Is Health Care Discrimination Distressing? A Quantitative Study of Latino Adults

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Abstract

The purpose of this study is to examine discrimination in health care as experienced by Latinos and how it impacts their psychological distress. Data were retrieved from the 2016 California Health Interview Survey. The total sample included 3356 Latino adults, including 1979 (59.0%) females and 1377 (41.0%) males. Nearly half (49.4%) of Latino adults was treated unfairly when getting medical care over their lifetime. Having experienced health care discrimination (Beta=.175; p<.005) was the most influential variable followed by poverty (Beta= .137; p<.005) in explaining psychological distress. The associations between these two variables were positive explaining Latinos who experienced health care discrimination and those who were poor tend to have higher psychological distress. The following variables, age (Beta=-.080; p<.005), married (Beta=-.117; p<.005), bilingual (Beta=-.052; p<.002), and having Spanish speaking doctors (Beta=-.055; p<.006) were inversely associated with psychological distress. All these factors collectively explained 7.4% of variance in explaining psychological distress (F=29.753; df=9; p< .005). Study findings have implications to health care delivery and system.

Background

Discrimination impacts individuals in various aspects of life, such as work, employment, daily activities, housing, education, and health care (Sharac et al., 2010). Health care discrimination entails refusal of services, inferior quality of care, lack of respect, and denial of consent (Gee et al., 2009; Thornicroft, Rose, & Kassam, 2007). Everyday discrimination is associated with higher levels of psychological distress (Molina, Little, & Rosal, 2016), with prior studies having documented a relationship between discrimination and psychological distress (Cobb et al., 2017; Corrigan et al, 2017; Jasinskaja-Lahti et al., 2006; Molina, Little, & Rosal, 2016; Mossakowski & Zhang, 2014; Todorova et al., 2010). There is limited research on the Latino population (Corrigan et al, 2017; Leung et al., 2014; Molina, Little, & Rosal, 2016; Todorova et al., 2010), though, which constitutes 17.8% of the U.S. population (U.S. Census Bureau, 2017).

Some studies document how minority groups, including Latinos (Perez, Fortuna, & Alegria, 2008; Todorova et al., 2010) and African Americans experience discrimination (Burgess et al., 2008; Hausmann et al., 2008) when compared to Asians, American Indians, and whites. Among Latinos, Cubans were less likely to report being discriminated when compared to Puerto Ricans, Mexicans, and other Latino groups (Perez, Fortuna, & Alegria, 2008). In a study of 1,222 Puerto Ricans ages 45 to 75, Todorova et al. (2010) found that 36.9% of Puerto Ricans reported experiencing discrimination on the basis of ethnicity, race, or language. However, African Americans perceived discrimination in health care settings three times more than whites (Hausmann et al., 2008), Asians, and American Indians (Burgess et al., 2008).

The Institute of Medicine's report on "Unequal Treatment" found that biases, stereotyping, prejudice, and clinical uncertainty from health care providers are often due to racial and ethnic differences, even when factors such as insurance status, age, income, and severity of condition are controlled (Nelson, 2002). Much health care discriminations is due to racial and ethnic differences, which have been attributed to historical, social, and economical inequalities (Burgess et al., 2008; Lopez-Cevallos, et al., 2014). Recognizing the current trend of discrimination, the Department of Health and Human Services (DHHS) (2016) has issued a proposed rule, *Nondiscrimination in Health Programs and Activities*, which aims to reduce disparities in historically vulnerable populations in health care. The proposed rule entails that individuals cannot be denied health coverage or discriminated against when receiving health services. Furthermore, the rule offers language assistance for individuals with limited English proficiency and communication disabilities. These guidelines address the DHHS concerns related to health disparities within disadvantaged groups.

