SEPTEMBER 2021

OUR **IDENTITIES** | **OUR**SELVES

An Anti-Racist Review on Collecting Accurate Data on Race and Ethnicity

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ACKNOWLEDGEMENTS

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CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

SUGGESTED CITATION

Jawetz, Ali, Mishraky-Javier, Lisa, Hand, Rachel. "Our Identities, Ourselves: An Anti-Racist Review on Collecting Accurate Data on Race and Ethnicity." Center for the Study of Social Policy, September 2021.

Available here: https://cssp.org/resource/our-identities-ourselves.

TABLE OF CONTENTS

INTRODUCTION

Child welfare agencies face challenges collecting, reporting, and using data to identify populations with disparate needs for a number of reasons, and there is a lack of guidance regarding who, what, when, where, and how to gather this information. Though a great deal of data are collected on children, youth, and families, their usefulness is minimal when the collection methods and their usage are inconsistent, insensitive, or exploitative to families, or inflexible to changing needs and fluid identities. It is best practice to collect comprehensive demographic data to serve multiple purposes: to affirm people in their identities, to be able to identify trends and analyze racial disproportionality and disparities, to enforce anti-discrimination policy, and to develop programs and services to meet specific needs. This targeted development of programs and services can help promote universal goals like improving outcomes in health care, education, housing, and other policy areas that must take into account how different groups are situated within political and social structures and across geographies. In order to be able to use data effectively for those purposes, and to uplift groups who have historically experienced disadvantage, misrepresentation, or exclusion, the data collected about different groups must be accurate, collaborative, and relevant to people's needs.

Despite this well-established best practice, much of the data that are currently collected by child protection agencies[i] are missing, flawed, or not specific enough to be used in a way that could meaningfully support children, youth, and families. A key first step in developing targeted strategies to reduce disparities and improve well-being for underserved populations, particularly those involved with child protection agencies, is to collect more accurate and more nuanced data on race, ethnicity, and other demographic characteristics such as national origin, language spoken, tribal affiliation, disability, and sexual orientation, gender identity, and expression (SOGIE).[1] If these kinds of data can be accurately collected, properly analyzed, and used to support strategic change, the implications are considerable:

▸ Policies and practice guidelines can be developed that protect more groups from discrimination within the system, that support true inclusivity, and that dictate how caseworkers should treat all children, youth, and families;

▸ Resources and funding can be directed toward services and supports to historically underserved, misrepresented, or otherwise excluded populations and communities; and

▸ Well-being outcomes concerning, for example, mental health, educational achievement, and economic advancement, can be promoted as result of having one's racial and ethnic identity affirmed, which contributes to positive identity development in adolescence.

To be clear, accurate data disaggregated by racial subgroups and other identity characteristics—by themselves, and even when accompanied by strategic efforts to address disparities and bias—will not repair the historical and current harm done by child welfare systems to Black, American Indian, Latinx,[ii] and other families who have been over surveilled and whose families have been forcibly separated by the child welfare system. However, actions can be taken if data about families' identities are available and used to recognize problems within child protection agencies that would otherwise be undetected, exacerbated, or ignored. Engaging young people and families as co-developers in determining what data should be

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[i] We use child protection agencies here to describe state agencies that receive Title IV-E funding from the federal government for investigation and prevention services, foster care and permanency services, and related departments. It is important to note that many advocates and families do not consider these systems "protective" or supportive of children's welfare, but rather regulatory and even carceral.

[ii] While the terms Latino and Latina refer to male and female individuals, Latinx honors those with nonbinary gender identities, though the term is up for debate. See Appendix A: Glossary of Terms for more explanation on "Latinx."

collected, how to collect the data, and how it should be used will result in improved systems for data collection on race, ethnicity, and SOGIE. Collaborating on data collection and analysis strategies also creates an opportunity to engage children, youth and families in conversations about their stories, their experiences, their strengths, and their needs.

BACKGROUND & HISTORICAL CONTEXT

Throughout history, scientists and government officials have sought to define whether there were three, five, 19, 57, or more racial categories, and the federally designated census categories have changed decade to decade.[2] Collecting data on race and ethnicity has always been convoluted because race is a social construct, meaning there are no biological or genetic differences between races. Social institutions have arbitrarily categorized and divided groups of individuals based on physical appearance, ancestry, cultural history, and ethnic classification.[3] In the U.S., racial categories have often been defined based on categorizations that would ultimately maintain the superiority of Whiteness.[4] In fact, for a significant period of American history, the census used racial classification to determine political power of Southern states using the clause that people who were enslaved would be counted as "three-fifths of a free individual."[5] In the first half of the 20th century, racial classification was employed to prevent certain racial groups from engaging in civic life.[6] Only in the last 60 years has data on race and ethnicity been collected for the purpose of undoing exclusionary policies of the past and instituting civil rights, though data are still, today, often collected and used in problematic and racist ways.

The ways in which people identify their race and ethnicity are fluid and dependent on a variety of factors including political and social values, geography, language, and other contexts.[7] As a result, we have learned that pursuing "colorblind" policies, based on the racial ideology that people should be treated as equals without regard to race, ends up invalidating the importance of peoples' cultures, ignoring the manifestations of racist policy, and preserving the status quo that maintains racial stratification in social institutions.[8]

Currently, the federal Office of Management and Budget (OMB) requires collection of a minimum of five categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander.[9] A separate question asks a binary yes or no for "Hispanic and Latino ethnicity."[10] Within these categories, there exists a multitude of different experiences for many communities depending on culture, ancestry, language, country of origin, neighborhood, and socioeconomic circumstance. These experiences all influence a person's well-being, including their opportunity for social and economic achievement, especially as a result of the ways in which racism, xenophobia, classism, ableism, and colorism factor into treatment of particular groups on both an individual and policy level.

Measuring race and ethnicity more accurately will allow child protection agency leaders, professionals, researchers, and advocates to better determine the degree to which structural factors create disparate outcomes for families within different racial groups. The availability of data can also help communities and advocates understand who is being served by child welfare interventions and services and who is not. However, the categorizations that are currently used offer limited value in meeting people's needs. For example, the experience and needs of a person who identifies as American Indian can vary vastly based on whether that person lives on or off a reservation, with which tribe(s) they have an affiliation, language spoken, etc. Similarly, the experiences of those who identify as Asian or Pacific Islander depend heavily on whether the person arrived in the U.S. as a refugee, an asylum-seeker, a voluntary immigrant, or is a second- or third-generation American.[11]

Race and ethnicity are not, of course, the only dimensions of personal or social identity that matter—people also have differing experiences because of their sexuality, socioeconomic status, ability, immigration status, and religion, among other characteristics. The concept of intersectionality entails understanding that these identities overlap, and cannot be divorced from one another, because systems of oppression like racism, sexism, and classism are interdependent and construct each other.[12] Therefore, solutions to social problems require an intersectional analysis, that "commit(s) to understanding the diverse experiences of people in different communities; using the available tools to measure differences in people's experiences; taking concrete steps to remedy disparities when they occur; and accurately counting, collecting, and analyzing data about the individuals who comprise diverse communities across the country."[13]

While currently used identity categories may force people to be defined in limited or incorrect ways, existing classifications have been used to identify extensive evidence of racial disparity, disproportionality, disadvantage, and exclusion of particular groups. The disaggregation of racial categories like White, Black, and Hispanic—while deficient—has helped identify the need for targeted efforts of resources and services, as well as policies that aim to eliminate discrimination. Similarly, while binary boxes of sex and gender have been perpetuated by data collection efforts, despite a wide spectrum of biological sex characteristics and gender identities,[14] some data collected on persons involved with child welfare, criminal justice, and juvenile justice systems has revealed overrepresentation of nonbinary and trans people.[15] Additionally, more public facing agencies have been collecting data on SOGIE in order to better understand aspects of personal identity of the clients they serve. Particularly, since the multiracial and multiculturalism movement of the 1970s and 80s, racial data collection has also been used to affirm and recognize people's choices in how they identify.[16]

In child protection and foster care systems, there is an extensive history of punishment of Black and American Indian[iii] parents in particular, which has contributed to racial disparities and disproportionality that persists to this day.[17] As reported by Professor Alan Detlaff at the University of Houston, there are four primary theories why racial disproportionality and disparity exist, and each results from the common underlying condition of structural and institutional racism in U.S. society that permeates intervening public systems.[18] These include: disproportionate need resulting from poverty and related risks, racial bias among agency staff and mandated reporters, system factors such as a lack of resources to address needs for families of diverse backgrounds, and geographic context such as neighborhood conditions.[19] In order to continue finding and revealing such evidence of structural and institutional racism, collecting, analyzing, and reporting accurate and nuanced data about families served by these systems is necessary.

