active members. Specifically, the elite interviews were conducted in person with seven executive or legislative directors of the organizations in May 1988 at their offices in Washington, D.C. Margaret Kuhn, founder and national convener of Gray Panthers, was interviewed on 18 April 1988 in Columbus, Ohio. Structured interviews were conducted by telephone with 25 members during June-July 1989. The members were randomly selected from chapter directories and other membership listings provided by the organizations. (A description of the member sample and the survey instrument for the telephone interviews is included in Appendices B and C.) In addition, information from the Encyclopedia of Associations, organizational publications, and existing studies was used to supplement the primary data. The analysis begins with a brief overview of senior interest groups.

Old-Age Interest Groups

The period from 1972 to 1984 was one of unparalleled organizing effort in the politics of aging. A significant number of senior citizen organizations were formed or expanded during this period; most of these groups are still in existence today. It is difficult to arrive at an
overall total for the number of organizations, but one fairly recent estimate arrived at by the Research and Data Resources Department of AARP concludes that there are at least one thousand separately organized groups in the United States at the local, state, and national levels (Pratt 1983, 146). This number does not include the local chapters of national organizations, the total of which for AARP, NCSC, GP, and OWL is an estimated 8,619 (Encyclopedia of Associations 1989).

At the present time, there are 23 national organizations that concentrate on issues related to aging. Only 18 of these, however, are particularly active in politics and many of the politically-active organizations have memberships that are not primarily composed of seniors. For instance, the National Council on Aging represents 1,600 public and private social welfare agencies, while the 7,200-member Gerontological Society of America is strictly a professional organization. Also, there are six trade associations concerned with narrower areas of aging policy: American Association of Homes for the Aging, American Nursing Home Association, National Association of Area Agencies on Aging, National Association of Nutrition and Aging Services Programs, National Association of State Units on Aging, and National Council on Health-Care Services.

Four groups focusing on the problems of aging among minorities and women have memberships composed of both professionals and seniors. They are: National Caucus and Center on Black Aged, National Hispanic Council on Aging, National Indian Council on Aging, and the Older Women's League. These organizations are generally smaller, caucus-type bodies, such as the National Indian Council on Aging with a total
membership of 40 Indian and Alaskan Native individuals. OWL, however, is a mass-membership group with over 20 thousand members and 120 local chapters in 37 states.

There are four general-purpose, mass-membership groups, of which AARP—with more than 29 million members—is by far the largest. The others are: National Committee to Preserve Social Security and Medicare (NCPSSM) with five million members, NCSC with 4.5 million, and GP with 90 thousand. Finally, the National Association of Retired Federal Employees (150,000 members) and the National Retired Teachers Association2 (a division of AARP) are mass-membership groups composed only of retirees from the specified occupations.

The membership rolls of the mass-membership groups, including OWL, total about 38,760,000. Taking into account that about one-fourth of the ranks are persons under the age of 60 (non-seniors), an estimated 73% of the total senior population in the United States is represented in this figure. Unfortunately, no data are available to indicate how many persons belong to more than one of these organizations so the estimate could very well be inflated.

The public policy objectives of the mass-membership groups, as well as those of the other politically-active senior organizations, have not always coincided. In the mid-1960s, NCSC lobbied tirelessly for the passage of Medicare, a senior health insurance program to be financed through the Social Security system, while AARP never endorsed the Medicare proposal and tended to support the American Medical Association and other groups that opposed its passage. More recently, AARP and GP have vigorously supported the abolition of mandatory retirement in every
sector of the American economy, while NCSC has consistently given a low priority to this issue, arguing that its passage could potentially undermine certain contractually arranged retirement benefits for unionized workers.

An important milestone was reached in the early 1970s when the major senior interest groups attempted to limit conflicting lobbying activity by forming an ad hoc coalition to act as a coordinating body among senior interests. The coalition is credited with firming up areas of consensus and fostering cooperative efforts among members of the "gray lobby" (Pratt 1983; Schulman 1988; Hogland 1989). The informal coalition was replaced in 1975 with an official organization, the Leadership Council of Aging Organizations. The Leadership Council represents a significant step in the evolution of old-age interest group behavior. With 29 member organizations and a rotating chairmanship shared between AARP, NCSC, and the National Council on Aging, the council meets monthly to work out common strategies and set priorities. It serves as testimony to their recognition that there is strength in numbers and political utility in presenting a unified front before Congress.

With this overview of the national interest groups, the next step is to examine in more detail the organizations that are the most likely source of mobilization for senior citizens--the mass-membership groups.

**American Association of Retired Citizens**

Co-founded in 1958 for the primary purpose of providing insurance to retirees--by Leonard Davis, an insurance entrepreneur, and the late
Dr. Ethel Andrus, a retired educator and the founder of the National Retired Teachers Association--AARP is now the largest and reportedly the fastest growing special-interest group in the country. Between 1972 and 1984, the organization grew 275%, from four million to 15 million members. Since 1984, the ranks have nearly doubled, growing by about 8,000 new members per day.

Membership is open to anyone who is 50 years of age or older and their spouses (the group dropped its age of eligibility from 55 to 50 in 1982), but according to 1988 membership statistics the greatest percentage of members are between the ages of 60 and 69 (40%). The median age is 66.7.

Unlike the general population of seniors, a large percentage of AARP members are still married (70%). Consequently, the sex distribution of the membership is fairly balanced with 53% women and 47% men. Members are also somewhat better educated than average seniors, with 42% having some college, college degrees, or post-graduate work.

Like most senior citizens, a large majority are retired (70%), but about one-third are still employed in some capacity. This may account for some 30% of AARP members having higher earnings than most seniors, i.e., $30,000+ gross annual income. The median annual income, however, is only $20,000 and 17% of the membership have incomes under $10,000.

The membership is representatively distributed throughout the country, with the greatest concentrations being in the states with the greatest proportions of seniors, i.e., California, Florida, and Texas. The racial-ethnic mix, however, is much less representative of the general senior population: 97% white, 2% black, .06% Hispanic, .02%
oriental, and .02% other minorities.

In studies written before the mid-1980s, the membership's social outlook and political perspective had been characterized as upper-middle class, pro-business, and predominantly Republican (Pratt 1976, 1983; Binstock 1981). It is true that a majority of the membership (60%) are currently employed or retired from white-collar or professional occupations. In the presidential election of 1988, however, AARP voters were closely divided in their support for the Democratic and Republican presidential candidates, with 52% reporting that they voted for George Bush and 48% for Michael Dukakis.³

Important structural aspects of the organization include the fact that AARP is a federated association with authority fairly evenly divided between the national, 10 regional, 51 state (including the District of Columbia), and 3,600 local organizations. This fragmentation of authority makes it difficult to make a strategic decision at the national level unless there is widespread consensus throughout the ranks (Hrebenar and Scott 1982, 51).

Leadership at the national level is provided by a 15-member Board of Directors, with each director elected to a six-year term. The leadership is elected by all of the eligible delegates attending the biennial convention.⁴ In addition to the directors, three national officers (vice president, president-elect, and president) are elected to two-year terms and are ineligible for reelection to the same office. Once a person has been elected to vice-president, however, succession to the offices of president-elect and president is automatic, thus guaranteeing that the president will have at least four years of
previous experience in national leadership positions. An Executive Committee, composed of the national officers and three board members, is authorized to deal with business matters that arise between board meetings.

The federal legislative objectives are formulated each January by a 22-member National Legislative Council appointed by the Board of Directors. These objectives, which are ratified by the board, are used as the basis for legislative policy throughout the year. When policy decisions related to major issues must be determined on short notice, however, the association’s legislative staff is empowered to convene special task forces composed of association members who have expertise in fields relevant to the issue under discussion. Any recommendations proposed by the task forces are subject to the approval of the Executive Committee.

For administrative and policymaking purposes, each state, including the District of Columbia, has a director and a legislative committee. All of these are volunteers chosen from the respective memberships by the Executive Committee. The state legislative goals are formulated by each state legislative committee following guidelines established by the National Legislative Council at its annual meeting. Each state committee is responsible for monitoring the activities of the state legislature, testifying in support of legislation, and informing association members of legislative developments.

At the local level, chapters elect the standard slate of officers, plus a legislative chairperson who is responsible for informing the membership concerning legislative developments and coordinating
grassroots activities.

The national organization provides administrative services for state and local chapters and coordinating functions necessitated by AARP's size. State and local chapters retain significant decisionmaking autonomy at their level of interest. Local chapters are required to work on at least one national legislative priority, but the balance of their political agenda is locally determined.

Association activity at all levels is facilitated by a full-time, professional staff of 12,000. The staff is basically organized by function, including publications, membership, administration and data management, legislative research and public policy, and program and field services (see Figure 5.1 for the organizational structure of AARP as of October 1987). For example, within the Legislative Research and Public Policy Division, daily lobbying activity at the federal level is carried out by the 18-member staff in Federal Affairs. Each Federal Affairs staff member is assigned particular legislative subjects and is responsible for monitoring executive and congressional activities, preparing testimony and written statements for hearings, and keeping key officials informed of AARP's positions. In addition, a special legislative newsletter is prepared by Federal Affairs and is sent to the volunteer leadership at all levels, including the Legislative Council, state legislative committees, and all chapter legislative chairpersons.

The staff in Federal Affairs is assisted by the Public Policy Institute Division, which was created in 1986. The institute's director is Marilyn Moon, a former senior research associate at the Urban Institute. With a professional staff of 18, the institute prepares
Figure 5.1. Organizational Structure of the American Association of Retired Persons, 1987.
detailed position papers on legislative topics and helps the lobbyists make sophisticated presentations. The institute is also involved in monitoring the effect of general socioeconomic trends on aging programs.

The national headquarters for AARP occupies two impressive high-rise buildings located in the "K Street Corridor" of the capitol city, reputed to be the locale for the most powerful interest groups in the country. Besides housing its own television and recording studios, the headquarters is also the location of the largest private clearinghouse and library for gerontological study in the country, the National Gerontological Resource Center.

Over the last 20 years AARP has prospered, largely because it was among the first organizations to tap into the vast senior citizen market for goods and services. Its original insurance operation has been expanded to include travel, pharmacy, training, banking, and investment services. These services return a fixed percentage of fees and premiums that help meet the association’s operating expenses.

In terms of financial resources, membership dues are AARP’s largest source of income ($5.00 annual fee), accounting for 35% of its operating income. The second largest source is the administrative fee that AARP receives for managing its group health insurance, approximately 27% of revenue. Fifteen percent of revenue is obtained from publication advertising fees, and the remaining 23% comes from interest income and the association’s other programs and services. These various sources add up to an impressive figure, as AARP’s total operating budget in 1986 was $188.3 million (AARP News Bulletin May 1987). AARP’s basic resources are extremely impressive, but the extent to which the
organization has tried to exploit these resources has been limited until very recently. In tracing the evolution of AARP's goals, it becomes apparent that they are attempting to utilize their resources more fully.

While originally concerned about the insufficient pensions received by her retired teacher colleagues, AARP co-founder Dr. Ethel Andrus was also interested in improving the image and status of all older citizens. She was a strong proponent of free enterprise and individual initiative to bring older citizens out of poverty and isolation, hence the AARP motto: "To Serve, Not To Be Served" (Mehlman and Scott 1977, 164). Under her leadership, AARP tended to rely on the private business system rather than on government intervention to help provide for the material needs of seniors. Consequently, the objective of governmental influence was not an emphasized mandate of the association and AARP was not even considered a special-interest lobby during the period prior to her death in 1967.

But since the early 1970s, as leadership changes and rapid growth have fostered a wider range of political viewpoints among the membership, AARP has increasingly sought a representative role in national politics and its legislative goals have been expanded to cover a broad spectrum of aging policy issues. With more retired blue-collar workers, civil service employees, and lower income Social Security recipients joining AARP, its legislative philosophy has become more attuned to the needs and viewpoints of these retirees (Mehlman and Scott 1977, 165).

While the general goal of AARP is to "improve every aspect of living for older people," in recent years they have targeted four specific
public policy domains: health care, women's initiative, worker equity, and minority affairs (Encyclopedia of Associations 1984-89). Some of the recent policy objectives advanced by AARP include improving Medicaid services, legislation designed to reduce the financial hardship on spouses of those requiring nursing home care, and fighting cuts in Food Stamps (Kosterlitz 1987). In short, AARP is in the midst of a transition from a narrowly ideological, status quo oriented, apolitical organization, to an advocate of a more broadly ideological constituency with an overtly politicized agenda.

