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## ATTITUDES AND POLITICS OF THE ELDERLY

By Robert H. Binstock

Last fall the politics of aging abruptly bumped the Persian Gulf crisis from front-page headlines. Reports of an agreement between the White House and Congress on a budget package to reduce the federal deficit suggested that it would include either a delay in the annual cost-of-living adjustment in Social Security benefits or an increase in the tax that some Social Security recipients now pay on their benefits. Journalists "rounded up the usual suspects" to predict that these policy proposals would lead to political explosions. The New York Times, for example, offered: "America's older citizens are among the nation's most potent constituencies. They vote at higher rates than most other Americans....In addition their organizations, led by the American Association of Retired Persons [AARP], swing great weight on Capitol Hill."<sup>1</sup>

Yet, only 11 months earlier, the same newspaper that was now calling attention to the political potency of older voters and the great weight swung by old-age interest groups had accurately characterized congressional repeal of the Medicare Catastrophic Coverage Act of 1988 as "a stunning defeat for the American Association of Retired Persons which had supported the expanded Medicare program and fought repeal."<sup>2</sup>

Campaign strategists for presidential candidates in 1992 would be well advised to ignore the erroneous journalistic clichés that stereotype older persons as a monolithic bloc of voters represented by very powerful interest groups. To be sure, persons aged 65 and older are a large bloc of participating voters, accounting for 17 to 21% of those who actually voted in various national elections of the 1980s.<sup>3</sup> And this percentage range is likely to become elevated in the next four decades because of projected increases in the number and proportion of older Americans. To view older persons as a homogeneous electoral bloc, though, is a serious error. The political, economic, and social characteristics of older Americans are very heterogeneous, as data presented in the Public Opinion and Demographic Report section of this issue attest.

### The Political Salience of Old Age

In 1990 one of every eight Americans—about 32 million persons—was 65 years of age or older. The Bureau of the Census projects that by the year 2030, when the post-World War II "baby boom" reaches old age, one in every five Americans—nearly 60 million persons—will be 65 or older.<sup>4</sup> For over a decade, more than a quarter of the federal budget has been expended on benefits to the aged. Over \$350 billion was spent on such benefits in FY 1991. As early as 1980 one analyst, alarmed by projected increases in the size of the old age population, estimated that the proportion of the federal budget spent on old age could reach 60% by the year 2025.<sup>5</sup>

Against the background of such dramatic figures, some contemporary issues have raised the specter of intergenerational political conflict. During the early 1980s, for example, advocates for children blamed the political power of the elderly for the injustices experienced by youngsters who have inadequate nutrition, health care, education, and insufficiently supportive family environments.<sup>6</sup> In the 1990s such political rhetoric has emerged in relation to Medicare, the federal program which provides health insurance to all persons 65 and over and is financed largely through the Social Security payroll tax paid by current, younger workers. Financing the health care of elderly people is perceived by some public figures and policy analysts as an unsustainable economic burden. A handful of political leaders and biomedical ethicists have even proposed that older persons be denied lifesaving health care, categorically, to reduce Medicare expenditures.<sup>7</sup> At the same time, some of the old-age interest groups are pressing Congress to expand Medicare so that it will insure elderly people against the expenses of long-term care in a nursing home, or at home, for chronic disabling diseases. Issues such as these have led many observers to perceive a "politics of age," with different age cohorts in sharp conflict.<sup>8</sup>

### Political Attitudes

Despite these images of intergenerational conflict, old age has little impact on political attitudes and behavior. Numerous contemporary polls support the general conclusion stated by political scientist Angus Campbell some two decades ago that: "Because each age cohort includes people who differ profoundly in many important conditions of life it is not likely that any group will be very homogeneous in its attitudes. The evidence which national surveys provide us does in fact demonstrate that attitudinal differences between age groups are far less impressive than those within age groups."<sup>9</sup>

Contrary to conventional journalistic wisdom, some surveys even suggest that younger persons are more supportive than older persons of government spending on programs for the elderly. National Opinion Research Center (NORC) data for 1986-91, for example, indicate that 53% of US adults feel that we are spending "too little on Social Security." Each of the younger groups of respondents (persons aged 18-29, 30-44, and 45-59) expressed a higher than average rate of support for this proposition; each of the older groups surveyed (persons aged 60-69, 70-79, and 80 and older) gave less. A recent study by political scientist Christine Day analyzed polls conducted from 1972 to 1986 by three different survey organizations to test for attitudinal differences between older, middle-aged, and younger adults in policy areas which affect older persons most directly. Day's analysis suggests that old age (here, 65 and

older) is not an important factor in shaping political attitudes, and that there is no evidence of so-called intergenerational conflict. She found that "older people are nearly indistinguishable from younger adults [both the middle-aged and younger categories] on most issues—including aging policy issues." On the other hand, Day found that "pluralities of people who were low-income, nonwhite, less educated, working-class, Democratic, or liberal favored increases in Social Security and Medicare, while pluralities of higher-income, white, well educated, middle-class, Republican, or conservative people expressed satisfaction with current spending levels."<sup>10</sup>

