

The Brookings Institution logo consists of a solid blue rectangle with the word "BROOKINGS" in white, uppercase, serif font centered within it.The Washington University in St. Louis logo features a red and white crest with a shield and a cross, topped with a crown. Below the crest, the words "Washington" and "University in St. Louis" are written in a black, serif font, stacked vertically.

The American Well-being Project Solutions and Policies to Address Desperation and Divide

Carol Graham and Edward Lawlor¹

**A Joint Research Project of the Brookings Institution and
Washington University in St. Louis
April 8, 2018**

The United States – a country long known as a beacon for democracy, opportunity, and innovation – is confronting a deep crisis of social ill-being. Its markers are evident in divided and dysfunctional politics, in increasing income inequality and stagnating mobility rates, in a secular decline in the participation of prime age men in the labor market, and, most starkly, in rising mortality rates driven in large part by preventable deaths among middle aged uneducated whites. Geographically close to these well-publicized trends for the white suburban, exurban, and rural populations, have been the long-standing challenges faced by urban minority populations. These trends are most prevalent in the heartland of the country but also are evident in smaller metropolitan areas or in pockets of larger cities across the country. Meanwhile, most of the larger urban areas around the coasts of the U.S. display vibrant economies, higher labor force participation, more diversity, and better health indicators and practices, and lower mortality rates. It is a progress paradox of sorts.

The aggregate picture is complicated. Progress in some parts of the country and for some populations has masked serious and recent adversity for others. Markers of desperation and divide for some groups sit aside long-term markers of overall economic and social progress. It is important to recognize that many overall indicators of social and economic wellbeing have improved over the last twenty years. Overall rates of violent crime, for example, declined significantly - between 74 percent to 48 percent, depending on definitions and sources – from 1993-2016 (FBI, 2017, Bureau of Justice Statistics 2017). Infant mortality declined 63 percent from 1975 to 2015, though improvements have slowed since the mid -1990s (Centers for Disease Control and Prevention, 2016). Life expectancy itself increased from 68.8 to 76.3 years for males and from 76.6 to 81.2 years for females from 1975 to 2015.

Yet even among these oft-cited positive statistics, there are recent indicators of negative shifts in social, health, and economic wellbeing. Overall, the murder rate in the U.S. has risen about 20 percent since its low point in 2014, with increases in some cities, such as St. Louis, up even more (St. Louis

¹ We would like to thank Gary Burtless, Alice Rivlin, Mike O’Hanlon, and Jim Wertsch and Strobe Talbott, as well as participants at a Brookings-Wash U workshop in January 2018, for very helpful initial comments on this project.

Metropolitan Police, UCR, 2018). While the news about infant mortality has been generally positive, the U.S. has experienced significant recent increases in maternal mortality, especially among African American women (Carroll 2017). Overall life expectancy, meanwhile, has suffered an apparent reduction in the past two years, largely attributable to a rise in premature mortality due to opioid and other drug overdose, alcohol poisoning, and suicide. These so-called “deaths of despair” are most prevalent among middle-aged less than college-educated non-Hispanic whites. For some populations and places, these recent trends constitute a crisis that parallels larger discontent with our institutions and public policies.

The nature and scope of this crisis caught most observers off guard, even though many scholars – including many at Brookings - had been warning about the implications of excessive income inequality and of our divided and dysfunctional politics for years (see, for example, Sawhill and McMurrer, 1996; Reeves, 2014; and Mann and Ornstein, 2012). There were also some warning signs of the depth of ill-being, such as economists Anne Case and Angus Deaton discovering our rising mortality rates in November 2015. At the same time, one of us – Graham - was conducting research on inequality in well-being in the U.S. and uncovering remarkable levels of pessimism among poor whites juxtaposed against high levels of optimism among poor blacks. Follow up research found that these trends actually mirror those in mortality rates (discussed below; Graham, 2017; Graham and Pinto, 2018). Still, at the time, no one could have predicted the extent of the crisis nor its political ramifications.

