

“Racial and Ethnic Differences in Neighborhood Attainment During the Transition to Adulthood: New Evidence from Addhealth.”

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## **Introduction**

The consequences of living in disadvantaged neighborhood conditions have received great attention over the past two decades (Wilson 1996; Samson, Morenoff, and Gannon-Rowley, 2002). An important subarea of research on neighborhoods has focused on neighborhood quality as a unique dimension of socioeconomic attainment and intergenerational mobility (e.g., Logan, Alba, McNulty, and Fisher, 1996; South and Crowder, 1997). Much of this research has sought to understand racial and ethnic inequalities in this process.

Although the literature has repeatedly shown that African Americans, and to a lesser extent Latinos, are more likely to live in poor neighborhoods than whites, and that these inequalities largely persist controlling for socioeconomic status and other relevant resources, a number of important questions remain unanswered. One question, that has received mixed results to date, is whether or not African American and Latino families get the same “bang for their buck” from socioeconomic resources as do their white counterparts? Another important set of questions has been raised by promising new research into the intergenerational transmission of contexts (Pattillo, 1999; Sharkey, 2008). For example, what is the relative role of parent socioeconomic status, and a youth’s own emerging educational and employment statuses, in determining change in neighborhood attainments in emerging adulthood? Another under-examined issue, given the traditional role of life cycle factors for residential outcomes, is whether racial and ethnic groups experience similar “returns” to residential moves (e.g. Timberlake, 2008) accompanying transitions such as moving out of the parental home, going to college, entering the labor force, and new household formation (e.g., marriage or cohabitation).

We will begin to answer these questions using soon to be available data from the National Longitudinal Study of Adolescent Health. This paper will be the first based on these new data, and to examine racial and ethnic differences in neighborhood attainment during a period of relative prosperity and declining segregation (the late 1990s).

## **Literature Review**

There are several prominent theories regarding factors associated with neighborhood attainment. One of the oldest focuses on the relationship between stage in the *life cycle*, residential satisfaction, and choice of neighborhoods (e.g., Speare 1974). In short, at different stages of the life cycle people want different things from our neighborhoods. On average, marriage, presence of children, and advances in socioeconomic status should be associated with more advantaged neighborhood environments, though young adults who are unmarried and just starting careers are likely to prefer more urban and heterogeneous environments. We are not aware of a study, however, that has looked in detail at residential transitions during emerging adulthood, a period when so many transitions are experienced simultaneously.

As its name suggests, *spatial assimilation* theory applies assimilation theory to the residential attainment process. It predicts that as immigrant groups become more

assimilated socioeconomically and culturally, that they will become indistinguishable from non-immigrants in their residential attainments. The theory would thus suggest that controlling for socioeconomic status, linguistic ability, and perhaps cultural preferences, racial and ethnic differences in neighborhood attainment should largely disappear, or will eventually disappear across successive generations. Classic assimilation theory would not attribute remaining inequalities to discrimination, but rather to incomplete assimilation.

The *place stratification* model, in contrast, problematizes the assimilation process, particularly for immigrant and racial and ethnic group that have been disadvantaged by historical and contemporary discrimination and other structurally-based inequalities. The place stratification model predicts that racial and ethnic inequalities in locational attainment will persist, even after controlling for various measures of socioeconomic status, family type, etc.. A “strong” version (Logan and Alba 1993) of the model further hypothesizes that disadvantaged racial and ethnic groups will receive less of a return, when compared to whites, to their socio-economic resources. Using education as an example, the strong version would expect the association of educational resources and locational attainment to be weaker for African Americans than it is for whites. In a study of the black middle class, Pattillo (1999) argued that since the African American middle class grows up in greater proximity to poor African Americans, that they are ensnared in the problems of poverty, and hence do not reap the same benefits to middle class status that the white middle class receives. A “weak” version of place stratification, in contrast, argues that the effects of socioeconomic resources will be greatest for African American and Latinos. The most recent work on the topic has generally supported the weak model (Crowder, South, and Chavez 2006).

A final theoretical perspective, having considerable with the life cycle and assimilation approaches, is that of *residential preferences*. It asserts that racial and ethnic differences in residential attainments largely reflect group differences in tastes and preferences for neighborhood racial and ethnic composition (Clark 1980, 1991; Farley 1978; Schelling 1971). A well known but counter-intuitive prediction of the preferences model is that small group differences in preferences will lead to high levels of racial and ethnic segregation (Schelling 1971). Whereas preferences are not a focus of this study, we will control for a variety of measures of residential satisfaction, reasons for living in the neighborhood, and attachment to neighbors at baseline.

