

SHADAC

STATE HEALTH ACCESS
DATA ASSISTANCE CENTER

SHADAC Survey Guidelines Series

May 2003

Measuring Race and Ethnicity in Health Insurance Surveys

Part of a technical assistance series prepared by SHADAC
and state health policy analysts

Principal Author:

Timothy J. Beebe, Ph.D.

Sr. Research Associate

State Health Access Data Assistance Center

University of Minnesota School of Public Health

2221 University Avenue Suite 345

Minneapolis, MN 55414

shadac@umn.edu

Papers published in the SHADAC Survey Guidelines Series are works-in-progress. This paper has not undergone formal review. It is intended to make the collaborative work between SHADAC and state-level health policy analysts available to interested parties in preliminary form to encourage discussion and suggestions. Comments are welcome at the address above. Please do not reproduce or cite without permission.

Foreword

The State Health Access Data Assistance Center (SHADAC) at the University of Minnesota's School of Public Health, Division of Health Services Research and Policy, convened a group of state health policy analysts to discuss strategies used to collect quantitative data on the number and characteristics on uninsured individuals at the state and sub-state (e.g., region, county) levels.

This group of analysts, led by SHADAC researchers, presented their experiences across a range of issues, from questionnaire design to survey administration. This series of survey practice guidelines presents the best thinking of this group of researchers and analysts toward the goal of improving the quality of data collection, and ultimately moving state-level data collection activities toward methods that will allow greater capacity for cross-state comparability of data about health insurance coverage and access. These guidelines highlight what is known from the literature, as well as lessons learned from state and federal surveys of insurance coverage.

We acknowledge the invaluable contributions of members of the SHADAC State Health Insurance Survey Workgroup. The following members of this group attended the SHADAC State Health Insurance Survey Workshops held in 2001 and/or 2002.

Linda Bartnyska, *Maryland Health Care Commission*
Linda Bilheimer, *The Robert Wood Johnson Foundation*
E. Richard Brown, *UCLA Center for Health Policy Research, California*
Eleanor Cautley, *Wisconsin Department of Health and Family Services*
Rosemary Chaudry, *Office of Ohio Health Plans*
Bill S. Custer, *Department of Risk Management and Insurance, Georgia State University*
Dave Dorsky, *Ohio Department of Health*
Rex Gantenbein, *University of Wyoming*
Ray Goldsteen, *West Virginia Institute for Health Policy Research*
Karen Goldsteen, *Center for Health Services and Outcomes, Camcare, West Virginia*
Burke Grandjean, *University of Wyoming*
Lois Haggard, *Utah Department of Public Health*
Tracy L. Johnson Ph.D., *Health Policy Solutions, Inc, Colorado*
Scott Leitz, *Minnesota Department of Public Health*
Enrique Martinez-Vidal, *Maryland Health Care Commission*
Frank Mills, *University of the Virgin Islands*
Laura Morlock, *John Hopkins University*
Ed Naugle, *Pennsylvania Children's Health Insurance Program*
Kimberly Partain McNamara, *Utah Department of Health*
Joanne Pascale, *U.S. Census Bureau*
Colleen Porter, *University of Florida*
Dianne Rucinski, *University of Illinois-Chicago*
Mikhail Strakhov, *University of Wyoming*
April Todd-Malmlov, *Minnesota Department of Health*
Judith Witt, *Wisconsin Department of Health and Family Services*
Wei Yen, *UCLA Center for Health Policy Research, California*

Health Insurance Survey Practice Guidelines

Measuring Race and Ethnicity in Health Insurance Surveys

A Technical Assistance Series Prepared by SHADAC and State Analysts

Introduction

In recent years, the presence of racial and ethnic disparities in health care access has received increasing attention by government agencies, academic researchers and health care practitioners. The development of effective strategies to eliminate these disparities relies heavily upon the collection of valid race and ethnicity data (Bhopal & Donaldson, 1998; Feinleib, 1993). This paper describes the data collection standard for race and ethnicity developed by the Office of Management and Budget (OMB). A federal mandate requires that all federally funded household surveys, administrative forms and records adopt the OMB standard no later than January 1, 2003.

This review also looks at state efforts to collect race and ethnicity data in their surveys of health insurance coverage in light of the OMB standard. It highlights state strategies and includes a discussion of the pros and cons of using different methods that are either in accord with, or depart from the OMB standard based on a review of the literature and state analyst interviews.

The OMB Standard

In 1977, OMB undertook the first major initiative to develop racial and ethnic categories for use in federally sponsored surveys and administrative reporting. Since that time, the OMB standard has

undergone two further reviews and updates, the latest being the 1997 OMB Directive No. 15.

The standards for maintaining, collecting and presenting federal data on race and ethnicity that are specified in OMB Directive No. 15 may be seen in Appendix A. Four of the notable methodological points included in the OMB standard require: 1) a two-question format to be used to collect ethnicity and race information whereby ethnicity is asked prior to the race question; 2) the ethnicity item to include two categories (“Hispanic or Latino” or “Not Hispanic or Latino”); 3) the race item to include five race categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White); and 4) respondents to be able to choose more than one race designation.

The intent of the OMB standard was to provide a minimum set (a “floor”) of race and ethnic categories. Expansion of the categories to meet local needs is allowed and encouraged if it does not adversely alter the ability to report race and ethnicity in a manner consistent with the OMB standard.

The U.S. Census Bureau adopted the OMB standard as a foundation for the 2000 Census. A copy of the race and ethnicity survey items used in the 2000 Census is shown in Figure 1.

There has been some criticism of the OMB standard as it was manifested in the 2000 Census. For example, some respondents had difficulty understanding the categories presented and applying them to their own backgrounds (Sondik, Wilson, Hadans, & Smith, 2000). Nonetheless, the Census 2000 is the first time there has been system-wide reporting of multiple races by individuals (Sondik et al., 2000).

