Racial Discrimination and African Americans’ Utilization of Complementary and Alternative Medicine

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Introduction
Despite the passage of federal civil rights legislation, African Americans continue to experience numerous forms of racial discrimination in health care settings.¹

Due to perceived racial discrimination, many African-Americans state that they are dissatisfied with conventional medical care² and less apt to trust their health care providers.³ African Americans who are not satisfied with the quality of their medical care may forgo or delay seeking needed medical care⁴, which could result in poor health outcomes.⁵ Racial discrimination has been linked to stress, anxiety, depression, high blood pressure, and insomnia⁶.

Alternatively, instead of forgoing needed medical care, African Americans may choose to seek care from providers who practice complementary and alternative medicine (CAM). CAM is defined as “a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine,” such as acupuncture, hypnosis, mediation, yoga, and tai chi.⁷

This brief provides an overview of our research on perceived racial discrimination and the use of complementary and alternative medicine among African Americans living in the United States.

- As the perceived severity of racial discrimination increases, the number of different complementary and alternative medical treatments African Americans utilize increases.⁸

Study Design
Our analysis tested whether or not perceived racial discrimination increased African Americans’ utilization of complementary and alternative medicine. Using data from the National Survey of Midlife Development of African American adults aged 25 and older in 1995 to 1996, we used logistic regression analysis to estimate the effect that perceived racial discrimination had on the use of complementary and alternative medicine among African Americans. Additionally, we used negative binomial regression analysis to examine the effect that perceived racial discrimination had on the number of different complementary and alternative medical treatments African Americans utilized. The analysis controlled for sociodemographic characteristics (such as age, sex, income, educational attainment, marital status, and
degree of spirituality) and health status (such as the presence of chronic or life-threatening conditions). Statistical models were used to isolate the independent effect racial discrimination had on African American individuals’ utilization of complementary and alternative medicine, holding constant other factors believed to influence their use.\(^{11}\)

Individuals who experienced both medical and non-medical racial discrimination had 0.57 predicted probability of using CAM compared to the probability of 0.14 for those who experienced neither form of racial discrimination.

**Key Findings**

Our research suggests that racial discrimination increased African Americans’ utilization of complementary and alternative medicine.

Nationwide, 31.84% of African American respondents reported using complementary and alternative medicine.\(^{12}\)

Major lifetime discrimination increased African Americans’ utilization of complementary and alternative medicine.\(^{13}\)

Discrimination in healthcare settings significantly predicted CAM use, yet discrimination in other settings was also influential.

**Conclusions and Policy Implications**

While perceived racial discrimination decreases African Americans’ utilization of conventional medical care,\(^{9}\) it increases their use of complementary and alternative medicine.\(^{10}\) However, additional research is needed to determine the net impact of complementary and alternative medicine on African Americans’ mental and physical health status.

To combat racial discrimination, healthcare systems, such as hospitals, and medical providers should implement policies and practices that promote racial, ethnic, and cultural tolerance and appreciation. Additionally, they should establish a neutral, third-party arbitration system that is responsible for investigating patients’ grievances and imposing sanctions on health care providers who discriminate against patients on the basis of race, ethnicity, gender, sexual orientation, age, or religious preferences. An impartial adjudication process could increase the fairness and legitimacy of the conventional healthcare system.

This research brief is based on the following article:


**Endnotes:**


\(^{9}\) Lee et al. (2009).

\(^{10}\) Shippee et al. (2012).

\(^{11}\) Shippee et al. (2012).

\(^{12}\) Shippee et al. (2012).

\(^{13}\) Shippee et al. (2012).