Unmet Need in a Land of Abundance

THE UNITED STATES is a land of plenty for most of its people. They enjoy what is commonly considered the highest material standard of living in the world. Unfortunately not everyone in the Nation shares in this abundance.

The standard of living in the United States can be compared with that of other countries by examination of several indexes. Areas of unmet need within the United States are highlighted when similar indexes for the Nation and for various regions, States, and certain minority groups are compared.

THE UNITED STATES AND THE REST OF THE WORLD

Per capita income is commonly used as an index of the standard of living. It has limited meaning, however, in a comparison of living standards among nations, since official exchange rates do not accurately reflect differences in purchasing power. Other indicators of the level of living are more significant: The purchasing power of wages, hours of work, food expenditures in relation to expenditures for all purposes, per capita food supplies, home conveniences, infant mortality rates and life expectancy, educational attainment of the adult population, and current school enrollment. The United States ranks high according to most of these indexes but less high, according to some, than is often assumed.

Purchasing Power of Wages and Hours of Work

In October 1958, according to studies made by the National Industrial Conference Board for nine Western countries, with 1 hour's pay the average industrial worker in the United States could buy a meal for a family of four. It took Canadian workers 9 more minutes of work time to purchase the same meal, and Danish workers had to work one half-hour longer. The average industrial worker in the United Kingdom and in Germany had to work an hour longer than his counterpart in the United States to buy a similar meal, in Belgium he had to work 2 hours longer, in Austria 3 hours longer, in France 3½ hours longer, and in Italy 4 hours longer.

Although these relationships may have changed somewhat in recent years, clearly the average worker still has more to spend for the amenities if he lives in the United States than if he lives in most other industrialized nations. He also has more leisure. In 1959 the average weekly hours of work per worker in manufacturing were shorter in the United States than in 22 of the other 23 countries for which the International Labor Office compiled such data.

Expenditures for Food and Nutrients Available

The higher the living standard, the smaller the proportion of funds allocated to food, whether the measure is in national aggregates or in family budgets. In 1950, for example, families in the United States in communities of 2,500 or more spent for food slightly more than 30 percent of their money income after taxes. The proportion was 24 percent when income was $7,500–$10,000 and 42 percent when it was $1,000–$2,000.

In 1958–60 the United States and Canada were the only countries where less than 25 percent of all private consumption expenditures went for food (22 percent and 23 percent, respectively). The three Western Scandinavian countries, Belgium, and Australia reported 25–29 percent. In nine

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* Deputy Director, Division of Research and Statistics. Based on material prepared, with the assistance of James C. Callison and Susan H. Kintberger, for the President's Study Group on a National Service Program.


other countries (seven of them in Western Europe) the proportion going for food ranged from 30 percent to 40 percent, and in 14 others, it exceeded 40 percent.4

The United States is one of 11 countries where per capita food supplies yield more than 3,000 calories per person per day (an amount considered excessive by some authorities). Of the 29 other countries for which comparable data have been developed for 1957-59, 12 reported less than 2,500 calories per day from available food supplies. When the same 40 countries are ranked by the protein content of their food supply, which is a more rigid measure of adequacy, the United States

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### Table 1 — Total population, percentage nonwhite, and selected indicators of unmet need, by State, 1959 or 1960

<table>
<thead>
<tr>
<th>State, by region</th>
<th>Population, 1950</th>
<th>Infant mortality rate per 1,000 live births, 1959</th>
<th>Maternal mortality rate per 10,000 live births, 1949-59</th>
<th>People who have not completed high school, 1960</th>
<th>People under age 18 not living with both parents, 1960</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (in thousands)</td>
<td>Non-white as percent of total</td>
<td>All races</td>
<td>Rate</td>
<td>Rank</td>
</tr>
<tr>
<td>United States</td>
<td>179,332</td>
<td>11.4</td>
<td>26.4</td>
<td>44.0</td>
<td>3.8</td>
</tr>
</tbody>
</table>

*U.N. Statistical Yearbook, 1961, table 166.*

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4 Not available.

is among the top 12, with 90 or more grams per day. The lowest 12 countries have food supplies that provide less than three-fourths that amount of protein. The 12 top countries and the 12 lowest countries are listed below according to the daily protein content per capita (in grams).

