**Domains Included in the Race, Ethnicity, Socioeconomic Status, and Other Demographic Characteristics Survey, Rationale for Each, and Domains Remaining to be Operationalized**

| **Concept/Subdomains Included in Survey** | **Rationale** | **Domains Remaining to be Operationalized** |
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| **Age** | | |
| * Date of birth * Age | Assessing date of birth tends to be more accurate than asking age. We use both and recommend cross validating and correcting inconsistencies at the time of the survey. |  |
| **Race/ethnicity (Self-identified)** | | |
| * Main group or multiethnic | We use groupings defined by the U.S. Census (2010) with some adaptations. Latino/Hispanic should be conceptualized as one ethnic group rather than as “ethnicity” independent from race. We supplemented U.S. Census terminology by adding popular alternatives of ethnic labels to increase recognition by respondents and acceptability (e.g., African American/Black). | * Culture, religion, and other variables closely associated with race/ethnicity. |
| * If Latino/Hispanic or Asian, query national origin group | We ask about national origin separately (see below). For those reporting being Latino or Asian, ethnic national origin describes membership within a larger ethnic group, and allows analysis of data by national origin. | * National origin groups need to be developed for other groups. * Add other national origin groups for California, based on California census data (e.g., Middle Eastern, Arab-American) |
| * If multiethnic, query main group with which they identify | We included multiethnic as one response choice rather than have people check all that apply. Those who check multiethnic then choose the one group they most identify with. Because the multiethnic category is often too small to analyze separately, querying about the group they most identify with enables most respondents to be classified within their primary group for analytic purposes. |  |
| **National Origin, Immigration Generation** | | |
| * Country of origin of self * Country of origin of parents and paternal and maternal grandparents * For those not born in U.S.: 1) years living in U.S., 2) age first immigrated, 3) main reason for immigrating | A set of variables pertaining to immigration experiences enables studies of how immigration affects health disparities. These can help classify respondents into meaningful subgroups pertaining to “exposure” to U.S. culture. They also enable such description at different phases of the lifecourse, and help determine whether immigration was a discretionary choice. |  |
| **Language and Language Proficiency** | | |
| * English language proficiency | We assess English language proficiency of all respondents. This is in contrast to asking this question only for those who have another primary language and avoids problems identifying those who might not be proficient for whom the question is most relevant. Although the U.S. Census asks how well the person speaks English, we also assess proficiency understanding, reading, and writing. |  |
| * Limited English proficiency (LEP) | To identify those with limited English proficiency, we utilize the “How well do you speak English” item from the set, classifying LEP as speaking English not at all, poorly, or fairly well. We improved the responses to be semantically equivalent in Spanish. |  |
| * Main language (language spoken growing up) | The U.S. Census (2010) asks if the person speaks a language other than English at home (current language use at home). We believe that determining whether they spoke another language as a child is a better indicator of primary language than current language use. Also, for persons who live alone, the language they speak at home is not reflective of this. We improved this by assessing primary language in terms of whether they spoke another language as a child. |  |
| * “Other” language proficiency - for persons whose main language is not English | If they spoke another language as a child, we asses proficiency in their other language to identify those who may have limited English proficiency but can utilize information in another language. Questions about which language they speak the most are addressed in the section on language acculturation. | * Literacy * Health literacy * Numeracy |
| **Acculturation (for Immigrants)** | | |
| * Language acculturation | We include the standard Marin language acculturation scale (Marin et al., 1987) because of its widespread use, and to enable comparisons of our approach to language proficiency with language behavior. It asks about use of language in certain activities as well as self-identity. | * Acculturative stress * Identification with old/new culture * Enculturation |
|  | Relevant to quality of care, it would be helpful to directly assess language preference for receiving medical care, which may or may not correspond to their preferred language in other contexts, given that medical problems may be sensitive and difficult to describe. | * Language preference for receiving written health information * Language preference for receiving medical care |
| **Education** | | |