Various ethnic groups, including Latinos, widely experience health care discrimination (Gee et al., 2006; Hausmann et al., 2008; Lavariega & Sanchez, 2010; Raymond-Flesch et al., 2014; Yoo, Gee, & Tackeuchi, 2009). Some researchers have explored the relationship between discrimination and psychological distress (Cobb et al., 2017; Corrigan et al, 2017; Krieger et al., 2011; Molina, Little, & Rosal, 2016; Mossakowski & Zhang, 2014; Torres, Driscoll, & Voell, 2012) since psychological distress is a state of emotional suffering ranging from depression to anxiety (Drapeau, Marchand, & Beaulieu-Prevost, 2012; Zhang et al., 2012), research on these variables is also presented here. Several studies indicate a positive association between discrimination and psychological distress (Krieger et al., 2011; Molina, Little, & Rosal, 2016; Mossakowski & Zhang, 2014; Todorova et al., 2010; Yoshihama, Bybee, & Blazevski, 2012), where higher rates of everyday discrimination were linked with higher rates of psychological distress (Molina, Little, & Rosal, 2016). In a study of U.S.-born and immigrant blacks, Krieger et al. (2011) finds that psychological distress scores are higher among U.S.- born and immigrant blacks, who report higher levels of racial discrimination compared to participants who did not report discrimination. In particular, the greater experiences of discrimination are linked to depression (Cobb et al., 2017; Leung et al., 2014; Todorova et al., 2010) and anxiety (Jasinskaja-Lahti et al., 2006). Additionally, women with exposure to discrimination are 1.62 times more likely to experience depression (Hwang & Goto, 2008).

Gender differences are noted as influential factors to psychological distress. From a study of Latino and Asian students, women are 3.35 times more likely to experience depression compared to men (Hwang & Goto, 2008). Likewise, Latino women report higher rates of psychological distress (Molina, Little, & Rosal, 2016), which is also worse among Arab women than men (Assari & Lankarani, 2017). Prior research well-establishes a relationship between low socioeconomic condition and an individual's emotional, behavioral, and psychological issues (Murali & Oyebode, 2004). To compare, people from higher socioeconomic status are less depressed and report better general health outcomes compared to their counterparts from lower economic groups (Flores et. al, 2008; Sternthal et al., 2011). Those who are English proficient are at risk for mental health issues than those with poor English proficiency (Cook et. al, 2009). Individuals who rated their English knowledge, as "not as well" had higher psychological distress than individuals who had English proficiency. Individuals who speak Spanish at home also had higher psychological distress compared to those who speak English at home.

Some document gender (Assari & Lankarani, 2017; Hwang & Goto, 2008; Molina, Little, & Rosal, 2016) and socioeconomic variations (Flores et. al, 2008; Sternthal et al., 2011) in psychological distress. Only a few research studies reviewed here reference Latino samples (Corrigan et al, 2017; Leung et al., 2014; Molina, Little, & Rosal, 2016; Todorova et al., 2010), and even then not many examine the associations between discrimination and psychological distress (Cobb et al., 2017; Corrigan et al, 2017; Jasinskaja-Lahti et al., 2006; Molina, Little, & Rosal, 2016; Mossakowski & Zhang, 2014;Todorova et al., 2010). Therefore, the purpose of this study is to examine discrimination in health care as experienced by Latinos and how it impacts their psychological distress. For the purpose of this study, psychological distress is defined as a state of emotional suffering consisting of a vague combination of symptoms ranging from depression to anxiety (Drapeau, Marchand, & Beaulieu-Prevost, 2012). The present study explores the following research questions: a) What types of discrimination in health care settings do Latinos experience? b) What is the impact of perceived discrimination on the psychological distress of Latinos when compared to sociocultural factors, personal characteristics, and poverty?

