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Racial Health and Productivity Inequalities in the United States

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Examining Black-White Earnings Disparities with a Focus on Education and Health

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Abstract

Across America, it is frequently seen that there are many differences by race in economic and social outcomes. This variability can be seen in judicial, social, and economic systems. The breakdown of economic systems presenting racial variability can be displayed via workplace statistics. There is a general discrepancy between the workplace statistics represented with Black and White employees. These differences frequently are blamed on the productivity and background education supplied by the employee upon being hired. However, the levels of variation across these two races varies minutely in comparison to the differences in wages supplied. When all factors are kept constant in regard to an employee's level of qualification in the workforce, it can be found that Blacks are hired at a lesser wage rate than those of their white counterparts. This itself supports the level of discrimination present in the workforce, along with the deleterious surroundings that engulf certain racial groups and their ability to work efficiently.

When employees are surrounded by debilitating environments, their inability to work at an equal rate to a health counterpart, results in an employer feeling compelled to provide equivalent wages across the board. This level of medical assistance and opportunities leads to racial inequalities in the workforce. Racial inequality affects more than a disparity of economic opportunities within our society. Blacks, on average, face an increased risk of health complications that result in their inability to work productively in comparison to their white counterparts.

Generally, the study will examine the differences by race in education, health status, and healthcare access given that these factors play important roles in the determination of earnings.. Specifically, identifying chronic illnesses that minorities are more susceptible to, analyzing why they are more vulnerable to them, and exploring how inaccessibility to healthcare affects their economic status, will produce greater clarity and solutions surrounding this matter.

Keywords: inequality, health, productivity, education, and economics

Part 1: Introduction

There are institutionalized inequalities that result in there being economic disparities within society between Blacks and Whites. These institutionalized differences allow for the gap

between the two races to grow, without complete acknowledgement due to nations' roots being embedded with inequality. Upward mobility becomes apparently difficult when there are continuous obstacles to overcome for individualized races and the difficulties that they are subjected to. One area where these disparities can be explored includes economic status. Specifically, the variations between each economic class: low, middle, and upper. Realistically speaking, the variations in these classes should be equal between races, assuming that there is no systemic engrainments that support the profit of individual races and setback for others. However, when viewing the general trend of the poverty rate we can see that there is a negative correlation between time and the poverty rate for Blacks. However, whites remain at little deviation, for the ratio portion in poverty in relation to the total population, between the years of 1959-2019. These ratios show the share of each race represented in poverty versus their representation to the entire population. This ratio remained 0.7 for whites in both 1973 to 2019. Although Blacks ratio has decreased between these years, unlike whites, the value still remains significantly higher in 2019. In 2019, the ratio of poverty in relation to the total population for Blacks was valued at 1.8. This means that in 2019, Blacks were represented 1.8 times greater in poverty than their share to the general population. This is significantly smaller than the initial ratio of 3.2 in 1959, but still larger than that of whites by greater than double (Creamer, 2020).

In 2019, 18.8% of Blacks were living in poverty, while only 7.3% of their white counterparts were experiencing the same level of financial hardship (Creamer, 2020). This statistic shows the differences in socioeconomic difficulties between the two races. When an entire race is living in poverty at greater percentage than double the level at which another race is, the question begins to be raised of what is the leading cause for the differences? Due to the incomes of most Americans being a result of earned wages, we will be focusing on wage

income; in particular, education and health related factors. Below the idea of whether a greater portion of Blacks live within a poverty setting is a result of their differences in education attainment and employment, or whether these differences are a result of institutionalized marginalization that continues to set back Blacks socioeconomically, is explored.

With all things considered equal, we know that increased education increases earnings. Additionally, increased health will increase earnings and vice versa. However, the focus that will be addressed throughout this paper is the correlation between education, health, and wages.

Part 2: Wages

For most Americans, the bulk of income is labor income, or earnings. Economists explain, using an equation known as a "Mincer" equation, that various productivity factors influence earnings, including education and training. In addition, other factors also are known to influence earnings, such as health status or union membership. Finally, researchers explain that much of the differences in earnings across different groups of individuals cannot be explained by factors that can be measured, and some of these unexplained differences can be attributed to discrimination (Patrinos and Psacharopoulos, 2018). This project focuses on education and health status as key determinants of earnings differences between Blacks and whites. Throughout this research we must recognize that even when productivity factors are kept equal, institutionalized inequalities can still prevail.

