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Survey of Low-Income Aged & Disabled

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Office of Research and Statistics

Report No. 3
A LAST LOOK AT ADULT WELFARE RECIPIENTS
PRIOR TO SSI

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By Thomas Tissue

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A LAST LOOK AT ADULT WELFARE RECIPIENTS PRIOR TO SSI*

INTRODUCTION

The traditional forms of State and local welfare for the aged and disabled ended on January 1, 1974, when nearly 3 million aged and handicapped recipient-s were shifted to the new supplemental security income (SSI) program the Social Security Administration established nationwide. Initially, the Federal Government guaranteed nearly all eligible individuals a monthly income of at least \$130 (\$195 for couples) no matter where they lived in the 50 States or the District of Columbia. States could supplement benefits at their own expense, but the Federal Government was responsible for ensuring that no one's income fell beneath a national standard. The basic guarantee increased even before the first SSI checks were mailed and has risen several times since to cover the rising cost of living. 1/

The shift from State and local welfare programs to a nationwide income maintenance system was designed to offer procedural and administrative advantages as well as benefit individual recipients. Those with the least generous welfare grants would receive important income gains. Dissolving the welfare caseloads and reconstituting their memberships under a new Federal authority would allow recipients to escape the "welfare stigma" associated with public assistance in the past. The Federal program's new title and deliberate exclusion of welfare's most controversial payees--recipients of aid to families with dependent children--would promote a new respectability for old and disabled recipients. Although none of the millions eventually transferred to the new program was ever asked if he or she wanted to be, it was assumed **that most** would benefit from the change and almost none would be worse off than he had been **before** the switch.

What happened to welfare's former clients after the introduction of SSI will be the subject of a series of reports based on the results of the

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1/ For additional details on the program's development and its **various** income guarantees (and their exceptions) and the early history of SSI, see James Callison, "Early Experience under the Supplemental Security Income Program", *Social Security Bulletin*, vol. 37, No. 6, June 1974, pp. 3-11; and Beryl Radin, "The Implementation of SSI: Guaranteed Income or Welfare", *Public Welfare*, vol. 32, No. 4, Fall 1974, pp. 7-19.

Survey of Low-Income Aged and Disabled (SLIAD). ^{2/} The present discussion is a prologue to the analysis of the program's effect. It describes the composition and circumstances of the adult welfare caseloads on the eve of SSI. This report serves three purposes. First, it offers analysts an introduction to the range and diversity of information available from just a single phase of SLIAD--in this case the results of interviews with welfare recipients in the fall of 1973. Second, its profile of each national aid group may be used as a standard for evaluating other contemporary populations. It establishes a national context within which to assess the welfare situation in a State or local area and complements existing analyses of aged and disabled persons not on welfare. Finally, it provides baseline data against which to gauge the condition of subsequent SSI recipients. Whatever SSI does or fails to do for its future participants should be judged in light of the conditions that existed in the previous welfare programs.

METHOD AND SAMPLE

From October through December 1973, census enumerators conducted personal interviews with more than 11,000 aged, blind, and disabled public assistant recipients across the Nation. All had been selected the summer before to represent the noninstitutional adult population then receiving old age assistance (OAA), aid to the blind (AB), and aid to permanently and totally disabled (APTD). Because of the small number of AB recipients, they were joined with APTD recipients to form a single "disabled" sample in which each was proportionate to the size of its caseload at the time the sample was drawn.

Sample cases were each assigned an adjusted weight for the purpose of making population estimates. Members of the aged sample carry an average caseweight of 321 and add up to a population estimate of 1,665,200 persons. For the disabled, the average caseweight was 188 and the population estimate was 1,157,800 persons. Throughout this report, percentage distributions are based upon weighted estimates of the number of persons responding to each question. No attempt was made to fill or impute values for missing responses. For a detailed description of SLIAD's study design, weighting procedures, and sampling errors, see Technical Note beginning on page 34.

SLIAD's weighted population estimates are comparable with the Department of Health, Education, and Welfare's operating statistics at that time. The composition of SLIAD's welfare population is nearly identical to that

^{2/} See Thomas Tissue, "The Survey of Low-Income Aged and Disabled: An Introduction", *Social Security Bulletin*, vol. 40, No. 2, February 1977, pp. 3-11.

outlined in the last caseload reports issued by the National Center for Social Statistics (NCSS). The degree of correspondence shown in table 1 is remarkable in that the SLIAD and NCSS surveys followed different sampling procedures, were inconsistent in their treatment of institutionalized cases, collected data from different sources, and were conducted roughly 3 years apart.

TABLE 1.-Demographic characteristics of adult welfare recipients: 1970 National Center for Social Statistics surveys compared with the 1973 Survey of Low-Income Aged and Disabled

Characteristic	Aged		Disabled	
	1970 NCSS <u>1/</u>	1973 SLIAD	1970 NCSS <u>2/</u>	1973 SLIAD
Total persons (in thousands).....	2,033	J/1,665.2	944.6	<u>3/1,157.8</u>
<u>Percent</u>				
Female.....	68	70	55	57
White.....	74	73	68	67
Native born.....	88	87	95	96
Ever married.....	91	92	63	68
Currently married.....	27	27	21	22
Receiving OASDI.....	61	63	25	29
Region of residence:				
South.....	51	52	35	33
West.....	20	21	26	25
North Central.....	17	13	19	19
Northeast.....	12	14	20	23
<u>Median</u>				
Age.....	76	74	54	54
Education (in years)..	6	7	7	8

1/ National Center for Social Statistics, *Findings of the 1970 OAA Study Part I*, USDHEW/SRS, 1972.

2/ National Center for Social Statistics, *Findings of the 1970 AB Study, Part I* and *Findings of the 1970 APTD Study, Part I*, USDHEW/SRS, 1972.

3/ Excludes institutionalized recipients and, in the case of AB/APTD, persons under 18 years of age.

FINDINGS

Age, Sex, and Race

Adult welfare recipients predominantly were white, female, and old. One-half of the OAA recipients were over 74. The median age of the disabled

TABLE 2.-1973 Survey of Low-Income Aged and Disabled: Sex, race, and age by aid category

Characteristic	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Sex</u>		
Number reporting (in thousands)	1,665.2	1,157.8
Total percent	100	100
Male	30	43
Female	70	57
<u>Race</u>		
Number reporting (in thousands)	1,665.2	1,157.8
Total percent	100	100
White	73	67
Black.....	26	32
All other	1	1
<u>Age</u>		
Number reporting (in thousands)	1,665.2	1,157.8
Total percent	100	100
18-29	---	12
30-49	---	26
50-64	---	52
65-74	52	9
75-84	35	1
85 and over	13	(<u>1</u> /)

1/ Rounds to less than 1 percent.

was 54. Although it is hardly startling that many OAA recipients were so old, it is noteworthy that as many as one-half of the disabled were themselves but 10 years away from old age.

White women were the single largest component in each aid category. They account for about one-half of the OAA caseload and more than one-third of the disabled caseload. Black and other minority males were the scarcest of all. White women dominated the adult welfare rolls because they dominated the age groups from which the programs drew their participants. In mid-1973, white women accounted for 46 percent of the Nation's population past the age of 17. Fully 54 percent of all aged persons were white women. However, this does not mean that the demographic traits of either group were a simple mirror image of the at-risk population. Some members of the potential recipient group were much more likely than others to receive aid.

TABLE 3.—1973 Survey of Low-Income Aged and Disabled: Race, age, sex, and aid category

Characteristic	Aged			Disabled		
	Total	65-74	75 and over	Total	18-49	50 and over
Total percent.....	100	52	48	100	38	62
White males.....	21	13	8	30	13	25
White females.....	51	24	27	37	12	17
Minority males.....	9	5	4	13	6	7
Minority females.....	19	10	9	20	7	13

That range of differences shows up clearly in table 4, whose crude recipient rates were calculated by dividing the number of welfare recipients in each demographic category by the total number of persons with those same characteristics in the Nation as a whole. The values represent the number of recipients -per thousand like them in the general population.

The likelihood that a given member of the total population would turn up on either caseload was greater if the individual were female, old, and a member of a minority. The relation between age and receipt of welfare was more pronounced in the disabled population, while sex was more strongly associated with reciprocity among the aged. Race was an important factor in both aid groups. The rates for minorities were 3 to 5 times greater than those for whites of the same age and sex. Although not shown here, application of the 1970 NCSS data to 1970 population bases produced substantially the same pattern of rates.

TABLE 4.—1973 Survey of Low-Income Aged and Disabled: Recipient rates per thousand in the general population by race, age, sex, and aid category ^{1/}

Characteristic	Aged			Disabled		
	Total	65-74	75 and over	Total	18-49	50 and over
Total.....	78	65	99	2	5	14
White males.....	45	40	54	6	4	9
White females.....	74	58	96	7	3	11
Minority males.....	177	160	212	20	12	38
Minority females.....	300	254	381	27	14	57

^{1/} Resident population estimates specific to race-age-sex groups in July 1973 obtained from Bureau of the Census Current *Population Reports*, Series P-25, No. 614, "Estimates of the Population, of the United States, by Age, Sex, and Race: 1970 to 1975" U.S. Govt. Print. Off., Washington, 1975

Marital Status and Household Composition

On the whole, OAA recipients were more likely than the disabled to have married at least once in their lives, to be widowed at the time of the survey, and to live alone. In both categories, shared households usually contained spouses and other close relatives rather than unrelated individuals. Compared with the disabled, aged recipients more often lived with grandchildren and adult sons and daughters, and less frequently shared a home with their own minor children, brothers and sisters, and parents.

The circumstances of the aged men differed markedly from those of the older women. Although nearly all of the aged women had been married at one time, only one in six lived with a husband when interviewed in 1973. Two-thirds of them were widowed and nearly one-half lived alone. Aged men, on the other hand, were most often married and lived with a spouse. A few even had their own minor children and step-children in the household.

Rather a large number (41 percent) of the disabled men had never married. Those who did were quite successful at retaining a spouse--nearly one-third of the disabled men were living with their wives in late 1973. Un-

TABLE 5. - 1973 Survey of Low-Income Aged and Disabled: Household and family characteristics by aid category and sex

Characteristic	Aged			Disabled		
	Total	Men	Women	Total	Men	Women
Total persons (in thousands)	,665.2	502.9	1,162.3	,157.8	493.8	664.0
<u>Marital status</u>						
Number reporting (in thousands)	,665.2	502.9	1,162.3	,157.8	493.8	664.0
Total percent.....	100	100	100	100	100	100
Married.....	27	52	16	22	32	15
Widowed;.....	53	23	66	19	6	29
Divorced or separated.....	12	13	12	27	21	30
Never married.....	a	12	6	32	41	26
<u>Household composition</u>						
Number reporting (in thousands)	,665.2	502.9	1,162.3	,157. a	493.8	664.0
Total percent.....	100	100	100	100	100	100
Alone.....	42	30	47	36	31	40
With others (not including spouse or own minor children).....	32	19	37	39	36	41
With spouse only.....	19	35	12	11	14	9
With spouse and others.....	7	16	3	10	18	5
All other combinations.....	(1/)	(1/)	(1/)	3	1	5
<u>Others in household</u>						
Number reporting (in thousands)	,665.2	502.9	1,162.3	,157.8	493.8	664.0
Total percent <u>2/</u>	100	100	100	100	100	100
Spouse.....	26	51	16	21	32	14
Own minor child.....	1	4	(1/)	10	13	7
Own adult child.....	23	18	25	12	8	16
Own grandchild.....	12	10	14	7	4	9
Own great grandchild.....	2	1	2	(1/)	(1/)	(1/)
Own sibling.....	5	4	5	14	16	13
Own parent.....	(1/)	(1/)	(1/)	16	20	13
Nonrelative.....	5	6	4	a	9	a

1/ Rounds to less than 1 percent.

