Measures of Race/Ethnicity in Add Health

Investigating Racialized Inequalities in Add Health
Add Health Users Conference
July 11, 2022

Taylor W. Hargrove, PhD
Assistant Professor of Sociology
CPC Faculty Fellow
University of North Carolina at Chapel Hill





Definitions

- <u>Racism</u>: organized social system that divides individuals and differentially allocates valued resources, opportunities, and power
 - Vs. race (proxy measure)
 - Vs. ethnicity
 - Hispanic vs. Latino
 - Hispanic: individuals of any race who have origins in Spanish cultures (e.g., excludes Brazil)
 - Latino: individuals of Latin American origin (e.g., includes Brazil but excludes Spain)





Racism and Race in Quantitative Studies





Dimensions of Race

- Racial identity
- Racial self-classification
- Observed race
 - Appearance based
 - Interactions based

- Reflected race
- Phenotype
- Racial ancestry





Measures in Add Health

Parent	Wave I*	Wave III	Wave IV	Wave V
Race (self/partner)	Race [SCH, WII partner]	Race (self/partner)	Race of partners	What is your race or ethnic
Hispanic or Latino origin (self/partner)	Hispanic or Spanish/Latino origin [SCH, WII partner]	Hispanic or Latino origin (self/partner)	Hispanic or Latino origin of partners	origin?
Hispanic/Latino or Asian background (self/partner)	Hispanic/Latino or Asian background [<i>WII partner</i>]	Hispanic/Latino or Asian background	Race of close friends	Which of the following best describes your Hispanic/Asian/
Interviewer-rated race	Interviewer-rated race	Interviewer-rated race	Interviewer-rated race	Pacific Islander race or ethnic
		Family ancestries	Interviewer-rated skin tone	origin?
		Transracial adoption		Race of partners