Despite the scale and scope of inequality, ill-health, and desperation in the current moment, there has been relatively little political and policy effort to address these issues. Indeed, Arlie Hochschild has called out this “Great Paradox,” where the populations most affected by the economic and political transformation seemingly have appeared not to respond, mobilize, or react to the current circumstances. Many populations, regions, and districts across the country do not seem to advocate for their own policy interests and indeed have even voted against them (Hochschild 2016). This is evident in apparent acceptance or support of current proposals to cut or terminate subsidized health insurance, reduce safety nets, or otherwise cut public support available to low-income and/or unemployed populations (Lawlor 2017). The depth and breadth of the crisis of ill-being and addiction on the one hand, and the profound distrust of public policy and key public institutions on the other, bring urgency to our need to understand the current policy psyche of our vulnerable populations and craft realistic solutions.

While there are many facets to the crisis of social ill-being, the starkest is the rise in premature mortality. The U.S. is the only developed country in the world where the downward trend in mortality has reversed since 1990. As noted above, the trend is driven by high school (or less) educated whites, primarily in the middle-aged years. Blacks and Hispanics, who faced similar or worse income trends as whites in the same years, have continued to experience drops in mortality and in many parts of the country are gradually narrowing the gaps in life expectancy with whites. We are only beginning to get a handle on the causes. One major factor is widespread addiction to heroin and opioids and other substances, which in turn link to deaths from suicide or over-dose. A related issue is a reversal in the declines of deaths from heart disease and cancer among these same groups, in part is due to unhealthy behaviors (obesity and diabetes on the one hand, and smoking on the other). These issues are most prevalent in states in which the highest number of individuals received health insurance via the affordable care act and now may lose it, which is likely to exacerbate their plight.

Other markers of desperation, such as lack of hope for the future and high levels of stress and anger, mirror the increases in “deaths of despair” among the same cohorts and in the same places. Indeed the crisis as depicted by well-being metrics robustly matches the trends in mortality at the individual and

MSA levels. Trends in reported pain, increased reliance on disability insurance, and, more roughly, racial diversity and health behaviors across MSA's also display similar patterns (Graham and Pinto, 2018). There are many other markers. One is the 15% of prime aged males out the labor force *despite* low levels of unemployment (a trend which is projected to reach 25% by mid-century; Eberstadt, 2016). The steep rise of retired workers on disability insurance from 1990 to 2015 is another. Yet another is the large percentage of millennials living at home due to limited housing and job prospects, and the 2.7 million persons evicted from their homes in 2016.

While some of the above are new problems, there are equally troubling and much older examples of desperation and divide among other populations and places. In the St. Louis area, for example, we are still working to understand the depth and breadth of racial disparities and conflict, made visible to the world during the 2015 Ferguson riots. Young African American men, in particular, have confronted systemic discrimination in criminal justice, employment, housing, and other conditions of urban life. Mass incarceration has profoundly shaped the lives of individuals, families, and whole communities. Indeed, high rates of mortality and premature death map over many of these same communities. As Jason Purnell has documented, life expectancy in North St. Louis is only 67 years, 18 years less than the zip code surrounding Washington University (For the Sake of All, 2016).

If we bring a more fine-grained view of populations and places in the U.S., we see many groups experiencing material hardship, health crises, and extreme forms of social isolation. Many returning veterans, including those who are experiencing PTSD after their tours in Iraq and Afghanistan are experiencing unacceptable levels of homelessness and suicide. Immigrant women in central and southern agricultural regions constantly face exploitation, such as labor and sexual trafficking. While out of the public eye, meanwhile, the American Indian population, especially on reservations, has been facing enormous economic, social, and health challenges for years. High rates of alcohol and substance abuse, risky behavior, and suicide reflect tremendous underlying despair and disconnection. To give just one example, in 2015, more than 100 young people attempted suicide in just a four-month period on the Pine Ridge, South Dakota, reservation.

