

ABSTRACT

Title of Dissertation: EXPLORING COMPLEXITY IN WELL-BEING: A MIXED METHODS EXAMINATION OF THE BLACK WOMEN'S WELL-BEING PARADOX

Tiffany N. Ford, PhD Candidate, 2021

Dissertation directed by: Dr. Carol Graham, School of Public Policy

This study explores the complexity of Black women's well-being and policy experience along the income distribution. This dissertation consists of three separate but related essays. Chapter 1 argues for the active inclusion of intersectionality theory in social and economic policy work. I rely on the literature to draw clear links between the intersectionality theoretical framework, the study of subjective well-being, and the development of equitable public policy to support well-being.

In chapter 2, I explore an intracategorical complexity approach to intersectionality, focusing on unpacking the layers of difference among Black middle-class women and investigating how they relate to well-being. Using qualitative focus group data, I uncover the key factors shaping well-being for 22 Black middle-class women in Wichita, KS and Las Vegas, NV and discuss what a policy agenda might look like to support their well-being. Results of this transformative exploratory sequential mixed methods design suggested health, money, and social support, like

friendships, family, and romantic partnerships, were core determinants of well-being for Black middle-class women. Quantitatively, Black middle-class women's well-being and determinants differed significantly by their level of education and by a combination of their parenthood and marital status. This work revealed that structural oppression may be influencing Black middle-class women's well-being by the shaping of the distribution of their determinants of well-being.

In chapter 3, I focus on subjective well-being at the intersection of race, gender, and class through an intentional focus on Black women in different income classes. Relying on Gallup Daily data from 2010-2016, I explore both intracategorical and intercategorical complexity, comparing well-being and its determinants within race-gender and across it. This work reveals a paradox of well-being for Black women: in every income class, Black women are more optimistic and less stressed than white people, despite having less of the objective factors known to contribute to that well-being. I offer potential explanations for this paradox.

Through an intentional focus on Black women, this work takes an early step in unpacking the relationship between policy-relevant objective factors (like financial security surrounding food and healthcare access and relative health status) and subjective well-being in the lives of an American public imbued with racial and gender diversity. The overall results of this study illustrate the importance of qualitative and mixed methods inquiry into the economic, health, and social position of Black women in the U.S. in order to yield further lessons for policies that could benefit this group.

EXPLORING COMPLEXITY IN WELL-BEING:
A MIXED METHODS EXAMINATION OF THE BLACK WOMEN'S WELL-
BEING PARADOX

by

Tiffany N. Ford

Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2021

Advisory Committee:
Dr. Carol Graham, Chair/Advisor
Dr. Alana Hackshaw
Dr. Rashawn Ray
Dr. Claire Dunning
Dr. M. Apolonia Calderon

© Copyright by
Tiffany N. Ford
2021

Dedication

Whether this project launches a long and fruitful academic career or if it is the last major piece of academic writing I do, or whether reality is somewhere in the middle (as it most often is), I appreciate having written this dissertation on this topic at this time. Thank you to God for being my joy. Thank you God for keeping me.

Acknowledgements

First, a sincere thank you to my advisor, Carol Graham. Since before I was even a student at the university, Dr. Graham was my champion. She not only advocated for my entrance into this degree program (alongside Taryn Faulker! Thank you!), but also wholeheartedly supported my wild idea of finishing in three years. She never doubted that I could do it, even when I doubted this fact myself. Thank you for your kindness, your timeliness, your realness.

Thank you to my dissertation committee who joined me on this journey, Dr. Alana Hackshaw, Dr. Rashawn Ray, Dr. M. Apolonia Calderon, and Dr. Claire Dunning. You all reminded me that my work was valuable when I needed to hear it most. I cannot thank you all enough for being on my team within the school. In the same vein, I would be remiss if I did not name and thank Sergio Pinto! Your support throughout was truly invaluable.

To my colleagues at Brookings who met me as an energetic first year PhD student and saw me grow into a dissertating doctoral candidate: thank you for the conversations, for your critiques, and for your ideas. I want to give a special shout out to the Future of the Middle Class team in Economic Studies. To the leadership, Dr. Richard Reeves and Dr. Isabelle (Belle) Sawhill, thank you for giving me room to blossom. To the junior staff: it was a joy learning alongside you all. I also want to name and thank Dr. Sarah Reber, Dr. Jennifer Silva (I wrote my chapter 2 with your approach in mind!), and Dr. Annelies Goger and Molly Kinder who join me on the qualitative crew at Brookings. Let's keep pushing.

A huge thank you to my academic community that I have built up along the way. To Dr. Laura Kohn-Wood at the University of Miami, the person who introduced me to the idea of a PhD and to qualitative research, I have so many thank you's. To Dr. Sekile M. Nzinga-Johnson, Sharon Powell, Dr. Jeni Hebert-Beirne, Dr. Linda Ray Murray, and to my Radical Public Health community at UIC and around the U.S. Yall's push for justice inspires me daily.

Finally, thank you to my emotional support pitbull, Dandelion, thank you to my family, thank you to my sorority sisters (shout out to Spring 12!), thank you to my team of girlfriends who have become sisters. Thank you, mom. We did this together.

Table of Contents

Dedication	ii
Acknowledgements	iii
Table of Contents	v
List of Tables	vii
List of Figures	viii
Chapter 1: Intersectionality for American middle-class well-being: A social policy imperative	1
Introduction	1
Intersectionality theory: Measurement and application	8
Defining intersectionality	10
Core concepts	11
Measuring intersectionality	13
Intersectionality's connection to well-being and social policy	17
Science of well-being measurement	19
Main known findings on the determinants of subjective well-being	20
Subjective well-being by race or gender	22
Subjective well-being for Black women	24
Well-being contributions to policy	32
Equity as a policy goal	34
Intersectionality-Based Policy Analysis Framework	36
My application of the IBPA framework	39
Benefits of this approach	42
Pitfalls of this approach	43
Bridging intersectionality theory and the study of subjective well-being	47
My research focus and contribution to policy	48
Conclusion	50
Chapter 2: What the “outsider within” can teach us about policy: A mixed methods exploration of well-being among Black middle-class women	52
Introduction	52
Literature Review	53
Methods	55
Researcher positionality statement	58
Data description	60
Sampling & recruitment	64
Instruments	66
AMCHAS secondary use limitation	67
Data analysis	68
Qualitative analysis	69
Quantitative analysis	71
Qualitative Results	72
Structural oppression: “The state of the world is so depressing”	72
“Trying to make a change”	74

Determinants of well-being for Black middle-class women: Health, money, support.....	78
Quantitative results	83
Framing	83
Descriptive statistics	86
ANOVA results.....	90
Discussion	92
Determinants of well-being and markers of difference for Black middle-class women.....	94
The impact of structural oppression.....	98
Policy for Black middle-class women	101
Conclusion	103
Chapter 3: Exploring complexity in Black women’s well-being: What matters and for whom?.....	105
Introduction.....	105
Literature and theory	106
Data and sample	109
Measures	110
Well-being.....	110
Determinants of well-being.....	111
Race, gender, class	111
Summary statistics	112
Black women relative to other race-genders.....	113
Black women relative to each other.....	114
Analytic strategy	115
Results.....	117
Discussion.....	122
Black women well-being paradox	126
Conclusion	129
Policy addendum.....	143
Appendices.....	150
Appendix 2A: Details about focus group locations	151
Appendix 2B: AMCHAS Focus Group Moderator Guide	153
Appendix 2C: ANOVA Results Tables	158
References.....	161

List of Tables

Table 2.1 Sociodemographic profile of qualitative data	62
Table 2.2. Correlations: Household income, well-being, and its determinants	84
Table 2.3. Sociodemographic profile of quantitative data	87
Table 2.4. Well-being and its determinants for Black middle-class women, by sub-group	89
Table 3.1. Well-being of full sample (all income levels and race-genders)	132
Table 3.2. Correlations: Household income, Well-being, Health and Money Determinants of Well-being, Race, Gender, Race-gender.....	133
Table 3.3. Poor American's Well-being, combined and by race-gender.....	134
Table 3.4. Middle-class American's Well-being, combined and by race-gender.....	135
Table 3.5. Rich American's Well-being, combined and by race-gender.....	136
Table 3.6. Black women well-being and determinants of well-being by class (means)	137
Table 3.7. Regression results: Well-being in the US, 2010-2016.....	138
Table 3.8. Regression results: Well-being for Poor Americans in the US, 2010-2016	140
Table 3.9. Regression results: Well-being for Middle-class Americans in the US, 2010-2016	141
Table 3.10. Regression results: Well-being for Rich Americans in the US, 2010-2016	142

List of Figures

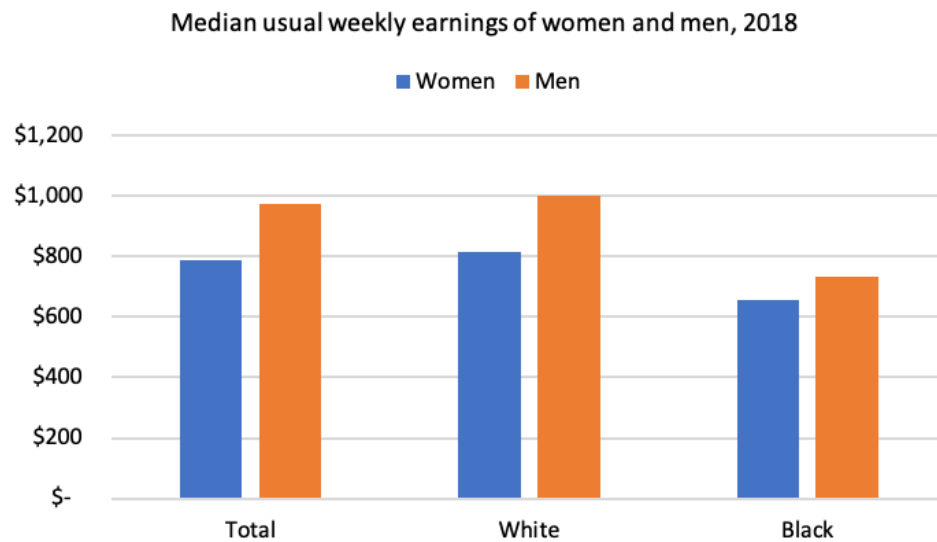
Figure 1.1. Earnings and Hypertension, by race/ethnicity and gender	1
Figure 1.2 Race matters for subjective class identification	6
Figure 1.3. Determinants of subjective well-being for Black middle-class women...	29
Figure 1.4. Subjective well-being for Black middle-class women	30
Figure 2.1. Transformative exploratory sequential mixed methods analysis plan	68
Figure 2.2. Conceptual Framework for Black Middle-Class Women Well-being	94

Chapter 1: Intersectionality for American middle-class well-being: A social policy imperative

Introduction

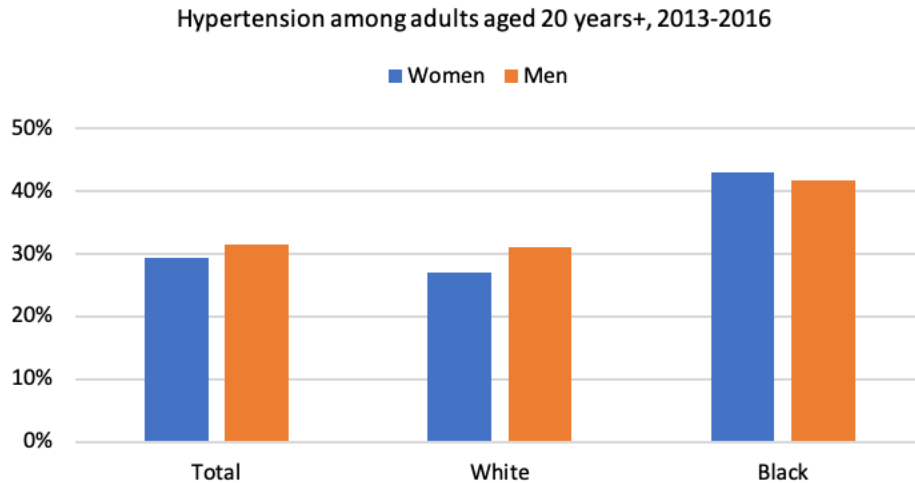
The current approach to economic and social policy research most often involves aggregating data by income, and race or gender less frequently, despite the fact that economic and social policy is racialized and gendered (Michener & Brower, 2020). Because white people are the majority of Americans, an aggregated approach to analysis often obscures race, gender, and especially race-gender economic and social inequity in policy implementation and outcomes (U.S. Census Quick Facts).

Figure 1.1. Earnings and Hypertension, by race/ethnicity and gender



Note: People of Hispanic or Latino ethnicity may be of any race. Estimates for the race groups shown (White, Black or African American, and Asian) include Hispanics.

Source: U.S. Bureau of Labor Statistics, Current Population Survey.



Note: Hypertension is defined as having measured high blood pressure or taking antihypertensive medication. Uncontrolled hypertension is defined as having measured high blood pressure among those with measured high blood pressure or reporting taking antihypertensive medication. Percentages are based on the average of blood pressure measurements taken. Estimates exclude pregnant women.
Source: NCHS, National Health and Nutrition Examination Survey

Take median weekly earnings and hypertension, for example (Figure 1.1). A discussion about the median total earnings of women in the U.S. being \$789 a week relative to men's \$973 means nothing to a Black woman whose earnings are already only 83% of "women's" pay. Conversations about the gender pay gap must acknowledge the embedded racialized gender pay gaps (Flynn, 2017). Additionally, national public health goals of reducing the proportion of adults with hypertension to 26.9% nationally (it is now 30.5% overall) is nearly irrelevant for Black women, whose hypertension rate was 43% in 2013-2016, the highest of any race-gender group and far beyond the national average (Healthy People 2020). Because these data have been disaggregated and reported by race and gender simultaneously, invested policy scholars have the opportunity to take a more nuanced look at racialized and gendered economic and health inequity in America. However, it is not always the case that data is analyzed and shared in such a way for policymakers to visualize and respond to simultaneous racial and gender inequity in these commonly referenced outcomes.

Without this disaggregation, decision makers are largely flying blind with regards to what policy problem they are addressing and for whom. I am not the first to argue that policy scholars have an inadequate understanding of policy implications by race and gender (or what I refer to as “race-gender”), especially for women of color (Michener & Brower, 2020).

This unfortunate obscuring of racial and gender inequity extends to policy research on the American middle class as well. Because white people are the single demographic which make up the majority of the American middle class, it is their experience and outcomes driving top line statistics and ultimately policymaking for this broad social group (Pulliam et al., 2020; Busette & Reeves, 2018). This remains true if policy scholars don’t think to disaggregate, understand, and respond to outcomes by other relevant factors like the differential social location which exists at the intersection of race-gender. But why does it matter that policy scholars and practitioners get the data and interpretation right when it comes to understanding and analyzing the middle-class experience?

Who is the American middle class?

The middle class is often discussed as an aspirational goal for Americans and used as proxy for a prosperous U.S. economy and society, making them an obvious population of focus for policy debates (OECD, 2019). As access to the middle class – and ultimately the American Dream – is seemingly declining in our society, the political response has been an even more intense focus on middle class access and well-being. Because the American middle class is seen as the heart of America and cornerstone of the U.S. economy, many policymakers and thinkers have attempted to

positively impact the lives of the American middle class mainly via broad economic policy. However, without more richly contextualized data that informs how the intersections between race and gender shape the experiences of the middle class, it is not clear that a one-size fits all approach will similarly improve the lives of all of those who are part of the American middle class.

If policy scholars and practitioners endeavor to equitably promote well-being among the American middle class, it is important to critically assess who is represented within the group. Despite the direct policy relevance of the middle class, there is no concrete or widely agreed upon definition of the group to guide the political discourse (Cashell, 2008; Sacks, 2019). There have been multiple attempts over the years to define the middle class using a combination of objective (e.g. income) and subjective (e.g. culture) metrics, none of which have garnered majority support among researchers or practitioners.

Dating back to 1899, we see the Black middle class defined by DuBois based on respectability, income, and occupation. Over the years, scholars have considered occupation (and by proxy education), wealth accumulation (via home ownership), and behaviors – like mowing the lawn, getting married, going to church, or voting – as part of the middle-class definition (Wilson, 1978; Oliver & Shapiro, 1995; Patillo-McCoy, 1999; Jackson & Cummings, 2011). In later work, Patillo (2005) defined the middle class based on income, education, occupation, and normative assessments, like values, morals, and culture. In a recent book on the healthcare experience of Black middle-class women, Sacks considered education, wealth, income, and occupation in her definition of middle class (2019). Both the Pew Research Center

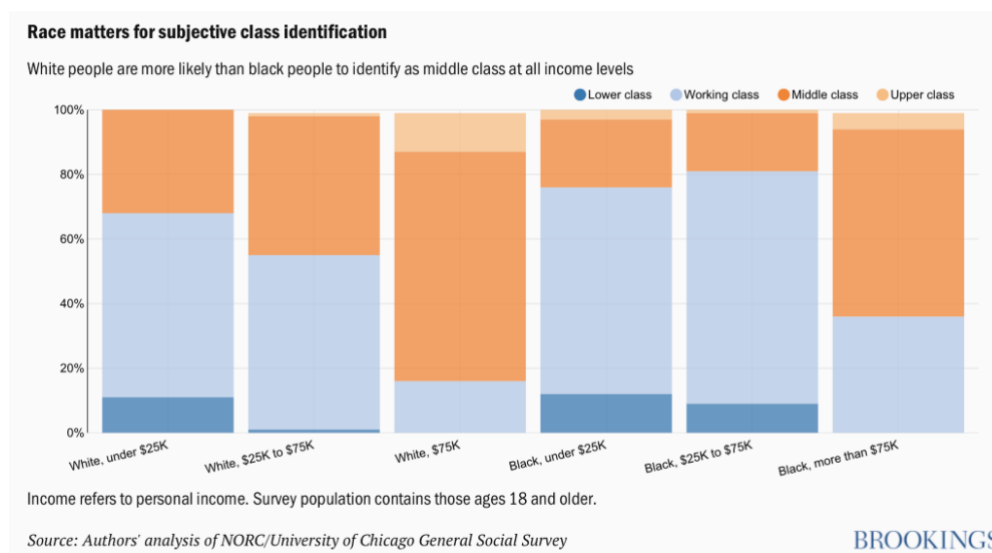
and the Brookings Institution Future of the Middle Class Initiative (FMCI) rely on solely income-based definitions to define the middle class (Bennet, Fry, & Kochhar, 2020; Reeves & Guyot, 2018).

While there are myriad ways to define the middle class – many of which include income (Reeves, Guyot, & Krause, 2018) – the definition of the middle class is quite obviously a broader term that is inclusive of much more than just income. My work relies solely on income as a way to define the American middle class for precisely this reason. Middle class is defined in my research as the people existing in the middle three quintiles of the household income distribution – in line with the Brookings FMCI middle class definition. Because so many economic (e.g. wealth), social (e.g. marriage), and health (e.g. infant mortality) outcomes are closely associated with income, I explore more strict *income* class groups rather than defining and exploring *social* class groups. By relying on income as the only inclusion criteria, I avoid subjective cultural, occupational, or educational debates about who is part of the middle class. Additionally, this narrow, income-based approach to defining the middle class allows me a simpler and more consistent place to begin exploring a variety of other relevant variations within the middle class. A single clear definition of the middle class serves as a springboard to robust quantitative analysis of the broad social group. It is critical to note that when it comes to my inclusion criteria, it is less important to me if people feel middle class than that people's incomes place them in the middle class. Using this strict income-based definition of the American middle class, we see that in 2019 the middle class was 12% Black, 18% Hispanic, 10%

“other,” and 59% white according to Current Population Survey data (Pulliam et al., 2020).

The racialized difference in whether or not people feel middle class gets at the heart of why I must define middle class in the way that I do. The definition of the middle class is fraught with racial division and membership in the class group is conceptualized differently for Black people versus white, as evidenced by Black people being much less likely to see themselves as in the “middle class” group regardless of their actual income placing them in the middle of the income distribution (Figure 1.2). A strict income-based definition of the middle class offers me the opportunity to explore whether middle class incomes translate into middle class outcomes for Black middle-class women, what that might mean for our subjective well-being, and how the experience of Black middle-class women might help shape broad policy interventions on behalf of the American middle class.

Figure 1.2 Race matters for subjective class identification



In a racialized and gendered America, does a shared income level indicate a shared experience? Is it accurate to talk about the middle-class experience as if it is a

monolith as so many politicians and policy researchers do (Mohan, 2019; Mahnken, 2013; Kearney, 2013)? I argue that the answer to these questions is no. The simultaneous racial and gender oppression that middle class Black women face means that their middle-class experience is both qualitatively and quantitatively different than that of their white and/or male middle class peers. This argument is supported by 2019 findings of Black middle-class women's racial and gender discrimination in the healthcare system (Sacks, 2019). The demographic variation of the middle class provides evidence that they are not a single cohesive group with consistent experiences, policy preferences or solutions, despite the fact that the policy literature has tended to treat them that way (Pew Research Center, 2012).

Scholars and practitioners treating the American middle class as a single cohesive group is not only inaccurate – it is harmful. There is an erasure of the impacts of simultaneous racial and gender oppression (and related lived experience of those existing at that marginalized intersection) that happens through the aggregating of middle-class data at the class – or even race or gender – level. This aggregation causes policy scholars to miss the nuances that racism, sexism, and gender racism reveal about the state of the middle class. More than that, this persistent aggregation – either by class or race or gender, but never by all three – serves as a consistent reminder to Black middle-class women that our existence is never fully acknowledged via public policy.

My research asks the following broad question: “How is well-being generated within social hierarchies (like the middle class) along the lines of race and gender?” This is a social policy-related question which remains inadequately addressed in the

literature and must be explored comprehensively as a subject of research inquiry in the United States of America (Burton et al, 2010; Deeming, 2013; Andersson, 2018; Yoo et al, 2018). Additionally, social policy focused on the well-being of the American middle class is an area ripe for examination via intersectionality theory. Intersectionality provides a theoretical and analytical framework which allows us to understand the simultaneous effect of systems such as race, class, and gender (Collins & Bilge, 2016). This approach to analysis means that my research will seek to explore the inequities which map onto the “-ism’s” (e.g. racism, sexism, etc.) that are deeply embedded throughout every system and institution in American society. When we fail to explore race-gender heterogeneity in class and well-being research, we arrive at incomplete interpretations about the middle-class experience. Consequently, incomplete information leads to an inadequate or misdirected policy response on behalf of the American middle class.

Intersectionality theory: Measurement and application

Both individual and group identity are complicated and influenced by a wide array of social factors working in concert with one another (Dill & Zambrana, 2009). Race, class, and gender are the social categories which show up most often in intersectionality research and are thus referred to as ‘fundamental traits’ in the U.S. (Hum & Simpson, 2003; Manuel, 2006). While these fundamental traits manifest in individuals, they operate at a systems level. Race, for example, has been deeply imprinted into the fabric of the United States since 1619 (Hannah-Jones, 2019). The Black/white color divide that has been defined for over 400 years is still upheld and enforced today as evidenced by Black people being about five times more likely to be

stopped unfairly due to their race by the police than white people in a 2019 Pew Research Center poll (44% vs. 9%) (Omi and Winant, 1994; Desilver, Lipka, Fahmy, 2020). Gender as a fundamental trait is also rooted in U.S. political and economic systems and culture and has associated systems of power and oppression tied to it (Scott, 1986). Gender is a critical part of how inequity is shaped (and re-shaped) in our society (Scott, 1986). Race and gender are better acknowledged fundamental traits relative to class in the United States. In a seemingly rags-to-riches society such as the U.S. – a nation founded on the idea that hard work leads to prosperity – scholars often fail to discuss and acknowledge that class is also an embedded system of oppression operating here. Income inequity has increased substantially since the 1980’s and personal income divergence between social classes can not only help explain that inequity, but also casts doubt on scholars arguing that the U.S. is in a “post-class” society (Wodtke, 2016). Core to my analysis are the patterns of social relationships which are shaped by the three fundamental traits – race, gender, and class.

These social systems associated with race, gender, and class are complex, pervasive, variable, persistent, severe, and power-based (Weber, 1998). The complexity of these patterns is the result of their interconnected nature. For example, Nakano Glenn discussed the “relational” nature of race-gender categories, stating that being a Black or white man or woman is socially positioned and gains meaning from one another (1999). This interconnectedness also causes these social systems to be pervasive and widespread throughout various social arenas, from households to education systems, and the economy. The patterns of social relationships which

organize human behavior are always changing yet have also proven to be stable over time and across places (Omi and Winant, 1994). In a hierarchical society like the United States, some social factors and statuses are more valued than others (e.g. whiteness), thus these social systems have serious implications for social life because they are stratified and centered on power relationships (Dill & Zambrana, 2009; Weber, 1998). When discussing the interplay of social relationships, political scientist Simien puts it plainly: “race and gender cannot be defined in terms of strict dichotomies – *either* black/white *or* male/female – when race is ‘gendered’ and gender is ‘racialized’” (2007, p. 266, emphasis in original). Thus, a theoretical framework which seeks to analyze how these fundamental social categories interact and manifest is essential. Born from this need is intersectionality theory.

Defining intersectionality

Intersectionality is a phrase used in a variety of academic fields – women’s studies, race studies, sociology, public health – and social contexts, often with varying definitions. While this “traveling theory” is largely understood to be coined by Black feminist legal scholar Kimberlé Crenshaw Williams in the late 1980s as a means to explain the legal experience of Black women, the core concepts of intersectionality can be seen in writing as far back as 1969 (i.e. in Frances Beal’s essay “Double Jeopardy: To Be Black and Female”) (Bauer & Scheim, 2019, p. 260; Collins & Bilge, 2016). Crenshaw Williams developed this theory to point out the gaps and bridge the divides in race and gender scholarship, which at the time assumed that race and gender were distinct areas of inquiry (Bauer, 2014; Crenshaw, 1989). Intersectionality as a theory flips that assumption on its head by accounting for the

lived experience of those existing at the points of intersection (McCall, 2005). It is not possible to comprehensively understand a Black woman's experience through the study of race or the study of gender alone, because the study of race focuses on Black men as the critical reference point and the study of gender focuses on white women (McCall, 2005; hooks 1981; Hull et al. 1982). Throughout history, we see painful examples of the point of intersection that Black women occupy in the U.S.:

...black women seemed to achieve greater equality with men of their race relative to white women because the conditions of slavery and white supremacy forced them to work on par with black men, yet black women also were more vulnerable to sexual violence because whites did not consider them worth protecting "as women" (Davis, 1981)

At its core, intersectionality is a way to understand the complex world and human experiences within it (Collins & Bilge, 2016). The framework is a tool to understand and analyze how systems related to social identities (i.e. race, gender, sexuality, class, etc.) do not operate as exclusive entities, but interacting and mutually constructing phenomena that shape complex social identities and inequalities (Bowleg, 2012; Hankivsky & Cormier, 2011; Collins & Bilge, 2016; Bauer, 2014; Collins, 2000). A systematic approach to understanding social life, human experiences, and the oppression of marginalized people, intersectionality is both a theoretical and analytical framework (Dill & Zambrana, 2009).

Core concepts

Intersectionality does not have a confined set of constructs which are agreed upon among all scholars; however, in 1998 Weber discussed the six common themes of intersectionality, which serve as a widely cited summary of the field:

- (1) Social categories are contextual: Fundamental traits are not fixed, but rather constantly changing over time;
- (2) Social categories are socially constructed: Fundamental traits are constructs “whose meaning develops out of group struggles over socially valued resources” (18);
- (3) Social categories are embedded in systems of power relationships:
Fundamental traits exist as power hierarchies in which one group has control over another, thus jeopardizing material and nonmaterial resources;
- (4) Social categories have meaning at the micro (individual) and macro (societal) levels: Fundamental traits are embedded and linked at social psychological (individual) and social structural (societal) levels;
- (5) Social categories are simultaneously expressed: Because fundamental traits exist simultaneously and in various directions of privilege and oppression, “no simple mathematical relationship can capture the complexity of the interrelationships of these systems” (25);
- (6) The study of social categories requires an interdependence of knowledge and activism: Analysis of the fundamental traits blends academic study and social justice.

Among these six common themes, public health researcher and intersectionality scholar Lisa Bowleg named three core tenants which are especially relevant when applying an intersectionality perspective in the field of public health:

- (1) social identities are not independent, but overlapping,
- (2) people from historically marginalized groups are the focus of analysis, and

- (3) individual overlapping social identities (e.g. race and gender) intersect with macro-level structural factors (e.g. racism and sexism) to produce divergent outcomes (Bowleg, 2012).

Measuring intersectionality

In 2005, McCall conducted a review of the intersectionality literature and divided the current approaches to the work into three methodological groups. The three approaches are differentiated by the way that they use the categories to explore the complexity of intersectionality:

- 1) Anticategorical complexity. This approach considers social life to be much too complex to put them into analytical categories at all.
- 2) Intracategorical complexity. This approach is conceptually in between the first and third approaches. It deeply acknowledges the complexity of analytical categories while recognizing a certain degree of stability and durability of the resulting relationships at any given point in time by exploring the complexity of experience within these analytical categories. Ultimately in this approach, analytical categories have a sort of “ambivalent status” (p. 1783).
- 3) Intercategorical complexity. This approach requires researchers to accept existing analytical categories in order to explore relationships among social groups.

My study applies both the second and third, intracategorical and intercategorical complexity, approaches to measuring intersectionality. The second approach to complexity, the intracategorical approach, allows me to examine within-group differences. Using this approach to intersectionality in my qualitative chapter 2, I will

explore well-being heterogeneities within Black middle-class women along factors like parenthood, education level, age, marital status, and whenever possible, occupation and income. Intracategorical intersectionality acknowledges the stability of social categories and uses them in analysis, but with a slightly more critical stance (McCall, 2005). Intracategorical complexity accepts that there is something durable about the Black middle-class woman experience but wonders what complexity might exist within that experience. The goal of this approach to intersectionality is to reveal well-being heterogeneity among Black middle-class women. The main question of my chapter two asks: *What are the key objective determinants of well-being for Black middle-class women?* Through nuanced qualitative exploration of Black middle class women's well-being, I will be better equipped to fully answer that question and craft a policy agenda which supports Black middle class women's well-being.

My quantitative chapter 3 applies both the intracategorical and intercategory approaches to complexity. The analysis will apply the intracategorical complexity approach through a within- race-gender exploration of well-being heterogeneity by income class group (i.e. poor, middle class, and rich Black women). To apply the third approach to intersectionality, intercategory complexity, I explore the relationship between objective determinants of subjective well-being and subjective well-being for different race-gender groups (i.e. Black men, white women, white men) in three income class groups. The intercategory approach is based on the assumption that stable inequity exists among existing social groups and is thus a useful tool to understand inequity between Black and white women or Black women and Black men. Because the goal of this approach is to analyze those social

relationships, one must believe that they are stable enough to use in analysis as “anchor points” (McCall, 2005; Nakano Glenn, 2002, p. 14). McCall sums up the intercategorical approach to intersectionality:

“The [inter]categorical approach focuses on the complexity of relationships among multiple social groups within and across analytical categories and not on complexities within single social groups, single categories, or both. The subject is multigroup, and the method is systematically comparative.”
(McCall, 2005, p. 1786)

The intercategorical complexity approach requires me to accept race and gender as defining aspects of inequity which impact the well-being of people in meaningful and consistent ways. My chapter three asks: *Does being a Black woman impact life satisfaction, optimism, and stress? How does this differ by income class group?* and *Does the impact of money and health as determinants of well-being differ by income class group for Black women?* This analysis has implications for policy scholars’ current understanding of how class and various key determinants of well-being impact subjective well-being for different race-gender groups in the U.S.

Getting good data to inform analysis which applies an intersectionality theoretical framework requires asking questions that don’t force additive answers (Bowleg & Bauer, 2016; Bowleg, 2008). An additive approach assumes that each individual aspect of one’s identity is separate and can be added to one another, an assumption which flies in the face of intersectionality theory (Bowleg, 2008; Bauer, 2014). Bowleg argues that it is nearly impossible not to ask additive questions in quantitative intersectionality research – the mere use of a phrase like “race, gender, and/or social class” implies that these social relationships can be separated (Bowleg, 2008). It can be difficult to construct questions to measure intersectionality

quantitatively that are not additive, hence the tendency of intersectionality scholars to focus on qualitative methods. The fact that social categories, like race, class, and gender, are socially constructed (one of Weber's six common themes) also means that their meaning cannot be fully captured via demographic variables in quantitative analysis (Weber, 1998). It is for this reason that researchers suggest a focus on quantitative outcome metrics, like stress, rather than emphasizing demographic questions (Bowleg, 2008). It also for this reason that intersectionality is most often studied qualitatively.

Qualitative methods are often seen as better equipped to handle the nuance that intersectionality reveals (Bowleg, 2008). These approaches to intersectionality research allow room for the context that traditional empirical analyses removes through the isolation of various social categories like the effects of race controlling for gender or the effects of gender controlling for race (Simien, 2007; Manuel, 2006). As acceptability of qualitative studies in policy spaces has increased, researchers have become better able to rely on this approach to answer questions that require an intersectionality lens (Manuel, 2019).

While qualitative methods have been the key approach to studying intersectionality, its limitations – related to the amount of time it takes to collect and analyze the data as well as the breadth of the analysis due to small sample sizes – can be addressed through quantitative analysis (Bauer, 2014). Large datasets, like those common in quantitative research, allow researchers to quickly disaggregate outcomes on multiple identity markers, like race, class, and gender, while maintaining sufficient sample sizes for these sub-groups (Manuel, 2006; Bauer, 2014). Ultimately, mixed

methods study of intersectionality provides the opportunity to capitalize on the advantages of both approaches and produce stronger, more convincing findings (Bowleg & Bauer, 2016; Manuel, 2006).