This theme is echoed in the NORC 1986-91 data. Among black persons age 60 and older, 68% felt that we were spending "too little on Social Security." In contrast, only 44% of white persons in the same age range shared this view. As one might infer, poverty rates among black elderly people are much higher than among the white elderly. For instance, among older persons living as what the Census Bureau terms "unrelated individuals," the rate of poverty for black females is 60%, compared to 24% for white females.<sup>11</sup>

### **Voting Behavior**

Older persons do vote at much higher rates than other Americans. But they do not vote as a monolithic bloc, any more than middle-aged persons or younger persons do. Consequently, the aged do not wield power as a single-issue or several-issue voting constituency. Exit polls show that the votes of older persons distribute among candidates in about the same proportions as do other age groupings. In the 1984 election, when Ronald Reagan was sharply criticized by Democrats for wanting to "destroy Social Security," older persons give him 62% of their votes (according to the CBS News/New York Times Exit Poll).

These data should not be surprising. There is no good reason to expect an age cohort—constituted of all races, religions, ethnic groups, economic and social statuses, political attitudes, and every other characteristic in American society—to suddenly become homogenized in its political behavior when it reaches "old age." Moreover, the very assumption that mass groupings of the American citizenry, such as elderly people, vote primarily on the basis of self-interested responses to single issues is, in itself, problematic. Even in the context of a state or local referendum that presents a specific issue for balloting—such as propositions to cap local property taxes or to finance public schools—the best available studies show that the elderly don't vote distinctively.<sup>12</sup>

### **Old-Age Interest Groups**

Only limited political power is available to the "gray lobby," the aging-based mass membership interest groups—such as AARP, the National Council of Senior Citizens (NCSC),

the National Association of Retired Federal Employees, the Gray Panthers—and dozens of other professional and business organizations "representing" older persons.<sup>13</sup> As implied by the evidence from voting behavior, such organizations have not been able to cohere or even to shift marginally the votes of older persons. In the 1980 presidential campaign, for example, the leaders of a number of major aging-based organizations vigorously endorsed President Carter's re-election. Nonetheless, a majority of older persons voted for his opponent, Ronald Reagan—and in the same proportion as younger voters.

Organized demands of older persons have had little to do with the enactment of the major old-age policies. Rather, such actions have been largely attributable to the initiatives of officials in the White House, Congress, and the bureaucracy who have focused on their own agendas.<sup>14</sup> The impact of old-age-based interest groups has been largely confined to relatively minor policies, enacted from the mid-1960s to the mid-1970s, that have distributed benefits to professionals and practitioners in the field of aging rather than directly to older persons themselves.<sup>15</sup>

Some forms of power, however, are available to old-age interest groups. In the classic pattern of American interest group politics, public officials find it both useful and incumbent upon them to invite such organizations to participate in policy activities. In this way officials are provided with a ready means of having been "in touch" symbolically with millions of older persons, thereby legitimizing subsequent policy actions and inactions.

The symbolic legitimacy that old-age organizations have for participating in interest group politics gives them several forms of power. They have easy informal access to public officials: members of Congress and their staffs; career bureaucrats; appointed officials; and occasionally to the White House. Second, their legitimacy enables them to obtain public platforms in the national media, congressional hearings, and in national conferences and commissions dealing with old age. They can thus initiate and frame issues for public debate. Third, old-age interest groups have "the electoral bluff." Although they have not demonstrated a capacity to swing decisive blocs of older voters, incumbent members of Congress are hardly inclined to risk upsetting the existing distribution of votes that puts them and keeps them in office.

As policies affecting old age have become prominent on the domestic agenda, the old-age interest organizations seem to have become one of what political scientist Hugh Hecló terms "anti-redistributive veto forces" in American politics.<sup>16</sup> These organizations apply their limited power to maintain the existing distribution of benefits and privileges among older persons, as well as among the many professional and practitioner interests which have emerged and flourished around the elderly population.

Nonetheless, a number of public policy decisions that are conventionally perceived as adverse to the self-interest of older persons proved to be politically feasible in the 1980s. Medicare deductibles, co-payments, and Part B premiums have increased continuously. Old Age Insurance (OAI) benefits have been made subject to taxation. The legislated formula for cost-of-living adjustments (COLAs) to OAI benefits has been made less generous. The Tax Reform Act of 1986 eliminated the extra personal income tax exemption that all persons 65 years of age and older had been receiving. Most recently, the politics of enacting and repealing the Medicare Catastrophic Coverage Act clearly illustrated that older persons are not a homogeneous monolith.

