'Makin' it Out': The Cost of Dropping out of High School on the Health Status of Afro-American Women in Urban Slums

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'Makin' it Out': The Cost of Dropping out of High School on the Health Status of Afro-American Women in Urban Slums

A Thesis Presented
by

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To the Keck Science Department
Of Claremont McKenna, Pitzer, and Scripps Colleges
In partial fulfillment of
The degree of Bachelor of Arts

Senior Thesis in Human Biology

December 8th, 2014
Dedicated to: Essie Jackson, Mamie Jackson, Aiyana Stanley-Jones

“Car Dieu ne choisit pas les [gens] capables, mais rende plutôt capable ceux qu’il choisisse.”

-Serge Beynaud
Acknowledgements

I have so many to thank for helping to make this project possible, but first and foremost I must honor my ancestors who made it possible for me to be in this space, with the privilege and opportunity to research topics which are so close to my heart. Thank you. To Koto Tikande: *t’es mon coeur et ensemble je sais qu’il n’ya rien que je ne peux pas faire*. To Dr. Alicia Bonaparte, I’m eternally grateful we met and worked together this semester; it has been an extremely rewarding experience. To Ms. Kimberly Franklin, thank you so much for your wisdom and guidance! To Mme. Salamatou Biodan, *merci pour m’avoir accepté dans tes bras, je suis contente de vous avoir dans ma vie.*

To countless others who helped along this road: Cindy Snyder, Dr. John Milton, Dr. Sheila Walker, Dr. Jennifer Taw, Dr. Johnes Kitololo and many others—thank you!
Abstract

“We carry our histories in our bodies, how could we not?” – Nancy Krieger

In the United States and abroad, socioeconomic status (income, education, and occupation) greatly impacts health outcomes for a given population. There is a strong and consistent socioeconomic gradient within health outcomes which has been documented as far back as in Ancient Egypt and China (Krieger, Willains, & Moss, 1997; Liberatos, Link, & Kelsey, 1988) The general trend shows that individuals with higher socioeconomic status generally enjoy lower rates of morbidity (disease) and disability, which can ultimately lead to higher mortality rates (House et al. (1992) and House et al. (1994); Williams & Collins, 1995). Most of the literature focuses on the impact of race or gender on socioeconomic status and therefore health status, but rarely is the intersectionality of both race and gender—a factor in the lives of all Afro-American women—the focus of this inquiry. This research views socioeconomic factors in light of historical and sociological conditions which shape present urban environments in which Black women lives and grow. The goal of this thesis is to analyze the ways in which socioeconomic (particularly educational attainment) inequities lead to decreased health status of Afro-American women living in urban slums who fail to graduate high school. This research investigates the long-term effects of a) residential and educational segregation (b) racism and sexism within the educational system (c) racism and sexism within the healthcare system and (d) implications for morbidity and mortality rates amongst Afro-American women with respect to differences in educational attainment and high school dropout status. More research on this topic is necessary to better understand the direct correlation between educational attainment and health status among minority groups in the U.S.
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Conceptual Map of the Role of SES, Race, and Gender on Educational Attainment for Afro-American Females Schooling in Urban Public Slums

**Socioeconomic Status (SES)/Class**
- inner city poverty —> spatial mismatch and underground economy —> violence
- disproportionate access to quality education
- environmental hazards

**Race**
- Educational segregation
- Institutional racism means privilege denied is to those with lower status

**Gender**
- Institutional sexism celebrates hegemonic masculinity and femininity
- pushes women into private sphere
- women are 'unsexed by success' (Kimmel, 2011)

Conclusion: Among women with the same race, gender, and class background—high school dropout status correlated to increased rates of morbidity and mortality as well as a decrease in life expectancy.
Chapter 1

Introduction: The Silent Epidemic

At a glance, high school dropouts are somewhat of an epidemic in American public schools. Each year, almost one third of all public high school students – and nearly one half of all Blacks, Hispanics and Native Americans – fail to graduate from public high school with their class—most abandon school with less than two years [left to compete]. In urban areas nearly 50 or 60 percent of adolescents leave high school prior to graduation with neither degree nor diploma. On a national level, most dropouts return to school for a standard degree or a graduate equivalency diploma (G.E.D.) within a few years, but in urban areas this is only true for 43% of men and 25% of young women. When students drop out of high school, the nation suffers: loss of productive workers and higher costs associated with an increase in incarceration levels, cost of health care, and demand for social services.

The above data comes from a study by the Bill and Melinda Gates Foundation and the title of the report alone acknowledges the isolated plight of students schooling in American urban slums; students that are consistently forgotten and left behind in failing urban schools. “The Silent Epidemic: Perspectives of High School Dropouts,” aimed to identify the reasons behind the phenomenon of high school dropouts in the U.S, as well as potential solutions. Their methods included creating a series of focus groups and a survey with young people 16-25 who identified themselves as high school dropouts in 25 different locations throughout the U.S. in large cities, suburbs, and small towns with high dropout rates. Within their sample of U.S. adults aged twenty-two to thirty-four, only 15 percent of white male dropouts lived
below the poverty line, compared with 28 percent of white females, 37 percent of black males, and 62 percent of black female dropouts. Among high school graduates, 8 percent of white males live in poverty, compared with 11 percent of white females, 16 percent of black males, and 31 percent of black females. (Bridgeland, 2006)

These statistics illuminate the ways in which the consequences of dropout are not equitable across racial and gender lines, but rather are highly impacted by the intersectionality of the two: which in turn affects the socioeconomic status of Afro-American females. Afro-American women are at greatest risk of remaining within the cycle of poverty if they are not able to graduate high school because they need to get a job to make money, to raise a child, to take care of a family member, or for a myriad of other reasons. According to the Department of Education, the incidence of dropping out appears to be equivalent between men and women, but “the economic consequences are markedly more severe for young women, particularly for young women of color.” In this literature review, “Afro-American” and Black are used interchangeably, as are “Euro-American” and White.

