Social Science & Medicine 71 (2010) 251–258

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

A new conceptualization of ethnicity for social epidemiologic and health equity research

Chandra L. Ford [a,*], Nina T. Harawa [b,c]

[a] Department of Community Health Sciences, School of Public Health, Box 951772, 650 Charles E. Young Dr., South, University of California at Los Angeles, Los Angeles, CA 90095-1772, United States
[b] Department of Research, Charles Drew University, Los Angeles, CA, United States
[c] Department of Epidemiology, School of Public Health, University of California at Los Angeles, Los Angeles, CA, United States

A R T I C L E I N F O

Article history:
Available online 29 April 2010

Keywords:
USA
Ethnic groups
Ethnicity
Health disparities
Race relations
Social epidemiology
Social stratification
Concepts

A B S T R A C T

Although social stratification persists in the US, differentially influencing the well-being of ethnically defined groups, ethnicity concepts and their implications for health disparities remain under-examined. Ethnicity is a complex social construct that influences personal identity and group social relations. Ethnic identity, ethnic classification systems, the groupings that compose each system and the implications of assignment to one or another ethnic category are place-, time- and context-specific. In the US, racial stratification uniquely shapes expressions of and understandings about ethnicity. Ethnicity is typically invoked via the term, 'race/ethnicity'; however, it is unclear whether this heralds a shift away from racialization or merely extends flawed racial taxonomies to populations whose cultural and phenotypic diversity challenge traditional racial classification. We propose that ethnicity be conceptualized as a two-dimensional, context-specific, social construct with an attributional dimension that describes group characteristics (e.g., culture, nativity) and a relational dimension that indexes a group's location within a social hierarchy (e.g., minority vs. majority status). This new conceptualization extends prior definitions in ways that facilitate research on ethnicization, social stratification and health inequities. While federal ethnic and racial categories are useful for administrative purposes such as monitoring the inclusion of minorities in research, and traditional ethnicity concepts (e.g., culture) are useful for developing culturally appropriate interventions, our relational dimension of ethnicity is useful for studying the relationships between societal factors and health inequities. We offer this new conceptualization of ethnicity and outline next steps for employing socially meaningful measures of ethnicity in empirical research. As ethnicity is both increasingly complex and increasingly central to social life, improving its conceptualization and measurement is crucial for advancing research on ethnic health inequities.

© 2010 Elsevier Ltd. All rights reserved.

Introduction

Ethnicity is a complex social construct that influences personal identity and group social relations (Ford & Kelly, 2005). Ethnic identity, ethnic classification systems, the groupings that compose each system and the implications of assignment to one or another ethnic category are place-, time- and context-specific (Braun, 2002; Ford & Kelly, 2005). In the United States (US), racial stratification uniquely shapes expressions of and understandings about ethnicity.

Since the 1970's, there have been substantial increases in the numbers of US immigrants from Africa, Asia and Latin America and this has generated the need to interrogate our norms for classifying diverse groups when studying the social determinants of health disparities. Researchers have responded to the demographic trends in several ways. Increasingly, they use the term ethnicity instead of race (Afshari & Bhopal, 2002). They often do so inconsistently or inappropriately (e.g., only relying on the two official ethnicity designations, Hispanic/Latino and NOT Hispanic/Latino), however. Some use ethnicity as a euphemism for race, but the two constructs are not synonymous. Race, a designation imposed on people, assigns them to one or more of the socially-constructed categories (i.e., races) established hundreds of years ago to divide humans into five major subpopulations (Harawa & Ford, 2009). Racial designations are appropriate when the aims of research are to understand how stratification by race influences health. Ethnicity, on the other hand, encompasses the aspects of social life (e.g., culture) and personal identity that people within some collective (choose to)

* Corresponding author. Tel.: +1 310 825 6063; fax: +1 310 825 6063.
E-mail address: clford@ucla.edu (C.L. Ford).

0277-9536/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2010.04.008

share (Airhihenbuwa, 2007). Emerging evidence of health disparities among various ethnically defined groups suggests that improving understandings of ethnicity is fundamental to achieving health equity for all (Afshari & Bhopal, 2010; Ford & Kelly, 2005). Yet, how best to define and measure the ways that ethnicity functions socially in the US remains under-examined in the public health literature.

We propose a new way to conceptualize ethnicity that reflects its social relevance in the US. This conceptualization is intended to inform research on the societal determinants of health inequities. As ethnicity is a broad, multifactorial concept comprising many more narrowly defined ones (e.g., culture, diet), this paper uses the term 'ethnicity' only when referring to the umbrella construct. We use the generic term 'ethnicity concepts' to refer to any of various constructs—including both the umbrella construct (i.e., ethnicity) as well as any more specific ones (e.g., cultural traditions)—used to characterize groups ethnically.

