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Research Statement  
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My research is focused primarily on improving our understanding of racial issues and improving the health and well-being of our global citizens. From these foci, I have expanded my research agenda to include how social class reproduces national and global health disparities. Coming from a demographic background, I am equally concerned about how to capture these processes of race, health and economics within an appropriate, population-based statistical framework. Discussed below are some concrete examples of my research as it fits into my agenda. The aim of my research is to generate more national and international dialogue on how to eliminate race-based and class-based health disparities for the betterment of society, as I fundamentally believe that racial, health and class divisions in society are paramount problems that need to be further understood in order to ameliorate global disadvantage.

### **Race**

Understanding the dynamics of race has been a life-long passion. I have researched various topics of racial issues, and I have also published some works on this topic. My most recent research contribution is a forthcoming article in *Journal of Family and Economic Issues* that explores how cohabitation and education affect marital dissolution for White, Black and Latino heterosexual males in their first same-race or interracial union. Using the 2002 National Survey of Family Growth, I find that men in interracial unions have a higher risk of divorce, not because they are in an interracial union, but rather, because of variables that tap into usual divorce patterns. However, by comparing nine different racial union pairings, I find that Black and Latino men overall may enhance their risks of divorce by assortatively pairing with members outside of their race. These heightened risks may stem from social-structural factors such as race-related stressors (e.g., institutional racism) or family stressors (e.g., disapproval from families). In either case, interracial pairings may function differently than same-race unions as far as stressors, but they do not look different than same-race unions as far as predictors of divorce.

Another notable article published in the 2006 *Journal of Black Studies* explores predictors of having positive attitudes toward civil rights. Using the 2002 General Social Survey, I find that the race of the respondent and how close one feels to Blacks (ideological proximity) are two important predictors of positive civil rights attitudes. That is, Whites or individuals who do not feel close to Blacks are likely to have negative civil rights attitudes. Supplemental analyses illustrate that the stronger of the two predictors is ideological proximity, indicating that while race is still significant, feeling ideologically aligned with Blacks is more predictive of having favorable attitudes toward civil rights. Thus, in order to create a more positive civil rights disposition in society, all members

need to at least identify (if not internalize) some of the larger beliefs that Blacks hold in society.

Briefly, I have two other works in progress that illustrate my devotion to race-related research. Both were presented as papers in regular sessions at the annual meetings of the American Sociological Association. First, I have researched homeownership and residential segregation among Latinos in the United States using the Public Use Microdata (5%) Sample. Second, I have explored how family dynamics influence the relationship between neighborhood composition and feelings of closeness to African Americans, Africans and West Indians using the National Survey of American Life. These papers will be further developed, as they both provide a context to understand salient racial issues in our society.

## **Race and Health**

I have one project that is focused exclusively with health, but the majority of my health-related work incorporates my perspective that race issues matter. In fact, I submit that one of the most pressing racial issues in society deals with the racial and ethnic disparities in health and well-being. The paper that solely focuses on health is co-authored with two other graduate students and has been revised and resubmitted for review in the *International Journal of Public Health*. This paper uses the Joint Canada/US Health survey to explore international differences in smoking. We use two different measures of smoking – “smoker type” (current, former, never) and “pack-years” (cumulative exposure to smoking). We find different characteristics predict who is currently smoking and how much people have smoked for the two countries. Thus, if countries want to focus on limiting the number of new cases of smokers, the target population is different from the target population that should be used if countries are interested in smoking cessation.

While this project falls in my research interest, the majority of my work focuses on the intersection of race and health. For instance, in a co-authored publication in the *Journal of Biosocial Science*, we explore rural, suburban and urban differences in coronary heart disease (CHD) using the 2005 Behavior Risk Factor Surveillance Survey. Our results indicate that area of residence is associated with CHD, net of health and demographic variables. Area-stratified analyses document that rural residents are most influenced by exercise and smoking, while being male or above age 50 are most detrimental for suburban residents. In addition, the racial divergence in CHD is driven by differences in rural locales. We suggest that health policy should be aimed toward eliminating risks of CHD among Blacks in rural areas.

In addition, in a paper that has been revised and resubmitted for review in the *Journal of Aging and Social Policy*, I use the 1993-2001 Hispanic Established Populations for the Epidemiologic Studies of the Elderly to explore generational effects in understanding trajectories of disability among Mexican elderly. I find that first-generation Mexicans had significantly higher functional limitations compared to 1.5 and second-generation Mexicans. However, health measures associated with disability and demographic information attenuate differences in disability across generational status. Moreover, for this sample of elderly Mexicans, marital status (as a means of social support) is essential in eliminating person-specific trajectories of functional limitations.

Thus, I argue that policy geared toward healthy marriages in late life can have tangible health benefits for this minority subpopulation.