2/ Need not add to 100 percent.

like the aged males, disabled men without a spouse did not usually live alone. Many shared homes with their own parents (20 percent), siblings (16 percent), and nonrelatives (9 percent). As was true of aged women, disabled women seldom shared their homes with a spouse and often lived alone. Like their male counterparts, many had never married.

Health

Health is a major problem among the old and disabled. A mere 3 percent in each sample claimed to be free of disease and chronic health problems. In both categories, the mean number of reported health conditions was five per case. Table 6 summarizes reported ailments, grouped in standard categories.

Although circulatory and musculoskeletal complaints are common in each recipient group, they are more often reported by the aged than by the disabled, and by women than by men. Mental disorders and nervous **condi-**

TABLE 6.--1973 Survey of Low-Income Aged and Disabled: Major disease classification ^{1/} by aid category and sex

Disease classification	Aged			Disabled		
	Total	Men	Women	Total	Men	Women
Total persons (in thousands)	1,665.2	502.9	502.9	,157.8	493.8	664.0
Number reporting (in thousands)	1,665.2	502.9	502.9	,157.a	493.8	664.0
Total percent ^{2/}	100	100	100	100	100	100
Circulatory disorders.....	72	65	75	58	50	63
Musculoskeletal disorders.....	63	54	67	42	34	48
Digestive disorders.....	30	33	29	31	31	30
Mental disorders.....	26	23	27	47	45	49
Respiratory disorders.....	25	29	23	30	30	29
Genito-urinary disorders.....	16	18	16	15	11	17
Endocrine-metabolic-nutritional disorders.....	16	9	19	17	10	22
Neoplasms.....	6	6	7	9	6	1-1
Skin disorders.....	6	5		8	5	10
Nervous disorders.....	3	3	3	11	12	10
Infective-parasitic disorders . .	1	1	1	3	4	2

^{1/} Complaints categorized by reference to *International Classification of Diseases, Adopted for Use in the United States, Eighth Revision, U.S. Govt. Print. Off., Washington, 1968.*

^{2/} Total exceeds 100 percent because of multiple responses.

tions are specially prominent among the disabled, male and female. Endocrine-metabolic-nutritional disorders are sex related--occurring twice as frequently among women as among men.

While the disabled were slightly more fit, over one-half of both the disabled and aged found it difficult or impossible to walk, stoop, climb stairs, or stand in one place for any length of time. Lifting and carrying even light objects was also a problem. Sitting and using the arms and hands were difficult for at least one-third of them (table 7).

Disabled men were the strongest and the most dexterous; aged women the least so. The pattern merits mention not so much because of the magnitude of individual differences but because it emerges consistently across the full range of tasks shown. The differences are most pronounced, however, with respect to lifting, reaching, and stooping.

Despite their aches, pains, diseases, and limited mobility, both groups were impressively able to care for themselves. The majority were able to shop for their own groceries, wash their own clothes, and care for themselves when ill with a cold or the flu. Roughly three-fourths could prepare their own meals and do light housework. Most importantly, all but a small number could bathe and dress themselves. Those who could not bathe and dress themselves constituted a specially interesting subset of each noninstitutionalized caseload. It is one thing to need occasional help with grocery shopping and spring housecleaning, or to take one's meals as a boarder in someone else's home, but it is quite another if one depends upon someone to bathe or clothe one every day. Whether or not these people become institutionalized before they recover or die seems less closely tied to changes in their health than to keeping the help they receive at home. Only a small portion of them paid for their care; the bulk of them received it free from friends and relatives who lived close by or in the same household.

A joint review of tables 7 and 8 suggests that self-sufficiency is not simply a matter of health and strength. Although the men, particularly the disabled, were stronger and more mobile than the women, they were not uniformly better at taking care of themselves. They were better able to get to the grocery store and back and to perform heavy housework, but the women were more often capable of cooking, washing, and keeping house.

Over one-half of the aged had made it though the preceding year without spending a single day in bed because of illness (table 9). Most had seen a physician during that time. About one in three had been hospitalized. Compared with the aged, the disabled were slightly more likely to have seen a doctor and to have spent some time in a hospital. They were also more often bedridden.

Most of the aged had lost their teeth and roughly two-thirds had not seen a dentist for at least 5 years. Much more likely to have at least some of their natural teeth left, the disabled visited dentists more often than did their aged peers. Although men were more likely than women to have retained their teeth, dental care did not vary appreciably by sex.

TABLE 7.—1973 Survey of Low-Income Aged and Disabled: Physical strength and dexterity by aid category and sex

Activity	Aged			Disabled		
	Total	Men	Women	Total	Men	Women
Total persons (in thousands)	1,665.2	502.9	1,162.3	1,157.8	493.8	664.0
<u>Lift, carry weights</u>						
<u>up to 10 pounds</u>						
Number reporting (in thousands)	1,661.2	501.1	1,160.1	1,155.7	492.1	663.6
Percent who can do easily.....	36	49	31	45	53	39
<u>Lift, carry weights</u>						
<u>over 10 pounds</u>						
Number reporting (in thousands)	1,661.5	501.7	1,159.8	1,154.1	491.8	662.4
Percent who can do easily.....	14	23	10	23	30	18
<u>Stoop, crouch, kneel</u>						
Number reporting (in thousands)	1,660.8	500.8	1,160.0	1,155.0	492.3	662.7
Percent who can do easily.....	24	30	22	35	39	32
<u>Stand for long periods</u>						
Number reporting (in thousands)	1,663.7	502.4	1,161.3	1,156.5	493.0	663.6
Percent who can do easily.....	24	29	22	31	35	28
<u>Climb stairs</u>						
Number reporting (in thousands)	1,664.0	502.6	1,161.4	1,156.8	493.0	663.9
Percent who can do easily.....	28	35	25	34	38	32
<u>Walk</u>						
Number reporting (in thousands)	1,663.7	502.6	1,161.7	1,156.8	492.7	663.9
Percent who can do easily.....	34	40	31	40	41	39
<u>Reach with arms</u>						
Number reporting (in thousands)	1,661.7	501.4	1,160.4	1,155.7	492.2	663.6
Percent who can do easily.....	53	61	49	60	65	56
<u>Sit for long periods</u>						
Number reporting (in thousands)	1,662.5	502.1	1,160.4	1,155.3	492.5	662.9
Percent who can do easily.....	59	64	57	61	65	58
<u>Grasp or handle</u>						
Number reporting (in thousands)	1,663.3	501.4	1,161.9	1,154.5	491.0	663.6
Percent who can do easily.....	64	68	62	67	69	65

TABLE 8.--1973 Survey of Low-Income Aged and Disabled: Ability to care for self by aid category and sex.

Activity	Age			Disabled		
	Total	Men	Women	Total	Men	Women
Total persons (in thousands)	1,665.2	502.9	1,162.3	1,157.8	493.8	664.0
<u>Heavy housework</u>						
Number reporting (in thousands)	1,663.2	502.4	1,160.9	1,153.3	491.3	662.1
Percent who can do alone.....	27	34	24	31	35	28
<u>Shop for groceries</u>						
Number reporting (in thousands)	1,664.4	502.6	1,161.8	1,154.9	491.8	663.2
Percent who can do alone.....	56	66	51	61	64	58
<u>Care for self when ill</u>						
Number reporting (in thousands)	1,662.6	502.8	1,159.8	1,154.9	491.4	663.5
Percent who can do alone.....	58	59	57	62	59	64
<u>Wash clothes</u>						
Number reporting (in thousands)	1,662.4	501.7	1,160.7	1,154.3	491.5	662.8
Percent who can do alone.....	59	55	61	64	56	69
<u>Prepare own meals</u>						
Number reporting (in thousands)	1,661.6	501.6	1,160.0	1,154.1	491.3	662.8
Percent who can do alone.....	76	69	79	74	68	78
<u>Light housework</u>						
Number reporting (in thousands)	1,663.3	502.4	1,160.9	1,155.7	492.4	663.4
Percent who can do alone,.....	76	70	78	78	72	83
<u>Bathe self</u>						
Number reporting (in thousands)	1,664.3	502.4	1,162.0	1,157.2	493.2	663.9
Percent who can do alone.....	88	90	88	91	91	91
<u>Dress self</u>						
Number reporting (in thousands)	1,663.3	502.0	1,161.3	1,156.6	492.7	664.0
Percent who can do alone.....	92	93	92	93	92	93

TABLE 9.--1973 Survey of Low-Income Aged and Disabled: Illness, health care, and dental condition by aid category

Item	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Number of days ill in bed in past year</u>		
Number reporting (in thousands)	1,663.2	1,122.2
Total percent	100	100
None	55	43
I-20 days	26	31
21 days or more	19	26
<u>Most recent contact with physician</u>		
Number reporting (in thousands)	1,663.6	1,154.8
Total percent	100	100
Past month	50	55
Past year	36	36
Not in past year	14	9
<u>Most recent hospitalization</u>		
Number reporting (in thousands)	1,662.0	1,152.3
Total percent	100	100
Past year	29	35
Past 5 years	29	33
Not in past 5 years	42	32
<u>Most recent contact with dentist</u>		
Number reporting (in thousands)	1,663.0	1,153.7
Total percent	100	100
Past year	16	35
Past 5 years	19	25
Not in past 5 years	65	40
<u>Number of natural teeth remaining</u>		
Number reporting (in thousands)	1,660.4	1,154.6
Total percent	100	100
All or most	15	43
Only a few	22	23
None	63	34

Employment

Lifelong work patterns were much the same for the aged and disabled. About one-half had worked full-time for the major part of their adult life. Only one in six had never worked (table 10). At the time of the survey, neither group had much in the way of jobs or prospects. They did not work chiefly because they were physically unable to do so. The dis-

TABLE 10.—1973 Survey of Low-Income Aged and Disabled: Employment characteristics by aid category

Characteristic	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Career employment patterns</u>		
Number reporting (in thousands)	1,652.3	1,146.3
Total percent	100	100
Full-time employment for pay	49	52
Part-time employment for pay	10	9
Intermittent employment for pay	17	20
Unpaid employment	8	2
Never worked	16	17
<u>Current employment status</u>		
Number reporting (in thousands)	1,665.2	1,157.8
Total percent	100	100
Working	2	6
Not working: health permits	4	8
Not working: health prevents	93	86
Not working: health unknown	1	(1/)
<u>Not working only: Length of time since last worked</u>		
Number reporting (in thousands)	1,597.2	1,067.4
Total Percent	100	100
Within past 5 years	13	31
Within past 10 years	18	21
Ten years or more	52	29
Never worked	17	19

1/ Rounds to less than 1 percent.

abled were somewhat better suited to hold a job than were the aged, and were considerably more likely to have worked during the preceding 10 years.

