

Unfair Treatment or Judgment Due to Race and Ethnicity Is as Likely to Come from Health Care Providers as Front Office Staff

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Patient reports of unfair treatment and discrimination due to race or ethnicity in health care are well documented, and providers are often the source of these negative experiences.¹ However, front office staff are typically patients' first point of contact and could be contributing to patients' perceptions of unfair treatment as much as health care providers.² Potential disruptions to care following unfair treatment due to race or ethnicity, regardless of its source, could have lasting, adverse impacts on health and risk exacerbating health inequities.³ Drawing on the Urban Institute's April 2021 Health Reform Monitoring Survey, a nationally representative survey of adults ages 18 to 64, we assess who patients report treated them unfairly because of their race or ethnicity at a doctor's office, clinic, or hospital (whether a health care provider, front office staff member, or someone else) and disruptions to health care receipt stemming from these experiences.

Findings

Almost 1 in 20 (5.7 percent) adults ages 18 to 64 reported ever experiencing unfair treatment or judgment because of their racial or ethnic background at a doctor's office, clinic, or hospital as of April 2021. Non-Hispanic/Latinx Black respondents and Hispanic/Latinx respondents were more than five and three times more likely than non-Hispanic/Latinx white respondents to report this (data not shown). More than half (57.1 percent) of adults reporting these experiences said the person who treated or judged them unfairly most recently was a front office staff member (figure 1); the share who said a doctor, nurse, or other provider treated or judged them unfairly was similar (55.1 percent). About 10.1 percent reported someone else, such as another patient, treated or judged them unfairly.

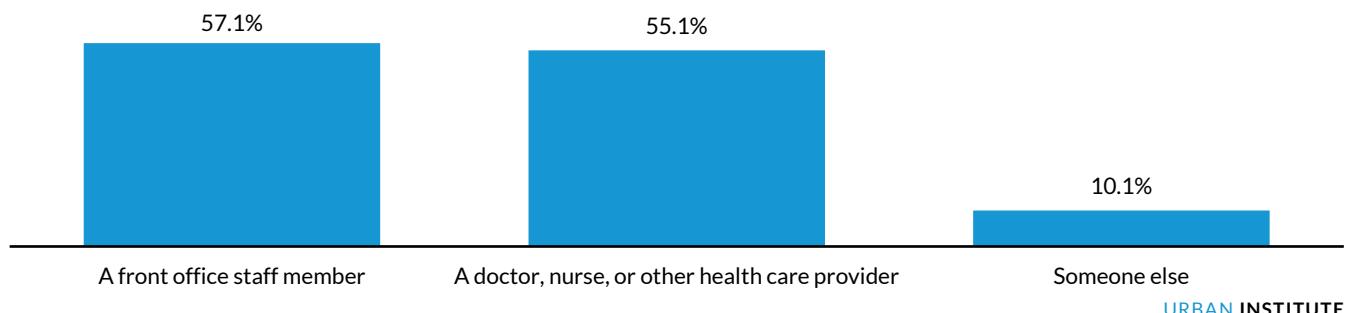
Slightly more than 6 in 10 (62.9 percent) adults reporting they were ever treated or judged unfairly because of their race or ethnicity at a doctor's office, clinic, or hospital experienced a disruption to their health care receipt the most recent time they were treated unfairly (figure 2). More than half (52.3 percent; data not shown) of these adults reported disruptions that could have severe adverse effects on health, such as delaying or not getting needed care or not following a provider's recommendation.⁴ Overall, 45.5 percent looked for a new health care provider, 39.0 percent delayed needed care, 36.7 percent did not get needed care, and 24.6 percent did not follow a provider's recommendations.

Conclusion

Patients report experiencing unfair treatment due to their race or ethnicity from health care providers and front office staff at about equal rates. Thus, efforts to reduce these negative experiences will need to target both sources. Policymakers interested in reducing unfair treatment in health care settings could monitor outcomes and experiences for each racial and ethnic group by collecting and publishing patient-reported data on their experiences with providers and front office staff.⁵ Implementing strategies that reduce unfair treatment related to race and ethnicity could help avoid unnecessary disruptions to care and reduce racial and ethnic inequities in health and health care.

