AN EXAMINATION OF COMMUNITY ATTACHMENT, PLACE ATTACHMENT, AND BLACK DENSITY AS PREDICTORS OF BLACK SUBJECTIVE WELL-BEING IN RURAL AREAS

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Lexie Unhjem

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THE PURDUE UNIVERSITY GRADUATE SCHOOL
STATEMENT OF COMMITTEE APPROVAL

Dr. David P. Nalbone, Chair

Department of Behavioral Sciences

Dr. Megan Murphy

Department of Behavioral Sciences

Dr. Michael Evan Thomas

Department of Human Development and Family Science, Virginia Polytechnic Institute and State University

Approved by:

Dr. Megan Murphy

This is dedicated to Crosby, a place I will always call home.

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ABSTRACT

Black Americans living in rural regions of the U.S. are an underserved and under-researched population in the mental health field. Health and wellness disparities in Black populations are consistently documented as far worse than in White populations. Yet, the effects of low density of Black people living in predominantly White rural communities is unknown to mental health professionals and researchers alike. This study aimed to fill gaps in the literature concerning effects of Black density and city population on community attachment, place attachment, and subjective well-being, as well as community and place attachment's effects on subjective well-being. Using a secondary dataset titled Soul of the Community [in 26 Knight Foundation Communities in the United States] (Gallup International, Inc., 2009), it was discovered that Black density alone had no significant relationships with any other variables, but the interaction of Black density and city population negatively predicted place attachment. In addition, community and place attachment both positively predicted subjective well-being. These results indicate that where people live matters and has a significant impact on their attachment to their physical surroundings. In addition, one's connection to community and place are vital contributors to subjective well-being. Clinical implications can be drawn from this study pointing to the importance of clinical awareness regarding rurality, racial density, and community and place attachment. Moreover, clinicians can assess for these factors in the therapy room and encourage clients to explore their own communities.

CHAPTER I: INTRODUCTION

Statement of the Problem

Rural populations are an often-forgotten group when mental health professionals, such as marriage and family therapists, consider issues of diversity, lack of resources, and health disparities. Yet, each of these dimensions is applicable to rural communities and requires more attention in the research and clinical realms. Moreover, an even more understudied topic is hardships faced by Black individuals living in rural areas. The intersecting identifiers of being Black and living in a rural region constitute a vulnerable position and could be associated with negative outcomes. Rural communities are often tightknit and have a culture of supporting one another when in need. Contrary to urban populations, they tend to be more reliant on community values, collective coping mechanisms, and social cohesion (Caldwell & Boyd, 2009). However, people in such regions may also be resistant to change, outsiders, and perspectives different than their norm, such as Black populations that have migrated into their community. Therapists working in rural areas are likely to be familiar with this culture but may overlook the isolating feelings experienced by their clients who feel as though they do not fit in with the community. Without a sizeable density of Black residents in rural communities, such individuals may experience a lack of attachment to their community and place and decreased wellness.

Mental health professionals scarcely recognize the importance of community in clients' lives, especially for those in rural areas. Yet, the influence of community on a person's well-being has been significantly documented (Itzhaky, Zanbar, Levy, & Schwartz, 2015; McMahon, Singh, Garner, & Benhorin, 2004). As systems thinkers, marriage and family therapists should be well-aware of how significant communities are. Nevertheless, considering communities in the marriage and family therapy literature is scant. Moreover, mental health professionals may not be familiar with the meaning of the physical aspects that make up clients' surroundings. Place attachment captures the bodily characteristics of the community, such as parks, highways, and schools. There can be a sense of connection to the attributes that comprise the physical world residents interact with every day. This relationship to the community and place become part of clients' identities, whether negatively or positively regarded. Together, therapist and client make meaning of the stories and systems that make clients who they are. Neglecting clients'

community and place as part of their identity is an unfortunate mistake that many therapists unknowingly make.

People's well-being, can depend on many factors, including marital status, income, health, and social capital (Cramm, Møller, & Nieboer, 2011). Various forms of stress can take a toll on measures of well-being and health. Without having a group of people to whom rural Black residents feel they belong to, their well-being and health could be in jeopardy. With a systemic framework in mind, marriage and family therapists are well-suited to tackle these intersecting pieces of rurality, race, community, place, and subjective well-being. This study aims to explore the impact of the culture of rural regions, the significance of racial density, and the importance of community and place on subjective well-being.

CHAPTER II: SIGNIFICANCE OF THE PROBLEM

Rural Populations

According to the U.S. Census Bureau (2010), roughly 19% of the United States population lives in rural areas, which are defined as any population, housing, or territory not in an urban area. An urban area is defined as consisting of 50,000 people or more. A city's population, the number of people residing in that city, is another way to look at rural composition as less than 50,000 people. Whether one is on the plains of North Dakota, the Appalachia of Georgia, or the deserts of Arizona, residents of rural regions of the United States face a multitude of problems including depression, child abuse, substance abuse, and domestic violence (Bushy, 1998; Cellucci & Vik, 2001; McDonald, Curtis-Schaeffer, Theiler, & Howard, 2014). These are a few of the many understudied issues with which mental health professionals in rural areas are familiar.

Challenges Faced by Rural Populations

A topic that has been well-documented in rural regions is the epidemic of suicide. The number of suicide deaths and rates of suicide completion in relation to attempts in rural areas rank higher than in urban areas (Centers for Disease Control and Prevention, 2007). In addition, there is a rising epidemic of suicide on rural Native American reservations (Gray & McCullagh, 2014). One possibility for these high rates of suicide could be that rural residents are apprehensive to seek mental health services, as evidence has shown that stigma, or negative perceptions around mental health, is greater the smaller the community is (Hoyt, Conger, Valde, & Weihs, 1997). This stigma is part of rural community culture and has potentially insurmountable negative side effects, including suicide.

Feelings of isolation may contribute to suicidal ideation and could be a common occurrence for residents of rural regions, in that they are separated from other residents and population centers by sometimes hundreds of miles, especially for those living on farms (Smalley & Warren, 2012). This feeling could be amplified for those who do not feel connected to the community, do not have family nearby, or do not identify with the values and culture of

the area. For individuals experiencing suicidality and isolation, seeking therapy appears to be a viable option. However, another major concern facing such regions is the shortage of mental health professionals due in part to high rates of turnover (Hollingsworth & Hendrix, 1977; Thomas, Ellis, Konrad, Holzer, & Morrissey, 2009). In addition to the stigma that residents face, there is the probable chance of multiple relationships in a rural setting. One's therapist could have mutual friends, exercise at the same gym, or have children who are classmates. Therefore, rural populations facing multiple mental health issues and facets of suicide often either have very few professionals nearby who are able to help them or have no connection to the community.

Rural Culture

Smalley and Warren (2012) posit that rural regions have their own unique culture influenced by "population density and geography, agricultural heritage, economic conditions, religion, behavioral norms, mental health stigma, and distance to care" (p. 39). This unique background is unknown and foreign to anyone who has no connection to rural life. Whereas rural communities have this distinctive culture, they have been left out of the conversation concerning cultural competency and sensitivity (Smalley & Warren, 2012). Rural areas of the U.S. can be conceptualized in ways other than simply by geographical location; unfortunately, this notion has not been formally analyzed to date and needs research to shed light on the neglect of considering the various cultural factors that are at play in such regions and how residents are affected by this culture. It is vital for researchers and mental health professionals to examine the multidimensional components of rural community culture so they can understand the complex realities of its residents and better serve clients from these regions. To begin filling this gap in the literature, investigating the lived experiences of minority groups living in these areas is needed.

