

The Black body in White space: Does racialized fear inhibit health-promoting use of public space?

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Background

As part of a homework assignment for the Community Research Fellows Training program (Goodman PI), Fellows are assigned to conduct audits of two parks in two different St. Louis communities. While completing this homework assignment a 65-year old black women reported being followed by the police:

The park audit was good, although the police did follow us around... I saw a County Police come by all the sudden, maybe because I was running into the restroom, checking it out and running to the next one...So we kind of laughed about that and he kind of...police just kind of followed us around. I don't know, I guess we could have been perverts, right? Isn't that interesting?

For many African Americans, police surveillance is an unfortunately common experience in day-to-day life. In this instance, the interaction did not move beyond visual observation, but we know all too well that fatal encounters occur frequently. The issues surrounding the death of Michael Brown on August 9, 2014 in Ferguson, MO sparked polarizing public debates about race, criminal activity, policing strategies and justice¹. That month, writing in *The Atlantic*, Ta-Nehisi Coates argued that the state's dominion over Black bodies was total, allowing police officers to terminate Black lives regardless of context: "It does not matter if the destruction of your body was an overreaction. It does not matter if the destruction of your body resulted from a misunderstanding."²

Public discourse interrogated whether Black people are freely able to use urban space without being surveilled, punished, or killed by state agents. And, because other Black lives were lost at the hands of citizens (Renisha McBride, Trayvon Martin), this question extends to the broader White populace as well. As sociologist Eliah Anderson contends, "while navigating the white space, [Black people] risk a special penalty—their putative transgression is to conduct themselves in ordinary ways in public while being black at the same time." (Anderson, 2015, p. 12)³ Feagin⁴ argues that Whites still have limited social cues to tell differences among Black men's professional status (e.g., criminal, janitor, teacher, physician) and assuming the worst, "have fearful reactions to a Black man encountered on streets, in public transport, and in elevators" (p. 108). White space is, of course, the result of a longstanding history of residential segregation, systematic disinvestment in communities of color and persistent white flight from cities. Though brought into stark relief in St. Louis and Ferguson^{5,6} segregation is central to the composition of most U.S. cities^{7,8}. Residential segregation has been the lynchpin that maintains structural inequality in the United States⁹ as segregation is often more than just the physical isolation of people; it is isolation from opportunity and opportunity structures. These opportunities include neighborhood amenities that have been shown to affect health outcomes¹⁰⁻¹³. In the proposed project we will conduct preliminary studies to support an application for external funding in which we will examine whether city green space is racialized as White space³, thereby creating exclusionary symbolic boundaries that limits Black access to free, health-promoting resources. Specifically, we intend to conduct a field experiment to ask whether Black park users are more likely than White counterparts to invite sanctions from White onlookers and state agents. The proposal will be revised and resubmitted to NIH PAR-13-074 (if

reissued or PA-12-303) and to the Robert Wood Johnson Foundation's Evidence for Action mechanism.

Methods and Approach

We plan four primary project activities: 1) A literature review, in which we examine the ways in which the notion of "White space" has been elaborated in social science literature, and empirical evidence on the kinds of encounters African American residents experience within it; 2) Qualitative interviews with city residents; 3) Development and testing of quantitative survey items; and 4) Systematic observation of park spaces in St. Louis. The latter three activities are described in more detail below.

Twenty semi-structured, audio-recorded qualitative interviews with Black residents of St. Louis will query their experiences in public parks, surveillance and scrutiny by police and citizens in public places, and how they negotiate and respond to spaces perceived to be White. Trained graduate student research assistants with relevant experience will conduct interviews using an interview protocol that includes a description of the flow of procedures, a list of probes and questions, and interview behavioral coding categories and definitions. After interviews are professionally transcribed, RAs will assist with coding and analysis under the direction of the investigators.

