Limitations of question about race can create inaccurate picture of health-care disparities

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What race best describes your background? That one question, which appears on most paperwork for health care, could leave entire groups of people underserved and contribute to racial health disparities, according to new research from Rice University published in the current issue of the journal *Demography*.

Medical forms that ask patients to identify a single race can alter patterns of racial health disparities because some multiracial adults identify with single-race groups whose health experience is different from their own.

The researchers found that placing multiracial adults into single "best race" categories overshadows the poor health of groups such as American Indians when those adults identify with a race whose members are on average healthier, such as whites. For example, multiracial adults who say "white" best describes themselves are 38 percent more likely than single-race whites to report their health as fair or poor.

"Subsuming these multiracial groups results in an apparent worsening of the overall health profile of whites, which provides the misimpression that the gap between white health and nonwhite health is closing," said Jenifer Bratter, associate professor of sociology at Rice and lead author of the study. "If we continue to lump multiracial groups under a single race, we're losing valuable information about the serious health issues these subgroups are facing."

Bratter and Bridget Gorman, associate professor of sociology at Rice, studied nearly 1.8 million cases, including data from more than 27,000 multiracial adults, from the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire.

The BRFSS asked respondents a standard set of questions about demographics, current health-related perceptions, conditions and behaviors. Respondents were asked to first identify all races that applied to them, and then asked to choose the one that best represented them. They were also asked to rate their general health on a five-point scale, where one was "poor" and five was "excellent."

Bratter and Gorman then assessed racial and multiracial differences in self-rated health for the races: white, black or African-American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native and other race. Studies consistently find self-rated health to be a strong, independent predictor of morbidity and mortality; those who rate their health as poor experience a heightened risk of serious, life-threatening illness.

The new study found that only 13.5 percent of whites report their health as fair to poor, whereas most other single-race or multiracial groups were more likely to report those health conditions: 24 percent of American Indians, 19.9 percent of blacks and 18.4 percent of others. Single-race Asians were the least likely to report fair-to-poor health – only 8.7 percent did so.

While differences in self-rated health exist between single-race whites and multiracial whites, the percentage of single-race blacks who rated their health as fair to poor is nearly identical to that of multiracial blacks. The same is true for single-race and multiracial Asians.

"Our findings highlight the need for new approaches in understanding

how race operates in a landscape where racial categories are no longer mutually exclusive yet racial inequality still exists," said Bratter, director of Race Scholars at Rice, a program within the Kinder Institute for Urban Research. "This extends beyond health data to other measurements of well-being, income, poverty and so much else."

Provided by Rice University