

Intergenerational Conflict or Compassion?
Social Welfare Policy Attitudes in an Aging Nation

Brittany H. Bramlett
PhD Candidate
3140 Tydings
University of Maryland, College Park
brittanydyan@gmail.com

Abstract: Past research suggests a relationship between a location's age distribution and the political preferences of residents, independent of their individual characteristics. The present research examines the communities with a disproportionate ratio of older to younger people and whether these aged locations create environments supportive of aging policy or more broadly, safety net policies. In the past few decades and currently with the Baby Boomer Generation on the cusp of retirement, politicians, the media, and academics have warned of the costliness and imminent burden of such an expansive aging population. Popular commentary largely speculates that the extreme costs associated with providing for such a large older generation will negatively impact the younger generations, leading to intergenerational conflict. Here I show that this is unlikely. I find that young people living in communities with overwhelming older populations are actually more likely to report support for older age and safety net policies, compared with their peers living elsewhere. A discussion of potential and plausible mechanisms is introduced and then considered with the findings.

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Political issues often divide Americans based on cleavages associated with partisan identification, gender, education, wealth, and—age. While it isn't uncommon to find the values of older people clashing with younger generations, the age distribution of the United States is undergoing rapid change and so are predictions about intergenerational division. The mounting numbers of older Americans have provoked discussions among journalists and academics of a persistent and possibly widening gap between older and younger adults with the potential to widen the scope of intergenerational political conflict (Alwin 1998; Binstock 2010; Campbell 1971; Foner 1974; Logan and Spitze 1995; Plutzer and M. B. Berkman 2005; Ponza et al. 1988; Rhodebeck 1993; Street 1997; Streib and Metsch 2002; Walker 1990; Weaver 1976).

According to contemporary reports, today's younger generations may fear for their economic futures as they face the burden of figuring out how (and whether) to pay for the needs of a growing older adult population (Levine 1997; Nagourney 2009). Older adults may fear cuts to social welfare programs like Social Security and Medicare as the Baby Boomer Generation is now entering retirement (Navarro 1996; LA Times Editorial Desk 2011). Although much of the apprehension associated with the potential for intergenerational conflict over dismantling the institutional safety-net has been exaggerated (Binstock 2010; Schulz and Binstock 2008; Walker 1990), the current national debt crisis, looming cuts to entitlement programs, and the partisan clash over whether to raise taxes may leave many older adults worried about their health and financial security.

This paper addresses the question of whether older adults should be concerned about their future health care needs and financial security by examining how public

opinion toward aging and more broadly, social welfare policies varies geographically with a location's age composition. Past research has put forth evidence for the relationship between a location's age distribution and political preferences, even after considering the individual age of residents. Social scientists have considered the impact of large elderly concentrations on willingness to pay taxes for education (Button 1992; Deller and Walzer 1993; Fullerton and Dixon 2010; MacManus 1996; Plutzer and M. B. Berkman 2005; Poterba 1997; Rhodebeck 1993). Others are concerned about the age structure as it relates to the health of elderly residents and the health of the larger community (Cagney 2006; Subramanian et al. 2006). Moreover, the responsibility of caring for an aging population is likely to be far more visible in those locations where there are large elderly-to-young ratios. Thus, it makes sense that we would expect the age composition of communities to influence residents' opinions for such age-specific policy areas as health and financial security.

It is not entirely clear how residing in an aged context will influence the public support of such programs for residents who are not themselves elderly. Certainly we have reason to expect that older adults living amongst their peers may be especially aware, mobilized and active regarding support for safety net programs. This older adult context may socialize young people into similar supportive attitudes. Younger residents may acquire an extra awareness of the immense needs of their older neighbors by living near them and feel moved to support programs that provide some assistance. Those of family age and younger may have their hands full with career responsibilities or raising children, and thereby view government programming for the elderly as a much needed relief.

On the other hand, there may also be increased tensions between an overwhelming older adult presence and the minority of younger residents in these communities. Older people sometimes face age-based discrimination and stereotyping (Garstka, Hummert, and Branscombe 2005; Harwood and Giles 1996). Stories of age discrimination in employment, and elder abuse in assisted living facilities are regularly in the news. There are dire predictions of a new politics of age polarization (Rosenbaum and Button 1993) and research on age-based controversy (Moody 2009).

Locations with large concentrations of older adults serve as ideal places to examine these issue attitudes and the potential for intergenerational conflict. The age structures of communities can differ dramatically within the United States because locations differ with respect to fertility rates and residential mobility.

[Figures 1-3 about here]

Figure 1 displays the population age distribution of the United States with the familiar baby boomer bump. While well-known concentrations of older adults reside in retirement hotspots like Florida and Arizona, communities all over the country are becoming *aged* as the baby boomers stay put and retire close to home (Frey 2011). Figure 2 shows the skewed population age distribution for Sumter County, Florida, home to a massive planned retirement community. McIntosh County, North Dakota has a similarly skewed age structure (Figure 3), without the retirement community and a drastically smaller population. These places may be different in many respects and most certainly *became old* through different processes. However, they share an age structure, where young residents are most likely sensitive to the needs of the surrounding aged population.

Social Welfare Attitudes in the United States

Social welfare programs have become an integral part of American government and society since the New Deal laid the foundation for and the Great Society further expanded upon a social safety net. While public support for expansion of government assistance through social welfare programs dipped during the Reagan Administration it rebounded in the next two decades (McCall and Kenworthy 2009; Shapiro and Young 1989). Presently, the country's current economic state is being linked to government spending and a mammoth national debt due in part to entitlement programs. These conditions have generated a resurgence of antigovernment attitudes, yet old-age benefits generally maintain their "safe harbor" status as popular government policies (Schulz and Binstock 2008, 16–17).

While many programs have become institutionalized, including programs which benefit older people, a discussion of attitudes toward social welfare policies must address the complex, push-and-pull nature of the American creed: equality versus liberty. A distinction needs to be made between support for programs and support for *government-directed* programs. Many Americans are sympathetic to the needs of the poor and elderly, but this humanitarianism may not extend to support for policies that include federal government intervention (Feldman and Steenbergen 2001; Free and Cantril 1968; McCall and Kenworthy 2009; McClosky and Zaller 1987). Political ideology and partisanship direct Americans' preferences for social welfare programs with race and socioeconomic status also highly associated with opinion (Brady and Kessler 2010; Shapiro and Young 1989).

