

## Making Sense of New Census Classifications for Race

STARTING WITH THE 2000 CENSUS, the federal government revised how it collects data on race and ethnicity – respondents were allowed to identify themselves as a member of more than one category (which 7 million opted to do), whereas in prior censuses they were forced to choose one. The revision was made in recognition of the nation’s growing number of interracial couples, who in turn are producing children whose diverse lineage defies a single classification. But the change also creates potential nightmares for researchers and policymakers who rely on the data from these and other surveys to understand racial and ethnic disparities in health: When you consider all of the possible combinations, including “other,” there are now 63 multiple-race categories along with the six single-race categories.

**TOMMI GAINES**, a UCLA School of Public Health doctoral student in biostatistics, is tackling the challenges arising from the new collection method. “There have been goals that have been set around understanding why differences exist between races and how we can develop policies to try to eliminate or reduce these differences,” Gaines notes. “If there are disparities found between multiracial populations and a single-race category, how do we accurately reflect what’s going on with the multiracial populations, which capture a broad range of people? It becomes harder to tease out the potential problems that are causing these health differences.” (For more on the issue of health disparities, see page 20.)

Among the concerns: Analysts who want to compare race-related results from different data collection systems may find that it’s like comparing apples and oranges when one reports statistics by single-race data while the other reports both single-race and multi-race data. Similarly, studying trends over time using census standards for racial classification becomes challenging. “If I want to see whether the gap between two races on a specific health outcome is being reduced over a 10-year period, it’s more difficult with the revised system,” Gaines says. Finally, with so many racial classifications, there is the problem of samples sizes becoming too small in specific multiple-race categories to generate reliable estimates.

For her doctoral dissertation, Gaines is testing three methods for analyzing multiracial data. She is testing the validity of these methods by measuring the state’s progress in meeting the national Healthy People 2010 objectives, which set out to eliminate racial disparities, using data from the California Health Interview Survey (CHIS). CHIS, based in the school’s Center for Health Policy Research, allows respondents to check multiple race categories but, unlike the census, also asks respondents in a follow-up question to select the one race with which they primarily identify. This type of data enables Gaines to investigate the advantages and disadvantages of the methodologies by comparing single-race health statistics generated under each methodology to those based on the actual data captured by the follow-up question.

After completing her degree, Gaines plans to pursue a career in academia or with a government agency; in either case, her focus will be on helping to better understand racial disparities in health. “Interracial marriages are projected to increase over time, which means a growing interracial population,” she says. “As long as there continue to be differences between races in regard to health conditions, we need to continue to collect and find ways to make sense of the data so that we better understand why these disparities exist.”

“As long as there continue to be differences between races in regard to health conditions, we need to continue to collect and find ways to make sense of the data so that we better understand why these disparities exist.”

— Tommi Gaines

