

2003 Index of Social Health

Monitoring the Social Well-Being of the Nation

Fordham Institute for Innovation in Social Policy
Fordham Graduate Center
Tarrytown, New York 10591
Phone: 914 524-7339, and 914 332-6014
E-mail: miringoff@fordham.edu

Fordham Institute for Innovation in Social Policy

Fordham Graduate Center
Tarrytown, New York 10591
Phone; 914 524-7339, and 914 332-6014
E—mail: [miringoff @ fordham.edu](mailto:miringoff@fordham.edu)

PREFACE

The Index of Social Health was first published by the Fordham University Institute for Innovation in Social Policy in 1987. Since that time, the field of social indicators has made significant strides in the United States. In many quarters, there is a growing recognition that national progress can no longer be judged solely in terms of traditional business and economic indicators. It has been our good fortune to play a role in that process.

In addition to the yearly publication of the Index, the Institute has worked with UNICEF in creating the first Index of the Social Health of Children of Industrial Countries, and with the government of Canada on the Index of Social Health of Canada. In recent years, we published a book with Oxford University Press, *The Social Health of the Nation: How America is Really Doing*, as well as a report entitled *Arts, Culture, and the Social Health of the Nation*.

In the year 2000 and again in 2002, the Institute published *The Social Report Assessing the Progress of America by Monitoring the Well-Being of its People*. This document is designed to provide the public and policy-makers with a clearer view of the daily conditions of American life, serving the same purpose as the national social reports that are issued by the governments of all other industrial and many developing countries, but not by the United States. It is our hope *The Social Report*, to be released again next year, will help advance the idea that to strengthen democracy, we need to know far more about the state of the nation.

I would like to thank Sandra Opdycke, Associate Director of the Institute, and Marque-Luisa Miringoff, Professor of Sociology at Vassar College, for their long and tireless hours of perseverance in the initial task of formulating the Index and for all of their efforts on this year's publication. I would also like to thank Katherine Miller, Director of Public Education, for her many efforts on behalf of the Institute. Special thanks as well to colleagues and students at Fordham University and to Peter Vaughan, Dean of the Graduate School of Social Service, of which the Institute is a part. And finally to the Nathan Cummings, Rockefeller, and Ford Foundations for their support over the years, and particularly to Lance Lindblom and Joan Shigekawa for their vision and their help.

Marc L. Miringoff, Ph.D., Director

INTRODUCTION

The American people are often presented with an official portrait of the nation's progress. This portrait includes the Gross Domestic Product, the stock market, the Index of Leading Economic Indicators, the balance of trade, the rate of inflation, and similar measures. The view created by these gauges molds our perception of the state of the nation and appears to supply an accessible and timely answer to the question: "How are we doing?"

The Index of Social Health is based on the premise that these familiar economic measures do not provide us with a sufficient assessment of our strength, progress, and well-being as a nation and a people. In order to widen and deepen our national dialogue, bring it closer to our daily concerns, and create more effective public policy, we need to carefully monitor the social aspects of our national life and acknowledge that these also require our constant attention.

A more complete view of the nation's progress would enable us to expand the public dialogue about who we are, where we are headed, and what issues we must address. A more informed public dialogue about what we have termed social health would make what is now vague, far more defined and enlarge our understanding of our common challenges.

Traditionally, when we think of strengthening the public dialogue, we think of more people voting in elections, greater attention to public events, and a more diverse range of people seeking public office. But public participation can be enhanced as well by a stronger public dialogue, which can be achieved if we expand the range, depth, and visibility of issues that are open to debate and resolution. It is our hope that the Index of Social Health can contribute in a small way to this effort.

THE INDEX OF SOCIAL HEALTH 2003

Monitoring the Social Well-Being of the Nation

The Index of Social Health is the only current measure that cumulatively examines so many social indicators, affecting so many sectors of society in a single assessment. While measures like the Index of Leading Economic Indicators routinely combine economic statistics to signal shifts in the economy, social data are almost never integrated and reported in this way.