**Highest**

New Zealand 106  
Argentina 98  
Ireland 97  
France 97  
Canada 95  
Finland 95  
Yugoslavia 95  
Greece 93  
Denmark 93  
Australia 92  
United States 92  
Turkey 90

**Lowest**

Ceylon 45  
Pakistan 46  
Colombia 48  
Peru 50  
Philippines 51  
India 53  
China (Taiwan) 57  
Venezuela 62  
Mexico 63  
Japan 67  
Brazil 67  
Paraguay 68

**Education**

Most nations except those in North America and Northwestern and Central Europe, Australia, and New Zealand are educationally underdeveloped. The United Nations Economic and Social Council estimates that there were 61 nations in 1950 where less than half the population aged 15 or over and 90 where less than four-fifths was literate, as measured by a census question, “Can you read and write?” Although about 90 percent of the population in the United States is literate according to this measure, there are pockets of illiteracy. In a number of the States one-fifth of all persons aged 25 and over had not completed the fifth grade—a commonly used measure of functional illiteracy. Among some disadvantaged groups the proportion with less than 5 years of schooling is much higher.

North America stands out among the regions of the world as having the highest proportion of persons enrolled in school at the third or most advanced level, but it is slightly below Northwestern and Central Europe in the proportion above the first or lowest level. One reason may be the difference in the age distribution of the school-age population; another may be the serious problem of high school dropouts in the United States.

The ratios for enrollment in secondary schools for persons aged 15–19 in 1955–57 have also been compared for 74 countries. The United States was one of only seven countries where at least 70 percent of the persons in this age group was in school. The other six were Denmark, Japan, the Netherlands, Sweden, the United Kingdom, and West Germany.

Just as differences among nations in the proportion of the population that has completed certain grades must be interpreted in the light of national educational policies and practices, so must the enrollment figures be qualified by information on the quality of the pupils’ reading ability. It is estimated that in the United States 30 percent of the young workers entering the labor force in the 1960’s will not have completed high school. Equally serious in an economy that has less and less place for workers without a high school education, almost a fourth of the youngsters now in the twelfth grade have less reading ability than the average ninth grade pupil.

**Infant Mortality and Life Expectancy**

The United States showed less improvement in its infant mortality rate during the 1950’s than did most countries. It stood in sixth place in 1950 but ranked about tenth in 1961, with a provisional rate of 25.3 deaths during the first year of life per 1,000 live births. In 1959, a year for which infant mortality rates are available for 44 countries, the United States ranked twelfth from the top, as shown by the following list of countries with the lowest rates.

<table>
<thead>
<tr>
<th>Country</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iceland</td>
<td>16.4</td>
</tr>
<tr>
<td>Sweden</td>
<td>16.6</td>
</tr>
<tr>
<td>Netherlands</td>
<td>16.8</td>
</tr>
<tr>
<td>Norway</td>
<td>18.7</td>
</tr>
<tr>
<td>Australia</td>
<td>21.5</td>
</tr>
<tr>
<td>Switzerland</td>
<td>22.2</td>
</tr>
<tr>
<td>Denmark</td>
<td>22.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>23.1</td>
</tr>
<tr>
<td>Finland</td>
<td>23.6</td>
</tr>
<tr>
<td>New Zealand</td>
<td>23.9</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>25.7</td>
</tr>
<tr>
<td>United States</td>
<td>26.4</td>
</tr>
</tbody>
</table>

Nationally, the rate was 26.4; for the white population, it was 23.2, and for the nonwhite popu-
lation, it was 44.0. In 10 States there were more than 50 infant deaths among the nonwhite population per 1,000 live births (table 1). Only 15 of the 44 countries had a rate that high or higher; they were Brunei, Ghana, Malaya, Portugal, and South Africa; five Eastern European nations; and five nations in Central America and South America.