[iii] The term American Indian is used in this piece because it is the most common term used by Indigenous persons and institutions, though no universal term is accepted. We refer to the Note on Terminology in Wilkins, David and Heidi Kiiwetinsepinesiik Stark. American Indian Politics and the American Political System. Fourth Edition. Lanham, Maryland: Rowman and Littlefield, 2018.

Why is Data Collection on Race, Ethnicity, and Other Identity Markers Important for Child Protection Agencies?

Why do youth who identify as Black and trans experience different permanency outcomes than youth who identify as Asian and cisgender? What does culturally responsive practice look like for Haitian families versus Jamaican families? Are the experiences of Korean children similar to the experience of Laotian children in foster care? How do the experiences of American Indian children differ between urban and rural localities? To make progress on reducing negative and inherently unfair outcomes for certain population groups, we must be able to answer these questions.

Once accurate data on strengths and needs of diverse and specific subgroups groups are collected, the information can and should be used to determine resource allocation, in order to target services and supports to bolster those strengths and meet those needs. These data could inform decisions about hiring, program development, language accommodations, and, encompassing all of these, budget.

Within the fields of health and education, there has been a push to improve collection of race and ethnicity data to determine strategies to support particular populations and to gauge effectiveness of interventions.[20] For example, The Equality in Health initiative in Colorado catalyzed 26 health service organizations to collect better data to address racial health disparities, and most organizations demonstrated changes like "increased staff, board, and client diversity, implementation of cultural competence policies, enhanced methods to solicit client feedback; and adaptation of services to meet the cultural and linguistic needs and preferences of diverse communities."[21] Research has shown that data about intersecting identities could be used to support leadership and culture change, as well as better communication with clients and community members.[22]

In addition to the aforementioned consequences of inaccurate, non-disaggregated, or incomplete demographic data on the development of resources, services, and supports, there are also harmful impacts on mental health and on self-esteem or self-image when families, children and youth in particular are misclassified or not affirmed in their racial or ethnic identity, sexual orientation, gender identity, or expression. One study used the National Longitudinal Survey of Adolescent Health to compare American Indian adolescents who are perceived as another race to an observer to those who are correctly classified, and looked at indicators of depression, suicidal thoughts, use of counseling services, and fatalism, and found that misclassified American Indian youth have higher rates of psychological distress than their correctly-identified peers.[23]

Studies regarding racial and ethnic identity among young people in foster care largely focus on understanding the impact of placements when a child is placed with a family with a different racial or ethnic background. While not the only relevant factor when deciding appropriate placement, and not the only factor that is legally allowed to be considered, there is research that suggests "positive ethnic identity and strong connection to one's ethnic group is related to successful academic outcomes and higher self-esteem."[24] Thus, being aware of a youth's developing racial, ethnic, and cultural identity while involved with child protection agencies is vital for well-being.[25]

Multiple studies have found implications for psychological, social-emotional, academic, and health outcomes as a result of affirmation of ethnic and racial

identity.[26] For example, one study on ethnic-racial identity (ERI) among youth who recently aged out of foster care found that the experience of being in foster care often disrupted development of positive racial and ethnic identity, which is correlated with academic achievement, health, and socioemotional functioning.[27] This study recommended that, "At the system level, foster parents and service providers should be provided with training to encourage their appreciation for the value of fostering healthy ERI development among [...] youth, as well as their knowledge of specific strategies to do so."[28] Researchers have found that most youth in foster care did not receive information or guidance to explore their race or ethnicity, and if they did it was often negative,[29] but that discussing race and ethnicity could serve as a tool to mitigate adverse experiences.

As a result, conversations about race, ethnicity, and other markers of identity must be normalized, and collecting and capturing accurate demographic information must be seen as a positive practice toward supporting both individual and community development.

As stated in the Policy Link report Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health:

"If, for example, we miss out on understanding the economic and social circumstances of the Hmong refugee because information is only available about an extremely diverse category called Asian Americans, we are less likely to design and target the right public health strategies, programs, or policies. If we do not appreciate the meaning of multiracial identities, we will not understand either the lives of this growing part of the population or the contemporary context of race and culture. If undocumented immigrants stay away from needed services because they are afraid that the medical record systems present a risk to their remaining in the country, then their health and that of the community will suffer. If federally run data collection about the status of American Indians and Alaska Natives remains inconsistent and often at odds with tribal sovereignty, the chances for improving population-level health will stay very low."

Challenges of Collecting and Analyzing Data on Racial and Ethnic Identity in Child Protection/ Foster Care Systems

Although the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) requires race, ethnicity, and other demographic data elements to be reported, data collection methods vary widely across the country. Additionally, inaccurate or inconsistent demographic data persist across all state administrative data systems, which impede the analysis needed to increase awareness of disparities, determine appropriate strategies for reducing them and assess the effectiveness of efforts. Our current understanding of race and ethnicity across child protection agencies is restricted to a severely limited snapshot based on the demographic categories collected, and the methods of collection. Often, data are not collected or used appropriately because systems do not begin by working with families and communities to understand what data would be most useful to collect, and then explicitly explain to staff the importance of collecting these data, what to ask, when to ask, or how the information could be used to support families and their communities.

Several challenges plague the analysis and reporting of accurate data:
- Misclassification (e.g., administrative data that does not match self-reported identity)
- Inconsistent or too-broad racial categories (e.g., American Indian being defined by federally recognized tribal citizenship vs. self-reported identity, or Hispanic being applied in equal measure to those who identify as a White American whose grandmother was born in Argentina, versus a first-generation Mexican immigrant with Indigenous ancestry)
- Missing data (e.g., race marked as "unknown")

These challenges are primarily caused by problems with data collection, design, and operations:
- Staff assumptions (e.g., lack of awareness of the importance of asking about race, fear of asking about race)
- Client mistrust of system (e.g., not understanding why the information is being collected, fear that it will be used in a way that harms them)
- Data system barriers (e.g., lack of feedback mechanism to regularly validate and update data)
- Racism and implicit racial bias
- Lack of policy, guidance, or training regarding the collection of these data

Misclassification
Racial classification is often based on "the perception of the child welfare system,"[31] and therefore is often mischaracterized. In particular, American Indian, Hispanic, and multiracial (when one of the races is White) identities tend to be underreported. In one study, only five percent of youth who identified as American Indian had interviewers who marked them as such, while concordance between interviewer classification and self-identification for White youth was 87 percent. In the same study, 45 percent of students who self-identified as both Asian and White were categorized by the child welfare system as White only.[32] In another study, less than half of Hispanic youth were recognized as Hispanic by child protection agencies, and were misclassified by schools over 30 percent of the time.[33]

Research has demonstrated that child protection agencies are more likely to categorize youth ages 16-18 as White (61.5%) than the youth identified themselves (45%). Additionally, over 96% of multiracial youth were misclassified by child welfare agencies, and 89% were misclassified by schools.[34] Many studies of other fields similarly found discrepancies across datasets in self-reported and

administrative data on race and ethnicity.[35] These studies have found that race and ethnicity data were more frequently inaccurate for individuals who did not identify as White,[36] and that those who were recorded as White and Black alone have better concordance with their self-report data than those who identified as Hispanic, Asian, Pacific Islander, American Indian, and Alaska Native.[37,38,39]

Research examining the juvenile justice system also found that Latinx youth are also frequently misrepresented as "White," and therefore underreported. This study examined 121 publicly available reports across all fifty states at the contact points of arrest, detention, and probation to evaluate what type of racial and/or ethnic data each agency reports, if any. They found inconsistent racial and ethnic categories collected across both states and agencies; most agencies collect Black and White racial data but many fail to record other categories.[40] The Urban Institute similarly found that states that only count people who are incarcerated as "Black" or "White" likely label most of their Latinx population "White," "artificially inflating the number of 'white' people in prison and masking the White/Black disparity in the criminal justice system."[41] These inconsistencies often result from assumptions made by service providers and cause an underestimation of institutional bias and render populations invisible at a systems-level.

