# **Performance of the Everyday Discrimination Scale** A Three Group Comparison

## BACKGROUND

Although discrimination impacts health, accurate measures of perceived discrimination are needed to understand exactly how discrimination "gets under the skin<sup>"(1,2)</sup>. Individuals experiencing multiple marginalizations cannot always attribute their experiences of discrimination to a single cause, such as racism or homophobia<sup>(3,4)</sup>. Single cause discrimination scales might inaccurately measure their experiences of discrimination(1,4,5). The Everyday Discrimination Scale (EDS) may be an appropriate measure because it allows discrimination to be reported with global attributions(1,6,7). This can free respondents from distinguishing inseparable causes of discrimination. At the same time, because discrimination experiences can vary across configurations of marginalization, EDS must be sensitive to different experiences of discrimination. To understand EDS's scale performance, factor analyses were compared for three different marginalized groups.

### METHODS

- Secondary analysis using Midlife Development in the United States II survey (2004-2006) data<sup>(8)</sup>
- Comparison of EDS between people of color (N=230), sexual minorities (N=105), and substance-misusing individuals (N=46)
- Nine item EDS with four point likert (often, sometimes, rarely, never) used
- Exploratory factor analyses with principle axis extraction and promax rotations in SAS 9.3. Factors retained by proportion criteria ( $\geq$ 5%)

#### People of Color

Ite Treated with less Treated with less Receive poorer se Ppl think you're Ppl act afraid of Ppl think you're Ppl think you're Called names or Threatened or ha

#### **Sexual Minorit**

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Treated with less Treated with less Receive poorer s Ppl think you're Ppl act afraid of Ppl think you're Ppl think you're Called names or Threatened or ha

### Substance-mis

### Ite Treated with less Treated with less Receive poorer s Ppl think you're Ppl act afraid of Ppl think you're Ppl think you're Called names or Threatened or ha

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### RESULTS

r	<b>Rotated Factor Pattern</b>		
em	Factor 1	Factor 2	Factor 3
s courtesy	2	85	8
s respect	5	85	8
service	44	49	-7
not smart	72	16	-1
you	67	-5	9
dishonest	75	6	6
not as good	53	23	16
r insulted	4	5	79
narassed	5	5	79

### **People of color factors:**

- Factor 1- Negative opinions
- Factor 2- Impolite treatment
- Factor 3- Verbal aggression
- Negative opinions included assumptions of fundamental character flaws (i.e., others being afraid of you and thinking you're not as good) • Appears consistent with racial
- stereotypes

ties	Rotated Factor Pattern		
em	Factor 1	Factor 2	Factor 3
ss courtesy	94	2	1
ss respect	86	7	7
service	6	64	13
not smart	15	69	-7
<sup>-</sup> you	21	39	11
dishonest	-8	57	30
not as good	29	28	39
r insulted	4	-1	83
narassed	4	8	80
	-		

_		_
Sexual	minorities'	fact

- Factor 1- Impolite treatment
- Factor 2- Negative opinions
- Factor 3- Verbal aggression
- Negative opinions indicated a general dismissiveness towards sexual minorities as unintelligent and dishonest Did not include fear of sexual
- minorities

### **Substance-misusers' factors:**

- Factor 1- Micromistreatment
- Factor 2- Stigma aggression
- Factor 3- Social distancing
- Stigma mistreatment may reflect discrimination resulting from status loss<sup>(9)</sup>
- The stigma process of separation may describe social distancing<sup>(9)</sup>

susing people	<b>Rotated Factor Pattern</b>		
em	Factor 1	Factor 2	Factor 3
s courtesy	85	10	9
s respect	88	-3	15
service	27	-12	71
not smart	-7	19	75
<sup>-</sup> you	19	31	48
dishonest	-1	60	24
not as good	5	51	40
r insulted	55	43	-12
narassed	13	74	-4

## CONCLUSIONS

### tors:

- Similar but slightly different factor patterns were found between groups
- Differences in factor patterns seem to reflect conceptual differences in how the groups experience discrimination
- EDS may be appropriate to use when multiple systems of marginalization shape experiences of discrimination
- Researchers may wish to use estimated factor scores (rather than summing) to score EDS

### REFERENCES

1. Thrasher AD, Clay OJ, Ford CL, et al. Theory-Guided Selection of Discrimination Measures for Racial/ Ethnic Health Disparities Research Among Older Adults. J. Aging Health. 2012;24(6):1018–1043. 2. Green TL, Darity WA. Under the Skin: Using Theories From Biology and the Social Sciences to Explore the Mechanisms Behind the Black-White Health Gap. Am. J. Public Health. 2010;100(S1):S36–S40. 3. Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. Stanford Law Rev. 1991;1241-1299.

4. Bowleg L. The Problem With the Phrase *Women and Minorities:* Intersectionality—an Important Theoretical Framework for Public Health. Am. J. Public Health. 2012;102(7):1267-1273.

5. Bauer GR. Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. Soc. Sci. Med. 2014;110:10-17.

6. Ronald Kessler, Kristin Mickelson, David Williams. The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. J. Health Soc. Behav. 1999;40(3):208-230. 7. Williams DR, Yan Yu, Jackson JS, et al. Racial Differences in Physical

and Mental Health: Socio-economic Status, Stress and Discrimination. J. *Health Psychol.* 1997;2(3):335–351.

8. Ryff C, Almeida DM, Ayanian JS, et al. National Survey of Midlife Development in the United States (MIDUS II), 2004-2006: Version 6. 2007

9. Link BG, Phelan JC. Conceptualizing stigma. Annu. Rev. Sociol. 2001;363-385.

## **CONTACT + THANKS**

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