Even with the constraint of political ideology, public opinion surveys have shown support to be quite high for actual social welfare policies among Americans (Cook and Barrett 1992; Feldman and Steenbergen 2001; Free and Cantril 1968; McClosky and Zaller 1987; Shapiro and Young 1989; E. Smith and Kluegel 1986). When people are most dissatisfied with inequality, they are also most likely to support social welfare policies with the aim of equalizing the balance—even after accounting for survey respondents’ partisanship, ideology, and sociodemographic characteristics (McCall and Kenworthy 2009).

Finally, research on the reliability of survey responses addressing safety net policies should be noted. While public opinion surveys are immensely helpful in sorting out support for social welfare programs, findings should be interpreted with caution. First, misinformation regarding complex programs is not uncommon, and poor question wording may influence expressed policy opinions (Shapiro and Young 1989). In addition, opinion may be systematically biased in a less supportive direction. The natural supporters of many of these policies—the poor, less educated, and those supporting principles of political equality—are “less easily able to form coherent and consistent opinions on such policies than those well-endowed with politically relevant resources” (Berinsky 2002, 277). These respondents may answer “don’t know” or “unsure” to complex policy questions when they actually prefer government assistance. This phenomenon leads to an “exclusion bias” in opinion for safety net issues. More Americans likely favor such policies than may be evident from public opinion surveys.

Generational Safety Net Preferences

While social welfare policy opinion is divided by political ideology and partisanship, it may be unsurprising that the young and old respondents often express different viewpoints when it comes to social welfare policies. In general, younger adults are more supportive of safety net policies than older adults (Shapiro and Young 1989). During the period of Shapiro and Young's (1989) work, younger generations were more supportive of nearly every social welfare policy examined despite being socialized during a period with increased antigovernment sentiment.

Zukin et al. (2006, 157) provide a more contemporary look at the DotNet generation of youth, finding them to be committed to the "same basic and often contradictory American values of democratic government, egalitarianism, and free market economy as the rest of the public." As with young generations in history, they find that today's young people generally support a social safety net, in the form of government health insurance for the uninsured and are more supportive of policies aiming to reduce the gap between rich and poor people. Younger Americans were more likely to favor the recent health care reform legislation than older adults (Brady and Kessler 2010), however, young adults comprise the age group with the greatest likelihood of being uninsured (DeNavas-Walt, Proctor, and J. C. Smith 2009). Support for government health care may also be popular among younger generations as they face the challenge of providing for their aging parents and grandparents (Shapiro and Young 1989). These explanations suggest that younger Americans' views on government support for the elderly are likely consistent with their self-interest.

On the other end of the age spectrum, opposition to health care reform among older adults is surprising given their increasing health care costs, compared with younger

people (Brady and Kessler 2010; Schulz and Binstock 2008). Their opposition may be due to hesitancy toward major policy changes rather than the specifics of the health care reform debate (Brady and Kessler 2010). In addition, older people as a group may not always express safety net policy preferences congruent with popular expectations regarding aging interests ((Rhodebeck 1993; Schulz and Binstock 2008; Street 1997). And, as mentioned above, income and partisanship shape social welfare policy preferences of the elderly as with Americans of all ages (Schulz and Binstock 2008).

Finally, young people today are not wholly supportive of social welfare policy—they are not as supportive of increased spending for Social Security as older generations (Zukin et al. 2006). The 21st Century's youngest adult cohorts were socialized during a period where the future of Social Security came into question and with privatization on the political agenda. Some explanations for such viewpoints suggest that young people may support privatization for Social Security because 1) they have little hope that the current program will benefit them in the future; and/or 2) they are more confident in their ability (and have the luxury of time) to invest their money wisely to save for retirement (Zukin et al. 2006).

Young people may be unsympathetic to government support for the aged simply because they have little first-hand knowledge about the challenges faced by older adults. Many young adults generally have little contact with older adults and probably rarely think about aging. Their communities may be absent the kind of contact with older adults that might influence their public opinion in a more supportive direction toward the current benefits of Social Security and Medicare. I suggest that the attitudes of young people with more routine exposure to the needs of the (often poor) elderly, those living

among the aged, will express more pro-government attitudes. They will be more likely to support programs, which benefit the elderly, like the current Social Security program, and related social welfare policies than younger people living in communities without a similar aged context.

Theorizing about the Impact of the Older Adult Context

Locations with skewed age compositions, as with the older concentrated communities in Figures 2 and 3, deserve attention in political socialization research because the social context of a community has been shown to influence residents' political attitudes and behaviors (Books and Prysby 1991; Brown 1988; Huckfeldt and Sprague 1995; Huckfeldt 1986; Key 1949; Miller 1956). Communities with large populations of older adults relative to the number of younger residents have the potential to influence political attitudes of residents of *all* ages.¹

I am especially interested in whether the older adult context will make an impression on the attitudes of younger adults. Young adults may be more likely to support most social welfare policies in general, but conventional wisdom suggests the potential for intergenerational conflict when people begin to perceive the burden of a sizable older adult presence. Current communities with an overabundance of older people relative to younger people provide an appropriate test for this theory of political division.

¹ Not everyone agrees that context counts for political behavior (King 1996), and others question the prevailing consensus that newer information and communication technologies lessen the importance of context (see Schwanen and Kwan 2008 for their take on why context still matters).

There are a couple of possible mechanisms for this contextual influence:²

1. Younger adults will be socialized into more or less supportive attitudes (compared with their peers in other locations) by the older adult context through more frequent *social contact with older adults*.
2. Younger adults will be socialized into more or less supportive attitudes (compared with their peers in other locations) by the older adult context through the *older adult-focused cognitive content* uniquely available in the older adult community, even without regular social interaction with elders.

