

Health Hazard

Patients at Risk When Treatment is Unfair

FEBRUARY 2021

About one in seven Coloradans — 15.1%, or 620,000 people — reported “sometimes” or “often” experiencing unfair treatment when getting medical care at some point in their life, according to data from the 2019 Colorado Health Access Survey (CHAS). (See Figure 1.)

The impacts of being unfairly treated are far-reaching. Unfair treatment is associated with increased stress and poor health outcomes. Similarly, past experiences of unfair treatment can influence future decisions on whether to seek needed care.

Some Coloradans are more likely to report experiencing unfair treatment than others. Women are more likely to report unfair treatment than men — 17.9% vs. 11.8% (see Figure 2). People with no insurance or public coverage as well as younger adults also disproportionately report unfair treatment in care.

Understanding these disparities is critical to ensuring that all Coloradans have access to equitable and fair treatment and can pursue needed care without fear of discrimination.



Key Takeaways:

- About one in seven Coloradans reported experiencing unfair treatment in the medical system. Younger adults and those with public or no insurance were disproportionately affected.
- Women were over five times more likely than men to report that past experiences of unfair treatment were due to gender — 28.6% of women compared with 5.3% of men.
- Given the impact of unfair treatment on stress and associated health outcomes, an emphasis on patient-centered training and cultural responsiveness in provider-facing policy as well as systems-level improvement is important.

About the CHAS

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, and use of health care services in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. The 2019 CHAS was conducted between February 26 and July 14, 2019. Survey data were weighted to reflect the demographics and distribution of the state’s population. The survey was conducted in English and Spanish. The 2019 CHAS was administered mostly online — a change from the telephone surveys of previous years. A small random sample of respondents

was surveyed by phone to confirm that data from the online survey could be compared to prior phone-based surveys. In 2019, new questions were added to the CHAS, including questions on social factors such as housing, food security, and unfair treatment in the health care system. Unless otherwise noted, all data cited in this brief are statistically significant, and references to the rates of people who have experienced unfair treatment include those who reported “sometimes” or “often” receiving such treatment.

This brief focuses on the following guiding questions:

- Who reports experiencing unfair treatment when getting medical care in Colorado?
- For what reasons do Coloradans believe they are treated unfairly?
- How do reports of unfair treatment affect health status and willingness to pursue future health care treatment?

Unfair Treatment and Health

Discrimination in health care settings is associated with poor health outcomes. Coloradans in fair or poor health were three times as likely to say they had been treated unfairly sometimes or often as those in good, very good, or excellent health (32.6% to 11.4%). Similarly, 34.2% of Coloradans who reported poor mental health also said they were treated unfairly sometimes or often, compared with 10.6% in good mental health.

This is consistent with other research that has found associations between perceived discrimination when getting care, quality of care, and adverse health outcomes. In one study, individuals reporting discrimination were more than twice as likely to also report fair or poor quality of care.¹

Perceived unfair treatment can also lead to avoidance of necessary medical care. A study examining the associations between perceived discrimination and cancer screening among American Indian women found that past experiences of unfair treatment negatively influence use of cancer screening services and health care-seeking behaviors. Generally, previous studies show that perceived discrimination in a health care environment is associated with delayed treatment, underutilization of behavioral health services, and increased emergency department and hospital visits.^{2,3}

Disparities Between Coloradans

Across the state, some populations disproportionately reported experiencing unfair treatment when getting medical care. Disparities were particularly striking across genders. Women were more likely to report experiencing unfair treatment (17.9%) compared with men (11.8%) (see Figure 2).

