The 1996 Election: Older Voters and Implications for Policies on Aging

Robert H. Binstock, PhD
Aggregate national exit poll data from the 1996 presidential election suggest that voters aged 60 and older were not influenced by age-related policy issues, such as Medicare, any more than younger voters were. Yet, state-level data provide a basis for conjecture (although not a conclusion) that such issues may have influenced the voting decisions of some older voters in 14 states. If so, however, the impact was in Clinton’s favor in some states and Dole’s favor in others. Now that the election is over, the short-term problem of Medicare Part A will be dealt with swiftly, but a bipartisan commission to deal with the program’s long-term issues is problematic. The establishment of such a commission on Social Security is more likely. The President’s response to the push by governors and congressional Republicans to turn Medicaid into a block grant program will indicate whether he will move at all to the left of the centrist political position that he assumed throughout 1996.

Key Words: Age-group voting, Medicaid, Medicare, Older voters, Social Security, Voting behavior

The 1996 Election: Older Voters and Implications for Policies on Aging

Robert H. Binstock, PhD

During the 1996 election campaign, issues affecting older persons, particularly Medicare, were more prominent in speeches and political ads than they have been for decades. On one hand, the presidential candidates and many congressional candidates labored hard to convey the impression that they had been trying to “save” Medicare, and would do so in the future. On the other hand, they tried to label their opponents as potential destroyers of Medicare, or indifferent to the fate of the program and those whom it serves (New York Times, 1996a, 1996b).

How did older people vote in the presidential election? Is there any indication that the prominence of the Medicare issue during the campaign had a distinctive impact on older voters compared with those in younger age groups? What implications do the results of the presidential and congressional elections have for policies on aging in the next few years?

This article addresses these questions. It reports on and analyzes voting by older persons (aged 60 and older) based on exit polls that were available immediately after the 1996 election. It also speculates about the post-election political outlook for Medicare, Social Security, and Medicaid.

Voting

Journalists who cover elections, prospectively and retrospectively, ubiquitously assert and imply that older people vote differently from other age groups because of their self-interests regarding old-age policy issues such as Medicare. In pre-election stories during the 1996 campaign, a favorite slant was that older people vote differently from other age groups because of their self-interests regarding old-age policy issues such as Medicare. In pre-election stories during the 1996 campaign, a favorite slant was that older people would be a “swing vote” benefiting the President. The journalistic rationale for this view was that in Clinton’s first term he had fought off the efforts of Congressional Republicans to make larger reductions in projected spending on Medicare than he was willing to make.

Many academicians and public figures also use this self-interest paradigm to argue that older persons use cohesive group voting power to create and sustain an old-age welfare state that hinders national economic growth, contributes to the annual deficit of the Federal Government, and crowds out federal assistance to a variety of worthy social causes such as the welfare of children. A recent wielder of this shibboleth was internationally-renowned economist Lester Thurow. In an essay entitled “The Birth of A Revolutionary Class,” he wrote:

Will democratic governments be able to cut benefits when the elderly are approaching a voting majority? . . . Universal suffrage . . . is going to meet the ultimate test in the elderly. If democratic governments cannot cut benefits that go to a majority of their voters,
then they have no long-term future. No other investments can be made unless benefits are brought under control. . . . In the years ahead, class warfare is apt to be redefined as the young against the old, rather than the poor against the rich (Thrup, 1996, p. 47).

There has been little evidence over the years, however, to support the notion that older people tend to distribute their votes among candidates differently than younger voters do because of self-interested responses related to old-age policy issues (see Binstock & Day, 1996). Indeed, there are sound reasons for hypothesizing that this would not be the case (see Binstock, 1992).

Was there any evidence in the 1996 election that older voters voted differently from other age groups because of concerns about issues affecting Medicare and other policies on aging? Aggregate exit poll data for the nation suggest not. But disaggregated data indicate that in some states it is possible — but far from certain — that issues related to policies on aging may have influenced the votes of older persons differently than younger persons. Even if this phenomenon did take place, however, it favored Clinton in some states and Dole in others.