The first scenario supposes that younger adults are socialized into more or less supportive attitudes through increased opportunities for contact with older adults in the community (Burbank 1995; Huckfeldt 1986). Intergroup contact with an “other” group has the potential to warm the opinion of one group toward another group and their policy preferences (Barth, Overby, and Huffmon 2009; Dovidio, Gaertner, and Kawakami 2003; Pettigrew 1997; Stein, Post, and Rinden 2000).

There are a number of reasons why it is unlikely that social contact is the primary mechanism at work. First, although social context constrains social contacts (Huckfeldt and Sprague 1995), making it more likely that younger adults will come into contact with older adults in these neighborhoods, it is more likely that this increased contact is very casual rather than personal in nature (A. Williams and Nussbaum 2001). Aside from family members, the social circles of young adults and older adults rarely overlap. In addition, this mechanism presumes that older adults have cohesive social welfare policy preferences that will influence younger adults in the direction of support or opposition.

² These mechanisms are discussed at length in the work of Huckfeldt (1986) and Burbank (1995).

Even with the potential for increased awareness of common political interests in older communities, older adults living among many of their peers are still likely to belong to diverse associations and are probably not facing direct opposition or threats to services that may motivate them to action (Binstock 2010; Rhodebeck 1993; Weaver 1976).

The second proposed mechanism is more likely occurring in older adult contexts. Context not only constrains social contexts but also constrains information supply, which leans toward the preferences of the majority group in society (Huckfeldt and Sprague 1995). The minority group, younger adults, cannot escape the information flow (from local media and political party or interest group mobilization efforts, for example) with the older population as the primary target. Similarly, Burbank's (1995) research shows that information bias in community heightens residents' sensitivity to relevant cues—in this case, cues relevant to the overriding concerns of the elderly for health and financial security.

Consideration of contextual effects research and social welfare policy attitudes among the young point toward a hypothesis suggesting that *younger adults living in a context of older adults will be even more supportive of social welfare policies than their peers living elsewhere*. Young people are much more likely to be informed about aging concerns in older concentrated communities with abundant age-relevant cognitive content. Although the content will speak to a diverse population of older adults, information will likely lean in favor of policies, which support the health and security needs of the elderly and poor. Any information in support of such policies will be congruent with the generally supportive attitudes common among young people. For those young people with more conservative preferences, the aging cognitive content may

promote humanitarianism, which “makes it possible for people to support specific welfare policies without embracing the welfare state as an alternative to capitalism” (Feldman and Steenbergen 2001, 674).

Data and Methods

The National Annenberg Election Survey (NAES) data from 2000, 2004, and 2008 provide a useful selection of safety net attitudinal measures for individual residents. United States Census data from 2000, 2004, and 2008 is used for the county-level³ measure of the old age context, the older adult saturation quotient (OASQ). For the OASQ, I divide the local population of people age 65 and older by the total local population. Finally, the resulting measure divides the distribution of counties into 5 percent increments, or 20 equal bins. This ensures that each increase in the units of the dependent variable is of substantive significance. The 20th bin includes the top five percent of counties included in the NAES with the largest proportions of older adults.

All of the dependent variables are dichotomous, so hierarchical generalized linear regression (HGLM) is used to model the relationship between the older age distributions at the county level and the health and security issue attitudes of individual community residents. The dependent variables measure attitudes related to healthcare, social security, and wealth inequality (see Table A1 in the Appendix for the list of questions and wording). Additional items will be accounted for (at both levels of analysis) when

³ Choosing a unit of analysis should be done with care, but ultimately, there may be no perfect fit (Taylor, Gorard, and Fitz 2003; R. W. Williams 1999). Using more than one measure is often preferred to ease concerns about the modifiable areal unit problem. In past work, I have used both the county and zip code as contextual containers for age composition, and results have been very similar.

predicting responses to the health and security questions. At the individual-level, I control for *party identification, income, race, and religious commitment*. Many of these characteristics are quite predictive of safety-net policy attitudes or political attitudes more generally (Berinsky 2002; Schneider and Jacoby 2005) and should be considered to gauge the impact of age context.

At the county level, I control for population density and median household income. Seniors differ fiscally and make different choices (with some not having any choice) for their retirement migration plans. Some choose to move to and live in retirement havens like Sumter County, Florida or Maricopa County, Arizona, while others remain in their lifetime homes in small town locations such as Woods County, Oklahoma, or Izard County, Arkansas. The active retired locations advertise their senior-living amenities and draw older residents from all over the country. Other places with concentrations of older adults often lose their younger adult residents to metropolitan areas with greater economic opportunities. These two types of aged communities often differ greatly by population density and by economic means, so it will be important to account for these variable community characteristics.

Results

Tables 1, 2, and 3 present the coefficients for the 10 dependent variables measuring health and security attitudes from three years of survey data. Each of the hierarchical models uses county-level demographic data at level 2 and individual measures from the NAES. Table 1 contains the HGLM results from 2000, and Tables 2 and 3 provide results from 2004 and 2008, respectively. As expected, individual party identification and

household income strongly predict respondents' positions on issues of health and financial security.

Age is also often a good indicator of these attitudes, however both young adulthood and older adulthood are not consistently predicting attitudes fully supporting or fully opposing policies to provide a wider safety net for the vulnerable population. However, I am most interested in the *effect of the aged community setting* for the attitudes of older and younger generations of residents. To explore this effect, I model the older and younger age slopes in the HGLM analyses with the OASQ measure. This modeling decision allows for the comparison of the effect for younger adults living in places ranging from a miniscule aged context⁴ to the attitudes of their peers living in places with an overwhelming aged context.⁵ The same comparison will be made for the older adult populations across the range of age distributions.

A glance at the OASQ coefficients indicates that the aged context may be more relevant for the safety-net attitudes of younger people than for the older respondents. However, predicted probabilities will aid in the interpretation of the effect of the aged community setting for older and younger adult residents. Figure 4 presents the predicted probabilities of support for a wider health care safety net among younger adults nested in counties across the nation. Communities with a contextual value of one have the lowest percentages of older adults residing in the local population, compared with the contextual value of 20, indicating the highest percentage of seniors. For each of these issues, younger adults living in places amongst large percentages of older adults are more likely

⁴ The lowest OASQs, the proportions of older adults to the total population, differ with the year but fall in the range of 0.016 to 0.02.