Black People Living in Rural Areas

The U.S. Census Bureau (2018) defines a Black or African American as an individual having origins in any of the Black racial groups of Africa. The literature being reviewed uses African American or Black as identifiers for participants. Various articles have discussed the positive and negative effects of using different labels such as Black, African, Black African, and

African American. Agyemang, Bhopal, and Bruijnzeels (2005) created a useful chart that outlines each term, including its meaning, strengths, weaknesses, and comments and recommendations. For example, they deemed a strength of the term Black to be that it is used in the United States' and United Kingdom's censuses. It also is "socially recognized and a historically lasting concept" (p. 1015). However, a weakness of using the term Black is that it does not account for ethnicity. The data set being utilized presents a limitation by having participants identify as Black/African American which lumps the two together. With these considerations, Black was chosen as a descriptor due to the lack of knowledge of lineage and ethnicity for these studies as well as from the data being used.

Black Americans living in rural areas are subject to even more hardships than White Americans for a variety of reasons. Among rural areas, poverty rates are exceedingly high, but especially for racial minorities: 32% of rural African Americans and 24% of rural Hispanics live below the poverty line, compared to the 14% of White Americans that live in rural poverty (Economic Research Service, 2018). In a study examining mental health needs of African Americans living in a rural area of the south, participants expressed sadness when their community did not acknowledge the existence of mental illness and felt stigmatized by others using labels of "crazy" and "dangerous" if they had a mental health disorder (Haynes et al., 2017). In turn, this negatively affected African Americans seeking help for mental health treatment.

While not a direct reflection of the Black community, it has been further demonstrated that being a racial minority in a rural area is associated with anxiety and depressive symptoms. Latinx children in rural areas scored above average for self-reported anxiety and depression. This child-reported anxiety was positively associated with loneliness, economic hassles, and discrimination (Taylor & Ruiz, 2017). Such experiences of discrimination could be a result of the culture of rural communities being less open to outsiders.

In summary, the rural Black population is suffering more from suicidal ideation, poverty, and stigma than White people living in rural areas.

Black Density

Black density refers to the number of self-identified Black or African-American people living in a given city in proportion to the entire population of that city. Black Americans make up

the largest non-White group in the non-metropolitan United States (Jones, Kandel, & Parker, 2007). Yet, there is scant research on Black people living in rural regions of the United States. Population density of minorities has not been largely researched regarding community constructs and subjective well-being in the United States. One of the few studies to consider related factors, by Pan and Carpiano (2013), examined immigrant density, sense of community belonging, and suicidal ideation among racial minority and White immigrants in Canada. Immigrant density was significantly inversely associated with suicidal ideation among racial minority immigrants. This work is an important contribution to the community literature, as well as racial density. However, it presents the limitation of grouping racial minorities into one category without further exploring between-group differences.

Black Density in Rural Areas

Connecting racial and ethnic density to health-related quality of life has been explored in rural communities. A study by Bonnar and McCarthy (2011) revealed that racial and ethnic minorities in rural communities earned significantly less money than White people, used health-related services significantly less than White people, and were more likely to report feeling depressed and anxious than White people. This study did not explicitly define rural but reported that their data were gathered from a rural county of New York with a population of 109,000. Their sample consisted of 1,039 participants with 90.9% of them being White, 0.8% Native American, 0.9% Asian American, 3.8% Black or African American, and 2.1% Hispanic or Latino. Whereas such examinations are essential to better understanding experiences of non-White individuals in rural areas, this work also demonstrated a limitation of lumping all racial minorities together in their analyses. They stated that due to the small number of racial and ethnic minorities, data were recoded into two groups: White participants and all other racial or ethnic minorities. Unfortunately, such studies have not further examined the differences lived by each racial minority group in rural environments. This study begins to narrow this gap in the literature by investigating variables of community attachment, place attachment, and subjective well-being for Black individuals in rural regions.

Community

The importance of community in rural regions is well-known to those who reside there or have rural ties. Even those who leave their rural hometowns can still feel linked to their roots and the people who made it close-knit. Perceived community support, knowing others, and being known have been shown to be important facets of feeling connected to rural hometowns by students in college (Walker & Raval, 2017). Rural environments seem to be appealing to residents as urbanicity has been shown to be negatively associated with measures of community satisfaction (Fitz, Lyon, & Driskell, 2016).

Unfortunately, there are negative consequences in rural communities for those who feel as though they do not belong. As mentioned previously, suicide rates are alarmingly high in rural settings, and a weak sense of community belonging has been shown to be associated with suicidal ideation (Pan & Carpiano, 2013). Therefore, residents of rural areas who have a weak sense of community belonging are at high risk for suicidal ideation, attempts, and completion. As Rainer and Martin (2012) have stated, “The antithesis of the feeling of belonging is the sense of loneliness characterized by social isolation” (p.66). For rural residents, for whom other towns or cities are often hundreds of miles away, loneliness and isolation can be common.

Community Attachment

Community can be defined in numerous ways, but has often been described in the social sciences as a place where one works and networks, and with which one chiefly identifies (Lyon & Driskell, 2012). All people are affected by their communities, whether they choose to associate with them or not. Being satisfied, attached, and belonging to a community have all been shown to contribute to healthy well-being (Itzhaky et al., 2015; McMahon et al., 2004). Attachment to one’s community is closely linked with the people who reside there. Community attachment has been defined as an “individual’s psychological connection with the community in which they live. It goes beyond a citizen’s satisfaction with the community and extends to the passion and pride they take in living there” (Gallup International Inc., 2009, p. 7). The greater the number of close friends and close neighbors in the area, the more likely people are to be attached to their community (Mesch & Manor, 1998). Length of residence also has a direct effect on community attachment, as well as local friendships and community involvement (Sampson,

1988). Communities have proven to be influential in many facets of people's lives; yet, there is a lack of research on community attachment. One of the few studies to examine community attachment, by Lazarevic, Holman, Oswald, and Kramer (2016), examined the relationship between LGBQ individuals' community attachment and life satisfaction. There were no significant direct or moderating relationships between these variables, which enhances the need to further research community variables. Unfortunately, these studies did not have clear definitions of community attachment in their literature reviews but included it as a measure in various forms. As community attachment has not been well-researched, other related constructs were explored to bolster the importance of studying communities.

Community Involvement

Community involvement, which is a subscale of community attachment, is a construct referred to in the literature of community studies that can prove to be beneficial. It is defined as "what residents give to the community in terms of civic involvement" including volunteering, voting in elections, attending local community meetings, and working with other residents to make changes (Gallup International Inc., 2009, p. 7). In a longitudinal study of community involvement and well-being, increased community activity involvement was shown to predict a heightened sense of empowerment (McMahon et al., 2004). In another longitudinal study, community involvement was predictive of residents' generativity, i.e. leaving a legacy for future generations (Soucie, Jia, Zhu, & Pratt, 2018). Clearly, being involved in one's community can have lasting positive impacts on its residents.

Social Capital

Social capital has been defined as "social networks and the norms of reciprocity and trustworthiness that arise from them" (Putnam, 2000, p. 19) and has been indicated as a subscale of community attachment in the utilized dataset. In a study of social capital among African-American and Latin-American low-income mothers, having positive relationships with social capital was predictive of opportunities for upward mobility and day-to-day survival (Domínguez & Watkins, 2003). Social capital has also been shown to enhance people's ability to solve public problems and to empower communities with community- and place-based education creating

social cohesion (Pretty & Ward, 2001). This construct has clear indices of creating positive outcomes at the individual and community level. Furthermore, social capital can have beneficial effects on health and well-being as shown by positive assessments of physical health, decreased rates of mental illness, enhanced quality of life, and reduced mortality (Gray 2009; Kawachi & Berkman 2000; Kawachi, Subramanian, & Kim, 2008; Lochner, Kawachi, Brennan, & Buka, 2003; Mulvaney-Day, Alegria, & Sribney, 2007).

Place Attachment

Community and place attachment are interrelated but separate constructs. Trentelman (2009) has argued for the difference between place attachment and community attachment, contending that community attachment does not include the importance of the physical environment. However, community and place attachment can work together in various ways, as involvement in one's community can be predicted by place attachment (Anton & Lawrence, 2014).

