



Equity of Wealth and Health

Our social, political, and economic systems deliver widely disparate outcomes in wealth and health, frequently along racial lines. This is a global and national problem, but Metro Boston has a particular history that has brought us to our current reality. If we are to thrive as a region, we must undo and redress these disparities, which will require structural changes in many aspects of society.

It is a universal desire to live a healthy and meaningful life, but the opportunity to do so is not universally shared. The enduring legacy of racism – historical and contemporary, institutional and interpersonal – embedded in healthcare, economic, and housing policy, has resulted in a society in which zip codes and race play outsized roles in economic and health outcomes.^{1,2} Black, Indigenous, and people of color in the United States are more likely to experience poor mental health, illness, and death than their white peers as a result. The impact is so great that in 2021 the Centers for Disease Control declared racism a serious threat to public health.

In the Greater Boston region, Black and Latinx youth and adults are three to six times more likely to have chronic asthma than their white peers. Black adults in the region are nearly seven times more likely to be hospitalized for high blood pressure than white adults.³ Nationally, Indigenous and Black women are two and three times more likely to die during childbirth than their white counterparts.⁴

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

When we talk about wealth, we mean incomes and financial assets that allow an individual or household to meet basic living expenses, including saving for retirement, and having the resources to meet expenses for 3 to 6 months should an unexpected disruptive event occur.

The disparities in health and economic outcomes between White populations compared to BIPOC populations are deeply rooted in history and result not only from individual programmatic and political decisions, but also from systematic racism and economic exclusion. In recent decades, we have experienced a diverging Greater Boston, with growing populations of higher and lower income households and a loss of middle-income households, at the same time the region has grown more racially diverse.⁵ The COVID-19 pandemic, while affecting all communities, has exposed and accelerated these trends, revealing the much greater vulnerabilities and negative impacts experienced by low-income and BIPOC individuals. From positive test rates to loss of jobs and income, low-income and BIPOC communities have suffered much greater impacts during the pandemic.⁶

1 <https://www.rwjf.org/en/library/interactives/wherelyouliveaffect-showlongyoulive.html>

2 <https://www.cdc.gov/healthequity/racism-disparities/index.html>;

3 http://www.regionalindicators.org/topic_areas/7#growing-up-healthy-and-staying-healthy

4 World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. https://www.unfpa.org/sites/default/files/pub-pdf/Maternal_mortality_report.pdf

5 <https://boston.uli.org/uli-resources/building-for-the-middle-housing-greater-bostons-work-force/>

6 https://www.bostonindicators.org/reports/report-website-pages/covid_indicators-x2/2020/december/persisting-covid-disparities

Vision

- ▶ **In 2050**, residents of Metro Boston can provide for themselves and their families throughout their lives. Workers earn wages that support healthy lifestyles, access to opportunities and stable homes, and allow for education, emergency savings, and retirement. Those in need receive services and supports from both public and private sources. Populations that have historically lacked or been denied wealth are now as likely as others to build wealth and pass it on. Employers provide job stability with “family first” policies. Young children have safe, affordable, and nurturing environments in their early years. Students thrive in high quality schools that prepare them for fulfilling work and life. Adults who want to expand their skills can find convenient and affordable higher education and training programs.
- ▶ **In 2050**, residents breathe clean air, drink clean water, and eat healthy foods. Across race, ethnicity, immigration status, age, income, and ability, people live longer, healthier lives because they live in neighborhoods that are welcoming and safe, and in homes that are stable and affordable. Racist systems have been dismantled, no longer affecting BIPOC communities. Residents travel through the region conveniently and safely, and they enjoy nearby parks and open space. Neighborhood design promotes social connections and healthy choices. Strong schools, high-paying jobs, accessible social services help residents lead engaged and healthy lives. Violence, pollution, poverty, and other threats to well-being are rare and actively deterred. Affordable and high-quality medical and behavioral health care, with an emphasis on prevention, is available to all.

How Did We Get Here?