Multiple studies reflect the disparity shown in the CHAS data. For example, women with the same

Figure 1. About One in Seven Coloradans Reported Experiencing Unfair Treatment When Seeking Medical Care “Sometimes” or “Often” During Their Lifetimes

Percentage of respondents who reported having experienced unfair treatment “sometimes” or “often,” 2019

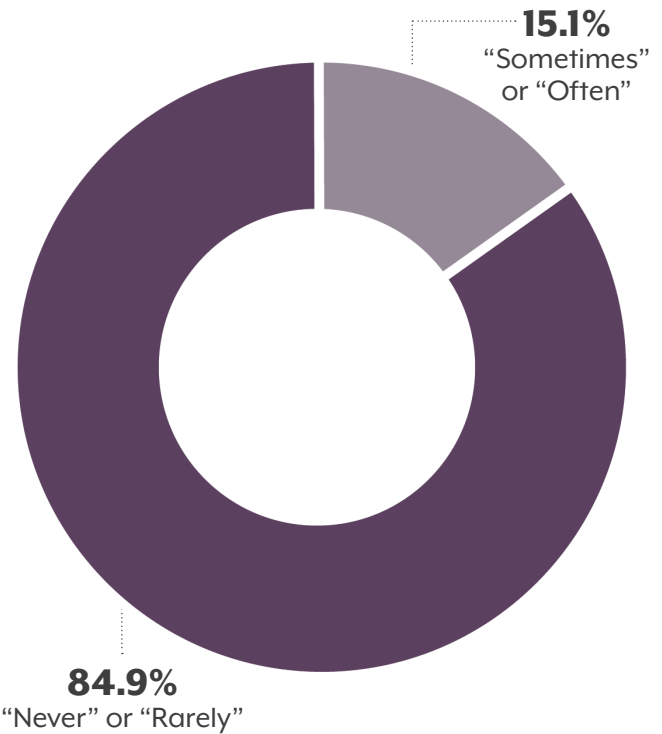
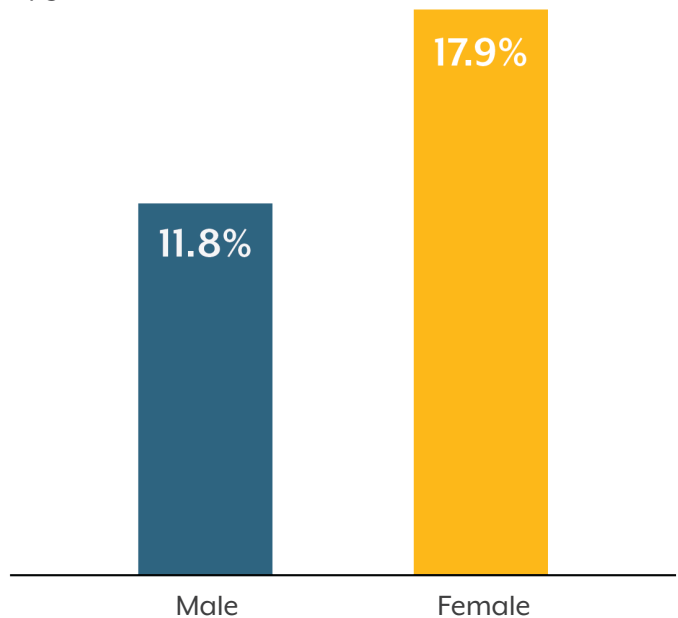