## **Methods**

### *AddHealth*

The National Longitudinal Study of Adolescent Health is a nationally representative longitudinal sample of adolescents in grades 7 to 12 in the United States in 1995 (Bearman, Jones, & Udry 1997). The original sampling frame included 80 high schools and their feeder middle-schools, stratified by region, urbanicity, sector, race, and size. From school rosters, 20,745 adolescents completed in-home interviews at wave I. Of youth contacted, 78.9 percent agreed to participate at wave I. In-home interviews averaged roughly an hour and a half. During sensitive portions of the interview, respondents privately listened to questions through headphones and entered responses directly into a laptop computer. For 85.6 percent of participants, parents also completed an interview at wave I, providing additional data about youth, family, and parent characteristics. One year later, 88.2 percent of the core sample completed a wave II in-

home interview. Wave I 12<sup>th</sup> graders graduating between waves were not interviewed at wave II, but were followed-up in wave III. At Wave III, 15,197 (or 73.3 percent) of the original wave I respondents were re-interviewed. Respondents at wave III are largely between the ages of 18 and 26. All analyses will incorporate wave III weights to adjust for probabilities of sampling and attrition.

#### *Longitudinal Contextual Database*

Contextual databases have long been available for waves I and II providing detailed information about the block groups, census tracts, counties, and states in which respondents were living at each wave. Missing geographical data at waves I and II was negligible – 123 and 55 respondents, respectively (Billy et al., 1997). Although geocodes were collected at the time of the wave III interviews, a contextual database was not initially constructed. This project will take advantage of data recently collected by the first author as part of the Add Health Wave III Contextual Database. It replicates selected variables at the census tract, county and state levels deemed of most use to researchers. For the purposes of this project, neighborhoods will be operationalized as the census tracts in which respondents were living at each wave.

#### *Neighborhood Measures*

We are interested in two inter-related dimensions of neighborhood attainment. The first is the percentage of families below poverty. We will model neighborhood poverty both continuously and dichotomously using traditional thresholds (e.g., 30 percent or higher of families below poverty). We will also use a control for neighborhood poverty at wave I to assess change from adolescence to emerging adulthood. The second dimension is the percentage of adults in the neighborhood with a college degree or more. This dimension relates more strongly to the concept of high socioeconomic status neighbors, that many studies have found more consequential (i.e., than poverty). We will similarly use continuous and threshold measures of high SES neighbors.

#### *Individual and Family Measures*

*Gender* is coded 1 for female, 0 for males. *Race and ethnicity* is based on self-reports of race and Hispanic origin, yielding mutually exclusive categories of non-Hispanic white, black, Asian, other races, and Hispanic origin. We will also consider variations across Latino subgroups, including Mexicans, Puerto Ricans, and Cubans. *Household structure* is denoted by an indicator of whether youth lived with both biological parents at wave I. *Logged family income* is the natural log of parents' reports of gross family income in 1994 (in rounded thousands). Of parents participating, 13.2 percent did not report family income. To retain these cases, missing income data is multiply imputed. *Parent's education* is from parent reports of their highest degree completed, with the higher used when more than one parent is present. Categories ranging from "never went to school" to "professional training beyond a four-year college" are converted into years of schooling completed. *Parent unemployment* is based on parent reports of whether any residential parent was currently unemployed. *Managerial/professional* is an indicator for whether any residential parent is employed in a managerial or professional occupation. A variety of measures will be used to control for attachment to neighborhoods at wave I. For example, parents were asked about the importance of various reasons they lived in their

(wave I) neighborhood, including: “less crime,” “less drug use and other illegal activity by adolescents,” and “the schools are better.” Adolescents were asked the degree to which they know and talk to their neighbors, whether they feel safe in their neighborhood, and how disappointed they would be to move from their neighborhood.

### *Analytical Strategy*

Due to the wide range of ages of Add Health respondents, analyses are stratified based on whether adolescents were in middle school or high school at wave I. We will use the following general sequence of regression models for both dimensions of neighborhood attainment.

Model 1: Includes indicators of race and ethnicity, age, and gender. This model establishes a baseline difference in attainment across racial and ethnic groups.

Model 2: Adds indicators of family SES and other family background variables.

Model 3: Adds indicators of own educational completion, work status, and household situation. The direct associations of the racial/ethnic indicators with neighborhood attainment will be compared between model 1 and models 2 and 3 to assess whether differences persist after controlling for socioeconomic resources.

Model 4: Adds interactions of race/ethnicity with family SES and emerging SES. These models will assess the applicability of the strong and/or weak versions of the place stratification model.

Model 5: Adds controls for baseline neighborhood attachment indicators.

### **Preliminary Findings**

Due to our agreement with Add Health regarding using the preliminary contextual database, we are unable to report our preliminary results in great detail. To briefly summarize, however, we find that African American and Latino families have lower locational attainment in early adulthood than do Whites or Asians. This advantage is maintained, controlling for a wide range of family and own socioeconomic status, life course statuses, and measures of residential attachment. Consistent with the weak model of place stratification, we also find that socioeconomic resources are more important for African Americans than they are for Whites. The official (i.e., non-preliminary) data will be made available to all Add Health contractual users around October 1<sup>st</sup>, at which point we will be able to re-run our analyses and complete the paper far in advance of the PAA meetings.