Methodology

Sampling

Data were retrieved from the 2016 California Health Interview Survey (CHIS, 2016b), the state's largest health survey, that asked questions regarding a range of health topics, including health status, health condition, mental health, health behaviors, women's health, dental health, neighborhood and housing, access to and use of health care, income, health insurance, public program eligibility, parental involvement, childcare, school, employment, and bullying (CHIS, 2016c). Data were originally collected by the UCLA Center for Health Policy Research (UCLA-CHPR) in collaboration with the California Department of Public Health and Department of Health Care Services (CHIS, 2016a). They collected using a random-dial telephone survey from 58 counties in California from May 2015 to February 2016 (CHIS, 2016b). Data Access Center (DAC) provided the researchers with access to the public data (CHIS, 2016b), which did not have personal identifiers; therefore, anonymity of the subjects was guaranteed.

This is a quantitative research study that utilizes a descriptive methodology, concerning how discrimination in health care settings impacts psychological distress using a Latino sample. The researchers utilized secondary data retrieved from the 2015 California Health Interview Survey (CHIS, 2016b). For this current study, data were retrieved from adults ages 18 and older from a group of Latinos. The study sample consisted of 3,356 adults of Latino origin. The researchers retrieved data on personal characteristics, sociocultural factors, discrimination variables, and a psychological distress scale (CHIS, 2016c). Psychological Distress Scale (K6) measured mood and anxiety disorder using a 6-item scale (Kessler et al., 2010). Questions include "How often in the past 30 days have you experienced?" "Did you feel nervous, hopeless, restless or fidgety?" "How often did you feel that everything was an effort?" "How often did you feel so depressed that nothing could cheer you up?" and "How often did you feel worthless?" Responses include: All, Most, Some, A Little, None, Refused, or Don't Know. The researchers utilized the Statistical Package for the Social Sciences (SPSS) for statistical analyses to test research questions using descriptive statistics and logistic regression analyses.

Results

The total sample included 3356 Latino adults, including 1979 (59.0%) females and 1377 (41.0%) males (Table 1). The majority of the sample included below 45 years of age (49.3%). Less than half (42.6%) reported being married and the rest were never married (27.2%), separated, and others (30.2%). More than half were bilingual (52.9%), speaking both English and Spanish. A third (27.2%) had a Spanish-speaking doctor. Over a half (54.4%) were born outside the US and 45.6% were born in the US. Only a fifth (18.2%) were uninsured, less than half (46.3%) were poor, 0% to 138% Federal Poverty Level (FPL). The psychological distress score ranged from 0 to 24 (Mean = 4.36). Only 19.6% of the respondents did not report any psychological distress at the time of data collection.

Table 1: Descriptive Statistics, N= 3356

Demographics	f	%
Marital Status		
Married	1428	42.6%
Widow/Separated/Other	1014	30.2%
Never Married	914	27.2%
Age		
Less than 45 years	1655	49.3%
45-54 years	617	19.1%
55-64 years	556	16.5%
65 and above	528	15.7%
Born Outside USA	1824	54.4%
Federal Poverty Guideline		
0- 138% FPL	1555	46.3%
139 - 200% FPL	493	14.7%
201 - 400% FPL[a]	722	21.5%
401% FPL and above	585	17.5%
Received SSI	218	6.5%
Uninsured All/Part year	612	18.2%
Gender		
Male	1377	22.6%
Female	1979	59.0%
Spanish Speaking Doctor	912	27.2%
Bilingual (English +Spanish)	1775	52.9%

Health care Discrimination

Nearly half (49.4%) of Latino adults was treated unfairly when getting medical care over their lifetime. One tenth (10.9%) believed that they would have gotten better medical care if different race/ethnicity, 14.7% believed that they were treated unfairly while getting medical care due to cultural reasons, and 5.0% believed that they were treated unfairly while getting medical care due to economic reasons (Table 2).