Though the OMB standards are federal, they have the potential to impact state data systems in several ways (Friedman, Cohen, Averbach, & Norton, 2000). First, many core public health care program data sets and systems, such as hospital discharge data (e.g., HCUP) and claims data (e.g., HCFA 1500) are implemented through federal funds and will, therefore, be expected to conform with the OMB standards. Second, states that want to assess and calibrate their state health insurance survey estimates to those of the Census will need to employ the race and ethnic categories used in the Census (i.e., the OMB standard) (Wallman, Evinger, & Schechter, 2000).

State Approaches to Race and Ethnicity Data Collection

A total of 16 state household surveys from different regions of the country were reviewed to assess the variety of approaches used to collect race and

ethnicity data and how states' approaches have conformed to or departed from the OMB standard. The states included in the review were: California, Connecticut, Florida, Hawaii, Illinois, Kansas, Massachusetts, Minnesota, New Hampshire, New Mexico, Ohio, Oregon, Utah, Vermont, Washington, and Wisconsin. Appendix B contains each state's race/ethnicity item wordings.

Figure 1. Excerpt from 2000 Census Short Form

NOTE: Please answer BOTH Questions 7 and 8.

7. Is [PERSON] Spanish/Hispanic/Latino? *Mark the "No" box if not Spanish/Hispanic/Latino.*

<input type="checkbox"/> No, not Spanish/Hispanic/Latino	<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (print group)	

8. What is [PERSON'S] race? *Mark one or more races to indicate what this person considers himself/herself to be.*

<input type="checkbox"/> White		
<input type="checkbox"/> Black, African Am., or Negro		
<input type="checkbox"/> American Indian or Alaska Native (<i>print enrolled or principal tribe</i>)		
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian (<i>print race</i>)	<input type="checkbox"/> Other Pacific Islander (<i>print</i>)	<input type="checkbox"/> Some other race (<i>print race</i>)

Overall, seven different approaches to collect race and ethnicity data were used by the 16 states reviewed, including: 1) adhering to the OMB standard; 2) combining race and ethnicity into a single question; 3) collecting information about primary language; 4) collecting information on ancestry and nativity (e.g., US or not US born); 5) altering the wording of the race and ethnicity categories; 6) requiring respondents to indicate their primary race; and 7) placing

the race and ethnicity items in certain sections of the questionnaire. Table 1 provides an overview of the approaches taken by the different states.

In the following paragraphs, each of these seven approaches are discussed in turn with specific state examples provided when applicable.

1. Adhering to the OMB Standard

Many state researchers adhere to the OMB standard because it provides the flexibility to expand the racial and ethnic categories to include relevant sub-groups of interest. As stated earlier, the OMB standards are designed to set a *minimum* standard for collection and reporting of race and ethnicity. The Institute of Medicine (IOM) recommends that states specify subpopulation groups of interest within the framework of the OMB model wherever possible (Smedley, Stith, & Nelson, 2002). The classification of some groups may be inconsequential at the federal level but may raise major issues for evaluating public health care program needs at state and local levels (Friedman et al., 2000).

Minnesota and California are good examples of states that put IOM's recommendation in action by expanding the racial and ethnic categories of the OMB standard in their state surveys. In the 2001 Minnesota Health Access Survey, Minnesota decided to expand the race question to include Hmong. California obtained a great deal of specificity for its Latino, American Indian, and Asian and Pacific Islander groups in its 2000 California Health Interview Survey.

In addition to its flexibility, the principal reason most states use the OMB standard is that it was used in the 2000 Census.

A New Hampshire analyst reported that they posed the question:

"What is your race or ethnic background"?

They offered specific choices and "other" due to constraints in the number of survey questions allowed and the anticipated low number of responses.

The benefit of having one's state survey items about race and ethnicity agree with the Census is one can use the Census estimates to assess and calibrate the representativeness of their state survey sample. Furthermore, by agreeing with the race and ethnicity survey items used in the Census, states may use the Census data to calculate weights for their survey data and compute population-based rates of insurance coverage.

2. Combining Race and Ethnicity into a Single Question

The OMB standard specifies that a two-question format be used to collect race and ethnicity data. However, the standard does allow for the following exception. When an individual's race and ethnicity are divined through observation, race and ethnicity data may be collected in one question (see Appendix A). Under all other circumstances, the OMB standard specifies that the two-question format be used.

Certain states, such as New Hampshire in their 2001 Health Insurance and Access Survey and New Mexico in their 1999

Health Policy Commission Household Survey, collected respondent race and ethnicity information using one question. There is evidence that combining race and ethnicity in a survey item may differentially affect estimates of certain groups, particularly Hispanics. Results from the 2000 Census indicate that individuals of Hispanic origin are less likely to answer the race and ethnicity questions. Researchers believe this may be due in part to difficulty understanding whether the respondent means Hispanic as a race or as an ethnicity (Treat & Stackhouse, 2001).

Massachusetts' analysts report asking primary language to examine linguistic and cultural differences that might make a difference in uninsured populations.

It represents a move away from strictly using race, which may or may not have direct relationships with culture and communication issues.

in one question rather than two (Tucker & Kojetin, 1996). The Bureau of Labor Statistics (BLS) compared the Current Population Survey (CPS) results to those of the CPS March Supplement and found that the percentage of respondents identifying themselves as white decreased when a separate category for Hispanic-origin was included (Labor, 1995). Ultimately, the downside to using a combined approach to collecting race and ethnicity data is that it may result in an under-reporting of those of Hispanic origin.

Guzman and McConnell (2001) suggest that respondent confusion alone does not fully explain why Hispanic individuals have higher item non-response. They argue that the federal government's assumption that race categories are binary, and the decision to treat race and ethnicity as separate entities results in categories that are not applicable for groups in which the lines between race and ethnicity are blurred. Moreover, some have found that Hispanics prefer a having a "Hispanic" category as part of the race question (Labor, 1995). Both Minnesota and Florida, in their 1999 Florida Health Insurance Survey, found that the majority of those providing a response to the "other/specify" option to the race question indicated that they were Hispanic or Latino.