Place attachment, which is defined as attachment to one's physical environment, has shown to be especially important to rural residents (Trentelman, 2009). In a study examining place attachment, it was shown that rural people are more attached to their place than their urban counterparts (Anton & Lawrence, 2014). Rural residents who are very attached to their environment may be less open to changes occurring in the place that they call home. Anton and Lawrence (2016), when examining place attachment, proposed changes to participants' community, and being open to change, found that those who are more dependent on where they live and who perceive that place as more desirable than other options are less open to change. Therefore, it is possible that people who have lived in their rural hometown for many years may be less open to outsiders and to changes in their community.

Place attachment, among other factors, has been shown to be more important to people living in rural areas than those living in more urban settings. Lewicka's (2005) study examining place attachment in three regions of Poland found that participants living in small, rural towns had significantly higher place attachment, stronger neighborhood ties, and more interest in their family history compared to participants who resided in larger communities. This work also concluded that the larger a town or city was, the less residents experienced place attachment, the weaker their neighborhood ties, yet the higher the cultural capital, (e.g., parents' level of

education and number of books in the home) they reported. In addition, Lewicka (2005) discovered that neighborhood ties mediated the relationship between place attachment and civic activity, a measure of community involvement. This result implies that relationships to the community contribute to the attachment of one's environment that people experience.

Subjective Well-Being

Subjective well-being is defined as people's satisfaction or dissatisfaction with their life (Cramm et al., 2011). Connecting subjective well-being and rural communities is not well-documented; therefore, a purpose of this study is to start filling this gap in the literature. While the grouping of these items has not been established in the literature, this study aims to provide a measure that captures well-being in various forms.

Subjective Well-Being in Black People

Reports of subjective well-being and mental health in Black people have been documented in several studies (Vega & Rumbaut, 1991). Williams, Yu, Jackson, and Anderson (1997) found that Black participants exhibited greater psychological distress and less subjective well-being than White participants, and their experiences of everyday discrimination were predictive of ill health. Those who had major experiences of discrimination related to race reported lower psychological well-being. Moreover, race-related stressors were inversely related to psychological well-being. Lastly, Black individuals score significantly higher than White individuals regarding financial stress and general stress of life events (Williams et al., 1997). This work added to the establishment of the reality of the innumerable deleterious effects on health that Black people experience on a daily basis.

Variables of health and wellness for Black Americans have been examined for decades with consistent documentation of Black Americans having higher rates of death, disease, and disability than White Americans (Krieger, 1987; Pratt & Brody, 2014; Williams, Mohammed, Leavell, & Collins, 2010). Further, negative mental health outcomes are present for Black individuals in predominantly White communities. Being a minority within a White community has been linked to a higher risk of mental health disorders (Rabkin, 1979). Moreover, the smaller

the size of Black communities in relation to White communities, the higher the psychiatric hospitalization rate for Black people (Rabkin, 1979).

Subjective Well-Being and Community

Connecting subjective well-being to community attachment has not yet been researched. However, feeling attached to one's community or that one belongs in one's community could be predictive of subjective well-being, as greater belonging is associated with increased health-promoting behaviors (Acton & Malathum, 2000). Further, for communities that offer forms of social support, a sense a belonging can be health-promoting (Berkman, 1995). Consequently, whereas direct relationships between community attachment and subjective well-being have not been documented, there is evidence to surmise that such variables could be related.

Although community attachment has not been connected to constructs of well-being, place attachment has demonstrated positive effects. Greater place attachment has been linked to reports of a greater quality of life (Harris, Werner, Brown, & Ingebritsen, 1995). This is indicative of physical surroundings contributing to people's satisfaction with their lives. Place attachment has also been shown to be related to physical and psychological well-being (Brown & Perkins, 1992; Stokols & Shumaker, 1982). There is clear evidence that a positive relationship exists between place attachment and well-being.

Investigations of subjective well-being in rural communities is minimal. One of the few studies to consider such connections examined the age and gender differences of well-being in rural Appalachia residents. Roberts, Banyard, Grych, and Hamby (2019) found health-related quality of life to be lower for older participants, whereas mental health and spiritual well-being were higher for older participants. This pattern could indicate that rural communities are a positive environment for older adults' mental well-being.

Intersectionality Theory

Crenshaw (1991) was one of the first to write about intersectionality, arguing for the need to acknowledge "intragroup" differences, such as class and race, which are faced by women experiencing violence. Intersectionality theory operates on a continuum of people's identities having multiple indices of privilege as well as oppression. However, Crenshaw (1991) notes that

her work is not a presentation of a "totalizing theory of identity" (p. 1244), but emphasizes the need to examine numerous aspects of identity and the societal structures that affect these marginalized communities.

Identities have layers that are each present in forms of privilege and oppression in the world of systems and structure. These intersecting pieces create people's lived experiences (e.g., when interacting with employment, social services, healthcare, or housing). It is not only the fact of being a person of color and a woman but how systems impact a Black woman, an Asian American woman, or a Mexican American woman. Moreover, outcomes of intersectionality continue when considering socioeconomic status, ability, level of education, sexual orientation, age, citizenship status, language, and gender identity and expression. When examining what this looks like in reality, one must consider how each intersecting identity and system affects the other. For example, what does an interaction with a mental healthcare professional look like for a lower class, Black, gay man? This man could encounter the biases and stereotypes associated with being a Black man. There could be assumptions about his health status due to his sexual orientation. Moreover, this is only one system and structure with which he is interacting. What about when he is trying to rent a home? Find a job? Apply for a car loan? Further, how do larger systems affect a lower class, Black, gay man? Structures such as Medicaid, the education system, and state and federal laws allow businesses to discriminate based on sexual orientation.

Cho, Crenshaw, and McCall (2013) stress that an intersectional mindset underscores "what intersectionality does rather than what intersectionality is" (p. 795). Living in a rural area of the United States may not initially appear as a construct of how people identify themselves. However, places of residency certainly entail differing cultures, availability of resources, communities, and attitudes. It is safe to say that where people live has an immense impact on how they view themselves and the world. For those residing in low density urban and suburban regions, privilege can be found in the immense options for those who can afford it. Hospitals and clinics, mental health professionals, multiple grocery stores, choice of schools, and job opportunities are more readily available to suburban populations than rural ones. Rural residents are experiencing effects of systemic marginalization. They are a forgotten group at both state and federal levels which leads to a lack of resources in mental health services, healthcare, nutritious and affordable food, education, and employment. Many rural towns do not have a clinic or hospital and the nearest one is miles away. As discussed above, Native American reservations

are often located in rural regions and demonstrate how intersectionality can play out for racial minorities living in rural environments. Rural Native American populations experience the same lack of resources in addition to more negative consequences. They are suffering from frequent portrayals of negative stereotypes, historical trauma, high turn-over rates in their schools, and high rates of both alcoholism and suicide (Gray & McCullagh, 2014; U.S. Department of Health and Human Services, Indian Health Service, Division of Behavioral Health, Office of Clinical and Preventive Service, 2011).

Integrating intersectionality as a framework is not only a theory but a mindset. Cho et al. (2013) reframe intersectionality not as just a theory but as an "analytic sensibility" (p. 795). This translates to a way of thinking that is always considering "sameness and difference and its relation to power" (p. 795). Considering identifiers of race and place of residence come with power or subjugation. Being in a rural region of the United States, being Black, and having a low density of Blacks does not equate to converging identities of power but to an uphill battle of combating systems of power. As stated above, rural communities are marginalized with their lack of resources across multiple areas. Being Black in a rural environment enhances intersecting factors of oppression, such as prejudice and discrimination when searching for employment. Perhaps the added factor of racial density can combat the negative effects perpetrated by oppression or amplify them when staggeringly low.

