

Health in Relation to Perceived Unequal Treatment Based on Race

Many studies suggest that racism – prejudice or discrimination based on race – is an important determinant of health disparities and quality of life in the United States. But few previous studies have quantitatively measured this association. Using data from a statewide survey of North Carolina adults, we examined the relationship between health status and perceived treatment based on race (“treatment” here means how people are treated by others, not medical treatment).

In 2002, the North Carolina Behavioral Risk Factor Surveillance System (BRFSS), a random statewide telephone survey of adults age 18 and older, included six questions related to treatment based on race. From these six questions, two measures were constructed: 1) emotional upset and/or physical symptoms due to treatment based on race in the past 30 days, and 2) unequal experiences when seeking health care compared to people of other races.

Approximately 7 percent of North Carolina adults surveyed reported having emotional upset and/or physical symptoms due to treatment based on race, and 10 percent reported unequal experiences when seeking health care. After adjusting for other demographic characteristics, African Americans were several times more likely than whites to report having emotional upset and/or physical symptoms and to report unequal experiences when seeking health care.

Survey respondents who reported having emotional upset and/or physical symptoms due to treatment based on race, and those who reported experiences worse than other races when seeking health care, had significantly lower reported quality of life (e.g., more poor physical health days in the past month) and higher rates of reported chronic conditions (such as arthritis and diabetes) and health risks (such as obesity). These results persisted after controlling for demographic characteristics (including race), education, and income.

We cannot conclude from the cross-sectional associations we observed between the health measures and perceived treatment based on race that there is a cause-and-effect relationship. But, given the strong statistical associations, the findings suggest that unequal treatment based on race may be one factor leading to poor health outcomes in North Carolina.

(Note: The complete State Center for Health Statistics report upon which this summary is based can be accessed at <http://www.schs.state.nc.us/SCHS/pdf/SCHS144.pdf>)