A Mixed-Methods Approach to Developing a Self-Reported Racial/Ethnic Discrimination Measure for Use in Multiethnic Health Surveys

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Objective: The development of measures of self-reported racial/ethnic discrimination is an active area of research, but few measures have been validated across multiple racial/ethnic and language groups. Our goal is to develop and evaluate a discrimination measure that is appropriate for use in surveys of racially and ethnically diverse populations.

Methods: To develop our measure, we employ a mixed-methods approach for survey research, drawing from both qualitative and quantitative traditions, including literature review, cognitive testing, psychometric analyses, behavior coding as well as two rounds of field testing using a split-sample design. We tested our new measure using two different approaches to elicit self-reported experiences of racial/ethnic discrimination.

Results: Our new measure captures four dimensions of racial/ethnic discrimination: 1) frequency of encounters with discrimination across several domains (eg, medical care, school, work, street and other public places); 2) timing of exposure (eg recent, lifetime); 3) appraisal of discrimination as stressful; and 4) responses to discrimination.

Conclusions: Because of the growing interest in measurement of racial/ethnic discrimination in health surveys, we think this report on the methods informing the development and testing of the discrimination module that will be used on the California Health Interview Survey would be useful to other researchers. The application of mixed methods to rigorously test the validity and reliability of our instrument proves to be a good roadmap for measuring racial/ethnic discrimination in multicultural and multilingual populations. (*Ethn Dis.* 2009;19:447–453)

Key Words: Cross-Cultural Comparison, Discrimination, Survey Methods

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INTRODUCTION

Racial/ethnic discrimination is associated with negative health outcomes, ranging from depression to coronary calcification to mortality.[1–4] Few measures of self-reported racial/ethnic discrimination have been validated across multiple racial/ethnic and language groups.[5] Moreover, it is not clear that the experience of discrimination is qualitatively equivalent across different racial/ethnic and language groups. The growing multicultural demographic landscape of the United States and the documented relationship between discrimination and health outcomes highlight the need for new, brief measures that are valid across multiple populations and that can be used in health surveys. The National Cancer Institute (NCI) is collaborating with the UCLA Center for Health Policy Research to improve discrimination measures in the California Health Interview Survey (CHIS). In this article, we describe our mixed-methods design for evaluating two approaches to elicit self-reported experiences of racial/ethnic discrimination as part of telephone health surveys.

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MIXED-METHODS APPROACH

In 2006, an NCI-led workgroup, called the CHIS Discrimination Module Workgroup, began developing an instrument for measuring self-reported racial/ethnic discrimination using the CHIS. Our goal was to develop and evaluate a discrimination measure that is appropriate for use in surveys of racially and ethnically diverse populations. The CHIS is a statewide, random digit-dial telephone health survey administered in the nation's most ethnically-diverse state. The CHIS question-