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Sent: Sunday, March 22, 2015 7:12 PM

To: dowlingj@illinois.edu; Census National Advisory Committee (CENSUS); avargas@naleo.org; ann.morning@nyu.edu

Cc: Nicholas Jones (CENSUS/POP FED); Roberto Ramirez (CENSUS/POP FED)

Subject: March 2015 NAC Meeting Public Comment - What's Your Street Race-Gender? Why We Need Separate Questions on Hispanic National Origin/Ancestry/Ethnicity and Race As a Master Status

Re: Public Comment on Retaining separate questions on Racial and Ethnic Data Collection or Combining Race and origin questions into one question & Implications for Civil Rights Monitoring, Policy Making and Practices in Housing, Education, Employment, Voting, Law Enforcement, Health, etc.

Dear Drs. Morning, Dowling, Vargas as well members of the Census Advisory:

Thank you for inviting public comment on the future of racial and ethnic measurements for the 2020 Census and beyond. As a sociologist of racial, ethnic and gender inequality that is also an AfroLatina and the child of immigrants from the Dominican Republic who grew up in de facto segregated public housing in New York City in the 1970s & 1980s, I am deeply appreciative of the Census and OMB efforts to include diverse Latina/o national origin groups as well as Latina/os that occupy very different experiences with radicalization (e.g., based on what we look like many Latinos in the same families may be viewed and treated as members of different racial groups) in these important dialogues that will shape the future of Civil Rights and equity-based policy making in the decades to come.

Next week my colleagues at the University of New Mexico RWJF Center for Health Policy students will be releasing some of the preliminary findings of The Latino National Survey Funded by the Robert Wood Johnson Foundation and Implemented by Latino Decisions (January-March 2016, over a thousand phone interviews). The survey asks are there differences in health outcomes and experiences with discrimination for Latino individuals from diverse Hispanic origins but occupy very different racial social statuses (e.g., on the street may be automatically assumed to be of another race because they look white, look brown or look black). **Previous research on these questions have already shown that retaining two SEPARATE questions on Hispanic origin (e.g., national origin, ancestry, ethnic origin) and race (e.g., a master social position in society based on the meaning attributed to an individual's physical appearance based on but a conglomeration of physical appearance including skin color, facial features, hair texture, etc. and that like gender usually overpowers all other social statuses in social interactions) is extremely important for mapping, interrogating inequalities to advance equity-based Civil Rights policies and practice (See research by Clarence Gravlee, Camara Jones, Thomas LaVeist).** I would be happy to forward you the findings of our national survey on Latino Immigrant Health once we have compiled our preliminary reports if you are interested. We are slated to release some of this data in press releases sometime next week (target date 3/24/15).

I would also invite the entire committee to reflect on the following question: Will having someone mark Hispanic and Mexican or Hispanic in the combined question format tell you anything about how they are racialized on the street when they try to catch a cab, rent an apartment, interact with immigration officials or even try to access health care in an emergency room? Does checking "white" on a Census mean the same thing for people from Mexico, South America, Cuba, Puerto Rico and the Dominican Republic? As Dr. Dowling's work (Mexican Americans and the Question of Race) illustrates, it is important to contextualize the complexities of racial identities for Latinos embrace the very different national experiences with the enslavement of Africans and the colonization of indigenous populations and the complexity of Social Race in the sending countries and in the diverse U.S. landscapes (See also work by Cristina Sue-Land of the Cosmic Race: Race Mixture, Racism and Blackness in Mexico; Bonilla-Silva & Glover *'We are all Americans!' The Latin Americanization of Race Relations in the USA.*")

The combined questionnaire format 2010 Alternative questionnaire experiment found that there was not change in the number of people identifying as Hispanic or even as Black and Hispanic, however, it did find that we lost some information on detailed national origin (For Hispanics as well as other groups including Asians, etc.). **Losing detailed data via the one-question format may again inhibit our ability to address the diverse and contextualized racial and ethnic formations that accompany each of these very diverse national origin groups and impede our monitoring of Civil Rights.**

I realize that advancing the public understanding of race and ethnicity as well as ancestry is a major problem that requires an investment of resources is educating the lay public. Instead of changing the Census to reflect lay definitions of race and ethnicity, **could we instead launch a major campaign to educate the lay public about the use of the data as well the reasons why members of the same biological families may indeed occupy radically different social statuses because of the meaning attributed to their physical appearance.** Below is some suggested wording that could be placed as a hyperlink to the Census website and especially to the web-based census forms that are being tested:

- *Hyperlink: Why do we collect gender, race, ethnicity and ancestry this data?* Federal, state and local agencies in education, employment, health and other policy arenas use data on the race, gender, ethnicity, ancestry as well as measures of socioeconomic status such as educational attainment, income, wealth and veteran status and disability to better serve all of our diverse communities.
- *Hyperlink: Why do you ask separate questions on race, ethnic/national origin and ancestry?* Ethnicity or ethnic origin is defined as one's ethnic or national origin and/or cultural identity. The federal office of Management and Budget (OMB) collects Hispanic origin (ethnicity) as distinct from race because it recognizes that many Hispanic origin communities come from racially diverse societies. Race is defined as a social position in society that is often related to the meanings assigned to an individual's physical appearance in a given context regardless of their cultural or ethnic origin (e.g., "street race" or the race that people who do not know you

would automatically assume you were if you were walking down the street based on what you look like). This is especially important data for federal agencies when examining our progress in the area of fair housing and employment as well as education. Ancestry is defined as very distant geographical or continental origins. Since people who have similar ancestries or ethnic origins oftentimes look very different, it is important to answer the questions on ancestry and ethnic Origin separately from race.

- Hyperlink: How should Hispanics answer the questions on race and ethnic origin? Among many families, including but not only among Hispanics and family and individuals who identify as "mixed-race", individuals who are from the same biological families may share the same language, culture, national origin and ancestry, but may nevertheless be assumed to be different races based on the meanings attributed to a conglomeration of individual-level physical characteristics such as skin color, hair texture, and other physical features. Consequently, individuals that may have the same national origin may have very different experiences while searching for an apartment, voting, traveling in an airport, accessing treatment in a medical facility, seeking employment or education because they are assumed to be different races. Individuals answering these questions should keep in mind that these data will help identify if there are any differences that occur within families that may have members that are seen very differently on the street based on what they look like.

Below is a link to a videotaped lecture I delivered at the Smithsonian (2/19/15) that aims to create a dialogue about the need to enhance the public understanding of federal racial, ethnic and gender data collection for civil rights monitoring. The main purpose of the talk is to invite all of us, lay, scientific and policy makers alike to reflect on the following invitation to self-reflexivity:

In your opinion what is race? Ethnicity? National Origin, Ancestry, etc.? Are these all the same thing? Can they be measured with one question?

Consider how your own embodied lifelong and cumulative experiences with race, racialization and your academic training shape your conceptualizations and praxis (e.g., research, teaching and policy).

If race and origins (e.g., national origin, ethnicity and ancestries) are to be asked in the same single questions, should "American" be added to the list of national origins given under each race box? If so which "race" box should American be added to?

What are the pitfalls of analytical equivalence and conflation? How would data that conflates national origin, ancestry with race as a MASTER SOCIAL STATUS

into one question be analyzed for Civil Rights monitoring, enforcement and equity-based policy making in voting, housing, employment, education, law enforcement, etc?

Thank you again for your invitation for comments and for advancing the public understanding of race, ethnicity and ancestry via dialogues. I have enjoyed being a part of these conversations. I appreciate that each of you all embrace the Civil Rights purpose of collecting data that can advance equity-based data policy and praxis. **Yet, I remain deeply concerned with the current discussions of Combining Hispanic Origin and Race questionnaire formats that are currently structured as two separate questions into one combined origin/race question as they are conflating two very different pathways of inequality, namely national origin, ethnicity and ancestry with race as a social status that is usually ascribed based on a persons physical appearance.** I look forward to our continued dialogues/panels (e.g., Census, OMB, NALEO, AfroLatino Forum, Latino Studies Association Conference, American Sociological Association and other venues). Best wishes for a productive meeting!

Warmest regards, Nancy

Nancy López, Ph.D., Associate Professor, Sociology
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Smithsonian Showcase: What's Your Street Race-Gender? Why We Need Two Separate Questions on Hispanic Origin and Race for the 2020 Census & Implications for the African Diaspora and Urban Communities, Washington, DC, February 19th. 40-minute presentation followed by 30-minutes of question and answer: <http://www.ustream.tv/recorded/58998514> .

Description: Smithsonian Showcase, Anacostia Community Museum, African Diaspora Speakers Series, February 19th, 2015. Dr. Nancy López talks about the analytical importance of collecting multiple measures of Hispanic origin and race as well as intersectionality (examining race, gender, class, sexual orientation, disability, as overlapping systems of inequality) for the creation and implementation of targeted equity-based policy making in health, education, criminal justice, voting rights, housing and employment.

Levandofsky, John. 2015. *Hola Cultura, Latino Arts and Culture*, "Dr. Nancy Lopez, Talk: The Complexity of Latino Identity and it's Consequences," March 11th: <http://www.holacultura.com/2015/03/11/talk-the-complexity-of-latino-identity-and-its-surprising-consequences/>

Casselman, Ben. 2014. Thirty-five eight, Nov. 26, The Census Is Still Trying To Find The Best Way To Track Race In America, <http://fivethirtyeight.com/features/the-census-is-still-trying-to-find-the-best-way-to-track-race-in-america/>

I've also attached an article and chapter I wrote as well as a bibliography that stresses the need for not treating "origin-whether national, ethnic or ancestral" as the same thing as "race" - which refers to the social position that is ascribed based on what you look like.

(attached as PDF)

López, Nancy. 2013. "Killing Two Birds with One Stone? Why we need two Separate Questions on Race and Ethnicity on the 2020 Census and Beyond," *Latino Studies Journal*, 11(3):428-438.

(attached as PDF)

López, Nancy. 2016. "Contextualizing Lived Race-Gender and the Racialized Gendered Social Determinants of Health, in Mapping "Race": Critical Approaches to Health Disparities Research, Laura Gómez and Nancy López, editors, Piscataway, NJ; Rutgers University Press, pp. 179-211. Permission is requested for North America distribution, in print format and English language for 10,000 copies of this chapter in *Race and Ethnicity in Society: The Changing Landscape*, Fourth Edition. Elizabeth Higginbotham and Margaret Andersen, co-editors, Plymouth, MA: Cengage Learning, estimated print date of October 2015. Reprint granted from Rutgers University Press.

Also National Institute for Latino Policy Also Attached as PDF as well as preliminary bibliography on Race and Ethnicity and the Need for Multiple Measures.

El Foro

Killing two birds with one stone? Why we need two separate questions on race and ethnicity in the 2020 census and beyond*

*An earlier version of this article appeared as a commentary for the National Institute on Latino Policy (NILP), 10 January 2013.

Nancy López

The University of New Mexico, NM.

Abstract The lack of theoretical and methodological clarity about “race” and ethnicity is a major stumbling block for mapping and ameliorating inequalities among Latinas/os and other marginalized groups in the United States as well as across the globe. In this article, I examine the findings of the Alternative Questionnaire Experiment Final Report of the 2010 U.S. Census. I explore the value-added by analyzing the social outcomes of Latinos by ethnicity (national origin, ancestry, cultural background) and race (racial status). I argue that you cannot kill two birds with one stone; you cannot capture two analytically distinct concepts with one question.

Latino Studies (2013) 11, 428–438. doi:10.1057/lst.2013.25

Keywords: race; racialization; ethnicity; measurement; U.S. Census; Latinas/os and Hispanics

Race and Ethnicity as Analytically Distinct Social Constructions and Pathways of Inequality

The lack of theoretical and methodological clarity about “race” and ethnicity is a major stumbling block for mapping and ameliorating inequalities among Latinas/os and other marginalized groups in the United States as well as across the globe (Omi and Winant, 1994, 70). To address this problem, I along with my colleague Laura Gómez co-founded the Institute for the Study of “Race” and



Social Justice at the University of New Mexico.¹ The mission of the Institute is to promote the establishment of empirical, theoretical and methodological clarity about “race” that draws on cutting-edge thinking from multiple disciplines and diverse empirical traditions.

I place “race” in quotes to call attention to the myth of race as biology and to underscore that race is a socially constructed category of social status in particular historical contexts, rather than a reified category that is essential or fixed. Despite the fact that “race” is neither rooted in biology (or genetics) nor fixed in time and space, social hierarchies based on race impact US society at all levels and in multifaceted ways across a variety of social institutions, including schools, neighborhoods, mass media, health-care access and outcomes, criminal justice and law (American Sociological Association (ASA), 2003). A fundamental assumption of the work of the Institute is that “race” is the fundamental axis of stratification that is analytically distinct from ethnicity and class (Omi and Winant, 1994; Bonilla-Silva, 1999, 2005; López, 2003, 2013; Gravlee *et al*, 2005; Jones *et al*, 2008; Collins, 2009; Transdisciplinary “Race” Working Group, 2010; LaVeist-Ramos *et al*, 2012; Griffith, 2012; Turner *et al*, 2013).

The European colonization of indigenous people and the enslavement of people of African descent produced very different “social races” in the Caribbean and Latin America, centuries before the United States was established as an independent nation (Wagley, 1975). For example, although I was born and raised in public housing in the Lower East Side of Manhattan, New York City, I share the same ethnicity as my Dominican immigrant parents and Spanish is my first language. Despite all of these cultural similarities, my father, who is light-skinned and not of discernible so-called “African phenotype”, occupies a very different racial status than my mother and me who are racialized as Black women in most circumstances in the United States and beyond.



(Photograph of Nancy López and parents, Ramon López and Maria López, March 2012; courtesy of Nancy López)

Regardless of intention, the unintended consequence of the proposal to create “Hispanic” as a racial category in the United States is negation of the fact that

¹ In Fall 2011, Dr. Laura Gómez joined the faculty at the University of California Los Angeles (UCLA). As of Fall 2011, Dr. Nancy López directs the Institute. We are grateful to Dr. Robert Valdez, former executive director, RWJF Center for Health Policy, for providing seed funding for the inauguration of the Institute in January 2009.



distinct “social races” have been part and parcel of Latin American and Caribbean societies since the Americas of the late fifteenth century. In other words, the legacy of the enslavement of indigenous and African peoples in the Americas has produced hierarchies that are independent of national origin and ethnicity and instead map onto social hierarchies that are based on phenotype, color and a constellation of other social characteristics (Wagley, 1975; Gravlee *et al*, 2005).

In this article, I examine the findings of the Alternative Questionnaire Experiment (AQE) Final Report of the 2010 US Census (Compton *et al*, 2012). I depart from the premise that the primary purpose of the collection of national and local data on race and ethnicity is to assess our progress in creating a more perfect union for all. Over the last four decades the “gold standard” for the collection of racial and ethnic data is collecting self-identified data whenever possible; however, the gold standard needs to also consider the importance of the collection of race and ethnicity data that allows civil rights organizations and researchers to monitor and assess race and ethnic discrimination as distinct pathways of inequality. I explore the value added by analyzing the social outcomes of Latinos by ethnicity (national origin, ancestry, cultural background) and race (racial status.) I argue that you can’t kill two birds with one stone; you can’t capture two analytically distinct concepts with one question.