Inconsistent or Too-Broad Categories

There are often insufficient categories available, or limited self-report options, in order to collect accurate information. One consistent finding is that Latinx populations are particularly impacted by the way data are collected and how survey questions are asked.[42] Research has shown that Latinx survey respondents, as well as other international respondents, are often confused by survey questions because questions often reinforce the Black/White binary that is specific to the United States' concept of racial identity.[43] Additionally, given the change in the census since 2000 to identify Hispanic as an ethnicity (separate from the question of race) many people who identify as Hispanic tend to mark "Unknown" or "Some other race" for the race question.[44] Multiple studies have reinforced the inefficiency and ineffectiveness of collecting race and ethnicity as separate fields.[45] According to a Pew Research survey, two-thirds of adults consider their Hispanic origin as part of their racial background.[46] Different factors, such as skin color or acculturation, influence whether or not someone considers being Latinx as a race and whether or not they instead identify using terms of national origin. Based on a study in the education field, from data collected on the Graduate Record Examination (GRE), it was found that individuals who identified as a single race tended to prefer simpler survey formats, whereas multiracial people preferred a more pluralistic format that recognized more complex diversity.[47] That study also identified that the U.S.-style questions about race and ethnicity may not capture international identities well or at all.[48]

Another common erasure occurs with American Indian populations, due to small sample size. As a result, sometimes small percentages are ignored in favor of larger, easier-to-analyze categories.[49] Relatedly, there are inconsistent definitions of the American Indian population, and American Indian/Alaskan Native (AI/AN) is not a universal category.[50] This is particularly problematic when federal laws like the Indian Child Welfare Act (ICWA) of 1978 require monitoring potential tribal eligibility of children, but no federal agency has been required to assure state compliance with ICWA's protections. Data collection problems restrict the ability to ensure ICWA protections are put in place, and little data exists on actual outcomes in ICWA cases.[51] Accurate data collection would allow instead the ability to drill down data to learn about specific needs for particular populations, like tribal groups, different national origins, languages, and cultures.

The Impact of "Missing" Data

As a result of these issues, data are often missing. In one study in the health care field, for example, 57 percent of patients in one NYC health care system's electronic health records were marked unknown for race or ethnicity based on administrative processes.[52] However, when patients directly recorded their own information, only 14 percent were unknown or declined.[53] Data systems that use the OMB categories to collect and report race and ethnicity data have the advantage of being standardized with other public systems, but the disadvantage

of not being able to capture the more nuanced and complex categories such as national origin, tribal affiliation, ancestry, or language. As a result, those that use only the OMB-required categories may have higher rates of "Other," unknown, missing, or declined information.[54] In these cases, feedback about missing race data is not always provided to government personnel, or limitations of data are not reported along with the analysis, so errors get passed along at multiple decision points.[55]

There are multiple reasons for reporting errors, highlighted below:

▸ **Staff Assumptions and Client Mistrust.** Multiple studies have found that some staff are uneasy about asking details about different dimensions of personal identity, and some clients are reluctant to provide such information. For example, studies have found that health care workers and patients were both weary of discussing race and ethnicity, and registration personnel did not feel they were trained to ask patients questions about their identity.[56,57] Similar studies in the juvenile justice system found that providers, interviewers, and other stakeholders may feel discomfort answering questions and asking about intersecting identities.[58] Additionally, respondents might be afraid of potential for mistreatment or retaliation based on the information they provide, and professionals might fear that if racial disparities are identified, they will be accused of racism or discrimination.[59] Some may not understand the purpose of providing the information about their identity.[60] In particular, people who are undocumented, or other immigrants, may not be familiar with the style of questions asked or understand how to answer, and may be fearful of the ways in which the information could pose a risk to them remaining in the country.[61] Due to this mistrust, providers may have to be prepared and learn how to answer difficult questions about why they are collecting certain information.[62]

▸ **Data System Barriers.** When data are not automatically linked or updated, or there are no mechanisms to link updates back to earlier data capture points at later decision points, then data collection does not account for changing characterizations over time or corrections to initial misclassification. One study found that one in five youth who are in foster care are likely to change their racial self-identification over a one-year period.[63] In another study that examined data from the National Longitudinal Study of Adolescent to Adult Health over time, researchers found that youth identifying as multiracial were most likely to change their racial identity from one point to the next (over 40 percent), and American Indian youth were the next most likely (33 percent) to change their categorization within a five-year period.[64] Additionally, tribal membership status may vary when a child or family is pending verification from tribal groups (though it is important to note that tribal affiliation might not align with federally recognized tribes in a particular area).[65] As a result, research indicates that data about identity should be updated regularly, providing the ability for young people and their families to review and change their information.[66] Without this practice, decision-makers will continue to have limited and frequently incorrect understanding of the strengths and needs of youth and families.

▸ **Racism and Implicit Racial Bias.** There is considerable evidence of both structural and institutional racism, as well as implicit racial bias, in the interactions between child protection agencies and families.[67] This influences data collection. Studies have found that Black children who are removed from their homes are on average assessed to be from "lower risk" families than White children at the time of removal.[68] Black and American Indian children face worse outcomes throughout the child protection and foster care process; they tend to stay in foster care longer, move placements more frequently, and are more likely to "age out" of foster care without a permanent placement.[69] While it is difficult to extrapolate the causes of racial disparities within child protection agencies when poverty and race are confounding factors, scholars have concluded that Black

families are brought into the child protection systems more often despite evidence that the incidence of maltreatment does not differ across racial groups.[70] Thus, when agency staff harbor deeply embedded biases—and have internalized compounded negative messaging—about Black and American Indian families, for example, being incapable of parenting their children, those attitudes impact the way caseworkers interact with families.

▸ **Lack of Policy, Guidance, or Training Regarding the Collection of Data.** Only a small number of child protection agencies have policy guidelines that clearly indicate that race and ethnicity should be determined by how a child, youth, or family defines themselves and that workers must not make assumptions about identity. Research examining agency staff's experiences working with multi-racial youth and families identified the need for specialized training to ensure that workers can provide families with rationale for collecting data, actively engage families in examining how the data are used, and seek their input on ways to better collect the data.[71] This literature review did not yield any results related to development and/or evaluation of specialized training for workers on best practices for consistently and appropriately gathering this information, thus highlighting a significant gap in practice.

Best Practices for Collecting and Using Race and Ethnicity Data

In order to promote full visibility and inclusion of all the groups and identities served by child protection systems, there are several best practices and guiding principles for demographic data collection, reporting, and analysis that can be applied. Best practices include ways to address the methodological challenges described above, as well as tips for reporting and using accurate data in ways that support children, youth, and families over time. A critical first step is that agency leadership consider the purpose of collecting the data before asking staff to collect it, and work with families to co-develop the process and questions and ensure they can be used in a meaningful way.[72]

Prioritize Self-Identification and Self-Report
The first principle of equitable data collection is that people should have the ability to self-identify their own demographic information, including access to records to change their information over time.[73] Self-identifying also implies that categories of race and ethnic identity should be co-designed with youth and families whose data are being collected, and that the process to collect the information must integrate the input, opinions, and feedback of community members.[74]

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Though this literature review focuses on data collected for the purpose of child protection agency policy and program development, rather than external research, there are movements in other fields toward community participation in research, sometimes called citizen science,[75] which put more power in the hands of communities that have been marginalized by research, particularly Black and American Indian communities. Lessons from citizen science suggest that when families are involved in the research process and understand why data are being collected and how it will be used, they become more comfortable providing this information.[76]

In any case, subjects of questions about personal identity information need to be educated about the purpose of the data collection so they can give informed consent. Research supports that clients and constituents of child welfare agencies should be aware of their data privacy rights and confidentiality laws guarding their information, and should be able to review their information at will.[77] As previously mentioned, conversations about identity should occur at multiple points in a case to allow for changes over time.

