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Discrimination and health among Asian American immigrants: Disentangling racial from language discrimination

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ABSTRACT

We examined whether self-reported discrimination based on race and language was associated with the number of chronic health conditions among Asian American immigrants. We also examined whether these relationships were moderated by years in the United States. Data are from adults participating in an Asian American supplement to the 2001 Health Care Quality Survey. Language and racial discrimination in seeking health care were independently associated with increased number of chronic health conditions after controlling for age, sex, education, family income, health insurance, primary language, nativity, and ethnicity. Language discrimination was significantly associated with health conditions even with the presence of racial discrimination in the statistical model. Racial discrimination did not show a significant association in the full analytic model. The relationship between language discrimination and chronic conditions was stronger for Asian immigrants living in the USA 10 years or more compared to more recently arrived immigrants. Language discrimination may be an understudied type of discrimination associated with chronic illness among Asian Americans.

Racism is pervasive in many countries across the world and may be a significant risk factor for illness among ethnic and racial minorities (World Health Organization, 2001). A growing body of scientific literature provides the empirical foundation for such observations (Krieger, 1999; Paradies, 2006; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000). Scholars have noted that discrimination occurs along many dimensions that are not exclusive to race. For example, discrimination based on language and accent occurs in the workplace, at school, and on the street (Lippi-Green, 1997). While relatively little work has focused on language or accent discrimination, some recent studies find that language discrimination may be more closely associated with outcomes for immigrants than racial discrimination (Spencer & Chen, 2004). Accordingly, the present study examined the association between language and racial discrimination in health care settings with health conditions among Asian American immigrants. Given that greater potential exposure to discrimination may confer greater risk of illness, we also examine the interaction between years in the U.S. and reports of discrimination.

Racism and health

Racism refers to the beliefs, attitudes, and practices that harm individuals or groups of people simply because of their race (Jones, 1997). According to the biopsychosocial model of health disparities (Myers, Lewis, & Parker-Dominguez, 2003), encounters with discrimination can be extremely stressful, lead to allostatic load (the "wear and tear" on organ systems resulting from stress), and contribute to illness. In a recent review of 138 studies, Paradies (2006) reported that 72% of the studies found a significant relationship between self-reported racism and mental health outcomes. Although examined in fewer studies, 62% of the studies found a significant relationship between self-reported racism and physical health outcomes, including increased risk of hypertension, diabetes, and obesity. Among Asian Americans, perceived racial discrimination has been linked with increased risk of mental disorders and depressive symptoms (Gee, Spencer, Chen, Yip, & Takeuchi, 2007b), higher negative affect (Yoo & Lee, 2008), and lowered sense of coherence (Ying, Lee, & Tsai, 2000), self-esteem (Barry & Grillo, 2003; Lee, 2003), satisfaction with life (Yoo & Lee, 2005), and sense of community and social connectedness (Lee, 2003). Also, consistent with research that finds that stressors have non-specific effects on the body, Gee, Spencer, Chen, Yip, and Takeuchi (2007a) found Asian Americans' perceptions of discrimination are also associated with increased risk of encountering

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a variety of chronic conditions (e.g. heart disease, pain, respiratory illness). These patterns of relationships extended to Asian community samples in Canada (Beiser & Hou, 2006; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Noh, Kaspar, & Wickrama, 2007), United Kingdom (Karlsen & Nazroo, 2002a, 2002b; Kelaher et al., 2008), Finland (Liebkind & Jasinskaja-Lahti, 2000), and Australia (Mak & Nesdale, 2001).

Previous research on discrimination has primarily focused on unfair or biased treatment based on race. While focusing on race is important, other facets of discrimination may be equally critical. An emerging set of findings suggest that the manifestation and meaning of discrimination may vary by group. Among Asian Americans, numerous studies suggest that discrimination often takes the form of being seen as a perpetual foreigner (Devos & Banaji, 2005; Rosenbloom & Way, 2004; Sue, Bucceri, Lin, Nadal, & Torino, 2007). For example, errant headlines such as "American Beats Out [US Olympic figure skater Michele] Kwan" remind Asians that they might be "forever foreign." In a series of experimental studies, Devos and Banaji (2005) found White Americans perceived Asian Americans as less "American" than White Americans or even (non-American) White Europeans. This phenomenon is summarized in the words of a corporate executive to U.S. Congressional Representative Norman Mineta, "My you speak English well. How long have you been in this country?" (Zia, 2000, p. 24).

Language is often a contested ground evidenced by the enactment of "English only" policies in some workplaces and conflicts over use of Asian and other languages in storefront and other signage (Lippi-Green, 1997; Ong & Azores, 1994). Indeed, Sue et al. (2007) found that "pathologizing of communication styles" was one of the major forms of discrimination experienced by Asian Americans. Discrimination based on language and the theme of being forever foreign is rooted in the history of anti-Asian racism. This history includes immigration restrictions (e.g. the 1924 Immigration Act) based on fears of an unassimilable and unintelligible "yellow peril" taking over America (Chan, 1991).