The theoretical frameworks³ and predominate themes from the qualitative analyses will inform the development of the quantitative survey items, which will assess African Americans' perceived characteristics of White space and behavioral comportment and psychological responses (e.g., changes in or limits on types and timing of activities, increased anxiety, distress). Next, after the survey items are developed, we will use cognitive response interviews (n=15), to explore participants' reactions and thought processes when exposed to items measuring White space¹⁴⁻¹⁶. These one-on-one interviews will address participants' comprehension or interpretation of the questions, retrieval of relevant information from memory, the formation of judgments about how to respond, and the process of deciding how much information to reveal. We will recruit participants and conduct retrospective think-aloud and probe interviews. This methodology is frequently used to pre-test survey questions and has been noted to contribute to improved reliability and validity of self-report measures by identifying and reducing sources of response error that may go unnoticed in field tests of survey instruments^{15,17-21}. The strength of this strategy is the ability to collect a full set of survey responses before in-depth questioning. Interviews will again be conducted by two trained graduate research assistants. Interview recordings will be transcribed verbatim, de-identified, and will be analyzed for recurring problems with the wording or interpretation of the questions or the response patterns. Two trained raters will review the transcripts and will code the text for each question to identify themes.

Finally, the research design for the field experiment requires data on park usage. We will employ systematic observation to study the numbers and types of users on different days of the week and at different times of the day. We will also study different areas of the park and the age, gender and racial demographics of users. Trained RAs will collect and enter data on location with the use of an electronic standardized tool. Analysis of this data will allow us to determine the most effective locations at which to field the experiment, thereby providing the preliminary data that will be critical for a successful external grant application.

Project Partnership

Dr. Goodman is an Assistant Professor in the Division of Public Health Sciences, Department of Surgery at Washington University School of Medicine. She has expertise in biostatistics, health disparities, and community engaged research. In her previous work she has used cognitive testing interviews to develop survey measures that assess research literacy and the level of community engagement in research. Dr. Goodman has conducted community engaged research in St. Louis for 4 years and has recruited hundreds of African American research participants through the application of a wide range of recruitment strategies using her extensive network of community partners/organizations. She has demonstrated research leadership acumen from her previous experience as Principal Investigator on over 10 small (pilot projects, NIH R03) and large (NIH R01) research studies which has resulted on over 50 peer-reviewed journal articles. She will manage all aspects of the project. Dr. Kwate is a clinical psychologist by training, and studies social determinants of African American health. She is Associate Professor in the Department of Human Ecology and the Department of Africana Studies at Rutgers, the State University of New Jersey. In 2009 she received the NIH Director's New Innovator Award, which funded an innovative field experiment designed to redress the health effects of racism²². She also has experience conducting systematic social observation. In New York City, she and her team of RAs used bicycle handlebar-mounted high definition video cameras to complete systematic observation of 1,120 streets. And, using hand-held GPS mobile computers, the team coded a random sample of 464 face blocks from mixed use, residential and commercial streets to study the geographic location, prevalence, and appearance of varied manifestations of institutional racism, physical disorder and area resources. Drs. Goodman and Kwate have a long standing highly productive research collaboration centered on racial inequality and African American health²³⁻²⁵. The research team will include both undergraduate and graduate students. We have been in discussions with the St. Louis County Department of Public Health about possible collaboration, if funded, we will explore the potential of this collaboration.

Budget, Timeline, and Project Deliverables

The proposed work will lay the foundation for applications for external funding to examine the health implications of white space. The primary outcomes of the project will be preliminary data and a revised grant proposal. This work will be completed over one year with the park assessment being conducted during the summer months (June-August). The literature review will be conducted during the months 1-3 of the project period; hiring and training research assistants, developing the interview guide and protocol and obtaining IRB approval will also done during the first quarter of the 12 month project period. During the second quarter (months 4-6) of the project period we will recruit and conduct qualitative interviews and the interview transcripts will be coded and analyzed. During the third quarter (7-9) the survey tool will be developed and cognitive interview testing of the survey tool will be conducted. In the fourth quarter (months 10-12) cognitive interview transcripts will be coded and we will develop a revised draft of our grant proposal for the NIH, and a new proposal to the RWJF. The budget includes funding for 1 undergraduate research assistant (\$3000), 1 post baccalaureate research assistant (\$3000), and 1 graduate research assistant (\$6500). In addition, we budget for travel (\$2500) for Dr. Kwate to St. Louis to work with the project team. The budget also includes cost for recorders (\$100), iPads (or other tablet device) for data collection in parks (\$900), transcription (\$4000) and incentives (\$1500) for the qualitative interview participants.

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