

Racial and Ethnic Discrimination in Health Care Settings

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Copies of reports mentioned in this presentation may be obtained by:

- Calling (206) 296-6817 (voice) or 296-4600 (TDD)
- Downloading from the Internet: www.metrokc.gov/health

Some Questions for Consideration:

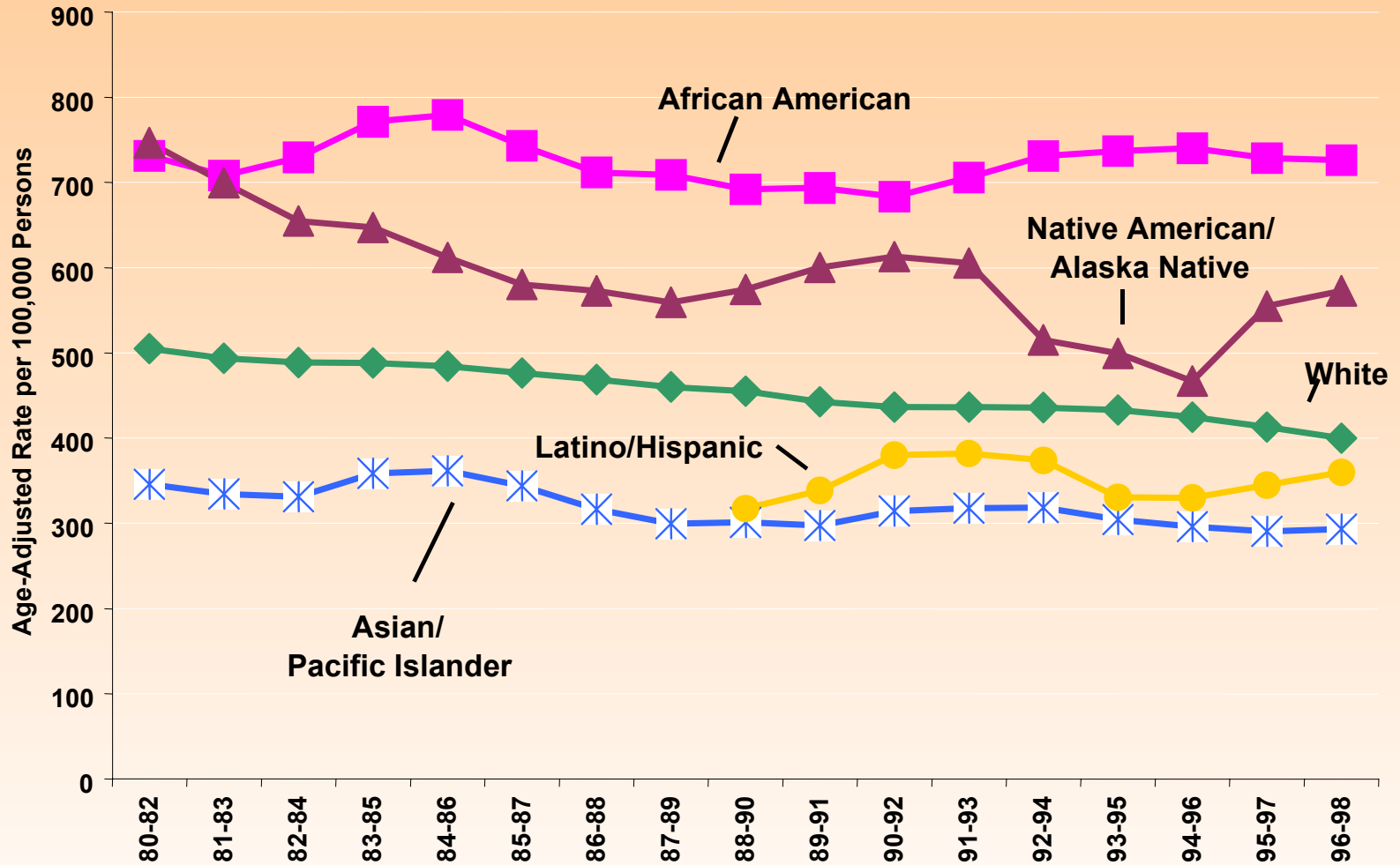
- Why examine local reports of discrimination in healthcare settings?
- How common are reports of discrimination in King County health care settings?
- What does discrimination in health care settings look like?
- What was the response to the reported events?
- What is being done to address issues of discrimination in healthcare settings?

Why examine local reports of discrimination in healthcare settings?

- Anecdotal reports of discrimination experiences from community members
- Requests from community partners to investigate issue
- Need for understanding of current racial/ethnic disparities in health
 - Racism and discrimination by race/ethnicity features prominently in our nation's history (including the development of medicine/medical care systems)
 - Numerous recent studies document differential treatment by race and ethnicity (e.g., Institute of Medicine Report, 2002)
- Local data generally not available
 - Policy-makers, therefore have reason for not taking action ("We're different! National data don't apply here!")

2010: the year health disparities will no longer exist...