⁵ The highest OASQs differ with the year but fall in the range of 0.36 to 0.50.

(by 4 to 8 percentage points) to favor a wider safety net. Young adults surrounded by a large aged population are particularly more likely to support government health insurance compared with people of similar age living in places with fewer older adults. Figure 5 highlights a similar pattern of results for older adults' health attitudes, however, with consistently smaller effects for some policy questions.

[Figures 4 and 5 about here]

Figures 6 and 7 present the predicted probabilities for the financial security positions of the young and old, respectively. As indicated in Figure 6, younger adults living amongst overwhelming older populations are, again, more likely (by about 3 to 8 percentage points) to fall on the side of a larger government safety net for vulnerable populations than their peers living elsewhere. They are more likely to favor government action toward reducing income differences and to oppose investing Social Security in the stock market. However, the predicted probabilities of opposing this potential Social Security reform are the lowest among all of the safety-net policies examined here for the young respondents. This is consistent with past surveys showing the willingness of younger adults to support such changes to the current system.

The probabilities for the financial security questions are more mixed and inconsistent for the older adults, presented in Figure 7. Older adults living amongst their peers are notably more likely to oppose social security in the stock market than older people living in places without the older context—at least in 2000. This is the same effect observed for the young adults, but older adults are more likely to oppose the reform overall, compared with the younger survey respondents.

[Figures 6 and 7 about here]

In sum, the contextual effects for the OASQ measures are certainly not as large as the individual-level effects of partisanship or perhaps, income. Yet, the impact of the local, older age distribution on young residents' attitudes for safety net issues remains clear. The coefficients for these relationships are statistically significant (or very near significance in 2008), even when controlling for relevant individual-level variables. Many individual characteristics are highly predictive of political attitudes, but the age context counts.

Discussion

I argue that despite the challenges of an increasing aging population and proposed reforms to social welfare policies, these safety net issues, which have become institutionalized in the 20th Century, are likely here to stay. In this paper, I examined public opinion for these policies, comparing the attitudes of the young and old residents of aging neighborhoods to their peers of locations with fewer older adults. Instead of finding a hostile younger population primed for conflict, I show that many social welfare policies enjoy considerable public support among the youngest members of society—especially among the young adults living in aged communities.

Over the past several decades, generations of young people have typically supported such safety-net policies, but I show that their likelihood of support increases with their community's proportion of older adults. These attitudes may be tied to their tendency to support policies in line with the Democratic Party, but the findings hold even controlling for political affiliation. The youngest adult generation—the generation furthest from their own retirement concerns and the generation with supposedly the most

to lose from supporting such older age benefits—desires a wider safety net for the oldest and neediest members of society compared with their peers living amongst fewer older adults.

I propose that we observe this relationship, not because of young adults being directly socialized by an overwhelming older adult population through intergroup contact, but by the less direct means of an old-age cognitive content. As evidenced in the analysis, older adults living in aging communities are often just as likely or *slightly* more likely to support safety net policies as their peers living elsewhere. It is unlikely that older adults living amongst their peers are sending a uniquely supportive message to other residents that they should also support such policies for the good of the community. Even if the older adults living in aged communities were uniquely supportive of these policies compared with older peers elsewhere, the opportunities for close personal contact between older and younger adults are much less frequent than for people of the same age.

The more likely scenario is that younger people, living in an aging context, have more casual contact with older adults and that they are exposed to an information supply aimed at this overwhelming group. While my paper does not provide concrete evidence for such a claim, I believe the findings point in this direction. Additional, and more qualitative research may be needed to identify casual contact and these less direct means. An information supply intended mostly for older adults may be received by the larger population through 1) candidates focusing on aging issues, 2) a greater aging interest group presence, 3) many more age-related jobs and facilities, or 4) television advertisements focused on the needs of this growing group. Each of these could

contribute to an aged cognitive content that young people reference when forming attitudes about aging needs and safety-net issues in general.

In conclusion, this research *does not* provide evidence for the popular predictions of widening age gaps for safety-net policies and resulting intergenerational conflict. To the contrary, I show that young adults living amid aged populations may support policies focused on the needs of the aging (who are often poor) and other vulnerable populations in society at greater levels than people living in places without the same demographic challenges. This compassion, or humanitarianism, may even be compatible with views that typically limit the role of government in society. Older adults living in aged communities, and baby boomers in the next few decades, may benefit from this “window of support for social welfare policies” (Feldman and Steenbergen 2001, 674) among young residents who would not typically be in favor of government intervention but who have become aware of the needs of the elderly and poor in their community and support a wider safety net.

Finally, younger adults, more aware of the needs of older adults, may not see the cost of a wider safety net as a burden or as particularized benefits for older adults but instead, as policies beneficial to their families. They may be less concerned about their own retirement but supportive of policies, which assure that their aging family members will not experience gaps in health care or great financial need (Shapiro and Young 1989). Perhaps this is part of the reason why young adults in particular seem to be influenced by the aging context—they see the needs of the elderly and the most vulnerable in the community as linked to their own family’s needs.

Schulz and Binstock and (2008) argue that the United States may avoid intergenerational conflict with increasing costs of care in hard economic times by reframing safety-net policy as family policy. Issues considered in this way promote sensible safety net policies that may enjoy popular support among people of all ages and means (Schulz and Binstock 2008). This paper's findings certainly provide hope for these promising and peaceful outcomes into the future.