Notwithstanding personal preferences and cultural proclivities, overall Hispanic population counts decrease when race and ethnicity data is collected

3. Collecting Primary Language Information

Two of the state surveys reviewed (i.e., the 2000 Survey of Massachusetts Residents and the 2000 Washington Population Survey) ask about the primary language of the respondent. Research suggests that health care access and utilization vary significantly with level of English proficiency (Sarver & Baker, 2000; Perez-Stable, Napoles-Springer, & Miramontes, 1997). However, there is likely a non-trivial portion of the population whose primary language may be something other than English but whose proficiency with that language is actually quite high. Nonetheless, the benefit of including this question in a state survey is that it allows the state to better understand the extent to which language barriers are driving racial and ethnic disparities in health coverage and health care utilization.

A number of states translated their survey instruments into languages different than

English to accommodate those whose for whom that language was not primary. The principal motivation for doing so was to increase response rates generally and representation of selected groups in particular. For example, Minnesota translated their survey into Spanish and Hmong; the two largest non-English speaking populations in the state. They regret not translating the questionnaire into Vietnamese or other Asian languages because the number of completes in that racial category fell below expectations.

Similarly, Utah translated their questionnaire into Spanish based on state population estimates by race and ethnicity. In both Minnesota and Utah, the surveys were translated by certified translators.

4. Collecting Ancestry and Nativity Information

A major task immigrants face in adjusting to America is learning how to categorize themselves into the American classification scheme (Waters, 2000). One suggested method of easing the task of doing so is through the use of an ancestry question.

The ancestry question on the 1980, 1990, and 2000 Censuses asks, "What is this person's ancestry or ethnic origin?" Certain states, such as Hawaii and Illinois, have followed suit and similarly supplement their race and ethnicity survey items with a series of questions on the ancestry of the respondent's family. These questions provide detailed data that allows the

state to examine changes in the diversity of its population.

Using an ancestry question as the sole means of assessing race and ethnicity is not recommended because it can lead to biased estimates. Research suggests that education is positively associated with reporting more than one ancestry; on the other hand, older persons are more likely to report fewer ancestries (Waters, 2000).

The downside to including questions on ancestry and nativity is that the survey becomes longer and the recall required can be quite burdensome to respondents; particularly if information on the respondent's parents ancestry and/or nativity are included.

An analyst from Vermont reported that they followed-up affirmative responses for Native American with an inquiry about tribe to clarify that this does not mean "Born in the USA" or being a descendant of the Mayflower. Vermont plans to use "American Indian" in future surveys.

Acquiring data on nativity (i.e., native or immigrant to U.S.) may be useful for health policy planning purposes. Research indicates that the health of certain immigrants (Hispanic, white) is superior to that of their U.S.-born counterparts (Mendoza, 1994). Moreover, similar findings are emerging for Black and Asian/Pacific Islander immigrants as well (Frisbie, Cho, & Hummer, 2001).

Research suggests that nativity is strongly associated with uninsurance. Thamer et al. found that foreign-born US residents are twice as likely as the US-born population to be uninsured (26.2% and 13.0% respectively) (Thamer, Richard, Waldman Casebeer, & Fox Ray, 1997).

In addition to ancestry and nativity, duration of time in the US has also been

found to impact access to both health care (Leclere, Jensen, & Miramontes, 1994) and health insurance (Thamer et al., 1997). While different gradations of length have been used, the most crucial is the 5-year duration cut-point, because immigrants can obtain US citizenship after that time (Frisbie et al., 2001).

Minnesota asked about nativity status and duration in their 2001 Health Access Survey via the following questions: “In what country were you born?” and “When did you come to live in the US?” in order to assess the impact of recent immigration access to insurance coverage.

While potentially valuable, states should be aware that nativity and duration are highly sensitive topics given concerns about immigration status and that inclusion of such an item into the survey may face opposition from advocates for the undocumented populations in the state. Moreover, phrasing and placing the duration item in such a way that doesn't make the respondent think the interviewer was really from the Immigration and Naturalization Service (INS) may be challenging.

5. *Wording the Race/Ethnicity Options*

Several states chose to word their race and ethnicity classifications in a manner inconsistent with those suggested by the OMB. The OMB guidelines suggest the use of American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White for the race classifications and Hispanic or Latino or Not Hispanic or Latino for ethnicity (see Appendix A). An example of a departure

from this standard is the 2000 Vermont Family Health Insurance Survey, which used the terms Spanish, Hispanic, Mexican, or Cuban to characterize Hispanic or Latino ethnicity, Caucasian to classify White respondents, and Native American to classify American Indians.

While the specific implications of such wording alterations are unclear, one must be mindful that seemingly minor alterations to item wording can have a profound effect on respondents' comprehension and reporting. Survey experts claim that the most critical element of response effects in surveys is the wording of items and their response options because respondents must process the wording first in order to understand what information is being sought (Sudman, Bradburn, & Schwarz, 1996).

6. *Requiring Primary Race Selection*

For more than 20 years, the National Health Interview Survey (NHIS) has asked respondents to identify their primary race (Sondik et al., 2000). The NHIS begins by asking respondents to identify all the race groups that represent them, and then asks them to choose which race category *best* represents them. The Census Bureau has observed item nonresponse rates for this item to be quite high (~20%; Pascale, 2002). Moreover, analysis of the NHIS data has shown that the individuals who select more than one race are a heterogeneous group, composed of individuals with varied racial combinations and varied primary race (Sondik et al., 2000). In addition, the NHIS rate of private insurance coverage for the multiple-race group seems to be consistent with the average of the rates for the single-race groups.

The Ohio Family Health Survey that the Ohio Department of Health hopes to field in 2003 will be an example where respondents are asked to choose a primary race. If the respondent gives more than one answer in response to the race question, he or she will be asked, "What do you consider your primary race to be?" The main reason why Ohio is going to ask the primary race question is so that they have a bridge to their 1998 health insurance survey and thus allow trend analyses between the two years.

7. Placement of the Race/Ethnicity Items in the Survey Instrument

A basic rule for determining the order of questions in a survey instrument is to include critical question domains closer to the beginning of the survey while the interviewer and respondent are sharp; especially if the questionnaire is long. However, another survey design maxim is to begin the survey with innocuous items that facilitate rapport building between the interviewer and respondent, and then place sensitive items toward the end of the survey (Dillman, 1978). Given these two suggestions, it is difficult to say what is the best placement of race and ethnicity questions in state surveys of health coverage. Unfortunately, the research literature provides little guidance on this issue.