Cho et al. (2013) have highlighted intersectionality theory's influence in the areas of sociology, philosophy, ethnic studies, legal studies, and many more. Unfortunately, intersectionality has not been frequently used as a theoretical framework for research in the marriage and family therapy field. Intersectionality theory aligns with a marriage and family therapy framework due to its emphasis on systems. Moreover, this theory was chosen because of its apparent relevance to the intersecting variables of being Black and being from a rural region of the U.S. Intersectionality theory accounts for the external systems and structures that affect overlapping oppressed identities. Yet, there is little focus on the individual stress and health outcomes experienced by marginalized groups. Therefore, Minority Stress Theory also has been examined to provide possible connections of intersectionality and subjective well-being.

Minority Stress Theory

Brooks (1981) and Meyer (1995, 2003) pioneered the term minority stress in their examinations of the prejudices, discrimination, social stress, and mental health disparities experienced by LGB populations. Minority stress refers to high levels of often chronic stress encountered by members of stigmatized populations. Meyer (2003) has emphasized that stress at times comes in forms other than external events or conditions that impede a person's health or well-being, in what is labeled *social stress*. It can take the shape of prejudice and discrimination, social environments, and systems that oppress people of a minority status; including racial/ethnic minorities, LGBTQ individuals, those with a low socioeconomic status, people with a disability, and other factors.

Meyer (2003) also notes that minority stress functions along a "continuum from distal stressors, which are typically defined as objective events and conditions, to proximal personal processes, which are by definition subjective because they rely on individual perceptions and appraisals" (p. 676). Distal stressors include external interactions and experiences related to one's minority status such as discrimination and rejection. Proximal stressors comprise more internalized feelings and reactions because of distal stressors. Proximal stressors may come in the forms of negative feelings and internal phobias regarding their own minority group, hiding one's minority identity, or hypervigilance around discrimination and prejudice. In turn, minorities suffer from negative health outcomes due to distal and proximal stressors (Pascoe & Richman, 2009).

Minority stress expands beyond the individual experiencing its effects and is embedded into larger social structures of oppression (Meyer, 2003). However, the bulk of this theory has primarily examined effects of minority stress for White, queer men. There are few sources of literature considering how minority stress theory would be applicable to the Black population. One of these studies conducted by Pittman, Cho Kim, Hunter, and Obasi (2017), utilized a minority stress framework to investigate the role of multiple stressors on second-generation Black emerging adult college students' high-risk drinking behaviors. They found cultural race-related stress, individual race-related stress, and acculturative stress to be significantly and positively correlated with high-risk drinking behaviors. As reviewed above, the Black population has consistently experienced minority stress. In a rural environment with low Black density, it

could be quite stressful to be one of the only people or the only person in the community who identifies as Black; such people may be victims of prejudice and discrimination. In turn, such individuals may not feel attached to their community or place. Moreover, they might experience symptoms of stress and decreased well-being for this lack of belonging to the people and community in which they reside. Minority stress theory provides a rationale for the possibility of low density Black populations in rural areas to experience decreased subjective well-being.

The Present Study

Rural communities suffer from a lack of resources, high rates of suicide, and isolation (Gray & McCullagh, 2014). For Black people living in these regions, more negative outcomes are documented including higher rates of poverty and stigma around seeking help for mental health issues (Economic Research Service, 2011; Haynes et al., 2017). Further, a low density of Black individuals in rural areas has shown to be related to suicidal ideation and feelings of depression and anxiety (Pan & Carpiano, 2013). Black individuals have also exhibited greater psychological distress and less subjective well-being than White individuals (Williams et al., 1997).

Feeling attached to one's community is directly affected by the people who live there and to whom residents are close (Mesch & Manor, 1998; Sampson, 1988). Community attachment can be strengthened when people have close friends and neighbors nearby, but is associated with high rates of suicide when lacking (Pan & Carpiano, 2013). This can be especially important to rural residents, as they have significantly higher place attachment than urban residents (Lewicka, 2005). The significance of community and place attachment have even been connected to constructs of health and well-being. A sense of belonging can be health-promoting in communities that offer forms of social support (Berkman, 1995). Moreover, place attachment is positively related to physical and psychological well-being and greater quality of life (Brown & Perkins, 1992; Harris et al., 1995; Stokols & Shumaker, 1982).

There is a dearth of research considering rural populations overall; moreover, investigations of the experiences of Black people in these areas is scant. Racial minority density has begun to be further examined but evidence is needed to document differences among each minority group. Community and place attachment have also been minimally studied, and the

literature would benefit from new perspectives of their effects and outcomes for Black populations in rural regions. Lastly, subjective well-being has been established in numerous places of literature but does not have many connections with rural environments and Black density. Each of these facets are not well-researched and contain large gaps in their respective literatures. Connecting Black density, community attachment, place attachment, and subjective well-being in rural communities would provide a unique contribution to the understanding of these variables and their relationships with one another. In addition, this study would begin to fill some of these gaps needing dire attention. This leads me to the research question of whether Black people living in rural communities with low Black density experience decreased community attachment, place attachment, and subjective well-being. Based on the literature reviewed above, nine hypotheses have been tested about the relationships among Black density, community attachment, place attachment, and subjective well-being.

1) Black density will positively predict community attachment.
2) Black density will positively predict place attachment.
3) Black density will positively predict subjective well-being.
4) Community attachment will positively predict subjective well-being.
5) Place attachment will positively predict subjective well-being.
6) Community attachment and place attachment will be positively correlated.
7) The interaction of Black density and city population will positively predict community attachment.
8) The interaction of Black density and city population will positively predict place attachment.
9) The interaction of Black density and city population will positively predict subjective well-being.

CHAPTER III: METHOD

Data and Participants

This study included the use of a previously collected data set for secondary data analysis. The data set being used is titled Soul of the Community [in 26 Knight Foundation Communities in the United States] (Gallup International, Inc., 2009). The Knight Foundation has established community programs in 26 United States cities that work to "attract and nurture talent, enhance opportunity, and foster civic engagement." The goal of this project was to examine how varying community aspects affect how residents feel about the city they live in and how their perspectives relate to that city's economic development. Using Random Digit Dialing, researchers interviewed a group of randomly selected adults age 18 or older, currently residing in each of the 26 Knight Foundation communities. Three waves of this project were conducted in 2008, 2009, and 2010. The second wave of 2009 was the only set to contain a construct of subjective well-being, therefore this was the only wave used in this study.

A total of 13,725 participants in Soul of the Community were sampled by Gallup Poll and were asked 86 questions. Sampling for each community was determined with a representative selection of residential household telephone numbers in each defined area. Upon reaching a household in a determined area, one adult from the sampled household was randomly selected. Each county within a community was sampled proportionally to the adult population in each area. About 400 citizen interviews were completed in most of the Knight communities. Roughly 1,500 citizens were interviewed in the three communities of Akron, Charlotte, and Detroit; however, it is unknown as to why more participants were selected in these cities. To reflect an accurate representation of the community by age, gender, race, and ethnicity, the data were weighted within each community based on U.S. Census data. This type of weighting corrects for over- or under-representation of population groups who may be harder to reach who participate less in sample surveys. The data across the Knight Foundation communities were then weighted by population size to put each community into the correct proportion relative to the other communities.

The current study utilizes a subsample of participants who possess the characteristic of identifying as African American or Black. Race was measured by asking participants to identify,

in two questions, the racial group with which they most and next most identify. Those participants who give a first response of identifying as Black or African American were 1,363 individuals. An additional 23 participants gave a second response as identifying as Black or African American. Therefore, this total subsample consists of 1,386 participants. The age range of this sample was 18-85+ (*Mdn* = 50.00, *s* = 15.86). Gender is represented in this subsample as 64.5% female. The median income category for this subsample was $35,000 to $44,999.

Measures

Appendix A consists of each construct including the source it came from, which items are used to measure it, and how it is calculated. Appendix B lists the cities included in this data set, their populations, and Black density ratios.

Black Density

Black density was measured as a ratio of the Black population in each city to the city's entire population as found on the 2010 U.S. Census Bureau Demographic Profile. Lexington, Kentucky was not included in this dataset; hence, the 2000 U.S. Census Bureau Demographic Profile was used for it.