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Tables and Figures

Figure 1. Population Age Distribution for the United States, 2009
 Source: American Community Survey (2009) by the U.S. Census

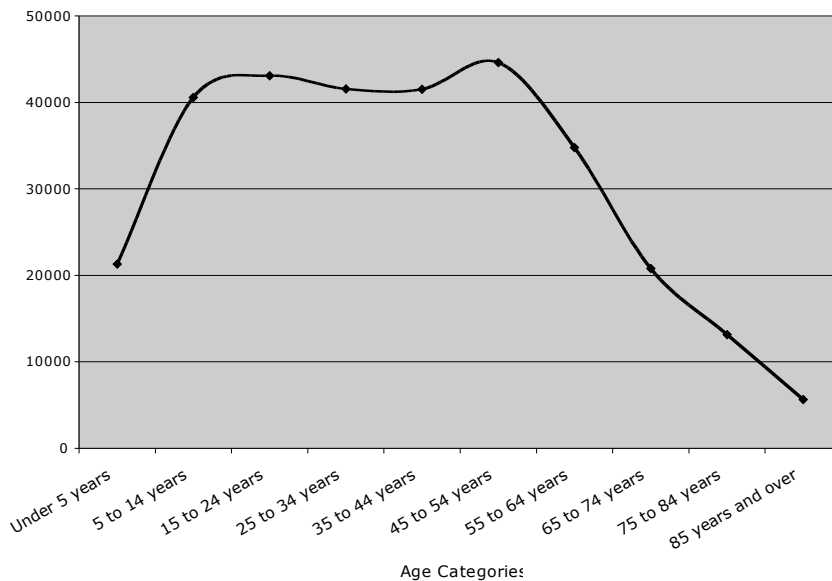


Figure 2. Population Age Distribution for Sumter County, Florida, 2009
 Source: American Community Survey (2009) by the U.S. Census

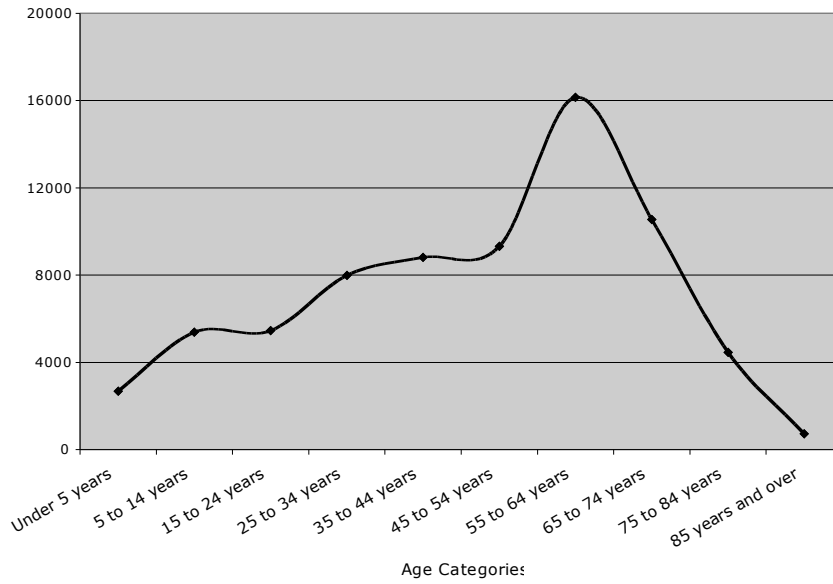


Figure 3. Population Age Distribution for McIntosh County, North Dakota, 2009
 Source: American Community Survey (2009) by the U.S. Census

