Moving to Health or Avoiding Equality?

Place-Based Stigma in the Structuring Spatial Health Inequality

Michael D. M. Bader

Department of Sociology & Center on Health, Risk and Society

American University

Friday 23rd September, 2011 17:55

Abstract

Methodological concerns regarding the identification of neighborhood causal effects dominates research on neighborhood spatial health inequality. I contend that the myopic focus on these methodological concerns curtails the theoretical development into the nature of spatial health inequality by attempting to control away, rather than provide an account of, the process of residential mobility that differentially sorts residents by their health risk. In this paper, I use unique data from the 2004-5 Chicago Area Study that links individual-level health status with residential preferences for actual communities in a major city to study patterns of residential preferences. Combining these data with health assessments from residents already living in the queried communities using the 2002 Chicago Community Adult Health Study, I examine how much health composition of current residents influences health preferences.I argue population-level *avoidance* from stigmatized places marked by unhealthy and racial composition rather than individual-level selection structure spatial health inequality.

1 Introduction

- Among the most influential topics of sociological study is the relationship between neighborhood/residential contexts and individual outcomes/well-being. **Role of neighborhoods on individuals** and linking micro to macro
- Health is a concrete way to investigate the influence of place and space on individuals and urban sociology, particularly theories regarding the spatial concentration of disadvantage, have been particularly influential within epidemiology and public health.
- Does the spatial concentration of disease reflect context or composition? Although not a new problem, the contemporary response really targets identifying the true causal effect and leads to a methodological myopia.
- Yet, if the argument that critics make is that residential mobility creates compositional inequality, then studying the process that leads to unequal residential attainment is a problem for sociology and social epidemiology. We must study the population-level processes that create spatial inequality at the macro scale.
- In this study, I link individual-level residential preferences (where residents would seriously consider versus where they would never consider) to communities in the city of Chicago on which I have independent health data to examine how residential preferences my lead to sorting. I find and argue that population-level avoidance of "profane" communities, marked heavily by their racial composition, contributes more to the potential sorting of residents into neighborhoods. rather than selection into "sacred" communities.

2 Neighborhood Inequality and Health Inequality

- The investigation of place-based attributes that might affect and spatially cluster health was in reaction to overly-individualistic (atomistic) studies linking health to behavior, education, and health-care
- Sociological studies influenced epidemiology to understand the context of disease, whether that context was social support, access to resources necessary for health maintenance, or direct influences on health (i.e., toxins/pollutants)
- In an effort to disentangle potential influences of neighborhood environments on health and influence policy, disentangling context from composition has become the paramount question.

2.1 Methodological Myopia

In response to the challenge of disentangling context from composition, a cottage industry of statisticians, social scientists, and epidemiologists coalesced to identify the causal effects of neighborhood contexts. The pervasiveness of this critique and methodological debate within the literature created solitary focus on the search for causal effects as the primary methodological motivation as well as, and more problematically, the primary vehicle through which theory develops.

[Insert one paragraph of a technical description of the methodological problem of selection.]

2.1.1 Specific critiques

- Biggest problem with this framework: if the effort is to understand spatial health inequality and the underlying argument is that "selection" processes lead to spatial inequality, then "controlling away" those disparities keeps us from understanding a key component of spatial health inequality. While such methods are helpful, the level at which they have become the sole focus and researchers have become myopic in trying to solve them means that we are not understanding *how* inequality might come about. In addition, a primary focus on methods and quasiexperimental shocks leads to "instrument chasing."
- "Controlling away" neighborhood disparities means that we eliminate a major step in the income-generating process; if our goal is to understand spatial inequality, then understanding that process is a key step eliminated with a primary focus on experimental methods (and something that sociologists are particularly well positioned to contribute)
- Focus on individualistic exposures rather than population-level processes that might render interventions ineffective. For example, the focus on individual choices rather than population-level dynamics leads to immediate causal effects, but policies that might quickly be rendered ineffective because of larger population-level patterns.
- The solutions proposed by critics assume that such processes can be arrested in order to experimentally or quasi-experimentally test exposure; i.e., ssume experimental manipulations can occur without interference. (this is probably a subset of the previous item)
- Finally, there is an important semantic distinction with individual-level focus that concentrates on "choice." The "Moving to Opportunity" study, published in the book ***Choosing a Better Life*** places the emphasis and onus on the individual. This problem is pervasive in contemporary policy and political rhetoric and occurs in housing, education, and health-

care and centers on the neoliberal/neoclassical shift that has been critiqued elsewhere (and is not a focus of this paper).