We obviously cannot conduct research on all deprived groups, and will have to focus on those cohorts where we have a comparative advantage conducting research and for whom recent economic trends have resulted in major changes in mortality and other markers (particularly but not only poor urban blacks and poor rural whites). Yet our outreach efforts try to acknowledge the broader set of deprived populations in which this project takes place.

While it is clear that we have a social crisis of still unknown proportions, we are even farther from understanding its causes. In other words, we do not really know what the "this" is that we need to fix. The economic trends and patterns are the easiest to observe and document, and they are clearly an important part of the story. One component of the project will provide a summary of how the macro-trends – and in particular the 2009 financial crisis - link to and help explain some of the micro-level outcomes. Yet there is more to it and there are deeper reasons. Significant parts of our population – especially but not exclusively white blue-collar workers – not only lack stable employment but also have lost their identities, their meaning and purpose in life, their sense of community, and much more. It is also important to recognize – and indeed may be part of the problem – that these trends are occurring at a time that other parts of our society – particularly those at or near the top of the distribution - are experiencing unprecedented gains in income and wealth.

A lesson of the recent campaign is that social science, journalism, and conventional wisdom missed the extent - and many of the most important dimensions - of American discontent and despair. This new awareness, meanwhile, has highlighted a broader set of pre-existing social problems and inequities in our society. Tensions about racial division, for example, have risen markedly since the 2016 election. A goal of our project is to investigate more of these undercurrents and subpopulations.

Defining the Project

This project seeks to marshal the collective talent of scholars at the Brookings Institution and at Washington University in St. Louis in an effort to understand the causes and consequences of this crisis of ill-being. A first step is to better define the problem and to identify the range of causes. The second is to document the various manners in which its consequences reflect in areas ranging from health to economics to politics to communities, among others. A third step will be to discuss potential solutions and policies that could enhance the well-being of the range of populations and places in distress. This step by definition requires a broader communication with individuals outside the project and with very different kinds of expertise, ranging from academics to public health professionals to social service and community practitioners. Carol Graham of Brookings, an economist with an expertise in well-being, poverty, and inequality; and Edward Lawlor of Washington University, an economist with an expertise in public health and social policy (bios attached); will jointly lead the project.

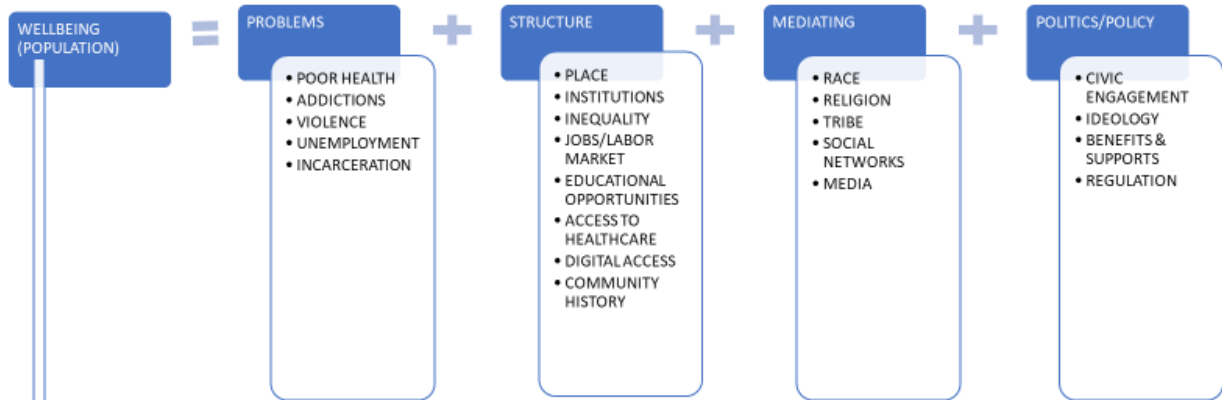
We think of this project as building out an “equation” of influencers and threats to well-being for American populations in particular places. We think of *well-being* as the dependent variable of this work, indexed for particular groups or places. The key influences on well-being include: basic problems that population subgroups are facing (such as unemployment or addictions); structural characteristics of their region (such as the availability of jobs); mediating factors (such as the support churches or social networks provide); and the context of the surrounding political and policy environment (such as ideology or instrumental support provided by social policy).