Men had worked more than women had. Nearly all of the aged men had worked at some kind of job during their lives (table 11). The picture was somewhat different for disabled men, of whom one in eight had never worked. While lower than those of men, the past employment rates of women were still high. The great majority had married at least once and well over one-half had borne children. Marriage and children notwith-

TABLE 11.—1973 Survey of Low-Income Aged and Disabled: Career employment patterns and usual occupation by aid category and sex

Employment and occupation	Aged		Disabled	
	Men	Women	Men	Women
Total persons (in thousands)....	502.9	1,155.4	488.7	657.6
<u>Career employment patterns</u>				
Number reporting (in thousands)....	497.0	1,155.4	488.7	657.6
Total percent.....	100	100	100	100
Full-time employment for pay.....	76	36	63	43
Part-time employment for pay.....	9	10	8	9
Intermittent employment for pay..	6	22	15	24
Unpaid employment.....	8	9	2	3
Never worked.....	1	23	12	21
<u>Usual occupation ever employed only</u>				
Number reporting (in thousands)....	497.6	894.3	430.8	519.2
Total percent.....	100	100	100	100
Professional, managerial, sales, and clerical workers.....	8	15	11	17
Craftsmen.....	12	1	15	1
Operatives.....	16	18	25	23
Nonfarm laborers.....	17	1	21	2
Farm laborers.....	22	18	11	9
Farmers.....	17	3	4	1
Service workers, including housework.....	7	44	12	47

standing, more than one in three had routinely held full-time paid jobs. Most of the remainder had worked on an intermittent or part-time basis, or at unpaid jobs in family businesses or on farms.

Few had held white collar jobs on a regular basis. The men were usually farmers, operatives, craftsmen, and laborers. Nearly one-half of the **women** in each group had done domestic or **other** personal service.

Place of Residence and Housing

The aged poor who live in central city hotels **and rooming** houses have in recent years been the subject of concern and sympathy. Nevertheless, it is a mistake to conclude that the aged poor are to be found exclusively

TABLE 12.-1973 Survey of Low-Income Aged and Disabled: Residential location, housing tenure, and type of housing unit by aid category

Item	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Residential location</u>		
Number reporting (in thousands)	1,662.3	1,153.3
Total percent	100	100
Farm, ranch, other rural	23	15
Town or city less than 100,000 persons.	48	44
City of 100,000 persons or more	29	41
<u>Housing tenure</u>		
Number reporting (in thousands)	1,663.9	1,157.1
Total percent	100	100
Recipient owns	31	15
Recipient rents.....-	42	53
Others in household own or rent.....	17	23
Other arrangement (roomer-boarder, etc.)	10	9
<u>Type of housing unit</u>		
Number reporting (in thousands)	1,664.7	1,156.6
Total percent	100	100
Detached house	65	51
Apartment	21	30
Rowhouse, duplex.....	6	7
Housing unit in hotel, rooming house, rented room in private home	3	7
Trailer	4	3
Other	1	2

or even mostly in the hotels and flop houses of the inner cities. Only 29 percent of the aged recipients lived in or near cities larger than 100,000 persons (table 12). The majority lived in smaller towns and cities or in rural areas. By comparison, disabled recipients were much more urban.

Home ownership was relatively common among the aged. Nearly one-third were sole or joint owners of their homes (table 13). Most of them lived in conventional detached houses. Although many lived in apartment buildings, row houses, and even trailers, only 3 percent were in hotels, rooming houses, and rented rooms. Much the same can be said of the disabled, although more of them had settled in apartments and comparatively fewer in detached homes. Home ownership was markedly less common among the disabled.

TABLE 13.—1973 Survey of Low-Income Aged and Disabled: Housing tenure and type of housing unit by aid category and residential location

Item	Aged			Disabled		
	Rural	Small towns	Large cities	Rural	Small towns	Large cities
Total persons (in thousands).....	378.7	807.9	475.6	175.3	507.4	470.6
<u>Housing tenure</u>						
Number reporting (in thousands).....	378.2	807.1	475.6	175.0	507.4	470.2
Total percent.....	100	100	100	100	100	100
Recipient owns.....	48	34	12	29	18	6
Recipient rents.....	19	43	60	23	50	67
Others in household own or rent.....	15	14	22	30	23	20
Other arrangement.....	18	9	6	17	9	7
<u>Type of housing unit</u>						
Number reporting (in thousands).....	378.2	807.9	475.6	175.1	507.1	470.1
Total percent.....	100	100	100	100	100	100
Detached house.....	90	70	37	87	60	28
Apartment.....	1	15	45	1	21	49
Other.....	9	15	18	12	18	23

Place of residence is closely related to tenure and type of dwelling. In the country, ownership was common and detached houses almost universal. In big cities, hardly anyone owned and apartment living was the rule.

Although the aged and disabled live in different places and in different kinds of homes, the quality of their housing was surprisingly equal (table 14). Electricity and a kitchen with a refrigerator were available in almost every home. At least four of every five households had a bathtub or shower, a toilet, and hot and cold running water. Central **air-**conditioning and garbage disposals were rarities for both groups.

If the survey data on the homes of the aged and disabled varied little, it is apparent that the occupants view them somewhat differently (table 15). The aged were generally happier with their homes and neighborhoods than were the disabled.

Transportation

Comparatively few adult welfare recipients were confined to their homes because of their health. Most could get out and around on their own and the greater part of the remainder could leave the home if aided by someone else (table 16). The disabled were somewhat more mobile than the aged.

Riding in an automobile driven by someone else was the most common means of local travel, followed by walking, taking a bus or streetcar, riding in a taxi, driving oneself, and, finally, using the subway or elevated train. (table 17). The aged were more often **chauffered** by friends or relatives than were the disabled, who had higher usage rates for all of the other forms of transportation. As was the case with respect to type of housing and tenure, place of residence was strongly related to modes of transportation. In rural areas, nearly everyone was dependent on a private automobile or truck. In large cities, many of the aged and disabled rode busses, subways, and taxicabs. In other words, commercial alternatives to the automobile were used when available. Walking was more common in cities as well. Persons who live in densely populated areas have more places to go within walking distance than do their rural counterparts. They are also more likely to have access to smooth, all weather surfaces on which to walk. Although use of the private automobile was comparatively less frequent in the larger cities, the car remained a major means of local travel for both recipient groups.

Diet

The Department of Agriculture's foodstamp program benefited between 40 and 50 percent of the recipients in both aid groups during the month before the interview (table 18). Receipt of free groceries and surplus foods was considerably less common. Hardly anyone--2 percent of each

TABLE 14.-Survey of Low-Income Aged and Disabled: Housing characteristics by aid category

Characteristic	Aged	Disabled
Total persons (in thousands).....	1,665.2	v57.8
<u>Electricity</u>		
Number reporting (in thousands).....	1,665.2	1,157.4
Percent with electricity in home.....	99	99
<u>Kitchen</u>		
Number reporting (in thousands).....	1,657.8	b155.4
Percent with exclusive access to kitchen	97	94
<u>Refrigerator</u>		
Number reporting (in thousands).....	1,665.2	1,157.8
Percent with refrigerator in home.....	96	95
<u>Flush toilet</u>		
Number reporting (in thousands).....	1,664.7	1,156.8
Percent with exclusive access to toilet.	83	83
<u>Hot and cold running water</u>		
Number reporting (in thousands).....	1,665.2	1,157.4
Percent with hot/cold water in home.....	82	87
<u>Tub or shower</u>		
Number reporting (in thousands).....	1,663.7	1,155.9
Percent with exclusive access to tub/ shower.....	80	82
<u>Garbage disposal</u>		
Number reporting (in thousands).....	1,665.2	1,157.8
Percent with garbage disposal in home....	7	8
<u>Central air conditioning</u>		
Number reporting (in thousands).....	1,665.2	1,157.8
Percent with central air in home.....	4	3
<u>Standard housing 1/</u>		
Number reporting (in thousands).....	1,652.8	1,152.1
Percent who live in standard homes.....	72	72

1/ Standard housing has kitchen, flush toilet, tub or shower, electricity, hot and cold running water, and a person per room ratio not greater than one.

TABLE 15.--1973 Survey of Low-Income Aged and Disabled: Response to home and neighborhood by aid category

Response	Aged	Disabled
Total persons (in thousands) ^{1/}	1,552.9	1,036.4
<u>Home's appearance</u>		
Number reporting (in thousands)	b549.2	1,028.2
Percent "very satisfied".....	62	51
<u>Home's state of repair</u>		
Number reporting (in thousands)	L545.5	1,025.3
Percent "very satisfied".....	51	45
<u>Home's comfort</u>		
Number reporting (in thousands)	b543.8	1,027.0
Percent "very satisfied".....	65	58
<u>Neighborhood safety</u>		
Number reporting (in thousands)	1,521.k	1,009.7
Percent calling it "safe".....	65	53
<u>Neighborhood convenience</u>		
Number reporting (in thousands)	1,531;;	1,019.5
Percent calling it "convenient".....		63
<u>Neighborhood attractiveness</u>		
Number reporting (in thousands)	1,515.7	1,009.7
Percent calling it "attractive".....	38	31
<u>Neighbors</u>		
Number reporting (in thousands)	1,473.0	949.2
Percent approving "most or all".....	68	55

^{1/} Excludes persons for whom a proxy response was taken.

TABLE 16.--1973 Survey of Low-Income Aged and Disabled: Capacity for out-of-home travel and means of transportation by aid category

Item	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Out-of-home mobility</u>		
Number reporting (in thousands)	1,665.2	1,157.5
Total percent	100	100
Can leave home alone	69	76
Can leave home with help	24	20
Confined to home	7	4
<u>Persons able to leave home</u> <u>only: Transportation used</u> <u>for local trips</u>		
Number reporting (in thousands)	1,539.6	1,107.7
Total percent ^{1/}	100	100
Rides in auto driven by others	77	69
Walks	45	52
Rides bus, streetcar	19	32
Takes taxi	15	20
Drives car	14	17
Rides subway or elevated train	2	7

^{1/} Total exceeds 100 percent because of multiple responses.

group--was helped by Meals on Wheels or other local agencies that delivered meals to the home. Recipients who lived with Persons other than a spouse or their own minor children were less likely to participate in food programs (especially foodstamps) than were those whose households consisted entirely of nuclear family members.