| * Highest grade or year * Highest degree (including GED) | We assess education in terms of: 1) highest grade or year completed, including "no formal schooling," and 2) highest degree earned. The latter includes distinguishing GED (high school equivalency) from a high school diploma. This enables a derived education variable that can discriminate persons at the lower end of the scale (e.g., distinguish less than 8th grade from less than high school) and also specify milestones or credentials which tend to be more important in gaining “power” and “resources” that may be related to health. | * Location of education * Point in time when education obtained * Age received final education * Quality of education * Lifecourse education (education of parents) |
| * Vocational or technical training | We assess vocational or technical training separately including number of years, kind (write in), and whether a certificate of completion was obtained. This enables research into whether vocational/technical/trade school is associated with health benefits that are equivalent to academic degrees. We recommend providing some examples in the early testing phases of these questions (e.g., beauty school, health aide). |  |
| **Family and Household Configuration** | | |
| * Marital status | As a starting point for determining household configuration, which can be important in terms of adjusting household income and consideration of social resources, we begin with marital status. | * Family and household configuration * More than one family within a structure/home |
| **Financial Status** | | |
| * Annual household income before taxes * Number of people supported by income | To reduce missing data, we ask first a single cut point question (i.e., is their income above or below some point) which people are more willing to answer, and which many respondents will know even if they do not know the exact amount. If the cut point is selected to reflect some “lower” income point, this variable can be useful regardless of whether any other questions on income are answered.  We considered three issues in taking this approach. First, it is tedious and confusing, particularly to lower SES respondents, to read/listen to a list of all possible sources of income (e.g., salary, social security, annuities, pensions, unemployment benefits, public assistance, interest/dividends, rental properties, child support, and alimony). Second, this problem is compounded by the need to include types of income relevant to both high and low income respondents. Last, some sources may be offensive to lower income persons (e.g., rental properties, capital gains). Thus, we simply ask about income received from ALL sources. | * Income instability * Wealth/assets * Poverty – formal receipt of assistance * Poverty – determined by cut point applied to income adjusted for family size * Determine how to enable respondents to answer about income in ways they think about it most accurately (weekly, monthly, or annually) |
| **Financial Strain or Hardship** | | |
| * General or global financial strain * Basics financial strain, i.e., insufficient money for food, rent/house payment, utilities | We have included questions about financial strain for two reasons: 1) respondents who do not know precisely their income and/or do not wish to report it may be willing to respond to questions about financial strain, and 2) we hypothesize that financial strain is more highly associated with health problems than income. Because these are new, we included two approaches: 1) in general (not enough money to meet daily needs or monthly bills), and 2) specifically (not enough for food, rent, or utility bills). | * Lifecourse financial strain |
| * Financial strain for health care, both in general and with respect to prescriptions | We also assess financial strain in relation to health care (out of pocket costs), which may be directly related to health problems. Again, we do so globally (insufficient money for medical care) and specifically (insufficient money to pay for prescription drugs, which tend to be the most expensive component of health care). | * Put off medical care due to financial strain * Put off filling prescriptions due to financial strain |
| **Subjective Social Status** | | |
| * Subjective social status compared to community | In terms of assessing SES, there is increasing focus on perceived or subjective social status, thus we included one of the two items used to assess this – comparing one’s social standing to others in one’s community. | * Subjective social status compared to U.S. * Subjective social status of childhood * For immigrants: subjective social status in country of origin |
| **To be Developed** | | |
| * Health insurance |  | * Any insurance * Type of insurance * Deductible/copay * Covered services |
| * Occupation |  | * Current, past, and typical occupation(s) * Occupational status * Occupational exposure to toxins * Occupational autonomy * Occupational safety (% job-related injuries by occupation) |
| * Employment |  | * Employed (full time, part time, out of work) * Number of jobs * Employment schedule (days, nights, erratic/stable) * Employment stability * Retired/disabled (not in the job market) |