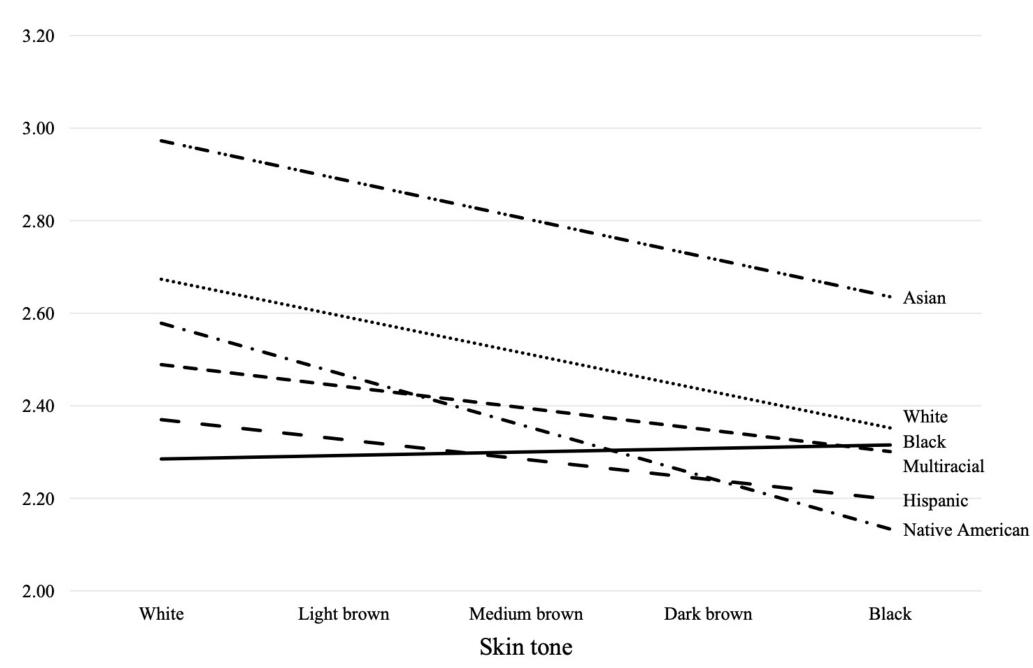


Complexities

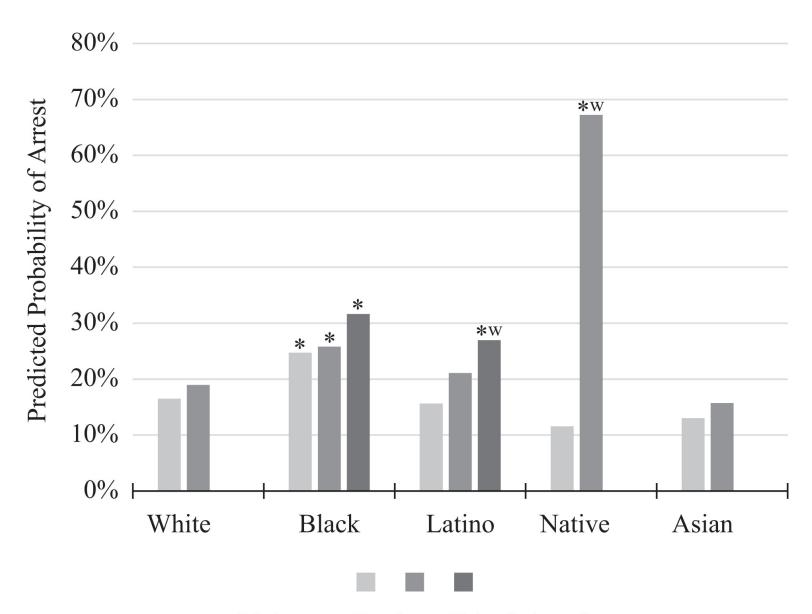
- Measurement
 - Which dimension is most appropriate?







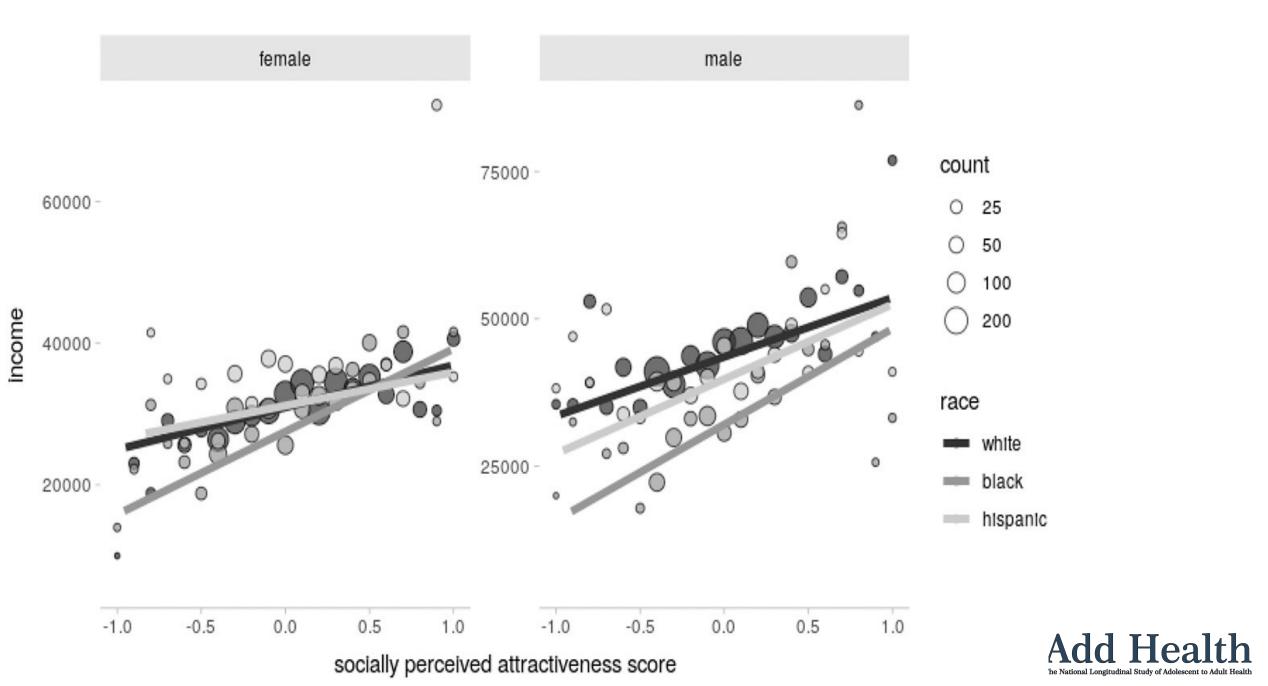






Lightest to Darkest Skin Colors for Respective Racial/Ethnic Categories





Source: Monk, Esposito, and Lee 2021

Complexities

- Measurement
 - Which dimension is most appropriate?
 - Within group heterogeneity