The method used here for evaluating individual diets was developed by the Department of Agriculture as part of an educational experiment. Each SLIAD respondent was asked to report everything he had eaten or had drunk the day before the interview. Each serving was classified and tallied in one of four basic food categories--milk, meat, fruit/vegetable, and bread/cereal. Two measures were applied to the result. The day's diet met the "minimum" standard if it included at least one serving from each of the four categories. It satisfied the "recommended" criteria if it contained at least two milk items, two meats, four fruits/vegetables, and four of the bread/cereal foods. As shown in table 19, only 55 percent of

the aged and 48 percent of the disabled reported a daily diet that met even the minimum requirement, while fewer than one in 30 achieved the recommended nutritional standard.

The recipients themselves were more confident of their diets than one might have expected from the results shown in table 19. More were satisfied with the amount of the food they got to eat than **with** its quality, but even so a clear majority in each aid group felt that they ate the right kinds of foods "always" or "most of the time." The aged were more often satisfied than were the disabled (table 20).

Income

The aged and disabled welfare recipients had **very** little cash income. The median amount available to the nuclear family (recipient, **spouse**, and minor children, if present) was less than \$160 per month. For the **12-month** period preceding the survey, income **was** only slightly more than \$1,800.

Monthly and annual incomes of the disabled families were nearly identical to those of the aged. The medians differed by only a few dollars per month and by less than \$30 per year. Nevertheless, the disabled appeared to be "poorer" when income was matched to need. The need standards were identical to those upon **which** the Federal-poverty statistics for 1973 **were** based. Each nuclear family was assigned the annual and monthly poverty

TABLE 17.-1973 Survey of Low-Income Aged and Msabled: Means of transportation by aid category and residential location

Item	Aged			Disabled		
	Rural	Small towns	Large cities	Rural	Small towns	Large cities
Total persons (in thousands)	378.7	807.9	475.6	175.3	507.4	470.6
Number reporting (in thousands)	350.3	747.2	439.2	165.9	483.6	454.3
Total percent ^{1/}	100	100	100	100	100	100
Rides in auto driven by						
others.....	83	79	69	79	73	61
Walks.....	33	47	52	37	49	61
Rides bus, streetcar.....	2	11	47	3	17	58
Takes taxi.....	3	17	21	4	21	26
Drives car.....	22	14	8	27	20	11
Rides subway or elevated trains.....	(<u>2/</u>)	(<u>2/</u>)	7	(<u>2/</u>)	1	15

^{1/} Total exceeds 100 percent because of multiple responses.

^{2/} Rounds to less than 1 percent.

line appropriate to its size, composition, place of residence, and age of its members. The income of the aged came closer to their individually computed poverty thresholds than did that of the disabled (table 21). The actual dollar gap between income and need was smaller among the aged, while their poverty ratios (income divided by the poverty standard) were consistently higher. The same general income amounts produced dissimilar poverty profiles because three factors depressed the need standards themselves among the aged. They seldom had minor children in the home, more of them lived on farms, and, of course, they were old. Their income came closer to meeting their needs not because they had more money, but because they needed less to reach the standards set for them in the poverty formula.

TABLE 18.—1973 Survey of Low-Income Aged and Disabled: Foodstamps, surplus foods, and home delivered meals received in preceding month by aid category and household composition

Item	Aged			Disabled		
	Total	Nuclear family only	Others in household	Total	Nuclear family only	Others in household
Total persons (in thousands)	1,665.2	1,029.2	636.0	1,157.8	614.8	543.0
<u>Foodstamps</u>						
Number reporting (in thousands)	1,658.0	1,025.1	632.9	1,153.4	612.3	541.1
Percent receiving foodstamps in month.....	42	50	30	49	60	37
<u>Free groceries, surplus foods</u>						
Number reporting (in thousands)	1,646.3	1,016.3	630.0	1,144.0	608.4	535.6
Percent receiving groceries or surplus foods in month....	9	11	6	7	7	5
<u>Home delivered meals for aged and disabled</u>						
Number reporting (in thousands)	1,661.8	1,027.5	634.3	1,152.6	612.5	540.1
Percent receiving delivered meals in month.....	2	3	2	2	3	1

TABLE 19. - 1973 Survey of Low-Income Aged and Disabled: Preceding day's diet by-aid category

Item	Aged	Disabled
Total persons (in thousands).....	1,665.2	1,157.8
<u>Minimum diet 1/</u>		
Number reporting (in thousands).....	1,657.1	1,147.6
Percent who met minimum standard.....	55	48
<u>Recommended diet 1/</u>		
Number reporting (in thousands).....	1,657.1	1,147.6
Percent who met recommended standard...	3	3

1/ Diet standards adapted from Gerald Feaster, Agricultural Economic Report No. 220: Impact of the Expanded Food and Nutrition Education Program on Low-Income Families, U.S. Dept. of Agriculture-- Economic Research Service, U.S. Govt. Print. Off., Washington, 1972.

TABLE 20.-1973 Survey of Low-Income Aged and Disabled: Response to diet by aid category

Response	Aged	Disabled
Total persons (in thousands) 1/.....	1,552.9	1,036.4
<u>Gets enough to eat</u>		
Number reporting (in thousands).....	1,548.6	1,032.5
Total percent.....	100	100
Always.....	77	66
Most of the time.....	17	23
Hardly ever, never.....	6	11
<u>Eats right kinds of food</u>		
Number reporting (in thousands).....	1,542.9	1,031.1
Total percent.....	100	100
Always.....	44	36
Most of the time.....	36	33
Hardly ever, never.....	20	31

1/ Excludes persons for whom a proxy response was taken.

Predictably, recipients who lived with a spouse had access to more income than those who did not. With spouse status controlled, the income distributions for the aged and disabled were much the same. The disabled with a spouse were only slightly better off than their aged counterparts, while aged and disabled singles were virtually indistinguishable with respect to income. Old people with a spouse were the best off and disabled singles were the worst off.

Whether examined for the month or for the whole year before the survey, nuclear family income failed to surpass the poverty level for two-thirds of the aged and three-fourths of the disabled (table 22). Although the choice of time periods does not appreciably affect the poverty estimates, an extension of the economic unit certainly does. A shift from an evaluation of nuclear family income alone to one of the household as a whole markedly lowered the poverty rates. Many nuclear units whose income was too little to meet their needs lived in larger households in which total income exceeded total need. A sharp increase in nonresponses when dealing with household income dictates a certain caution in interpreting these results. The data simply are not as complete for the households as they are for the nuclear families.

TABLE 21.--1973 Survey of Low-Income Aged and Disabled: Nuclear family income by aid category and family type

Income	Aged			Disabled		
	Total	Without spouse	With spouse	Total	Without spouse	With spouse
Total persons (in thousands)	1,665.2	1,229.5	435.7	1,157.8	910.8	247.0
<u>Nuclear family income in preceding month</u>						
Number reporting (in thousands)	1,603.0	1,181.6	421.4	1,114.3	882.3	231.9
Median income.....	\$155	\$136	\$223	\$157	\$140	\$246
Median poverty gap.....	-\$34	-\$43	-\$1	-\$55	-\$61	-\$22
Median poverty ratio.....	.81	.74	.99	.73	.69	.91
<u>Nuclear family income in preceding year</u>						
Number reporting (in thousands)	1,525.2	1,125.1	400.1	1,059.5	838.8	220.7
Median income.....	\$1,848	\$1,612	\$2,674	\$1,820	\$1,614	\$2,855
Median poverty gap.....	-\$465	-\$574	-\$29	-\$762	-\$818	-\$404
Median poverty ratio.....	.79	.73	.99	.71	.67	.86

Compared with the aged, the disabled were more likely to worry about money, feel economically inferior to others of the same age, perceive a decline in their financial well-being over the preceding 10 years, and claim that they simply could not stretch income to cover needs (table 23). Nuclear family poverty status did not account for the large differences in attitude between the aged and disabled. On both sides of the poverty line, disabled recipients were markedly more likely to be dissatisfied than were the comparably poor aged.

More curious, however, is the apparent absence of association between poverty status and perceived well-being within each of the aid categories. The aged recipients **above** the poverty line were no more satisfied or optimistic than their equally aged peers with subpoverty income. The same was true for the disabled. Although the **table** is not shown here, use of the household's poverty status as a control variable produced results almost identical to those shown in table 24.

Welfare

Few cases had dropped off the public assistance rolls in the 3 to 6 month interim between sample selection and completion of the 1973 interview. Only 3 percent of the aged recipients and 5 percent of the disabled cli-

TABLE 22.—1973 Survey of Low-Income Aged and Disabled: Nuclear family and household poverty status by aid category

Status	Aged	Disabled
Total persons (in thousands).....	1,665.2	1,157.8
<u>Nuclear family monthly poverty status</u>		
Number reporting (in thousands).....	1,603.0	1,114.3
Percent below poverty line.....	68	75
<u>Nuclear family annual poverty status</u>		
Number reporting (in thousands).....	1,525.2	1,059.5
Percent below poverty line.....	69	78
<u>Household annual poverty status</u>		
Number reporting (in thousands).....	1,352.7	927.8
Percent below poverty line.....	57	62

ents had left welfare by the time they were surveyed (table 25). Of those still on aid, most had been there a very long time. Close to one-half of the disabled and two-thirds of the aged had received aid continuously for at least 5 years. A small yet significant number--14 percent of the aged and 22 percent of the disabled--had received some form of welfare prior to the most recent case opening.

TABLE 23.--1973 Survey of Low-Income Aged and Disabled: Response to income and level of living by aid category

Response	Aged	Disabled
Total persons (in thousands) A/.....	1,552.9	1,036.4
<u>Worries about money</u>		
Number reporting (in thousands).....	1,548.7	1,032.2
Total percent.....	100	100
Frequently.....	31	50
Once in a while.....	32	29
Never, hardly ever.....	37	21
<u>Level of living versus age peers</u>		
Number reporting (in thousands).....	1,351.9	943.5
Total percent.....	100	100
Own worse.....	27	49
Own same or better.....	73	51
<u>Current level of living versus 10 years ago</u>		
Number reporting (in thousands).....	1,522.7	1,010.0
Total percent.....	100	100
Now worse.....	42	53
Now same or better.....	58	47
<u>Getting along on current income</u>		
Number reporting (in thousands).....	1,543.8	1,029.0
Total percent.....	100	100
Can not make it.....	14	24
Just get by.....	71	66
Have money left over.....	15	10

1/ Excludes persons for whom a proxy response was taken.