In this paper, we define ethnicity, discuss its relationship to race, highlight socioecologic influences on ethnicity concepts, explore heterogeneity within the official ethnic and racial categories and offer recommendations for advancing research on US societal and health inequities.

What is ethnicity?

Ethnicity has been defined a number of ways (Kagawa-Singer, 2001; Senior & Bhopal, 1994; Yinger, 1985). We define it as a context-specific, multilevel (i.e., group-level, individual-level), multifactorial social construct that is tied to race and used both to distinguish diverse populations and to establish personal or group identity. The societal context in which people live determines whether they are ethnicized and the factors (e.g., numeric minority, religion) reinforcing their ethnicization. Ethnicity is context-specific because while a set of shared sociocultural characteristics may ethnicize residents of one country or region, it may have no influence on similar residents of another.

As we define it, ethnicity comprises two dimensions; the attributional dimension describes the unique sociocultural characteristics (e.g., culture, diet) of groups while the relational dimension captures characteristics of the relationship between an ethnically defined group and the society in which it is situated. This two-dimensional definition contrasts with most social science definitions of ethnicity, which only describe what we refer to as the attributional dimension. They emphasize sociocultural characteristics as the basis for defining groups as ethnically distinct from one another and for establishing personal ethnic identity. The following standard definition of ethnicity reflects what we define as the attributional dimension: "a shared culture and way of life, especially as reflected in language, folkways, religious and other institutional forms, material culture such as clothing and food, and cultural products such as music, literature, and art"(Johnson, 2000) p. 109. The attributional dimension is useful for understanding personal identity and group sociocultural characteristics; however, alone it explains neither groups' social locations within society nor how societal forces can differentially influence the health of ethnically defined populations.

This paper, therefore, introduces, the relational dimension, which is particularly useful when research aims to understand how social stratification and social exposures (i.e., risk factors such as discrimination that derive from the social context) contribute to ethnic health inequities. Targeting the relational dimension reduces the possibility of inappropriately attributing disparities to ethnic group characteristics (e.g., childrearing practices) instead of to the group's relationship to the broader society (e.g., social isolation from youth development resources). Societies differentially value ethnically defined groups depending on their fit within existing social hierarchies. The relational dimension helps to illuminate these hierarchies and relations. For instance, a group's relative skin shade (lighter vs. darker) is an example of a relational aspect of ethnicity because, as we discuss later with regards to Puerto Ricans, lighter skin is privileged over darker skin in the US. Skin shade may be of little import to a group culturally, but play an important role in shaping the group's social exposures and corresponding health outcomes. Conceptualizing skin shade as a relational dimension of ethnicity therefore can facilitate research on the social relevance of color to ethnic health inequities.

As the meanings of ethnicity change in myriad ways across contexts, determining how best to measure it can be challenging. Concepts salient in one study may not be important in another (Kagawa-Singer, 2001). One way to address this is to use study-specific definitions of ethnicity that draw on the broader concept and explicate the salience of the measured concepts.

Some ethnicity concepts (e.g., minority status) only have meanings within the relational dimension. As Table 1 shows, however, others can be used either attributionally or relationally. Attributional uses tend to be more practical (e.g., identifying persons), whereas relational uses target the system of social stratification that orders populations.

Although ethnicity as we define it encompasses social dimensions of life (e.g., culture) more fully than race does, research on ethnicization and health lags behind research on racialization as a social determinant of health.

Race and ethnicity: distinct yet related concepts

The nation's increasing ethnic diversity complicates racial thinking; however, it does not undermine it (Ahmad & Bradby, 2007; Bobo, 2004; Winant, 2004). Arguably the dominant axis of

Table 1
Selected attributional and relational uses of ethnicity concepts.

Ethnicity concept	Attributional use	Relational USE BY SH* and RQ
Self-reported ethnicity	To understand respondents' sociocultural norms	SH: *Ethnicity* – non-Latino privileged RQ: Do rates of discrimination differ by ethnicity?
Phenotype (e.g., skin color)	To describe enrollees on program-related ID card	SH: *Skin Color* – White skin privileged RQ: Do darker skinned groups experience more discrimination?
Surname	To use directory listings to increase sample size of targeted groups	SH: *Ancestry* – European privileged RQ: Are patients with Arab surnames triaged differently than others?
Immigrant status	To assess patient eligibility for services	SH: *Immigration* – non-immigrants privileged RQ: In what ways do experiences with law enforcement vary for immigrants relative to non-immigrants?
Religion	To identify congregations with whom to co-sponsor health fairs	SH: *Religion* – Christianity privileged RQ: What kinds of discriminatory treatment do religious minorities experience?

*SH = axis on which societal hierarchy is based and the social category to whom privilege accrues; RQ = research question based on relational use of ethnicity.

Download English Version:

https://daneshyari.com/en/article/953028

Download Persian Version:

https://daneshyari.com/article/953028

Daneshyari.com