Within economics, wages are frequently associated with the principle of marginal productivity. Specifically, labor economics says that for a perfectly competitive firm, wages equal the value of the workers marginal product of labor. An example of the theory is when 3 workers are present in a company, they produce 15 boxes of goods. When an additional worker is

added, they produce 18 boxes of goods. The marginal productivity of the additional worker added is 3 boxes of goods. When the value of the marginal product of an individual worker is equal to the worker's wage, profit is maximized amongst a business. This insinuates the general productivity amongst the workplace employees is maximized. These laws are easily recognized within isolated markets, however, when they are applied to a consensus of individual workers productivity, there becomes an issue. Since each worker's personal productivity is difficult to measure, there is no way in which to determine whether one individual is working more efficiently than another without taking data of each product produced by everyone for a set amount of time. Due to the personal productivity of each individual worker being a statistic that is unavailable, we will focus on comparing wages and the two factors that we know influence wages; education and health status.

Statistically, Blacks earn lower wages than their white counterparts. Even when the level of qualifying attributes is kept equal across the two races, Blacks continue to earn less (Miller, 2020). This can be confirmed by the statistic that Black men, on average, specifically earn 87 cents compared to a white man's dollar (Miller, 2020). Even more so, Blacks present in full time jobs are earning approximately 20% less than the typical white full time employee (Porter, 2021). In cross comparison to salaries amongst Blacks and Whites, we can also see a large wage gap. These differences can be seen via media wages for workers with both advanced and bachelor’s degrees. Blacks make $50,108 compared to whites who make $61,176 with equivalent education attainment of bachelor’s degrees. Regarding advanced degrees, Blacks make $81,559 while Whites make $115,240. These advanced degrees include educational obtained requirements to be employed as a highly skilled and compensated worker. Some of these jobs include doctors, pharmacists, lawyers, and dentists (Miller, 2020).

Additionally, to understand the wage differences between Whites and Blacks we can view the regularity of workplace attendance for each employee as a contributing factor in determining wage differences. These statistics can be represented as the absence rate and lost work time rate. We can start by looking at the absence rate. Absences can be defined as "when persons who usually work 35 or more hours per week (full time) worked less than 35 hours during the reference week for one of the following reasons: own illness, injury, or medical problems; childcare problems; other family or personal obligations; civic or military duty; and maternity or paternity leave. Excluded are situations in which work was missed due to vacation or personal days, holiday, labor dispute, and other reasons. For multiple jobholders, absence data refer only to work missed at their main jobs. The absence rate is the ratio of workers with absences to total full-time wage and salary employment." (Miller, 2020). For the year of 2020, the US Bureau of Labor and Statistics stated that Blacks held an absence rate of 3.8 compared to whites at a rate of 2.9. Regarding how lost work time is viewed, based on the Bureau of Labor and Statistics, it is calculated by the hours of absence divided by the number of usually worked hours and multiplied by 100 (Miller, 2020). They provided the lost work time rate of both Black and white workers. Whites' rate was measured at 1.8 while Blacks were measured at 2.6.

The differences within wages by the dollar and salary levels bring up the questions of why the level of discrepancies exist across the two races. When level of education attainment is kept equal along with other contributing factors being set equivalent, we still see a general deviation of wages across the two races. Additionally, it is seen Blacks are not employed within full time/salary paying jobs at the same level in which whites are employed. For blacks who are present in the full-time job placements, they have overall, higher absence and lost work time rate statistics. We know systematically, wages differ between Blacks and Whites. The question

remains, why are there variations in the wages between the two races? The contribution of education and health-related factors show a general correlation to wages. Part 3 below focuses on the differences in education by race and their contributions to differences in wages. Part 4 follows by discussing the complex relationship between health-related factors and their effect on wage obtainment.

Part 3: Differences in Education by Race

Educational attainment is an important determinant of earnings, as noted previously. Specifically, more years of education are associated with higher earnings, other factors kept equal. There are notable differences in educational attainment between Blacks and Whites that may help to explain some portion of the race differences in earnings. Education is a foundational building block to an individual's ability to gain financial independence and adulthood. This can be seen in job requirements that include a high school diploma being issued to the applicant either through a traditional graduation setting or with the obtainment of a GED. As further levels of education are obtained, an individual's ability to pursue different career paths increases. This allows for the windows of opportunities to be significantly larger to those who have higher levels of education in comparison to others. However, there are frequent inequalities amongst both Blacks and Whites in regard to mean salaries, even when the levels of education are kept constant.