The absence of a diploma for Black women in the lower class can be particularly economically devastating: dropouts are much more likely “to be unemployed, living in poverty, receiving public assistance, in prison, on death row, unhealthy, divorced and single parents with children who drop out of high school themselves. The cyclic nature of high school dropouts suggests a necessary intervention, as the pattern often repeats itself in subsequent generations. The experiences of Black women in urban schools are largely shaped by their abiotic, social, and environmental factors—these same factors are also social determinants of health.
The goal of this literature reviews is to review the history and development of the urban ghetto in order to better understand the specific issues prevalent in those communities and their impact on Afro-American women. I analyzed the systematic construction of the urban ghetto, particularly the ways in which it constrains poor people of color, and the long-term effects on health outcomes of populations residing there. The concentration of poverty in urban areas is further exacerbated by environmental racism—or the placement of low-income communities in proximity of degradation, toxic waste, pollution or other environmentally hazardous conditions (Melosi, 1995) These toxic, isolated urban environments (U.S. General Accounting Office 1983) produce consistently low-achieving schools—compounded by preexisting inequities such as disparities in access to healthcare—and influence the social determinants of health in the lives of Afro-American women. I hypothesized that Afro-American women who drop out will suffer significantly greater levels of health detriments as a result of decreased educational attainment compared to women of the same race and gender who graduate high school. This research demonstrates that disparities in education, also known as educational segregation, cause low-income Afro-American female dropouts—who densely populate failing public schools—to have shorter life expectancy, higher adult and infant mortality rates, and increased morbidity than their graduating counterparts.

The Development of the Urban Ghetto and Public Housing Projects: A Brief History

The U.S. Department of Education says that “too many children—particularly those in poverty—lack access to the education and supports that make the journey to the middle class possible.” Historical and precedential factors created a system in which urban slums
maintain consistently low-income, low-achieving students who are largely only able to access substandard public education. The idealized understanding of education is that it should be a mechanism through which the cycle of poverty and other pervasive social justice issues can be resolved. However, failure to systematically address racial and class inequities and health disparities with high intentionality consistently overwhelms the positive aspects of public K-12 education.

Harvard Professor, Dr. William J. Wilson’s (2011) article Being Poor, Black, and American directly engages the political, economic, and cultural forces that produced the current circumstances of the inner-city poor “including segregation, discrimination, a lack of economic opportunity, and failing public schools.” Segregation policies and institutional racism in the 1950s created the urban ghettos as they presently exist by concentrating the poor masses in public housing projects and restricting GI bill benefits to access suburban housing. The concentration of poverty in urban ghettos magnifies the problems associated with poverty in general: joblessness, crime, delinquency, drug trafficking, broken families, and dysfunctional schools.” According to the 2011 U.S. Census Bureau, the poverty line for a family of four (two adults, and two children under 18) is a maximum of $23,021 annual income and in the same year, nearly 46.2 million Americans were living in poverty. Thirty million children live in poverty and they have higher rates of non-attendance at school or dropping out, because they are more likely to have to prioritize caring for a family member or working. Poverty crosses racial, ethnic, ability, and gender lines however it tends to be more concentrated in certain areas. African American children are three times more likely to live in poverty than Caucasian children. American Indian/Alaska Native, Hispanic, Pacific Islander, and Native Hawaiian families are more likely than Caucasian and Asian families to
live in poverty (Costello, Keeler, & Angold, 2001; National Center for Education Statistics, 2007).

Teitz and Chapple offer hypotheses on the causes of inner city poverty—somewhat in response to Dr. William J. Wilson and Robert Aponte’s (1985) survey of urban poverty in America. They identify eight ways in which public policy, racial and gender discrimination—which are experienced simultaneously for Afro-American women—and other factors contribute to the vicious cycle of inner-city poverty:

- **Structural economic shifts**: The decreased demand for labor from central industrial cities which historically provided employment for the working poor.
- **Inadequate human capital**: Lower productivity and inability to compete for employment in emerging sectors paying livable wages.
- **Racial and gender discrimination in employment**: This “prevents the population from achieving its full potential in the labor market.” (36)
- **Complex interaction of culture and behavior**: ‘White flight’ has produced isolated populations which begin to reference themselves and detach from the formal economy and labor market creating an underground economy.
- **Spatial Mismatch**: the historical, long-standing practice of segregating poor groups of color in U.S. cities has resulted in “spatial mismatch between workers and jobs when employment decentralized.”
- **Migration**: also known as “White flight” is a process that “simultaneously remove[s] the middle-class and successful members of the community, thereby reducing capital, while bringing in new, poorer populations whose competition in the labor market drives down wages and employment chances of residents.”
- **Endogenous growth deficit**: inner-city poverty reflects less development compared to suburbs due to low levels of (successful) entrepreneurship and access to capital, particularly among people of color.
- **Public Policy**: Initiated to ameliorate social problems such as starvation, homelessness, etc. but has “in fact, caused them to worsen in some respects.” (37)