Although race and language are intertwined, language discrimination is conceptually distinct from racial discrimination. Racial groups are falsely presumed to possess traits that are biologically or culturally innate (Omi & Winant, 1992). By corollary, this essentialist perspective presumes that one's race does not change. In contrast, language is a skill that can be learned over time. The common theme, of course, is that certain races and certain languages hold prestige and power (e.g. the "Queen's English") over other races and other languages (e.g. "pidgin English"). From this perspective, racial and language discrimination can be viewed as examples of unfair treatment based on immutable vs. mutable social categories. It may be the case that racial discrimination is more important than language discrimination because one cannot change their race, but can improve their language skills. Alternatively, language may be a more salient characteristic because it may invoke racial stereotypes and biases that lead to unfair treatment.

Despite the theoretical importance of language discrimination, many of the leading scales of self-reported discrimination (e.g. Racism and Life Experiences Scales-Revised, Experiences of discrimination, The Schedule of Racist Events, and The Perceived Racism Scale) exclude this dimension (Harrell, 1997; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005; Landrine & Klonoff, 1996; McNeilly et al., 1996). One new scale does include several items on language discrimination, but it does not provide a language discrimination subscale (Liang, Li, & Kim, 2004). In one of the few studies to explicitly consider language discrimination, Spencer and Chen (2004) found that Chinese Americans perceiving language discrimination were more likely to use informal mental health services than those perceiving racial discrimination or no discrimination. Many prior studies of discrimination among Asian Americans have focused solely on race, but have acknowledged the missing dimension of language (e.g. Chae, Takeuchi, Barbeau, Bennett, Lindsey, et al., 2008; Gee et al., 2007a, 2007b; Mossakowski, 2003). Accordingly, a goal of the present study is to examine whether language discrimination is associated with illness, independent of racial discrimination.

In addition to missing language discrimination, most studies also focus on global experiences, but do not specify specific settings where discrimination may occur (e.g., housing). Yet, the focus on a specific setting may be important for the design of interventions. One emergent setting is in health care. Studies on African Americans, in particular, have identified that discrimination in care may contribute to disparities (LaVeist, Rolley, & Diala, 2003; Smedley, Stith, & Nelson, 2003). Although studies often find that Asian Americans report higher dissatisfaction with health care than other ethnic groups (Haviland, Morales, Reise, & Hays, 2003; Meredith & Siu, 1995; Murray-Garcia, Selby, Schmittdiel, Grumbach, & Quesenberry, 2000; Ngo-Metzger, Legedza, & Phillips, 2004), few studies have explicitly examined health care discrimination among this population.

Time in the U.S. differences

A key feature of the biopsychosocial model of health (Myers et al., 2003) is the link between stressors and health is often moderated by other characteristics. Immigration status is an especially salient among Asian Americans, many of whom are immigrants. Asian immigrants in the U.S. are generally healthier than non-immigrants, and increasing time in the U.S. is often associated with increase in health problems (Takeuchi, Chun, Gong, & Shen, 2002). In addition, Asian Americans who have lived in the U.S. longer tend to experience more racial discrimination (Goto, Gee, & Takeuchi, 2002). The biopsychosocial model stresses that individuals experiencing recurring instances of chronic racial discrimination are more likely to heighten their intergroup vigilance and increase their risk of physical health problems (Myers et al., 2003). The negative effects of perceived racism on health of Asian Americans may be related to individual's time in the U.S. and exposure to racism. In other words, the negative association between perceived racism and health may be stronger for Asian American immigrants who have resided in the U.S. longer. This moderation effect on mental health status was recently found in a community sample of Black and Latino immigrant population (Gee, Ryan, Laflamme, & Holt, 2006). Another study found an interaction between discrimination and years for body mass index (BMI) among Asian Americans (Gee, Ro, Gavin, & Takeuchi, 2008). Specifically, the strength of association between racial discrimination and BMI increased with more years in the U.S.

Present study

Our study examines whether discrimination in health care based on race (racial discrimination) and based on language (language discrimination) are associated with the physical health of Asian American immigrants. We also examine whether these relationships are moderated by their number of years in the U.S. We examine a variety of health conditions as research suggests that stressors can impact the immune, cardiovascular, and other somatic systems (Gee et al., 2007a; Myers et al., 2003). We hypothesize that Asian American immigrants reporting racial discrimination will have increased numbers of chronic health conditions. We hypothesize a similar relationship with language discrimination. Moreover, if time in the U.S. reflects longer period of exposure to discrimination for Asian American immigrants, we hypothesize the relationship between racial discrimination and physical health will be stronger for immigrants who have lived in the U.S. longer compared to more recent immigrants. We hypothesize a similar moderation effect with language discrimination.