City Population

City population, as an indicator of rurality, was measured by the total reported population for each city as found on the 2010 Census Demographic Profile.

Community Attachment

Community attachment was measured with five community subscales: community loyalty, community passion, community involvement, community openness, and social capital. Community loyalty was measured with the following items: "How satisfied are you with (local geography) as a place to live?" This item was rated on a scale of *not at all satisfied* (1) to *extremely satisfied* (5). "How likely are you to recommend (local geography) to a friend or associate as a place to live?" This item was rated on a scale of *not at all likely* (1) to *extremely*

likely (5). “Thinking about five years from now, how do you think (local geography) will be as a place to live compared to today?” This item was rated on a scale of *it will be a much worse place to live* (1) to *it will be a much better place to live* (5). Community passion was measured with the following items: “(local geography) is the perfect place for people like me” and “I am proud to say I live in (local geography).” These items were rated on a scale of *strongly disagree* (1) to *strongly agree* (5). Community involvement was measured with four items. This is a sample item: “Have you, yourself, done any of the following in the last 12 months: performed local volunteer work for any organization or group?” Items were rated as *yes* (1) and *no* (2). Community openness was measured with five items. This is a sample item: “How you would rate (local geography) as a place to live for different groups of people. Senior citizens.” Items were rated on a scale ranging from *very bad* (1) to *very good* (5). Social capital was measured with four items. This is a sample item: “How many formal or informal groups or clubs do you belong to, in your area, that meet at least monthly? These could be groups such as social clubs, support groups, religious or civic groups or committees, fraternal or veteran's organizations, or even a group of friends who meet on a routine basis for a particular purpose or activity?” This item was rated from 0 to 7.

Place Attachment

Place attachment was measured with 20 items. This is a sample item: “How would you rate the following in (local geography)? The highway and freeway system.” Items were rated on a scale ranging from *very bad* (1) to *very good* (5). Place attachment was not included as a variable in this dataset; however, items used in community attachment also contained the construct of place attachment. Therefore, it was parsed out for this study.

Subjective Well-Being

The measure being used is a combination of items from the Soul of the Community [in 26 Knight Foundation Communities in the United States] (Gallup International, Inc., 2009). They measured what they termed “personal and emotional wellness” and “life evaluation.” Their codebook and reports present inconsistencies of referring to the measure as personal wellness or emotional wellness. Due to this confusion, three items were chosen from their wellness measure

which inquire about stress, feeling rested, and being treated with respect. In addition, the item of life evaluation was included, which had participants rate their current lives on a ten-point-scale from living their worst possible life to their best possible life. This item was found to be closely related to the established measure of subjective well-being.

Subjective well-being was measured with the following items: “In my community I am treated with respect at all times,” “I felt well-rested yesterday,” and “I felt a high level of stress yesterday.” These items were rated on a scale ranging from *strongly disagree* (1) to *strongly agree* (5). “I felt a high level of stress yesterday” was reverse coded. The item of life evaluation was also included which was measured by: “On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it? Which step comes closest to the way you feel?” This item was rated on a scale ranging from *worst possible life* (0) to *best possible life* (10). The items were each standardized into z-scores and then averaged.

Analytical Procedures

To utilize the Soul of the Community data set, IRB approval was granted, Purdue IRB protocol #1812021395. Data were analyzed using only the variables of community attachment, emotional wellness, race, and city from the Soul of the Community database, to which was added the Black density and city population data from the U.S. Census Bureau 2010 Demographic Profile and the 2000 U.S. Census Bureau Demographic Profile for Lexington, KY.

The relationships among Black minority density, community attachment, place attachment, subjective well-being, and the interaction of Black minority density and city population were analyzed. Community attachment is a latent variable with five indicators (community loyalty, community passion, community involvement, community openness, and social capital). It was hypothesized that Black minority density would predict community attachment and place attachment. Community attachment, place attachment, and Black minority density would each directly predict subjective well-being. Additionally, it was hypothesized that the interaction of Black minority density and city population would directly predict community attachment, place attachment, and subjective well-being. The hypothesized model was tested using latent variable analysis through EQS (Bentler, 2006).

CHAPTER IV: RESULTS

Data Screening

Prior to data analyses, scale and sub-scale scores were computed via the process for obtaining scores mentioned in the materials section. Z-scores were calculated for each case to check for univariate outliers. If any cases had a z-score outside of a 99% CI [-3.29, 3.29], indicating a univariate outlier, they were dropped from analyses; six cases were dropped for this reason. After examining the number of valid cases in frequencies, three cases were found to have systemic missing data and were dropped from analyses, listwise.

Further data screening was conducted to investigate of skewness and kurtosis. Skewness was calculated by dividing the skew statistic by the skew standard deviation; if this was $\geq \pm 3$, significant skewness existed. Depending on the fit of the data, variables were transformed with a square root, natural log, or the square root of a square root (Tabachnick & Fidell, 2019). Community loyalty was negatively skewed, and was transformed with a reflection and square root (original diagnostic = -.528/.066 = -8; transformed diagnostic = .156/.066 = 2.36). Community passion was negatively skewed, and was transformed with a reflection and natural logarithm (original diagnostic = -.707/.066 = -10.712; transformed diagnostic = .058/.066 = .879). Community openness was negatively skewed, and was transformed with a reflection and square root (original diagnostic = -.322/.066 = 4.879; transformed diagnostic = -.108/.066 = -1.636). Place attachment was negatively skewed, and was transformed with a reflection and square root (original diagnostic = -.205/.066 = 3.106; transformed diagnostic = -.183/.066 = 2.773). Subjective well-being was negatively skewed, and was transformed with a reflection and natural logarithm (original diagnostic = -.443/.066 = 6.712; transformed diagnostic = .170/.066 = 2.576). Population was positively skewed, and was transformed with the square root of a square root (original diagnostic = 1.236/.066 = 18.727; transformed diagnostic = -.047/.066 = .712). Black density was positively skewed, and was transformed with a reflection and square root (original diagnostic = .469/.066 = 7.106; transformed diagnostic = .159/.066 = 2.409).

A visual representation of linearity and homoscedasticity of all pairs of the model variables was examined through a scatterplot. Assumptions were met to ensure all pairs of major variables were in a linear relationship and homoscedastic. Using Mahalanobis distance, an

analysis was conducted for multivariate outliers and used to identify cases having a value greater than the Chi-square critical value at 26.124, $p<.001$. Eight multivariate outliers were found to be outside of these bounds and were dropped from further analyses. Last, an analysis of bivariate correlations for multicollinearity and singularity of continuous scales was run. If bivariate correlations were $\geq \pm .90$, they needed to be dropped from analyses; however, no issues amongst bivariate correlations were found. See Table 2 for correlation output and results.

After accounting for missing data, univariate and multivariate outliers, the participant total decreased from $n = 1384$ to $n = 1367$.

Reliability and Validity of Measures

Reliability for the set of measures in this study with these participants showed varying evidence of acceptable reliability using Cronbach's alpha statistic. Some showed very strong reliability such as community passion, $\alpha = .88$, and community openness, $\alpha = .84$. Others, such as community involvement, $\alpha = .58$, and social capital, $\alpha = .33$, did not have acceptable reliability. An attempt to transform social capital was made but it did not improve reliability. Conducting a visual analysis of a two-dimensional plot of the items for place attachment revealed that two items were outside of the subset. Due to being outliers, "rate future local economic conditions" and "employer's hiring outlook" were dropped from further analyses. Subjective well-being had poor reliability of $\alpha = .15$. After converting the items to z-scores, reliability increased to $\alpha = .41$, but is still under generally acceptable levels for reliability.

Table 1. Analyses of Reliability.

Scale	M	SD	α
Community Loyalty	10.79	3.13	.77*
Community Passion	7.43	2.46	.88*
Community Involvement	5.72	1.23	.58
Community Openness	20.39	5.47	.84*
Social Capital	11.80	3.93	.33
Place Attachment	58.06	12.00	.87*
Subjective Well-Being	16.98	3.46	.41

*Acceptable levels

Table 2. Pearson Correlations Among Variables.