When Afro-American girls enter urban public schools, they are immediately exposed to the ramifications of the concentrated poverty within their neighborhoods. Previous studies establish that segregated ‘Black’ urban communities are highly toxic environments (U.S. General Accounting Office 1983), which receive significantly less services from the city.
(Schneider and Logan 1982, 1985), have fewer adequate healthcare or hospital systems (Law 1985), and generally have higher housing costs which leads to inflation in the cost of living (Berry 1976). Under these harsh circumstances, students are not able to focus exclusively on school as they still must attend to the daily demand of material needs (e.g. money for transportation and food). These basic needs, especially if compounded by the responsibilities of caring for a family member, can exceed the delayed reward of diligence in school.

The underground economy created by spatial mismatch often leads to an influx of drug trafficking in these neighborhoods. Drug trafficking and other illegal businesses often operate utilizing violent mechanisms of inner-group oppression—but often this violence extends to the larger urban community, taking a toll on others who simply live in the environment. The conflation of race and class created by segregation has perpetuated until the present, and most urban public schools are inadvertently located in low-income neighborhoods where drug trafficking and related violence may factor into the underground economy that the neighborhood may engage in for capital when they cannot get jobs due to low educational attainment outcomes and unwillingness to work minimum wage or extensive hours, as well as the repercussions of juvenile or adult offenses which negatively impact access to job opportunities. This study found that more than half of dropouts (57%) felt their school did not do enough to help students feel safe from violence and 71% said their school did not do enough to make school interesting. During my internship in South Central Los Angeles, I encountered this issue firsthand with my student Yvanna, who I trained this summer. She came to me after work one day to tell me that on her way home the day before a Latina woman driving through her neighborhood thought she “did not belong” there and proceeded to follow her in a car, and eventually exited the car to chase her down the street.
with a knife in hand. Yvanna appeared shaken up, even the day after the incident, as she described having to running for her life unexpectedly after working all day to improve her life chances. Other students in the training echoed her remarks on another day, discussing the prevalence of certain gangs in their neighborhood and near schools who attack at random, often based on race and assumed territorial affiliation (or lack thereof). If students cannot attend school or pursue job opportunities because of extraneous, violent factors in their neighborhoods, their educational attainment is ultimately impacted by this reality. In addition to the issue of violence and lack of safe spaces,

**Origins of Educational Segregation**

The Obama administration claims that it is “committed to ensuring that every child has that opportunity [to reach middle class],” but goes on to acknowledge that “today students from low-income families complete college at one-seventh the rate of those from high-income families.” Several researchers (LaVeist, 1992; Nuru-Jeter, 2008) prove that there is a direct correlation between access and quality of education, poverty, and disparities in health outcomes for Afro-American women in these communities—and I seek to better understand whether high school dropout status further impinges on their health outcomes. In “Being Poor, Black, and American,” Wilson argues that because segregation policies and a racially-biased mortgage system were not discontinued until the 1960s, the rise of Black people in the poor inner-city accelerated due to the suburbanization of the middle class beginning in the 1950s. The subsequent creation of highways allowed for suburbs to distance themselves more from the inner city and eventually they were able to “separate their financial resources and municipal budgets from those of the cities.” As suburban municipalities sequestered their resources, many schools within the urban ghettos—where
disparities in employment due to spatial mismatch and migration perpetuate the concentration of poverty—have since suffered a steady decline in resources and facilities with ramifications which are still present today. Residential segregation evolved into educational segregation, especially after the suburbanization period in which municipalities for suburbs were allowed to separate their resources from those of the urban city. This compartmentalization of resources has a limiting effect on the masses of low-income students, and provides historical context to the term “educational segregation,”—defined as the present segregation in urban public school access caused by restrictions in residential circumstances of ethnic groups in the post-segregated U.S. Educational segregation leads to lower quality of education for young women of color in urban public schools, and can be a linked factor in disproportionate rates of high school dropouts among African-Americans, Latinos, and Native Americans women.
Chapter 2

Methodology

This literature review draws from interdisciplinary fields of study including: biology, public health, sociology, anthropology, and women’s studies (feminism). I use literature from these fields to determine the socioeconomic status, infant mortality rates, adult mortality rates of Afro-American women compared to others living in the urban American slums with equal educational attainment (incomplete high school education). In order to deduce the role of educational attainment, I used census data of adult and infant mortality rates, as well as public health data comparing health outcomes of ‘high education’ meaning high school degree or above, versus ‘low education’ meaning incomplete high school status. In this thesis, the term Afro-American refers to any individual who would be perceived in the United States hegemony as ‘Black’.

1 Euro-American refers to individuals would be perceived by the United States hegemony as ‘White’. The term Latin@ includes both masculine and feminine characteristics and is therefore preferred over the term Hispanic. American Indian and Alaskan Natives will be referred to simply as AIAN and Asian/Pacific Islander Americans will be referred to as API, for simplicity purposes.

