THE ASSOCIATION BETWEEN INCOME, EDUCATION, AND EXPERIENCES OF DISCRIMINATION IN OLDER AFRICAN AMERICAN AND EUROPEAN AMERICAN PATIENTS

Objective: Racial/ethnic discrimination has adverse effects on health outcomes, as does low income and education, but the relationship between discrimination, income, and education is not well characterized. In this study, we describe the associations of discrimination with income and education in elderly African Americans (AA) and European Americans (EA).

Design: Cross-sectional observational study involving computer-assisted telephone survey.

Setting: Southeastern United States.

Participants: AA and EA Medicare managed care enrollees.

Main Outcome Measures: Discrimination was measured with the Experience of Discrimination (EOD) scale (range 0–35). We used zero-inflated negative binomial models to determine the association between self-reported income and education and 1) presence of any discrimination and 2) intensity of discrimination.

Results: Among 1,800 participants (45% AA, 56% female, and mean age 73 years), EA reported less discrimination than AA (4% vs. 47%; P<.001). AA men reported more discrimination and more intense discrimination than AA women (EOD scores 4.35 vs. 2.50; P<.001). Both income and education were directly and linearly associated with both presence of discrimination and intensity of discrimination in AA, so that people with higher incomes and education experienced more discrimination. In adjusted models, predicted EOD scores among AA decreased with increasing age categories (3.42, 3.21, 2.99, 2.53; P<.01) and increased with increasing income (2.36, 3.44, 4.17; P<.001) and education categories (2.31, 3.09, 5.12; P<.001).

Conclusions: This study suggests future research should focus less on differences between racial/ethnic groups and more on factors within minority populations that may contribute to healthcare disparities. (Ethn Dis. 2011;21(2):223–229)

Key Words: Discrimination, Income, Education, African American, Age

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INTRODUCTION

A health disparity has been defined as a difference in environment, access and utilization, quality of care, health status, or health outcome that deserves scrutiny. In the United States, racial/ethnic disparities are associated with disease severity, quality of care, and mortality. For example, compared with European Americans (EA), African Americans (AA) present with cancer at a later stage, are less often offered coronary artery revascularization, and have higher mortality for diseases such as cancer, cerebrovascular disease, and AIDS. These disparities persist after adjusting for confounding factors such as income, education, and health insurance.

Racial/ethnic discrimination directly influences local, national, and global health disparities and the promotion of equitable health outcomes.

Therefore, we examined factors associated with self-reported discrimination in older Americans living in the United States. Forty-one percent of US AA population reside in the Southeast, and this region has the highest proportion of AA living in poverty. In regard to health disparities, the prevalence of obesity, diabetes, and hypertension as well as mortality due to heart disease and stroke are highest in the South, particularly among AA. Older adults bear most of the chronic disease burden, yet most studies examine discrimination and socioeconomic factors in middle-aged and working adults.

Disproportionately from chronic conditions and who also tend to have lower income and education.

METHODS

Population and Participation

Study participants were enrolled in a Medicare managed care health insurance plan providing coverage in Ala-