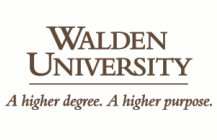

2018

Regression Analysis of Young Elderly Americans' Needs to Alleviate Poverty

Barbara Ann Parker
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Barbara Parker

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Anne Hacker, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Mi Young Lee, Committee Member,
Public Policy and Administration Faculty

Dr. Michael Brewer, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
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Abstract

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Barbara Ann Parker

MPM, University of Maryland, College Park, 2009

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

February 2018

Abstract

Demographics are changing for the young elderly population in America, and poverty is a growing concern among this population. The purpose of this correlational study was to examine the relationship between young elderly demographics and income level, and between government programs and economic status. Rawls's theory of justice was useful to examine the relationship between predictor variables and the outcome variable. Secondary data came from the U.S. Census Bureau's Current Population Survey from March 2016. The results of multiple and logistic regressions indicated no statistically significant linear correlation. There was no statistical linear correlation between income level and region, race, education level, occupation status, sex, marital status, or employment status. Moreover, there was no statistically significant linear correlation between income level and medical equipment expenditures, health insurance payments, medical out of pocket expenses, Supplemental Nutrition Assistance Program (SNAP) status, and housing. Finally, the independent variables social security, supplemental security income (SSI), Medicare, Medicaid, public housing, and SNAP were not statistically significant in predicting the dependent variable of economic status. Implications for positive social change are to provide information to policymakers and researchers about the changing needs and demographics of the young elderly so that they can develop policies and programs that focus on their needs. Although the findings of this study revealed no new information to researchers or governmental policymakers, the work taken as a whole, highlights the need for continued study and policy consideration related to this generation of the American population.

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Dedication

I dedicate this dissertation to my adoring daughter, Ursa, for supporting me as I completed this academic journey. I dedicate this dissertation to Daniel, my godson, who lifts my spirit every day and gives me a reason to complete my goals. I dedicate this dissertation to my mother and father, Olivia Jackson and Tommie Jackson, who were caring and encouraging all their lives, especially regarding educational accomplishments. I also dedicate this dissertation to Professor Cynthia Donaldson Steele, who is a postmodern pioneer in the medical field of dementia care. Professor Steele is a scholar, nurse hero, and one-person SWAT team. She holds a bachelor's degree in Nursing and a master's in Public Health. Last, I want to dedicate this dissertation to the young elderly population in the United States, especially the poor young elderly who struggle to survive. This research study may begin a comprehensive discussion of the needs, demographics, and demands of the young elderly population.

Acknowledgments

I was fortunate to have an award-winning dissertation committee. I am very grateful to Dr. Anne Hacker for being the chair of my dissertation committee and for her leadership and direction through this demanding research study. Dr. Hacker's support and guidance were instrumental to my successful completion. I am very thankful to my second committee member, Dr. Mi Young Lee, for her patience and diligence. Dr. Lee set new standards for quality. I am thankful to Dr. Michael Brewer, university research reviewer, who helped me to set the foundation and shape my research. I am grateful to Dr. Sandra Harris and Dr. Zin Htway for their understanding and teaching of research methodology. I am also thankful to the U.S. Census Bureau for its survey data and its interpretation of the data.

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Chapter 1: Introduction

Overview

For young elderly Americans (seniors between the ages of 65 and 74), the aging process is a diverse path of needs, choices, and experiences. As the young elderly age, society ages as well. When society ages, it influences every aspect of public policy, from the needs of the young elderly to the policy changes in government programs and institutions to how the government measures poverty (Hutto, Waldfogel, Kaushal, & Garfinkel, 2011). An increasing percentage of baby boomers is reaching the retirement age of 65 (Himes, 2002). This rate of growth is faster than any other population in the United States (US Department of Health and Human Services, 2014). Millions of young elderly Americans are becoming 65 and older, and there are implications for U.S. society, including a higher rate of poverty for the young elderly (Greenburg, 2011). A higher rate has directly affected the economy, families, health care, and education (US Department of Health and Human Services, 2014). Positive social change implications relate directly to policy changes to alleviate poverty in America (Guzman, Pirog, & Seefeldt, 2013).

Background of the Problem

Himes (2002) pointed out that in the young elderly population, baby boomers have become a driving force that is changing the population and public policies. Baby boomers were born between 1946 and 1964, and they began to turn 65 in 2011. Their increased numbers and their characteristics have determined their economic and social impact. Baby boomers (young elderly) are having a different type of retirement experience, because they have higher educational levels, skills, incomes, and health

quality. Although these characteristics may alleviate some economic problems created by large numbers of retirees, other baby boomer characteristics may have negative results such as higher divorce and disability rates (Greenburg, 2011). An increased rate of growth in the young elderly population and public policies may have unpredictable outcomes (Himes, 2002). According to Lovett (2011), this may yield negative results such as a higher rate of poverty for the young elderly that may be difficult to justify through the principles of justice, which was the focus of this study.

Besharov and Call (2009) indicated that America is in the middle of a profound transformation in demographics, and that the aging of its young elderly population may increase the young elderly poverty rate. Himes (2002) reported that most of the seniors 65 and older were in the young elderly population. More than half of female seniors were young elderly, as were about three fifths of male seniors. Approximately a third of women and men seniors were 75 to 84 years old. One sixth of women seniors and one tenth of men seniors were 85 and older. This distribution of age is likely to be the same until 2030. However, there will be significant changes in 2050, when the size of the young elderly age group will decrease (US Department of Health and Human Services (2014). Members of the 85 and over group will increase significantly. Most of the baby boomers will become older and will move from the young elderly group to the oldest group. In 2050, one quarter of women and one fifth of men will be in the oldest group (US Department of Health and Human Services, 2014).

Changes in the direction of the distribution of age put additional stress on federal, state, and local budgets, which include retirement benefits or entitlements such as social

security, Medicare, and Medicaid. Pressure on government budgets may have a negative impact on the economic status of the young elderly (young old), old, and oldest old, because most of them are retired. They also have a high rate of medical bills, disabilities, and admissions to hospitals, rehabilitation centers, and nursing homes. Many of them have fallen below the poverty line (Besharov & Call, 2009).

In U.S. culture, *poverty* is defined as monetary and resource deprivation (Iceland, 2013). According to Pease (2004), a lack of indoor plumbing is considered a sign of poverty, and people usually compare themselves with their present generation, not their predecessors. Historically, the young elderly poverty rate has declined over time. In 1968, the young elderly were one-fourth of all seniors 65 and older living in poverty. By 1970, the young elderly poverty rate decreased, which was observed in all the other senior age groups. In 1980, the poverty rate for the young elderly continued to decrease, and the poverty rate for this group is 11% (Iceland, 2006).

The U.S. Department of Health and Human Services (2014) revealed that poverty among the young elderly varies by race, ethnicity, sex, household, and geographical location. Whites have the lowest poverty rate, followed by Hispanics and Blacks. Minority groups have the highest rates of poverty among the young elderly who live alone (e.g., Blacks, Hispanics, and Asians). Whites who live alone have the lowest rates of poverty (U.S. Department of Health and Human Services, 2014). Women have the highest rates of poverty in all races and ethnic groups who live by themselves (U.S. Department of Health and Human Services, 2014). In 2009, Black and Hispanic women's poverty rates were almost double the rates of Black and Hispanic men (Iceland,

2013). Rural areas have higher rates of young elderly poverty than urban areas (US Department of Health and Human Services, 2014). Rural areas usually have higher percentages of young elderly in their population (US Department of Health and Human Services, 2014). Most of the young elderly residents who live in rural areas are rooted in place, meaning that they are less likely to migrate when they reach retirement age (U.S. Department of Health and Human Services, 2014).

Of the over 200 scholarly articles and books I examined for my literature review on the young elderly, Besharov and Call (2009) provided the broadest and clearest picture of the young elderly in the United States. They discussed different issues, such as age distribution, poverty, wealth, retirement benefits, entitlements, health care, housing, and measurement of poverty. Most of the other scholarly literature I read addressed matters that affect the young elderly as a subgroup, such as housing and health care, rather than discussing them as a separate population (Himes, 2002; Iceland, 2013).

Problem Statement

The economic and social well-being of the young elderly (seniors between the ages of 65 and 74) in America has significantly improved since 1968 (Iceland, 2013). Although there has been a steady decrease in the poverty rate, there are still differences in earnings among seniors despite the economic growth at the end of the 20th century. About 11.8% of young elderly Americans had incomes below the official poverty threshold, and many were living barely above the poverty line (Greenberg, 2011). The young elderly with one or more of the following characteristics may be at risk of economic deprivation: less educated, history of low earnings, poor health, living alone,

and members of minority groups. These seniors usually depend on public programs such as social security (Kotlikoff, 2011), Medicare, Medicaid, and housing to support their basic economic and social needs (Simmons, 2011). However, their major concern is the rising cost of medical out-of-pocket (MOOP) expenses. A lack of new policies that support the young elderly's needs in social security, Medicaid, long-term health care, MOOP expenses, housing, and other social programs may negatively affect their economic and social well-being (Besharov & Call, 2009).

Purpose

The purpose of this quantitative secondary correlational research study is to determine the relationship between income level and region, race, education level, occupation status, sex, marital status, and employment status. The significance of this relationship is that it may explain how region, race, education level, occupation status, sex, marital status, and employment status affect income level. Also, to determine the relationship between income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing. The significance of this relationship is that it may explain how medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing influences income level. Last, to determine if social security, SSI, Medicare, Medicaid, public housing, and SNAP were predictors of economic status. The significance of this prediction is used to estimate the probability of economic status and social security, SSI, Medicare, Medicaid, public housing, and SNAP. This study used valid and reliable statistical measures to analyze the variables under investigation.

Research Questions and Hypotheses

Research questions (RQs) and hypotheses are important in social science public policy research. Research questions should be well-defined and to the point. Research hypotheses should be stated as directional hypotheses that include a null hypothesis and an alternative hypothesis. Good hypotheses are clear and convey a relationship between variables (Rudestam & Newton, 2007). The research questions and hypotheses were as follows:

RQ1: Do the seven independent or predictor variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly (income level)? If so, which is most significant?

$H_0 1$: None of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly.

$H_a 1$: Some or all of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly.

RQ2: Do income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, Supplemental Nutrition Assistance Program [SNAP], or housing) predict the number of poor young elderly?

$H_0 2$: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) do not predict the number of poor young elderly.

H_a2: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) predict the number of poor young elderly.

RQ3: Do government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status?

$H_0 3$: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) do not affect the young elderly's economic status.

$H_a 3$: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status.

Theory

Theory refers to two interrelated hypotheses that describe behaviors, actions, events, measures, and results. Sometimes a theory functions as a foundation for predicting the future. Theory tests are similar to hypothesis tests, but some tests evaluate interrelated hypotheses together. Researchers use theories to make predictions, and the results of a measurement help researchers to select one theory over another (Creswell, 2009).

In the theory of justice, Rawls argued that a society must have principles to be just (Lovett, 2011). For the principles to develop, a veil of ignorance must surround most of the individuals who live in the society. Individuals who live in the society must have no knowledge about their place, position, mental abilities, physical abilities, rational living, culture, generation, economic status, or political views. Not knowing this information allows individuals who live in the society to develop principles that do not

relate their personal need. However, individuals in original positions understand politics, economics, shared organizations, and psychology. They must act with reasonable personal interest and be knowledgeable about justice (Lovett, 2011).

Rawls (1999) also maintained that individuals in the original position have developed two principles of justice. The first principle is that there is equal liberty for all. The second principle is that economic and social injustices must change to benefit the poorest individuals, in accordance with the just savings principle. Also, all public and private offices and positions fall under fair equality of opportunity. However, these individuals must establish the first principle before the second principle (Kymlicka, 2002).

Collins and Makowsky (2009) used functional theory to analyze the Social Security Administration, Medicare, Medicaid, and net imputed benefits in regard to the social well-being of the young elderly. Their social well-being has significantly improved since 1968 in America. There are several ways to measure this improvement, including absolute income levels, incomes relative to other groups in the population, and poverty rates. Improvement is also visible in more discursive measures that include the value of in-kind (or non-cash) benefits such as Medicare, Medicaid, and net imputed rent benefits (Clark, Burkhauser, Moon, Quinn, & Smeeding, 2004).

Researchers have used intersectional theory to analyze race, class, gender, and social location of the young elderly (P. Collins, 1993). Although there has been a steady decrease in the poverty rate among the young elderly in America, there are still differences in earnings among these seniors despite the economic growth at the end of the

20th century. About 11.8% of young elderly Americans have incomes below the official poverty threshold, and many are living barely above the poverty line (Himes, 2002). The young elderly with one or more of the following characteristics may be at risk of economic deprivation: less educated, history of low earnings, poor health, live alone, and members of minority groups. These seniors usually depend on public programs such as social security, Medicare, and Medicaid to support their basic economic and social needs; however, their major concern is rising MOOP expenses (Clark et al., 2004).

Nature of the Study

The nature of this study was quantitative, with secondary data and a survey design. Quantitative research was necessary to measure the needs and demographics of the young elderly. This involved quantifying survey data and generalizing results from a population sample of young elderly participants. Focusing on the needs and demographics of the poor young elderly was consistent with functional theory (Collins & Makowsky, 2009) and the way social systems play a role in supporting those needs. Many baby boomers who reach retirement age are likely to be poor (Himes, 2002). This quantitative study addressed the needs and demographics of this population.

Definitions

The following list includes the key terms I used in my quantitative study.

Baby boomers: Individuals born between 1946 and 1964 (U.S. Department of Health and Human Services, 2014).

Imputed rent: The circumstance in which individuals who own and live in their homes subtract mortgage interest and property taxes from their taxable income. Imputed

rent is the amount of money a homeowner would pay to live in a home like the one he or she owns. The homeowner gains benefits, such as building wealth and having a stake in the community (Besharov & Couch ,2012).

Old: Seniors who are between 75 and 84 years of age (U.S. Department of Health and Human Services, 2014).

Oldest old: Seniors who are 85 and older (U.S. Department of Health and Human Services, 2014).

Young elderly: Seniors who are between 65 and 74 years old (Himes, 2002).

