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Abstract

Being undocumented is strongly correlated with low wages, employment in high risk occupations, and poor healthcare access. We know surprisingly little about the social lives of older undocumented adults despite the vast literature about youth and young undocumented migrants. Literature about the immigrant health paradox casts doubts on the argument that unequal social conditions translate to poorer self-reported health and mortality, but few of these studies consider immigration status as the dynamic variable that it is. Reviewing research about older migrants and minorities, I point to the emergence of undocumented older persons as a demographic group that merits attention from researchers and policymakers. This nexus offers important lessons for understanding stratification and inequality. This review offers new research directions that take into account multi-level consequences of growing old undocumented. Rather than arguing that older-aged undocumented migrants are aging into exclusion, I argue that we need careful empirical research to examine how the continuity of exclusion via policies can magnify inequalities on the basis of immigration status and racialization in older age.

Keywords: Immigration, Immigrants, aging, socioeconomic status, health, inequality

Over 11 million undocumented individuals currently reside in the United States. In 2014, a million and a half undocumented immigrants were 55 years and older (Migration Policy Institute, n.d.). Immigration status determines whether someone can access Social Security and healthcare programs (e.g. Medicaid and Medicare) on which older persons rely (Massey & Bartley, 2005). Undocumented and aging individuals who remain in the United States will age with limited access to institutions that act as safety nets for economically vulnerable older persons.[i] By law, undocumented older-aged individuals are ineligible to access any federal institutions[ii] designed to support older individuals regardless of contributions to taxes and decades of working in the United States (American Immigration Council, 2016). Although these programs are often insufficient to provide for older-aged individuals' economic and healthcare needs, they are a safety net, one on which over half of Americans over the age of 65 rely.

The consequences of being undocumented may be compounded in older age (Fox, 2016). Several concepts from life course theories are helpful to understand the immigration status and aging nexus. Cumulative disadvantage is a framework that indicates that inequalities at one stage of the life course can multiply and cause wider disparities later on in life (Crystal and Shea 1990). An individual's social location, if it is one of advantage, will reproduce advantage at later ages. Similarly, disadvantage at one point in time might lead to future social vulnerabilities (Dannefer, 2003). Together, these patterns make the gaps in health outcomes between advantaged and disadvantaged groups widen with age. Older-age may be a period in which we can clearly distinguish diverging experiences. In addition to the cumulative disadvantage framework, the life course concept called linked lives can help uncover the family-level consequences of inequalities (Gee, Walsemann, & Brondolo, 2012). Previous research

documents the negative consequences of an undocumented status during working ages, but less is known about its long-term effects on wellbeing, socioeconomic status, and family.

The focus of this review on undocumented migrants is intentional. They are the most excluded from state-based support, which highlights perhaps the most extreme case of older-age exclusion. This is a group of individuals that are difficult to capture in national studies and thus we know less about them. Several factors mentioned in this review are likely present in the lives of migrants who are in liminal statuses (i.e. Temporary Protected Status) (Menjívar, 2006). Individuals with Temporary Protected Status, who are in asylum proceedings, or in other temporary statuses are considered lawfully present for the purposes of Social Security benefits (for more information see Nuschler & Siskin, 2010). According to a Congressional report, "if a noncitizen is entitled to benefits, but does not meet the lawful presence requirement, his or her benefits are suspended" (Nuschler & Siskin, 2010).

In this paper, I review studies in the immigrant and minority aging literature to identify the implications that existing studies have for understanding immigration status and aging. I argue that undocumented status will become a force that creates diverging experiences in the older age population and magnifies existing disparities. This paper builds on public health theoretical frameworks, which argue that health inequities need to be examined using a life course perspective (Asad and Clair 2018; Torres and Young 2016), and offers directions for future research.

Law and Policies Relevant to Aging

Immigration status categories are created through laws and discursive practices. The production of illegality or illegalization is a disciplinary action and functions as an "instrument of labor subordination" (De Genova 2002, p. 429). The creation and growth of the

undocumented population is direct result of government policies intended to create symbolic and legal boundaries between immigrants perceived as 'undesirable' and those seen as desirable in order to justify legal violence against the former (Menjívar, 2006; Menjívar & Abrego, 2012). Illegality is racialized. This means that the social meaning of the undocumented social category is often ascribed to specific ethnic groups and/or to individuals who look a certain way despite their actual immigration status (see more in García 2017b). Policies have shaped the demographic composition of the undocumented population and excluded them from social safety net programs.