In the United States, nearly half (45%) of poor Black children reside in neighborhoods with concentrated poverty, compared with little more than a tenth (12 percent) of poor White children in similar neighborhoods. These areas of concentrated poverty are the American equivalent of urban slums, defined by the United Nations agency

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1 “Black” refers to an unattainable phenotype which arises from race theory, is not always representative in identification of cultural or geographical background.
2 “White” is similar to the example given above.
UN-HABITAT as areas characterized by substandard housing, squalor, and lacking in tenure security. These areas of concentrated urban poverty in the U.S. can be categorized in two ways: ghettos and projects. A ghetto refers to an area within the urban area of the city which is largely excluded from the centralized wealth of the city and thus is largely composed of low-income individuals who live in low-income neighborhood homes or apartments. Projects refer to public housing constructed by cities to provide housing for the lowest-income individuals in the ghettos, often characterized by income-limiting qualifications and cloistered, compartmentalized, shared space with no possibility of ownership.
Chapter 3

Educational segregation, Racism, and Sexism in Public Schools: the Socialization of Black Female Dropouts

According to Fine and Zane (1991), American public schools are “laminated in denial, represented as if race, class, and gender neutral.” Due to this denial, public schools in urban low-income neighborhoods are not able to combat the astonishingly high rates of high school dropouts among Afro-American women, and the subsequent poverty which some 62% are predicted to experience compared to 15% of Euro-American males who dropped out at the same time.xvii

Public schools do not provide outlets to facilitate understanding, interrogation, or resolution of pressing personal issues which dictate the realities of urban women of color who school in these institutions. Fine and Zane note that “public schools actually preserve the hegemony of private interests such as AT&T, Shearson-Lehman investors, Ford Foundation, Shell Oil, and endless textbook publishers inside these schools.” These private interests often sponsor school programs, and thus find a home in the classroom—a classroom which simultaneously construct issues such as “the interests of family, community advocates, health care, and family planning [as] private - beyond the limits of the typical low-income public high school.” Though these issues have substantial effects on the lives of students across social, racial, and class groups—they are reserved for the counselor’s office, a private space.

This has a concrete deleterious effect on students who cannot discuss or express these experiences in the classroom, particularly as it relates to low-income women of color who deal with the burdens of classism, racism, and sexism throughout their lives. One
example of this is domestic violence: “That domestic violence was a secret not to be discussed in social studies, English, or science but only in the protected offices of school psychologists or guidance counselors (who are available in a 500 to 1 ratio to students) marks a betrayal of these young women’s lives.”

For Black females in urban public schools, the classroom is a space where their experiences are often invalidated and/or misunderstood. Their tangible needs are not addressed, and the education system provides a delayed reward, thus many girls prioritize immediate factors over the long-term benefit of higher educational attainment. The Silent Epidemic found that 32% of dropouts left school because they had to get a job to make money, 26% had become a parent, and 22% had to care for a family member. (U.S. Dept. of Education) Having a diploma is crucial in attaining higher socioeconomic: Black female graduates are half as likely to live in poverty (31%) as Black female dropouts (62%) and two times more likely to work in white-collar jobs (60%) compared with only 25% of dropouts. Poverty is inextricably linked to lower health outcomes, thus it can be predicted that Black females with high school degrees will live longer lives, with less illness (morbidity) and lower infant mortality rates than their counterparts who drop out.

In “The school experiences of black girls: The interaction of gender, race, and socioeconomic status” Scott-Jones and Clark establish that Black girls’ interactions with teachers have a more significant impact on overall educational attainment, as well as emotional connectivity to the classroom. Since emotional connectivity to teachers impacts the educational attainment of Afro-American females, they can help to explain morbidity outcomes for Afro-American female dropouts, particularly as it relates to teenage pregnancy. This study found that women who were given low rating by two teachers were twice more
likely to have a school-age pregnancy than women who received a high rating. This leads into a discussion of the interactions of health status and educational attainment, particularly as it relates to classroom experiences for Afro-American girls which heavily impact likelihood of dropout status.

Chapter 4

Health and Education: Poverty and Low Socioeconomic Status Negatively Impact Educational Attainment and Ultimately Health among Afro-American Female Dropouts:

Correlation between Educational Attainment and Health

The Leadership Conference on Civil Rights (LCCR) considers health care a pressing civil rights issue and maintains an acute understanding that many factors currently influence health care disparities.\textsuperscript{xx} There is a positive relationship between education and health which has been well reported, whereas greater educational attainment correlates to better health outcomes (House et. al, 1990; Ross and Wu, 1995). This is largely explained by access to capital and resources, which limits healthcare access in the United States. Ross and Wu found that “the unemployment rate for college graduates was 3 percent, one-fifth of that for persons with some high school.” This is because a lack of education limits employment opportunities (Sewell and Hauser 1975) and has an effect on the material, psychological and social resources of men and women which, in turn, influence health behavior and outcome (Ross and Wu 1995; Brunner and Marmot 1999; Ross and Mirowsky 1999; Mackenbach 2002).\textsuperscript{xxi} In Table 1 of “The Links between Education and Health” college educated
individuals report significantly better health than those with less than a high school degree.\textsuperscript{xiii} (see Appendix)

\textit{The Impact of Educational attainment on Infant Mortality}

Yankauer (1950) was the first to establish empirically a link between racial segregation and health status. In his analysis of data from New York City in the 1940s, Yankauer observed that infant mortality rates, for both blacks and whites, were highest in the most severely segregated black neighborhoods. La Veist found similar data in 1992 when conducting the same sort of experiment, thus the correlation between poverty and high infant mortality remain constant over the past few decades. Killian and Grigg (1964) note that “the level of living of the masses of Negroes trapped in these densely populated continuously deteriorating ghettos are (sic) not likely to keep pace with "the American way of life." In fact, poverty is the best documented social risk factor for infant mortality. Empirical examples of the relationship between them can be found as early as the first decade of the twentieth century (Newsholme 1910).

