

Trends in homelessness, health, hunger, and dropout data suggest a “Society at Risk”

NORTH MANCHESTER, Ind. (February 2004) - We in America consider ourselves a generous people - and in many ways we are. Yet hunger, homelessness and inadequate health care continue to expand, while a worrisome school dropout rate showed little change over many years until a significant improvement occurred in 2002

- Emergency food requests multiplied an astounding 20-fold from 1984-2002 - plus a 17 percent jump from 2002-2003.
- Homeless families with children comprised 41 percent of the U.S. homeless population in 2002-plus in 2003 a record 84 percent of cities rejected people from homeless shelters due to lack of space.
- In 2002, 43.6 million Americans were without health insurance.
- The Administration’s FY 2004 request is \$9.7 billion below the amount authorized for FY 2004 in the “No Child Left Behind” Act, including dropping money for some programs for reducing the number of high school dropouts. How much this will hurt further possible improvement remains to be seen.

Though researchers and the media have looked at these factors individually, it is only by examining them together that we can see how a society, in general, looks after its citizens, particularly its most vulnerable. So asserts Neil Wollman, Ph.D., senior fellow of the Manchester College Peace Studies Institute. He led a research team of mathematics Professor James Brumbaugh-Smith, Ph.D.; social work Professor Bradley Yoder, Ph.D., and three students. They discovered alarming trends.

“Unfortunately, unless new forces come into play, the overall picture cannot be expected to improve in the foreseeable future,” says Wollman. “Certainly no one is anticipating a decrease in these human needs and state budgets are suffering record shortfalls, with more than a third of the states cutting educational funding by a total of billions of dollars. Whether and when the current signs of economic recovery will translate into improved spending on social needs is debatable.”

The United States has experienced a large increase in hunger and homelessness since the 1980s. In medium to large cities surveyed each year by the U.S. Conference of Mayors, emergency requests for food rose 20-fold between 1984 and 2002, with a 17 percent increase between 2002 and 2003. As measured by the U.S. Department of Agriculture, 33.6 million people experienced food insecurity in 2001. That is, 12.6 percent of the nation (17.6 percent of children) wondered at some time during 2001 whether they would have sufficient resources to acquire food. In 2003, a record 56 percent of cities had to turn people away who were seeking food assistance (an increase of 24 percent from the year before).

The housing statistics are equally dire, with a 12-fold increase in emergency shelter requests from 1984 to 2002, plus a 13 per cent increase from 2002 to 2003. The social group most susceptible to homelessness is families with children, Wollman says. In 2003, homeless families made up 40 percent of the overall homeless population - 1.5 times the rate in 1985. In 84 percent of the cities surveyed in 2003, homeless families were sometimes turned away for lack of available shelter.

The researchers describe the level of basic health care in the United States by the percentage of the population lacking health insurance for an entire 12-month period. Again, health coverage has deteriorated fairly steadily over the years 1987 to 2002. In 2002, 43.6 million individuals (15.2 percent of the population) did not have health insurance, a 5.7% jump from 2001 (US Census Bureau). Many of these people are among the “working poor” - in families with at least one person working full-time for an employer who doesn’t offer health insurance or offers insurance with premiums that would jeopardize rent and food supplies for the families.

“Fortunately, the creation of the State Children’s Health Insurance Program (SCHIP) by Congress in 1997 has helped to extend health care to some of the poorest of U.S. children,” Yoder says. “The possible creation of prescription drug benefits by Congress under Medicare would improve the health care of older people, but, unfortunately, would have no impact on the 41 million who currently have no access to care.”

Another area of societal concern the researchers studied is education, which they measured by the U.S. high school dropout rate. Contrary to the other areas addressed, annual drop out rates have remained fairly consistent since the mid-eighties, usually in the four to five per cent range notes Professor Yoder (US Census Bureau statistics). “Though stable, the fact that there are so many student retention programs leads one to conclude that the dropout rate is considered too high by society,” says Yoder. Such programs include President Bush’s “No Child Left Behind” program, which directs some funding toward decreasing the number of high school dropouts.

“A number of programs are successful at the local level—identifying key factors for lowering the rate—however, these programs never spread significantly enough to translate into sustained improvement at the national level,” says Yoder. Furthermore, the dropout problem is particularly acute for certain minority populations. (5.3 percent of Hispanic and 4.5 percent of African-American students dropped out in 2002, versus 2.4 percent of Caucasians and 2.3 percent of Asian Americans.) In 2001, the most recent data reveal that 10.7 percent of 16-24 year olds (about 3.8 million) were out of school without a high school diploma. On a more optimistic note, there was a dramatic improvement in overall dropout rate, going from 4.7% in 2001 to 3.3% in 2002. Whether this will continue given tightening budgets remains uncertain

At the federal level, the administration's 2004 budget makes no major changes that would significantly address these social needs, the researchers found. For example, besides a short changing of funds for No Child Left Behind, the restructuring of the Housing Assistance for Needy Families program into a state-run block grant enterprise likely will weaken, rather than improve, housing assistance. Funding remains essentially frozen for other programs, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income, Medicaid, State Children's Health Insurance Program (SCHIP) and the Workforce Investment Act (job training for unemployed workers). “Net improvement in people’s daily lives is unlikely,” Yoder notes.

“Given the basic nature of these long unfulfilled needs—and the fact that a number of other countries see fit to provide in these area—we may need to look more closely at ourselves and our self image of being a compassionate people,” Wollman concludes.

Manchester College students involved in the research were Benjamin E. Leiter of New Windsor, Md.; Amy L. Fry-Miller of Fort Wayne, Ind., and Erin H. McCourt of Fremont, Calif.

The housing, food, health, and education measures used are part of the 19-variable National Index of Violence and Harm, produced annually by Manchester College students and faculty. Complete details about the index are available at: <http://www.manchester.edu/links/violenceindex/>
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