Perceptions of Unfair Treatment or Judgment Due to Race or Ethnicity in Five Settings

Dulce Gonzalez, Genevieve M. Kenney, Marla McDaniel, and Laura Skopec
August 2021

People of color often encounter racial and ethnic discrimination in their daily activities, including when seeking health care (Bleich et al. 2019; Gonzalez et al. 2021; Hamel et al. 2020; Mays et al. 2018; Nong et al. 2020; Skopec and Long 2016), buying or renting a home (Kijakazi et al. 2019; McCargo and Choi 2020; Turner et al. 2013), applying for jobs (Kang et al. 2016; Quillian et al. 2017), applying for public assistance (Barnes and Henly 2018; Hahn et al. 2016; McDaniel et al. 2017), and interacting with law enforcement (Alang et al. 2017; Bui, Coates, and Matthay 2018; Edwards, Lee, and Esposito 2019). Individually and cumulatively, these experiences cause biological stress reactions, and continually facing individual and structural racism can have serious detrimental effects on a person’s mental and physical health and exacerbate health inequities (Brondolo et al. 2011; Duru et al. 2012; Geronimus et al. 2006; McEwen 2017; Miller et al. 2021). In addition, these adverse experiences may increase a person’s reluctance to interact with systems and services critical for reducing hardships and improving well-being (Pratt and Hahn 2021; Skopec, Gonzalez, and Kenney 2021).
During the COVID-19 pandemic, Black* and Hispanic/Latinx† adults have disproportionately experienced negative economic and health impacts (Karpman, Zuckerman, and Kenney 2020; Lopez, Hart, and Katz 2021), which were shaped by long-standing racial and ethnic inequities stemming from systemic racism and discrimination (Dubay et al. 2020). Because safety net programs, job opportunities, and housing will play significant roles in the economic recovery from the pandemic, it is important to understand the extent to which actors in these areas, such as enrollment workers, health care providers, and potential employers, discriminate on the basis of race or ethnicity. It will also be crucial to then disrupt those patterns so families can access the resources and supports they need. Assessing interpersonal experiences of unfair treatment or judgment in different settings can help inform decisions about how to center racial equity in our policies and practices.

This paper expands on prior Urban Institute work on unfair judgment and discrimination in health care settings (Gonzalez et al. 2021; Skopec and Long 2016) by exploring similar experiences related to race and ethnicity across five domains during the pandemic. To do so, we draw on data from the Urban Institute’s December 2020 Well-Being and Basic Needs Survey (WBNS), a nationally representative survey of more than 7,500 nonelderly adults ages 18 to 64. Using questions newly added to this survey, we explored respondents’ perceptions of unfair treatment or judgment in five settings:

1. At work or when applying for jobs
2. When interacting with police or law enforcement
3. At a doctor’s office, clinic, or hospital
4. When applying for social services or public assistance
5. When trying to rent a room or apartment or buy a house

Further information on survey question wording and the limitations of this analysis is in the data and methods section.

To assess participants’ perceptions of unfair treatment or judgment across these five settings, we included a split-sample random question test in the WBNS. It asked half of respondents whether they had ever felt judged unfairly and asked the other half if they had ever been treated unfairly because of

* In this brief, we use the term "Black" for brevity and to maintain consistency with prior research briefs (e.g., Gonzalez et al. 2021). The term used in the Well-Being and Basic Needs Survey is “Black or African American.” The authors have capitalized Black to denote the unique Black experience as one characteristic of a diverse group of people, ethnicities, and cultures. The authors have not capitalized white, a term and label for a range of historically grouped ethnicities used to delineate a contrast with people of color. See Margaret Simms, “Say African American or Black, but First Acknowledge the Persistence of Structural Racism,” Urban Wire (blog), Urban Institute, February 8, 2018, https://www.urban.org/urban-wire/say-african-american-or-black-first-acknowledge-persistence-structural-racism.