With education being a relatively important obtainment throughout an individual's life, it could be believed that everyone, of all races, should receive an introductory level at minimum. This includes a high school diploma in the form of a GED or a traditional graduation. However, it is seen that Blacks are less likely to receive a high school diploma, than white students (Noel, 2018). Specifically, in the year of 2016, 94% of white students enrolled had earned a high school

diploma or an alternative credential, such as the GED compared to 92% of Black students (Brey et al, 2019). 96.3% of white students earned a high school diploma or an alternative credential in comparison to 91.5% of Black students in the school year of 2019 (de Brey et al., 2021). This level of inequality leads to a foundation of discrepancies for Blacks and their earnings' capability relative to that of Whites. Not only does this statistical lack of basic education affect their ability to perform within the same capabilities as Whites economically, but it also systematically puts Blacks at a disadvantage in representation of the workforce. Of the Blacks who obtain their high school diploma or GED equivalence, it is frequently at a school that lies within a higher poverty categorization than Whites (KewalRamani et al, 2007). Even so, those who have a lower level of education, especially at a lower level of socioeconomic backing, are more likely to perform at a lower standard within the workforce than those who are educated from an area that receives greater funding and are represented within a higher socioeconomic background.

Along with the representation of Blacks in the workforce obtaining high school equivalent diplomas, they also statistically complete upper educational degrees at a lower rate than Whites. (Noel, 2018). For example, in the year 2016, 21% of Blacks 25 years or older completed educational degrees, beyond the high school diploma, compared to 35% of Whites 25 years or older (Brey et al, 2019). This leaves Blacks as a disproportionate minority (relative to their presence in the overall population) of the students in these post high school degree categories.

Educational attainment is also linked to employment opportunity. Contrary to how things generally should be represented, it is frequently seen that Blacks are not hired at the same rate as Whites, even with the same level of education. This minute representation of Blacks within higher levels of education and therefore a general financial discrepancy being brought to light,

leaves Blacks at a disadvantage economically. Typically, with greater education comes greater employment opportunities. However, it is apparent that these enhanced employment opportunities are not enjoyed equally. Additionally, we know that greater employment opportunities can lead to greater salaries offered. This increase in income can lead to greater purchasing power of the consumer, which is necessary for proper representation of economic trends.

It is also recognized that when Blacks obtain a level of educational attainment comparable to that of Whites, it is frequently at a lesser level than their white counterparts as it is engulfed in poverty and low levels of support. When a black student is receiving an education in a poverty ridden area in comparison to a white student in a economically thriving neighborhood, it can be inferred that the level of educational attainments will not be on equal grounds. Additionally, when these levels of education are able to be held equal, with poverty not resulting in academic issues, and the level of education attainment being the same amongst employees, Blacks still face a level of inequality when they recieve an overall income level less than that of Whites. Without the level of education or poverty being a contributing factor, Blacks are still unable to find an equal playing field with their white counterparts, leading them to having a general economic disadvantage. When dissecting the data provided comparing the mean salaries between Blacks and Whites, you can see a general difference in the wages. This leads analysts to interpret the reasoning behind these discrepancies in wages. With education level being set equal amongst both Whites and Blacks, it must be determined if the difference is a result of a difference in productivity amongst the two races, the level of education being viewed as lesser than the other, or if there are racial prejudices within the workforce employers.

Overall, these educational and employment disparities between Blacks and Whites are associated with a great deal of inequality and discrepancies that leave Blacks at a competitive disadvantage in the world. These differences in education levels not only leave Blacks at a disadvantage socially, it leaves them behind in the work force and unable to overcome generational setbacks due to their lack of academic representation. Finally, the ability for intergenerational growth to take place is more difficult when the continuous cycle of poverty and educational contributions support regression of the Black community. Indeed, Whites born into lower income families are more likely to rise from that point of income distribution than Blacks. Additionally, Blacks born in higher income distribution are less likely than Whites to remain in the higher income distribution (Badger et al., 2018).

Part 4: Relationship Complexity Between Health and Wages

Another factor that contributes to differences in earnings by race in the United States is health status and health care access. This relationship is particularly complex because the causation is in both directions. Healthier individuals are more likely to earn higher wages, and those workers who earn higher wages are likely to have access to better health care and thus be healthier. In this section, we describe race differences in specific health conditions that may carry implications for wages. Here we also talk about the importance of access to healthy food and their correlation to health outcomes. Then, we discuss differences in access to healthcare and provide some explanations for these differences.

4.A. Disparities in Health Status.

First, looking at disparities in health status, medical predispositions are one category that have been scientifically proven to appear at a higher percentage for some races rather than others. Along with other contributing factors being present, an individual's ability to work at a

productive rate can be directly correlated to their overall health. With the level of productivity directly correlating to an individual's general level of health along with racial discriminations being present for these medical predispositions and deleterious variations to the general health of an individual, we can begin to break down whether the differences in productivity levels amongst Whites and Blacks is a result of these variations.