In a survey format, self-report also means that respondents have the option to choose more than one race, ethnicity, or national origin. The instructions for collecting these data can influence their accuracy. For example, "Select all boxes that apply'' has led to better responses compared to "Select one or more boxes."[78] On the census, having a combined race and ethnicity question (instead of two separate questions for race and ethnicity) with detailed checkboxes is the best practice for collecting accurate data, because it lowers the nonresponse rate, achieves higher levels of accuracy and reliability, and leads to more detailed reporting.[79] Additionally, open-ended questions can help participants use terms that they feel are most appropriate, and can provide feedback for future wording of survey questions.[80]

Some studies caution, though, that having a completely open field may produce results that are difficult to analyze and use: "While the open-ended approach...allows a richness of racial and ethnic identities to be self-reported, there are times when categories matter—for purposes of measuring discrimination, identifying unequal treatment, and compliance with racial policies."[81] Open-ended fields might require more sophisticated coding of the qualitative data into discrete categories, so a

multi-select option with as many relevant categories as possible is recommended. Additionally, room to write in "Another race or ethnicity" or "Prefer to self-describe" is preferred over a category called "Other," which might make respondents feel disregarded or isolated.[82]

Massachusetts and Michigan provide two examples where states have utilized these strategies of disaggregating race data into many nuanced categories with regard to population health data. In Massachusetts, the Department of Public Health developed an alternative data collection tool in 2000 that encouraged self-reported data and offered more options of subgroups, "such as Cape Verdean, Haitian, and Puerto Rican, and languages such as Portuguese and Albanian." The resulting information revealed health disparities within all the typical OMB race categories, "such as the incidence of cesarean delivery being three times higher in Asian Indian women in the U.S. than among Cambodians."[83] In Michigan, the Department of Community Health created the Health Survey of the Arab, Muslim, and Chaldean American Communities, which was intended to focus on populations that had long been considered "White" using federal measures. Though the survey has not been regularly used since 2001, at the time of development, it was able to differentiate trends between these communities.[84]

When data collection is in-person or via interview, it is best practice to use open-ended questions and motivational interviewing techniques in order to holistically understand peoples' intersectional identities, needs, and lived experiences. The Whole Youth Model, for example, was developed in particular for collecting data about SOGIE, and research shows that the use of this model helps juvenile justice systems affirm young people in their sexualities and gender identities.[85] The Whole Youth Model is grounded in guiding principles that set up authentic conversations for staff and youth, instead of rote format questioning, in order to receive more in-depth answers from young people, which is a particular need given the overrepresentation of LGBQ, trans, and gender nonconforming youth of color in the juvenile justice system. Such guiding principles as "treating youth as whole people will improve the relationship and the services one provides,'' help challenge the mindset of staff, and force them to overcome discomfort in asking youth about their intersectional identities.[86] Specific recommendations also include asking follow-up questions if a term is used that staff are unfamiliar with, as well as asking questions in a curious and respectful way.[87]

> Since there are no "pure" racial groups, the term "multiracial" has been diminishing in significance and usefulness in research on race and ethnicity, particularly because the population that identifies as such is so varied and their needs are not uniform.

The Whole Youth Model also aligns with the American Psychiatric Association's evidence-based Cultural Formulation Interview (CFI) which includes questions and probes that can be asked to elicit cultural context and someone's own narrative of their experiences.[88] The tool is based on the philosophy that clinical encounters could be enhanced if the patient's point of view of the cause of the problem, the way they want to seek help for the problem, and patient's perception of potential barriers were prioritized. The CFI has evolved since its introduction in the DSM-IV, and now regularly helps clinicians recognize cultural frameworks at play in a situation with a client, such as language, communication style, social supports, finances, perspectives about medical systems, and the opportunity to identify biases.[89]

To address challenges related to "too broad or inconsistent" categories referenced in the earlier section, below we provide best practices with regard to capturing disaggregated data for the multitude of cultures within particular racial or ethnic classifications.

Separate Out Possibilities Within Multiracial Category

Since there are no "pure" racial groups, the term "multiracial" has been diminishing in significance and usefulness in research on race and ethnicity, particularly because the population that identifies as such is so varied and their needs are not uniform. According to a study using data from the Behavioral Risk Factor Surveillance System, multiracial respondents who identify as both White and Black report better health outcomes compared with multiracial respondents who

identify as both White and American Indian.[90] Interestingly, despite the multi-ethnic heritage of people who identify as White, there is little to no disaggregation of the non-Hispanic White population across any field in the U.S. Thus, it would provide an advantage if respondents were allowed to select as many races and ethnicities as apply to them, and to write-in more specific responses when subgroup classifications are unavailable, in order to discover different trends and needs among these subgroups.

Another way to more holistically understand the multiracial population is to collect socially assigned race in addition to self-identified race.[91] Though this method can be used outside of the multiracial population, multiple studies have shown that phenotypic differences like skin tone can be useful measures with which to understand disparities, in addition to self-identified race.[92] In the health field, one study found that when multiple measures of race were deployed, the researchers learned more about psychosocial stressors, such as microaggressions, associated with the perception of being a member of a particular racial group, even if a person does not personally identify as a member of that group, which can still influence health outcomes. Other measures of race could include ancestry, phenotype, and "reflected appraisals" (e.g. the race an individual believes that others assume them to be).[93]

Include Both Race and Ethnicity Options Within a Single Question

> Importantly, the question should not be about defining tribal citizenship, which can only be determined and verified by tribes themselves.

Many people who identify as Hispanic or Latinx do not identify using the OMB categories of race. According to multiple studies, they are more likely to prefer a pluralistic format rather than monoracial categories on surveys and in interviews.[94] This is recommended instead of providing a multiracial category, which often leads to inaccurate or unusable data.[95] Additionally, when given an open-ended space to self-identify, many Latinx respondents provide their ethnicity and national origin or define themselves as "multiracial Latinx." In response to this, researchers have recommended that surveys have an option to report national origin, ancestry, and/or tribal affiliations, including and especially subgroups of Asian American, Native American, and Latinx communities.[96] Collecting more specific data about these topics, including language preferences, has been recommended to better identify disparities and create culturally-tailored services.[97,98]

Collect Tribal Affiliation for American Indian/Alaskan Native Youth and Families

In addition to the option to self-report subgroups, as mentioned above, tribal affiliation should include a list of all federal- and state-recognized tribes with a write-in option for First Nations or other affiliation not listed. Importantly, the question should not be about defining tribal citizenship, which can only be determined and verified by tribes themselves. The Urban Indian Health Institute (UIHI) recommends that in order to maintain tribal sovereignty, underlying data about specific tribes should not be reported without a specific data agreement or memorandum of understanding from the relevant tribe.[99] Additionally, in order to rectify the issue of small populations being ignored, the UIHI recommends conducting mixed methods research (qualitative and quantitative, including focus groups, storytelling, and key informant interviews) in order to indicate change or disparity, recognizing that quantitative data alone might not produce findings that are statistically significant.[100] Particularly as a result of ICWA requirements for child protection agencies, information about American Indian ancestry should be asked separately of the child and each parent and should be revisited on a regular basis.[101]

Create Data Systems Compatible with Nuanced Categories and Subgroups

In addition to data collection methods, data systems need to be built in order to support the accurate reporting and analysis. The Urban Institute recommends that states should collect and publicly report data at least once every two years.[102] These data systems should have space for accommodating all the varied self-report answers and descriptions mentioned above. Additionally, it is important that youth and families can access and update their information, in order to improve the quality of the data and account for shifting identities over time. In some systems, data are updated at different decision-points without consulting with the client or

constituent, which does not improve the quality of data—in a hospital system study, information loss occurred in almost 36% of updates to race and ethnicity data.[103] Best practice is to allow clients themselves to review and update their information, through an electronic portal for example. Research shows that respondents are willing to record updated information when given the opportunity to do so.[104] Additionally, when clients or community members are informed about a new system or method of data collection on race and ethnicity, such as via multilingual flyers, brochure, PSAs, etc., the new system is more likely to yield accurate data and can contribute to conversations about why race data are being collected and how they will be used.[105]

Provide Comprehensive Training on the Importance of Asking about Race

Most of these recommendations support and reinforce the notion of "cultural humility," originating in the field of medical training.[106] The purpose of cultural humility is to acknowledge that cultural groups are not homogenous, and "how one sees one's self is based on complex intersecting group membership across a variety of social contexts, including gender, sexual orientation, class, disability, and age."[107] When a researcher, interviewer, or caseworker can shift from a role of "expert" to that of "learner," increased value is placed on the voice and opinion of the child and family, which allows more room for nuance.[108] This should be a vital part of training for any professionals who will collect data from clients about their identity.

> When a researcher, interviewer, or caseworker can shift from a role of "expert" to that of "learner," increased value is placed on the voice and opinion of the child and family, which allows more room for nuance.