† The terms “white” and “Black” refer to adults who do not identify as Hispanic/Latinx. We use “Hispanic/Latinx” to maintain consistency with prior research briefs (e.g., Gonzalez et al. 2021) and to reflect the different ways people with Latin American ancestry self-identify. Many see “Latinx” as more inclusive; unlike “Latino/a,” it is not gender specific. The term used in the Well-Being and Basic Needs Survey is “Spanish, Hispanic, or Latino.”
their race or ethnicity in any of the five settings over the past 12 months. Using both terms enabled us to test whether people report negative experiences to a greater or lesser extent when asked about unfair treatment versus judgment. Researchers often use both terms synonymously (and others such as “differential treatment” or “discrimination”) to capture varied experiences, from sometimes subtle microaggressions and rudeness to overt racist actions (Kressin, Raymond, and Manze 2008; Shavers et al. 2012). However, we hypothesize that people may distinguish between unfair treatment and unfair judgment in some or all of the five settings we explored. Further, some people may not always know or report they have been treated unfairly, particularly when unfair treatment is not overt (McDaniel et al. 2021). Understanding the nuances of people's perceptions of different terms can help researchers, policymakers, payers, and others better characterize and address discriminatory experiences.

We describe our experimental question test and its results in detail in the data and methods section. In short, we find that question wording did not significantly affect the share of respondents reporting perceived unfair treatment or judgment due to race or ethnicity across the study settings. Participants’ reported experiences in the housing setting appeared modestly affected by question wording, however. We therefore present combined estimates for unfair treatment or judgment across each of the five settings in this brief. When comparing unfair treatment or judgment due to race or ethnicity across income levels and racial or ethnic identities, we do not adjust our estimates for geographic, demographic, or economic differences across groups. We find the following:

- About 10 percent of adults reported that they had experienced unfair treatment or judgment because of their race or ethnicity in the prior year in one or more of the five settings examined in this study. Nearly half of this group (4.1 percent) reported unfair treatment or judgment in multiple settings.
- Black adults were more likely than white and Hispanic/Latinx adults to report any unfair treatment or judgment in the prior year in any of the five settings (25.3 percent, 4.6 percent, and 16.3 percent) and in multiple settings (11.3 percent, 1.4 percent, and 6.6 percent). As indicated, Hispanic/Latinx adults were also more likely than white adults to report any unfair treatment or judgment in the prior year.
- Adults most frequently reported unfair treatment or judgment at work or when applying for jobs (5.7 percent of all adults). The next most common settings were when interacting with police or law enforcement (4.2 percent); visiting a doctor’s office, clinic, or hospital (3.2 percent); applying for social services or public assistance (2.9 percent); and trying to rent a room or apartment or buy a house (2.2 percent). Within each setting, Black and Hispanic/Latinx adults were more likely than white adults to report unfair treatment or judgment.
- Adults with incomes below 200 percent of the federal poverty level (FPL) were more likely to report unfair treatment or judgment due to their race or ethnicity in at least one setting than were adults with higher incomes (16.1 percent versus 8.1 percent).
Among both Black and Hispanic/Latinx adults with incomes below 200 percent of FPL, 29.6 percent and 17.1 percent reported experiencing unfair treatment or judgment in at least one of the five settings.

This brief is part of a body of work exploring perceptions of discriminatory experiences in health care and other settings (Gonzalez et al. 2021; McDaniel et al. 2021; Pratt and Hahn 2021; Skopec, Gonzalez, and Kenney 2021). Tackling health inequities stemming from discrimination and unfair treatment will require explicit changes in policies and practices in these settings. For example, combining (1) ongoing training to address biases and promote cultural responsiveness and (2) monitoring and accountability mechanisms for police officers, social services and public assistance (e.g., the Supplemental Nutrition Assistance Program and Medicaid) staff, health care providers, and others could help reduce incidences of unfair treatment or judgment among Black and Hispanic/Latinx adults. Additionally, our findings show a need for greater enforcement of existing equal opportunity employment laws, fair housing laws, and civil rights protections. Finally, publicly funded programs (e.g., Medicare, Medicaid, the Children’s Health Insurance Program, the Supplemental Nutrition Assistance Program, and Temporary Assistance for Needy Families) could consider providing incentives for frontline workers and health care providers and staff to improve their interactions with and the care they provide to Black people, Hispanic/Latinx people, and others in groups who experience systematically worse treatment. For example, the programs could consider bonus payments for achieving comparable high rates of customer satisfaction, service quality, and positive outcomes across racial and ethnic groups of enrollees.

Results

Black and Hispanic/Latinx adults, particularly Black women, were more likely than white adults to report unfair treatment or judgment due to their race or ethnicity.