- **Moving to Opportunity** The Moving to Opportunity is the best example of high-quality data that also highlights many of the shortcomings of this research
  - As mentioned above, the rhetoric is about individual choice and controlling one's life. But, there is little appreciation for the bounded rationality of recepients
  - Focuses on a single population of residents – and a very small proportion at that and is silent on the population-level processes that create the context in which decisions are made.
  - The extent of methodological myopia is evident that even theoretical arguments regarding the validity of MTO to address persistent inequality by Clampet-Lundquist and Massey (2008) was couched in methodological terms

3 Residential Mobility as an Inequality-Generating Process

Studying the process of residential mobility to understand how health is distributed throughout the city by the process of residential mobility.

The impetus for this methodological consternation and focus is based on the probability of spatial sorting by health status through the residential mobility process. Yet, there is little empirical study of this phenomenon to know how much or along which dimensions differences in residential sorting come about. I would argue in part this results from the highly atomistic focus on individuals from lower-class backgrounds in need of intervention rather than populations, but also on the assumption that the housing market is a totally economically rational and efficient sorting mechanism. (For all of the talk regarding the likelihood of selection into neighborhoods based on similar risk, we have surprisingly little information about the residential mobility of residents based on health status.)

Previous evidence on these two points: focus on individual rather than population-level process and the assumption of the housing market as an economically efficient sorting mechanism.

3.1 Population-level vs. individual-level "choice"

- Sampson and Sharkey (2008) on the dynamics of neighborhood change for individuals (i.e. change neighborhood context through residential mobility *or* through neighborhood

change surrounding the individual suggests the imoprtance of population decisions beyond those of individual selection)

- Schelling (1971) and Bruch and Mare (2006) on the importance of population dynamics

Research on health and residential mobility is based on accomplished residential mobility and builds important insights; yet, the accomplish move studied in those projects/papers represent the end of a long process. Given that the process is the result of multiple and overlapping stimuli that contribute to where one actually ends up (e.g., Crowder, 2001; Lacy, 2007), then examining that process relative to the health status of individuals is of the utmost importance. From this data, we can see that inequality exists; but, it does little to describe how that inequality is generated.

3.2 Neighborhood Stigma and Residential Mobility

- Quillian and Pager (2001) and Sampson and Raudenbush (2004) both highlight the idea of neighborhood stigma, but apply it to resident's perceptions of their own neighborhood
- Both emphasize the importance of neighborhood sorting before measuring stigma and so what we really need is impressions of places and potential individual-level consequences before this sorting takes place.
- Sacred and profane places and the structuring of health inequality.

4 Data & Methods

4.1 Individual-Level Measures

4.1.1 Measures of Residential Preferences

Assessing the role of place-based preferences on the spatial distribution of health requires data on both residential preferences and the health status of individuals. Such unique data are available in the 2004-2005 Chicago Area Study. The study is a multi-stage area probability sample of residents 18 years and older living in Cook County, Illinois. Cook County contains the city of Chicago as well as a number of surrounding suburban communities; however, this study uses only those residents living in the city of Chicago. Interviews were conducted in either English or Spanish.

The initial analysis examines how likely it is that a respondent will move in the next three years. Responses to this question provide a measure of who is at risk of moving in the near

future. A six-item Likert scale ranging from one (not at all likely) to six (extremely likely).

While most of the CAS was administered as a computer-assisted personal interview, one module of the study was administered using paper-and-pencil to measure residential knowledge and perceptions. Interviewers handed respondents an 11-by-16 inch booklet of maps of the Chicago metropolitan area. On the map, 41 communities were outlined and labeled by name along with a checkbox. On the maps, respondents were asked to mark all of the communities for which they endorsed the question they were asked. Data for this analysis come from the final two questions, "Where would you *seriously* consider looking for a home or apartment?" and "Where would you *never* consider looking for a home or apartment?"[1]

This analysis uses responses on 16 of the 41 communities labeled on the map that are neighborhoods within the city of Chicago. Based on this strategy, each respondent provides 32 indicators of preference: one for each of the 16 communities that they would seriously consider (1=they would seriously consider the community, 0=they would not) and one for each of the 16 communities that they would never consider (1=they would never consider the community, 0=they would not never consider the community). These measures become our set of dependent variables in our analysis of residential preferences.