*Nationwide Exit Polls*  
National exit poll data published by the *New York Times* (see Table 1), indicate that people aged 60 and older distributed their votes among the 1996 candidates in roughly the same proportions as did the total voting population. The votes of persons aged 60 and older were not remarkably different from those in the age ranges 30–44 and 45–59. If Medicare, Social Security, Medicaid, and other old-age policies were important factors in influencing the choices of some older voters, they were not strong enough factors to make a big difference, nationally, for one candidate versus another. However, the slight differences, as well as comparisons between the aged 60 and older group and younger groups (including the group ages 18–29) provide the basis for some interesting observations.

*The Independent Candidate Factor.* — The oldest group voted at a lower rate for Ross Perot than did the total electorate and any other age group. This weaker level of support for an independent candidate is consistent with patterns in earlier elections, even though new birth cohorts have joined the ranks of older voters over time. As Table 1 shows, John Anderson in 1980 and Perot in 1992 received noticeably lower proportions of votes from the oldest age group than they did from younger groups and overall.

The comparative reluctance of older voters to choose independent candidates is in harmony with theories of political socialization and empirical findings in scholarly literature (see Binstock & Day, 1996). Although older voters tend to switch their allegiance among Democratic and Republican candidates in much the same patterns as younger voters, research has consistently shown that older persons have a greater attachment to traditional political institutions. Moreover, the accumulated life-course experiences of years of participating in the political process tend to make them more skeptical of the value of voting for an independent.

The relative reluctance of older voters to support independents, of course, can sometimes have a substantial distributional effect on their support for the major party candidates. In 1992 their markedly lower rate of support for Perot seems to have accounted for their very high rate of support for Clinton. George Bush received precisely the same proportion of votes from older persons, 38%, that he received from the

![chart](https://academic.oup.com/gerontologist/article-abstract/37/1/15/562951/16)


<table>
<thead>
<tr>
<th>Percent of All Voters</th>
<th>The 1980 Vote</th>
<th>The 1984 Vote</th>
<th>The 1988 Vote</th>
<th>The 1992 Vote</th>
<th>The 1996 Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reagan</td>
<td>Carter</td>
<td>Anderson</td>
<td>Reagan</td>
<td>Mondale</td>
</tr>
<tr>
<td>All ages</td>
<td>51%</td>
<td>41%</td>
<td>7%</td>
<td>59%</td>
<td>40%</td>
</tr>
<tr>
<td>18–29 years old</td>
<td>43</td>
<td>44</td>
<td>11</td>
<td>59</td>
<td>40</td>
</tr>
<tr>
<td>30–44 years old</td>
<td>55</td>
<td>36</td>
<td>8</td>
<td>57</td>
<td>42</td>
</tr>
<tr>
<td>44–59 years old</td>
<td>55</td>
<td>39</td>
<td>5</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>60 years &amp; older</td>
<td>54</td>
<td>41</td>
<td>4</td>
<td>60</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reagan</td>
<td>Carter</td>
<td>Anderson</td>
<td>Reagan</td>
<td>Mondale</td>
</tr>
<tr>
<td>All ages</td>
<td>55</td>
<td>36</td>
<td>7</td>
<td>62</td>
<td>37</td>
</tr>
<tr>
<td>18–29 years old</td>
<td>47</td>
<td>39</td>
<td>11</td>
<td>63</td>
<td>36</td>
</tr>
<tr>
<td>30–44 years old</td>
<td>59</td>
<td>31</td>
<td>8</td>
<td>61</td>
<td>38</td>
</tr>
<tr>
<td>44–59 years old</td>
<td>60</td>
<td>34</td>
<td>5</td>
<td>62</td>
<td>36</td>
</tr>
<tr>
<td>60 years &amp; older</td>
<td>56</td>
<td>40</td>
<td>3</td>
<td>62</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reagan</td>
<td>Carter</td>
<td>Anderson</td>
<td>Reagan</td>
<td>Mondale</td>
</tr>
<tr>
<td>All ages</td>
<td>47</td>
<td>45</td>
<td>7</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>18–29 years old</td>
<td>39</td>
<td>49</td>
<td>10</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>30–44 years old</td>
<td>50</td>
<td>41</td>
<td>8</td>
<td>54</td>
<td>45</td>
</tr>
<tr>
<td>44–59 years old</td>
<td>50</td>
<td>44</td>
<td>5</td>
<td>57</td>
<td>42</td>
</tr>
<tr>
<td>60 years &amp; older</td>
<td>52</td>
<td>43</td>
<td>4</td>
<td>58</td>
<td>42</td>
</tr>
</tbody>
</table>

total electorate. In contrast, the comparatively low support for Perot among voters aged 60 and older appears to have translated into their providing 50% of their votes for Clinton, compared with his 43% overall rate.