Training should also explain to workers why these data are collected, so they can explain to clients the purpose of asking these questions, and quell concerns about discrimination, surveillance, and privacy. For example, a 2015 study about Health Equity found that starting with "We use this information to review the treatment patients receive and make sure everyone gets the highest quality of care," and specifying, "I would like you to describe your race or ethnic background. You can use specific terms such as Korean, Mexican, Hatian, or Somali" are examples of questions that receive higher and more accurate response rates.[109] Additionally, staff must be coached in how to answer tough or tense questions from clients about discrimination or citizenship.[110] It is important that workers make clear they are not asking directly about documentation status.[111] Additionally, staff should be aware of confidentiality laws related to the data collected and assure individuals of their rights to privacy. As with any family, but particularly those that might be sensitive to questions of documentation status, staff should receive training on how to create a safe environment without coercion, being aware of the power dynamics at play between caseworkers and families involved with child protection agencies.[112] Updated training must become routine due to the evolving nature of race and ethnic identification, as well as advances in data systems and changing demographics.[113]

Using and Sharing Data to Develop Targeted Strategies

While the research suggests that as much data as possible be disaggregated into subgroups, there remains challenges with using data from a small sample size for the purpose of comparison with other groups. Additionally, after data are collected, even if oversampled adequately for the purposes of comparison, the data must be analyzed, and then used in ways that will support underrepresented, misrepresented, or otherwise excluded populations. In one study in the health field, 97 percent of hospitals (members of the American Hospital Association) reported collecting data about race, ethnicity, and language, but only 22 percent reported that they used these data when analyzing quality indicators.[114] In order to maintain continuous quality improvement of data collection on race, ethnicity, and other markers of identity, child protection agencies should monitor the quality and completeness of data, track differences in both raw numbers and rates of change, and assess whether new protocols on data collection are working.[115]

Some agencies, if not purposeful in their initial collection of demographic data, may find that the data they collect are not appropriate proxies for what they sought to measure. For example, race and ethnicity information are not a proxy for

socioeconomic status or another marker of disadvantage. If data on race and class are conflated, then the demographic data cannot be used effectively.[116]

Disaggregating race data does not, by itself, create equitable outcomes, just as reporting transparent disaggregated data does not, by itself, create targeted strategies to address disparity and disproportionality. A common misstep is for organizations to wait for enough data to be collected to stratify by race before taking steps to intervene to remedy potential inequities.[117] Additionally, quantitative data on race, when used in algorithms or interpreted without a sociological and historical framework, can still be harmful and exploitative, even when attempts to collect the data are with the best of intentions.[118] Organizations and government agencies must recognize the importance and validity of other types of data: conversations with clients and stakeholders, qualitative reviews, engaging with stories and outreach to communities, and not rely solely on quantitative studies that might provide the "allure of objectivity without public accountability."[119] For example, organizations can begin to require the recruitment and retention of diverse staff, contract language that ensures community input and approval of programs, and training of both leadership and staff in topics of diversity, equity, inclusion, and accessibility.[120] It is important that child protection agencies do not remain in the space of collecting more and more data, just because they have the capacity to do so, and instead move toward meaningful action.

Disaggregating race data does not, by itself, create equitable outcomes, just as reporting transparent disaggregated data does not, by itself, create targeted strategies to address disparity and disproportionality.

CONCLUSION

As long as institutional and structural racism exist, and as long as the diversity of human identities contribute to groups of people experiencing differential treatment, it will continue to be valuable to collect information to ensure the visibility and inclusion of all communities and experiences. In addition to the under- or over-representation of particular groups experiencing negative outcomes, collecting accurate and nuanced race and ethnicity data also helps capture the strengths and needs of particular groups, and helps both systems and advocates understand and pursue effective interventions based on a diversity of experiences.

Rethinking data collection on race and ethnicity will require vigilance about the fluid nature of these categories, as well as the continued end-goal of racial equity and repair, rather than collecting demographic data to meet the needs of researchers and other users of government data.[121] The research reviewed indicates that studying other predictors of opportunity and achievement, such as SOGIE, disability, language, and immigration status, is also necessary in order to enforce civil rights and continue to measure progress toward more equitable outcomes.[122] Finally, it is important to think of data as a foundation for creating meaningful action, rather than an end in and of itself. Collecting data is value-neutral, but its use, to build a holistic understanding of people, to develop targeted strategies that will support them, to pinpoint challenges and barriers to success, and to evaluate the effectiveness of such strategies, can provide enormous positive outcomes.

APPENDIX A:
Glossary of Terms[iv]

Ancestry. A line of descent; historical lineage of one's relatives, who may have belonged to a particular group. Genetic ancestry refers to the subset of paths through one's lineage by which the material in an individual's genome has been inherited. Genetic similarity is more often used to describe ancestry when referring to geography. Many categories of ancestry do not account for historical migration patterns and might emphasize existing approximate groups over more nuanced, less represented groups.[123]

Culture. The languages, customs, beliefs, rules, arts, knowledge, and collective identities (including gender identity, sexual orientation, generational cohort, or occupational group) and memories developed by members of all social groups that make their social environments meaningful.

Cultural Humility. When one maintains an interpersonal stance that is open to individuals and communities of varying cultures, in relation to the aspects of the cultural identity most important to the person. Cultural humility can include a life-long commitment to self-critique about differences in culture and to be aware of and actively mitigate power imbalances between cultures.

Ethnicity. A particular social group with shared cultural practices, language, norms, values, and heritage. Individuals with a shared ethnicity may not have the same physical characteristics or nationality.

Intersectionality. The ways in which race, class, gender, and other aspects of identity "intersect," overlap, and interact with one another, informing the way in which individuals simultaneously experience oppression and privilege in their daily lives interpersonally and systemically. Intersectionality promotes the idea that aspects of our identity do not work in a silo.

Latinx. An ethnic identity that comprises several races and all gender identities within Indigenous, Afro, Spanish ancestry from Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central America. While the terms Latino and Latina refer to male and female individuals, Latinx honors those with nonbinary gender identities, though the term is up for debate. For some, the "x" is difficult to pronounce, and the term is unfamiliar to much of the Central and South American population.[124] Latine is another gender neutral version of the term.[125] Latino/a/x/e includes individuals from non-majority Spanish-speaking countries, and thus has wider application than the term Hispanic.[126] For more resources


[iv] *All but three of these definitions come from CSSP's Key Equity Terms Glossary, which can be accessed here: https://cssp.org/wp-content/uploads/2019/09/Key-Equity-Terms-and-Concepts-vol1.pdf. The definitions for Ancestry, Latinx, and Tribe are cited separately.*

on this term, please see: https://www.motherjones.com/media/2019/06/digging-into-the-messy-history-of-latinx-helped-me-embrace-my-complex-identity/ and https://comnetworkdei.org/glossary.

Race. A social and political construction—with no inherent genetic or biological basis—used by social institutions to arbitrarily categorize and divide groups of individuals based on physical appearance (particularly skin color), ancestry, cultural history, and ethnic classification. The concept has been, and still is, used to justify the domination, exploitation, and violence against people who are racialized as non-White.

SOGIE. An acronym used to recognize the numerous and ever-expanding identities related to sexual orientation (SO), gender identity (GI) and expression (E). Sexual orientation describes the genders of the people to whom one is sexually attracted. Gender Identity describes how one perceives themselves, which can be the same or different from their sex assigned at birth. Gender expression describes how people express their gender in appearance, dress, or behavior (commonly categorized as masculine, feminine, or androgynous).