AQE Findings: Combined Question Leads to Less Detail on Latina/o National Origins and Ethnic Background

In a significant departure from Office of Management and Budget (OMB) Guidelines that require the collection of Hispanic ethnicity/origin as separate from race (racial status), the AQE tested questionnaire formats that included “Hispanic” as a race (Compton *et al*, 2012). The first and only time that a specific Hispanic origin group was included in the US Census race question was when “Mexican” was listed as a race in the 1930 Census. Beginning in 1960, the Census has allowed individuals to self-identify their race, and self-identified race data have become the “gold standard.” Previously, enumerators reported the race or racial status of the homes they visited by observation. In 1980, the “Hispanic origin” question was asked of everyone who filled out the Census and this is the case up until the present day (Rodriguez, 2000; Roth, 2010; Rodriguez *et al*, 2013). Since the 2000 Census, individuals have been able to mark one or more race.

The major impetus for vetting a variety of combined questionnaire formats was the fact that in the 2000 Census 97 per cent of respondents marking “some other race” alone identified as Hispanics (Humes and Hogan, 2009). Over the past two decades, anywhere from 37 to 43 per cent of Hispanics have eschewed identifying with any of the standard racial categories and instead write their national origin



or some other Hispanic identifier under the “some other race” category. Indeed, in the 2000 and 2010 Censuses the “some other race” category was the third largest “race” after Whites and Blacks.

Census officials have declared the “some other race” phenomenon a major problem that impedes their ability to report “accurate” and “reliable” data to the OMB for the administration of federal programs (Humes and Hogan, 2009, 125). To ameliorate this “problem,” the AQE tested a variety of streamlined questionnaire formats that included Hispanic as a racial category along with White, Black, American Indian and Asian. Depending on the format, a write-in space was provided so individuals could write in their “origin” or ethnic affiliation in the same question as their race.

On 8 August 2012, officials from the US Census Bureau held a press conference to unveil the 2010 AQE results. The report hailed the combined questionnaire format as a success on two fronts. First, it did indeed dramatically reduce the number of Hispanics who marked “some other race.” Whereas in the two-question format well over a third of individuals identifying as Hispanic marked “some other race,” under the streamlined versions less than 1 per cent did so. The second success story of the combined format was that it did not result in an undercount of Hispanics. This was a major finding because there was a real concern that a combined questionnaire might contribute to an undercount of the Latina/o population.

Despite the success of the combined questionnaire format, it did have a costly negative unintended consequence. The AQE found that the combined questionnaire format, which combined Hispanic origin with race, produced less detailed information on Latinas/os.² In other words, although we solved the problem of having over a third of Latinos identify as “some other race,” and we didn’t miss counting any Hispanics, we did know less about their national origin and racial status. Nevertheless, the AQE report concludes with a major recommendation to further test and refine the combined questionnaire formats in preparation for the 2020 Census. Noticeably absent from the list of recommendations was any call to further test what is lost or gained by the streamlined versus two-question format in terms of civil rights monitoring and enforcement. This is in large part because of the rearticulation of the purpose of the data collection from civil rights monitoring and enforcement to focusing instead on the identities of people filling out the survey:

The ultimate goal should be to develop a racial and ethnic classification system that will allow the multi-cultural population to self-identify their heritage in the most meaningful manner possible, yet will still provide the critical data needed for the enforcement of Civil Rights laws and monitoring equal access. (Humes and Hogan, 2009, 127)

Although well intentioned, the problem with the rearticulation of the purpose of racial and ethnic data collection from civil rights enforcement and monitoring to collecting “identities” is that race is more than just an identity; it is a social status in a particular sociohistorical and political economic context. One’s racial

² I use the terms Latinas/os and Hispanic interchangeably.



status is independent from one's ethnic identity; it is usually an ascribed status based on the meanings attributed to a combination of one's physical appearance and gender in a given context. For example, in 2012, Trayvon Martin, a 17-year-old African American young man, was accosted and murdered by George Zimmerman (the adult son of a Peruvian immigrant mother and a non-Hispanic White man). In 2013, George Zimmerman was declared "not guilty beyond a reasonable doubt" because he acted in self defense. What is important to recall here is that Zimmerman's conclusions about Trayvon Martin's alleged criminality would not have been any different if Trayvon's ethnicity had been Peruvian, Puerto Rican, Mexican or Dominican. After all, it was not his ethnicity that made Trayvon fit the "profile" of a criminal; it was his racial and gender status. In my book, *Hopeful Girls, Troubled Boys: Race and Gender Disparity in Urban Education*, I found that regardless of how second generation Caribbean youth in New York City identified their ethnicity (for example, Dominican, West Indian, or Haitian) they were racialized in very similar ways – as Black young men in the United States (López, 2003). The majority of these young men spoke about navigating multiple microaggressions where they were cast as potential criminals in public spaces, schools, and workplaces, as well as in their neighborhoods. Although race-gender profiling is hegemonic and legal, injustices and even murder of young men racialized as Black, regardless of their ethnic identities, will continue to be justified in the criminal (in)justice system as "common sense."

Rarticulating the So-Called "Some Other Race" Problem as an Opportunity for Exploring Differences in Social Outcomes

As a sociologist of racial, ethnic and gender stratification, I see the phenomenon of "some other race" as an empirical and analytical goldmine. For example, the 2010 Census identified very unique responses to the race question among Latinas/os. For example, Cubans, the last Latin-American country to abolish African slavery, had the highest number of people identifying as White alone (85 per cent), as well as one of the highest numbers of individuals identifying as Black alone (5 per cent). Dominicans were the least likely to report race as White alone (30 per cent) and most likely to report as Black alone (13 per cent), as well as "some other race" and "multiple race." About half (53 per cent) of Hispanics who identified their national origin as Mexican reported their race as White alone and 39 per cent reported their race as "some other race." These variations in responses to the race questions should not be construed as a problem or as "inaccurate" or "not reliable." Rather, these differences reflect the reality that Latinos are racialized in very different ways. This reality represents a research opportunity for examining the heterogeneity of the lived experiences and social outcomes of Latina/o communities *vis-à-vis* housing, criminal justice,



educational attainment and labor market outcomes; however, it is not clear whether the AQE report explored any of these differences.

What do we gain from analyzing the heterogeneous responses of Latinos to the race question? Logan (2003) analyzed social outcomes for three large groups of Hispanics: White Hispanics, Black Hispanics and Hispanic Hispanics (aka those Hispanics who identify with the “some other race” category); he found that White Hispanics fared better than those identifying differently. Hispanic Hispanics were somewhere in the middle and Black Hispanics were subjected to similar levels of segregation as others who identified their race as Black.

There is mounting evidence that there are very distinct social outcomes in terms of intermarriage, housing segregation, educational attainment, prison sentencing, labor market outcomes and so on that vary for Latinos according to racial status. In other words, Latinas/os who identify and/or are racialized as “some other race,” White or Black may have very different experiences with discrimination and social inequality (Logan, 2003; López, 2003; Jones *et al*, 2008) across a variety of social outcomes, including housing segregation (Massey and Denton, 1993; Logan, 2003; Telles, 2006; Turner *et al*, 2013); health (Jones *et al*, 2008; LaVeist-Ramos *et al*, 2012); education (Telles and Murguía, 1996); criminal justice (Steffensmeier and Demuth, 2000); and employment (Rodríguez *et al*, 2011). Each of the aforementioned studies collected race and ethnicity data via a minimum of at least two distinct questions. If we collect data on race and ethnicity as interchangeable concepts we may miss the opportunity to examine whether there are unique experiences among diverse co-ethnics that may occupy very different racial statuses (See also Telles, 2006; Rodríguez *et al*, 2011; Vidal-Ortiz, 2004; Qian, 2005 and U.S. Census, 2010).

Although the Census engages in further testing and refinement of questionnaire formats for race and ethnicity data collection, it is important to remember why we collect and analyze race and ethnicity data in the first place: the focus is to assess our progress in civil rights enforcement. Data collection on race and ethnicity is used by federal, state and local agencies to monitor discrimination and segregation in housing (Fair Housing Act), labor market participation (Equal Employment Opportunity Commission), political participation (Voting Rights, Redistricting), educational attainment (Department of Education), health (Centers for Disease Control and Prevention, Vital Records) and criminal justice (Department of Justice), among other policy areas.³ To be sure, the 1964 civil rights legislation clearly distinguishes race, color, religion, national origin and sex as analytically distinct domains for monitoring and investigating discrimination (see also Turner *et al*, 2013). If we agree that the key purpose of data collection on race and ethnicity is to monitor our progress in creating a more perfect union for all, then we should consider several questions:

- To what extent is one’s ethnicity (cultural background) conceptually interchangeable with race (racial status) as a social position in society?

³ The AQE also tested versions of the questionnaire that omitted the word race – a position that is in direct opposition to the ASA (2003) Race Statement.



- Do these data allow us to monitor and ameliorate patterns of inequality among entire categories of people by race (racial status) and ethnicity (cultural/national origin/ancestry/generational status) as analytically distinct pathways of inequality?
- What is lost or improved by asking about race and ethnicity in one question or two separate questions? How will data be analyzed for monitoring civil rights enforcement?

A compelling question remains: If the OMB already includes Hispanic origin as a federally recognized group that should be monitored for civil rights enforcement and the allocation of federal funding, what, if anything, is to be gained from moving Hispanic from ethnic group to racial group?

- Who has the power and legitimacy to make the final decisions about national data collection on race and ethnicity?
- To what extent are critical masses of Latina/o scholars, policymakers, civil rights organizations and other communities that experience on-going and historic discrimination included in the decision-making process for national guidelines and data collection systems for monitoring and ameliorating discrimination based on race and ethnicity?

Given our changing demographics and diverse immigration streams, there are also other measures that could be important for assessing other pathways of inequality. For example, the parental place of birth question would allow us to investigate the social outcomes of the second generation (children of immigrants).⁴ The collection of these data would allow us to examine patterns of inequality related to national origin and immigrant status (for example, first-generation immigrants who came to the United States as adults, versus second-generation US-born children of immigrants).⁵

4 This question was replaced by an ancestry question in the 1980 Census.

5 Since 1980, the parental place of birth question has been replaced by the ancestry question (Humes and Hogan, 2009).

Establishing Conceptual Clarity about Race and Ethnicity for Interrogating Inequality in the Twenty-First Century

The need for conceptual clarity about race has never been greater. These data continue to serve policymakers, community members and scholars as critical for assessing patterns of inclusion and exclusion for groups of people over long periods of time. Nevertheless, Census officials assert that “there is no firm distinction between ‘race’ and ‘ethnicity,’ as both are dimensions in group identity. Groups currently considered ‘ethnic’ or ‘national’ were once viewed as separate ‘races’ ” (Humes and Hogan, 2009, 111). This assertion neglects the fact that race is more than just an identity; race is a multi-dimensional and multi-level social construction that is constitutive of social structures that are permeated by inequalities that persist in housing, health, education, labor markets and political power (Omi and Winant, 1994; Zuberi and Bonilla-Silva, 2008; Collins, 2009).

A second potential problem with this claim is that it paves the way for the replacement of the term “race” with the term “ethnic group” or “ethnicity.”⁶ Although well intentioned, eliminating the term “race” from our discourse will do little to ameliorate discrimination, and it may even contribute to the maintenance of the *status quo* (Omi and Winant, 1994; Dubois, 1999; ASA, 2003; Bonilla-Silva, 2005; Gomez, 2007 and Gomez and López, 2013).

The conflation of race and ethnicity has a long history. Although written over six decades ago, the UNESCO race statement calls attention to this long-standing problem. Although the primary purpose of the UNESCO race statement was to affirm the common humanity of the *Homo sapien* race, embedded in this forward-thinking document was the assertion that ethnicity, national origin and ancestry are not analytically equivalent:

To most people, a race is any group of people whom they choose to describe as a race. Thus, many national, religious, geographic, linguistic or cultural groups have, in such loose usage, been called ‘race,’ when obviously Americans are not a race, nor are Englishmen, nor Frenchmen, nor any other national group. Catholics, Protestants, Moslem [sic] and Jews are not races, nor are groups who speak English or any other language thereby definable as a race; people who live in Iceland or England or India are not races; nor are people who are culturally Turkish or Chinese or the like thereby describable as races. (Doniger, 1950, 10)

The social constructions of race and ethnicity have very different genealogies:

There are two other reasons to keep race and ethnicity separate. First, race initially is assigned externally, whereas ethnicity is often a matter of self-assertion. Second, race is intrinsically connected to power relations and hierarchy; ethnicity is not. Race is a way of otherizing, of excluding. Ethnicity is a way of asserting distinctiveness and creating a sense of commonality (Bonilla-Silva, 1999, 903)

I applaud the Census for proceeding with caution before recommending major changes in national data collection systems that will shape how we assess civil rights enforcement for generations to come. I am particularly optimistic about the strategic partnerships between the Census, OMB and diverse civil rights organizations, scholars, researchers and communities working toward creating a more perfect union for all. However, while further versions of the combined questionnaire formats are tested, it is imperative that *this testing is tied to assessing measurable outcomes that are relevant for civil rights monitoring and enforcement*. Currently, it is not clear whether the advantages or disadvantages of a two-question versus a combined-question format are being assessed in terms of the ability to interrogate patterns of inequalities in social outcomes such as residential segregation, among other areas of inequality (Compton *et al*, 2012).

⁶ In June 2013, France officially eliminated the term “race” from its legal monitoring system. The AAA (1997) and the 1950 UNESCO Race Statement also recommend elimination of the term “race” and replacement with the term “ethnicity” (Doniger, 1950). It remains to be seen whether the United States will follow this so-called “colorblind” path (Bonilla-Silva, 2005; Omi and Winant, 1994).



The value added by the extra “real estate” of having two separate questions on race and ethnicity, not only for Hispanics but also for other groups that have experienced historic and ongoing inequality (for example, Native Americans, Blacks, Asians and Middle Eastern communities), surely outweighs the costs of having poor data that equate ethnicity, cultural background, ancestry and origin with racial status. In the end, if we depart from the premise that race and ethnicity are two analytically distinct social constructions and pathways of inequality then we will require two different questions. You just can’t kill two birds with one stone.

About the Author

Nancy López is Associate Professor of Sociology, co-founder and director, Institute for the Study of “Race” and Social Justice, RWJF Center for Health Policy, University of New Mexico. Her books include *Hopeful Girls, Troubled Boys: Race and Gender Disparity in Urban Education*, and *Mapping ‘Race’: Critical Approaches to Health Disparities Research*. Her current work explores “race” as a multi-dimensional and multi-level social construction. The daughter of Dominican immigrants, López was born in New York City and raised in public housing (E-mail: nlopez@unm.edu).

