

Poor and uninsured patients more likely to experience racial discrimination

25 June 2008

A new study in *Health Services Research* tried to disentangle the impact of a patient's racial and ethnic background, being poor and having no health insurance on the likelihood they would report having experienced racial or ethnic bias in the healthcare they received.

First, they found that uninsured Black and Hispanic patients were more likely to report experiencing racial and ethnic bias.

They also found evidence that language impacted the likelihood that Hispanics would report bias. Results of the study showed that Blacks and Non-English speaking Hispanics were eight times more likely to report that they had experienced racial and ethnic bias in healthcare than Whites. In contrast, English-speaking Hispanics, while reporting more bias than Whites, were only four times more likely to report experiencing it in their care.

Finally, Whites living in poverty were four times more likely to report experiencing racial and ethnic bias than more economically advantaged Whites. This finding was not true for Hispanics and Blacks. The authors suggest that the stigma often associated with poverty, which may be more important to Whites, might explain why some Whites report reverse discrimination.

Good communication between doctors and patients seemed to protect against perceptions of racial discrimination. Quality physician-patient communication was associated with a 71 percent decrease in the odds of reporting racial and ethnic bias during healthcare visits.

"Racial and ethnic attitudes have changed tremendously in the past few decades, and racial bias now tends to take more subtle unconscious forms. It affects even individuals who explicitly disavow racial stereotypes, including some physicians and other healthcare providers," the authors conclude. "It will be important to educate

healthcare providers in such settings about the implications of racial and ethnic bias and to provide training in culturally sensitive care."

Irena Stepanikova, PhD, of the University of South Carolina and Karen S. Cook, PhD, of Stanford University analyzed data from the 2001 Survey on Disparities in Quality of Healthcare, a nationally representative telephone survey of Black, Hispanic, and White adults who had a regular physician.

Source: Wiley-Blackwell

APA citation: Poor and uninsured patients more likely to experience racial discrimination (2008, June 25) retrieved 18 January 2022 from <https://medicalxpress.com/news/2008-06-poor-uninsured-patients-racial-discrimination.html>

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