Figure 2. Women Were More Likely to Report Experiencing Unfair Treatment

Percentage of respondents who reported unfair treatment by gender, 2019



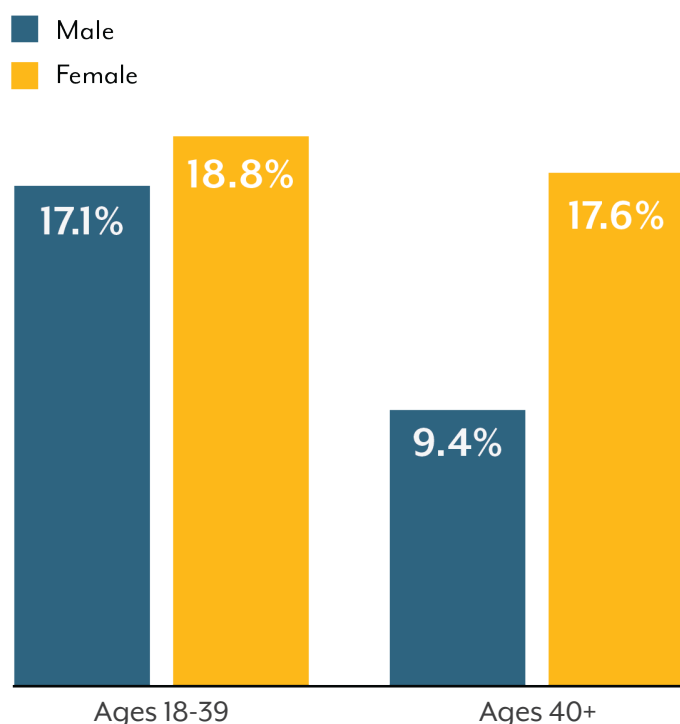
symptoms as men wait longer for care and spend less time with providers. Women also are more likely to be misdiagnosed with mental health problems and are consistently prescribed less pain-relieving medication.⁴ Studies show that women interface with the health care system more than men and seek out care more often. This is due to a variety of reasons such as taking on the role of primary caregiver in the home for children and elderly family members.⁵

Age Is an Issue, but Gender Disparity Persists

The connection between age and reports of unfair treatment is clear: Younger Coloradans were more likely to report having experienced unfair treatment when seeking medical care during their lifetime than their older counterparts (17.1% of men and 18.8% of women between the ages of 18 and 39). Men between 18 and 39 were nearly twice as likely to report past experiences of unfair treatment as men over 40 (see Figure 3).

Figure 3. While Young Women Were Most Likely to Report Unfair Treatment, Younger Adults Overall Reported Unfair Treatment More Than Older Counterparts

Percentage of respondents who reported unfair treatment by gender and age, 2019



This may reflect shifting expectations and awareness. It is possible that younger Coloradans are more sensitive to – and educated about – discrimination in all settings, including health care. This awareness can come from a variety of areas. Today’s younger adults, for example, pursue higher education more than their parents and grandparents, and the proportion of young adults with bachelor’s degrees or higher has continued to increase.⁶ Exposure to higher education also means exposure to more diverse people. Students of color made up just 29.6% of undergraduates in 1996. This percentage increased to over 45% in 2016 and is continuing to grow.⁷

Because of this greater exposure to diversity, younger adults may also be more likely to recognize

Gender Identity and Unfair Treatment

The CHAS questionnaire includes questions about gender identity. However, this analysis does not include nonbinary or transgender individuals due to insufficient data and sample size. However, experiences of stigma and discrimination in health care settings are pervasive among transgender and nonbinary patients and should be highlighted.

The experiences of transgender and nonbinary people are understudied. This is due in part to the same obstacles posed by small sample sizes experienced in this analysis. Nevertheless, the amount of literature is steadily growing and indicates that transgender people often report experiences of stigma and/or discrimination in health care settings.

Research has found that while experiences of discrimination in health care are not identical across transgender and nonbinary people seeking care, the impact of such experiences on those who experience them is significant. For example, one study found that over 30% of transgender study participants delayed or did not seek needed health care due to prior discrimination. In addition, when respondents interacted with providers who they perceived lacked knowledge about the transgender experience and/or health, they were more than four times more likely to delay needed care.⁸

discrimination and speak out against it. A recent study surveyed more than 150,000 millennials (24- to 39-years-old in 2020) and found that this group is more interested in causes and social issues related to the quality of life for all people. Millennials are more willing to speak out against injustice on behalf of those who are historically disenfranchised. When compared with previous generations, they are more likely to see themselves in those who do not necessarily look like them, possibly due to increased exposure to diverse communities.⁹

Nevertheless, the disparity between men and women is present in older and younger generations. Women over 40 were almost twice as likely to report past experiences of unfair treatment as men of the same age. And women between 18 and 39 were most likely to report past experiences of unfair treatment when getting medical care.