National Council of Senior Citizens

Originally called the National Council of Senior Citizens for Health Care Through Social Security, NCSC was founded in 1961 by the late Aime J. Forand, a Democratic congressman from Rhode Island. From his experiences with Senior Citizens for Kennedy in 1960, Forand became convinced that senior citizens could be mobilized as a special-interest group. As a result, he decided to establish an organization of older people to work for the passage of Medicare. Helping him launch the group were the National Democratic Committee and the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO). With most of its early members coming from the ranks of retired union members, the organization had slightly less than three million members in 1972, but the ranks grew to four million by 1984 (a 33% increase). Since 1984, NCSC ranks have increased another one-half million.

NCSC membership is open to anyone who is 50 years of age or older. Exact data on the composition of the membership is unavailable, but the
stereotypical image of NCSC members is retired, working-class Democrats in the industrial Northeast and Midwest (Binstock 1981, 35). In personal interviews with NCSC staff in May 1988, the accuracy of this stereotype was basically confirmed. However, the staff argued that membership was somewhat more dispersed throughout the country with chapter organizations in 33 states.

Additionally, the staff noted that while many NCSC recruits are labor union retirees, the group also recruits heavily from church organizations and citizen action networks. Without giving exact figures, they also attested to considerable proportional increases in female and minority members in the last 10 years.

Similar to AARP, NCSC is a federated association with authority and activities divided between national headquarters and a field structure of over 5,000 local Senior Citizens Clubs, 37 Area Councils, 33 State Councils, and four Regional Boards (NCSC 1987). The balance of power, however, in terms of issue prioritization and tactical decisions appears to favor the national leaders and staff. In fact, there are constitutional prohibitions against policy objectives of state and local organizations being in conflict with the stated goals of the National Council. The role of state and local affiliates is limited to "assist, aid and help the General Board in all of its efforts" (NCSC Constitution 1986, 26).

The group's national leadership includes a president, four vice-presidents, and a secretary-treasurer elected biennially at constitutional conventions. The national officers sit on the governing General Board that also includes the past president, at least 26 at-
large members, and at least 34 regional members elected biennially. In addition, State Council presidents, by virtue of their office, are members of the General Board. There are no constitutional limitations regarding the tenure for officers or board members.

The General Board meets at least three times a year. Between board meetings, an Executive Committee has all the powers of the General Board to transact business and make policy decisions for the organization. The Executive Committee is composed of the national officers, the past president, and three elected General Board members.

Legislative priorities are decided by a majority vote of accredited delegates (the officers and board members, plus one representative from each Senior Citizens Club, Area Council, and State Council) present and voting at annual meetings. The annual meetings are held in conjunction with biennially-mandated constitutional conventions or in the years in which a constitutional convention is not held, at legislative or educational conferences (NCSC Constitution 1986).

The NCSC professional staff of 120 persons focuses its energies on activities at the national level, while volunteers coordinate activities at local and regional levels. Approximately 100 persons work at the national headquarters, a modest four-story renovated brownstone, located within a few blocks of the "K Street" area in Washington, D.C.

With a much smaller staff than AARP, the division of labor is less specialized among NCSC employees. As a result, a single individual may be responsible for several of the basic management or operational functions of the organization. For example, the director of membership development is also in charge of public relations, promotions, and
special projects. Similarly, the group has only four full-time registered lobbyists who are responsible for covering the activities of a wide range of congressional committees and subcommittees.

Clearly, NCSC is stretched thinner organizationally than AARP in terms of traditional lobbying activity. This has the effect of making NCSC’s job more difficult, both in terms of monitoring the agenda of Congress and in being an effective policy advocate. The recent investment by AARP in information control, that is the creation of its Public Policy Institute, has no equivalent in NCSC.

The total finances or operating budget for NCSC in 1986 were $4.3 million. Of that total, 33% was provided by the federal government for reimbursement of the administrative costs associated with the Senior Aides Program, a national senior employment and training program run by NCSC. About 11% was provided by organized labor in the form of supporting contributions and subsidized memberships. Annual membership dues ($12 per individual and $16 for husband and wife) and interest income accounted for the remaining 58% (NCSC Annual Progress Report January 1987).

Unlike AARP, which was founded for essentially nonpolitical purposes, NCSC was founded out of "a perceived need for a vehicle to achieve public policy objectives" (Pratt 1983, 155). Accordingly, its stated goals and objectives have always had a markedly political coloration. As stated in the NCSC Constitution, the primary purpose of this organization is to assist and encourage older persons to be active and effective citizens and participants in the economic, social, cultural, and political life of their communities and nation... to work to achieve equity for senior citizens, not at
the expense of the general welfare, but to claim for the aged their fair share of that general welfare to which they have devoted their lives (1986, 2).

In pursuit of its stated purpose, the group officially supports Medicare; increased Social Security benefits; improved recreational, educational, and health programs; reduced costs on prescriptions; better housing; and other programs to aid senior citizens. Along with these issue orientations, NCSC encourages participation in social and political action activities, but does not officially endorse candidates for political office (Encyclopedia of Associations 1989).

While NCSC has always emphasized the "purposive" or political benefits of joining the organization, it also offers a range of "material" or direct member services--group rates on supplemental health insurance, money-saving prescription drug service, and a travel service with discounts on motels and rental cars. These services provide some incentives for membership and they return a small amount of revenues to the group's treasury, but they do not begin to compare with the vast benefits and revenues of AARP.

**Gray Panthers**

The organization, officially titled the Gray Panthers Project Fund, Inc., was founded in 1970 by Margaret (Maggie) E. Kuhn, a former nurse and national staffperson of the United Presbyterian church. In her early appearances at lecture halls and mass rallies, Maggie demonstrated a unique ability "to arouse warmth and support among her listeners" (Pratt 1983, 160). Her tenacious spirit, assertiveness, sense of humor, and snow-white hair, took people off guard. They listened to her,
quoted her, and acted on what she said as she called for a coalition of young and old--to combat ageism and work for a new social order of justice and economic equality. Almost 20 years later, at the age of 85, the self-described "wrinkled radical" is still a powerful, charismatic leader.

Primarily as a result of Maggie’s personal charisma, the number of GP members grew from a handful of supporters in 1970 to more than 10,000 strong by 1975. In 1973, Ralph Nader’s Retired Professional Action Group was absorbed by Gray Panthers. In 1984, the GP membership numbered around 50,000, a 400% increase from 1975. By 1989, the group claimed 80,000 national members-at-large plus a local membership of over 10,000, making the total size of GP over 90,000.

From its inception, membership in Gray Panthers has been open to those of all ages, but in the latest year for which data are available over 60% happen to be 55 years of age or older. The gender distribution among the membership is evenly balanced, 50.02% men to 49.98% women. Approximately 64% are married.

Unlike most mass-based senior groups, more than two-thirds of the membership are working. GP members are primarily white-collar employees. A large majority are employed in professional or technical occupations (51%). Less than 3% are blue-collar types. Among those out of the workforce: 23.5% are retired, 4.4% are homemakers, and 2.1% are students.

Compared with most senior citizens, GP members are financially better-off. The median annual income of GP members is more than $32,000. About one-fourth of the members report incomes of $50,000 and
over; less than 5% have incomes below $10,000.

Like AARP and NCSC, Gray Panthers is a federated association with authority divided between the National Board of Directors and the 100 local "networks" or chapters in 29 states. Unlike AARP, however, where authority is evenly distributed throughout the organization or NCSC where authority is more centralized, the balance of power in Gray Panthers resides in local chapters. Although they are encouraged to work on at least one national issue, chapters have a great degree of autonomy with respect to issue emphasis and tactical decisions. Gray Panthers is the most confederated organization of the four studied.

Every two years, members from across the country meet to plan priorities for the following two-year period. Mandatory business includes the election of representatives to the National Board and passage of amendments to the GP Articles of Agreement which spell out the purposes and goals of the group.

The National Board of Directors oversees administrative and program policies within guidelines set by the membership at the convention. Structurally the board is composed of 21 members, including seven national officers who are elected as a slate that must be approved in toto. Since the National Board does not have a great deal of administrative control over local chapters, the slate is generally a formality and has never been voted down by the delegates. Also, the board is clearly selected with a broad cross-section of the general population in mind. Differences in age, sex, ethnicity, and geography are likely to be represented in the board. Between meetings of the board, an Executive Committee (consisting of the officers) has authority
to conduct business. There are no restrictions on the number of terms served among officers or board members. Maggie is a lifetime member of the board and holds the title of national convener. Other GP officers include chair of the board, vice chair, treasurer, secretary, director of personnel, and director of membership and organizing.

At the time of its founding, GP leaders rejected the formality and structure of traditionally conceived organizations. For the first five to seven years of its existence, there was no formal membership, dues, or credentials needed for participation. There was also little attention given to developing any coordinating central office for fear of stifling local initiative and the spontaneity of grassroots activism. Currently, the national staff consists of only six full-time paid staff, seven part-time paid staff, plus volunteer workers and occasional student interns. The paid staff are divided between two national offices: the executive director, administrative assistant, and policy analyst are located at the Washington, D.C. branch, while the rest remain at the original GP headquarters in Maggie’s hometown of Philadelphia.

Until the 1977 GP convention, when a dues structure was imposed for the first time, finances were a haphazard proposition, relying mainly on Maggie’s speaking fees and the sales of group T-shirts, buttons, and literature. Even today, financial stability continues to be a major problem. There is a graduated dues structure ranging from $7 to $25 (the level of payment is self-determined), with local chapters receiving 60% of the dues collected. As a result, GP national headquarters is forced to solicit funding from outside sources.
The primary source of funding is public support (90%). Grants and corporate contributions are the second largest source of income (5%), followed by income from membership fees (4%), and publications (1%). In 1987, the Gray Panthers Project Fund received donations from 16 different corporations and foundations, but total revenue for the year was only $724,000 (Gray Panthers Fact Sheet 1988).

In its early years, the professed goals of GP placed it on the radical fringes, clearly outside of the moderately reformist orientation that typified NCSC and other more mainstream senior citizen groups. Besides working to combat age discrimination, the group sought to build

- a new power base to achieve short-term social change and ultimately a new and just economic system which will transcend the profit motive,
- eliminate the concentration of corporate power,
- and serve human needs through democratic means (Gray Panther Network 1979, 4).

Some of the more controversial policies GP voted to support were nationalization of transportation and the oil industry, and legalization of marijuana. It was the first senior citizen group to advocate a nuclear freeze and a nationalized health-care system.

The founding motto of Gray Panthers was "Age and Youth in Action," and they still maintain this general mandate. But increasingly, their public reputation is that of an old-age interest group. Most of the new recruits are people in their 60s and 70s who are attracted to the group as a means for enhancing the status of old people, and are not necessarily committed to the leftist positions espoused during the earlier years.
Taking into consideration the views of the changing membership, Gray Panthers has moderated the tone of its stated goals:

* To foster the concept of aging as growth in personal development, social involvement and self-fulfillment, in the total life span from birth to death.

* To challenge and help eliminate ageism.

* To advocate fundamental social change to eliminate injustice, discrimination and oppression, to create a more human society and heighten opportunities for people to realize their full potential, regardless of age.

* To act independently, and in coalition with other movements, to build a new power base—to achieve short-term change and ultimately a society which will serve human needs through democratic means (GP Articles of Agreement 1990).

Gone is the almost Marxist focus on "transcending the profit motive" and eliminating corporate power, and in their place are the much more general, generic goals of eliminating injustice and discrimination. In recent years, the organization has supported the following issues: the need for better access to health care, preferably through a national health-care system; the rights of the handicapped and disabled; an end to mandatory retirement at any age; protection and maintenance of the Social Security system; and promotion of more positive attitudes toward aging in the media.

Gray Panthers is in the midst of a transition from a loosely organized, broad-based, leftist-oriented group defined by the charismatic Maggie Kuhn, to a less radical (if still liberal), more organized, and politically-focused senior interest group. In the last 10-15 years, the organization has opened a Washington office for more
conventional lobbying activity, established a more permanent and stable financial resource base, and set up a permanent national organizational structure. In short, the almost exclusive focus on unconventional/outs ide the system agitation has been moderated, and the changes in the organizational structure, finances, and political agenda reflect a more conventional/inside the system approach.