Since most social data are released only once a year (unlike economic data, which appear daily, weekly, monthly, or quarterly), the best way to analyze social trends is to review them over several decades, an approach which is fundamental to the Index design.

The Index of Social Health combines the following sixteen social indicators:

Children:

- Infant mortality
- Child abuse
- Child poverty

Youth:

- Teenage suicide
- Teenage drug abuse
- High school dropouts

Adults:

- Unemployment
- Average weekly wages
- Health insurance coverage

Aging:

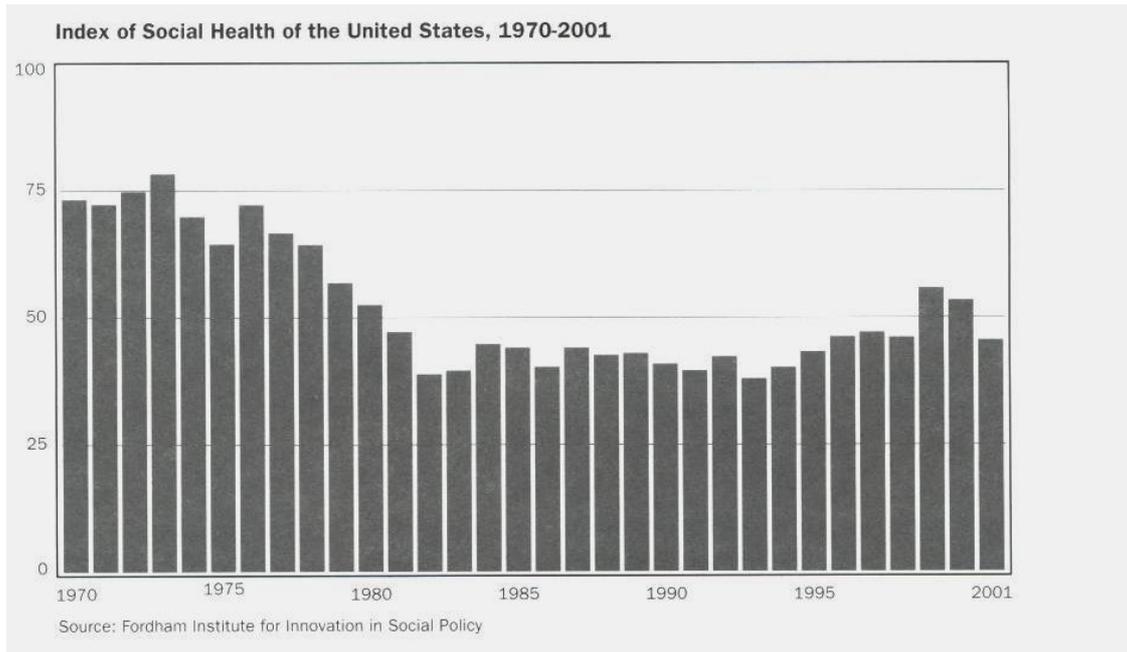
- Poverty among those aged 65 and over
- Out-of-pocket health costs among those aged 65 and over

All Ages:

- Homicides
- Alcohol-related traffic fatalities
- Food stamp coverage
- Access to affordable housing
- Income inequality

Taken together, our performance on these sixteen social indicators provides a comprehensive view of the social health of the nation. The indicators are social in

that, although they affect individuals, they do not occur in isolation, but interact to shape how our society functions. They are closely linked to both the stages of life and to social institutions such as the labor market, social welfare programs, the school, and the family. These indicators represent an integral part of our society; monitoring them tells us much about the quality of life in America.



DISCUSSION

In the year 2001, the Index of Social Health dropped 8 points to 46 out of a possible 100. This represents the steepest decline in a single year since 1982. Nine of the sixteen indicators grew worse, the most since 1981. Overall, the social health of America is the lowest in six years.