Assumptions

The first assumption was that Congress persons and other leaders in the government who can affect policy may use the study results to produce positive social change for the young elderly Americans, for example, making some retirement programs comprehensive. A second assumption was that the young elderly poverty rate will increase significantly when baby boomers retire at age 65 and older. By 2030, millions of baby boomers will be members of the young elderly population (U.S. Department of Health and Human Services, 2014). Furthermore, I assumed that the young elderly secondary data that I used constituted a large probability sample. The U.S. Census Bureau secondary data included a description letter. I received these data from the Maryland Population Center at the University of Maryland, College Park, which offers a publicly available data set from the U.S. Census Bureau.

Scope and Delimitations

The purpose of this quantitative study was to examine and determine the needs of the young elderly, especially the poor young elderly. The quantitative design included young elderly secondary data from the U.S. Census Bureau. It also included a survey design with closed-ended questions (Frankfort-Nachmias & Nachmias, 2008).

There were two delimitations in my quantitative study that limited the scope. The first delimitation was the young elderly population. I researched this population because of the increased number of baby boomers turning 65 and older. These baby boomers have unique characteristics and needs. Most of the seniors who live in America are in the young elderly population. The second delimitation was the geographical location of my study, which was in America. Baby boomers are unique in American culture. They were born after World War II.

Limitations

Limitations in my quantitative study were associated with the research questions and regression models (Mertler & Vannatta, 2013). All of the variables in RQ1-RQ3 were quantitative. In RQ1 and RQ2, there were two or more independent variables in each research question, and they were either continuous or categorical. Continuous variables must be on an interval or ratio scale, and categorical variables must be on an ordinal or nominal scale. Independent variables are permanent, and their measurement should be accurate. Examples of nominal variables are sex (female or male) and race (e.g., Caucasian, African American, Hispanic, or Chinese). Each dependent variable was a continuous variable. The dependent variables and the independent variables should

have linear relationships. RQ1 and RQ2 addressed relationships between variables. The RQ3 dependent variable was categorical, and it had only two categories. There were one or more independent variables. This research question focused on group prediction (see Mertler & Vannatta, 2013).

Significance

Using the quantitative research method, I attempted to fill a gap in public policy and administration literature by examining the needs and demographics of the young elderly as they enter retirement age. The study findings may contribute to positive social change through influence on practice and public policy. Because research did not exist on the young elderly population as a separate group, the impact of the increasing number of baby boomers on the young elderly and their demographics was unknown. My quantitative study may enable scientists, researchers, policymakers, and government stakeholders to understand the negative and positive impacts that the baby boomers have on the young elderly population. For example, a negative impact may be the young elderly having a higher rate of poverty. Based on the findings of this study, policy makers and government officials may be able to understand the needs of the young elderly so they can create new policies and programs and build on existing ones. Using this research, policymakers are in the best position to make positive social changes for programs and policies, and to justify the expenditures in their budgets. Stakeholders may discuss and debate my findings to address the needs of the young elderly, especially the poor young elderly, and to develop future policies and programs.

Summary

The young elderly population has more seniors than any other population age group. This increased growth is due to the baby boomers, who began turning 65 in 2011. In 2030, 1 in 5 American citizens will be 65 or older (U.S. Department of Health and Human Services, 2014). As the baby boomers reach retirement age and become members of the young elderly population, their demographics and needs are changing. What is important is the impact of the young elderly on retirement programs such as social security and Medicare, and the impact of the young elderly on the poverty rate. Prior to this study, there was no research on the young elderly as a separate population (U.S. Department of Health and Human Services, 2014). Through quantitative research, I examined the demographics and needs of the young elderly, especially the poor young elderly.

Chapter 1 has included the background, problem, purpose, research questions, hypotheses, theory, and rationale for the study. It has also discussed the assumptions, scope and delimitations, limitations, and significance of the study. Chapter 2 includes the literature review and important variables related to the theoretical foundation, as well as the strategies I used to find scholarly literature. Most of the scholarly articles I found addressed the young elderly as a subgroup of the elderly population.

Chapter 2: Literature Review

This chapter presents a review of the relevant literature. Its major sections are theories, theoretical framework, and a review of the literature on the main variables. The theories I used to address young elderly poverty are the theory of justice, functional theory, and intersectional theory. In this deductive study, the theoretical framework included poverty and the needs of the poor young elderly. Some of the key variables in the scholarly literature were social security, Medicare, Medicaid, and income.

The current scholarly literature on the poor young elderly only briefly addresses the poor young elderly as a subgroup of elderly poverty (Himes, 2002; Iceland, 2006). Not only does this show a gap in social science research on the poor young elderly, but it shows the need for this type of research. This research study was necessary because the young elderly demographics are constantly changing. Their rate of growth is increasing more than the younger population. At the same time, the number of poor young elderly is increasing. One of the major reasons for this study was that the baby boom generation began to turn 65 in 2011 (Himes, 2002). This large cohort's needs are also changing, and baby boomers are demanding policies, products, services, and an environment that fits their changing physical, mental, social, and emotional abilities. Understanding the poor young elderly's needs may help social scientists to predict their future needs.

The economic and social well-being of the young elderly (seniors between the ages 65 and 74) in the United States has significantly improved since 1968 (Iceland, 2006). Although there has been a steady decrease in the poverty rate, there are still differences in earnings among these seniors despite the economic growth at the end of the

20th century. Approximately 11.8% of young elderly Americans have incomes below the official poverty threshold, and many are living barely above the poverty line (Greenberg, 2011). The young elderly with one or more of the following characteristics may be at risk of economic deprivation: less educated, history of low earnings, poor health, live alone, and members of minority groups. These seniors usually depend on public programs such as social security (Kotlikoff, 2011), Medicare, Medicaid, and housing to support their basic economic and social needs (Simmons, 2011). However, their major concern is rising MOOP expenses. A lack of new policies that support the young elderly's needs in social security, Medicaid, long-term health care, MOOP expenses, housing, and other social programs may negatively affect their economic and social well-being (Besharov & Call, 2009).

The purpose of this quantitative secondary correlational research study is to determine the relationship between income level and region, race, education level, occupation status, sex, marital status, and employment status. The significance of this relationship is that it may explain how region, race, education level, occupation status, sex, marital status, and employment status affect income level. Also, to determine the relationship between income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing. The significance of this relationship is that it may explain how medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing influences income level. Last, to determine if social security, SSI, Medicare, Medicaid, public housing, and SNAP were predictors of economic status. The significance of this prediction is used to estimate the probability of

economic status and social security, SSI, Medicare, Medicaid, public housing, and SNAP. This study used valid and reliable statistical measures to analyze the variables under investigation.

Literature Search Strategy

I used different databases in Walden's library to search for scholarly literature on my research topic. I also used Google Scholar to search for peer-reviewed articles, dissertations, theses, books, abstracts, and other scholarly literature. One of its most useful features is its citation index. Many articles have sublists of published resources the articles cite (Walden University, 2011a).

SocINDEX with Full Text is an excellent and comprehensive sociology research database. This database contains resources from a variety of different subjects such as sociology, politics, economic development, and demography. It also has full-text articles from journals and conferences. SAGE Premier is another database I used. This database includes prominent journals from political science, policy studies, U.S. government, political theory, and philosophy. Using Sage Premier allowed me to retrieve peer-reviewed articles from more than 645 journals. Academic Search Complete is a multidiscipline database that allowed me to access scholarly articles from about 4,400 peer-reviewed journals (Walden University, 2011b).

My goal for my literature review was to obtain quality, scholarly articles on the young elderly, especially the poor young elderly, published within the last 5 years. For many of the articles, I obtained the full title from citation indexes and from seminars, conferences, and government hearings on aging Americans. I also used search terms

such as *Medicaid, social security*, and *retirement* as well as Boolean operators (AND, OR, NOT, or NEAR). Most of the scholarly articles I chose for my literature review came from Google Scholar, SocINDEX with Full Text, SAGE Premier, and Academic Search Complete.

Theoretical Foundation

The theory of justice, functionalist theory, and intersectionality theory are important to the social science discipline. I used these theories to analyze and support my study to produce positive social change. I used the theories to connect the introduction, literature review, and research methods, and to explain important principles and relationships between phenomena. I also used these theories to interpret and explain the phenomenon (see Isaac, 2010).

Rawls's theory of justice is a rational approach to defining and measuring young elderly poverty in the United States (Lovett, 2011). Rawls maintained that justice is fairness, and that there are two fundamental principles of justice in U.S. society. The first principle is that each individual should have the same fundamental liberties in a society. This principle is the foundation of government constitutions. Under the U.S. constitution, the poor young elderly have the same rights as other citizens. Justice as fairness requires that all citizens have equal rights. The second principle is that collective and economic differences fulfill two conditions. These differences relate to workplaces and positions under the Equal Employment Opportunity Act. Additionally, under the difference principle, the poor young elderly should get the maximum benefits (Lovett, 2011).

Shared coordination, collaboration, and cooperation are necessary so that the poor young elderly can live a respectable life. As U.S. citizens, the poor young elderly want a voice in how to divide the benefits among them. In Rawls's (1999) theory of justice, justice as fairness includes the idea that coordination, collaboration, and cooperation are fair to all the poor young elderly who live in a society where all citizens are free and equal. One can view Rawls's analysis broadly as a fusion of positive and negative ideas (Kymlicka, 2002).

Rawls's (1999) positive distribution view was based on equality and mutual benefit. According to Rawls, the distribution of social goods should be equal except when an unequal distribution would be a benefit to everyone. Because the poor young elderly have the same basic equalities as other citizens, justice as fairness should start from the concept that there should be an equal distribution of all coordinated, collaborated, and cooperative products. In turn, justice demands that any differences must benefit all U.S. citizens, especially the poor young elderly, who have more needs. Equality determines the standard, and any inequalities must benefit all the young elderly population, especially the poor young elderly. The driving forces of Rawls's theory of justice are equality and mutual benefit.

Rawls's (1999) view is that citizens should not judge by their intrinsic and extrinsic characteristics, nor should they judge by their positions in life. Moreover, the characteristics of race, age, class, or gender should not be salient. According to the theory of justice, the young elderly's characteristics are merely the result of chance, and they cannot have more or less of the advantages of social coordination, collaboration, and

cooperation because of these characteristics. For example, social institutions have no right to advantage or disadvantage a young elderly person who was born Black, poor, and/or female.

According to the functionalist theory, there is a relationship between social systems in U.S. society, such as social security; federal, state, and local governments; and health care systems (Collins & Makowsky, 2009). Functionalists argue that society comprises interdependent systems. A change in one function can affect another function (Calhoun, Gerteis, Moody, Pfaff, Schmidt, & Virk, 2012). The main concern of the functionalist perspective is the purpose of the function that each structure performs. Sometimes certain functions are not as apparent as others. Collins and Makowsky (2009) contended that Merton proposed different types of functions including manifest and latent. Manifest functions are planned outcomes of an action or social process, like the new social security benefit formula. Latent functions are unexpected outcomes; for example, the new social security benefit formula may not produce enough income for the projected increase of poor young elderly Americans. Additionally, some social systems may be dysfunctional because of an upset in social balance, such as the increasing number of baby boomers who are becoming eligible for social security retirement benefits. Durkheim and Parsons (as cited in Kalu, 2011) concluded that the changes in social systems occur in the interaction with other structures or individual structures.

Historically, social scientists have focused on age, race, class, and gender separately. However, the intersectionality theory holds that social locations created by the intersection of characteristics such as age, race, class, and gender should be the focus

(P. Collins, 1993). The multiplicity of age, race, class, gender, and social location may create diversity in individual and collective social experiences. Most research on age, race, class, and gender disregard the multiplicity of natural individual experiences, addressing only a portion of the composite whole (P. Collins, 1993).

To disregard an individual's race or class while studying his or her age experiences means risking omitting variations in the age experience due to the person's race or class. In addition to being a member of a race, a person is a certain age, belongs to an age cohort such as the young elderly, and is a member of a class such as the middle class or lower class. Some races, classes, and genders experience disadvantages in society because of their age and class position, compared to others in their same race, gender, and class. Regardless of their age, their race can give them further advantages over minority races and women of all classes. For example, young elderly poverty research studies on one group or one class of women do not provide a true understanding of different experiences (Brewer, Conrad, & King, 2002).

In everyday life, identities have many layers. However, when starting from micro, meso, and macro levels, citizens may appear to be the same from a particular country, state, city, community, family, racial or ethnic group, social class, or gender. Even though other characteristics are essential, some are more important than others. In the United States, a person's age, race, class, and gender have traditionally been important. Despite the desire for a color-blind society, the United States has never been a color-blind society, and it is not one currently. As in other societies, people divide

individuals by their age or gender, and class status has become less important (Brewer et al., 2002).

P. Collins (1993) wrote that researchers use intersectionality theory to analyze social policies and actions. The theory addresses multiple identities and illustrates the different kinds of experiences that occur due to multiple identities. Intersectionality focuses on the way in which age, race, class, gender, social location, and other characteristics affect systems of inequality. The theory also addresses social policies that recognize distinct individual experiences from the collective gathering of diverse identities.

Scholarly Articles Related to Important Variables

Poverty

Fording and Smith (2012) examined President Obama's leadership on poverty. This study focused on three objectives: (a) President Obama's administrative policies and programs on poverty, and the connection to U.S. trends on poverty; (b) President Obama's oratorical leadership on poverty, specifically in comparison to recent presidents; (c) President Obama's leadership as analyzed through theories. Fording and Smith analyzed cumulative poverty trends and the content of the President's weekly radio speeches. The results revealed that the poverty rate during President Obama's first term increased; however, the increases were lower than expected given the decline in the economy. The data revealed that the main reason for this finding was the American Recovery and Reinvestment Act of 2009. Evidence showed that President Obama provided a significant amount of oratorical leadership on poverty, even though the rate at

which he had alleviated poverty and helped the poor was not significant. There had been some success on poverty during President Obama's first term as president. His leadership style was facilitation rather than leading social change.

Stevens (n.d.) argued that shifting in and out of poverty usually happens after important events, for example getting married, getting divorced, and experiencing income changes. These shifts also relate to economic factors such as employment status and earnings. Stevens's examination of the impact of these factors illustrated the variations between short-term poverty, circumstantial poverty, and endemic poverty associated with employment status and household composition. He revealed that time worked and total income levels were significant predictors of the number of young elderly who avoid poverty yearly. The main findings were: (a) more time living in poverty related to fewer chances that a person will get out of poverty; (b) the local unemployment rate reduced the rate of getting out of poverty; and (c) the decrease of about $100.00 in weekly earnings in 20% of the respondents who participated in the survey may reduce the yearly rate of getting out of poverty. Patterns of poverty shifts usually mirror multifaceted relationships between short-term poverty, circumstantial poverty, and endemic poverty with employment status and household composition (Stevens, n.d.).

