Addressing Education and Wages to Close the Gap in Health Disparities

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INTRODUCTION

The COVID-19 pandemic has been instrumental in shining a light on disparities in health and outcomes that have existed for decades in the United States.[1] Certain marginalized groups, including Hispanic, Black, and Native Americans, face lack of access to treatments and face challenges in accessing high quality care.[2] Mortality rates within these groups are higher in comparison to those of white Americans and to the general population.[3] This paper argues that addressing education and wages, two of the social determinants of health, and pre-existing health conditions, would contribute to lowering the number of severe COVID-19 cases[4] and improve health in the US, making fewer people vulnerable to the effects of diseases like COVID-19.

ANALYSIS

A. COVID-19 Comorbidities

According to many scientific studies, patients with COVID-19 with cardiovascular disease, hypertension, diabetes, congestive heart failure, chronic kidney disease and cancer have a greater risk of mortality compared to COVID-19 patients without these comorbidities. Tailored infection prevention and treatment strategies targeting this high-risk population might improve survival.[5] One way to alleviate the burden of COVID-19 on minorities would be to increase access to immediate treatments for their pre-existing conditions. Another study reported that rates of hypertension, diabetes, and respiratory conditions are most prevalent among Black Americans, even after controlling for factors like smoking, age, gender, and body composition.[6] This could be due to structural racism and due to socioeconomic factors, that affect living and working conditions. For example, the burden of exposure to environmental pollutants is disproportionately borne by the Black population.[7] Research has shown that there are social determinants, which influence an individual's health outcome.[8] When states do not advance health through public policy in education, the workplace, living situations, and healthcare, some people will be less likely to achieve good health.[9] Issues within these social determinants have led to these pre-existing conditions within Black Americans as well other racial minorities.[10] The pandemic has revealed the

disparity in health care due to the increased COVID-19 cases and deaths within minority populations.[11] Solving the disparities would foster better long-term health, lessen the death toll in the case of a future pandemic with similar (and possibly also with other) comorbidities.

B. Strucutral Inequities

Systemic racism and structural problems that affect poor and marginalized communities in the US have made it harder for some Americans to receive high quality education, find jobs that pay well, live in middle to high income areas, access the financial system, and find reliable healthcare coverage. As demonstrated by Marmot and Wilkinson in the *Social Determinants of Health: The Solid Facts*, their health is affected by their lack of access.[12] This paper analyzes the impact of quality of education and wages and job opportunity on health.

a. Education

Education in the US is partly funded at the local level. As local income determines the tax base, communities with lower socioeconomic status tend to have more crowded or poorly funded public schools. States vary in their policies to remedy the amount of money per pupil. A student in a particular area with higher funding as a result of higher local property tax, will have access to more fiscal resources in public schools, in comparison to their counterpart student in an area with lower funding.[13] Racial discrimination in education exists in the US, and some Black Americans are still unable to access schooling on par with their white peers. In addition, over the past decade, funding has been eliminated for policies including the Early Learning Opportunity Act (2006) which would have helped inner city students.[14] High school graduation rates in the US also vary by race and ethnicity with Black, Hispanic, and Native American people lagging behind.[15] Almost 12 percent of Black Americans, 15 percent of Native Americans, and 29.5 percent of Hispanic Americans do not finish high school compared to only six percent of white Americans.[16] Poor high school graduation rates restrict socioeconomic mobility.

A quality education is one of the social determinants of health. It is crucial to address the quality of education being provided to all Americans as it will ensure the diversification of individuals in a variety of professional jobs and decrease the representation of minorities suffering from weaker health (i.e., pre-existing conditions) due to working in stressful environments with lower wages and long hours. For low-income individuals, the stresses encountered by children during early phases of life sometimes make acquiring an education more challenging. Growing up in a lower income household, in an impoverished neighborhood, in an area without adequate learning resources, or living in a crowded home may add to stress. Therefore, improving the quality of early education would improve outcomes for low-income families' children.

This may be achieved by increasing funding for federal education programs and specifically assisting low-income neighborhoods in facilitating pre-school education by introducing special education grants. The state government of Georgia enacted a program known as "Bright from the Start" in the public school system, which provided integrated early childcare, nutrition services, and parent education by coordinating funding between the state and public school system.[17] Programs like these lead to stronger cognitive and social development in children, which contribute to their academic success. Federal grants provided to lower income neighborhoods would provide them with more educational resources. A higher

socioeconomic status as a result of a better-quality education would decrease the risk of hypertension, diabetes, and cardiovascular disease, known comorbidities affecting COVID-19 outcome. Better socioeconomic status also predicts better overall health.[18]

b. Job Opportunities

When professional careers remain out of grasp due to education level, minorities continue to work in overcrowded cities in jobs which place them at a high risk of exposure to COVID-19.[19] In order to support themselves, those without significant savings or the ability to work from home must continue to go out to work. Black Americans comprise only 1.4 percent of the top one percent of income earners, yet they make up 13.6 percent of the population of the US.[20] Black and Hispanic individuals are more likely to work in service or low-wage jobs, where workers are closer together and often use public transportation to commute.[21]

Although there have been efforts by the government to increase the breadth of job opportunities for racial minorities, Black Americans and immigrants are paid less as many works in minimum wage jobs.[22] Minimum wages vary by state and sometimes by municipality, and the cost of living also varies greatly throughout the US. To counter the issue of occupational stratification in the American job market, the unfair distribution of high paying jobs created by institutional racism should be remedied.[23] Due to the pandemic, unemployment rates have risen across the board. However, Black Americans have been disproportionately affected. Unemployment was already high among Black-American men, and they now have a 50 percent higher unemployment rate than white Americans.[24] According to data from the Economic Policy Institute, 1 in 9 Americans in a professional career are Black Americans, whereas 1 in 6 front line essential workers are Black Americans as a result of the relationship between employment and health outcomes, those in low-wage jobs are likelier to have conditions such as high blood pressure. Many of the health conditions correlated with employment and less socioeconomic status cause susceptibility to COVID-19.[25]

State governments could act to pass higher minimum wages or to supplement wages during the pandemic so that workers who are especially susceptible or have pre-existing conditions can afford to stay home. Other, healthier workers could do those jobs if the government could provide a workable safety net allowing companies to hire while some employees stay home. In the long run, decreasing wage gaps would ensure beneficence to minorities who disproportionately work in low-wage jobs. While the types of jobs that pay low wages will continue, the wages themselves can increase, especially with better minimum wage legislation. Wages and job type remain a crucial social determinant of health, and it is important to address the wage gap in order to reduce the disparity of pre-existing conditions and severity of COVID-19 infections in Americans.

CONCLUSION

The COVID-19 pandemic highlighted the disparities in education, income, and type of job. The critical issue of the marginalization and mistreatment of Black, Hispanic, and Native Americans is now evidenced by COVID-19 deaths. Improving overall population health and eradicating health disparities requires ensuring greater access to the things associate with socioeconomic wellbeing like education and jobs. Policies that address the social determinants of health, specifically in the field of education and wages,

would improve health outcomes. They By fostering an inclusive approach, the US government could make preventive care and treatment accessible to all regardless of race, ethnicity, and income, contributing to decreased chances of contracting pre-existing comorbidities amongst minorities. While immediate attention to pre-existing conditions could stave off deaths among the most vulnerable, long-term solutions addressing the social determinants of health could promote well-being and improve immune systems and outcomes for those groups now experiencing more cases of high blood pressure, heart disease, and obesity.

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