

America's Social Health: The Nation's Need To Know

Marc Miringoff and Marque-Luisa Miringoff

The authors, both social scientists, have been tracking an index of social indicators since 1970. It's down nearly 50% from its high.

There is a striking difference between how we as a nation assess our economic well-being and how we assess our social well-being. We are highly attentive to economic performance. Daily, weekly, monthly, and quarterly, we observe precise fluctuations in a broad range of economic barometers, from the Dow Jones Average to the Consumer Price Index. We have a Gross Domestic Product, an Index of Leading Economic Indicators, and an Index of Consumer Confidence. Assessments of the economy's performance as a whole are constantly being generated: recovering or recessionary, expanding or contracting. In all, there are a myriad of economic indexes and indicators that tell us how we are doing.

In contrast, the social well-being of the nation is reported much less frequently, and without an overall view of the nation's social performance. Some social indicators and trends are reported episodically, often when explosive events occur, such as the Los Angeles riots. Otherwise, major social problems, such as infant mortality, homicide, child

abuse, teenage suicide, or poverty are collected only once a year; when the data are finally issued, they are often two years old or older. In addition, since social data are monitored by innumerable separate governmental agencies, the information is defined and collected in different ways, with no central mechanism to pull it together, give it meaning, and make it accessible.

The economic side of our national life is visible. The social side remains largely hidden. There is a great difference between our highly organized system of economic reporting that promptly reveals minute changes in indicators like retail sales or factory inventories and our sporadically reported social indicators, which may take as long as thirty months to tell us the number of American teenagers depressed enough to take their own lives.

The gap between economic and social reporting has a profound effect on our public dialogue and the making of public policy. While standard economic indicators may not fully encompass broader economic conditions, those that are measured are so prevalent, so

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widely distributed, and so frequently reported, they carry enormous influence. A brief shift in the Index of Leading Economic Indicators, for example, can rapidly change how we as a nation judge our current condition. Widely accepted ideas such as recession, inflation, depression, and business cycle, provide a common language for viewing what is happening and what may be done.

Dialogue and action about social policy are very different, because we lack common information and a common context for assessing it. When several social

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problems all grow worse at the same time, each is separately portrayed as an individual and isolated crisis. We may feel the combined effects on the quality of our everyday life. We may have a gnawing sense that there is a change for the worse, but we have no systematic way to understand the extent, scope, pattern, and potential consequences of what is taking place. As a result, the quality of public discussion and policy making about social issues is far more likely to be shaped by the passions of the day and the politics of the moment than by rational analysis based on accurate, timely information.

THE INDEX OF SOCIAL HEALTH

For the past eight years, the Fordham Institute for Innovation in Social Policy has published an annual Index of Social Health for the United States. Although the quality and frequency of current social data preclude, at present, the development of a sophisticated system of social monitoring to parallel the nation's system of economic monitoring, the Index, by bringing together a diverse set of indicators and assessing their performance over time, represents a beginning step toward improving national social reporting.

The Index of Social Health combines in one measure the following sixteen social indicators (for the

methodology of the Index, see "Monitoring Social Performance: The Index of Social Health," by Marc Miringoff, Marque-Luisa Miringoff, and Sandra Opdycke, in *Children, Families, and Government: Preparing for the Twenty-First Century*. Ed Zigler, ed. Cambridge University Press [forthcoming 1995]).

