

Striving and Thriving: A Life Course Trade-Off?

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Upward intergenerational mobility, defined as the improvement of one generation's outcomes over those of their parents, is not only the foundation of the American Dream, but also a primary means of closing longstanding gaps in life opportunities on the basis of race. For decades, the concept of upward mobility has primarily attended to children's occupational or income attainments relative to their parents. More recently the concept of mobility has been expanded to include other key dimensions of well-being, such as educational attainment and physical and mental health.¹ Because of structural economic changes that prioritize skill-based labor, a postsecondary credential or college degree are now virtual prerequisites for attaining significant upward economic mobility.²

Moreover, excellent health in young adulthood is not only a potential

outcome of educational and income mobility, it also shapes the trajectory of income mobility in middle age because of its influence on employment, hours worked, and health care costs.³ This indicates that income, education, and health should be thought of as 3 components in a multidimensional concept of intergenerational mobility, providing a more robust representation of changes in opportunity over the life course than any one dimension alone.

Mobility in all 3 of these dimensions can be thought of as striving and thriving, with "striving" characterizing educational and income mobility and "thriving" in this context referring to mobility in mental and physical health. Black, American Indian, and to a lesser extent Latinx Americans exhibit clear gaps in striving and thriving relative to White Americans that portend continuing opportunity gaps well into the future. For Black individuals, long-term longitudinal studies show that

gaps in intergenerational mobility in striving and thriving have proved stubbornly persistent with large Black-White gaps in both upward and downward mobility across generations.⁴⁻⁸

INCOME MOBILITY

Pioneering work by Chetty and others⁵⁻⁸ has demonstrated that when looking at income mobility, Black people have much lower probabilities of rising out of poverty across generations compared to White people. In fact, a recent study found that 1 in 5 Black people (21.3%) are mired in poverty across 3 generations compared to just 1.2% of White people.⁹ Black and American Indian individuals are also much less likely to reach the middle of the income distribution. Figure 1 shows the percentage of children born in the late 1970s and early 1980s that reached the median of the household income distribution in

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Forward Change exists to advance racial, gender, and economic justice. We guide our social change partners through the development and implementation of holistic strategies, informed by extensive research, substantive knowledge, and a power-building perspective. Our work further leverages a unique socio-ecological framework to help understand, define and comprehensively address major social and economic equity challenges.

This is an initial report from the LCIRN's race, place, class, and gender core, focused on building a research agenda based on a synthesis of the emerging literature on intergenerational mobility and health. This report brings a life course health development perspective to the analysis of opportunity and equity, with a focus on understanding the impact of interventions on children and youth of color. The full report will be available in 2022.

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Reaching the middle class (born 1978–1983)