	1	2	3	4	5	6	7	8
1. Community Loyalty recoded	1							
2. Community Passion recoded	.78**	1						
3. Community Involvement	.04	.03	1					
4. Community Openness recoded	.63**	.59**	-.03	1				
5. Social Capital	-.12**	-.15**	-.34**	-.13**	1			
6. Place Attachment recoded	.70**	.64**	.01	.76**	-.17**	1		
7. Subjective Well-Being recoded	.34**	.34**	.12**	.31**	-.14**	.41**	1	
8. Population recoded	.03	.02	-.04	-.05	-.07*	.00	.01	1
9.Black Density recoded	-.11**	-.09**	-.03	-.13**	.03	-.14**	.02	-.05

Note. * Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed). These numbers are based off the transformed variable.

Test of Hypotheses

IBM SPSS and EQS software (Bentler, 2006) were used to test the hypotheses. Three structural equation models were conducted: one overall, one for males, and one for females. The results are displayed in Figures 1-3, and a table of correlations among the variables in the model is in Table 2. The independence model of variables for the overall model fit well, $\chi^2 = 564.54$ (21, N = 1367), $p < .05$. CFI = .91, RMSEA = .14.

Black Density and City Population, Hypotheses 1-3 and 7-9

Black density did not significantly predict community attachment, $B = -.04$, $p > .05$; place attachment, $B = -.04$, $p > .05$; or subjective well-being, $B = .04$, $p > .05$. The interaction of Black density and city population did not significantly predict community attachment, $B = -.10$, $p > .05$, or subjective well-being, $B = .04$, $p > .05$. The hypothesis of the interaction of Black density and city population positively predicting place attachment was not supported; however, it was significantly negatively predicted, $B = -.12$, $p < .05$. This demonstrates that as the relationship between Black density and city population increases, place attachment decreases.

Community and Place, Hypotheses 4-6

Evidence for community attachment was significantly influenced by community loyalty, $B = .86$, $p < .05$; community passion, $B = .81$, $p < .05$; community openness, $B = .79$, $p < .05$; and social capital $B = -.17$, $p < .05$. Community involvement, $B = .03$, $p > .05$ did not significantly contribute to creating community attachment. The hypothesis of community attachment positively predicting subjective well-being was supported, $B = .17$, $p < .05$, meaning that participants reporting higher levels of community attachment had increased subjective well-being. Community attachment and place attachment did have a positive relationship, $B = .83$, $p < .05$. As hypothesized, place attachment positively predicted subjective well-being, $B = .28$, $p < .05$, suggesting that people with higher levels of place attachment had increased subjective well-being.

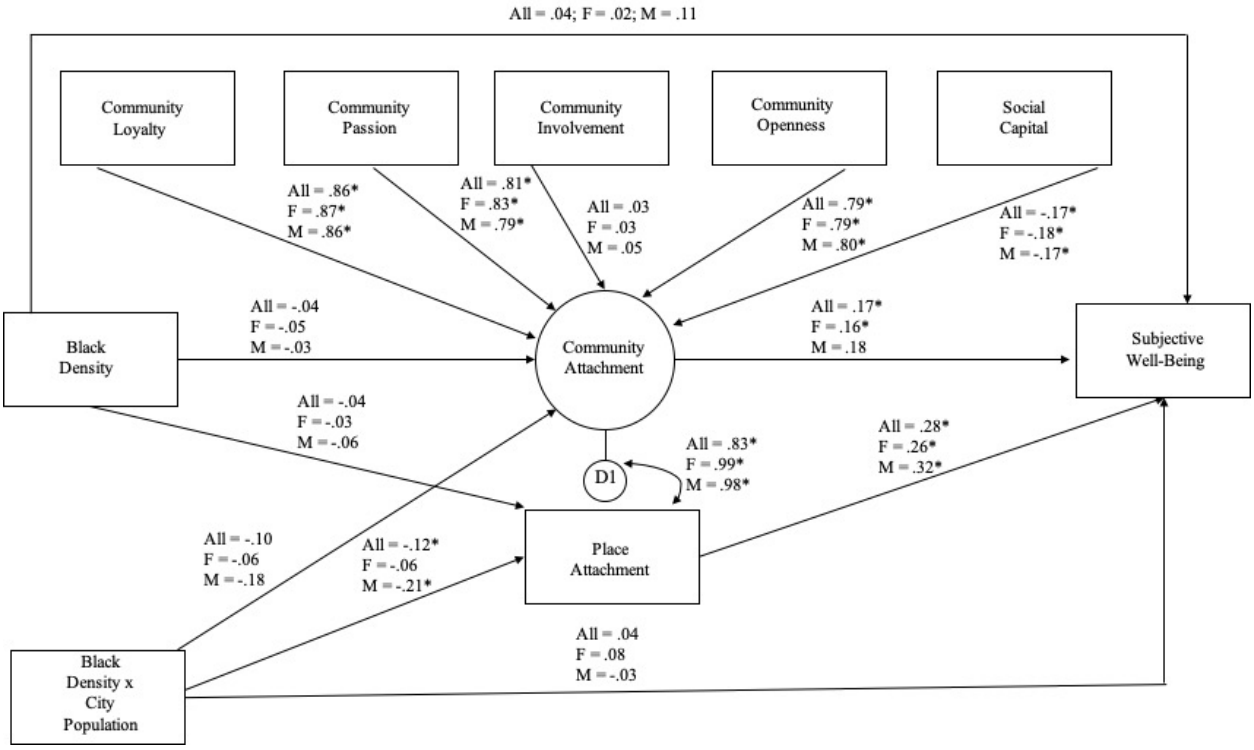

Figure 1. Overall Structural Equation Model and Post-Hoc.

Note. *. Relationship is significant at the 0.05 level (2-tailed). Circles represent latent variables, and rectangles represent measured variables. Absence of a line connecting variables implies lack of a hypothesized direct relationship. F stands for female. M stands for male.

Post-Hoc Analysis

Post-hoc analyses were conducted to examine gender differences among variables. In the female analysis, the interaction of Black density and city population predicting place attachment was no longer significant, $B = -.06$, $p > .05$. All other significant relationships from the overall model remained significant.

In the male post-hoc analysis, a significant positive relationship between community attachment and place attachment was found, B = .978, p < .05. Community attachment did not positively predict subjective well-being in this model, B = .180, p > .05. The interaction of Black density and city population predicting place attachment became stronger for males, B = -.214, p < .05. A positive predictive relationship between place attachment and subjective well-being also became stronger in this model, B = .321, p < .05.

CHAPTER V: DISCUSSION

Researching rural, Black populations is rarely considered or examined. Further, the significance of community and place to such populations is scarcely recognized. This study aimed to answer questions of how Black density in a rural place can predict one's community attachment, place attachment, and subjective well-being. The community attachment factor was only influenced by two of the five subscales in the overall model. The results indicate that the relationship between Black density and city population has a significant impact on place attachment. Analyses also confirmed predictive relationships from community and place attachment to subjective well-being.

Based on previous literature of racial density being predictive of community and well-being outcomes (Bonnar & McCarthy, 2012; Pan & Carpiano, 2013), significant results for Black density were expected to be found. However, there were no significant results of Black density predicting community attachment, place attachment, or subjective well-being. This could be due to the interaction of Black density and city population being more of a salient factor than Black density alone. Another possibility is that Black density may be closely related to perception rather than reality. Perhaps the visibility and feeling of Black density for Black residents is more important that the ratio itself. Future studies should qualitatively measure Black density with questions of experience and perception to further examine this variable.