The sheer volume of research supporting a link between poverty or low socioeconomic status and infant mortality is impressive (LaVeist 1990; Paneth et al. 1982; Gortmaker 1979; Brooks 1975; Stockwell 1962). In fact, one author (Anderson 1958) pronounced any further research on the relationship between poverty and infant mortality to be "a waste of time, money and effort, because the gross relationship [had] been established conclusively enough." It is well established that poverty is perpetuated via segregation education, thus I conclude that Afro-American women living in these segregated environments will encounter poverty whether or not they graduate high school. The lack of the diploma limits women of color, deciding their socioeconomic fate and disproportionately causing them to live in
poverty—thus their health outcomes will also be disproportionate compared with other dropouts (Black males, White females, and White males) with similar dropout status but markedly less financial burden due to male privilege and skin privilege.

There is an inverse proportional relationship between educational attainment and infant mortality rate whereas mothers who have greater levels of education see lower rates of infant death (Matthews et.al, 2007) This is particularly true for mothers with less than 16 years of education. In 41-state reporting areas, the infant mortality rate for mothers who completed 16 or more years of school was 4.17% in 2004. This rate was 49 percent lower than the rate for mothers who completed less than 12 years of education (8.125) Matthews concludes that in general, infant mortality rates decreased with increasing educational attainment and explained this observation as the socioeconomic benefits of education, because women with more education tend to have higher income levels.

**Race and Gender, rather than simply SES, Affect Health Disparities**

Race and gender play a role in determining health outcomes, irrespective of SES. In Figure 1, (National Vital Statistics Report, 2007) Infant mortality rates among racial groups in the U.S. from 1995-2004. This demonstrates a negative correlation between educational attainment and infant mortality; whereas more highly educated individuals suffer fewer child
deaths. This data was not controlled for class, which may help to explain the disproportionately rate of infant mortality Afro-Americans have faced consistently throughout time.

The relationship between infant mortality and poverty has been made conclusively, as has the relationship between overall mortality and life expectancy in relation to poverty. Poverty is often a factor in the experiences of Afro-American female dropouts because of their unique intersectional experience dealing with what bell hooks calls ‘double marginalization’ due to unique encounters with both institutional racism and institutional sexism.

The role of race in determining SES is not the only factor in determining health outcomes, however—the health care system itself is pitted with inequality in terms of providing quality care to people of color. "If you are black and living in a high-poverty area," says S.V. Subramanian, HSPH Assistant Professor of Society, Human Development, and Health, "you are three times more likely to die compared to whites living in a low-poverty area and 1.5 times more likely to die than your white neighbor." Evidence suggests minority patients are less likely than white patients to receive invasive cardiac procedures, such as catheterization, angioplasty, bypass surgery and thrombolytic therapy even when patient characteristics are similar (Williams, 1999). Furthermore, a Duke University study released in November 2006 found that black patients are more likely to die from heart disease than their white counterparts. Such disparities remain even when age, sex, insurance status and heart disease severity are taken into account. And within the multitude of studies investigating racial/ethnic differences in health care over the past two decades, nearly three-quarters demonstrated similar disparities.
Chapter 5
Theoretical Experimental Procedure for Determining Gradation of Educational Attainment with Morbidity and Mortality Outcomes for Afro-American females

Limitations of Literature Review

There is sparse data on the lives and experiences of Afro-American female dropouts, specifically—and many of the conclusions drawn are based on trends and generalizations observed about the disparities of health for individuals with ‘low educational attainment’ versus ‘high educational attainment.’ This binary definition does not provide insight into the gradient of different health outcomes for each level of educational attainment acquired.

Proposed Field Research

I am completing a one-semester thesis, thus I will not be able to conduct a latitudinal study on the health outcomes of Afro-American female dropouts, but I can conceptualize the theoretical framework of such an experiment. In order to test the health outcomes for each level of educational attainment, I would follow the model utilized by “the Silent Epidemic”: first I would locate self-identified high school dropouts ages 16-25 who did not return to acquire a G.E.D. I would also locate high school (H.S.) graduates with any level of educational attainment above H.S. degree of the same age range. Ideally I would control for the race, gender, and class level among both groups, and then administer a health questionnaire in which participants self-rate their health status based on a variety of factors including morbidity factors (disease history, general health and psychosocial wellbeing, drug use and smoking, number of school-age pregnancies, etc.)

With this data I would be able to compare the health of individuals on each level of increasing educational attainment and to conclude the various factors which impact health
outcomes for each general population, but particularly among Afro-American women. Without available research data to support my theoretical findings, I utilize trends of race and gender in determining health disparities among Women of Color to predict the most likely health status outcomes for Afro-American female dropouts in comparison with other groups of dropouts and Afro-American female graduates.