Demographics

Frey (2010) examined the baby boom generation population, which was born between 1946 and 1964. Some of them began to turn 65 in 2011. This trend is likely to continue for the next two decades. Baby boomers will increase the size of the senior population as the cohort ages, and they will become a major part of the senior population.

There were differences between the baby boom generation and previous generations, for example, (a) there was a higher percentage of divorces and separations, (b) there was a lower percentage of marriages, (c) baby boomers had fewer children, (d) fewer baby boomers belong to married households, (e) more may be living in poverty, (f) they are better educated, (g) they have a higher percentage of women in the workforce who are professionals and managers, (h) they have more ethnic and racial diversity than seniors of other generations, and (i) the baby boomer generation was important not only for its size, but also for its shared demographics, which clearly contrasted with previous generations.

The geographical location of baby boomers in the United States who are 65 and older will affect the structures of states, cities, and suburbs. It will produce a cultural generation gap. There is an uneven growth in the senior population of 65 and older because of the increased number of baby boomers, which increases the population of the young elderly. The fastest growing states for seniors 65 and older are the western states, for example Idaho, Arizona, and Utah, and to a lower degree, the southeast, for example, Georgia and South Carolina. Nevada and Alaska have had significant increases in the senior population 65 and older (Frey, 2010).

Morris (2011) contended that unavoidable change is coming, and that baby boomers accept change less willingly. As baby boomers age in place in America, divorce is one factor of life that will not change for them. Divorce is three times more likely for baby boomers than for their parents' generation, which lived through the depression and World War II. Many baby boomers get married, then get divorced and spend half of their money. Financially starting over in middle age may be challenging. Baby boomers who

were born in 1946 are over 65. For those who are divorced, or plan to be divorced, economic issues and medical issues come to the fore, especially if the divorced baby boomer is single and living alone. The Social Security Administration offers several different benefits. As baby boomers desire change, the Social Security Administration will change, now that the medical distribution system has changed in America. In this research study, the focus was on retirement medical benefits that are available to seniors 65 and older who are married, single, or divorced.

Young elderly people depend on social security benefits in different ways to pay for some of their individual needs. Social security is a safety net for qualified Americans whose income reduces because of retirement, disability, or death. People can collect social security retirement at age 62 with a reduced amount, or take the full amount at age 70. The Freedom to Work Act of 2000 has changed the backdrop for the young elderly who are married or divorced. When an eligible employee is full retirement age, he or she does not have to report income to Social Security Administration. However, in the year that the person reaches full retirement age, he or she must report the previous month of income. This act allows employees who are qualified for full retirement to earn unlimited income without penalty (Morris, 2011).

Ortman, Velkoff, and Hogan (2014) and Iceland (2013) only examined a few young elderly demographics, namely age, race, sex, and ethnicity, with a focus on Hispanic origin. I included not only age, race, sex, and ethnicity, but also geographical location, education, income, marital status, and employment status to determine the impact these demographics have on the young elderly. The quantity and structure of the

young elderly population is essential to the public and private domains, collectively and financially.

Between 2011 and 2030, America will undergo a significant growth in the young elderly population. In America in 2050, the elderly population may be 83.7 million, nearly twice the population of 43.1 million in 2012 (Iceland, 2013). The baby boomers are responsible for the increased growth of the young elderly population and will be responsible for the increased growth of the old (75-84) and the oldest old (85 and older). Baby boomers began to turn 65 in 2011, and if they live through 2050 they will be 85 and older (Ortman et al., 2014).

The aging of the young elderly population is having, and will have, a powerful impact on America. Aging in this scenario means that the numbers of young elderly, along with the old and the oldest old, will increase. All ages in the young elderly population and older populations in future decades will be more ethnically and racially diverse. The future growth of the young elderly population in America will create challenges for policy makers and social programs, for example, social security, Medicare, and Medicaid. It will also have an impact on healthcare, families, and organizations (Iceland, 2013).

Just as the young elderly population is likely to increase and to become more ethnically and racially diverse, the total population in America is likely to do the same. The Hispanic minority group is likely to be the majority in 2043. In 2030, over 20% of American residents will be 65 and older in comparison to 13% in 2010 and 9.8% in 1970 (Ortman et al., 2014).

Retirement Benefits and Retirement Income

The U.S. social security system has problems, and the authorities need to fix them. The system should be solvent, understandable, transparent, efficient, and fair. But it is not. In the past, politicians have tried to fix social security gradually, one step at a time. On the economic side, the one-step-at-a-time solution will only repeat the mistakes of the past; for example, the Greenspan Commission only had a temporary funding solution – not a permanent one (Kotlikoff, 2011).

The future social security system should have clear goals and objectives. This research study lays out an innovative design for a future social security system that Otto von Bismarck (the father of social security) would support. A new system reform plan should be (a) solvent; (b) progressive, so that low income individuals receive the same treatment as wealthy individuals, (c) transparent, so that individuals can understand what they are receiving for their contributions, and (d) low cost (Kotlikoff, 2011).

Claiming social security retirement is one of the most important decisions a senior can make. The decision should focus on economic security for later use in retirement years. Many seniors focus on the number of years lost for not receiving social security benefits, rather than losing benefits because of filing early. Economic security for the elderly (75 years and older) may be more important than living a lifestyle as a young elderly person (Tacchino, Littell, & Schobel, 2012).

Tacchino et al. (2012) argued that social security should undergo reform by having individuals use their 401(k) or other monetary accounts to purchase an annuity from social security. Some scientists and policy makers believe that reduced investment

savings are the cost of this option, and the increase in monthly benefits is the annuity it purchases. There are reasons why a social security annuity is attractive: (a) social security benefits are annuities protected from inflation when costs increase (business annuities can resemble them but are not identical); (b) business annuities have promotional, management, and risk-taking cost, which adds to the price (consequently business annuities will cost more than additional social security benefits); and (c) generally, purchasing an annuity from social security is attractive, but the interest rate of the social security annuity depends upon the interest rates in the business environment.

Today, seniors postpone retirement until after age 62 with an additional inflation-adjusted social security benefit. The percentage of interest will be higher for a senior postponing retirement after the age of 62, who use their savings to postpone their social security benefits (Tacchino et al., 2012).

The safe withdrawal retirement income strategy includes two decisive factors. They are current value maximization and the minimization of longevity risk from the postponement of portfolio longevity. Seniors who retire at age 62 and postpone claiming their social security will allow their investment savings to last longer. This research study offers valuable recommendations: (a) seniors can increase the longevity of their investment savings by postponing their social security retirement, (b) many seniors think of their retirement resources as being financial savings and social security benefits, and (c) for low-income seniors, social security is a higher share of their retirement resources or the only source of retirement income (Tacchino et al., 2012).

Many refer to retirement income for the young elderly as a “three-legged stool” because they can divide, label, and categorize it into three groups as government insurance programs, defined benefit pensions, and private savings accounts. Poterba (2014) found that retirement income included social security, SSI, imputed rent, earnings, co-resident extended family members, public and private pensions, and other investment accounts. Social security plays a major role in retirement income for the young elderly. Social security is the subject of a continuous public policy debate. Some Americans want government to push back social security, especially for higher income households, while other Americans want an increase in social security benefits for poor and low-income households. The second important source of retirement income for approximately half of the young elderly is public and private pensions. In the last 30 years, this part of the retirement income system has gone through a transformation, as it has shifted from defined benefit pensions to defined contributions pensions in the private sector. Defined contributions pensions have taken away some of the risks, for example, the risk of losing a job before the end of a career, employee decision risk, money market risk, and annual risk. The third source of retirement income is private savings accounts, which have no associations with retirement savings accounts. This is an important source of income for a small portion of the young elderly, mainly those in higher income households. Retirement provisions for the young elderly are diverse. Only a few of the young elderly benefit significantly from the three-legged stool. An increasing number of the young elderly in the higher income distribution depend on wages as part of their financial

support. Many of the young elderly in the lower half of the income distribution rely on social security as their main source of income (Poterba, 2014).

Radwan and Morgan (2010) focused on the elderly (65 and over, of which the young elderly is a subgroup) in the bankruptcy system, since there are more elderly Americans today than in the past. Furthermore, the rate of the elderly population is increasing, because baby boomers are turning 65 and older. The baby boomer generation is different than the silent generation (born between 1925 and 1945) or previous generations. It is likely to live longer than its predecessors, and baby boomers became adults during different economic periods. For example, credit was accessible, particularly unsecured credit such as credit cards. While credit was easy to obtain, baby boomers faced difficult economic times during the beginning of their labor force years. During the recession years in the 1980s, the baby boomers were in their 30s and 40s. Some research studies show that earners reach their highest income level at the age of 50 (Wu, 2006). At the age of 50, baby boomers should have been financially stable, but many were struggling financially, and they were disproportionately represented in the bankruptcy system. This is one of the reasons why the young elderly continue to work in larger numbers than previous generations (Radwan & Morgan, 2010).

Radwan and Morgan (2010) also maintained that in 2005, the average income for the young elderly was about $26,036 and the poverty rate was much lower than it is today. However, many of the young elderly have low incomes. Low income means having twice the yearly income of people who live below the poverty line. The conditions are worse for young elderly women, especially if they are single, because

these single women usually have half the income of young elderly men (Radwan & Morgan, 2010).

Even though the young elderly frequently obtain income from different sources, most of their income comes from retirement savings, pensions, employment, or government programs such as social security. Social security may be the most valuable source of income for the young elderly population. With no social security benefits, the poverty rate may triple. The importance of social security became clear when some of the young elderly left their jobs early prior to qualifying for social security benefits. They are more likely to have economic difficulties than those who qualified for social security at age 62 and over (Radwan & Morgan, 2010).

Governments never intended social security to be the only source of income for retirement. They aimed for it to return approximately 40% of previous income. Financial experts estimate that a young elderly person needs approximately 70% of his or her previous income to live securely (Radwan & Morgan, 2010). This means that a young elderly person needs approximately 30% of his or her previous income from pensions and retirement savings (Radwan & Morgan, 2010). Therefore, individuals with social security and pensions need to save money for retirement, and individuals who do not have pensions need to save more money for retirement.

Entitlement Programs

SNAP, previously known as the Food Stamp Program, offers food assistance to individuals and families. It is a means-tested federal government entitlement program that the U.S. Department of Agriculture (USDA) Food and Nutrition Service administers.

A means-tested entitlement program is a program for which one must be financially eligible. SNAP eligibility depends on household income, and its target is poor and low-income Americans, which includes the young elderly (Gorman, Smith, Cimini, Halloran, & Lubiner, 2013).

Gorman et al. (2013) found that the number of young elderly using SNAP has increased, and the primary reason is the recent recession. Although many poor and low-income young elderly use SNAP, some who are eligible do not. USDA has joined with state and local governments to help their outreach programs to contact the young elderly who are eligible. The main objective of the government is to increase the number of participants in SNAP. Another objective is to ensure that certain populations, such as the young elderly, receive sufficient services. Sometimes these groups are difficult to reach, unwilling to participate, have deficient information about the program, or face special challenges such as English being their second language. The aim of these outreach programs is to address the major challenges of individuals and families who are eligible (Gorman et al., 2013).

Health Care

Sharma, Lebrun-Harris, and Ngo-Metzger (2014) examined the relationship between underserved seniors who have access to primary care and Medicare expenditures, and medical quality through hospital referral regions. Data from this research study came from the Centers for Medicare and Medicaid Services, for seniors' fee for service respondents. This data was combined with health care center patients' data from the Health Resources and Service Administration Uniform Data System, and

with data from low-income residents from the American Community Survey. The research method was quantitative. Respondents were health care patients and low-income residents. Health center patients represented a similar proportion of the population to low-income residents. Medicare expenditures, size, local input prices, and health care risks were measured. Medical quality was assessed by hospital admission, prevention, re-admittance, and emergency visits. Health center patients' saturation rate was categorized and compared with expenditures and quality procedures between the high-saturation deciles and the low-saturation deciles. Linear regressions were used to assess expenditures and quality procedures as a function of health center saturation. The findings revealed that the high-saturation decile has 9.7% lower Medicare expenditures than the low-saturation decile (Sharma et al., 2014). Medical quality results were the same. Seniors' fee for service respondents living in high-saturation regions may accumulate cost savings. There was some evidence that medical quality did not suffer.

Kane, Wysocki, Parashuram, Shippee, and Lum (2013) asserted that the young elderly who were dual eligible Medicare and Medicaid recipients received an uneven portion of benefits from the two medical programs. The purpose of their research study was to compare Medicare and Medicaid costs of seniors who received dual eligible benefits with those who are non-dual eligible who were in long term care. They used secondary data from the Centers for Medicare and Medicaid Services to study factors relating to balancing long-term care funding so that there would be more choices for home and community-based services. The data included 2005 Medicaid Analytic eXract, and Medicare administrative and claims reports. Participants in Kane et al.'s study were

dual eligible Medicare and Medicaid recipients aged 65 and older. They received long-term care in health care institutions and communities, or they did not receive long-term health care. Kane et al. measured Medicaid critical health care and long-term care cost per beneficiary year and Medicare cost. When they compared dual eligible recipients of Medicare and Medicaid services with non-dual eligible recipients, the average number of illnesses and case combination scores for each sample were higher for long-term care enrollees. Adjusting for each sample combination almost excluded the difference for Medicare costs; however, not for long-term care costs. Adjusting for long-term status reduced the difference in long-term care expenditures. However, the difference in medical cost was higher (Swartz, Miake, & Farag, 2012).

Long-term health care insurance is a major concern for the aging population in the United States. It covers a broad range of support services and health care services for seniors who are physically and/or mentally ill. Their illnesses will not allow them to perform the everyday functions of living. Long-term care accounts for about 9% of health care costs in the United States. These costs are likely to increase significantly over the years as the baby boomers become a part of the senior population. However, a significant number of the seniors at risk are not insured. Approximately a third of the cost of long-term care comes from out-of-pocket expenditure. The government pays almost 60%. Medicaid is the main government insurance program that pays for long-term health care. Private insurance companies pay for about 4% (Brown & Finkelstein, 2011).