This may reflect the nature of the types of health care services younger women of childbearing age are seeking – specifically sexual, obstetric, and other reproductive health services. The literature documents double standards in attitudes toward the sexuality of men and women, especially younger women.¹⁰ These double standards may contribute to women reporting unfair treatment because of their gender.

Insurance Status and Ability to Pay

When insurance status is considered, reports of unfair treatment by men and women highlight another key indicator of perceived provider bias. Coloradans without commercial insurance were more likely to report discrimination. Notably, 34.4% of uninsured men reported unfair treatment, compared with 8.1% of men with commercial coverage. And 26.2% of women with public insurance coverage reported unfair treatment, compared with 13.1% with commercial coverage (see Figure 4). The disparity between uninsured men and women is also notable, particularly because more uninsured men report unfair treatment than women. The reason for this difference is not currently clear and deserves further exploration.

Insurance status can serve as a proxy for overall socioeconomic status. In other words, these data could reflect unfair treatment and perceived ability to pay. A person is more likely to go without insurance, for example, if they work in an occupation or an employment sector that is less likely to provide full benefits and/or if they have an income that's too low to purchase health insurance.

Figure 4. Higher Reports of Unfair Treatment Among Uninsured and Underinsured Indicate Ability to Pay for Care May Impact Perceived Provider Discrimination

Percentage of respondents who reported unfair treatment by gender and insurance coverage, 2019