High infant death rates are reflected in a relatively low life expectancy at birth. Based on mortality conditions during 1949–58, life expectancy at birth for males was less than 55 years in 14 of the 44 countries for which data are available. In 5 countries it was 70 years or more, compared to 66.4 in the United States. Differences from country to country are, of course, smaller when the probable remaining years of life are compared for males who have survived the diseases of infancy and childhood and reached age 20. (Where infant

### Table 2.—Total population, percentage foreignborn and nonwhite, and selected indicators of unmet need, 21 cities of 500,000 or more population and their suburbs, 1959 or 1960

<table>
<thead>
<tr>
<th>City</th>
<th>Population, 1960</th>
<th>Infant mortality rate per 1,000 live births, 1959</th>
<th>Percent of persons aged 14-17 not in school, 1960</th>
<th>Family income, 1959</th>
<th>Percent of married women with children under age 6, in the labor force, 1960</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (in thousands)</td>
<td>Foreign-born</td>
<td>Nonwhite</td>
<td>Total</td>
<td>Nonwhite</td>
</tr>
<tr>
<td>Baltimore</td>
<td>800</td>
<td>5.2</td>
<td>2.7</td>
<td>100</td>
<td>6.0</td>
</tr>
<tr>
<td>Urban fringe</td>
<td>800</td>
<td>5.2</td>
<td>2.7</td>
<td>100</td>
<td>6.0</td>
</tr>
</tbody>
</table>

1 Not available.

mortality is high, life expectancy is only a few years less at age 20 than at birth.)

Life expectancy for men aged 20 in the United States differs by less than a year, on the average, from life expectancy for men in that age group in Australia, Austria, France, Ireland, Japan, Panama, Poland, Portugal, and Switzerland. It is greater by 1–5 years in 16 countries. In the United States a nonwhite man aged 20 can look forward to 5 fewer years than a white man of that age. His life expectancy is also shorter than the average for all 20-year-old men in three-fourths of the 44 countries studied.

GAINS AND GAPS IN THE UNITED STATES

An infant born in the United States today is more than twice as likely to survive to his first birthday as a child born 30 years ago. The chances are that he will live 10 years longer than if he had been born at the start of the great depression. Maternal deaths have declined from 64 per 10,000 in the early 1930’s to less than 4 per 10,000.12

Relatively more children now finish high school, and relatively more of them go on to college. Out of every 1,000 entering the fifth grade in 1952, the number who stayed for high school graduation was more than twice as large as 30 years earlier. Today about 30 percent of high school graduates go on to college, compared with about one-eighth in the early thirties.13

Income per person is up sharply—some 60 percent since 1929—even after allowance is made for price increases.14 The proportion of families with real incomes below specified amounts has decreased more or less steadily.15 All this is progress—a gain in the well-being of the people of this country—but serious inequalities persist. Since the early 1940’s, there has been no significant change in the shares of personal income going to the poorest fifth and the richest fifth.16 Moreover, “needs” grow as the general level of living rises, particularly in our complicated, closely meshed society.

Who are the Poor

Recent estimates have placed at 30 million, 40 million, and even 50 million the number who are “poor”—who do not have money enough to buy an adequate living and who have little opportunity to better themselves.17 Subsistence and adequacy are difficult to define, and agreement on the exact ingredients and their cost is not easy to obtain. A very conservative definition of low income—the taxable limit for income under present Federal tax laws—may therefore be useful. When such a measure is used, it appears that 33 million persons in the United States had very low income in 195918—less than $1,325 for a couple or a mother and child, for example, less than $2,675 for a family of four, and less than $4,000 for a family of six. (This calculation takes no account of the fact that certain types of income are not taxable and that the aged get a double exemption.)

Who are these 33 million? About half of them are city dwellers, and about a sixth live on farms. Half live in the South. Indeed, 3 out of every 10 families in the South are in this low-income group, compared with 1 in 9 in the Northeast and 1 in 8 in the West. The proportion living in the North Central States is about half that in the South. Almost three-fifths of the 33 million are members of large families (six or more members). Probably more than a sixth are aged 65 or over.19 About half the total consists of children under age 18.20

How does low income handicap these men and women and their children? Characteristically, low income means little or no preventive medical care. In cities, at least, it means poor nutrition; it means overcrowded housing in rundown neighborhoods, with lack of privacy at home and lack of proper play space for children.