Intersectionality's connection to well-being and social policy

A vast array of literature points to a relationship between higher social class and better health outcomes (Bowleg, 2012; Adler et al, 1993). From that, one might infer that Black middle-class people are doing well in terms of their health. However, the intersectionality paradox for Black middle-class women contextualizes the poor health outcomes of people existing at the intersection of a “high status identity” (e.g. middle class) and racial and gender minority status (Bowleg, 2012, p. 1269). Inequity in infant mortality is a telling metric to reveal this paradox in action. Non-Latino Black women who are highly educated – a proxy for social class – have consistently had infant mortality rates exceeding Non-Latino white women with less education (Jackson & Williams, 2006). The Black middle-class health paradox manifests differently in the lives of Black middle-class men. Their debilitating health inequity is homicides (Bowleg, 2012; Jackson & Williams, 2006). Applying intersectionality to the study of subjective well-being for the American middle class forces a deep look at the well-being heterogeneities that exist by race-gender and opens the door to a deeper, more nuanced understanding of middle-class well-being.

In the field of public health, intersectionality has been increasingly used to understand and respond to the root causes of health inequity – racism, sexism, and other structural -isms which shape the resources in our society and resulting health outcomes (Heard et al, 2019; Solar & Irwin, 2010). For those public health scholars

who study and use the framework, intersectionality has advanced researchers' understanding of the ways in which multiple identities based on a person's fundamental traits intersect and interact with systems of oppression and power (Heard et al, 2019; Bowleg, 2012). Intersectionality has contributed to the public health literature and practice in a few ways. First, it has provided a basis for a wider array of scholars to understand power and inequity in their work. Next, intersectionality offered methodological and analytical tools to researchers interested in examining distinct social inequity. Finally, with all of the new knowledge that has been produced and power that has been built along the way, intersectionality becomes a tool to inspire action and inform change – both within and outside of the walls of the academy (Heard et al., 2019).

Despite the robust body of knowledge, both critical inquiry and praxis, intersectionality as a theoretical framework has been ignored in the field of public policy and social policy more specifically (Manuel, 2006; Hankivsky & Cormier, 2011). This may largely be due to the historic underdevelopment of theory and methods that allow seamless integration of intersectionality concepts into public policy analysis (Hankivsky & Cormier, 2011). There have been efforts in more recent years to better formalize intersectionality's integration into policy. In a 2014 paper, Hankivsky et al. describes their innovation for policy analysis: the Intersectionality-Based Policy Analysis (IBPA) Framework, a tool born out of the need for methods to apply intersectionality theory to health-related policy analysis. This framework has two core components: 8 guiding principles and 12 overarching guiding questions to shape analysis (Hankivsky et al., 2014). The principles guide the answering of the

questions. Only relatively recently has intersectionality been applied to study health and other social inequities quantitatively, which demonstrates ample room for the empirical study of intersectionality in social policy spaces (Bauer & Scheim, 2019). Ultimately, scholars are slowly but surely realizing that intersectionality theory has much to contribute to our understanding of what it takes for people to be well. Just as an intersectionality theoretical framework has been applied in the field of public health, it can also be applied to the study of well-being.

Science of well-being measurement

Well-being is a broadly defined term without a widely agreed upon single definition (Fabian, 2020). Because well-being is ultimately a value judgement, it can only be used in empirical analysis once the term has been clearly defined (and by then a value judgement has already been made) (Fabian 2020; Tiberius and Hall, 2010; Prinzing, 2020). Clearly defining well-being requires us to start from an early distinction between objective and subjective well-being, the two most common conceptual approaches to well-being (Fabian, 2020; Western & Tomaszewski, 2016). Objective well-being is understood through observable characteristics which define well-being. It has been operationalized through material resources and social attributes, such as income, food, housing, education, health, and social connections (Fabian, 2020; Western & Tomaszewski, 2016). This capabilities approach was developed by Sen (1999) and further theorized by Nussbaum (2000). Diener et al. defines subjective well-being (SWB) as “a life that matches an individual’s own ideals” (2009, p. 20). Like objective well-being, SWB is a multifaceted concept that requires multiple indicators to capture its nuance (Diener et al, 2009). SWB is most

commonly captured through assessing one's overall satisfaction with their lives, as well as their positive and negative emotional states (Diener et al, 2009). A large body of subjective well-being research demonstrates clear links between the material resources and social attributes that make up objective well-being (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016; Dolan, Peasgood, & White, 2008; Diener & Ryan, 2009; Diener & Biswas-Diener, 2008). As such, in my discussion of well-being I refer to objective well-being as the determinants of subjective well-being. This language (i.e. determinants of well-being) maps onto the conceptualization of health and the social determinants of health from public health literature and practice, the field in which I am primarily trained.

The following scenario presents a useful example of the relationship between the determinants of subjective well-being and subjective well-being itself (Fabian, 2020):

Consider someone dying of terminal cancer at 60 who is satisfied with the life they have lived. They might say "I've had a good inning". Is this person well? Objectively no, subjectively yes. In contrast, consider the "miserable millionaire" and "frustrated achiever" archetypes sometimes observed in empirical studies of life satisfaction (Graham 2012). These people are typically healthy, wealthy, and powerful, but report lower levels of life satisfaction than "happy peasants". Are they well? Objectively yes, subjectively no.

Main known findings on the determinants of subjective well-being

Although knowledge on the ways in which the determinants of well-being may differ by race, gender, and race-gender is incomplete, quite a bit is known about other social factors associated with high levels of subjective well-being broadly.

Money. Income, wealth, jobs, and earnings are frequently cited and widely acknowledged determinants of subjective well-being (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016; Dolan, Peasgood, & White, 2008). We know that in general, people with high subjective well-being are more likely to earn more money than those with low subjective well-being, regardless of occupation (Diener & Ryan, 2009). In general, SWB literature indicates that higher incomes are good for SWB (Stevenson and Wolfers, 2013). People care about their relative income almost equally to their absolute income (Boyce et al., 2010; Frijters and Mujcic, 2013), a fact that is relevant as we seek to understand potential race-gender impacts on the relationship between determinants of SWB, like income, and SWB. While income inequality used to be acceptable in America as a sign of future opportunity (Graham, 2017), inequality is now a common sign of a rigged and inaccessible economic system, leaving people to feel that the American Dream of upward mobility has died (Fabian, 2020; Hochschild 2016, Cramer 2016, Carney 2019).

Health. Another often studied and conceptually clear determinant of subjective well-being is health status (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016). The relationship between subjective well-being and physical and mental health is both strong and persistent (Dolan, Peasgood, & White, 2008). Scholars have also shown that high subjective well-being improves health and increases the likelihood of people engaging in more healthy behaviors (like wearing a seatbelt) and less unhealthy ones (like drug addiction) (Diener & Ryan, 2009; Diener & Biswas-Diener, 2008). The relationship between health and subjective well-being

seems to be bi-directional as well, with good health leading to high subjective well-being and high well-being having a causal impact on health (Boarini et al, 2012).

Other determinants of SWB. Social connections and relationships are also strongly associated with subjective well-being (Helliwell, 2008; Boarini et al, 2012). The relationship between high levels of sociality and high subjective well-being is also bi-directional: individuals with a lot of friends had higher levels of SWB; people with higher SWB had more and better friends (Diener & Ryan, 2009; Diener & Biswas-Diener, 2008). Some scholars discuss education as a factor positively associated with high subjective well-being; however, it is difficult to understand the role that education itself may play on subjective well-being as opposed to other factors that correlate with education level, like good health and higher incomes (Helliwell, 2008; Boarini et al, 2012). Other determinants of subjective well-being which are less researched include housing quality, work/life balance, civic engagement, environmental quality, personal security, autonomy, and religion (Boarini et al, 2012; Ngamaba, 2016; Neal, 2003).

Subjective well-being by race or gender

In a 2018 paper, Yoo, Kim, & Lee provide a detailed review of what is known in SWB research for racialized groups in the U.S. Well-being scholars have broadly conducted cross-cultural analysis to better understand how subjective well-being differs across cultural contexts. Existing explanations for cross-cultural differences in SWB include: differences in mean-level resources, like food and shelter, or cultural values, like collectivism vs individualism; individual-level characteristics, like personality; or measurement bias (Yoo, Kim, & Lee, 2018; Diener, 2012; Diener &

Diener, 1995; Kitayama, Markus, & Kurokawa, 2000; Suh, 2007). Yoo, Kim, & Lee found that there do tend to be racial group differences in the US (2018). In 2001, Thoits & Hewitt found that white Americans have higher SWB than Black Americans.

However, the inconsistent definition of culture across papers impacts our ability to clearly interpret and apply these findings (Yoo, Kim, & Lee, 2018). Whether researchers are referring to national culture, SES, race/ethnicity, or other cultural factors, matters a lot in how we can interpret and incorporate their findings. In particular, the SWB effects of individualism versus collectivism are cultural factors that have received a great deal of focus in the field (Dolan, Peasgood, & White, 2008). Researchers studying SWB in North American versus East Asian societies (to proxy individualistic and collectivistic cultural norms) emphasize cultural stereotypes while also ignoring the evidence that suggests greater heterogeneity exists within nations rather than between them (Yoo, Kim, & Lee, 2018; Oyserman, Coon, & Kemmelmeier, 2002). In fact, while there are a great deal of studies examining differences in SWB between the U.S. and other countries, there are few which examine racial group differences in SWB within this country (Yoo, Kim, & Lee, 2018). This is problematic as it is important to understand the role that race in particular plays on SWB, especially in the U.S., as many of the issues impacting minority communities are tied up in race and there are racial group differences in SWB (Yoo, Kim, & Lee, 2018). Graham (2017) and Pinto (2019) fill this gap, by exploring the differences in well-being across races in the U.S. using Gallup Daily data. Graham (2017) found that Black people are the most optimistic racial group, a

finding further supported with follow-up work (Graham & Pinto, 2019). Large Black-white gaps in stress exist within class, with poor Black people being 14 percentage points less likely to report experiencing stress in the previous day than their poor white peers.

Gender is seen as another socio-demographic variable which can help explain well-being (Deeming, 2013). In some studies, women report higher levels of SWB; however, depending on the additional variables included in any given analysis (e.g. health problems), the gender difference can disappear (Dolan, Peasgood, & White, 2008; Deeming, 2013). Graham and Chattopadhyay (2013) add to the understanding of gender's relationship to well-being with their finding that women have higher average levels of well-being than men worldwide. In later analysis, Graham and Pinto (2019) also found that men have lower levels of optimism and stress relative to women. Further work has been done to unpack why women might report higher levels of SWB than men despite objective disadvantage. Through the use of anchoring vignettes, Montgomery (2020) found that women's life satisfaction is actually lower than men's after vignette adjustment. This finding indicates that either women use rating scales to describe their well-being or have different standards and expectations for their well-being (Montgomery, 2020). Still, none of the methods mentioned included examining race-gender simultaneously.

Subjective well-being for Black women

Because of perceived identities based on race, gender, and class and the associated ways that we each navigate the world, it is almost as if we all live on different planets rather than just in different skin. We see it in our language, our

understandings of the world, our support of varying political candidates and policy ideas, and ultimately, in our well-being and beliefs about our futures. While many determinants of well-being may be broadly the same and exist within wide categories, like money and health status, I would argue that they are understood and manifest differently based on the systems of oppression associated with different race-gender cohorts.

Given the research on the many ways that race and gender impact our daily lives, intersectionality theory encourages scholars to reflect on just how feeble an assumption it is to think that the factors that impact the lives of the American middle class are the same regardless of race and gender. Intersectionality is a theoretical framework which analyzes how fundamental social categories, like race, gender, and class, interact and manifest into previously unknown or misunderstood inequities. Namely, the well-being of Black middle-class women (and related policy implications), which is an understudied topic. Black middle class women's race-gender impacts their lives in almost every way through related systems of oppression – racism, sexism, and gendered racism, in this case.

While there are few papers which detail SWB for Black American women, Cummings recent (2020) article studies the race-gender cohort trends in happiness over time using the General Social Survey general happiness question from 1972 to 2016. Prior to Cumming's 2020 paper, there was little subjective well-being research pointing to the well-being of Black women, specifically. Rather, in order to understand Black women's well-being holistically, one must combine discoveries from a variety of scholars who intended to study race and gender separately. For

example, we know that membership in a traditionally discriminated group – like being Black or a woman – may have a protective effect on one’s well-being (Hnilica, 2011). Other scholars found the Black-white happiness gap declined over the period of 1972 to 2008 (Coverdill, López, & Petrie, 2011), but findings by race tell us nothing about gender. The same goes for the gender happiness gap (Stevenson & Wolfers, 2009) - this tells us nothing about race.

Cummings finds race-gender differences in happiness and demonstrates that happiness gaps travel in different directions for different race-gender groups at different time periods. He found that Black women experienced consistent improvements in happiness since the 1970s (Cummings, 2020). In contrast, white women have experienced a happiness decline beginning in the 1970s. Both Black and white men experienced gains in happiness until roughly 2000 and have experienced a leveling off or slight decline since then (Cummings, 2020). Cummings also found that race-gender differences in happiness were more distinct at higher levels of income (2020). In fact, Black women in households earning \$80,000 per year were about as happy as white women in households making minimum wage (i.e. earning \$15,080/year) (Cummings 2020). Ultimately Cummings concludes that when both race and gender are explored simultaneously, it becomes clear that white women (rather than women as a whole) are the only race-gender group that has historically experienced greater well-being than white men (2020). This research utilizes the intersectionality theory as its theoretical framework guiding the analysis.

Not only does regular life experience differ based on race and gender, but various public policies created “for us” due to one’s class, race, or gender impact

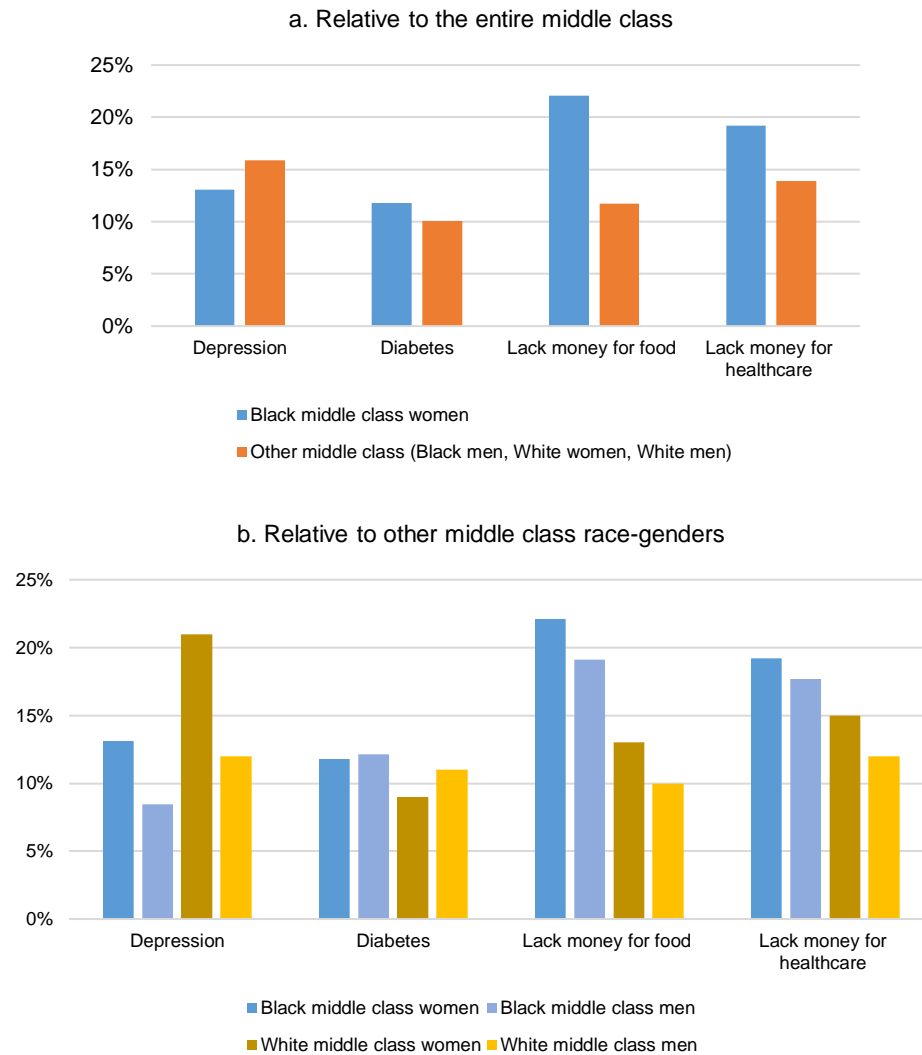
cohorts differently depending on one's race-gender because the systems related to class, race, or gender interact to shape complex inequities (Collins & Bilge, 2016; Collins, 2000). For example, policies meant to advance middle class people, Black people, or women should each, by design, benefit Black middle class women. Policy history has demonstrated that not only is that frequently not the case, but also there may be policy issues specific to the lived experience of Black middle-class women that policy interventions at the class, race, or gender levels separately were unable to identify and thus respond to (Flynn, 2017; DuMonthier, Childers, & Milli, 2017; Michener & Brower, 2020).

When looking at Black/white women/men, Cummings found that the historical "female" decline in happiness discussed by well-being scholars only applied to white women and that Black women are happier today than they have been in the past. This suggests that whichever underlying forces are driving declines in white female happiness from 1972 to 2016, these same processes may not be affecting Black females in the same manner or at all. This may be due to Black women's differential experience during and in the aftermath of the late 1960s women's rights movement. During that time (and still today), policies which benefited "women" (read: white women) and expanded their civil rights were not equally shared with Black women. In fact, in the 1980's, a decade said to have reduced economic inequality for "women," Black women experienced greater economic inequality, decreased income, and increased unemployment (Michener & Brower, 2020; Browne, 2000). This inequity was born out through poorly informed (or intentionally racist) economic policy (e.g. the Equal Employment Opportunity

Act, see Michener & Brower, 2020 discussion). I would argue that this differential policy impact manifested in differences in the objective determinants of well-being (e.g. money and health) between Black and white women. My dissertation research seeks to explore the complexity of Black middle-class women well-being and policy experience.

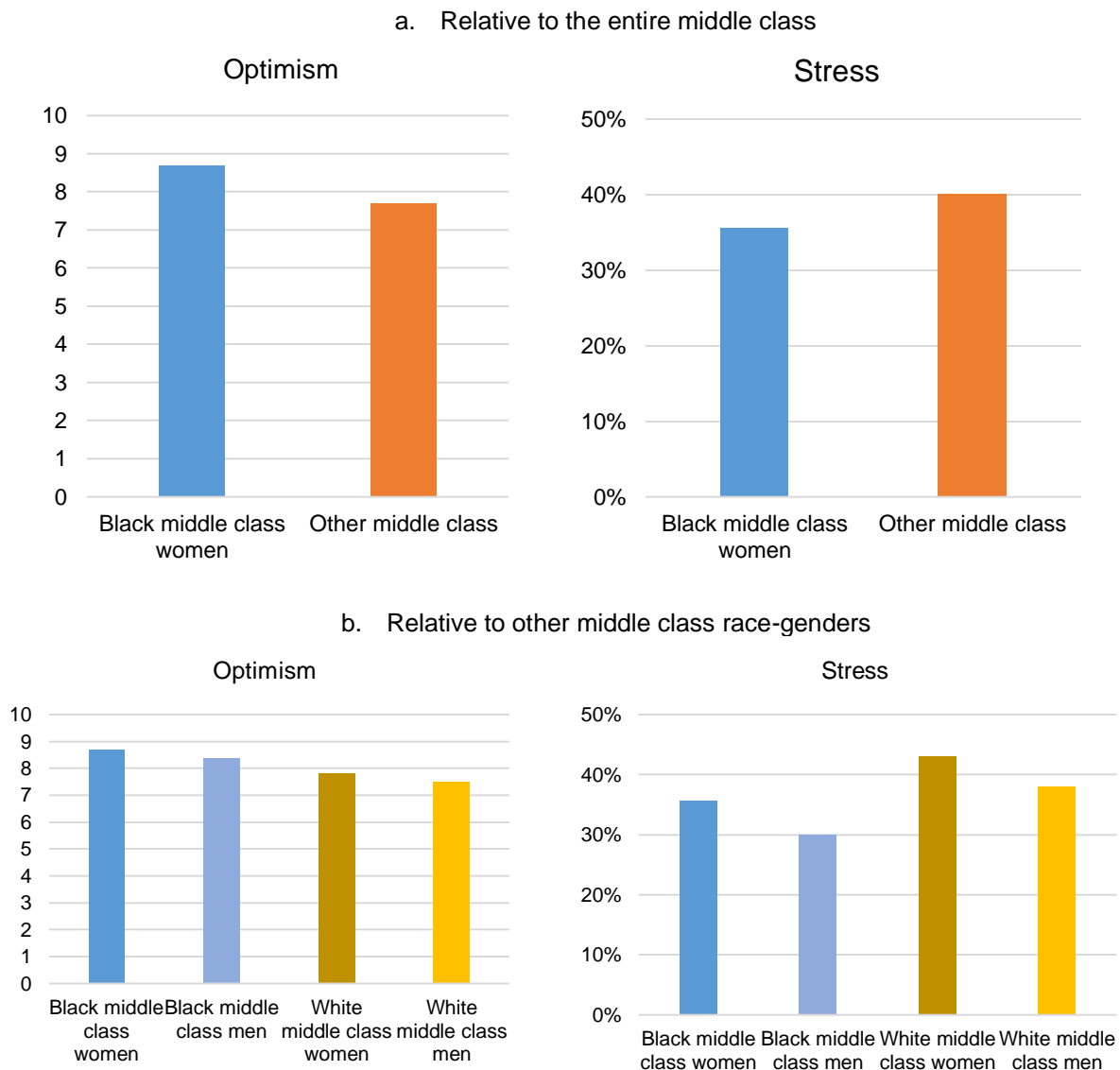
Cummings also found that the Black male-Black female gap in happiness has remained unchanged over the 40+ year period that he studied (Cummings, 2020). Unlike many white women who witnessed historic entries into the labor force for the first time since the 1970s, Black women have traditionally participated in the labor force at higher rates than white women. Additionally, Black women have experienced relative declines in fertility (parenthood) in recent years and are also more likely to never be married. Overall, Cummings' research demonstrates that happiness – and I argue subjective well-being more broadly – is better understood at the intersection of gender and race. Figures 1.3 and 1.4 below help to illustrate my point.

Figure 1.3. Determinants of subjective well-being for Black middle-class women



Source: Gallup Daily, 2010-2016

Figure 1.4. Subjective well-being for Black middle-class women



Source: Gallup Daily, 2010-2016

Using 2010-2016 Gallup Daily data, Figure 1.3a shows that while Black women are significantly less likely to have been told by a physician that they have depression (13% vs. 16%). Looking at differences by race-gender (Figure 1.3b), we see that it is white middle-class women who are most depressed (21%). When it comes to physical health, Black middle-class women are significantly more likely to

have been told by a physician that they have diabetes than the rest of the middle class (12% vs. 10%), about the same proportion as Black middle-class men. Black middle-class women are also significantly more likely to lack money for food (22% vs. 12%) or healthcare (19% vs. 14%) for their family in the past year than their middle-class counterparts of other race-genders (Black men, White women, and White men).

Figure 1.4 uses the same data to compare the optimism and stress of Black middle-class women. Figure 1.4a shows that Black middle-class women are significantly more optimistic (8.7 vs. 7.7 out of 10) and less stressed (36% vs. 40%) than the rest of the middle class that they are being compared to. The fact that Black middle-class women are a full point more optimistic (on the 0-10 scale) than other middle-class race-gender groups may at first seem trivial. However, once you realize that this difference in well-being is greater than the drop in life satisfaction that comes from losing a spouse and is about the same as becoming unemployed (according to forthcoming analysis by Blanchflower & Graham) it is easier to recognize Black middle class women's heightened optimism as quantitatively meaningful. Black middle-class women are also significantly less stressed than the rest of the middle class (36%) (Figure 2.4a), with Black middle-class men as the least stressed (30%) and white middle class women the most (43%) (Figure 1.4b).

What is a policy scholar to do with these quantitative findings? Black middle-class women seem to be significantly more optimistic and less stressed than the rest of the middle class despite being more likely to have diabetes and more likely to lack money for food or healthcare. This finding is consistent with the broader finding of Black people being the most optimistic and men reporting lower levels of optimism

and stress (Graham, 2017; Graham & Pinto, 2019). Does that mean that Black middle-class women are living the good life? Why would the social group who is exposed to racism, sexism, gendered racism (and most likely other overlapping -isms), often with some of the worst objective outcomes, simultaneously have the highest levels of subjective well-being? It could be that existing policy scholars' understanding of what subjective well-being metrics are capturing needs to be adjusted to be understood through the eyes of different race-gender groups. It could also be the case that the factors that are currently understood to mainly contribute to "the good life" are less central to how Black middle-class women assess their own level of optimism and stress. In previous research, higher levels of optimism among older Black people have been understood as a higher level of resilience, so perhaps that is yet another way to understand Black middle class women's optimism (Graham & Pinto, 2019). This high optimism can also be understood via the "happy peasant and frustrated achiever" effect, which is associated with low expectations and/or adaptation to adversity (Graham & Pinto, 2019). That is a less positive spin on the interpretation of Black middle class women's well-being. All of these factors could be at play or none at all – this complexity should be of the utmost importance to policy researchers interested in crafting solutions to support the middle class.

Well-being contributions to policy

The key goal of well-being scholars is to understand how to improve people's quality of life – efforts to understand that complicated information must extend beyond GDP (Diener & Ryan, 2009). Subjective well-being data is an important addition to other objective information because it provides another way for scholars

to understand the life circumstances which determine one's sense of well-being (Boarini et al., 2012). Well-being scholars in the U.S. have been arguing for the active inclusion of national well-being metrics alongside more traditional economic and social indicators in order to provide a more comprehensive view of quality of life (Diener & Ryan, 2009). SWB scholars also argue that well-being ought to be further included in policy discourse as these metrics expand our understanding beyond the focus on income. While income is still an important and useful objective indicator of well-being, subjective well-being metrics provide more direct and actionable information on the impact of specific policies on well-being than a more narrow focus on income would allow (National Research Council, 2013; Graham, 2005; Manuel, 2006).

Subjective well-being research is being used globally to different degrees as a key tool to understand the impact of various policies on the broad population and especially specific subgroups (Oishi & Diner, 2014). While subjective well-being scholars in the U.S. have been engaging in rigorous research to move the measurement of SWB forward, these metrics are not yet published nationally or presented as “official statistics” for U.S. policymaking.¹ Just as economic indicators measure economic well-being, broad well-being indicators tell a story about social well-being (Oishi & Diner, 2014).

¹ It is worth noting that as of late 2020, adapted questionnaires are being reviewed for Census Pulse data, the Fed, NHS, and the CDC due to the major well-being effects of COVID on this nation. Assuming the data is collected in a way which facilitates disaggregation by race-gender, these data will likely facilitate future nuanced exploration of well-being and related policy analysis.

Equity as a policy goal

If the goal of social policy on behalf of the American middle class is to improve the lives of middle-class people, one must ask themselves “what does it take to be well?” Social policy and well-being scholars have explored this question for decades and come up with some fairly convincing answers, detailed above. However, to date, relatively little is known about the role that race, gender, and race-gender have on well-being for race-gender cohorts in the U.S. Given the important social, political, and economic roles that the middle class plays in America, scholars being aware of what it takes for the broad social group to be well is critical. While robust knowledge exists on the social factors associated with high levels of subjective well-being at the broad population-level, well-being scholars understand that what it takes to be well is shaped by our own life experience and expectations. It is also shaped by the society that we live in and the systems of oppression that operate there. In a multicultural society such as the United States, life experiences vary greatly from person to person; however, because of the pervasive interpersonal and structural effects of racism, sexism, and gendered racism in our society, many lived experiences tend to cluster along racial and gender lines. If the goal is to craft policy which can be responsive to the entire American middle class, one must be willing to study social patterns of race-gender cohorts, be open to the complexity that they may reveal, and be prepared to design policy which is responsive to these new findings.

Public policy is uniquely situated in both the creation and reduction of social and economic inequity (Michener & Brower, 2020). Within the state, the power exists to either create (and re-create) inequity or begin to address it. Equity (through

reducing the re-creation of inequity) should be the goal of public policy interventions. Equity exists in public policy spaces when there are social systems in place designed to equalize outcomes between historically privileged and historically oppressed groups (Hankivsky, 2014).

Operating under Rawl's veil of ignorance, individuals in the "original position" find themselves wanting to enter into a society in which they have the equal basic liberties, equal access to social and economic opportunity, and for that social and economic surplus to somehow benefit the least-advantaged members of society (for just in case) (Rawls, 2001). Basically, if we were to start our lives over without knowing if we were going to be born to a poor Black single mother in an underinvested neighborhood in urban America or to an uber-rich two-parent household in suburban America, it turns out that people want a system which ensures equity regardless of race, gender, or class. If equity is to be the goal of policy for the American middle class, the only way to move closer to that point is to examine current inequities more critically and craft policy which is responsive to those discoveries. As I have previously argued and as intersectionality theory describes, inequities among the American middle class can be best seen, understood, and responded to through a more nuanced study of race-gender in the middle class.

Intersectionality theory allows scholars a framework to understand the many overlapping systems of oppression and the varying inequities that they produce. Its application in public policy research is nascent and must be more thoroughly incorporated into the field (Manuel, 2006). Without intersectionality, how do we begin to understand and respond to Black women's \$0.89 to every Black man's \$1,

\$0.80 to every white woman's \$1, and \$0.65 to every white man's \$1 (U.S. Bureau of Labor Statistics, Current Population Survey, 2018 annual averages; see Figure 1.1 above)? These inequities map onto the -ism's embedded throughout our society. Until intersectionality is a clearly understood theoretical framework and an embedded concept in the policy literature, policy scholars will continue to miss opportunities to design policy which is tailored to meet the needs of communities most directly impacted by myriad health, economic, and social inequities.

Intersectionality-Based Policy Analysis Framework

Despite intersectionality's inherent complexity, multiple scholars have conceptualized methods to apply intersectionality theory to policy analysis (Manuel, 2019). The intersectionality-based policy analysis (IBPA) framework is one such method for operationalizing intersectionality in health-related policy contexts. The IBPA framework was developed over years through an iterative, collaborative process with the investment of academic, governmental, and community leaders (Hankivsky et al, 2014). The framework's 8 guiding principles map onto the core concepts of intersectionality and are used to ground the key questions, which together shape the analysis (Hankivsky et al, 2014). According to Hankivsky and colleagues (2014), the guiding principles are:

1. *Intersecting categories*: This is a core principle in intersectionality which states that human lives cannot be reduced to a single category (e.g. either race or gender or class or sexuality). Rather, intersectionality understands fundamental traits to be interacting and co-constituting one another, creating distinct social locations that vary in time and space;

2. *Multi-level analysis*: Inequality manifests at global, national, regional, local, community, and individual levels. Because the importance of the impact at any of these levels is not pre-determined, intersectionality is concerned with exploring the process of inequality within them all;
3. *Power*: Intersectionality's focus on relational power highlights that: i) power operates at a structural level to exclude certain people, knowledge, and experiences, ii) power shapes categories (e.g. race and racism), and iii) these processes work together to shape privilege and oppression within and between social groups;
4. *Reflexivity*: Reflexivity analyzes power dynamics by asking the question "who are we talking about and who is in the room?" Practicing reflexivity requires policy scholars to challenge previously held ideas of 'knowledge' and give space to those typically excluded from the title of "expert";
5. *Time and space*: Privileges and disadvantages change over time and space, thus time and space are fluid and shape our interpretation of the world;
6. *Diverse knowledges*: An emphasis on the diversity of knowledges highlights the relationship between power and knowledge production;
7. *Social justice*: Intersectionality is a social justice tool meant to challenge inequities at the root and cause scholars to question existing social and power relationships; and
8. *Equity*: At its core, intersectionality is concerned with equity and equity is rooted in fairness. Equity exists when systems are designed to ensure equal

outcomes for all people, regardless of their privilege or oppression
(Hankivsky, 2014).

The goal of the 12 key questions are twofold: the first set of questions is meant to describe critical background information in full context and the second set of transformative questions are meant to identify alternative solutions (Hankivsky et al, 2014). The key questions of the IBPA framework are as follows:

Descriptive

1. What knowledge, values, and experience do you bring to this area of policy analysis?
2. What is the policy problem under consideration?
3. How have the representations of the problem come about?
4. How are groups differently affected by this representation of the problem?
5. What are the current policy responses to the problem?

Transformative

6. What inequities actually exist in relation to the problem?
7. Where and how can interventions be made to improve the problem?
8. What are feasible short, medium, and long-term solutions?
9. How will proposed policy responses reduce inequities?
10. How will implementation and uptake be assured?
11. How will you know if inequities have been reduced?
12. How has the process of engaging in an intersectionality-based policy analysis transformed:

- Your thinking about relations and structures of power and inequity?
- The ways in which you and others engage in the work of policy development, implementation, and evaluation?
- Broader conceptualizations, relations, and effects of power asymmetry in the everyday world?

Scholars applying the IBPA framework need not use all 12 questions – this tool is meant to be adapted to best fit the particular policy issue being analyzed. The key indicator that one is genuinely applying an intersectionality framework to their analysis is that the scholar describes upfront *how* they are using intersectionality. They are clear about what ways the theory is being used and which questions it is meant to answer. Scholars applying intersectionality theoretical framework must also thoroughly discuss intersectionality's Black feminist legal studies origins. Scholars must also be prepared to fully situate themselves in the work (Moradi & Grzanka, 2017).