To make this concrete, think of the well-being of young African American men in middle country cities in America as a complex amalgam of race and historical racism, job and educational opportunities, violence, and the criminal justice environment they experience in their communities. Alternatively, the well-being of older women in suburban and rural environments is a function of their underlying health (physical and mental); their access to health care; and their family and social networks (or social isolation). Older rural women who are socially isolated and depressed, for example, face enormous challenges of connection and policy-support to feel whole, engaged, and well.

Figure 1 describes the general framework that we will bring to understanding well-being in particular places for particular populations.

FIGURE 1

FRAMEWORK FOR AMERICAN WELLBEING



Our work is guided by a number of initial propositions:

1. *Well-being for particular populations is principally determined by race, racism, and the structural features of place, as well as differential levels of resilience.*
2. *Structural changes in the macroeconomy are creating new “sorts” of winners and losers in society, as well as new distributions of optimism, pessimism, anger, and civic engagement in particular places.*
3. *Profound problems of labor force drop-out, addiction, chronic disease, disability, alienation, suicide, and disconnect with institutions, are piling up in particular urban, suburban, and rural “middle country” places.*
4. *Perceptions of life opportunities and prospects for well-being are critically influenced by the deep history of states, localities, and communities.*
5. *Mediators of these perceptions and realities of wellbeing – such as churches, social networks, media, etc. – are neither sufficiently understood nor utilized in modern policymaking.*
6. *Policymaking to respond to this new environment will require a new toolkit: one that is informed by deeper understanding of culture, race and tribe, politics, media, and sociology, than has characterized policy analysis and policymaking in recent years.*

Our initial approach will be to focus on particular populations, places, and problems. As we investigate these populations and places, we will be especially interested in what factors may either mediate or exacerbate the effects of profound economic or social change. These crosscutting categories will serve to provide identifiable points of entry or the research on the causes of the crisis and their consequences in different contexts. We are also interested in better understanding factors that have the effect of mediating or exacerbating the distress these populations are experiencing, factors such as community, religion, or luck.

Populations

We are, by design, studying populations in distress. Yet we are also exploring variance in the manner in which various different populations cope with distress. Some of Graham's most recent research finds large differences in resilience between poor minorities (blacks and Hispanics) on the one hand and poor whites on the other. Minorities are much less likely to report depression or to commit suicide in the face of negative shocks, for example. They are also much more likely to be optimistic about the future than are poor whites, with poor blacks standing out as the most optimistic of the three groups. Lawlor's most recent community-level work has focused on social and economic isolation in rural areas of the South and Midwest, and the role of the social service sector in responding to changing demands.

With these preliminary findings as a starting point, we propose focusing our research efforts on a set of prototypical populations, places, and problems that reflect pockets of society in distress. We are also interested in understanding how particular mediating factors, such as religious affiliation and social networks, provide resilience or potentially dampen the realities of economic, racial, or social disadvantage. Finally, we are ultimately interested in how these influences produce different objective and subjective outcomes, including perceived well-being and political attitudes. Our initial set includes white men experiencing unemployment (and in some cases addiction) in rural middle United States; African American youth threatened by violence and incarceration in central cities; and immigrant women in central and southern agricultural regions threatened by labor and sexual trafficking and exploitation.

Although we have not yet worked out our specific access and approach to this population, we also believe it will be important to explore hidden populations, individuals and groups who are extremely disaffected with current institutions and policies who are operating outside of the usual norms of civic life. This population has been largely out of scope for social science and policy research, but has had outsized effect on our national politics and policy. David Leonhardt's account of a Google search of common words used by residents in distressed places in America: "obesity stress, fad-diets, guns, video games, hell, and anti-Christ" provides a provocative starting point. In order to attempt to access and better understand the perspective of the so-called Alt-Right, we will seek to better our understanding of individuals who are committed to a libertarian, second-amendment, white supremacist, Christian-centric, and/or nationalist philosophy.