12 Public Health Service, National Vital Statistics Division.
18 The total of 33 million and the distribution by place of residence and size of family were calculated from the 1960 Census of Population data on income in 1959 by family size. Cutoff points for the taxable incomes assume the standard 10-percent deduction, although many families have larger deductions.
19 Actually, in 1960 only about 3.2 million aged persons, out of 16½ million, had taxable incomes because of the double exemption and the fact that benefit income is not taxable.
Low income often means as well pressure on youngsters or on the mother for extra earnings to substitute for or supplement those of the father. Poverty increases the probability that the children will drop out of school before they finish high school, and it may affect family life unfavorably. There are almost one-half million mother-only families with children under age 6 and the mother in the labor force.21 Perhaps as many as a fourth of all children in families with incomes below the taxable limit have no father in the home.

Poverty, and these associated problems, while not confined to any one group or any one area in the United States, is much more intense among some groups and in some areas than others. Unmet needs among migratory workers and among American Indians are particularly acute. The Negro in the South, white and Negro alike in the slums of large cities, and displaced workers in the Appalachian coal-mining areas and other depressed areas are at a serious disadvantage in comparison with the rest of the population.

Health and Welfare Problems

Of the 33 million poor in the Nation, some 3 million children and about 4 million adults are receiving public assistance. In addition, about 3.0-3.5 million persons are in financial need and receive surplus foods but no cash assistance from a public agency.22

Medical care cost problems weigh heavily on many of them, particularly the aged. Even more serious for the future is the large number of mothers who are indigent or medically indigent—currently estimated at 35 percent of pregnant mothers in cities with a population of 100,000 or more.23 An increasing number of these mothers receive little or no prenatal care and inadequate postnatal care. Despite the fact that the rate for maternal deaths had dropped to 3.7 per 10,000 live births for the United States as a whole, the rate for nonwhite women was about four times that for white women.

This difference points to an area needing substantial improvement.

In a national survey of aid to families with dependent children made at the end of 1961, 11 out of every 100 children receiving aid were recorded as having a physical or mental defect according to professional opinion, and at least that many were listed, on the basis of nonprofessional opinion, as having one or more defects.24 Children in low-income families not receiving assistance may well have as many defects.

Families and children receiving assistance, and other families as well, often need a special service of one kind or another. Although services cannot substitute for income, certain types of service might counteract some of the effects of poverty and thus help to break the cycle of cultural deprivation that is often associated with poverty. In all programs—public assistance, child welfare, and juvenile delinquency—staffing falls far short of need, not only in terms of training but even in numbers. In 1960 the average caseload for public assistance workers was from 50 percent to 100 percent larger than is considered desirable.25

About 15 million children have mothers who are working outside the home. Four million of these children are under age 6, and 5 million are aged 6-11. According to a 1958 survey, almost 400,000 children under age 12 were expected to take care of themselves while their mothers worked full time. Although these are the children most obviously needing day-care services, there are others. Children whose mothers are ill, who live in overcrowded slum conditions with no play space, who are emotionally handicapped or mentally retarded, or whose family has special problems—for all these children, day-care services are a needed community facility for their protection.

Existing day-care facilities are grossly inadequate; only about 185,000 children can be served by licensed facilities.26 There are 11 States—most of them high-income, industrial States—where among the urban population fewer than a fifth of women with preschool children are in the labor force.27

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23 Report to the President on a Proposed Program for National Action to Combat Mental Retardation, October 1962 (prepared by the President's Panel on Mental Retardation), pages 50-53.
26 Children's Bureau, Working Mothers and Day Care Services in the United States, 1962.
force. Yet in the District of Columbia, Georgia, Mississippi, North Carolina, and South Carolina, more than a third of the women with children under age 6 are in the labor force.27

Mental Retardation

The conditions that lead to high maternal death rates are likely also to lead to mental retardation. The dimensions of the problem of mental retardation are clear when it is realized how large a proportion of the population suffers from this handicap.28 It is estimated that for 3 percent of the population (5.4 million persons) the ability to learn and to adapt to the demands of society is significantly impaired. Constant care or supervision is required for some 400,000. An estimated 15-20 million people are in families with a mentally retarded member. It is further estimated that 126,000 infants born each year will be identified at some time as mentally retarded. By 1970, at the present rate, there will be 1 million more retarded persons than there are at present.