In any case, states varied in their placements of the race and ethnicity items. For example, Oregon in their 1998 Population Survey, and Utah in their 2001 Health Status Survey, placed their race and ethnicity items towards the beginning of the survey. Conversely, the

1999 Florida Health Insurance Survey, the 2001 Kansas Health Insurance Survey, and the 2000 Wisconsin Family Health Survey placed race and ethnicity items toward the end of their surveys. Florida's placement of the race and ethnicity items towards the end of the survey was based on a conscious decision to ask more sensitive items just prior to the completion of the interview.

Other Methodological Considerations

The research literature suggests that employing alternative methodologies to collect race and ethnicity information such as reversing the placement of the race and ethnicity items, using a multiple race response option, or using an open-ended approach, might alter the estimates obtained.

Ordering of the Race and Ethnicity Questions

Findings from the Census Bureau's 1996 National Content Survey (NCS) indicate that placing the Hispanic origin question before the race question significantly reduced non-response to the Hispanic origin question. Additionally, placing the Hispanic origin question before the race question without a multiple race response option reduced the percentage of persons reporting in the "other race" category. This technique also increased reporting by Hispanics in the White category. It appears that the benefit of placing the Hispanic ethnicity question before the race question is that respondent confusion is reduced.

Multiple Race Category vs. Select All that Apply

Researchers take one of two approaches to recording information on respondents who consider themselves to be of more than one race. Some researchers include a single generic multi-race response category while others allow the respondent to select multiple race categories to describe himself or herself. These two methods result in different estimates of coverage by race. Specifically, BLS found the multiracial category approach decreased the proportion of American Indian, Eskimo, or Aleut relative to the “select all that apply” method. These results suggest that this population may be sensitive to methods effects (Labor, 1995).

The Census Bureau also studied the effect of adding a multiracial response category in the race question in its 1996 NCS. The principle findings of the study include: (1) The presence of a multiracial response category did not have a statistically significant effect on the percentage of people reporting themselves as White, Black, American Indian, or Asian and Pacific Islander. This finding held regardless of the sequence of the questions. (2) An apparent decline in the proportion of persons reporting themselves as Asian and Pacific Islander when a multiracial category was included was not statistically significant. However, the relatively small NCS sample size might not detect a sizable proportionate decline in the Asian and Pacific Islander population. In addition, because a substantial proportion of write-ins to the multiracial category included Asian and Pacific Islander responses, it is possible that adding a multiracial category affects this population. (3) A multiracial

category followed by a Hispanic origin sequence reduced the percentage of persons reporting in the “Other Race” category.

Some have warned that the quality of multiracial groupings, especially for multiracial analyses, will vary by the concentration of certain groups within states (Sondik et al., 2000).

Open-ended Questions

Another approach to collect race and ethnicity data is to use an open-ended question with no pre-defined response categories. In general, open-ended questions can overcome the primary shortcomings associated with their closed-ended counterparts. They may take minimal interview time and can reduce the frustration felt by respondents when the appropriate category for their answer is not one of the choices provided. It is also easier to detect misinterpretations of questions through a critical review of the responses to open-ended questions.

While the open-ended design allows for detailed data collection, there is no way to avoid the possible collection of extraneous information. From a practical standpoint, coding open-ended responses is more difficult, subjective, and costly to perform. Finally, the collection of open-ended responses is best done through face-to-face and self-administered surveys, as opposed to telephone surveys (Groves & Kahn, 1979).

Summary and Conclusions

The method chosen for gathering race and ethnicity data will affect people’s answers to these questions and ultimately, will impact the estimates calculated from the

state survey, (e.g., multi-racial category's effect on Hispanic and Native American estimates).

Many states use the OMB model. This is fortunate since all states will be required to collect such data in conformance to the OMB minimum standard by 2003. The most dramatic aspect of the revised OMB standards is the provision that enables the collection and reporting of multiple races (Friedman et al., 2000). Until these changes took effect, many immigrants, such as those from Latin America and the Caribbean had to exchange their conception of race for the American "one-drop rule" which classifies people as Black if they had any Black ancestors at all (Waters, 2000).

Adoption of the OMB standard and its collection of multiple-race data will not be without its costs, however. Incorporating the standard into existing state health insurance surveys may introduce discontinuity in state trend data. The discontinuity in trends may be significant, especially in some areas of the country (Sondik et al., 2000).

States adopting the OMB standard will likely have to enlist bridging methods if they wish to analyze their data to evaluate trends. These bridging methods fall into two broad categories as described by Parker and Makuc (Parker & Makuc, 2002): 1) *Whole allocation methods* which provide rules for reassigning each multiple-race response

into one of the single-race groups selected; and 2) *Fractional allocation methods* that assign part of each multiple-race response into each single-race group either deterministically, by modifying observation weights, or probabilistically, by random assignment.

"In my opinion, the changes [set forth in OMB Statistical Policy Directive 15] meet the primary purposes for which the federal government collects data on race and ethnicity. In particular, the decisions to allow respondents to identify more than one race and to maintain separate ethnic data for the Hispanic population will ensure the continued collection of useful information that more closely describes our changing population."

-Hon. Thomas C. Sawyer, Ohio

The impact of bridge methods on estimates for single-race groups will depend on the extent to which single- and multiple-race groups differ on characteristics that affect health insurance coverage (Sondik et al., 2000). States' choice of bridging technique will likely depend on

the specifics of each state's racial and ethnic mix (Friedman et al., 2000). It may be that more diverse states will experience the greatest instability of estimates as a result of the bridging technique.

The OMB standards have the potential for producing a more nuanced understanding of the relationship between race and ethnicity to the health of the American people and for creating more appropriately targeted and more effective health care programs (Friedman et al., 2000). From a pragmatic standpoint, collecting race and ethnicity information using the standards is important to states because they are constantly confronted with the need to assess and calibrate their state survey estimates to those of the Census so they may be used for coverage expansion planning and targeting at state and sub-state levels.