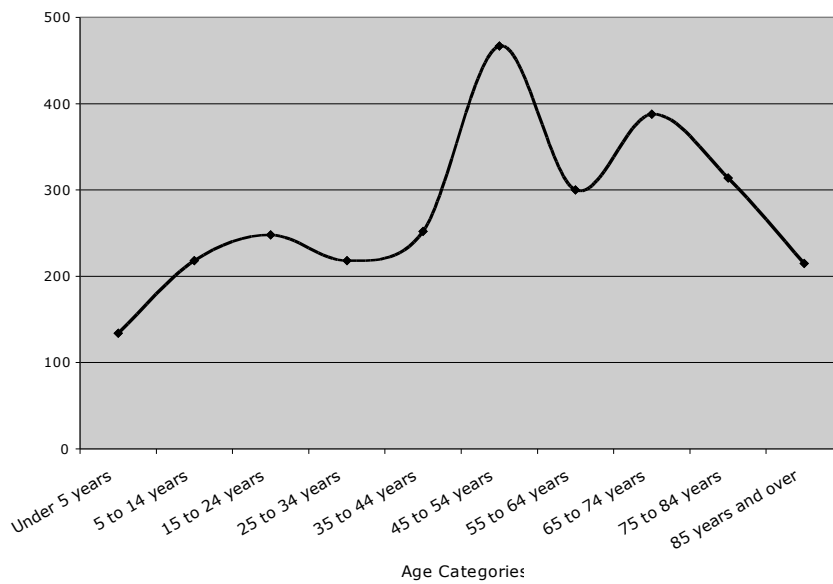


Table 1. HGLM Results for Health and Security Attitudes in 2000

	Spend More Medicare	Without Health Insurance Problem	Spend More on Health Care	Oppose Soc Sec Stock Market	Poverty a Problem	Reduce Income Difference
<i>Level 2 variables</i>						
Intercept						
Intercept	2.023** (0.123)	2.851** (0.178)	1.669** (0.081)	-0.054 (0.095)	1.463** (0.088)	0.914** (0.110)
Population density (1000 per sq mile)	0.009 (0.005)	0.002** (0.006)	0.001** (0.003)	0.005** (0.001)	0.011** (0.003)	0.001** (0.003)
Median household income (in \$1000s)	-0.003 (0.002)	-0.006* (0.002)	0.004** (0.001)	-0.000 (0.001)	0.001 (0.001)	0.000 (0.002)
Young age slope						
OASQ (binned)	0.012* (0.006)	0.027** (0.008)	0.013** (0.004)	0.011* (0.005)	0.011** (0.004)	0.019** (0.005)
Old age slope						
OASQ (binned)	0.008 (0.007)	0.016 (0.012)	0.011* (0.005)	0.012 (0.007)	-0.002 (0.006)	-0.004 (0.007)
<i>Level 1 variables</i>						
Young age	-0.211** (0.045)	-0.282** (0.067)	-0.242** (0.031)	-0.539** (0.046)	-0.129** (0.036)	0.161** (0.044)
Old age	-0.747** (0.076)	-0.320** (0.114)	-0.532** (0.051)	0.501** (0.068)	-0.362** (0.056)	-0.391** (0.074)
Republican	-0.440** (0.038)	-0.572** (0.053)	-0.681** (0.025)	-0.496** (0.035)	-0.483** (0.028)	-0.554** (0.038)
Democrat	0.569** (0.043)	0.859** (0.072)	0.604** (0.027)	0.418** (0.033)	0.486** (0.032)	0.450** (0.036)
Income 10 to 15K	-0.192 (0.100)	0.400 (0.165)	-0.119 (0.066)	-0.038 (0.074)	0.115 (0.074)	-0.175* (0.089)
Income 15 to 25K	-0.195* (0.091)	0.125 (0.144)	-0.200** (0.057)	-0.095 (0.067)	0.041 (0.063)	-0.219** (0.078)
Income 25 to 35K	-0.443** (0.087)	0.077 (0.138)	-0.334** (0.056)	-0.209** (0.063)	0.037 (0.062)	-0.470** (0.075)
Income 35 to 50K	-0.588** (0.086)	-0.258* (0.130)	-0.557** (0.054)	-0.382** (0.065)	-0.172** (0.059)	-0.669** (0.073)
Income 50 to 75K	-0.756** (0.085)	-0.496** (0.129)	-0.652** (0.054)	-0.474** (0.063)	-0.255** (0.059)	-0.892** (0.074)
Income 75 to 100K	-0.998** (0.087)	-0.669** (0.134)	-0.772** (0.058)	-0.482** (0.071)	-0.379** (0.063)	-1.157** (0.080)
Income 100 to 150K	-1.106** (0.096)	-0.655** (0.143)	-0.796** (0.063)	-0.714** (0.082)	-0.476** (0.068)	-1.352** (0.089)
Income 150K or more	-1.155** (0.111)	-0.952** (0.151)	-0.868** (0.070)	-0.839** (0.094)	-0.585** (0.075)	-1.695** (0.105)
White	-0.404** (0.059)	-0.127 (0.079)	-0.355** (0.033)	0.016 (0.041)	0.082* (0.036)	-0.371** (0.044)
Religious service attendance	0.006 (0.012)	0.042* (0.019)	-0.040** (0.008)	-0.023* (0.011)	0.048** (0.010)	0.006 (0.012)

Level 1 N =	20661	20717	45200	23942	45784	20067
Level 2 N =	2445	246	2777	2500	2778	2417

Source: NAES 2000 and U.S. Census 2000; **p<0.001 *P<0.05

Table 2. HGLM Results for Health and Security Attitudes in 2004

	Spend More Health Insurance	Reduce Income Differences
<i>Level 2 variables</i>		
Intercept		
Intercept	0.706** (0.125)	-0.140 (0.091)
Population density (1000 per sq mile)	0.015* (0.006)	0.006** (0.002)
Median household income (in \$1000s)	0.003 (0.002)	0.003* (0.001)
Young age slope		
OASQ (binned)	0.024** (0.007)	0.016** (0.005)
Old age slope		
OASQ (binned)	0.002 (0.007)	0.011* (0.006)
<i>Level 1 variables</i>		
Young age	-0.238** (0.061)	0.126** (0.040)
Old age	-0.535** (0.077)	-0.423** (0.064)
Republican	-0.739** (0.040)	-0.711** (0.029)
Democrat	0.889** (0.051)	0.578** (0.030)
Less than 10K	1.087** (0.117)	0.793** (0.081)
Income 10 to 15K	1.121** (0.116)	0.888** (0.080)
Income 15 to 25K	0.955** (0.098)	0.887** (0.073)
Income 25 to 35K	0.688** (0.087)	0.743** (0.060)
Income 35 to 50K	0.481** (0.082)	0.786** (0.060)
Income 50 to 75K	0.295** (0.078)	0.543** (0.055)
Income 75 to 100K	0.231** (0.082)	0.343** (0.059)
Income 100 to 150K	0.027 (0.088)	0.094 (0.057)
Nonwhite	0.440** (0.060)	0.050 (0.040)
Religious service attendance	-0.074** (0.014)	-0.028* (0.009)

Level 1 N =	80578	80578
Level 2 N =	2938	2938

Source: NAES 2004; **p<0.001 *P<0.05

Table 3. HGLM Results for Health Attitudes in 2008

	Favor Government Health Insurance	More Regulation for Health Industry
<i>Level 2 variables</i>		
Intercept		
Intercept	0.568** (0.090)	-0.151 (0.104)
Population density (1000 per sq mile)	0.009** (0.002)	0.002 (0.003)
Median household income (in \$1000s)	0.001 (0.001)	-0.001 (0.001)
Young age slope		
OASQ (binned)	0.012 (0.007)	0.008 (0.008)
Old age slope		
OASQ (binned)	0.006 (0.005)	0.001 (0.006)
<i>Level 1 variables</i>		
Young age	0.080 (0.058)	0.124 (0.064)
Old age	-0.478** (0.055)	0.039 (0.065)
Republican	-0.965** (0.035)	-0.402** (0.041)
Democrat	0.816** (0.034)	0.552** (0.039)
Income 10 to 15K	0.412** (0.083)	0.144 (0.097)
Income 15 to 25K	0.483** (0.064)	0.128 (0.077)
Income 25 to 35K	0.351** (0.063)	0.177* (0.071)
Income 35 to 50K	0.259** (0.054)	0.234** (0.062)
Income 50 to 75K	0.118* (0.049)	0.122* (0.058)
Income 75 to 100K	-0.040 (0.053)	0.162** (0.062)
Income 100 to 150K	-0.220** (0.059)	-0.017 (0.064)
Income 150K or more	-0.329** (0.061)	-0.136* (0.068)
White	-0.345** (0.045)	0.038 (0.047)

Religious service attendance	-0.131** (0.011)	0.002 (0.013)
Level 1 N =	24081	15986
Level 2 N =	2481	2212

Source: NAES 2008 and U.S. Census 2010; **p<0.001 *P<0.05

Figure 4. Predicted Probability of Reporting Health Attitudes Among Younger Adults by the Proportion of Older Adults Living in a County