To begin, it has been shown that Blacks are “1.5 to 2.0 times more likely than Whites to have most of the major chronic illnesses.” (Price et al, 2013). Additionally, in models developed in order to examine the differences in chronic illness presentation in populations, it has been seen that “non-Hispanic Black respondents had initial chronic disease counts that were 28% higher than non-Hispanic White respondents" (Quiñones et al, 2019). These chronic illnesses included, most commonly, Asthma, Diabetes Mellitus, Obesity and Overweight, Hypertension, Mental Illness, and Attention-Deficit/Hyperactivity Disorder. Not only are these variations for chronic illnesses amongst Blacks and Whites include the presentation of single illnesses, there is often coupling and representation of multiple illnesses. It can be seen as a result that not only are single chronic illnesses more prevalent in Blacks than Whites, but there is a direct association to the prevalence of multiple chronic conditions in an individual.

One chronic illness that is more prevalent in Blacks than Whites is the incidence of heart disease that results in death. Amongst Black men between the ages of 25-64, there was a representation of a rate of 194.9 per 100,000 deaths being a result of heart disease. Of White men, there was a rate of 100.7 per 100,000 deaths. In regard to the women studied within this sample, there was a rate of 106.1 per 100,000 deaths in Black women and a rate of 37.9 per 100,000 deaths for white women (Williams et al, 2016). These statistics result in the confirmation that heart disease, a chronic illness, resulting in death is significantly more present

in both Black men and women than White men and women. These chronic illnesses could be viewed as a form of correlation with eating availability present in the poverty ridden areas that are statistically populated by Black Americans.

One reason that researchers have identified that may contribute to more health conditions for both Blacks and Whites is the ability to eat healthy. The presence of fresh grocery stores, such as Trader Joes, within cities motivates individuals to eat healthier and more organic food when compared to cities filled with fast food restaurants, such as McDonald's. When the ease of fast food is at a fingertip's length, it is extremely difficult to turn it down and instead participate in shopping and preparing a healthier and more expensive alternative. Additionally, the accessibility to healthy and affordable food is not nearly as common as the accessibility of quick and cheap unhealthy meal options. Although nearly everyone wants to be healthy and live a healthy lifestyle, it is significantly easier said than done. This is especially seen in the context of cost to product ratio. When comparing the monetary price of a cheeseburger meal from McDonald's to a cheeseburger with fries made from home via the use of food purchased from a market, you must take into consideration the opportunity cost created with this decision. A 2-cheeseburger meal with a medium fry and a medium soft fountain drink is priced at $4.89 (McDonald's Menu Prices, 2021). In comparison, to make a burger at home, you need to purchase ground beef, buns, condiments, toppings of your choice, potatoes for fries, or a frozen premade fry. These ingredients can sum up to cost nearly $15 or greater.

Along with the general difference in consumption costs, preparing home-cooked meals takes time. The consumer must drive to a market, go inside the store, find the necessary ingredients, purchase them, drive back to their place of residence, and continue to cook their meal. This can result in an hour of an individual's time consumed just from attempting to make

the meal of their choice at home with more control of the environment, decreased stress levels associated with meal preparation, and level of fats consumed in this meal. However, when an individual chooses to go to McDonalds, they pay less on average monetarily, but also don't waste their time purchasing and preparing the meal. Instead, their opportunity cost is the level of control and health level that is represented in the food they are consuming. These general concepts represent the difficulty that low income and poverty ridden areas are submitted to.

As previously investigated, Blacks statistically hold a greater percentage of those with chronic illnesses when compared to Whites. These findings have not been determined to have a causation to healthy food availability but may be in direct correlation. When there is higher fast-food consumption, there is also an increase in the risk of developmental diabetes and cardiovascular disease (Mirmiran & Beheshti, 2016). These two diseases have been identified as two of the chronic illnesses that Blacks are diagnosed with at a significantly greater rate than Whites. However, the question remains, why are Blacks eating fast food at greater rates than Whites? Lower income communities are visibly filled with more fast-food restaurants than Trader Joe's or other organic and/or healthy market options. Among these lower income communities, we find a large portion of them to be filled with Blacks who are making less than their white counterparts in the workforce. Lower earnings and less family wealth is one important reason that Blacks are found at higher rates within these neighborhoods.

We can see this in a study that was conducted in New York that included 448 neighborhood block groups. Of these block groups, they found that "African American had fewer opportunities to obtain healthy foods and greater access to fast-food restaurants than did other ethnic block groups." (Hilmers et al, 2012). In correlation, "the prevalence of fast food in low-income urban neighborhoods… combined with the lack of access to fresh, healthy food,

contributes to a disproportionate incidence of food-related death and disease among African Americans…" (Freeman, 2007). This means that although it cannot be deductively reasoned that the presence of fast food in the low-income communities causes a direct correlation to chronic illness rates in Blacks, it can be identified as a general correlation.

