



Equity of Wealth and Health

The social and political systems we continue to uphold and live within are delivering 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. Zip codes and race play outsized roles in economic and health outcomes, even after controlling for educational attainment. When we talk about wealth, we mean incomes and financial assets that allow for 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. 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.

The disparities in health and economic outcomes between higher income and White populations compared to lower-income and BIPOC populations are nothing new and are the result of 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. The Covid-19 pandemic, while affecting us all, has accelerated and better exposed 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.

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

Since colonization of what is now the United States, our country has been built on the dispossession of native populations and economic and racial exclusion of low-income and BIPOC communities. This exclusion and oppression have continued over the centuries through governmental policies and programs and through our economic systems. From slavery and Jim Crow to contemporary labor, environmental, housing, and educational systems, the rules of society have been intentionally designed to create the disparities that exist in wealth accumulation and health along demographic and, especially, racial lines.

The economy of the United States has never been particularly favorable to low-income workers or BIPOC individuals. More recent trends in Greater Boston have further exacerbated wealth differentials, as high paying jobs in sectors such as finance, higher education, biotech, and health care have fueled growth in high income jobs. Meanwhile, [declines in middle-income jobs](#) such as manufacturing and accompanying union membership along with housing options affordable to middle-income households disappearing across Greater Boston, these households and jobs are being pushed to lower cost parts of our country.

Growth in low-paying 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.

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, for lower-income households nearly all of it.

The social safety net, which includes income, food, medical, and housing supports, 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 help maintain the relative position of higher net worth families, which are predominantly White, over time. Appreciation in home values is a primary wealth building mechanism, yet one that is inaccessible to many in Greater Boston.

The way we have grown over time also contributes to our inequities in wealth and health. In the early part of the 20th century, redlining ensured that predominantly Black and other neighborhoods with a high percentage of non-White residents would remain underinvested and cut off from resources. During the suburbanization of the post-War years, White residents left the core cities moving to suburbs. This retreat from the cities was driven by many factors, but federal government policy directed this opportunity 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 Latino householders at 32% and 25%, respectively, less than one-half the rate for White householders (68%, State of Equity in Metro Boston, 2017). And 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 intentional policy choices.

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. (McGinnis, J. M., Williams-Russo, P., & Knickman, J. R., 2002) In 2011, we 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. And youth asthma hospitalizations are becoming more severe over time, with Black youth hospitalized 2.7 times higher than the regional average and climbing. (State of Equity, 2018)

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 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 outcomes will require reforms throughout our institutions, both public and private. The primary challenge to creating more equitable wealth and health outcomes is the uneven distribution of political power. This leads to growing income and wealth inequality, which further compounds 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 today 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 (State of Equity, 2018). 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 are all-consuming, making it difficult to thrive and lead healthy lives.

This exclusion from opportunities to civically engage also contributes to the uneven distribution of political power. Despite representing all residents in a district, voters, donors, and those who participate in public life have greater access to elected officials. In Massachusetts, the power of incumbency is strong, with many elections uncontested. And money plays an outsized role in politics ever since 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 (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. Some have fundamental disagreements over the size and scope of government. For BIPOC communities, distrust stems from centuries of government policies that have marginalized and oppressed them. Personal negative experiences with schools, police and the criminal justice 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 has only fueled disinformation and views towards government.

As we begin recovery and rebuilding from the COVID-19 pandemic, we face a once-in-a-generation opportunity to invest in ways that directly undo the history and challenges outlined here. 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. Programs and investments made by state, regional, and municipal governments can also be screened and shifted to center equity. Let's use this moment to center racial and economic equity as the fundamental focus of recovery and rebuilding.

Recommendations

Our recommendations address better meeting basic needs such as child- and family-care, and access to healthcare, including preventative and mental health services. They also target financial insecurity and recommend ways for more households to build and transfer wealth to the next generation. Finally, they call for greater investment and alignment in workforce and educational curriculums with growing demand in higher wage occupations. Other action areas also have recommendations that target inequities in wealth and health, particularly in Homes for Everyone and Dynamic and Representative Government.