4.1.2 Individual Independent Variables

The primary independent variable in this analysis is self-rated health. The CAS is relatively unique in that it measures both residential preferences *and* health attributes. Respondents were asked to evaluate their own health on a scale from 1 (poor) to 5 (excellent). In addition to self-rated health, a number of other individual-level measures are used in models of likelihood of moving and residential preferences. Respondents reported their *race/ethnicity* and were coded into one of four groups: Latino if they indicated Hispanic/Latino ethnicity regardless of race, black if they chose black or African American in combination with any other group, and white if they selected white alone. *Educational attainment* was measured in four levels: less than a high school degree, a high school degree or G.E.D., some college (but less than a B.A.), and bachelor's degree or higher (reference). Other demographic variables included *age*, whether the respondent was *currently married*, whether a *child under 18 years of age* resided in the house, and the *number of years lived in the metro area*. Due to collinearity between education and income, both could not be used in the analysis simultaneously.

[1]The first three questions were, (1) "Please mark any community that you know nothing about," (2) "Where have you searched for housing in the past 10 years?", and (3) "Where have you searched for a job in the past five years?"

4.2 Community-Level Attributes

In addition to the influence of individual-level attributes on the likelihood of moving and residential preferences, I also measure a number of community-level attributes. In this analysis, I include percent non-Latino black, percent Latino, percent of residents who lived in their house in 1995, median home value among owner-occupied homes, and the percentage of owner-occupied homes.

Asking respondents to evaluate their preferences among actual communities allows researchers to examine the relationship between preferences and observed patterns of residential mobility. That is, rather than relying on ideal types or experimentally controlled versions of neighborhoods that might not even exist in reality, measured preferences of actual communities allow us to examine what factors of real communities lead to their (un)desirability. One advantage of using preferences based on actual communities is that it allows researchers to investigate which characteristics of those communities influence residential preferences (Krysan and Bader, 2007, 2009).

In addition to measures from the Census, I include measures from the 2002 Chicago Community Adult Health Study (CCAHS). The CCAHS is a multi-stage area probability sample of 3,102 Chicago residents aged 18 and older in all 343 Neighborhood Clusters defined by Sampson and colleagues (1997). The CCAHS included the same question asking respondents to rate their health. Therefore, in addition to demographic characteristics of residential environments that might influence residential preferences, I can also examine how residents might sort their preferences based on health. This is particularly important for our question to understand how much individuals with a given health risk select or prefer neighborhoods with residents with the same health risk. Matching these two datasets requires that only respondents from the CAS who live in the city of Chicago can be included in this analysis.

5 Results

5.1 Who is likely to move in the next three years?

The dependent variable for the first part of the analysis is the respondent's answer to the question: "Within the next *three* years, how likely is it that you will move away from this home?" Response categories ranged from 1 (Not at all likely) to 6 (Extremely likely) and, for the purposes of the first analysis, are treated as a continuous variable. Table 1 reports the mean level of the likelihood of moving variable by health status (recall that the range is

from 1-6). Generally, there is an upward trend such that the most healthy are the likeliest to see moving in the next three years. Table 2 reports the OLS coefficients of response to question on the prospects of moving in the next three years. In Model 1, we see the positive relationship between self-rated health and predicted mobility is statistically significant. The influence persists throughout, though somewhat diminished in magnitude as we add additional controls to the models.

[Insert Table 1 about here]

[Insert Table 2 about here]

Table 3 shows that the influence of self-rated health on predicted mobility is higher among respondents who rate themselves as healthier. Among neighborhood-level factors, we see that Latinos are more likely to predict moving the higher proportion of black residents they count as neighborhoods compared to whites. In addition, those who live in neighborhoods with stable populations are less likely to move independent of their own duration in the metro area and home ownership status.

[Insert Table 3 about here]

5.2 Where Will Residents Seriously Consider Moving?

Table 4 models how many of the 16 Chicago neighborhoods respondents of various groups indicate that they would consider. We see that the healthiest respondents (those who report very good or excellent health) are likely to consider fewer neighborhoods than those in worse health. This is especially true among likely movers compared to Chicago residents as a whole. There is no difference between more and less healthy respondents in the number of places they would never consider. Additional characteristics that influence the number of communities residents would consider include negative relationships with educational attainment (among likely movers) and age. Race has the strongest influence on the number of places residents would never consider: blacks are far less likely than whites to cross places off of their list with a much higher magnitude among likely movers than Chicago residents as a whole. This reflects previous evidence that blacks are far less likely to not consider locations, possibly because of the risk of discrimination (Krysan and Farley, 2002; Krysan and Bader, 2007).