An important consideration in need of further investigation is the question of how the revised race standards interact with the measurement of health insurance status, the topic discussed in an earlier SHADAC survey guideline issue brief.

Finally, the approach taken by states to collect race and ethnicity information has reporting implications. Specifically, although new data collections utilizing the OMB standard may provide information about multiple-race populations, preliminary estimates suggest that their numbers will be too small for reliable statistical estimates (Parker & Makuc, 2002). As alluded to earlier, the OMB directive also addresses how race and ethnicity information ought to be reported (see Appendix A).

An in-depth discussion of the OMB reporting requirements and their implications is beyond the scope of the current review. However, in a nutshell, all estimates should be displayed by the aforementioned race and ethnicity categories unless the cell sample sizes are so small that estimates would be unreliable or when the data collection effort focuses on a specific racial or ethnic group. The term “nonwhite” is not acceptable under any circumstances. Designations such as “Black or African American and Other Races” or “All Other Races,” “White,” “Black or African American,” and “All Other Races,” or “Whites” with “All Other Races” are preferred, depending on the situation.

In conclusion, state and federal governments, along with a host of private entities, will have to collect defensible race and ethnicity information

in order to evaluate and improve racial and ethnic disparities in health care access and utilization. The OMB Statistical Policy Directive No. 15 represents significant headway in that regard. One way or another, state agencies charged with crafting health policy will have to attend to the problem of collecting valid race and ethnicity information in general and with the OMB standard in particular. The current review provides examples of states that collect their race and ethnicity information in accord with the standard, as well as approaches that could yield important information over and above the standard. The approach employed merits careful consideration as it may have significant bearing on what can be done with the data collected.

Table 1. Matrix of Approaches to Collecting Race and Ethnicity Data by State

State	Approach to Collecting Race and Ethnicity Data						
	Adhered to OMB Standard	Combined Race & Ethnicity	Primary Language	Ancestry or Nativity	Altered Wording of Options	Primary Race	Placed Items at Beginning
California	X					X	
Connecticut	X						
Florida	X						
Hawaii				X			
Illinois	X			X			
Kansas	X						
Massachusetts	X		X				
Minnesota	X			X			
New Hampshire		X					
New Mexico		X					
Ohio	X					X	
Oregon	X		X			X	X
Utah	X						X
Vermont					X		
Washington	X		X				
Wisconsin	X						

References

- Bhopal, R., & Donaldson, L. (1998). White, European, Western, Caucasian, or what? Inappropriate labeling in research on race, ethnicity, and health. *American Journal of Public Health, 88*(9), 1303-1307.
- Dillman, D. A. (1978). *Mail and Telephone Surveys: The Total Design Method*. New York: John Wiley & Sons.
- Feinleib, M. (1993). Data needed for improving the health of minorities. *Annals of Epidemiology, 3*(2), 199-202.
- Friedman, D. J., Cohen, B. B., Averbach, A. R., & Norton, J. M. (2000). Race/Ethnicity and OMB Directive 15: Implications for State Public Health Practice. *American Journal of Public Health, 90*(11), 1714-1719.
- Frisbie, W. P., Cho, Y., & Hummer, R. A. (2001). Immigration and the Health of Asian and Pacific Islander Adults in the United States. *American Journal of Epidemiology, 153*(4), 372-380.
- Groves, R. M., & Kahn, R. L. (1979). *Surveys by Telephone*. New York: Academic Press.
- Labor, U. S. D. o. (1995). *A CPS Supplement for Testing Methods of Collecting Racial and Ethnic Information* [Internet]. Bureau of Labor Statistics. Retrieved February 6, 2002, from the World Wide Web: <http://stats.bls.gov/news.release/ethnic.toc.htm>
- Leclere, F. B., Jensen, L., & Miramontes, J. M. (1994). Health Care Utilization, Family Context, and Adaptation Among Immigrants to the United States. *Journal of Health and Social Behavior, 35*, 370-384.
- Mendoza, F. (1994). The Health of Latino Children in the United States. *Future of Children, 4*(3), 43-72.
- Parker, J. D., & Makuc, D. M. (2002). Methodologic Implications of Allocating Multiple-Race Data to Single-Race Categories. *HSR: Health Services Research, 37*(1), 203-215.
- Perez-Stable, E. J., Napoles-Springer, A., & Miramontes, J. M. (1997). The Effects of Ethnicity and Language on Medical Outcomes of Patients with Hypertension or Diabetes. *Medical Care, 35*, 1212-1219.
- Sarver, J., & Baker, D. W. (2000). Effect of Language Barriers on Follow-up Appointments After an Emergency Department Visit. *Journal of General Internal Medicine, 15*, 256-264.
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2002). *Unequal Treatment; Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: Institute of Medicine, National Academy Press.
- Sondik, E. J., Wilson, L. J., Hadans, J. H., & Smith, S. S. (2000). Race/Ethnicity and the 2000 Census: Implications for Public Health. *American Journal of Public Health, 90*(11), 1709-1713.
- Sudman, S., Bradburn, N. M., & Schwarz, N. (1996). *Thinking About Answers: The Application of Cognitive Processes to Survey Methodology*. San Francisco: Jossey-Bass Publishers.
- Thamer, M., Richard, C., Waldman Casebeer, A., & Fox Ray, N. (1997). Health Insurance Coverage Among Foreign-Born US Residents; The Impact of Race, Ethnicity, and Length of Residence. *American Journal of Public Health, 87*(1), 96-102.
- Treat, J. B., & Stackhouse, H. F. (2001). *Demographic: Comparison Between Self-response and Personal Visit Interview in Census 2000*. Unpublished manuscript, Miami.
- Tucker, C., & Kojetin, B. (1996). Testing Racial and Ethnic Origin Questions in the CPS Supplement. *Monthly Labor Review, 3*-7.
- Wallman, K. K., Evinger, S., & Schechter, S. (2000). Measuring Our Nation's Diversity: Developing a Common Language for Data on Race/Ethnicity. *American Journal of Public Health, 90*(11), 1704-1708.
- Waters, M. C. (2000). Immigration, Intermarriage, and the Challenges of Measuring Racial/Ethnic Identities. *American Journal of Public Health, 90*(11), 1735-1737.

