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Social Indicators: The *Real* Health of the States

By Darcy Hitchcock with Marque-Luisa Miringoff, Ph.D. executive director of the Institute for Innovation in Social Policy

Darcy: I was so glad to come across your organization and reports because many of us struggle to understand how to measure and manage the social side of sustainability. Tell me a little about the Institute for Innovation in Social Policy. It's a program at Vassar. Tell me what you do.

Marque: The Institute was started in 1985 and now is housed at Vassar College. We focus entirely on social indicators. We created the Index of Social Health, which is a national index of social well-being for the United States. We issue the Index on an annual basis; it measures 16 indicators going back to the 1970s. We also produce a report that compares the fifty states.

Darcy: Tell me about the indicators you track and why you chose them over others.

Marque: First, in order to track data going back to the 1970s we had to choose indicators that were measured at that time. Originally, for example, we had hoped to include environmental indicators, but many did not go back that far. We wanted the indicators to be from authoritative sources, such as governmental agencies. In addition, we wanted a distribution of indicators by age: children, youth, adults, the elderly. We also wanted a balance between purely social issues such as child abuse or teenage suicide and socio-economic indicators such as unemployment or wages. Finally, we included some indicators that affect all ages, such as affordable housing and alcohol-related traffic fatalities. (See the sidebar for the complete list.)

Index of Social Health—16 Social Indicators

Children

- Infant Mortality
- Child Poverty
- Child Abuse

Youth

- Teenage Suicide
- Teenage Drug Abuse
- High School Dropouts

Adults

- Unemployment
- Wages
- Health Insurance Coverage

The Elderly

- Poverty, ages 65 and over
- Out-of-Pocket Health Costs, ages 65 and over

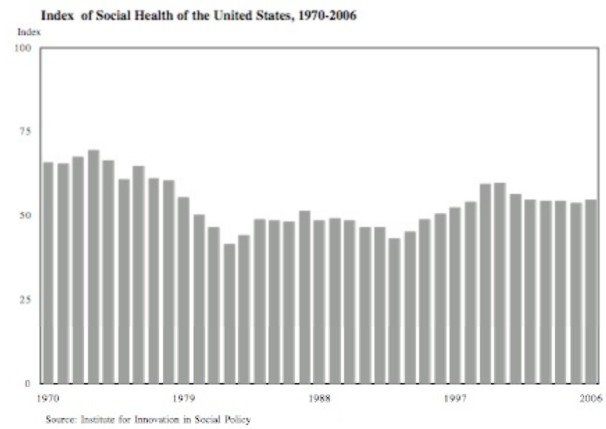
All Ages

- Homicides
- Alcohol-Related Traffic Fatalities
- Food Stamp Coverage
- Affordable Housing
- Income Inequality

Darcy: So in broad terms, what did you find?

Marque: According to our indicators, social conditions were best during the very early 1970s and then worsened through the early 1980s. Since then, they've see-sawed. There was some improvement in the late 1990s with the booming economy, but the Index has shown no real progress during the past six years.

Darcy: I imagine that's much worse recently with the financial and housing crisis.



Marque: One of the challenges we face is that the data are often 2-3 years old by the time they are released. So we're always behind. This means that it's harder for policy-makers and the public to pay attention and respond to social issues. If we have a problem today, but have to wait 2 -3 years to find out what is happening, it slows down the response. We often draw the contrast to economic indicators, most of which are released monthly or quarterly. One week it's housing, another durable goods. There's always timely economic information coming out and this draws media attention. It's in the newspapers and on TV. The country has a good sense of how we're doing economically. That is far less true in the social sphere.

Darcy: Yes, and the stock market indicators are reported all day! It seems the only social indicator we're paying attention to is unemployment. It's like we've forgotten what we have an economy for, confusing means with ends.

Marque: Yes. Some people are beginning to think about this, how to redefine economic indicators, such as the Genuine Progress Indicator. *[See the former ISSP newsletter article with Mark Anielski.]* But I think what we need is the same structures that we have for economic indicators. There we have the Council of Economic Advisors, the Federal Reserve Board, etc. The system is structured to intervene: to tweak and control—although certainly not perfectly these days. But we haven't thought about the social sphere in the same way. In the US we often have left that to families, communities, and non-profits to muddle through as best they can.