The nine indicators that worsened were:

Child poverty

Child abuse

Teenage drug abuse

Average weekly wages

Health insurance coverage

Out-of-pocket health costs among those aged 65 and over

Food stamp coverage

Access to affordable housing

Income inequality

- The six indicators that improved were.

Infant mortality

High school dropouts

Unemployment

Poverty among those aged 65 and over

Homicides

Alcohol-related traffic fatalities.

- Remaining about the same was Teenage Suicide

- This year, two indicators reached their worst point on record:

Food Stamp Coverage

Income Inequality

- Only one indicator ---Infant Mortality---reached its best point this year.

Overall, America's social health declined from 73 in 1970 to 46 in 2001, a drop of 38 percent. This pattern of decline has affected Americans across the age spectrum. Of particular concern is the fact that the nation's social health has been at such a low level for so many years, and is beginning to experience declines not recorded since the 1980s.

There have been four main phases in the performance of the nation since 1970.

Record Highs.

From 1970 to 1976, social health was at a record high. This excellent standing in the nation's overall social health and in the performance of many of the individual indicators has not been equaled since that time. In the best year of national performance, 1973, indicators such as child poverty, teenage suicide, average weekly wages, unemployment, access to affordable housing, and income inequality, were all at or near their best.

Rapid Decline.

In the period between 1977 to 1983, social health declined rapidly, hitting a low point during the recession of 1983. In that six-year period, there were severe declines in the performance of indicators such as child poverty, health insurance coverage, average weekly wages, alcohol-related traffic deaths, and access to affordable housing. Other indicators, such as poverty among those aged 65 and over, held their own, and infant mortality improved.

Low Performance

Since 1983, America's social health has remained at a low level of performance, exceeding a score of 50 only twice. While the economy soared during the later years of this period, there was only a minimal improvement in social health.

A New Decline

In the past two years, the Index has worsened by ten points. This is the largest two-year drop in two decades and may initiate a new period of decline. The nation's performance in the next few years will provide the answer.

THE PERFORMANCE OF THE INDIVIDUAL INDICATORS

The performance of the sixteen individual indicators that make up the Index of Social Health provides more detail about America's social Health. Overall, six indicators have improved since the 1970s, and ten have worsened.

- Those indicators that improved since the 1970s are.

Infant mortality

High school dropouts

Unemployment

Poverty among those aged 65 and over

Homicides

Alcohol-related traffic fatalities

- Those indicators that worsened since the 1970s are:

Child poverty

Child abuse

Teenage suicide

Teenage drug abuse

Average weekly wages

Health insurance coverage

Out-of-pocket health costs among those aged 65 and over

Food stamp coverage

Access to affordable housing

Income inequality

- The indicator that has improved most consistently since the 1970s is Infant Mortality.

- The indicator that has worsened most consistently since the 1970s is Child Abuse.

CHILDREN

Infant mortality.

The infant mortality rate (the number of deaths in the first year of life for every 1000 live births) is monitored closely by international organizations as a critical marker of where nations stand in protecting their most vulnerable citizens. Of the sixteen indicators, infant mortality has improved

the most since 1970, from a rate of 20.0 per 1000 children to 6.9 in 2001. Most industrial nations have shown improved performance in infant mortality during this period. The United States, however, still trails many of these nations. All told in 2001, about 27,000 American infants died before they reached the age of one.

Child abuse.

Reports of child abuse increased significantly after the passage of the Child Abuse Prevention and Treatment Act of 1974, which required the reporting of suspected cases. But although improved reporting systems have now been in place for many years, the rate of reported abuse continued to rise virtually every year until 1993. Since then, the rate has not grown significantly worse, but neither has it improved. America's current level of child abuse is almost four times what it was in the 1970s—the worst performance of any of the sixteen indicators. In 2001, there were approximately 3 million referrals affecting approximately 5 million children.

Child poverty.