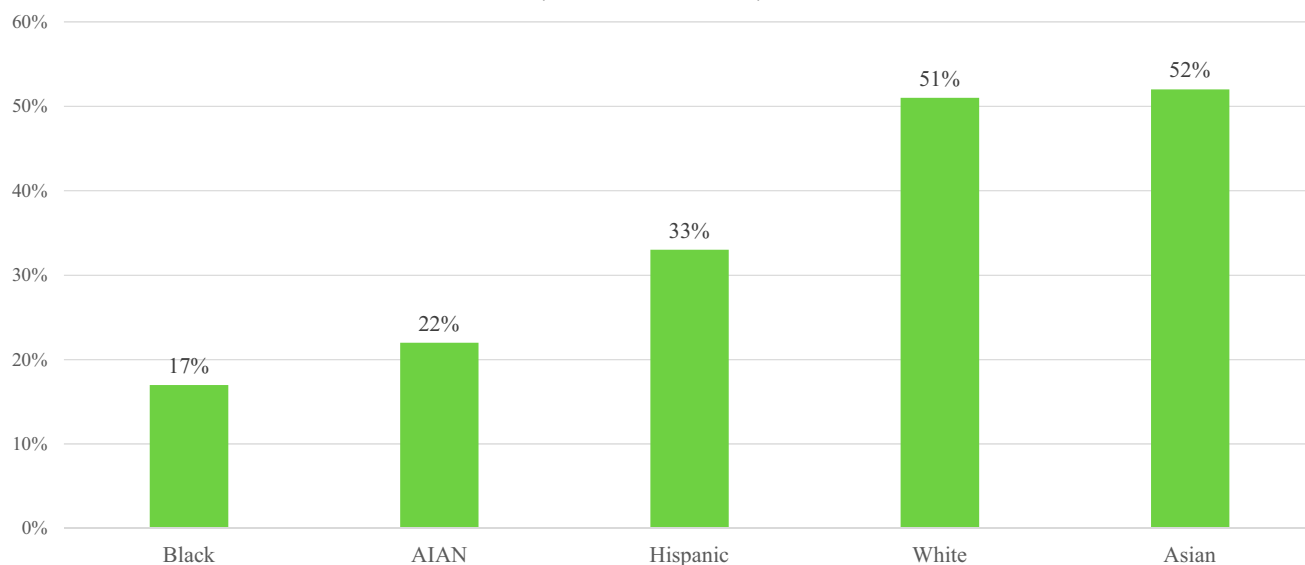


FIGURE 1

Percentage of children reaching the US household median income in their 30s by race (1978–1983 cohort). Author's calculations using data from Opportunity Insights.¹⁰ AIAN, American Indian/Alaska Native.

2015.¹⁰ The vast majority of Black and American Indian children (83% and 78%) will not reach the middle, compared to roughly half of White (49%) and Asian (48%) and two-thirds of Latinx (67%) children.

Lastly, for Black individuals that do make it to the middle class in one generation, their children are much more likely to fall out of it in the next generation compared to White people. On average, more than one-half of Black individuals have been downwardly mobile (56%) from the middle class (third quintile of the income distribution) since the Baby Boomer generation, compared to roughly one-third (34%) of White individuals.^{6,8} A similar proportion of American Indian people (53%) are downwardly mobile from the middle class as are 41% of Latinx people.

EDUCATIONAL MOBILITY

Educational mobility shows somewhat different patterns. For

much of the 20th century, Black females' educational mobility rates exceeded those of White females, and Black males roughly maintained similar rates as White males.¹¹ However, much of this advantage or parity has occurred at the high-school level as Black students closed large gaps in rates of high school graduation with White students from around 70 percentage points in 1930 to roughly 5 percentage points in 2018.¹² Gaps in college graduation, on the other hand, have actually increased since the 1970s.¹² Perhaps helping to explain rising gaps in college attainment are the high rates of downward educational mobility from college attainment across generations. Looking at children born in the late 1970s and early 1980s in Fig 2, three-quarters of American Indian males (76%), nearly 70% of Black males, and 61% of Latino males who are the children of college graduates failed to graduate from college. This compares to 44% and 37% of White and Asian males, respectively.

Roughly one-half (49%) of Black and Latina females experienced this type of downward educational mobility, compared to 31% for White females and 25% for Asian females. Startlingly, 67% of American Indian females will experience downward education mobility.¹³

HEALTH MOBILITY

When it comes to health, Black and Latinx individuals experience substantially lower upward and higher downward mobility than White individuals. One landmark study by Halliday et al¹⁴ examines health mobility using the Panel Study of Income Dynamics (PSID). Using rank mobility estimates, they find that Black people experience both lower upward mobility and higher downward mobility in self-rated health when compared to White people, although the gaps are not as large as they are for income. White individuals with parents at the 25th health percentile are expected to reach the

Downward Educational Mobility
% of US children born 1978–1983 to college-educated parents
who do not graduate from college themselves