The Social Security Administration is a safety net institution for older-aged individuals in the United States. When created in 1935, Social Security programs (including a social insurance program for retired old-age workers) excluded agricultural workers, mostly U.S.-born Black and Latinx individuals. It did not explicitly exclude undocumented individuals (Fox, 2016). At the time, the undocumented population was not sizable. It was not until 1972 that the Social Security Board stopped providing social security numbers to undocumented individuals in the United States. Before then, undocumented individuals were not explicitly barred from obtaining a social security number nor from benefitting from federal social programs (Fox 2016).

Undocumented migration from Mexico increased after the Bracero program ended in 1964. This guest-worker program was designed to fulfill labor shortages during World War II. After its end, patterns of circular and seasonal undocumented migration from Mexico became common. In the 1970s, increasing anti-immigrant sentiment paved the way for policies that narrowed the eligibility for receiving assistance from federal programs (Fox 2016). Policies later in the century followed suit. The 1986 Consolidated Omnibus Reconciliation Act prevented undocumented migrants from accessing Medicaid and Medicare (Douthit & Old, 2019).

In 1986, Congress passed the Immigration Reform and Control Act (IRCA). This program legalized 2.7 million undocumented individuals. IRCA also expanded the definition of an aggravated felony to include minor offenses such as undocumented entry after previous removal and falsification of tax returns (Abrego, Coleman, Martínez, Menjívar, & Slack, 2017; Menjívar, Gómez Cervantes, & Alvord, 2018). Simultaneously, U.S. budgets for internal and border enforcement increased (De León, 2015), interrupting circular patterns of migration and exponentially increasing the undocumented population (Parrado & Ocampo, 2019). Ten years later, in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act made it such that immigrants who arrived to the United States after 1996 became ineligible for certain social programs unless they were legal permanent residents with 40 quarters of work experience in the United States (Yoo, 2008).

Policies reinforce or halt mechanisms of inequality. Thirty-four years have passed since the last legalization program. From 1981-2000, 5.8 to 10.1 percent of IRCA beneficiaries were over the age of 50 (Carr & Tienda, 2013). IRCA supported older-age undocumented persons in the late 20th century by potentially preventing inequalities during older age by providing immigrants a path for economic incorporation, or at the very least with access to social insurance programs. The IRCA cohort represents an important group because they are a cohort of individuals who at one point in their lives were undocumented. Though their current immigration status may be more stable, their previous exposure to an undocumented status may hold salience for their socioeconomic and health outcomes in older age.

Today, undocumented individuals are spending decades with this status and are subject to normalized legal violence, exploitation, and discrimination (Menjívar & Abrego 2006). From a

life course lens, previous exposure to an undocumented status may severely dampen socioeconomic and health status later on in life (Torres & Young, 2016).

Socioeconomic Status of Older Immigrants

Retirement

Requirements to receive Social Security include working in the United States with employment covered by Social Security for 10 years and having lawful presence. Individuals in the lowest income quartile count on Social Security benefits for up to 90 percent of their income (Brown, Saad-lessler, and Oakley 2018). Whether undocumented individuals and families have enough savings for retirement is unknown, but the assumption that undocumented individuals have the economic means to save and support themselves through retirement is not realistic. Undocumented workers and immigrant workers are subject to low wages (Borjas, 2017; Donato & Sisk, 2012; Massey & Gentsch, 2014) and their jobs rarely provide private individual retirement accounts (Kalleberg, Reskin, & Hudson, 2000). If they do, accessing those accounts may be cumbersome for individuals without a valid social security number, which financial institutions often use to identify their customers.

Legal immigrants lacking the work experience necessary to receive social security may rely on Social Security Income (Sharpe, 2008). The combination of a low socioeconomic status during working ages and being unable to access social safety net programs in older-age may increase economic inequalities based on immigration status. The fact that socioeconomic status is highly racialized also means that, despite potential adjustment of immigration status (e.g. IRCA cohort), the experiences of older documented persons with and without a previous undocumented status may differ (Kreisberg, 2019).

Whether individuals can access income assistance, retirement programs, and federal healthcare depends on immigrants' characteristics. Foreign-born legal permanent residents and naturalized citizens may have less access to support from social safety net programs (e.g. social security, Medicare) than U.S.-born citizens because they likely entered the U.S. labor force later in adulthood. Immigration status may create diverging socioeconomic patterns.