[Insert Table 4 about here]

Table 5 reports results of a hierarchical logistic regression of respondents indicating that they would seriously consider the 16 communities on their individual-level characteristics and the characteristics of the target community. Note that the "Community-level characteristics" in Table 5 are at level-1 in the model because they are an attribute of the community the respondent is rating, not of the community of residents (for details, please see Krysan and Bader, 2007, 2009). Individual-levle characteristics in this model reflect differences in the rate of nomination by individual-level characteristics, evidence of which can be seen by the correspondence between the individual-level results in this model and the results in Table 4.[2] The community-level characteristics show that the health status of current residents has little influence on respondents, either healthy or unhealthy, indicating that they would consider the community. We see that the racial composition of the neighborhood interacts with the race of the individual to predict whether respondents would seriously consider the community. In addition, higher median values increase the likelihood respondents would consider the community while distance to the community reduces the likelihood respondents would consider the community.

[Insert Table 5 about here]

5.3 Where Will Residents Avoid Moving?

It is important to note the vast difference in the number of communities respondents would consider compared to never consider. Overall they consider far fewer communities than they avoid. This is the first suggestion that considering where people avoid is more important than where they consider. Table 6 reports results of hierarchical logistic regressions of where residents would never consider moving. Just as in Table 4, blacks are less likely than whites to exclude communities as are Latinos, though difference between Latinos and whites is much smaller. Among neighborhood characteristics of the target communities, we see here that neighborhoods with greater proportions of healthy residents are far less likely to be avoided. Another way of saying this is that neighborhoods with more unhealthy residents are avoided by residents – and this is a strong and persistent effect even after controlling for other neighborhood-level characteristics. Race still remains a statistically signficant factor in increasing the likelihood residents avoid communities, as does the distance to communities.

[Insert Table 6 about here]

[2]The exception are models 3 and 5 where there are cross-level interactions. The individual-level coefficient in these models reflect the log-odds of seriously considering a community with no healthy respondents (model 3) or no blacks or Latinos (model 5).

5.4 Sensitivity Analyses and Future Directions

Since I only consider Chicago neighborhoods, I also examine how many neighborhoods residents would consider outside of the city of Chicago. Results of Poisson regressions predicting how many of the 25 suburban communities are presented in Table 7.

In addition, I consider potential flows between neighborhoods of different health statuses in the city; initial explorations are included at the end of this document.

Table 1: Mean level of moving prospects by health status

health	N	mean
Poor	24	3.041667
Fair	115	2.652174
Good	215	3.176744
Very good	271	3.107011
Excellent	157	3.280255
Total	782	3.092072

Source: d:/work/Data/CAS/Dataset/RespondentLevelCASData.dta

Table 2: Ordinary least squares regression coefficients of residents' prospects of moving in the next three years on health and other individual-level factors

	Model 1	Model 2	Model 3	Model 4	Model 5
Self-rated health	0.353***	0.371***	0.295**	0.187	0.253*
Race/Ethnicity (ref.=white)					
Non-Hispanic black		0.546	0.718*	0.420	0.403
Latino/a		0.228	0.484	-0.079	-0.099
Educational Attainment (ref.=B.A. or higher)					
Less than H.S. degree			-0.722*	-0.241	-0.381
H.S. degree or G.E.D.			-0.669*	-0.203	-0.244
Some college, less than a B.A.			-0.471	-0.292	-0.460
Demographic & Housing					
Age (centered at 21 years)				-0.036***	-0.033***
Currently married				-0.389	-0.115
At least one child under 18 present				-0.010	-0.019
Home owner					-1.029***
Years lived in metro area					0.007
Intercept	2.003***	1.670***	2.237***	3.590***	3.577***
r^2	0.040	0.056	0.072	0.175	0.235

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 3: Ordinary least squares regression coefficients of residents' prospects of moving in the next three years on health, other individual-level factors, and neighborhood-level factors