Total Death Rate by Race/Ethnicity, King County, 1980-1998



Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Differential Treatment and Access to Medical Care by Race and Ethnicity

- Reviews of hundreds of studies conducted in different parts of the county indicate significant differences in medical care received by persons of different racial and ethnic background.
- Differential treatment and access to care in most studies could not be “explained by such factors as socioeconomic status, insurance coverage, stage or severity of disease, comorbidities, type and availability of health care services, and patient preferences.”
(Mayberry et al., *Med Care Res Rev* 2000)

Examples of Differential Treatment and Access

• Heart Disease

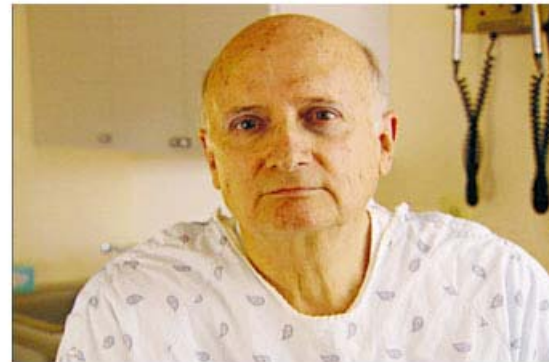
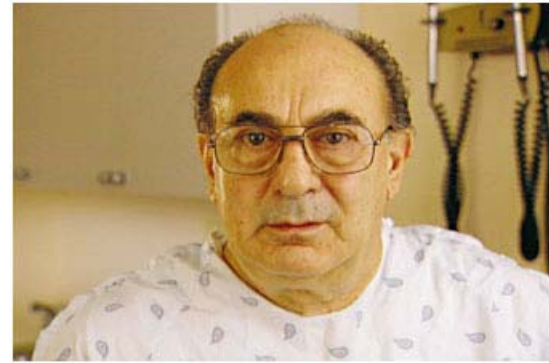
- With respect to by-pass operations, in five studies African Americans were 32% to 80% less likely to receive these operations compared to whites with similar disease severity.

• Cancer

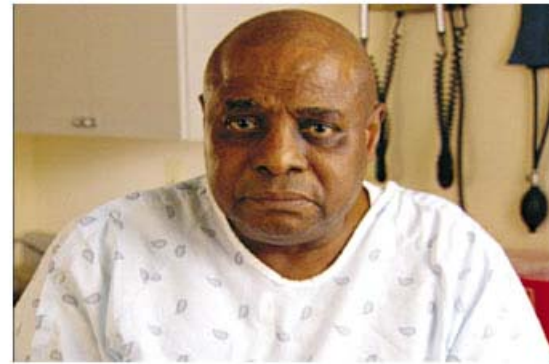
- A number of studies have documented differences with respect to certain types of cancer (e.g., lung and colon). African Americans were often less likely to receive major therapeutic procedures.
- One study of nursing homes found African Americans with cancer to be 63% less likely to receive any pain medication.

(Mayberry et al., *Med Care Res Rev* 2000)

“Patients” experiencing symptoms of heart disease, from Schulman et al. (1999)



“Patients” experiencing symptoms of heart disease, from Schulman et al. (1999)



Key Findings from the Institute of Medicine

- *Racial and ethnic disparities in healthcare exist and because they are associated with worse outcomes in many cases, are unacceptable.*
- *Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.*

(Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, National Academy of Science, 2002. Viewable online at: <http://www.nap.edu/books/030908265X/html/>)

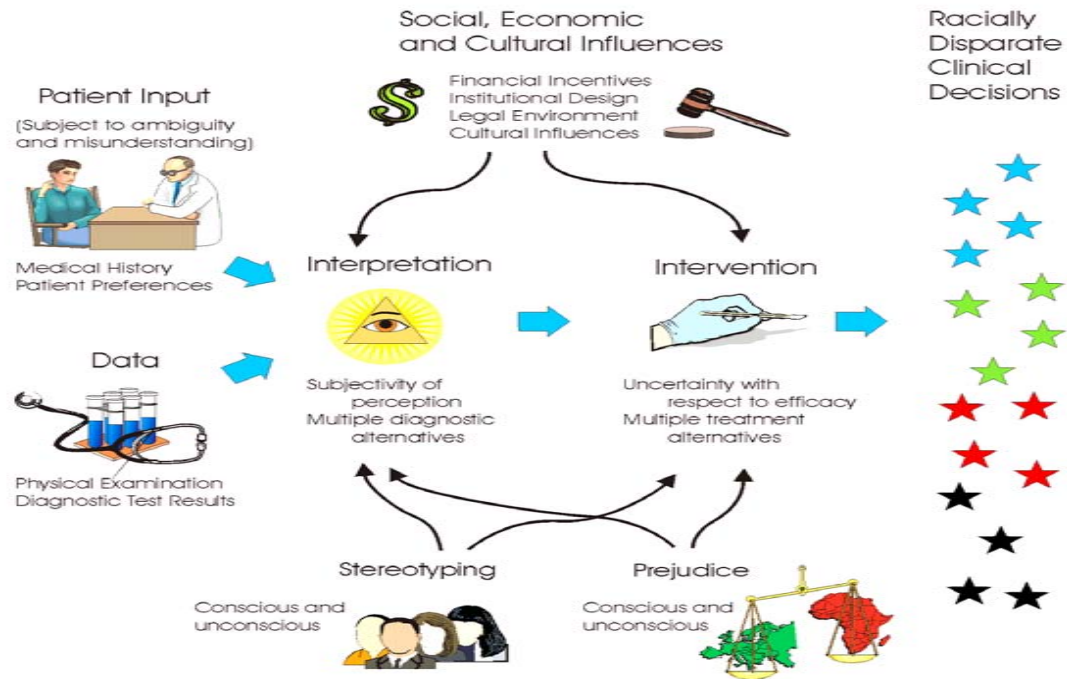
Key Findings from the Institute of Medicine

- *Many sources - including health systems, healthcare providers, patients, and utilization managers - may contribute to these disparities*
- *Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute....*
- *A small number of studies suggest that racial and ethnic minority patients are more likely than white patients to refuse treatment.*


(Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, National Academy of Science, 2002. Viewable online at: <http://www.nap.edu/books/030908265X/html/>)

Clinical Discretion

As exercised by clinical caretakers, gatekeeper physicians, and Managed Care Organization UM's



Source: Institute of Medicine. Unequal treatment: confronting racial and ethnic disparities in healthcare. Nat Acad Press (2003), p 127



How common are reports of discrimination in King County health care settings?