My application of the IBPA framework

I am applying the intercategorical and intracategorical complexity approaches to intersectionality in order to explore race-gender well-being heterogeneity and within race-gender class differences as defining aspects of inequity. Informed by those approaches to the complexity the human experience, my study assumes that these analytical categories impact the subjective well-being of the American middle class in meaningful and consistent ways and asks how. To answer, I qualitatively explore heterogeneity within the Black middle-class women along factors like

parenthood, education level, age, marital status, occupation. This approach allows me to explore how race/racism, gender/sexism, and gender racism shape the way that Black middle-class women think about their well-being. Then, I quantitatively explore well-being heterogeneity by class, examining outcomes for poor, middle class, and rich income class groups, with a particular focus on Black women in all classes. Intersecting categories, power, reflexivity, and equity are the four most critical principles guiding the application of the framework for my analysis. My work will answer IBPA descriptive questions #1, #2, and #4 and transformative questions #6 and #11.

The first descriptive question – *what knowledge, values, and experience do you bring to this area of policy analysis?* – is one of the most critical questions to ask and answer scholars in all work. I bring to this analysis an understanding of the powerful role of public policy in the creation and recreation of social, economic, and health inequality. I bring a very strong equity mindset and the belief that equity (through reducing the re-creation of inequity) should be the goal of policy interventions. However, it is important to acknowledge that not all value systems are aligned and thus not all policy scholars believe as I do, that equity should be the goal of public policy. IBPA descriptive question #1 is so important to ask and answer because policy making is not and cannot ever be divorced from an ethical or moral value system. While data informs decisions, it does not alone make decisions; policy researchers and policymakers must do that. Thus, there is a normative aspect to all data-informed policy solutions – whether scholars choose to admit it or not. Some policy scholars may be opposed to moral arguments in public policy because they

assume that to argue normative issues is to be subjective in thinking and application. I disagree with that opposition because we are all humans with biases, thus we can never be value neutral in our thinking. Critical assumptions of policy scholars often go unstated and unaddressed because we pretend that the data is value neutral and so too are the associated conclusions and policy recommendations.

Related to that point, I would argue that critical assumptions have remained unstated and unaddressed in the study of subjective well-being. Prior to Cummings recent (2020) article which studies the race-gender cohort trends in happiness over time, there was little subjective well-being research pointing directly to the well-being of Black women. This reveals the prior assumptions of policy scholars studying well-being: that research by race or by gender would sufficiently inform us of the well-being of those individuals existing at the marginalized intersection of the two social categories. However, because “race is ‘gendered’ and gender is ‘racialized’,” well-being findings by race provide us with inadequate information about gender, and well-being outcomes by gender tell us nothing about race, leaving those interested in the well-being of Black women at a loss (Simien, 2007, p. 266). Instead, public policy should be rooted in data analysis with clearly stated theory and detailed assumptions of the researcher(s) involved in analysis. To that end, policy scholars must lean into a more inclusive theoretical framework to guide their policy thinking and analysis which allows individuals to be their full multifaceted, complex selves, expressing their social locations simultaneously (Weber, 1998). The major issue at stake is the perpetuation of racial, gender, and class-based inequity through the active exclusion and erasure of Black middle-class women’s experience. This continues to occur if

policy scholars fail to implement intersectionality theory into our understanding of public policy for the American middle class.

IBPA question #2 asks *What is the policy problem under consideration?* This question is important to answer in my writing because it requires the clear delineation of the problem: the misrepresentation of the American middle class by scholars and decision-makers which shapes persistent inequities for Black middle-class women. Descriptive question #4 – *How are groups differently affected by this representation of the problem?* – requires me to explore the implications of this problem both for different middle-class race-gender groups and for Black middle-class women in different social locations. I have begun to answer IBPA questions #1, #2, and #4 in this chapter via existing literature and preliminary analysis, but chapters 2 and 3 explore these questions further. Finally, transformative questions #6 and #11 (*What inequities actually exist in relation to the problem?* and *How will you know if inequities have been reduced?*) ask me to describe the inequities and explain what a policy approach to the American middle class might look like if these inequities no longer existed.

Benefits of this approach

Intersectionality theory is a useful analytical lens for policy scholars who wish to evaluate policy outcomes. It is an especially important approach for scholars interested in evaluating policy outcomes and experiences for minority groups whose experiences are often lumped together under a “diverse” umbrella (Heard et al., 2019; Gkiouleka et al., 2018). The ways in which one’s overlapping social categories combine to inform their social location which in turn informs their set of choices,

decisions, and ultimate outcomes among similarly situated groups is an understanding that is consistently missing from traditional social policy analysis (Manuel, 2006).

The key benefit of applying an intersectionality framework to social policy research is a better, more nuanced understanding of the social processes that are operating. These social processes shape the complex inequalities that we see (Cummings, 2020). As social policy scholars, we cannot make recommendations to support well-being until we have a full understanding of how social phenomena systematically shape the lives of all people. Scholars cannot gain that understanding until we intentionally examine it. Intersectionality-informed policy analysis allows scholars to challenge assumptions and consider whose voices and experiences have been missing.

Pitfalls of this approach

Policy scholars recognize and admit the importance of race, gender, class in analysis; however, there may be some limitations that exist when interpreting these variables simultaneously. One pitfall of applying intersectionality theory to the study of well-being is the potential for gaining information about a group so small and nuanced, that the findings are no longer generalizable to the broader population (Manuel, 2006; Hum & Simpson, 2003). I would argue that understanding race-gender difference in subjective well-being provides a window into how racial and gender inequity operates within and across social groups in constructs and policy spaces beyond subjective well-being (e.g. in social, economic, and health policy). While extremely small sample sizes absolutely limit generalizability of findings, at the basis of this concern is the (incorrect) assumption that one-size-fits all policy solutions are effective and thus broad generalizability is the key goal. In anticipation

of this potential pitfall, I will be relying on Gallup Healthways data for my quantitative analysis. Gallup is the first ongoing survey of American's health and well-being, asking evaluative and hedonic well-being, health, and economic questions of at least 500 adults daily. The Gallup samples are weighted to correct for nonresponse and selection bias. The samples are also weighted based on the most recent Census data to adjust for the demographics of the U.S. as a whole, including age, sex, region, gender, education, ethnicity, and race, as well as population density of self-reported location. I feel confident utilizing this data in my intersectionality-based analysis because its large population means that even as I examine individuals existing at the intersection of various social locations, I am still able to draw conclusions about sizable numbers of people, with statistical significance which allows for some generalization.

Another related source of opposition to the application of intersectionality theory in the study of well-being for social policy comes from a fairness argument. The targeting of a specific group in analysis (e.g. lower middle class Black women) may open the door to competition among oppressed groups, often referred to as "Oppression Olympics," or to more privileged groups feeling excluded (Manuel, 2019). I'll respond to the latter point of opposition first by saying that research on the American middle class already de facto targets a relatively specific group – usually the white American middle class. Ultimately, policy scholars choose who to focus their policy interventions on either through naming a specific group or not. Not identifying the specific group of focus often means a default to the majority group. In the case of middle-class policy work, that most often means a default to white

outcomes. In response to the “Oppression Olympics” argument, I offer the intersectionality theoretical framework again. Intersectionality offers us a lens into inequity within social categories, like Black middle-class women, as well as between them. This means that an additional layer of analysis could be added to explore the impact of other systems of oppression on the well-being of Black middle-class women, like ableism or heterosexism. Thus, intersectionality is not a tool meant to be used to incite competition among groups, but rather a tool through which we can better understand the lived experience of all people.

Critics of intersectionality also take issue with the theory’s messiness and complexity (McCall, 2005). This could serve as yet another point of opposition to my argument for its use in social policy analysis. Some of that messiness however is (1) inherent in the nature of the framework and (2) the analytical decision of intersectionality scholars, as social categories may be treated as entirely fluid and are dependent on the social context of interest (McCall, 2005; Manuel, 2006). Life is messy, complex, and does not fit neatly into analytic frameworks. We must lean on frameworks which mimic life’s messiness in order to capture and understand that complexity if we seek to truly understand and better support the good life. Ultimately it is precisely intersectionality’s messiness which makes it the useful social justice tool that it is. This complex framework consistently reveals new knowledge and evidence which often disrupts or even challenges the status quo leading to advocacy efforts which are rooted in social change and justice (Hankivsky et al., 2014).

Methodological challenges. While intersectionality theory, the IBPA framework, and the study of subjective well-being are substantively compatible, there

are some methodological challenges to grapple with. These challenges are rooted in intersectionality's core tenants of simultaneity of social categories and social construction. Simultaneity of social categories states that social identities are not independent, but overlapping; however, quantitative intersectionality often relies on responses to additive survey questions as variables for analysis. An additive approach to intersectionality assumes that race and gender operate separately from one another – and can thus be added to one another during analysis (Bowleg, 2008; Bauer, 2014). This presents a further challenge, as quantitative intersectionality relies on the interaction of those demographic variables to represent groups existing at those particular social intersections (for example, the interacting of a binary race and binary gender variable to study Black women). Analysis of those interaction terms is considered vital because it is needed to model the complexity of the human experience (Bowleg, 2008). The acute methodological challenge which arises out of those previously discussed is the difficulty in interpreting regression coefficients for race-gender interaction terms, which present more complexity in interpretation than an additive linear model (McCall, 2005). Finally, because social categories, like race and gender, are socially constructed, their meaning cannot be fully captured using demographic variables in quantitative analysis (Weber, 1998). This presents yet another methodological challenge to using intersectionality in the quantitative study of well-being for social policy.

Intersectionality theorists are able to capture society's nuance despite these challenges by having an "intersectionality-informed stance" towards their research (Bowleg, 2012, p. 1270). Their shared commitment to understanding how social

categories interact to create complex inequalities means that intersectionality scholars can explore their curiosity in creative ways, like by focusing on outcome metrics, like lifetime stress (Perry et al, 2013), rather than emphasizing demographic variables; by primarily applying qualitative methods (Bauer, 2014); and by applying mixed methods approaches to analysis. Bowleg also argues that because of these measurement and analysis challenges, interpretation is one of the most important “tools in the intersectionality researcher’s methodological toolbox” (2008, p. 312). A theoretical and analytical framework rooted in the lived experience of ordinary people, regardless of its methodological challenges intersectionality requires scholars to interpret their results within the context of sociopolitical history and systemic social inequalities (Bowleg, 2008).

Bridging intersectionality theory and the study of subjective well-being

Well-being scholars have paid little attention to the role of race and even less attention to the role of gender in their study of subjective well-being. Of the well-being research that has been conducted, it safe to say that race and gender have been consistently treated as separate in the analysis. Intersectionality theory, specifically applied via intersectionality-based policy analysis, forces such factors as race, gender, class to be examined simultaneously in an attempt to better understand one’s subjective well-being.

Cummings’ recent paper in the Journal of Happiness Studies provides us a window into what applying intersectionality theory to the study of subjective well-being might look like (2020). His study sought to answer three questions: (1) What is the direction and magnitude of temporal patterns in happiness at the intersection of

gender and race, 1972 to 2016? (2) Have racial and gender differentials in happiness decreased, increased, or remained unchanged? And (3) To what degree have social changes in the U.S. political economy post-Great Recessions converged to produce differentials in happiness at the intersection of gender, race, and class? Cummings work contributes to the literature by revealing happiness trends for Black women in particular, which are distinct from Black men and white women (2020).

My research focus and contribution to policy

Rarely are Black middle-class women made the subject of social policy research on behalf of the American middle class. Applying an intersectionality-based policy analyses framework, I have the opportunity to uncover the diverse knowledge that exists among Black middle-class women qualitatively and apply those lessons in my empirical work. Intersectionality theory consistently reminds us of the potential of discovery at the intersection of marginalized identities. It is my deep belief in the concepts of intersectionality theory, rooted in my lived experience of the framework, which allows me to know that I will likely contribute something new to the knowledge of subjective well-being and American middle-class research through the intentional focus on Black women.

Prior to the publishing of Cummings early 2020 paper, no study had examined race-gender trends in happiness for Black people. My study will continue to fill the gap in the well-being literature by examining race-gender trends in well-being with a particular focus on the experience of Black middle-class women. This dissertation study applies intersectionality theory to the study of well-being using qualitative focus groups with Black middle class women and nationally representative Gallup

Daily data on well-being. Additionally, this research will explore within and between race-gender heterogeneity in subjective well-being. I rely on an innovative quantitative approach to explore well-being heterogeneity within-class by race-gender and within-race-gender by class. This approach makes both a substantive and methodological contribution to subjective well-being and social policy literature.

My qualitative data allows me to apply an intracategorical complexity approach to intersectionality. In my mixed methods chapter 2, I explore heterogeneity within the Black middle-class women focus groups and Gallup Daily data along factors like parenthood, education level, age, marital status, and whenever possible, occupation and income. I will use these women's words to describe the factors which both support and hinder their well-being, paying close attention to (1) the relevance of money and health as key objective determinants of subjective well-being and (2) the role that structural oppression plays in shaping that well-being. This analysis seeks to identify differential policy experiences among Black middle-class women and highlights policy interventions which the women themselves supported.

My quantitative analysis in chapter 3 asks if race-gender moderates the relationship between the determinants of well-being and subjective well-being, again focusing on optimism and stress. Using Gallup Daily data, this empirical analysis takes both an inter- and intracategorical complexity approach, first by describing well-being heterogeneity by race-gender for the American middle class and then exploring if these race-gender heterogeneities are persistent across different income class groups (i.e. rich and poor Americans). More narrowly, my quantitative analysis explores whether Black women's well-being follows consistent patterns among poor,

middle class, and rich Black women. To examine intracategorical complexity, I compare well-being inputs and outcomes for middle class Black women to that of poor and rich Black women to examine the extent to which class oppression moderates the well-being experiences of Black women. To explore intercategorical intersectionality, I explore the role of race-gender (and racial and gender oppression) within class by comparing middle class Black women to other middle-class race-gender groups (i.e. Black men, white women, white men). This work has implications for policy scholars' current understanding of how social class and other determinants of well-being impact subjective well-being for different race-gender groups.

Taken together, my mixed methods and quantitative work seeks to better understand how well our current understanding of the determinants of subjective well-being and related subjective well-being outcomes explains the experience of Black middle-class women. Failing to understand the lived experience, sources of life satisfaction, optimism, and stress of Black middle-class women is the precursor to poorly designed policy meant to benefit the race-gender social group. Through the application of an intersectionality theoretical framework, my study challenges social policy scholars to use their knowledge of the systems of oppression and power (or build that knowledge up) in order to hone in on the marginalized populations in our society who continuously fail to be fully served by national, state, local, and even institutional policy responses.

Conclusion

Policy is not race-, class-, or gender-blind. It is largely argued and well-understood that policy is not experienced the same way by all people, and thus should

not be developed, implemented, or analyzed in the same way for all people (Hankivsky & Cormier, 2011). While it has been generally accepted that systems of oppression related to race, class, and gender are interrelated, social policy scholars' current approach to studying inequity suggests an additive approach, which assumes that (1) it is possible to differentiate between systems of oppression when multiple are present; (2) the hierarchical patterns of inequity are intersecting in consistent and stable ways; and finally, (3) one system of oppression can be more important than the other by focusing on one at a time (Bowleg, 2008; Bauer & Schiem, 2019; Weber, 1998; Hankivsky & Cormier, 2011). To take an intersectional approach is to understand that no social group is homogeneous (Simien, 2007).

Policy scholars have come a long way in developing measures of well-being and methods to determine changes over time; however, the inclusion of a paradigm which understands well-being as being centered on one's social location is largely missing from the literature (Manuel, 2006). The current literature focuses on the impact that race or gender may have on well-being but not the impact of race-gender, a distinct social location (Cummings, 2020). Despite the array of intersectionality literature in related fields, intersectionality as a theoretical framework has remained largely ignored in social policy (Manuel, 2006; Hankivsky & Cormier, 2011). Applying an intersectionality theoretical framework to understand our society is the tool social policy needs right now. In an ever-diversifying and increasingly divisive country, policy scholars now more than ever need to understand how people of all races, ethnicities, genders, sexualities, income levels are doing and what policy solutions would help everyone to live the good life.

Chapter 2: What the “outsider within” can teach us about policy: A mixed methods exploration of well-being among Black middle-class women

Introduction

Supporting the well-being of the American middle class is frequently at the core of domestic economic and social policy discussions; however, the perspectives of Black women in the middle class, and their well-being, often remain at the fringes. One Black middle-class woman described her experience as feeling like an “outsider within.”² Black feminist sociologist Patricia Hill Collins argues that this “outsider within” status provides Black women a unique standpoint on themselves, their families, and their relative placement in society (Collins, 1986). Research suggests that two factors strongly associated with high levels of subjective well-being for all people are what I am calling ‘money’ (i.e. income, wealth, jobs, and earnings) and ‘health,’ (i.e. physical and mental health status) (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016; Dolan, Peasgood, & White, 2008). However, the American middle-class is a racially diverse group of multiple genders – using an income-based definition of the American middle-class, we see that in 2019 the middle-class in the United States was 12% Black, 18% Hispanic, 10% “other,” and

² Shanice (pseudonym) in the Wichita, Kansas focus group described her experience as feeling like the “outsider within” (“I personally am a person, from Kindergarten my first experience, I know what it's like to be the only black. So I've gone through many things in my life, and have often felt like the *outsider within*.”).

59% white (Pulliam et al., 2020). In the United States, traits like class, gender, and race are considered fundamental traits, around which systems of oppression operate and shape experiences (Hum & Simpson, 2003; Manuel, 2006). Despite the diversity of experiences within the middle-class, we do not have a large body of research detailing how well-being and the factors that influence it vary by race-gender, let alone other layers of difference within race-gender. Research that offers an in-depth analysis of well-being for specific populations may provide new insights for policymakers to enhance well-being (Graham, 2017). This mixed methods study contributes specifically to what we know and how policy can better support the well-being of Black middle-class women.

Literature Review

Well-being is a broadly defined term without a single definition (Fabian, 2020). To clearly understand well-being, scholars have established an early distinction between objective and subjective well-being (Fabian, 2020; Western & Tomaszewski, 2016). Objective well-being is understood through observable characteristics which define well-being – material resources and social attributes, such as income, food, education, health, and social connections (Fabian, 2020; Western & Tomaszewski, 2016). Subjective well-being on the other hand is much less concrete, defined by Diener et al. as “a life that matches an individual’s own ideals” (2009, p. 20). Subjective well-being is most commonly captured through assessing one’s overall satisfaction with their lives, as well as their positive and negative emotional states (Diener et al, 2009).

A large body of well-being research demonstrates clear links between the material resources and social attributes that make up objective well-being and the outcome of subjective well-being (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016; Dolan, Peasgood, & White, 2008; Diener & Ryan, 2009; Diener & Biswas- Diener, 2008). As such, in my discussion of well-being I refer to subjective well-being as ‘well-being’ and I refer to factors like income (money) or health, aspects of objective well-being, as ‘determinants of well-being.’ This language (i.e. determinants of well-being) maps onto the conceptualization of health and the social determinants of health from public health literature and practice.

The World Health Organization (WHO) describes factors like class, gender, and race/ethnicity as the “most important structural stratifiers” of inequality (Solar & Irwin, 2010, p. 6). The WHO’s Commission on Social Determinants of Health (CSDH) developed a conceptual framework which – based on the evidence on how the structure of societies (through social interactions, norms, and institutions) shapes population health – describes classism, sexism, and racism as mechanisms configuring the determinants of different groups based on their placement within power hierarchies (Solar & Irwin, 2010). My analysis applies the WHO CSDH framework to understand how the determinants of well-being shape well-being for Black middle-class women.

This conceptualization of the determinants of well-being provided by the WHO CSDH provides the perfect canvas on which to map intersectionality theory (Crenshaw, 1989). Core to the intersectionality theoretical and analytical framework is the acknowledgement that intersecting social categories, like race, gender, and

class, have meaning at the individual and societal level (Dill & Zambrana, 2009; Weber, 1998). Intersectionality theory has been underused in social policy (Manuel, 2006; Hankivsky & Cormier, 2011), likely due to the paucity of methods that allow seamless integration of intersectionality concepts into public policy analysis (Hankivsky & Cormier, 2011). In this work, I relied on guiding questions from the Intersectionality-Based Policy Analysis (IBPA) Framework, a tool born out of the need for methods to apply intersectionality theory to health-related policy analysis (Hankivsky et al., 2014).

In order to center the well-being of Black middle-class women, this study applies an intracategorical complexity approach to intersectionality. Intracategorical complexity is conceptually in between the other two approaches to exploring intersectionality that McCall (2005) describes. This approach acknowledges race and gender as stable and durable enough categories for examination but encourages further exploration within these categories (McCall 2005). This approach to complexity in intersectionality allows me to explore additional layers of difference among Black middle-class women. Together, the WHO CSDH conceptual framework and intersectionality theoretical framework allow me to understand the relationship between structural oppression, the determinants of well-being, and well-being for Black middle-class women.

Methods

Mixed methods research, a research paradigm which combines both qualitative and quantitative data, offers me “multiple ways of seeing and hearing” the same phenomena (Greene, 2007). In *Sister Citizen*, Harris-Perry (2011) asserts that Black

feminist scholarship and associated theories assume the equal weight of qualitative experiential knowledge and empirical evidence drawn from more traditional quantitative sources. Given my use of intersectionality, a Black feminist theory, it follows that this chapter of my dissertation applies a mixed method research design. This work explores the following research questions:

1. What are the key determinants of well-being for Black middle-class women and how do they differ (e.g. parenthood, education level, age, marital status, etc.)?
2. How does structural oppression (e.g. racism, sexism, etc.) impact the well-being of Black middle-class women?
3. What does a policy agenda look like to support the well-being of Black middle-class women?

This analysis takes a phenomenological approach to exploring Black middle-class women well-being. This is an approach to research which is “concerned with understanding social and psychological phenomena from the perspectives of the people involved” (Welman & Kruger, 1999, p. 189). In short, a researcher applying a phenomenological lens in their work is primarily concerned with the lived experience of the people under study (Groenewald, 2004). I will be relying on data collected through the American Middle Class Hopes and Anxieties Study for my qualitative data source and nationally representative survey data from the Gallup-Healthways Well-Being Index for my quantitative data. These qualitative and quantitative data offer me a detailed look at the well-being of Black middle-class women – what

factors they feel are critical, how that might vary, and why – and help me to glean insight on policy to support the broad group.

I used a transformative exploratory sequential mixed methods design to explore the well-being of Black middle-class women. In an exploratory sequential design, the results of the first, qualitative phase are used to inform the second, quantitative phase (Creswell & Plano Clark, 2011). By beginning qualitatively, this design centers the lived experiences of the Black middle-class women in the focus groups and relies on their experiences and qualitative descriptions to identify important variables to examine quantitatively (Creswell & Plano Clark, 2011). Because I am applying intersectionality theoretical framework to the study of Black middle-class women well-being, it follows that my design will be transformative. The transformative mixed methods design is an approach to mixed methods which allows a researcher to apply a transformative theoretical framework – such as intersectionality theory – to help address injustice and empower change for a marginalized group under study (Creswell & Plano Clark, 2011). This design requires specific decisions be made about interactions with participants, sampling, participant involvement with the data collection process, relevance of instruments, and benefits to those participating in the study (Creswell & Plano Clark, 2011).

In the section that follows, I begin by describing how I – a Black middle-class woman researcher – am positioned in this work. Next, I discuss the qualitative data which was collected to inform this mixed methods analysis, including the approach to sampling and recruitment. I go on to describe the qualitative and quantitative

instruments used in this analysis. I close this section by discussing the limitations of my qualitative data.

Researcher positionality statement

Because a researcher's biases, experiences, and background impact the research questions, theory, and methods they engage with, it is important for researchers to participate in active discussion of what those relevant biases and experiences are. My theory in this work – intersectionality theory applied through the Intersectionality-Based Policy Analysis (IBPA) framework (Hankivsky et al., 2014) – requires me to engage in critical reflection around eight core concepts in order to answer the first descriptive question of the framework: “What knowledge, values, and experience do you bring to this area of policy analysis?” To me, this is one of the most critical questions for researchers and practitioners to ask and answer their work.

I bring my full self to this area of policy analysis, the adult child of a Black middle-class woman. I have never lived in Wichita, Kansas or Las Vegas, Nevada (the two locations of my focus groups), but (according to my definition) I am a Black middle-class woman in the United States of America studying Black middle-class women in the United States of America. As such, throughout my study of this topic I have had to consistently check myself when using terms, like “I,” “we,” and “our,” rather than “they,” “them,” and “theirs.” Chavez and colleagues (2003) describe this experience of Black researchers as “outsider-insiders,” (p. 85) and that certainly feels like an accurate way to describe how I feel about my status as both an academically trained researcher and member of the community of focus.

Existing as both a Black middle-class woman and a person with the privilege to pursue a doctoral degree in policy, I am keenly aware of the ways in which I am excluded from or my experience is misrepresented in current conversations surrounding policies to support Black people, women, and the middle-class – as if these are three distinct groups. I bring the awareness that social policy and well-being scholars' approach to the middle-class is missing critical aspects of analysis. I bring to this analysis an understanding of the powerful role of public policy in the creation and re-creation of social, economic, and health inequality. I bring a very strong equity mindset and the belief that equity (through reducing the re-creation of inequity) should be the goal of policy interventions.

My status as a Black middle-class woman and Black feminist researcher means that my lived experience is tailor made for me to explore this area of policy. Aside from being raised in a two-parent household by a Black middle-class woman and being one currently myself, I have been training to be a qualitative researcher and intersectionality scholar since 2011. By the time I graduated with my MPH in 2016, I had had ample opportunity to apply qualitative methods skills and had a nascent understanding of intersectionality theory, having been exposed to the concept in student activism during my master's program.

My first job as a policy analyst in Chicago pushed me further into the intersectionality text, deepening my understanding of the concept. That position also allowed me leadership opportunities to conduct qualitative and mixed methods research with health workers in Chicago's healthcare safety net. Over the years of my work, my broad definition and understanding of health came to be more specifically

focused on well-being and I grew to see policy as the key tool with which to intervene.

In the first year of my PhD program, I began working as a research assistant at the Brookings Institution with the Future of the Middle Class Initiative due to a precarious financial situation caused by the university. While in this role, I found my research interest shifting to the application of intersectionality theory in the study of the American middle-class well-being. This shift mainly came from feeling like my experience growing up and living as a Black middle-class woman was being left out of many of the internal discussions and research on the middle class that we were having at work. If my experience felt like it was missing, who else might we be missing? To me, the clearest way to explore the far reaches of intersectionality theory – a theory designed by and for Black women – within the American middle class was to study the health, economic, and social outcomes as well as the subjective well-being of Black middle-class women. It is that lived experience which inspires my interest and brings me to this work.

Data description

The qualitative data used in this project was originally collected from September 27, 2019 to December 17, 2019 through a project commissioned by the Future of the Middle Class Initiative at the Brookings Institution called the American Middle Class Hopes and Anxieties Study (AMCHAS). AMCHAS included 12 total focus groups with middle-class Americans stratified by race-gender in 5 study

locations around the U.S.³ Additional information, including local statistics and rationale, on each of the AMCHAS focus group locations is detailed in Appendix A.

AMCHAS focus group participants include working age (25-64 years) American Black, white, and Latino/a people who identify as males or females and have incomes that place them within the middle class. The middle-class people included in AMCHAS have pre-tax raw household incomes, not adjusted for household size⁴ from the 2013-2017 American Community Survey that were in line with the Brookings Institution Future of the Middle Class Initiative definition of the middle class, which includes the entire middle 60% of the income distribution (Reeves & Guyot, 2018).

My research questions in this chapter focus entirely on the well-being of Black middle-class women. Because I am interested in understanding that experience, I felt the most illustrative data source for this analysis would be the two Black middle-class women focus groups which were conducted in Wichita, KS and Las Vegas, Nevada. The Wichita focus group included 9 women and lasted for 1 hour and 47 minutes. The Las Vegas focus group discussion went on for 1 hour and 58 minutes with 13 women. Participants ranged from 30 to 65 years, with a median participant age of 42 years old. In Wichita, KS, middle-class incomes ranged from \$22,900 - \$102,100. In Las Vegas, they ranged from \$24,200 - \$102,900.⁵ While specific

³ I received permission from the Future of the Middle Class Initiative leadership and IRB exempt status from the University of Maryland effective April 27, 2020 in order to use these data in my dissertation.

⁴ While adjusted household income is the way that FMCi usually measures household income, for AMCHAS we have opted for unadjusted income as it will make the process more feasible for the research firm hired in this work (Econometrica, Inc.) to select participants since we have no way of knowing each individual's different household size. The "household of three equivalents" income definition is more comparable across time and geography but was not as useful for recruitment purposes.

⁵ According to my analysis of 2013-2017, ACS 5-year data downloaded from IPUMS-USA

income information is not available for each focus group participant, the broad income categories which were used on the demographic survey as inclusion criteria for data collection indicate that at least 90% of the Black middle-class women in the focus groups had annual incomes of \$75,900 or less. Table 2.1 details demographic information about the women in the focus groups.

Table 2.1 Sociodemographic profile of qualitative data

	<i>n</i>	%
Education		
High school diploma or GED.	2	9%
Some college or Associate's degree.	9	41%
Bachelor's degree.	4	18%
Graduate or professional degree.	6	27%
Marital status		
Never been married.	6	27%
Married.	4	18%
Living with a partner.	2	9%
Divorced, separated, or widowed.	10	45%
Motherhood		
No	6	27%
Yes	16	73%
Age of children (if any)		
Under 6 years old.	1	6%
6-12 years old.	3	19%
12-18 years old.	7	44%
Over 18 years old.	9	56%
Political views		
Very liberal.	1	5%
Liberal.	4	18%
Moderate.	16	73%
Conservative.	1	5%
Very conservative.	0	0%
Neighborhood type		
A suburban area.	4	18%
An urban area.	17	77%

While there may have been value in comparing the well-being discussions of Black women to that of other race gender cohorts – for example, comparing to Black

men or white women for insight on the impact of sexism, racism, and gendered racism – none of these comparisons move me towards my main research question: *What are the key objective determinants of well-being for Black middle-class women?* Instead, this question requires a deep and intentional focus on the group in and of themselves. Applying an intracategorical complexity approach to intersectionality, my analysis explores the differences within the Black middle-class women focus groups along factors like parenthood, education level, age, marital status, and whenever possible, occupation and income.⁶ Even without comparison to other race-gender groups, this approach allows me to explore how race/racism, gender/sexism, and gender racism shape the way that Black middle-class women think about their well-being.

Focus groups as a qualitative data collection method can be very effective for research which seeks to elucidate the social norms, expectations, values, and beliefs of a diverse American middle class as mine does (Ulin, Robinson, Tolley, 2005). Focus groups are unstructured discussions among a small group of participants led by a skilled moderator that provide details about how people think about the study topic (Singleton & Straights, 2010). This method of data collection allows researchers to uncover insights that emerge as a result of group interaction around the specific topic and main questions (Ulin, Robinson, Tolley, 2005). At the end of the focus groups, participants received a \$75 incentive for their contribution to

⁶ Factors like parenthood, education level, age, and marital status were collected in a demographic survey completed by all focus group participants. Occupation and specific income (as opposed to income range) were not questions asked on the survey. Some participants offered occupation information during the focus group. Whenever that was the case, these characteristics are considered alongside other demographic variations.

the research. Focus groups lasted about an hour and a half and were audiotaped with verbal consent from participants. Audio taped focus groups were sent to an organization to transcribe verbatim, edited to remove any identifiable information, and those de-identified transcripts were used in analysis.⁷

Sampling & recruitment

Sampling. AMCHAS relied on a stratified purposeful sampling method for the focus groups because of the desire to stratify the focus groups by race and gender simultaneously, an approach in line with applying intersectionality theory to this work (Palinkas et al, 2015). This strategy allows scholars to examine the range of differences between groups that may occur along the lines of race-gender while still maintaining homogeneity within focus group discussions. As mentioned, intersectionality theory supports the idea that race and gender shape the way that people understand and talk about their quality of life; however, even if we choose to reject that proposition, it is still reasonable to conclude that focus group homogeneity will result in higher quality interaction and an increase in self-disclosure among focus group participants (Corfman, 1995). Thus, stratifying AMCHAS focus groups by race and gender does not merely test the assumption that the hopes and anxieties of middle-class Americans may differ along the lines of race and gender, but it also allows us the highest level of data quality regardless of that assumption.

⁷ I cleaned the Black women focus groups a second time before use in analysis. Cleaning the qualitative data involved listening to the audio file alongside the transcript to ensure that the women's words were accurately reflected.

The quality of data received from a focus group discussion relies on the willingness of participants to be open and candid about their thoughts, experiences, and beliefs (Corfman, 1995). Two factors that may impact a participants' willingness to respond honestly are the composition of the focus group they are participating in and the moderator's traits and style (Corfman, 1995). The relative homogeneity of a focus group can act as a form of encouragement for participants to express their opinions and ideas (Folch-Lyon & Trost, 1981). Another goal of focus group homogeneity is to bring together people of similar backgrounds and experiences in order to reduce variation and better encourage group discussion (Patton, 2001). Ultimately, this stratification approach will increase the quality of qualitative data by encouraging participants to express their opinions and ideas in open group discussion (Folch-Lyon & Trost, 1981; Patton, 2001)

Recruitment procedures. Focus group participants were recruited using a variety of methods, including Facebook, Twitter, LinkedIn, and others: Craigslist postings; direct mail flyers sent to businesses and public places such as libraries and community centers in each of the locations; and internal email blasts within the research organizations for snowball recruitment. Response to the outreach material linked potential participants directly to an online survey which both screened respondents for the inclusion criteria and gathered relevant demographic information (i.e. education, marital status, parental status, political views). From there, respondents who met all inclusion criteria and were available at the time of the scheduled focus group were invited to participate in a focus group matching the race and gender that they identified in the screener. Trained focus group moderators who

matched the race and gender of each focus group facilitated the focus groups. For the same reason that it is important to maintain demographic homogeneity in each focus group, the focus group moderator needed to match the race/gender combination of group participants as well (e.g. Black female focus group had a Black female moderator).

