**MINORITY POPULATION AND ITS SOCIOECONOMIC CONDITIONS**

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Dr. Kasalovsky has asked me to write a short thesis on a topic of Gypsies in Slovakia. Unfortunately, as you all know, I am not qualified to elaborate on such a complicated and sensitive issue, since I have been living in the United States for the last forty years. My knowledge of socio-economic factors in Slovakia is very limited and this alone would disqualify me to voice my opinion on such a complicated topic. However, I can briefly elaborate on my experience with minority population in the U.S.A. My wife is America-born Chinese, which may qualify her as a member of a minority group in the US society. In addition, I, as an emigrant, could also somehow qualify to be a member of a minority group, even though I am white.

Since the time is limited, I will be brief.

Minority groups in the USA are frequently defined not only by ethnicity, but also by their individual socioeconomic status, which is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power, and control are emphasized. Furthermore, an examination of socioeconomic status as a gradient or continuous variable reveals inequities in access to and distribution of resources. Socioeconomic status is relevant to all realms of behavioral and social science, including research, practice, education, and advocacy.

Socioeconomic status and race and ethnicity in the United States are intimately intertwined. Many research studies have shown that race and ethnicity in terms of stratification often determine a person’s socioeconomic status. Furthermore, communities are often segregated by socioeconomic status, race, and ethnicity. These communities commonly share characteristics of developing nations: low economic development, poor health conditions, and low levels of educational attainment. Low socioeconomic status has consistently been implicated as a risk factor for many of the problems that plague communities. It is important to understand that continually skewed distributions breed conditions that ultimately affect the entire society. Thus, society benefits from an increased focus on the foundations of socioeconomic inequities and its correlates, such as racial and ethnic discrimination and efforts to reduce the deep gaps in socioeconomic status. I would suggest that this observation can be extended also to many other countries, including Slovakia with regards to her issues with the Gypsy population.

What is the most common behavioral attitude in the United States (and I assume in many other countries) towards the minority groups? Historically it has been discrimination and marginalization, which are many times barriers for ethnic and racial minorities seeking to escape poverty. Particularly in the United States, many studies have shown the following:

* African American children are three times more likely to live in poverty than Caucasian children. American Indian/Alaska Native, Hispanic, Pacific Islander, and Native Hawaiian families are more likely than Caucasian and Asian families to live in poverty (Costello, Keeler, & Angold, 2001; National Center for Education Statistics, 2007).
* Although the income of Asian American families is often markedly above other minorities, these families also often have four to five family members working (Le, 2008).
* Minorities are more likely to receive high-cost mortgages: African Americans (53 percent) and Latinos (43 percent), in comparison to Caucasians (18 percent) (Logan,2008).
* Unemployment rates for African Americans are typically double those of Caucasian Americans. African American men working full time earn 72 percent of the average earnings of comparable Caucasian men and 85 percent of the earnings of Caucasian women (Rodgers, 2008).

**Education**

Large gaps remain when minority education attainment is compared to that of Caucasian Americans .

* African Americans and Latinos are more likely to attend high-poverty schools than Asian Americans and Caucasians (National Center for Education Statistics, 2007).
* In 2005, the high school dropout rate of Latinos was highest, followed by those of African Americans and American Indians/Alaska Natives (National Center for Education Statistics, 2007).
* In addition to socioeconomic realities that may deprive students of valuable resources, high-achieving African American students may be exposed to less rigorous curriculums, attend schools with fewer resources, and have teachers who expect less of them academically than they expect of similarly situated Caucasian students (Azzam, 2008).

**Physical Health**

Systemic prejudices against ethnic minorities in the United States create additional barriers in health care that exist regardless of class.

* In one study, one-fourth of American women of South Asian descent from affluent backgrounds did not have a Pap smear in over 3 years. Those from low socioeconomic status are even more at risk for not having this early detection test yearly (Chaudhry, Fink, Gelberg, & Brook, 2003).
* Socioeconomic status and race/ethnicity have been associated with avoidable procedures, avoidable hospitalizations, and untreated disease (Fiscella, Franks, Gold, & Clancy, 2008).
* Low birth weight, which is related to a number of negative child health outcomes, has been associated with lower SES and ethnic/minority status (Fiscella et al., 2008).

**Psychological Health**

Socioeconomic deprivation and racial discrimination have been implicated higher psychological distress.

* Minority children in high-poverty areas are more likely to be exposed to alcohol and tobacco advertisements (Wallace, 1999) and drug distribution (Wallace, 1999); they are also more likely to use drugs and exhibit antisocial behaviors (Dubow, Edwards, & Ippolito, 1997).
* The odds of being diagnosed with schizophrenia were significantly higher for African Americans than Caucasians in lower poverty areas (Chow et al., 2003).
* African Americans are at higher risk for involuntary psychiatric commitment than any other racial group. African Americans and Latinos in low-poverty areas were more likely to be referred for commitment by a law enforcement official than any other racial group (Chow et al., 2003).

**What can be done?**

* The government should continually support and contribute to the body of research on the societal barriers experienced by ethnic/racial minorities, particularly those of lower socioeconomic status, and the impact of these barriers on health and well-being. It should clearly define participant characteristics related to socioeconomic status
* We should develop models and measures of socioeconomic status that reflect the social and historical complexities of minority communities.
* We should consider how socioeconomic status affects ethnic/racial minority groups’ presenting problems, ways of coping, and the development of effective treatment strategies.
* Government should provide proactive screening of ethnic/racial minority groups for psychosocial related psychological and physical distress and practice coordinating care with other health care professionals serving these minority groups.
* We should recognize the negative attitudes towards ethnic/racial minorities that exists and advocate for cultural and linguistic competence and integration.
* We should accept and embrace ethnic diversity, celebrate cultural and ethnic cultures and their history and provide viable conditions to eliminate negative factors contributing to low socioeconomic status of minority groups.
* Citizens should get involved with the government in developing and applying legislation and policies that help eliminate discrimination and socioeconomic disparities plaguing ethnic minorities.

In conclusion, my brief study can be applied also to the Gypsy situation in Slovakia. I strongly believe that soon a suitable solution will be found that will benefit not only the Gypsy population, but the whole Slovak society as well.