Sources of Information:

- Quantitative data from random telephone surveys
 - Ethnicity and Health Survey
 - Included 2,400 adults, 1995-1996
 - Conducted in 7 languages
 - Sample for Asian and Latino/Hispanic residents selected on the basis of surnames listed in phone directories; African American sample obtained by oversampling of households of residents living in Central and SE Seattle
 - Communities Count Surveys
 - Included 2,048 adults in late 1999
 - Included 2,038 adults in late 2001
 - English only
- Qualitative data from personal interviews
 - Interview Project
 - Included 51 African Americans, Jul-Sep 1999
 - Convenience sampling at fairs and community events
 - Intended to describe range of experiences

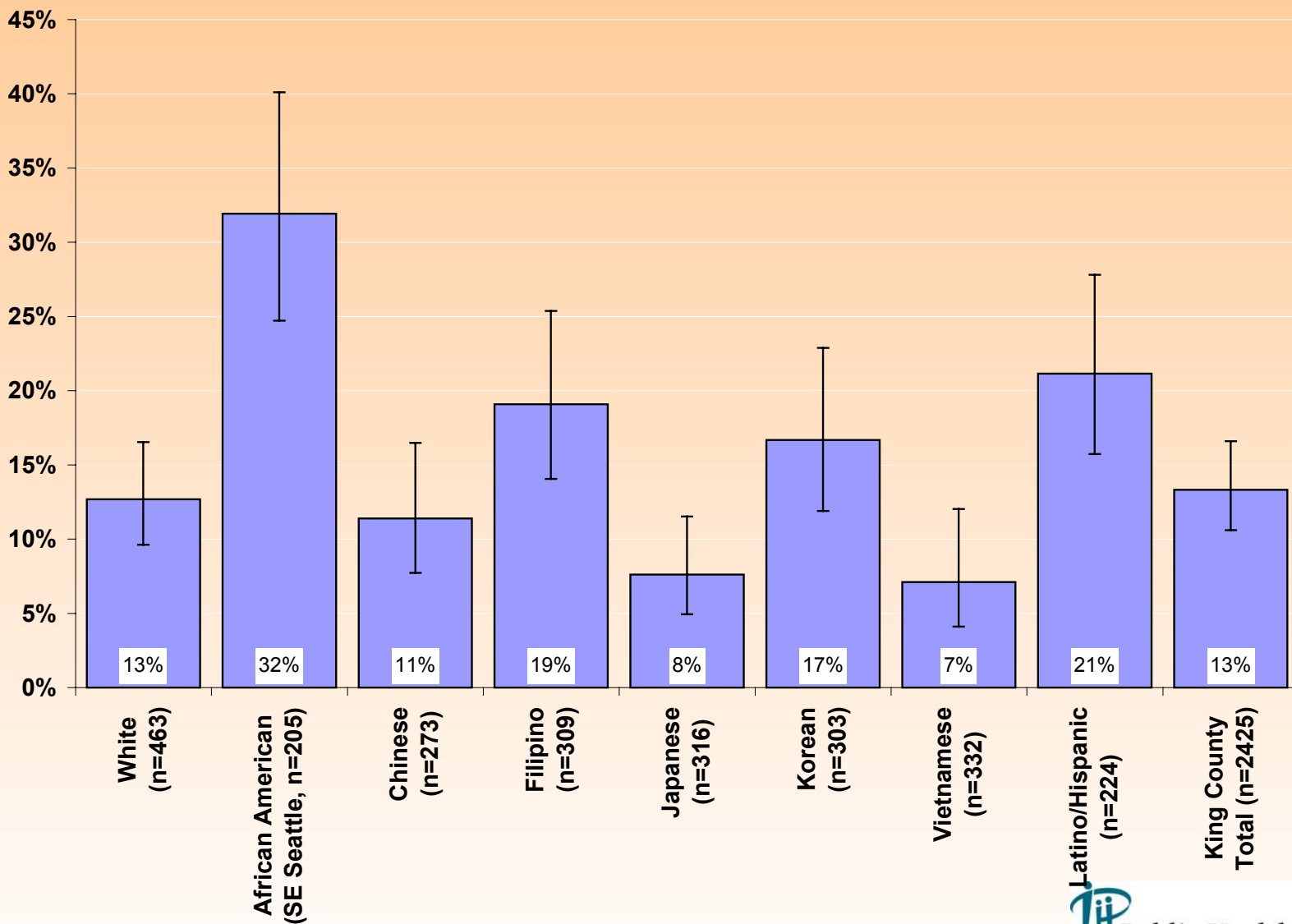
Some Limitations...