Chapter 6
Literature Review Findings: Mortality and Morbidity Among Afro-American Female Dropouts

Educational Attainment by Race and Gender: Utilizing the historical records of the U.S. Department of Education, I was able to reconstruct the rates of educational attainment (high school completion was of interest) for different racial groups in America since the 1920s. A 2012 survey of National education statistics showed the percentage of persons 25 to 29 years old with selected levels of educational attainment, by race/ethnicity and sex: Selected years, 1920 through 2012. Standard error margins are presented in parentheses next to data. In this study, Afro-American females completed high school at a rate of 86% (0.46), and compared to other ethnic groups of women such as Latinas, Euro-Americans, AIAN, and API women those rates were 66.0 (0.65), 92.7 (0.18), 87.9 (0.64), and 81.8 (1.84) percent respectively. Afro-American males, for comparison purposes, completed high school in 2012 at a rate of 85.1% (0.56) which shows that Afro-American males complete high school at a lower rate than Afro-American women, but Latinas appear to have the lowest graduation index.

There is a lack of representation for these groups in earlier periods which somewhat restricts our national understanding of educational attainment history.
There are still correlating factors of race and gender on overall young adult assets (Wickrama et al., 2012). The data from this study in Table 2 demonstrates that community poverty, African American racial/ethnic status, and being female significantly negatively influenced the level of young adults’ assets, while Asian racial/ethnic status, Cuban racial/
ethnic status, family income, consistently married parents, and self-esteem significantly positively influenced the level of young adults’ earnings.”

Mortality Among Afro-American Females based on Educational Attainment
David Williams assessment of Race, SES, and Health demonstrates that Blacks have an overall death rate 1.6x higher than the white population and show higher rates of mortality for 8/10 of the leading causes of death including heart disease (1.4x), cancer (1.3x), stroke (1.8x), unintentional injury (1.9x), flu/pneumonia (1.5x), diabetes (2.4x), HIV/AIDS (5.75x), and liver cirrhosis (1.3x). When this assessment of mortality it applied specifically to Black

| Age-Standardized Deaths per 100,000 by Education, Race, Sex, and Cause* |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Black women                 | Low education   | High education   | Differential Change↓ | P-value |
| All                         | 1246           | 1285           | 969             | 816             | 192                   | <.001           |
| Diseases of the heart       | 404            | 360            | 301             | 229             | 29                    | .003            |
| Cancers, except lung        | 242            | 236            | 242             | 187             | 49                    | <.001           |
| Lung cancer                 | 60             | 70             | 47              | 44              | 13                    | <.001           |
| COPD↓                       | 25             | 35             | 18              | 22              | 6                     | .004            |
| Cerebrovascular dis.        | 104            | 96             | 84              | 64              | 12                    | .014            |
| Unintentional injury        | 33             | 35             | 24              | 18              | 7                     | .002            |

*Age-standardized deaths among 25 to 84 year olds using year 2000 standard. Note that data exclude non-Hispanics.
COPD - Chronic Obstructive Pulmonary Diseases

Figure 2. Age-Standardized Deaths per 100,000 by Education, Race, Sex, and Cause.

women, these rates are impacted by educational attainment. In Figure 2. U.S. Census Mortality data show that Afro-American women with higher education status had lower death rates than those with lower education status over a span of ten years (Meara, 2008).
Meara et al. (2008) examine the change in life expectancy and mortality for all causes of death among Afro-American women from 1990 to 2000. For those with lower education status, mortality rates increase from 1246 to 1285; whereas women with higher education status saw a decrease in mortality from 969 to 816 recorded deaths. This proves that Afro-American women with greater educational status die less frequently than women of the same race with less education, which is consistent with previous research (LaVeist, 1992; House et al., 2000; Ross and Wu, 1995). This is likely due in part to better understanding of health protective behaviors which prevent disease, but better explained by trends of disproportionate access—among women of color—to capital and resources which mitigate health concerns and provide access to quality healthcare.

**Gendered Analysis:** In 1991, Fine and Zane found that Black females were less...
likely to dropout than their male counterparts (24.4% and 16.6% respectively). For White males and females, the dropout rates were nearly equivalent (15.7% and 15.3% respectively) and Latinas were significantly more likely to dropout than Latino males (26.2% and 20.2% respectively). These observations were explained as a result of “social assaults associated with being low-income black and male in urban culture and the responsibilities of being low-income Latina and female "effectively" operate, for probably very different and relatively unexplored reasons, to facilitate early exit from high school.” However, this higher rate of male dropout status does not negate the fact that “the politics of being female, low-income, and of color in contemporary public schools denies these women full participation inside public schooling in part on the basis of their gender. They are neglected, dismissed, and relegated to positions of substantial educational, economic, and social risk. Status completion rates of high school were somewhat higher among Black males than Black female students (Figure 5) even though Figure 3 shows that Afro-American males actually complete high
school at a lower rate than their female counterparts, and this trend is also true among Euro-Americans, Latin@s, and in the total aggregate, it is not true however for AIAN or API individuals. This acknowledges benefits of male privilege, particularly in relation to job access which ameliorates poverty, may help to explain why Black (and White) females with low education status shared commonly increasing adult mortality rates from 1990-2001. Figure 4 clearly demonstrates disparities in race, gender, and educational attainment and its impact on life expectancy, whereas Afro and Euro-American females with low education showed a -0.2 and -0.9 (respective) decrease in life expectancy (1990-2000) (Meara, 2008).

