Standardized Terminology for Hispanic Populations

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Although I am still only in my thirties, it was within my lifetime that signs hung outside restaurants in South Texas announcing "no Mexicans or dogs allowed." While I have never discussed it with my parents, I can image how painful it must have been for them to fabricate some explanation that would shelter me (until such time as I could learn to read in English) from knowing the real reason we couldn't stop to eat. Professors David Hayes-Bautista and Jorge Chapa are to be congratulated for their thought-provoking and carefully delineated historical account of United States-Latin American relations. Their basic premise is that our political relations with Latin America have influenced our perceptions and behaviors toward our own Hispanic-origin citizens. They feel that in order to justify the desire to expand into Latin American territory, White non-Hispanics began to perceive Hispanics as "belonging to a race apart and somewhat lesser than Anglos." As in the case of which came first, the chicken or the egg, I am not convinced of their interpretation of the direction and timing of this association. It is entirely possible that Anglos already perceived Hispanics as a lesser race and that this perception justified the occupation of their territories. After all, the Monroe Doctrine applied to Canada as well, and even though we share a much longer border with them, we have rarely invaded their territories or treated Canadians and Canadian Americans as a lesser race.

In either case, I hope their historical account will greatly assist public health professionals to better understand the Hispanic experience in this country and the confusion that has occurred in the designations of race, ethnicity, and national origin. Like Drs. Hayes-Bautista and Chapa, I too wish to see us make great progress in standardizing our ethnic and social classification systems so that we may move forward in our understanding of the health needs of all of our populations. As mentioned in their manuscript, agencies and researchers have identified Hispanics through numerous classification systems resulting in much confusion and incomparable findings.

In recent times, greater numbers of articles have been submitted to the American Journal of Public Health that are cross-cultural in nature with specific emphasis on Hispanic populations. In an effort to standardize terminology, the Journal Editorial Board has had numerous discussions to try to decide if Hispanic or Latino is the most appropriate generic term to use when referring to the collective of Hispanics of all national origins. There is complete agreement that authors should be as specific as possible with respect to national origin. For example, if a study deals only with Mexican Americans, then Mexican Americans should be the term used throughout the manuscript so as to guard against possible unwarranted over-generalization of findings to other Hispan-

ic groups. The issue at hand is which term authors should use when referring to Mexican Americans, Puerto Ricans, etc., as a whole. Drs. Hayes-Bautista and Chapa believe that Latino is the best term while I feel that Hispanic is preferable for scientific publications.

From the onset, let me clearly state that I personally have no qualms about referring to myself as Latino nor being referred to as such. Like David Haves-Bautista, I too am a member of the American Public Health Association Latino Caucus. I find the term to be a very positive label. For pragmatic reasons, however, I oppose any movement to designate Latino as the official or quasi-official designation to be used in the scientific literature so long as all of the major national statistical data systems in this country identify Hispanics and not Latinos. Most of the statistics for our population are collected by federal and state agencies or under federal grants. These efforts will continue to operationalize according to the race and ethnicity classifications mandated under Directive Number 15 as reported in the Federal Register.² The Bureau of the Census, the National Center for Health Statistics, the Office of Management and Budget, the Bureau of Labor Statistics, and all other federal (and probably state) agencies will continue to use the term Hispanic in their data collection and publication activities regardless of what terminology this Journal adopts. Our adoption of divergent terminology would only add to the confusion that exists. Perhaps more importantly as a researcher, I would not feel comfortable performing secondary data analysis on self-identified Hispanics and relabeling them Latino for purposes of publishing the results in the Journal. I am not absolutely sure that the same exact people who self-identified themselves as Hispanic during the data collection would also have self-identified as Latino. Besides the issue of precision, I do not feel I have the omniscience or omnipotence to relabel 15-20 million people.

To recapitulate, one of my major concerns with changing terminology is that it would make the Journal inconsistent with most of the scientific literature and statistical agencies. This does not mean that I would be opposed to changing our present system of identifying and classifying Hispanics to one which would identify Latinos if it could be demonstrated that the latter was a superior system. With this in mind, let us explore some of the advantages and disadvantages of Hispanic and Latino.