Wealth

Accumulation of wealth is a life-long process. Older adults usually garner resources for retirement because they save, have access to employment with pensions or individual retirement accounts, rely on family, continue to work, and/or rely on wealth. However, being undocumented (or previously undocumented) may decrease chances of having ample and varied financial resources. Previous research shows that wealth increases as individuals become older. This may not apply to undocumented individuals. Few studies have examined differences in wealth between citizens and non-citizens.

In 2019, white individuals over the age of 55 had home ownership rates above 80 percent. For Latinx households, this figure was about 60 percent (Bhutta, Chang, Dettling, & Hsu, 2020). Among Latinx and Asian immigrants, being a U.S. citizen is positively associated with owning assets (i.e. a home) regardless of how long an individual has stayed in the United States (Fontes, 2011; Gassoumis, Wilber, Baker, & Torres-Gil, 2010). These studies do not distinguish undocumented individuals from other non-citizens and do not identify whether immigrants were previously undocumented.

Socioeconomic resources such as wealth need to be understood with historic discrimination, racialization, and racism in mind. Racialization of undocumented immigrants creates distinct experiences as accounts of indigenous undocumented Latinx and non-indigenous

Latinx individuals (Gómez Cervantes, 2019) as higher rates of deportations among Black men (Golash-Boza, 2015a) show. Thus, the wealth and socioeconomic profiles of immigrants in different immigration status may hinge on their multiple social identities and experiences of racial discrimination in the United States.

Financial literacy

One of the few qualitative studies on undocumented older individuals found that undocumented older-age Latinx individuals have no idea how they will support themselves in older age and have little to no retirement savings. Some respondents had plans to move back to their home country or work past conventional retirement age (Torres, Munoz, & Becerril, 2016). Nam and colleagues (2019) found that older-aged low-income Asian immigrants in Los Angeles did not trust banks and perceived financial management as something reserved for the wealthy (Nam et al., 2019). Some older-age individuals rely on adult children for help with bank accounts and/or used ethnic enclave banks (Cantu & Angel, 2017; Nam et al., 2019).

Some research, practitioners, and policymakers might suggest that private and non-profit organization programs need to promote financial literacy among immigrants. However, financial literacy is not enough to ensure the economic needs of the aging undocumented population are met. The precariousness of an undocumented immigration status may hinder one's ability to see their future and therefore to financially plan for it (Villegas, 2014). Migrants may express ambivalence about growing older and returning to their home countries (Moran-Taylor & Menjívar, 2005). They may perpetually postpone return migration (Liversage & Mizrahi Mirdal, 2017). With few resources to achieve social mobility and save throughout their lives, costs of aging may fall on immigrant families (Gubernskaya & Tang, 2017).

Health and Older Immigrants

Immigration status influences health via several pathways. First, prolonged stress weakens the immune system (Adler & Rehkopf, 2008; Crystal & Shea, 1990). Second, many undocumented migrants work in high risk occupations that include repetitive movements (Flynn, Eggerth, & Jacobson, 2015), which are associated with a higher risk of developing functional limitations (Chacón & Davis, 2018). Immigrants and racialized minorities also experience deep discrimination and the negative impacts of anti-immigrant policies (Asad, 2020; Gee & Ford, 2011). Torres and Young (2016) argue that exposure to an undocumented or temporary status is important for health regardless of an individual's current status because the effects of undocumented status has latent effects. That is, its effects may not be immediately evident in middle age and may show up later in life (Torres and Young 2016).

General health outcomes

Aging adds another dimension to health disparities because co-morbid chronic conditions, functional limitations, and the risk of death increase with older age (Crimmins & Beltran-Sanchez, 2011). Older-age minorities are more likely to have poorer health compared with white individuals (Prince et al., 2015). At the same time, the immigrant health paradox describes the trend that immigrants have a 2.4-year advantage in life expectancy and better reports of health compared with U.S.-born individuals after controlling for socioeconomic status (Mehta, Elo, Engelman, Lauderdale, & Kestenbaum, 2016; Olsen, Basu Roy, & Tseng, 2019). However, few studies disaggregate immigrants in different immigration statuses.