Although fast food consumption may be a strong factor in chronic illness prevalence, there are other environmental contributions that can increase the risks of chronic illness development. For example, Fears (2022) describes recent research that shows the lingering effects of federal housing discrimination that ended, for the most part, 50 years ago, that has harmed Blacks disproportionately. According to Fears, "compared with White people, Black and Latino Americans live with more smog and fine particulate matter from cars, trucks, buses, coal plants and other neary industrial sources in areas that were redlined. Those pollutants inflame human airways, reduce lung function, trigger asthma attacks, and can damage the heart and cause strokes." (Fears, 2022).

Another factor that contributes to a greater incidence of health concerns for both Blacks and Whites is access and utilization of primary health care providers. Even for those with the same insurance, Blacks are less likely to seek care from primary care providers. One explanation is the historical mistreatment of Blacks and the lack of trust between Blacks and their health care providers. Blacks are more likely than Whites to have had previous negative experiences with healthcare providers (Rabin, 2021).

As mentioned previously, two other chronic illnesses that are present within Blacks at a greater rate in comparison to Whites is diabetes and CVD (cardiovascular disease). When a study was conducted looking at individuals amongst Whites, Hispanics, and Blacks between the ages of 60-79 it was found to be true that "non-Hispanic Blacks and Hispanics had more than twice

the prevalence of diabetes alone and diabetes with CVD as non-Hispanic Whites. Non-Hispanic Blacks had roughly the same prevalence of diabetes and cancer as the other 2 races at age 60, but prevalence of this multimorbidity more than doubled by age 79. Non-Hispanic Blacks had double the prevalence of the combination of diabetes and lung disease at age 60" (Davis et al., 2017). Additionally, when this study investigated the presence of cancer, lung disease, and lung disease with cardiovascular disease, the range of race/ethnicity percentages reared higher for Blacks than Whites across all ages between 60-79. Figures 1 and 2 that are attached as an appendix at the end of this paper, provide these statistics and show that the general prevalence of chronic illness is found amongst Blacks in comparison to Whites. This, again correlates to an individual's productivity and the ability of Blacks to work and be recognized within the same playing field as Whites.

The oppressions that Blacks go through are not categorically experienced and separate from each other. There are continuous cycles implemented within the United States that continue to set Blacks at a disadvantage economically and medically. When Blacks bring in wages that are less than white counterparts, there is a continuation of them being more greatly represented in low-income neighborhoods than in upper- income areas. When the presence of Blacks is increased in low-income neighborhoods, they are more frequently surrounded by a higher presence of fast food and unhealthy meal options than healthy and affordable choices. As previously stated, Blacks are represented in poverty 1.8 times more than they are represented in the general public (Creamer, 2020). This as a result pushes Blacks into being categorically represented in chronic illness statistics than if they were in areas surrounded by healthier and affordable meal options. When Blacks contract chronic illnesses at a higher rate, it leads to greater work days missed due to illnesses and a general decrease in their productivity on the job

due to their shift in health. This decrease in productivity continues to fuel a decrease in Black individuals wages, resulting in a continuous cycle of decreased wages amongst the community.

This range of chronic illnesses leave an impact on an individual's ability to work at their optimal level. For example, an individual who struggles with Asthma and works in an environment that triggers inflammation within their bronchioles, due to present allergens, will be unable to work through airway hyperreactivity. This will result in the employee having to take medically necessary breaks, increased visits to a physician to assist with these attacks or result in the individual being unable to work at the establishment. Another example of how the presentation of a major chronic illness can affect someone's ability to work at a productive level includes Obesity. Obesity is not a single edged sword in regard to its deteriorating effects. Other medical conditions can rise within individuals who suffer from obesity, including health conditions, difficulty breathing properly, increased representation in type 2 diabetes, and other secondary results. When an employee suffers from obesity, their ability to work at an efficient level is directly related to a decrease in productivity across a period of time. For example, an employee who is overweight can be compared to an employee who is at a healthy weight in what level of production they are able to complete within an hour, all other variables kept constant. If an individual is unable to move as quickly in comparison to another, they will generally produce a decreased amount of product as a result. This decrease in movement can be a result of skeletal muscle deficiencies found in obese individuals. Therefore, leaving the healthy individual producing at more efficient rates within the workforce than the obese individual.

