Effect of discrimination on unmet health care needs among racial and ethnic populations in Hennepin county

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Presented at:
Health Equality: Honoring Culture While Closing Gap
OMMH National Health Disparities Conference
Mystic Lake Casino & Hotel, Prior Lake, MN
Nov 12-14, 2008
Objectives

Using local public health survey data (SHAPE 2006) to:

- Identify disparities in the rates of discrimination and unmet health care needs among racial and ethnic populations in Hennepin county

- Examine how discrimination affects unmet health care needs, and how the effects differ in type and size across racial and ethnic populations

- Discuss the implications of the findings for reducing health disparities
What is SHAPE?
What is SHAPE?

- Survey of the Health of All the Population & the Environment
- A population-based assessment of the health of residents of Hennepin County, and the factors that affect their health.
- New component added in 2006: SHAPE 2006 – Child Survey
SHAPE 2006 partners

Residents, community organizations and groups

Hennepin County Human Services and Public Health Dept.

University of Minnesota School of Public Health

Additional partners include: Minnesota Department of Health; Project consultants; other community-based organizations; and topic-specific experts.
SHAPE 2006 external consultation

Consultation with communities

- Key informant interviews
- Community general input meeting
- Focus groups
- Topic specific forums for adult and child
- Community visits
- Web survey, emails, fax, and phone calls
## Adult survey topic areas

<table>
<thead>
<tr>
<th>Health Status &amp; Health Related Quality Life</th>
<th>Health Care Access/Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Related Quality of Life</td>
<td>Health insurance status</td>
</tr>
<tr>
<td>Chronic disease and conditions</td>
<td>Access to care</td>
</tr>
<tr>
<td>Weight status &amp; perception</td>
<td>Medical interpreter service use</td>
</tr>
<tr>
<td>Activity limitations</td>
<td>Use of preventive services</td>
</tr>
<tr>
<td>Care-giving</td>
<td>Complementary &amp; alternative medicine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Lifestyle &amp; Behaviors</th>
<th>Socio-environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Community support</td>
</tr>
<tr>
<td>Physical activity &amp; barriers</td>
<td>Neighborhood cohesion and safety</td>
</tr>
<tr>
<td>Cigarette use &amp; environmental tobacco smoke (ETS)</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Economic distress</td>
</tr>
<tr>
<td>Child car seat use</td>
<td>Gun safety</td>
</tr>
<tr>
<td></td>
<td>Demographics</td>
</tr>
</tbody>
</table>
Adult questionnaires

- Adult mail version
  - 32 pages
- Adult phone version
  - 30 minutes
- Language translations
  - Hmong
  - Vietnamese
  - Somali
  - Spanish
Mobilizing community members to answer the survey

- Flyers in various languages
- Fact sheets
- Community and local media
## Race and ethnicity

<table>
<thead>
<tr>
<th>Race and ethnicity</th>
<th># of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/ Pacific Islander¹</td>
<td>448</td>
</tr>
<tr>
<td>Southeast Asian²</td>
<td>(306)</td>
</tr>
<tr>
<td>Black/ African American¹</td>
<td>1092</td>
</tr>
<tr>
<td>U.S.-born Black</td>
<td>(650)</td>
</tr>
<tr>
<td>African-born Black</td>
<td>(414)</td>
</tr>
<tr>
<td>White¹</td>
<td>6081</td>
</tr>
<tr>
<td>Hispanic or Latino³</td>
<td>344</td>
</tr>
<tr>
<td>American Indian</td>
<td>83</td>
</tr>
<tr>
<td>Other race, multiple race, race unknown</td>
<td>143</td>
</tr>
<tr>
<td>Total</td>
<td>8191</td>
</tr>
</tbody>
</table>

1 Racial categories reflect the primary racial designation of the respondents.
2 Southeast Asian includes Hmong, Laotian, Vietnamese, Cambodian, Thai, Malaysian, Filipino, Burmese, or from Singapore or Brunei.
3 Hispanic/Latino ethnicity and the race categories are mutually exclusive. A person of Hispanic/Latino ethnicity who also identified with one or more races was counted only in the Hispanic/Latino ethnicity group.
SHAPE 2006 reporting areas

Geographic Reporting Areas

**Minneapolis**
- N: Near-North, Camden
- E: Northeast, University, Longfellow, City of St. Anthony
- C: Central, Phillips, Powderhorn
- S: Calhoun-Isles, Southwest, Ickornis

**Suburban Hennepin County**
- NWS: Northwest Suburbs
- WS: West Suburbs
- SS: South Suburbs
- NW1: Northwest Inner Ring Suburbs
- W1: West Inner Ring Suburbs
- S1: South Inner Ring Suburbs
- NW2: Northwest Outer Ring Suburbs
- W2: West Outer Ring Suburbs
- S2: South Outer Ring Suburbs

Survey of the Health of All the Population and the Environment – SHAPE 2006
• Black/African American
  - US born
  - African-born
• Asian/Pacific Islander
  - Southeast Asian
• Hispanic/Latino
• White
What are the disparities in the rates of discrimination and unmet health care needs among racial/ethnic populations in Hennepin county?
Discrimination types

