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Identifying "Hispanic" Populations: The Influence of Research Methodology Upon Public Policy

Chicano, Boricua. Mexican American. Latino. Puerto Rican. Spanish American. Raza. Latin American. Hispanic. Spanish Origin. White Person of Spanish Surname. The list of names seems endless and confusing. Which term is correct? In this issue of the Journal, an article by Roberts and Lee¹ reports their study on health status of Mexican Americans; another article by Aday, et al,² reports on those of Spanish heritage. It is quite likely that many readers will assume that the populations studied are comparable. However, the definitional differences (Mexican American vs Spanish heritage) can lead to operational differences which could mean that neither the population studied nor the results can be compared with each other.

The difference in methods is a product of the confusion in terminology, and has both research and legal implications. In research, the confusion has two consequences. One is the generation of non-comparable samples. It seems axiomatic that before a population may be measured, that population must be exactly defined. And, before studies of two populations can be compared, they must share a uniform definition. If not, one runs the proverbial risk of comparing apples and bananas. The label "Hispanic" may be utilized by two different researchers, but operationalized differently, so that the fact that both researchers used the same label can be misleading.

The second possible consequence is that significant class bias can be introduced. When dealing with the upper strata (health professionals, faculty, attorneys, etc.), significant proportions of mistaken identity can throw doubt on figures demonstrating entry to the professional class.

This leads to a legal complication: with confusion in methodology, eligibility for civil rights and affirmative action benefits can be capriciously applied, favoring persons who do not meet the spirit of the law but fall within its literal interpretation due to methodological inconsistency. This capriciousness is beginning to generate a potentially devastating legal backlash.

The tragedy is that most researchers are as yet unaware that their data are contaminated by terminological and operational confusion. In order to minimize terminological confusion, I will use the collective term Raza to refer to all the

population groups mentioned at the beginning of this editorial. The reason for this will be discussed shortly.

The operationalization of Raza groups has taken different forms over time and in different areas. Some surveys use a Spanish surname criterion which leads to two problems. One problem is that Raza with non-Spanish surnames may be screened out. If one were to apply this criterion in Mexico, one would screen out Indians (particularly Maya) who have not adopted Spanish surnames, and Mexicans of non-Spanish heritage. For example, Jacobo Zabludowsky, a news reporter of David Brinkley status, is an important public figure and often referred to as the "star of Aztec television." The second problem is that non-Raza are often included. The inclusion and exclusion do not cancel out one another, particularly when dealing with class and professional stratification. About ten years ago as an undergraduate, I received a list from the U.S. Catholic Council of Spanish-American social workers in Alameda County California. Surprised to discover that there were so many listed, I did a reliability check on the Spanish surname criterion by developing a methodology which asked questions on self identification, background or parents and grandparents, and other items. Of the 35 persons listed, only seven were what might be termed bona-fide Raza. The rest were Portuguese, Italians, or persons married to Portuguese, Italians, or Raza. A 500 per cent error is intolerable. It was my hypothesis that the margin for error is greater the higher up the socioeconomic and professional ladder one conducts one's studies.

Spanish language is another criterion variable often used in surveys. However, this is a rapidly changing variable. In today's society, correlated with socioeconomic status, many second, third, and fourth generation Raza do not speak Spanish.*

Birthplace of parents or self is another criterion used. However, one of the greatest waves of Mexican immigration occurred during World War I. Given rather short generations, there are many third and fourth generation Raza who do not fit this criterion.

^{*}In Mexico in the late 19th century, about half the population of the country did not speak Spanish as a primary language.³

Still another operationalization criterion is "Spanish Origin." A person is asked her/his origin or descent, and chooses from Mexican-American, Chicano, Mexican, Puerto Rican, Cuban, Central or South American, and other Spanish. As will be noted later, the last category, "other Spanish," creates a margin for error in studies of upper socioeconomic strata, and leaves open the way to much affirmative action abuse.

The Roberts and Lee study¹ reports on Mexican-Americans (also referred to in the article as Chicanos) utilizing four variables to measure ethnicity: surname of head of household, birthplace of self or parents, Spanish language, and self identification. Possession of any one was sufficient for inclusion in the sample.

The Aday, et al, article² used a family surname or Spanish language criterion for inclusion for the national sample. Again, possession of any single variable was sufficient for inclusion. Other studies have used still other criteria to identify Raza respondents. It is apparent that the results of one study cannot be compared to those of another without taking into account the criterion used for selecting the study population.

In order to understand how this confusion came about, some historical background is necessary. To illustrate the process, the terminological confusion regarding Mexicans and Chicanos will be used, but the same process can be applied to nearly all Raza groups.

One way of stratifying society for distribution of benefits, privileges, and responsibilities has been by race and ethnicity. This means that ethnic groups have to be defined, and the definitions operationalized so that individuals or groups can be appropriately awarded such benefits as education and access to health care services. Raza have had two major waves of definitions attempt to determine their social status: definitions by Spain and by the United States. When Columbus stumbled onto the Americas and thought he had landed in India, he called the inhabitants Indians. When it was later realized that India lay an ocean away, the label nonetheless remained. Thus the confusion in terminology began.