The rate of child poverty in America has worsened since 1970, from 14.9 to 15.8 percent of the population under 18. There are now about eleven million American children living in poverty. The best performance was in 1973, the worst in 1993. Despite recent improvements, the U.S. ranks near or at the bottom of the industrial world in the performance of this indicator. The fact that so many American children continue to live in poverty raises concerns for the social health of the nation, because children growing up poor often have difficulties in many areas of life, including education and employment.

YOUTH

Teenage suicide.

The suicide rate has long been considered an important factor in assessing the health of a society. It is particularly poignant when young people attempt to end their lives. Suicide by youth aged 15-19 has worsened over the past thirty-one years, rising from a rate of 5.9 per 100,00 in 1970 to 7.9 in 2001. The worst period for teenage suicide was during the late 1980s and early 1990s, when the rate hovered between 10.0 and 11.0. Although there has been improvement in recent years, the fact that the current rate is one-third higher than it was in 1970 remains a cause for concern.

Teenage drug abuse.

The abuse of drugs is recognized as a significant national concern and as an indicator of broader social problems, particularly among youth. The abuse of drugs among teens rose sharply during the 1970s, declined during the 1980s,

and then began climbing again in the 1990s. Overall, the nation's worst year was in 1979, when 54.2 percent of 12th-graders in the nation reported using illicit drugs; the best year was 1992, by which time the rate had fallen to 27.1 percent. Since 1992, substance abuse has increased considerably; the rate in 2001 was 41.4 percent.

High school dropouts.

The high school dropout rate is a key indicator of the performance of our educational system, because it documents how many young adults have left school without completing the minimum level of education. The proportion of high school dropouts among Americans aged 18-24 has improved 25 percent since 1970. The worst performance was in 1970, at 17.3, and the best performance was in 2001, at 13.0. In 2001, there were about 3.5 million young adults who had left high school without graduating.

ADULTS

Unemployment.

The unemployment rate is a standard measure of economic prosperity used around the world. In 1970 unemployment in the United States stood at 4.9 percent. Over the next two decades the rate generally remained between 5 and 6 percent, with upward spikes in the late 1970s, in the early 1980s, and again in the early 1990s. The worst year for unemployment was 1982, when the rate reached 9.7 percent. In 2001 unemployment stood at 4.8, with considerably higher rates among minorities and youth.

Average weekly wages.

Wages are the key to the purchasing power of most Americans, and they represent an important indicator of the health of society. Discounting for inflation, average weekly earnings have dropped 8 percent, from \$298 to \$273 per week (1982\$). The best level was in 1972, when real wages hit \$315; the worst was during the recession of 1992-93. Although family income has improved because there are many more families with two wage-earners, individual earnings are down compared to the 1970s.

Health insurance coverage.

In nearly all industrial nations, and in many developing countries, health insurance coverage is available to all citizens. This is not true in the United States, and a lack of coverage is a key indicator of people's access to quality health care. People with no coverage or insufficient coverage are known to suffer more and longer from physical ailments. The percentage of the U.S. population without coverage has worsened significantly since the 1970s, rising from 10.9 percent to 14.6 percent, or more than 41.2 million people, in 2001.

AGING

Poverty among those aged 65 and over.

Not long ago, the elderly were the poorest age group in America. That is no longer true. The reduction of poverty among the elderly has been an important

national achievement. The proportion of elderly people who are poor fell from 24.6 percent in 1970 to 10.1 percent in 2001. The rate has steadily improved from its worst level in 1970 to close to its best today, although 3.4 million of the elderly are still living under the poverty line. This is one of the best performing indicators in the Index, largely because of the cost-of-living adjustments that were added to the Social Security program in the 1970s.

1

Out-of-pocket health costs among those aged 65 and over.

Most of the elderly are covered by government insurance programs, particularly Medicare. However, the proportion of their own income that elderly people must devote to health expenses has increased 61 percent over the past thirty-one years. In the 1970s, people over 65 were spending 7.9 percent of their income on health costs. The rate now stands at 12.7. Although the elderly are experiencing less poverty, they have to allocate more and more of their income to paying for health care.