Table 2: Health Care Discrimination Related Descriptive Statistics, N= 3356

Health Care Discrimination	*f*	%
Treated Unfairly When Getting Medical Care	1659	49.40%
Would Have Gotten Better Medical Care If Different Race or Ethnicity	367	10.90%
Treated Unfairly While Getting Medical Care Due to Cultural Reasons	494	14.70%
Treated Unfairly While Getting Medical Care Due to Economic Reasons	170	5.00%
Other Reasons	628	18.80%

Impact of Discrimination on Psychological distress

A linear regression was used with the psychological distress as a dependent variable (Table 3). Having experienced health care discrimination was one of the predictors of psychological distress along with age, married, poor, bilingual, receiving SSI, and having had Spanish-speaking doctors. Having experienced health care discrimination (Beta=.175; p<.005) was the most influential variable followed by poverty (Beta= .137; p<.005) in explaining psychological distress. The associations between these two variables were positive explaining Latinos who experienced health care discrimination and those who were poor tend to have higher psychological distress. The following variables, age (Beta=-.080; p<.005), married (Beta=-.117; p<.005), bilingual (Beta=-.052; p<.002), and having Spanish speaking doctors (Beta=-.055; p<.006) were inversely associated with psychological distress. All these factors collectively explained 7.4% of variance in explaining psychological distress (F=29.753; df=9; p< .005). Only gender, being uninsured, and immigration status did not associate with psychological distress (p>.05).

Table 3: Linear Regression, N= 3356

	Beta	t	p
Born Outside US [a]	0.029	1.463	0.144
Being Female [a]	-0.016	-0.974	0.330
Age	-0.080	-4.580	0.005
Married [a]	-0.117	-6.651	0.005
Uninsured Full/Part Year [a]	0.022	1.290	0.197
Being Poor (FPG 0 to 138=1) [a]	0.137	7.822	0.005
English and Spanish, Bilingual [a]	-0.052	-3.100	0.002
Having Spanish Speaking Doctors [a]	-0.055	-2.768	0.006
Treated Unfairly When Getting Medical Treatment [a]	0.175	10.421	0.005
Model R^2 = .074; F (9) = 29.753; p < .005			

DV=Psychological Distress; [a] ***Categorical variables: 1 = yes; 0 = no.***

Discussion

Clearly associated with psychological distress were having experienced health care discrimination and poverty, variables that emerged as the main risk factors that had the most influential impact on psychological distress in Latino adults from California. Being young, married, bilingual, and having Spanish-speaking doctors as protective factors decreased the probability of experiencing psychological distress in Latino adults. Nearly half of Latino adults experienced health care discrimination. One possible explanation for this high number could be a lack of resources in some low-income communities, which might result from the lack of time offered by health care staff to interact with patients. Thus, perceived health care discrimination by this study population could be due to their low accessibility to well-staffed health care facilities. Another explanation could be an implicit bias carried by health care professionals that affects their treatment of patients (Green, et al., 2007).

This study's results connect with the increasing familiarity of how Latinos experience health care discrimination similar to other ethnic minorities (Pascoe & Richman, 2009; Ryan, Gee, & Laflamme, 2006) in the USA. Indeed, the reports of perceived discrimination are relatively high (49%) in this study, a possible explanation being a lack of available resources for Latinos to develop coping strategies, which are found to deter the effect of discrimination in mental health outcomes. Similar to other researchers, results from a linear regression analysis (after adjusting for confounders in the model) indicate Latino adults who reported health care discrimination were more likely to report psychological distress (Cobb et al., 2017; Jasinskaja-Lahti et al., 2006; Molina, Little, & Rosal, 2016; Todorova et al., 2010). Individuals who had higher rates of everyday discrimination were also associated with psychological distress (Molina, Little, & Rosal, 2016). Similarly, the current study found that individuals who recently experienced discrimination while receiving medical care emerged as the most influential predictor variable of psychological distress.