The data supports a trend in which lower educational outcomes increase rates of infant and adult mortality, while simultaneously decreasing life expectancy. Next I will explore morbidity factors in the lives of Afro-American female dropouts.
Chapter 7

Morbidity Health Outcomes for Afro-American Female Dropouts: What does not kill you does not necessarily make you stronger

School-Age Pregnancy

In the U.S., teen birthrate remains substantially higher than birthrates in comparable industrialized countries xxvii A study by Jennifer Manlove (1998) investigates the relationship between high school dropout status and school-age birth, noting that
the costs that teens perceive to be associated with having a school-age pregnancy may influence their likelihood of pregnancy (Abrahamse, Morrison, & Waite, 1988). When opportunities for social or economic advancement (in this case, in educational advancement) are limited, teens may be more likely to engage in behaviors that lead to early pregnancy (Brewster, 1994). Greater investment in or attachment to education is thus associated with a reward system that reduces the likelihood of early sexual activity and childbearing (Ohannessian & Crockett, 1993).

According to Manlove, “dropping out was not related to the risk of pregnancy for Black students, measures of school engagement, including individual performance, teacher ratings, and aspirations, were associated with the risk of pregnancy among all racial and ethnic groups. High grades (among Black and White teens), high test scores (for all racial and ethnic groups) and high postsecondary education plans (among Black and Hispanic teens) were all significantly associated with a reeducated risk of school-age pregnancy. This is contradicted, however, because low teacher ratings seem to show correlation with high risk of school-age pregnancy and this can be related to the experiences of Black girls in education. Also, as mentioned previously Black teens who were rated by two teachers as having low ability had more than twice the risk of a school-age pregnancy compared with Black teens who did not receive low ratings. The size of this effect was significantly larger than that of White students, but not Hispanic students. This insinuates that high educational performance and school involvement, which most Afro-American female dropouts lack, has a buffering effect on postponing pregnancy among all racial and ethnic groups. It can be concluded that Afro-American high school dropouts are therefore at a higher risk for school-age pregnancy, and often the birth of a child incurs expenses that low-income parents are unprepared for—further isolating them in the cycle of poverty.

Injection Drug Use and HIV
Research has shown that race/ethnicity plays an important role in initiation of illicit drug use, as well as risk for drag-related infectious disease such as HIV. xxix A study by Fuller et. al. (2005) found that White drug users initiate illicit non-injection and injection drug use at a younger age than African Americans. (Fuller, 2002; Johnson, 2001; Ellickson and Morton, 1999) In addition, studies comparing individuals who do not use injection drugs and those who do have shown that White drug users are more likely to use injection drugs than African American drag users (Fuller, 2002; Johnson, 2001) however, they are less likely to contract HIV. (Bluthenthal, Booth, Watters, 1998; Jones, 2001)

The racial/ethnic difference in risk of HIV infection has not been fully explained however it is known that African Americans who lived in neighborhood with high percentages of minority residents, but in which 45% or less of the adult population had a high school education, were nearly 4 times more likely to initiate use during adolescence than their White counterparts living in neighborhoods with lower minority percentages and with more than 45% of the adult population having a high school diploma. This demonstrates once again the large impact on health outcomes that high school education can have long-term.

Neighborhood racial/ethnic composition and educational level may affect adolescent risk behaviors. Segregated neighborhoods in which aggregate educational levels are low have been considered to wield a “concentration effect. That is, residents of these segregated areas face a double burden: they have to grapple with problems rooted in lack of income or employment while dealing with the social consequences of living in a place where most people are poor.” (Wilson WJ, 1984) The disproportionate effects of high school dropout status for White males versus Black females insinuates that the costs of initiating injection drug use will be tangibly worse for the latter, particularly with high rates of HIV being
caused by this form of drug use. It can be concluded that Afro-American female dropouts will have higher rates of HIV if they engage in injection drug use in equal amounts as their Euro-American male peers.

Chapter 7

Explanations of Observed Mortality and Morbidity Outcomes of Afro-American women with Low Educational Attainment

The Role of Race in Determining Health Disparities among Women of Color

Patterns of racial differences in health demonstrate the role of SES in disparities. These disparities are products of policies linked to historical legacy and [present] persistence of racism which lead to adverse, even pathogenic living conditions for many communities of [color and] minorities. According to Sociologist David Williams, “Socioeconomic status predicts variation in health within minority and white populations and accounts for much of the racial differences in health.”

Racism affects health by restricting access to socioeconomic attainment for members of the non-dominant group; this preferential privilege is reinforced by segregation which determined educational and employment opportunities. Other major contributors were the creation and subsequent decline of the urban slums.

Racism and Socioeconomic status are somewhat inextricably linked, “Racism is an antecedent and determinant of SES, and racial differences in SES reflect, in part, the successful implementation of discriminatory policies premised on the inferiority of certain racial groups.” Even among middle-class African Americans, race dictates access to neighborhoods whose resources (e.g., schools, medical services, and employment opportunities) are commensurate with level of income. They are excluded from neighborhoods where their white middle-class counterparts reside largely on the basis of race.
Villemez (1980) demonstrated that African Americans get a smaller return for their investments in human capital, such as quality of residence and education, than do whites. Thus, black spatial mobility is artificially constrained. Structural barriers mitigate the link between spatial and social mobility (Massey and Mullan 1984; Park 1926).