TABLE 24.--Survey of Low-Income Aged and Disabled: Response to income and level of living by poverty status and aid category

Response	Nuclear family annual income below poverty line		Nuclear family annual income at or above poverty line	
	Aged	Disabled	Aged	Disabled
Total persons (in thousands) ^{1/}	974.4	725.0	448.0	223.0
<u>Worries about money</u>				
Number reporting (in thousands) Percent worrying frequently....	971.7 32	721.7 49	447.3 30	222.8 53
<u>Level of living versus age peers</u>				
Number reporting (in thousands) Percent saying own is worse....	857.0 28	662.9 48	389.1 25	202.5 52
<u>Current level of living versus 10 years ago</u>				
Number reporting (in thousands) Percent saying worse now.....	958.4 40	704.6 52	440.6 47	219.8 57
<u>Getting along on current income</u>				
Number reporting (in thousands) Percent saying cannot make it..	969.3 16	719.4 25	445.6 11	222.2 23

^{1/} Excludes persons for whom a proxy response was taken and those with incomplete income reports.

TABLE 25.—1973 Survey of Low-Income Aged and Disabled: Welfare status and history by aid category

Status	Aged	Disabled
Total persons (in thousands)	1,665.2	1,157.8
<u>Welfare in past month</u>		
Number reporting (in thousands)	1,664.0	1,157.2
Total percent	100	100
Received welfare in month	97	95
Did not	3	5
<u>Recipients only: time since case opened</u>		
Number reporting (in thousands)	1,521.0	1,045.6
Total percent	100	100
Less than 1 year	4	8
1 year, less than 5	32	46
5 years, less than 10	29	24
10 years or more	35	22
<u>Recipients only: Welfare prior to current opening</u>		
Number reporting (in thousands)	1,545.4	1,050.8
Total percent	100	100
Received aid in past	14	22
Did not	86	78

Although welfare departments have been accused of dealing with clients in an arbitrary and callous manner, few of the aged and disabled recipients complained of consistently rough treatment at the hands of their public assistance workers (table 26). Most felt they had always been treated with respect and courtesy, paid promptly, and paid the full benefit amounts to which they had been entitled. Of those dissatisfied with specific elements of the agency's operation, the majority cited occasional rather than chronic unpleasantness and inefficiency. The disabled more often perceived discourteous treatment and late payments than did the aged but were no more likely to doubt the accuracy of their benefit amounts.

The welfare agency is not the only source of discomfort that can go along with recipient status. There is also the perception of community censure,

TABLE 26.--1973 Survey of Low-Income Aged and Disabled: Response to agency performance by-aid category

Response	Aged	Disabled
Total persons (in thousands) <u>1/</u>	1,511.2	977.9
<u>Treated with respect</u>		
Number reporting (in thousands)	1,432.7	935.7
Total percent	100	100
Always	77	68
Most of the time	18	22
Only some of the time, never	5	10
<u>Paid promptly</u>		
Number reporting (in thousands)	1,440.2	939.4
Total percent	100	100
Always	77	67
Most of the time	21	28
Only some of the time, never	2	5
<u>Paid accurately</u>		
Number reporting (in thousands)	1,378.5	909.8
Total percent	100	100
Always	89	87
Most of the time	7	9
Only some of the time, never	4	4

1/ Excludes persons for whom a proxy response was taken and those not receiving welfare in the month preceding the survey.

personal chagrin, and feelings of stigma and the like which may exist regardless of the fashion in which welfare departments deal with their clientele. These negative feelings about being on welfare were considerably more common than were the perceived chronic agency abuses reported in table 26. One in four of the aged was troubled by the idea of receiving welfare (table 27). One in four was also embarrassed to tell friends or relatives about being on welfare. Many would not venture a guess about community opinion. But of those who did one in seven thought that others had less respect for him when they knew he received welfare.

The disabled were more pessimistic. Not only did they feel ill-used by the agency more often than did the aged, but they were also more inclined to feel uneasy or degraded simply by being on aid. It is worth noting,

TABLE 27.—1973 Survey of Low-Income Aged and Disabled: Response to reciprocity by aid category

Response	Aged	Disabled
Total persons (in thousands) ^{1/}	1,511.2	977.9
<u>Bothered by having to ask for welfare</u>		
Number reporting (in thousands)	1,441.5	940.5
Total percent	100	100
Bothered	28	44
Not bothered	72	56
<u>Embarrassed to tell others of welfare status</u>		
Number reporting (in thousands)	1,408.3	920.0
Total percent	100	100
Very embarrassed	9	13
Somewhat embarrassed	14	22
Not embarrassed	77	65
<u>Community disrespect</u>		
Number reporting (in thousands)	1,129.8	738.8
Total percent	100	100
Perceives disrespect for recipient	14	27
Does not	86	73
<u>Agency performance in meeting client needs</u>		
Number reporting (in thousands)	1,370.6	904.6
Total percent	100	100
Good job	50	46
Fair job	36	38
Poor job	14	16

^{1/} Excludes persons for whom a proxy response was taken and those not receiving welfare in the month preceding the survey.

however, that the aged and disabled did not differ much in their assessment of the agency's success in meeting client needs. One-half felt welfare was doing a good job, roughly one-third called it fair, and the remainder--14 percent of the aged and 16 percent of the disabled--gave their agency a poor rating.

CONCLUSIONS

The data provide a picture of the circumstances of adult aid recipients just before the switch to SSI. They were not especially pleasant in either their immediate aspects or in their potential for improvement. The caseloads contained a disproportionate number of women, extremely old people, singles, and members of minority groups. Of those who had worked in the past, most had held low-paying jobs that required some degree of physical labor. Many had been farmers, laborers, and maids. They had little formal education. Hardly any were able to work at the time of the survey. Of the unemployed, fewer than one in three had held any kind of job in the previous 5 years. In view of their age, skills, and physical condition, it is extremely unlikely that any appreciable number will ever work again. In the main, it seems safe to assume that they will be on welfare of one sort or another until they die.

The aid designations and-program titles have less descriptive value than one might imagine. There was no single national welfare program for either the aged or disabled that was administered uniformly across the country. An applicant **who** passed one State's disability test might fail that used in a neighboring State. Definitions of financial need also varied from State to State, as did asset standards and work training requirements. About all one could say of a recipient group nationwide was that each of its members had passed whatever eligibility test was being applied in his State at the time.

Not surprisingly, there was considerable variation within each of the national caseloads and substantial overlap between the two. Recipients of old-age assistance were also "disabled" by almost any standard imaginable. Overall, they were more feeble and even less employable than disabled recipients. At the same time, most of the disabled had passed their 50th birthdays and one in 10 met the age requirement for old-age assistance. More of them lived with their adult children and grandchildren than with their own minor children.

The aged and disabled enjoyed similar standards of living and were quite alike regarding background and current behavior. The variation that did exist in objective circumstances was, for the most part, more efficiently explained by reference to urban-rural residence, sex, marital status, or household composition than by the particular aid label. Differences in attitude seem more basic however. The disabled were consistently more pessimistic about themselves and their surroundings than were the aged. They were more inclined to resent the welfare agency and its treatment of them, be dissatisfied with their homes, neighborhoods, and diets and be dismayed about their financial straits. The disabled **were** also more receptive to proposed changes in their lives than were the aged (table 28).

The aged and disabled did, however, agree on **what** mattered the most-increased income (table 29).

TABLE 28.—1973 Survey of Low-Income Aged and Disabled: Desire for change by aid category

Item	Aged	Disabled
Total persons (in thousands) ^{1/}	1,552.9	1,036.4
<u>Have more money</u>		
Number reporting (in thousands)	1,533.4	1,027.1
Percent choosing money	90	95
<u>See more of children, other relatives</u>		
Number reporting (in thousands)	1,488.8	970.7
Percent choosing family contact	70	65
<u>Get together more with friends, neighbors</u>		
Number reporting (in thousands)	1,505.6	1,030.6
Percent choosing social contact	48	48
<u>Have better transportation</u>		
Number reporting (in thousands)	1,519.4	1,010.5
Percent choosing transportation	40	50
<u>Have more activities, things to do</u>		
Number reporting (in thousands)	1,512.4	1,006.8
Percent choosing recreation	35	52
<u>Receive better medical care</u>		
Number reporting (in thousands)	1,518.0	1,011.0
Percent choosing medical care	28	35
<u>Live somewhere else</u>		
Number reporting (in thousands)	1,517.7	1,006.8
Percent choosing move	19	35
<u>Have more privacy</u>		
Number reporting (in thousands)	1,529.7	1,016.0
Percent choosing privacy	10	19

^{1/} Excludes persons for whom a proxy response was taken.

TABLE 29.—1973 Survey of Low-Income Aged and Disabled: Most preferred change by aid category

Item	Aged	Disabled
Total persons (in thousands) ^{1/}	1,552.9	1,036.4
Number reporting (in thousands).....	1,466.8	993.9
Total percent.....	100	100
Rave more money.....	63	66
See more of children, other relatives..	18	11
Receive better medical care.....	4	5
Live somewhere else.....	3	5
Have better transportation.....	3	3
Get together more with friends, neighbors.....*	2	2
Have more activities, things to do....	1	2
Have more privacy.....	1	2
Wants none of the above.....	4	3

^{1/} Excludes persons for whom a proxy response was taken.

TECHNICAL NOTE

The Survey of Low-Income Aged and Disabled (SLIAD) is a nationwide 2-year panel survey by the Social Security Administration (SSA) to address how well the supplemental security income program (SSI) serves the Nation's aged and disabled poor. 1/ The Bureau of the Census, as collection agent for SSA, conducted personal interviews in the fall of 1973 to obtain demographic and socioeconomic information on the SSI target population prior to the beginning of SSI. A second set of interviews was conducted in October, November, and December of 1974 after SSI had been in operation almost a year. Only those persons successfully interviewed in 1973 were eligible for reinterview in 1974. The Research Branch, Division of Supplemental Security Studies, Office of Research and Statistics, initiated and directed the survey.

Survey Design

The SLIAD study population consists of two major components: (1) aged and disabled persons who in mid-1973 received financial assistance under State-administered welfare programs of old age assistance (OAA), aid to the blind (AB), and aid to the permanently and totally disabled (APTD), and (2) low-income aged and disabled persons in the general population.

The last group was defined only in terms of age, income, and ability to be employed with no consideration given to welfare status. Low-income aged and disabled persons in the general population were defined for SLIAD purposes as having incomes of less than \$5,000 if they were single or of less than \$6,500 if married. In addition, they had to be 65 years of age or older (aged) or age 18-64 and unable to work regularly for at least 3 months because of a health condition (disabled). The survey excluded individuals under 18 years of age and those residing in institutions.

Samples representing the two components were drawn independently of each other from two different sources under different sampling designs. Estimates presented in this report are based on first-year interviews with individuals selected to represent the welfare recipient component; therefore, the balance of this note will pertain to the technical aspects related to *surveying* the OAA, APTD, and AB recipients.

Sample design. --Throughout most of 1973, State welfare agencies submitted lists of their adult assistance caseloads to SSA in preparation for the start of SSI.

1/ See Thomas Tissue, "The Survey of Low-Income Aged and Disabled: An Introduction", *Social Security Bulletin*, vol. 40, No. 2, February 1977, pp. 3-11.

