

Categorizing Race Among Hispanic Smokers

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Introduction

The convergence of two developments — the mapping of the human genome and the preponderance of evidence for profound racial and ethnic disparities in cancer morbidity and mortality — has reinvigorated discussion regarding the scientific usefulness and meaning of the construct of race. Race is typically assessed via an individual's self-report. The accuracy of self-reported race is considered important because it is often used as a marker for genetic predispositions and/or culture, factors that have critical implications for cancer prevention and control. However, some scientists have argued that race as a scientific construct fails because it is not genetically discrete or reliably measured.¹ The purpose of our study was to examine self-reported race among Spanish-speaking smokers who were of low socioeconomic status.

The Hispanic population is currently the largest minority group in the United States and is projected to comprise 25% of the population by 2050.^{2,6} Hispanics are a heterogeneous group that includes people from Mexico, Central and South America, Cuba, Dominican Republic, Puerto Rico, and Spain. The categorization of Hispanics into racial and ethnic categories has been revised several times during the last century, largely due to social and political factors. In 1930, the Census listed "Mexican" under the race category.⁷ In 1940, the Census changed to listing people of Mexican descent under the "White" racial category.⁸ Slight changes occurred in 1960 when standardized instructions required that all people of Latin American descent be categorized as "White" unless they were subjectively perceived as being of another race.⁹ In 1977 the Office of Management and Budget issued Statistical Policy Directive Number 15, "Race and Ethnic Standards for

Federal Statistics and Administrative Reporting." These standards underwent revisions in 1997 requiring that all federal agencies categorize race as: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White.¹⁰ Ethnicity was defined as Hispanic origin or non-Hispanic origin.¹¹ Instead of allowing a multiracial category as was originally suggested, the 2000 Census allowed respondents to report more than one race.^{10,12} In addition, the question about racial origin was deliberately preceded by the question on Hispanic origin. Studies indicated that placing the question of Hispanic origin before race significantly reduced missing data for the Hispanic origin question.⁷

Our study examined self-categorization into racial categories among Hispanics of low socioeconomic status who enrolled in a population-based smoking cessation study. We were interested in whether self-reported categorization into racial categories in this population might be difficult because of the historical blurring of race and ethnicity among Hispanics, and because individuals at the lower end of the socioeconomic spectrum might have less experience in making such distinctions.

Method

¡Adiós al Fumar! was a randomized clinical trial that evaluated the efficacy of an enhanced smoking cessation counseling program among Spanish-speaking smokers from Texas who called the National Cancer Institute's Cancer Information Service (CIS) 1-800-4-CANCER line requesting smoking cessation help in Spanish. All callers received the standard CIS service (single, reactive counseling call) at the time of call and were asked questions about their ethnicity and race, using the format approved by the Office of Management and Budget. At the conclusion of the initial contact with the CIS, callers were offered the opportunity to participate in the research study. To those who agreed to participate in the study, research staff administered additional demographic and psychological assessments. Participants were then randomized to receive only the standard CIS service (already delivered) or to receive 3 additional proactive calls (the enhanced intervention). All assessment and counseling were delivered in Spanish. This paper reports findings from the data collected by the researchers during the study's baseline assessment call. ¡Adiós al Fumar! used the 2000 Census-proscribed categories for race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; and Some Other Race. For the assessment interview, we added "Mixed Race." The question about racial origin was deliberately preceded by a question on Hispanic origin.

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Results

Of 355 callers, 306 agreed to participate in the study (86% participation rate). Results reported here are based on the study sample of the 306 participants. Among the participants, 55% were men, 92% were immigrants, 60% spoke only Spanish in the home, and mean age was 41 years (SD = 12 years). The participants were of low socioeconomic status; more than 50% had a total annual household income of less than \$20,000, 75% had no insurance, and mean years of education was 11 (SD = 4).

Over 99% of the sample indicated that they were of Hispanic origin. Fifty percent of the sample classified themselves as White, 2% as Black, 9% as Mixed Race, and 39% as Other. When asked to clarify their response to Other, 73% stated that their race was Hispanic/Latino (despite the fact that the immediately preceding question asked about Hispanic origin), and 23% made comments such as "I am neither black nor white" or "I am brown/ tanned/cinnamon/mulatto." Compared to White participants, Other participants had lower educational levels (9.9 years vs 11.4 years, $P < .05$) and rated themselves as significantly lower on self-perceived social status ($P < .05$). There were no other differences on demographic characteristics.

Discussion

Given our multiracial society, it is becoming increasingly difficult to accurately categorize people into mutually exclusive racial categories.¹ The current study suggests that attempts to categorize race may be particularly difficult for Hispanics, who have traditionally been categorized by their ethnicity. Consistent with previous research,¹³⁻¹⁵ our results indicated that almost 40% of the study sample categorized their race as Other in response to study staff's follow-up questions about race and ethnicity. Seventy-three percent of the sample who responded that their race was Other attempted to clarify their response by noting that their race was Hispanic/Latino. These findings raise important issues regarding the criteria that people use to classify themselves into racial categories. In the United States, skin color and continent of origin are key determinants of self-reported race. These criteria may be more problematic for Hispanics than for other groups given heterogeneous skin color (23% of the sample who responded that their race was Other attempted to categorize their race based on skin color) as well as the lack of a racial category for descendants of South and Central America. Moreover, the difficulty in categorizing race among Hispanics may be further compounded among individuals of lower socioeconomic status (respondents who noted that their race was Other had lower educational levels and self-perceived social status than did respondents who noted that their race was White).

The results have important implications for future research. Perhaps most importantly, use of genetic ap-

proaches that can trace ancestry is likely to become increasingly common. Combined with an emphasis on defining and assessing cultural identification rather than just race/ethnicity, such approaches may also be more likely to yield information that is important with respect to cancer and health. For example, genetic approaches may yield data on differential responses to specific drugs based on general genetic profiles associated with ancestry, whereas more specific cultural information may better account for particular behavioral practices (eg, diet, physical activity, tobacco consumption). Self-reported race is often used as a proxy for both types of information even though it lacks similar precision. However, the collection of data on self-reported race may still be important. For instance, self-reported race could potentially be better at capturing the effects of discrimination. At the very least, research should allow for identification with multiple racial and ethnic categories, and this may be particularly important with Hispanic populations.

In summary, the standardized categories provided for assessing self-reported race were troublesome for Hispanics of low socioeconomic status. These results add to the evidence regarding the unreliability of measurement for self-reported race¹ and suggest that new approaches for conceptualizing race and ethnicity may be needed, at least in certain populations.

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