Studies about the association between immigration status and reported-health status show mixed results (Cheong & Massey, 2018; Hamilton, Hale, & Savinar, 2019; Torche & Sirois, 2018; Vargas, Sanchez, & Juárez, 2017). Cheong and Massey (2018) find that the odds of having worse reports of health are higher for undocumented Mexican migrants compared with

documented Mexican migrants. An ethnography of California's farmworkers documented that undocumented laborers exhibit heightened worry, hypertension, and arthritis (Horton, 2016). Hamilton and colleagues (2019) found that undocumented farmworkers in California had 19 percent lower odds of reporting chronic conditions and 34 percent lower odds of reporting pain compared with their documented counterparts. A study on Chinese immigrants in New York found similar results (Liang & Zhou, 2016). These results seem puzzling.

One possible reason behind these mixed findings is that immigration status is dynamic and may change over the life course (Villegas & Villegas, 2019). Studies that compare undocumented migrants with documented migrants may overlook previous exposure to an undocumented status among those who have transitioned to a legal status. This may underestimate its effects.

Undocumented older-age immigrants experience social conditions that may heighten the prevalence of chronic conditions and functional limitations. However, population-level studies examining exposure to a previous undocumented status and these outcomes are uncommon. Research about immigrants in general shows that immigrants have high levels of morbidity (Garcia, Garcia, & Ailshire, 2018; Garcia, Reyes, García, Chiu, & Macias, 2020), which means they have disproportionate health burdens when it comes to chronic conditions. Angel, Angel, and Hill (2015) found that foreign-born Mexican-origin lived more years in an unhealthy state compared with U.S.-born Mexican individuals; this relationship is more pronounced among women over the age of 65. In addition, foreign-born Latinx individuals had more functional limitations compared with white older-age individuals (Boen & Hummer, 2019). Less is known about the association between immigration status and physical health in older age, and studies on the general immigrant population show some unfavorable health outcomes.

Regarding mortality, one study in Sweden found that undocumented migrants had a higher risk of dying from circulatory diseases and had a lower mean age at death (Wahlberg, Källestål, Lundgren, & Essén, 2014). In California, foreign-born Latinxs who may be undocumented have higher odds of death due to work-related injuries compared to documented Latinxs (Liu, 2018). Riosmena and colleagues (2015) found that U.S. citizen women had lower mortality risk compared with non-citizen immigrant women. An undocumented immigration status (or at least the lack of citizenship) may lead to higher death rates. No national study has estimated mortality rates that are specific to currently undocumented persons.

Mental Health

Undocumented adults worry about deportation, family separation, and state surveillance (Dreby, 2015; Valdez, Padilla, & Valentine, 2013). Older-age immigrants likely have added worries related to aging such as being stressed about not being able to afford care (Ayón, Ramos Santiago, & López Torres, 2020). One qualitative study used focus groups with older Latinx older individuals in North Carolina and found that they report high levels of "nervios" (nerves/anxiety) (Larson, Mathews, Torres, & Lea, 2017). Boen and Hummer (2019) found that Latinx foreign-born had more depressive symptoms compared with white older adults even after taking into account socioeconomic status and stress. Guo and colleagues (2019) found that Chinese immigrants who arrived at the United States in the older ages were more likely to have depressive symptoms. A study of Chinese immigrants in Chicago documented feelings of loss due to distance from relatives in immigrants' home country (Dong, Chang, Wong, & Simon, 2012). All of these factors may dampen the mental health of older undocumented adults.

Healthcare access

Undocumented immigrants are ineligible for the Affordable Care Act and for Medicare, the social insurance program for adults 65 and over or adults with a disability (Balakrishnan & Jordan, 2019). Ayón and colleagues (2020) interviewed older undocumented Latinx migrants in Southern California and found that they forego care, have undiagnosed conditions, and cannot afford healthcare. Linguistic barriers are another challenge to healthcare access (Kim et al., 2011; Tsoh et al., 2016). Fear of deportation can cause an aversion to needed health care (Asch, Leake, & Gelberg, 1994; Hagan, Rodriguez, Capps, & Kabiri, 2006; Perreira, Yoshikawa, & Oberlander, 2018). Individuals may rely on emergency rooms and community clinics. Lack of health insurance makes treating chronic conditions difficult (Douthit & Old, 2019).

