

1st International **CONFERENCE**
ON **MIGRATIONS**

Migration research at a crossroads

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Discrimination in Healthcare as a Barrier to Care

Experiences of socially disadvantaged populations in France

Presented by Mathieu Ichou (INED)

Co-authored with Joshua Rivenbark (Duke University)

Organized by
the French Collaborative Institute on Migration

Background: Discrimination and Health

- Link between experiences of discrimination and worse health (Lewis et al, 2015; Williams & Mohammed, 2009)
 - Direct – Physiological stress responses from discrimination
 - “direct encounters with discriminatory events contribute to negative health outcomes” (Harrell, et al 2003, p. 243)
 - Indirect – Behavioral changes
 - ↙ ↘ Perceived discrimination associated with health-related behaviors such as diet, exercise, sleep, substance use (Meta-analysis: Pascoe & Richman, 2009)
- Much less is known on association between **discrimination** and **utilization of healthcare**

Discrimination and Healthcare Engagement

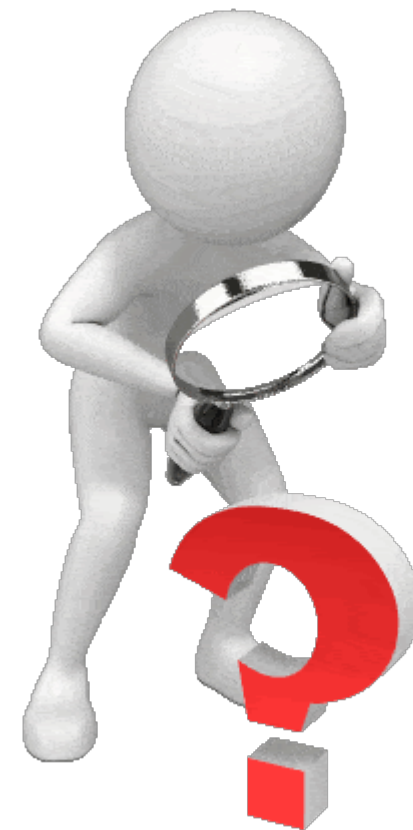


Mechanism: Healthcare may be perceived as setting of increased risk of discrimination and thus be avoided

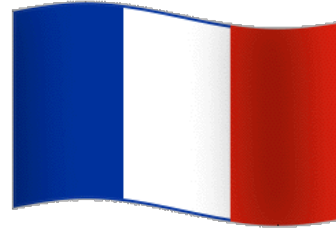
- **Parallel line of research:** HIV-related stigma associated with lower retention in care among patients with HIV (Geng et al, 2009; Valenzuela et al, 2015)
- **One previous study:** Swedish mail survey (Wamala et al, 2007)
 - Higher rates of discrimination in healthcare for women vs men
 - Reported discrimination over 3 months → higher odds of foregone care over same period
 - Focus on gender comparisons

Research questions

1. What is the prevalence of
 - reported discrimination within the healthcare setting,
 - foregoing medical care,across a range of social groups in France (gender, immigrant generation, race/ethnicity, religion) ?
2. To what extent disparities in foregone care can be explained by discrimination in healthcare ?



French context



- Large immigrant population (Beauchemin, Hamel, & Simon, 2018), ethnically and religiously diverse
- French republican model of integration (Favell, 2016)
 - Race/ethnicity statistics not used for official purposes
 - Data on ethnic minority groups limited...
 - ...But discrimination is not (Quillian et al., 2019)
- High quality of healthcare and universal insurance coverage (Durand-Zaleski, 2015; WHO, 2000)

Trajectories and Origins (TeO) survey

- Conducted by INED and INSEE from 2008 – 2009 (Beauchemin, Hamel, & Simon, 2018)
- Nationally representative survey of French adults aged 18 to 59
 - $N = 21,761$
 - Oversamples of immigrants and children of immigrants (>8,000 in each group)
- 1-hour face-to-face questionnaire, including a (small) health module

Measures

- **Discrimination in healthcare**

- “Has a doctor or other medical care worker ever treated you less well or received you less well than other patients?”
- 3.9% “yes” overall (weighted)

- **Foregone healthcare**

- “During the past 12 months, have you foregone health care for yourself?”
- 10.9% “yes” overall (weighted)

- **Demographic groups of interest**

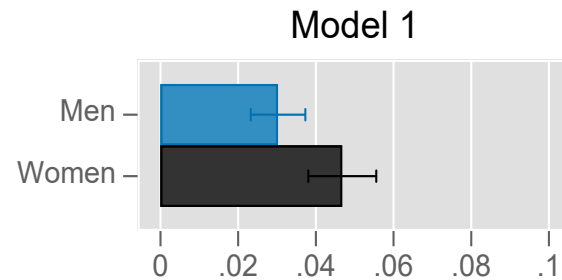
- Gender, immigrant generation, country of origin, religion

- **Covariates**

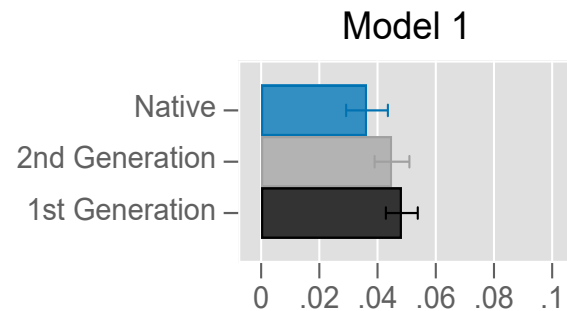
- Age, SES (income, educational attainment, and employment status), health status (self-rated health, history of chronic illnesses, and number of healthcare visits in the last year)