Older Women's League

OWL is the first national association to focus solely on the concerns of midlife and older women. As a mass-membership organization, it is somewhat unique because it bridges the gap between groups who support women's rights and those concerned with the rights of older persons. The idea was conceived by two California women, Tish Summers and Laurie Shields (both now deceased), who applied their experiences in starting the displaced homemakers movement to exploring the range of issues that affect older women.

OWL was officially established in 1980 by 300 women who stayed an extra day after the White House Mini-Conference on Older Women. By 1984, the ranks of OWL were almost 11,000, and currently the group claims over 20,000 members.

As might be expected, an overwhelming majority of OWL members are female (95%), primarily between the ages of 55 and 70. Approximately one-third of the membership belong to 120 local chapters in 37 states, while the rest are national members-at-large.

Information gathered from discussions with members and professional staff indicate subtle, yet important, differences between the chapter
and the at-large members. The majority of at-large members are middle-aged with middle incomes. More likely to be educated, professional women, they are not, as a rule, in need of assistance, but strongly believe in the mission of OWL--"to provide mutual support for its members, to achieve economic and social equity for its constituents, and to improve the image and status of older women" (OWL Mission Statement 1989). The benefits they receive from their OWL involvement are primarily advocacy related.

Chapter members are generally older, poorer, and less educated than at-large members. More likely to have personal, financial, or emotional problems, the needs of chapter members directly coincide with the mission of OWL. Consequently, the benefits they receive from their OWL involvement include various forms of "self-help." For example, OWL chapters provide workshops on employment for older women, health issues, legal problems, and more. Such workshops help members in decisionmaking and provide a springboard for coordinated action on issues that seem unsolvable when faced alone. With assistance from national officers and staff, chapters also provide training so that members can educate policymakers, work effectively with the media, and become citizen advocates. OWL is a support system as much as an interest group. The at-large members with financial resources and knowledge of the political system, assist and "empower" the needy chapter members.

Following the pattern established by other mass-membership organizations, OWL has adopted a simplified federated structure. A central governing body, the OWL Board of Directors, determines national priorities and activities, while local chapters decide local priorities.
and activities within the guidelines established by the central board. The local chapters are divided into geographic regions for the sole purpose of electing regional representatives to the board.

The 15-member board includes a president, vice-president, secretary, and treasurer, plus regional and at-large representatives. Candidates for regional positions are nominated by petitions from their respective regions and are elected by members from such regions. Candidates for offices and at-large positions may be nominated by the Nominating Committee or candidates may petition for a slot. Officers and at-large representatives are elected by the entire national membership of OWL.

At national conventions, usually held every two years, attending members listen to legislative updates, research findings, and testimony from national experts on aging and women’s issues. A majority vote is then taken to determine the issues to be included on OWL’s national agenda until the next convention. From time to time when new issues emerge on the national scene, OWL solicits the opinions of members through articles or questionnaires published in the OWL Observer, the national newspaper of OWL. Based on the response, the Board of Directors may decide to take an official position on the issue.

Compared to the other groups, OWL is a relatively new enterprise, but it has already established a thoroughly professional national office in Washington, D.C., as well as a strong record of financial income. Besides the standard support personnel, the 20-member staff includes two lobbyists, two policy analysts, and two developmental specialists or fundraisers. Additionally, two staff members are responsible for field
services; they spend most of their time assisting local chapters in organizing workshops, seminars, and advocacy campaigns.

Financial statements from 1986 through 1989 indicate the average annual income is around $700,000. Of that amount, approximately 21% is provided by membership dues ($10 annual fee), 27% comes from individual donors, 33% comes from foundation and corporate grants, and the balance is provided by interest income, publication sales, and memorial and endowment funds. At the present time, OWL receives no public funding (Peat Marwick Main and Company 1986-89).

In accordance with OWL’s basic mission, its national agenda focuses on seven key issues affecting older women:

* Social Security--to protect present benefits, while pressing for basic reforms to make the system more fair and equitable to women.

* Pension reform--to make pensions more accessible to women in the public and private sector.

* Access to health care--to ensure affordable, quality health care for all Americans.

* Support for caregivers--to address the special concerns of caregivers of the frail and elderly and to improve the working conditions of paid long-term care workers.

* Access to jobs--to combat age and sex discrimination in employment and to help older women get a fair share of training and job programs.

* Challenging federal budget cuts--to highlight the impact of human services and entitlement budget cuts on older women and to redirect national budget priorities.

* Staying in control to the end of life--to promote planning in advance for personal control to the end of life and death with dignity (OWL membership pamphlet 1989).
The motto or battle cry of OWL is "Organize, Don't Agonize!" This overt call for mobilization stems from the fact that most older women were not socialized to raise their political voices, or being seen or heard in positions of power. OWL thus serves as an agent to resocialize the chapter members for more overtly political behavior.

Summarizing the Organizational Environment

From this review of the organizational environment, two trends emerge that are key to assessing the mass senior group's potential to mobilize grassroots support. The first is the growth in membership. The second is the convergence in policy goals.

Growing Numbers. All of the groups examined have experienced substantial growth in membership in recent years. While the general senior population has increased approximately 18% over the last 10 years, all of the senior groups—with the exception of NCSC—grew at least 80% in the last eight years. NCSC ranks increased only 12.5% over the same period. The rapid addition of new recruits to the membership rolls clearly increases the resources for mobilization strategies, both financially and in the number of "mobilizable" members.

In absolute numbers, the groups have more people to mobilize. Consequently, they can target various segments of the membership for different issues or different advocacy tasks, with the relative level of participants still being high enough for an effective issue campaign but without having to ask the same members to participate too often. As Hrebenar and Scott note, "An organization must take care not 'to go to the well' too frequently. Too many requests of the membership over too
short a period of time can fatigue the membership and lessen the
tactic's impact on the targeted politicians and bureaucrats" (1982, 93).

To a certain extent, the stability and viability of any voluntary
organization depends on its ability to recruit members. A steady supply
of new members is necessary, not only for the dues they pay, but to
replace those that leave the organization. For this simple reason all
voluntary groups must spend some of their resources on membership
recruitment (Truman 1971; Berry 1984).

Additional maintenance problems are presented, however, when the
membership consists primarily of seniors. The level of attrition is
higher due to the increased incidence of death or disability that comes
with advanced age. Unless there is a steady growth in new members,
attrition "tends to produce a constant preoccupation with recruitment
that can be a drain on resources that otherwise might be used for more
goal-related activities" (Pratt 1983, 148). The fact that the National
Council of Senior Citizens has not enjoyed the same level of growth in
new members may have negative implications for their future ability to
successfully pursue mobilization strategies. Conversely, the fact that
AARP is growing at a much higher rate (a 90% increase in the last five
years), suggests that it should play a leading role in the development
of senior activism.

The growth in numbers also increases the pool of leaders. Attrition
in the leadership ranks necessitates replacements for those who die,
drop out, or experience burnout over the course of a long issue
campaign. Furthermore, as long as the number of people joining the
group significantly exceeds the number of those leaving, it frees up
some of the resources that would otherwise be spent on recruitment activities. One of the primary uses to which these "new" resources can be spent is on public policy. And, if expanding memberships do in fact increase their resources for pursuing public policy goals, the unanimity with which senior groups express these goals becomes highly significant.

**Converging Goals.** The second trend that emerges from the mapping of the senior group environment is the convergence of policy goals among the groups. Organizational goals and priorities are not static and unchanging, but respond to variables like membership attitudes and the political environment, i.e., mass political attitudes and the competitive public policy process. The four groups studied have responded in various ways to these forces as has been noted in the description of their general goals. For purely heuristic purposes, a two-dimensional diagram illustrates their movement over roughly the last 15 years (see Figure 5.2). If we scale the general ideological content of their goals (government intervention to secure senior interests versus privatism) and the breadth of their goals (the number of senior and other issues associated with the group), we find a convergence on both dimensions. The two groups with the most relative change are AARP and Gray Panthers, and they have moved closer to each other.

AARP's goals and priorities have broadened over the last 15 years to include a wider range of senior concerns, including those that involve government intervention and program responsibility. In the early 1970s they sought to improve the quality of life for seniors primarily through discount arrangements with private businesses, i.e., discounts for insurance, travel, and education classes. These programs
Figure 5.2. Goal Convergence Among Mass Old-Age Interest Groups, 1975–90.
were targeted for middle and upper class seniors who could afford to purchase insurance in abundance, travel frequently, and attend classes for pleasure.

This middle to upper class orientation continued through the early 1980s, but it shifted away from an exclusive focus on privatism as the means to further constituent interests. New programs were added, but they still reflected the concerns of seniors with more affluent incomes, i.e., crime prevention, defensive driving, and pre-retirement planning.

By the late 1980s, however, the composition of AARP had expanded to include a broader cross-section of senior life experiences. Add to this the recommendations from legislators to be more representative of the general interests of seniors (this point will be further explained in the following section), and economic security issues began to make their way onto the organization’s issue agenda. This broader and more liberal agenda is reflected in their 1990 policy goals: retraining of displaced workers, cost controls for health care, legislation to prohibit spousal impoverishment, and even a general endorsement of a national health-care program (AARP Highlights March-April 1990).

The Gray Panthers' evolution from a clearinghouse for the ideology of Maggie Kuhn to a permanent senior organization has had an effect on the organization's goals. In 1975, the Gray Panthers were not only far left, but embraced a broad array of leftist concerns: disarmament, nationalization of corporate power, decriminalization of marijuana, and general fundamental structural change in the political system. This ideology reflected and formed an organization that sat outside the system and functioned as a social critic with no desire to participate
in conventional politics. Senior goals were not de-coupled from the major structural changes believed to be necessary for a more just and equitable society. Today, the Gray Panthers' agenda would be considered liberal by most standards, but it has been significantly moderated and narrowed to a more consistent focus on senior concerns.

As reflected in the changes made to their formal purpose and goals statement, i.e., the GP Articles of Agreement (see pages 24-25), the Gray Panthers no longer overtly advocate a structural overhaul of capitalism ("a new and just economic system"), but a more general sense of equity ("a society that will serve human needs"). A more narrow and less radical, contemporary agenda is also reflected in their decision to embrace coalition-building as a way of effecting change within the system, something likely to further moderate their goals and priorities.

NCSC's more narrow working class/labor union constituency and its failure to broaden that base significantly, has reduced goal modifications. NCSC has always been more focused than Gray Panthers on senior issues, especially those public policy battles that affect their constituency directly, i.e., health care, pension solvency, Medicare, and Social Security. In a matter of speaking, AARP and Gray Panthers have moved toward NCSC's political agenda, while NCSC itself has changed little in 15 years. NCSC is not the most dynamic group in terms of membership growth or increased activism. With a membership composed of a shrinking base, it may find its agenda and influence absorbed by the more dynamic and powerful groups, especially if AARP continues its present course. If NCSC has moved at all, it is in response to the political realities of the last 10 years, scarce public funds, and a
shift to conservatism in the general population. As a result, NCSC's goals have become more oriented toward the status quo, attempting to preserve existing government services for the elderly.

OWL is such a recently formed organization (1980), that one cannot speak much about any goal changes over time, but it can be located in comparison to the other three groups. OWL's focus on women's issues gives it a broader agenda than both NCSC and AARP, but slightly more focused than Gray Panthers' emphasis on "human needs." This concern with women's rights in general gives the organization a feminist flavor and consequently a more liberal agenda than AARP and even NCSC. Given the economic hardships senior women suffer from and their subsequent public policy demands, coupled with the gender gap, many of the trends noted in this study should converge in OWL. Their membership should grow significantly over the next five to 10 years if they can identify their organizational goals with their constituency.

Strategies of Mobilization

In pursuit of their goals, old-age organizations—like other interest groups—lobby the government in an effort to influence public policy. Generally, the form of lobbying is the traditional or direct approach where official representatives of the organizations are in direct contact with governmental officials; that is, a professional lobbyist or other staff person communicates information, data, and opinions of the group through face-to-face conversations, testifying at hearings, submitting written statements and reports, and the like.
Following a national trend in interest group behavior, however, old-age groups are increasingly turning to indirect lobbying methods to supplement the more traditional forms of direct lobbying behavior. These may involve media campaigns to mold general public opinions or bypassing the normal policy channels with initiatives, referenda, and recalls. But the primary strategy of indirect lobbying is "going to the grass roots (i.e., the membership)" for political support. (See Hrebenar and Scott 1982, chapter 5 or Loomis 1983 for discussions of the growing preference for indirect lobbying among interest groups in the United States.) The tactics used in activating members, as well as the purposes, style, and level of activism, are useful dimensions for comparing the mobilization strategies of senior groups.