Simmons (2011) examined institutional long-term care sustainable living models for seniors with Alzheimer's. Simmons discussed attributes that contribute to sustainability, for example the quality of medical services. The main goal of sustainable models in long-term care institutions is a senior-focused model of long-term care in an institution that enhances the quality of life. Designing and building an institutional long-term health care model that is efficient and effective is difficult. First, design experts should understand the working functions of long-term care institutions and their goals (Simmons, 2011).

When politicians develop federal policies and programs that control the cost and quality of medical care, it is important for them to understand the effect that it will have on minorities, the poor, and the institutions that will give them medical care. Jha, Oray, and Epstein (2011) analyzed a variety of hospital data, and hospitals that the authorities had labeled and categorized as *best*, which means high-quality, low-cost institutions, and *worst*, which means low quality and high cost. These scientists found that the worst were generally small public or private institutions from the South. These institutions cared for twice the number of Black seniors (15% versus 7%) as the best institutions, which were generally public institutions located in the Northeast (Jha et al., 2011). Comparatively, seniors, Hispanics, and Medicaid patients represented 1% and 15% of the patients at the best institutions (Jha et al., 2011). At the worst hospitals, these groups made up 4% and 23% of the patients who received treatment for severe heart attacks. Their chances of dying were 7% to 10% higher than the patients with the same conditions at the best institution (Jha et al., 2011). These findings were important to both Medicare and

Medicaid programs and policies. The worst institutions should improve on quality and cost for the medical and social well-being of their patients.

Housing

McFadden and Lucio (2014) maintained that in the United States, social security and Medicare have significantly reduced the number of young elderly who live in poverty. However, housing remains a challenge in both public and private sectors. About 2 million low-income seniors aged 62 and older live independently in federal government subsidized housing. This is more than the number of seniors 62 and older who live in nursing homes. In 2012, seniors 62 and older consisted of 31% of public housing residents (McFadden & Lucio, 2014). They were the second largest demographic who lived in public housing. Many of the young elderly used Section 8 housing. However, older seniors were less likely to use Section 8. Some research studies revealed that low-income seniors who were older had more difficulties performing daily tasks due to medical and psychological issues than older seniors who were not low income. In subsidized units, they were less likely to have accessible units and support services, which include transportation to and from medical facilities. Existing affordable housing policy will not support the growth of seniors 62 and older who need subsidized assisted housing. These seniors will need over 700,000 more rental support units by 2020. This would only bring the required housing units to the level that was necessary in 1999. Therefore, there is a need for hundreds of thousands of rental support units in the future (Beard & Carnahan, 2011).

Summary and Conclusion

The shortage of scholarly research literature that examined and discussed the needs and demographics of the young elderly as a separate population explains why this topic has not received adequate study, which leaves most Americans unaware of the problem. Young elderly needs and characteristics may have unexpected consequences that yield negative results. According to Rawls (1999), the authorities should correct these results, such as increasing rates of poverty, through the theory of justice. Many scholarly articles have studied the young elderly as a subgroup of the elderly. Usually the literature covers one subject about the young elderly as a subgroup of the elderly, for example, healthcare, housing, or retirement benefits. Other literature discusses some of their needs and characteristics, such as long-term care and geographical location. Besharov and Call (2009) provided a wider and clearer picture of the young elderly and recommended that future research is necessary on the young elderly population. However, these articles did not illustrate the big picture about the young elderly population; therefore, they did not fill the information gap on this research topic. This quantitative research study helped to fill the gap on the young elderly as a separate population by examining their needs and demographics, especially the poor young elderly. Using quantitative secondary survey research data, which I discuss in Chapter 3, my quantitative study addresses the research questions and hypotheses. In addition, Chapter 3 includes a description of the quantitative research design and rationale, methodology, and threats to validity.

Chapter 3: Research Methods

I used a quantitative survey design with secondary data. I employed a systematic process that defined this standard of research (see Agresti & Finlay, 1999). Many consider quantitative research as objective research (Frankfort-Nachmias & Nachmias, 2008). This means that in analyzing and interpreting quantitative research data, the researcher can remain impartial and objective. Quantitative research is deductive, which implies that researchers use it to test theories. Quantitative designs usually produce findings that are generalizable (Creswell, 2009). I used a deductive survey design to explore and determine the needs and demographics of the young elderly, and especially the poor young elderly, who live in the United States. In addition, I determined necessary changes in policies and social programs that would help to lift the young elderly out of poverty. Chapter 3 includes the research questions, hypotheses, variables, statistical measurements, and instruments. I also describe my quantitative survey design with secondary data and the rationale for the design. I explain the methodology, including the sample population, sampling procedures, and software I used to analyze the data. Chapter 3 concludes with a discussion of threats to validity and ethical procedures.

Research Design and Rationale

The research questions, hypotheses, and variables for this quantitative study were not appropriate for an experimental, quasi-experimental, or cross-sectional design. The experimental design has a firm structure, and it is not possible to alter it to fit social science research (Frankfort-Nachmias & Nachmias, 2008). Unlike the deductive survey design with secondary data, experimental and quasi-experimental designs are useful to

test the effect of a treatment or intervention on an outcome while controlling for factors that may affect the outcome. A cross-sectional design did not fit, because my data did not cover one point in time. My survey design with secondary data on the young elderly included different periods (Michener, DeLamater, & Myers, 2004). This type of secondary data is panel design secondary data or time-series design secondary data. Time-series design secondary data were used to examine differences between the young elderly and the years (time-series) or within the young elderly secondary data over time. The U.S. Census Bureau conducts a population survey every few years, which includes the young elderly. I collected young elderly secondary data before, during, and after the great recession of 2007 through 2009. I examined the population survey data of each time series separately.

Some of the reasons I chose the survey design with secondary data for my quantitative research study (Creswell, 2009) rather than the experimental, quasi-experimental, and cross-sectional designs were the research questions, type of hypotheses, information about the relationships between the variables, available resources for completing the study, statistical measurements, and my knowledge of the design. I used a quantitative survey design to explain behaviors, attitudes, and trends by measuring a sample of the young elderly population. The quantitative survey design allowed me to examine the data as they currently exist and to identify the characteristics of the phenomenon by examining the relationship between two or more variables, for example the geographical location and the number of poor young elderly. The results allowed me to generalize about the young elderly population (Agresti & Finlay, 1999).

The research questions and hypotheses were as follows:

RQ1: Do the seven independent or predictor variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly (income level)? If so, which is most significant?

$H_0 1$: None of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predicts the number of poor young elderly.

$H_a 1$: Some or all of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly.

RQ2: Do income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, or housing) predict the number of poor young elderly?

$H_0 2$: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) do not predict the number of poor young elderly.

$H_a 2$: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) predict the number of poor young elderly.

RQ3: Do government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status?

H_03: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) do not affect the young elderly's economic status.

H_a3: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status.

The independent variables were social security, SSI, Medicare, Medicaid, and SNAP. The dependent variable was economic status. Logistic regression was the statistical method. A logistic regression predicts the outcome of the dependent variable with two categories based on one or more independent variables (Mertler & Vannatta, 2013).

The quantitative survey design with secondary data was appropriate for my study based on the research questions, hypotheses, variables, and statistical measurements. The purpose of this study was to describe and explain the needs, characteristics, and trends of the young elderly population by examining a sample. The results may be generalizable to the larger young elderly population and may provide new knowledge in the field of public policy and administration to produce positive social change.

Methodology

Population

The main goal of a quantitative study is to learn about the population under study (Agresti & Finlay, 1999). In my quantitative study, the population was the young elderly between the ages of 65 and 74. Himes (2002) pointed out that the young elderly population is changing rapidly. Its rate of growth is increasing faster than the younger population. The reason for this is that many of this group are baby boomers. Young

elderly needs are changing, because the young elderly are demanding products, services, and an environment that fits their changing physical, mental, social, and emotional abilities.

Size

Out of 33,202,067 elderly individuals in the United States, about 18,733,209 are young elderly, which is about 56% (U.S. Department of Health and Human Services, 2014). Over half of the elderly are young elderly. About half of women 65 and older are young elderly, and three fifths of men 65 and older are young elderly (Himes, 2002). As immigration increases in the United States, the racial and ethnic composition is changing, and the percentage of minorities among the young elderly is increasing. This change may cause a decline in the economic and social well-being of Latino and Black young elderly of the lower social economic groups (U.S. Department of Health and Human Services, 2014).

Sampling and Sampling Procedures

Sampling is a scientific method used to achieve the best possible figure or measurement when it is not possible to give a precise total (Agresti & Finlay, 1999). By measuring a sample of a population, it is possible to define the characteristics of the total population (Agresti & Finlay, 1999). The U.S. Census Bureau data I used came from random sampling. Random sampling occurs when each person in the population has the same chance of participation. Each person in the young elderly population had an equal chance of selection. The young elderly population comprises seniors ages 65 through 74 who live in the United States.

Unit of Analysis

The unit of analysis in my study was the group. This group consisted of young elderly people (seniors between the ages of 65 and 74) in the United States. I analyzed the relationship between the young elderly who live in poverty and the young elderly who do not live in poverty. Each economic class of young elderly has a different average income (Carmen, 2010). I used secondary data from the U.S. Census Bureau. The secondary data came from a survey of a random sample of young elderly seniors who live in the United States. This type of data is known for its quality, and it is inexpensive to use.

Secondary data have a high degree of reliability and validity. Reliability refers to the accuracy of the test, for example, the extent to which the test will return the same score if a poor young elderly senior answers the questions again. Validity refers to the test's ability to measure what it is supposed to measure. Researchers determine validity by how well the test results agree with other interrelated measures (Frankfort-Nachmias & Nachmias, 2008).

Power Analysis

Peng, Long, and Abaci (2012) asserted that power analysis is an important factor in the quantitative design. A statistical test, power analysis refers to the probability that the researcher will accurately reject the null hypotheses because there is no statistically significant difference between the groups. The power analysis allows the researcher to select the necessary sample size to identify a certain effect size with a certain level of confidence. At the same time, the sample size, the effect size, and the level of confidence

shape the power analysis in a statistical test. Cohen (1992) maintained that to determine the sample size, the effect size should be at least .80 for a large sample and the confidence level should be at least .05. Cohen also contended that determining the sample size is not easy.

To ensure the correct sample size, researchers use power analysis software such as IBM's Statistical Package for the Social Sciences (SPSS) SamplePower. SamplePower can calculate the correct sample size for a study (Peng et al., 2012). I used SamplePower software to ensure the correct sample size so that the research findings would be valid and reliable.

Operationalization

Quantitative research questions, variables, and advanced statistical methods should match. The quantitative research questions on the young elderly indicated what I wanted to know about the research problem. They represented the purpose of the study, which focused on the research problem. Quantitative research questions limit researchers to the variables they are measuring (Creswell, 2009).

According to Agresti and Finlay (1999), "a characteristic measured for each subject in a sample is called a variable. The name refers to the fact that values of the characteristic vary among subjects in a sample or population" (p. 13). Independent variables are explanatory or predictor variables. They define the group. Dependent variables are response or outcome variables. They change in response to changes in the independent variables.

Different advanced and multivariate statistical methods are useful when measuring quantitative data, for example, a *t* test or a multiple regression. These measurements work with quantitative variables that have an interval scale. Researchers must analyze quantitative variables using quantitative methods. For example, the mean is a statistical average of quantitative data. Researchers should measure variables at the highest level, because many statistical methods may apply (Mertler & Vannatta, 2013). The following list contains the research questions and their associated variables:

- RQ1: Do the seven independent or predictor variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly (income level)? If so, which is most significant?
    - The independent variables were region, race, education level, occupation status, sex, marital status, and employment status. The dependent variable was the number of poor young elderly (income level).
    - The statistical method was multiple regression.
- RQ2: Do income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, or housing) affect the number of poor young elderly?
    - The independent variables were medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing. The dependent variable was the number of poor young elderly (income level).
    - The statistical method was multiple regression.

- RQ3: Do government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status.
    - The independent variables were social security, SSI, Medicare, Medicaid, and SNAP. The dependent variable was economic status.
    - The statistical method was logistic regression.

Instrumentation

The data collection instruments for this quantitative research study on the young elderly centered on the data that was necessary to answer the quantitative research questions. They included the type of data, the collection of the data collected, the time of data collection, the location of the data collection, and the method of data analysis. These decisions helped to guide the dissertation process to successful completion. I used secondary data for this research study. Secondary data are data that other researchers collected for another research study. Large amounts of secondary data come from government, public, and private organizations, for example, the U.S. Census Bureau (Frankfort-Nachmias & Nachmias, 2008).

With the advantages of secondary data, this research study provided a broad view of the important elements in the relationship between the young elderly and their economic social needs. Its foundation was the original data, and it therefore created new knowledge as secondary data. I analyzed my secondary data to find statistical relationships and to identify variables that relate to the young elderly and their economic social needs. The U.S. Census Bureau is known for having large data samples and high quality. Analyzing secondary data from different theoretical frameworks, like the theory

of justice, functional theory, and intersectional theory, may uncover unpredicted relationships between variables. U.S. Census Bureau secondary data usually has the highest degree of validity and reliability. To ensure the validity and reliability, I confirmed I had an exact copy of the original data by comparing the data with the appropriate documents, having the exact number of cases, exact number of variables, exact coding system, and original summary statistics, which are replicable. I used secondary data in this research study to answer the research questions and hypotheses. I also used the data as a source of descriptive facts to support the demographics of the young elderly and to measure relationships between two or more quantitative variables (Frankfort-Nachmias & Nachmias, 2008).

The U.S. Census Bureau used a survey with closed-ended questions to collect the data. It used the survey to study a large group of people, for example the young elderly, and it widely distributed the data and its analysis of the data. The U.S. Census Bureau administers its surveys by mail, telephone, computer, or face to face. The cost of the survey is usually low. There was little bias error, because the interviewer's personality or practices did not usually affect respondents. In this survey, the respondents took time to think about the questions and their responses, and they may have checked with other sources. When the survey includes a probability sample, the findings from the sample population are generalizable to the total population (Michener et al., 2004). Surveys like this one are known for being consistent for developing and changing government programs. Surveys may be anonymous. This is helpful when researchers ask questions about personal issues. It is a deductive process that tests hypotheses that formulate a

theory, for example, functional theory. The survey had a numerical structure with fixed responses, and researchers can use statistical measurements to analyze the results, such as multiple regressions. The survey results were valid and reliable because of the measurement tools in use; for example, SPSS, which has undergone repeated testing with proven statistical accuracy (Michener et al., 2004).