1. **Chronic discrimination**
   Q. How often do you feel unaccepted because of your race, ethnicity or culture?
   - **Frequently**: at least once a week / once or twice a month
   - **Less frequently**: a few times a year / less often than that
   - **Never**: never

2. **Discrimination in receiving medical care**
   Q. During the past 12 months have you received medical care?
   If yes, did you feel you were discriminated against?
   - **Yes**
   - **No**
3. **Major discrimination**

Q. During the past 12 months have you experienced any of the following situations and if yes, did you feel you were discriminated against:

- Applied for a job
- Worked at a job
- Looked for different house or apartment
- Applied for credit card, bank loan or a mortgage
- Shopped at a store or eaten at a restaurant
- Applied for social services or public assistance
- Dealt with the police
- Appeared in court

**Yes** if one experienced any of the 8 situations and felt that they were discriminated against in at least one of the eight situations during the past 12 months

**No**
Chronic discrimination

Percent of adults reporting that they feel unaccepted due to race, ethnicity or culture “frequently” or “less frequently”
Hennepin County 2006

I represents the 95% confidence intervals.
Chronic discrimination

Percent of adults reporting that they feel unaccepted due to race, ethnicity or culture “frequently”
Hennepin County 2006

Percent of adults

US-born Black 23
African-born Black 12
Southeast Asian 12
Hispanic/Latino 9
White 3
All adults 5

I represents the 95% confidence intervals.
Discrimination in receiving medical care

Percent of adults reporting that they received medical care during the last 12 months and felt they were discriminated against

Hennepin County 2006

I represents the 95% confidence intervals.
Major discrimination

Percent of adults reporting that they were in any of the eight situations during the last 12 months and felt they were discriminated against

Hennepin County 2006

I represents the 95% confidence intervals.
Summary

• Compared to all county adults, adults of racial and ethnic minority groups reported significantly higher rates of perceived discrimination, including chronic discrimination, discrimination in receiving medical care, and major discrimination.
Unmet health care needs

Unmet medical care needs

Q. During the past 12 months, was there a time when you needed medical care? If yes, did you delay or not get the care you thought you needed?

Yes  Respondents who reported that there was a time in the past 12 months that they needed medical care and that they delayed or did not get the care they thought they needed.

No
Unmet medical care needs

Percent of adults reporting that there was a time during the past 12 months that they needed medical care and that they delayed or did not get the care they thought they needed

Hennepin County 2006

I represents the 95% confidence intervals.
Summary

• Compared to all county adults, US-born Blacks and African-born Blacks reported higher rates of unmet medical care needs.
How does discrimination affect unmet health care needs, & how do the effects differ in type and size across racial and ethnic populations?
Multivariate logistic regression analysis

**Dependent variable**
Unmet medical care needs

**Independent variables**
Chronic discrimination (frequently, less frequently, never)
Major discrimination (yes or no)
Discrimination in receiving medical care (yes or no)
Covariates

Socio-demographic:
- Gender (male vs. female)
- Age (18-34, 35-54 & 55+)
- Having less than HS education
- Experienced economic distress in past 12 months (high, moderate, low)

Health care access:
- Currently uninsured
- Having no regular source of care

Health status:
- Self-rated health as poor or fair
- Currently having mental health conditions (depression, anxiety/panic attacks, serious psychological distress)
- Having chronic health conditions (either asthma, diabetes, hypertension, high blood cholesterol, heart trouble or angina, arthritis)
## Effects of discrimination on unmet medical care needs

### Hennepin County All adults

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic discrimination:</strong> frequently</td>
<td>2.11*</td>
</tr>
<tr>
<td><strong>Chronic discrimination:</strong> less frequently</td>
<td>1.48*</td>
</tr>
<tr>
<td><strong>Major discrimination</strong></td>
<td>2.16*</td>
</tr>
<tr>
<td><strong>Discrimination in receiving medical care</strong></td>
<td>2.42*</td>
</tr>
</tbody>
</table>

* Odd ratio is statistically significant at p<0.05.

**Significant covariates:**
- Age
- Gender
- Experienced economic distress
- Currently uninsured
- Having chronic health conditions
**Effects of discrimination on unmet medical care needs**

**Hennepin County White adults**

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic discrimination: frequently</td>
<td>1.96*</td>
</tr>
<tr>
<td>Chronic discrimination: less frequently</td>
<td>1.40*</td>
</tr>
<tr>
<td>Major discrimination</td>
<td>2.11*</td>
</tr>
<tr>
<td>Discrimination in receiving medical care</td>
<td>2.77**</td>
</tr>
</tbody>
</table>

* Odd ratio is statistically significant at p<0.05.
** Odd ratio is statistically significant at p<0.10.