The welfare aged and disabled samples were selected from these lists. The lists of OAA recipients were used to select the sample of welfare aged. The lists of AB and **APTD** recipients were combined to form the sampling frame for the disabled sample.

Each sample was selected by means of a stratified multistage cluster design to provide national estimates as well as State estimates for the five States--California, Texas, Mississippi, Georgia, and New York. The first stage was the selection of a primary sampling unit (**PSU**) from each of 212 strata. The second stage was the selection of individual recipients using a systematic sampling plan. Each sample was designed to be self-weighting within each of its six component groups--the five States and the balance of the United States. This selection procedure resulted in the selection of a total of 6,200 aged cases and 7,545 disabled cases.

Data collection.--During the 1973 interview period from mid-October through December, the Bureau of the Census conducted personal interviews with 5,211 of the aged and 6,224 of the disabled. During a subsequent review of completed interviews, 19 of the aged and 57 of the disabled were determined not to be welfare recipients and dropped from the study. Thus, the response rates---based on the number of in-scope interviews out of those eligible for interview--were 95 and 92 percent, respectively. The number of interviews and noninterviews by reason are given in table I.

Each sample person, whether aged or disabled, was asked to answer the same questions. Where the sample person was physically or mentally unable to respond, a proxy respondent was permitted. Proxies, however, were not asked to answer questions about the sample person's attitudes. There were 359 proxy interviews of the aged and 835 of the disabled.

Estimation.--At the time of selection, each sample case was assigned a basic weight that reflected the different stages of selection. **Noninter-**view adjustment factors were then applied within each of the five States and to the balance of the United States. Finally, a ratio adjustment was made to bring the estimates up to known population totals. The adjustment factors overall ranged from 1.01 to 2.3 with 94 percent of the aged and 88 percent of the disabled having adjustment factors equal to or less than 1.3 and 1.1, respectively. The 5,192 aged respondents have an average weight of 320.72 and represent a population of **1,665,200** persons. The 6,167 disabled respondents have an average weight of 187.74 and represent a population of **1,157,800**.

Reliability of Estimates

Since the estimates presented in this report are based on sample data, they may differ from those that would have been obtained had all the members of the study population been surveyed under the same conditions.

The standard error measures the amounts by which the sample estimates may vary from results theoretically obtainable from a comparable survey of the entire population.

The sample estimate and its standard error are used to construct interval estimates with a prescribed confidence that the interval includes the population value or the average of all possible samples drawn from the same population. Approximately 68 percent of the intervals constructed from all possible samples and ranging from one standard error below the estimate to one standard error above the estimate would include the population value. *This* is referred to as the 68 percent confidence or one standard error interval. The 95 percent confidence interval or two standard error interval extends from two standard errors below to two standard errors above the sample estimate. The 99 percent confidence interval is approximately two and one-half standard errors above and below the sample estimate.

Standard errors of estimated totals and estimated percentages.--Table II gives approximate standard errors for total persons estimated from both the welfare aged and welfare disabled samples. Table III gives approximate standard errors for estimated percentages also applicable to both the welfare aged and disabled samples. In order to provide standard errors that would be applicable to a wide variety of items, a number of assumptions and approximations were required. Thus, the standard errors given in the tables provide an indication of the order of magnitude rather than the precise standard error for any specific item. Standard errors for values not specifically shown but within the ranges of the tables may be obtained by linear interpolation.

Standard errors of estimated medians.--Estimated medians, also known as the 50th percentiles, are presented in the report without corresponding distributions. Thus, their standard errors cannot be derived from Table III (standard errors of percentages). Instead, 95 percent confidence intervals have been derived for all medians given in the report (table IV).

Standard errors of differences.--The standard error is also used to test for significant differences between estimates. If the difference between **two** estimates in question is greater than twice the standard error of the difference, the difference is statistically significant at the 95 percent level. In other words, a difference of the size observed could be expected to occur by chance less than five out of 100 times. As a rule, differences cited in the analytical report were found to be significant at the 95 percent level.

In order to make a determination of the statistical significance of the difference between two independent estimates, find the standard error of each estimate in question. Square these standard errors to get variances and add the variances. Take the square root of this sum to get the standard error of the difference. If the absolute difference between the two estimates in question is greater than twice the standard error of the difference, they are said to be significantly different from one another at the 95 percent level. For example:

Table 5 shows that of the approximately 502,900 welfare aged men, an estimated 12 percent never married and of the approximately 1,162,300 aged women, 6 percent never married. To determine if the estimated difference of 6 percentage points is statistically significant at the 95 percent level, first find the standard error of 12 percent by interpolating in Table III for both the percentage and the base as follows:

- a. Interpolating between 10 percent and 15 percent on a base of 500,000, the standard error of 12 percent is

$$.83 + (1.01-.83) \times \left(\frac{12-10}{15-10} \right) = .90$$

- b. Interpolating between 10 percent and 15 percent on a base of 750,000 the standard error of 12 percent is

$$.70 + (.85-.70) \times \left(\frac{12-10}{15-10} \right) = .76$$

- c. Now interpolating between the bases 500,000 and 750,000 the standard error of 12 percent on a base of 502,900 is

$$.90 + (.76-.90) \times \left(\frac{502,900-500,000}{750,000-500,000} \right) = .898 \text{ or } .90$$

Likewise, interpolate in Table III to find the standard error of six percent (aged women never married) on a base of 1,162,300. The standard error is .44. The standard error of the difference is

$$\sqrt{(.90)^2 + (.44)^2} = 1.00 \text{ and}$$

since $\left| 12-6 \right| > \left| 2 \times 1.00 \right|$ or

$6 > 2.00$ the difference is statistically

significant at the 95 percent level.

Nonsampling Errors

Estimates derived from SLIAD are also subject to nonsampling errors. These are errors due to nonresponses to the entire questionnaire or to certain items and misreporting either on purpose or because of lack of understanding of the questions. Errors also occurred during coding and keying of the data. Every effort was made to minimize the effect of these errors. Completed questionnaires were first reviewed at a time when respondents could be recontacted for correct or missing data and again at the time of coding. Keying was verified 100 percent and data tapes were computer edited for reasonableness and consistency. In spite

of these efforts, some reporting and processing errors remain. The major source being nonreporting, specifically nonreporting of data related to income. The nonresponses ranged from about 4 percent for "nuclear family income in the preceding month" to about 20 percent for "household annual income for both the aged and disabled populations." Except for income questions and attitude questions which proxies were not permitted to answer (proxies responded for 7 percent of the aged and 10 percent of the disabled populations) nonresponses were in most instances less than 3 percent. Estimates presented in this report are based only on completed items. No attempt was made to impute or fill missing items with data from other sources.

TABLE I.—Number of interviews and noninterviews in 1973

Item	Welfare aged	Welfare disabled
Cases selected.....	6,200	7,545
Interviews	<u>1/</u> 5,211	<u>2/</u> 6,224
Noninterviews	989	1,321
Unable to contact.....	119	296
Institutionalized	410	572
Deceased.....	319	211
Refused.....	48	72
Other.....	93	170 ³

1/ Includes 19 cases later determined to be out of scope.

2/ Includes 57 out of scope cases.

TABLE II.—Approximate standard errors of estimated total persons

Size of estimate	Standard error	Size of estimate	Standard error
50.000.....	4,732	400.000.....	19,327
75.000.....	6,099	450.000.....	21,115
100.000.....	7,341	500.000.....	22,871
150.000.....	9,616	750.000.....	31,336
200.000.....	11,719	1.000.000.....	39,455
250.000.....	13,717	1.250.000.....	47,352
300.000.....	15,640	1.500.000.....	55,114
350.000.....	17,505	1.750.000.....	62,732

TABLE III.--Approximate standard errors of estimated percentages of total persons (68 chances out of 100)

(Estimated percentage)

Size of base	1 or 93	2 or 98	5 or 95	8 or 92	10 or 90	15 or 85	20 or 80	25 or 75	30 or 70	35 or 65	40 or 60	50
50,000.....	0.75	1.07	1.69	2.12	2.36	2.83	3.19	3.47	3.69	3.86	3.97	4.08
75,000.....	.62	.88	1.39	1.75	1.95	2.34	2.64	2.88	3.07	3.20	3.31	3.40
100,000.....	.54	.77	1.22	1.53	1.70	2.05	2.32	2.53	2.69	2.82	2.91	2.99
150,000.....	.44	.63	1.00	1.27	1.41	1.70	1.92	2.09	2.22	2.32	2.39	2.43
200,000.....	.38	.55	.88	1.11	1.24	1.49	1.69	1.84	1.96	2.05	2.11	2.15
250,000.....	.35	• 50	.79	1.01	1.12	1.36	1.54	1.69	1.80	1.89	1.95	2.01
300,000.....	.32	.45	.73	.93	1.03	1.25	1.42	1.55	1.65	1.72	1.78	1.82
350,000.....	• 30	.42	.68	.86	.96	1.17	1.33	1.45	1.54	1.62	1.67	1.71
400,000.....	.28	.40	.64	.81	.91	1.10	1.25	1.37	1.46	1.53	1.58	1.62
450,000.....	.26	.38	.61	• 77	.86	1.05	1.19	1.31	1.39	1.46	1.51	1.54
500,000.....	.25	.36	.58	.74	.83	1.01	1.15	1.26	1.35	1.42	1.47	1.52
750,000.....	.21	.30	.49	.62	.70	.85	.97	1.07	1.14	1.20	1.25	1.29
1,000,000...	.18	.26	.43	.55	.62	.76	.87	.95	1.02	1.08	1.12	1.16
1,250,000...	.16	.24	.39	.50	.56	.69	.79	.87	.93	.98	1.01	1.05
1,500,000...	.15	.22	.36	.47	.52	.64	.74	.81	.87	.91	.95	.98
1,750,000...	.14	.20	.34	.44	.49	.61	.69	.76	.82	.86	.89	.93

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TABLE IV.--95-percent confidence limits for medians shown in tables 1 and 21

Characteristic	Aged			Disabled		
	Median	Lower	Upper	Median	Lower	Upper
Age-years	74	74	75	54	53	55
Education-years	7	6	7	8	8	8
Nuclear family income in preceding month:						
All families:						
Income amount	\$155	\$151	\$160	\$157	\$152	\$162
Poverty gap	-\$34	-\$36	-\$31	-\$55	-\$59	-\$51
Poverty ratio .....	.81	.80	.83	.73	.72	.76
No spouse in the household:						
Income amount	\$136	\$134	\$139	\$140	\$136	\$144
Poverty gap	-\$43	-\$45	-\$40	-\$61	-\$65	-\$57
Poverty ratio .....	.74	.73	.76	.69	.67	.71
Spouse in the household:						
Income amount	\$223	\$217	\$229	\$246	\$235	\$253
Poverty gap	-\$1	-\$7	-\$5	-\$22	-\$33	-\$10
Poverty ratio .....	.99	.97	1.02	.91	.87	.96
Nuclear family income in preceding year:						
All families:						
Income amount	\$1,848	\$1,802	\$1,888	\$1,820	\$1,755	\$1,871
Poverty gap	-\$465	-\$502	-\$427	-\$762	-\$805	-\$704
Poverty ratio .....	.79	.78	.81	.71	.69	.73
No spouse in the household:						
Income amount	\$1,612	\$1,567	\$1,649	\$1,614	\$1,551	\$1,666
Poverty gap	-\$574	-\$601	-\$548	-\$818	-\$860	-\$775
Poverty ratio .....	.73	.72	.74	.67	.65	.69
Spouse in the household:						
Income amount	\$2,674	\$2,597	\$2,735	\$2,855	\$2,689	\$2,979
Poverty gap	-\$29	-\$107	\$41	-\$404	-\$515	-\$295
Poverty ratio99	.96	1.02	.86	.82	.90