The purpose of Walden's Institution Review Board (IRB) is to ensure ethical standards and safety for all the respondents who took the survey for the secondary data, especially since the young elderly are members of a protected class. The IRB examines each research study to determine whether there are any ethical risks associated with the respondents. Approval was necessary from the IRB before any research began on my dissertation. After I received IRB application approval in writing, I collected the secondary data on the young elderly from the U.S. Census Bureau (Walden University, 2016). Then I began to write Chapters 4 and 5 of my dissertation.

I collected U.S. Census Bureau secondary data on the young elderly from the Maryland Population Research Center (MPRC, 2017). MPRC is on the University of Maryland, College Park (UMCP) campus, which is in College Park, Maryland. As a lifetime member of the UMCP Alumni Association, I have access to MPRC. The purpose of MPRC is to bring scholars together from different fields to support, generate, and encourage population-associated scientific research of the highest quality. One of the goals of MPRC is to help to train and develop college students who will enhance the field of population studies as future educators or researchers in an educational or real-world environment. This center offers services to graduate students who are involved in

population research (MPRC, 2017). I submitted a letter to MRCP to request the U.S. Census Bureau secondary data for the young elderly after I received approval in writing from the IRB.

I analyzed the young elderly secondary data in SPSS, SPSS SamplePower, and the Poverty Analysis and Tabulation Tool (PATT) (University of Maryland, 2017). SPSS is a statistical package for the social sciences. It is a software program that organizes, analyzes, and presents data, and scholars throughout the field of social sciences use it. There are several types of SPSS. However, the main program is SPSS Base, and there are some additional components that broaden the range of data input, statistics, and descriptive controls. Most of my statistical analysis in SPSS involved multiple regression models. Individual software programs work well with SPSS, for example, SPSS SamplePower and PATT (Frankfort-Nachmias & Nachmias, 2008).

Sample size is important in quantitative research. I ensured that my sample was not too small or large. If my sample size had been too small, I might not have had the complete findings, and if my sample size had been too large, I could have misused time and assets. To get the correct sample size, I used SPSS SamplePower (Green & Salkind, 2011).

John Coder of Sentier Research and Douglas Besharov of the University of Maryland created and developed PATT, in collaboration with the American Enterprise Institute for Public Policy Research, the U.S. Census Bureau, the U.S. Department of Commerce and the U.S. Department of Health and Human Services (University of Maryland, 2017). PATT is a software application that measures and analyzes research

data (University of Maryland, 2017). Scholars have tested these statistical analytical instruments repeatedly for validity and reliability, and they have proven effective. Validity refers to the capability of SPSS, SPSS SamplePower, and PATT to produce factual or solid statistics that concur with statistics from other statistical programs (Creswell, 2009). Reliability refers to whether SPSS, SPSS SamplePower and PATT provide accurate results from study to study (Frankfort-Nachmias & Nachmias, 2008). In other words, scientists and researchers get the same results from the same instrument if it is valid.

Threats to Validity and How to Address Them

Validity is a major concern in quantitative research. The standards of validity are the primary building blocks of the scientific research method. To ensure validity in my quantitative research study, I needed to ensure that the instrument truly measured what I intended it to measure. When I followed the basic standards of methodological design, the results were valid. In general, validity refers to a quantitative research study having a solid design and producing results that are generalizable to the population. There are three forms of validity that concern scientists and researchers. They are internal validity, construct validity, and external validity (Frankfort-Nachmias & Nachmias, 2008).

To ensure internal validity in my quantitative design, I made sure that I controlled for confounding variables. Confounding variables are extraneous variables that have statistical correlations with the independent variables I am measuring. As independent variables change, confounding variables change to match. Without controlling for confounding variables, the measurement may lead to false results, for

example in RQ1 the dependent variable was the number of poor young elderly (income level), and I tested its relationship with several independent variables (region, race, education level, occupation status, sex, marital status, and employment status). A confounding variable may be health status, for which I controlled. To demonstrate that my research study on the young elderly was internally valid, I showed that the dependent variable and the independent variables in my research questions, and the statistical measurement produced the observed results (Markus & Chia-Ying, 2010),

Construct validity denotes that the operational measures, such as survey questions and research questions, must have links with the theoretical framework. In my research study on the young elderly, one of the theories is intersectional theory. According to this theory, there are rational and pragmatic connections between the inferences from the operational measures and the theoretical concepts. An effective operationalized process provides a high-quality measure for the intersectional theoretical concepts under investigation. For example, the secondary data survey questions I used related directly to my research questions and inferred theoretical constructs from the intersectional theory. This theory maintains that there are many interconnections among social identities such as race, sex, and marital status, in connection to interdependent systems of domination and discrimination. The social identities in intersectional theory refer to the same variables I used in my research questions. Generally, an instrument has construct validity if it measures what individuals understand the concept to mean, and if it has associations with variables that the theory predicts. To ensure that the operational measures were

valid, I showed that the measured variables were correctly operationalized (Agresti & Finlay, 1999).

As a PhD candidate, I cannot survey a total population of young elderly seniors in the United States; however, I used secondary data on the young elderly from the U.S. Census Bureau. The secondary data came from a smaller sample of the young elderly population, so I can make conclusions about the randomly selected population from which the sample came. External validity is the extent to which inferences are generalizable to a larger population. My dissertation study on the young elderly is externally valid if my conclusions are generalizable to the young elderly population (Frankfort-Nachmias & Nachmias, 2008).

Ethical Concerns

The ethical considerations in my quantitative secondary survey research study were to protect the participants by understanding and following the ethical guidelines for secondary data. Since I received the U.S. Census Bureau secondary data on the young elderly from the University of Maryland Population Center, which is a public forum, permission to use this secondary data is implied. I ensured that I acknowledged the original owner of the data. I used the secondary data for no longer than necessary, and only for dissertation purposes. Once I downloaded it to my computer, I kept it safe and secure from unlawful use, unintentional loss, and damage. As a PhD candidate at Walden University, I ensured that the IRB approved my use of the secondary data.

Summary

In Chapter 3, I have discussed how I used quantitative secondary data with a survey design for this quantitative research study. By brainstorming, I have found solutions to problems I encountered in my quantitative research study. Chapter 3 has an introduction that provides a synopsis of each section. It discussed the observable phenomena, followed by the quantitative research design and the rationale for the design. It explained my research study, which used quantitative secondary data in a survey design. It gave the research questions, hypotheses, variables, and statistical measurements. It described the instruments I used to analyze the secondary data. It explained where I obtained the secondary data and how I analyzed them. It set out the ethical standards and safety measures that protected the respondents. This chapter also included suggestions for some changes in policies and social programs to help to lift the young elderly out of poverty.

Chapter 4: Results

The purpose of my quantitative, secondary study was to examine the needs and demographics of the young elderly, particularly the poor young elderly, to answer three research questions, and to test their related hypotheses.

RQ1: Do the seven independent or predictor variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly (income level)? If so, which is most significant?

H_01: None of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly.

H_a1: Some or all of the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) predict the number of poor young elderly.

RQ2: Do income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, or housing) affect the number of poor young elderly?

H_02: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) do not predict the number of poor young elderly.

H_a2: Income-related factors (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) predict the number of poor young elderly.

RQ3: Do government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status?

H_03: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) do not affect the young elderly's economic status.

H_a3: Government programs (social security, SSI, Medicare, Medicaid, public housing, and SNAP) affect the young elderly's economic status.

In Chapter 4, I discuss data collection including the timeframe, recruitment methods, and response rates of the U.S. Census Bureau participants. I also describe baseline descriptive and demographic characteristics of the young elderly respondents, and I present results of multiple and logistic regressions. I use tables and figures when presenting the statistical results.

Data Collection

Timeframe

According to Frankfort-Nachmias and Nachmias (2008), data collection is a systematic process that allows researchers to answer research questions, test hypotheses, and analyze results. The data collection for this quantitative study on the young elderly began at the U.S. Census Bureau. A census is a survey that collects demographic data that characterizes a population in a specific area at a certain time. A census is often universal, and it may include every individual who is living in the selected area (U.S. Census Bureau, 2017). An example of a quantitative U.S. Census Bureau survey is the Current Population Survey (CPS).

The CPS is one of the largest and best-known surveys in the history of the U.S. Census Bureau. The CPS is essential because of the data it provides from various elements that describe individuals and groups in a culture through employment, income, and education (U.S. Census Bureau, 2017). This survey is a major resource for labor force statistics that are available each month. The survey is a way to gather data from different research studies that keep the United States up to date on the financial viability and welfare of its population. The CPS does this by including additional questions to its monthly basic questions. Additional questions may change each month and they may address an array of subjects, for example, Medicare, Medicaid, and social security. Additional questions are usually added yearly or twice a year; however, the number of additional questions is contingent on the sponsor's needs (U.S. Census Bureau, 2017).

I used the CPS 2016 survey to create my data set in SPSS. The CPS sample in SPSS was a large data set with over 30 variables. Data from the CPS came from personal records, household records, and family records. Under variable view, I defined and labeled the variable types, values, and missing data. I entered the variable values in data view, including age, race, and social security. I recoded some of the variables, such as employment status and MOOP expenses. I checked the variables by using the U.S. Census Bureau DataFerrett program and running frequencies in SPSS (U.S. Census Bureau, 2017). After verifying the data, I performed descriptive statistics, multiple regressions, and logistic regressions.

Recruitment

CPS uses a probability sample of approximately 60,000 working households. The research takes place during the week of the 19th of the month. Survey questions pertain to behaviors of the previous week, which includes the 12th of the month. Households in all 50 states and the District of Columbia participate in the survey. The survey begins for 4 months, breaks for 8 months, and resumes for 4 months. This sampling design guarantees the maximum level of stability from month to month and throughout the year. It is also beneficial to the Census Bureau to make adjustments to the sample so that participants do not feel burdened (U.S. Census Bureau, 2017).

To be a respondent in the CPS, a person must be 15 years of age or older. A respondent cannot be in military service or live in institutions such as prisons or long-term health care facilities. Usually the Bureau of Labor Statistics distributes statistics for individuals who are 16 and older, because individuals who are under 16 face restrictions in the labor force. Older age restrictions do not apply. Students have the same options as nonstudents. For each household, one person answers the questions for the other qualified members. This person is the reference person, who typically is the homeowner or is responsible for paying the rent of the home. When the reference person does not know about the economic status of the other members in the household, the U.S. Census Bureau makes efforts to communicate with those members individually (U.S. Census Bureau, 2017).

Response Rates

The main concerns in discussions of the response rates for the CPS are nonresponses and accountability. CPS has less of a problem with nonresponses than other surveys. However, small numbers of nonresponses may have an impact on estimations (e.g., the unemployment rate, which the bureau measures in tenths of a percent). The bureau continuously checks nonresponse rates for all CPSs. It studies and applies techniques for reducing nonresponse. The nonresponse rate for CPS in March 2016 was 14.5% (U.S. Census Bureau, 2017).

The nonresponse rate is the sum of noninterviews divided by the number of qualified households. Traditionally the largest nonresponse has been in the month of March, at the same time as the Annual Social and Economic Supplement. Refusals and noncontacts have the highest percentages of nonresponse. Current research studies have shown that there are different reasons for refusals and noncontacts (U.S. Census Bureau, 2017). There are more noncontacts than refusals. When one subtracts the nonresponses from the sum of refusals and noncontacts, the number is an estimation of nonresponse for different reasons such as sickness or verbal communication problems. Before publication of the survey, the bureau makes a geographical modification to the household section (U.S. Census Bureau, 2017).

There are two reasons for nonresponses in CPS. The main reason is noninterviewed households. The weights of noninterviewed households, which occur alongside interviewed households, offset this loss of data. The other reason for a

nonresponse to a question is that a respondent is unaware of the answer or declines to answer. Nonresponses to questions in CPS are low (U.S. Census Bureau, 2017).

There are three ways to offset nonresponses. Prior to any edits, the bureau fuses everyday data files and organizes a blended file by state and primary sampling units. This organized file confirms that the assigned values are from regionally connected data, which means that values from one state will not replace missing values from another state. This difference is important, because the bureau clusters many workforce, industrial, and occupational characteristics geographically (U.S. Census Bureau, 2017).

Edits ensure that all improper questions are blank and that all valid questions have answers. Computerized tools remove irrational or outlier answers. Edits also deal with data program malfunctions and infrequent instrument problems. The primary goal of the edits is to allot values to questions when the answer is “don’t know” or “refused.” There are three ways to do this (U.S. Census Bureau, 2017).

These methods are relational imputation, longitudinal edits, and hot deck allocation. Relational imputation refers to the values that are missing from additional traits in the personal household record. For example, if race is missing, the bureau chooses a value based on the race of someone else who lives in the household or selects it from a prior record. Also, if data are missing from relationship, the bureau selects a value by examining the sex and age of the individual in combination with the acknowledged relationships with additional members of the household. The bureau occasionally assigns occupational codes that are missing by examining industrial codes.

This method may apply across all the edits; if one method of supplying missing values does not work, another may (U.S. Census Bureau, 2017).

The bureau generally uses longitudinal edits for the labor force. If an answer to a question is missing and the respondent is in a subsequent interview, this editing process examines the past month's data to find out if the respondent previously answered that question. If there is an answer in last month's data, the bureau will assign the same value to the current survey. If not, the bureau will assign a value in accordance with the third method, which is hot deck (U.S. Census Bureau, 2017).

Hot deck allots a value that is missing from a data file using similar traits. Hot decks use variables such as sex, race, and age. Additional traits in hot decks may differ depending on the type of unanswered question. For example, most labor force questions use sex, race, age, and sometimes additional related labor force items such as part-time or full-time positions. The number of cells in the hot decks in the labor force is small, often less than 100. Moreover, sex, race, age, normal hours, educational level, and profession define the weekly salaries in the hot deck. A hot deck like this has thousands of cells (U.S. Census Bureau, 2017).

Data Checking

When the IRB approved my application, I reviewed the U.S. Census Bureau CPS data and, after talking to experts in methodology, decided to use the cross-sectional secondary data design rather than the panel secondary data design or the time-series secondary data design. The cross-sectional secondary data design covers one point in time, and the panel secondary data design or time-series secondary data designs cover

different periods (Michener et al., 2004). The cross-sectional secondary data design was the best fit for my quantitative research study (see Frankfort-Nachmias & Nachmias, 2008). I chose the March 2016 CPS data for this cross-sectional secondary data study on the young elderly (see Michener et al., 2004).