ALL AGES

Homicides.

Losing lives to crime represents a national tragedy. In addition, the threat of homicide weakens the fabric of trust among Americans and contributes to an atmosphere of fear and insecurity. The rate of homicide has shown significant improvement, declining from 7.9 murders per 100,000 population in 1970 to 5.6 in 2001. The worst year was 1980, with a rate of 10.2. The nation's performance in 2001 was the second best in thirty-one years.

Alcohol-related traffic fatalities.

This indicator reflects two critical issues in American life: vehicular safety and drunk driving. Traffic accidents are the leading cause of death among young people ages 5-24, and the third leading cause of death among adults 25-44. Alcohol is involved in more than 30 percent of these accidents. The proportion of traffic deaths that involve alcohol has decreased by 11 percent since 1970. The worst year was 1986; the best was 1999. The rate worsened slightly in 2000 and again in 2001, but these remain among the best since 1970. The improvement has been attributed to the lowering of speed limits in some localities, increased use of seat belts, and stricter enforcement of drunk driving laws.

Food stamp coverage.

A useful way of gauging the amount of hunger in America is to measure the number of people who are not receiving food stamps, even though they are eligible for them because of their low income. Just in the eight years between 1993 and 2001, the percent of poor households who received the food stamps to which they were entitled fell from 51.9 percent to 29.5 percent. The worsening of this indicator is generally thought to be related to changes in the welfare system, which has made it more difficult for poor families to receive food stamps.

Access to affordable housing

Home ownership has deep symbolic meaning for many Americans. Beyond the value of private space and the economic significance of home ownership, it is also often understood to represent an investment in the on-going life of a community. Today, although many individuals and families own their own homes, housing prices are 8 percent less affordable than they were in 1970.

11.

Income inequality.

The gap between the rich and the poor is a standard measure of inequality. Recent studies have indicated that high levels of social inequality are closely correlated with poor health outcomes and other adverse social conditions. Since 1970, the gap between the top fifth of the income ladder and the bottom fifth has widened significantly. In 2001, those in the top fifth of the income distribution received 50 percent of all household income in the nation, while people in the bottom fifth received only 3.5 percent. Since 1970, the gap between the two groups has increased by 19 percent.

COMPARING SOCIAL HEALTH AND ECONOMIC GROWTH

In addition to producing the annual Index of Social Health, the Fordham Institute has regularly monitored the relationship between social health and economic growth. This analysis has shown a widening gap, beginning in the mid-1970s.



Overall, since 1970, the GDP has grown by 158 percent, while social health has worsened by 38 percent. The chart below makes clear that the relationship between overall economic growth and social health has changed. In the early and mid-1970s, the GDP and the Index of Social Health showed similar patterns. In those years, economic growth was far more in concert with social health. In

1977, however, the curves began to diverge. As social health started on a significant decline, the GDP continued its upward trend. After a brief two-year interval in which the separation lessened, the gap has begun to grow again.

The fact that trends in GDP and social health, once so similar, have diverged for so long a period of time supports the idea that GDP alone does not tell as much as it once did about the condition of the nation. When President Kennedy observed that “a rising tide lifts all boats,” he may have accurately depicted the America of his time. But it is now clear that economic growth alone does not necessarily improve the quality life of American society. Since the mid-1970s, what has occurred in the realm of economic growth has not been the same as what has happened in the social arena. In fact, the two measures are reflecting two different aspects of American life. It is essential that national policies take this fact into account.

CONCLUSION

The overall trends reflected by the Index of Social Health are cause for concern. The Index has dropped significantly since 1970, and began to decline once again in the past two years after a period of relatively low performance but some improvement. It is of particular note that the decline this year is the steepest in two decades. Two indicators Income Inequality and Food Stamp Coverage—have reached their worst points.