In 1996 the possibility of such an impact was not as readily apparent. Clinton received 48% of the vote from older voters and from age groups 30–44 and 44–59; yet the 44% that Dole received from older voters was slightly higher than the 41% he got from the two other groups. This could be linked somewhat to the lower vote that older people gave Perot but, as discussed below, it could also be attributed to the fact that older men supported Dole at a much higher rate than older women.

In contrast to older voters, the youngest cohort in the electorate, ages 18–29, has been most likely to support independent candidates in presidential elections. Yet, voters in this age group have sometimes deviated considerably from the other age groups in how they distribute their votes among Democrats and Republicans in elections in which a prominent independent candidate is running. This is consonant with the literature on political socialization that suggests that relatively new participants in the political process are least likely to be attached to the two major parties. The data in Table 1 suggest that the relatively strong support that the youngest group gave to Anderson in 1980 may have benefited the Democratic Candidate, Jimmy Carter. In 1992, the group’s slightly higher support for Perot seems to have helped Clinton against Bush. In the 1996 election, however, it appears that the slightly higher rate for Perot among the youngest was not a major factor in their distribution of votes for the major candidates. Rather, their comparatively high support for Clinton and weak support for Dole more likely reflects the sharp gender differences in voter preferences in this election. Women ages 18–29 voted at a striking rate of 58% for Clinton and a very low rate of 31% for Dole.

The Gender Factor. — Throughout the 1980s and 1990s women in general, within all age groups, have supported the Democratic candidate more strongly than have men, apparently because of the respective party stances on such issues as the “pro-choice”/“pro-life” issue. In 1996 the “gender gap” was particularly sharp, with the highest percentages for Clinton emerging in the reproductive age ranges.

Gender differences in voting among persons aged 60 and over were dramatic. Older men gave a higher proportion of their support to Dole, 48%, than did any other male age group; Clinton received only 43%. In contrast, only 41% of older women voted for Dole and 53% voted for Clinton.

No data are available yet on the actual number of female and male voters in 1996 (or the number in each age group). But a comparison of the average percentages for all voters in every age range with the percentages by gender makes it clear that male voters substantially outnumbered female voters in every age category. Hence, one can see in Table 1 that the high proportion of older men who voted for Dole had a substantial impact in producing a distribution for all men in which Dole had a higher proportion than Clinton (44% to 43%).

State-Level Exit Polls

The New York Times national exit poll data suggest that issues did not influence older voters in a distinct fashion. However, state-level exit polls available from Politics Now (1996) do indicate that issues might have had an impact in swinging the votes of older persons for the presidential candidates in specific states. There were a number of states in which older voters did distribute their votes between Clinton and Dole in substantially different proportions than did the younger age groups.

In some cases the different patterns seem to reflect the propensity of older voters to avoid independent candidates. An extreme case of this can be found in West Virginia, where Perot got only 5% of the vote from persons aged 60 and older, compared with 16% from the 18–29 age group, 14% from the 30–44 age group, and 10% from the 45–59 age group. Clinton seems to have benefited from older voters’ comparative lack of support for Perot, getting 58% from this age group.

In 14 states, however, the independent candidate factor is not very plausible as an explanation for the difference between younger voters and older voters in their support for the two major candidates. In ten of these states — Arkansas, Florida, Hawaii, Iowa, Montana, Nebraska, Nevada, North Carolina, Oklahoma, and South Dakota — older voters provided substantially more support for Clinton than did the younger age groups. In the other four states — Alaska, Arizona, Colorado, and Massachusetts — support for Dole was considerably higher among older people than in the other age groups.

