

ASSOCIATIONS OF PERCEIVED DRUG USER- AND RACIAL/ETHNIC-BASED DISCRIMINATION ON HEALTHCARE ACCESS AND SATISFACTION AMONG PEOPLE WHO USE DRUGS

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DISCLOSURES



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No relationships to disclose

BACKGROUND

- HIV and HCV infection remain prevalent among drug users in the U.S.
- Large racial/ethnic disparities persist for HIV infection in the US, particularly among drug users
- Stigma and discrimination have been shown to both impact the health of drug users as well as discourage their use of health care (Link, 1997; Reif, 2005; Ahern, 2007)
- The purpose of this analysis was to develop scales containing multiple aspects of racial/ethnic-based discrimination and drug user-based discrimination in order to investigate the associations between perceptions of discrimination and their effect on health care utilization among drug users

METHODS

- Between 9/08 and 4/09, 192 drug users were recruited & interviewed at 3 locations in New York City and San Francisco: MMTPs, HIV Primary Care Clinics & Syringe Exchange Programs for a study investigating racial/ethnic in HCV & HIV testing and treatment
- Laptop-based interviews were conducted by Research Assistants and covered the following topics: HIV and HCV testing and treatment, health care access and utilization, and broad experiences with and perceptions of racial/ethnic and drug user-based discrimination, as well as those within the context of health care
- Overall perceptions of discrimination were assessed using the Kaiser Family Foundation Survey of Race, Ethnicity and Medical Care questionnaire (1999)
 - The questionnaire was also adapted to assess perceptions of drug user-based discrimination
- Interviews lasted approximately 30 minutes and participants were compensated \$20 for their time

MEASURES OF DISCRIMINATION

- Individual measures of perceived racial/ethnic-based discrimination included: overall experiences with R/E discrimination, the extent to which R/E discrimination affects access to health care, HIV care and HCV care
- Individual measures of perceived drug user-based discrimination included: overall experiences with DU discrimination, the extent to which DU discrimination affects access to health care, HIV care and HCV care
- Three scales were developed to assess the two different types of discrimination—perceptions of racial/ethnic-based and drug user-based—and satisfaction with health care
- Using logistic and linear regressions, the discrimination scales and racial/ethnic indicators were used to predict:
 - ▣ Having a regular doctor
 - ▣ Having a regular source of medical care (not ER)
 - ▣ Having consistent health insurance (last 6 months)
 - ▣ Satisfaction with medical care

DRUG USER-BASED DISCRIMINATION ITEMS

The following questions were assessed on a scale from 1-4 where 1=Very often, 2=Somewhat often, 3=Not too often, 4=Never

- Generally speaking, how often do you think the health care system treats people unfairly based on their drug use?
- How often do you think a person's drug use affects whether they can get routine medical care when they need it?
- How often do you think a person's drug use affects whether they can get hepatitis C care?
- How often do you think a person's drug use affects whether they can get HIV care?

The scale demonstrated good internal consistency, $\alpha = 0.80$

RACIAL/ETHNIC-BASED DISCRIMINATION ITEMS

The following questions were assessed on a scale from 1-4 where 1=Very often, 2=Somewhat often, 3=Not too often, 4=Never

- Generally speaking, how often do you think the health care system treats people unfairly based on what their race or ethnic background is?
- Generally speaking, how often do you think the health care system treats people unfairly based on how well they speak English?
- How often do you think a person's race or ethnic background affects whether they can get routine medical care when they need it?
- How often do you think a person's race or ethnic background affects whether they can get hepatitis C care?
- How often do you think a person's race or ethnic background affects whether they can get HIV care?
- Do you think racism- that is, people being treated worse than others because of their race or ethnicity- is a major problem, a minor problem, or not a problem at all in healthcare? (major/minor/not a problem)
- Thinking again about health care, how often do you think racism occurs when a patient and doctor are of different racial or ethnic backgrounds?
- And what about if the patient and doctor are of the same racial or ethnic background? Does racism occur very often, somewhat often, not too often, or never?

The scale demonstrated good internal consistency, $\alpha=0.88$

Correlation between the racial/ethnic and drug user discrimination scales was ($r =$) 0.52

SATISFACTION SCALE

The following y/n questions were utilized in the satisfaction scale:

- Did you feel the doctor or provider knew enough or asked enough questions about your health history, such as what medications you take, whether you have ever been hospitalized and your family health history?
- Did the doctor or provider explain things in a way you could understand?
- Were there any tests or treatments you felt you needed but did not get?
- Did you feel the doctor or provider and other staff members paid attention to you and your concerns?

The following question, with a scale of 1-4 where 1=Very satisfied, 2=Satisfied, 3=Unsatisfied, 4=Very unsatisfied, was also used:

- How satisfied were you with the quality of care you received at this most recent visit?