	Model 1	Model 2	Model 3
Self-rated health	0.259*	0.266*	0.264*
Race/Ethnicity (ref.=white)			
Non-Hispanic black	0.427	0.496	0.371
Latino/a	-0.124	-0.383	-0.737*
Educational Attainment (ref.=B.A. or higher)			
Less than H.S. degree	-0.375	-0.421	-0.407
H.S. degree or G.E.D.	-0.239	-0.212	-0.237
Some college, less than a B.A.	-0.449	-0.428	-0.414
Demographic & Housing			
Age (centered at 21 years)	-0.034***	-0.033***	-0.032***
Currently married	-0.083	-0.043	-0.064
At least one child under 18 present	-0.056	-0.017	-0.004
Home owner	-1.048***	-1.003***	-1.029***
Years lived in metro area	0.008	0.008	0.007
Neighborhood-level covariates			
Percent non-Latino/a black		-0.001	-0.014
Non-Hispanic black × Percent non-Latino/a black			0.014
Latino/a × Percent non-Latino/a black			0.045***
Percent Latino/a		0.004	0.006
Percent of residents in same house in 1995		0.018**	0.018**
Health of respondent's Community Area (standardized)		-0.101	-0.087
Intercept	3.558***	3.398***	3.491***
τ^2	0.093	0.051	0.034

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 4: Poisson regression coefficients and standard errors predicting count of communities selected to be considered and avoided by Chicago likely movers

	Likely Movers		Chicago residents	
	Consider	Avoid	Consider	Avoid
Respondent is in very good or excellent health	-0.966***	-0.287	-0.345^{+}	-0.088
	(0.269)	(0.196)	(0.177)	(0.141)
Race/Ethnicity (ref.=white)				
Non-Hispanic black	0.523	-0.760**	0.047	-0.486**
	(0.337)	(0.242)	(0.270)	(0.171)
Latino/a	0.327	-0.479	-0.341	-0.490^{+}
	(0.443)	(0.307)	(0.323)	(0.266)
Educational Attainment (ref.=B.A. or higher)				
Less than H.S. degree	-1.197**	-0.210	-0.550	-0.266
	(0.447)	(0.289)	(0.610)	(0.203)
H.S. degree or G.E.D.	-0.834^{+}	-0.705*	-0.672^{+}	-0.269
	(0.489)	(0.295)	(0.344)	(0.168)
Some college, less than a B.A.	-0.923*	0.025	-0.546^{+}	-0.021
	(0.424)	(0.187)	(0.322)	(0.147)
Demographic & Housing				
Age (centered at 21 years)	-0.030^{+}	-0.002	-0.030***	0.009
	(0.016)	(0.010)	(0.008)	(0.006)
Currently married	-0.273	-0.096	-0.158	0.166
	(0.274)	(0.169)	(0.151)	(0.158)
At least one child under 18 present	0.263	0.050	0.058	0.096
	(0.268)	(0.163)	(0.252)	(0.144)
Home owner	0.201	0.372*	0.276^{+}	0.060
	(0.228)	(0.175)	(0.155)	(0.134)
Years lived in metro area	-0.005	0.011	0.004	0.006
	(0.012)	(0.009)	(0.012)	(0.006)
Intercept	2.129***	1.768***	1.768***	1.555***
	(0.429)	(0.270)	(0.280)	(0.159)

$^{+}p < 0.10$ $*p < 0.05$, $**p < 0.01$, $***p < 0.001$

Table 5: Coefficients and standard errors of generalized hierarchical linear model of communities likely movers would seriously consider

	Model 1	Model 2	Model 3	Model 4	Model 5
Respondent-level characteristics					
Respondent is in very good or excellent health	-1.098***	-1.112***	-1.203***	-1.353***	-1.338***
Race/Ethnicity (ref.=white)					
Non-Hispanic black	0.647	0.657	0.655	0.974*	0.979*
Latino/a	0.212	0.217	0.219	0.110	-0.542
Educational Attainment (ref.=B.A. or higher)					
Less than H.S. degree	-1.257*	-1.272*	-1.279*	-1.494*	-1.492*
H.S. degree or G.E.D.	-0.898	-0.908	-0.915	-0.927	-0.974
Some college, less than a B.A.	-1.092*	-1.105*	-1.115*	-1.197^{+}	-1.225^{+}
Demographic & Housing					
Age (centered at 21 years)	-0.031^{+}	-0.031^{+}	-0.031^{+}	-0.037^{+}	-0.038^{+}
Currently married	-0.279	-0.282	-0.288	-0.299	-0.305
At least one child under 18 present	0.143	0.145	0.148	0.285	0.278
Home owner	0.268	0.272	0.275	0.413	0.393
Years lived in metro area	-0.006	-0.006	-0.006	-0.004	-0.005
Community-level characteristics					
Health of preference community (standardized)		0.288**	0.160	0.178	0.185
Healthy respondent × Health of community			0.218		
Percent African American in 2000				0.009*	-0.007
Black × Percent African American					0.020^{+}
Latino/a × Percent African American					0.021^{+}
Percent Latino				0.000	0.010^{+}
Black × Percent Latino/a					-0.028***
Latino/a × Percent Latino/a					0.007
Median home value (in $10,000s)				0.053***	0.056***
Percentage Owner-Occupied 2000				-0.002	-0.002
Distance to community (in km)				-0.270***	-0.232***
Distance to community squared				0.004*	0.004*
Intercept	-0.554	-0.636	-0.587	0.530	0.315
r^2					

