

Healthy People, Healthy Marriage:
Research to Practice Implications for Enhancing Male Development, Father Involvement
and Building Healthy Relationships

Waldo E. Johnson, Jr., Ph.D., MSW
Associate Professor
School of Social Service Administration
&
Director, Center for the Study of Race, Politics and Culture
University of Chicago

African American Healthy Marriage Initiative
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Benefits of marriage: communal-companionship; economic- more income for women, more family income when both partners work, financial benefits for survivors; health-access to health benefits for dependents, enhanced health statuses and outcomes for men, as Diane Dawson has contended marriage matters but it is important to understand exactly why and how marriage matters and how do we prepare individuals so that they can take advantage of these benefits as well as other couple relationship forms.

RESEARCH FACTS THAT ARE OFTEN MISINTERPRETED/MISUNDERSTOOD:

- (1) There is scant empirical research that links the often articulated benefits of marriage to the poor and disadvantaged, specifically African Americans, people of color, and other poor who are the targets of marriage promotion public policy; often cited study by Linda Waite and Maggie Gallagher-The Case for Marriage-does not have African Americans or the poor in their study
- (2) The cohabitation research literature which suggests that cohabiting couples do not stay together over time is largely based on white, nonpoor samples. Also, many of these studies do not include low-income couples with children; cohabitation patterns are different outcomes when children are not a factor.
- (3) Fragile Families and Child Wellbeing Study found that 50% of the parenting couples were cohabiting when the focal child was born; research suggest that the vast majority of these couple/parenting relationships will dissolve 1-2 years post birth, but the reasons given for dissolution often high conflict, often stimulated by poverty status, factors associated with multiple partner fertility,
- (4) Focus group data from married low-income couples in Washington, DC and Oklahoma City, OK –recognition that couple relationships that result in parenting relationships are often lacking what partners may feel is crucial to staying married-sustained financial support, sustained emotional support, communication;

- (5) As Greg Acs of the Urban Institute has contended that unmarried couples who are parents are often highly complex, multiple partner fertility so marriage promotion or enhancement

RESEARCH ON AFRICAN AMERICAN MALES THAT ENHANCE/INHIBIT HEALTHY PERSONAL OUTCOMES AND RELATIONSHIPS

Ravenell (2006) reports that a review of health and health perceptions in young African American men (15-45 years old) finds that African American males are disproportionately affected by accidental injury, human immunodeficiency virus and cardiovascular disease. These conditions are preventable and are amenable to primary care intervention yet young African American men underutilize primary care health services. Because healthcare utilization is strongly dependent on health beliefs, the purpose of this qualitative study was to identify and explore young African American men's perceptions of health and health influences. Ravenell and his colleagues conducted focus group interviews with select subgroups of young African American men including adolescents, trauma survivors, and HIV-positive men. (N=30). Definitions of health and beliefs about influences on health were elicited. Participants' definitions of health went beyond the traditional "absence of disease" definition and included physical, mental, emotional, economic, and spiritual well-being. Stress was cited as a dominant negative influence on health, attributed to lack of income, racism, "unhealthy" neighborhoods, and conflict in relationships. Positive influences included a supportive social network and feeling valued by loved ones. This study provides insight into young African American men's general health perceptions, and may have implications for future efforts to improve healthcare utilization and health in this population. Recommendations for future directions to improve African American men's health are discussed.

In a recent review, Williams (2003) presented a broad picture of the health challenges faced by men in the United States. He reported that men are of poorer health relative to women and that certain men were at higher risks for poor health outcomes. Interestingly, Williams lists middle-class black men among the high risk groups. Noting that middle-class African American men are understudied, Williams suggests three factors that might play a role in elevating risks for poor health among middle-class black men, racial discrimination, tenuousness of middle class status, and unfulfilled expectations. Sellers (2006) examines participation in health care services of middle-class black men. Data were drawn from a cross-sectional survey of college educated African American men. The survey was conducted as a series of computer-assisted telephone interviews (CATI) by Michigan State University's Institute for Public Policy and Social Research, Office of Survey Research. The interviews were conducted by African American men to provide for gender and racial affinity between the interviewers and respondents. Analysis of the SF-12, a commonly used health status survey instrument, indicates that the men in the study were of above average health and consistently accessed health services. We found that more than 81% of the men received a routine checkup or physical exam within the last year. More than 75% of the men have had the same health care provider for more than two years and 46% had the same regular health care provider for more than five years. Ninety five percent of the men were either somewhat or very satisfied with their

regular health care provider. Eighty four percent of the men stated that their health care provider made them feel very welcomed in the health care setting. More than 95% of the men stated that they trusted doctors and other health care providers to be able to help them with their health care problems. Studying men with better health outcomes provides guidance for development of health interventions. In general, black Americans access the health care system are at disproportionately lower rates, but the men in this study report receiving consistent, quality care. Their health outcomes indicate that disparities are primarily due to societal problems that disproportionately affect people of color such a shortage of minority health care providers and bias related discrimination. These findings suggest the importance of health care providers and other practitioners in the promotion of health and wellbeing among black men.