Slightly more than 10 percent of adults reported feeling treated or judged unfairly in the past year because of their race or ethnicity in at least one of the five study settings (figure 1). Nearly half of this group (4.1 percent of all adults) reported unfair treatment or judgment in two or more settings (figure 1). Black and Hispanic/Latinx adults were more likely than white adults to report any unfair treatment or judgment in at least one of the settings (25.3 percent and 16.3 percent versus 4.6 percent) and in two or more settings (11.3 percent and 6.6 percent versus 1.4 percent).
As shown in table 1, respondents were most likely to report unfair treatment or judgment at work or when applying for jobs (5.7 percent of all adults), followed by when interacting with police and law enforcement (4.2 percent) and in health care settings (3.2 percent). Black and Hispanic/Latinx adults were more likely than white adults to report unfair treatment or judgment due to race or ethnicity at work or when applying for jobs (14.0 percent and 7.7 percent versus 2.5 percent). Additionally, Black adults were twice as likely as Hispanic/Latinx adults and nine times as likely as white adults to report unfair treatment or judgment due to their race or ethnicity when interacting with police or law enforcement (12.7 percent versus 6.2 percent and 1.4 percent). In each of the settings, Black adults were at least three times as likely as white adults to report experiencing unfair treatment or judgment.
Table 2 shows experiences of unfair treatment or judgment across the five settings stratified by race and ethnicity as well as gender. Black women were the most likely to report unfair treatment or judgment in one or more settings (28.5 percent). Seventeen percent of Black women reported unfair treatment or judgment at work or when applying for jobs, compared with 10.3 percent of Black men and just 2.9 percent of white men and 2.2 percent of white women. At 15.0 percent and 11.0 percent, Black men and Black women, respectively, were more likely than both white and Hispanic/Latinx men and women to report unfair treatment or judgment due to their race or ethnicity when interacting with police or law enforcement.

**TABLE 1**

<table>
<thead>
<tr>
<th>Setting</th>
<th>All adults</th>
<th>Black adults</th>
<th>Hispanic/Latinx adults</th>
<th>White adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>At work or when applying for jobs</td>
<td>5.7</td>
<td>14.0</td>
<td>7.7***</td>
<td>2.5****^***</td>
</tr>
<tr>
<td>When interacting with police or law enforcement</td>
<td>4.2</td>
<td>12.7</td>
<td>6.2***</td>
<td>1.4****^***</td>
</tr>
<tr>
<td>At a doctor’s office, clinic, or hospital</td>
<td>3.2</td>
<td>7.7</td>
<td>5.2</td>
<td>1.2****^***</td>
</tr>
<tr>
<td>When applying for social services or public assistance</td>
<td>2.9</td>
<td>5.6</td>
<td>4.9</td>
<td>1.5****^***</td>
</tr>
<tr>
<td>When trying to rent a room or apartment or buy a house</td>
<td>2.2</td>
<td>6.0</td>
<td>3.4**</td>
<td>0.8****^***</td>
</tr>
</tbody>
</table>


Notes: N = 7,737, including 979 Black adults, 1,625 Hispanic/Latinx adults, and 4,578 white adults. Estimates for non-Hispanic/Latinx adults who are not Black or white or are more than one race are not presented because of sample size limitations.

*/"/**/* Estimate differs significantly from that for Black adults at the 0.10/0.05/0.01 level, using two-tailed tests.

/^///^/^ Estimate differs significantly from that for Hispanic/Latinx adults at the 0.10/0.05/0.01 level, using two-tailed tests.
### TABLE 2
Share of Adults Ages 18 to 64 Reporting Unfair Treatment or Judgment Due to Their Race or Ethnicity in Five Settings, by Race or Ethnicity and Gender, December 2020

