

An Examination of Race and Costs of Upward Social Mobility in St. Louis

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Background

Despite the improved socioeconomic status of black Americans, why are members of the black middle class still bearing a disproportionate amount of morbidity and mortality today? Black-whites in the United States have been well documented and extensively discussed in public health literature (Krieger, 1996; 1999; 2002; 2003, LaVeist, 2002). Black Americans are at higher risk for a myriad of chronic, debilitating conditions. Health indices such as overall mortality rates and infant mortality rates suggest systematic inequalities in health in the United States between blacks and whites (Braveman and Barclay, 2009; Geronimus, 2006). Material resources are, undoubtedly, important factors in the development of and exposure to risk factors for deleterious health behaviors, chronic health conditions and diseases (Phelan, Link, and Tehranifar 2010). In studies that adjust, statistically, for socioeconomic resources, black–white health disparities do not disappear (Pollack et al. 2007; Williams 1999). Even blacks of middle class status share a disproportionate burden of mortality and morbidity compared to whites. For instance, college-educated, black women still have infant mortality rates that are twice that of their college educated, white counterparts (Mullings & Wali, 2001). Wealth disparities between African Americans and whites are large, pervasive, and widely documented (Oliver and Shapiro 1995; Shapiro 2004), thus the economic foundation of middle class blacks is substantially different than whites. In addition, due to the pronounced lack of wealth within the black community, most African Americans who achieve upward social mobility do so through extensive investments in human capital (Kochhar, Fry, and Taylor 2011; Oliver and Shapiro 1995). Social mobility has been described as “movement which places an adult person into a social world that significantly differs from the one into which she or he was socialized during childhood” (Sellers 2001, 117). Sellers (2001, 122) notes that “mobility takes place over time (as well as space) and involves trajectories such as downward [movement] relative to one’s parents.” African Americans may pay mental health costs of upward social mobility (Cole and Omari 2003), and stressors such as racial discrimination may diminish their returns on human capital investments, truncating their financial capabilities (Hudson, Bullard, et al. 2012).

Reducing racial health disparities is a major public health initiative in the United States; however, there is a pronounced gap that is being overlooked in health disparities research, which is that black-white health disparities persist in the face of socioeconomic advantages. While the presence and persistence of black-white health disparities is well documented, qualitative examinations of these phenomena are limited at best. Furthermore, there is a paucity of research aimed at examining blacks of middle class status and how black Americans experience and live middle class lifestyles. A qualitative examination of health disparities is necessary to help illuminate and explain quantitative differences that have been observed in health disparities research. This qualitative study will likely provide a better understanding of the experiences of middle class blacks in order to examine the unique intersection of race, gender, class, and health. Data garnered from this investigation could be valuable to researchers interested in developing interventions to close the gap of racial health disparities and to aid policy makers in developing effective social policies to ameliorate structural antecedents of disparate health outcomes between blacks and whites. Additionally, the St. Louis region is facing unique challenges, such as deeply entrenched racial residential segregation. The tragic shooting death of the unarmed, 18-year old Michael Brown on August 9, 2014 in Ferguson, Missouri, has ignited a tinderbox, not only in the St. Louis metropolitan area, but throughout the United States. Subsequent

protests throughout the community have been decades in the making, driven by substantial social and economic disparities. This research will provide important perspectives on racism, social mobility, and health salient to the St. Louis metropolitan area.

Methods and Approach

The goal of this proposed study is to use qualitative methods to examine the following among middle class blacks in St. Louis: 1) stress related to perceived racism and discrimination; 2) high-effort coping styles that are exacerbated by the pressure to maintain a middle class lifestyle; 3) stress of class “uplift” and strains within social networks; and 4) self-rated mental and physical health. Hypotheses will be explored through a combination of qualitative methods, including semi-structured interviews and focus groups, as well as brief survey. Participants will be recruited through several sources in St. Louis including institutions such as churches and recreational centers and meetings of organizations such as the National Association for the Advancement of Colored People (NAACP), the National Urban League and meetings of fraternities and sororities. Study eligibility will include that participants are 1) 24 or older, 2) hold a bachelor’s degree or higher, 3) self-identify as black or African American, and 4) be a resident of the metropolitan St. Louis area.