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Mapping "Race"

Critical Approaches to Health Disparities Research

Edited by

Laura E. Gómez and Nancy López

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Contextualizing Lived Race-Gender and the Racialized-Gendered Social Determinants of Health

When I take my two daughters and other family members to the local hospitals in Albuquerque, New Mexico, I am sometimes asked to fill out forms regarding "race," ethnicity, and language at the registration desk.¹ As I fill out these forms, I make note of the large bright posters lining some of the registration cubicles, which feature smiling patients from a variety of backgrounds. Several captions attempt to reassure patients by explaining why it is important to collect race, ethnicity, and language data in the hospital setting: "We ask because we care. By asking your race, ethnicity, and language, we are able to deliver health care equally to all patients. What is your race? What is your ethnicity? What is your primary language?" Toward the end of the placard another heading affirms: "Respecting every difference, treating each equally. Get REAL: Race, Ethnicity, and Language."²

As an Afro-Latina and a sociologist of racial and gender stratification, I am viscerally aware of the importance of collecting data and analysis of data on "race" and ethnicity. As several of my colleagues have pointed out in this volume, one way of pursuing high-quality research on race and inequality in a variety of domains including health, education, and beyond is to take the social construction of race seriously (Gómez, this volume). While it is tempting to equate ethnicity with racial status, the conceptual and analytical distinction between race and ethnicity is of particular importance, as studies have found qualitatively different treatment and health outcomes for Latinos who self-identify or are socially defined as Black as opposed to White, or "some other race" (LaVeist-Ramos et al. 2011; Jones et al. 2008; Gravlee and Dressler, 2005). For example, I was born and raised in a New York City public housing project

nd Spanish is my first language. Although I share the same ethnic background of my immigrant Dominican parents, my father, who is light-skinned, and not of discernable so-called African phenotypes, occupies a very different racial status than my mother and me. In most social circumstances in the U.S. my mother and I are classified as Black (Bonilla-Silva 1999; Rodriguez 2000; Vidal-Ortiz 2004).³ The distinction between ethnicity and "race" is not trivial. As argued by Griffith (2012, 110), "In the context of men's (and women's) health, distinguishing between race and ethnicity can help researchers disentangle health outcomes that may be due to environmental constraints and contexts that vary by race from the cultural traditions, beliefs and habits and practices that vary by ethnicity."

In an effort to explore the separate effects of ethnicity from "race" in health disparities research, LaVeist-Ramos et al. (2011) used the National Health Interview Survey to disentangle whether Black Hispanics are more similar to their co-ethnics or to Black non-Hispanics. They found that co-ethnics regardless of race shared similar health outcomes; however, for health services outcomes, Black Hispanics occupy the same stigmatized racial status as U.S.-born Blacks. This means that Black Hispanics did not receive the same type of treatment as their White Hispanic counterparts when they access health care: "The common cultures among black and white Hispanics people may motivate similar values, beliefs, attitudes, behaviours. On the other hand, that race exerts greater influence on both health status and health services of black Hispanics may affect the impact of societal forces. Black Hispanics visual similarity with non-Hispanic blacks may lead to similar social status and subject them to similar levels of discrimination" (LaVeist-Ramos 2011, 5).⁴ Here LaVeist-Ramos et al. underscore the value-added to health disparities research by disentangling ethnicity (culture, values, behaviors, and so on), from "race" as a social status that is analytically distinct from ethnicity or cultural background.

How can we go beyond merely complying with federal guidelines to collect race and ethnicity data, to improve health care and ultimately eliminate racial and ethnic health disparities? Since 2011 I have had the privilege of serving as a member of the Race and Ethnicity Advisory Committee of the New Mexico Hospitals Association. Part of our task is to create systematic data collection that would allow us to improve the delivery of services to the diverse communities in New Mexico. At just over 2 million residents, New Mexico has a relatively small population. A harbinger of the changing demographics in the U.S., New Mexico has the highest percentage of Latinos (47 percent) and one of the highest percentages of American Indians in the country (10 percent); only 2 percent and 2 percent of the population is Black and Asian respectively. Less

than 10 percent of the population is foreign born (U.S. Census 2010). New Mexico was one of a handful of states to receive a federal grant from the Agency for Healthcare Review and Quality (AHRQ). A primary goal of the grant is to assist hospitals in complying with the 1997 and 2003 Office of Management and Budget (OMB) guidelines for the collection of ethnic and racial data as two separate questions. First, all hospitals should ask about Hispanic ethnicity, and second they should instruct patients to self-identify their race by marking one or more from the following list: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White.

A second goal of the grant was to pilot best practices for the collection of racial and ethnic data in hospital discharges and emergency department databases that would address the unique contexts and needs of diverse populations within a given state. What is innovative and potentially transformative about this grant is that it actually encourages data users to develop contextualized policy changes that go beyond mere compliance but takes a step forward to advance context-specific data collection and action plans that advance social justice and health equity. Meaningful use means contextualizing data for a given community and context. This means that the New Mexico Hospitals Association is collecting detailed tribal affiliation data on the twenty-two sovereign nations (nineteen pueblos, two Apache tribes, and the Navajo nation). This contextualized data will allow administrators and tribal authorities to address the challenges facing the diverse Native American communities in the state, while at same time this data can still be aggregated up to the standard OMB categories for national comparisons.⁵

My experiences serving on the New Mexico Hospitals Association Race and Ethnicity Advisory Committee and accessing health care for my family led me to consider several empirical, conceptual, methodological, and epistemological questions: While collecting data on gender is fairly straightforward, how can we "keep it real" when collecting "race," ethnicity, and class data? What are some promising practices for collecting "race," ethnicity, gender, language and class? How can this data inform public policies that advance the elimination of inequalities in health, particularly for communities that have experienced historic and contemporary discrimination in the U.S. context? And finally, how can the insights of intersectionality or a deliberate conceptual focus on the connections between race, gender, ethnicity, and class as interlocking axes of stratification shed light on the social forces that are manifested as health disparities?

I make several related arguments about how to collect meaningful data in health disparities research. First, I argue that in order to understand the historic and ongoing health disparities among racially stigmatized groups, we must

and in turn illustrate how we can advance important policy changes to eradicate health disparities.

Conceptualizing the Racialized-Gendered Social Determinants of Health

The literature on the social determinants of health is anchored in unpacking how the vast majority of disease and illness is due to social forces or fundamental causes in society in the form of social policies and political decisions that create conditions of poverty and inequality (Marmot 2005; Marmot et al. 1991; Phelan, Link, and Tehranifar 2010). Accordingly, Marmot argues, “The challenge is to understand how position in the social hierarchy is related to health” (2006, 6). The “social determinants of health” paradigm stands in stark contrast to the popular biomedical model that presumes that individual-level genetic or biological differences are the fundamental cause of health disparities by race. The biomedical model has been the cornerstone of the medical training that medical doctors are exposed to; however, the social determinants of health paradigm is beginning to gain traction. Beginning in 2015, the Medical College Admissions Test (MCAT) will include questions about the about social determinants of health: “This new section recognizes recent findings—highlighted in the AAMC [Association of American Medical Colleges] report ‘Behavioral and Social Science Foundations for Future Physicians’—that integrating social and behavioral sciences into medical education can improve health care” (AAMC 2012).

While the social determinants of health research meticulously maps social inequality in terms of social gradients in health along traditional socioeconomic status (SES) measures, including education, income, and occupational status, the impact of lived race-gender and the racialized-gendered social determinants of health is conspicuously absent (Krieger 2000). According to this logic, if we see racial disparities in health (as well as in education, criminal justice, housing, employment, and so on), these inequalities are really just due to variations in socioeconomic status (for example, income, educational attainment, occupational status, net worth, and so on). It also erroneously assumes that people who are racialized as White or Black or gendered as feminine or masculine have the same lived experiences because they share the same social class status and or gender status (Feagin and Sikes 1994; Oliver and Shapiro 1994).

Anchored in the social constructionist conception of race, I place “race” in quotation marks to call into question “common sense” ideas about “race” as so-called natural divisions in the human family (AAA 1998; AAPA 1996; Human Genome Project 2012; Mays et al. 2003; Morning 2009, 2011; Omi and Winant 1994; Takeuchi and Gage 2003; Trans-disciplinary “Race” Working Group

anchor our analysis in an examination of what I term “lived-race gender” and the “racialized-gendered social determinants of health.” The racialized-gendered social determinants of health is a framework that interrogates intersecting systems of stratification at multiple levels, including the micro/individual level or what I call lived race-gender, the meso/institutional level, for example neighborhoods, schools or other local social contexts, and the macro/structural level of society, including state and federal policies and political economic structures at the national and global levels.

Second, I argue that when we are collecting data to study health disparities, we need to be attentive, self-reflexive, and transparent about our own positionality as well as what dimension and level of the social construction of race and/or ethnicity we are collecting data on.⁶ The uncritical use of race and ethnicity as interchangeable concepts without any conceptual justification may impede our ability to interrogate pathways of embodied health disparities. Race and ethnicity are analytical distinct concepts that are not interchangeable. And finally, the so-called “gold standard” of using self-identified “race” as the only data collected in health disparities research should be abandoned in favor of multidimensional and multilevel models.

This chapter is organized into several major sections. I begin by bringing the social determinants of health, racial formation theory, critical race theory, and intersectionality into a productive dialogue for developing new ways of conceptualizing what I call the “racialized-gendered social determinants of health” (see figure 12.2). Next, I provide autobiographical snapshots of my own “lived race-gender,” including my experience with “race-gender profiling” in health and being “pregnant while Black.” I detail these experiences to illustrate how race-gender are inseparable, dynamic, and context-specific, or what Gerominus calls “contingent” social constructions. I then provide conceptual models of “race” (figure 12.1) and ethnicity (figure 12.2), as well as the racialized-gendered social determinants of health (figure 12.3). Key to these conceptual models is the idea of multidimensional and multilevel conceptualizations that intentionally link individual micro-level data to meso-level and macro-level data on race-gender inequality to identify the mechanisms and pathways of embodiment in a given context. I end by inviting health disparities researchers to clarify what aspect of the social construction of “race” they are collecting, analyzing, and presenting in their research. I also urge disparities researchers to, whenever possible, compare the experiences of men and women in a given racial or ethnic group. These steps can help advance research that has the potential illuminate the distinct pathways of embodied health disparities

2010).⁷ I challenge essentialist understandings of “race” that assume there are deep and innate genetic and biological differences between people of different “races.” The Human Genome Project (HGP) has found that there is no genetic or biological basis for the social distinctions that are often invoked to classify people into “races” (Graves, this volume; Human Genome Project 2012; Morning 2011). In other words, there is no concordance between physical appearance and genetic makeup (AAA 1998; AAPA 1996; Human Genome Project 2012). Some have argued that since race does not exist as a biological or genetic reality in human society, we should aim to be color-blind and end the collection of data on race and instead replace the word “race” with “ethnicity” (AAA 1997). I take the position that although well-intentioned, this approach is problematic. Just because something is not biologically real does not mean that it does not exist (ASA 2003; Krieger 2000). For example, one’s class position in society is not biologically or genetically determined; however, social class is an important force shaping the life chances of individuals and entire communities. For these reasons, we need to continue collecting data on race as distinct from ethnicity. To ignore the reality of racial stratification would at best maintain the status quo (ASA 2003).

Critical race theory is of particular relevance in health disparity research because it departs from the premise that racism is ingrained in the institutions of U.S. society and that White privilege (unearned advantages shared by individuals and entire groups of people that are racialized as White) and White supremacist ideologies (for example, the assumption that becoming American means approximating some so-called, mainstream White ideal) are still very important dynamics in the United States context (Bonilla-Silva 2003; Gómez 2007; Gotanda et al. 1995; Jones et al. 2008). Accordingly, just as power dynamics are constitutive of gender and class inequalities in our social institutions and social interactions, racial formation theory acknowledges that power and dominant ideologies that become unquestioned by society are a key dimension of the social construction of racial hierarchies (Orni and Winant 1994). The power to self-define and name one’s own reality is key to unraveling ongoing dynamics of oppressions and racial inequality and advancing social justice in health as well as in other arenas (Bonilla-Silva 2003; Delgado and Stefancic 2011; Feagin 2006; Gotanda et al. 1995).

I also conceptualize gender as a fundamental axis of inequality in society that assigns different societal expectations to males and females along a continuum of what is defined as “masculine” or “feminine” in a given socio-historical context (Lorber 1994; West and Zimmerman 1987). Lorber explains that gender is a multidimensional and multilevel dynamic social construction:

“the analysis of gender as a social structure has its origins in the development of human culture, not biology . . . as true of other institutions, gender’s history can be traced, its structure examined and its change effect researched” (1994, 6). Micro-, meso-, and macro-level gender processes are co-constructing.

At the macro level, we see gender representations in the media and other cultural institutions that continually deem women to be primarily valuable for their sexuality and physical appearance. We also see that women are absent or marginalized in major political and economic power structures. At the micro level, West and Zimmerman (1987) point out how gender performances are accomplished through the act of “doing gender.” Other facets of gender at the micro level include self-identity, socially defined gender status, lived experience, and so forth (Frankenberg 1993; Collins 2009). “The social reproduction of gender in individuals reproduces the gendered social order; as individuals act out gender norms and expectations in face-to-face interaction, they are constructing gendered systems of domination and power” (Lorber 1994, 6).

Theories of intersectionality offer important conceptual and methodological tools for understanding and mapping the contemporary social dynamics contributing to health disparities in the United States (Collins 2009; Crenshaw 1991; Ford and Airhihenbuwa 2010; Ford and Harawa 2010; Griffith 2012; Hurtado 1996; Landry 2006; Schultz and Mullings 2005). “The goal of an intersectional approach is to simultaneously examine the social and health effects of several key aspects of identity and contexts in ways that create new understandings of these factors and that are a more accurate reflection of the lived experiences of the populations of interest” (Griffith 2012, 106). To this end, Crenshaw urges us to “map the margins” by focusing our work on groups that are often invisible when one examines “race” as separate from gender. This happens often when universal policies for health disparities among women are shaped by the experiences of White women and universal policies for Blacks are shaped by the experiences of Black men. Mapping the margins means that policies to address health disparities among Latinos assume that the experiences of Latinos that are racialized as Black, White or “some other race” are not necessarily equivalent by gender, class, ethnicity, or generational status (Griffith 2012; King 2006).

It is also important that we examine the connections between race, gender, and class and that we interrogate the pathways of embodiment or make the connections between lived race-gender at the micro, meso, and macro levels (Collins 2009; Crenshaw 1991; López 2003, 2011). Collins (2009) outlines two major multidimensional and multilevel concepts in the matrix of domination

theory: first, intersecting systems of oppression, which include race, gender, class, sexual orientation, age, and ethnicity; and second, a particular arrangement of hierarchical power relations along the macro/structural, meso/institutional domain, and micro/individual and interpersonal levels. Collins pays particular attention to the hegemonic (ideological) domain of power as the "glue" that connects all these levels of power through the use of ideas and ideology. While the hegemonic domain of power aims to achieve social control and suppress dissent through dominant ideologies, there are always moments and social movements that engage in counter-hegemony and resistance to domination and oppression in the form of social justice projects. For example, the civil rights movement and recently the movements for lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) individuals and communities are examples of counter-hegemonic projects that advance social justice in our society.