Other factors may also shape healthcare access. Some immigrants may hold non-Western beliefs of healing incompatible with conventional healthcare (Vang, 2013). Migrants may rely on ethnic networks for supplements, medicines, and healing rituals (Cervantes & Menjívar, 2020; Fukui & Menjívar, 2015). Montes de Oca, García, and Sáenz (2013) found that legal Mexican individuals engage in transnational aging, defined as the process of regularly crossing the U.S.-Mexico borders to access medical care. Undocumented older-aged individuals cannot easily move across borders. Whether undocumented immigrants are indigenous or not and racialized as such may also constrain their healthcare access options because of fear of being identified as undocumented; this may place some undocumented immigrants in circumstances where other co-ethnic networks leverage their power over them by asking for large amounts of money to drive them to get medicine if individuals cannot obtain a driver's license (Cervantes & Menjívar, 2020; Gómez Cervantes, 2019). Systems of racism and being racialized matter for health outcomes (Torres, 2020), but relatively less of this literature has focused specifically on older-age immigrants' experiences.

Research Gaps and Future Research Directions

Although an ample literature exists on the consequences of an undocumented status in young and middle-aged adults, far fewer studies focus on how immigration status influences older persons. We lack knowledge about: 1) immigration status a dynamic variable, 2) how cumulative exposure to an undocumented status regardless of one's current status influences outcomes (socioeconomic, health, and family) in older-age, and 3) racialization and undocumented status in older-age persons. Future studies need to focus on long-term consequences of being undocumented.

Future researchers may wish to examine undocumented status as a dynamic status that may change throughout the life course (Villegas & Villegas, 2019). Some individuals move out of undocumented statuses. Others reach older age being undocumented. The category "ever undocumented" may help us understand consequences of long-term exposure to this status. From this lens, there are several meaningful categories: never undocumented (includes immigrants and U.S.-born persons), currently undocumented (includes perpetually and forever undocumented), and previously undocumented (ever undocumented). Perpetually undocumented refers to immigrants with little to no prospects to legalize if they have been criminalized (Sarabia, 2012). Forever undocumented adults that may not have been criminalized include individuals that simply do not have options to adjust their immigration status at the moment and the foreseeable future (García, 2017a). As Golash-Boza (2015b, 2015a) has documented, some legal permanent residents have been deported if they are criminalized by the punitive criminal justice system. These individuals, if no longer in the United States, shift the composition of the immigrant population in the United States. The main implication of a dynamic perspective is that without

considering immigration status as a dynamic variable, we may underestimate the effect of exposure to an undocumented status (Kreisberg, 2019).

Cumulative disadvantage theory suggests that low levels of economic social mobility in working ages may further negatively affect the health of older persons (Ross & Chia-Ling, 1996). This theory suggests that health differences between the advantaged and disadvantaged groups may be greater in older-age because exposure to certain health conditions over the life course adds up and results in poorer health status or in more rapid health declines due to cumulative wear and tear (Ross & Chia-Ling, 1996). Future research needs to examine this among undocumented adults.

Older undocumented adults need to be studied in their family contexts. Linked lives is a concept in life course frameworks that describes the phenomenon that happenings in one individuals' life affects others in their social network (Gee et al., 2012). Immigration status of older individuals may influence household living arrangements and intergenerational care. For example, Guo and colleagues (2019) found that Chinese immigrants who arrived later on in life were ineligible for Social Security programs and more likely to live with family. The consequences of linked lives may be especially relevant in families with older undocumented persons.

Drawing on the cumulative disadvantage framework, future research needs to examine different racial and ethnic groups within the undocumented population such as Black and indigenous undocumented immigrants in order to help us understand how certain racialized groups in the U.S. do not reap the full rewards of citizenship (Nopper, 2011). Forty percent of Black immigrants are not U.S. citizens (Black Alliance for Just Immigration, 2020) and they are disproportionately represented in deportations (Golash-Boza, 2015a). Examining the consequences of racialization and illegality may help us better understand the weathering effect,

faster-paced aging due to exposure to systematic discrimination (Geronimus, Hicken, Keene, & Bound, 2006).

Future researchers may also wish to examine the intersection of social factors such as gender and immigration status. Given the feminization of migrant labor from some countries, gender should be examined in relation to the life course and to retirement (Lindio-McGovern, 2003; Salazar Parreñas, 2001). Women of color experience less favorable job market conditions throughout their life course (Gould, 1989), and immigrant women face multiple axes of disadvantage related to their documentation status, which dampens their wages (Flippen, 2016). Future studies may explore whether cumulative disadvantage produces steep within-group inequalities among undocumented individuals.