Tribe. A group of Indigenous people connected by biological or blood, kinship, cultural and spiritual values, language, political authority, and a territorial land base. In addition, there is a political-legal definition of Tribe that is recognized by the federal government which is formal acknowledgement of the tribe as sovereign. The decision of tribal citizenship lies within the power of tribes to decide who belongs to their nation, so there is no single constitutional or universally accepted definition of who comprises an American Indian person.
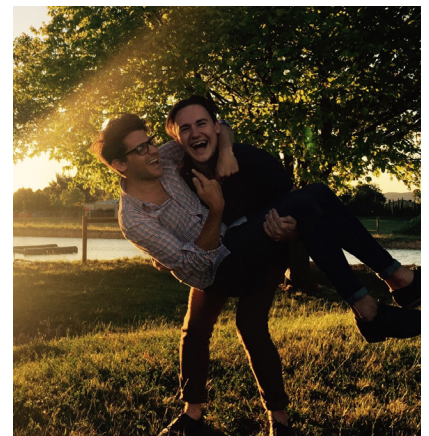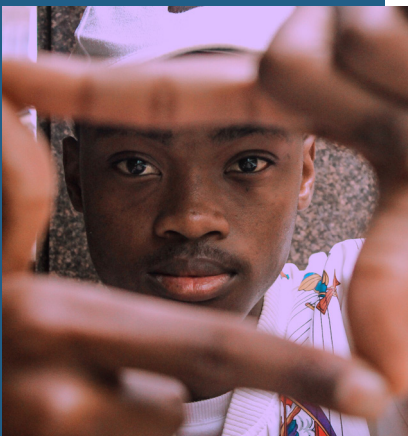
CITATIONS

[1] CSSP. "Key Equity Terms and Concepts: A Glossary for Shared Understanding." Washington, DC: Center for the Study of Social Policy. (2019) Available at: https://cssp.org/resource/key-equity-terms-concepts/.

[2] Brown, Anna. "The Changing Categories the U.S. Census Has Used to Measure Race." *Pew Research Center*, 2020. https://www.pewresearch.org/fact-tank/2020/02/25/the-changing-categories-the-u-s-has-used-to-measure-race/.

[3] CSSP. "Key Equity Terms and Concepts: A Glossary for Shared Understanding." Washington, DC: Center for the Study of Social Policy. (2019) Available at: https://cssp.org/resource/key-equity-terms-concepts/.

[4] We capitalize both terms Black and White in this piece. Please see: Pendleton, Maya and Ann Nguyen, "Recognizing Race in Language: Why we Capitalize 'Black' and 'White,'" CSSP, (2020). https://cssp.org/2020/03/recognizing-race-in-language-why-we-capitalize-black-and-white/.

[5] The U.S. Constitution, Article 1. Section 2. The "Three-Fifths Clause". Ratified 1788. Courtesy of National Archives, "Charters of Freedom" Exhibit. *Thirteen: Media with an Impact*. https://www.thirteen.org/wnet/slavery/experience/legal/docs2.html.

[6] Prewett, Kenneth. "Racial Classification in America." *Daedalus: Journal of the American Academy of Arts and Sciences*, 2005. https://www.amacad.org/publication/racial-classification-america.

[7] Humes, K., & Hogan, H. Measurement of Race and Ethnicity in a Changing, Multicultural America. *Race and Social Problems*, 1(3), (2009): 111–131. https://doi.org/10.1007/s12552-009-9011-5.

[8] CSSP. "Key Equity Terms and Concepts: A Glossary for Shared Understanding." Washington, DC: Center for the Study of Social Policy. (2019) Available at: https://cssp.org/resource/key-equity-terms-concepts/.

[9] United States Census Bureau. About Race. Last Revised October 16, 2020. https://www.census.gov/topics/population/race/about.html.

[10] Marks, Rachel and Nicholas Jones. Collecting and Tabulating Ethnicity and Race Responses in the 2020 Census. Population Division, U.S. Census Bureau. February 2020. https://www2.census.gov/about/training-workshops/2020/2020-02-19-pop-presentation.pdf.

[11] Rubin, Victor et. al. Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health. Policy Link and Robert Wood Johnson Foundation. August 15, 2018. https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf.

[12] Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8. Available at: http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8.

[13] Adhikari, Juli, and Jocelyn Frye. *Who We Measure Matters: Connecting the Dots Among Comprehensive Data Collection, Civil Rights Enforcement, and Equality*. Center for American Progress, 2020. https://www.americanprogress.org/issues/women/news/2020/03/02/481102/measure-matters-connecting-dots-among-comprehensive-data-collection-civil-rights-enforcement-equality/.

14 Ainsworth, Claire. "Sex Redefined: The Idea of 2 Sexes Is Overly Simplistic." *Nature Magazine*, 2018. https://www.scientificamerican.com/article/sex-redefined-the-idea-of-2-sexes-is-overly-simplistic1/.

15 Conran, Kerith and Bianca Wilson. LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems: A Research Agenda. UCLA School of Law Williams Institute. July 2019. https://williamsinstitute.law.ucla.edu/publications/lgbtq-yoc-social-services/.

16 Prewett, Kenneth. "Racial Classification in America." *Daedalus: Journal of the American Academy of Arts and Sciences*, 2005. https://www.amacad.org/publication/racial-classification-america.

17 Miller, Oronde, and Amelia Esenstad. *Strategies to Reduce Racially Disparate Outcomes in Child Welfare: A National Scan.* Center for the Study of Social Policy, 2015. https://eric.ed.gov/?id=ED561817.

18 Detlaff, Alan. Making the Case for UpENDing the Child Welfare System. University of Houston and Center for the Study of Social Policy. Presentation, (October 2020).

19 Ibid.

20 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

21 Ibid.

22 Ibid.

23 Campbell, Mary E., and Lisa Troyer. "The Implications of Racial Misclassification by Observers." *American Sociological Review* 72, no. 5 (October 1, 2007): 750–65. https://doi.org/10.1177/000312240707200505.

24 Luczak, Stephanie, Jessica Nelson, and Lauren Ruth. "Who I Am, Where I Belong, and Where I'm Going: Promoting Positive Identity Development for Youth in Connecticut Foster Care." *Connecticut Voices for Children*. (2018). https://ctvoices.org/wp-content/uploads/2018/12/YatC-report-FINAL.pdf.

25 Stafanson, Ariella. "Supporting Cultural Identity for Children in Foster Care." American Bar Association. (November 2019). https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/supporting-cultural-identity-for-children-in-foster-care/.

26 Rivas-Drake et al., "Ethnic and racial identity in adolescence: implications for psychosocial, academic, and health outcomes. *Child development*, 85, no. 1 (2014): 40–57. https://doi.org/10.1111/cdev.12200.

27 Tyrell, Fanita A. et al. "Prospective Associations between Trauma, Placement Disruption, and Ethnic-Racial Identity among Newly Emancipated Foster Youth." *Journal Of Adolescence*,76 (2019): 88–98. https://doi.org/10.1016/j.adolescence.2019.08.010.

28 Ibid.

29 Ibid.

30 Rivas-Drake et al., "Ethnic and racial identity in adolescence: implications for psychosocial, academic, and health outcomes. *Child development*, 85, no. 1 (2014): 40–57. https://doi.org/10.1111/cdev.12200.

[31] Lu, Y.E., J. Landsverk, E. Ellis-Macleod, R. Newton, W. Ganger, and I. Johnson. "Race, Ethnicity, and Case Outcomes in Child Protective Services." *Children and Youth Services Review* 26, no. 5 (2004): 447–61.

[32] Doyle, Jamie Mihoko, and Grace Kao. "Are Racial Identities of Multiracials Stable? Changing Self-Identification Among Single and Multiple Race Individuals." *Social Psychology Quarterly* 70, no. 4 (2007): 405–23. https://doi.org/10.1177/019027250707000409.

[33] Schmidt, J. et al. . "Research Consortium to Increase the Success of Youth in Foster Care." *Children and Youth Services Review* 56 (2015): 61–67. https://doi.org/10.1016/j.childyouth.2015.06.011.

[34] Ibid.

[35] Magaña López, M., M. Bevans, L. Wehrlen, L. Yang, and G. R. Wallen. "Discrepancies in Race and Ethnicity Documentation: a Potential Barrier in Identifying Racial and Ethnic Disparities." *Journal of Racial and Ethnic Health Disparities* 4, no. 5 (2016): 812–18. https://doi.org/10.1007/s40615-016-0283-3.

[36] Eppler-Epstein, et al. "The Alarming Lack of Data on Latinos in the Criminal Justice System", *Urban Institute*, (2016). https://apps.urban.org/features/latino-criminal-justice-data/.

[37] Magaña López, M., M. Bevans, L. Wehrlen, L. Yang, and G. R. Wallen. "Discrepancies in Race and Ethnicity Documentation: a Potential Barrier in Identifying Racial and Ethnic Disparities." *Journal of Racial and Ethnic Health Disparities* 4, no. 5 (2016): 812–18. https://doi.org/10.1007/s40615-016-0283-3.

[38] Jones CP, Truman BI, Elam-Evans LD, et al. Using "socially assigned race" to probe white advantages in health status. *Ethn Dis*. 2008;18(4):496–504.