First, we must realize that, without educational efforts, the confusion over race and ethnicity will continue whether we use the present Hispanic enumeration method or the Latino method proposed by Drs. Hayes-Bautista and Chapa. Many people, including Hispanics, do not realize that the Hispanic identifier provides no information regarding the respondent's race. It only tells you whether a person considers themself Hispanic. If they do, they are asked whether they are Mexican American, Puerto Rican, Cuban American, or of other Spanish/Hispanic origin. A separate racial identifier is used for all persons to enumerate race. Hispanics are an extremely heterogeneous population and that is particularly evident in their racial makeup. Hispanics may be correctly classified as White; Black; American Indian, Eski-

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Editor's Note: See also related editorial p 16 and Different View p 61 this issue.

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mo, and Aleut; and Asian and Pacific Islander (our four current racial classification groups). In the 1980 Census, 55.6 per cent of self-identified Hispanics reported their race as White, 2.7 per cent as Black, 0.6 per cent as American Indian, Eskimo and Aleut, 1.1 per cent as Asian and Pacific Islander, and 40 per cent as "other". Persons who are classified as "other" are so classified because they did not select one of the four available categories and instead wrote-in some other response. The vast majority of Hispanics who are classified as "other" wrote in Hispanic, Mexican, Chicano, Puerto Rican, or some other Hispanic-origin term. Thus approximately 40 per cent of Hispanics perceive Hispanic ethnicity to constitute a race. The use of interviewer-observed race would result in most of this 40 per cent being reclassified as White (under our present racial classification system). In other words, most of these Hispanics are White Hispanics who do not believe or understand they are White. The article by Hayes-Bautista and Chapa provides a historical perspective regarding this confusion. In Texas, Hispanics were classified as non-White until it became utilitarian to reclassify them as White and place them in predominantly Black schools to meet educational desegregation requirements. I want to clearly point out that all of these Hispanics who are classified as "other" understand the Hispanic identifier. The racial identifier is what they do not understand. In other words, 100 per cent of them answered they were Hispanic but they did not perceive themselves as belonging to one of the four racial groupings. Drs. Haves-Bautista and Chapa state that their proposed Latino classification system is racially neutral. In actuality, the Latino and Hispanic identifiers are both equally neutral with respect to race, as neither system refers to race. If we were to convert to the proposed Latino terminology, we would still find that 40 per cent of those who self-identified as Latino would be racially classified as "other" because they would have a write-in response which used some Hispanic-origin term. In short, neither Latino or Hispanic enjoys a race clarification advantage.

One area where the proposed Latino classification system would differ significantly from the present Hispanic classification system is population coverage. Upon reading Hayes-Bautista and Chapa's article, it appeared to me that the major conceptual basis for their development of the Latino terminology was the exclusion of Spaniards from consideration as a Hispanic. Presumably, Spaniards were not subjected, in this country, to the level of discrimination that other Hispanic groups suffered. In general, one might agree. The Spaniards and Portuguese who came to this country were Europeans with no Indian blood. Generally speaking they were not the economic casualties of their own countries. Furthermore, their native countries were not the desperately poor countries viewed as inferior by many citizens of the US. However, the ancestry item on the 1980 Census enumerated only 94,528 Spaniards in the US out of a total Hispanic population of 14.6 million (less than 1 per cent)⁴. Only 64,000 persons reported Portuguese ancestry in 1980.

The proposed Latino classification system would exclude people from the Philippines who are now covered under the Hispanic classification. Certainly Filipinos have been discriminated against. Just a generation or two ago, Filipinos were forbidden by law from intermarrying with Whites in parts of our country. Like other Hispanic groups, they were subjugated by the Spaniards and often times discriminated against by Americans. It is not their fault that their homeland falls outside the Western Hemisphere and out of some

proposed new classification system based on geographic origin.