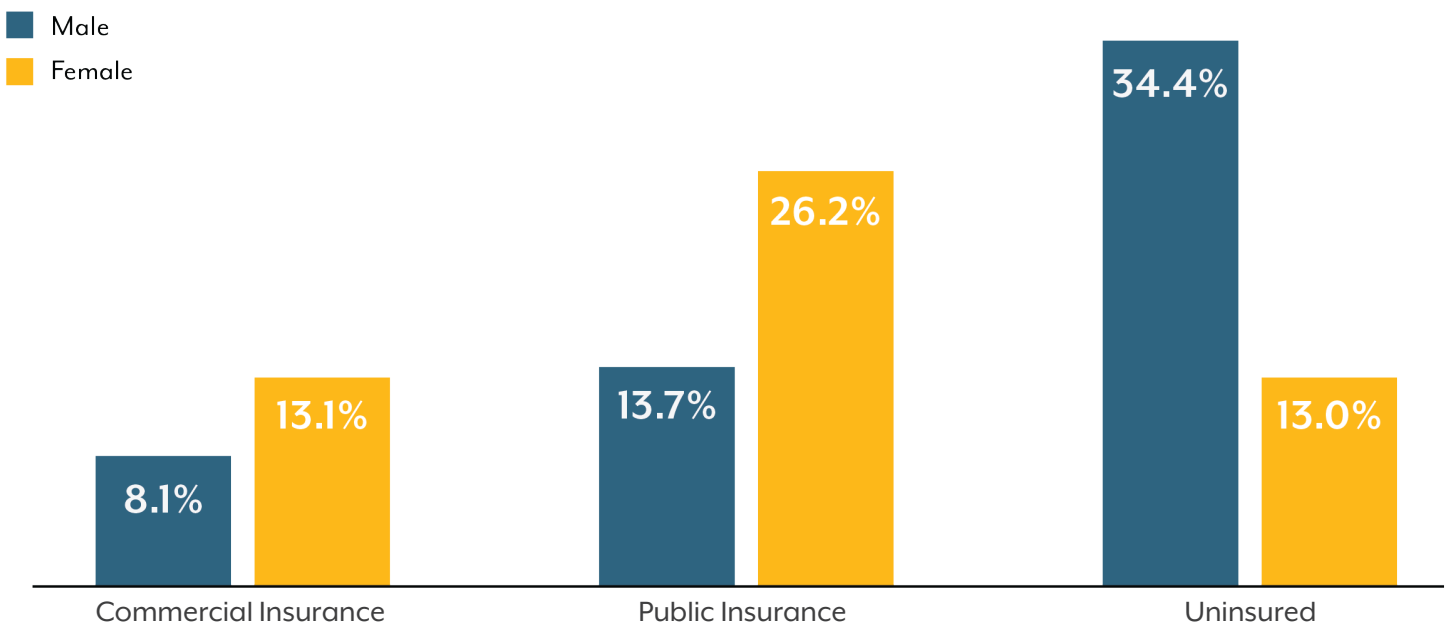
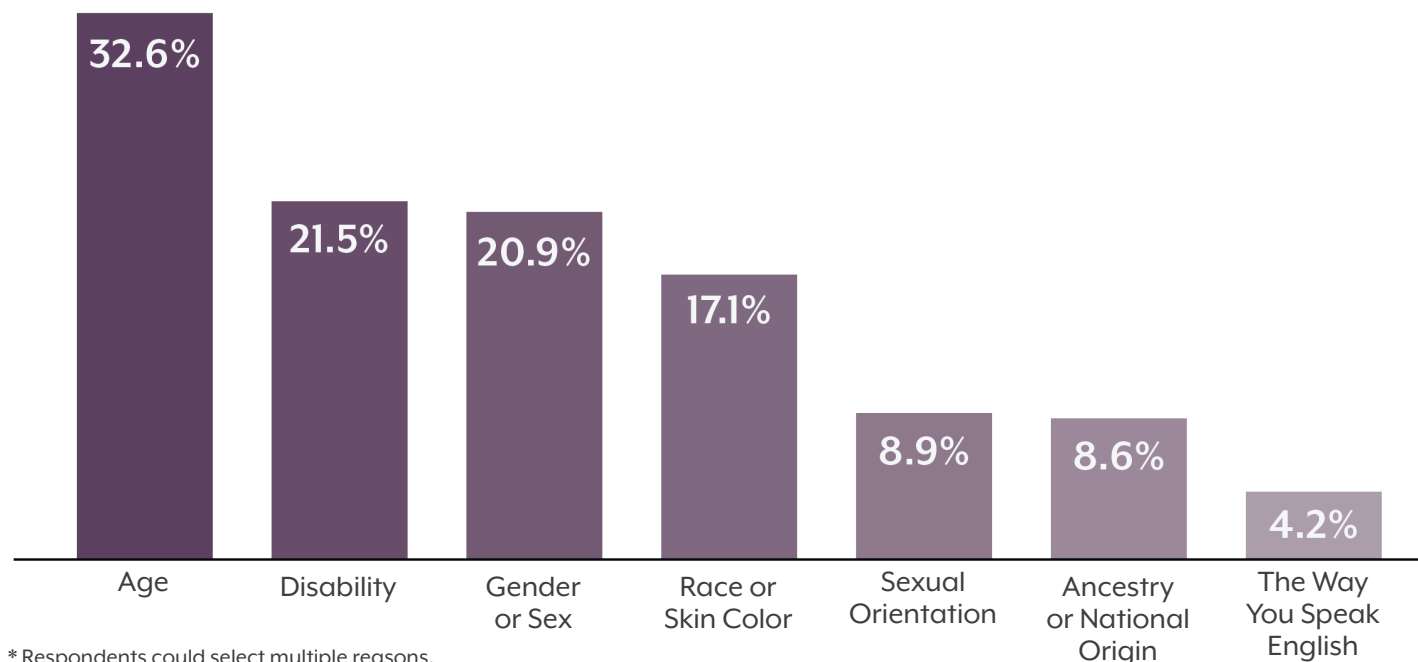


Figure 5. Among Coloradans Who Reported Unfair Treatment, Age Was Cited as Most Likely Reason*

Reported reasons for unfair treatment, 2019



* Respondents could select multiple reasons.