Places

Our choice of places will reflect the population categories of interest, but will also explore the more general question of why similar populations do worse or better in different places. In general, there is a dichotomy between metropolitan areas on the coast, which tend to have higher life satisfaction, better health indicators, and lower mortality rates, and rural metro or micro-politan areas in the heartland with have higher levels of anger and stress, desperation, reported pain, and constitute the so-called "suicide belt" (Graham and Pinto, 2018). One potential area of exploration is the extent to which the greater

diversity and social interactions that characterize many urban areas play a role in the higher life satisfaction and lower stress and anger, as well as in healthier practices such as less smoking and more exercise.²

Our analysis will also seek to understand less easily observable differences across place, which may help explain why similarly disadvantaged populations do better in some places than in others. We will also explore the role of inequality and segregation as intermediating factors. Raj Chetty and colleagues (2014), for example, find large differences in social mobility across U.S. cities of similar levels of per capita income, due to inequality and residential segregation. Micro-level differences may also be at play. These range from specific traits of particular communities, to differences in the local alternatives available to labor displaced by trade or technology, to the nature of social safety nets. The generosity and structure of our safety nets varies a great deal across states, for example, and we can explore whether there are differences in areas that rely on disability insurance versus those that rely more on food stamps and/or cash assistance to needy families.

Another issue we seek to understand is the effect of micro changes in community economies, particularly in rural areas, on well-being and attitudes. As many small communities have been hollowed-out, by production changes in agriculture, by the migration of retail and commerce out to the interstates and the internet, and by depopulation, the residual distress and social isolation been largely undocumented. At the same time, urban blight and inner city crime continue to be a damaging element in the lives of many poor African Americans around the country.

Finally, in order to capture what we believe is a relatively new phenomenon of social, economic, and political life, we will investigate behaviors occurring outside of the traditions of place-based institutions such as geographical communities and institutions (e.g., towns and local newspapers). There is much commentary, but little social science about the operation of online and social media communities are creating new identities, relationships, sources of information, and outlets for political views and action. We are especially interested in understanding the role of the online world for disenfranchised groups, economically or politically. In our framework, this world operates as a geographically “placeless” space, but may have extraordinary consequences for perceived well-being, political viewpoints, and social action in particular geographic and social contexts.

Problems

We posit that the outpouring of frustration and disconnection in the country reflects profound shifts in inequality, health status, perceived economic opportunity, and sense of representation and voice. Many populations and places feel threatened by violence and a lack of perceived safety. Many populations are experiencing the compound effect of economic trauma and health and mental health risks. Examples include unemployment and withdrawal from the labor force crossed with increasing levels of addiction to opioids and heroin; disability; pain; high levels of desperation, anger and stress; visible social isolation; suicide; as well as political and civic disengagement.

² Graham and Pinto’s initial work on this is suggestive. The latest paper by Case and Deaton (2017), meanwhile, finds that in addition to drug addiction and suicide being key factors in the rising mortality rates of uneducated whites, so is a reversal in progress on heart disease and cancer in these same cohorts, due to poor health and smoking.

A number of authors, including each of us, have documented different facets of these phenomena. We aim to understand the underlying trends. While not an inclusive list, these include:

- a) The intersect between medical practice and drug availability on the one hand, and the nature of new drugs (such as fentanyl versus heroin) in the rising levels of addiction among distressed (and less distressed) populations. Alan Kreuger's 2016 analysis reported that almost half of all prime-age men out of the labor force are taking pain medication every day.
- b) The remarkable 2000-2015 increase in reliance on disability insurance in economically distressed places. In Hale County, Alabama, for example, almost *one in four* working-age adults are currently on disability. This trend is significantly associated with reported pain and with suicide (all three factors seem to track with each other) This increase has occurred at the same time that other forms of safety nets for the non-working population, such as TANF, have been decreasing over time, particularly in rural Republican states
- c) The concentration of suicide in particular regions, places, and populations. What explains the intermountain "suicide belt," and more importantly for our purposes, how does it inform our understanding of the larger mechanisms of despair? Jason Houle, an investigator of the suicide belt pattern has said, "We often think of suicide as an individual act, but the social and physical environment is really an important determinant."