The roots of inequality run deep in this region. The colonization of New England dispossessed native populations of most of their land, and although slavery ended in this part of the country before it did in the South, the foundation of much of the region’s wealth continued to grow as a result of production and trade relationships with a slavery-based economy. Exclusion and oppression continued over the centuries through governmental policies and programs and through economic systems, including exclusionary land use and employment practices in communities throughout our region. From slavery and Jim Crow to contemporary labor, environmental, housing, and educational systems, the economic and political rules of society have created and exacerbated disparities in wealth accumulation and health along demographic and, especially, racial lines.

The economy of the United States created the largest and best educated middle class in history, however, throughout history it has exploited low-income workers and marginalized BIPOC individuals. For decades in Greater Boston, there has been a carving out of middle-income jobs – across occupations from installation, maintenance and repair to office and administrative support. At the same time, the region has seen rapid growth in the lowest paying occupations like food prep and serving, and the highest paying occupations in healthcare and tech. This dynamic has exacerbated wealth disparities in the region.⁷ Growth in low-paying

⁷ <https://ulidigitalmarketing.blob.core.windows.net/ulidcnc/2016/05/ULI-Boston-Building-for-the-Middle.pdf>

and undervalued service and personal care industry jobs and jobs in the so-called gig economy that do not provide benefits like sick, vacation, and retirement are a growing share of our economy.⁸

The high cost of housing, energy, transportation, food, and sometimes student debt and childcare in Greater Boston consumes a large share of an average household's income, and for lower-income households, nearly all of it.⁹ The cost of covering basic needs can preclude saving for retirement and emergencies.

Although the social safety net in Massachusetts far surpasses that in many parts of the country, including supports for income, food, medical, and housing costs, it has never provided enough support for low-income individuals and households to thrive and live their lives without the stress and stigma of poverty.

Prospects for moving into higher income and wealth brackets are limited, even for the next generation. While the rags to riches story of the American Dream sometimes come true, in reality, it is more myth. Inter-generational wealth transfers tend to maintain the relative position of higher net worth families, who are predominantly White, over time. Appreciation in home values has been a primary wealth building mechanism, yet one that is inaccessible to many in Greater Boston. Most lower and many middle-income families find it impossible to buy a home in much of Greater Boston, and if deed-restricted, these homeownership opportunities build less wealth because of limits on resale prices. BIPOC households face the added exclusionary impacts of racism in real estate, mortgage lending, insurance, and unwelcoming local environments.

Growth patterns over time have contributed to our inequities in wealth and health. Throughout much of the 20th century, redlining, exclusionary zoning, and policies adopted at all levels of government ensured that predominantly Black and other neighborhoods with a high percentage of non-White residents would remain underinvested and cut off from resources, while offering White residents the opportunity to leave core cities and move to the suburbs. Even within core cities, similar practices kept some neighborhoods predominantly White, while Black and Latinx neighborhoods saw disinvestment and a decline of municipal services.

Many factors drove suburbanization, but government policy directed this opportunity mainly to White residents through discriminatory lending, mortgage, and tax policies. The effects of these policies have been long lasting, as shown by current home ownership rates in Metro Boston for Black and Latinx householders at 32% and 25%, respectively, less than half the rate for White householders (68%, State of Equity in Metro Boston, 2017). Even high-income Black mortgage applicants are twice as likely to be denied a mortgage as high-income White borrowers. Today, the segregation of our region and the varying quality of our school systems are further evidence of the long-lasting effects of these policy choices.