Instruments

Qualitative instrument. The focus group discussions were facilitated by a semi-structured moderator guide that focused around five key domains— time, money, health, respect, and relationships – which informed the AMCHAS research. The guide utilized a “spiral” approach to focus groups, which moves from broad and general to more specific (Kahan, 2001). The full moderator guide (Appendix B) began with a general overview of hopes and anxieties, asking people: “*When you think about your future life, what are you most optimistic about? And when you think about your current life, what are you happiest about?*” and “*When you think about your current or future life, what sort of things are you most concerned about?*” From there, the guide moved to questions about the specific determinants of subjective well-being. There were generous probes for each of the questions (detailed in Appendix B), as well as follow up questions for some topics. This instrument was piloted via in-depth FaceTime interviews with three Black middle-class women living in Chicago in November 2019 prior to use in the focus groups.

Quantitative instrument. Data to inform the quantitative aspect of this mixed methods analysis will be obtained from the Gallup-Healthways Well-Being Index. This nationally representative survey of American’s health and well-being provides

me with a large enough population for analysis of those existing at marginalized intersections. This means that even as I examine individuals existing at the intersection of various minority statuses, I am still able to draw conclusions about sizable numbers of people, with statistical significance which allows for some generalization and more firm statements about my findings.

AMCHAS secondary use limitation

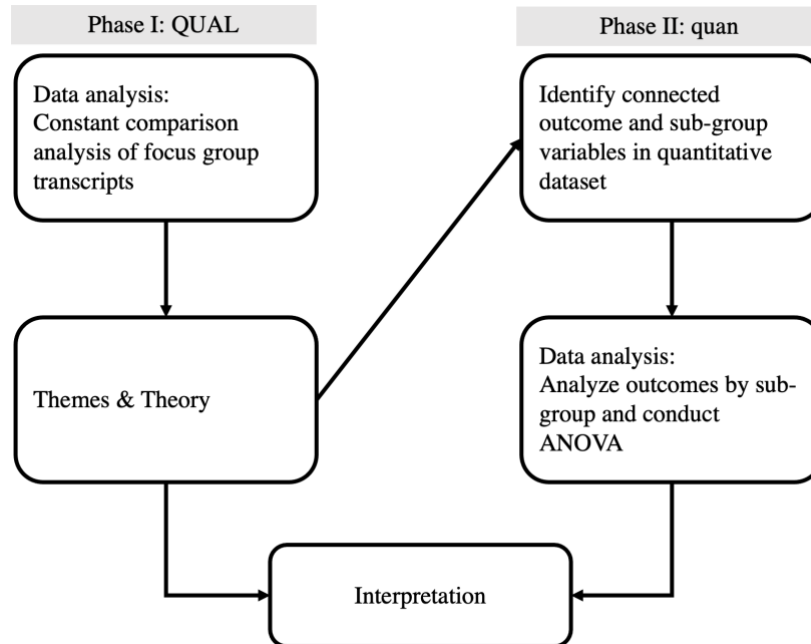
The two Black middle-class women focus groups that I used in my analysis were designed to answer the research question: what are the determinants of well-being for the American middle class? As such, the focus of this data collection was on gathering data which would best represent the American middle class (although researchers acknowledged that such qualitative data could never truly be considered a representative sample). While information about how well-being and determinants of well-being differ by race-gender cohort is provided via AMCHAS's stratified focus group approach, the study was not initially designed to answer that research question. Thus, the AMCHAS data collection was not structured exactly as I would have designed it to best align with my specific research question. For example, if I were designing this study for my specific research questions, I would have preferred to have had at least two Black women focus groups in each of the five locations. Despite that, the two Black middle-class women focus group transcripts that I do have will allow me to ascertain the key determinants of well-being for the 22 Black middle-class women we spoke with. Integrating those qualitative findings with results from a nationally representative quantitative exploration of Black middle-class women well-being will still allow for robust answers to my research questions.

Data analysis

My transformative exploratory sequential mixed methods design first uses constant comparison analysis to analyze data from two focus group discussions with Black middle-class women. I then use the qualitative results to frame the quantitative analysis. Both the outcome variables and sub-groups explored in the quantitative analysis were responsive to the qualitative findings. Next, I ran analysis of variance (ANOVA) to examine if there were any significant mean differences in well-being or its determinants due to demographic sub-groups of Black middle-class women.

Figure 2.1 below displays the two sequential phases of my analysis. The qualitative phase is written in the mixed method typology of “QUAL” in upper case letters to indicate its priority within the study; the qualitative phase is written as “qual” is lower case letter to denote less priority.

Figure 2.1. Transformative exploratory sequential mixed methods analysis plan



Qualitative analysis

Although I listened to both of the focus groups live and took notes in real-time, I read and listened to each of the transcripts again to (1) gain a higher level of comfort with the qualitative data and (2) clean the data for analysis. Once I was finished cleaning and fully familiar with my sample of qualitative data, I uploaded the transcripts in NVivo and coded using constant comparison analysis methodology, which includes coding techniques as described via Strauss & Corbin’s grounded theory. The approach to the AMCHAS analysis is a process described in the literature as constant comparison analysis and is used in grounded theory (Onwuegbuzie et al., 2009). This approach relies on a single focus group as the unit of analysis. This three-stage process involves: (1) broad grouping of the text into “buckets,” (2) out of these “buckets” specific categories being developed, defined, and described, (3) synthesizing these categories into themes (Onwuegbuzie et al., 2009).

The coding process was iterative and broadly followed the typical Grounded Theory coding canon as described in Saldaña's Coding Manual (Saldaña, 2016). In the first cycle of coding, I used initial (or open) coding to broadly coded various passages (statements or stories with varying lengths), careful to remain open to all directions and interpretations the data may reveal. My first cycle coding also included in-vivo codes, or those derived directly from the language of participants, and process coding. These process codes help to identify the processes of human action from observable to conceptual (Saldaña, 2016). One approach to coding that I applied in my first cycle which differed from the Grounded Theory coding canon is attribute (or descriptive) coding. This approach helped me to code participant demographic details, like how they described their marital or parental status, making it easier to explore the any difference among the women. Passages were often double, and sometimes even triple, coded to capture their full meaning. After my first cycle coding, I did a code map to clean up any repetition in codes and visualize the codes which had emerged during this initial step of analysis. I then created demographic profiles for each woman to allow me to better ascertain how my codes fit for each person. Understanding my codes by person helped to prepare me for the process of developing categories which represented and were tailored to the experiences of the women.

During the second cycle of coding, I first employed focused (or selective) coding, an approach which searches for the most frequent or significant codes to develop the most salient categories in the data. The goal of this approach to coding is to develop the categories, paying close attention to their properties and dimensions.

Departing a bit from the typical Grounded Theory coding canon again, I also integrated concept coding in with selective coding. Concept coding assigns meso or macro level meaning to the data or analytic work in process and can be seen as a preliminary step in developing categories. This detailed information about categories, including fully fleshing out the concepts, properties, and dimensions within, is recorded in multiple analytic memos.

Next, I moved on to axial coding, which aims to organize my newly developed categories by linking categories and sub-categories to one another and forcing me to answer questions about how they are related. The goal of this approach is to determine which codes and categories are dominant and to reorganize my data in a way that: eliminates redundancy, clarifies meaning, and selects the most representative codes and categories. The final step in the typical Grounded Theory coding canon is theoretical coding, or the process through which all existing categories and sub-categories are integrated into a broader primary theme of the research.

Quantitative analysis

The first step in my quantitative analysis was to frame the analysis through the experience of the Black middle-class women that were included in my focus groups. This meant selecting quantitative variables which mapped onto how women discussed their well-being and determinants of well-being. In addition to relevant quantitative variables, in this first framing step it was also critical to identify important areas of difference. Once the appropriate variables were identified in the dataset, I calculated

sub-group means for each outcome and ran one-way analysis of variances (ANOVA) to explore sub-group differences in well-being and its determinants.

Qualitative Results

The following sections describe each of the themes uncovered via constant comparison analysis of the focus group discussions with Black middle-class women. Codes from qualitative analysis are used in writing and are indicated in italicized text. Quotes from the women were taken from focus group transcripts and used in writing to represent the overall themes. All women's names were changed to provide confidentiality.

Structural oppression: "The state of the world is so depressing"

The in vivo code, "*the state of the world is so depressing,*" was used to describe the confluence of multiple failing systems in American society as a result of overlapping racism, classism, and gendered racism. This in vivo code was first identified by Katrina in Kansas in response to other focus group members' discussions of climate change (Brigitte shared "I'm concerned about the climate change, the weather, recycling, all of that, and soil. That's what I'm concerned about, for tomorrow.") and gun violence ("I'm really concerned about all the gun violence. And mothers and fathers having to bury their children. It's out of control. And I think here in Wichita in the last month, there have been like 10," Shanice shared). To these mentions of tangible manifestations of structural inequality, Katrina – a 47-year old divorced mom – responded "in order to keep [my] mental health and well-being, I've pulled away a lot, just because *the state of the world is so depressing.*"

This code, “*the state of the world is so depressing*,” is better characterized by Shannon, a 64-year old small business owner with a graduate degree. Later on in the same Wichita, KS focus group as Katrina, Shannon discussed the ways in which American institutions, like the criminal court and healthcare systems, are imbued with racial and income inequality:

And I'll say the same, I'm in the news business, so I can't tune it out. And obviously that would probably affect my optimism, because you see how many issues there are out there. And your concern about the need for criminal justice reform, totally in so many different ways that we lockup so many people disproportionately in our country, and how disproportionately they are African American people, and how we are handling the court system. And then we've got to talk about God bless you've got health insurance, but all these people who are dying because they don't have adequate healthcare and can't afford adequate healthcare, and I've known people that's happened to, in my family. It's hard to feel good and optimistic about things, and then you have the distribution of wealth when we have so many poor people, and nobody seems to care, and here they're asking people to work on basic minimum wage which does not do what it did even 30 years ago, and they can't afford housing, and they're sleeping in the streets. Can I go on and on!

The women in my focus groups seemed to understand their well-being as related to and even shaped by structural oppression. They pointed to the evidence of structural inequality in money, expressing the sentiment that the amount of time they are working or the amount of work they are doing does not translate into the outcomes or income that they feel it should (“I’m an educated woman, I work three jobs. Something’s wrong with that picture.”). When it came to health, they discussed personal and *family histories of poor health*, discrimination, and mistreatment by the healthcare system and providers, the result of structural *racism*, one leg of “*the state of the world is so depressing*.” These women intervened – or attempted to intervene – on the determinants of well-being in their lives by acting on their own behalf to address the inequality that they, their family, and their community face.

“Trying to make a change”

First characterized by 51-year-old Alice in Wichita, KS, this in vivo code captures Black middle-class women’s efforts and work to “make a change” in response to the inequality in the lives of themselves, their families, and their community members. Alice, a community activist, shared:

The racism in our city and our state and our country it just affects everybody. And because I feel like I'm two people, you know, I'm in school, and I'm trying to do everything I can to help our community, so I know our kids are different. ... And I still think that we have to work hard, and we can make a difference. And so, I can't tune out, there are a lot of issues, but I have positive people in my life, and I think the people out there fighting, they're positive too, but we deal with all the negative stuff, because somebody gotta fight. So we're out there *trying to make a change*, and so, like they say, kid shootings along with police shootings. Taxes going to expand on baseball fields when you've got teacher shortages, you've got the courts, you've got people in jail forever because we don't have enough judges, or the DA or whatever.... You can't afford bail, so we've got all these issues going on. So I'm doing my little pieces to help, so I can't tune out, because there are so many concerns.

In my analysis, I found that actions to intervene on behalf of one’s own determinants of well-being fell under the umbrella of *“trying to make a change.”* The initial step of *“trying to make a change,”* or Black women taking their well-being into their own hands, seemed to be engaging in intense research and learning both about their collective condition (whether that be financial or health) and about strategies to respond. This approach was captured via in vivo code *“knowledge is power”* and is described in a comment from 32-year-old Marlena in Las Vegas:

I've been looking more into things ... like why is it we as African American women are more likely to get, say, uterine fibroids as opposed to other nationalities. And you know that when we go and get them removed, they can't tell us, "I don't know why they happen in the first place, we'll go yank them out. But we forgot to tell you the chances of them coming back are 60%, 70%." Things of that nature. Why are we as African American women or black or however you identify yourself, the ones of us that are able get a job. I think the statistics show that we make less than everybody else, men and

women, of all nationalities all way around. Looking at what we can do individually. Things such as credit. They don't teach us anything about credit when we graduated from high school. I don't understand why it's not a mandatory elective. As soon as you graduate, what's the first thing they want to offer you? A student loan. They want to offer you a credit card.

Through this quote, we see evidence that Marlena has done the research about issues impacting her health and money as a Black woman. The next step after obtaining knowledge on the inequality was often action. The action that Black middle-class women took manifested differently depending upon the determinant of well-being. In the focus groups, the women discussed what they did to be well on behalf of their health, money, and support. Some women shared success stories of these efforts.

Working at being healthy. When it came to their health, acting on their own behalf meant Black women were *working at being healthy*. Working at being healthy meant maintaining one's mental health, mainly through *keeping stress levels down* and *not letting the outside in*, and supporting one's physical health by engaging in *healthy behaviors*. Forty-five year old Ebony in Wichita, KS described the protection of mental health best:

And I can switch it off too real quick if I see stuff, like even with the police officers killing a lot of black men, and women too, I can tune in and tune out, and be like "I don't want to see that, I don't want to watch that," because all it does is bring my spirit down. So, I'm an optimist on life in general, and just knowing that the future is going to be as bright as you make it, it's up to us to make our future bright. ... I'm only really around people that are positive, and can lift me up, not bring me down; I've learned that throughout my 45 years.

Ebony went on to share how this strategy is also protective of her physical health:

I had high blood pressure, and my cholesterol..., because I wasn't taking care of my health, if I were to let all those outside influences come in, and be worried about it, and how is this going to happen, and get super involved, that would raise my stress level, and I wouldn't be the person I am. I can't let it. I can't live a life that I'm highly stressed and worried about everything. Because even now, my level has gone up, I don't know if you all feel it, but I feel tense

now. I don't like it.

The most often described way to not let the outside in was *avoiding the news*, with Ebony stating “People that know me are they're like, “You are always so positive”, and I have always been that way, I just ... I can't ... I know there's a lot of negativity going on in the world, but with me, since 911, and you may look at me funny, I don't really watch the news.”

Working at being healthy also meant engaging in healthy behaviors, which included a combination of traditional public health recommendations, self-advocacy in healthcare settings, wholistic health practices, and interventions outside of the Western medical model. At times, working at being healthy meant engaging in traditional public health habits – for example, one woman described having a “healthy relationship with food.” Other examples of healthy behaviors included advocating for oneself in the healthcare experience in order to ensure quality health outcomes (“You definitely have to advocate for yourself, because they will tell you anything.”). Another way that Black middle-class women seemed to work at being healthy was to engage in wholistic health practices, and other interventions outside of the Western medical model.

“Being professional” versus “Sometimes you got to voice it.” Action on behalf of one’s money seemed to be a bit more complicated, with a divide among the Black middle-class women in the focus groups of the best way to ensure access to fair wages. Some women felt that the way forward was *“being professional”* (in vivo code) or behaving in specified ways in the work setting, while others stated *“sometimes you got to voice it”* (in vivo code), capturing the sentiment that one must

speak up and out about unfair pay and promotion practices. When discussing the importance of “*being professional*” as a response to racism at work, 42-year old Ayanna shared “there's a time and a place for everything. I'm just giving you a view if you're trying to keep your job and go to work, go further.” In contrast, 33-year old Alexandra describes her response to wage inequality at work. Faced with a situation where “nobody in [her] job wanted to say anything about the pay grades,” Ayanna shared that she “went and talked with the client and told them, I said, 'this is what I'm expecting and if not, then I'm going to be leaving end of the month.'” And then that time, the whole floor got an increase of almost \$3.” This tension between being a passive “professional” versus a direct advocate was apparent, especially in the Las Vegas focus group. Women identified this difference in discussion and in the moment, attributed it to differences in age. The prevailing sentiment seemed to be that older Black middle-class women may be more likely to be passive professionals and thus less likely to speak up and out about poor treatment.

Sharing resources. While support was identified as a determinant of well-being for Black middle-class women, the actions that they took to intervene on this determinant were less clear. One approach which I was able to see in real-time was the sharing and requesting of resources during the focus group. When discussing her own experience with student loan forgiveness, Alice – who has a graduate degree – shared “There's a lot of scams out there. But I was able to get a hold of the right people, and get in the right program to get mine forgiven.” Ebony, who had previously shared that her “student loan debt got [her] in a conundrum right now,” immediately followed up, asking “is that still going?” Alice said she didn’t know, but

that she would give her the information. In that brief interaction, I witnessed Black middle-class women acting on their behalf when it came to support: reaching out for support and sharing resources.

Determinants of well-being for Black middle-class women: Health, money, support.

According to my focus group data, health and money were key determinants of well-being for Black middle-class women. Given the frequency, centrality, and passion with which health and money were discussed in the groups, they seemed to be vying for top spot as determinants of Black middle-class women well-being. In Las Vegas, 56-year-old Carla argued health as a more central determinant of well-being relative to money. “Money is good, but without your health—” “—you’re nothing,” another woman in the focus group completed. Carla went on, “You’re not going to be able to get a job. You’re not going to be able to work. You’re not going to be able to stay on it.” The other determinant that came through clearly as a determinant of well-being for these women was social connections and relationships, referred to as support.

Health. With the Black middle-class women in the sample discussing the importance of both physical and mental health to one’s overall well-being, health as a determinant of subjective well-being is best described as the ability to access physical and mental health. When it came to their physical health, knowledge of the abundance of poor health outcomes in the Black community and *family histories of poor health* (“I don’t want diabetes; it’s in my family”) seemed to shape what Black middle-class women thought of as physically healthy, a phenomenon I coded as

relative health. In the passage below, Shanice in Wichita, KS demonstrates the idea of relative health and describes an example of mistreatment in the healthcare system:

I feel pretty optimistic being the age that I am, being African American, and no diabetes, no high blood pressure, I'm healthy. One thing that does concern me is that, healthcare providers seem to be a little surprised, I guess, because I am overweight, and they just automatically expect that you're going to have high blood pressure, my blood pressure's 120 over 70, and maybe I just have good genes, I don't know.

In 47-year-old Shanice's recount of healthcare discrimination due to her weight, we see evidence of mistreatment from healthcare providers as well as a description of healthy which seemed to be more relative than absolute ("being African American, and no diabetes, no high blood pressure, I'm healthy").

Through the discussion it was clear that women's understanding of health went beyond the physical. After she shared her experience of discrimination from providers based on her weight, Shanice went on to say "And also I want to talk about the mental, because I think when we talk about health, a lot of times we automatically go to that we're speaking on physical. But the human body, you're one, the mind and body is one." In Las Vegas, NV, 42-year old Michele echoed the importance of mental health, stating "not only do you have to be healthy, your body, your mind has to be healthy." "If your mind is not healthy, then your body's not going to be healthy either," Michele shared.

Money. Money as a determinant of Black middle-class women well-being can be best described as their ability to earn enough to care for themselves and others, including children, family, and community. Forty-five year old Aliyah, a Technical Support Supervisor in Wichita, shared that because of her move to Kansas from Chicago four years ago, she was "in a better place financially." However, her real joy

in this improved financial situation seemed to come from the fact that she “was able to move my mom down here. My mom is with me.”

When it came to their money, the majority of the women in the focus groups came to the conclusion that *hard work does not equal winning*, a code which captured the Black middle -class women’s disbelief in meritocracy. On this, we hear from Shanice again, who has two Masters degrees. She summed up *hard work does not equal winning* when she described the mismatch between the increase in worker productivity and the stagnation of wages:

Worker productivity has increased by 75% in the last 20-30 years, but worker pay has only increased by 3%. So I'm definitely not a mathematician, it's not my strong suit, but I know you all see something wrong with those numbers.

While *hard work does not equal winning*, was not a completely universal experience (e.g. when 51-year-old Brigitte said “I'm a little optimistic in believing that as I work harder, things are going to turn around for me.”), it was the overwhelming sentiment as it relates to the relationship between working hard and earning material benefit.

Expressing concern about *racism at work* and *gendered racism* in pay, Larissa, 54-year-old retiree shared:

I told you guys, Black women, we deal with a lot in the workplace. When I retired, the guy that they hired makes \$40,000 more than what I made, and he came in the door making that. In the door off the street, not even a promotion. So work, I think we all are respected because they know we can get the job done, but they don't want to acknowledge that we can get the job done.

Because this sentiment arose when Larissa was asked if she felt she was treated with respect, we can understand her racialized and gendered pay and treatment in the workplace as being interpreted as a manifestations of disrespect.

Hard work does not equal winning was a sentiment I considered parallel to, but distinct from, another code, *worker exploitation*:

A lot of companies take advantage of what you're doing, I was trying to tell a friend of mine, they was going to promote her. They talked about it, they didn't do it. They still haven't done it. And she was running around like a chicken with her head cut off, "oh, I've got to do this and I've got to do that, and I got to do that." I said, "why are you doing all that?" And I tried to tell her that if you're going to do it and they haven't officially offered you anything, officially you signed anything, or a pay rate, or a raise, or a quarter, or a dime, nothing? If you do that, then they expect you to keep doing that.

In this passage, Morgan, a 56-year-old supervisor in Las Vegas describes how companies knowingly and willingly exploit workers. Together, I considered *hard work does not equal winning* and *worker exploitation* contribute to "*the state of the world is so depressing*," or structural oppression operating in the lives of Black middle-class women.

The angry and strong Black women stereotypes arose in my data as mechanisms shaping the interpersonal experiences of Black women in society, influencing *racism at work*, and ultimately hindering their ability to translate their labor into adequate or equivalent earnings. I considered both the *angry Black woman stereotype* and the *strong Black woman stereotype* two parallel manifestations of *gendered racism* in the lives of Black middle-class women – another aspect of "*the state of the world is so depressing*."

Support: "I get better with support." Best captured by in vivo code "*I get better with support*," this determinant of well-being captured the friendship, family, and romantic partnerships which impacted women's well-being. I found that stereotypes of angry and strong Black women influence Black middle-class women's experiences at work as well as in other important relationships in their lives. Despite

women actively resisting these stereotypes, they still negatively impacted relationship dynamics. In Wichita, Ebony described this dynamic with a man that she is currently dating:

Being strong like you said, all of us are not strong. I think sometimes being a Black woman, sometimes it can be a little handicap because we are taught that we need to be strong like the majority of the time, and then when you have a weak moment, people look at you like, "What's wrong, what's going on?" Like we can't have a bad day, or get depressed, or. Even with the guy I'm seeing, one time he looked at me, and this was at the beginning, and he says "You're so strong, you're emotional right now, I haven't seen this part of you." And I'm looking at him, "Dude, I'm a woman, and I should be able to show you my weakness!"

As she is rejecting the strong Black woman stereotype in her comment, she is interrupted by Aliyah, who says "That's not weakness." Ebony goes on to say:

Well no, in that moment I was weak, and I wanted to be. I wanted to be, I was like, "I need to cry right now, I need to be weak right now, and you need to be here for me." And he was like, "Wow, I love that you were able to show me that." We should be able to show each other, especially our Black men, we should be able to show them that.

This interaction demonstrates both the active desire to shed the *strong Black women stereotype* which is applied to Black women and serves as a barrier to our fully accessing support and also, the deep need to hold onto the stereotype, which in some ways empowers Black women.

While previously mentioned in literature surrounding Black women's well-being and mental health (Spates & Slatton, 2017), religion seemed to largely exist as a broad cultural phenomenon among the women in my focus groups rather than a tangible or direct determinant of their well-being. There was some pushback at times, however the Black middle-class women tended to describe their "faith in God" as being inherent, as if they were "just born into it."

Quantitative results

Framing

Outcome variables. The qualitative and quantitative data in my study come together in analysis: the narratives of the 22 Black middle-class women illuminated the quantitative variables which were important to explore. Following qualitative analysis, I relied on my qualitative findings to guide both relevant quantitative outcome variables and critical sub-groups for examination. My two subjective well-being outcomes of interest were optimism and stress. Based on the qualitative answer to my research question, I selected variables from the Gallup Daily dataset which could proxy money, health, and support as determinants of subjective well-being. I ended up with nine total quantitative outcome variables:

Subjective well-being

1. *Optimism:* Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step do you think you will stand about five years from now?
2. *Stress:* Did you experience stress during A LOT OF THE DAY yesterday?

Money as a determinant of well-being

3. *Lack money for food:* Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?

4. *Lack money for healthcare*: Have there been times in the past twelve months when you did not have enough money to pay for health care and/or medicines that you or your family needed?

Health as a determinant of well-being

5. *Depression*: Have you ever been told by a physician or nurse that you have any of the following, or not?
6. *Diabetes*: Have you ever been told by a physician or nurse that you have any of the following, or not?
7. *Health rating*: Would you say your own health, in general, is (read 1-5)? (coded: 1=Poor, 5=Excellent)
8. *Has health insurance*: Do you have health insurance coverage?

Support as a determinant of well-being

9. *Reliable support network*: Do feel that you have friends and family that you can count on in times of need?

A correlation table of these variables (also correlated with household income) is below in Table 2.2. All but two correlations were significant at the 5% level.

Table 2.2. Correlations: Household income, well-being, and its determinants

	Household income	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(1) Optimism	0.06								
(2) Stress	-0.02	-0.11							
(3) Lack money for food	-0.26	-0.08	0.20						

(4) Lack money for healthcare	-0.21	-0.10	0.19	0.46					
(5) Depression	-0.09	-0.11	0.24	0.19	0.18				
(6) Diabetes	-0.05	-0.10	0.03	0.07	0.09	0.12			
(7) Health rating	0.16	0.22	-0.17	-0.19	-0.21	-0.26	-0.26		
(8) Has health insurance	0.16	0.00	-0.04	-0.13	-0.28	-0.04	0.01	0.07	
(9) Reliable support network	0.12	0.08	-0.17	-0.28	-0.23	-0.14	-0.05	0.15	0.05

Note: With the exception of Optimism x Has health insurance and Diabetes x Has health insurance, all correlations were significant at the 1% level.

Sub-groups. I explored each of these nine outcome variables for different sub-groups of Black middle-class women. These sub-groups were selected first based on the variation that I could readily explore qualitatively (that is to say that the sub-groups were limited by the quantitative information I had on each focus group participant from the demographic surveys). These sub-groups were additionally selected based on important points of variation identified by focus group participants. For example, there was a point in the discussion where women discussed responding differently to racism at work (i.e. “*being professional*” vs. “*sometimes you got to voice it*”). They posited that this desire to behave differently may be based on age, making age category a critical point of inquiry in my quantitative analysis.

Another example of women identifying critical sub-groups is when multiple women identified themselves as “divorced mothers.” When I noticed multiple women identify themselves at the intersection of parenthood and marital status (“I’m a single, divorced mother;” “I am a divorced single mom of an almost 17-year-old wonderful son;” “I’m a divorced mother”), I wondered if this might be a statistically significant predictor of difference for Black middle-class women. Because of this characterization by the women, rather than only exploring variation in well-being by

parenthood and separately by marital status (which I intended to do based on the demographic survey), I explored outcomes by a combination of parenthood and marital status as well. This allowed me to see variation in well-being and its determinants for divorced moms versus other marital status/parenthood combinations.

The five sub-groups I explored are described below:

1. Age: 25-34 years, 35-44 years, 45-54 years, 55-64 years
2. Education level: High school diploma, Some college or Associate's degree, Bachelor's degree, Graduate or professional degree
3. Parenthood: Mother or not a mother
4. Marital status: Single, Married, Divorced
5. Combined Parenthood and Marital status: Single non-parent, Single mom, Married non-parent, Married mom, Divorced non-parent, Divorced mom

Once variables which aligned with the way that Black middle-class women qualitatively described their well-being and determinants of well-being were identified in the Gallup Daily dataset and appropriate sub-groups were selected, I calculated descriptive statistics and ran a series of analysis of variance (ANOVA) tests to see if there were significant differences in the well-being and determinants of well-being among the demographic sub-groups of Black middle-class women.

Descriptive statistics

Using the Gallup Daily data from 2010-2016, the full sample of Black middle-class women had 26,217 total observations. Middle class was defined as having a

household income between \$24,000 to \$119,999 per year. A sociodemographic profile of the Black middle-class women in my quantitative data is in Table 2.3.

Table 2.3. Sociodemographic profile of quantitative data

<i>Black middle-class women</i>		<i>n = 26,217</i>
Sub-groups	<i>n</i>	<i>%</i>
<i>Age</i>		
25-34 years	5,796	22%
35-44 years	6,123	23%
45-54 years	7,050	27%
55-64 years	7,248	28%
<i>Education</i>		
High school diploma or GED	3,235	13%
Some college or Associate's degree	7,831	32%
Bachelor's degree	7,326	30%
Graduate or professional degree	5,838	24%
<i>Parenthood</i>		
Mother	12,200	47%
Not a mother	14,002	53%
<i>Marital Status</i>		
Single	8,257	33%
Married	11,340	45%
Divorced	5,434	22%
<i>Parenthood and Marital Status</i>		
Single non-parent	4,857	19%
Single mom	3,396	14%
Married non-parent	5,267	21%
Married mom	6,068	24%
Divorced non-parent	3,047	12%
Divorced mom	2,384	10%

The women in my focus groups had similar education profiles to the Black middle-class women in my quantitative data. About 60% of the women in both datasets had some college or Associate's degrees or Bachelor's degrees. A similar proportion had a graduate or professional degree (27% in the focus groups vs. 24% in the Gallup Daily data). A higher proportion of the women in my qualitative data were mothers (73%) relative to my quantitative dataset (47%). In my qualitative data, most women were divorced, separated, or widowed (45%); in the quantitative data, most of the Black middle-class women were married (45%).

Weighted averages for all well-being and determinants of well-being outcomes are reported in Table 2.4 below, including outcomes for all Black middle-class women and outcomes by sub-group. When asked where on a ladder they would place themselves in five years – my proxy for optimism, Black middle-class women placed themselves at an 8.8 out of 10 in five years. Thirty-seven percent of Black middle class women experienced stress during a lot of the day before. Under one quarter of Black middle-class women lacked money for food or healthcare for their family in the past year. When it came to their health, 14% of Black middle-class women had been told by a physician or nurse that they were depressed; 11% had been told they had diabetes. On average, Black middle-class women rated their health a 3.5, with 5 being ‘excellent.’ Just under 90% of Black middle-class women had health insurance coverage. Eighty-four percent of Black middle-class women had reliable support networks.

Table 2.4. Well-being and its determinants for Black middle-class women, by sub-group

Table 2.4. Well-being and its determinants for Black middle-class women, by sub-group									
	Well-being		Money		Health				Support
	Optimism	Stress	Lack money for food	Lack money for healthcare	Depression	Diabetes	Health rating	Has health insurance	Reliable support network
Black middle-class women	8.8	37%	23%	20%	14%	11%	3.5	88%	84%
<i>Age</i>									
25-34 years	9.1	41%	25%	21%	13%	4%	3.7	85%	86%
35-44 years	8.9	41%	26%	21%	13%	7%	3.6	88%	82%
45-54 years	8.7	34%	22%	20%	14%	13%	3.5	89%	83%
55-64 years	8.2	30%	18%	19%	15%	24%	3.3	91%	84%
<i>Education</i>									
High school diploma or GED	8.6	31%	30%	25%	15%	15%	3.3	84%	80%
Some college or Associate's degree	8.8	37%	27%	23%	15%	11%	3.5	88%	83%
Bachelor's degree	8.9	37%	16%	15%	11%	9%	3.7	92%	86%
Graduate or professional degree	8.9	40%	12%	13%	10%	7%	3.8	93%	91%
<i>Parenthood</i>									
Mother	8.9	39%	28%	22%	14%	9%	3.6	88%	81%
Not a mother	8.6	34%	18%	19%	14%	14%	3.5	89%	87%
<i>Marital Status</i>									
Single	8.8	38%	26%	21%	13%	8%	3.5	86%	85%
Married	8.8	36%	20%	19%	13%	11%	3.6	90%	84%
Divorced	8.6	38%	28%	23%	17%	14%	3.5	88%	82%
<i>Parenthood + Marital Status</i>									
Single non-parent	8.7	35%	17%	17%	13%	11%	3.6	89%	88%
Single mom	8.9	39%	31%	23%	13%	7%	3.5	86%	82%
Married non-parent	8.6	32%	14%	17%	13%	16%	3.5	92%	87%
Married mom	8.9	39%	21%	19%	12%	9%	3.6	91%	83%
Divorced non-parent	8.4	33%	18%	18%	16%	16%	3.5	90%	87%
Divorced mom	8.7	42%	30%	23%	17%	12%	3.5	89%	81%

Note: Black middle-class women are women with household incomes ranging from \$24,000 to \$119,999.

Source: Gallup Daily, 2010-2016

ANOVA results

I ran a series of one-way analysis of variances (ANOVA) for each outcome variable for each sub-group to explore if these outcomes differed significantly for Black middle-class women based on their age, education level, parenthood, marital status, or a combination of their parenthood and marital status. These ANOVA tests confirmed that there were significant differences in well-being and its determinants among these various sub-groups of Black middle-class women. Results of this test are displayed in Appendix C and are described below.

Age. Nearly all outcomes differed significantly based on which age category Black middle-class women were in, with two exceptions. There was no significant difference by age cohort in women who lacked money for healthcare in the past year ($p=0.046$) or in women who had access to a reliable support network ($p=0.046$).

