Health: Income More Important than Race?

Urban Institute report shows that even within racial groups, resources make a difference

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WASHINGTON (NNPA) – Being poor can have a bigger impact on your health than your race, according to a recent report by the Urban Institute.

"Income is a driving force behind the striking health disparities that many minorities experience," stated a recent report by the Urban Institute, a research group originally founded in 1968 to study the programs associated with the War on Poverty.

And even though Blacks have higher rates of disease than Whites, "these differences are dwarfed by the disparities identified between high- and low-income populations within each racial/ethnic group," the report said.

"Poor adults are almost five times as likely to report being in fair or poor health as adults with family incomes at or above 400 percent of the federal poverty level, or FPL, (in 2014, the FPL was $23,850 for a family of four) and they are more than three times as likely to have activity limitations due to chronic illness," stated the report.

In 2010, Whites "had twice the income of Blacks and Hispanics, but six times the wealth," the report said.

"In 2011, almost one-quarter (23.3 percent) of adults with family incomes under $35,000 per year had no usual place of medical care, compared with 6.0 percent of those with incomes of $100,000 or higher," stated the report. "Similarly, 22.6 percent reported not having seen a dentist in more than five years, compared with 4.3 percent of adults with family incomes over $100,000."

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The effects of poverty on low-income families are often inescapable.

"Public transportation is often inadequate to enable residents to commute to employment, to find a better job, or to reach a supermarket, a reliable childcare provider, or health care services," stated the report. Poor families also live in neighborhoods plagued by environmental pollution and live near busy highways and industrial factories.

Poor families often lack access to fresh produce and live in communities supersaturated by fast food restaurants, carry-outs and liquor stores. Safe places for children to play can be scarce.

Families with yearly incomes below $35,000 were "four times more likely to report being nervous and five times more likely to report sadness 'all or most of the time,'" compared to families that made more than $100,000.

Children who live in low-income households are at greater risk for childhood obesity and experience higher rates of asthma than middle- and high-income families.

According to a 2010 American Lung Association report, the prevalence of asthma is 35 percent higher among African Americans compared to Whites. In 2012, the Center for American Progress said that asthma costs the country about $14 billion annually because of lost wages and missed schooldays.

And instead of saving employers money, low-income workers often cost their employers more, the report said, because of higher health care expenses and diminished productivity, as a result of missing more days at work and coming to work sick.

Adults who have suffered adverse childhood experiences (ACEs), which can include oral, physical or sexual abuse or family dysfunction, are twice as likely to have heart disease, cancer, stroke, and diabetes and four times as likely to have chronic lung disease, the report said.

"Policies that reduce adverse childhood experiences (ACEs) or that promote improved educational outcomes can translate into improved economic well-being, better health outcomes, and lower health care costs," the report explained. "Similarly, the effects of unemployment on health may be buffered by unemployment assistance and other resources (e.g., savings, family resources, and social or business contacts)."

The report also recommended making stronger investments in early childhood education and expanding community-based programs and improving service provider networks.

Citing a British study, the Urban Institute researchers noted that adults (60 to 64 years-old) who had grown up in the wealthiest households often "had 7 to 20 percent better cognitive performance" than adults who had grown up in the poorest households.

"People and interest groups working to solve these problems are doing more than improving income and wealth: they are ultimately benefiting population health for all age groups," said the report. "Improving the economic conditions of Americans at many income levels—from those who are poor to those in the middle class—could improve health and help control the rising costs of health care. Jobs, education, and other drivers of economic prosperity matter to public health."

Unemployment

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In a state-by-state analysis of the unemployment rates, Wilson found that the African American unemployment rate was "lowest in Virginia (7.4 percent) and highest in the District of Columbia (15.8 percent) in the first quarter of 2015, surpassing Michigan, which had the highest black unemployment rate in the fourth quarter of 2014."

Wilson also noted that, "although 7.4 percent is the lowest Black unemployment rate in the country, it is still over 1 percentage point above the highest White unemployment rate (Tennessee). Virginia was one of only eight states where the African American unemployment rate was below 10 percent in the first quarter of 2015."

Wilson's research also revealed that the Black unemployment rate, "is at or below its pre-recession level in six states: Connecticut, Michigan, Mississippi, Missouri, Ohio, and Tennessee. But this numerical recovery must be put in proper context because each of these states also had Black unemployment rates that were among the highest in the nation before the recession."

The national unemployment rate was 5.4 percent in April down from 5.5 percent in March and the economy added 223,000 jobs in April for a three-month average of 191,000 jobs per month.

In a recent blog post for EPI, Josh Bivens, the research and policy director at EPI, wrote that returning the labor market to pre-Great Recession levels is too unambitious a goal.

"After all, 2007 could hardly be described as a year with the kind of high-pressure labor market that would boost wages across the board," said Bivens.

Bivens continued: "Instead, we need to target the kind of high-pressure labor market that we haven't seen since the late 1990s. Anything less than this will leave the majority of American workers frozen out of sharing in economic growth through wage gains."