8 https://www.hamiltonproject.org/assets/files/modernizing_labor_laws_for_twenty_first_century_work_krueger_harris.pdf

9 <https://livingwage.mit.edu/metros/14460>

10 McGinnis, J. M., Williams-Russo, P., & Knickman, J. R., 2002

Neighborhood design, investments, transportation access, and amenities vary widely throughout our region. This has huge implications on public health outcomes, as 60% of people's health can be traced to neighborhood characteristics.¹⁰ In 2011, MAPC analysis found that racial disparities in low-birth-weight eclipsed differences attributable to education level, most notably for Black

women. Based on 2005-2009 data, a college-educated Black woman was 40% more likely to have a low-birth-weight baby than a White woman without a high school diploma – suggesting the impacts of racism eclipse the opportunities that come with higher education. Racial disparities in youth asthma hospitalizations are becoming more severe over time, with Black youth hospitalized 2.7 times higher than the regional average.¹¹

Access to healthy foods and open space, tree canopy, and parks are not equally distributed, leading to food deserts and elevated risks of extreme heat exposure in some urban neighborhoods. Air quality is also worse in neighborhoods that are home to Environmental Justice populations, due to increased exposures from major transportation and industrial emitters.

Challenges

The challenges to building a more equitable region are many, as injustices are embedded in the systems that govern society. Undoing the practices and policies that have led to disparities in wealth and health will require reforms throughout our institutions, both public and private. The primary challenge to creating more equitable wealth and health is the uneven distribution of political power, which leads to growing income and wealth inequality, further compounding the differences in power and the ability to participate effectively in government.

Income and wealth inequality have been increasing nationally for decades and the picture in Greater Boston is no different. The fifth of Metro Boston households earning the lowest income are making only 3% more than they were in 2006, while the fifth of households making the most income are making 15% more. The average income for the highest-earning fifth of households (\$280,600) is 18 times higher than the average income for the lowest-income fifth of households (\$15,800). That disparity has increased by two points since 2006.¹² This is creating two, distinct realities where those that are well off share little in common with the struggles of those trying to survive. For low-income workers, the drive to put food on the table and make ends meet can be all-consuming, often leaving little room for anything else.

BIPOC and low-income people are often leading the charge to change racist and exclusionary policies and political systems, resulting in some of the most important reforms in history, including the Civil Rights movement and present day movements against racist policing and for climate justice. Yet the influence of money is powerful, and often big money is used in opposition to the goals of grassroots activism. In 2010 the Supreme Court in *Citizens United* found that political contributions are protected as political speech. From 2009 to December 2020, a dozen megadonors contributed \$3.4 billion to federal candidates and political group, accounting for 1 out of every 13 dollars raised.¹³ Barriers to civic engagement also contribute to the uneven distribution of political power. Despite representing all residents in a given district, access to elected officials is much greater for voters, donors, and those who participate in civic life. In Massachusetts, the power of incumbency is strong, with many elections uncontested.

11 State of Equity, 2018. MAPC.

12 State of Equity, 2018. MAPC.

13 Beckel, Michael. Issue One. As reported in the New York Times, April 16, 2021

Distrust in our political systems stems from a variety of experiences and philosophies. People have fundamental disagreements over the size and scope of government. For BIPOC communities, distrust stems from centuries of government policies of marginalization and oppression. Personal negative experiences with schools, police and the criminal justice system, the health care system, or planning processes and development decisions can also contribute to negative views of government. Distrust can also originate through a lack of transparency in decision making and from a lack of information about local processes. The decline of local reporting and rise of social media have only fueled disinformation and views towards government.

Recommendations

As we begin recovery and rebuilding from the COVID-19 pandemic, we face a once-in-a-generation opportunity to invest in ways to directly undo the history and challenges outlined in MetroCommon. The American Rescue Plan Act of 2021 is providing hundreds of billions of recovery dollars. Other federal efforts may bring even more resources to support investments in infrastructure and family supports. There will be many competing priorities for these funds, but these federal funds provide a significant opportunity to invest in BIPOC and low-income communities that have faced long-lasting systematic racism and economic exclusion and who are disproportionately affected by the pandemic. State, regional, and municipal governments should screen prospective investments to center efforts that will create a more equitable distribution of resources and opportunities. The policy recommendations particularly **in Enable Wealth Creation and Intergenerational Wealth Transfer and Reverse the Rising Rate of Chronic Diseases, particularly among Populations Experiencing Health Inequities** will help our region, and the Commonwealth as a whole, to center racial and economic equity as the fundamental focus of recovery and rebuilding.