[39] White, K. "Socially-Assigned Race and Health: A Scoping Review with Global Implications for Population Health Equity." *International Journal for Equity in Health*, February 2020. https://doi.org/10.1186/s12939-020-1137-5.

[40] Diaz, Sonja, A. et al. "The Latinx Data Gap in the Youth Justice System." *Partnership between UCLA Latino Policy & Politics Institute and Alianza for Youth Justice*, 2020. https://latino.ucla.edu/wp-content/uploads/2020/08/LPPI-CJ-JJ-Report-copy.pdf.

[41] Eppler-Epstein, et al. "The Alarming Lack of Data on Latinos in the Criminal Justice System", *Urban Institute*, (2016). https://apps.urban.org/features/latino-criminal-justice-data/.

[42] Klieger, D.M., R. Adler, and C. Ezzo. "Asking Differently about Race and Ethnicity: New Needs for a Changing Population." *GRE Board Research Report*, 2013. https://www.ets.org/Media/Research/pdf/RR-13-37.pdf.

[43] Araujo-Dawson, B. "Understanding the Complexities of Skin Color, Perceptions of Race, and Discrimination Among Cubans, Dominicans, and Puerto Ricans." *Hispanic Journal of Behavioral Sciences* 37, no. 2 (2015): 243–56. https://doi.org/10.1177/0739986314560850.

[44] Humes, K., & Hogan, H. Measurement of Race and Ethnicity in a Changing, Multicultural America. *Race and Social Problems*, 1(3), (2009): 111–131. https://doi.org/10.1007/s12552-009-9011-5.

45 Polubriaginof, Fernanda C G, et al. "Challenges with Quality of Race and Ethnicity Data in Observational Databases." *Journal of the American Medical Informatics Association* 26, no. 8–9 (August 1, 2019): 730–36. https://doi.org/10.1093/jamia/ocz113.

46 Parker, Kim, Juliana Menasce Horowitz, Rich Morin, and Mark Hugo Lopez. "The Many Dimensions of Hispanic Racial Identity." Pew Research Center's Social & Demographic Trends Project. Pew Research Center, June 11, 2015. https://www.pewresearch.org/social-trends/2015/06/11/chapter-7-the-many-dimensions-of-hispanic-racial-identity/.

47 Klieger, D.M., R. Adler, and C. Ezzo. "Asking Differently about Race and Ethnicity: New Needs for a Changing Population." *GRE Board Research Report*, 2013. https://www.ets.org/Media/Research/pdf/RR-13-37.pdf.

48 Ibid.

49 Urban Indian Health Institute. *Best Practices for American Indian and Alaska Native Data Collection*, 2020. https://aipi.asu.edu/sites/default/files/best-practices-for-american-indian-and-alaska-native-data-collection.pdf.

50 Rubin, Victor et. al. Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health. Policy Link and Robert Wood Johnson Foundation. August 15, 2018. https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf.

51 Summers, Alicia, Kathy Deserly, and Andy Yost. "The Importance of Measuring Case Outcomes in Indian Child Welfare Cases." American Bar Association, 2017. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/january-2017/the-importance-of-measuring-case-outcomes-in-indian-child-welfar/.

52 Polubriaginof, Fernanda C G, et al. "Challenges with Quality of Race and Ethnicity Data in Observational Databases." *Journal of the American Medical Informatics Association* 26, no. 8–9 (August 1, 2019): 730–36. https://doi.org/10.1093/jamia/ocz113.

53 Ibid.

54 Magaña López, M., M. Bevans, L. Wehrlen, L. Yang, and G. R. Wallen. "Discrepancies in Race and Ethnicity Documentation: a Potential Barrier in Identifying Racial and Ethnic Disparities." *Journal of Racial and Ethnic Health Disparities* 4, no. 5 (2016): 812–18. https://doi.org/10.1007/s40615-016-0283-3.

55 Urban Indian Health Institute. *Best Practices for American Indian and Alaska Native Data Collection*, 2020. https://aipi.asu.edu/sites/default/files/best-practices-for-american-indian-and-alaska-native-data-collection.pdf.

56 Baker D et al. Attitudes toward health care providers, collecting information about patients' race, ethnicity, and language. Med Care. 2007 Nov; 45(11):1034-42.

57 Berry C, et al. Moving to patient reported collection of race and ethnicity data: implementation and impact in ten hospitals. *International Journal of Health Care Quality Assurance* 2014; 27(4):271-83.

58 Canfield, A. et al., *The Whole Youth Model: How Collecting Data about Sexual Orientation, Gender Identity, Gender Expression (SOGIE) Helps Probation and Youth Courts Build More Authentic Relationships Focused on Improved Well-Being*, 2020. https://lgbtq.hkspublications.org/2020/06/22/the-whole-youth-model-how-collecting-data-about-sexual-orientation-gender-identity-and-gender-expression-sogie-helps-probation-and-youth-courts-build-more-authentic-relationships-focused-on-impro/.

59 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

60 Ibid.

61 Klieger, D.M., R. Adler, and C. Ezzo. "Asking Differently about Race and Ethnicity: New Needs for a Changing Population." *GRE Board Research Report*, 2013. https://www.ets.org/Media/Research/pdf/RR-13-37.pdf.

62 Chin M. H. "Using patient race, ethnicity, and language data to achieve health equity." *Journal of general internal medicine* 30, no. 6 (2015): 703–5. https://doi.org/10.1007/s11606-015-3245-2.

63 Schmidt, J. et al. . "Research Consortium to Increase the Success of Youth in Foster Care." *Children and Youth Services Review* 56 (2015): 61–67. https://doi.org/10.1016/j.childyouth.2015.06.011.

64 Doyle, Jamie Mihoko, and Grace Kao. "Are Racial Identities of Multiracials Stable? Changing Self-Identification Among Single and Multiple Race Individuals." *Social Psychology Quarterly* 70, no. 4 (2007): 405–23. https://doi.org/10.1177/019027250707000409.

65 American Indian Enhancement Team. Data Collection and Its Impact on Indian Child Welfare Act Compliance Measures. https://calswec.berkeley.edu/sites/default/files/aie_data_collect_impact.pdf.

66 Ibid.

67 Minoff, Elisa. *Entangled Roots: The Role of Race in Policies That Separate Families*. The Center for the Study of Social Policy (2018). https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf.

68 Rivaux, Stephanie et al. "The Intersection of Race, Poverty, and Risk: Understanding the Decision to Provide Services to Client and to Remove Children." Child Welfare, February 2008, pp. 151-168. See also Dettlaff, Alan et al. "Disentangling: The influence of race, income, and risk on the substantiation decision in child welfare." Child and Youth Services Review, April 2011, pp. 1630-1637.

69 Minoff, Elisa. *Entangled Roots: The Role of Race in Policies That Separate Families*. The Center for the Study of Social Policy (2018). https://cssp.org/wp-content/uploads/2018/11/CSSP-Entangled-Roots.pdf.

70 Roberts, Dorothy. Race and Class in the Child Welfare System. Frontline: Failure to Protect. PBS. https://www.pbs.org/wgbh/pages/frontline/shows/fostercare/caseworker/roberts.html.

71 Bennett, Ashley R. and Duchesne, Mellissa M., "Social Workers' Knowledge and Experience Working with Mixed Race Youth and Families" (2020). Electronic Theses, Projects, and Dissertations. 1035. https://scholarworks.lib.csusb.edu/etd/1035.

72 Charles and Lynn Schusterman Family Foundation. "More than Numbers: A Guide Toward Diversity, Equity, and Inclusion (DEI) in Data Collection." August 2020. https://www.schusterman.org/blogs/rella-kaplowitz/how-we-collect-data-determines-whose-voice-is-heard.

73 Ibid.

74 Rubin, Victor et. al. Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health. Policy Link and Robert Wood Johnson Foundation. August 15, 2018. https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf.

75 Citizen Science. https://www.citizenscience.org/.

76 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

77 Charles and Lynn Schusterman Family Foundation. "More than Numbers: A Guide Toward Diversity, Equity, and Inclusion (DEI) in Data Collection." August 2020. https://www.schusterman.org/blogs/rella-kaplowitz/how-we-collect-data-determines-whose-voice-is-heard.