Among those 5 million persons who are considered as mildly retarded, there is a significantly higher prevalence in those population groups whose incomes are low, whose education is limited, and for whom prenatal and postnatal care is frequently inadequate.

About 1.34 million of the retarded are of school age, when mild retardation is most likely to be identified. They represent 11 percent of the school-age population, but only one-fifth of them are enrolled in special education programs in public schools.

Major deterrents to increased enrollment are the lack of qualified teachers and limited financial resources. (The average cost of educating the retarded is about twice that of educating the nonhandicapped.)

Premature infants are apt to suffer from a significantly higher incidence of death and damage, including mental retardation, than full-term infants. Prematurity rates vary directly with the percentage of women receiving little or no prenatal care. The incidence of toxemias of pregnancy among women in higher-income groups is only 3 percent, but in the lower-income group it is 15 percent. A survey in the District of Columbia showed a prematurity rate of 22.7 percent when the mothers received no prenatal care and 10.4 percent among those receiving prenatal care. A 1952 study in Chicago showed that 65 percent of those in special classes for the retarded came from 11 slumridden areas, out of 75 areas in the metropolitan community.

Education

Traditionally, a major stepping stone for individual advance in our society has been education. In today's complex society it is more than ever imperative. For the 16 million youngsters who are members of families that are poor by the definition used here, education is essential if this poverty is not to be self-perpetuating. At present, almost 47 million children are in elementary and high school.29 This is a large number, but does it mean that all children are getting the type of education they need?

One of the major lacks is in the ability to use that basic tool for all learning and for successful living—the ability to read. Recent examinations given to a national sample of high school students showed that 23 percent of the students in the twelfth grade could not read as well as the average ninth grader.30 It is estimated that the reading ability of between 10 and 15 percent of our elementary and high school students is significantly poorer than their potential level of performance; between a fourth and a third are reading below their grade level.31

Many classes are too large, particularly in the elementary grades where the battle for future education is won or lost for many children. In 1961 there were 28.4 pupils for every public elementary school teacher in the United States.32 In six States
(Alabama, California, Georgia, Louisiana, Mississippi, and Texas) and in the District of Columbia, there were 31 pupils or more for every elementary school teacher, and many of these teachers were not fully qualified.

Many youngsters leave school as soon as they have completed the required number of years. It is estimated that 3 out of every 10 children now in grade school will not complete high school. In April 1960, 23 percent of all persons between the ages of 14 and 24 were not in school and had not graduated from high school. The proportion exceeded 30 percent in six States—Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia (table 1).

The close correlation between family income and a child's school achievement is well known. A study by the Bureau of the Census for October 1960 showed that young persons aged 16–24 were three times as likely to have left school without finishing high school when family income was less than $5,000 than when it was $7,500 or more.

The extent of the father's education is an almost equally strong influence. Among persons aged 16–24 in families with incomes of less than $5,000, the proportion of high school dropouts was more than three times as large when the father had not completed high school as when he had. Thus, children from deprived backgrounds are forced into the same pattern as that in which their parents grew up.

The nationwide survey of aid to families with dependent children, made at the end of 1961, supports the evidence of other studies that lack of education is a major contributing factor in dependency. Only 16 percent of the mothers in assistance families, but 56 percent of all women aged 20–54, had completed high school. For 42 percent of the fathers in the families receiving aid, but for 9 percent of all adult males, less than 5 years' schooling was reported.

Years of school completed do not tell the whole story of the relationship between education and dependency. A recent study of 680 able-bodied men and women on the relief rolls in Chicago showed that, although only 7 percent had not gone beyond the fifth grade, 51 percent were in fact functionally illiterate according to standard tests of reading, writing, and mathematical skills at the fifth-grade level.