Tactics

A comparative look at the strategies of mobilization (i.e., the general plans for activating or mobilizing members in support of selected issues) among the four groups reveals a common pattern in their tactics (i.e., the specific actions employed to carry out the general strategy). The tactics employed are virtually identical to what most interest groups, senior or not, generally rely on to link the members to issues, including: identification, education, momentum-building, and consolidation. The first step is identifying the issues that evoke the strongest reaction from the membership. Eric Schulman, the legislative director for NCSC, describes this first step as "finding out what moves the membership by determining where the weight of seniors' self-interest is currently focused" (1988).
Issue identification is accomplished through a variety of channels. The executive director or association president may ask chapter presidents or legislative chairpersons to poll their members informally. They may write an open letter in the organization's newspaper or other publications soliciting the membership's opinion. Field hearings and mail surveys are other frequently used ways of obtaining member input.

Members and chapters will also write unsolicited letters to the national office expressing their concerns about a particular issue. The number of letters received, the intensity of concern, and the level of consensus among the letterwriters are closely monitored by the national staff.

Once an issue has been identified, the next task is educating the members about the problem and proposed solutions. The members are also informed about the performance or legislative record of government leaders with decisionmaking responsibility in the issue area. Information is conveyed through articles in the group's regular publications and special reports to the members. Speakers and resource materials are made available to chapter, state, or regional units by the national office. Formal committees or task forces may be established to study the issue and report back to the members.

At some later point during the education process or shortly thereafter, the next step is to build momentum for the issue. Often this involves using the media for paid advertising, calling press conferences, and engaging in other attention-getting activities designed to attract free media coverage. (Recently, Lou Glasse, national president of OWL, sent giant-size hero or baloney sandwiches to
congressional members who were deciding the fate of an OWL supported bill. Similarly, Maggie Kuhn slept several nights in a cardboard box in a downtown parking lot of Ann Arbor, Michigan to dramatize the growing problem of homelessness among senior citizens.)

Before the issue grows stale in the minds of the membership, it is time to consolidate the members' support. All of the groups use computerized mailing lists to send personalized requests for support to targeted members. The letters are sometimes delivered in red or oversized envelopes, with "Urgent!" or "Emergency!" printed in bold letters above the address. Appendix D provides an example of such requests, an AARP Legislative Alert issued on 1 October 1989 and containing detailed instructions as well as a confirmation letter.

Although the groups exhibit a common pattern of tactics in their mobilization strategies, further analysis indicates critical differences in their particular purposes for mobilization and the style of grassroots support they demonstrate.

**Purposes**

It is generally recognized that interest groups mobilize the grassroots in order to increase the pressure on governmental decisionmakers (Schulman 1988). This is certainly true of the mass senior organizations, but in fact there are additional purposes or reasons for activating members that serve the particular needs and goals of each organization. This section outlines the specific purposes.

AARP uses mobilization to politicize and build consensus within the membership and, more recently, to change its image with government
decisionmakers. According to AARP officials, two factors have worked to limit the level of political interest and reduce consensus for policy goals among AARP members. First of all, most people join AARP for "nonpolitical" reasons; that is, they join AARP essentially to take advantage of the insurance discounts and other material benefits. Such people join without necessarily subscribing to (or even being aware of) AARP's public policy goals; these people remain typically indifferent and unresponsive to mobilization tactics. Approximately two-thirds of the membership are considered to be unresponsive by AARP estimates.

Even among those who are responsive, they do not usually join AARP for political reasons and they have to be made aware of the advocacy-related aspects of the organization. Usually, it takes a period of time before they acquire a political character to their affiliation. For example, Karen Lindell, a former member of the AARP Texas State Legislative Committee and a current Capitol City Task Force member, admits that she joined AARP in 1982 "to get their magazine and a discount on prescriptions." She did not become politically active in the group until 1984 when "they [AARP] asked me to monitor a special session of the Texas Legislature. . . . Now I ask them, what can I do?" (Lindell interview 1989).

Secondly, the great diversity of persons joining AARP--in terms of geographic location, economic and social circumstances, political affiliation, and such--produces a diversity of opinions among the membership. Even among the so-called "responsive members," there are considerable background and ideological differences that may result in divergent perspectives on public issues. Building consensus is not an
easy task in such circumstances, but mobilization facilitates the process by isolating the problems causing the greatest concern among the members (issue identification) and controlling the points of debate through uniform information (education). Moreover, mobilization can create a sense of urgency and an "us versus them" mentality that promotes cooperation and esprit de corps among the responsive members (Merrill interview 1980).

Scholars and politicians have long recognized the relationship between group resources and political influence. Membership size, wealth, and quality of leadership and staff are seen as key variables in estimating the political potential of interest groups. By such standards, AARP should be one of the more powerful interest groups in the country and the dominant senior organization. Yet, past examples in the formulation and implementation of aging policies show AARP has seldom achieved more than a modest reputation for power and influence with government decisionmakers (Harootyan 1981; Pratt 1983; Vineyard 1978).

Recognizing their failure to capitalize fully on the political potential inherent with their resources, AARP began surveying legislators in the early 1980s to find out what they could do to be more effective in their lobbying efforts. Specifically, they commissioned the Gallup Organization, Inc. to survey the United States Congress and state legislatures, in 1983 and 1985, respectively. Without divulging the specific findings of the Gallup survey, which are privileged and confidential, the primary recommendations of the legislators were to: (1) increase the personal contact of individual members with
legislators; (2) be more visible and more active at committee hearings and in the overall political process; and (3) broaden their approach to issues with more emphasis on the interests of lower-income elderly and other constituencies (Gallup 1985).

It is logical to assume that the Gallup findings played a large part in AARP's decision to change its political image from one of low profile (direct lobbying only) to one of high visibility (a combination of direct and indirect lobbying). It also helps to explain their new emphasis on women and minority issues. At the annual convention in 1986, the delegates approved a resolution that virtually mirrored the Gallup findings, "communicate directly and more often with legislators as a heavy voting group . . . to meet with legislators on a regular basis and strengthen personal networking between individual members and legislators . . . to be more visible and more active in the legislative process . . . to become involved as a group in election activities" (AARP Bulletin July 1986, 2).

In the months following the convention, an expressly political department was created, AARP/VOTE. This department's raison d'être seems to reflect the newly recognized need to "be more active in the political process." Its first project was a voter education program in 12 states to help members understand the issues in the election campaigns. The feedback from members, state parties, and candidates was highly favorable. As a result, in 1988 the department initiated an $8 million get-out-the-vote effort. The mobilization strategy included: a voters guide featuring interviews with candidates on key issues; radio and television ads; sponsorship of candidate debates in Iowa that were
beamed by satellite to other states; and thousands of AARP rank-and-file volunteers throughout the country who attended workshops for activists, manned telephone banks, and helped with literature drops and mass mailings.

In sum, AARP uses mobilization to establish political reasons for belonging and participating in the minds of a membership that joins primarily for nonpolitical reasons. The tactics of mobilization also make it easier to reach agreement regarding policy issues among a diverse membership. Finally, the recent strategy of greater grassroots participation in lobbying appears to be the result of a rational decision by the organization to change its political image and, ultimately, increase its influence with policymakers.

In sharp contrast to AARP, both NCSC and Gray Panthers have always emphasized grassroots participation in their lobbying strategies, in part due to financial necessity, but also because of their already politicized membership.

Looking at financial statements and level of staff support, it is evident that neither organization has the resources to pursue direct lobbying exclusively so they must rely on making noise "on the outside," to supplement their "inside" efforts. Fortunately, both organizations have a rich supply of grassroots support.

Most of the people who belong to NCSC or Gray Panthers are already politicized; they joined for primarily political and advocacy related reasons. Many in their ranks also have previous experience with interest group politics as members of labor unions (NCSC members) and civil rights and other anti-establishment movements of the sixties (GP
members). Thus, according to group officials, their members are already inclined to engage in organized activism.

A mobilization strategy is still needed, however, to focus and direct this inclination toward the issues and actions that are likely to be the most effective in advancing the group's policy goals. The tactics of mobilization are also desirable because they promote a sense of "solidarity" or emotional support that comes with associating with like-minded individuals. Solidarity is desirable because it helps maintain the members' identification with the organization in general, even if there is no immediate progress toward policy goals.

OWL has two distinct populations to mobilize: the national members who join largely for advocacy reasons and the local members who need personal support and assistance. The purposes for mobilizing national OWL members are similar to those for mobilizing NCSC and Gray Panthers, i.e., focusing and intensifying the members' political inclinations in directions that will be beneficial for the group and fostering feelings of solidarity.

Achieving group solidarity through mobilization is probably even more critical to the long-term interests of OWL because national members have little, if any, direct communication with organizational staff or fellow members. They subscribe to the mission of the organization, but they have less personal need for the benefits that can be provided by OWL. They join to serve, not to be served and these altruistic motivations are typically not the strongest bonding agents of individual to group (Salisbury 1970). As a result, their commitment or attachment to the group is typically weak. It is not unusual for national members
to assume that by joining the group and sending a small donation, they have contributed their "fair share" in advancing the goals of OWL.

A strategy of mobilization serves to remind the national members that considerably more help than a financial gift is needed. It gives national members the opportunity to participate in the agenda-building process of the organization so they feel more a part of it. It also encourages greater interaction among members, staff, and leaders which facilitates the formation of personal networks and relationships associated with the group. Ideally, all of these things combine to strengthen the national members' lasting commitment to OWL.

As it relates to the local membership, the particular purposes for mobilization are best understood from the theoretical perspective of group consciousness, where members of a downtrodden group decide to band together and collectively work to improve their position in society. Many of the local members are living with limited resources and little self-confidence. As members of OWL, they receive practical and emotional support in dealing with their situations. In educational and consciousness-raising workshops, they are taught that their problems are not due to "bad luck" or personal failure, but are failures of the larger social system.

According to OWL officials, it is through mobilization efforts that local members come to recognize the need for, and become committed to, political action to change the system. Participating in the advocacy activities of OWL, they gradually gain the confidence to speak out and lead others as the need arises. Thus, OWL officials view mobilization as integral to OWL's basic mission, using it to politicize and empower
local members (Hogland interview 1989).

Style of Activism

When the mass senior groups make the request for grassroots support (the last tactic of mobilization), they may ask members to send money; write, call, or visit public officials; attend rallies, meetings, or other functions; a combination of these; or more. The substance of the request typically varies depending on resource needs and the circumstances related to the particular issue at hand. Yet, there are group patterns of activism that can be roughly identified as their particular "style."

With the major bloc of its active membership coming from the ranks of retired union members, the National Council of Senior Citizens tends to prefer confrontational advocacy from its membership. They like to employ mass demonstrations and marches, vociferous public statements, and other confrontational tactics reflective of the political activities of the AFL-CIO and other major unions.

For instance, in 1986 and 1988, NCSC organized "truth squads" of members and other retirees who traveled to targeted cities across the country. In demonstrations at the local offices of United States representatives and senators, the truth squads publicized the incumbents' votes on Social Security and Medicare. The objectives of the protests were "to draw attention to the justice of protecting Social Security and to embarrass the incumbents into making concessions or facing defeat in the coming elections" (Schulman 1988). When members organize public meetings and other policy forums, they typically express
their views "forcibly, insistently, and very loudly" in an atmosphere similar to that of a high school pep rally before the game (Schulman 1988).

With a middle-class membership base including many retirees from business administration and established professions, AARP grassroots activism takes a more subtle approach: testimony and written statements to Congress and administrative agencies; telephoning, letter-writing, and personal visits to legislators; and less strident, more educational public meetings.

AARP members generally prefer the more conventional approach to lobbying over the politics of confrontation. Functioning as amateur lobbyists, political volunteers testify at hearings, prepare legislative updates, and research issues. They also entertain and meet personally with officials on a regular basis.