Pate (2006) provides insight into the complexity of their day-to-day existence and their perspectives on the child support system. This research was supported by the Institute for Research for Poverty (IRP), which was awarded a contract by the state of Wisconsin to evaluate the child support component of the Wisconsin Works (W-2) program. The research plan of this Child Support Demonstration Evaluation (CSDE) included an experimental evaluation, a survey of a sample of mothers and fathers, and an ethnographic component¹. The data in this chapter from the ethnographic component gathered information to complement the research efforts of the overall project. It was designed to provide a deeper understanding of and perspective on the life experiences of non-custodial African American fathers living in the city of Milwaukee in the context of social welfare generally, and specifically in light of welfare reform implemented through PRWORA, including changes in child support policies and distribution rules.

The topics of this ethnographic analysis include noncustodial fathers' understanding of the child support system and of welfare reform, their capacities for employment, and their conception of their role and responsibilities. Two years of fieldwork collected data through face-to-face interviews with African American noncustodial fathers whose children were recipients of W-2 payments. This research was a grounded theory study. The primary source of data collection was semi-structured interviews. The sampling strategy was unique to this study and non-existent in the current literature of the social sciences field; in that the majority of the sample participants were randomly selected from an administrative data set. A final unique feature of this research was the length of time used to study this group of non-custodial fathers. The interviews began in April 1999 and ended in April, 2001. The data from the transcripts were analyzed using content and narrative analysis techniques. All of the coded data were managed through a research- specific software package.

This paper will explore the costs of current levels of incarceration among African American males in the U.S. I will first summarize the results of my analysis, using the Panel Study of Income Dynamics, on the earnings gap experienced by ex-offenders, with a focus on my findings regarding African American males. In addition to OLS and fixed effects estimation, I use a wage decomposition analysis. I will then estimate the costs of incarceration to the individual ex-offender, as well as the costs to society. These costs

include loss of annual earnings and lifetime earnings foregone. I will also estimate costs for particular age cohorts of African American ex-offenders. Finally, I will estimate the costs to the African American community and society as a whole, which include costs experienced by the families of ex-offenders, lost income in the neighborhoods to which they return, and the costs to society from increased crime and recidivism. Based on my analysis of the causes of the ex-con earnings gap, I suggest ways that the earnings gap could be reduced. I conclude that current U.S. corrections policy does not take the full costs of incarceration, to the individual or to society, into account and that this is particularly harmful for African American males.

The huge growth in incarceration rates in the United States during the past three decades has enormous implications for black communities because of the disproportionate incarceration rates among young black males. Because of the barriers to research within the criminal justice system, researchers and policymakers are just beginning to evaluate the costs to black males, their families and communities. One obvious place that incarceration may exact a toll is in family formation if women were less likely to marry someone who had been incarcerated. However, isolating a causal link to incarceration and poor outcomes—whether labor market performance or forming relationships—is difficult because some of the poor outcomes can be explained by unobserved characteristics that may have resulted in poor performance even in the absence of incarceration. Using data from the first wave of the Fragile Families study and multinomial logistic regression models and controlling for some relevant characteristics, I examined the likelihood of young unwed fathers to be married, cohabiting or in no relationship with the mother depending on whether or not they had ever been incarcerated at some point in their lives. I found that among couples where the father had been incarcerated, the father was 30 percent as likely to be married as fathers who were never incarcerated. Incarcerated fathers in the sample were 53 percent as likely to be cohabiting with mothers as fathers who had never been incarcerated. Race was a significant factor as black fathers were 17 percent as likely to marry as white fathers and about two-thirds as likely to cohabit. These findings suggest that incarceration impedes family formation among this cohort of young unwed fathers. These findings are also part of a larger study that examined the association between incarceration and labor market outcomes among this cohort of young unwed fathers and found significant economic penalties for fathers who were incarcerated. Taken together, these findings provide evidence that incarceration has hurt young black males in the United States. Expanding this study to include other cities in the Fragile Families study would provide stronger evidence.

RESEARCH INTEGRATION WITH POLICY AND INTERVENTION PRACTICE

- (1) Address the emerging culture of declining marriage rates and out-of-wedlock parenting which is not peculiar to African Americans
- (2) Expanding father involvement programs that were popularized during the later 1990s into the larger context of family support programs is a good start but alone are insufficient because these programs primarily focus on men who are already fathers. They rarely engage those who are yet to become fathers (and these men are among the most eligible partners for marriage and other couple relationships).

In addition, these father involvement programs offered limited personal human capital development opportunities for males independent of their paternal statuses to become self-sustaining individuals who, in turn, become prime candidates for couple relationships which include marriage. The exception to this contention is the development which is directly associated with improved outcomes for children. What about those who are not parents yet or those who are unaware of their paternal status? Little preparation for becoming parents or self-sustaining individuals who would be attractive as partners in relationships-marriage.

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RESEARCH FACTS THAT ARE OFTEN MISINTERPRETED/MISUNDERSTOOD:

- (1) The benefits of marriage are inherent in all marriages
- (2) Cohabitation is unstable

FINDINGS ON AFRICAN AMERICAN MALES THAT POTENTIALLY AFFECT PARTNER/FAMILY DEVELOPMENT

- (1) Ravenell on the health perceptions and behaviors of young African American males
- (2) Sellers on the health outcomes of African American middle class men
- (3) Child support and father involvement among low income unwed African American fathers
- (4) The economic costs of incarceration on African American males
- (5) Incarceration and family formation among young African American unwed fathers

RESEARCH INTEGRATION WITH POLICY AND INTERVENTION PRACTICE