Migratory Farm Workers

Migratory workers are among those having serious problems of income, health, and of education. The domestic migrant work force, according to the Department of Agriculture, numbers almost 500,000. In addition, about 450,000 foreign agricultural workers enter the country each year, mostly from Mexico. There are three major migrant streams for domestic migrants. The largest, followed by about 250,000 workers, is the mid-continent movement made up largely of Texas-Mexicans, whose home base is in South Texas. About 100,000 workers follow the Western States migrant stream, which moves from Southern California northward through the Pacific Coast States. The East Coast migrant stream attracts almost 100,000 workers—Southeastern Negroes, Puerto Ricans, and some Texans. This stream moves north from Florida to North Carolina to New York State and then back to Florida.

In 1960 about 317,000 domestic migrants worked on a farm, for wages, for 25 days or more. During the year they worked, on the average, 157 days and had earnings of $1,016. Almost two-thirds of all migrants earned less than $1,000 from farm and nonfarm work combined. About 40 out of every 100 experienced some involuntary unemployment; about 1 out of 10 were out of work for at least half the year.

One reason the problem of the migrant worker families is so serious is the number of children in these families—350,000–450,000. About 225,000 travel with their parents, and about a third of this group work. More than half the migrant children lag behind other children in their school work by

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36 Department of Agriculture, op. cit.
37 Department of Labor, Farm Labor Fact Book, 1959.
38 Department of Agriculture, op. cit.
39 Children's Bureau, Children in Migrant Families, December 1960.
1–4 years. Usually they do not get past the fourth grade. Seven States have established summer schools for the migrant children—generally for periods of 4–6 weeks—and eight States have enacted legislation relating to the education of migrant children.42

Among the migrants aged 20 or over, about 2 out of every 3 have not completed the eighth grade. Almost 3 out of 10 would be classified as functionally illiterate, with less than 5 years of school, and only 14 percent had completed high school. The low educational status of the migratory farm laborers has persisted since 1940, and the low educational level is especially marked for workers aged 45 and over and for the nonwhite migrants.43

**Indians**

Another group with unmet needs that are particularly acute is the American Indian.44 According to the 1960 Census count, 509,000 Indians are living in the United States outside Alaska, and there are about 43,000 Alaska Natives (Aleuts, Eskimos, and Indians). The great majority live on or near reservations. Only one-sixth of all Indians (including those in Alaska) live in urban areas. The others live in widely scattered areas—many of them distant from towns and cities and isolated from the usual community facilities and public services; the Alaska Natives live in native villages that are even more isolated. On the reservations, the Federal Government operates many community facilities directly or has programs and activities that provide these services.

Per capita income among the Indians is very low. Indian families, with almost six members, on the average, are more than 50 percent larger than families in the general population.

The major health problems among the Nation’s Indian population are the high infant mortality rate and the unusually high proportion of illness and death from infectious diseases. In 1959 the infant death rate, although it has been substantially reduced in recent years, was still almost twice that for all races—47 per 1,000 live births—and among Alaska Natives the rate was about three times as high. Means for practicing modern hygiene are limited, as sanitation facilities are inadequate. Because knowledge of healthful diet is minimal and incomes low, malnutrition is common.

Illiteracy among Indians has long been a serious problem. Preliminary Census data for 1960 show relatively little improvement since 1950 in the school attainment of Indians aged 25 and older. Now, however, most Indian children of school age are enrolled in school, but despite considerable progress nearly half of those in Federal schools in 1962 were below age-grade levels. About three-fifths of the Indian youth do not graduate from high school.

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This material is based on data from *Indian Health Highlights* (4th and 5th editions), 1960 and 1961, summaries prepared by the Division of Indian Health, Public Health Service, using 1960 data from the National Vital Statistics Division and from the Bureau of the Census. The material on education is based on data from *Statistics Concerning Indian Education*, FY 1962, and special summaries prepared by the Branch of Education, Bureau of Indian Affairs, Department of Interior.