<table>
<thead>
<tr>
<th>Unfair treatment or judgment</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Black</td>
<td>Hispanic/Latinx</td>
</tr>
<tr>
<td>In one or more settings</td>
<td>28.5</td>
<td>16.7***</td>
</tr>
<tr>
<td>In two or more settings</td>
<td>12.4</td>
<td>6.6***</td>
</tr>
<tr>
<td><strong>By setting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At work or when applying for jobs</td>
<td>17.0</td>
<td>6.4***</td>
</tr>
<tr>
<td>When interacting with police or law enforcement</td>
<td>11.0</td>
<td>5.1***</td>
</tr>
<tr>
<td>At a doctor's office, clinic, or hospital</td>
<td>10.4</td>
<td>5.8</td>
</tr>
<tr>
<td>When applying for social services or public assistance</td>
<td>6.8</td>
<td>6.6</td>
</tr>
<tr>
<td>When trying to rent a room or apartment or buy a house</td>
<td>7.2</td>
<td>4.5</td>
</tr>
</tbody>
</table>

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

**Notes:** The sample sizes for Black, Hispanic/Latinx, and white women are 576, 844, and 2,285; the sample sizes for Black, Hispanic/Latinx, and white men are 403, 781, and 2,293. Estimates for non-Hispanic/Latinx adults who are not Black or white or are more than one race are not presented because of sample size limitations.

*/*/*** Estimate differs significantly from that for Black women at the 0.10/0.05/0.01 level, using two-tailed tests.

**Adults with lower incomes were more likely than adults with higher incomes to report unfair treatment or judgment due to their race or ethnicity.**

As shown in figure 2, adults with lower family incomes (below 200 percent of FPL) were about twice as likely as adults with higher incomes (at or above 200 percent of FPL) to report being treated or judged unfairly because of their race or ethnicity in one or more settings (16.1 versus 8.1 percent). A higher share of lower-income adults also reported unfair treatment or judgment in each setting. Adults with lower incomes were most likely to report unfair treatment or judgment when working or applying for jobs (8.2 percent), interacting with police or law enforcement (7.0 percent), and applying for social services or public assistance (6.5 percent).
FIGURE 2
Share of Adults Ages 18 to 64 Reporting Unfair Treatment or Judgment Due to Their Race or Ethnicity in Five Settings, by Family Income and Setting, December 2020

Notes: FPL = federal poverty level. Estimates for non-Hispanic/Latinx adults who are not Black or white or are more than one race are not presented because of sample size limitations.
*/**/*** Estimate differs significantly from that for adults with family incomes below 200 percent of FPL at the 0.10/0.05/0.01 level, using two-tailed tests.

Among adults with lower incomes, Black and Hispanic/Latinx adults were more likely than white adults to report unfair treatment or judgment due to their race or ethnicity.

Among adults with incomes below 200 percent of FPL, Black adults were more likely than white adults to report experiencing unfair treatment or judgment. Overall, 29.6 percent of Black adults with lower incomes reported unfair treatment or judgment in at least one setting, compared with 17.1 percent of Hispanic/Latinx adults and 8.3 percent of white adults with such incomes (table 3).

Black adults with lower incomes were more than twice as likely as lower-income Hispanic/Latinx adults and nearly five times as likely as lower-income white adults to report experiencing unfair treatment or judgment at work or when applying for jobs (17.1 percent versus 7.0 percent and 3.6 percent). These Black adults were also more likely than lower-income white adults to report unfair treatment or judgment when applying for social services or public assistance (11.2 percent versus 3.7 percent).
TABLE 3
Share of Adults Ages 18 to 64 with Incomes Below 200 Percent of the Federal Poverty Level Reporting Unfair Treatment or Judgment Due to Their Race or Ethnicity in Five Settings, by Race or Ethnicity, December 2020

<table>
<thead>
<tr>
<th>Unfair treatment or judgment</th>
<th>Black adults</th>
<th>Hispanic/Latinx adults</th>
<th>White adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>In one or more settings</td>
<td>29.6</td>
<td>17.1***</td>
<td>8.3***^^^</td>
</tr>
<tr>
<td>In two or more settings</td>
<td>13.9</td>
<td>8.8*</td>
<td>4.0***^^^</td>
</tr>
<tr>
<td>By setting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At work or when applying for jobs</td>
<td>17.1</td>
<td>7.0***</td>
<td>3.6***^</td>
</tr>
<tr>
<td>When interacting with police or law enforcement</td>
<td>12.3</td>
<td>7.2*</td>
<td>3.6***^</td>
</tr>
<tr>
<td>At a doctor’s office, clinic, or hospital</td>
<td>11.1</td>
<td>6.4</td>
<td>3.0***^</td>
</tr>
<tr>
<td>When applying for social services or public assistance</td>
<td>11.2</td>
<td>6.7</td>
<td>3.7***^</td>
</tr>
<tr>
<td>When trying to rent a room or apartment or buy a house</td>
<td>6.7</td>
<td>4.2</td>
<td>1.7***^</td>
</tr>
</tbody>
</table>