78 Matthews, K., J. Phelan, N.A. Jones, S. Konya, R. Marks, B.M. Pratt, J. Coombs, and M. Bentley. *National Content Test Race and Ethnicity Analysis Report*. United States Census Bureau, 2017. https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2015nct-race-ethnicity-analysis.pdf.

79 Ibid.

80 Charles and Lynn Schusterman Family Foundation. "More than Numbers: A Guide Toward Diversity, Equity, and Inclusion (DEI) in Data Collection." August 2020. https://www.schusterman.org/blogs/rella-kaplowitz/how-we-collect-data-determines-whose-voice-is-heard.

81 Croll, P.R., and J. Gerteis. "Race as an Open Field: Exploring Identity beyond Fixed Choices." *Sociology of Race and Ethnicity* 5 (2019): 55–69.

82 Charles and Lynn Schusterman Family Foundation. "More than Numbers: A Guide Toward Diversity, Equity, and Inclusion (DEI) in Data Collection." August 2020. https://www.schusterman.org/blogs/rella-kaplowitz/how-we-collect-data-determines-whose-voice-is-heard.

83 Asian & Pacific Islander American Health Forum, Asian American, Native Hawaiian, & Pacific Islander Maternal Health Disparities (APIAHF Issue Brief, May 2012).

84 Rubin, Victor et. al. Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health. Policy Link and Robert Wood Johnson Foundation. August 15, 2018. https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf.

85 Canfield, A. et al., *The Whole Youth Model: How Collecting Data about Sexual Orientation, Gender Identity, Gender Expression (SOGIE) Helps Probation and Youth Courts Build More Authentic Relationships Focused on Improved Well-Being*, 2020. https://lgbtq.hkspublications.org/2020/06/22/the-whole-youth-model-how-collecting-data-about-sexual-orientation-gender-identity-and-gender-expression-sogie-helps-probation-and-youth-courts-build-more-authentic-relationships-focused-on-impro/.

86 Ibid.

87 Ibid.

88 DeSilva, R., N.K. Aggarwal, and R. Lewis-Fernández. *The DSM-5 Cultural Formulation Interview and the Evolution of Cultural Assessment in Psychiatry*, 2015. https://www.psychiatrictimes.com/view/dsm-5-cultural-formulation-interview-and-evolution-cultural-assessment-psychiatry.

89 Ibid.

90 Rubin, Victor et. al. Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health. Policy Link and Robert Wood Johnson Foundation. August 15, 2018. https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf.

91 White, K. "Socially-Assigned Race and Health: A Scoping Review with Global Implications for Population Health Equity." *International Journal for Equity in Health*, February 2020. https://doi.org/10.1186/s12939-020-1137-5.

92 Ellis P. Monk Jr., "The Cost of Color: Skin Color, Discrimination, and Health among African-Americans," American Journal of Sociology 121 (2015): 396-444."

93 Ibid

94 Klieger, D.M., R. Adler, and C. Ezzo. "Asking Differently about Race and Ethnicity: New Needs for a Changing Population." *GRE Board Research Report*, 2013. https://www.ets.org/Media/Research/pdf/RR-13-37.pdf.

95 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

96 Urban Indian Health Institute. *Best Practices for American Indian and Alaska Native Data Collection*, 2020. https://aipi.asu.edu/sites/default/files/best-practices-for-american-indian-and-alaska-native-data-collection.pdf.

97 Chin M. H. "Using patient race, ethnicity, and language data to achieve health equity." *Journal of general internal medicine* 30, no. 6 (2015): 703–5. https://doi.org/10.1007/s11606-015-3245-2.

98 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

99 Urban Indian Health Institute. *Best Practices for American Indian and Alaska Native Data Collection*, 2020. https://aipi.asu.edu/sites/default/files/best-practices-for-american-indian-and-alaska-native-data-collection.pdf.

100 Ibid.

101 American Indian Enhancement Team. Data Collection and Its Impact on Indian Child Welfare Act Compliance Measures. https://calswec.berkeley.edu/sites/default/files/aie_data_collect_impact.pdf.

102 Eppler-Epstein, et al. "The Alarming Lack of Data on Latinos in the Criminal Justice System", *Urban Institute*, (2016). https://apps.urban.org/features/latino-criminal-justice-data/.

103 Polubriaginof, Fernanda C G, et al. "Challenges with Quality of Race and Ethnicity Data in Observational Databases." *Journal of the American Medical Informatics Association* 26, no. 8–9 (August 1, 2019): 730–36. https://doi.org/10.1093/jamia/ocz113.

104 Ibid.

105 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

106 Schmidt, J., S. Dubey, L. Dalton, M. Nelson, J. Lee, M. Oberweiser Kennedy, and S. Geenen. "Research Consortium to Increase the Success of Youth in Foster Care." *Children and Youth Services Review* 56 (2015): 61–67. https://doi.org/10.1016/j.childyouth.2015.06.011.

107 Ortega, R., and K. Faller. "Training Child Welfare Workers from an Intersectional Cultural Humility Perspective: A Paradigm Shift." *Child Welfare* 90 (2011): 27–49.

108 Ibid.

109 Chin M. H. "Using patient race, ethnicity, and language data to achieve health equity." *Journal of general internal medicine* 30, no. 6 (2015): 703–5. https://doi.org/10.1007/s11606-015-3245-2.

110 Ibid.

111 Luna-Lucero, Myra. "Reflections on Research with Undocumented Immigrants. *Ampersand, the Primer Blog*. April 2019. https://blog.primr.org/research-with-undocumented-immigrants/.

112 Ibid.

113 Shimasaki, Suzuho, and Sherry Freeland Walker. "Health Equity and Race and Ethnicity Data: How Race and Ethnicity Data Is Collected and Used." *The Colorado Trust*, September 2013. https://www.coloradotrust.org/sites/default/files/CT_Race_EthnicityBrief_vFinal2.pdf.

114 Institute for Diversity in Health Management Health Research & Educational Trust. "Diversity & Disparities: A Benchmark Study of U.S. Hospitals in 2013," 2014. https://www.aha.org/system/files/hpoe/Reports-HPOE/diversity_disparities_chartbook.pdf.

115 Chin M. H. "Using patient race, ethnicity, and language data to achieve health equity." *Journal of general internal medicine* 30, no. 6 (2015): 703–5. https://doi.org/10.1007/s11606-015-3245-2.

116 Bonham VL, et al. Examining How Race, Ethnicity, and Ancestry Data Are Used in Biomedical Research. *JAMA*. 2018 Oct 16;320(15):1533-1534.

117 Ibid.

118 Benjamin, Ruha. *Race After Technology: Abolitionist Tools for the New Jim Code*. (July 2019). Cambridge: Polity.

119 Ibid.

120 Chin M. H. "Using patient race, ethnicity, and language data to achieve health equity." *Journal of general internal medicine* 30, no. 6 (2015): 703–5. https://doi.org/10.1007/s11606-015-3245-2.

121 Humes, K., & Hogan, H. Measurement of Race and Ethnicity in a Changing, Multicultural America. *Race and Social Problems*, 1(3), (2009): 111–131. https://doi.org/10.1007/s12552-009-9011-5.

122 Ibid.

123 Mathieson, Iain, and Aylwyn Scally. "What Is Ancestry?" *PLoS Genet* 16, no. 3 (2020) https://doi.org/10.1371/journal.pgen.1008624.

| 29 |

[124] M. de Onis, Catalina. What's in an 'x'? An Exchange about the Politics of Latinx. Chiricú Journal: Latina/o Literatures, Arts, and Cultures Vol. 1, No. 2, The Politics of Language (Spring 2017), pp. 78-91 (14 pages). Indiana University Press. https://www.jstor.org/stable/10.2979/.chiricu.1.2.07?refreqid=excelsior%3Ad9f0dd572c816c9290d0e4aef7c4d80d&seq=1.

[125] Slemp, Katie. Latino, Latina, Latin@, Latine, and Latinx: Gender Inclusive Oral Expression in Spanish. (2020). University of Western Ontario. Electronic Thesis and Dissertation Repository. 7297. https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=9794&context=etd.

[126] Diaz, Sonja, A. et al. "The Latinx Data Gap in the Youth Justice System." *Partnership between UCLA Latino Policy & Politics Institute and Alianza for Youth Justice*, 2020. https://latino.ucla.edu/wp-content/uploads/2020/08/LPPI-CJ-JJ-Report-copy.pdf.

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