Appendix A: 1997 Revision to OMB Directive 15

Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

This classification provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."

1. Categories and Definitions

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- *American Indian or Alaska Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- *Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents shall be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more."

2. Data Formats

The standards provide two formats that may be used for data on race and ethnicity. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. In situations where self-reporting is not practicable or feasible, the combined format may be used.

In no case shall the provisions of the standards be construed to limit the collection of data to the categories described above. The collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way that the additional categories can be

aggregated into these minimum categories for data on race and ethnicity.

With respect to tabulation, the procedures used by Federal agencies shall result in the production of as much detailed information on race and ethnicity as possible. However, Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.

a. Two-question format

To provide flexibility and ensure data quality, separate questions shall be used wherever feasible for reporting race and ethnicity. When race and ethnicity are collected separately, ethnicity shall be collected first. If race and ethnicity are collected separately, the minimum designations are:

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

When data on race and ethnicity are collected separately, provision shall be made to report the number of respondents in each racial category who are Hispanic or Latino.

When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the five racial categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed

distributions, including all possible combinations, of multiple responses to the race question. If data on multiple responses are collapsed, at a minimum the total number of respondents reporting "more than one race" shall be made available.

b. Combined format

The combined format may be used, if necessary, for observer-collected data on race and ethnicity. Both race (including multiple responses) and ethnicity shall be collected when appropriate and feasible, although the selection of one category in the combined format is acceptable. If a combined format is used, there are six minimum categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the six categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed distributions, including all possible combinations, of multiple responses. In cases where data on multiple responses are collapsed, the total number of respondents reporting "Hispanic or Latino and one or more races" and the total number of respondents reporting "more than one race" (regardless of ethnicity) shall be provided.

3. Use of the Standards for Record Keeping and Reporting

The minimum standard categories shall be used for reporting as follows:

a. Statistical reporting

These standards shall be used at a minimum for all federally sponsored statistical data collections that include data on race and/or ethnicity, except when the collection involves a sample of such size that the data on the smaller categories would be unreliable, or when the collection effort focuses on a specific racial or ethnic group. Any other variation will have to be specifically authorized by the Office of Management and Budget (OMB) through the information collection clearance process. In those cases where the data collection is not subject to the information collection clearance process, a direct request for a variance shall be made to OMB.

b. General program administrative and grant reporting

These standards shall be used for all Federal administrative reporting or record keeping requirements that include data on race and ethnicity. Agencies that cannot follow these standards must request a variance from OMB. Variances will be considered if the agency can demonstrate that it is not reasonable for the primary reporter to determine racial or ethnic background in terms of the specified categories, that determination of racial or ethnic background is not critical to the administration of the program in question, or that the specific program is directed to only one or a limited number of racial or ethnic groups.

c. Civil rights and other compliance reporting

These standards shall be used by all Federal agencies in either the separate or combined format for civil rights and other compliance reporting from the public and private sectors and all levels of government. Any variation requiring less detailed data or OMB must specifically approve data, which cannot be aggregated into the basic categories, for executive agencies. More detailed reporting which can be aggregated to the basic

categories may be used at the agencies' discretion.

4. Presentation of Data on Race and Ethnicity

Displays of statistical, administrative, and compliance data on race and ethnicity shall use the categories listed above. The term "nonwhite" is not acceptable for use in the presentation of Federal Government data. It shall not be used in any publication or in the text of any report.

In cases where the standard categories are considered inappropriate for presentation of data on particular programs or for particular regional areas, the sponsoring agency may use:

- a. The designations "Black or African American and Other Races" or "All Other Races" as collective descriptions of minority races when the most summary distinction between the majority and minority races is appropriate;
- b. The designations "White," "Black or African American," and "All Other Races" when the distinction among the majority race, the principal minority race, and other races is appropriate; or
- c. The designation of a particular minority race or races, and the inclusion of "Whites" with "All Other Races" when such a collective description is appropriate.

In displaying detailed information that represents a combination of race and ethnicity, the description of the data being displayed shall clearly indicate that both bases of classification are being used.

When the primary focus of a report is on two or more specific identifiable groups in the population, one or more of which is racial or ethnic, it is acceptable to display data for each of the particular groups separately and to describe data relating to

the remainder of the population by an appropriate collective description.

5. Effective Date

The provisions of these standards are effective immediately for all **new** and **revised** record keeping or reporting requirements that include racial and/or ethnic information. All **existing** record

keeping or reporting requirements shall be made consistent with these standards at the time they are submitted for extension, or not later than January 1, 2003.

Source: Office of Management and Budget.
<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

Appendix B: State Approaches to Race and Ethnicity Data Collection

California Health Interview Survey, 2000

- Are you of Latino or Hispanic origin?
- And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Chicano, Salvadorian – and if you have more than one, tell me all of them.
[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- Mexican/Mexicano
- Mexican American
- Chicano
- Salvadorian
- Guatemalan
- Costa Rican
- Honduran
- Nicaraguan
- Panamanian
- Puerto Rican
- Cuban
- Spanish-American (From Spain)
- Other Latino (Specify):

- Also, please tell me which one OR MORE of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black African American, or White?

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

- Native Hawaiian
- Other Pacific Islander
- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Other (Specify)

- You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

[CODE ALL THAT APPLY]

- Apache
- Blackfeet
- Cherokee
- Chickasaw
- Choctaw
- Crow
- Hopi
- Kiowa
- Lakota/Nakota/Dakota/Sioux
- Navajo
- Ojibwe/Anishinabe/Chippewa
- Other tribe [ask for spelling]
[Specify]

- Are you an enrolled member in a federally or state recognized tribe?
- Which tribe are you enrolled in?
 - Jicarilla Apache, NM
 - Mescalero Apache, NM
 - San Carlos Apache Tribe, AZ
 - Cherokee Nation, OK
 - Eastern Band of Cherokee, NC
 - Cheyenne River Sioux, SD
 - Oglala/Pine Ridge Sioux, SD
 - Rosebud Sioux Tribe, SD
 - Sisseton-Wahpeton, Sioux Tribe, Lake Traverse, SD
 - Standing Rock Sioux Tribe of ND and SD
 - Blackfeet, MT
 - Chickasaw Nation, OK
 - Choctaw Nation, OK
 - Crow Tribe, MT
 - Hopi Tribe, AZ
 - Kiowa Tribe, OK
 - MCT/ Minnesota Chippewa Tribe
 - Turtle Mountain Band of Chippewa, ND
 - Navajo Nation, AZ, NM & UT
 - Other tribe [Ask for spelling] [Specify].