Notes: N = 600 Black adults, 1,087 Hispanic/Latinx adults, and 1,864 white adults. Estimates for non-Hispanic/Latinx adults who are not Black or white or are more than one race are not presented because of sample size limitations.
*/**/*** Estimate differs significantly from that for Black adults at the 0.10/0.05/0.01 level, using two-tailed tests.
^/^^/^^^ Estimate differs significantly from that for Hispanic/Latinx adults at the 0.10/0.05/0.01 level, using two-tailed tests.

Discussion

This study explores perceptions of unfair treatment or judgment in various settings. We find that adults with lower incomes and Black adults, especially Black women, are more likely to have experienced unfair treatment or judgment due to their race or ethnicity than the other groups we examined. Hispanic/Latinx adults reported such experiences at lower rates than Black adults but at significantly higher rates than white adults. Though we did not examine outcomes by race for the Hispanic/Latinx respondents in our sample, Hispanic/Latinx people who are Black likely face far more severe experiences of discrimination than those who identify or are perceived as white (López et al. 2017). We also find that perceived unfair treatment or judgment based on race or ethnicity is pervasive across multiple areas essential for recovery from the pandemic. Health care, public benefits, housing, and jobs are critical for economic recovery, especially for people of color, who have been hardest hit by job losses and COVID-19 cases (Karpman, Zuckerman, and Kenney 2020; Lopez, Hart, and Katz 2021).

Though personal perception is subjective, adults who feel they have been treated or judged unfairly can incur severe negative consequences, including long-term effects on their physical and mental health. The consequences of the discrimination Black and Hispanic/Latinx adults face during daily activities will likely compound over time, contributing to fewer opportunities, lower wealth, and lower life expectancy for these populations on average. Discriminatory police and law enforcement practices, for example, can have deadly consequences, particularly for Black men (Alang et al. 2017; Bui, Coates, and Matthay 2018; Edwards, Lee, and Esposito 2019). In addition, experiencing unfair
treatment or judgment or interpersonal discrimination in employment and housing can lead to lower incomes and poor health and have far-reaching, multigenerational economic and educational consequences (HUD PD&R 2014; Kijakazi et al. 2019; McCargo and Choi 2020). In health care, discriminatory experiences can lead to delayed or forgone care, which can worsen health (Burgess et al. 2008; Lee, Ayers, and Kronenfeld 2009; Skopec, Gonzalez, and Kenney 2021). Barriers within social services and public benefits systems and negative experiences with them can prevent or discourage people from enrolling in the benefits they are entitled to, resulting in short- and long-term consequences for their well-being (Pratt and Hahn 2021). For example, being unable to receive Supplemental Nutrition Assistance Program or Supplemental Nutrition Program for Women, Infants, and Children benefits can prolong food insecurity, causing financial hardship and worsening health (Ettinger de Cuba et al. 2019). Similarly, barriers to Medicaid or Children’s Health Insurance Program coverage can result in financial hardships, delayed diagnoses, and forgone care (Sommers 2009).

To avoid these negative effects on health and well-being, a multipronged effort is needed to address unfair treatment or judgment due to race and ethnicity across the study settings. Training programs designed to address biases and promote cultural responsiveness could help frontline workers and service providers recognize discriminatory practices and encourage equitable interactions with customers and applicants (Hostetter and Klein 2018; Taylor 2019; Taylor and Weerasinghe 2020). In health care, these trainings could be included as part of continuing medical education requirements and state medical licensing. For law enforcement agencies, efforts to change officers’ behaviors, specifically how they approach and interact with community members, and to redesign police organizations internally to motivate fair treatment and accountability have improved communities’ views of police officers and agencies, which has led to greater partnership and cooperation with the public (Donner et al. 2015; Worden and McLean 2017; Tyler 2017). For employers, implementing equitable hiring, promotion, and contracting practices could improve workforce opportunities for people of color (Simms, McDaniel, and Fyffe 2015). Similarly, diversifying the workforces of the settings we studied could improve relationships between people working in those settings and the community members they serve (Brooks-LaSure et al. 2020; Taylor and Weerasinghe 2020; Williams and Cooper 2019).