During the late 1960s, Walter Mondale introduced a bill that proposed to create a system of social reporting comparable to the economic system, including a Council of Social Advisors that would report to the president. The bill didn't pass, but that was the notion. It's a valuable idea.

In addition, virtually every industrialized country has what is called a national social report. A government agency or NGO issues a report on social well-being each year. We include a discussion of these reports in our new book, *America's Social Health:* Britain, France, Spain, the Netherlands. Each report includes an overview of how children, the elderly, minorities are doing and then there's a national dialogue and press coverage.

Instead, here in the US, we typically release social indicators one at a time. We publish data on infant mortality and affordable housing and access to health insurance, but they appear months apart and issue from different offices. That makes it harder to see the whole picture and it reduces the chance to capture the attention of the country.

Darcy: Ok, but here, you're doing this service for us. So what would it take to get a whole lot more hoopla over your findings?

Marque: A report such as this should be issued by the Federal Government. It should go to the president and enter the legislative process. It should go out to the whole country at one time.

Darcy: Why haven't we done this? What's gotten in the way? You have the data. Why don't we make better use of it?

Marque: We really don't have the same investment in the consideration of social issues, compared to other nations. There's an unending debate about the degree to which we should intervene in social issues. It's our individualistic, pick-yourself-up-by-your-bootstraps culture.

It's the same problem with our medical system. We are virtually the *only* industrial country in the world without national health insurance. Forty-five million people with no health insurance! And the debate goes way back. Theodore Roosevelt and FDR both debated how much of a safety net we should provide. Obviously the Scandinavian countries provide much more.

Darcy: It's interesting that you bring that up. I was reading Common Wealth by Jeffrey Sachs recently and was struck by statistics they quoted. As you might expect, social democracies had higher taxes and less of a spread between the wealthiest and the poorest among them. But they also had higher GDP per person and higher research and development spending than did the so-called free-market democracies.

Marque: Reducing inequality is still not an easy idea in this country. We have a frontier mentality. Individualism. Endless opportunity. The idea that you can get rich, really rich, in this country is deeply entrenched.

Darcy: I'm curious about the correlations you may have found between these social indicators and the health of our society over all.

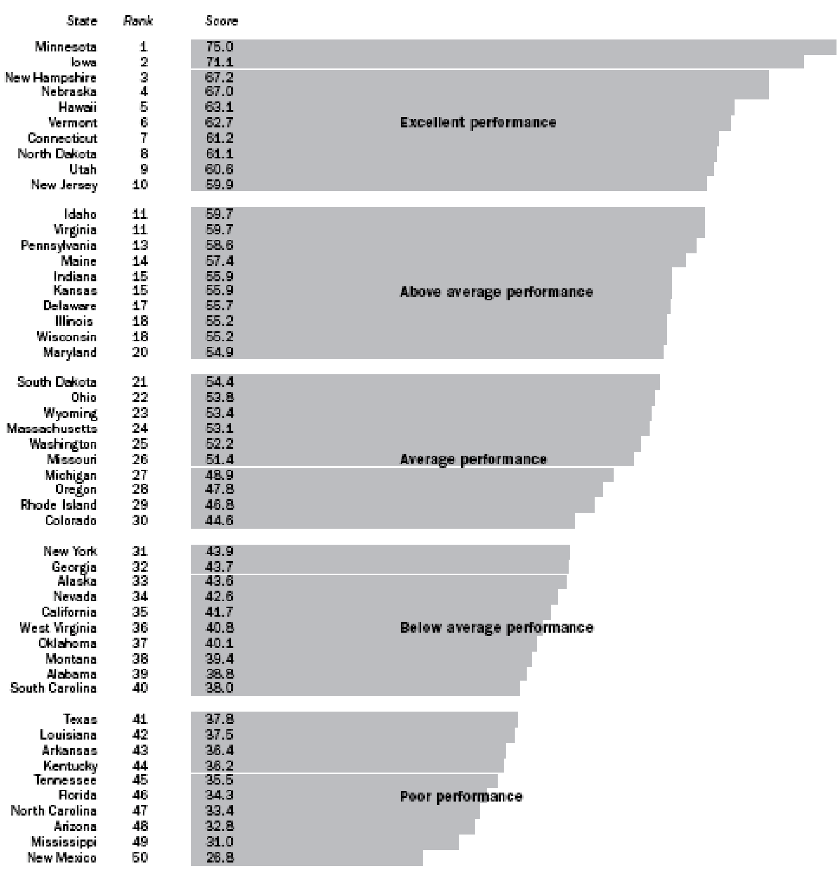
Marque: It has been a long time since the US systematically addressed its social problems. We've had more of a trickle-down notion. Even before this recent economic melt-down, wages were stagnating, we had a health insurance crisis, our schools and education policy were not sufficient. We really have had trouble formulating social policies to address these problems.