This is just our preliminary matrix of populations/places/and problems. While these categories are not exclusive of other potential groups of interest, such as Hispanic minorities in different situations/localities or disadvantaged whites in cities, they will provide our initial focal points around which to organize the overall project. We expect to modify and reorganize this potential set of focused populations via further consultation with our Brookings and Washington University colleagues. Washington University's location in Missouri and its rich set of faculty conducting social and health policy research at the community level provide us with a rich starting point for field research, as Missouri has large concentrations of urban poverty among African Americans on the one hand, and rural poverty among whites on the other.

Mediating Factors

A large volume of research has documented the role that various mediating factors can play in damping or even overcoming the subjective effects of economic disadvantage. Of special interest to this project are community influences, religion and religious affiliation, social networks, associations and affiliations (informal and formal), communications, and "soft" influences such as luck. A long line of sociology – from James Coleman (1990), to Robert Putnam, (1995) to Robert Sampson (2012), among others – has documented the important roles of various forms of social capital on behavior, attitudes, and outcomes; including civic engagement, crime, and health. Important for our work is the literature on the health effects of social networks on such health outcomes as cardiovascular disease, stress, and depression (Berkman and Glass 2000; Smith and Christakis 2008; Matire and Franks 2014).

Reported religiosity plays a varying role across white ethnic communities, in African-American urban and rural communities, and the traditionally strong role of family and religion in the lives of Hispanics. Community and religion seem to play a major role as safety nets (economic and psychological) in racial and ethnic minority communities, but are much less evident in poor white communities. Putnam (2008) describes churches as sources of social capital as well as sources of resilience and strength. The modern influence of religion and religious organizations on well-being, health, and political engagement is an

important and understudied question. Discourse around these issues tends to treat Evangelicals as a distinctive voting group, and we accept that Baptist churches have an important role in Southern rural communities, but we know relatively little about the mechanisms and consequences of spirituality, faith, religion, and religious institutions for our national challenge of desperation and divide.

Like churches, associations and community organizations may provide important support, connection, and reinforcement for individuals and groups who experience disadvantage or social isolation. Altogether, there are nearly two million tax-exempt organizations in the United States, but despite their numbers, expenditures, and visibility, we have little empirical research upon which to assess their value to the most distressed groups in the country. Because the varieties and complexities of these organizations nationally, it only makes sense to look at their effectiveness and impact at a more regional or local level.

Finally, we are interested in pursuing a set of less-studied mediating influences on social, health, and political outcomes. For example, there is increasing interest in the idea that luck dramatically influences trajectories, both for individuals and larger communities (Frank, 2014; Rank, 2014). Unpacking the role of luck will require research across individuals in the same places, and then across different places. Why do some disadvantaged individuals manage to “make” it, whether that is defined as avoiding addiction or moving away to seek opportunities or in some other manner, for example. At a different level of analysis, why do factories or Walmart move out of some rural places and not others? Is it systematic or is there a role for luck in the explanation?

Policy

The ultimate goal of this project is to develop policy ideas, new policy analysis, and a policy agenda that is responsive to the felt desperation and divisions documented in this project.