The efforts above will need to be accompanied by proactive, robust enforcement and implementation of civil rights and other processes for preventing and addressing discriminatory treatment. Better enforcing equal opportunity employment laws and fair housing laws and educating people about their rights, how to file a complaint and encouraging them to do so could reduce experiences of discrimination in employment and housing (Hahn, Truman, and Williams 2018; NFHA 2018; Yang and Liu 2021). Enrollees in and applicants to public assistance programs have the right to file complaints through mechanisms such as the United States Department of Health and Human Services’ Office of Civil Rights. To better enforce civil rights laws, however, officials in that and similar offices will likely need to take concrete steps to hold local human service agencies and service providers accountable for their actions (Hahn, Truman, and Williams 2018). In health care, Medicaid and Medicare reimbursement for patient navigators and community health workers who reflect the communities they serve could be expanded; doing so could both help people understand their rights
and navigate complaints processes and improve advocacy on behalf of people who encounter discriminatory treatment (Ruff et al. 2019).7

Programs funded by state or local governments also have opportunities to improve patients’ and clients’ experiences by monitoring their experiences and rewarding providers for equitable outcomes and penalizing them for inequitable outcomes. For example, the Medicare program, Medicaid program, and the Children’s Health Insurance Program could hold providers accountable for inequitable patient care experiences and outcomes by monitoring these measures by race and ethnicity and implementing bonus payments or penalties to incentivize progress toward equity. Similarly, safety net programs (e.g., the Supplemental Nutrition Assistance Program, Medicaid, the Children’s Health Insurance Program, and the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children) could receive state or federal funding for program administration based on achieving equitable patient experiences and/or take-up of benefits among those who are eligible. By monitoring quality measures or bonus payments focused on customer experience in these programs, governments could incentivize program staff to improve their interactions with their clients. Further, publicizing data on inequitable experiences and outcomes could cause frontline workers, employers, providers, and police to reckon with and dismantle discriminatory practices.

Lastly, eliminating racial health inequities will require addressing the discriminatory treatment Black and Hispanic/Latinx adults experience within housing, employment, policing, health care, and public assistance. However, that alone will not eradicate the discrimination or unfair treatment they may be facing in other sectors, such as education, criminal justice, or child welfare. Along with making changes in each of the five settings examined here, eliminating unfair and discriminatory treatment for Black and Hispanic/Latinx adults will also likely require sustained, community-wide efforts to acknowledge and remove the underlying policies, behaviors, and practices that have contributed to differential treatment (National Collaborative for Health Equity and CommonHealth Action 2015). The disproportionate health and economic burdens the pandemic has placed on Black and Hispanic/Latinx communities add to the urgency of eliminating the discrimination such populations experience in many areas of life.

Data and Methods

This brief draws on data from a nationally representative sample of adults ages 18 to 64 who participated in the Urban Institute’s December 2020 Well-Being and Basic Needs Survey. The WBNS is an internet-based survey designed to monitor changes in individual and family well-being as policymakers consider changes to federal safety net programs. For each round of the WBNS, we draw a stratified random sample (including a large oversample of adults in low-income households) from the KnowledgePanel, a probability-based internet panel maintained by Ipsos that includes households with and without internet access. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the 2020 Current Population Survey Annual Social and Economic Supplement and the 2019 American Community...
Survey. Participants can complete the survey in English or Spanish. For further information on the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018).8

**Question Test**

In the December 2020 round of the WBNS, we included a split-sample, random question test for questions about racial and ethnic discrimination. Through this question test, we sought to determine whether respondents perceive “unfair treatment” and “unfair judgment” to be the same or different across the settings we examined. As such, we asked half of the sample whether they had been treated unfairly in various settings during the past 12 months and asked the other half whether they had been judged unfairly. The question was worded as follows, depending on the sample: “Was there a time in the past 12 months when you felt you were [half sample 1: treated] [half sample 2: judged] unfairly in the following places or situations because of your racial or ethnic background?” Respondents could then select “yes” or “no” for each of the following settings:

- at a doctor’s office, clinic, or hospital
- at work or when applying for jobs
- when trying to rent a room or apartment or buy a house
- when interacting with police or law enforcement
- when applying for social services or public assistance

To determine whether question wording affects responses, we compared the share of respondents reporting they were “treated unfairly” and “judged unfairly” overall and by setting. We compared estimates from samples both unadjusted and adjusted for gender, age, race or ethnicity, educational attainment, family size, chronic conditions, urban-rural residence, internet access, homeownership, census region, family income, presence of children in the household, marital status, and how long the respondent has been a member of the KnowledgePanel.