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SURVEY OF LOW-INCOME AGED AND DISABLED

<u>Report Number</u>	<u>Title</u>	<u>Date</u>
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The Survey of the Low-Income Aged and Disabled: An Introduction

by THOMAS TISSUE

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The Survey of The Low-Income Aged and Disabled: An Introduction

by THOMAS TISSUE*

As 1974 began, the Social Security Administration started distributing supplemental security income (SSI) payment checks to aged, blind, and disabled poor persons throughout the Nation. Shortly before the first SSI checks were issued, the Bureau of the Census completed personal interviews with 17,551 individuals from which SSI's clientele would be drawn—aged and disabled welfare recipient.³ and the aged and disabled poor persona in the general population. These data, collected for the Social Security Administration in late 1973, and comparable information gathered from the same respondents in late 1974 make up the Survey of the Low-Income Aged and Disabled (SLIAD). Its findings will be used to describe the circumstances of needy aged and disabled persons before SSI, determine the program's success in attracting those who qualified for its benefits during the first year of operations, and assess the effect of participation on the well-being of recipients.

IN JANUARY 1974, the traditional welfare programs for the aged, blind, and disabled were replaced by a two-tiered income-maintenance system known as supplemental security income (SSI). Both the Federal Government and the individual States play a part in operating the new system. The Federal Government offers basic income protection nationwide but each State may guarantee higher payments to its own residents by means of an "optional supplement" to the Federal benefit.

The earlier form of public assistance for old and handicapped adults had been almost exclusively a local operation. Before SSI, States had a free hand in designing the welfare programs they would offer their adult residents. To a large extent, each State decided the amount of the welfare benefit that was appropriate and the exact criteria to be used in determining individual eligibility for assistance. Each was also responsible for staffing and operating its own system of local offices in which to take claims, calculate benefits, and make awards. The Federal Government was a silent partner, offering partial reim-

* Research Branch, Division of Supplemental Security Studies, Office of Research and Statistics.

bursement to States whose aid programs conformed with basic Federal guidelines.

Adoption of the supplemental security income approach placed the Federal Government in a direct, operational role. The Federal component of SSI seeks to guarantee a minimum income to all needy aged, blind, and disabled in the 50 States and the District of Columbia. Provision of this first level of income support is entirely a Federal function. Rules and procedures are uniform nationwide, benefit checks are drawn on the Federal Treasury, and an established Federal agency—the Social Security Administration—conducts the program.

Whether it will provide a locally funded supplement to the Federal guarantee is something that each State must decide for itself, as are the amount of the benefit and the means for delivering it. Although the States are required to protect the pre-SSI income level of persons transferred directly from public assistance, they are still free to define their own roles in maintaining the income of needy adults.

During January 1974—SSI's first month of operation—approximately 3.2 million aged, blind, or disabled persons received federally administered payments. The majority had been transferred directly from the assistance rolls maintained by the States. By the end of 1975, enrollment in the federally administered system exceeded 4.3 million persons. In addition, an estimated 300,000 individuals were receiving cash supplements directly from their State welfare departments. The monthly Federal guarantee (amount of the payment for those with no other income) had risen from \$140 for single persons and \$210 for couples in January 1974 to \$158 and \$237 by December 1975.² Optional supplementation by States varied widely: Some pro-

¹ If a State desires, the Federal Government distributes these supplements free of administrative charge, incorporating them in the Federal check and billing the State for its share later.

² The payment levels for December 1976 were \$168 and \$252.

vided none at all, others were underwriting supplements nearly as large as the basic Federal guarantee itself.

Much attention has been focused on SSI's administrative operations. Its inability to maintain a highly accurate payment rate has been the subject of spirited discussion, as was its performance in transferring the welfare caseloads at the very beginning. Considerably less attention has been paid to examining just what the program did for the aged, blind, and disabled poor in whose name the whole enterprise was originally undertaken.

SURVEY DESIGN

The Survey of Low-Income Aged and Disabled (SLIAD) was made to collect demographic and socioeconomic data necessary for assessing the new program's effect on the target population. The basic research design was dictated by several initial assumptions regarding the target population, the sort of outcome that could be expected, and the best means for measuring and evaluating change.

Target Population

On the eve of the new program, the target population consisted of three distinct categories of potential recipients. The first included the caseloads for the aged, blind, and disabled under the former Federal-State assistance programs. The vast majority of these cases arrived on the SSI rolls via a mass administrative transfer of records. No special action by the welfare recipients themselves was required. The second group was composed of low-income aged and handicapped individuals who did not receive public assistance payments despite being technically eligible for them. The number of these eligible nonrecipients and their motives for not applying for assistance have been a lively topic of debate in connection with the adult aid programs. The third group consisted of ineligible nonrecipients—the near-poor and those almost eligible for public assistance—who would later qualify for SSI because of some minor change in their own circumstances or because the SSI eligibility standards are more lenient than those

established by the earlier State programs. Any effect SSI had on the lives of the aged and disabled poor would occur chiefly within these three special segments of the national population.

Expected Outcome

What sort of outcome was both likely to occur and worth examining if it did turn up? The program's intent is remarkably straightforward. It proposes to deliver money to people who meet its standards of eligibility. Thus, one must look first to the degree to which it has reached the members of the public that qualify for its benefits and, second, to the income status of those who have been reached. Assuming that cash payments are not ends in themselves, one must also introduce a question regarding the type and extent of increased well-being that may be attributed to an income adjustment. Such an assessment requires data that reflect not only eligibility, receipt of aid, and gross income but also extensive information on quality of life.

Assessment of Change

The simplest and most direct approach to an assessment of SSI's effect on the aged and disabled poor is to compare individual observations taken before and after SSI came into being. The performance of the welfare system is the benchmark against which SSI's success or failure can be compared. Although other standards are useful and relevant, the immediate concern is whether SSI is doing any better for its beneficiaries than was its public assistance predecessor. Use of the same respondents for both measurements provides a degree of analytic flexibility otherwise unavailable. It permits one to use "change over time" both as a form of individual behavior to be explained and as an emergent variable to be used in the explanation of other phenomena. Equally important perhaps, a panel design allows analysis of both individual and group behavior.

Methodology

With these considerations in mind, the Survey of Low-Income Aged and Disabled was cast as a

two-stage, before-and-after survey based on large samples, diversified data, and an inflexible schedule for completing each phase of the study's fieldwork. Adequate samples were selected to yield reliable estimates at the national level for each of the target populations. The data included the elements necessary to determine individual enrollment in the program as well as those that are required for examining the direct and indirect effects of such participation. Finally, the first, wave of data had to be collected by December 31, 1973—before SSI had supplanted public assistance for the aged, disabled, and blind. The decision to gather second-wave data for only 1 year's interval was a compromise reached after considering such factors as how long samples of aged and disabled persons can remain intact or how long it takes for an income change to be translated into a housing change or a diet change.

Next, it was necessary to locate rosters, lists, or other population sources from which to draw samples representing target groups, both on and off the public assistance rolls. Development of an original sampling frame was out of the question because of budgetary and time limitations. Instead, the sampling resources immediately available had to be located and tailored to SLIAD's needs, and then some means for patching the gaps that remained had to be developed.

By far the most valuable resource at hand was that generated by the SSI program itself, even before it had issued a single check. During 1973, each State provided the Social Security Administration with copies of the payrolls used in the operation of its programs for the aged, blind, and disabled assistance categories so that at least in theory, the first SSI payments would be made with a minimum of duplication, omission, and confusion. The conversion rosters also served as an invaluable source from which to draw samples representing those portions of the SSI target population that had been served by welfare programs in the past.

Two basic public assistance samples, designed to represent national populations, were created for SLIAD—with the welfare aged and the welfare disabled as members. The former consisted entirely of old-age assistance (OAA) recipients; the latter included both aid to the blind (AB) and aid to the permanently and totally disabled (APTD) cases. Because the AB caseloads had

always been small, the blind were merged with other classes of disabled for the purpose of the study. Independent, samples were also obtained for California, Mississippi, Georgia, Texas, and New York through selective oversampling within the States. These States received close attention because of the size of their assistance caseloads and because their programs contained elements of particular analytic interest, such as comparatively high or low payment standards, lien laws, and constitutional restrictions on certain types of payments.

Obtaining samples of the low-income aged and disabled in the general population was more difficult. Unfortunately, no agency maintained current and comprehensive rosters of old and handicapped poor people who did not receive public assistance. As a first step, it was necessary to develop general criteria for old age, disability, and low income and to locate some scientifically drawn subset of the national population within which to apply these screening standards. The Current Population Survey (CPS) administered by the Bureau of the Census to roughly 50,000 households each month was the only source that could be expected to generate the volume of cases necessary for reliable national estimates of both the aged and disabled groups.

The July 1978 CPS questionnaire was modified so that age, income, and disability data were collected for members of roughly half the households interviewed in that month's survey. Low income was defined as annual income below \$5,000 for single persons and below \$6,500 for married couples. An individual was "aged" if he had reached his 65th birthday. The "disabled" were those aged 18-64 whose ability to work regularly had been impaired by a health condition of at least 3 months' duration. Income limits were set high enough so that virtually all the prospective SSI eligibles and near-eligibles would be included. The old-age and disability standards are similar to those used in earlier studies conducted by the Social Security Administration (with the disability definition corresponding approximately to that for severe disability in those studies).

The screening operation of the July CPS identified a satisfactory number of low-income aged but fell short of the sample size anticipated

for the disabled. It was necessary to enlarge the latter sample with cases drawn from lists of earlier CPS participants. Their eligibility for the survey was determined by letter and, in some cases, by direct door-to-door fieldwork. For the most part, however, the SLIAD basic national samples had been selected by early October 1973. At that time, Census interviewers were equipped with the names and addresses needed to locate the members of SLIAD's four basic survey components—welfare aged, welfare disabled, CPS aged, and CPS disabled.

