

period. In the United States benefit increases were closer to changes in the price rather than the wage index.

The closest relationship between the benefit index and the index upon which changes are based is shown by Sweden. The probable explanation for this responsiveness of the Swedish adjustment system is the fact that an assessment of increases in the price index is made monthly, and adjustments are permitted on a short-range basis. On the other hand, in Belgium, which also adjusts on the basis of prices, benefits had progressed at the same rate as earnings, with no apparent relationship to prices, at the end of the decade. This pattern reflected the seven ad hoc changes

in addition to the automatic ones, some of them rather substantial (9 percent in 1961 and 8 percent in 1962).

The greatest separation between indexes occurs in the Netherlands, where pensions stood at 347 and the earnings index at 255 in 1968. In that country, benefits had increased, up to 1962, more slowly than earnings, which had been held back by a policy of voluntary wage restraint. For the rest of the decade, however, earnings grew relatively rapidly. Beginning in 1962, benefits increased even faster than earnings. This trend reflected the fact that increases in rent and other key items were considered a greater burden on pensioners than on active workers.

Notes and Brief Reports

Aged OASDHI Beneficiaries: Interstate Migration*

About 19 million persons in the United States were aged 65 or older at the end of 1968—about twice as many as at the end of 1940. The number in this age group will be growing by about 350,000 a year within the next two decades, according to estimates. Thus the figure should reach 25 million by 1985, with practically all of these older people eligible for and receiving social security benefits.

Currently, more than 9 out of 10 persons arriving at age 65 are eligible for monthly cash benefits under the social security program, and virtually all persons aged 65 or older are enrolled for Medicare's hospital and medical benefits. Identifying the areas of the country that have experienced the greatest increases in the aged population is therefore of particular interest. Such knowledge of the areas of growth could, for example, help in planning for hospitals, nursing homes, and other facilities for the aged.

State by State, the projected yearly increase in the aged population does not take into account changes resulting from migration. One aspect

of this type of shift can be isolated: that caused by movement across State lines by aged persons receiving OASDHI benefits.

A study of the beneficiary rolls in the 12 months from July 1966 to June 1967 shows that more than 227,000 or about 1½ percent of all aged OASDHI beneficiaries (receiving payments at the end of June 1967) moved from one State to another (table 1).¹ About 42,000 of these bene-

TABLE 1.—Number of aged OASDHI beneficiary migrants in the 12 months ended June 30, 1967, by region of initial and final residence

Region of residence on July 1, 1966	Region of residence on June 30, 1967					
	Total	North-east	North Central	South	West	Out-lying areas ¹
Total.....	227,478	46,376	51,935	81,329	46,786	1,052
Northeast.....	62,634	31,874	3,388	21,328	5,287	759
North Central....	66,363	2,980	31,113	19,690	12,529	51
South.....	59,399	8,651	10,512	33,979	6,202	55
West.....	38,441	2,511	6,886	6,277	22,731	36
Outlying areas...	641	360	36	57	37	151

¹ American Samoa, Guam, Puerto Rico, Virgin Islands, and other smaller United States possessions.

ficiaries were "circular migrants"—that is, they moved to another State but returned to their

¹ Because, from one year to the next, the net change through migration may often shift from a gain to a loss or from a loss to a gain, caution must be used in making generalizations based on information for brief periods. Before a trend can be established with any degree of accuracy, data for at least several more years must be studied.

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original State of residence before the 12 months were over. In broad geographical terms, there was a net migration of about 30,000 beneficiaries away from the Northeast and North Central States and toward the Southern and Western States.

Who Were the Migrant Beneficiaries?

There were more women than men among the aged beneficiaries who moved across State lines, though the rate per 1,000 aged beneficiaries was somewhat greater for men than women. About one-fourth of the migrating beneficiaries were aged 65-69 and another fourth were between age 70 and age 74 (table 2). Though beneficiaries aged 85 or older constituted only 5½ percent of the aged beneficiary population, 14 percent of the migrants were in this age group.

TABLE 2.—Percentage distribution of all beneficiaries and of beneficiary migrants, by sex and age

Sex and age of beneficiary	Beneficiaries ¹	Beneficiary migrants ²
Total.....	100.0	100.0
65-69.....	31.3	25.8
70-74.....	30.5	26.4
75-79.....	21.3	21.1
80-84.....	11.4	12.4
85 and over.....	5.5	14.3
Men.....	100.0	100.0
65-69.....	31.2	28.1
70-74.....	31.1	27.0
75-79.....	21.4	20.2
80-84.....	11.2	11.2
85 and over.....	5.1	13.6
Women.....	100.0	100.0
65-69.....	31.4	24.2
70-74.....	30.1	25.9
75-79.....	21.3	21.9
80-84.....	11.5	13.3
85 and over.....	5.8	14.8

¹ As of Dec. 31, 1966.

² During fiscal year ending June 30, 1967.

Where Did the Migrants Go?

More aged beneficiaries traveled to Florida or to California than to any other State, as might be expected from the tendency of older persons to seek a warmer climate. Not counting those beneficiaries that went back where they came from, about 1 in 4 of the migrants moved to one of those two States.