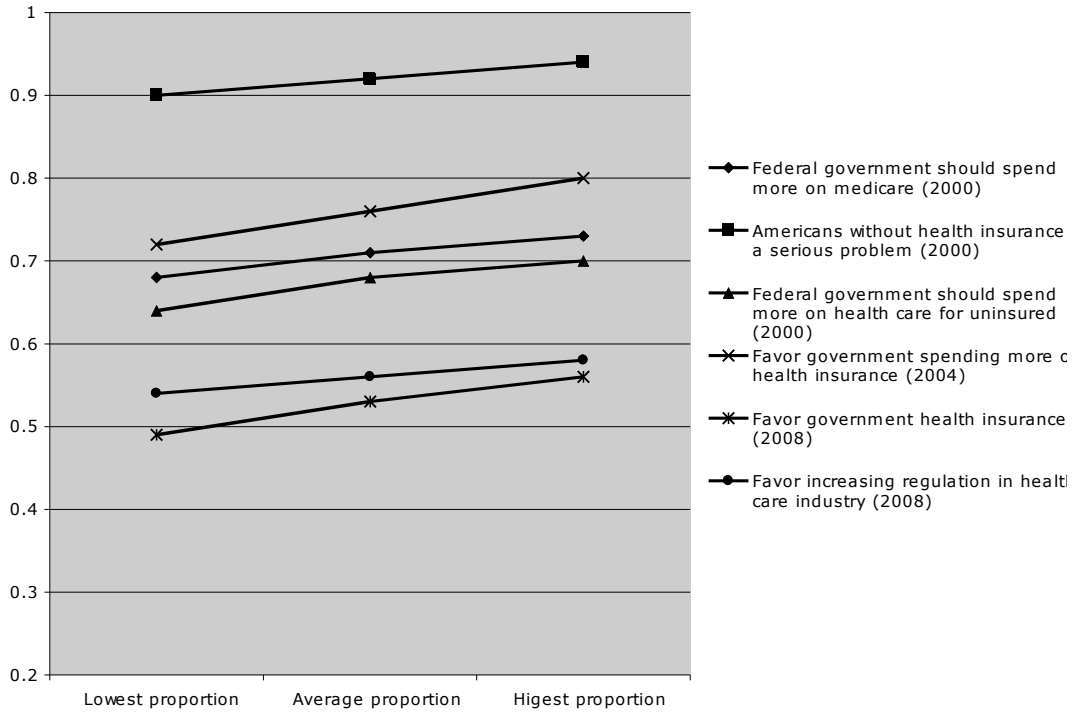


Figure 5. Predicted Probability of Reporting Health Attitudes Among Older Adults by the Proportion of Older Adults Living in a County

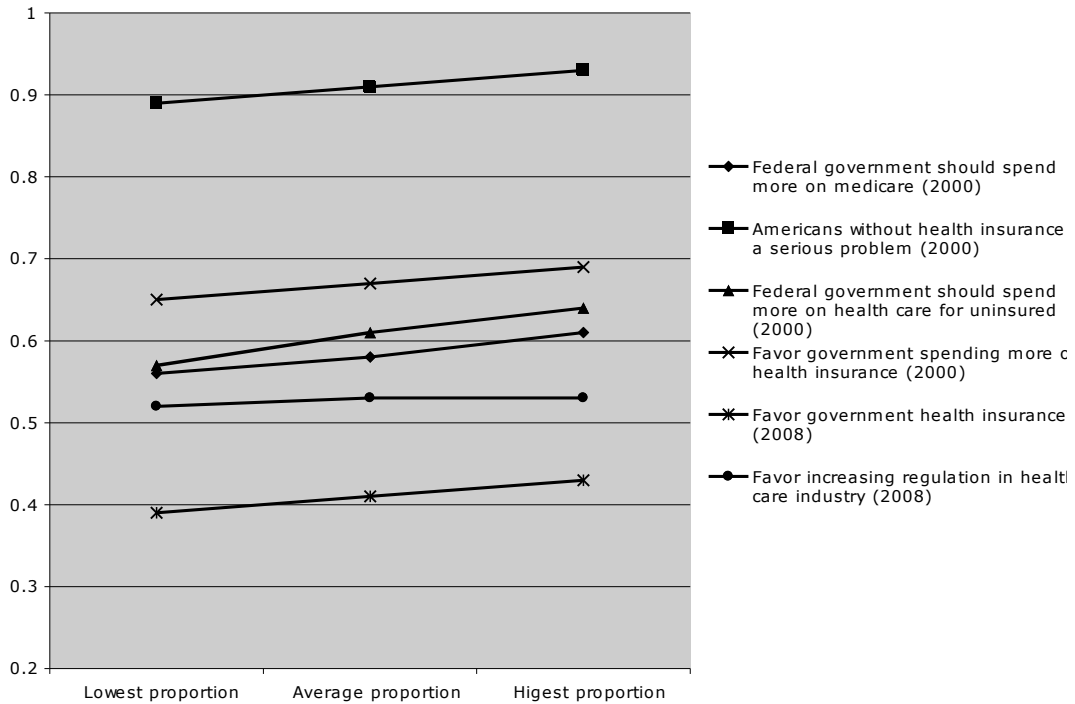


Figure 6. Predicted Probability of Reporting Security Attitudes Among Younger Adults by the Proportion of Older Adults Living in a County