Black women were more likely to have school-age births (25.1%) than Latina (20.1%) or White women (10.1%), they were not [however] more likely to have dropped out of school. Hispanics had the highest dropout rates (17.2%) and also had relatively high rates of teen parenthood (20.1%) Manlove notes that “although dropping out was not related to the risk of pregnancy for Black students, measures of school performance, teacher ratings, and aspirations were associated with the risk of pregnancy among all racial and ethnic groups.”

Black teens who were rated by 2 teachers as having low ability had more than twice the risk of a school-age pregnancy compared with Black teens without low ratings. The size of this effect was significantly greater for Black and Latina teens than White teens.

Chapter 8
Conclusion: Cross-Cultural Solutions and Future Possibilities

Increasing political empowerment among Afro-American women can positively impact health status and decrease dropout rate: According to the analysis of Segregation, Poverty, and Empowerment (LaVeist, 1993), political empowerment is suspected to have a beneficial effect on health status (McKnight 1985; Braithwaite and Lythcott 1989; LaVeist 1992), “in a letter to the editor of the Journal of the American Medical Association, Braithwaite and Lythcott (1989) argued that race differentials in health status were outward manifestations of power differentials and asserted that the feeling of hopelessness and alienation from societal
institutions impeded appropriate health and illness behavior…[resulting] in poorer health status among African Americans. Empirical examination by LaVeist in 1992 confirmed this relationship when it was found that political power indeed affects health status. LaVeist found three interrelated finding when assessing the relationship between poverty, segregation, and political power,

1) Black infant mortality is higher in highly segregated cities. 2) Black political power is greater in highly segregated cities. 3) Black infant mortality is lower in cities with greater black political power and higher in cities with high segregation.

While this data may initially seem contradictory since political power increases with segregation, further analysis reveals that “black poverty and black political empowerment do not directly affect the black-white disparity in infant mortality.” If infant mortality can be used as an example to better understand the health outcomes of Afro-American women, it can be extrapolated that Black political power can function as a buffer against negative health outcomes, particularly in static segregated environments.

**Making Urban Public Schools more accessible to Afro-American Women**

The Silent Epidemic research found that 69% of high school dropouts were not motivated or inspired to work hard, 80% did one hour or less of homework each day in high school, two-thirds would have worked harder if more was demanded of them…70% were confident they could have graduated if they had tried. Only 35% were actually failing in school!* These statistics provide a positive outlook on the disparities in health caused by educational segregation, in that support and mentorship can provide powerful counterinfluences to the pressure to dropout. 45% said they started high school poorly prepared by their earlier
schooling. One potential solution is to ensure every school has access additional supports in high school that would have made a difference (tutoring or after school help.

Another solution is to increase parental involvement. 68% said their parents became more involved only when they were aware that their child was on the verge of dropping out…the majority of parents were “not aware” or “just somewhat aware” of their child’s grades or that they were about to leave school. It is possible that finding innovative ways to engage parents in the educational process will help to curb some of the dropout epidemic among low-income people of color in urban ghettos. 81% of participants feel that graduating from high school was important to success in life and 74% said that if they were able to relive the experience, they would have stayed in school. Thus it can be deduced that overall many students did want to succeed, this desire must be harnessed and supported based on the unique needs of each student. This means taking cultural diversity and emphasizing the role of less represented genders (women, transgender, gender non-conforming, etc.) in the social studies curricula in urban public schools.

In 2007, Freudenberg and Ruglis produced an article which reframes school dropout as a public health issue. Some of the suggested health interventions included: coordinated school health program, school-based health classes, mental health program, substance abuse prevention and treatment program, HIV infection and pregnancy prevention programs, as well as violence prevention programs. (see Table 5 in Appendix). Ultimately by framing this issue as one of public health, as well as one deserving dire attention and research—I hope to see that one day the circumstances preventing Afro-American women from attaining their diplomas will either be minimized or the effects of not having the diploma will be equal across race and gender lines. Further
research is strongly recommended in order to better correlate educational attainment with the health outcomes of high school dropouts, particularly among Afro-American women.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Less Than High School Degree</th>
<th>High School to Some College</th>
<th>College Degree or More</th>
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<td><strong>Health</strong></td>
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<td>Self-reported health*</td>
<td>3.591</td>
<td>4.193</td>
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<td>(1.073)</td>
<td>(.851)</td>
<td>(.711)</td>
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<td>Physical functioning*</td>
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<td>(.261)</td>
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<td>Household income*</td>
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<td>Sense of control*</td>
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<td>(.842)</td>
<td>(.743)</td>
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* Education categories significantly different at p < .05 (two-tailed tests).

* Coded in thousands of dollars per year.

Note: N = 2,031; standard deviations in parentheses.

Appendix:
Table 130: shows the percentage of persons 25 to 29 years old with selected levels of educational attainment, by race/ethnicity and sex: Selected years, 1920 through 2012
Works Cited


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iv Ibid.

v Ibid.


ix Ibid.

x Ibid. p. 11


xii Ibid.


xiv Ibid.

xv Ibid, 12.

xvi Ibid, 13.

xvii Ibid.

xviii Fine and Zane (1991), p.83


Williams, (1999), p. 179

Williams, (1999), p. 177


LaVeist (1993), p. 54.