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Health Issues During the '80s

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10 comprising only one-third of the increase in the working-age population.

There is no persuasive evidence that a new sub-minimum youth differential should be enacted, when: (a) the majority of teenagers are already being paid below the minimum wage; (b) a legal sub-minimum differential already exists; (c) the majority of businesses are not even taking advantage of the existing youth differential; and (d) Black youth would be the least beneficiary from a broader differential. These facts strongly suggest that many of the proponents of a youth sub-minimum wage may be less interested in hiring more teenagers (whether Black or white) and may be more interested in eliminating, or severely undermining, the minimum wage for adults.

Sharp increases of Blacks in higher-level occupations are even more remarkable because they occurred in the midst of two devastating recessions. Clearly, affirmative action mandates must be given much of the credit for these impressive employment gains by Blacks in a very unfavorable economic climate. In fact, even these data sharply understate the actual impact of affirmative action, since they only focus on shifts of Blacks *between* broad occupational categories and not on movement *within* occupations. Thus, for example, these data do not reveal at all the number of Blacks who were promoted within professional, managerial or sales occupations.

The income gap between Blacks and whites widened in every region during the 1970s. The sharpest declines in the Black-to-white income ratio occurred in the Northeast (from 71 percent to 58 percent) and in the West (from 77 percent to 62 percent) between 1970 and 1979, while the ratio fell from 73 percent to 63 percent in the North Central region and from 57 percent to 56 percent in the South.

The primary reason for the widening income gap between Black and white families has been the steady decline in

multiple-earners in Black families, while multiple-earners in white families have increased. Between 1970 and 1979, the proportion of Black families with two or more earners fell from 54 percent to 47 percent, while the proportion of white families with two or more earners rose from 53 percent to 57 percent. Of course, this was due to the sharper increase of working wives in white than Black families.

The number of non-poor Black families increased just as fast as the number of poor families, while the number of non-poor Black individuals rose somewhat faster than the number of poor Black persons during the 1970s. As a result, the proportion of all Black families that were poor remained unchanged at 28 percent between 1969 and 1979, while the proportion of all Black individuals who were poor decreased slightly from 32 percent to 31 percent. Thus, the number of "under-class" Black families and persons has *increased* over the past decade, while their proportion has remained the *same*. Consequently, these findings do not support the popular notion of a widening economic cleavage in the Black community.

A major reason why Black businesses have been lagging behind the total U. S. businesses over the past decade is because they have been disproportionately impacted by periodic recessions and soaring interest rates. The rising interest rates from commercial loans have particularly affected Black businesses, since like all small businesses they have greater difficulty paying off loans at much higher interest rates than when they originally took out the loan.

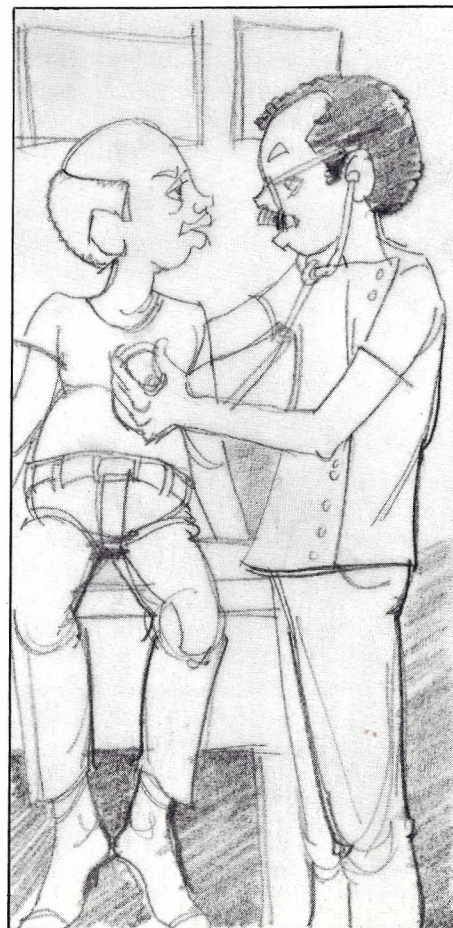
Any economic development strategy for inner-city areas should definitely build on and utilize the expertise that such (minority) groups have demonstrated. Many of them have proven to be very effective in working with the private sector and in developing viable business enterprises. What most of them need are additional resources. In short,

no strategy for enhancing the economic well-being of inner-city areas will be effective unless it builds on the already-existing economic and job development strengths among minorities in those areas. □