When the Spanish realized they had discovered a new group of people, they became concerned about the proper classification of Indians for reasons of colonial administration. In Spain, the Spanish had been racially xenophobic, having recently expelled both the Jews and Arabs from Spain. In New Spain (i.e., Mexico) the Spanish were a very small white minority imposing itself upon a large Indian (and increasingly mestizo i.e., a mixture of Indian and Spanish) majority. Thus, "limpieza de sangre" (purity of blood) had to be identified and maintained, lest Indians and mestizos were to begin to claim rights of governance. All office holders in New Spain had to be able to prove no taint of Indian, Jewish or Arabic blood. Furthermore, those so tainted were often denied entry to schools and universities. Mestizos in particular were subject to such discrimination; they fulfilled the role of an urban proletariat. Therefore it was necessary for the Spanish to determine who was Indian and subject to Indian colonial law, ("ley de Indias") and who was mestizo or European, hence subject to regular Spanish law ("republica de Espanoles").

Thus possessed with identifying a person ethnically, the Spanish developed a number of intricate schemes. One was a 16-category classification system which included nearly all possible combinations of Indian, Spanish, Black and mestizo.** Whole new sub-categories were developed such as morisco, lobo, cambujo, coyote, chamiso, and so on. Like all good methodologists, the Spanish even reserved some residual categories for those whose ancestry could not be determined. The labels used give an idea of the social standing of such persons: "torna atras" (lit. turn away), "ahi te estas" (lit. well, there you are), "no te entiendo" (lit. I don't understand you), and "tente en el aire" (lit. a command: remain up in the air).

The operationalization of such definitions was not at all standardized, with the result that a person might be classified an Indian in one area, a mestizo in another, and lobo in yet another.⁴ The intricate system remained on the books but, operationally, there came to be only three main groups in New Spain: Indian, mestizo, and Spanish. The Indians were largely rural, the mestizo urban, and the Spanish were the conspicuous consumers of the wealth generated by the labor of the other two groups.

Mexico became independent of Spain in 1820, and abolished the intricate racial classification sytem used by the Spanish, amid liberal attempts to create a more equal society. However, the United States intervened in Mexican affairs before much could be done: Texas was taken in 1835, and, in the War of 1848, Mexico lost the area which includes California, Nevada, Utah, Arizona, New Mexico, and parts of Texas and Colorado. The conquest of territory also included the conquest of a people. A new set of classifications was imposed, to continue the process of determining a person's ethnicity so that legal sanctions would be brought to bear upon a person so identified. In spite of the fact that the international Treaty of Guadalupe Hidalgo guaranteed the civil and political rights of the inhabitants of what had once been part of the Republic of Mexico, state legislatures quickly abrogated those guarantees. For example, shortly after gold was discovered in California in 1849, one of the first laws passed by the nascent state legislature was a foreign miners tax, designed to prohibit Mexicans and Chileans from possessing and working mining claims, thus reserving the gold fields for Americans.5 In other realms of social activity such as education, housing, and employment, either formally or informally, Mexicans found themselves deprived of access because they were classified as non-Americans.

One important point must be noted here: it was a disadvantage only to be labeled a Mexican; to be labeled a Spaniard carred no social stigma. As McWilliams pointed out,⁵ there is a reason for this: Mexicans were Indians, dark, non-white, and considered uncivilized; Spanish were white, "civilized," and European. In fact, until the past decade, the highest compliment an Anglo could pay a Mexican or Chicano was to call him or her "Spanish" thereby conferring an honorary and temporary whiteness.

^{**}For example: "Spaniards and Indian beget *Mestizo*, Mestizo and Spanish woman beget *Castizo*, Castizo and Spanish beget . . . ", etc. 4

Operationally, there is almost as much confusion and lack of standardization under American ethnic categorization as there was under the Spanish. But, a central fact remains: social benefits are still socially distributed, and ethnicity has been one method used to determine which groups receive which benefits.

The terms currently in vogue—"Hispanic" and "Spanish Origin"—are both misleading, stereotypical, and (one hates to use this trite term in the 1980s, but it is still true) racist. Spain is a European country and its inhabitants are white people of European stock. No Spaniard has ever suffered undue discrimination, either in Latin America or in the United States. Raza, be they Chicanos, Mexicans, Puerto Ricans, etc., have not been denied access to social benefits because they might have had a distant Spanish ancester: discrimination has been suffered because Raza are of Indian descent. Indeed, in Mexico as in all Latin America, the Spanish themselves discriminated against the Indians and the Indiandescended mestizo.

Continued use of the term "Hispanic" or "Spanish Origin" denies the very basis upon which discrimination has been based, and confuses the basis for civil rights and affirmative action efforts.