There are also differences by race in health care access. A level of one's health lies within their ability to maintain and seek help when necessary. Generally speaking, those who are able to receive medication, assistance, and advice when they are struggling with any form of illness are

more likely to recover and return to their baseline health when compared to those who are unable to easily access medical assistance. The reasons some may not have ease of healthcare access whereas others do, include the employment benefits, neighborhood conditions, economic status, and available money to spend**.** Additionally, when thinking of healthcare access, additional factors must be included. The wait time at doctors appointments, appointment availability, multiple doctors available at single locations, and additional factors must be considered when comparing the differences in health care across races (Price et al, 2013).

4.B. Race Differences in Health Care Access.

Health Care can be provided in one of three ways to the general population. These routes include via employment benefits, Medicaid, or a variety of other small insurance plans (Price et al, 2013). Within these routes, only 82.5% of Blacks are covered by insurance that are under the age of 65, in comparison to 87.5% of Whites (Williams et al, 2010). Of those who are provided health care in one manner or another, there are still issues that are associated with making use of their insurance. As mentioned above, doctors' hours vary and of the Blacks who are insured, in an attempt to prevent missed work days, they can only attend appointments during late hours of the evening and on the weekends. However, it is common for physicians to have little to no weekend or evening hours available for appointments (Price et al, 2013). This leaves the decision to be made whether to miss work and perhaps decrease their productivity or wages in response, or continue to not seek medical attention due to scheduling difficulties. In addition to scheduling difficulties, it is not uncommon for medical professionals to refuse to accept some forms of health insurance (Price et al, 2013). Some doctors refuse to accept Medicare or Medicaid due to relatively low reimbursement rates. This leaves the individuals looking for medical treatment to find an alternative location that will accept their health insurance and possibly take them in as a

new patient. Medical offices, especially those who are accepting new patients, are not easy to come by. This is truly apparent in low socioeconomic areas. This could leave an individual, especially Blacks, to decide whether to find an alternative way to access health care, including possibly paying out of pocket, or continue to ignore their medical needs and choose to not seek treatment.

Additionally, Blacks continuously encounter great setbacks due to the inequality of wages found within the workplace. Assuming these discrepancies are based on the pure act of productivity variations due to health depreciations amongst Blacks, it can also be assumed that Blacks are in need of greater quality of healthcare. However, the exact opposite is often seen. Blacks often live in lower socioeconomic related environments, which are frequently perceived as less safe and less desirable when locating a medical office or medical assistance (Price et al, 2013). To break down this concept, we can believe that the medical offices found within lower class environments provide subpar medical care when compared to areas of higher socioeconomic background. When Blacks are receiving lower grade health care services when compared to Whites, due to their disproportionate accumulation within higher economic statuses, we can expect to see healthier Whites than Blacks. This is exactly the case that was previously broken down. The question becomes, to what extent are Blacks disadvantaged by their level of healthcare access.

When comparing the percentages of individuals who have had medical issues that have been untreated, due to various reasons, there is a great discrepancy between Whites and Blacks. 12.8% of Whites within the year of 2005 had unmet medical issues in comparison to 20.9% of Blacks (Williams et al, 2010). This level of variation, although a bit outdated, shows that a greater portion of the Black population struggled to have their medical needs met and managed

which hindered their overall health. These inconsistencies between the two races allow for a correlation between illnesses more prevalent within Blacks than Whites. When illnesses are untreated, the level at which they will be observed continue to increase. This is a result of individuals not receiving the medical care that they need in order to restore their health. When their health needs are not met and managed, illnesses can continue to grow into greater issues and result in a continuous decline of health. With continuous decline of health we can see a decline in earnings as a result. This represents the bidirectional causation between the health of individuals and their earnings.

4.C Linking Wages and Health.

These variations in comparison to the two races raise questions as to why this is occurring? With absence rates and lost work time affecting an individual's production rate, we can see the cross comparison correlating to a decline in wages. However, what could be causing the absence and lost work time rates to vary? Could this be a result of the health issues higher amongst Blacks than Whites, resulting in their inability to attend work at higher rates, and overall harming their production/productivity levels? Would a general increase in health care accessibility for Blacks assist them in matching their white counterparts' economic contributions? To what extent does economic status and living conditions affect individuals' ability to attend work and perform to the best of their ability? These questions have the ability to not only explain but provide a resolution to the gap in wages across Whites and Blacks. Specifically, it is important to recognize ways that healthcare can propagate rather than set back Black individuals further. A study was completed by a group of individuals interested in determining what exactly causes racial health care disparities. The results showed that there is a need for policy interventions that can target and redistribute social inequalities that affect health

care, housing, education, and income accessibility (Gollust et al, 2018). Ways that additional policies can take a toll on Blacks and promote potential solutions to discrepancies in economic status and health variations will be discussed below.

