Discussion

Robert B. Hill[1]

Dr. Jennifer Madans and her colleagues at the National Center for Health Statistics (NCHS) should be strongly commended for enhancing this nation's knowledge about innovative strategies for bridging the traditional single racial categories with the new multiracial classifications. While I was serving on the U.S. Census Bureau's Advisory Committee on the African American Population over the past decade, this shift to the multiple-race option in the decennial census was one of the most widely-discussed concerns among all of the Bureau's Racial and Ethnic Advisory Committees (REACs). Thus, it is important to briefly describe the social and political context of this issue.

Due to the sharp increase in the number of children born of interracial marriages, groups representing these children lobbied Congress for the right to express their multiple racial origins. They argued that the single race option denied their multi-race children the opportunity to acknowledge the racial identities of both of their parents. Although OMB denied their request for a separate "multiple-race" category in the census, it did permit the U.S. Census Bureau to allow respondents to check off "more than one" racial category for the first time in the 2000 Census.

Supporters of this change felt that it offered many advantages. It permitted children to identify with parents from different racial backgrounds. It underscored the increasing racial diversity of the American population. It gave official recognition to the growing numbers of multi-race communities throughout this nation. It would also provide, for the first time, data on multiple-race individuals and would facilitate the detection of health and other social issues that might be unique to multi-race persons.

On the other hand, all five Census Racial and Ethnic Advisory Committees opposed this change for several reasons. First, there were no court orders or government regulations that required the collection of multiple-race data. Second, the primary reason for placing racial categories on the census was to prevent or detect discrimination against racial minorities, not to facilitate the self-identification of individuals. Third, most committee members believed that it would reduce the census counts for racial minorities. Fourth, many opponents felt that this change would strongly undermine the ability of agencies to effectively monitor and enforce affirmative action court orders and legislative mandates. Fifth, it would undermine the quality of data needed for Congressional apportionment, and for state and local redistricting. And, sixth, it would result in much discontinuity and inconsistency with prior data on the social and economic well-being of racial minorities.

However, in order to maintain continuity and comparability with prior data on racial minorities, OMB requested the National Center for Health Statistics (NCHS) to develop

[1] Westat, 1650 Research Boulevard, Rockville, MD 20850, U.S.A. Email: RobertHill@westat.com

statistical procedures that would "bridge" the new multi-race data with the prior single race data in conformance with its 1997 racial standards. Fortunately, Dr. Madans and her colleagues were able to test various alternatives, since NCHS had been collecting both multi-race and single-race data in the National Health Interview Surveys (NHIS) for almost three decades. In fact, NCHS began permitting respondents to report more than one race in 1976. But it also used a follow-up question that asked multi-race respondents to select the one group that best represented their race. Consequently, NCHS obtained two types of racial responses: (a) a multiple-race response based on the initial question; and (b) a "primary" race response based on the follow-up question.

As Dr. Madans noted, it was very important for NCHS to collect both types of racial responses, since it was responsible for developing estimates regarding many health issues, most especially vital statistics on births and deaths. Since vital statistics rely on state data in the numerator and census data in the denominator, it was essential for NCHS to develop methods to bridge the changes in census data from the single race category to the multiple-race option.

The bridging efforts of the NCHS researchers were made more challenging not only as a result of the new multi-race option, but also because the racial categories had now increased to five from the prior four. The 2000 Census permitted Native Hawaiians and other Pacific Islanders to be separated from Asians with their own category. It was also not an easy task to reallocate the multiple-race responses to single race groups, since the various mixed race groups differed markedly in their primary race identifications. For example, while about half (48%) of the Black/White respondents selected Black as their primary race, 80 percent of the American Indian-Alaskan Native/White respondents selected White as their primary race, as did 47 percent of the Asian-Pacific Islander/White respondents who also selected White as their primary race.

Dr. Madans and her colleagues developed a regression model that incorporated factors related to the selection of primary race. The basic assumption of the model is that the primary race reported in the NHIS follow-up question has a similar distribution, given the covariates, to that which multiple-race respondents in the census would have reported using the 1977 standards. Categorical regression models were fit to NHIS data from 1997–2000 to predict primary race as a function of personal and county-level characteristics. The multiple-race respondents in the 2000 Census modified race data summary file were grouped into multiple-race, county and personal-level covariate combinations. The populations in these combinations were then distributed into the 1977 race categories in proportion to the estimated probabilities for primary race.

Nevertheless, the NCHS researchers acknowledge some deficiencies in the model they used for bridging the race data. They conceded that the statistical methodology they used had many shortcomings, since the tools were not developed explicitly to meet the requirements of this new task. Moreover, the samples used to develop the models were too small and since important predictor variables could not be included, the explanatory power of the models was less than desirable. But it was essential to develop a bridge to avoid discontinuity in racial data collected under the 1977 and 1997 standards.

The NCHS researchers continue their efforts to develop more robust models for bridging multiple-race data into single race standards. Thus, the complex work of

Dr. Madans and her colleagues has produced racial data that will provide continuity and comparability with prior data for use in many venues, such as court cases, Congressional apportionment, state redistricting, affirmative action enforcement, vital statistics, community planning, allocating federal funds to states and localities, and research studies on the social and economic well-being of racial minorities.