These volunteers are assisted by the AARP legislative staff and receive special training on intervening in the legislative process. Besides learning the detailed process of how a bill becomes a law, they receive step-by-step instruction on face-to-face lobbying, including such topics as "visiting your legislators and government officials" and "giving testimony at public hearings" (AARP training booklet undated). The goal of the volunteers is to establish a personal relationship with government policymakers that is based on mutual trust and service (AARP training booklet undated) (see recommendation #1 from Gallup survey). This goodwill style of grassroots advocacy is designed to establish a favorable image of AARP and sustained access to decisionmakers that will last beyond the immediate lobbying campaign.
Gray Panthers have developed their own distinctive style of activism that is perhaps best described as avant-garde. Guerrilla theatre, where high impact drama is staged without prior notice on the street or in other unusual settings, and consciousness-raising demonstrations are favored forms of GP advocacy. For instance, in 1980, they staged guerrilla skits outside the American Medical Association convention in Chicago. Members symbolically suffocated and bled on the steps and sidewalks of the Chicago Hilton "in an attempt to draw public attention to the heartlessness of the American health-care industry" (Pratt 1983).

Their capacity for staging high visibility media "events" has given GP the appearance of greater national strength than their membership probably warrants, but they have been very successful in capturing attention and in effecting change, especially at the local levels. Gray Panthers also employ the following methods of advocacy: oversight monitoring, demonstrations, coalition formation with other citizen groups, sponsoring conferences and seminars, testimony at public hearings, litigation, and publication and distribution of educational materials.

Many of the GP members, who were participants in the anti-Vietnam protests, Black Liberation, and Equal Rights movements, are distrustful of the actions of government and bureaucracies in general. Consequently, they opt to spend a significant portion of their time overseeing and agitating the activities of others in the aging "establishment," specifically the service providers, administrators, researchers, and lobbyists whose careers now depend on continued funding.
for the aged. A dated example of agitating behavior was at the annual meeting of the Gerontological Society in 1977, when GP members passed out fliers to all in attendance asking such questions as: "Is the profession of gerontology a parasite feeding on the expanding population of old people? Does the society exist primarily to acquire research and training funds for universities to advance the goals of its members?" A hastily convened debate between GP leader Maggie Kuhn and the president and president-elect of the society was one of the best-attended sessions of the annual meeting (Jacobs and Hess 1978, 243).

The Older Women's League is the only group studied that does not evidence a distinctive style in its grassroots lobbying. The relative newness of the organization and the differences in the two types of members are possible explanations for an advocacy approach that waives between confrontational and goodwill efforts to influence policy. Sometimes the chapters organize rallies and other forms of public protest, but they also sponsor educational conferences. Individual OWL members are sometimes involved in circulating petitions and writing angry letters to legislators and editors, but they are just as likely to develop friendly relationships with sources in government and the media through their participation on citizen task forces and advisory boards.

**Level of Activism**

Looking at the groups comparatively, the proportion of members who regularly participate in some type of group-sponsored activity intended to advance the political or policy concerns of their organization (hereafter referred to as activists) ranges from a low of 8% in AARP--
which still represents about 2,320,000 members—to a high of 48% in the Older Women’s League. Both Gray Panthers and NCSC report approximately 40% of their members as activists. Table 5.1 shows the number and percentage of activists per group as well as the total figures for all of the groups.

Table 5.1. Number and Percentage of Activists by Mass Senior Organization, 1989

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of members</th>
<th>Number of activists</th>
<th>Percentage of activists</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>31,000,000</td>
<td>2,320,000</td>
<td>8</td>
</tr>
<tr>
<td>NCSC</td>
<td>4,500,000</td>
<td>1,800,000</td>
<td>40</td>
</tr>
<tr>
<td>GP</td>
<td>90,000</td>
<td>36,000</td>
<td>40</td>
</tr>
<tr>
<td>OWL</td>
<td>20,000</td>
<td>9,600</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>35,610,000</td>
<td>4,165,600</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Compiled by author from interviews with AARP, NCSC, GP, and OWL staff.

*aNo data are available to indicate how many activists belong to more than one organization so the total estimate could be inflated.

The greatest number of group activists are affiliated with AARP—representing over half of the total senior activists. This is significant in light of the fact that AARP is not recognized as a strong grassroots organization. They are generally respected more for their resources and staff than for their grassroots support. Yet, with their recent change in lobbying strategy and a new commitment to increasing their role in the political process, there is every indication that they
will be spending more and more of their vast resources on energizing their membership.

While the proportion of politically-active members is clearly a minority in each of the organizations, all group officials indicate their share of activists is growing. For instance, OWL reports the number of members who performed special advocacy duties, such as serving on policy task forces or monitoring legislative hearings and sessions, increased from 5,000 to approximately 7,000 between 1985 and 1989 (Kuriansky 1990). Meanwhile, the proportion of activists in the AARP membership rose from fewer than 2% in 1987 to the present 8% level.

The present ranks of senior activists include a greater proportion of men than are represented in the membership at-large, but both professional staff and members report that female members make up an increasing share of political leaders, especially at the state level. This claim is supported by an upward trend in the number of female members holding statewide offices within their organizations in recent years. For example, in 1987, women held 37% of the leadership positions on AARP state legislative committees (55 of 149 state chairpersons), and 48% of the leadership positions on NCSC state councils (21 of 33 presidents). This is an increase of 20% and 29%, respectively, in female representation at these positions since 1982 (AARP 1982-87; NCSC 1987). Not surprisingly, 100% of the OWL leadership are women.

Since statewide officers have either explicitly stated or implied responsibilities for representing the political interests of their group to state legislatures and other institutions, it is logical to assume that as more women come to hold these offices, they are taking more of a
leadership role in advocacy efforts.

While no systematic records are available on other characteristics of group activists, the impressions of professional staff are that activists are better educated than nonactivists and more likely to be retired, but the activists are just as likely to have "very modest" financial resources, i.e., an annual income of $10,000-$20,000, as they are to have "comfortable" or "affluent" incomes. They do not, however, generally include seniors with below poverty incomes.

The characteristics of the surveyed activists may be useful for comparative purposes. Their ages ranged from 60 to 80 with a median age of 73. Over 70% had college educations and were retired. Their personal annual incomes ranged from less than $10,000 to $50,000 with a median income of $23,500. While one must be cautious in making generalizations about senior activists on the basis of the data presented, the characteristics of those surveyed are consistent with the general description provided by the organizational staff.

Activists are more involved in contacting public officials than any other advocacy task. Eighty percent of the surveyed activists reported writing letters and making personal visits to government officials. They generally reported writing "too many letters to count," but their personal visits averaged about three per month. Sixty-five percent of those surveyed had attended special meetings or hearings on aging legislation. Ten percent had testified at hearings. Twenty-eight percent had participated in other activities, such as public demonstrations or rallies, circulating petitions, and serving on policy task forces.
Gender differences did not seem to be significant with regard to activeness. For instance, women were just as likely as men to testify at hearings and make personal calls on elected officials. Men reported writing more letters than women, but more women reported participating in demonstrations and other public protests.

A majority (54%) of those surveyed spend from 20 to 40 hours per month on group-related political projects, with two-thirds indicating they had increased their time commitment over five years ago. Significantly, women were twice as likely as men to have increased their time commitments for group-related activism (85% to 36%).

Finally, many of the women (46%) who had either recently become activists or increased their level of activism were motivated by personal experiences of age discrimination or an awareness of the need to protect their rights as senior citizens. Two of the men (16%) expressed similar reasons for their participation, but a majority of the men (51%) characterized their group activism as an expansion or extension of their life-long involvement in politics. This would seem to support the earlier finding in Chapter III that age consciousness serves as a driving force for increased political participation, especially for women.

Conclusion

The composite picture that emerges from this chapter can be briefly summarized. The general hypothesis that senior groups are becoming more active is supported. Increasing membership levels is a fundamental indicator of interest group vitality in general and seniors score well.
Not only is demographic change increasing the pool of seniors relative to the general population, seniors are joining senior interest groups at a rate considerably above the aggregate growth in the senior population. The general senior population increased 18% from 1980 to 1990, but AARP, Gray Panthers, and OWL grew over 80% during the same period. Only NCSC’s growth of 12.5% was less than the total senior population growth rate. Comparatively speaking, NCSC is the group most in need of constituency-base-building efforts lest it be eclipsed by the more vital groups.

This growth amply illustrates the vitality of the movement in general. Seniors are not only becoming more numerous vis-a-vis the total American population, they are becoming increasingly politicized, if membership in an interest group at least marginally increases one’s participation in politics. At a minimum, membership increases the potential for greater mobilization by virtue of the politicizing agents interest groups have at their disposal: newsletters, action alerts, and chapter meetings.

Complementing the increasing proportion of seniors joining senior interest groups is a trend toward increasing levels of activism among the membership. That is, not only are more seniors joining interest groups, more of those that join become active in the organization’s business.

Those that regularly participate in organization activities may participate in a variety of grassroots activities, such as public demonstrations, serving on task forces, and testifying at hearings. The bulk of their grassroots efforts, however, are centered on contacting
officials through letters, telephone calls, and personal visits. The levels of activism for 1989 as reported by the groups are listed in Table 5.1 and, while hard figures for 1990 can only be estimated, each of the four groups studied report increased levels of membership activism. AARP itself shows a rather dramatic 300% improvement in activism in just the last three years. Admittedly, this increase is based on a very low base rate of 2%, but with such a large membership, a 1% increase nets them over 300,000 new activists. And if there is some threshold where the membership will fatigue if asked to do too much too quickly, activeness levels of 40% or higher in NCSC, OWL, and Gray Panthers must put them closer to that point than AARP. These three groups have demonstrated high levels of activism due primarily to their memberships' pre-existing politicization.

As has been previously mentioned, Gray Panthers, NCSC, and OWL have "naturally" politicized constituency bases such as left wing ideologues, former union workers, or feminists. Gray Panthers and OWL, which are still experiencing strong growth, need only maintain current activism levels. However, in order to maintain its relative position to the other three, NCSC must increase the percentage of activists to members--a difficult task given its already high level of activism. There does not appear to be a great deal of untapped potential for greater activism within the ranks of NCSC.

AARP is clearly the "outlier" of the four since its activism level is at least five times lower. However, given its new concern with grassroots mobilization and the success such efforts have enjoyed in the last three years, AARP is clearly the most dynamic and potential-laden
of the four. With such a massive membership, AARP does not have to cultivate a 40% activeness level to become a grassroots force. In 1984, AARP had 15 million members and about 300,000 activists compared to 32 million and 2.3 million activists today. At current growth rates, by 1993 AARP will have a cadre of political activists of over five million strong! In 10 years AARP will have moved from a position of almost indifference to the dominant grassroots force among senior interest groups.

AARP’s organizational reevaluation in the mid-1980s has had a profound impact on the mobilization of its own members, but because of its size it also has the potential to alter radically the level of senior activism in general. Since senior groups compete for scarce resources with other public interests, a significant influx of senior grassroots activism could have a dramatic impact on public policy. In this way, AARP’s grassroots movement may revolutionize the political force of senior citizens.

If AARP’s current mobilization had been organized around its 1984 agenda, we would probably be witnessing a diverging senior interest group agenda today. Instead, AARP’s organizational goals have moved closer to the other three, and this convergence, coupled with increased activism should combine to create a more powerful political force than any of the groups could muster in isolation.
Endnotes

1. Mobilization strategies are defined as the general plans for activating the grass roots, specifically the membership, to lobby on behalf of the group for selected issues. In this context, mobilization refers to the lobbying or advocacy-related activities of the membership and the terms "mobilization" and "grass roots" are used interchangeably.

2. Although AARP and the National Retired Teachers Association (NRTA) formally retain separate identities, with separate memberships and organizational structures, the two "sister" groups have always shared offices, professional staff, and various elements of programming. In 1982, AARP had to financially absorb its smaller sibling, "which faced bankruptcy when stuck with skyrocketing contracts for lifetime nursing home costs" (Kosterlitz 1987, 2656). For all intents and purposes, AARP and NRTA currently operate as a single organization and can be treated as such in this analysis.

3. These membership statistics are taken from an internal memo circulated by the Planning and Analysis Department of AARP. According to the memorandum, "Planning and Analysis estimates [are] based on statistics gathered from survey studies conducted during 1988."

4. AARP has a provision in its bylaws specifying that not less than half of the delegates to the biennial convention must be from local chapters, even though local members represent approximately 16% of the total.

5. The Gray Panthers membership profile was prepared for the Gray Panthers Project Fund by National Demographics, Ltd., a survey research firm in Denver, Colorado. The population estimates are based on a random sample of 2,978 GP members. The study was conducted in July-August 1982.