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Health Issues During the '80s

By Haynes Rice
and LaRah D. Payne



Like every other area in our lives, health care will be affected by racial differences and racism and, secondly, the health care system itself will respond differently to the minority community (collectively and individually) than to the white community.

The Carter Administration fell prey to several phenomena which led to a different type of response than the minority community had expected. Because of the combined impact of sustained double digit inflation, high unemployment and a drain on national energy resources, Carter chose a policy of conservatism, which in the health sector translated into the rationing of health care resources.

Health resources for minority community residents have not been available in the types and amounts needed to impact their health care substantially. Blacks and minorities will need many more resources and services if they are to achieve parity with the health status levels of white Americans. However, Black parity can only come through a greater targeting of resources towards meeting the health needs of Black Americans.

A recent examination of access to health care professions shows that gains made in recruitment drives in the 1960s and early 1970s have either leveled off or have been eroded. Therefore, we don't have enough of the manpower resources with the needed sensitivity and willingness to serve in the minority communities.

There is ample information to document the existence of racism in the health care system. However, because of the central economic nature of the doctor/patient relationship, the health system is subject to economic bias as well. That is to say that those with more financial resources can buy more management of their illness.

Generally (in the 80s), we can predict a philosophical shift to the public policy position that health care is the respon-

sibility of the individual and not an automatic right. This public policy shift will parallel its counterpart in the private sector. What this will mean is that as future reductions in health services and expenditures are made, it will be the individual's responsibility to find alternatives within the system to manage his or her illness.

To impose on the consumer with few or no alternative, the responsibility for managing his illness is an unrealistic and immoral proposition. It's clear that the policymakers must either provide additional alternatives or change their assumptions if the poor and minority communities are not to be disenfranchised by future health policy initiatives.

The particular problem of children's health relates strongly to poverty. While American children today are healthier than at any time in the history of the country, those health problems that remain are related to the effects of poverty: bad health habits, poor nutrition and lack of available or accessible health services.

There is a need for the Black community and particularly Black health professionals to acquire the knowledge and perspectives to be able to see what lifestyle changes can occur in the individual for improved health and what initiatives must come from outside the individual and the Black community for improvements in health status.

Because of the financing of health services in America and increasing proportions paid by the federal government, the Black community can expect a flurry of federal attention and activity directed at health programs during the 1980s. Some of this attention may well result in decreasing the expenditures for several federal programs.

To respond to this possible scenario, the Black community will have to develop new strategies, or alter old ones to ensure that the status of health services delivered to it are not weakened, but strengthened. □

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The Quest for Better Housing

By Phillip Clay

While progress has been made in decreasing the number of Blacks who live in slum conditions, the proportion who face housing and neighborhood problems is still greater than it is for whites. Race continues to make a separate, strong and independent contribution to the uneven distribution of shelter status among Americans.

Recent trends in the economy show a major new twist to the problem. The cost of available housing joins the longstanding problems of discrimination and quality as major barriers to the achievement of housing goals. Even as the housing stock improves and prejudice (if not discrimination) lessens, rising costs along with other problems increasingly prevent Blacks from equal access to decent housing in neighborhoods of their choice.

Efforts to achieve fair housing by opening up the suburbs were met with increasingly more subtle discrimination if not outright resistance. More and more the result was two communities—one Black, central city and poor; and the other white, suburban, and able to benefit from expanding housing opportunities.

Blacks were not only denied access to improved housing opportunities, but were denied control over their own neighborhoods as public action (i.e., urban renewal and highway programs) and private redlining reduced the ability by lending institutions and/or the willingness of citizens to improve their housing and promoted an instability that often proved injurious to serious efforts by