Education level. All outcomes differed significantly ($p<0.01$) based on Black middle class women's level of education. Black middle-class women with graduate or professional degrees had significantly higher reported optimism compared to Black middle-class women with high school diplomas. Black middle-class women with graduate or professional degrees were also significantly more stressed than their peers with high school diplomas. A lower proportion of women with higher levels of education lacked money for food or healthcare. These women were significantly less depressed and less diabetic. Black middle-class women with graduate or professional degrees rated their health significantly higher than Black women with high school diplomas. According to my data, Black middle-class women with graduate or

professional degrees were significantly more insured and were far more likely to have a reliable support network relative to women with high school diplomas.

Parenthood. Nearly all outcomes differed significantly based on whether or not Black middle-class women were mothers. The exceptions to this were depression and insurance. There was no significant difference in mean levels of depression for Black middle-class women who were mothers compared to those who were not mothers ($p=0.640$). There was also no significant difference in mean levels of insurance based on motherhood status ($p=0.211$).

Marital status. Nearly all outcomes differed significantly based on whether or not Black middle-class women were single, married, or divorced. The exceptions to this were stress and ability to rely on a social support network. There was no significant difference in stress whether a Black middle-class woman was married, single, or divorced ($p=0.053$). Women's ability to rely on their social support network did not differ significantly based on marital status ($p=0.286$), although this may have been due to small sample size. There were under 1,000 observations of divorced Black middle-class women for the social support network variable. I have less data for this question relative to the other outcomes included, as this question was only asked from 2013-2016.

Combined parenthood and marital status. All outcomes differed significantly ($p<0.01$) based on Black middle-class women's combined marital and parenthood status. Among the Black middle-class women in my sample, single and married moms reported the highest levels of optimism; significantly higher than that of divorced moms. Black middle-class women who were divorced but not mothers

reported the lowest optimism about their futures, but also among the lowest stress. Married women who were not mothers reported the next lowest stress level. Single and divorced moms reported significantly higher proportions of lacking money for food or healthcare relative to other Black middle-class women. Divorced mothers and non-mothers reported significantly higher depression. Married and divorced non-mothers reported significantly higher diabetes. Single Black middle-class women without children and married Black middle-class moms rated their health significantly higher than the other women. All women were highly insured, but married women without children reported significantly higher proportions of insurance. Single Black middle-class women without children had the highest proportion of access to reliable support networks; divorced moms had the lowest.

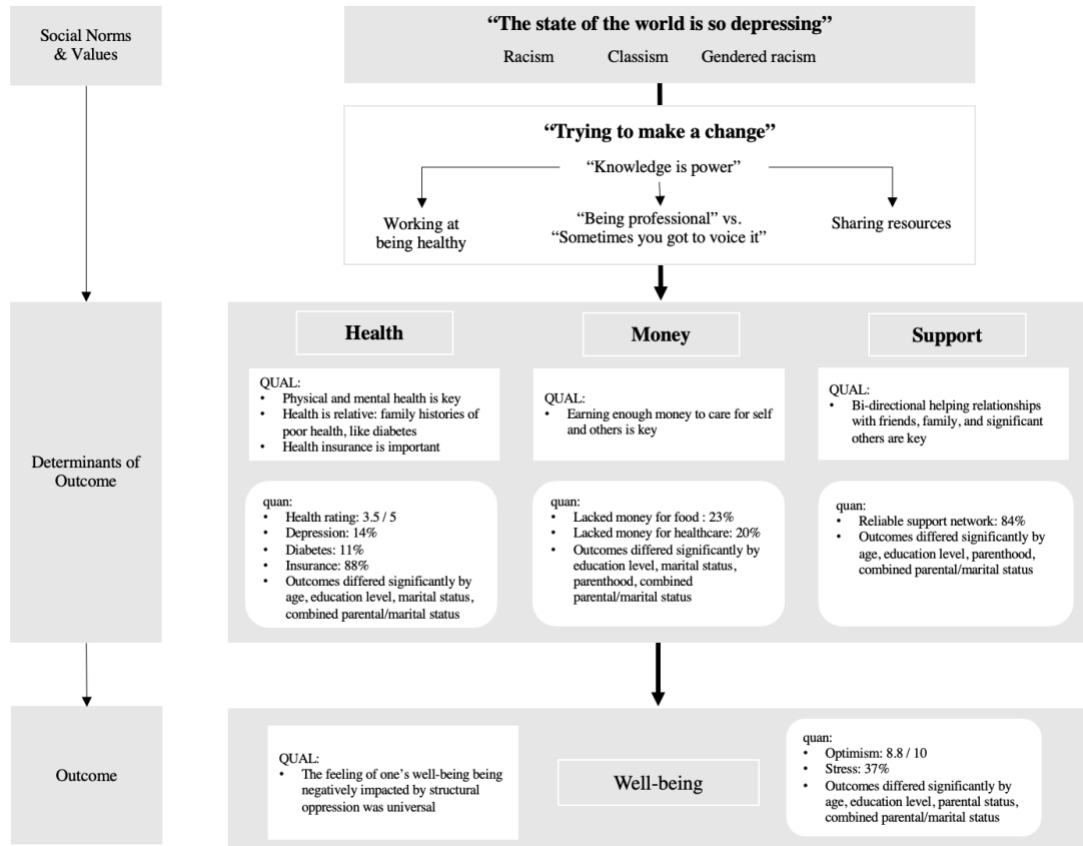
Discussion

The opportunity to be well differs in the United States depending on one's race, gender, and class. Factors like level of education, age, marital or parental status impact well-being as well. This paper responds to Graham's (2017) assertion that a better understanding of variance in well-being across many dimensions among different cohorts might provide new insights into improving policy in this area. Through a transformative mixed methods design, rooted in an intracategorical complexity approach to intersectionality, I explored within-group variation in well-being for Black middle-class women, including the key determinants of well-being, the structural barriers which stand in the way, and how these barriers manifest in the well-being and determinants of well-being for Black middle-class women depending on their age, level of education, motherhood or marital status. I found that the Black

women I spoke with identified health, money, and support as their key determinants of well-being. Quantitatively, I found that Black middle class women's well-being and determinants differed most significantly and consistently by their level of education and by a combination of their parenthood and marital status. I also found that structural oppression shapes the well-being of Black middle-class women through the shaping of the distribution of their determinants of well-being. The Black middle-class women we spoke with attempted to interrupt this shaping by taking action on behalf of their well-being.

The integration of my qualitative and quantitative results is reflected in the joint display table (Figure 2.2), which displays how I am conceptualizing Black middle class women's well-being. My conceptual framework for Black middle-class women well-being depicts how structural oppression, deeply rooted in U.S. social norms and values, shapes the distribution of the determinants of well-being (health, money, support) for Black middle-class women, and ultimately shapes their well-being as well. I adapted this conceptual framework from the framework put forward in the World Health Organization Commission on Social Determinants of Health discussion paper (Solar & Irwin, 2010). The answers to my research questions are discussed in the sections below.

Figure 2.2. Conceptual Framework for Black Middle-Class Women Well-being



Determinants of well-being and markers of difference for Black middle-class women

My first mixed methods question asked *What are the key objective determinants of well-being for Black middle-class women and how do they differ?* I found that the key determinants of well-being were health, money, and support for the Black middle-class women in my focus groups. In discussion, women were asked about five determinants of well-being, including time, money, health, respect, and relationships. During discussion responses consistently centered around or spoke directly to health, money, and support. Relying on results from quantitative analysis, I

found that factors which make up these determinants varied most significantly and consistently by educational level and a combination of marital and parental status. These results demonstrate both the importance of sub-group analysis and the value that qualitative data adds to quantitative analysis.

Education level. The percent of Black middle-class women who were told by a doctor that they were depressed or diabetic was significantly decreased if they had a graduate or professional degree. These highly educated women rated their health significantly higher than the average Black middle-class woman and they are even more likely to be insured (93%) than this already highly insured group (88%). Black middle-class women with high school degrees were more likely to be told that they were depressed or diabetic, less likely to be insured (84%), and rated their overall health worse than the average Black middle-class woman. The percent of women of lacked money for food dropped by over half when a Black middle-class woman went from having a high school diploma (30%) to a graduate degree (12%). I found a similar (although not quite as large) drop in the percent of women who lacked money for healthcare (25% vs. 13%). Over 90% of Black middle-class women with graduate or professional degrees had support networks they could rely on compared to 80% of Black middle-class women with high school degrees.

This difference was present in the focus groups as well and is demonstrated through Alice in Kansas and Marie in Nevada. Both women's reported incomes place them at the lower end of my middle-class definition (household income ranging from \$22,900 to \$45,000). Alice is a 51-year-old retired healthcare management professional with a graduate degree who used to "travel throughout the U.S. for [her]

career.” Alice is a mom and married to a retired engineer, so they have “two incomes.” With that, they “get to travel a lot” and “spend time with family.” Alice recognizes that they are “blessed” because “not everybody lives the way we do”—“I’m just grateful,” she shares. Marie is a 41-year-old mom. Her highest level of education is a high school diploma. When asked by the focus group moderator what brings her joy in her finances, she responded “you got jokes.” She laughed briefly along with other women in the focus group and went on, saying “when I grow up, I want to go to Europe.” She laughed again. “In the financial state I’m in right now, I just want a piece of your jobs,” Marie says to the other women in the focus group. She went on, “I don’t like living paycheck to paycheck.”

These data demonstrate education operating as a social stratifier, even within Black middle-class women, shaping the distribution of their determinants of well-being. This differential access to the determinants of well-being manifests as expected in the optimism of Black middle-class women with high school degrees relative to those with graduate or professional degrees. Women with high school degrees placed their optimism at an 8.6 out of 10; women with graduate or professional degrees were 8.9 out of 10 on the same scale. Despite higher access to the determinants of well-being, Black middle-class women with graduate or professional degrees are significantly more stressed (40%) than their counterparts with lower levels of education (31%).

Combination of parenthood and marital and parental status. Another strong and significant predictor of difference among Black middle-class women discussed in the Wichita focus group was the combination of parenthood and marital

status (i.e. “divorced mother”). According to my quantitative data, 17% of Black middle class divorced moms are depressed compared to 12% of married moms. Twelve percent of divorced moms had diabetes compared to 9% of married moms and 7% of single moms – all of whom are Black middle-class women. When it came to money, Black middle-class mothers were most likely to lack money for food or healthcare, with a higher proportion of single and divorced moms having inadequate food and healthcare resources. Black middle-class mothers are less likely to have a reliable support network relative to women who are not parents – among Black middle-class mothers, divorced moms are the least likely to have a support network (81%). Divorced moms are also the most stressed (42%); married (32%) and divorced (33%) non-parents had the lowest levels of stress.

Qualitatively, we see this stress difference manifest in the lives of Aliyah and Mackenzie. Both women have some college or associate’s degrees and fall into the same lower middle class category as Alice and Marie. Aliyah is a 45-year old divorcee with no children. She works in Wichita as a “Technical Support Supervisor” and shared with the women in the group that she is a “breast cancer survivor” who “didn’t get chemo,” “didn’t get radiation.” She felt the doctors were “too pushy,” so she chose to “deal with the rest holistically.” Since moving to Wichita from Chicago, Aliyah found that because of the relatively low cost of living, “whatever I want to do, I can pretty much afford to do it.” “I just be chillin,” she laughed. In Las Vegas, 35-year-old Mackenzie is a divorced California transplant pregnant with her second child. Like Aliyah, Mackenzie also believed in taking a “holistic approach, not taking medication.” “I have Graves’ disease,” she shared with the women in her group. “And

you're pregnant now?," a woman in the group asked her. "It's been very difficult to find a balance," Mackenzie replied. During the discussion, Mackenzie also shared that she is "just hoping to get back on [her] feet financially."

The impact of structural oppression

Well-being scholars have theorized and empirically shown that race and gender are associated with significant differences in subjective well-being outcomes (Deeming, 2013; McGibbon & McPherson, 2011; Dolan et al, 2008). Because race and gender are individual traits which operate at the systems level (Weber, 1998), I explore this phenomenon qualitatively through my second research question, *How does structural oppression impact the well-being of Black middle class women?* I found that women's discussions of structural oppression, including racialized, gendered, and class-based inequality, were prevalent in the focus groups and were captured by the in vivo code "*the state of the world is so depressing.*" The Black middle-class women in the focus groups connected these experiences of inequality directly to their key determinants of well-being, identifying clear examples of structural inequity at play. Ultimately, Black middle-class women seemed to intervene on all of these inequalities by "trying to make a change" – or taking action on behalf of their determinants of well-being. Despite their commitment to intervening on their own behalf, for the women in my focus groups, structural oppression shapes the distribution of their determinants of well-being in key ways.

Structural oppression shapes the distribution of Black middle class women's health through their racialized and gendered treatment in the health system. The women in my focus groups discussed family histories of poor health and described

being treated poorly by healthcare providers, with one woman being given “hardly any time” during visits. This tendency for Black middle-class women to characterize their treatment in the U.S. healthcare system as rushed was also articulated in qualitative research conducted by Sacks (2019). One woman in my focus group described her experience of discrimination from her healthcare provider based on her weight. In her book, Sacks described a woman in her focus group, Christina, who “interpreted her provider’s disdain for fat women as a form of racial discrimination” (Sacks, 2019, p. 41). In order to intervene on behalf of their health, Black middle-class women are seeking out information about their health and then putting that information in action, working at being healthy. In her exploration of Black middle-class women in the healthcare system, Sacks also found that Black middle-class women were showing up to healthcare appointments “armed with information,” committed to fiercely advocating for themselves by “conducting research prior to the healthcare encounter” (Sacks, 2019, p. 48, p. 49). Sacks found that the women she spoke with anticipated discrimination in the healthcare setting, leaving them feeling burdened by the constant need to fight for legitimacy on behalf of their health (Sacks, 2019).

When it comes to money as a determinant, structural oppression shapes Black middle class women’s well-being through the racialized and gendered pay gap. This pay gap was felt (and often researched) by the women I spoke with, with one bringing up to the group “Why are we as African American women or Black or however you identify yourself – the ones of us that *are* able to get a job – I think the statistics show that we make less than everybody else, men and women, of all nationalities all the

way around.” According to Bureau of Labor Statistics data, in 2018 Black women in the U.S. made \$0.89 to every Black man’s \$1, \$0.80 to every white woman’s \$1, and \$0.65 to every white man’s \$1 (U.S. Bureau of Labor Statistics, Current Population Survey, 2018 annual averages). In addition to the wage penalty that comes with being a Black woman in a racist and sexist society, there is evidence that in workspaces like the academy, Black women are being passed over for hiring and promotion (Nzinga, 2020). While none of the women in my focus groups worked in higher education (though one woman was a kindergarten teacher), I heard evidence of unequal hiring and promotion practices in my transcripts. These wage and labor disparities compound, leading to significantly larger penalties for Black women’s money (Nzinga, 2020). The Black middle-class women in my focus groups responded to this compounding inequity in two distinct ways. Some women chose to do what they referred to as “being professional,” or what people may refer to as code switching, in order to make (largely white) colleagues feel comfortable in the workspace, helping to mitigate the racism they experience at work. Others described a more direct approach: either collectively organizing on behalf of higher wages or speaking to their supervisors on their own behalf.

In discussions about their support, women described how stereotypes about Black women, like the strong or angry Black woman, served as barriers to their experiencing supportive relationships. Although Sacks’ (2019) work focused on Black middle class women’s experience in the healthcare system, the women’s discussions offered evidence that they were also keenly aware of the stereotypes that they – as Black women – face. In Harris-Perry (2011), the author describes the

disconnect between how the women she talked with characterized themselves – “kind, giving, tender” – and how they felt they were characterized by family and friends – “sassy, mouthy, attitude” or “aggressive, go-getter, and a self-starter” (p 89). This disconnect is emblematic of what I heard in the focus groups. While the Black middle-class women I spoke with rejected the cage of the stereotypes, they were simultaneously oppressed by them (Collins, 2000). During the focus groups I had the opportunity to witness the women acting on behalf of their support through the requesting and sharing of resources with one another.

Policy for Black middle-class women

The final mixed methods question my research asks is: *What does a policy agenda look like to support the well-being of Black middle-class women?* As it stands, my findings suggest that Black middle-class women are intervening on their well-being where policy could and I argue, should. Given the research which shows that high subjective well-being increases the likelihood of people engaging in more healthy behaviors (like wearing a seatbelt) and less unhealthy ones (like drug addiction), Black middle-class women’s “working at being healthy” could be interpreted by some as the expected result of high subjective well-being (Diener & Ryan, 2009; Diener & Biswas-Diener, 2008). However, when taken alongside Black middle class women’s active sharing of resources to bolster their support and their discussions about taking action on behalf of their money, I found evidence of the ways that these women are (in the absence of policy) intervening to address the larger paradox of Black middle-class women well-being for themselves.

Social inequality shapes inequality in well-being. Understanding this relationship is the challenge of subjective well-being scholars and policy makers (Cummings, 2020). In his quantitative exploration of Black-white race-gender differences in happiness over time, Cummings (2020) found that middle class Black women (households earning \$80,000 per year) were about as happy as white women making minimum wage (households earning \$15,080 per year). Cummings (2020) also found that Black women have experienced consistent improvements in happiness since the 1970's. Not coincidentally, since the 1970's, American society has seen an ongoing shift towards civil rights on behalf of Black Americans and the passage of women's rights legislation (Cummings, 2020). Also, not coincidentally, Black women have consistently been at the forefront of the political struggle for equity in both race and gender. My findings speak to the pervasiveness of systems of oppression, like racism and sexism, and to the power of targeted public policy to intervene and support well-being. They also reveal the inadequacy of previous and existing legislation which relies on Black women intervening on their own behalf.

Michener and Brower argue the need for “an intersectional approach to economic inequality” (2020). In their research, they found that policies which shape women's economic positions had differential impact depending on women's race and ethnicity and that women of color find themselves in uniquely precarious economic positions in the U.S. (Michener and Brower, 2020). I would further their argument by saying that an intersectional approach is needed in the exploration of all inequality. As my conceptual framework (Figure 2.2) demonstrates, for Black middle-class women, there is not an area of our well-being – and ultimately our lives – that structural

inequality does not touch. The authors of the original conceptual framework mine was modeled after argued that the “single most significant lesson” of the framework is that, in order to reduce health inequities, the policies must be “specifically crafted to tackle the social mechanisms that systematically produce an inequitable distribution of the determinants of health among population groups” (Solar & Irwin, 2010, p. 7). As such, policy researchers and practitioners must take intersectionality into account in all aspects and areas of our work in order to address inequality.

Conclusion

The authors of the WHO CSDH conceptual framework applied in this work remind us that when it comes to policy on behalf of the determinants of health or well-being, we must not put all of our hopes into a “one-size-fits-all” approach (Solar & Irwin, 2010, p. 54). Instead, policymakers must develop policy with close attention paid to the specificity of the issue, asking ourselves “what inequity exists?” and “how will we know if the inequity has been reduced?” (Hankivsky et al, 2014). My findings suggest that the systems of oppression are shaping the distribution of the key determinants of well-being for Black middle-class women, thus a policy response must target that group.

To intervene on behalf of their money, policymakers must close the race-gender pay gap. This can be done by strengthening wage and compensation policies, including raising the minimum wage to a thrivable level (i.e. well above \$15 per hour). At the institutional level, practices such as salary transparency within organizations, including at the highest levels of leadership, help to create an environment where closing the race-gender pay gap is no longer a distant idea.

Closing the race-gender pay gap will likely also contribute to a closing of the persistent race-gender wealth gap (although there are factors beyond income which contribute to that inequity). Social policy which intervenes on behalf of Black middle-class women's health looks like shifting resources away from policing and instead towards health, healthcare, and other social supports as part of a robust social safety net. With an influx of funding into local public health systems, cities and states might finally have the opportunity to invest in their mental health resources, including expanded access to therapy.

Even as I argue for the active inclusion of the lived experience of Black middle-class women into economic, social, and health policy interventions, I am keenly aware of the extent to which the lived experience of Black middle-class women differs – even from one another! – based on how else we each may be situated in this society. We are never only Black middle-class women. Some of us are mothers; some of us are divorced; some of us have graduate degrees; and most often, we are a combination of all of the things all at the same time. What this work demonstrates more than anything else is the intense need to focus on the many systems which impact the lived experience of the individual. Only then might we craft policy which is responsive to and supportive of the many ways that we each show up.

Chapter 3: Exploring complexity in Black women's well-being: What matters and for whom?

Introduction

Race, gender, and class are the fundamental social categories which shape disease, disability, and death in our society (Jackson & Williams, 2006). Prior research has explored these disparate health outcomes by each of these categories individually and in combination (Williams & Rucker, 2000; Braveman, 2012; Jackson & Williams, 2006). Race, gender, and class shape health, and health is but one aspect of subjective well-being (Ngamaba, 2016). Some research exists which has explored these fundamental traits and how they each manifest in differences in subjective well-being as well, but much less so than in the public health literature. There is a budding body of well-being literature which examines the impact of race or gender on the well-being of people living in the U.S. (Graham, 2017; Yoo, Kim, & Lee, 2018; Graham & Pinto, 2019) and even less so which examines them simultaneously (Cummings, 2020). In this paper, I focus on well-being at the intersection of race, gender, and class through an intentional focus on Black women in different income classes. This work underscores the complex interactions of these social categories and describes how intersectionality theory might be used to better understand these inequalities.

Literature and theory

This analysis applies intersectionality theoretical framework to explore the implications of race-gender and class on the well-being of Black women in the U.S. Intersectionality as an analytic tool encourages us to explore group differences in subjective well-being as not race-, gender-, or class-only, but through an approach which acknowledges the interlocking and intersecting nature of these social categories and the systems of power which support them (Collins & Bilge, 2016). In this work, I ask two questions:

1. Does being a Black woman impact life satisfaction, optimism, and stress?
How does this differ by income class group?
2. Does the impact of money and health as determinants of well-being differ by income class group for Black women?

Subjective well-being, captured in this work as life satisfaction, optimism, and stress, measures the extent to which people are living “a life that matches an individual’s own ideals” (Diener et al., 2009, p. 20). Subjective well-being metrics help to fill the knowledge gap left by more traditional metrics used to assess growth and well-being, like gross domestic product (Graham et al., 2018). Exploring subjective well-being allows policy researchers to describe and assess various dimensions of inequality in social life (Graham et al., 2018). There are three main theoretical frameworks that justify the measurement of subjective well-being: evaluative, hedonic, and eudemonic (Dolan & Metcalfe, 2012; Deeming, 2013). A eudemonic approach, focused on meaning of life and purpose, while important, is not a framework used in my approach to analysis. Rather, I focus on evaluative and

hedonic well-being. The most common dimension of subjective well-being, evaluative well-being, measures individual's overall assessment with their lives (Graham et al., 2018), while hedonic well-being measures people's feelings and emotions (Deeming, 2013). Affective indicators, or what people experience in day-to-day life, measure mood and emotion, and are used in this analysis to proxy hedonic well-being (Diener et al, 2009).

The determinants of subjective well-being can vary a great deal depending on which dimension of subjective well-being is being measured (Deeming, 2013) and in which context (Ngamaba, 2017). For example, Deeming found that education is strong predictor of happiness (a hedonic well-being measure) but not a very strong predictor of life satisfaction (an evaluative measure) (2013). Overall, money and health seemed to be consistent determinants in the literature across varying subject well-being metrics and in varying societies (Deeming, 2013; Ngamaba, 2017; Diener et al, 2009).

Money as a determinant of subjective well-being typically refers to income, wealth, jobs, and earnings (Boarini et al, 2012; Azizan & Mahmud, 2018; Ngamaba, 2016; Dolan, Peasgood, & White, 2000). However, in this work I explore class heterogeneity in well-being, with class defined by income. As such, in my analysis money as a determinant of well-being more narrowly refers to non-income monetary factors, like one's financial well-being and overall sense of financial security (Roll, Kondratjeva, & Grinstein-Weiss, 2019). In the literature, health as a determinant of well-being typically refers to health status, including physical and mental health (Dolan, Peasgood, & White, 2008).

Finally, the theoretical framework of intersectionality informs my understanding and approach to this quantitative inquiry. Intersectionality, a theoretical and analytical framework coined by Black feminist legal scholar Kimberlé Crenshaw, is a tool to understand and analyze how social identities – like race, gender, or class – do not operate as exclusive entities, but interacting phenomena, shaping complex social identities and inequalities (Bowleg, 2012; Hankivsky & Cormier, 2011; Collins & Bilge, 2016; Bauer, 2014). The framework has three core tenants: (1) social identities are not independent, but overlapping, (2) people from historically marginalized groups are the focus of analysis, and (3) individual overlapping social identities (e.g. race and gender) intersect with macro-level structural factors (e.g. racism and sexism) to produce divergent outcomes (Bowleg, 2012).

Measuring intersectionality has been divided into three distinct approaches to its complexity. The first approach, anticategorical complexity, considers social life to be much too complex to put into analytical categories at all (McCall, 2005). The second, an intracategorical approach to measuring intersectionality, is concerned with measuring “the range of diversity and difference within the group” (p. 1782), while the third, the intercategorical complexity approach, treats categories like race and gender as stable enough to compare to one another (McCall, 2005). I apply the intracategorical approach to complexity in intersectionality through a within-race-gender exploration of well-being heterogeneity by income class group for Black women (i.e. poor, middle-class, and rich Black women). I also explore

intercategorical complexity by making comparisons across race, gender, and/or class lines (e.g. comparing poor Black women to poor white women).

Data and sample

I use restricted-access, individual-level data on the Gallup-Healthways Well-Being Index from the Gallup Daily United States Poll.⁸ Gallup Daily is the first ongoing nationally representative survey of American's health and well-being and the dataset provides multiple variables that can be used to understand individual self-reported subjective well-being. This U.S. poll surveyed American adults daily in all 50 states and the District of Columbia, asking critical question about a multitude of political, economic, and well-being topics. From 2008 to 2012, Gallup surveyed 1,000 U.S. adults per day; from 2013 to 2016, 500 adults. I included data from the 2010-2016 survey years in my analysis as there were problems associated with the collection of two of my main outcome variables in 2009. The Gallup U.S. poll samples are weighted to correct for nonresponse and selection bias. The samples are also weighted based on the most recent Census data to adjust for the demographics of the U.S. as a whole, including age, sex, region, gender, education, ethnicity, and race, as well as population density of self-reported location. My dataset began with 2,478,326 observations. For the purposes of this study, I excluded observations with missing data on income, race, or gender and I restricted the sample to Black and white women and men, leaving me with 50% of the original dataset (n=1,246,571).

⁸ I am grateful to Carol Graham, a Senior Scientist at Gallup, and my PhD advisor, for helping me secure access to these data.

Measures

Well-being

Well-being, my outcome, is captured by three different variables in this analysis: life satisfaction, optimism, and stress. Life satisfaction is measured by asking respondents, “Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?” Optimism is measured similarly, with respondents being asked “On which step do you think you will stand about five years from now?”⁹ Both life satisfaction and optimism are evaluative measures of well-being measured using the Cantril Self-Anchoring Striving Scale (Cantril, 1965). Stress, my third well-being outcome, is a hedonic well-being indicator measuring negative affect. It is captured by asking respondents, “Did you experience stress during A LOT OF THE DAY yesterday?” The first two well-being measures are on a 0-10 scale, while stress is binary (0-1 scale). These self-reported well-being scores are highly correlated with objective economic conditions and capture the ebbs and flows of living conditions in the United States more broadly (Oishi & Diener, 2014; Oishi & Schimmack, 2010).

⁹ Responses to “On which step do you think you will stand about five years from now?” are being used to proxy optimism as was done in Graham & Pinto (2018).

Determinants of well-being

This analysis explores money and health as determinants of well-being. Money as a determinant of well-being is captured by two variables: lack money for food and lack money for healthcare.¹⁰ Lacking money for food is measured by respondents' response to the following question, "Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?" This same question is asked about "health care and/or medicines" to capture lacking money for healthcare. Health as a determinant of well-being is captured by three variables: health problems, depression, diabetes. Health problems is captured by asking respondents, "Do you have any health problems that prevent you from doing any of the things people your age normally can do?" Depression and diabetes are captured by asking respondents, "Have you ever been told by a physician or nurse that you have any of the following, or not?" All money and health determinants are binary.

Race, gender, class

This analysis focuses on Black women in different income classes. Both Black (black=1) and Female (female=1) are dummy variables in this analysis. In some specifications these two variables are interacted to explore the intersectional nature of race and gender (black*female). When Black and Female are interacted, white men are the omitted category. In order to generate income class groups, I used 2013-2017 5-year American Community Survey to calculate the middle 60% of the income

¹⁰ In their 2019 analysis, Graham and Pinto used these two variables as part of a financial well-being index.

distribution, in line with the definition of the middle class that I am using in this work (Reeves & Guyot, 2018). Based on that data, the middle-class income range was \$23,400 to \$115,800, which I then mapped onto the Gallup Daily household income group question, which asked respondents, “What is your total ANNUAL household income, before taxes? Please include income from wages and salaries, remittances from family members living elsewhere, farming, and all other sources.” People in the poor income class group represent households making \$23,999 or less a year, middle class are those households with an annual income of \$24,000 to \$119,999, and rich households have incomes of \$120,000 and over.

Summary statistics

The full sample was predominantly white (86%) with 14% Black respondents. Fifty-one percent of respondents were women. Nineteen percent of the full sample fell into the poor income class group. Sixty-four percent were middle class and 16% were rich. The mean life satisfaction in the full sample (including all race-gender-class groups) was 6.9 out of 10. The mean optimism in the full sample was 7.7 out of 10. In the full sample, 42% of respondents said that they experienced stress a lot of the day yesterday. Aggregating race, gender, and class, I found that about 17% of respondents lacked money for food or healthcare in the past year. About 23% of respondents on average had a health problem which prevented them from doing things people their age normally do. Eighteen percent of respondents were told they had depression and 11% were told they had diabetes. Summary statistics for the full sample are displayed in Table 3.1. A correlation table for all well-being, determinants

of well-being, race, gender, and race-gender variables can be found in Table 3.2 as well.

Black women relative to other race-genders

My well-being outcomes and determinants of well-being differed depending on one's race, gender, and class. Race-gender-class specific means were calculated and are displayed in Tables 3.3 (poor Americans), 3.4 (middle-class Americans), and 3.5 (rich Americans). Black women made up a little over 5% of the full sample (n=65,760). Of the Black women in these data, 37% were poor, 55% were middle class, and 8% were rich. Table 3.6 displays Black women's average well-being and determinants by class. While they were not always the most satisfied with their current lives, Black women were consistently the most optimistic race-gender cohort in each class. According to these data, poor Black women (8.3) are more optimistic about their futures than rich white men (8.1). Regardless of class, Black women were less stressed than white people, but more stressed than Black men.

When it came to money as a determinant of their well-being, Black women in all three income class groups consistently reported the highest proportion of those lacking money for food or healthcare in the past year relative to other race-gender-class groups. The story of health as a determinant of well-being was a bit less straightforward. With the exception of rich white men, white people reported more health problems and depression than Black people. Black women reported more health problems and depression than Black men in all income class groups. Poor women reported more diabetes. Twenty percent of poor Black women reported being told by a healthcare provider that they had diabetes, with the next highest percent

being 17% of poor white women. Middle-class and rich Black people reported higher levels of diabetes than their white peers. Rich Black men reported higher levels of diabetes (10%) than their rich Black women peers (8%).

Black women relative to each other

Among Black women, well-being and its determinants differed by income class group as well. Poor and middle-class Black women reported levels of life satisfaction above average for their class. Rich Black women's life satisfaction (7.55) was about the same as their class average (7.61). Black women's life satisfaction increased as they went from poor (6.7) to middle class (7.1) to rich (7.6). Black women across all income class groups reported higher than average levels of optimism. Optimism increased as Black women moved from poor (8.3) to middle class (8.7) to rich (8.8). Black women were consistently less stressed than their overall class average. That stress decreased as Black women went from poor (43%) to middle class (36%) to rich (34%).

When it came to money as a determinant of their well-being, Black women's lacking money for food or healthcare decreased as their class went from poor (48% and 39%) to middle class (22% and 19%) to rich (10% and 10%). Lacking money for food or healthcare was much more common among Black women in each class than their class averages. As for health, poor (34%) and middle-class (16%) Black women reported less health problems than their class averages (39% and 19%). Rich Black women's reported health problems were on par with their class at 12%. The percent of women reporting health problems was reduced by over half when Black women went from being poor to rich. Black women reported lower levels of depression and

higher levels of diabetes than their class averages in each income class group. The experience of being told by a healthcare provider that they had either depression or diabetes decreased as Black women moved from poor (27% and 20%) to middle class (13% and 12%) to rich (9% and 8%).

Analytic strategy

I used linear and logistic regression models in STATA 16 software to estimate my well-being outcomes. I estimated my evaluative well-being variables, life satisfaction and optimism, using Ordinary Least Squares regression estimation. While these variables are categorical, Graham and Pinto's (2019) prior work with these variables demonstrate that results using OLS do not differ significantly from an ordered logit model. OLS coefficients are more straightforward to interpret, making OLS the preferred estimation approach in this analysis. I estimated my binary hedonic well-being outcome variable, stress, using a logit model. Equation (1) below describes the basic empirical specification for my exploration of Black women's well-being:

$$(1) \text{ Well-being}_{ijt} = \beta_0 + \beta_1(\text{Black}_{ijt}) + \beta_2(\text{Female}_{ijt}) + \beta_3(\text{Black}_{ijt}) * (\text{Female}_{ijt}) + \beta_4(\text{Lack money for food}_{ijt}) + \beta_5(\text{Lack money for healthcare}_{ijt}) + \beta_6(\text{Health problems}_{ijt}) + \beta_7(\text{Diabetes}_{ijt}) + \beta_8(\text{Depression}_{ijt}) + \beta_9(\text{Z}_{ijt}) + \theta_j + \lambda_t + \eta_t + \varepsilon_{ijt}$$

In the equation above well-being represents each of my outcome variables (life satisfaction, optimism, and stress) for individuals i , in state j , for time t .¹¹ Z is a vector of individual-level socio-demographic controls, including the following variables:

- age and age²;

¹¹ Because people may anchor their optimism in their current life satisfaction (Graham and Pinto, 2018), whenever I estimated optimism, I added life satisfaction as an additional control.

