Is Race in the Eye of the Beholder?: Using Interviewer-Recorded Race to Assess the Relationship between Self-Identified Race, Observed Race, and Health

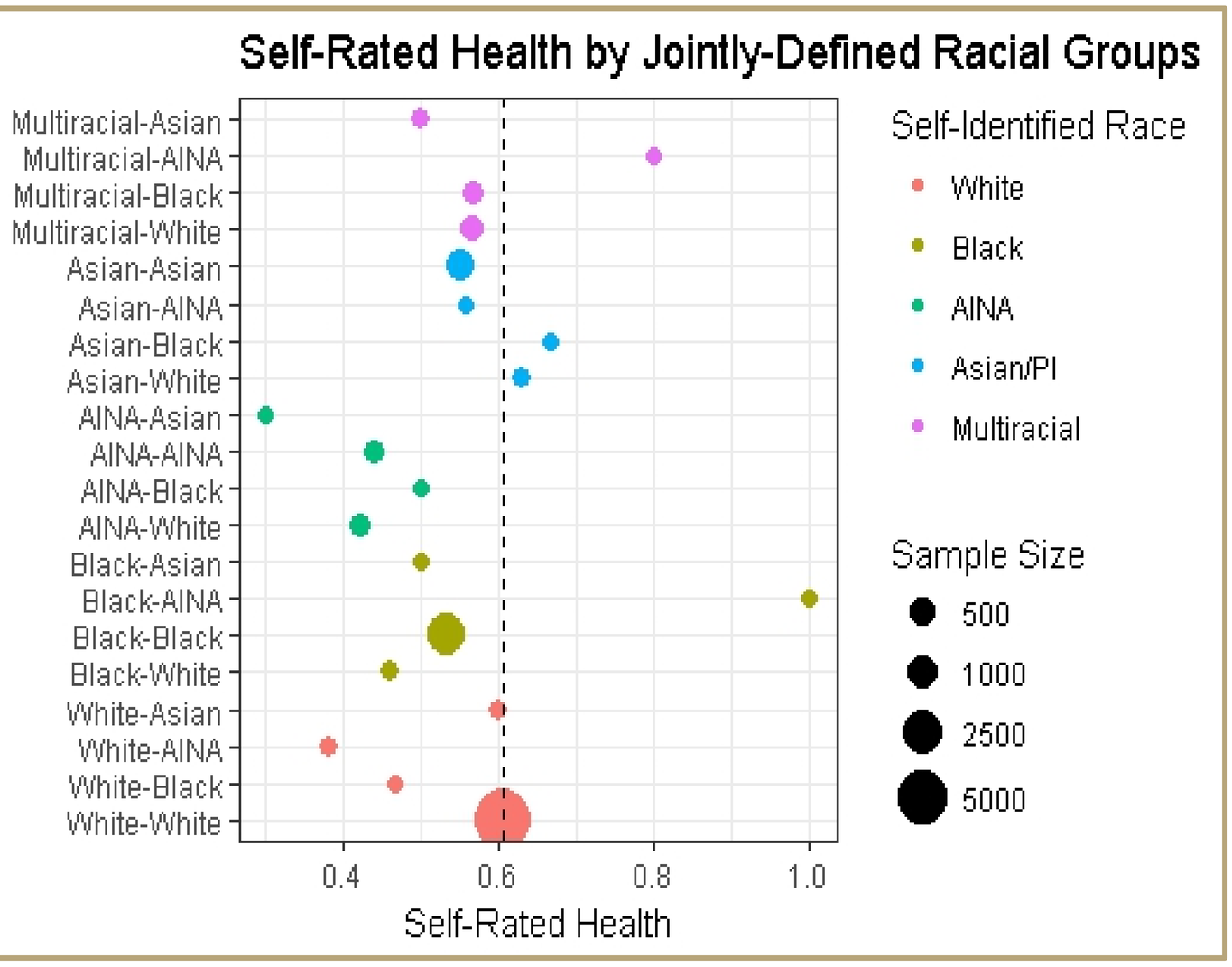
Savannah Larimore[1], Michael Esposito[1], Jane Rafferty[2], Margaret Hicken[3], Taylor Hargrove[4], and Hedwig Lee[1]

1. University of Washington Sociology Department, 2. University of Michigan Program for Research on Black Americans, 3. University of Michigan Population Studies Center, 4. University of North Carolina at Chapel Hill Sociology Department

Research Focus: The **goal of this study** is to determine whether external racial appraisals also matter for health within and across self-identified racial groups. This study is motivated by theoretical considerations and empirical evidence that suggests how individuals are perceived through a racialized lens matter for health outcomes in addition to exposures to racial discrimination (stressors) and access to socioeconomic resources.

Data: Data for our analysis comes from Waves III and IV of The National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative survey of adolescents in the United States (**N=10237**). Our **dependent variable** is self-rated health at Wave IV. Our **key independent variable** is "jointly-defined" race. We construct this variable by defining each respondent's race based on how they self-identify as well as how they are observed by the interviewer.

Both individuals pictured here self-identify as Native American but are recognized as Asian (left photo) and White (right photo), respectively in Face++, a facial recognition software.



Research Questions:

1. What is the relationship between self-identified and observed race?
2. Do levels of health vary between subgroups jointly defined by self-identified and interviewer-recorded race?
3. Do individuals who "pass" as White, regardless of how they self-identify, have better health than their peers who do not pass as White?
4. Do individuals who "pass" as White, regardless of how they self-identify, have health that is not significantly different from White-concordant individuals?

Analysis: To answer research questions 1 and 2, we ran descriptive analyses. To answer research questions 3 and 4, we estimate a Bayesian logistic regression model, with a student-t prior with 7 degrees of freedom. In our full model, we control for age, gender, education, and Hispanic/Latino ethnicity.

Results: In general, individuals are race-concordant, meaning that their self-identified race and observed race are the same. However, this is less true for Native Americans and Multiracial individuals in our data. While there is a good deal of variation in self-rated health across jointly defined sub-groups (see figure above), the results of our full model estimates imply that many of these differences are attenuated once known covariates are accounted for. **We find no evidence of "passing privilege" for self-identified racial minority groups who are observed as White**. This contradicts previous research which argues for passing privilege, however our data suffer from several limitations, including a uniquely young sample of respondents.

Table 1: Self-Rated Health

In Reference to Black-Black Respondents

Self-Identifies As	*Observed As*	Self Rated Health Odds Ratio	95% Confidence Interval
Black	Black	*Reference Category*	*Reference Category*
Multiracial	Black	1.05	0.76-1.46

In Reference to AINA-AINA Respondents

Self-Identifies As	*Observed As*	Self Rated Health Odds Ratio	95% Confidence Interval
AINA	AINA	*Reference Category*	*Reference Category*
AINA	White	0.96	0.65-1.43

In Reference to White-White Respondents

Self-Identifies As	*Observed As*	Self Rated Health Odds Ratio	95% Confidence Interval
White	White	*Reference Category*	*Reference Category*
AINA	White	0.60	0.45-0.80
Muliracial	White	0.93	0.75-1.14

CENTER FOR STUDIES IN DEMOGRAPHY & ECOLOGY

UNIVERSITY *of* WASHINGTON