

Assessing associations between race, discrimination, and emergency room use in California Adults

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INTRODUCTION:

Emergency room overutilization use leads to overcrowding, higher medical bills, and poorer quality of care. This disproportionately affects Black patients, contributing to racial health disparities. Associations between race, healthcare discrimination, and emergency room use were sought to better understand this issue.

METHODS:

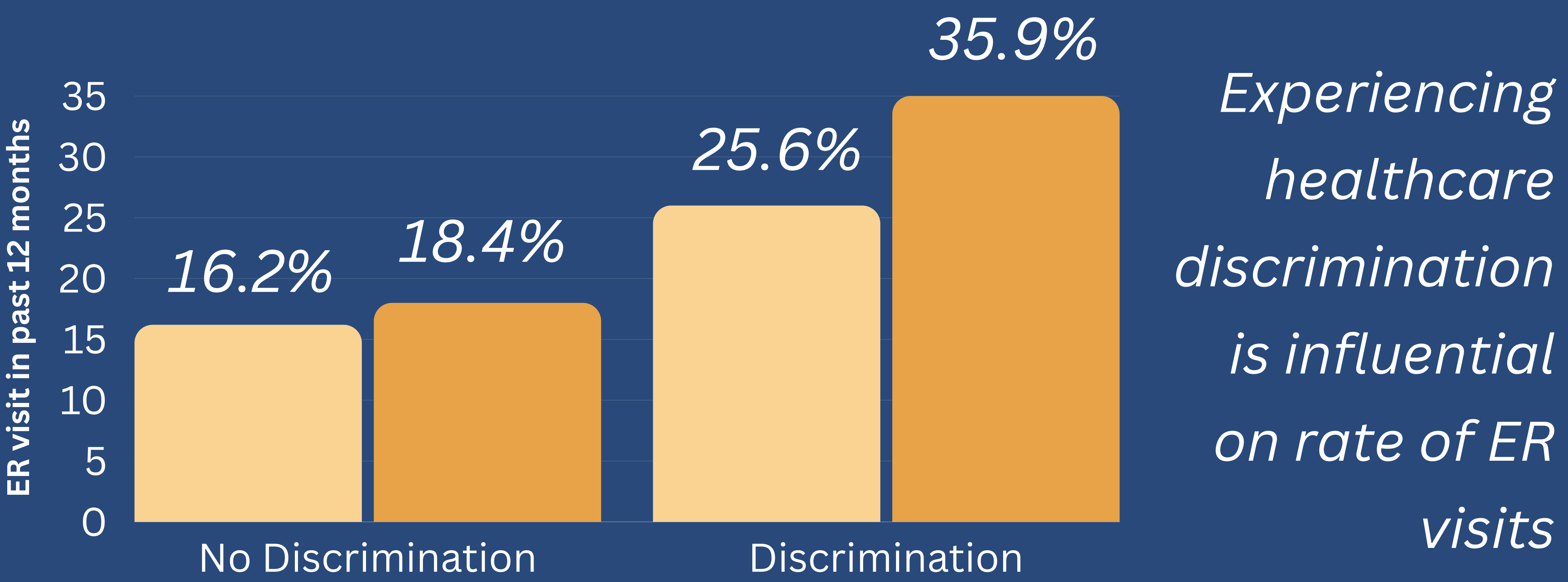
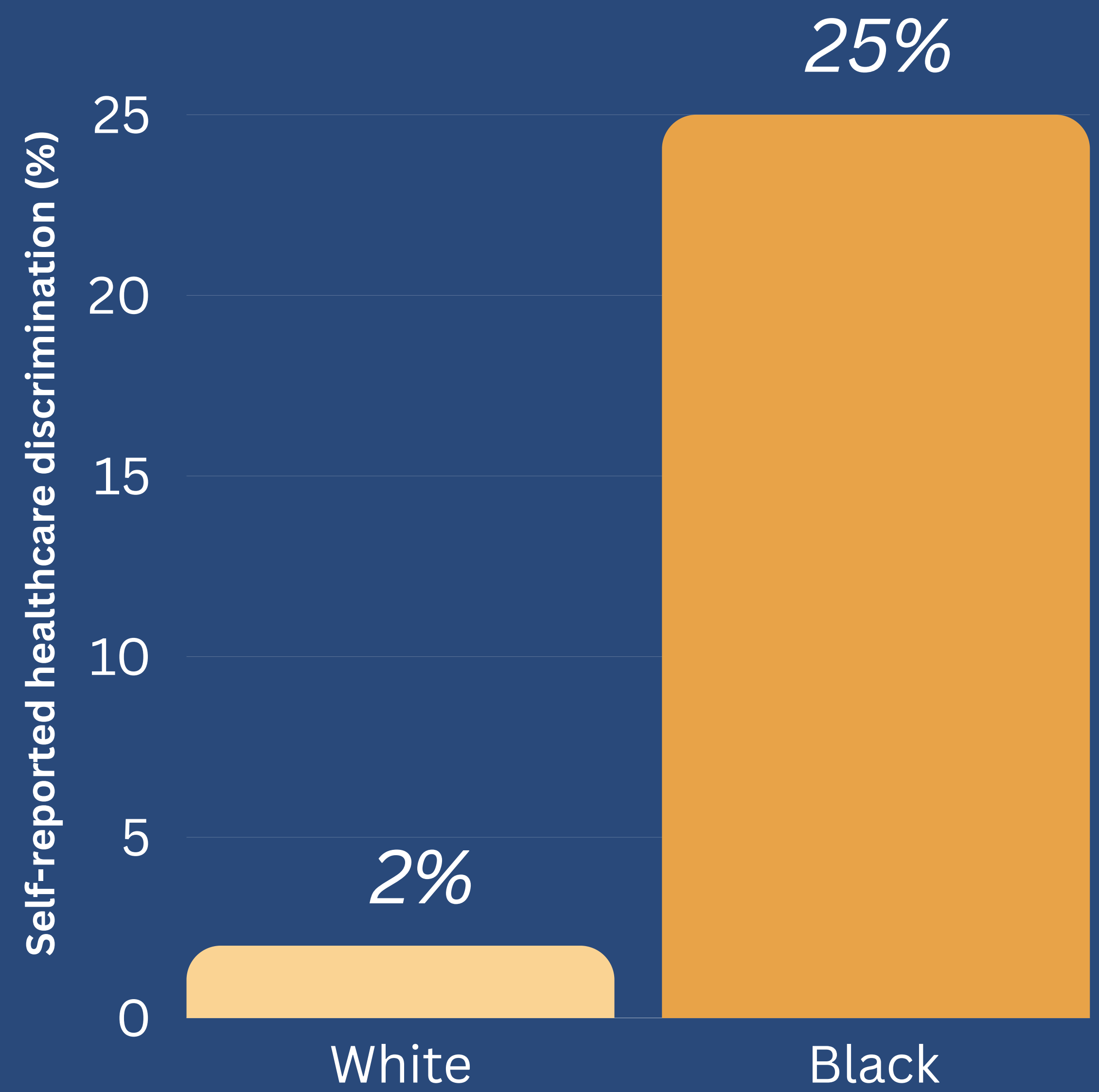
- Self-reported data from N=45,916 California adults surveyed in the 2021-2022 California Health Interview Survey (CHIS) Public Use File
- All statistical analyses were performed with STATA 18 software, using unadjusted and adjusted logistic regression models with sample weightings
- Reported for Black/African American and non-Hispanic White Californian adults, including adjusted odds ratios (aOR) with 95% confidence intervals (95%CI)
- Adjusted models control for age, gender, education, income, urban/rural, English proficiency, chronic conditions, COVID history and usual source of care