CHAPTER VI

CONCLUSION

In light of the rapidly growing number of older people in this country, several studies have examined the political behavior of senior citizens in recent decades. A central question posed in most analyses has been whether they are becoming more aware of their interests as seniors relative to other reference groups, and the extent to which this age identification serves as a stimulus for forming a distinctive political force—"capable of effective lobbying on behalf of age-related legislation or of mobilization in support of a candidate with special appeal to the aged" (Ragan and Dowd 1974, 137). The majority of the studies find little support for this notion (Ragan and Dowd 1974; Binstock 1974, 1981; Miller, Gurin, and Gurin 1980; Dobson 1983). Reporting on the heterogeneity of the senior population, the tendency of seniors to retain group identification characteristics of middle-age, and the decline in more active modes of electoral participation with age, they conclude the political force of seniors is "more often a hope than a reality" (Atchley 1988, 326).

Contrary to the majority view, my analysis found evidence of increasing activism and unity among senior citizens manifested in the emerging role of senior women and mass senior interest groups. These findings are based on a secondary analysis of data from the 1972-84
presidential year American National Election Study series and on interviews I conducted with members and directors of "senior organizations" (i.e., American Association of Retired Persons, National Council of Senior Citizens, Gray Panthers, Older Women's League, and the National Hispanic Council on Aging). In addition, reports from the United States Bureau of the Census and the National Center for Health Statistics as well as other sources of information were used to document the rapidly changing senior population. This final chapter briefly summarizes the pertinent findings of the previous chapters and discusses the possible implications of the study for the politics of aging. Throughout the discussion are suggestions for further research. The first order of business is to show the demographic importance of senior women.

The Demographics of Aging

Chapter II, a survey of senior demographics, confirms the popular perception of increasing senior potential for political impact. Clearly, the "graying" of America creates the potential for an age oriented political constituency to emerge. Early retirement and better health later in life also allow for more free time--time which could be spent on political activities. The crucial question remains whether demographics can be translated into real political power. James Trela frames the question nicely: "[F]or older people to realize the latent potential of their numbers, age must be a major referent in fixing sociopolitical beliefs, and there must be an increase in political self-interest based upon membership in a common age grade" (1972, 244).
One of the key points that stands out from the demographic analysis of the senior population, is the significant overall improvement in the socioeconomic status of seniors in recent decades, with positive increases in their median level of income and educational attainment as well as general health status (United States Bureau of the Census 1983b, 1988; United States DHHS; National Center for Health Statistics 1978, 1986). The standard socioeconomic model of politicization indicating the relationship between higher socioeconomic status and higher levels of political participation (Verba and Nie 1972) predicts that seniors are more likely to be active in politics than ever before and, given their already high level of participation in voting, they may be expected to become more involved in other forms of political activity.

On the other hand, the analysis also shows that the senior population forms a very heterogeneous category that varies widely on most characteristics examined. For instance, the range of differences among seniors in such critical areas as health, income, and living arrangements is at least as great as the overall differences that exist within the total population on each of these dimensions. Thus, if one of the necessary conditions for the formation and maintenance of a political pressure group is homogeneity of characteristics among the membership (Truman 1971), this tremendous variability appears to seriously handicap the development of a unified political "front" of senior citizens.

Seniors do have more in common, however, than just occupying the same age category; the majority are women and both the problems and potentials of aging belong largely to women. Because women can expect
to live about eight years longer than men from birth, they make up the fastest growing segment within the senior population. In 1986, women comprised about 58% of the population who were 60 years and older, 65% of those 75 and older, and 72% of those 85 and above (United States Bureau of the Census 1987). Numbering 9.5 million in 1950, the population of senior women has more than doubled in the span of 30 years--to 20.6 million in 1980. Even with a projected slowdown in the growth rate among seniors in the 1990s, by the year 2000 it is anticipated that older women will number 26.8 million, or about one-third more than existed in 1980 (United States Bureau of the Census 1984).

The proportional abundance of women in the senior population affects every aspect of life in that group, particularly as it influences marital status and living arrangements and increases the difficulty older women have in finding male companionship. This reality is underscored by the large statistical surplus of older women who are single, divorced, and widowed. In 1983, for example, there were 9.1 million of them, compared with only 2.2 million men who were unmarried. This left about 6.9 million women for whom marriage was statistically impossible (United States Bureau of the Census 1983). The sex imbalance is especially acute among widows, for while there are less than twice as many single and divorced older women as older men in those categories, there are over five times as many widows as widowers. The average age of widowhood is 56, which leaves roughly one-third of a lifespan to go (Zopf 1988, chapter 3).
While independent living has long been preferred by senior citizens, higher personal incomes have only recently placed separate residences within the reach of most older people. Between 1960 and 1983, the proportion of those residing alone, or with their spouse only, rose sharply from 56% to 76%. A decline in the number of children who could potentially share housing and the desire for privacy among the general adult population has also encouraged the trend away from extended family living. In 1983, women accounted for 80% of all elderly people living alone (United States Senate, Special Committee on Aging 1986). In 1986, not only did women constitute the vast majority of seniors living alone, but over half had been alone for at least 10 years, and a quarter had no surviving children to provide companionship or assistance if needed (Older Women’s League 1988b).

There is a mounting body of evidence, however, showing that most elderly women rise to the challenges of widowhood and living alone (Gutmann 1969, 1975; Lopata 1973, 1980; Gutmann, Grunes, and Griffin 1980; Giesen and Datan 1980). This is in sharp contrast to many widowers who are unable to cope with the loss of a wife and often show a high incidence of personal disorganization and disengagement from social surroundings as well as the tendency to remarry rapidly (Gutmann 1969, 1975; Lopata 1973, 1980; Gutmann, Grunes, and Griffin 1980; Giesen and Datan 1980).

Senior women not only retain but improve their ability to cope effectively with life, becoming more assertive and self-assured as they deal with financial matters, solitude, and other aspects of widowhood. Studies of American metropolitan widows indicate "the emergence of a new
kind of woman who is able to reconstruct her own self and her support systems to ensure a complex and multidimensional social life" (Lopata 1980, 115).

While the economic status of older Americans has improved substantially since the 1950s, the incomes of many senior women remain low—considerably lower than is generally recognized. In 1986 the median income of women was approximately $6,500, only $1,000 above the official poverty line. This compared with a median income for senior men of over $14,000. Poverty or near-poverty among senior women is often unexpected, arriving suddenly after years of a comfortable living standard. Hardest hit are the three out of five senior women who are no longer married.

In an effort to avoid welfare or dependency on their adult children, many of these women are returning to the work force. While the labor force participation of senior men has dropped considerably, 20% over the last 30 years, the share of senior women in the labor force has actually increased about 10%. Many have never worked before, however, and often gain employment in low-paying jobs. Others may have worked previously but will still earn less money than men all along the life cycle. Both situations result in lower Social Security and private retirement benefits and, combined with a longer life span for women, produce a lower benefit which must be stretched over a longer number of years (Older Women's League 1988a, 1988b).

An important factor contributing to the unique economic problems facing older women is their dependence on Social Security. The common practice of "pension integration" reduces significantly or cancels out
altogether the small pensions women earn. In 1986, only one senior woman in five received any type of pension, public or private, to supplement her Social Security benefits. The average income for women from pensions was $365 per month, about 50% less than what men received. Only about half as many women as men received pensions, whether as retired workers or as spouses of retired workers (Older Women’s League 1985, 1988a). Clearly, the relationship of most senior women to government support policies is more intimate and life altering. We would expect this greater self-interest to encourage age consciousness since their lives are more directly affected by government policy, and collective action to protect their interests is called for.

Overall, the study of demographic aspects of the senior population indicates that the current generation of older women is somewhat less deprived economically than the preceding one and that their levels of education and instrumental skills are measurably higher. Thus, they exhibit the ascribed characteristics of more politically active persons. The analysis also shows there is greater social and economic homogeneity among senior women than is generally recognized. Extended widowhood or single status, declining financial resources, and the problems of living alone are concerns shared by a growing majority of senior women. As senior women grow in both numbers and similar social circumstances, they are likely to become more aware of their shared interests as a group, especially if they are members of a senior interest group. With their numerical superiority, they could exercise considerable clout in shaping the agenda of seniors as a whole. And senior women’s greater dependence on the government for primary support only increases their motivation to
become involved politically.

Age Consciousness

Chapter III, a study of the group consciousness of seniors, picks up where the demographic profile left off. It was hypothesized that shared life experiences would lead to increased age consciousness, as the impact of similar life circumstances became apparent to them. The primary analytical tasks of Chapter III were to see if the level of age consciousness was increasing and whether age consciousness was positively associated with higher levels of electoral participation among the senior population. The empirical findings, however, show little evidence of an emerging age consciousness revolution from below. From 1972 to 1984, there was a steady decline in the "not conscious," from 38% to 20%, and an increase in the "active conscious," from 6% to 12%, but only a slight cumulative trend toward greater age consciousness is evident when the level of "conscious" and "active conscious" are added together (see Table 3.1).

This does not mean however, that age consciousness is not an important variable or that the scale does not discriminate between seniors; background characteristics appear to be related to the level of age consciousness. Age conscious seniors (including the "conscious" and "active conscious" respondents) tend to be: older, predominantly female, retired, widowed, and with lower levels of family income (see Table 3.4). In sharp contrast, the "not conscious" seniors tended to be: younger, considerably less likely to be female, less likely to have retired, more likely to have living spouses, and with higher family
incomes. Only in educational attainment were the differences between the groups negligible.

Within the conscious ranks, there is a notable difference between the "conscious" and the "active conscious" with respect to age and employment status. While "conscious" seniors were primarily between the ages of 60-69 (53%) and included a small majority of retirees (52%), most of the "active conscious" were over 70 years old (63%) and three-quarters were retired. This is interesting in itself, since the most distinct category in terms of lower political participation is the "conscious" seniors, suggesting how important interest group membership is to political activity. In contrast, the "not conscious" and the "potential conscious" seniors were very similar to each other in every category except for marital status and income. In short, the psychological stress of being poor, female, and living alone seems to be conducive to greater age consciousness. Also, having more free time (older, retired) seems to bear strongly on whether seniors become members of interest groups (the "active conscious").

The most potent discriminator of age consciousness, however, was gender. Collapsing the "not conscious" with the "potential conscious" and the "conscious" with the "active conscious" across gender reveals a decided gender gap. The "less age conscious" break down into 46% male and 54% female, while the "more age conscious" are made up of 74% female to only 26% male. Senior women are apparently more conscious of their status as older persons, probably because of their comparatively more deprived living conditions. The fact that they populate the "active conscious" ranks so predominantly (members of a senior interest group),
also suggests they are not only pushed toward greater age consciousness through life circumstances, but pushed into political institutions that can then be used to pursue real political power.

Interestingly, in most instances, the level of participation substantially increases between those seniors who are "conscious" and those who are "active conscious," especially in the 1972 election. Similar patterns were also found in the 1976, 1980, and 1984 elections. Thus, there would appear to be a positive relationship between political participation and age consciousness at least between the "conscious" and "active conscious." For the 20% of seniors who simply identify with being old and do not belong to senior organizations (the "conscious"), they are substantially less likely than other seniors to be involved in the political process. Clearly then, the role of senior interest groups as a mobilizing agent is strongly supported by this data. Not only does interest group membership increase political participation levels (the difference between "conscious" and "active conscious"), it mobilizes segments of the senior population that would otherwise be low participators (poor, older, retired, and women).

Policy Cohesion

Chapter IV, a study of senior policy preferences, had one primary objective: to empirically test for senior attitudes which might coalesce into bloc-like political behavior. Two strategies were pursued. The first used regression analysis on salient senior issues to assess the predictive capability of issue preferences based on age. This yielded inconclusive results. (See Chapter IV for a discussion of
the regression results.) The second tactic was to look at the general
trends in senior issue preferences over time to assess whether they were
diverging from or converging with their younger counterparts, i.e.,
whether a distinct senior bloc of attitudes was emerging. These
findings yielded somewhat surprising results, namely that aggregate
senior attitudes were at least as volatile as their younger counterparts
if not more, and that a gender gap has emerged within senior opinion.