Because of this terminological and methodological confusion, not only is health research hampered, but legal efforts are placed in jeopardy. In 1979 in Maryland an Anglo named Robert E. Lee had his name legally changed to Roberto E. Leon in the hope he would qualify for affirmative action benefits because he would then have a Spanish surname.6 This transparent ploy served to mock affirmative action. Yet, in reality, he was mocking an imprecise methodology. Judge Weber in Pittsburgh ruled that Hispanics are not a race, and denied affirmative action benefits to a person who had submitted proof that his father was a Mexican.⁷ Judge Renfrew, a proposed Carter appointee, has stated that Hispanics are no more than "lazy Caucasians", and not eligible for affirmative action efforts.8 One can understand such confusion as long as such terms as "white person of Spanish surname," "Hispanic," or "Spanish descent" are used for identification purposes.

An even more insidious consequence sometimes develops. Given the looseness and impreciseness of definitions and operationalizations, persons not qualified for civil rights effort have nonetheless received such benefits, many times at the expense of bona fide Raza. These cases demonstrate the interaction of research methodologies and public policy. Not long ago I was asked by a public law firm to check the reliability of an "Hispanic" employee count used by a major California bank in its defense in a non-compliance of affirmative action lawsuit. The bank claimed it was in compliance, based on the Spanish surname and Spanish origin criteria, and did not need to seek any more "Hispanic" employees.

The employees were grouped into two categories: executive level and non-executive. I generated a random sample, and administered a questionnaire which elicited information about ethnic identification of self, parents and grandparents,

and birthplace of self, parents and grandparents, among other items.***

I found that at the Executive level, 45 per cent of the sample was misclassified: they were Spanish, or French born (Basque), or born in the western hemisphere (usually South America) of Spanish parents and claimed a Spanish self-identification. At the non-executive level, the misclassification rate was much lower, only 20 per cent. In keeping with the social distribution of benefits by ethnicity, most of the non-executive workers (janitors, tellers, secretaries) were Mexican or Chicano. In the end, however, the lawsuit lost, because of the loophole offered by the U.S. Census Bureau's definition which states "... and other Spanish origin." Indeed, argued the bank, are not those from Spain of Spanish origin? Methodology once again influences public policy.

Many a public health school and medical school admissions committee has sweated (or should have sweated) over whether or not to admit a person claiming special admission privileges because of a grandfather's residence in Mexico or Venezuela. Is the candidate a bona fide Raza? The confusion lends itself to abuse. About ten years ago a bilingual job training and education program in the San Francisco Bay Area received funds to train and place hard-core Raza undereducated and unemployed. Rather than meet the spirit of the law, the program met the letter, and built up its success ratio by teaching English to Spanish and other white immigrant professionals (lawyers, doctors, etc.) from Argentina, Uruguay, and Spain. They were more easily placed than the Indian descended Mexican with only two or three years' education.

Of the 12.0 million "persons of Spanish origin" in this country in 1978, 10.5 million are of Mexican, Puerto Rican, Cuban, Central or South American origin; 1.5 million are "other Spanish," with significant numbers being European Spanish. It is contrary to the intent of the legislation to include this last 1.5 million under affirmative action benefits.

What is to be done? I cannot offer an answer here, but I can outline a process by which an answer may be developed. First, the terminology must be clarified. Based on historical reality, I feel that terms such as "Hispanic," "Spanish Origin," and the like which suggest European origin should not be used. Such terms deny the fact that Raza suffer because they are Indian descended, not because they might have a distant European ancester. In addition, it lends itself to public policy and legal confusion. Some other term, such as Raza (which I have used here, and which is used by groups such as La Clinica de la Raza in Oakland, the Raza Health Alliance in California¹⁰ and La Raza Medical Association nationally), or Latino, or even Latin American is preferable.

Second, once a term and its major sub-categories have been uniformly defined, they should then be uniformly operationalized.¹¹ This will help make studies on Raza groups comparable, and will also assist in clearing very muddy civil rights and affirmative action efforts.

This clarification should be done by a group of Raza scholars. A group should be convened and charged with the development of definitions and operationalizations. In the

^{***}Further details available on request to author.

end such an effort can supply the epistemological basis both for health services research and for civil rights and affirmative action in health care delivery.

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An Early Plea for Consumerism in Health Planning From an Unexpected Source

Franklin Delano Roosevelt transmitted his first Health Security Message to Congress on January 23, 1939, (H.Doc.#120, 76th Congress, First Session). In it, among other items, he requrested authority to make grants-in-aid for construction, enlargement or modernization of hospitals and related facilities where they were nonexistent or inadequate to meet local needs; and to cover initial operating costs of new facilities for not to exceed three years. Legislation to carry out the President's recommendations was introduced by Senator Wagner (D., NY), and hearings were held on it by the Senate Committee on Education and Labor later that Spring.

On May 25, 1939, a member of the American Medical Association's Board of Trustees, testifying on the Association's behalf, had this to say about one deficiency of the bill (S.1620):

"It is self-evident that the local community for which the hospital facility is planned and which must later support it should have a major voice in determining its own need and the manner in which it shall be met. The opinions of well-informed local citizens concerning needs and maintenance should be given consideration and general hearings should be held in which citizens may be heard before hospital construction is determined upon. This bill makes no provision for such safeguards."

—Contributed by M. Allen Pond, Professor of Public Health, University of Pittsburgh, Graduate School of Public Health.