Data limitations are important in the discussion of studies on older-age undocumented immigrants. Many surveys do not have detailed information about immigration status or about immigration status histories among previously undocumented individuals. Some data sources often used to study the undocumented population (i.e. Survey of Income and Program Participation, Los Angeles Family and Neighborhood Survey, and the California Health Interview Survey) may have relatively small sample sizes of older-aged persons, making sub-analyses of this population more difficult. Other approaches to studying the undocumented population using survey data include using probabilistic methods in surveys such as the American Communities Survey (ACS) (Van Hook, Bachmeier, Coffman, & Harel, 2015). Ethno-survey approaches, which combine semi-structured qualitative interviews to obtain quantitative data in a specialized sample such as immigrants, are another approach to intentionally include marginalized and hard to reach populations (Massey & Capoferro, 2004).

Conclusion

Immigration status may shape the experiences of older age persons, but undocumented older individuals are not necessarily aging into exclusion. They have been excluded throughout their adult lives. The combination of long-term exclusion and older-age may bring about unique challenges because of exclusion from institutions designed to support the health/economic status of older-aged individuals and cumulative disadvantage. This review shows that old age might be unforgiving to the health and socioeconomic status of undocumented and racialized individuals absent policy intervention.

Less than a handful of articles contend with what it means to grow old with an undocumented immigration status (Ayón et al., 2020; Torres et al., 2016). Immigrants have given livelihoods, health, labor, and social movements. The United States, on the other hand, does not give anything to them. Older-age undocumented migrants in the United States are rarely mentioned in policy debates. This absence underlines their disposability to the state. Policymakers in California have proposed legislation that aims to extend services to undocumented aging adults. California Senate Bill 29, first introduced in the California legislature in 2018, proposed to "extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status." Some high-income countries have created bi-lateral retirement or social security agreements that include full health care benefits, pensions, and/or survivor's benefits for immigrants. The United States is not one of them (Holzmann, 2016).

Studying undocumented and formerly undocumented older-aged individuals may show the cumulative effects of immigration status on health, mortality, and socioeconomic status. Immigration status may strain family relationships, dampen intergenerational mobility, cause delays in healthcare access, and force community-level social safety net programs to become

attentive to the needs of aging undocumented adults. Demographic changes brought about by an aging undocumented population promise new challenges and questions for researchers and policymakers alike. In sum, the aging of undocumented immigrants is destined to bring vast inequalities in socioeconomic status, health status, and access to healthcare. This is an issue that is ripe for policy solutions. Of course, as this review has discussed, some of the consequences of previous exposure to an undocumented status will have latent effects regardless of whether individuals gain legalization. Policy levers are ways to reduce the harms that anti-immigration policies have done.

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ENDNOTES

[i] The average American over the age of 65 relies on Social Security for over half of their income, and a substantial number of adults rely on Medicare to subsidize costs associated with growing older. Increasingly, families are supporting their older-aged family members via their time, emotional support, economic support, and other caregiving needs.

[ii] Undocumented individuals are not eligible for nor for Medicaid (a public insurance program for low-income individuals) and Medicare (a health insurance program funded by the federal government designed to support people over 65 and eligible individuals with a disability). There are some exceptions (for individuals with specific diseases) in which individuals younger than 65 can access Medicare. I use age 65 to reference the average conventional age of retirement but, technically, 62 years old is the earliest age one can claim retirement benefits (SSA 2020). The age of receipt of other social insurance programs varies. Eligibility for Supplemental Security Income (SSI), a program designed for low-income older-aged persons or individuals with disabilities, is defined as belonging to one of the following categories: over the age of 65, partially or totally blind, or if individuals have a medical condition that keeps them from working and is terminal or will last for more than one year (SSA 2020b). Social Security Disability Insurance (SSDI) is a worker contributed program of the Social Security Administration that supports eligible adults and their families if workers have a severe impairment and cannot perform work; 58 percent of SSDI recipients are between ages 18-64 (Center on Budget and Policy Priorities 2018). According to the Center on Budget and Policy Priorities, 97 percent of individuals aged 60-89 either receive Social Security or will receive it. Without social security income, experts argue that the poverty rate among older individuals would be higher than it is.