Children: Infant Mortality
Child Abuse
Children in Poverty

Youth: Teen Suicide
Drug Abuse
High School Dropouts

Adults: Unemployment
Average Weekly Earnings
Health-Insurance Coverage

Aging: Poverty Among Those Over 65
Out-of-Pocket Health Costs for
Those Over 65

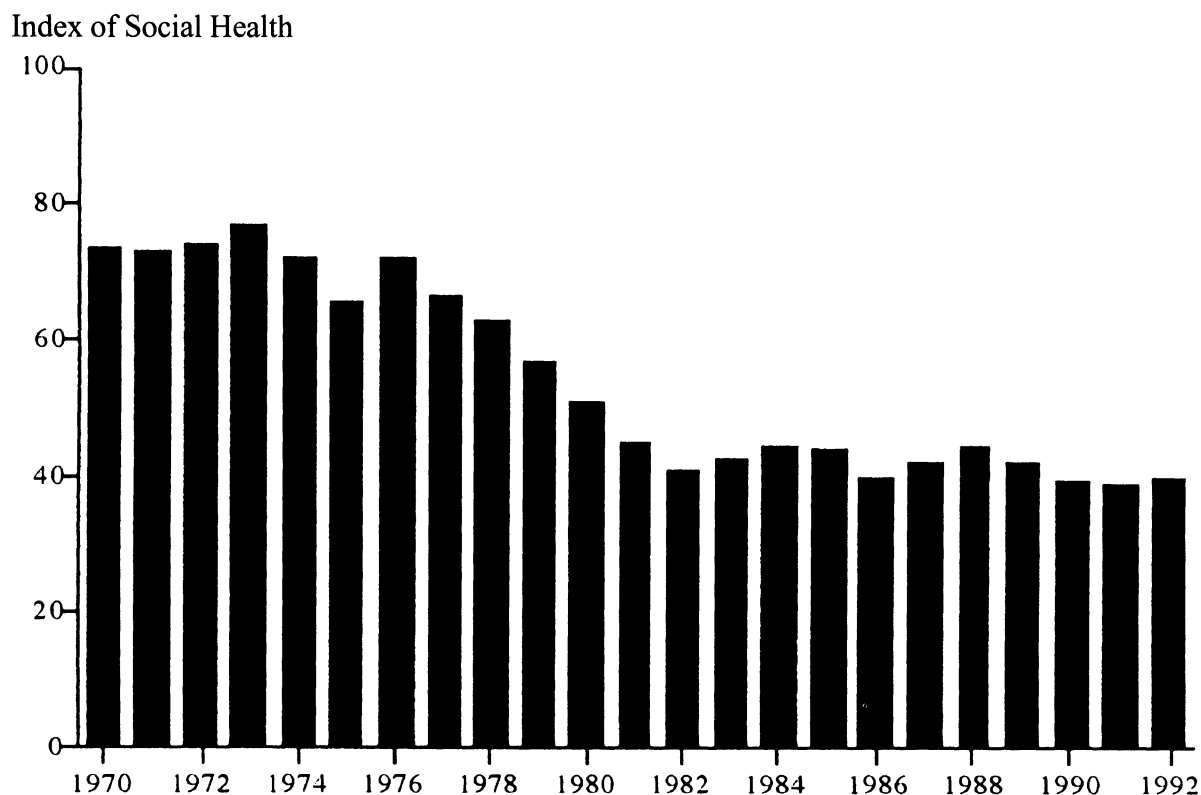
All Ages: Homicides
Alcohol-Related Highway Deaths
Food Stamp Coverage
Access to Affordable Housing
Gap Between the Rich and Poor

While most of the sixteen social problem areas are self-evident, a few require explanation. "Health-Insurance Coverage" refers to the proportion of the adult population under 65 not covered by health insurance. "Out-of-Pocket Health Costs for Those Over 65" refers to the percentage of income spent on health care. "Food Stamp Coverage," an indicator that can be used to estimate hunger, refers to those receiving food stamps as a proportion of the poverty population. The "Gap Between the Rich and Poor" refers to the difference in the proportion of the total aggregate family income received by the richest fifth and poorest fifth of the nation's families.

In combining these sixteen social indicators, the Index seeks to provide a comprehensive view of the nation's social health. Each indicator represents a stage of life from childhood through old age and is drawn from an important area that shapes the quality of life: health, employment, income, education, and security. The performance of each reflects the strength of key social institutions such as school, family, labor market, and community. The Index seeks to reflect the reality that social indicators, and the conditions they

Figure 1

Index of Social Health of the United States 1970–1992



Note: Data sources for the individual indicators include: the National Center for Health Statistics; the Current Population Survey - U.S. Bureau of the Census; National Institute on Drug Abuse; National Institutes of Health; Economic Report of the President; National Committee to Prevent Child Abuse; Public Health Service; U.S. Department of Justice; The Green Book - U.S. House of Representatives; and the Joint Center for Housing Studies of Harvard University.