1973 INTERVIEWS

The SLIAD first-year questionnaire placed great emphasis on financial matters. Each respondent was asked to report the income received in the preceding month and year by each of three general classes of persons in the household—the sample person, his or her spouse and minor children, and any others in the household. The questionnaire listed more than 15 income sources, including payments and awards from almost every transfer program possible, earnings from jobs and businesses, gifts, and dividends.

The financial section of the questionnaire also included items aimed at establishing the value of owned property, savings, and investments; the amount of indebtedness; and the amount spent for food, shelter, and other recurring household expenditures. For the most part, the remainder of the questionnaire concerned (a) household composition, (b) personal history, (c) health, health care, and the capacity for self-maintenance, (d) standard of living, as represented by housing, diet, travel, recreation, etc., (e) factors that might affect the relation between income and standard of living, such as personal preference, physical capacity, and access, and (f) attitudinal response to these conditions, circumstances, and type of status.

All respondents were administered the same questionnaire. Whenever it was possible, the interview was conducted with the designated sample person. If the sample person was at home but unable to participate in the interview because of poor health, the interviewer was instructed to select a proxy respondent—someone who was intimately acquainted with the sample person's immediate situation. The proxy was asked about

the sample person's objective circumstances and experience but was not required to estimate his attitudes, preferences, or opinions.

If both the husband and wife in a household were designated as sample members, the interviewer noted the fact so that case weights could be adjusted accordingly but completed the questionnaire with only one spouse. Each interviewer was given a card that contained instructions on which member of the couple to choose when he first encountered a "double-eligible" situation. Thereafter, he would simply alternate between husband and wife. No limit was placed on the number of interviews conducted within a single household, as long as they did not involve both members of a married couple.

Interviews were not conducted with persons under age 18. Nor were they completed with those whose permanent residence could be classified as institutional. For purposes of the study, an institution was a place that provided personal care and maintenance to three or more paying customers.

If the designated sample person was temporarily institutionalized, the interviewer was instructed to call back later during the interview period. If the person did not return from the institution by the end of the fieldwork period, the case was designated a noninterview. Other types of noninterviews included simple refusals to participate in the survey, failure to locate the sample person, death in the interval between sample selection and interview, and prolonged absence from the home.

The 1973 interviews began in mid-October and ended in the final week of December. The median duration per interview was approximately 100 minutes. A total of 17,551 complete and non-duplicated interviews were obtained during the 1973 fieldwork phase. The interview count by major survey component, as well as the size of the population segment represented by each, is shown below.

Survey sample	Total interviews	Weighted population estimates
Welfare:		
Aged.....	5,192	1,665,200
Disabled.....	6,167	1,157,800
CPS:		
Aged.....	3,402	15,445,000
Disabled.....	2,790	4,726,000

with public assistance, the number of applications for aid filed and denied in the preceding year, and the prevailing attitude toward application for aid in the future.

Taken alone, the 1973 data permit one to determine the size of the group that had remained outside public assistance but seemed likely to fall within the scope of the new SSI program. By referring to the 1974 data for these individuals, it is possible to establish how many potential recipients *actually* appeared on the SSI payment rolls in 1974, what factors were associated with particularly high rates of program enrollment, and what were the bases for nonparticipation. The 1974 interviews provide the ingredients necessary for another application of the SSI eligibility test, in addition to substantial material that relates to public awareness of the SSI program, perceptions of individual need for assistance, the incidence of denied applications, and resistance to SSI on stigmatic grounds.

Consideration of the coverage question seems an inevitable part of any attempt to assess the effectiveness of a major income transfer program. Present and future "outreach" efforts are sustained by the belief that great numbers of eligible nonrecipients can still be enrolled under the SSI program if enough time, money, and ingenuity are applied to another casefinding or public information campaign. SLIAD's contribution lies in its capacity to determine if that "phantom" population is large enough to warrant special attention and if it is susceptible to the standard techniques that might influence the decision to apply for SSI payments.

Income Amount, Adequacy, and Equity

One suspects that the SSI program's earliest observers believed that any change in the welfare system had to be a change for the better with respect to payment amount, adequacy, and equity. State welfare departments often paid modest amounts. Monthly payments to OAA recipients averaged less than \$80 in 37 States in mid-1973. Mean payment levels for the blind and disabled were higher, but more than half the States were making monthly payments that averaged less than \$100 in these categories. The SSI program offered some measure of improvement to persons

getting by on less than \$140 per month total income in the past but no assurance that all those transferred from the welfare programs would benefit economically. The Federal system promised higher payments only to persons whose pre-SSI income fell below the newly established national income floor. The remainder were protected against a loss in their grants but were not guaranteed much more than that by the national program alone.

The question of income adequacy is a contextual one. It is impossible to deal with the concept of adequacy without reference to the circumstances of units rather than individuals. Whether or not an individual is poor is determined not by the amount of income that one person receives from a single source. It is instead a product of (1) the total income the individual receives from all sources, (2) the total income received by others in the family or household, and (3) the size and composition of the combined economic unit. Although State agencies kept reasonably complete records of payments to recipients, it was always difficult to obtain data that described the income and composition of the households in which recipients lived. Case record surveys conducted in 1970 by the Department of Health, Education, and Welfare suggest that welfare payments produced meager unit income in a number of States. Including both their welfare grants and any other income they had available to them, South Carolina's OAA recipients were somehow getting along on average monthly income of approximately \$65. To the extent that SSI payments are larger than the old welfare payments, one may predict some improvement in regard to income adequacy. Nevertheless, the SSI system as a whole is geared to the income maintenance of individuals or, at best, couples and will not respond directly to the problem of income adequacy for larger units.

The equity issue seemed to provoke the sharpest and most persistent criticism of the adult aid program as administered in the past. Payments varied not only from State to State but from county to county within a single State. Administrative procedures, structures, and even basic operating vocabularies varied as well. The definition of old age was relatively constant but the definitions of disability and blindness were far from uniform throughout the Nation. Some

States and counties provided a single aid program for all their needy adults. Others channeled their aged, disabled, and blind into separate aid categories, each of which maintained different need standards, employment incentives, and payment schedules. The SSI program was often described as a means to reduce these kinds of inconsistencies and procedural contradictions. Certainly, the Federal portion of the program is more predictable and even-handed than was the overall system that it replaced. Nevertheless, retention of local options for supplementing the Federal payment is simply a blueprint for the type of regional payment, variation that existed under public assistance. As before, the financial well-being of an individual recipient may be determined largely by his State of residence.

What the new SSI system actually did for the financial well-being of its intended clientele is, of course, the major substantive question to be asked of the program and the primary analytic issue to be addressed by SLIAD. With respect to the amount of the payment, the two welfare samples permit systematic comparison of welfare payments received in 1973 with SSI payments received by the same individuals or family units in 1974. The comparison may focus on monthly as well as annual income and may be applied to the individual beneficiary himself, his immediate family, or the household as a whole. Regardless of the level of specificity, the process is simply one of comparing the public assistance payment with the SSI payment for matched units and periods of time.

In examining income adequacy, one necessarily shifts attention from the amount of the SSI payment to a consideration of total unit income and total unit need at the two points in time. The SLIAD data are complete with respect to unit income and composition. In combination with the full 124-threshold poverty matrix, they permit a poor/nonpoor designation for each sample person's immediate family and total household, as well as the calculation of a welfare ratio (unit income divided by unit need) appropriate to each unit, both on an annual and a monthly basis.

Within the welfare samples, one is interested in a comparison of poverty status under public assistance with that prevailing both on and off the SSI rolls in the following year. Although SSI guaranteed its welfare transferees that their

grants would not decline, no one could assure that household income or need would be similarly controlled. It is entirely possible that grants may have risen across the board at the same time that poverty increased. Interest in welfare recipients who were not transferred to SSI is dictated by a need to explain their absence from the SSI rolls. Has their income situation improved markedly or have they simply slipped through the cracks of the new program for reasons unrelated to their basic financial status?

The CPS samples afford an opportunity to gauge the effect of moving from a nonwelfare status in 1973 to receipt of SSI in 1974, as well as providing a nontransfer baseline against which to evaluate the effects of moving on, off, or across the two transfer programs. In other words, the CPS samples permit a glimpse of the changes in income adequacy that occurred among people who had involvement with neither the welfare programs nor SSI. It is to this group that one looks for the basic standard to be used in evaluating all change between 1973 and 1974.

The investigation of equity is, in a sense, merely an extension of the inquiry into adequacy. When welfare ratios and other poverty measures are applied to the question of adequacy, they permit an examination of the extent to which welfare families and SSI families have enough money to meet their needs, at least as defined here. In directing interest to equity, one may use the same measures to determine whether certain classes of persons differ in the likelihood that they will have enough money within each of the systems and the degree to which the systems themselves differ regarding the origin, number, and magnitude of these disparities. How serious were the regional variations in income adequacy under public assistance, and are they reduced at all by SSI? How low and how high did public assistance go in terms of the welfare ratios it sustained, and is that range perpetuated by SSI? Does SSI appear to underwrite a higher standard of living for the aged than for the disabled or for welfare transfers in comparison with SSI recipients without welfare experience? While the major part of this analysis must be pursued within the two welfare samples, the CPS samples once again provide a baseline against which to assess the findings from both the welfare and SSI inquiries.

Effect of Income Change

Almost all means-tested transfer programs share two assumptions: A relationship exists between family income and family well-being, and additional income conferred by a transfer payment will somehow promote or enhance the well-being of the family that received it. Although both hypotheses are reasonable, the second has seldom been tested systematically. What happens when income is manipulated at or near the poverty line? More to the point, what does the new money buy for the people who receive it?

A large and diversified series of "well-being" items appearing in the 1973 and 1974 questionnaires provide some answers to this question. The objective details of housing are assessed by standard quality items (access to kitchen, shower or tub, hot and cold running water, number of persons per room, etc.) as well as by an extended inventory of appliances and utilities available for use in the home. The questionnaires include several measures of diet adequacy, a number of questions relating to recreational activity that requires some expenditure of funds, and sufficient information for identifying persons who change their housing tenure, household composition, or place of residence. Although SLIAD is considerably less than a full-fledged consumer expenditure study, it also gathers data pertaining to

monthly shelter costs and household food expenses.

The SLIAD will yield consideration of subjective or attitudinal response as well as the more conventional outcome measures. In both interviews, respondents were asked to assess the adequacy of their housing, diet, neighborhood, and a full range of factors or conditions linked to the concept of well-being.

As a result, the final SLIAD data base permits one to relate individual income change to individual change or stability in living arrangement, household composition, material well-being, and personal satisfaction with the details of **everyday** life. Of particular interest are the preferences or priorities established for use of the additional income, the extent to which age and health modify the relation between income and well-being over a period of time, and the actual magnitude or extent of income manipulation that seems necessary to achieve significant improvement in the way that aged and disabled people actually live. This type of analysis presents methodological problems considerably more formidable than those encountered in the examination of data gathered at a single time. Nevertheless, the SLIAD data offer a unique opportunity to examine directly the process that constitutes the goal of income-maintenance programs as a whole.