Qualitative methods were selected in order to provide a deeper examination of issues such as discrimination, social networks and social support, as well as financial strain. Focus groups will be used because themes can be derived from this type of group interaction, with the advantage of gaining information from multiple informants simultaneously. We plan to use six focus groups with six participants per session stratified by gender and age as depicted below:

Table 1. Focus Group Study Design

	Men	Women	
Coordinator:	RA TBD	RA TBD	
Moderator:	Darrell Hudson	Tina Sacks	
<u>Age</u>			
24-30	1 group	1 group	2 groups
30- 50	1 group	1 group	2 groups
50+	1 group	1 group	2 groups
Totals	3 groups	3 groups	6 groups

Additionally, we will plan to conduct ten (five men and five women) semi-structured interviews with middle class black St. Louisans. A formal interview schedule will be constructed and will include questions on sociodemographic characteristics such as education level and income. In addition to these traditional sociodemographic questions, participants will be asked about their wealth and net worth as well as financial debts such as student loans, mortgages and car loans. Due to the private nature of these questions, one on one interviews would be a more appropriate approach to data collection. The interview schedule will include questions about experiences of racial discrimination as well as subsequent stress experienced from these encounters.

Participants will also be asked to provide a history of any diseases or chronic health conditions they experience. All interviews and focus groups will be audiotaped and transcribed.

Project Partnership

Dr. Darrell Hudson is an Assistant Professor in the Brown School. He has a secondary appointment in the Department of Psychiatry at the Washington University School of Medicine and is a Faculty Scholar in the Institute for Public Health. Dr. Hudson's career is dedicated to the study and elimination of racial/ethnic and socioeconomic disparities in health in the United States through rigorous, transdisciplinary research, the promotion of translational research, and the development of future scholars and health professionals dedicated to health disparities research. In his research, he has examined racial/ethnic differences in depression, including the effects of socioeconomic status, racial discrimination, and social context on depression. He received the Arlene Stiffman Award Junior Faculty Research Award from the Brown School to examine perceptions of depression and depression treatment among African American men in St. Louis. He conducted a focus group study in the summer of 2014 at Center for Community Partnerships located in North St. Louis. He facilitated these focus groups with the assistance of three Brown School MPH students. Papers from this study have recently been accepted for publication in the *Journal of Men's Studies* and the *American Journal of Men's Health*.

Dr. Tina Sacks is an Assistant Professor at the University of California, Berkeley School of Social Welfare. Dr. Sacks' fields of special interest include racial disparities in health; social determinants of health; race, class and gender; and poverty and inequality. Professor Sacks is primarily concerned with how macro-structural and institutional forces, including discrimination and immigration, affect women's health. Her current work focuses on Black middle class women's engagement with the healthcare system including experiences of bias, stereotyping, and discrimination in healthcare settings. She is working on a book on the subject, *Dealing with Doctors: Middle Class Black Women in the American Healthcare System*, for which she received the University of California-Berkeley Institute for International Studies Manuscript Grant. She is also conducting a bi-national study of migration, work, and health among indigenous Mexican women working in the agricultural and service industries in California and Oaxaca, Mexico. Professor Sacks' scholarly work has been published in *Race and Social Problems*, *Qualitative Social Work*, and *Health Affairs*. Professor Sacks has also written about police violence, lead poisoning, and other issues affecting the Black community for MSNBC News and the New Yorker.

Budget, Timeline, and Project Deliverables

Funds are sought to provide monetary incentives for participants' participation (\$2700), a graduate research assistant (\$4500) to assist in scheduling participants for focus groups and interviews and to aid in the coding of qualitative data, refreshments for focus group participants (\$300), transcription services (\$4000), and travel for Dr. Sacks (\$2500). The total direct costs of this project are \$14,000.

This proposed 12-month study will be conducted in St. Louis. We will begin data collection in the summer of 2016 and plan to conclude by January 2017. Once focus groups and interviews

are complete, we will send them out to a professional transcription service to produce transcripts from audiotaped discussions. We will then develop a codebook and complete the coding of the qualitative data. Products and deliverables will include presentations at national meetings and the development of manuscripts for peer-reviewed journals. We also anticipate that findings from this study will provide pilot data for external funding and we are considering multiple foundations and federal mechanisms.

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Grant Application Project Member & Invited Scholar Bio Sketch Form

Please complete an electronic copy of this for each member of your project team and for each invited scholar. You will be required to upload completed bio sketch forms on the grant application page. You may collate forms into a single document for ease of submission.

Invited Scholar: Team Member: Both:

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Invited Scholar: Team Member: Both:

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