These long-term trends and their consequences for American society have remained officially unreported and unacknowledged. Social health as a whole is rarely discussed by government or the media; it is overshadowed by fiscal and political concerns. Nevertheless, it clearly requires the kind of sustained attention that we give to these other areas.

The issues and problems included in the Index of Social Health need to be as closely monitored as are the country’s fiscal and political conditions. This is particularly true during a time when we are approaching a presidential election, with the prospect of a renewed national dialogue about the progress of the country. It is hoped that this study can help, in a small way, to draw attention to the social side of America’s well-being, and contribute to a fuller dialogue about how our nation’s social health can be improved. The inclusion of a social health perspective would strengthen the public dialogue and help to improve the policy and program decisions that will result.

NOTES

1 More precisely, the Index of Social Health 1970-2001 is as follows:

1970	73.3
1971	72.3
1972	74.8
1973	78.3
1974	69.9
1975	64.5
1976	72.2
1977	66.7
1978	64.4
1979	56.9
1980	52.5
1981	47.2
1982	38.9
1983	39.6
1984	44.8
1985	44.1
1986	40.3
1987	44.1
1988	42.6
1989	43.0
1990	40.9
1991	39.6
1992	42.3
1993	38.0
1994	40.2
1995	43.3
1996	46.2
1997	47.1
1998	46.1
1999	55.8
2000	53.4
2001	45.7

SOURCES

Infant Mortality. Number of deaths in the first year of life per 1,000 live births: For 1970, 1975-1999: S. L. Murphy, Deaths: Final Data for 1998, National Vital Statistics Reports, vol. 48, no. 12, Table 27 (Hyattsville, Maryland: National Center for Health Statistics, 2000). for 1971-1974, see National Center for Health Statistics, "Infant and Neonatal Mortality Rates, by Race: Birth Registration States or United States, 1915 -1983," National Vital Statistics Reports, vol. 34, no. 13 (Hyattsville, Maryland: National Center for Health Statistics, 1986), Table 2-1. For 2000: Donna L. Hoyert et al., Deaths: Final Data for 2000, National Vital Statistics Reports, vol. 50, no. 15, Table 23 (Hyattsville, Maryland: National Center for Health Statistics, 2003). For 2001: Elizabeth Arias et al., Deaths: Final Data for 2001, National Vital Statistics Reports, vol. 52, no. 3, Table 33 (Hyattsville, Maryland: National Center for Health Statistics, 2003) - Internet access: <http://www.cdc.gov/nchs>).

Child abuse. Child abuse rates, estimated number of children reported for maltreatment, per 1,000, and numbers: For 1976-1986, see American Association for Protecting Children, The American Humane Association, Highlights of Official Aggregate Child Neglect and Abuse Reporting, 1987 (Denver, Colorado, 1989), 6. For 1987-1993, see The National Center on Child Abuse Prevention Research, a program of The National Committee to Prevent Child Abuse, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty State Survey (Chicago, April 1997), 5. For 1994: National Center on Child Abuse Prevention Research, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1999 Annual Fifty State Survey, (Chicago, April 2001). For 1995 -2001: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Maltreatment: Reports from the States to the National

Child Abuse and Neglect Data System (annual). Internet access: <http://nccanch.acf.hhs.gov>. See also The Child Abuse Prevention and Treatment Act, PL 92-247, 42USCSIOI, January 31, 1974 (S1191).

Child poverty. Percent of related children under age 18 in families living in poverty: U.S. Bureau of the Census, Historical Poverty Tables—Current Population Survey, Table 3, “Poverty Status of People, by Age, Race, and Hispanic Origin: 1959-2002.” Internet access: <http://www.census.gov>. See also Timothy Smeeding, “Financial Poverty in Developed Countries: The Evidence from LIS,” Luxembourg Income Study, Working Paper No. 155, Final Report to the UNDP (Syracuse, New York, April 1997).