I propose the concept of "racialized-gendered social determinants of health" as a key concept for understanding and ameliorating health disparities. This framework departs from the premise that intersecting racial and gendered inequalities are fundamental axes of inequality in their own right that cannot be subsumed as epiphenomena of something else, such as class, culture, or ethnicity (Collins 2009; Crenshaw 1991; Feagin 2006; Griffith 2012; Hurtado 1996; Grieger 1990; López 2003; Lorber 1994; Omi and Winant 1994; Roberts 1997; Schultz and Mullings 2005; Zuberi and Bonilla-Silva 2008).⁸ Another fundamental assumption of this framework is that understanding and interrupting the race-gender gaps in health require what Chapman and Berggren (2005) refer to as "radical contextualization," or a meticulous attention and thick descriptions of the social contexts that produce inequalities in health for entire categories of people. This will require that we link micro-level individual experiences to multi-level phenomena in context.

The racialized-gendered social determinant of health framework consists of two major concepts: "lived-race gender" and "racialized-gendered pathways of embodiment." Lived-race gender refers to the everyday experiences related to one's intersecting ascribed racial and gender social status in society. Examining the unearned privileges or disadvantages related to one's intersecting race-gender social status in a given context can capture lived race-gender. The racialized-gendered pathways of embodiment refer to the cumulative and life-course effect of everyday microaggressions as well as the impact of racialized-gendered contexts in shaping health status and health outcomes.⁹

It is important to clarify that the concept of racialized-gendered social determinants of health does not dispute the roles of social forces in shaping

biological pathways of embodiment, such as the real biological changes in stress levels related to the contingent experiences of race-gender stigmatization that can have a cumulative effect and result in negative health outcomes (see Feagin and Sikes 1994; Geronimus, this volume; Gravlee 2009; Krieger 1990; López 2003; Schultz and Mullings 2005; Williams et al. 1997). Nor does this framework question the real physiological differences between males and females, or what Fausto-Sterling (1993) refers to as the five sexes. Instead, the racialized-gendered determinants of health framework simply acknowledges that there are social forces that result from intersecting racialized and gendered social hierarchies at the individual/micro level, the institutional/community/meso level and the societal/structural level that have implications for health outcomes and disparities (Harris and Sim 2002; Hurtado 1996; Jones et al. 2008; Omi and Winant 1994; Richardson et al. 2011; Roberts 1997; Schultz and Mullings 2005; Weber 2007). Given that everyone is simultaneously racialized and gendered in a given society, whether these racialized and gendered inequalities translate into cumulative unearned social advantages or cumulative disadvantages in either a particular social setting or over the life course requires empirical scrutiny and meticulous contextualization of pathways of embodiment (Chapman and Berggren 2005). And now we turn to my own experiences with lived race-gender as examples of the social forces of intersecting race and gender hierarchies in a given context to shape access to health care and health outcomes.

Autobiographical Encounters with Lived Race-Gender

Over the course of the last few decades, I have often engaged in conversations about the meaning of race with the physicians and medical practitioners I have encountered. I inquired about medical practitioners' personal views as well as what was relayed to them about the "race" concept in their formal medical training. To my chagrin, I often encountered troubling essentialist and biodeterministic conceptualizations. For example, in the spring of 1988, I completed my first year at Columbia University in New York City and, a casualty of over-indulgence in dorm food, I embodied the infamous "freshman fifteen." By the beginning of the fall semester of my sophomore year, I had successfully lost the weight, but I began to experience acute abdominal pain in my upper-right abdomen. After several months of reporting this chronic discomfort, I finally ended up in an emergency room where a sonogram revealed that I had many small gallstones. When I returned to my primary care physician, a middle-aged White man, to discuss my treatment options, he joked that he had not suggested a sonogram for gallstones because I was not a typical textbook case—in his

words, "I was not fat, fair, and forty." Because I was a dark-skinned nineteen-year-old who was not overweight, my physician could not "see" the clear-cut, classic symptoms of gallstones I was manifesting. Had the physician inquired about other triggers for gallstone formation, such as rapid weight loss, I might have received better treatment: "race-gender profiling" impeded my timely access to quality health care (see Epstein 2007 and Helms and Mereish, this volume, for more on the pitfalls of racial profiling in medicine and the simultaneous nondebate on sex profiling in medicine).

One day in my early thirties and in the third trimester of my first pregnancy, I reached the door of the apartment complex where I lived at the same time as an older White man. Since I had multiple grocery bags in tow, I thanked him for opening the door and proceeded to enter the building. The man berated me for not ringing the doorbell so I could be buzzed in. Smiling, I said, "What makes you think that I don't live here?" The man was speechless and apologetic. Again, it may be the case that in the apartment building where I lived in Albuquerque, there were few if any people of African descent or dark-skinned Latinos, and this man was simply hoping to "protect" his home from potential intruders. However, this example also brings into sharp relief the reality that middle-class privilege does not protect people of color from race-gender microaggressions in their own homes (Feagin and Sikes 1994; López 2003; see also Bonilla-Silva 2003 for an example of a Black Latino professor being mistaken for a construction worker while gardening in his own home or the national coverage on Professor Henry Louis Gates's experience of being mistaken for a thief as he entered his home in Massachusetts). This reality has particular relevance for women of color of all class backgrounds who are pregnant, and have to deal with daily microaggressions that may be related to being "pregnant while Black" or "pregnant while Brown."

Another story that serves as a window to lived race-gender is an experience I had when I delivered my first daughter in 2002 at one of the hospitals in Albuquerque. Several hours after my prolonged early morning delivery, the nurses, all of whom were White, instructed me to go to the basement of the hospital to fill out paternity papers. I assumed that this was standard protocol, so my husband, a Chicano whose is frequently assumed to be a recent immigrant from Mexico despite the fact that his family has lived in New Mexico for several centuries, and I dutifully made our way to the basement.¹⁶ When we got there, a clerk, a woman of color, asked us if we were married. When we said yes, she informed us that we didn't have to fill out the papers after all. Apparently, the nursing staff had assumed that I was an unwed mother. The controlling

image of women of color, and Black women in particular, as unwed mothers has become so pervasive that no one bothered to ask (Collins, 2009).

These autobiographic vignettes bring into sharp relief one of the key dimensions of contextualized "lived race-gender" and the "racialized-gendered social determinants of health." What is relevant here is that lived race-gender whether in the form of privilege or stigma depends on context and adds up across time as life course embodiment (Walkers et al. 2011). The added stresses faced by women of color, and Black women in particular, may be part of the puzzle of why even middle-class Black women give birth to children with lower birth weights than their White counterparts, as pregnancy is a site of racialization (Bridges 2012; Geronimus et al. 2006). As discussed by Geronimus (this volume), the studies of the birth outcomes of Arab-named women in California after 9/11 were far more negative than before the terrorist attacks in the United States and the increased surveillance (Lauderdale 2006). What is so compelling about this finding is that the genetic or biological makeup of these women did not change, but the social forces surrounding their lived race-gender experiences took a turn for the worse as they were subjected to new race-gender microaggressions (see also Zaal and Fine 2007). More research is needed to assess and contextualize "lived race-gender," and specifically what I call "pregnant while Black" or "pregnant while Brown" (Bridges 2011; Gómez 1997; Roberts 1997).

I also encountered race-gender profiling in medicine when I queried my pediatrician about my daughter's umbilical hernia. The pediatrician, whom I believe was Asian American, said that umbilical hernias were more common among people of African ancestry than among people of European ancestry. But how did my pediatrician reach this conclusion? She relied on my daughter's and my physical appearance, which was enough for her to summarize deduce that there was concordance between our phenotype and our genetic profiles. Most importantly, even if she had evidence of my so-called African "ancestry informative markers (AIMs)," these AIMs would have only included select segments of populations in Africa (Graves, this volume). Even if my daughter's pediatrician had the AIMs that traced my daughter's genetic history to Africa, correlation does not indicate causation (Zuberi and Bonilla-Silva 2008). It would still be unlikely that my daughter's genes alone "caused" her to have an umbilical hernia. It would be equally important to explore the environment and social forces shaping my daughter's embodied health status, including during my gestation and labor. Could umbilical hernias be more common among people of African ancestry in the U.S. context because of concrete differences in race-gender experiences of stigma and privilege and pathways and mechanisms

of embodied health, such as induced labor, prolonged delivery, cumulative race-gender microaggressions and discrimination during pregnancy and delivery? We don't know the answers to these questions because physicians and researchers have not asked them: they revert to thinking of race in essentialist, biological terms or what Montoya (2011, 184) terms "bioethnic concription." In short, genetic reductionist explanations generally fail to account for the interaction of genes with other social forces, such as race-gender profiling, microaggressions and social context in shaping illness and disease (Duster 2006; Graves, this volume; LaVeist 1994; Roberts 1997).

Another increasingly common yet equally troubling conceptualization of race that circulates in the medical industry is the antiessentialist, color-blind understanding of race. While seeking treatment for my daughter during an asthma attack, I mentioned to the resident doctor in the emergency room that I was organizing a multidisciplinary National Institutes of Health (NIH) Workshop on Best Practices for Conceptualizing and Operationalizing "Race" in Health Policy Research at the University of New Mexico. This physician, a young woman who I believe was Asian American, seemed perplexed about the premise of the workshop. She informed me that her medical training precluded her from inquiring about any patient's race; she reminded me that under the Hippocratic oath she was sworn to treat "prisoners and millionaires" (read: people of color and Whites) the same.¹¹ In other words, her training advocated a so-called color-blind approach to medical practice (Bonilla-Silva 2003; Frankenberg 1993). Since the Human Genome Project discovered that "race" is genetically meaningless, this approach maintains that it makes no sense to invoke race as an analytical concept at all. In a similar vein, the American Anthropological Association (1997) asserts that we should eliminate the use of the term "race" from data collection and instead use the term "ethnicity." The pitfalls of this seemingly antiessentialist, color-blind approach to race is that, like the genetic reductionist understanding of race, it disregards the reality of historic and ongoing racialization processes that stigmatize entire groups of people over long periods of time that cannot be deduced to ethnicity. A more productive conceptualization of race would begin from the social constructionist approach (Morning 2011).

And finally, perhaps the most common conceptualization of race I have come across when interacting with physicians and other medical personnel is that idea that race is an uncomplicated proxy for ethnicity and or social class. What these two hegemonic discourses share is that belief that racial disparities in health are really just due to "cultural" and "behavioral differences" or variations that vary according socioeconomic status (income, educational attainment, occupational status, net worth, and so on) or ethnicity, national

origin, and culture. The problem with these conceptualizations is that they reduce race to an epiphenomenon of something else, either ethnicity or class (Omi and Winant 1994). The conceptualization of race as simply a proxy for ethnicity also ignores the differences in power and lived experiences among entire categories of people by race that cannot be reduced to cultural practices or national origin or social class and wealth.

Moving toward Conceptual Complexity:

Multidimensional and Multilevel "Race" and Ethnicity

If our goal is to fully comprehend the social forces that are eventually manifested as health disparities, as researchers we should start by posing the following questions: What dimension of the social construction of "race" am I studying? What level of "race" am I excavating? For example, if I am interested in individual, micro-level "race" data, am I collecting data on how people self-identify or ascribed racial status? Am I interested in capturing lived race by asking questions about everyday discrimination? Moving one level up, if I'm interested in institutional, meso-level data, am I collecting data on neighborhood context, local policing practices, and school policies? If I'm interested in another level of the social construction of race, I may be collecting structural data, such as state or national policies that may be contributing to structured inequalities for entire categories of people. For example, race-gender profiling in policing and the prison industrial complex or "papers please laws" being enforced in Arizona, as well as laws requiring particular ID or barring felons, disproportionately disenfranchise communities of color and particularly men in these communities. Regardless of what level of race data one is collecting, one should aim to for transparency by specifying how one is linking individual level to institutional level and structural levels of inequality (Williams 1975; Williams et al. 1997, 2010). One should also aim to engage the simultaneity and connections between "race," gender and class inequality.

Below I schematically represent a conceptual model for "race" as a dynamic and multidimensional social construction (see figure 12.1). I identify at least four distinct dimensions of "race" at the individual level: (1) racial self-identity, (2) ascribed racial status (folk race or social race), (3) lived race-gender and life course embodiment, and (4) tribal status/political status. All of these facets of "race" are important for understanding health disparities.¹²

Racial Self-Identity

In order to facilitate national and interagency comparisons, racial self-identity should be assessed using the 1997 and 2003 OMB guidelines. Specifically, we

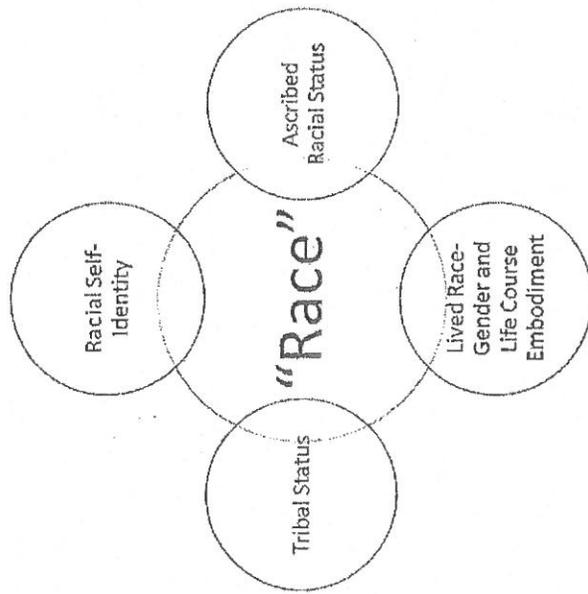


Figure 12.1 Multidimensional "Race" Data at the Individual, Micro-level

would first collect information on Hispanic ethnicity as two mutually exclusive choices (Hispanic versus non-Hispanic). Next, for the "race" question, respondents should be given the option to mark more than one "race" from the official OMB defined categories. Although OMB guidelines do not specifically mention the use of "some other race" in their guidelines, the U.S. Census regularly includes the "some other race" category. Whenever possible, "some other race" should be included as it could be analytically valuable for discerning differences in health outcomes, and people should be able to mark more than one race. Another follow-up question that can be used for those that mark more than one race is, "What is your primary racial identity?"

Ascribed Racial Status (aka Social Race, Folk Race, Cultural Race, Socially Determined "Race")

Perhaps one of the most important dimensions of "race" that needs to be captured in health disparities research is socially defined race (see also Gravelle and Dressler 2005 for more on multidimensional measures of race and the importance of folk race in shaping blood pressure in Puerto Rico; Wagley 1968 for a description of social race in Latin America and the Caribbean). Using the Reactions to Race module of the 2004 Behavioral Risk Factor Surveillance System

developed by the Centers for Disease Control and Prevention, Jones et al. (2008) and her colleagues measured socially defined race through the following question: "How do others usually classify your 'race' in this country?" They found that socially defined "race" measures trumped self-identified "race" in terms of predicting health status, even after controlling for socioeconomic variables such as income and educational attainment. In other words, if I identify as Black Hispanic but reported that others usually classified me as White, my health status would approximate that of self-identified Whites, who had the best self-reported health status of any of the racial or ethnic groups. This finding is of particular importance for health disparities researchers (see also Gravelle and Dressler 2005). Whenever possible, researchers should include measures of ascribed racial status as a key dimension of social stratification with particular relevance for health outcomes.