Source: Fordham Institute for Innovation in Social Policy.

represent, do not occur in isolation, nor is their impact confined solely to the individuals represented in each statistical category. Changes in the rate of child abuse or high school completion, crime or average wages, touch wider and wider circles of the population as their cumulative consequences are realized and felt. Monitoring the indicators, both individually and in concert, both yearly and over time, tells us much about the social health of the country.

The Index of Social Health for the years 1970 to 1992 is shown in Figure 1.

OVERALL PATTERNS

Since 1970, America's social health declined from 74 out of a possible 100 in 1970 to 41 in 1992, dropping more than 45 percent. During that time, eleven indicators worsened, and five improved. This pattern of decline has affected Americans of all ages—children

and youth, adults, and the aging.

Those indicators that improved over time were: Infant Mortality, Drug Abuse, High School Dropouts, Poverty Among Those Over 65, and Food Stamp Coverage.

Those worsening were: Children in Poverty, Child Abuse, Teen Suicide, Unemployment, Average Weekly Earnings, Health-Insurance Coverage, Out-of-Pocket Health Costs for Those Over 65, Homicides, Alcohol-Related Highway Deaths, Access to Affordable Housing, and the Gap Between the Rich and Poor.

A comparison by decade further illustrates the nation's decline (Table 1, next page).

America's social health averaged just below 70 in the decade of the 1970s, then dropped to a mean of 43.6 in the 1980s. In the first three years of the 1990s, social health has averaged under 40. The worst Index score in the 1970s, 56.9, was higher than the best score in the 1980s, 51.2.

Table 1 **Index of Social Health**

Decade	Mean Index	Highest Index	Lowest Index
1970-79	69.6	76.9	56.9
1980-89	43.6	51.2	40.0
1990-92	39.6	40.6	38.8

MOST RECENT YEAR

In 1992, the most recent year for which complete statistics were available, the Index of Social Health rose two points, to 41 out of a possible 100. Of the sixteen indicators, seven improved, seven worsened, and two remained about the same.

Nineteen ninety-two was the fifth presidential election year out of six measured in which the Index has improved. Since 1970, only once, in 1980, did the social health of the nation decline during a national election year. In all, of the eight years that the Index has shown improvement, five were during presidential elections.

In 1992, those indicators that improved were: Infant Mortality, Teen Suicide, High School Dropouts, Drug Abuse, Homicides, Food Stamp Coverage, and Housing. Seven problems worsened: Child Abuse, Unemployment, Health-Insurance Coverage, Average Weekly Earnings, Poverty Among Those Over 65, Out-of-Pocket Health Costs for Those Over 65, and the Gap Between the Rich and Poor. Four of these, Child Abuse, Health-Insurance Coverage, Average Weekly Earnings, and the Gap Between the Rich and Poor, reached their worst recorded level.

Although the Index showed a slight improvement in 1992, the social health of the nation stood at its third lowest point since 1970. In only two previous years, 1990 and 1991, was the Index lower. Preliminary data for 1993 indicate that such improvement is not the beginning of a trend; in all likelihood, the Index will remain the same or slightly worsen. The updated Index of Social Health will be released in November 1995.

Of greatest concern is the fact that America's social health has been at such a low level for so many years. It seems clear that the worsening of so many social problems carries adverse implications for the social fabric of the country. So significant a decline in the nation's social performance may well help to explain the sense of unease felt by many Americans today. Although social health, as a whole, is rarely discussed

in government or in the media, overshadowed as it is by economics and politics, it clearly requires the kind of sustained attention that we give to these other areas of national concern.

A disaggregation and comparison of indicators that comprise the Index provide a closer look at key aspects of the social health of the nation and policy alternatives designed to improve conditions. The following comparisons are particularly revealing.