- Differences in survey questions and timeframes
- Telephone surveys
 - Limited to persons with local phone attached to residence
 - Excludes persons who may use only a cell phone
 - Increasingly affected by non-response
- Ethnicity and Health
 - Use of surnames may exclude many eligible residents from inclusion in the survey
 - Not able to survey African Americans all over King County
 - Difficulties with translation of concepts
- Communities Count
 - Small samples for minority respondents
 - English only
- Interview Project
 - Not able to include residents of other minority groups
- Few resources for assessing the issue or for addressing follow up

Community and advisory input...

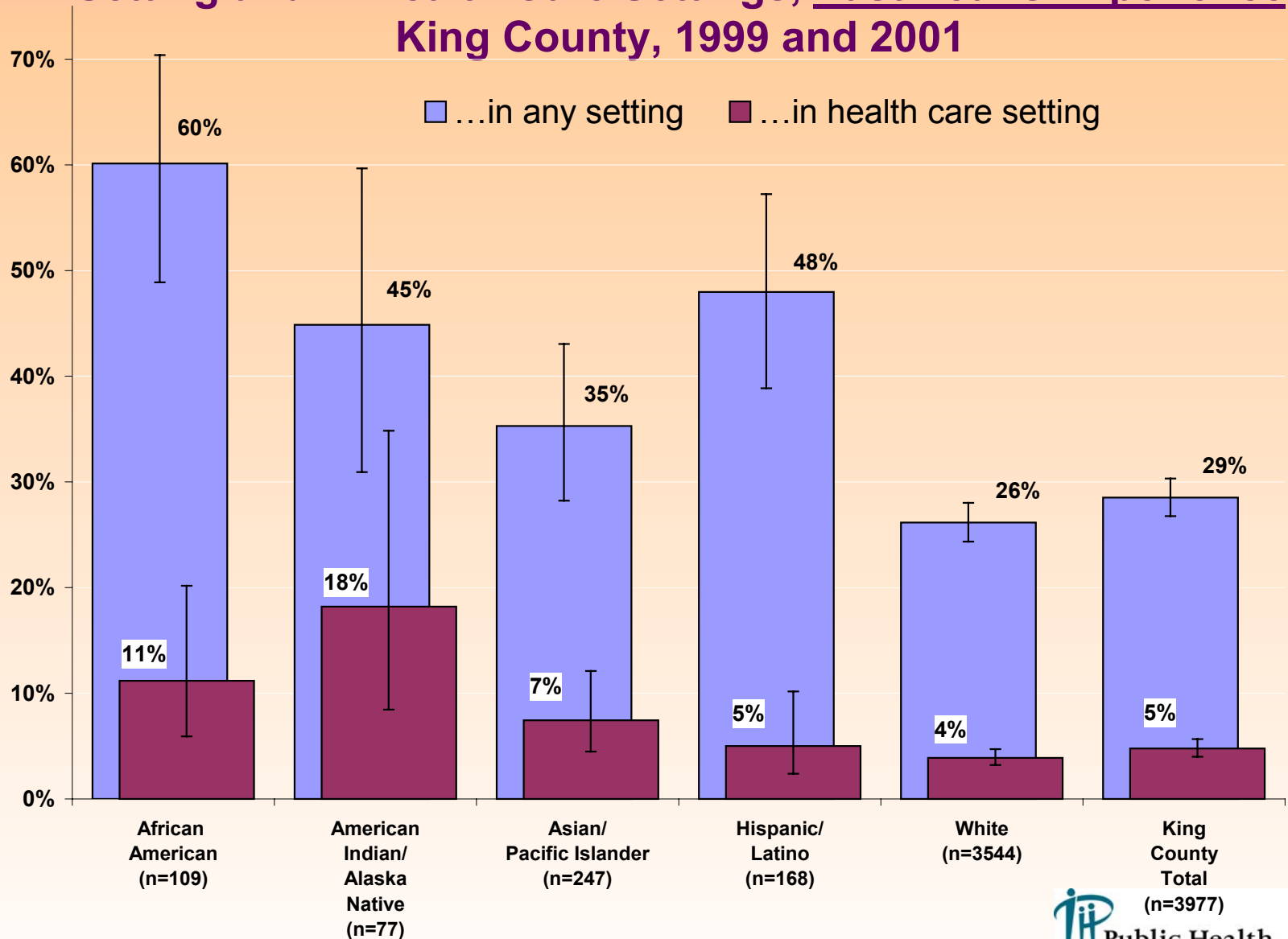
- Ethnicity and Health
 - Key informant interviews for both questionnaire development and review of results
 - Technical Advisory Group
 - Recommended f/u on discrimination
- Communities Count
 - Telephone survey with open-ended questions, focus groups, and public meetings to develop key indicators
 - Technical advisory group
- Interview Project
 - Personal interview format with open-ended questions
 - Meetings with key informants to review findings and develop recommendations

Adults Experiencing Discrimination When Seeking Health Care at Some Time in the Past, King County, 1995-1996



Source: King County Ethnicity and Health Survey

Percent of Adults Who Experienced Discrimination in Any Setting and in Health Care Settings, Past Year's Experience King County, 1999 and 2001