Teenage suicide. Number of suicides by persons aged 15-19 per 100,000 population. For 1970-1978: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Mortality Statistics Branch, unpublished data. For 1979-1993: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Mortality Statistics Branch, Table C, Table 292A, Death Rates for 282 Selected Causes, by 5-Year Age Groups, Color, and Sex: United States 1979-1993, unpublished data. For 1994-1999: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Mortality Statistics Branch, Tables 210, 210A, Death Rates for 72 Selected Causes, by 5-Year Age Groups, Race, and Sex: United States,” unpublished data. For 2000 and 2001: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Mortality Statistics Branch, “Death Rates for 113 Selected Causes, by 5-Year Age Groups, Race, and Sex,” unpublished data.

Teenage drug abuse. Percent of twelfth graders using any illicit drug in past twelve months: For 1970 to 1974:

Estimates are based on data from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Household Survey On Drug Abuse, Main Findings 1992 (Washington, D.C.,

January 1995). For 1975-1990: University of Michigan, National Institute on Drug Abuse, Monitoring the Future:

National Results on Adolescent Drug Use, Overview of Key Findings, 1999, (Washington, D.C.: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, 2000). For 1991-2001:

University of Michigan, National Institute on Drug Abuse, Monitoring the Future, Table 2, "Trends in Annual and 30-Day Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders." Internet access: <http://www.samhsa.gov>.

High School dropouts. Status dropouts, population 18- 24 years old not enrolled in school, who have not finished high school: U.S. Bureau of the Census, School Enrollment

—Current Population Survey, Table A-5, "The Population 14-24 Years Old by High School Graduate Status, College Enrollment, Attainment, Gender, Race, and Hispanic Origin: October 1967 to 2001." Internet access: <http://www.census.gov>.

//www.census.gov.

Unemployment. Percent of civilian labor force that is unemployed: Economic Report of the President, Transmitted to the Congress, February 2003, Together with the Annual Report of the Council of Economic Advisors, Table B-43 (Washington, D.C., 2003), p.

Average weekly wages. Average weekly earnings: Table B-47, "Hours and earnings in private nonagricultural industries, 1959-2002" Production nonsupervisory workers, 1982\$] Economic Report of the President, Transmitted to the Congress, February 2003, Together with the Annual Report of the Council of Economic Advisors (Washington, D.C., 2003), p. 332.

Health insurance coverage. Percentage of the total population that is uninsured: For 1976-1986: Estimated

15

percentages are based on the number of uninsured from published and unpublished data from The Center for National Health Program Studies, Harvard Medical School/The Cambridge Hospital by David U. Himmelstein, Steffie Woolhandler, and Si M. Wolfe (Cambridge, Mass.), which are based on data from the U.S. Census Bureau, Current Population Survey and the National Health Interview Surveys, with correction factors, as a proportion of all persons, U.S.; from U.S. Bureau of the Census, Current Population Reports, Poverty in the United States: 1996 P60-198, by Leatha Lamison White (Washington, D.C., 1997); percentages calculated by the Fordham Institute for Innovation in Social Policy, Tarrytown, New York. For 1987-2001: U.S. Bureau of the Census, Health Insurance Data - Historical Tables, Table HI-i, "Health Insurance Coverage Status and Type of Coverage by Sex, Race, and Hispanic Origin: 1987-2002." Internet access: <http://www.census.gov>.

Poverty among those aged 65 and over. Percent of the population aged 65 and over living in poverty: U.S. Bureau of the Census, Historical Poverty Tables Current Population Survey,

Table 3, "Poverty Status of People, by Age, Race, and Hispanic

Origin: 1959 to 2002." Internet access: <http://www.census.gov>.

Out-of-pocket health costs among those aged 65 and over.