A possible explanation for this finding is that nearly half of the study population were new immigrants who might struggle with assimilating into American culture; have a lack of coping skills or issues related to group identification. Such issues might contribute to their mental health outcomes (Siriwardhana et al., 2014). These findings imply a need for culturally sensitive community outreach programs for developing coping skills to help Latino adults in California. Outreach programs will certainly reduce the effects of discrimination and develop cultural resilience among Latinos, as developing cultural resilience has been found to improve social and mental health outcomes, which will pave the way for healthy immigrant and minority communities (Siriwardhana et al., 2014). As the Latino population increases -- and projections estimate Latinos will increase to 28.6% by 2060 (U.S. Census Bureau, 2017) -- Latino adults' experience with discrimination and psychological distress must be addressed using outreach programs. There is a need for health care services for mental and physical health issues that must be delivered in a culturally sensitive manner for Latino adults. Interventions must focus on boosting patient satisfaction, which will lead to ethnic sensitivity treatment by health care professionals while offering services to minority groups.

It is equally necessary to focus on staff training to reduce health care discrimination. Since implicit bias leads to discrimination and how treatment is offered to patients, training to recognize and minimize implicit bias for health care professionals is long overdue (Green, et al., 2007). Social workers can create training programs to help health care staff to recognize and address implicit bias, as it not only leads to health care discrimination, but also increases perceived discrimination among minorities (Green, et al., 2007). Staff training can also help broaden knowledge about serving the Latino population by developing an understanding of cultural and language barriers that Latinos encounter in health care. Such programs will help health care professionals tune in with cultural needs, such as the need for an interpreter, culturally appropriate communication and etiquette, and matching patients to health care professionals who can speak their language. Such ethnically sensitive health care services will boost positive mental health outcomes by improving patient satisfaction. Consequently, trainings will enable staff to understand cultural needs and promote positive mental health outcomes, as well as help Latinos navigate the health care system effectively. Since health care discrimination is found to contribute to psychological distress, it is time to bring positive change to the health care system.

Prior research identifies a relationship between poverty and an individual's emotional, behavioral, and psychological issues (Murali & Oyebode, 2004), where those with income loss and lower socioeconomic status have higher rates of depressive symptoms (Flores et al., 2008; Leung et al., 2014). Likewise, in the present study, Latino adults who were poor were more likely to experience psychological distress compared to Latino adults who were not poor.

Those who are proficient in English are at risk for mental health issues than those with poor English proficiency (Cook et. al, 2009). On a similar note, bilinguals Latinos reported experiencing less psychological distress. Others found that personal characteristics such as gender, citizenship status, and English proficiency are associated with psychological distress and similar mental health outcomes. For example, women have been shown to have higher rates of psychological distress compared to men (Assari & Lankarani, 2017; Jasinskaja et al., 2006; Molina, Little, & Rosal, 2016). Also, when comparing immigrant and U.S. born Latinos, the later group had higher rates of psychological disorders (Alegria et al., 2008). In contrast, there was no significant association between gender and citizenship status with psychological distress.

This study has implications for future research that focuses on the factors that contribute to perceived discrimination among Latinos. In addition, cultural factors should be examined to have a better understanding of how cultural differences and personal attributes correlate with discrimination in health care settings, especially since discrimination emerged as an important correlate to psychological distress.

Research on Latinos and discrimination continues to be limited; thus, more research will help create programs for consumers and train staff working with Latinos to reduce disparities. Future researchers must qualitatively examine in which health care services discrimination is more often perceived to establish interventions that address this problem.

There are some limitations to this study. The findings in this study may not be generalized to other ethnic and racial groups in California or other states since the study sample is limited to Latino adults who reside in California. Our study results are based on self-reported data; therefore, there is a possibility of error due to misunderstanding questions on health care discrimination.

Conclusion

This study has demonstrated the impact of health care discrimination on psychological distress. This is troubling, as perceived discrimination is proven to have damaging psychological impacts when compared to various other factors. Health care discrimination acts like poverty and other social problems, risk factors for poor mental health outcomes. However, implementing interventions and training programs, as suggested by the researchers, could reduce health care discrimination. Disparities in health care are a social problem and must be addressed at the macro level, focusing on health policy changes to stop health care discrimination. The findings of the current study validate the need for non-discriminatory health care access for Latinos in California.

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