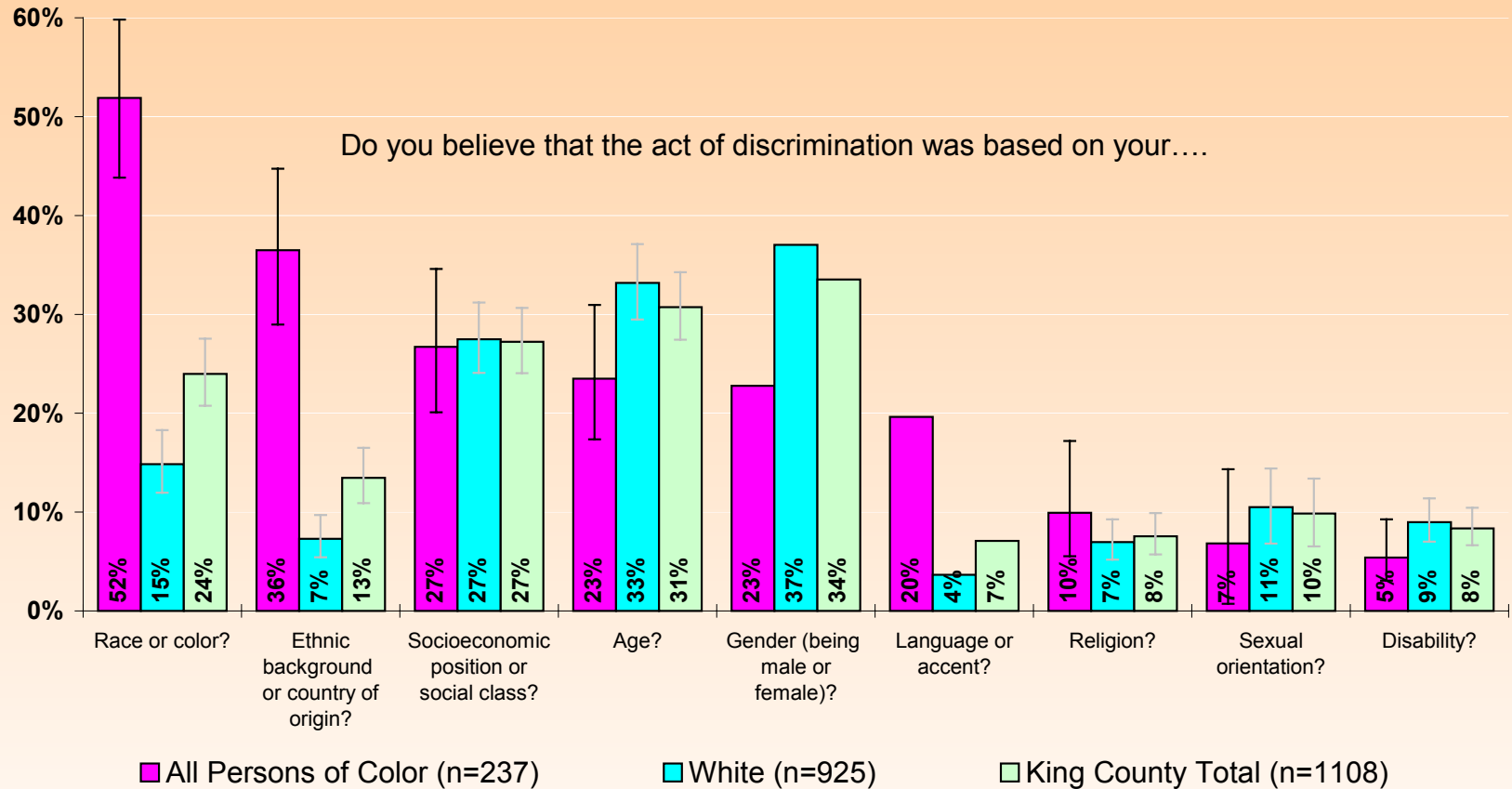
Source: Communities Count 2000 & 2002

Percent of adults who experienced discrimination in the past year in specific settings by race and ethnicity, King County, 1999 and 2001

During the past 12 months have you experienced discrimination, been prevented from doing something or been hassled or made to feel inferior by someone else in any of the following settings:	American					King County Total (n=3977)
	African American (n=109)	Indian/ Alaska Native (n=77)	Asian/ Pacific Islander (n=247)	Hispanic/ Latino (n=168)	White (n=3544)	
... on the street or in a public setting?	34%+	25%+	15%	22%+	11%	13%
... at work?	21%+	17%	13%	24%+	10%	11%
... getting medical care?	11%+	18%+	7%	5%	4%	5%
... getting a job?	18%+	7%	9%+	6%	4%	5%
... from the police or in the courts?	18%+	20%+	7%	8%	3%	5%
... getting a loan?	12%+	6%	4%	3%	3%	4%
... in your family?	8%	4%	1%	5%	4%	4%
... at home?	5%	2%	3%	4%	3%	3%
... at school?	8%+	3%	5%	10%+	2%	2%
... getting housing?	13%+	10%+	3%	2%	2%	2%
... applying for social services or public assistance?	11%+	1%	3%	2%	1%	2%
... in any other setting?	6%+	2%	2%	2%	2%	2%
discrimination in any of the above settings	60%+	45%+	35%+	48%+	26%	29%

+ Significantly higher than White respondent rate.