Other questions that can capture ascribed racial status include "Has anyone ever mistaken you to be of a different race? Yes or No." If "yes," the instructions may include the following question: "Rank the top three racial group(s) you have been confused for most often in descending order, starting with the one you are most often mistaken for and so on." For each listed group, one might include a chart with check boxes asking respondents to check the context(s) where this misidentification happens most often for each reported race (for example, when walking down the street in my neighborhood, when shopping in a store, in a social gathering at work, in a hospital, in school, in interacting with law enforcement, when applying for a job, while at work, while boarding an airplane, while traveling abroad, or other context). While adding these questions to any data collection will surely add to the cost, the goal of all data collection should be guided by meaningful use for civil rights enforcement officials, researchers, and the communities in question.

This value-added question on ascribed race is especially important in a state like New Mexico, where, according to the U.S. Census, almost half of the population identifies as Hispanic but the majority identify as White; this seemingly paradoxical pattern may be explained by examining the unique history of New Mexico. When New Mexico was annexed to the United States, all of the Hispanic residents were legally defined as White as racial status was a precondition for citizenship. This is why in a recent census, close to two-thirds of New Mexicans identify as White although socially they occupy what Gómez calls an off-White racial status whereby they are not socially defined as White (Gómez 2007; U.S. Census 2012). Many Hispanics can report numerous occasions where they are mistaken for "some other race," particularly Mexican or Native American, when seeking housing, while in public

stitutions such as hospitals and schools, while shopping or in public spaces when interacting with law enforcement. Other questions that could be used for capturing ascribed racial status could include combined measures of skin color and phenotype and folk race, as well as interviewer-identified race (Canlaro 2007; Garcia, this volume; Gravlee and Dressler 2005; Sanchez and Barra, this volume; Saperstein, this volume). All of these value-added questions could provide insight to the ways in which racial status gets translated into health inequality.

Lived Race-Gender

Perhaps the most challenging yet most important dimension of "race" to that requires systematic data collection is lived race-gender. (See also López 2003 for more on race-gender experiences.) In order to capture lived race-gender in a survey format, one can build on the everyday racism scale generated by Williams et al. (1997). The everyday racism scale provides a tool for survey researchers interested in capturing the frequency and context of discrimination perceived by individuals. Questions from this scale explore the frequency and specific instances of discrimination (for example, respondents are asked about being treated with less courtesy/respect than other people, as well as being harassed/threatened). Respondents on this scale are then prompted to indicate whether they feel they are treated this way because of their national origin, gender, race, tribe, sexual orientation, and so forth (Williams et al. 1997).

To capture what I call gendered racism, and in particular the lived race-gender microaggressions that women of color experience differently from their male counterparts, I would add questions such as, "How often do people assume you are an unwed parent? Do people assume that you are receiving public assistance? Do people assume that you have a lower education or occupational status than others? Do people assume that you are uninsured when accessing health care? How often do you experience sexual harassment that is tied to your race? How often do people assume that you are a drug dealer? How often are you profiled as a potential thief and followed in stores?" These types of questions are crucial for capturing unequal treatment faced by women of color in the United States and their experiences with lived race-gender. Repeated microaggressions, such as being mistreated when seeking public services, being profiled as a potential criminal when shopping, and having to show proof of legal status because one is perceived to be an "illegal alien," can cause physiological harm that can be translated into health disparities such as advanced biological age, elevated blood pressure, and higher general stress

levels (Geronimus 1996; Hudson et al. 2012; Krieger and Sidney 1996; LaVeist 2005; Oliver and Shapiro 1995; Williams et al. 2010).

Participant observation and ethnography are particularly important methodological tools for capturing lived race-gender. Other data collection options include qualitative in-depth interviews or focus groups in a neutral place where participants may feel more able to talk freely about their experiences (Chapman and Berggren 2005; Feagin and Sikes 1994; Geronimus, this volume; Gravlee, this volume; Gravlee and Dressler 2005; Morris 2007). Geronimus (this volume) emphasizes the need for more radical contextualization of the social construction of "race" as a lived experience that is context- and situation-specific and can eventually become embodied (Chapman and Berggren 2005; Walters et al. 2011). Part of this data collection requires that researchers, scholars, and policy makers engage in self-reflexivity by embodying themselves and consistently asking themselves how their own lived race-gender and social class locations as well as their academic training shapes their understandings of inequality. This transparency about positionality as well as data collection and analysis can provide the missing link for dismantling racial discrimination across a variety of institutions and in turn contribute to ending health disparities (Bridges 2012; Fine et al. 2000; Foster et al. 2000; Geronimus et al. 2006; Hoberman 2012; Hudson et al. 2012; López 2003; Williams et al. 1997).

Tribal Status

Because Native Americans are sovereign nations located within the United States, it is important to conceptually distinguish tribal status as a separate dimension of race distinct from racial self-identity or ethnicity (Garroite 2001; Huyser et al. 2009; Tallbear 2008). Currently the U.S. Census inquires about Native American identity as a race not a political status. As a conceptually distinct dimension of "race," tribal status goes beyond just capturing racial identity or ancestry. Specifically, tribal status inquires about tribal enrollment and tribal residence.¹³ Why is this important? Using 2000 American Community Survey data, Huyser et al. (2009) found stark differences in terms of the educational and employment outcomes among Native Americans who mark that they are solely Native American and those who identify as Native American and any other race. Native Americans who mark that they are only Native American have the lowest educational outcomes and employment rates of all Native Americans. Males in particular had the lowest educational attainment and labor market status of any other group.

Given these complexities, how do we collect meaningful data on health disparities in Native American communities in the United States? In the case

where a respondent indicates that her racial self-identity is Native American, our additional questions should be asked: (1) Which tribe, pueblo, or Indian tribe do you identify with (you may mark more than one)? (2) For each tribe you identify with, please identify your tribal status (for example, enrolled or not enrolled). (3) Did you grow up on tribal lands? If so, please specify tribes(s) and number of years you lived in each tribe. And (4) Please indicate where you reside currently (for example, tribal lands or urban setting).

By adding these conceptually important questions, we could discern the patterns of health disparities—for example cancer, diabetes, heart disease, obesity, and suicide rates among heterogeneous Native Americans in the United States—are unique to particular tribal communities (both enrolled or not enrolled) or unique residential contexts (for example, differences among those individuals who reside/grew up on tribal lands versus those who reside in urban settings; see also Garrouette 2001; Huyser et al. 2009; Snipp 2003; Tallentire 2008; Walters et al. 2011). This is important for research on health disparities in Native American communities because in the 2010 Census nearly half (44 percent) of Native Americans identified with more than one race. Again, the guiding question for data collection on racial disparities by race should be, “does this data help me understand the health disparities that indigenous communities experience?” Including the aforementioned questions in the U.S. Census or the American Community Survey or any other research instrument will help us discern whether these health disparities are more pronounced among Native Americans who live on tribal lands versus those who live in more urban settings. Furthermore, information on specific tribal identities and residence will help elucidate the complexities of intertribal heterogeneity in terms of socioeconomic status, including income, educational attainment, and labor market status and sociohistorical context. Of course, ethical considerations that are anchored in Native American tribal sovereignty and that are attentive to the potential for individual and tribal harm should guide all data collection, analysis, and publication (Indigenous Education Study Group 2010; Trans-disciplinary “Race” Working Group 2010).

Some Other Race” as Analytically Important

Some policy makers and scholars have argued that it is important to include the term Hispanic as one of the “races” listed on the U. S. Census (Brown et al. 2006b; Prewitt 2010; Roth 2012). The 2010 Alternative Questionnaire Experiment Report found that adding Hispanic to the list of races can reduce the number of “some other race” answers (Compton et al. 2012). Regardless of intention, this proposal is problematic because it may inadvertently encourage

all Hispanics (regardless of their racial identity) to mark just one race. This might mean that Hispanics who under the previous format marked Hispanic and White would now just mark White, thereby reducing the data available for interrogating inequalities in a variety of domains including housing segregation, education, income, and so forth. The current format, as per OMB guidelines, allows for rich multidimensional analysis among Hispanics and as Saperstein (this volume) points out, this is rich data that has not adequately been analyzed (see Rodriguez et al. 2011; Saperstein, Garcia, and Sanchez and Ybarra, this volume). Any attempt to collect meaningful data on Hispanics should continue to collect Hispanic origin and “race” as two separate questions as indicated in the 1997 and 2003 OMB standards (for a multidimensional conceptual model of the dimensions of ethnicity, see figure 12.2). In addition, the Hispanic origin question instruction should prompt individuals to further designate their national origin or ancestry as Mexican, Chicano; Puerto Rican; Cuban; Dominican; Manito (Hispano Nuevomexicano); or any other Latino ethnic or national origin and indicate that they can mark more than one more ethnic origin. And finally, the instructions preceding the ethnic origin and race questions for the 2010 census, stating that “for this census, Hispanic origins are not races,” should be dropped. These instructions were added for the first time in the 2010 census and they cause much consternation among Hispanic respondents. Instead definitions of the difference between race and ethnicity should be included.

Collecting data on ethnicity and racial status via two separate questions adds value to the research conducted by health disparities researchers, scholars, policy makers, and communities interested in interrogating inequalities. Logan (2003) found that there are meaningful differences in the educational attainment and employment outcomes among those Hispanics that identify their “race” as White, those who identify their “race” as “some other race,” and those who identify their “race” as “Black” even after controlling for socioeconomic status. All of these differences followed a pigmentocratic logic, whereby Latinos identifying as White fared better than the others. The “some other race” category in the U.S. Census is particularly important for Latinos/Hispanics, as 97 percent of individuals who mark “some other race” in the 2000 census are Hispanic; however, this differs significantly by the ethnicity or national origin as well as generational status of a given Hispanic group. In the 2010 census, just over half (53 percent) of Latinos marked their race as White; 37 percent marked their race as “some other race” and 3 percent marked Black. Cubans were the outliers in terms of having the highest number of people who identify as White (85 percent), while Dominicans were the Latino group with the largest number of people identifying their “race” as Black (13 percent; Cobas et al. 2009; Ennis

primary language and heritage language, and cultural practices, beliefs, values, food, and religion. These conceptual distinctions are particularly important for Hispanic/Latino groups that do not constitute a homogenous culture. For this chapter, I focus on the importance of generational status, legal status, and citizenship.

Generational Status

Parental place of birth was last collected in the U.S. Census in 1980. Since 1994 only the Current Population Survey includes a measure of parental place of birth. To assess the impact of generational status, one major change that would have to occur in the U.S. Census and especially the American Community Survey would be to include questions on parental place of birth. Currently the American Community Survey has an ancestry question, but this does not allow us to separate the experiences of immigrants who came to the U.S. as adults (first generation), the U.S.-born children of immigrants (second generation) or the grandchildren of immigrants (third generation). This is particularly important information for health disparities researchers in that there may be substantial differences in health, educational attainment, and labor market outcomes among people who share the same ethnicity but vary by generational status (Telles and Ortiz 2008). While collecting data on citizenship and legal status can be problematic, health disparities researchers need to be conceptually attentive to the dynamics that may be affecting those immigrants that lack legal status as they may be subjected to physical and mental health contexts that result in health disparities due to their legal status and or generational status. For example, several municipal and state governments have instituted law and surveillance systems that target undocumented immigrants and may in turn cause higher stress levels among these populations.

Making the Connections: Micro-, Meso-, and Macro-Level Pathways of Embodiment

To take seriously that "race" is a multilevel social construction would mean that health disparities researchers would examine structural racism and systemic racism, and map racialized power and privilege dynamics and hierarchies as manufactured through formal and informal practices in our all of our social institutions (Bonilla-Silva 2001, 2003; Gómez, this volume; López 2003, 2011; Omi and Winant 1994). Rather than accept bi deterministic models that assume that human disease and experience are a function of innate genetic or biological phenomenon, we need to map the constellation of contexts, whether situations, environments, and social structures that overlap and produce

et al. 2011; Rodriguez et al. 2011). While some may view the "some other race" racial category as a problem that needs to be addressed because it is selected by over a third of all people who identified themselves as Hispanics in the 2010 census, I view it as important source of data for understanding health disparities among diverse Hispanics groups who may have members of the same family that nevertheless occupy very different racial statuses (Brown et al. 2006a; Rodriguez 2000).

Ethnicity as Multidimensional

Ethnicity refers to one's cultural background, language, national origin, customs, food preferences, ancestry, behavior, assimilation and acculturation, and sometimes religious background (Ford and Harawa 2010; Waters 1990). Health disparities researchers should aim to include questions that capture the different facets of ethnicity represented in figure 12.2. (See Helms and Mereish, this volume, for the need for constructs grounded in psychology research on depression and the pitfalls of essentializing individuals based on "ethnic" or racial traits.)

The additional dimensions of ethnicity we should consider collecting data on include self-identified ethnic identity, ancestry and national origin,

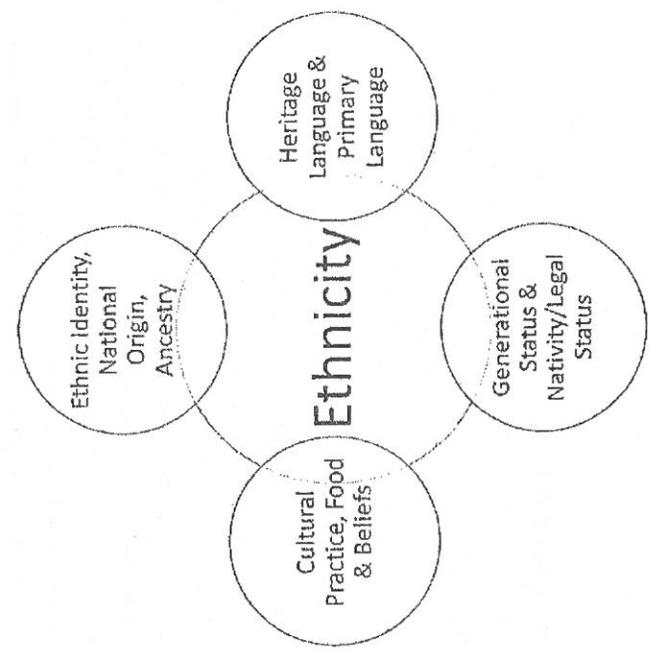


Figure 12.2 Multidimensional Ethnicity as Distinct from "Race"

equality. As described by Montoya (2011, 184): "Genes do not cause chronic disease. Genes in certain bodies under certain conditions contribute to disease susceptibility."

