

Most Adults Who Feel Treated or Judged Unfairly by Health Care Providers Report Adverse Consequences

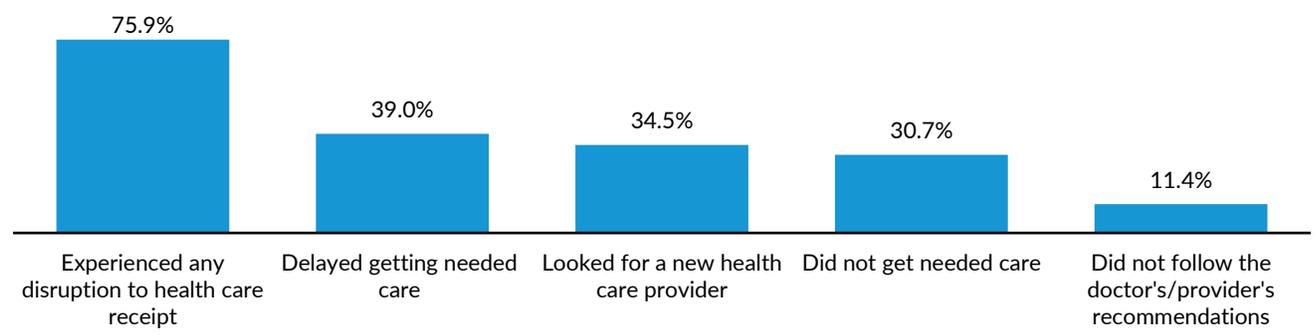
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Black and Hispanic/Latinx adults report experiencing discrimination when seeking health care at higher rates than white adults,¹ which raises the question: How might these reported experiences adversely affect health care? The Urban Institute’s December 2020 Well-Being and Basic Needs Survey asked respondents about the consequences of and actions they took in response to being treated or judged unfairly because of their race or ethnicity at a doctor’s office, clinic, or hospital in the past 12 months. Overall, 3.2 percent of nonelderly adults reported being treated or judged unfairly, including 7.7 percent of Black adults and 5.2 percent of Hispanic/Latinx adults. Among adults with family incomes below 200 percent of the federal poverty level, 11.1 percent of Black adults and 6.4 percent of Hispanic/Latinx adults reported unfair treatment or judgment.² These new data highlight the need for greater attention to policies and practices that can improve health care quality and interactions with health care providers and staff for all patients, particularly for Black patients, 1 in 13 of whom has reported these experiences.

Findings

Among the 3.2 percent of nonelderly adults who reported feeling treated or judged unfairly at a doctor’s office, clinic, or hospital, nearly all (94.5 percent) reported facing disruptions to health care receipt or acting to address the unfair treatment or judgment (data not shown). More than three-quarters of these adults (75.9 percent) reported such treatment or judgment disrupted their receipt of health care (figure 1). This includes 39.0 percent who delayed care, 34.5 percent who looked for a new health care provider, 30.7 percent who didn’t get needed care, and 11.4 percent who did not follow the provider’s recommendations.

FIGURE 1
Consequences of Unfair Treatment or Judgment among Adults Ages 18 to 64 Reporting Unfair Treatment or Judgment Based on Their Race or Ethnicity at a Doctor’s Office, Clinic, or Hospital in the Past 12 Months, December 2020



