

## IMPLEMENTATION OF THE REVISED OMB RACE AND ETHNICITY STANDARDS IN U.S. STANDARD CERTIFICATE OF LIVE BIRTHS: RESULTS AND DATA

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**BACKGROUND:** In 1997, the Office of Management and Budget (OMB) issued “Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity” which revised the “1977 Statistical Policy Directive 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting.” These documents specify guidelines for collection, tabulation, and presentation of race and ethnicity data within the Federal statistical system. The 1997 revised standards incorporated two major changes: first, the revised standards increased the minimum set of race categories to be used by Federal agencies (White, Black or African American, American Indian or Alaska Native (AIAN), Asian, and Native Hawaiians or Other Pacific Islanders (NHOPI)); and, second, the revised standards also require Federal data collection programs to allow respondents to select *one or more race categories*. These standards have been implemented in the 2003 Revision of the U.S. Standard Certificate of Live Birth.

Beginning with 2003 data year, multiple-race data (i.e., more than one race) was reported by Pennsylvania and Washington, which used the 2003 Revision of the U.S. Standard Certificate of Live Birth, as well as California, Hawaii, Ohio (for births occurring in December only), and Utah, which used the 1989 revision of the U.S. Standard Certificate of Live Birth.

Maternal reporting of more than one race has impacted the reporting and analysis of birth certificate data. This paper will present the differences between mothers who report multiple-race and mothers who report single-race for selected demographic and health items.

**MATERIALS AND METHODS:** Birth certificate data from California, Hawaii, Pennsylvania, Utah, and Washington, which reported multiple-race data for 2003 (the full year), data on selected demographic and health items (e.g., fertility, age at first birth, marital status, country of birth, preterm birth and low birthweight) were analyzed comparing multiple-race mothers to single-race mothers. Univariate and bivariate analysis were performed to explore similarities and differences on selected items.

**RESULTS:** In 2003, 2.5 percent of births in California, Hawaii, Pennsylvania, Utah, and Washington were to women who reported more than one race (i.e., were multiracial), with levels varying from 1 (Utah) to 33 percent (Hawaii). In terms of demographic characteristics, total fertility rate (TFR) was significantly lower for most single race women (White, Black or African American, AIAN, Asian, and NHOPI) than for women reporting these races in multiple-race combinations. Age at first birth was significantly higher for single race women than multiple race women. The percentage of births to unmarried women for single race Black and AIAN women was also higher than women reporting Black and AIAN in multiple-race combinations. A greater percentage of women reporting multiple-race combinations were foreign born than women reporting one race. In terms of health characteristics, the preterm birth rate was significantly lower for single race White and Asian women than women reporting White or Asian in multiple-race combinations. The rates for single race Black and American Indian women were higher than women reporting these races in multiple-race combinations. The low birthweight rate was also significantly lower for single race White, Asian, and Pacific Islander women than women reporting those races in multiple-race combinations. The rate for single race Black women were higher than for women reporting this race in combination.

The challenges in analyzing and reporting multiple-race data will be also discussed.

**CONCLUSIONS:** Single and multiple-race mothers differ in demographic and health characteristics. This adds to the importance of reporting and analysis of these and other items by race and ethnicity.