The voting patterns in these states provide a basis for conjecture — but hardly for a conclusion — that old-age issues may have influenced older voters more than younger voters. Yet, even if they did, why did older voters give greater support than other age groups to Clinton in some states and to Dole in others? Clearly, one cannot say that “the Medicare issue” had a one-way impact on the preferences of older voters.

These 14 states present interesting opportunities for research on a series of factors that may be associated with age group voting. One can pursue the question of whether Medicare and other old-age issues were linked with the varied proportions of candidate support in each age group through several lines of inquiry. State level exit polls that contain age breakdowns on responses to questions about Medicare, for instance, might provide evidence of a linkage between attitudes about issues and the age group votes for candidates. It might also be useful to analyze possible relationships between the distribution of votes by age group and the content and amount of campaign advertising. According to newspaper accounts during the campaign, the Demo-
cratic party invested a great deal of money in advertisements in Florida that portrayed the President as having saved Medicare against the attacks of Congressional Republicans. A comparative analysis of states where older persons gave stronger support than younger age groups to either Clinton or Dole, focusing on state and local media campaigns, could be instructive.

A number of factors other than issues, of course, may have been equally or more important in shaping older persons’ votes in these particular states. The strong or weak “coattail effects” of state and local candidates in specific states, for instance, may have been different among older voters than in the younger groups. Or the characteristics of older people who have migrated into selected states could account for age group differences in the distribution of votes among candidates. One could hypothesize, for example, that in Florida a sizable number of older immigrants who are lifelong Democrats may account for Clinton’s comparatively high support from the age 60 and older group. By the same token, perhaps the migration of predominantly Republican older persons to Arizona may help explain the relatively high support that Dole received there from the oldest group. Research on these and related lines of inquiry would enable us to understand better the complex interplay of factors that account for different age-group voting patterns that sometimes occur.

Implications for Policies on Aging?

Now that President Clinton has been reelected and both houses of Congress remain under the control of the Republican Party, what are the implications for policies on aging during the last years of this century?

A central ingredient in the politics of the late 1990s will be the posture that President Clinton assumes. There is no particular reason to think that he will be a special protector or “champion” for older Americans. Nationwide exit polls show no reason for him to be especially grateful to older voters. And as a lame-duck president, he has little need to curry favor with or avoid offending older people or any other electoral constituency.

In his campaign for re-election Clinton had no challengers on the political left, and he positioned himself as far to the right as he could. Throughout 1996 he proclaimed “the end of big government.” And in the weeks preceding the election Clinton took credit for the Personal Responsibility and Work Opportunity Conciliation Act of 1996 that turned the Aid to Families with Dependent Children welfare program into a block grant to the states that includes limits on how long individuals can be on welfare.

With the election over, will the President move to the left? It seems unlikely. Two days after the election he announced that he would seek to appoint Republicans in his new Cabinet in order to “have a government that can unify the country” (Mitchell, 1996). Moreover, as a former governor, he has long favored the conservative principle of devolving authority to state governments.

President Clinton’s prime goal in his second term will probably be to establish himself in history as the president who brought the budget into balance while presiding over a healthy economy that had low rates of inflation and unemployment. Four days after the election he said that no issue “is more fundamental than balancing the budget” (Mitchell, 1996). He is already well along in achieving this goal. By the end of fiscal year 1996, the annual federal deficit had been reduced by 63% from the last year of President Bush’s term (Sanger, 1996).

The new Republican majority in the Congress seems to be somewhat more conservative than its predecessor. It will undoubtedly attempt to carry forward a broad agenda of reducing the role of the Federal Government, cutting taxes, turning authority for social programs over to the states, and balancing the budget. In doing so, however, it will probably be more inclined to compromise than the Republican majority was in the 104th Congress.

In this context, what are we likely to see in the way of initiatives affecting public policy on aging?

Certainly there will be some short-term changes in Medicare’s Part A Hospital Insurance (HI) before President Clinton’s term is over. Expenditures for Part A presently exceed, substantially, the revenues from the payroll tax that finances it. HI trust fund reserves are being drawn upon to bridge the gap, and the trustees of the fund estimate that these reserves will be exhausted early in 2001. It is doubtful that short-term measures will involve revenue increases. Earlier this year, Clinton did float the idea of increasing revenue for Part A by having program enrollees pay a premium for coverage, as they do now for Part B. But members of Congress, who will soon be running for reelection, are unlikely to support either this idea or an increase in the payroll tax.

