



Discrimination in Accessing Health Care

Inequities in the quality of health care patients receive are often associated with unfair treatment felt while accessing care. Members of racial and ethnic minority groups and patients of lower socioeconomic status are more likely to report being the subject of negative attitudes and discriminatory practices during the health care process.¹

This report used The Oklahoma Toddler Survey (TOTS) data from 2011-2013 to examine self-reported unfair treatment when accessing health care and its relationship to health care access. The

survey asked mothers about unfair treatment due to seven reasons when seeking health care. Reasons recorded as “Other” were also included.

Overall, 11.8% of mothers reported some form of unfair treatment. Ability to pay was the most reported reason for discrimination (Figure 1).

Non-Hispanic (NH) Black mothers reported the highest rate of discrimination (20.1%), followed by unmarried mothers, and mothers less than 25 years of age (Figure 2). Conversely, mothers who were NH white, educated (greater

than high school), and married all experienced lower rates of unfair treatment.

Mothers reporting discrimination while accessing health care had significantly ($p < 0.05$) lower rates of medical home access for their toddler compared to those mothers who reported no discrimination (87.5% vs 71.5%).

Nearly 93% of mothers not reporting discrimination accessed a family doctor or pediatrician as the toddler’s personal doctor compared to 83% of mothers reporting discrimination (Figure 3). A significantly higher percent of mothers reporting

In Oklahoma:

- 11.8% of mothers of 2-year-olds reported some form of unfair treatment when accessing health care for their toddler.
- Ability to pay was the most reported reason for unfair treatment/discrimination.
- Non-Hispanic Black mothers, unmarried mothers, and mothers less than 25 years all reported higher rates of discrimination.
- Mothers reporting discrimination had significantly lower rates of medical home access for their toddler.

Figure 1. Self-Reported Reasons for Unfair Treatment while Accessing Health Care - TOTS 2011-2013

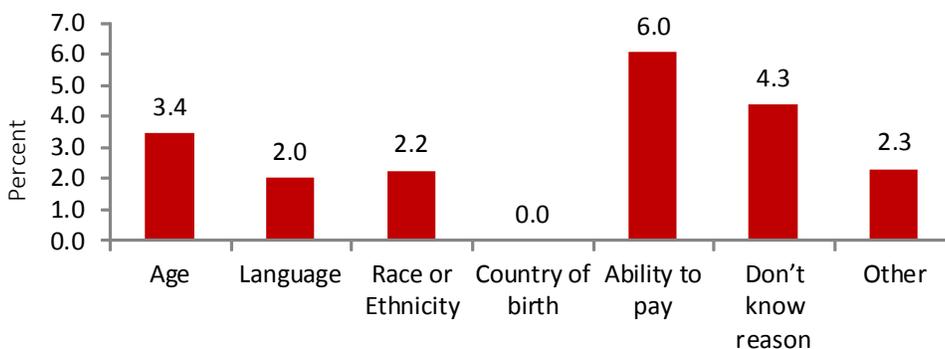
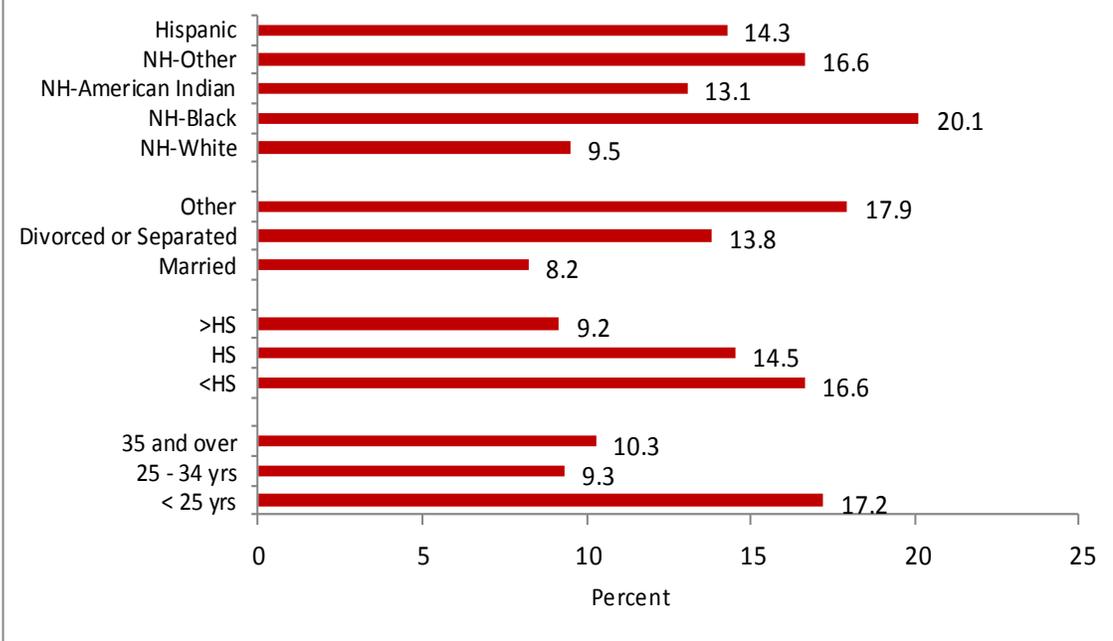