Contrary to the hypothesis that the interaction of the intercept between Black density x city population positively predicted place attachment, results indicated negative place attachment. Yet, this supports previous research of rural residents experiencing higher levels of place attachment than urban dwellers; so, as environments become more urban, residents' levels of place attachment decrease (Anton & Lawrence, 2014). This finding suggests that the interaction of the intercept between Black density x city population is a unique predictor of place attachment separate from Black density or city population individually. Unfortunately, with this type of analysis, one cannot discern whether increases or decreases in the variables together creates the predictive relationship. A take away point from this result is that the size of the town and the density of the Black population in combination are significant predictors of Black residents' attachment to their physical surroundings and place amenities. These variables are

rarely thought about, especially in combination, and this result demonstrates that where people live matters, specifically for Black populations.

In line with the hypothesis of place attachment predicting subjective well-being, results further supported this established relationship (Brown & Perkins, 1992; Harris et al., 1995; Stokols & Shumaker, 1982). Moreover, new evidence from this study revealed that community attachment is also a positive predictor of subjective well-being. Therefore, not only the physical surroundings of a place but the connection to the community has a substantial effect on Black residents' subjective well-being. Even with the community attachment measure not having strong reliability and only two subscales being significant contributors, this is an essential finding that adds to the literature of community research and reinforces the need for community attachment and its effects to be examined more and more.

Gender Differences

In a post-hoc analysis of females, the interaction of Black density and city population predicting place attachment was no longer significant; for males, this relationship became stronger. This difference may be due to men having manual labor jobs outside and in their place of residence in rural communities more than women. Moreover, the relationship between place attachment and subjective well-being became stronger for men, further positing that physical surroundings of a place, city, neighborhood, or home are important to males. An interesting difference revealed in the male post-hoc was that community attachment no longer predicted subjective well-being. With a lack of literature examining gender differences amongst place attachment this result is difficult to discern but perhaps could be a result of men not placing as much value on their community as women do. Further research is needed regarding gender differences among community and place variables to explicate such discrepancies.

Clinical Implications

A significant clinical implication that this study presents is the need for clinical systemic awareness regarding rurality, Black density, the importance of place and community, and how these constructs intersect to affect one's overall subjective well-being. Clinicians are minimally aware of the culture of rural areas and the differences in experiences that clients from these

regions have (Smalley & Warren, 2012). Despite the racial and population density of the locations in which therapists are practicing in, it is vital for all clinicians to be cognizant of their clients' community background and the systemic workings of how it currently impacts their well-being and community connections. Moreover, clinicians scarcely recognize how physical surroundings and attachment to community can be meaningful contributors to mental health outcomes (Smalley & Warren, 2012). This study's significant results of community and place attachment being predictors of subjective well-being bolster the importance of therapists needing to attend to such factors in the therapy room. Using an intersectional framework that acknowledges race, class, gender, and place of residence, clinicians should be assessing clients' attachment to place and community while encouraging clients to explore their communities, neighborhoods, and cities.

Attending to Black density, community attachment, and place attachment in the therapy room begins with assessing such factors. However, with these constructs being unknown to most therapists, how does one assess? Therapists can ask their clients questions about support networks and friendships within the community that would assess aspects of community attachment. Are they involved in any clubs or religious spaces? How well do they know their neighbors, if at all? How much do they feel that they have a safe group of people with whom they can connect? For Black residents in rural areas, this support and connection could be scant, and therapists thus must be aware of the places and groups to which they could be connecting clients to. A crucial topic to then consider is the community that one is practicing in and where clients are coming from. Therapists should research these areas to get an idea of the demographics, popular organizations and clubs within the region, resources that would be available to clients, events, and outdoor activities. Expanding this work to outside of the office, therapists are encouraged to attend community events, discover new neighborhoods, and network with local professionals to fully immerse themselves into the communities that they are serving. With this familiarity, therapists will be better able to assist clients in finding groups of people that they can connect with and to suggest outdoor spaces in the area that they can enjoy. However, mental health professionals must also keep in mind that it can be intimidating and unsettling for clients to put themselves in unfamiliar situations that may feel unwelcoming or unsafe. Therapists can explain the benefits of attachment to community to clients but proceed with caution when suggesting an exploration of new areas and people. One could describe this as

"when someone feels connected and passionate about where they live, it can have a positive impact on their satisfaction with their life. How do you feel about joining a new club in town? Or volunteering at a community service organization?" This possibility bolsters the need for therapists to be well-acquainted with surrounding communities to provide suggestions that are thoughtful, informed, and safe.

Some aspects of place attachment are outside the control of the therapist and client, such as healthcare quality, economic conditions of the community, and affordable housing. Again, this further supports the necessity for therapists to be well aware of the resources that are available to clients when working in regions that have a lack of assets, opportunity, and wealth. Therapists should still assess for clients' place attachment and this can be interwoven with asking about community attachment. Questions could include, "do you enjoy being outside in your neighborhood and community? Why or why not?," "How are the quality of the schools that you and/or your children attend?," and "What is it like for you when you utilize healthcare services here?" In rural communities, therapists must not assume that their perception of place attachment is the same as their clients who also live in the area, especially White therapists working with Black clients. In addition to validating clients' positive and negative experiences of place attachment, therapists can encourage them to interact more with the physical surroundings of their community. Perhaps they could participate in a community garden, go on a walk outside in an area that is safe, plant flowers outside with their children, or help with city-wide cleanup projects.

Limitations

While this study did have significant results that are important contributions to the literature, it is not without limitations that must be considered. Several limitations are noted in this research that could have had an impact on the results. Furthermore, the constraints of using secondary data and unreliable measures impeded this study from answering the research questions more fully.

Data and Measures

Using a secondary dataset comes with various forms of limitations that are not ideal to unique research questions. A review of the dataset discussed above revealed that definitions of

each of the variables were inconsistent and not referenced, and measures were not well-established and had varying reliability. The authors of the Soul of the Community [in 26 Knight Foundation Communities in the United States] provided multiple variable names and definitions for subjective well-being in their reports and codebook, and there were no references to these definitions being used elsewhere (Gallup International, Inc., 2009). With subjective well-being specifically having poor reliability, significant results of community and place attachment being predictors of subjective well-being could have been an error. A limitation related to the data was found in the fit of the model, as fit indices were not completely in acceptable bounds. This indicates that the measures were not working well together overall in the model. Therefore, significant results of this study should be interpreted with caution and future studies should utilize measures that have acceptable, reported reliability.

An additional limitation from this dataset was that more demographic questions could have provided further context, such as how long residents had lived in their city. This may have postulated possible distinctions of community and place attachment for people who lived in a city for longer or shorter periods of time. Due to the data being collected with the identifier of "Black/African-American," more specific questions about participants' racial identity could have provided a better understanding of the different experiences within these groups.

A third limitation of both datasets is that they are now over ten years old. Population sizes and Black density have more than likely changed in the last decade. In addition, the social climate for Black people in the United States has become more visible to White, privileged groups with the dramatic increase of technological media use. Therefore, their experiences of community attachment, place attachment, and subjective well-being could be affected by these changes.

A fourth limitation of the data is that the cities are not completely representative of the United States. Cities were included from most regions but few from the southwest and west coast areas of the country. Without complete representation, there could have been regional differences to examine, as well as conservative and liberal states. Considering this, one cannot be certain that the results found would be true for regions of the United States that were not included. Moreover, a major concern of the cities included and cities in general is how to define them as rural.

Rural Considerations

A significant limitation of this study was the lack of spotlight on rurality in the tested model. The Soul of the Community [in 26 Knight Foundation Communities in the United States] dataset went back and forth of indicating cities as "rural" or "medium/low urban populations" (Gallup International, Inc., 2009). However, it is unknown what definition informed them to consider such cities as rural and what population number they used. The U.S. Census Bureau (2018) defines rural as a population of a city being under 50,000 people; so, one could surmise that this definition was used to specify rurality in the dataset. Yet, this leads to the limitation and question of what is truly considered rural and who decides the definition. Some may argue that a city with a population of 48,000 is certainly not rural and its residents have vastly different experiences than people from a town of 1,000 people, but the U.S. Census Bureau (2018) considers these cities both to be rural. Qualitative research is needed to explore what it means to be from a rural area and how residents are identifying with a rural place. While this definition is not yet agreed upon, it does not mean that we should not ask the questions of how rurality can affect or predict Black residents' outcomes of community, place, and well-being.