FIGURE 1

Person Who Adults Ages 18 to 64 Report Treated or Judged Them Unfairly Because of Their Race or Ethnicity at a Doctor's Office, Clinic, or Hospital, among Adults Who Ever Had These Experiences, April 2021

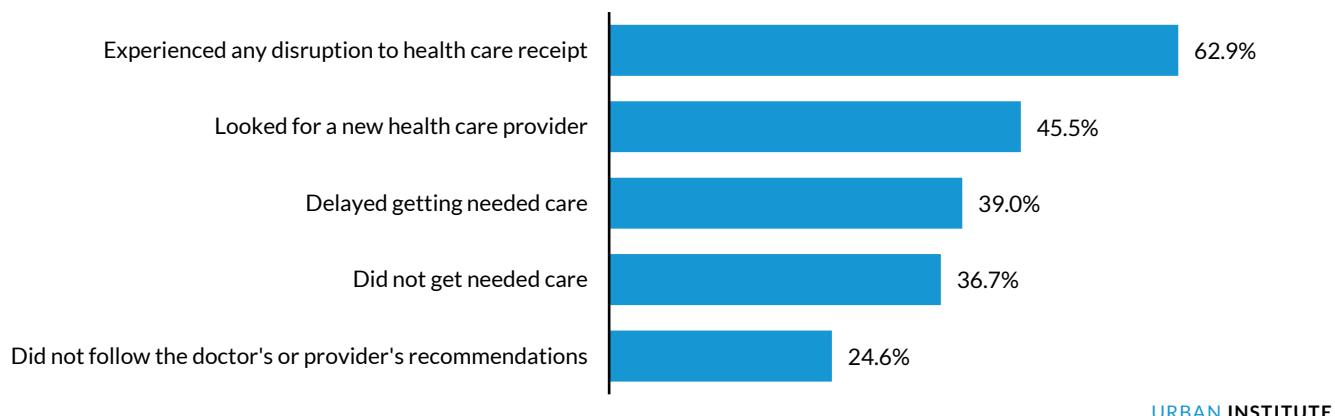


Source: Health Reform Monitoring Survey, April 2021.

Note: Respondents could identify more than one person as treating or judging them unfairly the last time they had such experiences at a doctor's office, clinic, or hospital.

FIGURE 2

Share of Adults Ages 18 to 64 Who Faced Select Disruptions to Care Resulting from Experiences of Unfair Treatment or Judgment Due to Their Race or Ethnicity at a Doctor's Office, Clinic, or Hospital, April 2021



Source: Health Reform Monitoring Survey, April 2021.

Note: Respondents could select more than one type of disruption resulting from the last time they were treated or judged unfairly at a doctor's office, clinic, or hospital.

¹ Vickie L. Shavers, Pebbles Fagan, Dionne Jones, William M. P. Klein, Josephine Boyington, Carmen Moten, and Edward Rorie, "The State of Research on Racial/Ethnic Discrimination in the Receipt of Health Care," *American Journal of Public Health* 102, no. 5 (2012): 953–66, <https://doi.org/10.2105/AJPH.2012.300773>.

² Gabriel S. Tajeu, Andrea L. Cherrington, Lynn Andreea, Candice Prince, Cheryl L. Holt, and Jewell H. Halanych, "We'll Get to You When We Get to You": Exploring Potential Contributions of Health Care Staff Behaviors to Patient Perceptions of Discrimination and Satisfaction," *American Journal of Public Health* 105, no. 10 (2015): 2076–82, <https://doi.org/10.2105%2FAJPH.2015.302721>.

³ Leslie R. M. Hausmann, Kwonho Jeong, James E. Bost, and Said A. Ibrahim, "Perceived Discrimination in Health Care and Health Status in a Racially Diverse Sample," *Medical Care* 46, no. 9 (2008): 905–14, <https://doi.org/10.1097%2FMLR.0b013e3181792562>.

⁴ Survey responses suggest unfair treatment from health care providers disrupts care at higher rates than unfair treatment from front office staff, but more data are needed to confirm that pattern (data not shown).

⁵ Rick Evans, Shari Berman, Esther Burlingame, and Stephanie Fishkin, "It's Time to Take Patient Experience Measurement and Reporting to a New Level: Next Steps for Modernizing and Democratizing National Patient Surveys," *Health Affairs Blog*, March 16, 2020, <https://www.healthaffairs.org/do/10.1377/forefront.20200309.359946>.