### Implications for Electoral Strategy

Looking to 1992, presidential candidates should start from the assumption that older voters are not a cohesive voting constituency, and that age-group focused appeals are unlikely to make much difference. As a matter of course the candidates should say nice things about elderly people and old-age programs. But, in terms of aggressive strategies, any quest for an old-age vote would be a wasteful allocation of campaign resources, energies, and opportunities.<sup>17</sup> Elderly Americans just aren't a promising electoral target.

### Endnotes

<sup>1</sup>Michael Oreskes, "Social Security: A Tinderbox Both Parties Handle Gingerly," *New York Times*, September 18, 1990, p. 12.

<sup>2</sup>Martin Tolchin, "House Acts to Kill '88 Medicare Plan of Extra Benefits," *New York Times*, November 5, 1989, p. 1.

<sup>3</sup>U.S. Senate Special Committee on Aging, *Developments in Aging, 1987—Volume I* (Washington, DC: U.S. Government Printing Office, 1988), p. 11.

<sup>4</sup>Gregory Spencer, U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1018, *Projections of the Population of the United States, by Age, Sex, and Race: 1988 to 2080* (Washington, DC: U.S. Government Printing Office, 1988).

<sup>5</sup>U.S. Senate Special Committee on Aging, *Emerging Options for Work And Retirement* (Washington, DC: U.S. Government Printing Office, 1980), p. 45.

<sup>6</sup>See, for example, Manuel Carballo, "Extra Votes for Parents?" *Boston Globe*, December 17, 1981, p. 35; Samuel H. Preston, "Children and the Elderly in the U.S.," *Scientific American*, Vol. 251, No. 6, 1984, pp. 44-49.

<sup>7</sup>See, e.g., Joann Schulte, "Terminal Patients Deplete Medicare, Greenspan Says," *Dallas Morning News*, April 26, 1983, p. 1;

William Slater, "Latest Lamm Remark Angers the Elderly," *Arizona Daily Star*, March 29, 1984, p. 1; Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York: Simon and Schuster, 1987); P.T. Menzel, *Strong Medicine: The Ethical Rationing of Health Care* (New York: Oxford University Press, 1990).

<sup>8</sup>Robert H. Binstock and Stephen G. Post, eds., *Too Old for Health Care? Controversies in Medicine, Law, Economics, and Ethics* (Baltimore: Johns Hopkins University Press, 1991).

<sup>9</sup>Angus Campbell, "Politics through the Life Cycle," *The Gerontologist*, Vol. 2, 1971, pp. 112-117.

<sup>10</sup>Christine L. Day, *What Older Americans Think: Interest Groups and Aging Policy* (Princeton, NJ: Princeton University Press, 1990), pp. 47, 53.

<sup>11</sup>U.S. Senate Special Committee on Aging, 1987, op. cit., pp. 6-7.

<sup>12</sup>See Kenneth M. Chomitz, "Demographic Influences on Local Public Education Expenditure: A Review of Econometric Evidence," in Committee on Population, Commission on Behavioral and Social Sciences Education, National Research Council, eds., *Demographic Change and the Well-Being of Children and the Elderly* (Washington, DC: National Academy Press, 1987), pp. 45-53.

<sup>13</sup>See Day, op. cit.; Henry J. Pratt, *The Gray Lobby* (Chicago: University of Chicago Press, 1976.)

<sup>14</sup>On Social Security, see Martha Derthick, *Policymaking for Social Security* (Washington, DC: The Brookings Institution, 1979); Paul Light, *Artful Work: The Politics of Social Security Reform* (New York: Random House, 1985). On Medicare, see Wilbur J. Cohen, "Reflections on the Enactment of Medicare and Medicaid," *Health Care Financing Review*, Annual Supplement, 1985, pp. 3-7; John K. Iglehart, "Medicare's New Benefits: 'Catastrophic' Health Insurance," *New England Journal of Medicine*, Vol. 320, 1989, pp. 329-336.

<sup>15</sup>See Robert H. Binstock, "Interest Group Liberalism and the Politics of Aging," *The Gerontologist*, Vol. 12, 1972, pp. 265-280; Carroll L. Estes, *The Aging Enterprise* (San Francisco: Jossey-Bass, 1970); Betty A. Lockett, *Aging, Politics, and Research: Setting the Federal Agenda for Research on Aging* (New York: Springer Publishing Co., 1983); Patrick Fox, "From Senility to Alzheimer's Disease: The Rise of the Alzheimer's Disease Movement," *The Milbank Quarterly*, Vol. 67, 1989, pp. 58-102.

<sup>16</sup>Hugh Hecllo, "The Political Foundations of Anti-Poverty Policy," IRP Conference Paper on Poverty and Policy: *Retrospect and Prospects*, Institute for Research on Poverty, Madison, WI, 1984, pp. 6-8.

<sup>17</sup>For an account of a campaign that followed this strategy, see Yosef Riemer and Robert H. Binstock, "Campaigning for 'the Senior Vote': A Case Study of Carter's Campaign," *The Gerontologist*, Volume 18, 1978, pp. 517-524.

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