Part 5: Potential Solutions

Throughout this study, we described the role that education and health play in earnings, and the way that differences by race can help explain some of the differences in earnings by race. What might be some possible solutions to this wage gap problem? We focus on factors related to education and health-related factors.

Patrinos and Psarcharpolous suggest that policies that help improve education might help reduce inequalities and have other social benefits (Patrinos and Psacharopoulos, 2018). Although this is not the only way for Blacks to reap benefits from social policies, this is a form of resolution that can provide benefits to Blacks and clarity behind the concept of why Blacks are more susceptible to systemic injustices when compared to their white counterparts?

Even if there were no workplace racism, discrimination, or prejudices taking place to allow that can influence variations in wages across races, Blacks would continue to earn hourly/salary rates lower than Whites in the workforce. Solutions to this matter must first begin to look at the issues regarding healthcare accessibility across the Black race. As discussed, Blacks are less likely to have affordable, accessible, and reliable health care access. When individuals are unable to be provided with efficient and accessible medical care, their general health declines as a result. This is due to issues going unseen and untreated due to medical care being viewed as a burden to the routine rather than a necessity for their health maintenance. When an individual has medical issues that are left untreated and cared for their level of health

depreciates and they are more likely to become ill at a higher rate than if they are being treated for their medical disturbances. As a direct result of being sick more often, Blacks miss more work days and as a result are considered less productive than their white counterparts. This idea answers the question of why Blacks are less productive than Whites in the workplace. We can see that Blacks have a lower level of healthcare access and as a result are not as healthy as Whites. This means that they miss work more often and are less able to produce to the same level that another healthy individual is able to.

With the basic understanding of economics being that as productivity and production increases, the profit and revenue associated with that good or service will also increase. When there is a decrease in productivity and production, profit and revenue will decrease alongside it and in this scenario, result in a decrease of wages. This means that due to an increase in health disparities in Blacks and an increase in missed work days associated with it, the result correlated to less productivity and production in Blacks and a decrease in wages in the workplace. Again, economically speaking, a decrease in wages results in lower level socioeconomic status amongst those receiving these wages. With those individuals statistically being Blacks, a level of generational immobility is observed. Additionally, the housing and medical care accessibility is hindered as a result of the lower socioeconomic status associated with the decreased wages. Again, as discussed above, there is a correlation between lower socioeconomic neighborhoods and decreased medical accessibility and efficiency. This concept brings us back to the beginning of the issues associated with Black individuals productiviness in the economy; lower health care access. Now that the concept and the correlations between healthcare access, increased health disparities amongst Blacks, decreased productivity and decreased wages, have been exposed, the question becomes- What can the United States do in order to increase the economic status of

Blacks and bring them to a level of economic equality when compared to their white counterparts?

When there is an increase in healthcare accessibility to Blacks, they can begin their journey in becoming healthier individuals and as a result, decrease missed work days and increase their level of production when present on the job. This can assist in the increase in profit and revenue associated with these goods and services and will result in increased wages amongst Blacks. This then will increase their socioeconomic status and bring them within an acceptable and more equal comparison to other races. The continuous generational immobility will be lessened as a result of the new level of healthcare access and can assist in moving Blacks towards a level of equal comparison socioeconomically. Finally, this increase in healthcare access not only assists Blacks, but also marginalized races who are unable to produce at their maximal level of efficiency and productivity due to the new increase in their health. As a whole, by increasing healthcare access within society, especially amongst those with low socioeconomic status, the economic benefits have an ability to exceed costs. This can result in good return on the investment of all individuals and move the United States towards a greater level of economic prosperity.

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Figures

Figure 1.

