

The Quality of Racial Data

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Closing the Gap, The U.S. and U.K. Collaborate on Minority Health • March 1998

Race is routinely used in an uncritical manner with little attention given to the underlying problems of measurement that exist for the current racial categories. These problems have a significant effect on the quality of U.S. health data.

Measurement Error: Observer Bias

The numerator for the officially reported death rates in the U.S. come from death certificates. There are reliability problems with the assessment of race that suggests there is an acute problem of undercounting racial and ethnic status for American Indians/Alaska Natives, Asian Americans and Pacific Islanders (AAPI), and Hispanics.

A major source of this undercount is the discrepancy between race as observed by an interviewer and self-reporting by respondents. Between 1957 and 1977, race was determined by interviewer observation in the Health Interview Survey. In 1978, the year in which the measurement of race was changed in that survey, racial information was collected both by interviewer and self-report.

Analyses of the discrepancy between these two measurement strategies revealed that 6 percent of persons who reported themselves as Black, 29 percent who reported themselves as Asian, 62 percent of self-identified American Indians, and 80 percent of those who identified themselves as "other", were classified by the interviewer as White.

Respondent self-report is not an option on the death certificate; it appears that officials who complete these forms make a decision based on their own judgment instead of obtaining the race of the deceased from the next of kin. A national survey of vital registrars found that only 63 percent of medical examiners, 50 percent of coroners, and 47 percent of funeral home directors use the recommended method of relying on family members for racial information. The survey also indicated that funeral directors consider requesting racial information as an imposition on the family.

Reliability: Change in Racial Identity

A study of a large national population found that one-third of the U.S. population reported a different racial or ethnic status one year after their initial interview. The most dramatic evidence of change in self-identification comes from analyses of trends in the American Indian population over time. Between 1960 and 1990 there was a six-fold increase in the Indian population. This dramatic growth cannot be explained by biological growth or international migration. It also appears to reflect a change in self-definition, with more adults of mixed ancestry identifying themselves as American Indian. This shift in self-identification into the American Indian population is more common at younger ages.

The degree of identification as Indian may not be very strong for many of these "new Indians." Most persons reporting American Indian ancestry did not report American Indian race. American Indian identification for this group may be optional and contextual, depending on the form of the race question, economic incentives for being Indian in some states, and increased willingness to self-identify as American Indians.

Given current rates of intermarriage of Indians with persons of other races, there is likely to be continued rapid growth in the pool of persons who will be of some Indian ancestry, but for whom this ethnic identification may not be consequential.

Definition of Racial Groups

The discussion of establishing the racial status of American Indians raises the more general problem of establishing the race of an individual whose parents are of different races.

Birth certificates in the United States have never listed the race of the child, but they include the race of both parents. Prior to 1989, the National Center for Health Statistics (NCHS) used this method to determine the race of children whose parents belong to different races: If the father was White, the child would be given the race of the mother. But if the father was non-White, the child would be assigned the race of the father. If one parent was Hawaiian, then the child was Hawaiian. Thus, unlike the assignment of race for all other racial groups, the child would be White only if both parents were White.

NCHS no longer reports vital statistics by the race of the child, but reports all birth data by the mother's race. However, the Indian Health Service continues to consider a child as Indian if either the mother or father is American Indian, and there is considerable discrepancy in the publication of infant mortality rates by race of the child or by race of the mother. For example, in 1989 there were 39,478 American Indian births calculated by the race of the mother, but 46,267 as calculated by race of the child.

The question of how to classify persons whose parents are of different races continues to be a hotly debated policy issue in the U.S., with some groups pushing for further changes in the Office of Management and Budget's racial standards, which were revised in 1997. Current trends of interracial marriage suggest that this classification question will apply to an ever-increasing proportion of the population. Twenty-five percent to 44 percent of Hispanics marry non-Hispanics. And from 25 to 50 percent of AAPI subgroups marry persons of other races. Rates of Black/White intermarriage increased from two percent in 1970 to six percent in 1990. ♦

