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African Americans and socioeconomically disadvantaged whites reported higher levels of discrimination in health care settings, but those experiences did not reduce these patients' use of preventive health care services

Patients' Perceptions of Racial Discrimination in Health Care Settings

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Context: Research confirms that experiencing racial discrimination in many settings is detrimental to health, but little is known about the impact of experiencing such discrimination within the health care setting itself.

Introduction

This CHERP Policy Brief highlights research by Dr. Hausmann and colleagues examining the prevalence of patient-perceived discrimination in health care settings and explores the association of perceived discrimination with health status and with use of preventive health care services.

Data and Methods

Dr. Hausmann and colleagues examined responses from 28,519 whites, 1,682 Hispanics and 5,927 African Americans who completed the "Reactions to Race" module from the 2004 Behavioral Risk Factor Surveillance System Survey (BRFSS), administered by the Centers for Disease Control and Prevention. This module included an item asking whether patients had experiences that were worse than, the same as, or better than the experiences of people of other races while seeking health care in the past 12 months.

The investigators categorized those who indicated that their experiences were worse than those of other races as having experienced discrimination and those who indicated that their experiences were the same as or better than those of other races as not having experienced discrimination.

Using these categories, the investigators compared the prevalence of self-perceived racial discrimination in health care across racial/ethnic groups and examined the association between discrimination and self-reported health status within each group.



More African American patients reported experiences of racial discrimination in health care than whites or Hispanics.

Lower socioeconomic status was associated with reports of discrimination, particularly among white patients.

Experiences of discrimination were associated with poorer health among whites and African Americans.

Results

- Racial discrimination in health care was reported by 2% of whites, 5% of Hispanics, and 11% of African Americans.
- After statistically adjusting the results for age, sex, income, education, state of residence, and health care coverage, African Americans were three times as likely as whites to report that they had experienced discrimination (OR = 3.22, 95% CI = 2.46-4.21). The difference between Hispanics and whites disappeared after the adjustments (OR = 1.14, 95% CI = 0.69-1.89).
- Compared to patients with incomes greater than \$50,000, discrimination was more often reported by patients with incomes less than \$15,000 (OR = 2.08, 95% CI = 1.41-3.07) and those with incomes between \$15,000 and \$25,000 (OR = 1.54, 95% CI = 1.09-2.18).
- High school graduates were also more likely to report discrimination than those with a college degree (OR = 1.55, 95% CI = 1.17-2.06).
- Analyses by racial/ethnic group indicated that the income and education effects were strongest among white and Hispanic patients but there may have been too few Hispanic patients in the sample for statistical significance.
- Among all the racial/ethnic groups, patients who reported that they were unable to obtain necessary medical care due to cost were more likely to report that they experienced discrimination (White OR = 5.54, 95% CI = 3.94-7.80; Hispanic OR = 3.59, 95% CI = 1.31-9.81; African American OR = 2.50, 95% CI = 1.81-3.46).
- African Americans and whites who perceived racial discrimination in their health care experiences tended to have worse health status than their counterparts. Among Hispanics however, experiences of discrimination were unrelated to health status.

Additional Research

In a related study, the investigators used the same BRFSS data to examine the relationship between perceived racial discrimination and use of preventive health care services, but they refined the analytic categories.

- In this study, reports of discrimination were categorized such that patients indicating that their experiences seeking health care were worse than the experiences of people of other races were categorized as experiencing negative discrimination, patients whose experiences were the same as people of other races were categorized as not having experienced discrimination, and patients whose experiences were better than those of other races were categorized as having experienced positive discrimination.

- After adjusting the data for patient characteristics, the investigators found that neither positive nor negative discrimination was related to the use of pneumococcal vaccine, mammogram, sigmoidoscopy/colonoscopy, blood stool test or pap tests.
- Unlike the other tests, prostate specific antigen tests were used more often among male patients who reported positive discrimination (OR = 1.33, 95% CI = 1.02-1.75).
- Patients with lower income or lack of health care coverage were less likely to utilize most of the preventive cancer screenings. Those who were older or had poor health status were more likely to use almost all of the preventive services.

Implications

This research documents the existence of perceived racial discrimination in health care settings and its association with patient health status and use of preventive health services. The overall prevalence of perceived discrimination in health care settings appears to be relatively low, but those who experience such discrimination are at greater risk for poor health. Although this work also found that the receipt of certain preventive services is sustained in the face of discrimination, this neither excuses discrimination nor reduces the importance of ensuring that patients perceive equity in their care.

Efforts must be directed at eliminating the experience of racial discrimination in health care settings and alleviating its negative health correlates and consequences. Such efforts may be most effective if they target populations that are most at risk for experiencing discrimination, which include African Americans, whites with lower income or education levels, and patients who cannot afford medical care, regardless of race or ethnicity. Broad movements to improve care, such as the recently announced Joint Commission initiative to develop hospital accreditation standards for culturally competent patient-centered care, may provide a promising avenue towards eliminating discrimination in health care.

Discrimination was unrelated to utilization of most preventive health care services.

Health care utilization was associated with income, health care coverage, age, and health status, suggesting that utilization may be driven mostly by patient needs and ability to afford care.

This issue of the CHERP Policy Brief was based on the following publications: 1) Hausmann LR, Jeong K, Bost JE, Ibrahim SA. *Perceived discrimination in health care and use of preventive health services*. J Gen Intern Med. 2008 Oct;23(10):1679-84. Epub 2008 Jul 23 and 2) Hausmann LR, Jeong K, Bost JE, Ibrahim SA. *Perceived discrimination in health care and health status in a racially diverse sample*. Med Care. 2008 Sep;46(9):905-14.

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