



Categories for Race and Ethnicity—A Commentary

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The term “person of color” has been used recently to describe respondents’ racial and ethnic composition in a research study. Although the term has been used widely to describe members of different racial and ethnic backgrounds, a “person of color” is not a racial or ethnic category. Thus, one would question whether this term should be used in a peer-reviewed publication to describe the race/ethnicity of individuals. Whereas, health educators often have argued the merit of the research findings presented in a refereed publication, we often avoid discussing the use of accurate terms when referring to racial and ethnic groups. The purpose of this commentary is to discuss this issue and to initiate thought and dialogue among health educators on the use of words when describing participants in health education research. Moreover, the use of proper terminology when referring to racial and ethnic groups is fundamental in the development of cultural competence in health education,¹ a concept fully supported by the American Association for Health Education (AAHE).

In 2000, the U.S. Census Bureau increased the pool of options to allow individuals to select more than one racial and ethnic background.² For example,

in addition to White, African American/Black, and American Indian/Alaskan Native; Asian and Pacific Islander individuals could select Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, or other Asian/Pacific Islander group as a racial category. Similarly, those individuals who self-identified as Hispanic/Latino could choose from Mexican, Puerto Rican, Cuban, or other Hispanic/Latino group. These new options represented an expansion from the Office of Management and Budget (OMB) race and Hispanic ethnicity categories. In August 2009, the Institute of Medicine³ recommended the standardization of data collection of race and ethnicity based on the OMB race and Hispanic ethnicity categories and the Centers for Disease Control and Prevention race and ethnicity code set.⁴ Although some individuals may argue that these racial and ethnic categories are not perfect, standardization of data collection and reporting methodology will ensure compatibility with other data collection efforts and utilization of the results. This approach also will allow for a better understanding of health promotion issues among racial and ethnic populations. Health educators should follow this recom-

mendation, as the use of standard racial and ethnic categories is fundamental in the discussion of research findings and its implication for the health education field. After all, one of our strengths as health professionals is the use of public health and epidemiological data in health education research. Thus, why should we use a term (i.e., person of color, minorities) that is not included in the racial and ethnic categories recommended by the government and other health professionals?

The American Medical Association (AMA) Manual of Style,⁵ the citation style used for this journal, noted that an author can use the term “people of color” to categorize many people of heterogeneous racial or ethnic backgrounds when comparing to White, non-Hispanic individuals. However, it also noted that when race and ethnicity is reported, the authors should indicate who classified the individuals when it comes to race and ethnicity, and whether the investi-

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gator or the participants defined the race and ethnicity options. Thus, when a researcher asks participants to choose from a list of race and ethnicity categories, the researcher should not use a term such as “person of color” to describe the participants of the study. By using a term such as “people of color,” it is not clear whether the respondents were African American, Hispanic, Asian, or from other racial or ethnic groups. Whereas, it is often necessary to combine racial and ethnic categories when describing participants, researchers should consider using “other racial or ethnic groups” to describe properly the non-White, non-Hispanic, and Hispanic participants, especially when placed in table form. Researchers should then explain the racial and ethnic identification of the other participants within a description of the sample in the text. By describing the sample of participants used in a study properly, even when the number of other racial and ethnic groups is small, health educators foster an understanding of the results and implications for the field of health education.

Moreover, the AMA Manual of Style⁵ also states that authors must be sensitive to the racial or ethnic designations that individuals or groups prefer. Ellison⁶ stated that, whereas, the term “person of color” has emerged as a replacement for “minority,” when you ask the Hispanic community if they consider themselves to be a “person of color,” most would say “no.” The Hispanic community is culturally and socially diverse;¹ thus, many of them self-identify based on their country of origin and not on skin color. In addition, given the fact that Hispanics can be of any race, for many Hispanic individuals, the term “people of color” or “person of color” represents the Black or African American community, as it has been historically associated with national organizations such as the National Association for the Advancement of Colored People.⁷ The term “people of color” has been defined by the social, political and economical mainstream, not by a person’s identity in terms of their race and ethnicity.⁸ Health educators should be cognizant that not everyone prefers to be called

or self-identified as a “person of color” or “people of color.” Consequently, they should strive to use terms that people prefer when describing their race and/or ethnicity.

Finally, whereas many community based, health care, and professional organizations use the term “people of color” to refer to members of their organization and the people they serve, its use may have negative connotations for some individuals. For example, this term is often associated with the period of time when segregation was a way of life between Whites and Blacks.⁸ Although some people would argue that the term “people of color” is meant to be inclusive, Skeet⁹ contended that this term is racist, as by its definition it separates the White, non-Hispanic, individuals from everyone else. In addition, this subjective separation of racial and ethnic groups could result in the re-segregation of people based on the color of their skin. Moreover, the term can be misleading, as we all have varying shades (i.e., brown, tan, beige) of skin color.⁹ Thus, by using the color of the skin as a measure to classify someone as a “person of color,” are we stating that a White, non-Hispanic, individual has white or no skin color? How do we classify a Hispanic individual who self-identifies as White vs. another Hispanic individual who self-identifies as Black based on the U.S. Census racial categories? Is the White Hispanic individual a “person of color” or not? Health educators should not use any terms or labels in their health education and promotion programs or research endeavors to categorize racial and ethnic groups that could be misleading, or may have negative or racist connotations. Further, health educators must be careful regarding their use of terms to describe racial and ethnic groups, as to do so could alienate members of the groups that we seek to represent and serve in health education programs.

As we move forward, health educators must continue to have an open dialogue about the use of terms such as “people of color,” and to consider establishing recommendations on acceptable terms to use when describing racial and ethnic groups. This

open discussion must also involve members of the editorial staff and board in their capacity as reviewers of manuscripts submitted for publication. As we become culturally competent health educators, we must be sensitive to the needs and the preference of every member of racial and ethnic groups we strive to serve.

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