Future Directions

With the results and limitations present in this study, several considerations could be made for future studies. As discussed previously, density literature has often lumped racial minorities together, resulting in a lack of understanding for the differences between groups. Putting all non-White ethnicities into one category of racial minorities further marginalizes groups and misses unique details. This study began to fill the gap by solely including Black Americans and future studies must continue to research specific populations separately. Community and place attachment are scantly researched overall and need to be further investigated with measures that have stronger reliability than documented here. In addition, such measures need to be included in studies that examine therapeutic interventions and clinical outcomes. Again, the need for qualitative and quantitative studies to expand the understanding of rurality is dire. Future research should explore how people of non-urban regions define rural and whether they classify their place as rural or not. This could provide clarity as to what is

considered rural from a resident's perspective, rather than organizations and groups that do not have any real connections to rurality.

Conclusion

Rural populations are an often-neglected group in the clinical and research realms, especially Black residents living in the rural United States. Health and well-being measures have steadily been shown to be worse for Black populations than White populations (Williams et al., 1997). This study aimed to answer questions of how Black density and rurality can affect community attachment, place attachment, and subjective well-being. The variables of community and place attachment were found to be substantial positive indicators of Black subjective well-being. Moreover, the interaction of Black density and city population was a significant predictor of place attachment. The results of this study contribute to previous literature of place attachment being an important contributor to people's subjective well-being (Brown & Perkins, 1992; Harris et al., 1995; Stokols & Shumaker, 1982) and provided new evidence for community attachment influencing subjective well-being. Although this study began to fill gaps in various research arenas of density, rurality, community, and place literature, much more work needs to be done to better understand these constructs and how we can implement their importance in the therapy room.

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APPENDIX A: MEASURES

Data Source	Construct		Items Code	Item Question	Method for Variable Construction
Gallup International, Inc. Soul of the Community	Community Attachment	Community Loyalty	QCE1 & QCE2 & Q6A	Taking everything into account, how satisfied are you with (local geography) as a place to live? Please use a five-point scale, where 5 means you are extremely satisfied and 1 means you are not at all satisfied. You may use any of the numbers 1, 2, 3, 4, or 5 for your rating. How likely are you to recommend (local geography) to a friend or associate as a place to live? Use a five-point scale, where 5 is extremely likely and 1 is not at all likely. Thinking about five years from now, how do you think (local geography) will be as a place to live compared to today? Please use a five-point scale, where 5 means it will be a much better place to live in five years and 1 means it will be a much worse place to live in five years.	Items will be averaged for a mean score.

	Community Passion	Q3-b & Q3-a	On a five-point scale, where 5 is strongly agree and 1 is strongly disagree, please indicate your level of agreement with each of the following items. (Local geography) is the perfect place for people like me. On a five-point scale, where 5 is strongly agree and 1 is strongly disagree, please indicate your level of agreement with each of the following items. I am proud to say I live in (local geography).	Items will be averaged for a mean score.
	Community Involvement	Q22-A & Q22-B & Q22-C & Q22-D	Have you, yourself, done any of the following in the last 12 months: performed local volunteer work for any organization or group, voted in the local election, attended a local public meeting in which local issues were discussed, worked with other residents to make change in the local community?	Items will be averaged for a mean score.

		Community Openness	Q8-A & Q8-B & Q8-C & Q8-D & Q8-E & Q8-F	Now, I'll ask how you would rate (local geography) as a place to live for different groups of people. Use the same five point scale, where 5 means very good and 1 means very bad. senior citizens, racial and ethnic minorities, families with young children, gay and lesbian people, immigrants from other countries, & young, talented college graduates looking to enter the job market	Items will be averaged for a mean score.
		Social Capital	Q23 & Q24 & Q25 & Q26	How many formal or informal groups or clubs do you belong to, in your area, that meet at least monthly? These could be groups such as social clubs, support groups, religious or civic groups or committees, fraternal or veteran's organizations, or even a group of friends who meet on a routine basis for a particular purpose or activity?	Items will be averaged for a mean score.

			How many of your close friends live in your community? Would you say none, a few, some, about half, most, or all or nearly all? How much of your family lives in this area? Would you say none, a few, some, about half, most, or all or nearly all? How often do you talk to or visit with your immediate neighbors - these are the 10 or 20 households that live closest to you? Would you say never, once a year or less, several times a year, once a month, several times a month, several times a week, [or] about every day?	
Place Attachment		Q7-c & Q7-K & Q7-D & Q15AA & Q7-L & Q7-F & Q7-G & Q19 & Q18 & Q7-A &	On a five-point rating scale, where 5 means very good and 1 means very bad, how would you rate the following in (local geography)? The highway and freeway system, the availability and accessibility of quality healthcare, the availability of affordable housing,	Items will be averaged for a mean score.

		Q7-B & Q9 & Q10 & Q7-E & Q14 & Q15 & Q7-H & Q7-I & Q7-M	the leadership of the elected officials in your city, the overall quality of public schools in your community, the overall quality of the colleges and universities, the availability of outdoor parks, playgrounds, and trails, the beauty or physical setting, economic conditions in (local geography) today, the availability of job opportunities, having a vibrant nightlife with restaurants, clubs, bars, etc., being a good place to meet people and make friends, & people in (local geography) care about each other.	

				On a five-point rating scale, where 5 means extremely low and 1 means extremely high, how would you rate the level of crime in your community? Using the same five-point scale, how much do you agree or disagree that the leaders in my community represent my interests? On a five-point rating scale, where 5 means completely safe and 1 means not at all safe, how would you rate how safe you feel walking alone at night within a mile of your home? Now thinking more generally about the company or business you work for, including all of its employees. Based on what you know or have seen, would you say that, in general, your company or employer is hiring new people and expanding the size of its workforce, not changing the size of its workforce, (or) letting people go and reducing the size of its workforce?	

				On a five-point scale, where 5 means strongly agree and 1 means strongly disagree, how likely are you to agree that your job provides you with the income needed to support your family? Using the same five-point scale, how much do you agree or disagree that now is a good time to find a job in my area?	
	Subjective Well-Being		Q16A & Q16B & Q16C & Q1A	On a five-point scale, where 5 is strongly agree and 1 is strongly disagree, please indicate your level of agreement with each of the following items: In my community I am treated with respect at all times. I felt well-rested yesterday. I felt a high level of stress yesterday. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that 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, assuming that the higher the step the better you feel about your life, and the lower the step the	

				worse you feel about it? Which step comes closest to the way you feel?	
U.S. Census Bureau Demographic Profile, 2010	Black Density				Each city's Black population in proportion to its total population.
	City Population				Each city's total population.

APPENDIX B: CITIES

City	City Population	Black Density
Aberdeen, SD	26,091	0.7
Akron, OH	199,110	31.5
Biloxi, MS	44,054	19.6
Boulder, CO	97,385	0.9
Bradenton, FL	49,546	15.9
Charlotte, NC	731,424	35
Columbia, SC	129,272	42.2
Columbus, GA	189,885	45.5
Detroit, MI	713,777	82.7
Duluth, MN	86,265	2.3
Fort Wayne, IN	253,691	15.4
Gary, IN	80,924	84.8
Grand Forks, ND	52,838	2
Lexington, KY	260,512	13.5
Long Beach, CA	462,257	13.5
Macon, GA	91,351	67.9
Miami, FL	399,457	19.2
Milledgeville, GA	17,715	42.2
Myrtle Beach, SC	27,109	13.9

Palm Beach, FL	48,452	4.4
Philadelphia, PA	1,526,006	43.4
San Jose, CA	945,942	3.2
St. Paul, MN	285,068	15.7
State College, PA	42,034	3.8
Tallahassee, FL	181,376	35
Wichita, KS	382,368	11.5