This layer of the project will require considerable thought and input from Brookings and Washington University scholars. We envision that policy development will focus on issues such as:

- a) the obvious inequities that undergird so much national frustration, with a particular focus on the distributions of opportunity and mobility on the one hand, and health care access on the other
- b) the employment disconnects that many populations and places are experiencing as a result of the structural changes in the economy;
- c) the lack of response to the “new epidemiology” of opioid addiction, disability, and other chronic threats;
- d) the need to tailor policies to different age cohorts; incentives to move to opportunity, for example, may be relevant to the young but not to older cohorts, who are likely to remain in communities where economies are sun-setting; effective communication strategies, meanwhile, are likely to also differ, with the young largely in tune with social media, and the elderly requiring different approaches
- e) the need to tailor policies to different racial cohorts; the new attention to poor white economic desperation and rising mortality, for example, cannot come at the expense of old issues of discrimination and large gaps in earnings, education, and health outcomes that minorities still confront
- f) threats to our civil discourse and political institutions resulting from social media and political movements.

Work-plan and Methods

Much of the current national divide and political backlash caught media, social science, and even political professionals by surprise. Even the revelations of the massive opioid epidemic and the rising rates of disability were largely out of the public eye until very recently. We believe our respective institutions – Brookings and Washington University – need better understanding of the felt-needs and despair of a broad strata of the population, better “intelligence-gathering,” better communications and dissemination with center of America (urban and rural), and better ways to communicate and influence policy choices.

Achieving a deeper understanding of these forces will require new approaches to both quantitative and qualitative data. As part of our initial work, we plan to elicit the collaboration of Brookings and Washington University investigators to use new sources of data to explore our complex of populations/places/and problems. For example, new analyses of CDC data at Brookings can help us better understand the small-area variations and concentrations of perceived unhappiness and its relationship to other variables of interest. At Washington University, a group of investigators has been making innovative use of national data from the 211 System, a call-in information and referral service for individuals and families experiencing social distress. We will explore new uses of existing survey, epidemiological, and administrative data; particularly with the goal of identifying geographical explanations of despair and divide. There may also be new possibilities for big data and social media.

Once we agree on a schema of relevant populations, places, and problems, we will identify and build on the existing work of Brookings and Washington University scholars. Where ongoing research does not already exist, the project may commission papers, analyses, or other appropriate work among Brookings and Washington University scholars. These potential studies will include formal empirical analysis, qualitative research on site, case studies, and possibly narrative accounts. We also believe that related qualitative investigations will yield important insights and guidance for response. Given the importance of place and community in the theory of opportunity and distress, we are interested in developing a number of case studies of middle country rural, ex-urban, and inner city communities and groups with a focus on their perceptions of wellbeing, distress, the future. We will investigate working with StoryCorps or other partners to produce compelling narrative and video accounts of the principal examples and findings.

We anticipate three categories of research and policy products from this project.

- 1) Since a large amount of relevant research is already underway at Brookings and Washington University, we will organize and further disseminate this work through communications of the American Well-being Project.
- 2) New focused work, including qualitative investigations will aim to provide deeper understandings of the populations, places, and problems that have motivated this project. In some cases, we anticipate creating video or other communications on these investigations. We will work with the Brookings and Washington University communications groups to develop these communications.
- 3) We will develop an American Well-being policy agenda in collaboration with our Brookings and Washington University colleagues.

Collaboration and Dissemination

Collaboration

We feel we have considerable existing strengths to tackle this agenda, and “gains to trade” by combining scholars at Brookings and Washington University.

While not an exhaustive list, Brookings scholars who are working on related issues and most likely would be willing to contribute include Camille Busette, Gary Burtless, Stuart Butler, Marcus Casey, Bill Galston, Ross Hammond, Bradley Hardy, Michael O’Hanlon, Mark Muro, Tony Pipa, Richard Reeves, Alice Rivlin, and Belle Sawhill. Another potential collaborator is Joel Achenbach of the Washington Post, who has done in-depth work in rural communities with high levels of drug addiction.

At Washington University, as a preliminary list, Marion Crain, David Cunningham, Steve Fazzari, Debra Haire-Joshu, Matthew Kreuter, Tim McBride, Mark Rank, Michal Grinstein-Weiss, Nancy Morrow-Howell, Jason Purnell, and Jim Wertsch all bring experience and interests related to this project.