Percent of income after taxes spent on health care by households with reference person aged 65 and over. For 1972-1983:

Estimates projected from U.S. Bureau of Labor Statistics, Annual Consumer Expenditure Survey, unpublished data; calculations by Fordham Institute. For 1984-2001: U.S. Bureau of Labor Statistics, Annual Consumer Expenditure Survey. Internet access: <http://stats.bls.gov>. See also: Families USA Foundation, *The Health Cost Squeeze on Older Americans*, (Washington, D.C., 1994); AARP Policy Institute and AARP, *Coming Up Short: Increasing Out-of-Pocket Health Spending by Older Americans* (Washington, D.C., April 1995); Marilyn Moon, *The Commonwealth Fund*, Crystal Kuntz, and Laurie Pounder, *Protecting Low-Income Medicare Beneficiaries* (Washington, D.C., 1996).

Homicides. Number of murders and non-negligent

manslaughters per 100,000 population: For 1970-1972, see U.S.

Department of Justice, Federal Bureau of Investigation, Uniform

Crime Reports, *Crime in the United States, 1979* (Washington,

D.C., 1980). For 1973-1976, see U.S. Department of Justice,

Federal Bureau of Investigation, Uniform Crime Reports,

Crime in the United States 1991 (Washington, D.C., 1992). For

1977-1980, see U.S. Department of Justice, Federal Bureau of

Investigation, Uniform Crime Reports, *Crime in the United*

States 1996 (Washington, D.C., 1997). For 1981-2001: U.S.

Department of Justice, Federal Bureau of Investigation, Uniform

Crime Reports, *Crime in the United States, 2001*. Internet access:

<http://www.fbi.gov/ucr>.

Alcohol-related traffic deaths. Percent of all traffic fatalities which are alcohol-related. Alcohol Epidemiological Data System (AEDS): CSR, Inc., and the Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Surveillance Report #56, *Trends in Alcohol-Related Fatal Traffic Crashes, United States, 1977-2000* (Washington, D.C., December 1999). Internet access: <http://www.niaaa.nih.gov>.

Fatal Accident Reporting System (FARS): U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis, annual publications of *Traffic Safety Facts: Alcohol*; and unpublished data, National Highway Traffic Safety Administration, Office of Alcohol and State Programs, (Washington, D.C.). Internet access: <http://www.nhtsa.dot.gov>.

Food stamp coverage. Percent of poor individuals who live in households that receive food stamps: For 1970-1987:

Estimates based on projections from The Green Book:

Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means, U.S. House of Representatives (Washington, D.C., 2000) and Center on Budget and Policy Priorities, Poverty and Income Trends (Washington, D.C., annual), based on data from the U.S. Bureau of the Census, Current Population Survey; calculations by the Fordham Institute. For 1988-1999: Center on Budget and Policy Priorities, Poverty and Income Trends (Washington, D.C., annual), based on data from the U.S. Bureau of the Census, Current Population Survey. For 2000- 2001: U.S. Bureau of the Census, Detailed Poverty Tables

Current Population Survey, Table 3, "Program Participation Status of Household—Poverty Status of Persons" (annual). Internet access: <http://www.census.gov>.

Access to affordable housing. Housing Affordability Index, 20 percent down payment on median priced home as a percent of median family income, all buyers: For 1970-1990, see National Association of Realtors, Home Sales Yearbook: 1990, Statistical Summary of Existing Home Sales (Washington, D.C., 1991). For 1991-1993, see National Association of Realtors, Real Estate Outlook (June 1994). For 1994-1996, see National Association of Realtors, Real Estate Outlook (April 1997). For 1997-1998, see National Association of Realtors, Real Estate Outlook (July 2000). For 1999-2001, see National Association of Realtors, "Housing Affordability Index" Internet access: <http://www.realtor.com>.

Income inequality. Difference between percent of aggregate income received by the top fifth and bottom fifth of total households: U.S. Bureau of the Census, Historical Income Tables—households, Table A-3, "Share of Aggregate Income Received by Each Fifth and Top 5 Percent of Households: 1967 to 2001." Internet access: <http://www.census.gov>.