Overall, we did not find a statistically significant difference (unadjusted or adjusted at the 0.10 level) between the shares of respondents reporting unfair treatment or unfair judgment for any setting, except when trying to rent a room or an apartment or buy a house (table 4). However, the difference in the share reporting unfair treatment or judgment in that setting was only significant at the 0.1 level, and the estimates differed by less than 1 percentage point (0.67 percentage points unadjusted, 0.5 percentage points adjusted). Why respondents were more likely to report unfair judgment in housing and why a statistically significant difference was only observed in that setting is unclear. If respondents feel unfair treatment implies an action taken by frontline workers and unfair judgment does not, fair housing laws and the associated disclosure requirements may help respondents feel protected from unfair treatment (e.g., being denied housing because of their race or ethnicity) but not from unfair judgment.
In general, the share of respondents reporting unfair treatment was lower than the share reporting unfair judgment, but these differences were not statistically significant. Given the reasonably robust sample sizes for each group, we conclude that asking respondents whether they have felt “treated unfairly” or “judged unfairly” elicits similar responses across settings.

**TABLE 4**

**Unadjusted and Adjusted Shares of Adults Ages 18 to 64 Reporting Unfair Treatment or Judgment Due to Their Race or Ethnicity in Five Settings, December 2020**

<table>
<thead>
<tr>
<th>Unfair treatment or judgment</th>
<th><strong>UNADJUSTED</strong></th>
<th></th>
<th><strong>ADJUSTED</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Survey Wording</td>
<td></td>
<td>Survey Wording</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treated</td>
<td>Judged</td>
<td>Treated</td>
<td>Judged</td>
</tr>
<tr>
<td>In one or more settings</td>
<td>9.8</td>
<td>11.1</td>
<td>10.0</td>
<td>11.0</td>
</tr>
<tr>
<td>In two or more settings</td>
<td>3.8</td>
<td>4.4</td>
<td>4.0</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>By setting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At a doctor’s office, clinic, or hospital</td>
<td>2.9</td>
<td>3.5</td>
<td>3.0</td>
<td>3.4</td>
</tr>
<tr>
<td>At work or when applying for jobs</td>
<td>5.3</td>
<td>6.2</td>
<td>5.3</td>
<td>6.1</td>
</tr>
<tr>
<td>When trying to rent a room or apartment or buy a house</td>
<td>1.9</td>
<td>2.6*</td>
<td>2.0</td>
<td>2.5*</td>
</tr>
<tr>
<td>When interacting with police or law enforcement</td>
<td>4.2</td>
<td>4.3</td>
<td>4.3</td>
<td>4.2</td>
</tr>
<tr>
<td>When applying for social services or public assistance</td>
<td>2.6</td>
<td>3.2</td>
<td>2.6</td>
<td>3.1</td>
</tr>
</tbody>
</table>

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

**Notes:** Among the sample, 3,813 adults received the “treated” wording, and 3,924 received “judged” wording. Adjusted estimates control for gender, age, race or ethnicity, educational attainment, family size, chronic conditions, urban-rural residence, internet access, homeownership, census region, family income, presence of children in the household, marital status, and how long the respondent has been a member of the KnowledgePanel.

*/**/*** Estimate differs significantly from that for respondents whose survey wording used “treated” at the 0.10/0.05/0.01 level, using two-tailed tests.

**Limitations**

As noted, we combined data from a split-sample question test for this brief. When comparing the shares of respondents reporting unfair treatment versus unfair judgment, our results were similar. However, unfair treatment and unfair judgment may capture different types of experiences. For example, unfair treatment may reflect actions taken or not taken, whereas unfair judgment could reflect perceived attitudes.