- You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY]

- Bangladeshi
 - Burmese
 - Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Indian (India)
 - Indonesian
 - Japanese
 - Korean
 - Laotian
 - Malaysian
 - Pakistani
 - Sri Lankan
 - Taiwanese
 - Vietnamese
 - Other Asian [Specify]
- You said Pacific Islander, and what specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY]

- Samoan/ American Samoan
 - Guamanian
 - Tongan
 - Fijian
 - Other Pacific Islander: [Specify]
- You said that you are (INSERT MULTIPLE RESPONSES). Of these which do you MOST identify with?

Connecticut OHCA Family Health Care Access Survey Instrument, 2001

- Are you (is <target>) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?
- Now choose one or more races for yourself (<target>). Which race or races do you consider yourself (him/her) to be: (May select more than on. Read list if necessary)
1.) White 2.) Black, African-American 3.) Asian Indian 4.) Chinese 5.) American Indian or Alaska Native, 6.) Korean 7.) Vietnamese 8) Filipino 9.) Japanese 10.) Other Pacific Islander 11.) Some other race? What race is that?

Florida Health Insurance Survey, 1999

- (IF NECESSARY: The next questions may be sensitive. We are asking so that we can better understand differences in health care problems and needs.) Is NAME of Spanish or Hispanic origin?
- What group? For example, Mexican, Mexican-American, Puerto Rican, Cuban, or some other group?
- What race does NAME consider himself or herself to be? (White; Black; Native American Indian/Eskimo; Asian/Pacific Islander; Other (specify); DK; NA)
REPEAT FOR ALL 18 YEARS OF AGE OR OLDER OR MARRIED

Hawaii Health Survey, 2000

- When you think of yourself, what is your ancestry or ethnic background?
(ACCEPT ONLY ONE ANSWER. DO NOT READ LIST) (RESPONDENT)

(Coding)

- White/ Caucasian (European, German, Irish, Italian, Eng.)
 - Hawaiian
 - Chinese (Taiwanese)
 - Filipino
 - Japanese (Okinawan)
 - Korean
 - Vietnamese
 - Asian Indian
 - Other Asian (Laotian, Thai, Malaysian)
 - Samoan/ Tongan
 - Black/ African American
 -
 -
 - Native American/ Aleut/Eskimo/Inuit
 - Puerto Rican
 - Mexican
 - Portuguese
 - Guamanian/Chamorro
 - Other Pacific Islander (Polynesian, Micronesian, Fijian)
 - Other (Specify)
 - Part-Hawaiian
 - Mixed/Non-Hawaiian
- Are you of Spanish or Hispanic origin?

- Of what ethnic background is your mother? (Question accepts 4 answers. READ LIST 01-17 ONLY IF NECESSARY.) (RESPONDENT) 1) White/Caucasian (European, German, Irish, Italian, Eng.) 2) Hawaiian 3) Chinese (Taiwanese) 4) Filipino 5) Japanese 6) Korean 7) Vietnamese 8) Asian Indian 9) Other Asian (Laotian, Thai, Malaysian) 10) Samoan/Tongan 11) Black/African American 12) Native American/Aleut/Eskimo/Inuit 13) Puerto Rican 14) Mexican 15) Portuguese 16) Guamanian/Chamorro 17) Other Pacific Islander (Polynesian, Micronesian, Fijian) 18) Other (Specify)
- Of what ethnic background is your father? (Question accepts 4 answers. READ LIST 01-17 ONLY IF NECESSARY.) (RESPONDENT) 1) White/Caucasian (European, German, Irish, Italian, Eng.) 2) Hawaiian 3) Chinese (Taiwanese) 4) Filipino 5) Japanese 6) Korean 7) Vietnamese 8) Asian Indian 9) Other Asian (Laotian, Thai, Malaysian) 10) Samoan/Tongan 11) Black/African American 12) Native American/Aleut/Eskimo/Inuit 13) Puerto Rican 14) Mexican 15) Portuguese 16) Guamanian/Chamorro 17) Other Pacific Islander (Polynesian, Micronesian, Fijian) 18) Other (Specify)

Note: Ancestry/ethnic background collected for household.

Illinois Population Survey of Uninsured and Newly Insured, 2001

- Do you consider yourself of Hispanic or Latino origin?
- Where did your ancestors come from?

(Coding)

- | | |
|---|--|
| <ul style="list-style-type: none"> · Puerto Rico · Cuba · Dominican Republic · Mexico | <ul style="list-style-type: none"> · Central or South America · Other Latin American Country (Specify) |
|---|--|
-
- What race do you consider yourself to be? INTERVIEWER: PLEASE PROBE USING CATEGORIES (9) THROUGH (15) IF RESPONDENT SAYS “ASIAN”: 1.) White 2.) Black/African American 3.) Indian American 4.) Alaska Native 5.) Native Hawaiian 6.) Guamanian 7.) Samoan 8.) Other Pacific Islander 9.) Asian Indian 10.) Chinese 11.) Filipino 12.) Japanese 13.) Korean 14.) Vietnamese 15.) Other Asian 16.) Some other race.
 - Specify other race.

Kansas Health Insurance Survey, 2001

- (IF NECESSARY: The next questions may be sensitive. We are asking so that we can better understand differences in health care problems and needs). Is NAME of Spanish or Hispanic origin?

- What race does NAME consider him/herself to be? 1.) White 2.) Black 3.) Native American Indian/ Eskimo 4.) Asian/ Pacific Islander 5.) Other Specify.
Note: No instruction was provided whether interviewer reads this list or not.