Darcy: You see this in the presidential race. We used to talk about the poor. Now all the focus is on the middle class. Only John Edwards talked about the poor at all. It's like it's passé to bring it up.

Marque: To be fair, we've done a pretty good job with the elderly; their well-being has greatly improved since the 1930s. Social security and Medicare have made a difference. But we haven't done anything comparable for children. We have just about the highest child poverty rate in the industrialized world. On infant mortality, the US is 29th. We were 12th in 1960.

Darcy: Let me push on your idea that this should be addressed at a national level. The European countries you mention are equivalent in size to our states. Why not try to solve it at that level.

Figure 1. Social Health of the States, 2008



Source: Institute for Innovation in Social Policy

Marque: Education, for example, is locally based since it's paid for out of property taxes. Wealthy communities typically have good schools while poorer communities, the ones that most need additional investment, often have poor schools. So local or state policies don't always work that well either.

Much of this goes back to tax policy. As is often said, in much of this country "we have private wealth and public squalor." Other countries spend more on their commons, on those things that are shared: parks, public spaces. We accrue personal wealth. We may not have had a public debate about it, but we have chosen the path of private wealth.

Darcy: What does that cost us to our collective well-being?

Marque: This relates to the sustainability movement. If every person has to maintain a car, that's one way, but it's far more expensive than public transportation. Here we want every single person buying their own health insurance: selecting the policies, doing the paperwork, and then the doctors have to deal with scores of different policies. The administrative costs are astronomical!

Darcy: But if the people who have the power are already well off, where does it come back to bite them? Where is their enlightened self-interest?

Marque: Well, there's the usual economic argument: if consumers don't have money then they can't buy products and the economic system shrinks. But it also applies to more purely social issues. For example, there's a movement in Congress to pass a Sick Leave bill. Incredibly, huge numbers of people today can't take sick leave so they have to show up for work. But, they then pass their illness on to their coworkers and the customers, reducing productivity. Everyone benefits when people are allowed to stay home.

Darcy: In addition to the national report, you also break the data down by states. Talk about the Social Health of the States report. Why do you do this? What is it? How often do you gather the data?

This project is an extension of the Index of Social Health, looking at the state level. By reporting the data state by state, governors and policy-makers can now focus on the same social issues. In this age of devolution, where we often push public policy toward the states, this information allows the states to see how they are doing and how they compare to other states. It helps them identify best practices because they can look to states that are doing well on different indicators. It helps them set priorities. Our third report has just recently been released.

Darcy: What were your more important findings? I was so surprised to see Minnesota at the top of the list. And then Hawaii number 5. You can't get much more different (at least climate wise) than that! Oregon, considered a leader in sustainability, was just in the middle of the pack. What were the themes for the states that rated the best versus the lowest?

Marque: The report allows us to see which states are doing well across the board and

MINNESOTA

Rank #1
Excellent performance

After ranking second in the nation in 2003, Minnesota moved into first place this year. No other state matches its record of nine As, and it performs best in the nation on elderly poverty. In addition, it stands among the top eight states nationwide on all three children's indicators (infant mortality, child abuse, and child poverty) as well as on both indicators for the aging (elderly poverty and elderly suicide). Minnesota's only below-average grade is a D for food stamp coverage.