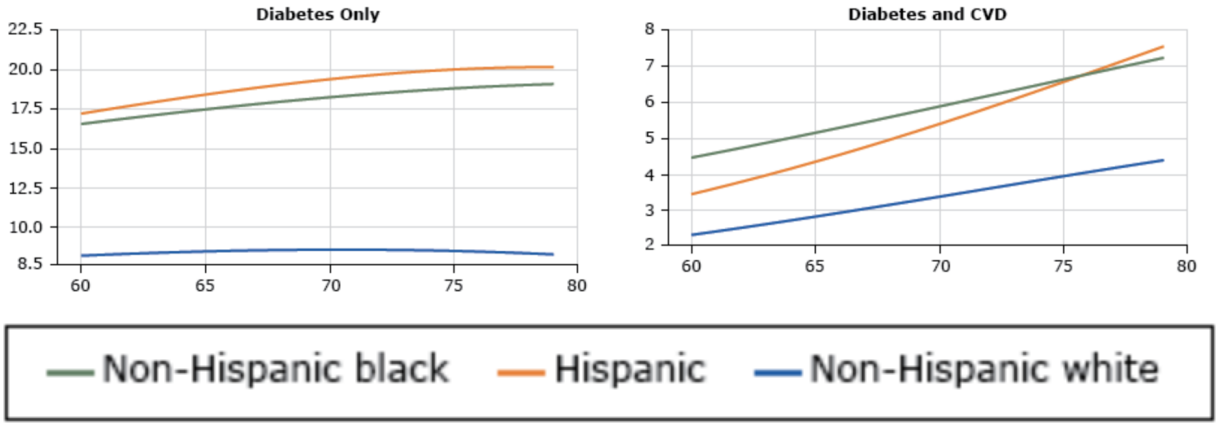

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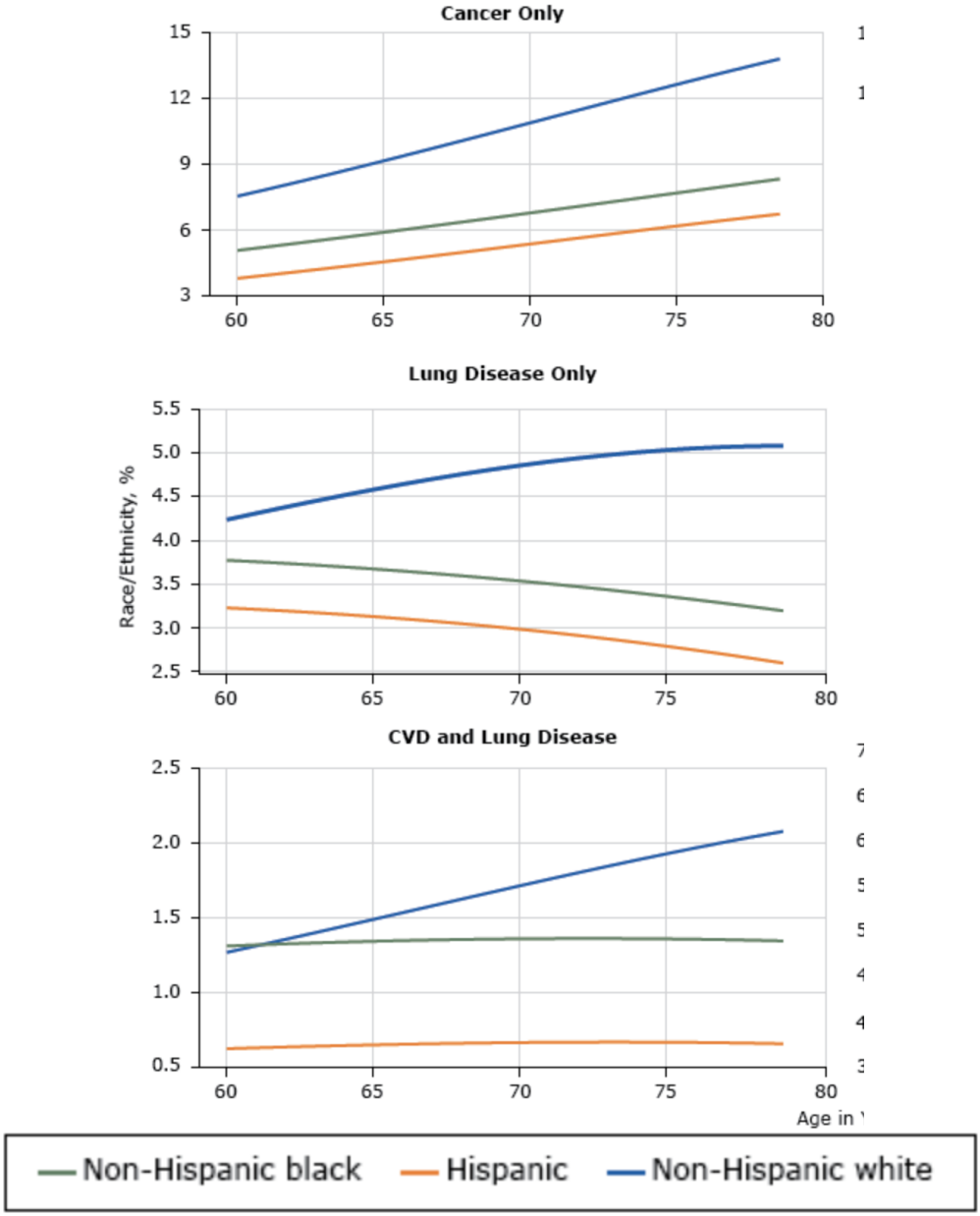
Figure 2.



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