Instead of using the PATT I described in Chapter 3 to check my CPS data set in SPSS, I used DataFerrett, which is a new, network-centered data analysis and tabulation tool developed and created by the U.S. Census Bureau. This tool provides customers with the ability to examine large quantities of data and to create customized tables and reports to display their results. Customers include organizations and institutions, such as colleges, universities, government agencies, private businesses, nonprofit organizations, and departments and divisions within the U.S. Census Bureau. DataFerrett extracts data from a network in the public and private domain, which provides a significant amount of statistical data that is continuously updated (U.S. Census Bureau, 2013).

To check the variables in DataFerrett, I used the survey I used in my quantitative study. I included some of the variables from the survey in my SPSS data set. Through a window in DataFerrett, I selected and examined each variable in my SPSS data set. I checked the variable labels and values in DataFerrett, and I compared them to the labels and values in my SPSS data set. For some of the variables, I created tables and completed frequencies so I could compare them to the same variables and frequencies in my SPSS data set (see U.S. Census Bureau, 2013).

Baseline Descriptive and Demographic Characteristics

In the CPS secondary data sample, baseline descriptive and demographic characteristics are personal variables that represent the individual history of respondents, which may be useful to measure relationships with other variables such as household or family variables (U.S. Census Bureau, 2017). The census bureau collected baseline descriptive and demographic characteristics at the beginning of the survey, for example, sex, marital status, race, and age. They are variables or factors that influence outcomes that may produce negative results (U.S. Census Bureau, 2017). Statistics resulting from this sample will serve as updated information to federal, state, and local government policymakers and legislators. These statistics are important indicators of the needs and demographics of the young elderly in America for future planning and assessing of government policies and programs.

Table 1 summarizes the important baseline descriptive and demographic characteristics of the young elderly. There were 14,133 young elderly respondents between the ages of 65 and 74 who took the March 2016 Current Population Survey. Out of the 14,133 young elderly respondents 8,437 (59.7%) were between the ages of 65 and 69 and 5,696 (40.3%) were between the ages of 70 and 74. More females were respondents than males. Females represented 7,568 (53.5%) and males represented 6,565 (46.5%). Among race for these respondents, Whites led, followed by Blacks, Asian only, and American Indian and Alaskan Native only. There were 11,048 Whites (78.2%), 1,824 Blacks (12.9%), 802 Asian only (5.7%), and 199 American Indian and Alaskan Native only (1.4%). Most of the seniors who are 65 to 74 are married, then divorced,

widowed, and never married. Married comprised 8,949 (63.3%), divorced 2,108 (14.9%), widowed 1,951 (13.8%), and never married 919 (6.5%). Under educational level, most of the young elderly had a high-school diploma or higher. Among the young elderly, 4,379 (31.0%) had a high-school diploma or equivalent, whereas 2,410 (17.1%) had some college with no degree. There were 1,248 with associate's degrees (8.8%). There were 2,361 young elderly with bachelor's degrees (16.7%). There were 1,320 seniors (65 to 74) who held master's degrees (9.3%). There were 533 with doctorate degrees, for example PhD and EDD, along with professional school degrees such as MD or JD (3.8%). It was important to measure the income levels of the young elderly respondents. For employment status, most of the young elderly had employment, but did not work in the experienced labor force. The unexperienced labor force was 10,164 (71.9%), followed by employed (experienced labor force) at 3,833 (27.1%), and unemployed at 136 (1.0%).

Table 1

Baseline Descriptive and Demographic Characteristics by Number and Percentage

Characteristic	Number	Percentage
Age		
65-69	8,437	59.7%
70-74	5,696	40.3%
Sex		
Female	7,568	53.5%
Male	6,565	46.5%
Race		
White	11,048	78.2%
Black	1,824	12.9%
Asian	802	5.7%
American Indian & Alaskan Native	199	1.4%
Marital Status		
Married	8,949	63.3%
Divorced	2,108	14.9%
Widowed	1,951	13.8%
Never Married	919	6.5%
Educational Level		
High-School Diploma	4,379	31.0%
Some College	2,410	17.1%
Associate's Degree	1,248	8.8%
Bachelor's Degree	2,361	16.7%
Master's Degree	1,320	9.3%
Doctorate Degree	533	3.8%
Employment Status		
Unexperienced Workforce	10,164	71.9%
Employed	3,833	27.1%
Unemployed	136	1.0%

Data Results

This secondary, quantitative data sample represents demographic characteristics that described young elderly Americans. According to the U.S. Census Bureau (2017), America is in the center of a deep, methodical transformation, the rapidly aging of the baby boomer population. Baby boomers were born between 1946 and 1964. There are about 76 million baby boomers in America, who represent about 20% of the American public. They began turning 65 in 2011. In 2020, baby boomers will be in their late 60s and early 70s. The young elderly population will be younger. The young elderly will soar to 58% of the elderly population, and by 2030, all the baby boomers will have reached the retirement age of 65. However, by 2040, only 44% of these seniors will be 65 to 74 and 56% of all the elderly will be 75 and older as the baby boomers move to the next stage of elderly life, the older (seniors between the ages of 75 to 84) (U.S. Census Bureau, 2017).

The effects of the baby boomers on the young elderly population will resonate through the American culture and economy for many years. Planning for this transformation includes more than just studying demographic trends, but also understanding the multiplicity of diversity within the young elderly population. During this stage of life, the young elderly are in a period of development, diversity, and change. Young elderly Americans are among the richest and poorest in America. They come from different racial backgrounds. Many work full time and part time, while others need full-time health care. Generally, their health is good, but some have poor health. As the young elderly become older in the 21st century, they will have different experiences than

older Americans in the 20st century; for example, more women will be single, divorced, and in the workforce (U.S. Census Bureau, 2017). Therefore, will young elderly needs and demographics change government policies and programs proactively? This question relates back to my three research questions. The answers to these questions are complex and challenging, because aspects of the young elderly life are uncharted territory.

Research Question 1

Table 2 and Figure 1 show that there were 2,023 young elderly respondents receiving below the low-income level, 681 receiving 100%-124% of the low-income level, 664 receiving 125%-149% of the low-income level, and 10,765 receiving 150% of the low-income level and above. Table 3 represents the means and standard deviations of the dependent variable (income level) and the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) in the multiple regression. However, among the independent variables on average, education level had a higher mean score than the other independent variables.

Table 2

Descriptive Statistics of the Dependent Variable, Income Level

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Below low-income level	2,023	14.3	14.3	14.3
	100%-124% of the low-income level	681	4.8	4.8	19.1
	125%-149% of the low-income level	664	4.7	4.7	23.8
	150% and above the low-income level	10,765	76.2	76.2	100.0
	Total	14,133	100.0	100.0	

Note. The percentage of below low-income level is 14.3% and 150% above the low-income level is 76.2%

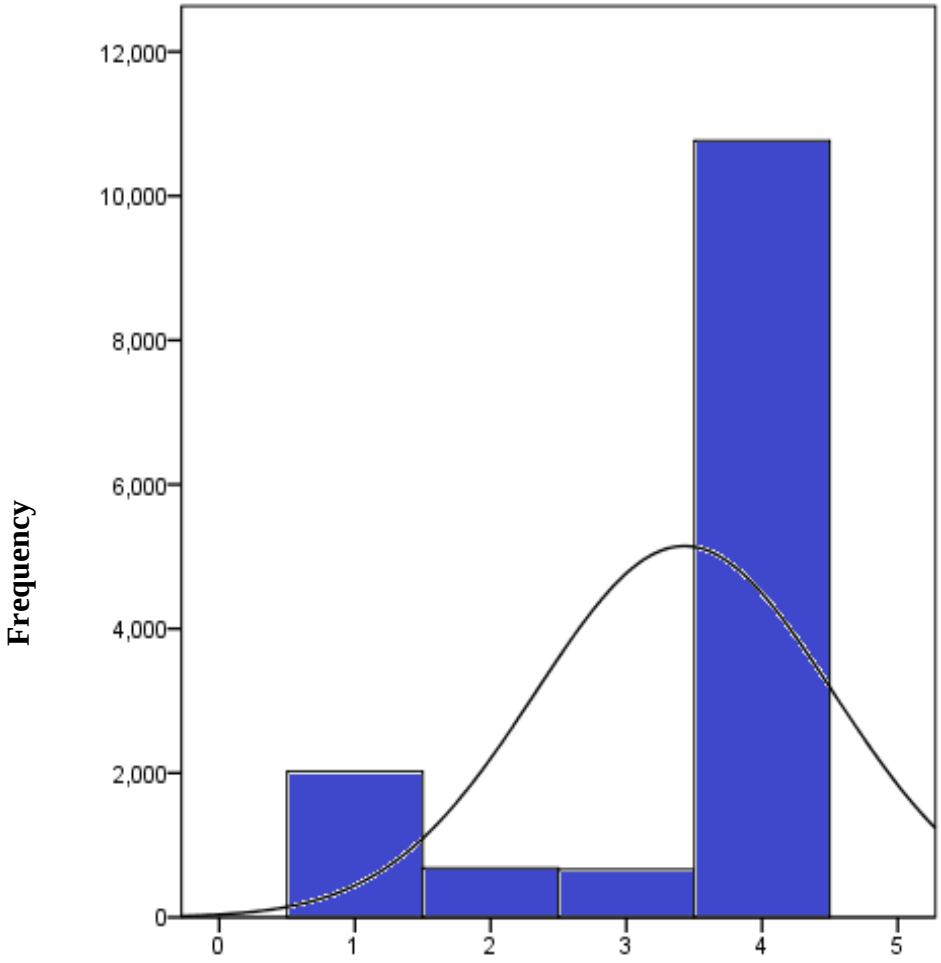

Figure 1. Distribution of the dependent variable, income level.

Table 3

RQ1: Descriptive Statistics

	Mean	Std. Deviation	*N*
Income level	3.43	1.095	14,133
Region	2.76	1.034	14,133
Race	1.45	1.247	14,133
Education level	40.21	2.966	14,133
Occupation status	1.09	2.235	14,133
Sex	1.54	.499	14,133
Marital status	2.50	2.034	14,133
Employment status	.29	.475	14,133

Note. Means, standard deviations, and numbers for dependent variable (income level) and independent variables (region, race, educational level, occupation status, sex, marital status, and employment status).

Mertler and Vannatta (2013) maintained that the assumptions of a multiple linear regression analysis are, first, there is a linear relationship between the dependent variable and the independent variables. Second there is a multivariate normal distribution. Third, there is no multicollinearity, meaning that the independent variables have significant associations with each other. Fourth, there is homoscedasticity, which is a variance of errors that are alike across independent variables (Mertler & Vannatta, 2013). Figure 1 shows that the dependent variable income level does not appear normally distributed. Figure 2 shows that the linear correlation between the dependent variable (income level) and the independent variables (region, race, education level, occupation status, sex, marital status, and employment status) is not statistically significant. There appears to be a negative correlation.

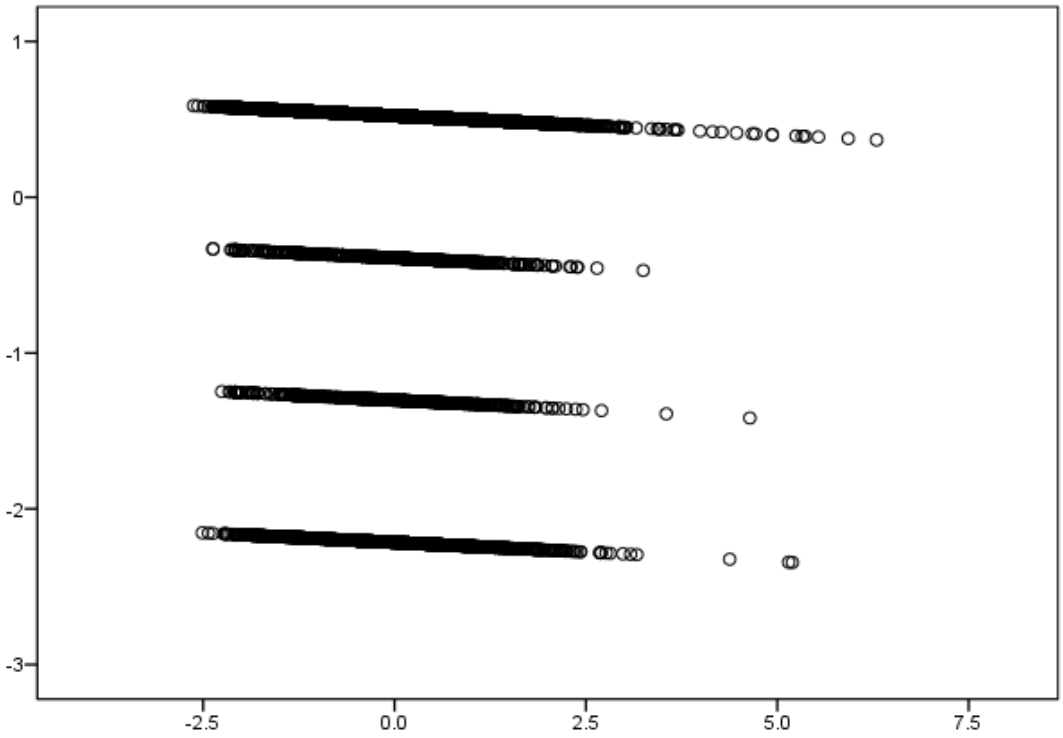

Figure 2. Scatterplot diagram of income level to region, race, education level, occupation status, sex, marital status, and employment status.