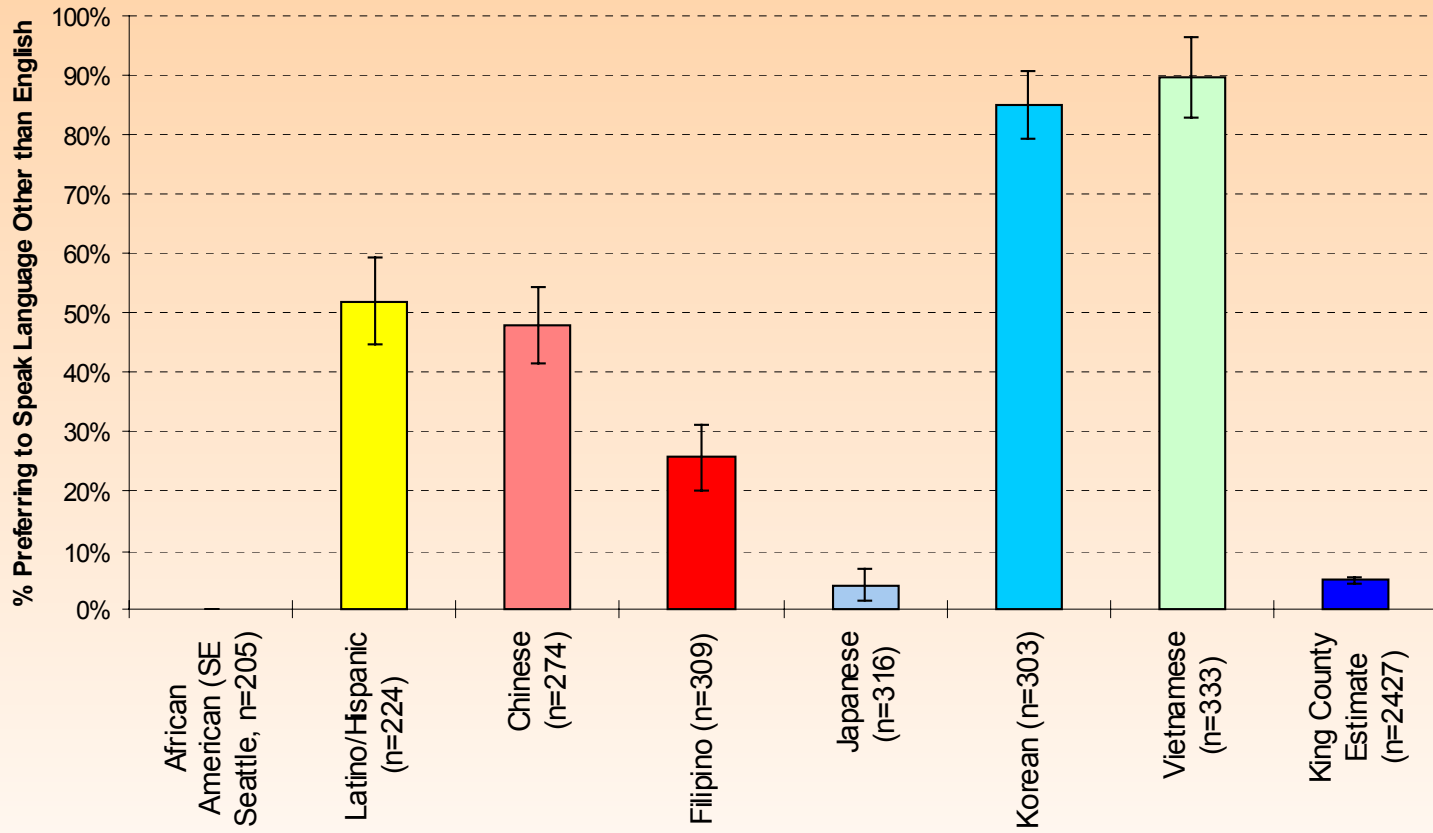
Most frequently cited types of discrimination by race and ethnicity among adults who experienced discrimination in the past year, King County, 1999 and 2001



Source: Communities Count 2000 & 2002

What is the importance of language of interview?