CHILDREN AND THE AGING IN POVERTY

Since 1970, trends in the rate of poverty among the young and the old have been strikingly different. Poverty among children has worsened significantly, while poverty among the aging has greatly improved. In 1970, the rate of poverty for those under eighteen stood at 14.9 percent. By 1992, it had worsened to 21.1 percent, an increase of 42 percent. Poverty among

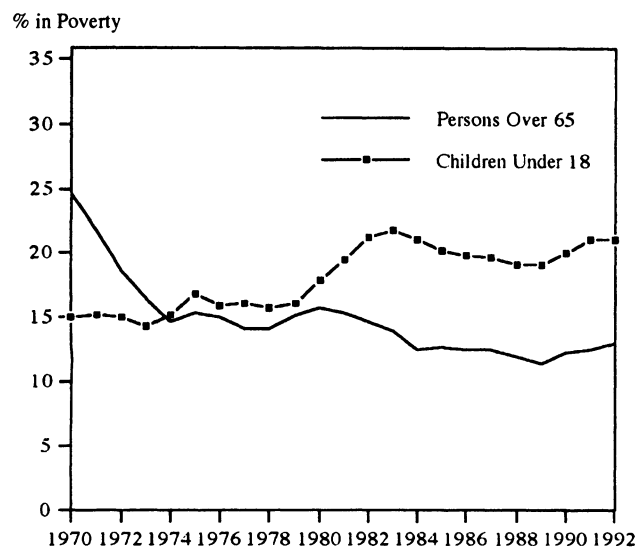
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those over 65 began the same period at 24.6 percent of the aging population. By 1992, the rate had declined to 12.9 percent, an improvement of 48 percent. The accompanying chart indicates the trends.

Figure 2 (next page) depicts dramatic differences in the experience of the two groups. In 1974, after a steep decline in poverty among the aging, the rate of poverty among children and older people was about the same. Both rates remained fairly constant until the late 1970s. At this point, the poverty of children began to increase dramatically, while poverty among the aging once again began to fall. Between 1977 and 1984, child poverty increased from 16.0 percent to 21.0 percent, while the poverty rate among older people fell from 14.1 percent to 12.4 percent. For the next several years, until the late 1980s, both rates showed a slight improvement. Since that time, poverty has begun to worsen in both groups, a cause for concern.

There are many reasons why the national perform-

Figure 2 Children and the Aging in Poverty 1970-92



Source: U.S. Bureau of the Census

ance in these two important indicators has differed over the past twenty-three years. The significant decline in average weekly wages has affected children more than the aging, as has the rise of single-parent families. Another important explanation lies in the realm of public policy. For those over age sixty-five, Social Security has provided a steady source of income maintenance. Through the use of Cost of Living Adjustments (COLAs), Social Security payments have generally kept pace with inflation. Thus, although many older people face economic hardship, a large percentage have been able to rise above the poverty line. In contrast, Aid to Families with Dependent Children (AFDC) payments have dropped sharply below the poverty line. In 1970, the average yearly AFDC grant was slightly more than \$3,000 below the poverty line; by 1992, it had fallen to more than \$6,000 below the poverty line for a family of three. Current initiatives to limit AFDC payments further will likely increase child poverty. Should Social Security COLAs be reduced or eliminated, gains made by the elderly may well be eroded.

INFANT MORTALITY AND CHILD ABUSE

Two indicators that, like poverty by age group, reveal contrasting trends, are infant mortality and child abuse. Infant mortality has shown marked improvement, while child abuse has worsened significantly.

Due to advances in medical technology, particularly respiratory treatments, the U.S. infant mortality rate has declined over time. In 1992, 34,628 infants died in their first year of life. This was a rate of 8.5 deaths for every thousand live births, and represents the lowest rate yet recorded in the United States. The infant mortality rate has declined virtually every year since 1970, when it stood at 20 deaths per thousand live births, although the degree of progress has slowed over time and lagged behind other nations. In 1992, the United States ranked twenty-second in infant mortality.

In the 1970s, the infant-mortality rate improved an average of five percent per year. By the 1980s, this had slipped to three percent.

Child abuse, in contrast to infant mortality, has worsened markedly. It has been argued that more sophisticated mechanisms for the reporting of child abuse have led to increased rates. However, rates of increase of child abuse, both before and after these systems were instituted, are virtually the same. It is also the case that much child abuse goes unreported.