Furthermore, a co-authored paper under review in *Social Science and Medicine* explores whether a more legally rigorous form of marriage, the covenant marriage option, substantially reduces depressive symptom disparities between Black and White husbands and wives in a sample of Louisiana newlyweds. We find that while covenant marriage may either select on wives with better mental health or buffer against depressive symptoms for some wives, covenant marriage does not have advantages for husbands, and especially distressed Black husbands. We argue that this race/ethnic gap in husbands' depressive symptoms was primarily due to Black men's lower marital quality, higher economic and life burdens and more marginalized position in society. Structural disadvantages, such as a weak marriage market, discrimination in education and employment, and institutionalized racism that Blacks face can foster anxiety and manifest into higher depressive symptoms.

In sum, these papers, along with other works in progress, illustrate a concern of how to integrate racial perspectives into health research. This concern stems from a goal of improving the health and well-being of our global citizens through health research.

### **Race, Economics and Health**

I have expanded my research agenda to include how social class is manifested in health. This expansion stems from my work in race and health by supposing that racial differences in health may stem primarily from class differences in health behaviors, health access and health outcomes. The majority of my work here has been presented at international, national and regional conferences. These papers will be further developed, as they both provide a greater understanding of the literature's discussion of race versus class in determining health.

In a co-authored paper to be presented at the annual meeting of the International Union for the Scientific Study of Population, we explore how socioeconomic disadvantage experienced in both childhood and adulthood influence cardiovascular illness in lesser developed countries. With particular emphasis on the elderly, this paper uses the Survey on Health Well-Being and Aging in Latin America and the Caribbean. We find that SES experienced in adulthood is positively associated heart health, net of childhood SES. However, in the country-specific models, SES is negatively associated with health in Argentina, Brazil and Chile. Interestingly, daily alcohol use is protective against cardiovascular illness in all countries. Our results indicate that SES advantage does not uniformly translate to a definite health advantage for elderly Latin Americans.

In a co-authored paper presented at the 2009 annual meeting of the Population Association of America, we use the 2005 Behavior Risk Factor Surveillance Survey to assess the effects that individual SES (education, occupation, income) and areal SES (percentage of Blacks in an area, percentage of female-headed households, percentage of homes under the federal poverty line) have on risk of cardiovascular illness. With particular interest in levels of segregation, we find that both levels of SES correspond to a decreased risk of hypertension diagnosis. That is, higher levels of individual SES and areal SES are associated with a lower risk of hypertension. However, individual SES matters less in more segregated areas. For example in areas where there is little

interaction with members of a different race (hypersegregated areas), only high levels of income are protective against hypertension. Thus, residential location is important in explaining how socioeconomic status influences one's chances of having high blood pressure.

Lastly, but most importantly, my dissertation explores how parental socioeconomic status influences child health by measuring SES as functions of timing, transitions and exposure. Specifically, I aim to establish whether timing matters in understanding how parental socioeconomic status affects child health. Exposure to socioeconomic advantage or disadvantage during these critical ages of a child's development could have stronger effects in the health-related development of a child.

I also aim to establish whether transitions in and out of socioeconomic groups matter in understanding how parental socioeconomic status affects child health. Socioeconomic transitions are associated with "child health shocks" that are initially beneficial or detrimental (depending on the socioeconomic status of the parent and the direction of the transition), but converge to levels experienced in the parents' new socioeconomic status reference group as long as the transition is semi-stable.

My last aim of my dissertation is to illustrate how exposure to different socioeconomic conditions before birth can shape child health outcomes. I give high-SES parents the lower initial socioeconomic status that the low-SES parents have prior to the birth of the child. Likewise, the low-SES parents receive the higher initial socioeconomic status that the high-SES parents have. The purpose is to follow these families and see whether there is a pure SES effect or if there is something qualitatively different about low- and high-SES parents that dictate SES differences in child health. Collectively, all illustrate an emerging and complimentary research interest in the intersection of race, economics and health.

## **Future Research**

I plan to continue my exploration into the topics of race, economics and health. I have a solid footing to further this research agenda – I have many papers that are works in progress (some discussed in this statement) that I will convert into publications. In addition, working on making my dissertation into several published articles will be at the forefront of my agenda once I complete the Ph.D. program.

However, I have a few other projects that are in the very beginning stages that I would like to complete once I receive my Ph.D. One project examines the racial effects of marital transitions and trajectories on health behaviors and outcomes among the elderly. Another project extends my previous work on hypersegregation to explore its effects on Asians' and Asian Americans' health and wealth in majority Black communities. Lastly, I would like to delve into the biological aspect of health and study the role of biosocial stressors in explaining the racioethnic mortality differentials throughout the life course. My goal is to have support for these projects through the National Institute on Aging and the National Center on Minority Health and Health Disparities.