Controlling for the socioeconomic variables found to be associated
with response variation in the general population--race, social class,
and party identification--suggests this sizable gender gap among older
people is not attributable to other independent variables (see Table
4.4). Regardless of race and social class, older men prefer private
insurance alternatives, while older women support government coverage.
Among men, the relationship between policy preferences and party
identification follows the traditional lines of cleavage; Democrats
support a larger government role in health care, while Republicans favor
privatism. Partisan loyalties are not as evident in the preferences of
older women for government involvement; even Republican women prefer
government insurance by a modest margin.

The volatility of senior opinion and the gender gap each impact on
the larger question at hand: Are seniors a politically mobilizable
group? Clearly, the refutation of seniors as "locked in" to a
conservative attitude set indicates senior opinion is at least as
maleable as other age groups. This means senior attitudes could
eventually coalesce into a coherent and distinct group, in response to
social forces. The fact that they are not at present supports the
empirical results of chapters II and III, namely that there are few distinct features of senior life that contribute to homogeneity. Instead, their attitudes seem to be shifting in response to the same societal elements that other age groups respond to.

And, like chapters II and III, the only persistent relationship between life circumstances, group consciousness, and political attitudes, centers on senior women. The gap in policy preferences between male and female may mitigate against senior political participation as a coherent bloc, but it reinforces the likelihood of senior participation being shaped more and more by senior women.

The study of "mass" participation variables has yielded an under-appreciated feature of senior political power, namely the emergence of a distinct senior female subculture. This finding is significant in its own right, since it introduces a "new" variable into our explanations of senior behavior. Clearly, what dynamism there is in the political mobilization of the aged centers on senior women. As a result, I would expect senior women to become more politicized and active in greater numbers in the next five to 10 years. A crucial predictor of senior demands at the mass level will revolve around the extent to which senior women are able to shape the political agenda more in line with their preferences. That is, can they fully exploit their numerical advantage so that their distinct policy preferences impact the senior agenda?

The Older Women’s League will serve as a good indicator for the emerging agenda concerns of senior women. With an organizational mandate that emphasizes direct service to its constituency, one of OWL’s primary goals is agenda-building for senior women. OWL is an
organization worthy of more study precisely because it encompasses many of the contemporary dynamics within the senior movement, interest group activity, and gender. OWL's impact on the Leadership Council on Aging's collective agenda-building process is another area where more research is needed.

Old-Age Interest Groups and Grassroots Mobilization

Chapter V, an exploratory analysis of the mobilization efforts of senior organizations and the nature of grassroots response, revealed further evidence of increasing political force among senior citizens as reflected in the growing proportion of seniors who join and participate in the policy campaigns of old-age interest groups. A mapping of the senior interest group environment not only revealed greater grassroots participation, but also a convergence of goals and greater cooperation among the interest groups themselves. Another significant development in the emerging influence of organized senior interests is the overt shift in the political strategy of AARP as the organization attempts to build a reputation for leadership and grassroots power that is commensurate with its other resources. Overall, my reading of the senior interest group environment is that two trends are most likely in the short term: greater coalition-building and greater AARP dominance.

Coalition-building, networking, and coordinated direct/indirect lobbying should be facilitated by issue convergence. That is, given the vitality of the senior ranks in general, greater unanimity on the political agenda should translate into an impetus toward more coordination between the different groups. Fortunately, there is an
existing organization that should serve as a key indicator of such a
trend, the Leadership Council of Aging Organizations (LCAO). Since
1975, the LCAO has served as a forum for building consensus on public
policy issues that are in fact drafted and discussed as proposed
legislation. Until late 1987, the LCAO met periodically, but in an ad
hoc manner, when a clear majority of the member organizations felt an
issue had reached a point where discussion would be fruitful. For the
last three years, however, the member organizations have agreed to meet
once a month (on the first Wednesday), indicative of the increased
support for the council. Equally indicative of the council's growing
status is the fact that those attending the meetings are typically the
highest ranking officials in their respective organizations—the
executive directors (Schulman 1988; Sotomayor 1990). By discussing
legislation in the form of a proposed bill, the council maintains an
overtly political focus and builds consensus not around general
statements of support for senior concerns, but around specific public
policy programs. Model legislation is typically drafted by the existing
chair (the chair rotates every year between AARP, NCSC, and the National
Council on Aging) and discussed line-by-line at the meetings. Like a
typical bill-drafting process, modifications and amendments are
discussed with the ultimate goal being "to get as many groups as
possible to support the bill" (Sotomayor 1990). This process is best
described as majority-building, since there is no formal decisionmaking
rule for "passing" a proposal. Instead, each group is free to publicly
support, remain neutral (agree not to work against the bill), or oppose
the legislation after the final language has been drafted.
This process is unstructured enough that it is difficult to make many generalizations, but specific issues can be used to illustrate the general dynamic at work. In 1989, the LCAO was instrumental in hammering out some of the specific provisions of the bill that was eventually passed as the Medicare Catastrophic Prevention Act. Through the forum provided by the Leadership Council, a majority of the member groups signed off on the bill after a long process of give-and-take. OWL agreed to support the bill after the inclusion of provisions for mammogram screenings and protection for spousal impoverishment (Hogland 1989). Although NCSC preferred a competing proposal, they agreed not to work against its passage after more liberal prescription drug coverage was added (Sotomayor 1990).

Without the LCAO forum for airing disagreements, it is difficult to imagine consensus-building occurring this readily or effectively. While there are definite indications that coalition-building between senior interest groups is more routine and politically relevant today than ever before, AARP’s newly politicized nature could also unleash new stresses within the LCAO.

If AARP becomes so dominant that its approval is mandatory for any initiative of the Leadership Council, resentment and ill feelings may develop within the group. Like the United States’ sometimes stormy relationship with the United Nations, being the dominant political power can cause resentment not only in the collective organization but in the dominant actor as well. If AARP begins to see itself as more self-sufficient, it may feel its interests are being "diluted" by compromising with smaller groups. There are few indications of this
occurring at present, but the continued convergence of AARP’s goals with the other groups’ will become more crucial as AARP continues to flex its political muscles. In any event, the dynamic at work in the Leadership Council is likely to be a crucial variable of the emerging political force of seniors for the next five to 10 years. More systematic research is needed on the role of LCAO in the development of aging policy, with particular focus on the interactions of individuals and organizations within LCAO.

The possibility that AARP could become the dominant political force amongst seniors is dependent on fully utilizing its primary organizational asset—its members. As has been noted, a crucial juncture in senior interest group behavior is AARP’s recent change in organizational mission from a rather narrow set of "life enriching" activities (discounts on insurance and travel, crime prevention, and defensive driving) to broader, more inclusive economic security issues (retraining programs, cost controls on health care, spousal impoverishment, and nationalized health care). This change has spurred the grassroots movement and given it political expression previously lacking. AARP’s overwhelming membership and resources are now mobilized and activated in far greater numbers than ever before, and it may soon attain such a degree of self-sufficiency that it no longer needs to pursue its objectives with and through other groups.

With such a development, the Leadership Council’s coalition activities may be less important than AARP’s own internal policymaking apparatus. AARP’s National Legislative Council would replace the LCAO as the primary nexus of senior interest group decisionmaking and AARP’s
agenda would come to dominate the working public policy agenda for seniors. In the past, without political clout reflective of its size, AARP needed the NCSC, Gray Panthers, and OWL for coalition-building, greater legitimacy with Congress, and access to more active constituents. AARP is much less needy today and the tangible benefits of coalition-building may be lessening in the face of greater self-sufficiency as a political force.

This is not to suggest that coalition-building and growing AARP strength are mutually exclusive. AARP could choose to maintain a strong public presence in the Leadership Council if their needs coincide, but AARP would no longer rely on it to compensate for its own organizational shortcomings.

AARP's overwhelming membership and resources, now mobilized in far greater numbers than ever before, could soon be used to dominate the senior ranks. If AARP continues its strategy of grassroots mobilization around a broad political agenda, it may become the dominant force in the senior system, with the other senior interest groups revolving around it. Obviously, there are numerous research questions associated with the changing behavior of AARP that could be fruitfully explored.

Final Comments

If a greater appreciation of gender politics amongst seniors is the primary contribution of the "mass" study in Chapters II through IV, the singular role of old-age interest groups in the empowerment of seniors serves as the major finding in Chapter V. The literature on senior citizens' political behavior has tended to move in two distinct streams,
one focusing on mass behavior and the other on traditional modes of political activity like direct lobbying (Pratt 1976, 1983; Binstock 1981). This study suggests a more integrative conceptual framework is needed to understand the real and potential power of senior citizens--one that includes the socializing impact of interest groups on mass behavior.

Interest groups are not only political institutions used to effect public policy changes in government, but they are also agents of socialization, and vital ones at that. The studies of mass behavior revealed numerous behavioral connections to senior interest groups. Age consciousness is not forming in a unified manner and does not appear to have a strong behavioral effect on senior political participation as a whole, but it has generated political momentum in segments of the senior population previously lacking it--momentum fueled by or through senior interest groups.

Instead of looking at interest group membership as an indicator of existing political activity, we need to consider its role as "creator" of political participation. Interest groups not only accept politicized members into the fold, but they also take apolitical members and politicize them. Interest groups not only accept members under the assumption that they support the organization's political agenda, but they also use regular contact and communications with their membership to socialize, resocialize, and consolidate member opinion. Age consciousness may not only lead directly to greater participation in interest groups, but interest group membership could contribute to greater age consciousness. The jump in political participation noted in
the "active conscious" (interest group members) is not only indicative of members who joined an interest group because they were politicized, but it undoubtedly includes members who became more participatory because of their interaction with interest groups.

Similarly, senior attitudes are not only formed out of various demographic forces, but they also are shaped and activated by immediate political structures like interest groups. Studies of old-age interest groups generally limit the analysis of grassroots participation to the role it plays in the origins of the groups (Carlie 1969; Binstock 1972; Pratt 1976) and do not examine the causal arrow that connects organizational behavior to grassroots participation. Recall Trela's requirements for greater senior participation: "age must be a major referent in fixing socio-political beliefs, and there must be an increase in political self-interest based upon membership in a common age grade" (1972, 244). Senior interest groups are facilitators of both, since their organizational mission is to connect senior members to age related issues in an overtly political context. And as has been noted before, the convergence of goals among senior interest groups has coalesced around more distinct age-specific political issues like Social Security benefits, health care, and retirement (see Chapter IV). Senior interest groups provide the age-specific orientation, the ideology behind which the members can unite, and the organizational structure through which tangible political goals can be pursued.

An individual may join a senior interest group with a "blank slate" (no age consciousness or political agenda) and become politicized by the organization. This entire area deserves far more study than it has
received. We must examine the socializing impact of interest groups more intensively and directly, including such factors as length of membership, exclusivity of membership, and even pre-membership attitudes versus post-membership attitudes (e.g., conduct a panel study of new AARP members using a control group of non-members). Trela has, in fact, found some support for "age graded associations" creating more age-group consciousness and greater political participation, especially in those elderly who belong to a senior group exclusively (Trela 1971, 1972, 1973).

The socializing role of interest groups appears to have particular significance for senior women. Membership in senior interest groups provides a well defined and accessible structure for political participation, especially for segments of the population not previously politicized. Senior women, who have not generally shared in the direct exercise of political power, are taking a greater leadership role in interest groups.

This claim is supported by the upward trend in the number of female members holding statewide offices in recent years. In 1987, women held 55 of the leadership positions on AARP state legislative committees (37%) and held 21 of the NCSC State Council presidencies (42%). This represents an increase of 20% and 29%, respectively, in female leadership at the state level since 1980. And the growing cadre of female activists was twice as likely as their male counterparts to have increased their time commitments for group related activism (85% to 36%).
The dual effects of ageism and sexism have long contributed to the "invisible" status of older women in American politics. Because socialization and lower socioeconomic status has historically limited their participation at the same levels as older men, both political scholars and practitioners seem to overlook their potential contributions. The findings presented here indicate a growing and distinctive presence of senior women in the politics of aging. Senior women "contain" more of the features of emerging age consciousness and distinct senior attitudes, and seem to be in the process of applying those forces in the political system. Largely through recent efforts of senior interest groups to mobilize both men and women to political activity, the next decade should be characterized by senior citizens as an emerging and emergent political force.
APPENDIX A

CODING OF INDEPENDENT VARIABLES REGRESSION ANALYSIS
### CODING OF INDEPENDENT VARIABLES REGRESSION ANALYSIS

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Code</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td>-</td>
<td>Coded in years</td>
</tr>
<tr>
<td>Sex</td>
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<td>Male</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Female</td>
</tr>
<tr>
<td>Education(^a)</td>
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</tr>
<tr>
<td></td>
<td>2</td>
<td>1-7 grades</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>8 grades</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>9-11 grades</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>9-11 grades w/ non-college training</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>12 grades, HS graduate</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>12 grades w/ non-college training</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Some college</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>College graduate</td>
</tr>
<tr>
<td>Race</td>
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<td>Black</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Non-black</td>
</tr>
<tr>
<td>Income(^b)</td>
<td>-</td>
<td>Coded at midpoint of income interval</td>
</tr>
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</tr>
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</tr>
<tr>
<td>Working Status</td>
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<td>0</td>
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<td></td>
<td>3</td>
<td>Democrat, leaning</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Independent</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Republican, leaning</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Weak Republican</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Strong Republican</td>
</tr>
<tr>
<td>Social Class(^c)</td>
<td>1</td>
<td>Lower</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Working</td>
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<tr>
<td></td>
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<td>Middle</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Upper</td>
</tr>
</tbody>
</table>

\(^a\) Codes for education varied somewhat throughout the years.