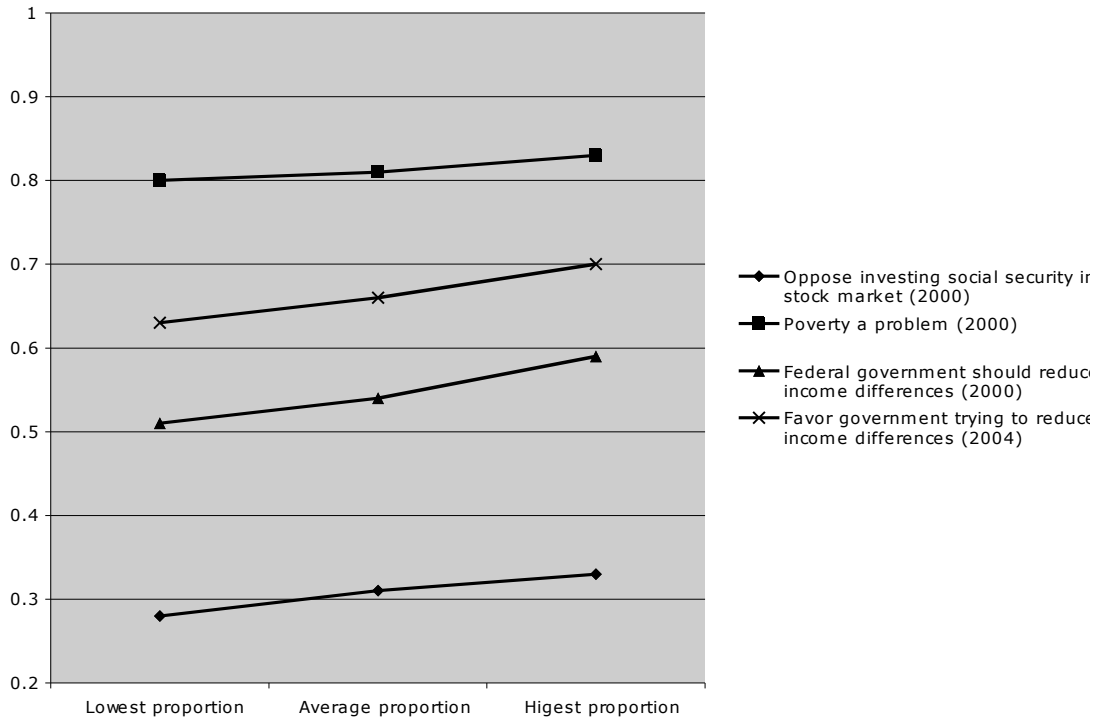
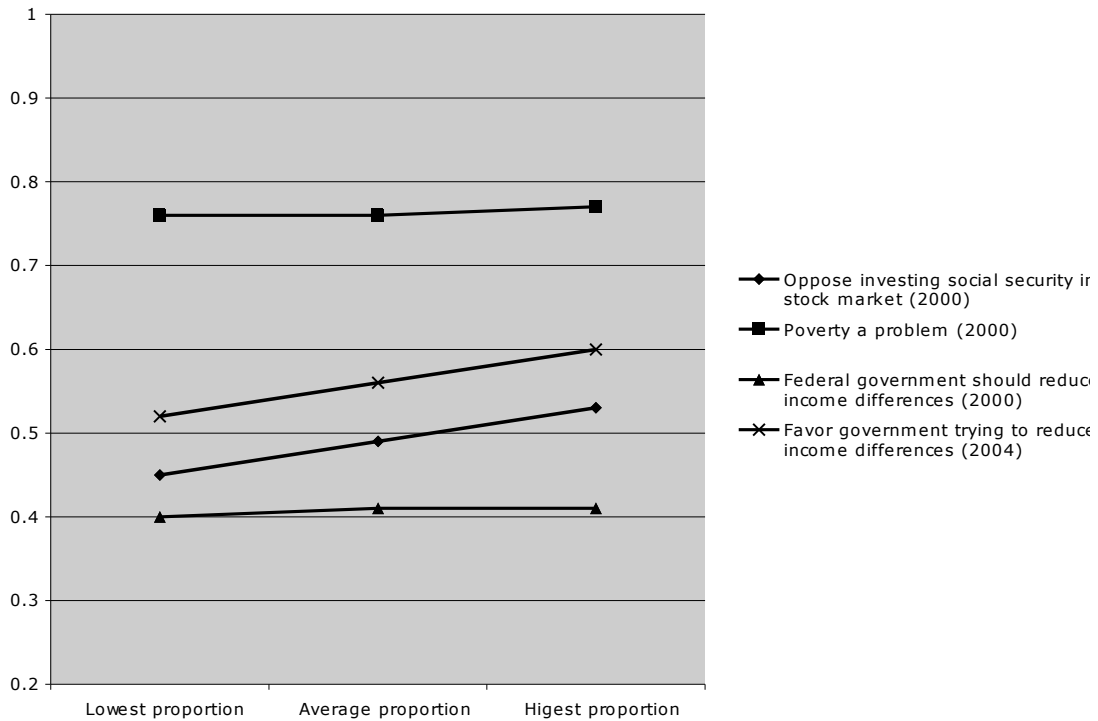


Figure 7. Predicted Probability of Reporting Security Attitudes Among Older Adults by the Proportion of Older Adults Living in a County



Appendix

Table A1. Dependent Variable Question Wording (NAES 2000, 2004, and 2008)

Variable	Question wording
Spend More Medicare (2000)	Federal government should spend on Medicare
Recoding	Federal government should spend MORE on Medicare
Without Health Insurance a Problem (2000)	Americans without health insurance a problem
Recoding	Americans without health insurance an EXTREMELY SERIOUS or SERIOUS problem
Spend More on Health Care (2000)	Federal government should spend on health care for uninsured
Recoding	Federal government should spend MORE on health care for uninsured
Oppose Soc Sec Stock Market (2000)	Favor investing social security in stock market
Recoding	OPPOSE investing social security in stock market
Poverty a Problem (2000)	Poverty a problem
Recoding	Poverty an EXTREMELY SERIOUS OR SERIOUS PROBLEM
Reduce Income Differences (2000)	Federal government should reduce income differences
Recoding	Federal government should reduce income differences (YES)
Spend More on Health Insurance (2004)	Favor government spending more on health insurance
Recoding	Favor government spending MORE on health insurance
Reduce Income Differences (2004)	Favor government trying to reduce income differences
Recoding	STRONGLY AND SOMEWHAT FAVOR government trying to reduce income differences
Favor Government Health Insurance (2008)	Favor government health insurance or current private system
Recoding	Favor ONE GOVERNMENT health insurance PROGRAM
More Regulation for Health Industry (2008)	Increase competition or regulation in health care industry
Recoding	INCREASE REGULATION in health care industry