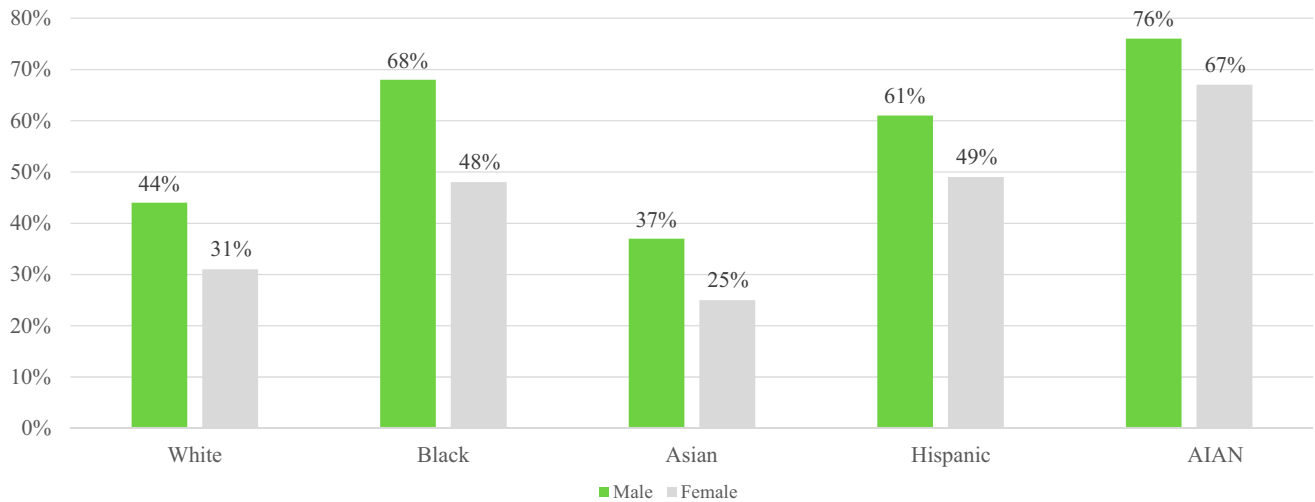


FIGURE 2

Percentage of 1978–1983 cohort that experienced downward educational mobility from a parent with a college degree. Author’s calculations using data from Opportunity Insights.¹³ AIAN, American Indian and Alaskan Native.

47th percentile in the health distribution as adults, compared to Black individuals who are expected to reach just the 37th percentile. This 10-percentile gap gets even larger as we move up the health distribution. With parents at the 75th health percentile, Black people can expect a health percentile rank that is 15 percentiles lower than White people in adulthood. A similar study using data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) includes a sufficiently large sample of Latinx individuals to provide comparisons to Black and White individuals.¹⁵ They find that children whose parents have poor health (at the 25th percentile of the parent health distribution) have similarly poor likelihoods of upward health mobility across racial groups. However, Black and Latinx children born to parents in relatively good health (at the 75th percentile) are more likely to fall to the 50th percentile of the health distribution in adulthood relative to non-Hispanic White children.

THE POTENTIAL INCOMPATIBILITY OF STRIVING AND THRIVING

A growing body of empirical evidence suggests that upward education and income mobility may generate no benefits or even a deterioration in health.¹⁶ In other words, rather than helping to close racial gaps in health mobility, striving may in fact undermine thriving. Although there is a consensus that higher education is now essential to upward income mobility, the evidence linking upward income and educational mobility to improved health points to a much more complicated story. Two growing bodies of research, known as “diminished health returns” and “skin deep resilience,” suggest that “striving” (ie, education and income mobility) appears for people of color and those raised in low-income families to be of limited help in promoting “thriving” (ie, health mobility) and may even involve a tradeoff where economic and educational success yield good mental health but reduced physical health.¹⁶

TOWARD A STRIVING AND THRIVING RESEARCH AGENDA

The research findings presented above suggest that it is not safe to assume that increased educational and income mobility will necessarily improve the physical well-being of poor, Black, American Indian, and Latinx children over the life course. At a minimum, there needs to be a greater awareness of the potential “striving-thriving” trade-off. For interventions that aim to promote improvements in educational attainment, employment, or income across the life course, the inclusion of health assessments during follow-up periods to help determine whether health outcomes are moving in the same direction as educational and income gains across racial or class subgroups is a needed addition to research design. There also needs to be much greater attention paid to children’s early health development as well as the stressors that occur during adolescence and young adulthood during the striving journey. Understanding more about whether

these observed relationships are causal and the mechanisms underlying them may help to design interventions that can keep health trajectories on track while children pursue educational and income attainments. These interventions will need to take a life course perspective, aimed at optimizing the development of health early in life through young adulthood^{17–20} so as to build up health reserves and resilience to buffer against later challenges. These interventions will also need to account for structural issues, such as neighborhood context, racism, and classism, that may contribute to the countervailing relationship between “striving” and “thriving.” Greater understanding of the complex ecosystem that children from lower income families and families of color find themselves traversing on the path to economic mobility could suggest new types of multilevel interventions that are more responsive to their needs, resulting in an “equity from the start” approach that improves all aspects of the life path, reducing or even eliminating later health disparities.

ABBREVIATION

PSID: Panel Study of Income Dynamics

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