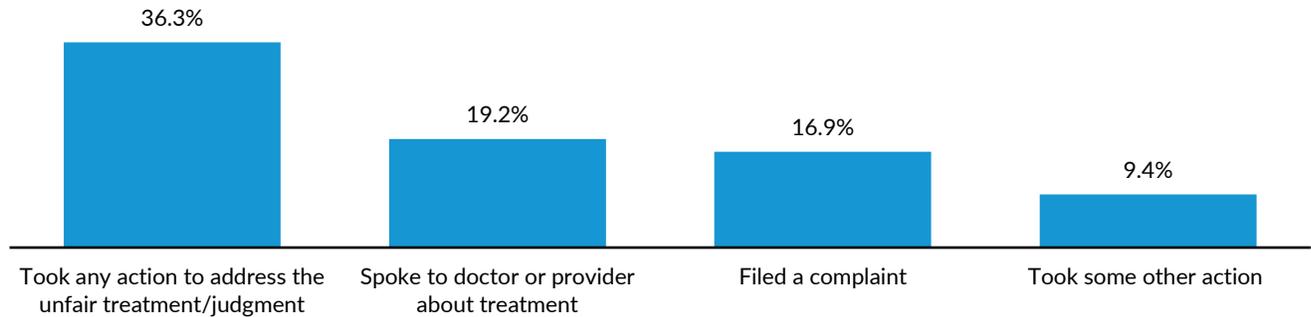
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Source: Urban Institute Well-Being and Basic Needs Survey, December 2020.
Notes: Respondents could select multiple options. The first column includes adults who delayed getting needed care, looked for a new health care provider, did not get needed care, or did not follow the doctor’s or provider’s recommendations. Overall, 17.3 percent of respondents reported that they both delayed and did not get needed care. Because respondents may seek many kinds of care, delaying and not getting needed care may refer to different services (e.g., preventive screens versus prescription drugs).

Figure 2 shows more than one-third (36.3 percent) of those who reported feeling treated or judged unfairly in these health care settings acted to address the treatment or judgment by talking to their provider about how they were treated (19.2 percent), filing a complaint (16.9 percent), or taking some other unspecified action (9.4 percent).

FIGURE 2

Actions Taken to Address Unfair Treatment or Judgment among Adults Ages 18 to 64 Reporting Unfair Treatment or Judgment Based on Their Race or Ethnicity at a Doctor's Office, Clinic, or Hospital in the Past 12 Months, December 2020



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Source: Urban Institute Well-Being and Basic Needs Survey, December 2020.

Notes: Respondents could select multiple options. The first column includes adults who looked for a new health care provider, spoke to doctor or provider about treatment, filed a complaint, or took some other action.

Policy Implications

Our findings show patients who feel treated or judged unfairly because of their race or ethnicity when seeking health care face consequences that can directly harm their health. Beyond the immediate and cumulative emotional toll of these negative experiences, the resulting delayed and forgone care can also lead to poor physical and mental health outcomes.² Changing providers can also cause disruptions in care. Actions like filing a complaint require patients to identify and navigate the appropriate complaint system, and speaking to providers about the treatment received may strain patient-provider relationships that are already shaped by a power imbalance.³

Several strategies can help providers improve their behavior and attitude toward patients to mitigate these negative consequences, including expanding provider education and training about racism and bias, encouraging culturally competent and effective care, and diversifying the health care workforce.⁴ Improving Black adults' and Hispanic/Latinx adults' health care experiences could help narrow gaps in health care quality and outcomes that may be partially driven by negative experiences with the health care system.

¹ Black adults and white adults are not Hispanic/Latinx and only reported one race. For a discussion of these categories and our language choices, see Dulce Gonzalez, Laura Skopec, Marla McDaniel, and Genevieve M. Kenney, "Perceptions of Discrimination and Unfair Judgment While Seeking Health Care" (Washington, DC: Urban Institute, 2021); and Dulce Gonzalez, Genevieve M. Kenney, Marla McDaniel, and Laura Skopec, "Perceptions of Unfair Treatment or Judgment Due to Race or Ethnicity in Five Settings" (Washington, DC: Urban Institute, 2021).

² Institute of Medicine, *Transforming Health Care Scheduling and Access: Getting to Now* (Washington, DC: National Academies Press, 2015).

³ Sarah Heath, "Understanding the Power Hierarchy in Patient-Provider Relationships," Patient Engagement HIT, July 23, 2018.

⁴ Gonzalez, Skopec, McDaniel, and Kenney, "Perceptions of Discrimination and Unfair Judgment While Seeking Health Care;" Gonzalez, Kenney, McDaniel, and Skopec, "Perceptions of Unfair Treatment or Judgment Due to Race or Ethnicity in Five Settings."