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 6: Coefficients and standard errors of generalized hierarchical linear model of communities likely movers would never consider

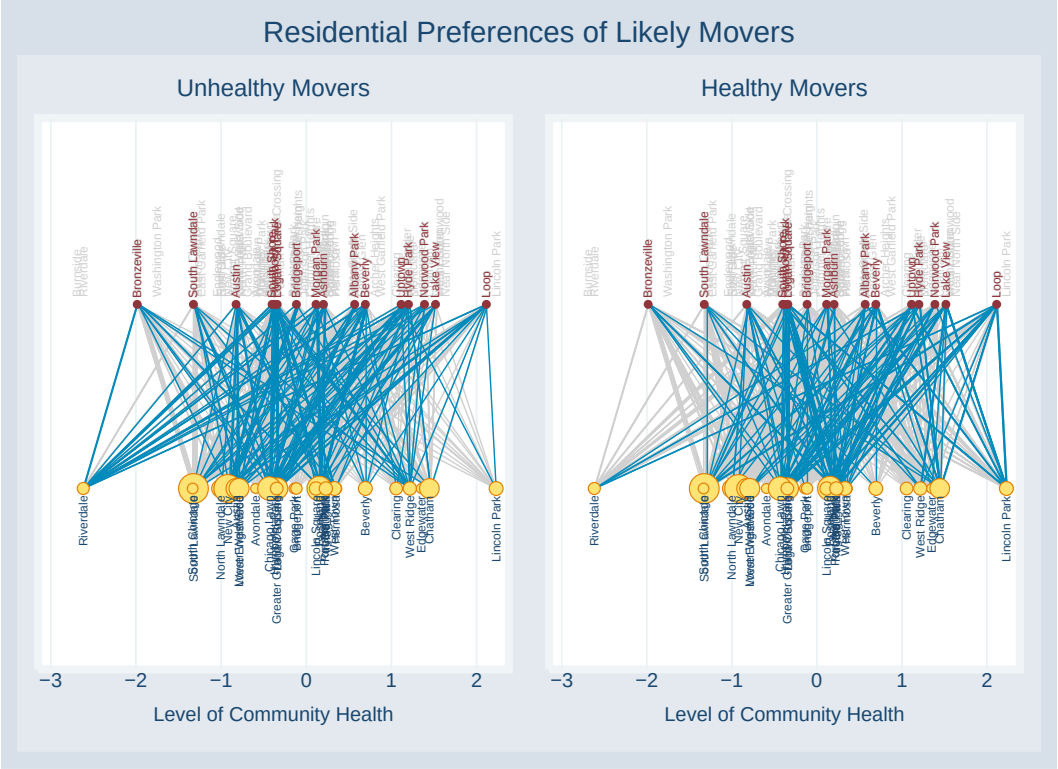
	Model 1	Model 2	Model 3	Model 4	Model 5
Respondent-level characteristics					
Respondent is in very good or excellent health	-0.222	-0.229	-0.225	-0.229	-0.233
Race/Ethnicity (ref.=white)					
Non-Hispanic black	-1.589**	-1.625**	-1.625**	-1.783***	-1.638*
Latino/a	-0.921*	-0.945*	-0.945*	-0.884^{+}	-1.825*
Educational Attainment (ref.=B.A. or higher)					
Less than H.S. degree	-0.259	-0.267	-0.267	-0.149	-0.183
H.S. degree or G.E.D.	-0.835	-0.855^{+}	-0.855	-0.840	-0.876
Some college, less than a B.A.	0.207	0.211	0.210	0.235	0.244
Demographic & Housing					
Age (centered at 21 years)	0.009	0.009	0.009	0.010	0.011
Currently married	0.006	0.009	0.008	0.020	0.006
At least one child under 18 present	0.013	0.013	0.016	-0.096	-0.083
Home owner	0.555	0.568	0.568	0.641	0.618
Years lived in metro area	0.026	0.027	0.027	0.027	0.027
Community-level characteristics					
Health of preference community (standardized)		-0.345***	-0.314***	-0.317***	-0.321***
Healthy respondent × Health of community			-0.052		
Percent African American in 2000				0.009	0.014
Black × Percent African American					-0.015*
Latino/a × Percent African American					0.003
Percent Latino				0.014*	0.000
Black × Percent Latino/a					0.015^{+}
Latino/a × Percent Latino/a					0.034**
Median home value (in $10,000s)				0.010	0.010
Percentage Owner-Occupied 2000				0.005	0.006
Distance to community (in km)				0.117*	0.125**
Distance to community squared				-0.001	-0.002
Intercept	-1.171^{+}	-1.123^{+}	-1.128^{+}	-3.534***	-3.414**
r^2					