Predicted probabilities of reporting discrimination in healthcare

Gender



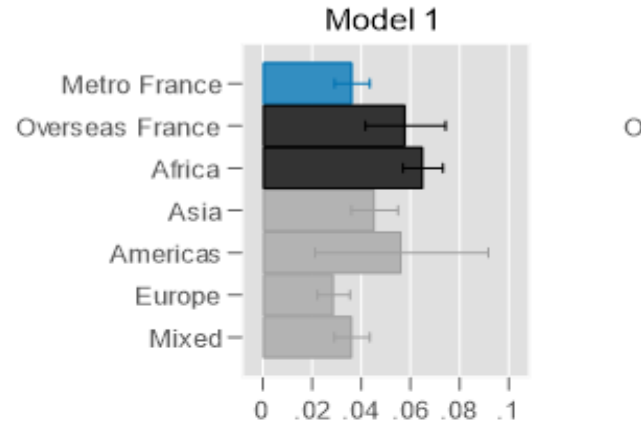
Migrant Generation



Covariates - Model 1: age; Model 2: age + SES; Model 3: age + SES + health status

Predicted probabilities of reporting discrimination in healthcare

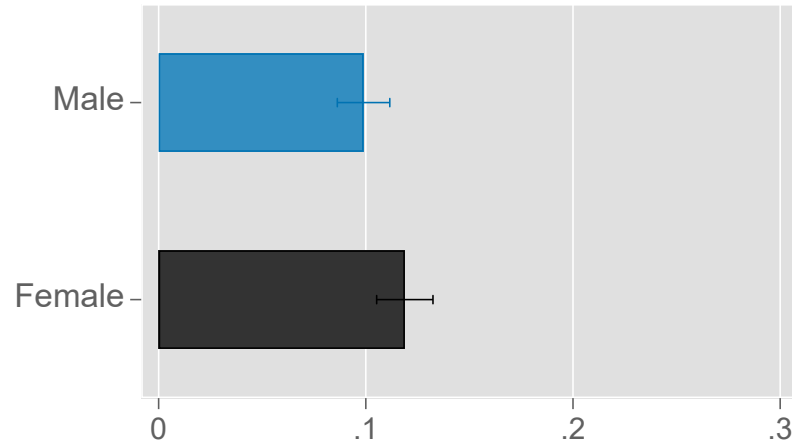
Origin



Religion

Covariates - Model 1: age; Model 2: age + SES; Model 3: age + SES + health status

Probabilities of foregoing healthcare: gaps to be explained



Average marginal effects (AMEs) on Foregoing healthcare

Discrimination in healthcare

- AME = 0.22, $p < .001$ in limited model
- AME = 0.14, $p < .001$ in fully adjusted model

Demographics (fully adjusted models)

- Origin in Overseas France: AME = .027, $p = .047$
- Mixed origin: AME = .050, $p = .024$
- 2nd generation immigrant: AME = .035, $p = .002$

Discrimination and disparities in foregone care

Variable	Proportion of disparity	
	explained	p
Men	<i>(ref)</i>	<i>(ref)</i>
Women	0.18*	0.012

Conclusions

- Rates of both discrimination in healthcare and foregoing healthcare are highest among women, people with origins in Africa, and Muslims
- Discrimination in healthcare could partially explain disparities in foregone healthcare
- Some barriers to healthcare may lie in the experience of healthcare itself

Learn more



Rivenbark, J. G., & Ichou, M. (2020).
Discrimination in healthcare as a barrier to care:
experiences of socially disadvantaged populations in
France from a nationally representative survey.
BMC Public Health, 20(31), 1-10.

<https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-019-8124-z>



COMING SOON

Thank you!

mathieu.ichou@ined.fr

Variable	Sample <i>n</i>	Weighted %	Healthcare Discrimination (weighted %)	Foregone Healthcare (weighted %)
Men	10,281	49.2%	3.0%	9.9%
Women	11,480	50.8%	4.7%	11.9%
Native	3,781	77.7%	3.6%	10.4%
2nd Generation	8,812	11.1%	4.6%	14.2%
1st Generation	9,168	11.2%	4.8%	11.1%
Metro France	3,781	77.7%	3.6%	10.4%
Overseas France	1,345	1.5%	5.9%	15.2%
North Africa	3,706	5.4%	6.4%	14.2%
Sub-Saharan Africa	2,224	1.8%	7.1%	12.4%
Turkey	1,242	0.8%	6.8%	10.6%
Southeast Asia	1,101	0.5%	4.2%	7.7%
Other Asia	558	1.0%	3.0%	8.5%
Americas	282	0.4%	5.7%	8.9%
Southern Europe	2,483	3.4%	2.6%	12.4%
Other Europe	1,129	1.6%	3.4%	10.3%
Mixed (1 from FR)	3,521	5.5%	3.5%	12.9%
Mixed (no FR)	389	0.4%	4.7%	18.9%
Christian	8,405	49.1%	2.9%	9.9%
No religion	6,291	41.2%	4.5%	11.5%
Muslim	5,706	7.0%	6.7%	13.5%
Jewish	167	0.5%	2.4%	9.1%
Buddhist	579	0.6%	9.3%	6.2%
Hindu/Sikh	68	0.1%	3.8%	13.2%
Other Religion	203	0.6%	6.2%	22.0%
Refuse/Unsure	318	1.1%	2.6%	13.1%
Total	21,761	100.0%	3.9%	10.9%