**Significant covariates:**
- Age
- Gender
- Having <HS education
- Experienced economic distress
- Currently uninsured
- Having no regular source of care
Effects of discrimination on unmet medical care needs

Hennepin County US-born Black adults

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic discrimination: frequently</td>
<td>0.76</td>
</tr>
<tr>
<td>Chronic discrimination: less frequently</td>
<td>1.08</td>
</tr>
<tr>
<td>Major discrimination</td>
<td>1.99**</td>
</tr>
<tr>
<td>Discrimination in receiving medical care</td>
<td>0.86</td>
</tr>
</tbody>
</table>

** Odd ratio is statistically significant at p<0.10.

**Significant covariates:**
Currently uninsured
Self-rated health as poor or fair
### Effects of discrimination on unmet medical care needs

#### Hennepin County African-born Black adults

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic discrimination: frequently</td>
<td>4.25*</td>
</tr>
<tr>
<td>Chronic discrimination: less frequently</td>
<td>2.78**</td>
</tr>
<tr>
<td>Major discrimination</td>
<td>2.06</td>
</tr>
<tr>
<td>Discrimination in receiving medical care</td>
<td>NI</td>
</tr>
</tbody>
</table>

* Odd ratio is statistically significant at p<0.05.
** Odd ratio is statistically significant at p<0.10.
NI: This factor is not included in the logistic regression model due to small case number.

**Significant covariates:**
- Gender
- Having <HS education
- Experienced high economic distress
- Currently uninsured
- Currently having mental health conditions
## Effects of discrimination on unmet medical care needs

### Hennepin County Southeast Asian adults

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic discrimination (any)</td>
<td>0.47</td>
</tr>
<tr>
<td>Major discrimination</td>
<td>3.05</td>
</tr>
<tr>
<td>Discrimination in receiving medical care</td>
<td>NI</td>
</tr>
</tbody>
</table>

NI: This factor is not included in the logistic regression model due to the small number of cases.

**Significant covariates:**
- Age
- Having <HS education
- Experienced high economic distress
- Self-rated health as poor or fair
## Effects of discrimination on unmet medical care needs

### Hennepin County Hispanic/Latino adults

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic discrimination:</strong> frequently</td>
<td>4.79*</td>
</tr>
<tr>
<td><strong>Chronic discrimination:</strong> less frequently</td>
<td>1.58</td>
</tr>
<tr>
<td><strong>Major discrimination</strong></td>
<td>3.46*</td>
</tr>
<tr>
<td><strong>Discrimination in receiving medical care</strong></td>
<td>NI</td>
</tr>
</tbody>
</table>

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NI: This factor is not included in the logistic regression model due to the small number of cases.

**Significant covariates:**
- Having no regular source of care
- Having chronic health conditions
Summary

• Discrimination within and outside of the health care system contributes to unmet medical needs among several different racial/ethnic groups—including whites.

• The effect of perceived discrimination on unmet medical care needs varies across racial and ethnic groups. For example,
  – US-born Blacks who experienced major discrimination are two times more likely to report unmet medical care needs than those who did not.
  – African-born Blacks who experienced chronic discrimination “frequently” are four times more likely to report unmet medical care needs than those who did not.
What are the implications of the findings for reducing health disparities?
Summary

• Compared to all county adults, adults of racial and ethnic minority groups reported significantly higher rates of perceived discrimination, including chronic discrimination, discrimination in receiving medical service, and major discrimination.

• Compared to all county adults, US-born Blacks and African-born Blacks reported higher rates of unmet medical care needs.

• Discrimination within and outside of the health care system contributes to unmet medical needs among several different racial/ethnic groups—including whites.
• The effect of perceived discrimination on unmet medical care need varies across racial and ethnic groups. For example,
  – US-born Blacks who experienced major discrimination are two times more likely to report unmet medical care needs than those who did not.
  – African-born Blacks who experienced chronic discrimination frequently are four times more likely to report unmet medical care needs than those who did not.

• Higher prevalence rates of discrimination among ethnic/racial minorities may contribute to health care disparities due to delays in getting needed medical care or by not getting needed medical care.
Policy Implications

• Although changes in the health care system are needed to reduce discrimination, this effort alone is not enough.

• Local efforts to reduce racial and ethnic health disparities should include monitoring different types of perceived discrimination in order to understand their relationships to unmet health care needs among racial and ethnic populations.

• Community- and system-level interventions are important, and might include public awareness efforts about the direct and indirect impact of discrimination on health as well as other anti-bias education efforts.
More information about SHAPE is available at: www.hennepin.us/shape
SHAPE 2006 data & reports, cont.

Survey of the Health of All the Population and the Environment – SHAPE 2006

SHAPE Briefing

What's New? What's Coming?

Highlights
- SHAPE 2006 is a national health and environment survey that aims to understand the health of the population and the environment.
- SHAPE 2006 was conducted to provide a comprehensive understanding of the health of the population and the environment.
- SHAPE 2006 data & reports are available online.

Introduction
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SHAPE Briefing

Overall health of the population - SHAPE 2006

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SHAPE Briefing

Overall health of Hennepin County children - SHAPE 2006

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SHAPE Briefing

Health insurance coverage of Hennepin County children and adults - SHAPE 2006

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The SHAPE 2006 project team appreciates the support and contributions of Hennepin County residents and communities.

We welcome and value the opportunity to work with you to utilize SHAPE and other local health data.
SHAPE 2006 Project Team

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