Some efforts are already under-way. Steven Fazzari, Chair of the Department of Sociology at Wash U, has offered to provide a macroeconomic background piece for the project. Graham has begun a collaboration with Matt Kreuter, who manages the large 211 data effort, to include a number of well-being (and ill-being) metrics into the 211 “dash-board”. Michal Grinstein-Weiss, who manages the Envolve Center for Health Behavior at Washington University and Graham have begun discussions on how to leverage the Envolve data sets of financial and health literacy with large scale well-being surveys. Tim McBride’s extensive research on how to enhance weak understanding of insurance markets among the rural poor in Missouri could inform the national level work done on these markets at Brookings. Lawlor and Mark Rank are exploring ways to use Missouri as a test bed site for data gathering and communications pilots with out-state media outlets.

David Cunningham of Wash U has examined how a historical presence of the KKK at the county level in the South is associated with worse outcomes on the crime, inequality, and divided politics fronts today. Marcus Casey of Brookings and Bradley Hardy of Brookings/American University have examined how historical levels of racial segregation affect today’s black-white mobility and wage gaps across counties. The two scholars have begun a nascent collaboration as a result of the American Well-being project.

We are convening Brookings and Washington University scholars in St. Louis and Washington to advance collaborative work that fits our Well-being Framework and builds towards policy ideas and solutions.

New Forms of Connecting and Communicating

The combined resources of Brookings and Washington University bring another important asset to this project: our respective networks of informants, intermediary and community based organizations, and “bridge” collaborators who will help provide deeper access to populations and places that have been largely outside of mainstream social science. Many Brookings Centers and Projects – Economic Studies, the Metropolitan Policy Center, the Center on Children and Families, and the Center on Social Dynamics

and Policy - have deep investments in understanding the array of populations and places we have described. Washington University's geographical location in St. Louis and Missouri provides a perspective and networks in "the Heartland", a distressed and racially segregated middle city, and rural America. We envision engaging our network of partners, locally from Better Family Life in North St. Louis, to relevant national scale organizations. We also plan to engage our broad network of public health, social work, and research colleagues (many of whom have worked closely with Lawlor for years, as he directed and expanded the reach of the Brown School at Washington University) in identifying hard-to-find informants on the issues outlined in this prospectus.

Part-and-parcel of gaining this input and data from outside of the usual audiences will be making new connections with new audiences and individuals within them who may have local or area specific expertise that we might draw into the project. Engaging these bridge partners will be a key element of bringing new insights and approaches to policy analysis, communications, and dissemination.

In addition to research products, this initiative aims to inform the Brookings Institution and Washington University about how policy research can better connect and communicate with populations and places that have traditionally been outside of their purview and reach. Through new connections, "market research" with disadvantaged communities, and consideration of alternative communications approaches, we hope to inform our respective institutions on ways to increase relevance and influence outside of our traditional audiences.

Conclusions

We believe there is a thread running from perceptions of well-being and the objective socioeconomic circumstances of distressed populations in particular places to adverse outcomes of health, civic participation, employment, and extreme frustration with our national institutions and political leadership. These frustrations and disconnects are clearly directed at our political institutions and leaders, media, think tanks, and academia. The diagnoses of these frustrations are not necessarily straightforward. As Graham and her colleagues have demonstrated, the relationships of traditional measures of economic and social status to perceptions of wellbeing, status, identity, and inclusion have complicated pathways through race, place, mediators, and life experiences.

We hope that this unusual and ambitious cross-institution project can conceptually frame, study, and communicate the state of well-being and ill-being in America. Through a combination of quantitative research making innovative use of large datasets, qualitative research, and outreach to a broad network of communities and professionals, we believe we can produce a "disruptive" body of research and analysis. It aims to contribute to the national understanding of the desperation and divide that was, until recently, surprisingly out of sight of media and social science. It should also inform our research programs and provide new feedback loops that produce better intelligence about changing structures and attitudes in our populations and places of interest.