Figure 12.3 visually represents a conceptual model of the racialized-ordered social determinants of health as an inverted pyramid to allude to the connections via micro, meso and macro social forces. By necessity, this model is heuristic; it seeks to sketch the types of research that we should pursue in order to develop a more comprehensive strategy for studying multilevel race in the health disparities area. Each stratum delineates the different levels of social reality where health disparities researchers can highlight the social construction of racialized social structures at the macro level, including law, social policy, ideological representations, and so forth; at the meso level in the form of techniques of surveillance in bureaucratic institutions and community and local context; and at the micro level of individual identity and lived race-gender. Each of these levels of the racialized-gendered social determinants

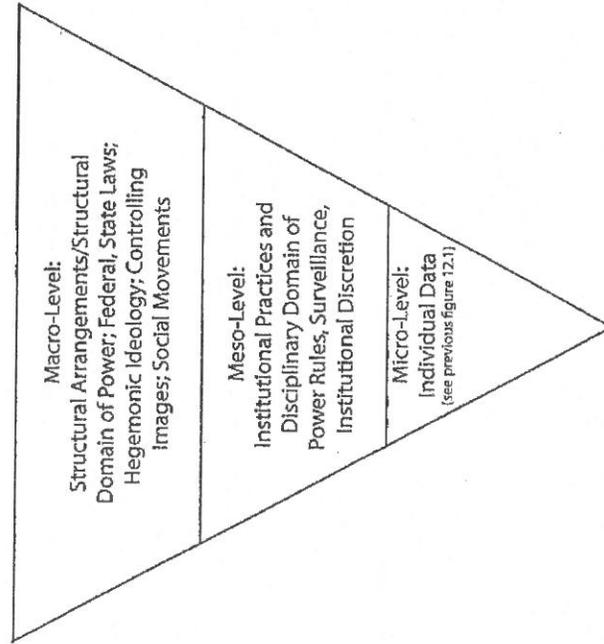


Figure 12.3 Racialized and Gendered Social Determinants of Health: Multilevel "Race" Data at the Micro-, Meso-, and Macro-levels

Note: Intersectionality is a fundamental organizing principle of this model. "Intersectionality" refers to "analysis claiming that systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization" (Collins 2009, 320).

of health underscore that "race," ethnicity, and gender are dynamic, multifaceted social constructions that are visible at the individual, institutional, and structural levels of society and that intersect with other systems of oppression including gender, class, and sexual orientation to produce distinct social locations for entire categories of people (Collins 2009; Crenshaw 1991; Jones 2000; LaVeist 1992, 1993, 1994).

At the macro level, we need data at the national level and at the global level, for example, international comparisons of race-gender inequality across the globe. In the U.S. context, we need comparative data that will allow us to excavate federal laws and policies (both formal and informal) that form the backdrop for ongoing structural gendered racism and its manifestations in health outcomes. For example, Williams et al. allude to the importance of examining the simultaneity of race and gender to understand and intervene in health disparities:

We will be attentive to the role of gender and present gender differences whenever the data are available. It has recently been argued that although Black women lag behind other social groups on some societal indicators, they are nonetheless rapidly becoming a "model minority" on a broad range of indicators. For example, Black women have a higher rate of college enrollment than Black males but also than Whites and Hispanics. In addition, they also have lower suicide rates than Black males and Whites and low rates of crime, cigarette smoking, alcohol use, and the use of illegal drugs. (2010, 70)

In another study, Williams and Jackson (2005) find that homicide rates for Blacks was six times higher than for Whites. They argue that death from heart disease, cancer, and stroke are far more important contributors to high Black mortality rates among both men and women than homicide, which mostly affects men. Studies show that more education extends longevity for all demographic groups except Black males and that middle-class Black men have higher rates of depression than their non-Black peers (Griffith 2012; Husdon 2012; Olansky et al. 2012). Williams and Jackson (2005) also point to the high impact of residential segregation on health disparity. This means health disparities researchers should excavate how current housing and zoning laws allow environmental racism and toxic dumping in low-income communities, and disproportionately in communities of color. Informal practices in the mortgage industry encourage higher rates for Black and Latino communities. To unravel the controlling images (Collins 2009) of people of color, we need to unmask the prevailing ideologies circulated through the mass media about the root cause of health

disparities by race. The media often portray health disparities as genetically caused or a matter of individual choices rather than examining how federal policies in housing, employment, and education may contribute to structured inequality among entire categories of people.

At the meso level, we need data that would allow us to contextualize and map local- and state-level, and even community-level dynamics. To accomplish this, we need to engage in radical contextualization (Chapman and Berggren 2005) of the environments that create racial inequalities, whether they are in schools or local neighborhood association zoning committees, local governments or hospital administrations (Bridges 2011). In other words, we need to highlight what Collins (2009) defines as the techniques of surveillance in bureaucracies that regardless of intent may be contributing to racial disparities in health. We need to connect micro-level "race" data to meso-level and macro-level race processes.

At the micro level, we need to explore individual-level identities and lived race-gender and experiences. This work will require longitudinal data that captures life course embodiment (Saperstein, this volume), as well as more data on the contexts that produce inequalities in health status (Geronimus, this volume). In short, researchers, scholars, policy makers and community members interested in excavating structural racial inequality necessarily must include not only the individual multidimensional "race" data I outlined in the previous section (see figure 12.1 and 12.2) but, whenever possible, data on the contexts that may be shaping these outcomes, including federal and state laws, bureaucratic policies, neighborhood resources or disadvantages, housing quality, school characteristics, microaggressions, and so on (Grady 2006). This mapping can take place by linking individual-level data on race, ethnicity, gender, and so forth to meso-level data (both quantitative and qualitative) on residential and social segregation in neighborhoods, schools, and other context measures of structural racism, including local measures of racialized inequalities such as race-gender profiling and environmental racism. Federal funding for research that is anchored in genetic reductionist theory promotes the falsehood of "race" as genetics and biology and channels funding into this domain rather than mapping the racialized-gendered social determinants of health. Only in this way can we identify the pathways and mechanisms that, although social in origin, become embodied as health disparities.

Conclusion: Mapping and Contextualizing Race-Gender and Health Disparities

How can we do a better job of collecting and analyzing data on racial disparities in health and beyond that can help us eradicate health disparities? Among the

most important changes that can occur in the collection of "race" data for mapping health disparities is a paradigm shift that contextualizes the racialized-gendered social determinants of health. This will mean that all health providers will have to be trained in the social determinants of health as well as the social construction of race and gender as intersecting systems of inequality such as social class. While I recognize that there will never be a perfect system for collecting "race" data for health disparities, at the very least we should clarify what dimension or level of the social construction of race we are researching. Although the conceptual models I propose are focused on health disparities research, they can travel across other social institutions or policy-making arenas, including education, the criminal justice system, housing and voting rights, and the media and the arts.

Anchored in theories of intersectionality, Schultz and Mullings articulate our task: "The challenge we now encounter is how to understand the ways in which gender, race and class relations intertwine and are expressed in disparate chances for health, illness and well being" (2005, 6). Two questions remain: Do we have the political will to not only revise the "gold standard" of collecting just self-identified "race" data to add other dimensions of race in order to achieve more meaningful and complex understandings of lived race-gender and the racialized-gendered social determinants of health? Do we have the moral conviction to construct macro- and meso-level federal, state, and local policies that aim to eradicate the racialized and gendered social determinants of health? It is my hope that the work in this volume identified some promising strategies for the collection and analysis of "race" data that can shed light on the contexts and policies that can advance social justice and eradicate health disparities.

Acknowledgments

I am forever grateful for the extensive feedback and provocative comments provided by Dr. Laura Gómez through multiple iterations of this chapter. I also appreciate the thoughtful feedback provided by Dr. Raquel Rivera. Thank you both for pressing me to clarify my ideas. ¡Gracias colegas queridas!

Notes

1. I place "race" in quotation marks to call attention to common-sense understandings anchored in the myth of "race" as a genetic or biological reality. My use of the quotation marks in no way is meant to diminish the importance of understanding the origins and consequences of the social construction of "race" as a fundamental axis of social stratification in the United States and beyond.

2. The forms usually list the standard "race" and ethnicity options set by the Office of Management and Budget (OMB). In addition, clerks also regularly inquire about my religious affiliation, but not my socioeconomic status. Future forms should also include a measure of socioeconomic status (Marmot 2006).
3. In New Mexico, a state with a Black population of less than 3 percent, people of so-called African phenotype are seen as a novelty. For example, at a new faculty reception in 2001, a white male administrator pointed at me and smiled from across the room. Upon meeting, he remarked how much I resembled Secretary of State Condoleezza Rice. While I can imagine that this man was trying to create conversation and connect with me by comparing me to a highly accomplished African American woman, this episode reveals how race and racial status in particular is not equivalent to ethnicity. It also points to the reality that faculty of color have qualitatively different experiences than their White counterparts who may not be subjected to jokes about their racial status.
4. For more on the experience of Afro-Latinos, see also Aparicio 2006; Candelario 2007; Cobas et al. 2008; Jiménez Román and Flores 2010; López 2003.
5. It is important to clarify that OMB guidelines do not preclude the collection of additional data on race and ethnicity; however, they do stipulate that whatever additional data collection occurs needs to aggregate the aforementioned standard OMB ethnic and racial categories.
6. Part of this transparency involves critical self-reflection on the part of the researcher on her/his positionality, what I call "embodying the researcher." To embody the researcher, we must always ask ourselves, how our own lived experiences and academic training shape how we understand "race" and ethnicity.
7. I do not place gender, ethnicity, or class in quotes because generally these concepts have not been conceptualized as biological realities (that is, as innate and unchanging genetic realities). Yet "race" continues to be conceptualized in both popular and so-called scholarly circles as an essential difference among entire categories of people (Morning 2011). The only exception would be gender, which is often erroneously conceptualized as interchangeable with the concept of "sex," which is also socially constructed (Epstein 2007). While I recognize that both gender and race are viewed as biological essences, for the purposes of this chapter, I focus on the social construction of race-gender, which I do not place in quotes.
8. The racialized-gendered social determinants of health framework departs from the premise that class, sexual orientation, age, disability status, and other axes of stratification are always important for understanding and dismantling health disparities; however, for the purposes of this chapter I highlight race and gender as salient categories of analysis for health disparity.
9. The concept of "lived race-gender" builds on my previous "race-gender experience framework" and the concepts of "race-gender experiences" and "race-gender outlooks," which more directly relate to the realm of education (López 2003, 6). The concepts of "lived race-gender" and "racialized-gendered social determinants of health" more directly capture the impact of the intersection of race-gender processes in the field of health (see also Brown et al. 2006 for a discussion of lived race and health status among Latinos).
10. Although my husband's family can trace its genealogy over several centuries in New Mexico before it became a U.S. state in 1912, in many social circumstances in the United States, he is assumed to be an immigrant. This is in large part due to racist media projects depicting dark-skinned Mexicans as criminal "illegal aliens." My

husband recalls being stopped and frisked by police officers on a number of occasions because he fit the profile of suspected criminals.

11. Since this is a main hospital in Albuquerque, one often sees prisoners, most of whom are people of color, mostly Hispanic and Native American, both men and women, being brought to appointments in handcuffs and ankle shackles. In addition, the local newspaper regularly includes the mug shots of people who have been arrested for driving under the influence of alcohol or drugs, and most of these people would be racialized as people of color, again, mostly Hispanic and Native American.
12. I intentionally do not include "genetic ancestry" as a dimension of race (or ethnicity) at the individual or group level because human genetic differences do not map on to "race" (Graves, this volume; Williams et al. 2010).
13. In the U.S. Census, one can mark Native American "race" and even identify one's specific tribe by writing it in. One need not be formally enrolled, recognized, or meaningfully connected to a Native American tribe in order to designate one's race as Native American. Moreover, ancestry is also not interchangeable with racial status.

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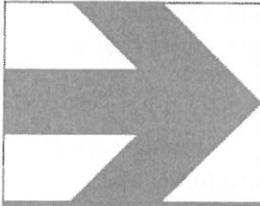
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Some Critical Thoughts on the Census Bureau's Proposals to Change the Race and Hispanic Questions

By Nancy Lopez (January 10, 2013)

As a sociologist of racial, ethnic and gender stratification, I applaud the Census Bureau's ongoing efforts to examine how we can collect race and ethnicity data that address our increasingly complex and changing demographics for generations to come. Among the key recommendations of their 2010 Alternative Questionnaire Experiment (AQE) Report is a call for further testing of the combined race and Hispanic origin question format.



Accordingly, the Census will continue testing questionnaire formats that include Hispanic as a racial category (the first and only time that a specific Hispanic origin group was included in the U.S. Census was in 1930 when "Mexican" was included as a racial group). Including Hispanic as a racial category is a significant departure from current Office of Management and Budget (OMB) guidelines that require that Hispanic Origin (ethnicity) is asked as a separate question from Race (racial status). It is important to note that since 2000, individuals may mark one or more race (but only one Hispanic ethnicity).

While the Census engages in further testing and refinement of questionnaire formats for race and ethnicity data collection, it is important that we consider why we collect and analyze race and ethnicity data in the first place: the focus is to assess our progress in Civil Rights enforcement. Data collection on race and ethnicity is used by federal, state and local agencies to monitor discrimination and segregation in housing (Fair Housing Act), labor market participation (Equal Employment Opportunity Commission), political participation (Voting Rights Act, Redistricting), educational attainment (Department of Education), health (Centers for Disease Control and Prevention), and criminal Justice (Department of Justice), among other policy areas.

If we agree that the key purpose of data collection on race and ethnicity is for monitoring our progress in creating a more perfect union for all, then we should consider several questions:

- To what extent is one's ethnicity, cultural background, national origin, generational status, and ancestry conceptually interchangeable with one's race or racial status as a social position in society?
- What is the value-added of a given questionnaire format?
- What is lost or improved by keeping or changing the current two-question format?

- Do these data allow us to monitor patterns of inequality among entire categories of people by race and ethnicity?

The "gold standard" for all racial and ethnic data collection should be meaningful use for interrogating inequalities across a variety of social outcomes.

As a native Spanish-speaker who was born and raised in New York City's public housing projects, I am viscerally aware of the distinction between race and ethnicity. Although I share the same ethnic background of my immigrants from the Dominican Republic, my father, who is light skinned and not of discernible African phenotype, occupies a different racial status than my mother and I who share a common racial status as Black women.

The distinction between race and ethnicity is not trivial. A growing number of scholars have found that distinguishing race from ethnicity is extremely important for monitoring and ameliorating inequalities in housing segregation (Massey and Denton; Logan); health (LaVeist-Ramos *et al.*); education (Murguia and Telles); criminal justice (Steffensmeier and Demuth); and employment (Rodriguez *et al.*), etc.. If we collapse race and ethnicity as interchangeable concepts, we may miss the opportunity to examine whether there are unique experiences among co-ethnics that may occupy very different racial statuses.

While it is true that the combined questionnaire formats being tested by the Census instruct individuals to mark one or more race and write in an ethnic designation if they desire, it will be challenging to capture the two concepts with one question. Indeed, the AQE report found that while the total number of Hispanics was not reduced by the combined questionnaire formats, the detailed information on national origin groups did decrease. In other words, one of the potential shortcomings of the combined format is that, although it will not necessarily reduce the number of Hispanics that are counted, we will have less information about their racial status and national origin.

In the end, if we depart from the premise that race and ethnicity are two analytically distinct concepts then we will require two different questions. Currently, only the American Community Survey (ACS) includes a question about ancestry. The value added by the extra "real estate" of having two separate questions on race and ethnicity, not only for Hispanics but also for other demographic groups, surely outweighs the costs of having poor data that will hinder our ability to assess distinct pathways of inequality.

Another value-added question that the Census could pilot is bringing back the parental place of birth question. Given our changing demographics and diverse immigration streams, the collection of these data would allow us to examine patterns of inequality related to national origin and immigrant status (e.g., first generation-immigrants who came as adults vs. second generation-U.S.-born children of immigrants). The last time that this value-added question was included in the Census was in 1980. These data would allow us to map whether there are unique inequalities faced by foreign-born individuals and their children by national origin.