Reported Reasons for Unfair Treatment

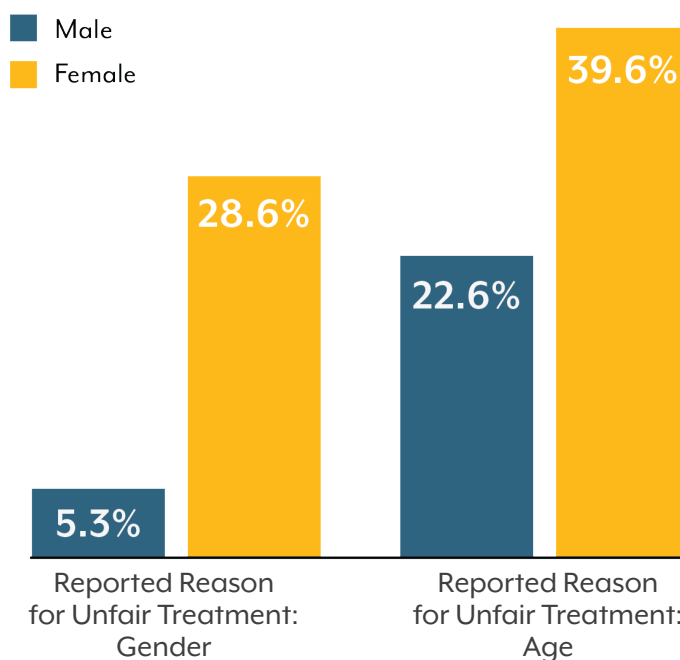
Coloradans cited a range of reasons for the unfair treatment they reported experiencing in the past. More than 17% of Coloradans cited race or skin color, 20.9% cited gender or sex, and 21.5% cited having a disability. However, the top reported reason for unfair treatment was age — of those who reported “sometimes” or “often” being treated unfairly, 32.6% shared that age was the reason why (see Figure 5).

The proportion of women who cited age as a reason was even higher. Colorado women were more likely to report “sometimes” or “often” experiencing unfair treatment because of their age compared with men (39.6% and 22.6% respectively) (see Figure 6).

Even more striking, women were over five times more likely than men to report that past experiences of unfair treatment were due to gender —28.6% of women compared with 5.3% of men (see Figure 5). These data are significant and in line with literature suggesting that women are less likely to receive adequate time with physicians and/or are ignored despite frequent requests for care.¹¹ A repeated theme found in these studies is the consistent dismissal of women’s health care needs.

Figure 6. Women Were More Likely to Report Gender and Age as Reasons for Unfair Treatment

Reported reason for “sometimes” or “often” being treated unfairly by gender, 2019



Consequences of Unfair Treatment

The effects of past experiences of unfair treatment are longer-lasting than just the moment of discrimination as they can lead to Coloradans forgoing care that they may desperately need. More than 5% of Coloradans — about 283,000 people — reported that they had passed up care due to concern about unfair treatment. The difference between the number of women and men who avoided seeking care because of fear of unfair treatment is also significant. Some 6.0% of women compared with 4.3% of men did not seek needed care due to concern about unfair treatment, a statistically significant variation (see Figure 7).

One of the most likely reasons for forgoing care due to unfair treatment is to avoid the stress associated with discriminatory experiences. Of those who reported “sometimes” or “often” being treated unfairly, 94% reported experiencing some level of stress, with over 40% describing the experiences as “extremely stressful” (see Figure 8).

Higher proportions of men reported experiencing low stress associated with unfair treatment. More than 35% of men reported that experiences of unfair treatment were either “not stressful at all” or “a little stressful” compared with 19.7% of women. The opposite trend occurs when examining experiences of great stress. Over 47% of women described these experiences as “extremely stressful” compared with 28.3% of men (see Figure 9).

This is significant given the impact of stress on other health outcomes. Stress can contribute to increased heart rate, high blood pressure, and other problems and is linked to mental health issues such as anxiety and depression.