A	B	C	D	F
Indicator / rank				
Elderly poverty 1	Average wages 13	Teenage drug abuse 24	Food stamp cov. 33	
Infant mortality 3	Alcohol traffic deaths 13	Teenage suicide 26		
Child abuse 3	Unemployment 17	Affordable housing 26		
Health insurance cov. 4				
Elderly suicide 6				
H.S. completion 7				
Child poverty 8				
Homicides 8				
Income inequality 8				

Best in the nation

which are struggling. New Mexico, for example, is among the last on all three reports, and struggles with child poverty, high school completion, average wages, health insurance coverage, and many other issues. Other states seem to be able to address the issues more consistently.

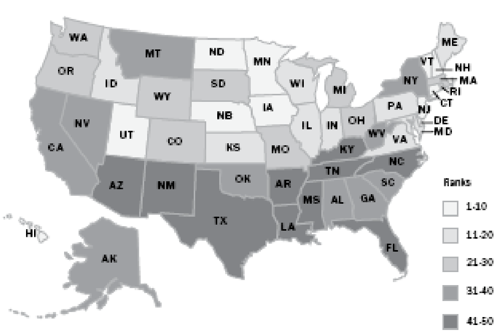
We also discovered a few principal indicators that were a good gauge of overall social health:

- Child poverty
- High school completion
- Health insurance coverage

I'm not saying causation or that these are the only policies to address. But they have ripple effects. If you have a lot of child poverty, the kids tend to do poorly in school, which then makes them less prepared for the workplace.

Darcy: This is actually very helpful! With the Oregon Benchmarks, there are so many indicators, it's hard to know what to pay attention to. So to know that there are just a few social indicators that are proxies for the rest is really a wonderful and practical insight! If they start to flag, then you can dig deeper into the other measures.

Figure 2. Social Health of the States, 2008, Map



Source: Institute for Innovation in Social Policy

Marque: We also looked at states that we estimate are in a social recession, the bottom 5 states that are failing on 6 or more of the indicators. You can see these states cluster in the South and parts of the West.

Darcy: It doesn't surprise me. In New Mexico, you have large Native American populations that have struggled since the Whiteman stole their lands. And in places like Alabama and Mississippi, we've historically had poverty. It's Bill Clinton's campaign slogan: it's the economy, stupid. But wow, look at Texas. They've got lots of industry.

Marque: It's not just the economy. Even during boom times we can fail to address our most pressing social issues. The economy can do well, but social problems can stagnate. They are related but separate spheres. You can have a high GDP and still have serious problems. Money can get bottled up at the top.

Darcy: Like Nigeria. So what were the best practices that emerged? What can lift people up? Are there lessons learned that are widely applicable or do you have to fit the policy to the locale?

Marque: One best practice I can highlight is monitoring social issues. Some communities, states, or regions do a good job on this, while others do not. Monitoring helps accountability.

We sometimes consult with municipalities, because gathering local data is a difficult task. Sometimes the local universities help. Our advice is to have a fairly broad engagement of the community in the process. Have open meetings to determine what to measure. What's their vision of a good life? Reports vary. For some communities, environmental issues such as maintaining access to mountains or rivers are what they value, while more urban areas may focus on transportation or congestion.

Darcy: But having all the communities do their own thing means they don't roll up to national figures. Where is the balance between local individuality versus comparability?

Marque: I think it's good to have both a unique local version and our comparable report. It combines the best of both worlds.

Marque-Luisa Miringoff, Ph.D., is Professor of Sociology at Vassar College, Poughkeepsie, NY. She has served as Chair of the Sociology Department and Director of the Urban Studies Program. She has been a member of the Institute for Innovation in Social Policy since 1985 and its director since 2004. Dr. Miringoff's writings include *America's Social Health: Putting Social Issues Back on the Public Agenda* (2008) with Sandra Opdycke, The *Social Health of the Nation: How America is Really Doing* (1999) with Marc Miringoff and Sandra Opdycke, and *The Social Costs of Genetic Welfare* (1991). She also has written numerous articles on health and social indicators.