We also did not directly ask respondents about discrimination, as we have on prior surveys of health care experiences (Gonzalez et al. 2021; McDaniel et al. 2021). In-depth interviews with respondents to our September 2020 Coronavirus Tracking Survey revealed that many respondents feel unfair judgment and discrimination are equivalent in health care settings, whereas others felt they reflect a difference between actions (discrimination) and attitudes (unfair judgment).

We asked respondents about unfair treatment or judgment due to their race or ethnicity, but the exact reason for negative experiences may not be clear to them. By limiting our question to unfair treatment or judgment owing to race or ethnicity, we may have missed other negative experiences.
due to gender, sexual orientation, disability, or health conditions. In contrast, some respondents (particularly white adults) may have indicated that they felt treated or judged unfairly even if that experience did not owe to their race or ethnicity.

Finally, it can be difficult for customers, applicants, and patients to know how they are treated relative to others. Some might perceive unfair treatment or judgment in actions that are common across a system, like brief doctor’s visits. Others may not be aware that their experiences differ from others’ and may perceive their negative experiences as more common than they are.

Notes

1 A slightly higher share of respondents reported unfair judgment versus unfair treatment when trying to rent a room or apartment or buy a house. However, this difference was only significant at the 0.1 level, and the estimates differed by less than 1 percentage point (0.67 percentage points unadjusted, 0.5 percentage points adjusted). See the discussion in the data and methods section.


8 The 2020 WBNS survey instrument is available at https://www.urban.org/policy-centers/health-policycenter/projects/well-being-and-basic-needs-survey.
References


About the Authors

Dulce Gonzalez is a research associate in the Health Policy Center at the Urban Institute. She forms part of a team working on the Urban Institute’s Well-Being and Basic Needs Survey. Gonzalez conducts quantitative and qualitative research focused primarily on the social safety net, immigration, and barriers to health care access. Her work has also focused on the impacts of the COVID-19 pandemic on nonelderly adults and their families. Before joining Urban, Gonzalez worked at the Georgetown University Center for Children and Families and at the nonprofit organization Maternal and Child Health Access. Gonzalez holds a BA in economics from California State University, Long Beach, and a master’s degree in public policy from Georgetown University.

Marla McDaniel is a senior fellow in the Urban Institute’s Center on Labor, Human Services, and Population whose research examines racial and ethnic disparities; low-income children, youth, and families; and the programs and policy environments that touch families’ lives. She is interested in the relationships between inequities across multiple domains—including health, education, and employment—and their compounding effects on overall health and well-being. McDaniel holds a BA in psychology from Swarthmore College and a PhD in human development and social policy from Northwestern University.

Genevieve M. Kenney is a senior fellow and vice president for health policy at the Urban Institute. She has been conducting policy research for more than 30 years and is a nationally renowned expert on Medicaid, CHIP, and broader health insurance coverage, health care, and health issues facing low-income children and families. Kenney has led a number of Medicaid and CHIP evaluations and published more than 100 peer-reviewed journal articles and scores of briefs on insurance coverage, access to care, and related outcomes for low-income children, pregnant women, and other adults. In her current research, she is examining impacts of the Affordable Care Act, implications of the COVID-19 pandemic, and health and health care equity. She received a master’s degree in statistics and a PhD in economics from the University of Michigan.

Laura Skopec is a senior research associate in the Health Policy Center, where her research focuses on health insurance coverage, health care access, and health care affordability, with a particular focus on the effects of the Affordable Care Act. Before joining Urban, she worked on Affordable Care Act implementation at the Office of the Assistant Secretary for Planning and Evaluation in the US Department of Health and Human Services, and on transparency in health insurance and health care at the American Cancer Society Cancer Action Network. Skopec holds a BS in biopsychology and cognitive science from the University of Michigan and an MS in public policy and management from Carnegie Mellon University.
Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. The views expressed do not necessarily reflect the views of the Foundation.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at urban.org/fundingprinciples.

We are grateful to Heather Hahn, Michael Karpman, Eleanor Pratt, Margaret Simms, and Kimá Joy Taylor for their helpful feedback on the brief and to Daniel Lawrence for providing input on potential solutions with respect to policing. We also appreciate the insights and input of the members of a community advisory board organized and overseen by Myriam Hernandez-Jennings of Community Catalyst and Kimá Joy Taylor of the Urban Institute. We thank Rachel Kenney for editorial assistance.

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people’s lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

Copyright © August 2021. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.