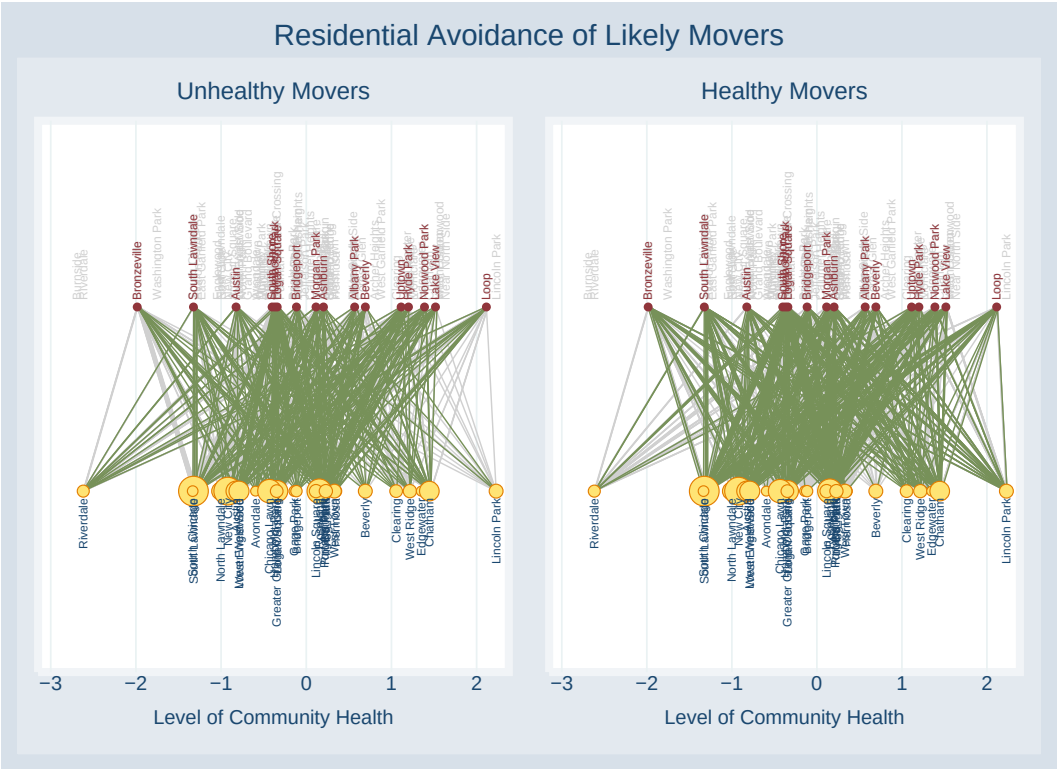
*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Table 7: Poisson regression coefficients and standard errors predicting count of suburban communities selected to be considered and avoided by Chicago likely movers

