Everyday Discrimination Linked to Less Preventive Care

Researchers emphasize the importance of addressing structural discrimination to improve patient health outcomes.

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Discrimination is a common barrier to healthcare access. Indeed, approximately one in five adults report having experienced discrimination in a medical setting. A study published in JAMA Network found long-term discrimination to be associated with lower engagement with preventive care, which includes routine health exams, screenings and vaccinations. People who face discrimination are also more likely to report cost as a barrier to healthcare.

"Consistent with prior studies, we found significant associations between discrimination and reduced preventive service use," wrote the study's authors. "Our study additionally builds on this work by revealing significant associations between discrimination and greater use of emergency and mental health services."

At least half of Black and Latino people reported having experienced racial discrimination a few times in the past year, according to a 2023 KFF survey on discrimination and racism. Whether overt or subtle, discrimination can have lasting impacts. Previous research has linked discrimination to accelerated aging in Black women and early signs of Alzheimer's disease in Black adults.

For the study, researchers from the University of Pennsylvania and Virginia Commonwealth University used National Health Interview Survey data on 27,384 adults who also completed the Everyday Discrimination Scale in 2023. Self-reported healthcare outcomes included delayed or forgone care, healthcare visits, cancer screenings, vaccinations and other preventive screenings, such as cholesterol and diabetes testing.

Everyday discrimination was based using the Everyday Discrimination Scale with scores ranging from 0 (no perceived discrimination) to 20. The mean score was 2.48, but scores were higher among adults under age 30 (3.10) compared with adults 65 and older (1.40). A one-point increase

in an individual’s discrimination score was associated with a greater likelihood of delaying or forgoing medical, mental health and dental care due to cost.

Higher discrimination scores were associated with more visits to emergency departments, urgent care practices, and physical therapy or rehabilitation centers. People with greater discrimination scores were more likely to have been vaccinated against hepatitis B but less likely to have been screened for diabetes and cholesterol. People who experienced greater discrimination were more likely to take antidepressants and anti-anxiety medications.

“These findings underscore the need for multipronged interventions addressing interpersonal and structural discrimination,” wrote the study’s authors. “Healthcare systems should implement centralized discrimination reporting, culturally responsive care, implicit bias training and diverse workforce recruitment.”

To expand access to preventive healthcare, the researchers suggested, “Health systems should integrate patient-centered medical homes, patient navigation programs, community-based outreach and culturally responsive counseling, which reportedly improve care quality and service uptake among underserved populations.”