Dummy variables:

- marital status (single, married or in a domestic partnership, divorced or separated, and widowed);
- educational level (high school dropout, high school graduate, technical school, college dropout, college graduate, post-college);
- employment status (employed full-time, employed part-time, self-employed, employed part-time but wanting full-time, unemployed, and not in the workforce);
- religious preference (preference, no preference, or atheist);
- geography (living in a rural county); and
- parental status (have kids living in the household).

I also controlled for state (θ_j), year (λ_t), and month (η_t) of interview. These controls are common in the estimation of subjective well-being, as there are unobservable differences in well-being across states and survey years, and there are seasonal effects which lead to variance in subjective well-being.

I estimated 18 versions of my equation (1) for each well-being variable. The first two were baseline equations which included all race-genders and income classes without Black*Female interaction, with and without controls. I then estimated equation (1) as is, including the interaction term and all socio-demographic controls. I estimated class-specific versions of equation (1) for each income class group. These specifications are intended to provide insight into the well-being impact of being a Black woman above and beyond being Black and being a woman separately. I follow up with a series of race-gender-class-specific specifications. These specifications

differed from equation (1) in that they did not include Black, Female, or Black*Female. Class-specific race-gender regression results for Black men, white women, and white men can be found in Tables 3.8-3.10. They are not reported or discussed in this study.

Results

I relied on cross-sectional data, thus the results discussed below represent robust associations between the fundamental social categories, well-being, and its' determinants, rather than any causal relationship between these variables. Additionally, the relationships between these variables move bi-directionally. As Table 3.2 shows, health problems were significantly negatively associated with life satisfaction ($r = -0.207$) and optimism ($r = -0.219$). However, while people with health problems have lower well-being, it is also the case that lower well-being can lead to poorer health (Boarini et al, 2012). As such, in the presentation and discussion of my results that follows, I am not arguing causality between any of the variables I explored. Instead, I share significant associations and later discuss why they might exist.

Does being a Black woman impact life satisfaction, optimism, and stress? I first used a simple specification exploring the effect of race and gender separately in the full income distribution without any individual sociodemographic controls or interaction terms (Models 1-3, Table 3.7). These results were similar to the specification including the full battery of controls and state, month, and year fixed effects (Models 4-6, Table 3.7). I followed up using a specification which included an interaction term Black*Female where the omitted category is white men (Models 7-9,

Table 3.7). The main result in all three of these specifications is that being Black and female each contribute significantly to well-being. The interaction term Black*Female was significantly negatively associated with optimism ($\beta = -0.038$) but was not a statistically significant contributor to life satisfaction or stress in the full income distribution. As noted above, Black women were consistently the most optimistic race-gender cohort in each class (Tables 3.3-3.5).

How does this differ by income class group? I addressed this question by estimating a series of class-specific linear regressions and logit models which estimate life satisfaction, optimism, and stress for each income class group. Being Black and female each contribute significantly to well-being in all three income class groups. The interaction term Black*Female significantly decreased life satisfaction ($\beta = -0.084$), optimism ($\beta = -0.144$), and stress ($\beta = -0.069$) for poor Black women (Models 10-12, Table 3.7). The coefficient of this interaction term can be understood in two ways: (1) as the modification of the effect of race by gender or (2) the modification of the effect of gender by race.¹² As such, one might interpret this result as being a poor Black woman is associated with a 0.36 point increase in life satisfaction (on a 0-10 scale), a 0.13 point increase in optimism (also on a 0-10 scale), and a 10% increase in stress (0-1) relative to poor Black men. At the same time, this interaction is associated with a 0.44 point increase in life satisfaction, a 0.47 point increase in optimism, and a 64% decrease in stress relative to poor white women. Regardless of the interpretation approach, any decrease in well-being is being reduced

¹² I interpreted my interaction term by adding the coefficients: (1) Black*Female + Female = Black women relative to Black men; (2) Black*Female + Black = Black women relative to white women

from an already relatively high level, as both Black people and women are more optimistic than their white and male peers (Graham, 2017; Graham & Pinto, 2019).

The interaction term Black*Female significantly decreased life satisfaction ($\beta = -0.083$) and optimism ($\beta = -0.036$) for middle-class Black women (Models 13-14, Table 3.7) but did not contribute significantly to their stress (Model 15, Table 3.7). This result can be interpreted as being a middle-class Black woman is associated with a 0.29 point increase in life satisfaction and a 0.12 point increase optimism relative to poor Black men. This interaction is associated with a 0.10 point increase in life satisfaction and a 0.53 point increase in optimism relative to poor white women. The interaction term Black*Female did not contribute significantly to well-being for rich Black women (Models 16-18, Table 3.7).

Does the impact of money and health as determinants of well-being differ by income class group for Black women? I next estimated a series of class-specific regressions and logits reflecting well-being outcomes for Black women in order to explore class heterogeneity in the determinants of well-being for Black women. When it came to money as a determinant of well-being, not having enough money for food in the past year significantly decreased the life satisfaction of Black women. As Black women moved from poor ($\beta = -0.498$) to middle class ($\beta = -0.602$) to rich ($\beta = -0.916$), the negative impact of lacking money for food on life satisfaction increased (Tables 3.8-3.10). Lacking money for food is a much stronger determinant of life satisfaction and optimism for rich Black women than for poor and middle-class Black women. This is likely because while rich people are not used to lacking money for food (less than 4% of rich people lacked money for food in my sample overall), 10%

of rich Black women lacked money for food. Lacking money for food did not contribute significantly to the optimism of poor Black women. It had a statistically significant but substantively small ($\beta = -0.064$) negative effect on optimism for middle-class Black women. Lacking money for food significantly increased stress for Black women, with poor Black women experiencing the biggest increase in stress (0.679), followed by middle-class Black women ($\beta = 0.551$), and rich Black women ($\beta = 0.449$).

Not having enough money to pay for healthcare and/or medicine in the past year significantly decreased life satisfaction for Black women. Lacking money for healthcare had a similar negative impact on the life satisfaction of poor ($\beta = -0.463$) and rich ($\beta = -0.472$) Black women, with middle-class Black women ($\beta = -0.367$) being slightly less negatively affected. Lacking money for healthcare did not significantly impact the optimism of middle-class and rich Black women. It significantly decreased optimism for poor Black women ($\beta = -0.079$), however the negative affect was substantively small and is reduced from a relatively high level of optimism. In fact, poor Black women (8.3) reported more optimism than rich white men (8.1). Lacking money for healthcare significantly increased the stress of poor ($\beta = 0.446$) and middle-class ($\beta = 0.525$) Black women. The impact of lacking money for healthcare was insignificant for rich Black women.

When it came to health as a determinant of well-being, I found that having a health problem which prevented them from doing things peers their age might do significantly decreased all three measures of well-being for Black women in all three income classes. The negative effect of health problems on life satisfaction was

roughly the same for Black women in all classes. Having health problems had a similar negative impact on the life satisfaction of poor ($\beta = -0.156$) and rich ($\beta = -0.161$) Black women, while middle-class Black women ($\beta = -0.278$) were more negatively affected by health problems. The impact of health problems on stress increased as women went from poor ($\beta = 0.596$) to middle class ($\beta = 0.652$) to rich ($\beta = 0.671$). Health problems had a stronger negative association with life satisfaction and optimism for poor white women and men than for poor Black women, and about the same magnitude of negative relationship with stress.

Overall, for Black/white women/men in each income class, diabetes did not have a very strong or substantive statistical association with my well-being outcomes. Being told by a medical professional that they have diabetes significantly decreased life satisfaction for rich Black women ($\beta = -0.176$, $p=0.079$). Diabetes significantly decreased optimism for poor ($\beta = -0.163$) and middle-class ($\beta = -0.153$) Black women. Being diagnosed with diabetes was significantly associated with increased stress for rich Black women ($\beta = 0.296$, $p=0.039$).

Being diagnosed with depression was significantly associated with decreased life satisfaction for Black women in all three income classes. The magnitude of the negative association of depression with life satisfaction decreased as Black women went from poor ($\beta = -.654$) to middle class ($\beta = -.546$) to rich ($\beta = -.434$). This was also the case for white women and with similar magnitude in each class.¹³ The

¹³ The magnitude of the negative association of depression with life satisfaction decreased as white women went from poor ($\beta = -.639$) to middle class ($\beta = -.498$) to rich ($\beta = -.439$).

opposite was true for Black men: the magnitude of the negative relationship between depression and life satisfaction was strongest for rich Black men ($\beta = -.862$).

Depression was significantly associated with decreased optimism for poor Black women ($\beta = -0.152$). Depression was significantly associated with decreased optimism for middle-class Black women as well, but the contribution is less substantive ($\beta = -0.074$, $p=0.041$). Overall, for each race-gender-class group, depression had a relationship with optimism that ranged from substantively small to insignificant. The strongest negative association I found was for poor Black men ($\beta = -0.183$).

I found much stronger associations in the relationship between depression and stress, with Black women and men in all income classes and poor white people having the strongest negative associations. Being diagnosed with depression was consistently strongly and substantively associated with increased stress for poor ($\beta = 1.426$), middle-class ($\beta = 1.132$), and rich ($\beta = 1.098$) Black women. For Black men, the relationship followed the same class trend with even stronger negative associations.¹⁴

Discussion

The results of the first step in my analytic strategy - exploring the impact of race or gender on well-being - were straightforward. Both in the full sample and in each of the class-specific estimations, being Black or being a woman contributed

¹⁴ Being diagnosed with depression was consistently strongly and substantively associated with increased stress for poor ($\beta = 1.728$), middle-class ($\beta = 1.356$), and rich ($\beta = 1.222$) Black men.

significantly to an individual's life satisfaction, optimism, and stress. These findings align with other work done using this dataset.

Using Gallup Daily (as well as other complementary data) to explore racial heterogeneity in well-being, Graham and Pinto (2018) found that poor Black people were significantly more optimistic and less stressed than white people in the same class. Graham and Chattopadhyay (2013) found that women have higher average levels of well-being than men worldwide. In a later analysis, Graham and Pinto (2019) also found that men have lower levels of optimism and stress than women. In their work exploring the impact of partisan politics on happiness using Gallup data, Pinto et al. (2021) found heterogeneity in the well-being effects of income, gender, and race.

In her 2013 qualitative work in Chicago, sociologist Mary Patillo found that members of the Black middle class tried to manipulate their behavior and identity such that Blackness was no longer a factor. However, just as the social determinants of health which shape health outcomes are socially distributed based on existing power hierarchies in our society, so too are the determinants of well-being. My work challenges the efficacy of the individual efforts described in Patillo's *Black Picket Fences*, suggesting that there is no level of income nor any type of behavior in which one's Blackness does not impact them.

While being Black and being a woman were statistically significant contributors to well-being regardless of class, my results indicate that the added well-being impact of being both Black and a woman simultaneously varies in significance depending on income class and the well-being variable in question. This is not

surprising as class and race intersect with gender to create complex inequalities which are challenging for policy to respond to (Mullings & Schulz, 2006). In the full sample, including all levels of income, my model results demonstrated that being a Black woman (Black*Female) has a significant association with higher levels of optimism, but not life satisfaction or stress. However, being a Black woman had a consistently significant mitigating impact on each of the generally high well-being outcomes of poor Black women. Middle-class Black women experienced negative well-being effects as well, but only on life satisfaction and optimism. Rich Black women did not display a significant association between being a Black and female and well-being.

In their work with Gallup daily data, Graham and Pinto explored race (Black, Hispanic, Asian, other race, white) and class (poor, middle class, rich) heterogeneity in subjective well-being. They found that the Black-white optimism gap was consistent across income classes, but diminished as income increased (Graham & Pinto, 2018). Unlike optimism, they found that these differences between stress for Black and white people remained constant across income groups (Graham & Pinto, 2018). In another paper also using Gallup daily data, Graham and Pinto (2021) explored well-being and ill-being and how they vary by place, race, and gender. They found that Black-white gaps in life satisfaction and optimism were much smaller for people who were employed full or part-time relative to those who were out of the labor force, with the gaps between Blacks and whites being the largest in the most deprived labor market groups, such as prime aged men out of the labor force (Graham & Pinto, 2021).

My second research question explored race-gender-class-specific regression results. I found that the impact of money and health as determinants of well-being differed by income class group for Black women. Applying intersectionality theory to interpret these results allows a lens into which we can better understand the complex ways that race-gender and class shape well-being and its determinants.

According to my results, money was a strong determinant of life satisfaction and stress for Black women. The negative effect of lacking money for food on life satisfaction increased as Black women's class increased. The negative effect of lacking money for healthcare was consistent regardless of class. The impact of lacking money for food and healthcare on stress decreased as class increased for Black women. Money was not a universal determinant of optimism for Black women. Lacking money for food was a significant and substantive contributor of decreased optimism for rich Black women, but this was not so for poor Black women, which could be due to expectations. Ten percent of rich Black women lacked food in the past year (relative to 48% of poor Black women and 4% of rich people overall) according to my data.

Lacking money for healthcare had a small negative effect on optimism for poor Black women; this was not the case for middle-class and rich Black women. The variables which make up my category of money as a determinant of well-being can also be considered indicators of financial security, thus these findings speak to the impact of financial security – or for Black women, more often the lack thereof – on well-being at the intersection of race, gender, and class.

Black women well-being paradox

As I've discussed, the subjective well-being literature points to clear links between factors like financial security, good health status, and well-being. However in my analysis I found that in every income class, Black women are the most optimistic and less stressed than white people (though more stressed than Black men), despite not having the highest levels of the factors said to contribute to that well-being (see Tables 3.3-3.5). In Graham and Pinto (2018) they found that a similar paradox exists for poor Black people: poor Black people were more much more optimistic and less stressed than their poor white counterparts. Graham and Pinto (2018) pointed to narrowing Black-white wage and education gaps as a potential explanation for the Black-white well-being paradox. However, rather than explaining the Black women well-being paradox, this consideration further complicates it.

While Black women are increasingly a highly educated group in the U.S. (Reeves & Guyot, 2017), their increased education has been met with a persistent race-gender wage gap (National Partnership for Women & Families, 2021). Black women's median earnings are 64.6 percent of white men's, according to 2012-2014 American Community Survey microdata (DuMonthier, Childers, Milli, 2017). In fact, if the annual race-gender wage gap were eliminated, a typical Black woman in the U.S. would have enough money to pay for over a year of premiums for employer-based health insurance (National Partnership for Women & Families, 2021), a factor I found was significantly associated with decreased well-being for Black women.

In addition to the race-gender wage gap and its impact on financial security, Black women's health suffers in racialized and gendered ways. For instance, Black

women are underdiagnosed with endometriosis – a disease historically described as mainly impacting “affluent, high-achieving women with private health insurance who have delayed marriage and childbearing” – largely due to racist, classist, and sexist stereotypes of a typical endometriosis patient and the fact that providers may be misdiagnosing Black women’s pelvic pain (Farland & Horner, 2019).

Both the paradox of Black women’s well-being and the Black-white well-being paradox are counterintuitive as discrimination raises the “transaction costs” of life and experiencing discrimination is associated with stress and lower levels of life satisfaction (Swenson, 2015; Graham, 2017). Various theories have been explored to explain the paradox of poor Black people’s well-being relative to their white peers (Graham, 2017; Graham and Pinto, 2018). Some of these same factors might also help to explain the paradox of Black women’s well-being.

Resilience, defined as “maintaining health in spite of a range of psychosocial risk factors” (Graham & Pinto, 2018), is an often-used explanation for the Black-white well-being paradox (Assari & Lankarani, 2016; Graham & Pinto, 2018). This theory of resilience can be used as an explanation for Black women’s relatively heightened well-being despite historical discrimination as well. This explanation is further supported by qualitative evidence demonstrating Black women’s thoughts about suicide. In that work, Spates and Slatton (2017) found that Black women’s experiences of systematic oppression have aided in their development of a strong sense of resilience. That resilience can also be understood as a survival tool used, both individually and culturally, to navigate the challenges they face (Spates and Slatton, 2017). After all, optimistic people live longer (Lee et al., 2019).

Graham and Pinto (2019) suggest that cultural stigma surrounding depression could be playing a role in the Black-white well-being paradox, leading to Black people being less likely to report depression. However, I found similar rates of reporting depression in my data across race-genders within class. According to my data, 27% of poor Black women and poor white men reported being diagnosed with depression. That number was 13% for middle-class Black women and 12% for middle-class white men. Nine percent of rich Black women reported depression compared to 8% of rich white men. Additionally, in my mixed methods chapter 2, I discussed the importance that the Black middle-class women in my focus groups placed on mental health and seeking therapy.

Together, these results lend support to the idea that the cultural stigma surrounding mental health and depression which may have once existed among Black people is at the very least diminishing. In fact, despite literature demonstrating Black people's muted experiences of depression (Assari & Lankarani, 2016), my findings suggest that for Black women depression is significantly associated with decreased life satisfaction and increased stress, regardless of class, with poor Black women being most negatively impacted.

Black women report being the most religious race-gender group in U.S. (Cox and Diamant, 2018). This was also true in my data. As Black people are also the most religious racialized group, other researchers have suggested the role of religion in explaining the Black-white well-being paradox (Graham & Pinto, 2018). Work done by Spates and Slatton (2017) supports the idea that faith-based beliefs and practices serve as key buffers for Black women. I controlled for religion in my analysis, but as

Graham and Pinto state in their discussion of the Black-white paradox (2018), it is very plausible that religion affects Black women's optimism and stress in ways that I cannot observe.

Through their interviews with Black women, Spates and Slatton (2017) also found that social networks were a means for survival. When asked their own explanations of Black women's relatively low rates of suicide, Spates and Slatton (2017) report that Black women pointed to their relationships with and commitments to family and friends. This finding echoes my findings from my mixed methods chapter 2. In that chapter, I suggested that social support is a key determinant of well-being for Black middle-class women. I also argued that gendered racism informs stereotypes about Black women, at times serving as a barrier to their receiving social support. In that way social support is distributed via power hierarchies in our society, just like money and health. While strong cultural and social ties seem to be critical to the well-being of Black women, I would argue that strong relationships and social support are determinants of well-being for Black women rather than a factor which explains the paradox.

Conclusion

This chapter focused heavily on comparisons of Black/white women/men and centers the well-being of Black women. Race, gender, and class shape well-being, but that shaping is inconsistent across groups and worthy of further research to explore intersectionality paradoxes among other racialized and gendered groups in the U.S. My findings speak to the persistence of racism and sexism in our society. That is to say that among people of the same income level, controlling for all other relevant

well-being factors like education level, marital and job status, I found significant well-being differences because of one's race and gender. My findings also shed light on the role of class among Black women, demonstrating the ways in which class renders our identities as Black women more or less salient depending on our income class.

Ultimately the explanation which seem to best explain the Black women's well-being paradox is resilience. But what is resilience, really? If the choice is to do or to die, is choosing to continuously do "resilience"? What is the cost of resilience in the lives of Black women? I would argue that in the lives of Black women, resilience is not the gold star society purports it to be. Rather it is a continuation of racialized and gendered stereotypes, like that of the strong Black woman, weighing us down as we do our best to survive – being resilient. Black women are not fearless or limitlessly strong – we do not have a choice. Most often, we do because we must. Perhaps it is this experience which becomes labeled "resilience" and manifests quantitatively as heightened optimism and decreased stress relative to same class peers.

The findings in this paper broaden and deepen what is known about subjective well-being and its race-gender-class implications for Black women, but they do not respond directly to the paradox of Black women's well-being. Systems of power intersect with individual social characteristics to create complex inequalities. Further qualitative and mixed methods work is needed to more fully understand how Black women of all levels of income are situated in our society and better respond to the paradox of Black women's well-being.

The inherent shortcoming of this econometric examination gives me reason to pause. How could I posit that controlling for race as a binary variable, gender as a binary variable¹⁵, and interacting the two could ever capture even a piece of what it is to be a Black woman in America? While this necessary first order assumption is required to conduct this analysis, it is perhaps its biggest limitation for two reasons. First, as I alluded: quantitative variables cannot capture that broad experience (Weber, 1998). Second, including race and gender meant that I also estimated the main effects of each of those variables (i.e. variables for Black and female) separate from the interaction variable Black*Female, a practice that makes statistical sense, but does not best align with intersectionality theory (Bowleg & Bauer, 2016).

Policymakers need to identify key determinants of well-being so that they can adequately allocate resources to support that well-being (Ngamaba et al. 2017). This work takes an early step in unpacking the relationship between policy-actionable objective factors (like financial security surrounding food and healthcare access and relative health status) and reported well-being in the lives of an American public imbued with racial and gender diversity. I do this through an intentional focus on Black women along the income distribution. Closer examination of the economic, health, and social position of Black women and associated well-being outcomes, including qualitative inquiry, will yield further policy-actionable information on behalf of this group.

¹⁵ That my gender variable was binary is yet another deep flaw in this research on behalf of Black women. Gender measured in a binary fashion in this work renders the experiences and associated inequalities that Black trans women face invisible.

Table 3.1. Well-being of full sample (all income levels and race-genders)

Variable name	Mean	SD	Min-Max
Life satisfaction	6.917	1.947	0-10
Optimism	7.744	2.202	0-10
Stress	0.418	0.493	0-1
<i>Race-gender, race, gender</i>			
Black women	0.053	0.224	0-1
Black men	0.044	0.205	0-1
White women	0.446	0.497	0-1
White men	0.457	0.498	0-1
Black	0.141	0.348	0-1
White	0.859	0.348	0-1
Women	0.511	0.5	0-1
<i>Health determinants of well-being</i>			
Health problems	0.226	0.418	0-1
Depression	0.183	0.387	0-1
Diabetes	0.111	0.314	0-1
<i>Money determinants of well-being</i>			
Lack money for food	0.171	0.376	0-1
Lack money for healthcare	0.173	0.376	0-1
<i>Controls</i>			
<i>Education</i>			
High school dropout	0.08	0.271	0-1
High school graduate	0.286	0.452	0-1
Technical school	0.055	0.228	0-1
College dropout	0.246	0.431	0-1
College graduate	0.187	0.39	0-1
Post-college	0.147	0.354	0-1
<i>Employment</i>			
Employed full-time	0.457	0.498	0-1
Unemployed	0.05	0.217	0-1
Self-employed	0.051	0.219	0-1
Employed part-time	0.069	0.254	0-1
Underemployed	0.058	0.234	0-1
Not in the workforce	0.315	0.465	0-1
<i>Family life</i>			
Married	0.592	0.491	0-1
Divorced	0.122	0.327	0-1
Single	0.221	0.415	0-1
Widowed	0.065	0.247	0-1
Household children	0.679	1.129	0-15
<i>Additional controls</i>			
Age	48.351	14.45	18-98
Age ²	2642.2	1758	324-9604
Religious preference	0.821	0.383	0-1
Rural county	0.193	0.395	0-1
Count	1,246,571		

Table 3.2. Correlations: Household income, Well-being, Health and Money Determinants of Well-being, Race, Gender, Race-gender

	Household Income	1	2	3	4	5	6	7	8
1. Life Satisfaction	0.2523								
2. Optimism	0.1465	0.5037							
3. Stress	-0.0602	-0.2433	-0.075						
4. Health problems	-0.2219	-0.2072	0.2194	0.1377					
5. Depression	-0.1887	-0.2177	0.1296	0.2366	0.3103				
6. Diabetes	-0.1089	-0.0618	0.1343	-0.0107	0.2263	0.1094			
7. Lack money for food	-0.3451	-0.2973	0.0911	0.2114	0.2157	0.2381	0.0692		
8. Lack money for healthcare	-0.2808	-0.2683	0.1063	0.2002	0.2102	0.2091	0.0719	0.4943	
Black	-0.1623	-0.0104	0.1255	-0.0483	-0.0111	-0.0269	0.0395	0.1363	0.0831
White	0.1623	0.0104	0.1255	0.0483	0.0111	0.0269	-0.0395	-0.1363	-0.0831
Women	-0.1155	0.0522	0.0475	0.0519	0.0629	0.1255	0.0026	0.0707	0.0586
Black women	-0.1389	0.0074	0.105	-0.0205	0.0034	0.0009	0.0354	0.1138	0.07
Black men	-0.0792	-0.0231	0.0638	-0.0465	-0.0197	-0.0395	0.0176	0.0696	0.0418
White women	-0.0414	0.0486	-0.009	0.0634	0.0616	0.1261	-0.0165	0.0098	0.0212
White men	0.1557	-0.0414	0.0793	-0.0296	-0.0539	-0.1074	-0.0113	-0.1057	-0.0797

Note: With the exception of Black women x Depression, all correlations are significant at the 1% level

Table 3.3. Poor American's Well-being, combined and by race-gender

Variable name	Combined		Black women		Black men		White women		White men	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Life satisfaction	6.194	2.37	6.658	2.436	6.335	2.435	6.241	2.33	5.865	2.33
Optimism	7.293	2.68	8.288	2.324	7.995	2.332	7.09	2.727	6.903	2.7
Stress	0.482	0.5	0.425	0.494	0.384	0.486	0.521	0.5	0.482	0.5
<i>Health determinants of well-being</i>										
Health problems	0.389	0.49	0.342	0.474	0.312	0.463	0.427	0.495	0.379	0.485
Depression	0.312	0.46	0.27	0.444	0.209	0.407	0.373	0.484	0.274	0.446
Diabetes	0.166	0.37	0.201	0.401	0.159	0.365	0.171	0.377	0.145	0.352
<i>Money determinants of well-being</i>										
Lack money for food	0.398	0.49	0.483	0.5	0.469	0.5	0.387	0.487	0.354	0.478
Lack money for healthcare	0.344	0.48	0.386	0.487	0.374	0.484	0.341	0.474	0.319	0.466
<u>Controls</u>										
<i>Education</i>										
High school dropout	0.213	0.41	0.225	0.417	0.245	0.43	0.204	0.403	0.21	0.407
High school graduate	0.394	0.49	0.369	0.483	0.44	0.496	0.393	0.488	0.393	0.488
Technical school	0.054	0.23	0.055	0.229	0.048	0.213	0.053	0.224	0.057	0.232
College dropout	0.23	0.42	0.263	0.44	0.202	0.401	0.234	0.423	0.217	0.412
College graduate	0.076	0.26	0.065	0.246	0.048	0.213	0.081	0.272	0.082	0.274
Post-college	0.034	0.18	0.023	0.149	0.018	0.134	0.036	0.185	0.041	0.199
<i>Employment</i>										
Employed full-time	0.208	0.41	0.221	0.415	0.25	0.433	0.174	0.379	0.238	0.426
Unemployed	0.106	0.31	0.126	0.332	0.129	0.335	0.086	0.28	0.119	0.324
Self-employed	0.027	0.16	0.014	0.117	0.037	0.189	0.018	0.134	0.044	0.206
Employed part-time	0.057	0.23	0.04	0.196	0.038	0.19	0.067	0.249	0.058	0.233
Underemployed	0.099	0.3	0.115	0.319	0.131	0.338	0.082	0.274	0.107	0.309
Not in the workforce	0.502	0.5	0.484	0.5	0.415	0.493	0.574	0.495	0.434	0.496
<i>Family life</i>										
Married	0.289	0.45	0.183	0.386	0.255	0.436	0.295	0.456	0.341	0.474
Divorced	0.215	0.41	0.194	0.395	0.179	0.383	0.243	0.429	0.196	0.397
Single	0.359	0.48	0.514	0.5	0.523	0.5	0.247	0.431	0.4	0.49
Widowed	0.136	0.34	0.109	0.312	0.044	0.204	0.215	0.411	0.063	0.243
Household children	0.552	1.08	0.958	1.335	0.642	1.194	0.505	1.004	0.403	0.953
<i>Additional controls</i>										
Age	48.3	19.8	43.647	18.132	42.961	17.046	52.157	20.423	46.524	19.247
Religious preference	0.823	0.38	0.877	0.328	0.83	0.375	0.847	0.36	0.759	0.428
Rural county	0.256	0.44	0.15	0.357	0.137	0.344	0.295	0.456	0.285	0.451

Table 3.4. Middle-class American's Well-being, combined and by race-gender

	Total		Black women		Black men		White women		White men	
Variable name	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Life satisfaction	7.003	1.79	7.124	1.855	6.872	1.881	7.156	1.764	6.848	1.781
Optimism	7.777	2.1	8.69	1.781	8.392	1.82	7.815	2.081	7.522	2.134
Stress	0.398	0.49	0.356	0.479	0.302	0.459	0.435	0.496	0.38	0.485
<i>Health determinants of well-being</i>										
Health problems	0.193	0.4	0.16	0.367	0.141	0.348	0.217	0.412	0.181	0.385
Depression	0.157	0.36	0.131	0.337	0.085	0.278	0.209	0.407	0.118	0.322
Diabetes	0.102	0.3	0.118	0.322	0.122	0.327	0.092	0.29	0.108	0.31
<i>Money determinants of well-being</i>										
Lack money for food	0.124	0.33	0.221	0.415	0.191	0.393	0.127	0.333	0.098	0.297
Lack money for healthcare	0.143	0.35	0.192	0.394	0.177	0.382	0.152	0.359	0.122	0.327
<u>Controls</u>										
<i>Education</i>										
High school dropout	0.048	0.21	0.045	0.208	0.066	0.248	0.038	0.192	0.055	0.228
High school graduate	0.283	0.45	0.212	0.409	0.314	0.464	0.272	0.445	0.299	0.458
Technical school	0.061	0.24	0.05	0.219	0.06	0.238	0.054	0.226	0.071	0.256
College dropout	0.264	0.44	0.325	0.468	0.307	0.461	0.265	0.442	0.248	0.432
College graduate	0.201	0.4	0.209	0.407	0.164	0.371	0.211	0.408	0.195	0.397
Post-college	0.143	0.35	0.158	0.365	0.089	0.285	0.159	0.366	0.131	0.338
<i>Employment</i>										
Employed full-time	0.508	0.5	0.549	0.498	0.565	0.496	0.437	0.496	0.566	0.496
Unemployed	0.037	0.19	0.061	0.24	0.059	0.236	0.035	0.184	0.033	0.179
Self-employed	0.051	0.22	0.027	0.162	0.059	0.236	0.036	0.186	0.069	0.253
Employed part-time	0.071	0.26	0.05	0.218	0.041	0.198	0.097	0.296	0.052	0.223
Underemployed	0.05	0.22	0.069	0.253	0.071	0.256	0.05	0.219	0.043	0.203
Not in the workforce	0.283	0.45	0.244	0.43	0.205	0.404	0.345	0.476	0.236	0.425
<i>Family life</i>										
Married	0.651	0.48	0.406	0.491	0.511	0.5	0.673	0.469	0.683	0.465
Divorced	0.106	0.31	0.158	0.365	0.118	0.323	0.109	0.312	0.093	0.29
Single	0.192	0.39	0.381	0.486	0.35	0.477	0.139	0.346	0.196	0.397
Widowed	0.051	0.22	0.055	0.228	0.021	0.145	0.078	0.269	0.028	0.164
Household children	0.686	1.13	0.961	1.279	0.874	1.262	0.665	1.112	0.642	1.099
<i>Additional controls</i>										
Age	48.55	17.2	42.552	15.746	42.579	15.913	50.089	16.994	48.653	17.347
Religious preference	0.825	0.38	0.894	0.308	0.835	0.371	0.849	0.358	0.79	0.407
Rural county	0.192	0.39	0.077	0.267	0.081	0.273	0.207	0.405	0.208	0.406

Table 3.5. Rich American's Well-being, combined and by race-gender

	Total		Black women		Black men		White women		White men	
Variable name	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Life satisfaction	7.607	1.52	7.55	1.664	7.377	1.713	7.739	1.499	7.536	1.502
Optimism	8.24	1.71	8.8	1.555	8.629	1.62	8.316	1.683	8.117	1.74
Stress	0.406	0.49	0.343	0.475	0.303	0.46	0.428	0.495	0.403	0.49
<i>Health determinants of well-being</i>										
Health problems	0.123	0.33	0.119	0.324	0.1	0.3	0.142	0.349	0.112	0.315
Depression	0.103	0.3	0.091	0.287	0.061	0.239	0.148	0.355	0.076	0.265
Diabetes	0.065	0.25	0.084	0.277	0.103	0.305	0.05	0.218	0.072	0.258
<i>Money determinants of well-being</i>										
Lack money for food	0.037	0.19	0.1	0.3	0.071	0.257	0.041	0.198	0.026	0.16
Lack money for healthcare	0.051	0.22	0.097	0.296	0.085	0.278	0.056	0.229	0.042	0.201
<u>Controls</u>										
<i>Education</i>										
High school dropout	0.022	0.15	0.024	0.153	0.034	0.18	0.017	0.129	0.024	0.154
High school graduate	0.141	0.35	0.121	0.326	0.164	0.37	0.131	0.338	0.147	0.354
Technical school	0.029	0.17	0.023	0.151	0.03	0.172	0.025	0.157	0.032	0.176
College dropout	0.194	0.4	0.22	0.414	0.239	0.426	0.201	0.401	0.185	0.388
College graduate	0.288	0.45	0.251	0.434	0.245	0.43	0.299	0.458	0.286	0.452
Post-college	0.326	0.47	0.361	0.48	0.288	0.453	0.327	0.469	0.326	0.469
<i>Employment</i>										
Employed full-time	0.608	0.49	0.622	0.485	0.653	0.476	0.508	0.5	0.673	0.469
Unemployed	0.019	0.14	0.035	0.184	0.034	0.182	0.02	0.141	0.016	0.127
Self-employed	0.084	0.28	0.037	0.189	0.089	0.284	0.055	0.227	0.107	0.309
Employed part-time	0.078	0.27	0.066	0.248	0.038	0.191	0.122	0.327	0.052	0.221
Underemployed	0.035	0.18	0.051	0.219	0.047	0.212	0.04	0.197	0.029	0.168
Not in the workforce	0.176	0.38	0.19	0.392	0.139	0.346	0.255	0.436	0.123	0.329
<i>Family life</i>										
Married	0.787	0.41	0.617	0.486	0.67	0.47	0.807	0.395	0.793	0.405
Divorced	0.054	0.23	0.097	0.296	0.078	0.268	0.052	0.222	0.05	0.218
Single	0.14	0.35	0.257	0.437	0.242	0.428	0.11	0.313	0.145	0.352
Widowed	0.019	0.14	0.029	0.167	0.011	0.104	0.031	0.173	0.011	0.105
Household children	0.833	1.18	0.942	1.222	0.972	1.288	0.845	1.174	0.806	1.163
<i>Additional controls</i>										
Age	47.61	14.7	43.542	14.321	44.054	14.609	47.867	14.236	47.988	14.984
Religious preference	0.803	0.4	0.903	0.296	0.843	0.363	0.821	0.384	0.78	0.414
Rural county	0.106	0.31	0.055	0.228	0.042	0.2	0.112	0.315	0.111	0.314

