

PERCEIVED RACIAL DISCRIMINATION IN HEALTH CARE AND ITS ASSOCIATION WITH PATIENTS' HEALTHCARE EXPERIENCES: DOES THE MEASURE MATTER?

Objectives: Examine whether three measures of perceived racial discrimination in health care detect similar rates of discrimination and show similar associations with patients' healthcare experiences.

Design: Cross-sectional observational study involving telephone surveys and medical record reviews.

Setting: Veterans Affairs Pittsburgh Healthcare System

Participants: 50 White and 50 African American veterans with diabetes

Main Outcome Measures: Three types of measures of perceived racial discrimination in health care were compared: single-item and multi-item measures assessing personal experiences of discrimination in healthcare settings, and a measure assessing general racism in the healthcare system. Associations of each measure with patient-reported problems with their medical care and receipt of recommended preventive screenings were also explored.

Results: More African American than White veterans reported perceived discrimination on all measures (personal discrimination, single-item: 42% vs 6%, $P<.001$; personal discrimination, multi-item: 42% vs 18%, $P=.01$; general racism: 74% vs 40%, $P=.001$). In the total sample, discrimination was more likely to be reported on the general racism measure than on the single-item (OR=36.53, 95% CI=7.95–167.89) or multi-item measures (OR=20.28, 95% CI=5.12–80.34) of personal discrimination. The multi-item measure of personal discrimination (OR=3.96, 95% CI=1.29–12.18) and general racism measure (OR=3.61, 95% CI=1.34–9.71) were significantly associated with patient-reported problems with their care. Receipt of recommended screenings was not associated with any of the discrimination measures.

Conclusions: Different measures of perceived racial discrimination in healthcare settings yield different rates of discrimination and show variable associations with patients' perceptions of care. (*Ethn Dis.* 2010;20:40–47)

Key Words: Perceived Discrimination, Quality of Care, Healthcare Utilization, Diabetes

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INTRODUCTION

More than 200 empirical studies have investigated the health implications of discrimination,^{1–3} which refers to differential and negative treatment of individuals because of their membership in a particular demographic group (eg, race, sex, class).⁴ Although discrimination can be based on any characteristic and may affect health even when it is not directly perceived,⁵ most research has focused on the health effects of race or ethnicity-based discrimination that is directly perceived by targeted individuals.^{1–3} Such research has demonstrated that perceived racial and ethnic discrimination is associated with decrements in both mental and physical health, as well as an increase in negative health behaviors (eg, cigarette smoking, alcohol use).^{1,2,6–11}

The current study focuses on perceptions of racial discrimination encountered in healthcare settings, which

has been the focus of a relatively small subset of studies.^{7,12–26} Discrimination may arise in healthcare settings due to a number of factors.^{4,27} For instance, geographic location and bureaucratic complexity of medical facilities may result in differential access to and utilization of health services for different racial and ethnic groups. Unequal healthcare delivery can also result from the ambiguous nature of clinical decisions, misunderstandings in doctor-patient communication, provider attitudes and stereotypes, and/or expectations patients have regarding clinical encounters.

Understanding discrimination in healthcare settings is particularly important for several reasons. First, the healthcare system has a moral and legal obligation to provide equal care to all patients, regardless of their race, ethnicity, or other characteristics. Second, discrimination in healthcare settings may cultivate patient disengagement from the healthcare system, thereby negatively affecting future healthcare encounters and patient health.^{12,17,18,22,23,25,26} Finally, discrimination that is perceived within healthcare settings can potentially be addressed through quality improvement efforts implemented by healthcare systems, whereas there may be little healthcare systems can do in response to discrimination that occurs outside of their institutions.

For these reasons, it is important to determine the prevalence of perceived discrimination in healthcare settings and to understand its potential impact. Unfortunately, work in this area is inhibited by a wide variation in how perceived discrimination in healthcare settings has been measured across studies.²⁸ Most studies have measured

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