	Likely Movers		Chicago residents	
	Consider	Avoid	Consider	Avoid
Respondent is in very good or excellent health	-0.463*	-0.168	-0.206	-0.129
	(0.204)	(0.152)	(0.193)	(0.145)
Race/Ethnicity (ref.=white)				
Non-Hispanic black	0.535^{+}	-0.348	0.015	-0.262
	(0.300)	(0.223)	(0.431)	(0.173)
Latino/a	1.053**	-0.180	0.021	-0.303
	(0.329)	(0.246)	(0.422)	(0.214)
Educational Attainment (ref.=B.A. or higher)				
Less than H.S. degree	-0.496	-0.460^{+}	0.106	-0.629**
	(0.518)	(0.255)	(0.646)	(0.193)
H.S. degree or G.E.D.	-0.404	-0.906**	-0.080	-0.583**
	(0.603)	(0.310)	(0.398)	(0.176)
Some college, less than a B.A.	-0.659	-0.128	-0.478	-0.196
	(0.589)	(0.189)	(0.379)	(0.140)
Demographic & Housing				
Age (centered at 21 years)	-0.048*	-0.003	-0.034**	-0.000
	(0.022)	(0.008)	(0.011)	(0.006)
Currently married	-0.216	-0.257	0.045	-0.034
	(0.194)	(0.178)	(0.211)	(0.114)
At least one child under 18 present	0.710**	-0.283	0.352	0.024
	(0.268)	(0.184)	(0.245)	(0.139)
Home owner	0.042	0.316	0.213	0.060
	(0.318)	(0.211)	(0.220)	(0.128)
Years lived in metro area	0.028*	0.006	0.022^{+}	0.006
	(0.014)	(0.008)	(0.012)	(0.005)
Intercept	0.685*	2.763***	0.792*	2.649***
	(0.319)	(0.322)	(0.375)	(0.235)

$^{+}p < 0.10$ $*p < 0.05$, $**p < 0.01$, $***p < 0.001$


Residential Preferences of Likely Movers
Unhealthy Movers
Healthy Movers
Bronzeville
South Lawndale
Bridgeport
Morgan Park
Albany Park
Beverly
Loop
Hyde Park
Norwood Park
Lake View
Riverdale
Lincoln Park
Clearing
West Ridge
Edgewater
Chatham
−3
−2
−1
0
1
2
Level of Community Health


Residential Avoidance of Likely Movers
Unhealthy Movers
Healthy Movers
Bronzeville
South Lawndale
Bridgeport
Morgan Park
Albany Park
Beverly
Loop
Hyde Park
Norwood Park
Lake View
Riverdale
Lincoln Park
Clearing
West Ridge
Edgewater
Chatham
−3
−2
−1
0
1
2
Level of Community Health

References

Bruch, Elizabeth E. and Robert D. Mare. 2006. "Neighborhood Choice and Neighborhood Change." *American Journal of Sociology* 112:667–709.

Crowder, Kyle D. 2001. "Racial Stratification in the Actuation of Mobility Expectations: Microlevel Impacts of Racially Restrictive Housing Markets." *Social Forces* 79:1377–1396. Journal article.

Krysan, Maria and Michael Bader. 2007. "Perceiving the Metropolis: Seeing the City Through a Prism of Race." *Social Forces* 86:699–733.

Krysan, Maria and Michael D. M. Bader. 2009. "Racial Blind Spots: Black-White-Latino Differences in Community Knowledge." *Social Problems* 56:677–701.

Krysan, Maria and Reynolds Farley. 2002. "The Residential Preferences of Blacks: Do They Explain Persistent Segregation?" *Social Forces* 80:937–980. ArticleType: primary_article / Full publication date: Mar., 2002 / Copyright Â 2002 Social Forces, University of North Carolina Press.

Lacy, Karyn R. 2007. *Blue-Chip Black: Race, Class, and Status in the New Black Middle Class*. Berkeley: University of California Press.

Quillian, Lincoln and Devah Pager. 2001. "Black Neighbors, Higher Crime? The Role of Racial Stereotypes in Evaluations of Neighborhood Crime." *The American Journal of Sociology* 107:717–767.

Sampson, Robert J. and Stephen W. Raudenbush. 2004. "Seeing Disorder: Neighborhood Stigma and the Social Construction of "Broken Windows"." *Social Psychology Quarterly* 67:319–342.

Sampson, Robert J., Stephen W. Raudenbush, and Felton Earls. 1997. "Neighborhoods and violent crime: A multilevel study of collective efficacy." *Science* 277:918–924.

Sampson, Robert J. and Patrick Sharkey. 2008. "Neighborhood Selection and the Social Reproduction of Concentrated Racial Inequality." *Demography* 45:1–29. Volume 45, Number 1, February 2008.

Schelling, Thomas C. 1971. "Dynamic Models of Segregation." *Journal of Mathematical Sociology* 1:143–186.