\(^b\) For those with very high incomes (no upper bound to intervals), income was set at Lower Bound + (.2 x Lower Bound). All income figures = family income.

\(^c\) Recoded from subjective assessments. The exact question varied somewhat throughout the years.
APPENDIX B

SAMPLE DESCRIPTION
SAMPLE DESCRIPTION

The sampling unit for the telephone sample was the senior group member that held a group office or committee assignment with direct or indirect responsibility for representing their organization's interests to the government. The sample population, which included 815 members, was compiled from state chapter directories and listings provided by the organizations. In order to obtain a representative sample, the members were stratified by organization and then gender before their names were selected at random. From an initial list of 30 names, 25 interviews were completed. The final sample had the following characteristics:

**ORGANIZATIONAL AFFILIATION:**
- 7 American Association of Retired Persons
- 7 National Council of Senior Citizens
- 6 Gray Panthers
- 5 Older Women's League

**GENDER:**
- 12 Men
- 13 Women

**ORGANIZATIONAL POSITION:**
- 1 National Treasurer
- 8 State Presidents
- 7 Chairmen, State Legislative Committees
- 5 Committeepersons, State Legislative Committees
- 4 Local Chapter Presidents
APPENDIX C

TELEPHONE SURVEY
Hello ____. My name is Valerie Martinez. I teach political science at the University of North Texas in Denton, TX. I am currently studying the political participation of senior citizens for a book I am writing. When I was in Washington, DC interviewing (DIRECTOR'S NAME) in the national office of (ORGANIZATION'S NAME), I received some literature with your name on it. As part of my research I am conducting a survey of members of (ORGANIZATION'S NAME). May I ask you a few questions about your participation? I can assure you that all of your answers will be confidential and if you wish completely anonymous.

1. First of all, how long have you been a member of (ARP/NCSC/OWL/GP)? ___________________________________________________________

2. Why did you join? __________________________________________________

3. Do you belong to any other organizations that could be considered primarily for senior citizens? __________________________________________

4. Do you belong to any other groups or organizations? ______

5. How long have you been participating in the political activities of (AARP/NCSC/OWL/GP)?
   Do you hold a formal office or serve on any committees? ___
   How long have you served? ________________________________
   Were you elected or appointed? ____________________________

6. What got you interested in the political aspects of your organization? _________________________________________________________

7. I am interested in finding out some of the things that members do to let government officials know their views and opinions concerning policy issues. Do you:

   write letters? _____ how many? _____ to whom? ________________________________
   telephone? ______ how many? _____ to whom? ________________________________
   personal visits? _____ how many? _____ to whom? ____________________________
   attend meetings or hearings? _____ how many? _____ where? __________________
   anything else? __________________________________________________________
8. About how many hours per month would you say you usually spend participating in these activities?

- less than 10 hours
- between 10 and 20 hours
- between 20 and 40 hours
- more than 40 hours
- don’t know

9. How does this compare with the amount of time you spent in these activities three years ago? ________ five years ago? ________ ten years ago? ________

10. Before you were a member of (AARP/NCSC/OWL/GP), did you ever do any of these things? ______________________________________________________

   (IF YES) What things did you do? __________________________________________________
   __________________________________________________

11. How long have you been active in public affairs? ________

12. Have you held any other offices in (AARP/NCSC/OWL/GP) or any other organization? ________

   (IF YES) What organization? __________________________________________________
   What office? __________________________________________

13. Historically, women have not been as active in politics as men have. Do you think this pattern is changing? __________________________

   (PROBE) Why or why not? __________________________________________________
   __________________________________________________
   __________________________________________________

14. Do you think the level of political participation among women your age is increasing, decreasing, or staying about the same? ______

   (PROBE) Why or why not? __________________________________________________
   __________________________________________________
   __________________________________________________

15. Historically, men have been more likely than women to assume the leadership positions in organizations. Do you think this pattern is changing? __________________________

   (PROBE) Why or why not? __________________________________________________
   __________________________________________________
   __________________________________________________
16. In your organization, is the leadership role of women increasing, decreasing, or staying about the same? ______________

(PROBE) Why or why not? ______________________________________________________________________
__________________________________________________________________________________________

Now I would like to ask you a couple of questions about your political participation as a PRIVATE citizen that has nothing to do with your membership in (AARP/NCSC/OWL/GP).

17. Are you a registered voter? __________________________________________________________________

18. Did you vote in the 1988 election last fall? __________________________________________________________________

19. I am interested in finding out some of the things private citizens do to help a party or candidate win an election. During the 1988 campaign, did you talk to any people, friends, or relatives and try to show them why they should vote for or against one of the candidates or parties? ______________________________________________________________________

20. Did you wear a campaign button, put a campaign sticker on your car, or place a sign in your window or in the front of your house? ___

21. Did you go to any political meetings, rallies, speeches, dinners, or things like that in support of a particular candidate? ___

22. Did you work for one of the candidates or one of the political parties? ___

23. Did you give a money donation to any candidate, party, or any other group that supported or opposed candidates? ___

24. Did you do anything else? ______________________________________________________________________

25. There is much concern about the rapid rise in medical and hospital costs. Some people feel there should be a government insurance plan which would cover all medical expenses for everyone. Others feel that all medical expenses should be paid for by the individuals and through private insurance plans like Blue Cross or other company paid plans. Where would you place yourself on a scale from 1 to 7 where 1 represents support for government insurance plan and 7 represents support for private insurance plan? ______________________________________________________________________

26. Do you think the government should help to reduce the cost of medical and hospital care? ______________________________________________________________________
27. Would you be willing to let the government pay the physician's fees?

28. Would you want the government to reduce spending for medical research in order to cut costs of medical care?

29. Would you be willing to let the government regulate medical costs?

Finally, before I let you go, I need to ask you the standard demographic questions they always ask in surveys.

30. Your age: ____

31. Your sex: ____

32. Your marital status: _____________________________

33. Your level of education (highest grade completed):

34. Current employment status: _____________________________

35. Your approximate income for last year:
   under $10,000?
   $10,000 - $20,000? ____
   $21,000 - $30,000? ____
   over $30,000? ____

36. Your race or ethnic background: _____________________________

37. Do you consider yourself to be
   Republican ____   Democrat ____   Independent ____

38. Have you ever changed political parties? ______
   (IF YES) What influenced you to change? ____________

Thank you very much for your cooperation.
Dear Mr. Riddlesperger:

Federal pension laws prevent a company from taking money from a pension plan. But due to a loophole in the law, a company can simply terminate a plan, and then take any money that remains in the plan after paying current* obligations. This is money generally meant to pay future benefits. Already, since 1980, over 2000 plans have been raided, and over 2 million workers and retirees have been affected.

Companies can use this recaptured money for any reason. For example, this money has been used to help pay for corporate takeovers and mergers, including takeovers of American companies by foreign raiders.

Bills have been introduced in both the Senate (S. 685) and the House (H.R. 1661) that would restrict pension plan raiding. These bills, called "The Employee Pension Protection Act of 1989," protect workers and retirees by requiring that a fair share of pension funds be used for current and future benefit payments.

(over, please)
In addition to these bills, proposed legislation to curb corporate raiding of pension money has been added to budget reconciliation packages in both the Senate Labor Committee and the House Education and Labor Committee.

Employer groups are fighting these legislative changes, claiming they should be entitled to stop pension plans at any time and recapture all remaining funds. These groups claim that workers and retirees should get no additional benefits from a pension plan that has grown tremendously in value. They also ignore the fact that pension money represents deferred wages, and therefore belongs to the wage earners.

Congress must be told that pension raiding is wrong, and that it threatens a secure retirement for millions of workers and retirees. UNLESS CONGRESS HEARS FROM YOU, IT MAY NOT ACT ON THESE VITAL WORKER AND RETIREE BENEFIT PROTECTIONS!!!

Sincerely,

Horace B. Deets
Executive Director
American Association of Retired Persons

* Pension plans are required to follow certain “funding rules.” These rules ensure that there is enough money put in the plan to pay benefits upon retirement. But, and here’s the loophole, a company can terminate a plan at any time, pay benefits equal only to what is earned up to the day the plan is terminated, and recapture all remaining money in the plan.

PLEASE CONTACT YOUR U.S. SENATORS AND REPRESENTATIVE
(SEE NEXT PAGE FOR ACTION STEPS)
ACTION STEPS NEEDED

• CALL OR WRITE YOUR SENATORS AND MEMBER OF CONGRESS TODAY!
  (See phone number and address below)

• GIVE THEM THE FOLLOWING MESSAGES:
  
  1. STOP CORPORATIONS FROM RAIDING PENSION MONEY MEANT FOR WORKERS AND RETIREES.

  2. PLEASE CO-SPONSOR SENATE BILL S. 685 OR HOUSE BILL H.R. 1661, "THE EMPLOYEE PENSION PROTECTION ACT OF 1989."

  3. URGE THEM TO OPPOSE ANY EFFORTS TO WEAKEN THE LABOR COMMITTEE PROVISIONS IN THE BUDGET RECONCILIATION BILLS THAT WOULD PROTECT WORKERS AND RETIREES FROM CORPORATE ATTACK ON RETIREMENT BENEFITS.

• ALSO, WHEN YOU HAVE GIVEN THE MESSAGE, PLEASE MAIL BACK TO AARP THE REPLY LETTER THAT IS ENCLOSED.

TO CALL:

DIAL 202-224-3121 (THE U.S. CAPITOL SWITCHBOARD) AND ASK FOR THE OFFICE OF YOUR SENATOR OR MEMBER OF CONGRESS, OR CALL INFORMATION IN YOUR AREA FOR THE NEAREST LOCAL OFFICE.

TO WRITE:

Address letters to your two Senators to:

The Honorable __________
Senate Office Building
Washington, D.C. 20510

Address letters to your U.S. Representative to:

The Honorable __________
House Office Building
Washington, D.C. 20515

TELL OTHERS:

SHARE THIS INFORMATION WITH OTHERS WHO ARE CONCERNED ABOUT PENSION RAIDING. HAVE THEM CALL OR WRITE THEIR SENATORS OR MEMBERS OF CONGRESS ALSO.

Note: If you have any questions, or need further information, you can call Mark Johnson, David Certner or Judy Schub of the AARP Federal Affairs legislative staff at 202-728-4740 or write them at the address listed on the enclosed cover letter.
CONFIRMATION OF LEGISLATIVE ACTION COMPLETED

Dear Mr. Deets:

YES! We need to stop corporations from raiding pension plans. Congress should act immediately to protect vital worker and retiree benefits.

YES! I want to help in the fight to convince Congress to curb this abuse.

Action Completed:

I have contacted my U.S. Senator and/or Representative urging support for "The Employee Pension Protection Act of 1989."

☐ By letter
☐ By phone
☐ Other________________

Please keep me informed about the status of this important pension legislation.

Sincerely,

Mr. J.W. Riddlesperger
Retired Teachers Association
1908 Panhandle
Denton TX
76201-2518

(Use the enclosed postage-paid envelope to let AARP know you’ve alerted your Members of Congress to this critical pension issue.)

00007096

(Please refold this page here so that address below shows through window of enclosed envelope.)

First Class Permit No. 10356 Washington, DC
Postage will be paid by addressee
American Association of Retired Persons
ATTN: Federal Affairs/Pension Alert
1909 K Street, NW
Washington, DC 20077-2400
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