Child-abuse reports have risen steadily over the past eighteen years. In 1992, the number of children involved in child-abuse reports rose to a record high 2.916 million, up from 669,000 in 1976, the first year for which national statistics became available. In 1976, the rate of child abuse cases was 10.1 for every 1,000 children. By 1992, that figure had increased to 45 cases for every 1,000 children, more than four times the earlier figure.

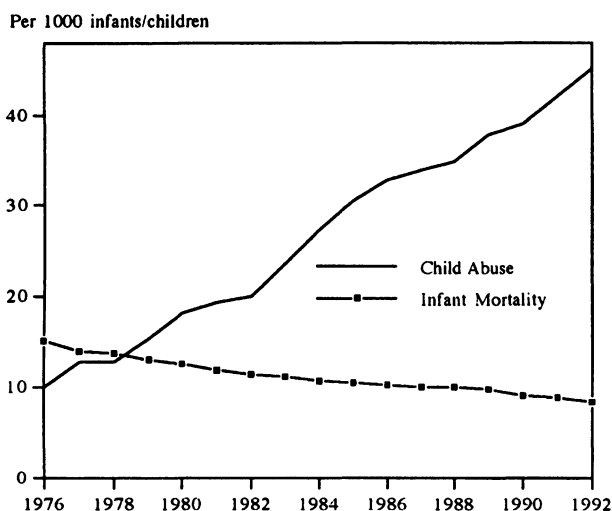
Figure 3 (next page) indicates the contrasting trends between child abuse and infant mortality.

The reduction in infant mortality reflects the nature of our technology-based society. With our increasing ability to address problems such as respiratory distress syndrome through improvements in intensive care and drug therapies, we have made important progress in reducing mortality. In 1991, the United States achieved and surpassed the Surgeon General's goal of 9.0 deaths per 1,000, and we are moving toward the goal for the Year 2000 of 7.0 deaths per 1,000.

While strides have been made in the medical care of infants, no progress has been made in the protection of children from abusive social conditions. The United States has yet to design and implement a strategy to reduce the rising rate of child abuse. The 1992 report of the National Committee to Prevent Child Abuse indicates that of the thirty-five states reporting increases that year, the most frequently cited factor was economic distress due to poverty, unemployment, and

Figure 3

Child Abuse and Infant Mortality 1976-92



Source: Infant Mortality (Deaths in the First Year of Life): National Center for Health Statistics; Child Abuse (est. number of children reported for maltreatment, 1976-87: American Association for Protecting Children; 1988-92 National Committee to Prevent Child abuse.

related work concerns. Moreover, child-protective services—those programs designed to protect children at risk for child abuse—are poorly funded. Caseworkers are overburdened and caseloads are overly large and rising. Such differentials between the improvement in infant mortality and the worsening of child abuse indicate that our attentiveness to the needs of children is clearly uneven and the United States is greatly in need of a more coherent approach.

A comparison of selected indicators over time, such as child abuse and infant mortality, or poverty among different age groups, portrays a more precise assessment of the nation's social health and some of the consequences of different policy alternatives. Though such analyses are frequent in the economic realm, they are less common in the social realm.

SUMMARY

The overall trends reflected by the Index of Social Health are cause for concern. The Index has declined steadily since 1970, and although there was a slight improvement in 1992, that year ranked as the third worst in the twenty-three-year period. That our social health has fallen so far below what we achieved in the early and middle seventies, and that it has remained at so low a level for so long, has serious implications for American society. This trend in social health may also begin to suggest an empirical explanation for the public's sense of national decline in the context of generally sustained economic or business growth.

The indicators included in the Index of Social Health need to be as closely monitored as are the country's economic indicators and political conditions. This is particularly true during a time when major decisions are being made about public assistance, health care, Social Security, and other domestic spending. The nation's social health can be profoundly affected by these decisions, yet it is rarely considered in a policy process where finances and budgetary outcomes have come to dominate assessments of potential impact.

The central questions today are whether, as a society, we believe that we can act effectively to improve conditions and whether we are prepared to do so. An important first step is to keep ourselves consistently informed about the overall state of our social health. Like economic indicators, social indicators need to be more precise, frequent, and officially recognized as a gauge to understanding what is happening to the society and its population.

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