Affirmative actions programs were designed to rectify distributional imbalances that exist within our society. Hayes-Bautista and Chapa appear concerned that members of national-origins not severely underrepresented are seeking minority status protection. (It would be nice to know there was such protection. I have not seen many signs of it lately.) Specifically, they are concerned that a woman in San Francisco demanded that the San Francisco Human Rights Commission apply affirmative action benefits to Spaniards as they should be considered Hispanic. Webster's New International Dictionary, Second Edition-Unabridged (1971) defines Hispanic as "pertaining to or deriving from the people, speech, or culture of Spain or of Spain or Portugal; often specific, Latin America." Latino is the Spanish word for Latin and Latin is defined as "designating the peoples, nationalities, or countries, such as the French, Italian, Spanish, etc. whose languages and culture are descended from the Latin." Given these definitions, the term Latino would not only fail to exclude Spaniards but could broaden the coverage to include the French, Italians, etc. Hayes-Bautista and Chapa argue that commonplace usage would not include French, Italians, etc., as Latino—only a "very narrow reading" of dictionaries could do so. I am concerned that lawyers have been known to perform a "very narrow reading" when representing their cases. I would hate to provide another means by which we can further erode the few programs we have to help those who have faced exceptional barriers to their advancement.

In my view, the present Hispanic classification system enjoys several advantages over the proposed Latino enumeration method. First, it would provide more universal coverage of the population than is possible with Latino. As pointed out by Drs. Hayes-Bautista and Chapa, great numbers of Hispanics in New Mexico and parts of southern Colorado prefer to self-identify as Spanish American, Hispano, or Hispanic. They propose that we refer to these people as "New Mexican Hispano Latino." This term is not only extremely awkward, it would be impossible to operationalize. The Spanish-origin of New Mexico Hispanics (real or perceived), which precludes any affiliation with Western Hemisphere Latin American countries, will mean that great numbers of Northern New Mexicans would refuse to selfidentify with any label which includes the word Latino (regardless of the number of qualifiers we place before it). The Hispanic identifier—which has been used by the Hispanic Health and Nutrition Examination Survey, the US Census, the National Health Interview Survey, and all other national surveys-has worked extremely well with the Hispanic population of New Mexico. They readily identify as Hispanic and generally subclassify themselves as either Mexican American or other Spanish/Hispanic.

The potential for trend analysis is another advantage of the Hispanic identifier over the Latino identifier. I have the privilege of serving as Chairman of the Subcommittee on Minority Health Statistics of the National Committee on Vital and Health Statistics. At one of our recent meetings, where we were considering different methods for identifying Hispanics on the Standard Certificates of Birth and Death, we heard testimony from US Representative Mathew Martinez (D-CA). He asked us if at all possible, to be consistent over time in our data collection methods. He reminded us of the divergent enumeration strategies which were employed during the 1950, 1960, 1970, and 1980 Census. Changing our

identification strategies with each census meant that we were never certain to what degree population changes reflected true growth and to what degree they reflected our changing enumeration methods. "After more than thirty years of experimentation with enumeration strategies, we should by now know what a Hispanic is. Let us do it the same way more than once."5 I share Congressman Martinez' perception. I feel that at this time we may be better served through consistency rather than innovation. Only in the last few years have we been able to produce national health statistics on the Hispanic population. ^{6,7} Analysts are very close to producing the very first estimates of Hispanic mortality. We are beginning to produce a baseline of data on Hispanics. I would hate to see us lose the opportunity to examine changes over time that are occurring among the nation's fastest growing population.

After a meeting where this issue was discussed, I was approached by one of my Black colleagues who stated that this indecision as to what to call ourselves proved that we really were not a minority, that the true minorities were the racial minorities as they were the only ones who had ever been discriminated against. He stated that if we were to include "Latinos or whatever you call them" then the next thing you know we will have to include German Americans. Irish, Italian Americans, etc. I explained to him that despite the fact that Hispanics had lived in the US for more than 400 years, we still were less educated than Blacks, about as poor, had no more luck getting good jobs, received less health care than Blacks, had less financial access to medical care, and that in the case of Mexican American physicians we would have to have a five-fold increase of them to even come up to the Black physician/population ratio which we know is woefully inadequate. My point here is that the continual suggestion of new labels only hurts our people.

I have given this matter quite a bit of thought and I have talked to a few others to explore their feelings. I queried several Mexican American, Puerto Rican, Cuban American, and White non-Hispanic researchers, who specialize in cross-cultural research, for their preferred term (admittedly a small non-random sample filled with sampling error). All of the persons I talked with preferred the term Hispanic and a few thought that the term Latino was perhaps a regional term used in some parts of the State of California. California certainly is a trend setter and it may be that this is one more time when they are way ahead of the rest of us. Sometimes, though, it is best to lay our regional preferences aside and adopt the global term which is more universally accepted and understood.