Survey of Insurance Status of Massachusetts Residents, 2001

- What is the language spoken most often in your home?
(Coding)
 - English
 - Spanish
 - Portuguese
 - Asian Languages (Chinese, Mandarin, Cantonese, Khmer, Vietnamese, Japanese, Others)
 - Others: give language
- Do you consider yourself to be Hispanic or Latino?
- Is everyone else in this household also Hispanic or Latino?
- Which persons are not Hispanic or Latino?
- Is anyone in the household Hispanic or Latino?
- (In addition to being Hispanic) Are you white, black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, or something else?
- Is there anyone in this household of a different race than you?
- Which persons are of a different race than you?
- Is that person white, black or African-American, Asian, American Indian or Alaskan Native, Native Hawaiian or other Pacific Islander, or something else?

Minnesota Health Access Survey, 2001

- Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?
- Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be (READ AS PROBE.LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.): White; Black, African-American; Asian Indian; Chinese; American Indian or Alaska Native; Korean; Vietnamese; Hmong; Filipino; Japanese; Other Pacific Islander; Some other race? (specify); DK; REF

New Hampshire Health Insurance and Access Survey, 2001

- What is your race or ethnic background? (Read Responses): 1.) White 2.) Black 3.) Hispanic 4.) Asian (or Pacific Islander) 5.) Other

New Mexico Health Policy Commission Household Survey, 1999

- From the following options, do you consider yourself to be [READ OPTIONS]: American Indian, Asian, Black, Hispanic, White non-Hispanic, or something else?

(IF SOMETHING ELSE ASK: How would you describe you racial or ethnic background?

- Do you consider yourself to be [READ OPTIONS]: Mexican-American, Spanish-American, or Something else?
- Do you have a tribal or pueblo affiliation?
- With what Tribe or Pueblo are you affiliated?

Ohio Family Health Survey

(Note: Not yet fielded.)

ASKED OF RESPONDENT

- [Are you/Is (Person in S1)] of Hispanic, Latino or Spanish origin?
- What race [[do you/does (Person in S1)] consider (yourself/himself/herself) to be? The U.S. Census categories are (read , and code all that apply): white, black or African American, Asian or Pacific Islander, Native American or American Indian, Alaska Native, (Hispanic, Do Not Read)?
- (If respondent gives more than one answer, ask): What [do you/does (Person in S1)] consider (your/his/her) primary race to be?
- (If Hispanic) Do you consider [yourself/(person in S1) to be white Hispanic, or black Hispanic?

ASKED OF IDENTIFIED CHILD

- Is (response #90) of Hispanic, Latino or Spanish origin?
- What race do you consider (response #90) to be? The U.S. Census Categories are (read and code all that apply): White, Black or African American, Asian or Pacific Islander, Native American or American Indian, Alaska Native.
- What do you consider (response #90) primary race to be?
- Do you consider (response #90) to be White-Hispanic, or Black Hispanic?

Oregon Population Survey, 1998

- Are you proficient in a language other than English? Probe: By proficient, I mean can you hold a conversation using short sentences and tell people about yourself? Can you satisfy some limited social demands?
- Are you Spanish, Hispanic, or Latino?
- Prompt: Were your ancestors Mexican, Puerto Rican, Cuban, Central or South American, or from Spain or Portugal?
- What racial background do you most identify with? White, Black, American Indian Asian, Pacific Islander, or some other race? (Enter all Responses)
Coding:
 - White
 - African American
 - American Indian

- (Asian or Pacific Islander (Probe)): Chinese, Filipino, Guamanian (From Guam), Hawaiian, Indian (From India), Japanese, Korean, Samoan, Vietnamese, Other Asian/Pacific Islander (write-in)
- Insists on “Hispanic” as race
- Mixed racial identity (write in)

Note: No instruction was provided whether interviewer reads this list or not.

If Hispanic/Latino, probe: would you say that is Black, White, Asian or American Indian?

If Asian or Pacific Islander, probe: read List starting with Chinese.

- If Hispanic/Latino, probe: Would you say that is Black, White, Asian or American Indian?
- If Asian or Pacific Islander, probe: Read list starting with Chinese.

Utah Health Status Survey, 2001

- Will you please tell me which other household members are of Spanish, Hispanic, or Latino origin?
- Do you consider yourself to be BLACK or AFRICAN AMERICAN?
- Do you consider yourself to be ASIAN?
- Do you consider yourself to be NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER?
- Do you consider yourself to be AMERICAN INDIAN or ALASKA NATIVE?
- Do you consider yourself to be WHITE?
- Do you consider yourself to be SOMETHING ELSE, other than what I have already mentioned?
- [IF YES] What race do you consider yourself to be?
- Is everyone else in the household (insert above response)?
1 YES
2 NO
8 (DK)
9 (REFUSED)

Vermont Family Health Insurance Survey, 2000

- Is anyone in the household of Spanish, Hispanic, Mexican or Cuban descent? [IF YES ASK WHICH HOUSEHOLD MEMBERS?]
- What is _____’s racial background? [Interviewer: Read List] 1.) African-American or Black 2.) Asian or Pacific Islander 3.) Caucasian 4.) Native American or Alaska Native 5.) Any combination of the above 6.) Other (Specify)

Washington Population Survey, 2000

- Can you please tell me what language you speak? (Probe: “Can you tell me what country you are from?”)
- Are you of Hispanic or Latino origin?
- Please tell me what racial group or groups best describe you. (Can choose more than one category. Read categories if necessary – but do not read Hispanic Category): White, Black or African American (or Haitian or Negro), American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Asian, Or some other group (specify), Hispanic.

Wisconsin Family Health Survey, 2000

- Are you (Is anyone in your household) Hispanic or Latino? (This includes Mexican American, Cuban, Puerto Rican, Central American, Latin American, and Spanish origin.)
- Who in your household is Hispanic or Latino?
- Which one or more of the following is your (is HH member’s) race? American Indian or Alaska Native; Asian; Black or African-American; Native Hawaiian or Other Pacific Islander; White; Other (specify); DK; REF
- INTERVIEWER ENTER 1 IF R VOLUNTEERS THAT EVERYONE IS SAME RACE AS RESPONDENT.