Almost all of those going to Florida were from States east of the Mississippi (table 3). And

TABLE 3.—Percentage distribution of migrants to Florida and California by geographic division of residence on July 1, 1966

Geographic division of residence	Florida	California
Total.....	100.0	100.0
New England.....	9.4	3.5
Middle Atlantic.....	35.9	13.4
East North Central.....	29.0	19.8
West North Central.....	3.2	11.2
South Atlantic.....	14.3	6.7
East South Central.....	3.4	2.1
West South Central.....	1.4	7.8
Mountain.....	.8	13.6
Pacific.....	2.6	21.8
Outlying areas.....	.1	.1

Florida was the principal destination of aged beneficiaries from six of the nine Northeastern States. For migrants to California, the State of origin was more varied. About half the aged who moved to California were from States west of the Mississippi, though Illinois and New York sent the largest number of beneficiary migrants.

Aged beneficiaries also left California and Florida in substantial numbers. For California, the ratio of outmigrants to the aged beneficiary population of the State was somewhat less than the national average, however. Beneficiary migration from Florida—at a rate of about 21 per 1,000 of the aged beneficiary population of the State—was substantially higher than the national average of 12 per 1,000.

Who Moved Back?

Relatively more aged beneficiaries from the Northern States returned to their home State during the 12 months surveyed than those from any other region. About 1 in 4 of all beneficiaries leaving the New England States and about 1 in 5 of those moving out of the North Central States went back to the State they migrated from.

As noted above, much of this circular migration involved movement to and from Florida and California. The figures on aged beneficiaries leaving these two States reflect of course the departure of some who did not reside in these States but had moved in before the survey year began and went back home during the survey year. A significant amount of movement of this type is suggested by the fact that beneficiaries from five States—Illinois, New Jersey, New York, Ohio,

and Pennsylvania—figure prominently both in Florida immigration and Florida outmigration.

Because the cycle of departure and return for some migrants did not necessarily fall with the limits of the survey year, the count of “circular migrants” shown here for the period—42,000—does not measure the full extent of circular migration.

Movement to the Suburbs

The movement of beneficiaries into and out of States may equalize over a period of time, but in some areas outmigration exceeds immigration and produces a net loss in the migratory aged beneficiary population (table 4). The im-

TABLE 4.—Net decrease in number of aged beneficiaries resulting from migration, selected States

State	Net decrease in number of aged beneficiaries	State	Net decrease per 1,000 aged beneficiaries
New York.....	11,835	District of Columbia.....	30
Illinois.....	4,862	Wyoming.....	11
Michigan.....	3,055	New York.....	7
Pennsylvania.....	2,600	Illinois.....	6
Ohio.....	2,072	Michigan.....	5
District of Columbia.....	1,481	South Dakota.....	5
Massachusetts.....	1,255	West Virginia.....	4
Indiana.....	1,106	Montana.....	4
21 other States.....	5,534		

balance in these areas appears to be affected by the “move to the suburbs.” The figures on migration between States with common borders often reflect this type of movement. When, for example, roughly 1,400 aged beneficiaries moved from the District of Columbia to Maryland during the survey year and only 400 moved into that jurisdiction from Maryland, the result was a net loss of 1,000 for the District of Columbia. Movement to Virginia also contributed to the total net loss of 1,480 in the number of aged migrating beneficiaries in the District of Columbia.

Shifts to the suburbs are also reflected in the migration data for New Jersey. Because many more aged beneficiaries moved into New Jersey from Pennsylvania and New York than the number going in the opposite direction, New Jersey was the only populous State in either the Northeast or North Central regions without a significant decline in the number of aged beneficiaries brought about by migration.

Regional Growth in Aged Beneficiary Population

Between 1959 and 1966 the number of aged persons receiving benefits rose 72 percent in the Southeast and 61 percent in the West; in the Northeast the number was 42 percent higher, and it was 45 percent higher in the North Central States. Much of the growth in number is attributable to program liberalizations and to extension of the program to more persons. In addition, the regional variations in the rate of growth of the aged beneficiary population reflect some of the gains and losses through migration.

SOCIAL SECURITY ABROAD

Mental Retardation in Four Countries*

This study on mental retardation was originally prepared by the Office of Research and Statistics for a special task force on mental retardation established by the Secretary of Health, Education, and Welfare. Because it may be of interest to others, it is printed here with minor revisions.

The four countries studied—Sweden, the Netherlands, the United Kingdom, and the Union of Soviet Socialist Republics—were chosen because they have often been cited by foreign observers, most notably by study teams of the President’s Panel on Mental Retardation, as having public programs for mental retardation with desirable features.

Brief descriptions are given below of the social security programs in these countries as they relate to the mentally retarded, followed by an outline of medical services that can also be considered as a form of social security since all four countries have national health schemes. To convey a more nearly comprehensive impression of the position of the mentally retarded, some of the other public programs for the mentally retarded in the fields of welfare, education, and rehabilitation have also been discussed.

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