Six short years ago in this very Journal, Dr. Hayes-Bautista suggested that the term "Raza" be used when referring to Hispanics and suggested that this term be operationalized on "the fact that Raza suffer because they are Indian descended." Personally, I found his first theory to be much more believable than his present one based on the Monroe Doctrine. Especially when one adds to our Indian geneotype, the fact that we are also too often poor, undereducated, underemployed, and have limited proficiency in English.

The Latino enumeration method may or may not succeed in excluding Spanish and other non-Western Hemisphere national-origin groups as proposed by Hayes-Bautista

and Chapa. I will leave it to someone else, more knowledgeable than myself, to decide whether they should be included or excluded.

The proposed Latino terminology will be highly problematic in enumerating the Hispanic population of New Mexico. It will, in the immediate future, severely restrict longitudinal analyses of Hispanic dynamics. Furthermore, it is totally devoid of validation. Much pretesting is needed to explore how acceptable and understandable the term is to Puerto Ricans, Cuban Americans, Salvadorans, etc., as well as to Mexican Americans.

While the Black population struggled with their changing labels—Negro, Colored, Black—there were awkward times when non-Blacks hesitated in their use of terms for fear of using an offensive term. The differences over terms also created unfortunate divisions within the Black community. Hispanics have been through much of this as we pondered over which was the best term—Chicano, Mexican American, Mexican, Raza, Spanish, Latin, Boricua, Puerto Rican, Cuban American, Hispanic, etc. Hispanic may not be the perfect unifying term but it is remarkable that it has generated such widespread acceptance among Hispanics and non-Hispanics and among the scientific literature as well as the news media in only seven or eight years.

Drs. Hayes-Bautista and Chapa state that the term Hispanic may be more objectionable than Latino. They refer to the meeting which led to the creation of the APHA Latino Caucus and point out that the proposal to name the Caucus the "Hispanic Caucus" was rejected with some people stating that no one present was a Spaniard. I was at that meeting and I must point out that the meeting took place four years before the federal government introduced the current Hispanic classification system. Hispanic was not a word in common usage then and few of us were familiar with it. Now. during our meetings, I am amazed how infrequently I hear us use the word Latino other than when referring to our Caucus' name. I perceive (and I could well be wrong) that most of our members now use Hispanic as the generic term in their informal conversations as well as in their scientific presentations. Our situation is analogous to that of the National Association for the Advancement of Colored People (NAACP). I doubt that many of their members refer to themselves as colored. That association was named before Black became the term of choice among Blacks and non-Blacks.

Is the term, Hispanic, objectionable? I would point out that in its very first national introduction (the 1980 Census) 14,608,673 persons chose to self-identify as Hispanic. Like Representative Martinez, I believe that after 30 years we have a pretty good idea of what a Hispanic is.

REFERENCES

- Hayes-Bautista DE, Chapa J: Latino terminology: conceptual bases for standardized terminology. (Different Views) Am J Public Health 1987; 77:61-68.
- Federal Register, May 1978; 43:(87), 19269.
- US Bureau of the Census: Persons of Spanish Origin by State: 1980. Supplementary Report PC80-S1-7. Washington, DC: Govt Printing Office, August 1982.
- US Bureau of the Census: Ancestry of the Population by State. Supplementary Report PC80-S1-10. Washington, DC: Govt Printing Office, April 1983.
- Rep. Mathew Martinez (D-CA): Testimony before the Subcommittee on Minority Health Statistics, National Committee on Vital and Health

- Statistics, Washington, DC, April 25, 1986.
- Trevino FM, Moss AJ: Health Indicators for Hispanic, Black, and White Americans. Vital and Health Statistics, Series 10, No. 148. DHHS Pub. No. (PHS) 84-1576. Hyattsville, MD: US Public Health Service, National Center for Health Statistics, 1984.
- 7. Trevino FM, Moss AJ: Health Insurance Coverage and Physician Visits
- among Hispanic and Non-Hispanic People. In: Health—United States, 1983. DHHS Pub. No. (PHS) 84-1232. Washington, DC: US Department of Health and Human Services, National Center for Health Statistics, 1983.
- Hayes-Bautista DE: Identifying "Hispanic" populations: the influence of research methodology upon public policy. Am J Public Health 1980; 70(4):355.

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