To address RQ1, I performed a multiple linear regression analysis to predict the dependent variable (income level) based on independent variables (region, race, education level, occupation status, sex, marital status, and employment status). The results of the multiple linear regression analysis revealed that the relationships between income level and region, race, education level, occupation status, sex, marital status, and employment status were not statistically significant (R^2 = .001, adjusted R^2 = .000, F(7, 14,125) = 1.23, p > .284). The model summary (see Table 4) and ANOVA summary (see Table 5) show that the independent variables are not statistically significant in predicting income level (dependent variable). Similarly, an assessment of the beta weights in Table

6 of the independent variables region = .020, $t(14,125) = 2.405$, $p = .016$; race = .007, $t(14,125) = .836$, $p = .403$; education level = .004, $t(14,125) = .491$, $p = .623$; occupation status = .010, $t(14,125) = .822$, $p = .411$; sex =.007, $t(14,125) = .864$, $p = .388$; marital status, = .003, $t(14,125) = .307$, $p = .759$; and employment status = -.005, $t(14,125) = -.353$, $p = .724$ are not statistically significant. In the coefficient summary, the independent variables' coefficient *p*-values are greater than .05. When the coefficient *p*-values are high, they are not statistically significant, and they are primarily useful to determine which independent variables to keep in the model (see Table 6). However, the 95% confidence interval for *B* for all the independent variables' *p*-values are less than .05. I used the confidence interval *p*-values to assess the hypotheses. Compared to all the independent variables in this model, sex was the most significant factor at .053%. Since the *p*-value for each independent variable is more than or equal to .05, I reject H_a1. At the 5% significance level, the data provided insufficient evidence to conclude that any of the independent variables predict the income levels of the poor young elderly.

Table 4

RQ1: Multiple Linear Regression Model Summary

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate	Durbin-Watson
	.025[a]	.001	.000	1.095	1.542

Note. a. predictors: (constant), employment status, marital status, region, race, sex, education level, occupation status; b. dependent variable: income level.

Table 5

RQ1: Multiple Linear Regression ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	10.297	7	1.471	1.226	.284[b]
	Residual	16948.106	14125	1.200		
	Total	16958.403	14132			

Note. a. dependent variable: income level; b. predictors: (constant), employment status, marital status, region, race, sex, education level, occupation status.

Table 6

RQ1: Multiple Linear Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*		Correlations			Collinearity Statistics	
		B	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	3.264	.137		23.801	.000	2.995	3.533					
	Region	.022	.009	.020	2.405	.016	.004	.039	.021	.020	.020	.983	1.017
	Race	.006	.007	.007	.836	.403	-.008	.021	.010	.007	.007	.984	1.017
	Education Level	.002	.003	.004	.491	.623	-.005	.008	.002	.004	.004	.946	1.057
	Occupation Status	.005	.006	.010	.822	.411	-.007	.017	.005	.007	.007	.441	2.269
	Sex	.016	.019	.007	.864	.388	-.021	.053	.007	.007	.007	.962	1.039
	Marital Status	.001	.005	.003	.307	.759	-.008	.010	.003	.003	.003	.965	1.036
	Employment Status	-.010	.029	-.005	-.353	.724	-.068	.047	.002	-.003	-.003	.434	2.305

Note. a. dependent variable: income level.

Research Question 2

Table 2 shows that there were 2,023 young elderly respondents with incomes below the low-income level, 681 receiving 100%-124% of the low-income level, 664 receiving 125%-149% of the low-income level and 10,765 receiving 150% of the low-income level and above. Table 7 presents the means and standard deviations of the dependent variable (income level) and the independent variables (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) in the multiple regression. However, among the independent variables on average, housing type had a lower mean score than the other independent variables.

Table 7

RQ2: Descriptive Statistics

	Mean	Std. Deviation	*N*
Income Level	3.41	1.105	5290
Medical Equipment Expenditures	384026.47	217672.695	5290
Health Insurance Payments	59.10	398.172	5290
MOOP Expenses	51.32	276.486	5290
SNAP	80.72	1752.573	5290
Housing	1.22	.983	5290

Following Green and Salkind (2011), the assumptions for the multiple linear regression analysis are the same as RQ1. First, there is a linear relationship between the dependent variable and the independent variables. Second, there is a multivariate normal distribution. Third, there is no multicollinearity, meaning that the independent variables have significant associations with each other, and fourth, there is homoscedasticity,

which is a variance of errors that are alike across independent variables (Green & Salkind, 2011). Figure 3 shows that the linear correlation between the dependent variable (income level) and the independent variables (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing) is not statistically significant. There appears to be a negative correlation.

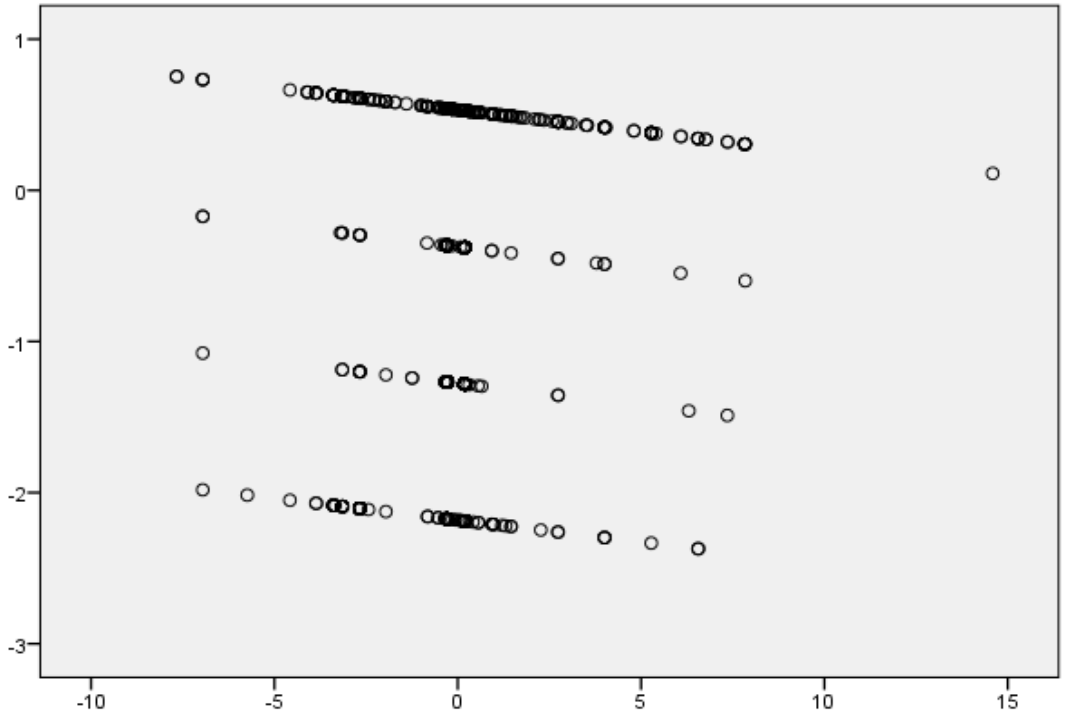

Figure 3. Scatterplot diagram of income level to medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing.

To address RQ2, I performed a multiple linear regression analysis to predict the dependent variable (income level) based on independent variables (medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing). The results of the multiple linear regression analysis revealed that the relationship between

income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing was not statistically significant R^2 = .001 adjusted R^2 = .000, F(5, 5284) = .878, p > .495. The model summary (Table 8) and ANOVA summary (Table 9) show that there is no statistically significant relationship between the independent variables and income level (dependent variable). Similarly, an assessment of the beta weights in Table 10 shows that the independent variables medical equipment expenditures = .006, t(5,284) = .434, p = .665; health insurance payments = -.010, t(5,284) = -.667, p = .505; MOOP expenses = .020, t(5,284) = 1.313, p = .189; SNAP = .007, t(5,284) = .483, p =.629; and housing = -.020, t(5,284) = -1.470, p = .142 are not statistically significant. In the coefficient summary, the independent variables' coefficient p-values are greater than .05. When the coefficient p-values are high, they are not statistically significant, and they are primarily useful to determine which independent variables to keep in the model (see Table 10). However, the 95% confidence intervals for B for all the independent variables' p-values are less than .05. I used the confidence interval p-values to assess the hypotheses. Since the p-value for each independent variable is more than or equal to .05, I reject H_a2. At the 5% significance level, the data provided insufficient evidence to conclude that the independent variables predict the income level of the poor young elderly.

Table 8

RQ2: Multiple Linear Regression Model Summary

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate	Durbin-Watson
1	.029[a]	.001	.000	1.105	1.509

Note. a. predictors: (constant), housing, medical equipment expenditures, MOOP expenses, SNAP, health insurance payments; b. dependent variable: income level.

Table 9

RQ2: Multiple Linear Regression ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.365	5	1.073	.878	.495[b]
	Residual	6456.085	5284	1.222		
	Total	6461.450	5289			

Note. a. dependent variable: income level; b. predictors: (constant), housing, medical equipment expenditures, MOOP expenses, SNAP, health insurance payments.

Table 10

RQ2: Multiple Linear Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for *B*		Correlations			Collinearity Statistics	
Model	*B*	Std. Error	Beta	*t*	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	3.425	.036		94.366	.000	3.354	3.496				
	Medical Equipment Expenditures	3.028E-8	.000	.006	.434	.665	.000	.000	.006	.006	.006	**1.000**	**1.000**
	Health Insurance Payments	-2.864E-5	.000	-.010	-.667	.505	.000	.000	-.001	-.009	-.009	**.791**	**1.264**
	MOOP Expenses	8.118E-5	.000	.020	1.313	.189	.000	.000	.016	.018	.018	**.790**	**1.265**
	SNAP	4.192E-6	.000	.007	.483	.629	.000	.000	.008	.007	.007	**.998**	**1.002**
	Housing	-.023	.015	-.020	-1.470	.142	-.053	.008	-.020	-.020	-.020	**1.000**	**1.000**

Note. a. dependent variable: income level

Research Question 3

It was necessary to verify the assumptions for RQ3 before performing the logistic regression. Mertler and Vannatta (2013) noted that the assumptions for a binominal logistic regression are first, the dependent variable must be dichotomous. Dichotomous variables fall into two groups such as gender: female or male. Second, there must be more than one independent variable, which may be a continuous, categorical, ordinal, or nominal variable. Third, there must be no multicollinearity among independent variables, and fourth, there must be a linear relationship between continuous predictor variables and the logistic transformation of the dependent variable (Mertler & Vannatta, 2013).

To address RQ3, I performed a binary logistic regression to determine whether the independent variables (social security, SSI, Medicare, Medicaid, public housing, and SNAP) can predict the dependent variable (economic status). Data screening allowed me to eliminate many variables. Table 11 gives the logistics regression results of the total model fit of six predictors (social security, SSI, Medicare, Medicaid, public housing, and SNAP). The statistics are large, and they revealed a poor model (-2 Log likelihood = 631.809) that was not statistically significant in predicting the dependent variable (economic status) ($X2(1) = 16.063$, $p \leq .05$; see Table 12). This model accurately classified 98.9% of the cases (see Table 13). Table 14, Wald statistics, indicates that the independent variables (social security, SSI, Medicare, Medicaid, public housing, and SNAP) were not statistically significant in predicting the dependent variable (economic status). Similarly, the odds ratios for these independent variables indicate that they are not statistically significantly likely to change the likelihood of predicting economic status

(dependent variable). Since the *p*-value for multiple independent variable is higher than .05, I reject H_a3. At the 5% significance level, the data provided insufficient evidence to conclude that there is a statistically significant association between the independent variables (social security, SSI, Medicare, Medicaid, public housing, and SNAP) and the dependent variable (economic status).

Table 11

RQ3: Binary Logistic Regression Model Summary

Step	-2 Log Likelihood	Cox & Snell *R* Squared	Nagelkerke *R* Squared
1	631.809[a]	.003	.026

Note. a. Estimation terminated at iteration number 20 because the software reached the maximum number of iterations. A final solution was unreachable.

Table 12

RQ3: Binary Logistic Regression Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	16.063	29	.975
	Block	16.063	29	.975
	Model	16.063	29	.975

Table 13

RQ3: Binary Logistic Regression Classification Table

Observed			Predicted Economic Status		Percentage Correct
			Employed	Unemployed	
Step 1	Economic Status	Employed	5231	0	100.0
		Unemployed	59	0	0
	Overall Percentage				98.9

Note. a. The cut value is .500

Table 14

RQ3: Binary Logistic Regression Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(*B*)	95% CI EXP(*B*)	
								Lower	Upper
Step 1[a]	V35SocialSecurityRecoded			6.994	9	.638			
	V35SocialSecurityRecoded(1)	16.627	40195.122	.000	1	1.000	16639497.525	.000	.
	V35SocialSecurityRecoded(2)	16.831	40195.122	.000	1	1.000	20397355.415	.000	.
	V35SocialSecurityRecoded(3)	16.539	40195.122	.000	1	1.000	15239923.870	.000	.
	V35SocialSecurityRecoded(4)	17.631	40195.122	.000	1	1.000	45396714.771	.000	.
	V35SocialSecurityRecoded(5)	16.394	40195.122	.000	1	1.000	13177765.225	.000	.
	V35SocialSecurityRecoded(6)	.022	40626.422	.000	1	1.000	1.022	.000	.
	V35SocialSecurityRecoded(7)	-.050	41980.935	.000	1	1.000	.951	.000	.
	V35SocialSecurityRecoded(8)	-.090	56842.965	.000	1	1.000	.914	.000	.
	V35SocialSecurityRecoded(9)	-.090	56842.965	.000	1	1.000	.914	.000	.
	V37SSIGroupedRecoded			.255	6	1.000			
	V37SSIGroupedRecoded(1)	17.246	28083.316	.000	1	1.000	30887642.877	.000	.
	V37SSIGroupedRecoded(2)	17.760	28083.316	.000	1	.999	51672345.418	.000	.
	V37SSIGroupedRecoded(3)	17.117	28083.316	.000	1	1.000	27146011.542	.000	.
	V37SSIGroupedRecoded(4)	.516	29404.080	.000	1	1.000	1.676	.000	.
	V37SSIGroupedRecoded(5)	.831	31759.678	.000	1	1.000	2.296	.000	.
	V37SSIGroupedRecoded(6)	.355	32460.154	.000	1	1.000	1.426	.000	.
	V266Medicare			5.500	2	.064			
	V266Medicare(1)	-.044	.296	.022	1	.882	.957	.535	1.711
	V266Medicare(2)	2.490	1.099	5.134	1	.023	12.057	1.399	103.874
	V267Medicaid(1)	-16.765	7272.020	.000	1	.998	.000	.000	.
	V41PublicHousingRecoded			.018	2	.991			
	V41PublicHousingRecoded(1)	-.022	.318	.005	1	.945	.978	.525	1.824
	V41PublicHousingRecoded(2)	.072	.754	.009	1	.924	1.075	.245	4.715
	V143V140SNAP			7.431	9	.592			
	V143V140SNAP(1)	16.605	40165.408	.000	1	1.000	16265197.114	.000	.
	V143V140SNAP(2)	16.760	40165.408	.000	1	1.000	19008211.492	.000	.
	V143V140SNAP(3)	-.057	41390.418	.000	1	1.000	.945	.000	.
	V143V140SNAP(4)	19.658	40165.408	.000	1	1.000	344614661.918	.000	.
	V143V140SNAP(5)	.043	56821.957	.000	1	1.000	1.044	.000	.
	V143V140SNAP(6)	-.960	56821.957	.000	1	1.000	.383	.000	.