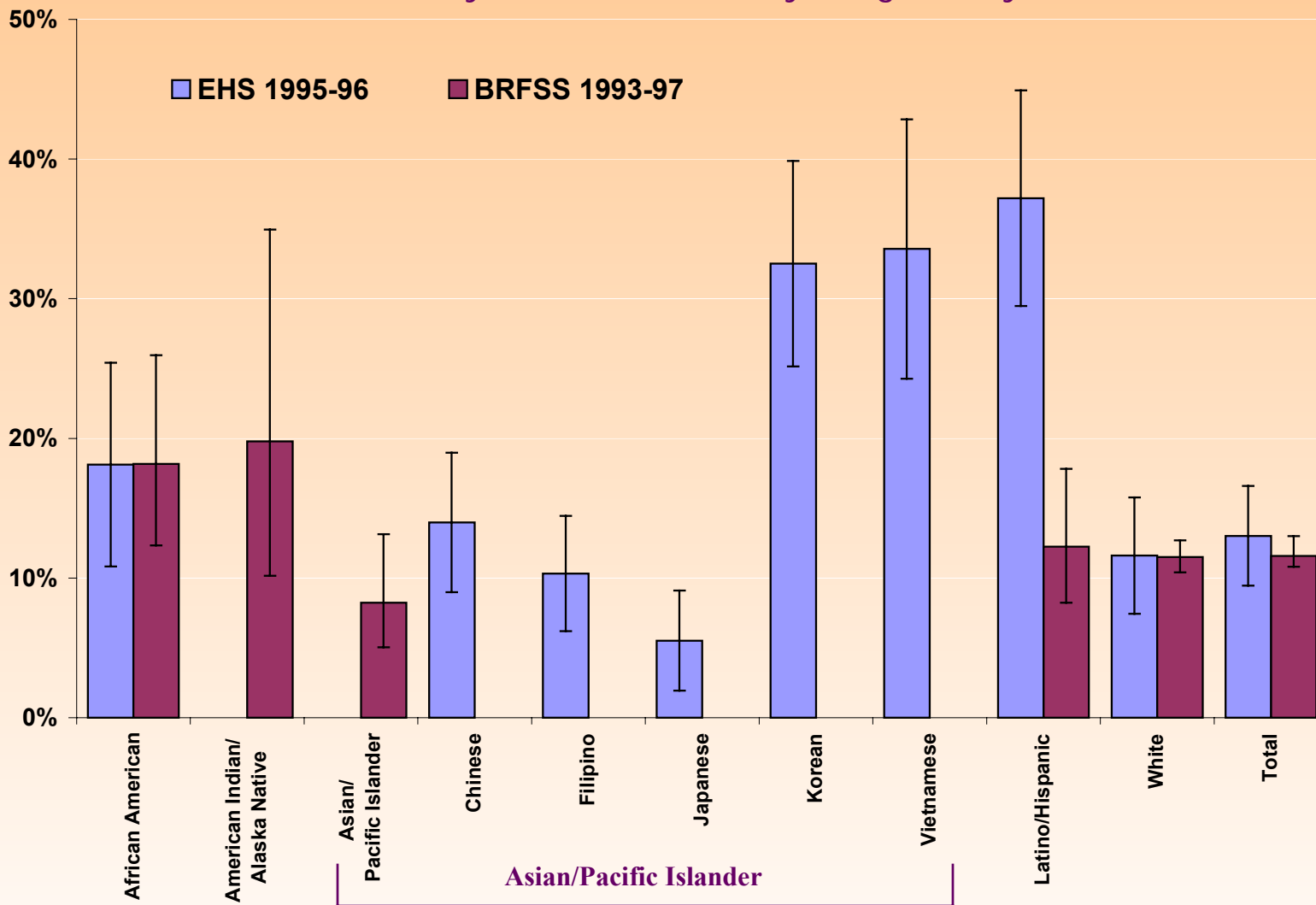
Percent of Respondents who Prefer to Speak a Language Other than English by Ethnic Heritage, King County, 1995-1996



Source: Ethnicity and Health Survey (EHS)

What is the importance of language of interview?

No health insurance by race and ethnicity, King County, 1993-1997



Sources: Ethnicity and Health Survey (EHS) and Behavioral Risk Factor Surveillance System (BRFSS)



What does discrimination in
health care settings look like?

Interview Project Findings

Experiences Reported by 51 African Americans

- Experiences ranged from incidents of *differential treatment* to *rude behavior* and *racial slurs*.
- Most respondents were *surprised* by the incidents; they did not expect this type of treatment and considered the personal impact to be *very severe*.
- Many respondents had *more than one story*.
- Most of the events reported are *recent*.
- All events were perceived to be racially motivated.
- The events reported occurred in 30 facilities, both public and private, located all over King County

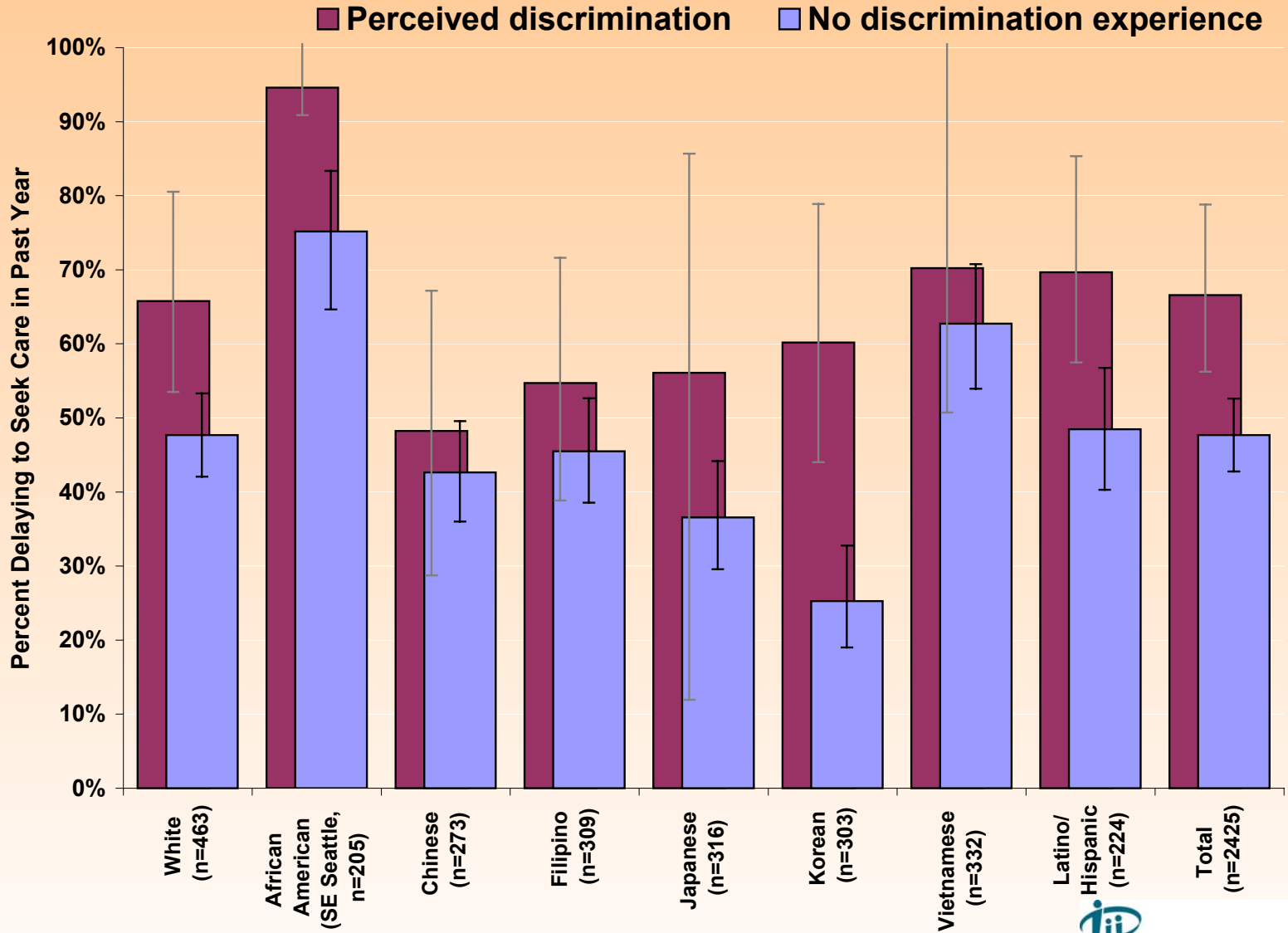
Examples of reported experiences:

- “He treated the Caucasian woman better and differently.”
- “The radiologist made a couple of crude remarks, like I was dumb.”
- “I was in the emergency room at the hospital and I feel that I was ignored due to my race.”
- “I know you shoot dope,” a nurse was reported to have accused one of the respondents.
- “You people accepted pain as part of slavery because you tolerate pain so well,” said a nurse to a respondent who before having a breast biopsy requested a sedative due to a low tolerance for pain.

What was the response to the reported event?

- About half made a complaint. Most were verbal; few were written or formal.
- Many respondents mentioned actively *avoiding* offending personnel and/or facilities where the incident took place.
- Some respondents reported *delaying* treatment due to the negative experience.

Delay in Seeking Needed Health Care by Perceived Discrimination Experience, King County, 1995-1996



Source: King County Ethnicity and Health Survey

Comments from respondents:

- “I vowed never to take my child to _____ Hospital.”
- “It was the last time my son would see Dr. _____.”
- “I was so ticked off when I went home that I cut up my _____ card.”
- “I have not sought surgery for my other leg. I would like surgery but I guess that I’ll find someone else. Sometimes my leg hurts.”



What is being done to address issues of discrimination in healthcare settings?

Recommendations for Addressing Discrimination in Health Care Settings

- Train health all care providers and support staff in cultural competency
 - Incorporate cultural competency measures in individual performance evaluations.
 - Periodically evaluate training to improve effectiveness.
 - Providers should be able to respectfully obtain cultural and ethnic heritage information of clients when this information is a necessary component of quality service.

Recommendations (continued)

- Change institutional policies in order to:
 - Maintain a non-discriminatory workplace
 - Assure a diverse workforce at all levels
 - Promote awareness among consumers regarding rights and grievance processes
 - Require subcontractors to report on racial and ethnic background.

Recommendations (continued)

- Continue studies that will contribute to eliminating discrimination by:
 - Collecting information routinely regarding race and ethnic background
 - Monitoring and reporting differential treatment
 - Examining and reporting experiences of other racial and ethnic groups.

Public Health - Seattle & King County

- Action Steps to Address Discrimination in Health Care Settings:
 - Ensure that recommendations are met within Public Health - Seattle & King County.
 - Disseminate findings widely
 - Co-sponsor a major community forum with several other community organizations
 - Work with other organizations to incorporate effective strategies to eliminate discrimination through the King County Health Action Plan
 - Continue to monitor discrimination experiences

Summary:

- Quantitative Data:
 - Discrimination in health care settings in the past year is reported more frequently by African Americans (11%), and American Indians/Alaskan Natives (18%) living in King than white King County residents (4%).
 - Possible link between discrimination and delay of treatment.
 - National studies document extensive evidence for the occurrence of differential treatment in health care settings; extent of local occurrences largely unknown.
 - Survey data from periodic cross-sectional surveys largely conducted in English may have many limitations

Summary (continued...):

- Qualitative Data: From interviews with African Americans who report discrimination experiences these experiences:
 - Ranged from rude behavior to incidents of differential treatment
 - Were relatively recent, occurring widely in King County (30 different facilities mentioned), and perceived to be racially motivated
 - Unexpected and considered severe in impact.
 - Helpful in giving a personal and meaning voice to the data
 - Helpful in developing future studies and interventions
- Advisory/community process crucial both for collecting information and in implementing change
- Change at institutional and societal levels comes slowly and reluctantly

Many questions remain...

- What is the impact of racism and perceived discrimination on health status?
- To what extent does perceived discrimination reflect differential treatment or access to quality care?
- What is the importance of discrimination in relation to other social determinants of health?
- What are the best methods for measuring discrimination and modeling its impact?
- What is the extent and impact of differential treatment occurring locally?
- How do experiences of racism and discrimination differ between race and ethnic groups?
- What are the best methods for eliminating persistent discrimination and racism in healthcare settings and in society at large?



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