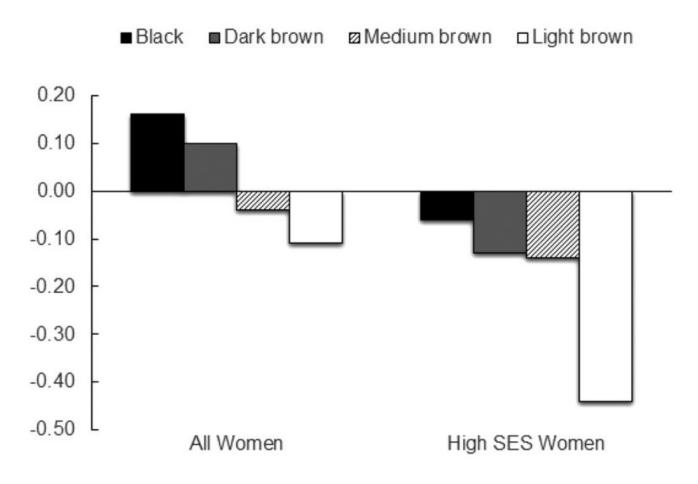


Figure 1. Index of cardiovascular health risk (CHR) indicators across skin tones and socioeconomic status (SES), Add Health 2008. Since CHR scores were standardized (mean of zero), scores lower than zero suggest below-average health risk while scores higher than zero reflect above-average health risk. Results are unadjusted for covariates.



Source: Uzogara 2019

Complexities

- Measurement
 - Which dimension is most appropriate?
 - Within group heterogeneity
 - Inconsistencies (and their consequences)





Figure 2. Suicidal ideation by observed inconsistency and skin color: American Indian respondents in Add Health.

Note. All skin color categories are represented in the figure, although the darkest skin tones have small sample sizes. Add Health = National Longitudinal Study of Adolescent to Adult Health.

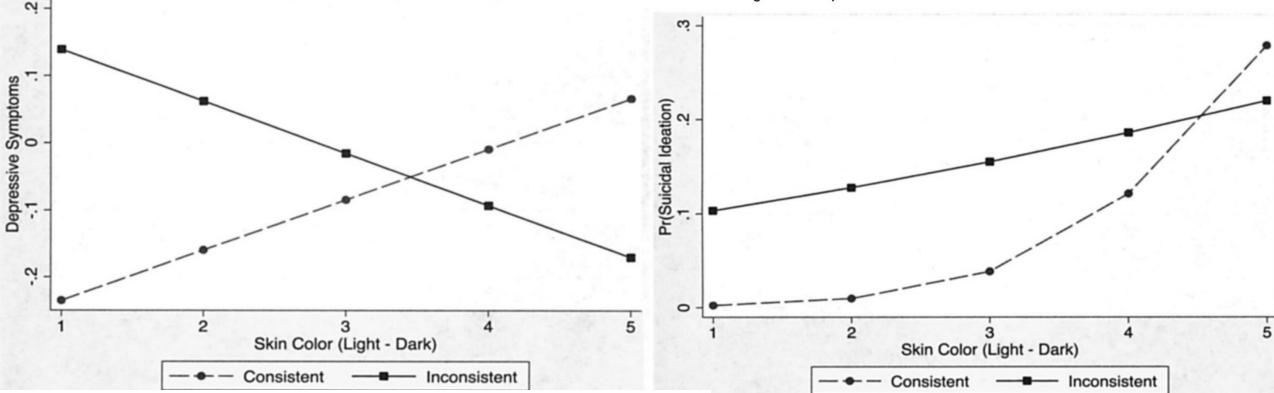


Figure 1. Depressive symptoms by observed inconsistency and skin color: American Indian respondents in Add Health.

Note. All skin color categories are represented in the figure, although the darkest skin tones have small sample sizes. Add Health = National Longitudinal Study of Adolescent to Adult Health.