(continued)

(continued)

	B	S.E.	Wald	df	Sig.	Exp(*B*)	95% CI EXP(*B*)	
							Lower	Upper
V143V140SNAP(7)	.043	56821.957	.000	1	1.000	1.044	.000	.
V143V140SNAP(9)	.233	56821.957	.000	1	1.000	1.262	.000	
Constant	-.620	49056.118	.000	1	1.000	.538	.000	.
	-55.053	63365.392	.000	1	.999	.000		

Summary

Chapter 4 has presented an analysis of the secondary quantitative data to determine whether it predicted the value of independent variables based on the value of independent variables, and has used it to describe the relationships between a binary dependent variable and independent variables. There is no known research study that has analyzed the young elderly population as a separate group. The chapter included a description of the data set along with the demographics of the respondents. I discussed the collection of the secondary quantitative data and its organization and analysis in SPSS. The chapter reported the results and analyses and applied them to address the research questions and hypotheses. Chapter 5 provides an analysis of the research study findings in Chapter 4, public policy and administration recommendations, and implications for social change, as well as the conclusions.

Chapter 5: Conclusions

The purpose of this quantitative research study was to discover and measure the needs and demographics of the young elderly, especially the poor young elderly. The needs of the young elderly include social security, Medicaid, long-term health care, MOOP expenses, housing, and policy changes, such as increased funding of Medicaid. Young elderly demographics include region, race, education level, income level, sex, employment status, and marital status. The inspiration for the study was the lack of research on the young elderly as a population and the increasing number of baby boomers becoming young elderly people. This research method, which included a secondary survey design, allowed me to determine whether there was a linear relationship between dependent and independent variables, in addition to describing data and explaining the relationships between a binary variable and independent variables.

Chapter 5 includes an interpretation of the findings from analysis of the secondary CPS data in the context of the literature and the theoretical framework. A discussion of limitations of the study, recommendations for future research, implications for positive social change, and conclusions follow.

Interpretation of Results

The results of this quantitative study showed no statistically significant linear correlation between income level and region, race, education level, occupation status, sex, marital status, and employment status. Moreover, there was no statistically significant linear correlation between income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, and housing. Finally, the

independent variables social security, SSI, Medicare, Medicaid, public housing, and SNAP were not statistically significant in predicting the dependent variable, employment status. The current study findings did not align with those from other studies such as Radwan and Morgan, (2010) and Stevens (n.d.) on elderly (65 and older) poverty, which included the young elderly as a subgroup. These other study findings showed significant correlations between similar variables. Many of the young elderly (baby boomers) have fallen in and out of poverty, meaning that they have experienced poverty more than once (Radwan & Morgan, 2010; Stevens, n.d.). Their poverty experiences were primarily due to the recession years, during which they could not save for retirement because of financial hardships. This may be one of the reasons why the variables from the current study were not useful as predictors of poverty. Another possible reason why the variables were not useful as predictors of poverty is that many of the baby boomers live very close to the poverty line.

Theoretical Interpretation

In Rawls's (1999) theory of justice, justice is the first attribute in social institutions such as social security, SSI, Medicare, and Medicaid. Justice is fairness, and the young elderly should get what they need regardless of whether there is a statistically significant association between social security, SSI, Medicare, Medicaid, public housing, SNAP, and employment status. These are programs that the young elderly need, especially the poor young elderly. Rawls argued that in a just society like the United States, the general principle is that the young elderly should receive what they deserve. This is basically a common-sense principle. However, under this common-sense

principle falls legal justice and social justice. Legal justice applies to the legal institutions, laws, and administration on which the young elderly depend, such as the Social Security Administration, Medicare, and Medicaid. The direction and operation of these legal institutions are mostly in the hands of trained legal professionals, for whom procedural fairness is the goal and the rule of law. Social justice refers to social fairness. A standard for social justice is need, for example public housing for the poor young elderly. Social justice implies distributive justice or redistributive justice, which consists of benefits for the young elderly. Many Americans view the young elderly as deserving of social justice, especially the poor young elderly (Rawls, 1999).

Kalu (2011) contended that programs and policies that should help to alleviate poverty for the young elderly must address the causes of poverty, and some of the causes are complex. Americans frequently focus on young elderly senior failures or weaknesses as the cause of poverty, and they do not take into account society's role in causing widespread poverty. The functionalist perspective, or structural functionalism, refers to society as a group of interdependent systems in which subsystems are necessary to sustain appropriate functioning of the whole system (e.g., the health care system or economic system). To understand a subsystem, one must trace it back to the whole system. As in the whole system, the subsystem has a division of labor in which the young elderly fill important positions. More young elderly seniors are working in the experienced labor force and the unexperienced labor force to make ends meet. Many subsystems exist to meet the needs of the poor young elderly, like public housing and SNAP (Kalu, 2011).

P. Collins's (1993) intersectionality theory refers to how different social locations intersect individuals' lived experiences. In the young elderly community, region, race, education level, occupation status, sex, marital status, employment status, and income level influence experiences. These characteristics are all aspects of social stratification. Some of the social locations are privilege, such as being White, and others are oppressive, such as living in poverty. Social locations breed social inequality that does not function separately, but has links with structures of domination and oppression. There were no significant linear correlations among the social locations (variables) the current study addressed. This went against intersectional analysis, which maintains that there are connections between different systems of oppression, and they function to influence and support each other. For example, one cannot identify the real-life experiences of being a Black man simply by adding the experience of being Black and the experience of being a man. Intersectionality states that many factors yield conditions of privilege and oppression (P. Collins, 1993).

Limitations

There were limitations to my quantitative study on the young elderly associated with the research questions. There are many ways to construct quantitative research questions (Mertler & Vannatta, 2013). To develop solid quantitative research questions, I used these steps: (a) I selected relationship-centered research questions, because I used two multiple regression models and one binary logistic model; (b) I used different types of young elderly variables in accordance with each regression model; (c) I selected the relationship-centered structure for my quantitative research questions based on the

independent variables, dependent variables, and young elderly population; and (d) I included aspects of the research problem in each quantitative research question so that each question was clear, concise, and easy to read (see Mertler & Vannatta, 2013).

The main theoretical limitation of the regression models I used was that they could only measure relationships (Green & Salkind, 2011) and they could not explore the fundamental casual mechanism. In other words, it was difficult to trace from the beginning of the process to the end of the process. For example, there was no significant linear correlation between income level and region, race, education level, occupation status, sex, marital status, or employment status. Therefore, I concluded that the independent variables were not good predictors of income level. Perhaps independent variables from a different data sample might have yielded better predictors of the dependent variable.

Recommendations for Future Research

In this quantitative study on the young elderly, I found no statistically significant linear correlation between income level and region, race, education level, occupation status, sex, marital status, or employment status. Additionally, there was no statistically significant linear correlation between income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, or housing. Last, the independent variables social security, SSI, Medicare, Medicaid, public housing, and SNAP were not statistically significant in predicting the dependent variable economic status. However, regardless of the findings, society needs to understand the needs and demographics of the young elderly in the United States (Iceland, 2013). More research is necessary to identify

the predictor variables for the dependent variable in these regression models (see Agresti & Finlay, 1999). It is necessary for researchers and legislators to understand the relationships and the prediction of group membership better so they can design and implement effective public polices for the young elderly, for example public housing and SNAP (Mertler & Vannatta, 2013). Researchers should consider undertaking comparative research as the young elderly get older. Comparing the needs and demographics of the young elderly to the old and to the oldest old may help to alleviate poverty in the future. Also, qualitative research would be valuable because it is an inquiry that analyzes young elderly data (needs) taken from personal language and behavior in a natural environment. This research would allow U.S. families and stakeholders to push policymakers to legislate a comprehensive health care plan for seniors, because the rising cost of health care is a major expense for the young elderly.

Researchers should expand the current study globally to countries such as China and India, where the young elderly population is larger than in the United States. Further research might provide insight into the best predictors in regression models (Agresti & Finlay, 1999). Future research studies should be longitudinal studies of the young elderly that measure trends using variables such as poverty, race, sex, marital status, education, economics, and health care. It would be interesting to determine how many professionals who have master's and doctoral degrees live below the poverty line. They may live in poverty because of the way they have chosen to organize their lives. In other words, they may have chosen low-paying jobs.

Implications for Social Change

The social change implications for this quantitative study include the individual, family, organizational, and societal level. According to my review of the literature, this was the first study on the young elderly population and its association with government programs. My findings could be useful to create and improve programs and policies that focus on the needs and demographics of the young elderly. More funding is necessary for Medicaid, because more of the young elderly are living below and near the poverty line. Medicaid pays for short-term or long-term nursing home care and special medical programs in communities. Medicaid affects the low-income young elderly and their families, because without Medicaid they would have to pay for health care (Besharov & Call, 2009).

In addition, Congress should create a new Social Security Act to change the age of retirement for full benefits to 70 years. Most of the young elderly in this study were working. Retirement age and the employment status of the young elderly have an impact on their economic dependence on retirement programs. The age of entitlement for social security and other pension programs will affect the age of retirement for the young elderly. The future increase in the employment rates of the young elderly will lead to a decrease in the percentage of unemployed young elderly workers. The Social Security Act of 1983 changed the retirement age from 65 to 67 for full benefit payments (Clark et al., 2004). The retirement age changed from 65 in 1983 to 66 in 2006 and it will change to 67 in 2027 (Clark et al., 2004). Changing the retirement age to 70 may cause more young elderly to continue to work full time.

The demand for institutional care is likely boost the economy. In this study, marital status played a major role in housing needs for the young elderly. Young elderly women are more likely to live alone than young elderly men. With a decrease in the numbers of young elderly living with family members, there will be an increase in institutionalized care. There will be a need for more social services and health services in local communities.

Medicare should be a comprehensive health care program for young elderly seniors age 70 and above. Currently, Medicare is an entitlement program, and it is not comprehensive. Medicare is a federal health care program for the young elderly who are 65 and older. It should cover all expenses, including inpatient hospital care, nursing home care, hospice care, and home health care. Medicare should also cover physicians' services, outpatient care, medical supplies, medical preventive services, and all prescription drugs.

The young elderly (poor or low income) who are eligible for SNAP should receive it automatically. Many of the young elderly who are eligible for SNAP do not receive it. The young elderly either do not know that they are eligible or do not have access to the application or social service staff members who can help them to apply for SNAP. Some of them have disabilities and problems with understanding English, because English is their second language, or they may be uneducated. Even though the USDA teamed up with state and local governments to help its outreach programs to contact the young elderly who are eligible, the process has been slow (Gorman et al., 2013).

Governments should count all cash and noncash entitlements from the local, state, and federal government as income for the young elderly, for example, public housing and SNAP. Currently, governments do not consider cash and noncash entitlements as income for the young elderly. Including these entitlements as income will reveal a more accurate poverty rate in America.

Kalu (2011) contended that through the functionalist perspective, Merton maintained that there are two types of functions: manifest and latent. These functions are two different types of changes that result in positive social change. Manifest functions are intentional outcomes of an action or social process that most people expect, for example, a linear correlation between predictor variables and a dependent variable in research on elderly poverty (Radwan & Morgan, 2010; Stevens, n.d.). Latent functions are unexpected outcomes, such as no statistically significant linear correlation between the predictor variables and the dependent variables in my quantitative study. Latent functions are as important to the young elderly population as manifest functions. Positive social change can result from both (Kalu, 2011).

Positive social changes in the implementation and improvement of public policy may be challenging. However, creating and improving programs and policies is essential to the needs and demographics of the young elderly. The aim of my research study was to bring new knowledge to the leadership of the different levels of government and society to allow improvement and development of new programs and policies that would help the young elderly, especially the poor young elderly. Positive social change is necessary at the individual, family, organizational and societal policy level so that

planners can develop the solutions to needs and demographics. Sometimes these levels form partnerships and interrelate to find the solutions. Clearly, many of the social changes that are necessary are due to the increased rate of baby boomers becoming 65 and older. As the young elderly grow older, their needs and demographics change, such as the changes in income level and racial composition. The young elderly poverty rate is currently higher than it was in 2011 (Greenberg, 2011). These social changes affect the individual, family, organizational and societal policy levels in America.

Conclusion

In this secondary, quantitative research study on the young elderly population, I found that there was no statistically significant linear correlation between income level and region, race, education level, occupation status, sex, marital status, and employment status. Furthermore, there was no statistically significant linear correlation between income level and medical equipment expenditures, health insurance payments, MOOP expenses, SNAP, or housing. Last, the independent variables social security, SSI, Medicare, Medicaid, public housing, and SNAP were not statistically significant in predicting the dependent variable, economic status. The negative results in these regression models refer to findings that were surprisingly challenging instead of supporting the hypotheses. I did not get the results that I expected, because all the research I have read on the elderly that includes the young elderly as a subgroup of the population reveals a significant linear correlation between the predictor variables and the dependent variables, and shows that the independent variables significantly predicted the dependent variable. Perhaps this means that I have discovered evidence that needs

further research. Moreover, the findings of no statistically significant linear correlation and no statistically significance as a predictor are informative in some research conditions, especially in quantitative research (Mertler & Vannatta, 2013). These research findings on the young elderly are important, even though they do not support the hypotheses. One possible reason they may not support the hypotheses is that many of the young elderly live below or near the poverty line. Another possible reason is that over the last decade many of the young elderly have fallen in and out of poverty.

In Chapter 5, I synthesized the results of my secondary quantitative research study, put forward the findings, and described the data. I discussed the need for future research on the young elderly population. Additionally, I included the implications for positive social change and the importance of positive social change through the different levels of American society, for example the individual, family, organizational and societal policy levels and how they interrelate. My research study may be the first on the young elderly population, and it provides new knowledge about the needs and demographics of a population that has not undergone study for researchers, federal, state, local government officials, policy makers, and American society. The research findings enhance the ability of government officials and policy makers to create and improve programs and policies.

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