RESULTS:

- 25% (95% CI: 23%-28%) of Black adults, compared to 2% (95% CI: 1.8%-2.2%) of non-Hispanic White adults reported having experienced healthcare discrimination (p<0.001)

Experiencing discrimination in healthcare is associated with 22% increased odds of emergency room use

1 in 4 Black adults self-reported healthcare discrimination, compared to 2 in 100 non-Hispanic White adults in California.



Experiencing healthcare discrimination is influential on rate of ER visits



PARTICIPANT CHARACTERISTICS

	Black	White
Age [SE]	49.7 [0.5]	53.7 [0.1]
% Female	53.70	50.76
% Some college or beyond	67.6	77.2
% Uninsured	31.9	20.4
% Below 200% poverty level	34.2	16.7
% With usual source of care besides ER	80.8	87.8

RESULTS (CONT.):

- 23% of Black adults, compared to 16% of non-Hispanic White adults, visited the ER for their own healthcare in the prior 12 months (aOR [p5% CI] = 1.27 [1.10-1.46], p=0.001)
- For all Californians, regardless of race, exposure to healthcare discrimination was associated with 22% greater odds of using the ER (aOR [95% CI] = 1.22 [1.06-1.40], p=0.006)
- Among Californians who have not experienced health care discrimination., similar proportions [95% CI] of Black and non-Hispanic White Californian used the ER (18.4% [15.6%-21.5%] vs. 16.2% [15.6%-20.0%], respectively; p>0.05)
- Among Californians who did experience healthcare discrimination, significantly more Black vs. non-Hispanic White Californians used the ER (34.9% [29.3%-41.1%] vs. 25.6% [18.9%-33.7%], respectively; p<0.05)

DISCUSSION:

- Discrimination is influential on ER use. Higher rates of discrimination among Black population may contribute to ER overuse.
- Although it is not clear where the discrimination took place, this can be investigated in future studies.