Expenditure reductions are far more likely. Less than a week after the recent election, the President indicated that he favored reducing Part A reimbursements to hospitals as well as to doctors and other health care providers to the extent that they could “lengthen the life of the Medicare Trust Fund for a decade” (Gray, 1996). This approach is more politically palatable than revenue increases. Yet, it is likely to have an adverse impact on the quality of care for patients of all ages, not just Medicare enrollees. Further reductions in hospital reimbursements, for instance, will mean cutbacks in nursing and other staff, equipment and equipment maintenance, and general upkeep of plant facilities and services.

Another likely approach for reducing expenditures is to establish deductibles and copayments for home health care services which, at present, are fully reimbursed by the Federal Government. Home health care has been the fastest growing portion of Part A in recent years. From 1988 to 1994, aggregate payments increased by 550%, and average payments per person rose 229% (Medicare and Medicaid Statistical Supplement, 1996, p. 76). Attempts to place Medicare enrollees on fixed budgets by encouraging them to join Medicare HMOs or to opt for Medical...
Savings Accounts — approaches that have been widely discussed in the past two years — are not good as short-term strategies because the aggregate impact on expenditures cannot be reliably predicted.

Reforms to deal with the longer-run explosion in Part A and Part B Medicare expenditures, projected to begin in 2010 when the Baby Boom cohort starts to join the ranks of old age, will need to fundamentally alter the program through the institution of fixed costs to replace the present open-ended fee-for-service reimbursement approach. Both Clinton and Dole pledged during the campaign to establish a bipartisan commission to undertake this challenge. However, Senate Majority Leader Trent Lott and House Speaker Newt Gingrich have already expressed opposition to such a commission (Gray, 1996). Perhaps they want to lay a foundation for a claim that the Republican Party reformed Medicare for the 21st century, or at least to force the President to come forth, on his own, with unpopular proposals. In any event, we are more likely to see incremental changes in the Medicare program during the next four years than radical reforms for the long-term.

The establishment of a bipartisan commission is a distinct possibility in relation to Social Security, for which projections indicate a shortfall in revenues and reserves in 2029. A number of specific remedial measures have already been suggested from all sides. These reforms are more incremental than those required for the Medicare program in the long-term, and are far more likely to be politically palatable to both parties and the public-at-large (see Kingston & Schulz, 1997; Quadagno, 1996).

Federal Medicaid expenditures also need attention, but perhaps not as immediately as before. The program’s outlays for long-term care grew at an annual rate of 13.2% from 1989 to 1995, and overall expenditures were projected to grow from about $96 billion this year to $166 billion by 2002. But in fiscal 1996, federal Medicaid spending increased by only 3%, and aggregate state spending, which had grown at an annual rate of 6.8% for 15 years, rose by only 4.5% (Pear, 1996). The 1996 rates of increase may be indicative of continuing lower rates in annual Medicaid expenditure increases, most probably due to the implementation of managed care in many state Medicaid programs.

Nonetheless, Medicaid is likely to resurface on the legislative agenda, would eliminate federal requirements for determining individual eligibility for Medicaid (as an entitlement), and turn over control of the program to state governments through capped block grants. With the individual entitlement eliminated, states would determine the allocation of resources among various categorical Medicaid populations — the aged, the disabled, and single mothers and their children. The initial version of this approach would have curtailed projected federal spending on Medicaid by about $70 billion by 2002. Various analysts also suggested that this version would have resulted in large reductions in state Medicaid spending (over $200 billion) during this period and that home- and community-based-services would be decimated.

President Clinton, who shares the “devolution” perspective of his former gubernatorial colleagues, will probably go along with the plan to turn Medicaid into a block grant program. The main uncertainty is whether he will support the elimination of entitlement eligibility for the program or fight to maintain the federal entitlement with a fixed limit on Medicaid reimbursement for any individual who qualifies for the program. This decision by the President will probably indicate more than anything else just how far to the left he may turn in policies on aging during his second term.

References


Received December 4, 1996
Accepted December 6, 1996