Table 3.6. Black women well-being and determinants of well-being by class
(means)

	Poor		Middle class		Rich	
	Black women	Whole class	Black women	Whole class	Black women	Whole class
Life satisfaction	6.7	6.2	7.1	7.0	7.6	7.6
Optimism	8.3	7.3	8.7	7.8	8.8	8.2
Stress	43%	48%	36%	40%	34%	41%
<i>Health determinants of well-being</i>						
Health problems	34%	39%	16%	19%	12%	12%
Depression	27%	31%	13%	16%	9%	10%
Diabetes	20%	17%	12%	10%	8%	7%
<i>Money determinants of well-being</i>						
Lack money for food	48%	40%	22%	12%	10%	4%
Lack money for healthcare	39%	34%	19%	14%	10%	5%

Table 3.7. Regression results: Well-being in the US, 2010-2016

Variables	All income class groups								
	1	2	3	4	5	6	7	8	9
	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday
Health problems	-0.460*** (0.006)	-0.293*** (0.006)	-0.460*** (0.006)	-0.476*** (0.006)	-0.250*** (0.006)	0.587*** (0.007)	-0.476*** (0.006)	-0.250*** (0.006)	0.380*** (0.008)
Diabetes	-0.028*** (0.008)	-0.151*** (0.008)	-0.028*** (0.008)	-0.035*** (0.008)	-0.250*** (0.006)	-0.022*** (0.008)	-0.035*** (0.008)	-0.250*** (0.006)	-0.096*** (0.009)
Depression	-0.562*** (0.006)	-0.036*** (0.006)	-0.562*** (0.006)	-0.542*** (0.006)	-0.028*** (0.006)	0.980*** (0.007)	-0.542*** (0.006)	-0.029*** (0.006)	0.861*** (0.007)
Lack money for food	-0.812*** (0.008)	0.148*** (0.008)	-0.812*** (0.008)	-0.741*** (0.008)	0.149*** (0.008)	0.595*** (0.009)	-0.741*** (0.008)	0.149*** (0.008)	0.453*** (0.009)
Lack money for healthcare	-0.598*** (0.008)	-0.001 (0.008)	-0.598*** (0.008)	-0.561*** (0.008)	-0.014*** (0.008)	0.550*** (0.008)	-0.561*** (0.008)	-0.014* (0.008)	0.429*** (0.009)
Black	0.194*** (0.008)	0.579*** (0.007)	-0.564*** (0.009)	0.241*** (0.008)	0.543*** (0.007)	-0.600*** (0.009)	0.253*** (0.011)	0.563*** (0.010)	-0.562*** (0.013)
Female	0.194*** (0.004)	0.164*** (0.004)	0.219*** (0.005)	0.360*** (0.004)	0.163*** (0.004)	0.159*** (0.005)	0.364*** (0.004)	0.168*** (0.004)	0.253*** (0.006)
Black*Female							-0.024 (0.015)	-0.038*** (0.013)	-0.050 (0.017)
Observations	1,224,330	1,187,689	1,223,248	1,201,628	1,166,657	1,203,482	1,201,628	1,166,657	1,199,969
R-squared/Pseudo R-squared	0.1627	0.3821	0.1259	0.1799	0.3888	0.1143	0.1799	0.3888	0.1351
Socio-demographic controls	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
State, Month, Year FEs	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Table 3.7 continued. Regression results: Well-being in the US, 2010-2016

Variables	Poor Americans			Middle-Class Americans			Rich Americans		
	10	11	12	13	14	15	16	17	18
	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday	Expected life satisfaction	Expected life satisfaction in 5 years	Experienced stress yesterday
Health problems	-0.512*** (0.014)	-0.325*** (0.014)	0.596*** (0.015)	-0.458*** (0.007)	-0.213*** (0.007)	0.577*** (0.009)	-0.410*** (0.014)	-0.174*** (0.014)	0.523*** (0.019)
Diabetes	0.061*** (0.0172)	-0.157*** (0.018)	-0.067*** (0.017)	-0.062*** (0.009)	-0.088*** (0.009)	-0.018* (0.011)	-0.143*** (0.018)	-0.117*** (0.019)	0.032 (0.024)
Depression	-0.605*** (0.015)	-0.065** (0.014)	1.231*** (0.015)	-0.515*** (0.008)	-0.017** (0.008)	0.900*** (0.009)	-0.484*** (0.016)	-0.004 (0.015)	0.732*** (0.020_)
Lack money for food	-0.704*** (0.015)	0.082*** (0.014)	0.603*** (0.015)	-0.752*** (0.010)	0.163*** (0.010)	0.589*** (0.012)	-0.969*** (0.038)	0.198*** (0.037)	0.550*** (0.041)
Lack money for healthcare	-0.510*** (0.015)	-0.023 (0.015)	0.539*** (0.015)	-0.576*** (0.009)	-0.016* (0.009)	0.572*** (0.011)	-0.597*** (0.029)	-0.004 (0.028)	0.466*** (0.032)
Black	0.527*** (0.025)	0.618*** (0.023)	-0.566*** (0.024)	0.178*** (0.013)	0.567*** (0.011)	-0.580*** (0.017)	-0.007 (0.026)	0.492*** (0.022)	-0.570*** (0.035)
Female	0.448*** (0.013)	0.275*** (0.014)	0.170*** (0.015)	0.375*** (0.005)	0.158*** (0.005)	0.186*** (0.007)	0.244*** (0.009)	0.094*** (0.009)	0.118*** (0.013)
Black*Female	-0.084*** (0.032)	-0.144** (0.028)	-0.069** (0.031)	-0.083*** (0.018)	-0.036** (0.015)	-0.023 (0.022)	-0.034 (0.038)	-0.037 (0.032)	0.015 (0.052)
Observations	224,362	211,624	225,193	778,689	759,309	779,583	198,577	195,724	198,706
R-squared/Pseudo R-squared	0.1552	0.3801	0.1779	0.1361	0.3868	0.1034	0.1077	0.358	0.0578
Socio-demographic controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
State, Month, Year FEs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Table 3.8. Regression results: Well-being for Poor Americans in the US, 2010-2016

Variables	Expected life satisfaction				Expected life satisfaction in 5 years				Experienced stress yesterday			
	Black women	Black men	White women	White men	Black women	Black men	White women	White men	Black women	Black men	White women	White men
Health problems	-0.413*** (0.046)	-0.419*** (0.060)	-0.560*** (0.019)	0.474*** (0.025)	-0.156*** (0.040)	0.268*** (0.052)	-0.332*** (0.020)	-0.383*** (0.026)	0.596*** (0.045)	-0.584*** (0.058)	0.614*** (0.020)	0.578*** (0.026)
Diabetes	-0.033 (0.052)	0.114* (0.068)	0.014 (0.023)	0.078** (0.031)	-0.163*** (0.048)	-0.080 (0.062)	-0.205*** (0.025)	-0.133*** (0.034)	-0.076 (0.048)	-0.001 (0.067)	-0.081*** (0.023)	-0.064** (0.031)
Depression	-0.654*** (0.047)	-0.501*** (0.064)	-0.639*** (0.019)	0.555*** (0.025)	-0.152*** (0.041)	0.183*** (0.056)	-0.033*** (0.020)	-0.001377	1.426*** (0.044)	1.728*** (0.060)	1.109*** (0.020)	1.233*** (0.027)
Lack money for food	-0.498*** (0.041)	-0.524*** (0.052)	-0.751*** (0.021)	0.803*** (0.026)	0.014 (0.035)	0.047 (0.043)	0.106*** (0.021)	0.123*** (0.027)	0.679*** (0.040)	0.722*** (0.050)	0.561*** (0.022)	0.600*** (0.027)
Lack money for healthcare	-0.463*** (0.043)	-0.501*** (0.054)	-0.488*** (0.021)	0.573*** (0.026)	-0.079** (0.037)	-0.015 (0.046)	-0.028 (0.022)	0.004 (0.027)	0.446*** (0.040)	0.521*** (0.051)	0.538*** (0.022)	0.605*** (0.027)
Observations	22,494	14,432	115,969	71,467	21,484	13,783	108,703	67,654	22,536	14,473	116,453	71,722
R-squared/Pseudo R-squared	0.0925	0.0846	0.1714	0.1808	0.2741	0.2888	0.373	0.3959	0.1603	0.1784	0.187	0.166
Socio-demographic controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
State, Month, Year FEs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Table 3.9. Regression results: Well-being for Middle-class Americans in the US, 2010-2016

Variables	Expected life satisfaction				Expected life satisfaction in 5 years				Experienced stress yesterday			
	Black women	Black men	White women	White men	Black women	Black men	White women	White men	Black women	Black men	White women	White men
Health problems	-0.406*** (0.037)	0.331*** (0.042)	-0.473*** (0.010)	0.449*** (0.010)	-0.278*** (0.034)	0.214*** (0.038)	-0.203*** (0.010)	0.207*** (0.011)	0.652*** (0.043)	0.589*** (0.049)	0.560*** (0.012)	0.591*** (0.013)
Diabetes	-0.053 (0.041)	-0.027 (0.042)	-0.091*** (0.013)	0.064*** (0.012)	-0.153*** (0.037)	0.019 (0.037)	-0.099*** (0.014)	0.094*** (0.013)	-0.050 (0.047)	-0.015 (0.054)	-0.013 (0.016)	-0.013 (0.016)
Depression	-0.546*** (0.041)	0.574*** (0.054)	-0.498*** (0.010)	0.529*** (0.012)	-0.074** (0.036)	- 0.005452	0.001 (0.010)	0.037*** (0.013)	1.132*** (0.048)	1.356*** (0.058)	0.800*** (0.012)	0.989*** (0.015)
Lack money for food	-0.602*** (0.036)	0.630*** (0.040)	-0.750*** (0.015)	0.848*** (0.017)	-0.064** (0.030)	0.043 (0.035)	0.179*** (0.015)	0.174*** (0.017)	0.551*** (0.039)	0.631*** (0.045)	0.582*** (0.018)	0.614*** (0.019)
Lack money for healthcare	-0.367*** (0.037)	0.345*** (0.040)	-0.601*** (0.013)	0.632*** (0.014)	-0.039 (0.031)	-0.000 (0.034)	-0.019 (0.013)	-0.010 (0.014)	0.525*** (0.041)	0.459*** (0.046)	0.597*** (0.016)	0.579*** (0.016)
Observations	34,855	30,677	350,842	362,315	34,320	30,121	341,682	353,186	34,883	30,720	351,236	362,744
R-squared/Pseudo R-squared	0.0973	0.081	0.1467	0.1359	0.2865	0.3163	0.3723	0.3949	0.0978	0.1004	0.0995	0.1055
Socio-demographic controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
State, Month, Year FEs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Table 3.10. Regression results: Well-being for Rich Americans in the US, 2010-2016

Variables	Expected life satisfaction				Expected life satisfaction in 5 years				Experienced stress yesterday			
	Black women	Black men	White women	White men	Black women	Black men	White women	White men	Black women	Black men	White women	White men
Health problems	-0.411*** (0.089)	0.277*** (0.091)	-0.471*** (0.022)	0.359*** (0.019)	-0.013363	-0.218** (0.098)	-0.156*** (0.022)	0.185*** (0.019)	0.671*** (0.122)	0.597*** (0.123)	0.543*** (0.029)	0.493*** (0.026)
Diabetes	-0.0176	-0.045 (0.092)	-0.155*** (0.036)	0.152*** (0.022)	0.028 (0.083)	0.014 (0.088)	-0.094*** (0.036)	0.158*** (0.024)	0.296** (0.143)	0.063 (0.124)	0.012 (0.045)	0.042 (0.030)
Depression	-0.434*** (0.105)	0.862*** (0.152)	-0.439*** (0.021)	0.523*** (0.024)	-0.003 (0.092)	-0.188 (0.131)	0.019 (0.020)	0.029 (0.023)	1.098*** (0.131)	1.222*** (0.153)	0.655*** (0.028)	0.769*** (0.030)
Lack money for food	-0.916*** (0.136)	1.025*** (0.154)	-0.909*** (0.059)	1.023*** (0.057)	0.260** (0.110)	0.062 (0.142)	0.169*** (0.057)	0.167*** (0.056)	0.449*** (0.153)	0.446*** (0.156)	0.561*** (0.064)	0.589*** (0.061)
Lack money for healthcare	-0.472*** (0.137)	-0.343** (0.134)	-0.655*** (0.045)	0.604*** (0.041)	-0.116 (0.111)	0.103 (0.121)	-0.022 (0.045)	-0.002 (0.040)	0.249 (0.154)	0.615*** (0.143)	0.504*** (0.052)	0.439*** (0.045)
Observations	5,025	6,282	70,537	116,733	4,977	6,213	69,426	115,108	5,015	6,267	70,581	116,816
R-squared/Pseudo R-squared	0.15	0.1232	0.1198	0.0952	0.3062	0.3242	0.3505	0.3639	0.0768	0.0754	0.054	0.0592
Socio-demographic controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
State, Month, Year FEs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Policy addendum

Understanding race-gender heterogeneity in subjective well-being provides a window into how racial and gender inequity operates within and across social groups in the U.S. This understanding of race-gender paradoxes in subjective well-being contribute to objective well-being information, furthering our understanding of how policy might operate in the lives of a diverse American public. My qualitative, quantitative, and mixed methods results in this study uncovered distinct points of racialized and gendered inequality in the shaping of well-being for Black women and suggested a concrete way forward: intersectionality-based policy analysis.

Intersectionality, coined by Kimberle Crenshaw in her 1989 law review piece, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, is focused on the active inclusion of Black women's policy experience into policy demands. Using this theoretical framework, we can critically examine existing policy to name the ways that Black women were excluded and we can envision a policy future which actively considers Black women.

The Servicemen's Readjustment Act of 1944, better known as the G.I. Bill, is commonly cited as a policy which created the American middle class (Bennett, 1996). It is less often discussed as a policy which cemented racial inequality among the American middle class (Darity & Mullen, 2020), and even less explored as a tool which might have solidified race-gender inequality in the middle class as well.

Evidence abounds of the ways that Black Americans were locked out of G.I. benefits. In *First a Negro... Incidentally a Veteran*, author Onkst (1998) describes

how Black veterans were prevented from benefiting from the G.I. Bill's four major entitlements (special job placement services, unemployment compensation, home and business loans, and educational subsidies) due to racial discrimination. Further, Herbold suggests that for Black people, higher education opportunities were so rare (because of racism in the U.S. education system) that Black veterans were barely able to take advantage of the educational subsidies at all (1995). For Black veterans who did manage to utilize these benefits and advance economically as a result, retaliatory racial violence also became part of their reality (Herbold, 1995).

At the same time, the heteronormative assumption rooted in the creation and implementation of the G.I. Bill alongside gender-based discrimination locked women out of the creation of the American middle class. While little data exists on the precise gender distribution of G.I. benefits, military historians agree that relatively few G.I. Bill benefits went to women (Murray, 2002). Only 2% of Americans enlisted in World War II were women (Murray, 2002), a fact which on its face means that the G.I. Bill would disproportionately benefit men. Additionally, women who enlisted in the war were often seen socially as sexually available and deviant, which Murray (2002) suggests may have led some to be less likely to disclose their veteran status, a prerequisite to utilizing their G.I. benefits. The Bill was created to enhance the economic position of “sustained wage-earners,” a position understood to be male (Murray, 2002). Taking these facts together, it is clear to see how the G.I. Bill privileged men.

So where does this interpretation leave the Black woman? Black people were systematically locked out of the creation of the American middle class; so were

women. Black women faced the combined experience of racialized and gendered push out from the benefits that they equally earned, a policy decision whose results carry on today. Because of the ways that the systems of oppression compound and are enforced in the lives of Black people, over 80% of Black mothers are the main income earners in their household (Smith & Reeves, 2021). This fact about Black women demonstrates the added negative impact of assuming a male head of household in the G.I. Bill. Additionally, Black women are oversexualized and less protected from sexual violence than white women (Harris-Perry, 2011), a fact which might have caused Black women to be even less likely to publicly identify as veterans and thus receive benefits in a post-war era.

The G.I. Bill, among the final reforms of President Roosevelt's New Deal, built upon existing racial and gender inequality in American society, ensuring the creation of an American middle class which was disproportionately white and male. Missing from this "middle class" policy was the acknowledgement of and adequate response to the racism, sexism, and other systems of oppression that people experience. In that way, the G.I. Bill rendered the experience of Black women veterans invisible.

Currently the American public is facing a health and economic crisis which requires dramatic action similar to what was taken in the New Deal. In my study of well-being, I (along with the literature) consistently turn to health and money as significant determinants. Beyond their academic significance, COVID-19 provides a clear real-life example of the daily personal and societal trade-off between these two factors. Going forward, policy researchers and practitioners must take the lessons

gleaned from the inequitable rollout of the G.I. Bill into account when developing future policy to restore a sense of economic security in the immediate and continued aftermath of the COVID-19 pandemic.

State policy responses to COVID-19 provide a useful example to understand the important benefit of intersectionality theory and the application of an intersectionality-based policy analysis framework. There were major regional differences in immediate COVID policy responses, with Northeastern and West coast states responding much more quickly, strongly, and effectively than Southern states (Newkirk, 2020). The states with slower COVID responses happened to be many of the same states whose legislatures voted not to expand Medicaid eligibility in 2012 (Kaiser Family Foundation, 2020). The South was the region with the highest proportion of Black people as a share of total population according to 2000 Census data – 54% of all Black people live in the South, a historical artifact of U.S. chattel slavery (U.S. Census Bureau, 2001).

We also know that COVID spread has been especially difficult to manage in more densely populated housing settings. Black people are about six times as likely to live in crowded housing conditions relative to white people (U.S. Department of Housing and Urban Development, 2007). Examination of these factors indicate to policy makers that Black Americans will likely be very harshly impacted by both the short and long-term effects of COVID-19. Taking race alone, we see how nuanced the understanding of who is bearing the brunt of COVID-19 becomes – from a broad focus on people living in Southern states to a more narrow focus on Black Southerners who were not included in Medicaid expansion. However, if scholars are

interested in understanding the impact of COVID-19 on Black women, they can never explore race alone.

For example, for Black women it is relevant to consider that they are more likely to be in frontline health jobs than Black men, which has a significant impact on their probability of exposure to the virus (Frye, 2020). The low-wage frontline health jobs that Black women most often occupy (e.g. nursing, psychiatric, and home health aides) were devalued before Coronavirus and are under-resourced now during the pandemic, putting workers at an even higher risk than their more highly respected (and better paid) frontline peers in other health roles (e.g. doctors) – a phenomenon scholars refer to as the respect gap (Himmelstein & Venkataramani, 2019; Kinder & Ford, 2020; Van Drie & Reeves, 2020). Nearly half of all Black women health workers earn less than \$15 an hour. More than 10% of these health workers did not have health insurance (Himmelstein & Venkataramani, 2019). An intersectionality-informed approach to pandemic policy response reveals that Black women frontline health workers in the South are especially exposed to the health and economic ravage of COVID-19.

In our COVID discourse we must not overlook the important societal contributions and associated risk of health and economic instability that Black women, especially those that are health workers, face (Frye, 2020). An intersectionality-informed approach to the development of COVID-19 policy highlights which communities are likely to carry the heaviest health and economic burden of the virus and asks “*How will proposed policy responses reduce inequities?*” (transformation question #9 from the IBPA framework). Scholars

interested in developing policies to create a better life for Americans must consider a variety of overlapping systems of oppression and the social locations which manifest at their intersections. We must prioritize policy responses which intervene to reduce inequities.

For those looking for a key policy takeaway from this work, my point is this: intersectionality-based policy analysis provides a framework for policy researchers to engage in targeted thinking, and that is a necessary first step to crafting meaningful and equitable public policy which redresses existing inequities along the lines of race, class, and gender. In the end, policies which are developed as a result of that targeted, intersectional thinking may be targeted or universal. Thus, my recommendations lend support to both targeted and universal policy interventions. Universal policies, like defunding the police or canceling student loan debt, have an outsized impact on Black women who are disproportionately incarcerated (Carson, 2013), overpoliced (Ocen, 2011), and carry the largest burden of undergraduate student loan debt (American Association of University Women, 2017). Targeted policies, like closing the race-gender pay gap, do as well. When faced with the question of if policy researchers and practitioners should prioritize universal or targeted public policy on behalf of Black women, my answer is yes. While the debate between targeted and universal policies may be representative of one of the fundamental tensions in politics and policy, I do not view these two approaches as adversarial for Black women, but rather necessarily working in concert with one another.

In my chapter 1, I argued that failing to understand the lived experience and sources of well-being for Black women in different income classes is the precursor to

poorly designed policy meant to benefit the race-gender social group. I would add that failing to name and respond to systems of oppression impacting that well-being necessarily leads to bad policy as well. Through the application of an intersectionality theoretical framework, my study explored the differential policy experience of Black women in order to place emphasis on the marginalized populations in our society who continuously fail to be fully served by national, state, local, and even institutional policy responses.

Appendices

Appendix 2A: Details about focus group locations

Focus group demographics, by location						
Category	U.S. Overall	Las Vegas, NV	Wichita, KS	Houston, TX	Central PA	PG County, MD
		WEST (urban)	MIDDLE (urban)	SOUTH (urban)	EAST (rural)	EAST (urban)
	---	Black women				
		White women	Black women	Black men	White men	Black men
		Latino men (2)	White women	White men		
		Latino women (2)				
Population size	318,558,162	613,295	388,033	2,240,582	136,950	897,693
Gender (% female)	50.80%	50.00%	50.70%	49.90%	51.10%	51.9%
Ethnicity (%White)	73.30%	64.00%	76.20%	58.30%	89.90%	19.4%
%Black	12.60%	11.80%	11.20%	22.80%	3.10%	63.5%
%Hispanic	17.30%	32.20%	16.40%	44.30%	11.70%	16.7%
Median age	37.7	37.4	34.4	32.7	41.2	36.1
Average HHI	\$ 77,866.00	\$ 69,161.00	\$ 63,677.00	\$ 75,763.00	\$68,677.00	\$92,135.00
Median HHI	\$ 55,322.00	\$ 50,882.00	\$ 46,775.00	\$ 47,010.00	\$56,191.00	\$75,925.00
% Married - Men	49.80%	43.60%	48.20%	43.00%	54.3%	41.2%
% Married - Women	46.40%	41.70%	45.70%	39.90%	50.1%	35.7%
% High School Grad	27.50%	28.20%	26.60%	22.70%	43.30%	25.9%
% Bachelors	18.80%	14.70%	19.00%	19.10%	12.20%	18.0%
% Grad Degree	11.50%	7.70%	9.90%	12.10%	7.70%	13.4%
Top 3 industries (#1)	Educational services, and health care and social assistance (23.1%)	Arts, entertainment, and recreation, and accommodation and food services (26.8%)	Educational services, and health care and social assistance (22.8%)	Educational services, and health care and social assistance (18.9%)	Educational services, and health care and social assistance (24.6%)	Educational services, and health care and social assistance (22.5%)
#2	Retail trade (11.5%)	Educational services, and health care and social assistance (15.6%)	Manufacturing (17.9%)	Professional, scientific, and management, administrative and waste management services (14.4%)	Manufacturing (15.3%)	Professional, scientific, and management, administrative and waste management services (15.1%)
#3	Professional, scientific, and management, administrative and waste management services (11.2%)	Professional, scientific, and management, administrative and waste management services (12.6%)	Retail trade (11.7%)	Retail trade (10.5%)	Retail trade (12.2%)	Public administration (14.2%)

Note: The Lebanon County income range is being used as a proxy for the Central Pennsylvania income range as income information for the other two counties (Schuylkill and Northumberland County, PA) is not included in the dataset

Source: 2012-2016 ACS 5-year

Beyond those top three overarching factors that guided our thinking about the final 5 focus group locations, some additional thought went into the selection of our specific sites:

Las Vegas, NV

Las Vegas was selected due to its sizable Latino population, city size, and location in the western part of the country. Given the Brookings relationship with the University of Nevada Las Vegas, we saw this as an opportunity to gather more data on the Las Vegas middle class and further collaborate with UNLV partners. A fiscal partnership with UNLV made this location financially feasible as well.

Wichita, KS

Wichita, KS was chosen for two distinct reasons. First, it is unexpected. A relatively small city in the middle of the country, Wichita is a place where we do not hear about a lot of research being published about their middle class. The second critical reason for selecting this city is that according to 2012-2016 American Community Survey, Wichita is demographically very similar to the U.S. overall (including on factors like: gender, ethnicity, marriage rates, and education). Thus, focus groups here would potentially do a good job of capturing the middle of the middle of America.

Houston, TX

Houston, TX was selected because we wanted to include a city in the south that could help to tell a story about middle class Southern Black people. The size of the city was important – we wanted to select a really big city – because the goal was to ensure a substantial Black middle-class population to select from. While another city that could fulfill this criteria is Atlanta, GA, we chose not to go with this option as Houston, TX was a closer racial and ethnic match to the broader U.S. population than Atlanta (i.e. a majority of Atlanta’s population is Black).

Central Pennsylvania

Central Pennsylvania was one of the final locations selected and thus we had a lot of constraints on its selection. First, it was important that the final location be a smaller, rural town as the previous 3 locations were larger and urban. Second, in order to reflect geographic diversity, this location needed to be in the East of the U.S., but not “coastal.” Ultimately, we opted to recruit participants from the broad Central Pennsylvania region for a focus group in Lebanon County, MD. Lebanon County is 26.6% rural according to the 2010 Census. Additionally, the recent book “We’re Still Here” written by Dr. Jennifer Silva (our collaborator on the interview portion of AMCHAS) provided incentive for us to focus on Central Pennsylvania. We felt that Dr. Silva’s deep knowledge and relationships gained through her ethnographic work in the region would prove useful in both focus group recruitment and analysis.

PG County, MD

Our initial hope was to conduct White and Black male focus groups in Central Pennsylvania. Due to difficulty in recruitment of middle-class Black men in Central Pennsylvania, we transitioned to hosting a focus group in our neighboring county, Prince George’s. PG County is known nationally for its concentration of Black wealth and thus made a suitable location for our middle-class Black male focus group.

Moderator Guide for American Middle Class Hopes and Anxieties Focus Groups

Pre-Focus Group

- Call in to phone line.
- Welcome and thank you for coming today. I am [name] and I will be the moderator today. My role as moderator will be to guide the discussion. [Name] is also here with us today, and [she/he] will be taking notes on the conversation. We also have other researchers on the line.
- We are here to better understand what people like you think matters most to quality of life. The results this and other focus groups like it will be used to develop policy recommendations to improve the quality of life of Americans.
- First, let's go through some housekeeping items.
- [IF NOT COMPLETED AS PARTICIPANTS ARRIVE] Each of you has a consent form. This form provides information about the study and your rights and protections as a participant. Let's go through the form together.
 - Your participation in this focus group is voluntary, and you have the right to stop at any time. There are no direct risks or benefits to you in participation. You will receive \$70 at the end of the group.
 - Your participation and comments in the group today will remain confidential. Information will be stored securely and will not be shared with any individuals outside the research team. Your full name and other identifying information will not be included in any study reports, although the research team may use quotes from participants with general information about them, such as first name, age, city, or occupation.
 - By signing this consent form, you are also consenting to allow us to record the focus group. We are recording the group so that we do not miss any of your comments. Recordings will be destroyed after the study ends.
 - Does anyone have questions about the consent form or the study?
 - [Collect signed consent forms.]
- As you can see, this focus group is made up of all [White men/White women/Black men/Black women/Latino men/Latino women]. The topics that we are going to discuss today may be sensitive, so we separated our groups out in this way in order to better encourage comfort and honesty in our group discussion.
- Next, let's go over some basic ground rules.
 - A focus group is a group discussion on a topic, guided by a moderator.
 - During the group, we will cover several questions.
 - There are no right or wrong answers, only different points of view. Please feel free to share your thoughts even they are different from what others have said. We'd like to hear from everyone!

- Some of the questions touch on sensitive topics. This is a safe space and a confidential discussion. We ask that you consider everything that's said in the group confidential.
- Since we're tape recording, it's best to have one person speaking at a time.
- We ask that you turn off your phones or pagers. If you must respond to a call, please do so as quietly as possible [identify appropriate area] and rejoin us as quickly as you can.
- The restroom is located [location of restroom].
- Begin the recording. When the recording begins, state:
 - "This is the Brookings AMCHAS [women's/men's] focus group on [DATE] in [city]."

Focus Group Guide

Okay, let's begin. As we discussed, today we are going to talk about factors that influence quality of life, including your hopes and concerns now and in the future. Let's start by giving everyone a chance to introduce themselves. As we go around, please tell us your first name and something about yourself.

Hopes [~5 min.]

Let's start with a broad question to start a list of your ideas. Feel free to start thinking about these topics and we'll go into more detail on many of them later in the group.

- When you think about your future life, what are you most optimistic about? And when you think about your current life, what are you happiest about?
 - [If any responses:] We've heard [one, a few, several] thing that you all are happy or optimistic about so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
 - [If no responses or very few responses:] What [else] makes you happy now or optimistic about the future?
 - [If still no responses or very few responses:]
 - How about your family or relationships?
 - How about your job situation or prospects?

Anxieties [~5 minutes.]

Now we're going to shift slightly and think about some of the things in your life that may concern you.

- When you think about your current or future life, what sort of things are you most concerned about?
 - [If any responses:] We've heard [one, a few, several] concerns so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
 - [If no responses or very few responses:] What [else] are you most concerned about?
 - [If still no responses or very few responses:]
 - How about time?

- How about finances?
- What about your job situation or prospects?
- How about your family or relationships?
- How about health?

Time (~15 min.)

We talked earlier about your overall hopes and concerns. We now want to talk about some specific areas of hopes and concerns: time, finances, health, respect and relationships – in that order. In the next few questions, we are going to focus specifically on time.

- When you think about time – how you spend your time now or in the future – what are you most happy or hopeful about?
 - [If any responses:] We've heard [one, a few, several] things that people are hopeful about so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
- When you think about your current or future time, what are you most anxious or concerned about?
 - [If any responses:] We've heard [one, a few, several] concerns so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
 - [If no responses or very few responses:] What [else] are you most concerned about?
 - [If still no responses:] Is anyone concerned about:
 - Having time to care for children or elders?
 - Can you say more about that?
 - Having enough time off from work?
 - [If anyone has this concern, probe into whether it's because they don't have enough paid leave, the employer limits how leave can be used, or some other reason.]
 - Having enough time to attend to household roles or responsibilities?
 - Can you say more about that?
- Do you feel you have enough time for all of your current activities at work, at home, or elsewhere?
 - [If YES:] Do you feel you have any challenges to managing your time?
 - [If NO:] What are the biggest challenges to managing your time?
 - [Moderator: Repeat list to group or construct list aloud as each item comes up]

Finances (~15 min.)

Now let's shift to talking about money. In the next questions, we're going to ask about your concerns about financial security.

- Do you feel like you and your family are financially secure at the current time? And what about the future?

- [If YES:] What are you happiest about when it comes to your financial security?
 - [If any responses:] We've heard [one, a few, several] things that people are happy about so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
- [If NO:] What are your biggest concerns about financial security?
 - [If any responses:] We've heard [one, a few, several] concerns so far: [topic 1, topic 2, topic 3, etc.]
 - Can you say more about [topic 1]? [Repeat for each topic mentioned.]
 - [If no responses or very few responses:] What [else] are you most concerned about in terms of financial security? For example:
 - Do you struggle to afford any of the things that you feel are important to you or your family?
 - Can you say more about that?
 - What about your current employment or future prospects?
 - What about student debt or college expenses?
 - What about housing costs?
 - Are you able to afford the sort of housing that you feel comfortable living in?
 - What about the cost of childcare?
 - How about healthcare costs?

Health (~10 min.)

Now let's focus on health.

- Are there any aspects of your current or future health that you are optimistic about?
 - [If YES:] Can you say more about that?
- Is your current or future health something that concerns you?
 - [If YES:] In what ways or what aspects of health?

Relationships & Respect (~15 min.)

One of the last topics we're going to focus on today is relationships and respect. When we say relationships, we are thinking broadly about relationships you may have with people at home, at work, or even in your community.