Beyond Individual-Level Race

- Contextual measures capturing manifestations of racism
 - Updated ACS data
 - Newly available contextual data
 - Opportunity Insights
 - Institute for Health Metrics and Evaluation (IHME)
 - RWJF County Health Rankings
 - Kaiser Family Foundation State Health Facts
 - Tax Burden on Tobacco





Beyond Individual-Level Race

- Contextual measures capturing manifestations of racism
- Interpersonal
 - Measures of discrimination
 - Treated with less courtesy or respect than other people
 - Receive poorer service than other people at restaurants or stores
 - People act as if they think you are not smart
 - People act as if they are afraid of you
 - Are threatened or harassed
 - Been unfairly stopped, searched, or questioned by the police





Promise of Add Health





• Structural racism

" '...the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems...(eg, in housing, education, employment, earnings, benefits, credit, media, health care, criminal *justice*, *etc*) *that in turn reinforce* discriminatory beliefs, values, and distribution of resources' (Krieger 2014), reflected in history, culture, and interconnected institutions." (Bailey et al. 2017)

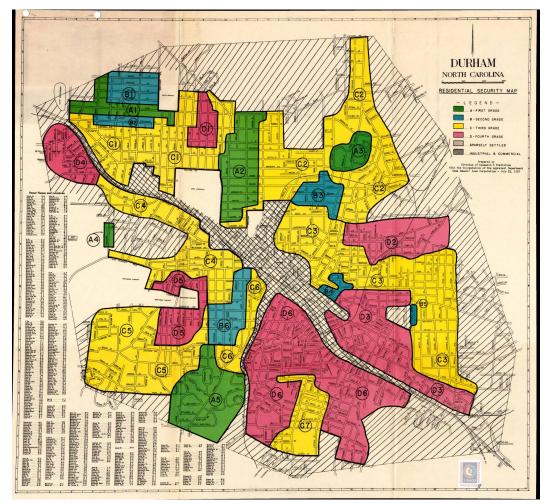
Contextual Measures in Progress:

- Eviction Lab
- Home Mortgage Disclosure Act
- Vera Institute
- Fatal Encounters
- Mapping Police Violence
- The Sentencing Project
- National Conference of State Legislatures
- Policy Surveillance Program





- Structural racism
- Historical racism
 - Better understand legacies and impact of past racialized policies and practices







- Structural racism
- Historical racism
- Additional aspects of social identities and difference
 - New forms or categories of stratification
 - E.g., MENA category
 - E.g., Multi-racial identification





- Structural racism
- Historical racism
- Additional aspects of social identities and difference
 - New forms or categories of stratification
 - E.g., MENA category
 - E.g., Multi-racial identification

Measures being collected for Wave VI (released ~ 2025)

- Race or ethnic origin
- Self-rated skin tone
- Reflected race
- Race or ethnic origin of household members and partners
- New measures of discrimination





Concluding Thoughts





Concluding Thoughts

- What is the "best" way to measure race and racial inequality?
- Historicizing and contextualizing race and racism
 - "Using QuantCrit to Advance an Anti-Racist Developmental Science: Applications to Mixture Modeling" (Suzuki et al. 2021)
 - "A Call to Focus on Racial Domination and Oppression: A Response to "Racial and Ethnic Inequality in Poverty and Affluence, 1959–2015" (Williams 2019)
- Appropriate reference groups





Concluding Thoughts

Vital to continue and advance research on racism and health





Acknowledgements

Wave VI of Add Health is supported by two grants from the National Institute on Aging (1U01AG071448, principal investigator Robert A. Hummer, and 1U01AG071450, principal investigators Allison E. Aiello and Robert A. Hummer) to the University of North Carolina at Chapel Hill. Co-funding for Wave VI is being provided by the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute on Minority Health and Health Disparities, the National Institute on Drug Abuse, the NIH Office of Behavioral and Social Science Research, and the NIH Office of Disease Prevention. The content of this paper/presentation is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the University of North Carolina at Chapel Hill.

Add Health was designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill. The project was funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development from 1994-2021, with cooperative funding from 23 other federal agencies and foundations. Add Health is currently directed by Robert A. Hummer; it was previously directed by Kathleen Mullan Harris (2004-2021) and J. Richard Udry (1994-2004).

Information on obtaining Add Health data is available on the project website (https://addhealth.cpc.unc.edu).





Thank You!