Again, I applaud the Census for proceeding with caution before recommending any major changes in national data collection systems that will shape how we assess Civil Rights enforcement for generations to come. While I have focused on the experiences of Latinos, the analytical distinction between race and ethnicity is also important for other groups that have experienced historic and ongoing discrimination, including Native Americans, Blacks, Asians and Middle Eastern communities, etc..

It is my hope that the Census also pursues further testing of what is lost and/or gained in terms of interrogating inequalities by keeping Hispanic ethnicity and race or racial status as separate questions. In particular, I am optimistic about the strategic partnerships between the Census, OMB and diverse Civil Rights organizations, scholars, researchers and communities working towards creating a more perfect union for all.

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An Inconvenient Truth:

"Hispanic" is an ethnic origin, not a "race"

By Nancy López (August 24, 2013)

Kenneth Prewitt's provocative *August 21st New York*

Times commentary calls us to "fix the census archaic racial categories." He contends that the current national statistical system is untenable because it has not kept pace with post-1965 demographic shifts. However, it is puzzling that while Dr. Prewitt chides the Census for conflating race and nationality, he proceeds to do just that.

His solution is to ask two new questions: "One based on a streamlined version of today's ethnic and racial categories," and a second, separate comprehensive nationality question. This recommendation would effectively conflate race with ethnic origin as if these were one and the same thing. But the inconvenient truth is that knowing a person's ethnicity, (for example, their cultural background, nationality or ancestry), tells you nothing about their race or their social position in society that is usually related to the meanings assigned to a conglomeration of one's physical traits, including skin color and facial features.

Perhaps the most troubling aspect of Dr. Prewitt's recommendation for a streamlined version of today's ethnic and racial categories is his proposal to make Hispanics a "race." He points to the fact that 37% of Hispanics marked "some other race" in the 2010 Census race question as proof that the question is flawed. But could it be that it is that many Hispanics or Latinos occupy an in-between racial status that precludes them from being readily identified as white, black, Asian or Native American in the U.S. context?

As the daughter of Dominican immigrants who was born and raised in public housing in New York City, I wonder who exactly would be included in the "Hispanic" race? Present day Latinos in the U.S. context consist of people that may share a common national origin, language, culture and ancestry, but they may simultaneously occupy very different racial statuses, even in the

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same biological families. If Hispanics were designated as a "race" instead of an ethnic origin, would this mean that, by fiat, Sonia Sotomayor, Thomas Perez, Dolores Huerta, Sammy Sosa, Ricky Martin, George Lopez, Jennifer Lopez, Cristina Aguilar, Zoe Saldana, Eva Langoria, would suddenly become members of the same "race"?

I agree that we need to do a better job of collecting race and ethnicity data in the Census and beyond. For example, Dr. Prewitt's suggestion that we bring back the parental place of birth question is an important suggestion that will allow us to examine the experiences of the children of immigrants. However, the conflation of race and ethnic origin has many unintended consequences that will impede our ability to monitor whether there are different experiences among Hispanics as well as many other groups that are analytically distinct from ethnicity.

For example, an innovative 2013 study by the U.S. Department of Housing based on 8,000 participants in 28 metropolitan areas, used multiple measures of race to test for the presence of housing discrimination. They found while there was discrimination related to ethnic markers, such as name and sound of voice, the most prevalent form of discrimination was based on the meanings assigned to physical appearance or race. This meant that potential apartment renters with the same social class credentials received different treatment based on their racial status. There is also a plethora of social scientific research that finds similar value in keeping two separate questions on race and ethnic origin for understanding inequality in labor market outcomes, schooling, earnings, health status, and criminal justice.

Dr. Prewitt very clearly affirms the need to continue to collect race data; however he falls short of recommending that continued testing of Census questionnaire formats be assessed in terms of their ability to interrogate inequalities in social outcomes. For example, the U.S. Census can test whether the inclusion of "Hispanic" as a race would mask the levels of racial segregation that exist among Latinos who identify as white vs. some other race, etc.

We cannot kill two birds with one stone. Two separate questions on race and ethnicity are necessary on the Census, not only for monitoring and eliminating inequalities among Latinos but also for assessing social outcomes among our growing mixed race population and other communities vis-a-vis residential segregation, labor market discrimination, unequal schooling, race-gender profiling, voting rights violations and other social inequalities. How else would we know whether we have made progress in creating a more perfect union for all?

***Nancy López** is Director of the Institute for the Study of "Race" & Social Justice at the RWJF Center for Health Policy, and associate professor of sociology at the University of New Mexico. She is co-editor of "Mapping 'Race': Critical Approaches to Health Disparities Research" (New Brunswick, NJ: Rutgers University Press, 2013). Dr. Lopez can be reached at lopeznancy99@yahoo.com.*

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Census

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Housing

In-progress

- Logan (2003)
- Turner et al., (2013)
- Massey & Denton (1994)

Civil Rights (Voting Rights, Voting Rights Act, etc.)

In-progress

STATEMENT BY PROJECT RACE

To the National Advisory Committee on Racial, Ethnic, and Other Populations (NAC)

U.S. Census Bureau

Spring Meeting, March 26-27, 2015

The Multiracial population has attempted to gain recognition from the Census Bureau since 1990. We do this to gain respect and a sense of dignity for multiracial children. It is very important for individuals and groups to have this kind of respect for people's racial and ethnic components *and* their total racial and ethnic make-up. We simply do not understand why nomenclature is so vitally important to other groups, but our population is singled out as the only group that sees things from our own "perspective." In other words, it is easy for the Census Bureau to remove "Negro" from the African-American classification, and no problem to remove the letter "n" from Alaskan Native (making it Alaska Native), but there is a severe negative reaction to the multiracial population being called "multiracial."

We have heard all the negative comments over the years, from keeping the one-drop rule in place to multiracial children not knowing who they are. We have heard it all and we disagree with the bureaucratic arguments, with all due respect.

The NAC offered a FINAL report in June, 2014. The Working Group was critical and racist when it stated opinions such as "Terms such as 'People of More than One Race in the United States,' TOMR (Two or More Races) people, MOOM (Mark One or More) people and 'Combination People' are all offensive according to their perspective. The WG recognizes, however, that none of these terms actually appears on census questionnaires fielded or tested." First, we *do* see those terms every time a pie chart with a racial breakdown by the Census Bureau appears, whether in a newspaper or report.

We remind the WG that all of the racial and ethnic terms that are used by the Census Bureau have equally racist labels that they could use internally, and there would be not only equal, but mass dissention by those groups, even if whispered quietly by government personnel. This is serious to us, not frivolous complaining. Interracial families and multiracial children are just plain tired of being the victims of racial targeting and profiling by the government.

When I received my 1990 Census form, I called the bureau to ask how to indicate my multiracial children. The census worker told me that the children take the race of the mother. When I asked why the mother and not the father, he told me in a very hushed tone that, "We know who the mother is in these cases, and not the father." We have not come much farther in 25 years.

In the above quote from the FINAL report, this follows: "Hence this presents an opportunity for Census to consider developing educational campaigns targeting multiracial populations, to inform them about the testing of terms used for these communities." *We* must be educated by *you* to accept *your* racist terminology? I am offering to be the first person you come to with this plan.

Let me also remind you that there is virtually no "outreach" to the multiracial population. We are excluded from your groups and tests. Your focus-group results do not astound us anymore, as we

came to realize in the past 25 years that the Census Bureau keeps asking the wrong questions to get the wrong pre-planned answers. The multiracial population is, indeed, more than data. We are people who deserve to be treated with the same dignity, recognition, and yes, respect, as other groups. Anything less is racist and unacceptable.

It has been brought to our attention recently that the United States could well be in violation of the UNESCO Declaration on Race and Racial Prejudice. Article 3 reads: “**Any distinction, exclusion, restriction or preference based on race, color, ethnic or national origin or religious intolerance motivated by racist considerations, which destroys or compromises the sovereign equality of States and the right of peoples to self-determination, or which limits in an arbitrary or discriminatory manner the right of every human being and group to full development is incompatible with the requirements of an international order which is just and guarantees respect for human rights**; the right to full development implies-equal access to the means of personal and collective advancement and fulfillment in a climate of respect for the values of civilizations and cultures, both national and world-wide.”

Article 2 of the Declaration on Race and Racial Prejudice reads: “1. All individuals and groups have the right to be different, to consider themselves as different and to be regarded as such.”

We are not yet experts on United Nations declarations, but we do know that March 21 is observed annually as the International Day for the Elimination of Racial Discrimination. You missed it by less than a week.

Submitted by:

Susan Graham
Executive Director
Project RACE (Reclassify All Children Equally)
susangraham@projectrace.com
March 25, 2015



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March 27, 2015

Kimberly L. Collier
Assistant Division Chief, Customer Liaison and Marketing
U.S. Census Bureau, Room 8H185
4600 Silver Hill Road
Washington, DC 20233

Re: National Advisory Committee on Racial, Ethnic and Other Populations (NAC) Public Comments

Dear Ms. Collier:

As a 105 years old civil rights organization, the National Urban League understands that the collection of comprehensive race and ethnicity data is central to implementing and evaluating a wide array of civil rights laws and policies such as voting, employment, education, housing, health care, criminal justice and financial and economic security. Therefore, I submit the attached letter regarding the 2015 National Content Test as public comment in support of the Bureau's efforts to capture our country's 21st century diversity.

The attached comments are those of the National Urban League, the NAACP, the National Coalition on Black Civic Participation and the Multicultural Media Telecom and Internet Council. As NAC considers recommendations our comments note that the issues of diversity, inclusion and economic opportunity will be accomplished through the Bureau's ongoing efforts to improve the race and ethnicity questions on the 2020 Census questionnaire.

I applaud the Bureau's aim to create equity by maximizing opportunities to increase participation, self-identification and self-description in the 2020 Census. This will aid our civil rights and advocacy communities as we work towards economic empowerment and social justice for African Americans and other communities of color nationwide.

Sincerely,

Marc H. Morial
President & CEO
National Urban League



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February 2, 2015¹

Jennifer Jessup
Departmental Paperwork Clearance Officer
Department of Commerce, Room 6616
1401 Constitution Ave N.W
Washington, D.C., 20230

Re: U.S. Census Bureau's Proposed Information Collection, 2015 National Content Test

Dear Ms. Jessup:

We, the undersigned leaders of national civil rights and social advocacy organizations committed to the empowerment of peoples of the African diaspora write in response to the U.S. Census Bureau (Bureau) Federal Register Notice outlining the proposed information collection plan for the 2015 National Content Test (NCT).

As part of the research and development cycle for the 2020 Census, we appreciate the importance of the 2015 NCT in developing a decennial Census questionnaire that allows for the collection of accurate data on the racial and ethnic composition of every American community. The decennial Census—the largest peacetime mobilization operation in the U.S.—is essential in advancing equality of access and opportunity in virtually every social and economic sector. We applaud the Bureau's efforts to create equity throughout the race and ethnic categories and to maximize opportunities to self-identify and self-describe.

The Bureau's Federal Register Notice requests comments on three objectives:

1. To evaluate and compare different census content, including race and Hispanic origin, relationship and within-household coverage.
 2. To test different contact strategies for optimizing self-response and
 3. To test different options for offering non-English options
- 1. To evaluate and compare different census content, including race and Hispanic origin, relationship and within-household coverage.**

The Bureau's goal to achieve a fair and accurate accounting of our nation's population coincides well with our country's broad demographic shift. Research on new methods for collecting race and ethnicity data in the 2020 Census began during the 2010 Census when the Bureau conducted the *Race and Hispanic Origin Alternative Questionnaire Experiment Program*. In that effort, the Bureau disseminated nearly 500,000 questionnaires, re-interviewed households within their sampling, and conducted focus groups and stakeholder meetings to evaluate alternate variations of questions about race and Hispanic origin.

Some notable findings from their extensive research were:

- that the 2010 census did not treat all race and ethnic groups equally;

¹ This letter was updated on March 25, 2015 to include an additional signatory—the NAACP.

- whites and blacks did not have a way to identify in or as a subgroup in the 2010 Census;
- that including Middle Eastern subgroups within the White category was not accurate
- that the combined question yielded higher response rates;
- that the combined question better reflected self-identity;
- that the combined question increased reporting of detailed responses for most groups; and
- that many individuals across communities liked the combined question approach as it created equity throughout the different categories.

The collection of comprehensive race and ethnicity data is central to implementing and evaluating a wide array of civil rights laws and policies such as voting, employment, education, housing, health care, criminal justice and financial and economic security. We believe that the Bureau's objective of improving race and ethnic data will provide for more detailed and accurate information that will enhance implementation of civil rights laws and policies. Therefore, we support the Bureau's ongoing efforts to improve the race and ethnicity questions on the 2020 Census questionnaire. This is in keeping with the U.S. Office of Management and Budget's (OMB) standards, which advise that race and ethnicity are two distinct concepts.

Per the OMB definition, a Black or African American person is one having origins in any of the black racial groups of Africa. Therefore, we are particularly supportive of the testing and evaluation of a combined question that will include a more balanced and equal distribution of examples within each race and ethnic question, *i.e. African American, Jamaican, Nigerian, Ethiopian, Haitian and Ghanaian*. Not only does it create a more balanced and equitable distribution of examples within each racial and ethnic category, but it also allows each individual to report a racial identity as well as a country of origin. To this end, we also support the testing and addition of a Middle Eastern or North African (MENA) category. This would be the first time in the history of the decennial Census that the diversity of the African diaspora would be assessed. We are quite interested, however, in how the Bureau disaggregates, codes and edits Sub-Saharan African responses to the MENA category. Therefore, we urge the Bureau and OMB to support the use of the combined question, in the 2020 Census. We also support the Bureau's within-in household coverage tests. With the ever-changing economic realities, we believe that the collection of such data will allow for more precise information about the composition of black households.

2. To test different contact strategies for optimizing self-response

We understand that the Bureau has been mandated by Congress to conduct the 2020 Census in a cost-effective manner that does not exceed the 2010 Census budget. We recognize that this will be an extraordinary undertaking, and applaud the Bureau for its strategy to utilize less costly methods such as web-based collection and distribution of the Census questionnaires. We agree that relative to paper forms Internet based tools allow for much greater functionality and flexibility, particularly in question design. We also support the integration of cutting edge user interfaces, because it will allow for the collection of detailed racial and ethnic data that reflects multiple examples of the African diaspora. We must note, however, that while there is an advantage of utilizing new technology to curtail costs, we believe that the Bureau must not solely rely on web-based technology. Though more Americans are gaining access to broadband in their homes, recent data from our *State of Black America (SOBA) 2014 Equality Index* and Pew Research Center,² find that home broadband adoption rates for Blacks still lag

² National Urban League, 2014 State of Black America, One Nation Underemployed: Jobs Rebuild America, *Black-White Equality Index*, (April 2014), Accessed at http://iamempowered.com/sites/all/themes/newiae/SOBA/SOBA2014_HTML5/SOBA2014-SinglePgs/index.html.