- When you think about your closest relationships in your home, work, or community, how important are those relationships to your quality of life?
 - [If people say their close relationships are important:] What makes those relationships important to your quality of life?
 - [If no responses or very few responses:] What are your closest relationships?
 - How important are those relationships to your quality of life?

One aspect of relationships that we're interested in is whether or not you feel respected.

- Do you feel like you are treated with respect and supported by your family, people at your job, or people in your local community?
 - How important is respect and support to your quality of life?

Identity (~15 min.)

The final question that we have is focused on identity. As we mentioned at the beginning of the group, this is an all [White male/White female/Black male /Black female /Latino male /Latino female] group.

- How, if at all, do you think being a [White male/White female/Black male/Black female/Latino male /Latino female] impacts your hopes or concerns?
 - [If no responses or very few responses:] Can you talk about any specific benefits to your quality of life as a result of your race and/or gender?
 - [If no responses or very few responses:] Can you talk about any specific struggles or obstacles to your quality of life as a result of your race and/or gender?

Is there anything that I haven't asked about that you'd like to share?

Post-Focus Group

- Ensure each participant completes their post-interview survey.
- Distribute participation stipend to each participant. Ensure participants sign that they received their stipend.
- Debrief the focus group.
- Gather and save all documentation and stipends into a secure location.

Appendix 2C: ANOVA Results Tables

SS = Sum of Squares

dF = degrees of freedom

MS = Mean square

F = F ratio

ANOVA Results for Age: 25-34 years, 35-44 years, 45-54 years, 55-64 years					
	<i>SS</i>	<i>dF</i>	<i>MS</i>	<i>F</i>	<i>p-value</i>
<i>Well-being</i>					
Optimism	2139.4	3	731.1	255.2	0.000
Stress	54.0	3	18.0	78.0	0.000
<i>Money</i>					
Lack money for food	27.1	3	9.0	50.84	0.000
Lack money for healthcare	1.3	3	0.4	2.67	0.046
<i>Health</i>					
Depression	1.8	3	0.6	4.93	0.002
Diabetes	134.9	3	45.0	482.1	0.000
Health rating	435.6	3	145.2	142.6	0.000
Insurance	11.6	3	3.9	37.5	0.000
<i>Support</i>					
Reliable support system	1.08	3	0.4	6.7	0.046

Note: Between group variation displayed

ANOVA Results for Education level: High school diploma, Some college or Associate's degree, Bachelor's degree, Graduate or professional degree					
	<i>SS</i>	<i>dF</i>	<i>MS</i>	<i>F</i>	<i>p-value</i>
<i>Well-being</i>					
Optimism	311.7	3	103.9	36.7	0.000
Stress	20.2	3	6.7	29.2	0.000
<i>Money</i>					
Lack money for food	120.9	3	40.3	241.300	0.000
Lack money for healthcare	56.5	3	18.8	122.5	0.000
<i>Health</i>					
Depression	11.1	3	3.7	33.1	0.000
Diabetes	15.8	3	5.3	56.5	0.000
Health rating	750.4	3	250.1	253.5	0.000
Insurance	30.0	3	10.0	105.0	0.000
<i>Support</i>					
Reliable support system	5.9	3	2.0	15.2	0.000

Note: Between group variation displayed

ANOVA Results for Parental status: Mother or not a mother					
	<i>SS</i>	<i>dF</i>	<i>MS</i>	<i>F</i>	<i>p-value</i>
<i>Well-being</i>					
Optimism	401.8	1	401.8	136.9	0.000
Stress	18.9	1	18.9	81.6	0.000
<i>Money</i>					
Lack money for food	54.5	1	54.5	308.8	0.000
Lack money for healthcare	7.1	1	7.1	44	0.000
<i>Health</i>					
Depression	0.0	1	0.0	0.22	0.640
Diabetes	15.0	1	15.0	152.7	0.000
Health rating	39.8	1	39.8	38.5	0.000
Insurance	0.2	1	0.2	1.6	0.211
<i>Support</i>					
Reliable support system	3.1	1	3.1	23.3	0.000
<i>Note: Between group variation displayed</i>					

ANOVA Results for Marital status: Single, Married, Divorced					
	<i>SS</i>	<i>dF</i>	<i>MS</i>	<i>F</i>	<i>p-value</i>
<i>Well-being</i>					
Optimism	104.6	2	52.3	18.0	0.000
Stress	1.4	2	0.7	2.9	0.053
<i>Money</i>					
Lack money for food	28.2	2	14.1	79.3	0.000
Lack money for healthcare	5.9	2	2.9	18.0	0.000
<i>Health</i>					
Depression	7.0	2	3.5	29.7	0.000
Diabetes	8.6	2	4.3	45.3	0.000
Health rating	35.7	2	17.8	17.3	0.000
Insurance	10.4	2	5.2	50.5	0.000
<i>Support</i>					
Reliable support system	0.34	2	0.17	1.25	0.286
<i>Note: Between group variation displayed</i>					

ANOVA Results for Combination of Parental + Marital status: Single non-parent, Single mom, Married non-parent, Married mom, Divorced non-parent, Divorced mom

	<i>SS</i>	<i>dF</i>	<i>MS</i>	<i>F</i>	<i>p-value</i>
<i>Well-being</i>					
Optimism	474.7	5	94.95	3.2.8	0.000
Stress	22.5	5	4.5	19.4	0.000
<i>Money</i>					
Lack money for food	93.6	5	18.7	106.8	0.000
Lack money for healthcare	13.1	5	3.2	19.9	0.000
<i>Health</i>					
Depression	7.3	5	1.5	12.5	0.000
Diabetes	25.4	5	5.1	53.7	0.000
Health rating	109.9	5	21.97	21.4	0.000
Insurance	11.3	5	2.3	21.9	0.000
<i>Support</i>					
Reliable support system	3.3	5	6.6	4.9	0.000
<i>Note: Between group variation displayed</i>					

References

- Adler, N. E., Boyce, W. T., Chesney, M. A., Folkman, S., & Syme, S. L. (1993). Socioeconomic Inequalities in Health: No Easy Solution. *JAMA*, 269(24), 3140–3145. <https://doi.org/10.1001/jama.1993.03500240084031>
- American Association of University Women (AAUW). (2017). Deeper in Debt: Women & Student Loans. AAUW : Empowering Women Since 1881. Retrieved April 20, 2021, from <https://www.aauw.org/resources/research/deeper-in-debt/>
- Andersson, M. A. (2018). Modern Social Hierarchies and the Spaces between: How Are Subjective Status Inconsistencies Linked to Mental Well-Being? *Social Psychology Quarterly*, 81(1), 48–70. <https://doi.org/10.1177/0190272517753687>
- Assari, S., & Lankarani, M. M. (2016). Depressive Symptoms Are Associated with More Hopelessness among White than Black Older Adults. *Frontiers in Public Health*, 4. <https://doi.org/10.3389/fpubh.2016.00082>
- Azizan, N., & Mahmud, Z. (2018). A Systematic Review on Determinants of Subjective Well-Being. *Environment-Behaviour Proceedings Journal*, 3. <https://doi.org/10.21834/e-bpj.v3i7.1228>
- Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*, 110, 10–17. <https://doi.org/10.1016/j.socscimed.2014.03.022>
- Bauer, G. R., & Scheim, A. I. (2019). Advancing quantitative intersectionality research methods: Intracategorical and intercategory approaches to shared and differential constructs. *Social Science & Medicine*, 226, 260–262. <https://doi.org/10.1016/j.socscimed.2019.03.018>
- Bennett, M. J. (1996). *When Dreams Came True: The GI Bill and the Making of Modern America*. Brassey's, Inc., 1313 Dolley Madison Blvd., Suite 401, McLean, VA 22101.
- Bennett, J., Fry, R., & Kochhar, R. (2020). Are you in the American middle class? Find out with our income calculator. Pew Research Center. Accessed October 26, 2020 from <https://www.pewresearch.org/fact-tank/2020/07/23/are-you-in-the-american-middle-class/>
- Braveman, P. (2012). Health inequalities by class and race in the US: What can we learn from the patterns? *Social Science & Medicine*, 74(5), 665–667. <https://doi.org/10.1016/j.socscimed.2011.12.009>

- Boarini, R., Comola, M., Smith, C., Manchin, R., & Keulenaer, F. de. (2012). *What Makes for a Better Life?: The Determinants of Subjective Well-Being in OECD Countries – Evidence from the Gallup World Poll*.
<https://doi.org/10.1787/5k9b9ltjm937-en>
- Bowleg, L. (2008). When Black + Lesbian + Woman \neq Black Lesbian Woman: The Methodological Challenges of Qualitative and Quantitative Intersectionality Research. *Sex Roles*, 59(5–6), 312–325. <https://doi.org/10.1007/s11199-008-9400-z>
- Bowleg, L. (2012). The Problem With the Phrase “Women and Minorities:” Intersectionality—An Important Theoretical Framework for Public Health. *American Journal of Public Health*, 102(7), 1267–1273.
<https://doi.org/10.2105/AJPH.2012.300750>
- Bowleg, L. & Bauer, G. (2016). Invited Reflection: Quantifying Intersectionality. *Psychology of Women Quarterly*, Vol. 40(3), 337-341. DOI: 10.1177/0361684316654282
- Boyce, C.; Brown, G. and Moore, S. (2010). Money and Happiness: Rank of Income, Not Income, Affects Life Satisfaction. *Psychological Science*, vol. 21, no. 4, pp. 471–475
- Browne, I. (2000). *Latinas and African American Women at Work: Race, Gender, and Economic In- equality* (New York: Russell Sage Foundation, 2000).
- Burton, J., Nandi, A., & Platt, L. (2010). Measuring ethnicity: Challenges and opportunities for survey research. *Ethnic and Racial Studies*, 33(8), 1332–1349.
<https://doi.org/10.1080/01419870903527801>
- Busette, C. and Reeves, R. (2018). The middle class is becoming race-plural, just like the rest of America. Brookings. <https://www.brookings.edu/blog/social-mobility-memos/2018/02/27/the-middle-class-is-becoming-race-plural-just-like-the-rest-of-america/>
- Cantril, H. (1965). *The pattern of human concerns*. New Brunswick, NJ: Rutgers University Press.
- Carson, E. A. (2014). Prisoners in 2013. U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/p13.pdf>
- Cabrera, N. L. (2011). Using a sequential exploratory mixed-method design to examine racial hyperprivilege in higher education. *New Directions for Institutional Research*, 2011(151), 77–91. <https://doi.org/10.1002/ir.400>
- Carney, T. (2019). *Alienated America: Why Some Places Thrive While Others Collapse*. New York, NY: Harper Press

- Cashell, B. W. (2008). Who are the “middle class”? *Federal Publications*, 554.
- Corfman, K. P. (1995) ,”The Importance of Member Homogeneity to Focus Group Quality”, in NA - Advances in Consumer Research Volume 22, eds. Frank R. Kardes and Mita Sujan, Provo, UT : Association for Consumer Research, Pages: 354-359.
- Coverdill, J. E., López, C. A., & Petrie, M. A. (2011). Race, Ethnicity and the Quality of Life in America, 1972-2008. *Social Forces*, 89(3), 783–805. JSTOR.
- Cramer, K. (2016). *The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of Scott Walker*. University of Chicago Press
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: a Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Anti- racist Politics. University of Chicago Legal Forum, pp. 139e167.
- Creswell, John W., and Vicki L. Plano Clark. *Designing and conducting mixed methods research*. Sage publications, 2011
- Collins, P. H. (1986). Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought*. *Social Problems*, 33(6), s14–s32. <https://doi.org/10.2307/800672>
- Collins, P. H. (2000). Black feminist thought: knowledge, consciousness, and the politics of empowerment. New York: Routledge
- Collins, P. H. & Bilge, S. (2016). Intersectionality. Cambridge, UK ; Malden, MA : Polity Press
- Cox, K. & Diamant, J. (2018, September 26). Black men less religious than black women, but more religious than white women and men. *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2018/09/26/black-men-are-less-religious-than-black-women-but-more-religious-than-white-women-and-men/>
- Cummings, J. L. (2020). Assessing U.S. Racial and Gender Differences in Happiness, 1972–2016: An Intersectional Approach. *Journal of Happiness Studies*, 21(2), 709–732. <https://doi.org/10.1007/s10902-019-00103-z>
- Darity, W. A., & Mullen, A. K. (2020). From Here to Equality: Reparations for Black Americans in the Twenty-First Century. UNC Press Books.
- Davis, Angela Y. 1981. *Women, Race, and Class*. New York: Random House.

- Deeming, C. (2013). Addressing the Social Determinants of Subjective Wellbeing: The Latest Challenge for Social Policy. *Journal of Social Policy*, 42(3), 541–565. <https://doi.org/10.1017/S0047279413000202>
- Desilver, D., Lipka, M., & Fahmy, D. (n.d.). 10 things we know about race and policing in the U.S. *Pew Research Center*. Retrieved July 24, 2020, from <https://www.pewresearch.org/fact-tank/2020/06/03/10-things-we-know-about-race-and-policing-in-the-u-s/>
- Diener, E., & Biswas-Diener, R. (2008). *Happiness: Unlocking the mysteries of psychological wealth*. Malden, MA: Blackwell Publishing.
- Diener, E., Lucas, R., Schimmack, U., & Helliwell, J. (2009). *Well-Being for Public Policy* (1 edition). Oxford University Press.
- Diener, E., & Ryan, K. (2009). Subjective Well-Being: A General Overview. *South African Journal of Psychology*, 39(4), 391–406. <https://doi.org/10.1177/008124630903900402>
- Dill, B.T., & Zambrana, R.E. (2009). *Emerging Intersections: Race, Class, and Gender in Theory, Policy, and Practice*. New Brunswick: Rutgers University Press. muse.jhu.edu/book/6073.
- Dolan, P., Peasgood, T., & White, M. (2008). Do we really know what makes us happy? A review of the economic literature on the factors associated with subjective well-being. *Journal of Economic Psychology*, 29(1), 94–122. <https://doi.org/10.1016/j.joep.2007.09.001>
- DuBois, W. E. B. (1899). *The Philadelphia Negro: A Social Study*. University of Pennsylvania Press: Philadelphia, PA
- Duggleby, W. (2005). What about focus group interaction data? *Qualitative Health Research*, 15, 832–840.
- DuMonthier, A., Childers, C., & Milli, J. (2017). *The Status of Black Women in the United States*. Institute for Women’s Policy Research. https://www.domesticworkers.org/sites/default/files/SOBW_report2017_compressed.pdf
- Farland, L., & Horne, A. (2019). Disparity in endometriosis diagnoses between racial/ethnic groups. *BJOG: An International Journal of Obstetrics & Gynaecology*, 126(9), 1115–1116. <https://doi.org/10.1111/1471-0528.15805>
- Flynn, A. (2017). *Justice Doesn’t Trickle Down: How Racialized and Gendered Rules Are Holding Women Back*. The Roosevelt Institute and The Ms. Foundation for

Women. <https://forwomen.org/wp-content/uploads/2017/05/Justice-Doesnt-Trickle-Down-FINAL.pdf>

Folch-Lyon, E. & Trost, J. F. (1981). Conducting Focus Group Sessions. Population Council.
<https://www.jstor.org/stable/pdf/1965656.pdf?refreqid=excelsior%3A16b5f4be048808e20170b4c81a20b1f5>

Frijters, P. and Mujcic, R. (2013). Economic Choices and Status: Measuring Preferences for Income Rank. *Oxford Economic Papers*, vol. 65, no. 1, pp. 47–73

Frye, J. (2020, April 23). *On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color*. Center for American Progress.
<https://www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/>

Gkiouleka, A., Huijts, T., Beckfield, J. and Bambra, C. (2018) Understanding the micro and macro politics of health: inequalities, intersectionality and institutions - a research agenda. *Social Science & Medicine*, 200, 92–98.

Graham, C. (2005). The Economics of Happiness. *World Economics*, 6(3), 16.

Graham, C. (2017). *Happiness for All?: Unequal Hopes and Lives in Pursuit of the American Dream*. Princeton and Oxford: Princeton University Press.

Graham, C. and Chattopadhyay, S. (2013) ‘Gender and well-being around the world’, *Int. J. Happiness and Development*, Vol. 1, No. 2, pp.212–232.

Graham, C., Laffan, K., & Pinto, S. (2018). Well-being in metrics and policy. *Science*, 362(6412), 287–288. <https://doi.org/10.1126/science.aau5234>

Graham, C. and Pinto, S. (2016, September 29). Unhappiness in America: Desperation in white towns, resilience and diversity in the cities. Brookings.
<https://www.brookings.edu/research/unhappiness-in-america-desperation-in-white-towns-resilience-and-diversity-in-the-cities/>

Graham, C. & Pinto, S. (2018). “Unequal Hopes and Lives in the USA: Optimism, Race, Place, and Premature Mortality.” *Journal of Population Economics* 32, no. 2 (April 2018): 665–733. <https://doi.org/10.1007/s00148-018-0687-y>.

Graham, C., & Pinto, S. (2021). The Geography of Desperation in America: Labor Force Participation, Mobility Trends, Place, and Well-being. *Social Science and Medicine*, Vol. 270, #113612.

Greene, C. J. (2007). *Mixed Methods in Social Inquiry*. San Francisco, CA: Jossey-Bass.

Greene, J., and V. Caracelli. (2003) "Making Paradigmatic Sense of Mixed Methods Practice. A. Tashakkori, & C. Teddlie *Handbook of Mixed Methods in Behavioral and Social Research*."

Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a Conceptual Framework for Mixed-Method Evaluation Designs. *Educational Evaluation and Policy Analysis*, 11(3), 255–274. JSTOR. <https://doi.org/10.2307/1163620>

Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*, 3(1), 42–55. <https://doi.org/10.1177/160940690400300104>

Hankivsky, O., & Cormier, R. (2011). Intersectionality and Public Policy: Some Lessons from Existing Models. *Political Research Quarterly*, 64(1), 217–229. <https://doi.org/10.1177/1065912910376385>

Hankivsky, O. (2014). *Intersectionality 101* (p. 37). The Institute for Intersectionality Research & Policy.

Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., Ferlatte, O., & Clark, N. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. *International Journal for Equity in Health*, 13(1), 119. <https://doi.org/10.1186/s12939-014-0119-x>

Hannah-Jones, N. (2019, August 14). America Wasn't a Democracy, Until Black Americans Made It One. *The New York Times*. <https://www.nytimes.com/interactive/2019/08/14/magazine/black-history-american-democracy.html>, <https://www.nytimes.com/interactive/2019/08/14/magazine/black-history-american-democracy.html>

Hanson, William E., John W. Creswell, Vicki L. Plano Clark, Kelly S. Petska, and J. David Creswell. "Mixed Methods Research Designs in Counseling Psychology." *Journal of Counseling Psychology* 52, no. 2 (April 2005): 224–35. <https://doi.org/10.1037/0022-0167.52.2.224>.

Healthy People 2020 Topics and Objectives, HDS-5.1 <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>

Heard, E., Fitzgerald, L., Wigginton, B., & Mutch, A. (2019). Applying intersectionality theory in health promotion research and practice. *Health Promotion International*. <https://doi.org/10.1093/heapro/daz080>

- Herbold, H. (1994). Never a Level Playing Field: Blacks and the GI Bill. *The Journal of Blacks in Higher Education*, (6), 104-108. doi:10.2307/2962479
- Himmelstein, K. & Venkataramani, A. (2019). Economic Vulnerability Among US Female Health Care Workers: Potential Impact of a \$15-per-Hour Minimum Wage. *American Journal of Public Health*, 109(2), 198–205. <https://doi.org/10.2105/AJPH.2018.304801>
- Hnilica, K. (2011). Discrimination and Subjective Well-Being: Protective Influences of Membership in a Discriminated Category. *Central European Journal of Public Health*, 19(1), 3–6. <https://doi.org/10.21101/cejph.a3608>
- Hochschild, A. (2016). *Strangers in Their Own Land: Anger and Mourning on the American Right*. New York, NY: The New Press
- hooks, bell. *Ain't I a Woman: Black Women and Feminism*. Boston: South End Press; 1981.
- Hull, Gloria; Scott, Patricia Bell; Smith, Barbara. *All the Women Are White, All the Blacks Are Men, But Some of Us Are Brave: Black Women's Studies*. New York: Feminist Press; 1982.
- Hum, D. & Simpson, W. (2003). “Labour Market Training of New Canadians and Limitations to the Intersectionality Framework.” *Canadian Ethnic Studies* (35): 56, 57-73.
- Jackson, P.B, and Cummings, J. (2011). “Health Disparities and the Black Middle Class: Overview, Empirical Findings, and Research Agenda.” In *Handbook of the Sociology of Health, Illness, and Healing: A Blueprint for the 21st Century*, edited by Bernice A. Pescosolido, Jack K. Martin, Jane D. McLeod, and Anne Rogers, 383–410. New York, NY: Springer New York, 2011. https://doi.org/10.1007/978-1-4419-7261-3_20.
- Jackson P.B. & Williams D.R. (2006). The intersection of race, gender and SES: health paradoxes. In: Schulz AJ, Mullings L, eds. *Gender, Race, Class, & Health: Intersectional Approaches*. San Francisco, CA: Jossey-Bass; 2006:131-162.
- Kahan, James P. “Focus Groups as a Tool for Policy Analysis.” *Analyses of Social Issues and Public Policy* 1, no. 1 (2001): 129–46. <https://doi.org/10.1111/1530-2415.00007>.
- Kaiser Family Foundation. (2020, July 1). Status of State Action on the Medicaid Expansion Decision. *KFF*. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

Kinder, M., & Ford, T. (2020, June 24). Black essential workers' lives matter. They deserve real change, not just lip service. *Brookings*.

<https://www.brookings.edu/research/black-essential-workers-lives-matter-they-deserve-real-change-not-just-lip-service/>

Lee, L. O., James, P., Zevon, E. S., Kim, E. S., Trudel-Fitzgerald, C., Spiro, A., Grodstein, F., & Kubzansky, L. D. (2019). Optimism is associated with exceptional longevity in 2 epidemiologic cohorts of men and women. *Proceedings of the National Academy of Sciences*, 116(37), 18357–18362.

<https://doi.org/10.1073/pnas.1900712116>

Manuel, T. (2006). Envisioning the Possibilities for a Good Life: Exploring the Public Policy Implications of Intersectionality Theory. *Journal of Women, Politics & Policy*, 28(3–4), 173–203. https://doi.org/10.1300/J501v28n03_08

Manuel, T. (2019). How Does One Live the Good Life?: Assessing the State of Intersectionality in Public Policy. Part 1: Foundations in the Field. The Palgrave Handbook of Intersectionality in Public Policy. In O. Hankivsky & J. S. Jordan-Zachery (Eds.), *The Palgrave Handbook of Intersectionality in Public Policy* (pp. 31–58). Springer International Publishing. https://doi.org/10.1007/978-3-319-98473-5_2

McCall, L. (2005). The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society*, 30(3), 1771–1800. <https://doi.org/10.1086/426800>

McConney, Andrew, Andy Rudd, and Robert Ayres. "Getting to the bottom line: A method for synthesizing findings within mixed-method program evaluations." *American Journal of Evaluation* 23, no. 2 (2002): 121-140.

McGibbon, E., & McPherson, C. (2011). *Applying Intersectionality & Complexity Theory to Address the Social Determinants of Women's Health*.

<https://tspace.library.utoronto.ca/handle/1807/27217>

Michener, J., & Brower, M. T. (2020). What's Policy Got to Do with It? Race, Gender & Economic Inequality in the United States. *Daedalus*, 149(1), 100–118.

https://doi.org/10.1162/daed_a_01776

Montgomery, M. (2020). Reversing the Gender Gap in Happiness. 30.

Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology*, 64(5), 500–513. <https://doi.org/10.1037/cou0000203>

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.

- Mullings L. & Schulz, A. (2006). Intersectionality and health: An introduction.. In: Schulz AJ, Mullings L, eds. *Gender, Race, Class, & Health: Intersectional Approaches*. San Francisco, CA: Jossey-Bass; 2006:131-162.
- Murray, M. E. (2002). Whatever Happened to G.I. Jane?: Citizenship, Gender, and Social Policy in the Postwar Era, 9. *Michigan Journal of Gender and Law*. 91.
- Nakano Glenn , E. (1999). *The Social Construction and Institutionalization of Gender and Race: An Integrative Framework*. In *ReVisioning Gender*. Thousand Oaks, CA: Sage
- Nakano Glenn, E (2002). *Unequal Freedom: How Race and Gender Shaped American Freedom and Labor*. Cambridge, MA: Harvard University Press.
- National Partnership for Women & Families (March 2021). *Fact Sheet: Quantifying America’s Gender Wage Gap by Race/Ethnicity*.
- National Research Council. (2013). *Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience*. Panel on Measuring Subjective Well-Being in a Policy-Relevant Framework. A.A. Stone and C. Mackie, Editors. Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- Neal, K. (2003). Religious Meaning and Subjective Well-Being in Late Life. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 58(3), 160–170.
- Newkirk, Vann R. (2020, April 2). *The Coronavirus’s Unique Threat to the South*. The Atlantic. <https://www.theatlantic.com/politics/archive/2020/04/coronavirus-unique-threat-south-young-people/609241/>
- Ngamaba, K. H. (2016). Determinants of subjective well-being in representative samples of nations. *European Journal of Public Health*, 27(2), 377–382. <https://doi.org/10.1093/eurpub/ckw103>
- Nussbaum, M. (2000). *Women and Human Development: The Capabilities Approach*. Cambridge, UK: Cambridge University Press
- Ocen, P. A. (2011). The New Racially Restrictive Covenant: Race, Welfare, and the Policing of Black Women in Subsidized Housing Symposium: Overpoliced and Underprotected: Women, Race, and Criminalization: II. Crime, Punishment, and the Management of Racial Marginality. *UCLA Law Review*, 59(6), 1540–1583.
- OECD. (2019). *Under Pressure: The Squeezed Middle Class*. OECD. <https://doi.org/10.1787/689afed1-en>

- Oishi, S., & Diener, E. (2014). Can and Should Happiness Be a Policy Goal? *Policy Insights from the Behavioral and Brain Sciences*, 1(1), 195–203. <https://doi.org/10.1177/2372732214548427>
- Oliver, M.L. & Shapiro, T. (1995). Black wealth, White wealth: a new perspective on racial inequality. Routledge, New York.
- Omi, M. & Winant, H. eds., (1994) *Racial Formation in the United States*, Second Edition, pp. 3-13.
- Onkst, D. (1998). "First a Negro... Incidentally a Veteran": Black World War Two Veterans and the G. I. Bill of Rights in the Deep South, 1944-1948. *Journal of Social History*, 31(3), 517-543. Retrieved April 20, 2021, from <http://www.jstor.org/stable/3789713>
- Onwuegbuzie, Anthony John, Wendy B. Dickinson, Nancy L. Leech, and Annmarie G. Zoran. "Toward More Rigor in Focus Group Research: A New Framework for Collecting and Analyzing Focus Group Data." *International Journal of Qualitative Methods: ARCHIVE* 8, no. 3 (September 28, 2009): 1–21.
- Palinkas, L.A., Horwitz, S.M., Green, C.A. et al. Adm Policy Ment Health (2015) 42: 533. <https://doi.org/10.1007/s10488-013-0528-y>
- Patillo, M. (2005). Black middle-class neighborhoods. *Annual Review of Sociology*, 31(1), 305-329.
- Patillo-McCoy, M. (1999). Black picket fences: privilege and peril among the Black middle class. University of Chicago Press, Chicago.
- Patton, M. Q. (2001). Qualitative evaluation and research methods (3rd ed.). Newbury Park, CA: Sage Publications
- Perry, B. L., Harp, K. L. H., & Oser, C. B. (2013). Racial and Gender Discrimination in the Stress Process: Implications for African American Women's Health and Well-Being. *Sociological Perspectives : SP : Official Publication of the Pacific Sociological Association*, 56(1), 25–48.
- Pluye, Pierre, Roland M Grad, Alissa Levine, and Belinda Nicolau. "Understanding Divergence of Quantitative and Qualitative Data (or Results) in Mixed Methods Studies." *International Journal of Multiple Research Approaches* 3, no. 1 (April 2009): 58–72. <https://doi.org/10.5172/mra.455.3.1.58>.
- Pulliam, C., Richard V. Reeves, & Shiro, A. (2020, October 30). The middle class is already racially diverse. *Brookings*. <https://www.brookings.edu/blog/up-front/2020/10/30/the-middle-class-is-already-racially-diverse/>

- Rawls, J. (2001). *Justice as Fairness: A restatement*. Harvard University Press: Cambridge, Massachusetts
- Reeves, R. V., & Guyot, K. (2017, December 4). Black women are earning more college degrees, but that alone won't close race gaps. Brookings. <https://www.brookings.edu/blog/social-mobility-memos/2017/12/04/black-women-are-earning-more-college-degrees-but-that-alone-wont-close-race-gaps/>
- Reeves, R. V. & Guyot, K. (2018, September 4). There are many definitions of “middle class”—here’s ours. *Brookings Institution*. Accessed October 26, 2020 from <https://www.brookings.edu/blog/up-front/2018/09/04/there-are-many-definitions-of-middle-class-heres-ours/>
- Reeves, R. R., Guyot, K., & Krause, E. (2018, May 7). Defining the middle class: Cash, credentials, or culture? *Brookings*. <https://www.brookings.edu/research/defining-the-middle-class-cash-credentials-or-culture/>
- Roll, S., Kondratjeva, O., & Grinstein-Weiss, M. (2019). Financial well-being: Measuring financial perceptions and experiences in low- and moderate-income households. Brookings: Up Front. <https://www.brookings.edu/blog/up-front/2019/12/13/financial-well-being-measuring-financial-perceptions-and-experiences-in-low-and-moderate-income-households/>
- Sacks, T. K. (2019). *Invisible Visits: Black Middle-Class Women in the American Healthcare System*. Oxford University Press: Oxford
- Sandvik, E., Diener, E., & Seidlitz, L. (1993). Subjective well-being: The convergence and stability of self-report and non-self-report measures. *Journal of Personality*, 61, 317-342.
- Schoonenboom, Judith, and R. Burke Johnson. “How to Construct a Mixed Methods Research Design.” *Kolner Zeitschrift Fur Soziologie Und Sozialpsychologie* 69, no. Suppl 2 (2017): 107–31. <https://doi.org/10.1007/s11577-017-0454-1>.
- Sen, A. (1999). *Commodities and Capabilities*. Oxford, UK: Oxford University Press.
- Simien, E. M. (2007). Doing Intersectionality Research: From Conceptual Issues to Practical Examples. *Politics & Gender*, 3(02). <https://doi.org/10.1017/S1743923X07000086>
- Singleton, R. & Straights, B. C. (2010). *Approaches to Social Research*. New York : Oxford University Press.

- Smith, E., & Reeves, R. (2021, February 24). Black moms facing the toughest childcare crunch: How policy can help. Brookings.
<https://www.brookings.edu/blog/how-we-rise/2021/02/24/black-moms-facing-the-toughest-childcare-crunch-how-policy-can-help/>
- Spates, K., & Slatton, B. C. (2017). I've Got My Family and My Faith: Black Women and the Suicide Paradox. *Socius*, 3, 2378023117743908.
<https://doi.org/10.1177/2378023117743908>
- Stevenson, B., & Wolfers, J. (2009). *The Paradox of Declining Female Happiness* (Working Paper No. 14969; Working Paper Series). National Bureau of Economic Research. <https://doi.org/10.3386/w14969>
- Stevenson, B., & Wolfers, J. (2013). *Subjective Well-Being and Income: Is There Any Evidence of Satiation?* 24.
- Thoits, P., & Hewitt, L. (2001). Volunteering work and well-being. *Journal of Health and Social Behaviour*, 42, 115–131.
- Ulin, P.R., Robinson, E.T. and Tolley E.E. (2005) *Qualitative Methods in Public Health A Field Guide for Applied Research*. Jossey-Bass, San Francisco
- U.S. Census Bureau (August 13, 2001). *Majority of African Americans Live in 10 States; New York City and Chicago Are Cities With Largest Black Populations—Census 2000—Newsroom—U.S. Census Bureau*. Retrieved June 27, 2020, from https://www.census.gov/newsroom/releases/archives/census_2000/cb01cn176.html
- U.S. Census Quick Facts. United States.
<https://www.census.gov/quickfacts/fact/table/US/PST045219>
- U.S. Department of Housing and Urban Development, & Office of Policy Development and Research. (2007). *Measuring Overcrowding in Housing* (p. 38).
- Van Drie, H., & Reeves, R. (2020, May 28). Many essential workers are in “low-prestige” jobs. Time to change our attitudes – and policies? *Brookings*.
<https://www.brookings.edu/blog/up-front/2020/05/28/many-essential-workers-are-in-low-prestige-jobs-time-to-change-our-attitudes-and-policies/>
- Weber, L. (1998). A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality. *Psychology of Women Quarterly*, 22, 13–32.
<https://doi.org/10.2307/3211388>
- Welman, J. C., & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. Johannesburg, South Africa: International Thompson.

Western, M., & Tomaszewski, W. (2016). Subjective Wellbeing, Objective Wellbeing and Inequality in Australia. *PLoS ONE*, 11(10).
<https://doi.org/10.1371/journal.pone.0163345>

Williams D & Rucker T. (2000). Understanding and addressing racial disparities in health care. *Health Care Finance Rev. Summer*;21(4):75-90. PMID: 11481746; PMCID: PMC4194634.

Wilson, W. J. (1978). *The declining significance of race: Blacks and changing American institutions*. University of Chicago Press, Chicago.

Yoo, H., Kim, A., & Lee, R. (2018). Race and subjective well-being: Critical race perspective and empirical review of key predictors. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being*. Salt Lake City, UT: DEF Publishers.
DOI:nobascholar.com