This scale demonstrated good internal consistency, $\alpha=0.78$

DEMOGRAPHICS, N=192

	n	%
Site:		
New York City	88	46%
San Francisco	104	54%
Sex		
Transgender	3	2%
Female	65	34%
Male	123	64%
Race/Ethnicity		
White	57	30%
Hispanic	66	34%
Non-Hispanic Black	69	36%
Age	Mean – 44.7	Range – 21-67 years
Has a Regular Dr	137	71%
HCV +	111	63%
HIV+*	74	39%
Current IDU	103	54%

DISCRIMINATION AND SATISFACTION WITH HEALTH CARE BY RACE/ETHNICITY

	Perceptions of Drug User-Based Discrimination (range = 1-4) Mean (SD)	Perceptions of Racial/Ethnic-Based Discrimination (range = 1-4) Mean (SD)	Satisfaction w/ Healthcare (range = 0-1) Mean (SD)
Non-Hispanic Black (N=69)	2.81 (0.73)	2.43 (0.63)	0.84 (0.27)
Hispanic (N=66)	2.88 (0.71)	2.38 (0.72)	0.78 (0.28)
Non-Hispanic White (N=57)	2.59 (0.67)	2.28 (0.61)	0.80 (0.33)

HEALTH CARE ACCESS INDICATORS BY RACE/ETHNICITY

	Not Having a Regular Doctor	Not Having Consistent Health Insurance Last 6 Months	Not Having a Regular Source for Healthcare Last 6 Months
Non-Hispanic Black (N=69)	20%	26%	22%
Hispanic (N=66)	32%	41%	29%
Non-Hispanic White (N=57)	35%	30%	39%

MULTIVARIABLE RESULTS

Race/ Ethnicity	Discrimination Interactions	Not Having a Regular Doctor OR (95% CI)	Not Having Consistent Health Insurance OR (95% CI)	Not Having a Regular Source of Medical Care OR (95% CI)	Satisfaction with Healthcare Est. (SE)
Non-Hispanic Black (Main Effect vs. Non-Hispanic White)		0.27 (0.10, 0.74)	0.62 (0.26, 1.47)	0.43 (0.19, 0.95)	0.012 (0.224)
	DU Discrimination	1.40 (0.44, 4.42)	0.62 (0.24, 1.59)	0.80 (0.33, 1.90)	0.121 (0.090)
	R/E Discrimination	5.96 (1.49, 23.82)	4.03 (1.25, 12.95)	0.88 (0.31, 2.49)	-0.123 (0.101)
Hispanic (Main Effect vs. Non-Hispanic White)		0.75 (0.34, 1.66)	1.44 (0.67, 3.13)	0.41 (0.16, 1.03)	0.069 (0.223)
	DU Discrimination	1.55 (0.63, 3.79)	1.34 (0.60, 2.99)	2.31 (0.71, 7.57)	0.095 (0.092)
	R/E Discrimination	1.54 (0.66, 3.62)	0.77 (0.35, 1.68)	1.58 (0.63, 3.98)	-0.143 (0.097)

MULTIVARIABLE RESULTS (2)

- Regular Doctor
 - For non-Hispanic black drug users, stronger perceptions about the impact of racial/ethnic discrimination was strongly associated with **NOT** having a regular MD
- Consistent Health Insurance
 - For non-Hispanic black drug users, stronger perceptions about the impact of racial/ethnic discrimination was strongly associated with **NOT** having consistent health insurance
- Regular Source for Healthcare
 - In a model controlling for perceptions of drug user-based and racial/ethnic-based discrimination and interactions with race/ethnicity, non-Hispanic black drug users were significantly more likely to report having a regular source of medical care than non-Hispanic white drug users

DISCUSSION

- This study served as a preliminary investigation into the development and use of four scales to understand the associations between perceptions of drug user-based and racial/ethnic –based discrimination and health care access and satisfaction
- The results indicate a significant relationship between perceptions of racial/ethnic discrimination and indicators of health care access
- The finding that non-Hispanic black drug users were more likely to have a regular source of medical care than non-Hispanic white drug users is contrary to previous findings and should be investigated in a study with a larger sample size

LIMITATIONS

- Mono-lingual Spanish speaking drug users were not included in the study
- The small study sample made it difficult to understand the impact of perceptions of drug user-based discrimination on healthcare access and satisfaction more clearly and to include additional predictor variables in the models
- Participants of the 3 programs may not have been representative of typical drug users utilizing health care
 - ▣ Recruiting a wider variety of drug users may help to adequately test these associations
- Participants of these facilities may have felt obligated to report positive perceptions of accessing health care, particularly among participants at HIV care clinics
 - ▣ Recruiting participants independent of service providers may help reduce bias

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