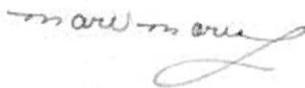
behind those of whites by 12 percentage points.³ For certain subgroups within our communities—the elderly, those with lower incomes and limited education—the gaps are even wider.⁴ Data also shows that while younger, college educated, and higher income Blacks are just as likely as their white counterparts to use the Internet and to have home broadband access, these statistics are less promising as socioeconomic status and educational attainment levels decline.⁵ An exclusively web accessible Census can create access barriers to the 2020 Census questionnaire and thus compromise response rates particularly for some members of low-income communities of color. Therefore, while we support utilizing web-based designs, we also support the use of other avenues—both traditional, such as mailed paper questionnaires, enumerators and other non-broadband dependent methods.

3. To test different options for offering non-English options

The African diaspora is an amalgamation of diverse cultures, histories and languages. Therefore, we encourage the Bureau and OMB to support culturally relevant census materials that reflect languages spoken throughout the African diaspora. We believe that by doing so, the Bureau will be able to realize its goal of maximizing the number of non-English and English as a second language speakers that complete the 2020 questionnaires. Once again, this will allow for the collection of vital race and ethnicity data for all of our American communities.

We applaud the Bureau for undertaking this important research. In summary, we support methods to improve with-in household data throughout all populations, including in the Black community. We strongly support the adoption of a combined question that provides equity across all race and ethnic groups for self-identification and self-reporting. Finally, we encourage the Bureau to develop relevant census materials in languages spoken throughout the African diaspora.

Sincerely,



Marc H. Morial
President & CEO
National Urban League



Melanie L. Campbell
President & CEO
National Coalition on
Black Civic Participation

Kim Keenan

Kim Keenan
President & CEO
Minority Media and
Telecommunications Council⁶



Hilary O. Shelton
Director, NAACP Washington Bureau &
Senior Vice President for Policy and Advocacy

See also Aaron Smith, Pew Research Center, African Americans and Technology Use, A Demographic Portrait, (Jan. 6, 2014), Accessed at <http://www.pewinternet.org/files/2014/01/African-Americans-and-Technology-Use.pdf>.

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ As of the March 25, 2015, update to include an additional signatory, the Minority Media and Telecommunications Council has undergone a name change to become the Multicultural Media, Telecom and Internet Council.

March 28, 2015

National Advisory Committee, Liaison Officer
Department of Commerce
U.S. Census Bureau
4600 Silver Hill Road, Room 8H185
Washington, DC 20233.

Dear National Advisory Committee members:

Thank you for the opportunity to suggest issues that should be addressed by the Census Bureau for discussion at your upcoming meeting. As linguists, second language experts, anthropologists, and education researchers and practitioners, we are united in our concerns about the categories that the CB and the ACS (American Community Survey) use to classify those who speak a language other than English at home, particularly those labels which are scientifically inaccurate and harmful. In this letter we present some background on the changes we believe are necessary and our reasons for suggesting them.

As of 2011, the CB has stopped designating as “linguistically isolated” all those who did not select “Very Well”-- i.e., they chose “Well”, “Not well, or Not at all”-- in response to “How well do you speak English?” We applauded that change. The attached press release by the American Anthropological Association (AAA) explains the reasons why this was an important step. The release also cites the following CB statement, which corroborated the need to avoid stigmatizing terminology and announced their alternative phrase:

*“We have changed the terminology to one that we feel is more descriptive and less stigmatizing. The phrase that will appear in all new products will be *Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English ‘very well.’*”*

In our opinion, a new and brief label is needed because this phrase is too complicated to be widely used, and because the ill-advised term LEP (Limited English Proficient), is often used in its place. Limited English Proficient/LEP has been discredited for years among educators because of its negative connotations; we request a replacement that is more descriptive, positive, and accurate. Limited English Proficient is unacceptable because the labelling of entire households as “limited” promotes a model of deficiency and does not capture their linguistic reality; many under the age of 14 are fluent English speakers and/or monolinguals in English, while other household members are in the process of adding English to their verbal repertoire, which includes fluency in one or more languages other than English. The latest (2011) ACS data prove that the majority of those who speak another language at home (58%) also speak English “Very well”, and another 19% speak it “Well”; 16% chose “ Not well”, and only 7% said they did not speak it at all.

In 2013, the AAA rejected the CB’s proposed use of LEP for all those who do not speak English “Very well”, and made three suggestions for a more appropriate label; that April 22 letter from

President Leith Mullings to Kurt Baumann of the Education and Social Stratification Branch (please see a copy of this letter attached here) received no response. Those suggestions were:

- 1) Households where English is a Second Language
2. Households Dominant in Languages Other than English
3. Developing English Households.

All researchers, including those who have signed this letter, agree that households associated with all of these categories will with time acquire additional competence in English, and that their native language abilities should be recognized. From this perspective, based on our knowledge and taking into account previous suggestions, these households are most accurately described as composed of speakers with skills in languages other than English who are in the process of becoming bilingual. Accordingly, we are now recommending one of the following: Emergent Bilingual Households (EBH), Households of Developing Speakers of English as an Additional Language (DSEALs), or Households Acquiring English as an Additional Language (HAEAL).

We are also concerned about the fact that the established cut-off at "Very well" places those who speak "Well" in the same category as those who speak "Not Well" and "Not at all". The cut-off was arrived at as the result of tests conducted in 1982 which compared those who selected "Very Well" with those who reported that they spoke English "Well", "Not well", and "Not at All", in their ability to perform tasks in English. As the 2013 ACS *Report on Language Use in the United States: 2011*, notes, "No study has been conducted to measure the performance of the ACS question on English-speaking ability since the 1982 ELPS."

(<http://www.census.gov/search-results.html?q=limited+English+proficient&search.x=0&search.y=0&search=submit&page=1&stateGeo=none&searchtype=web>).

The lack of progress on this front is another concern. In a December 22, 2010 letter to Virginia Dominguez, then President of the AAA, David Johnson, Chief of the Housing and Household Economics Statistics Division of the US Department of Commerce/Census Bureau, acknowledged that "without a new benchmarking study allowing us to measure the ability question against actual performance, it is difficult to say whether this [the cut-off at Very Well] is a good choice." We understand the need to provide data that will enable government agencies to provide language assistance where required, but we maintain that, in fact, all four levels of speakers (as well as many monolingual English speakers in the country) require support in order to strengthen the literacy skills needed to read and respond appropriately to official documents, etc., an estimation of which is one of the questions still missing from the ACS survey. In that same letter, in response to various alternatives suggested by the AAA, Mr. Johnson promised to report on the CB research efforts to address these issues.

Accordingly, we respectfully request that the NAC bring the following points to the attention of the Census Bureau, regarding the American Community Survey:

- 1- The phrase Limited English Proficient, and the acronym LEP, is unacceptable. We are pleased that it does not appear in recent CB and ACS tables, and we urge the NAC to encourage the CB to encourage those who use its data to avoid that term. Instead, Emergent Bilingual Households (EBH), Households of Developing Speakers of English as an Additional Language (HDSEALs) and Households Acquiring English as an Additional Language (HAEAL) are informative, positive, and non-stigmatizing ways to describe the households in which “no one 14 and over speaks English only or speaks a language other than English at home and speaks English ‘very well.’ “
- 2- The CB should report on the progress it has made, if any, in assessing self-reports of English oral ability against actual performance, and the validity of including those who speak “Well” in the same category as those who speak “Not well and Not at all”.
- 3- The ACS should consider adding questions that probe the English literacy skills of those who are dominant in languages other than English (if not also the literacy skills of monolingual English speakers) in order to aid educators, social service, legal, and health professionals serve all of the nation’s residents effectively.

We trust you will communicate our concerns to the CB and the ACS. In the interest of providing accurate information to guide local, state, and national policies, we offer our expertise to your committee and others interested in addressing the problems and limitations in how the US government gathers language data, as well as how the results are categorized and reported. Finally, we recognize the importance of ensuring that the ACS receive the necessary funding to carry out its useful annual surveys; you may count on our support in these efforts.

Respectfully yours,

Ana Celia Zentella, Professor Emerita, UCSD
Kathleen C. Riley, Adjunct Assistant Professor, Queens College CUNY
Jonathan Rosa, Assistant Professor, UMass Amherst
Joan Manes, PhD., Director of Education Programs (retired), NYC College of Technology
Susan D. Blum, Professor, Notre Dame University
Miriam Eisenstein Ebsworth, Professor, New York University Steinhardt
Katherine E. Hoffman, Associate Professor, Northwestern University
Steven P. Black, Assistant Professor, Georgia State University
Patricia Baquedano-López, Associate Professor, University of California, Berkeley
Eve Danziger, Professor, University of Virginia
Yvonne Freeman, Professor Emerita, The University of Texas at Brownsville
David Freeman, Professor Emeritus, The University of Texas at Brownsville
Almeida Jacqueline Toribio, Professor, University of Texas at Austin
Lucila D. Ek, Associate Professor, University of Texas at San Antonio
Leila Monaghan Visiting Assistant Professor, Southern Illinois University
Netta Avineri, Visiting Professor, Middlebury Institute of International Studies at Monterey
Bonnie Urciuoli, Professor, Hamilton College

Adrienne Lo, Associate Professor, University of Illinois at Urbana-Champaign
Mayra C. Daniel, Associate Professor, Northern Illinois University
Joan Wink, Professor Emerita, CSU Stanislaus
Yetta Goodman, Regents Professor, University of Arizona
Sonia W. Soltero, Associate Professor, DePaul University
Rodney Hopson, Professor, George Mason University
Jennifer R. Guzmán, Visiting Assistant Professor, SUNY Geneseo
Patricia A. Richard-Amato, Professor Emerita, California State University, Los Angeles
Josefina Villamil-Tinajero, Professor, University of Texas at El Paso
Debbi East, Instructor, Ivy Tech Community College
Alan Crawford, Emeritus Professor, California State University, Los Angeles
Kim Potowski, Professor, University of Illinois, Chicago Circle



A•M•E•R•I•C•A•N
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MEDIA RESOURCES:

- [CfHR communication and resolution](#) to eliminate linguistic isolation classification.
- [Society for Linguistic Anthropology](#)
- [2009 American Community Survey-Language Spoken at Home](#)

FOR IMMEDIATE RELEASE

May 2, 2011

American Anthropological Association Spurs Elimination of “Linguistically Isolated” as Classification by the U.S. Census Bureau

American Anthropological Association (AAA) experts on Language and Social Justice from the Committee for Human Rights and the Society for Linguistic Anthropology have been working with the U.S. Census Bureau for several years to spur terminology change in the tabulation of household language data. As a result of our extensive communication with the U.S. Census Bureau, and with the support of the Census Advisory Committee on the Hispanic Population, the U.S. Census Bureau agreed to eliminate the phrase “linguistic isolation” from its products issued starting in 2011. In a recent letter, the Bureau writes, “We have changed the terminology to one that we feel is more descriptive and less stigmatizing. The phrase that will appear in all new products will be *Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English ‘very well.’*”

Since 1990, the U.S. Census Bureau had used the age of household members, the language they reported speaking at home, and their self-reported English-speaking ability to identify households as “linguistically isolated” and in need of language assistance. Individuals and families were identified as “linguistically isolated” when every person aged 14 and over spoke a language other than English in the home and reported speaking English “well,” “not well,” or “not at all.” Only those households in which someone over the age of 14 spoke English “very well” were not categorized as “linguistically isolated.” Thus, children under 14 who spoke only English were considered “linguistically isolated.” In 2007, the AAA passed a resolution against this classification due to its inaccuracy, based on unsound data (self reporting of indeterminate categories) and being discriminatory to non-native English speakers. The term also promoted an ideology of linguistic superiority that foments linguistic intolerance and conflict. The American Association of Applied Linguists and the Conference on College Composition and Communication passed similar resolutions.

The new terminology uses non-stigmatizing, albeit cumbersome, wording which, along with the data, will help the public appreciate the efforts being made by newcomers to learn English. In 2009, most individuals who spoke a language other than English at home also spoke English “very well” (55%). This figure increases to 75% when those who speak English “well” (20%) are included; less than three percent of U.S. residents do not speak English at all. However, all four levels of speakers require financial and programmatic support in order to strengthen their reading and writing skills, an estimation of which is one of the questions missing in the Census. AAA continues to urge the U.S. Census Bureau to expand its language questions and to acknowledge that those who speak English “well” should not be grouped with those who speak it “not well” or “not at all.” Legislators, educators, and all who are involved with or concerned about the linguistic needs of the nation's residents require accurate information in order to meet those needs adequately.

AAA President Virginia R. Dominguez is pleased with the U.S. Census Bureau's decision to eliminate the linguistically isolated classification, stating, “We believe that this change will allow the U.S. Census Bureau to produce results that are more accurately stated, more in keeping with contemporary scientific research, and more useful in guiding policy at national, state, and local levels.”

-- AAA --

Founded in 1902, the American Anthropological Association is the world's largest professional organization of anthropologists and others interested in anthropology, with an average annual membership of more than 10,000. The Arlington, VA – based association represents all specialties within anthropology – cultural anthropology, biological (or physical) anthropology, archaeology, linguistics and applied anthropology.

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April 22, 2013

Dr Kurt J. Bauman
Education and Social Stratification Branch
Social, Economic and Housing Statistics Division
U.S. Census Bureau, 7H075
Washington, DC 20233
Via Email kurt.j.bauman@census.gov

RE: AAA recommendations concerning update to terminology for "Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English 'very well'"

Dear Dr Bauman:

This letter is in response to your March 4, 2013 memo requesting feedback on the Census Bureau's proposed use of the term "limited English speaking households" as an alternative to "linguistic isolation" and the longer label that we had recommended.

We were pleased in 2011 when the Census Bureau announced that it would eliminate the stigmatizing phrase "Linguistic Isolation" from all of its products. The Census Bureau's suggested alternative, "limited English speaking households," is not consistent with the Census Bureau's commitment to avoiding prejudicial phrases. We feel that the phrase "limited English speaking households" is stigmatizing in similar ways to notions such as "limited English proficient" and "Linguistic Isolation." Both convey a sense that speaking ability in languages other than English is a deficiency or a problem, rather than as an asset. Corporations and government agencies recognize the value of individuals who possess additional languages beside English as assets that are central to global relations.

We believe the goal here is to offer alternative phrasings that simultaneously meet the needs of the Census Bureau (i.e., identifying households and communities that would benefit from the provision of resources in languages other than English in accordance with the Voting Rights Act and other language-oriented legislation) while avoiding the stigmatizing impact of deficit terminology. Our Committee on Language and Social Justice has developed several terms that we suggest the Census Bureau consider as possible alternatives to "limited English speaking households":

1. Households where English is a Second Language

This term would be understood to include households in which English is a second language (or third) for members over the age of 14. They speak English less than Very Well.

2. Households Dominant in Languages Other than English

This term would be understood to include households in which members over the age of 14 speak a language (or languages) other than English at home, and speak English less than Very Well.

3. Developing English Households

This term would be understood to include households in which members over the age of 14 speak one or more languages other than English at home, and speak English less than Very Well.



We hope that you and your Census Bureau colleagues will agree with us on the importance of using labels that recognize that speaking languages other than English is an asset, not a deficit or limitation. Please do not hesitate to contact me if I can provide additional information.

Best regards,
AMERICAN ANTHROPOLOGICAL ASSOCIATION

Leith Mullings, President

Distinguished Professor
Ph.D. Program in Anthropology
Graduate Center, City University of New York