Figure 2. Mothers Reporting Unfair Treatment while Accessing Health Care - TOTS 2011-2013



“Sometimes I feel treated unfairly because of [my] ability to pay for care.”
-TOTS mom

The Oklahoma Toddler Survey (TOTS) is a two-year follow-back survey to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Mothers with live infants who respond to the PRAMS survey are sent a TOTS survey the month their children turn two-years-old. TOTS is a mixed-mode surveillance system. Two mail surveys are sent in an effort to gain participation followed by telephone surveillance for non-respondents.

The un-weighted response rate for 2011-2013 data was 67.8% (n=5,318; excluding women ineligible to complete TOTS). Data were weighted to represent the two-year-old's birth cohort for those years. Prevalence rates and significant associations were calculated using the Cochran-Mantel-Haenszel Chi-Square (χ^2) Test.

Special assistance for this Brief was provided by: Binitha Kunnel MS, Alicia Lincoln MSW, MSPH; Ayesha Lampkins, MPH, CHES; Shannon Gormley, and Lindsay Betancourt.

Funding for TOTS is provided by the Maternal and Child Health Bureau, Department of Health and Human Services, MCH Title V Block Grant. The TOTS Brief is issued by the Oklahoma State Department of Health, as authorized by Terry Cline, PhD, Commissioner of Health. Copies are available for download from the Oklahoma State Department of Health website at www.health.ok.gov.



discrimination accessed a physician assistant (PA), nurse practitioner (NP) or another type of provider for the primary care of their toddler (1.7% vs 7%).

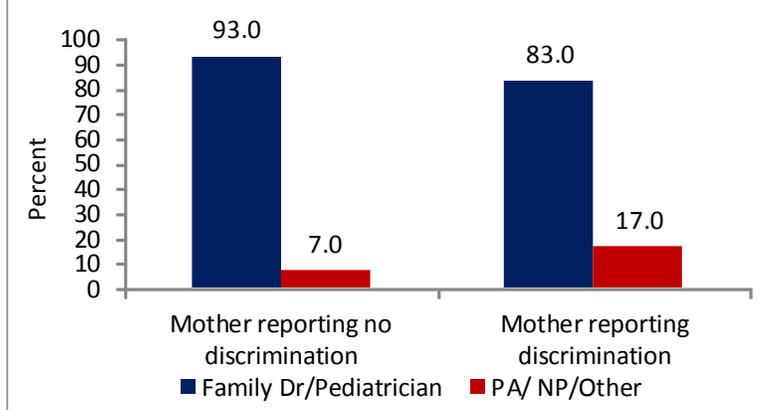
unfair treatment influences the likelihood of continuing care and accessing needed services is an important step in improving the quality of health care for all.

Disparities persist despite considerable progress in the delivery of health care services and efforts to improve the quality of patient care both nationally and statewide.

Improving the conditions of health care settings, from the intake staff to the patient-clinician encounter, and the policies governing the practices of health systems may also improve the efficiency and equity of care for all patients.

Raising public and provider awareness about existing disparities, including how

Figure 3. Mothers Reporting Unfair Treatment by Type of Toddler's Personal Doctor- TOTS 2011-2013



Reference:

1. Dara H, Sorkin P, Ngo-Metzger Quyen, MD, MPH, De Alba Israel, MD, MPH Racial/Ethnic Discrimination in Health Care: Impact on Perceived Quality of Care. J Gen Intern Med. 2010;25(5):390-6.