Policy Challenges and Opportunities

Addressing unfair treatment in the health care system will require engagement at multiple levels of policy and community. From upstream solutions such as educational reform to incentive programs that center on cultural responsiveness, there are many opportunities to begin to chip away at discrimination within society’s health care structures.

Figure 7. Women Were More Likely to Forgo Needed Care to Avoid Unfair Treatment

Forgone care due to unfair treatment by gender, 2019

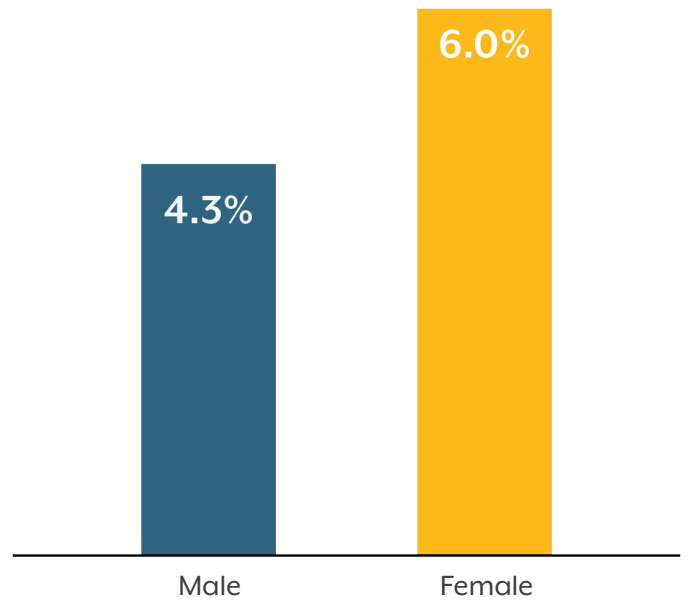


Figure 8. Of Those Who Reported “Sometimes” or “Often” Being Treated Unfairly, 94.1% Experienced Some Level of Stress

Stress due to unfair treatment, combined gender, 2019

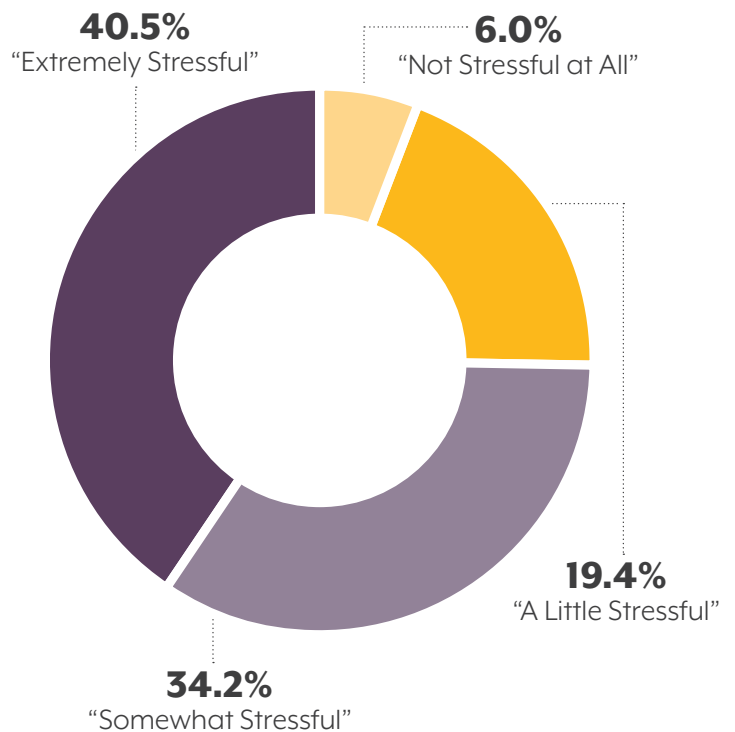
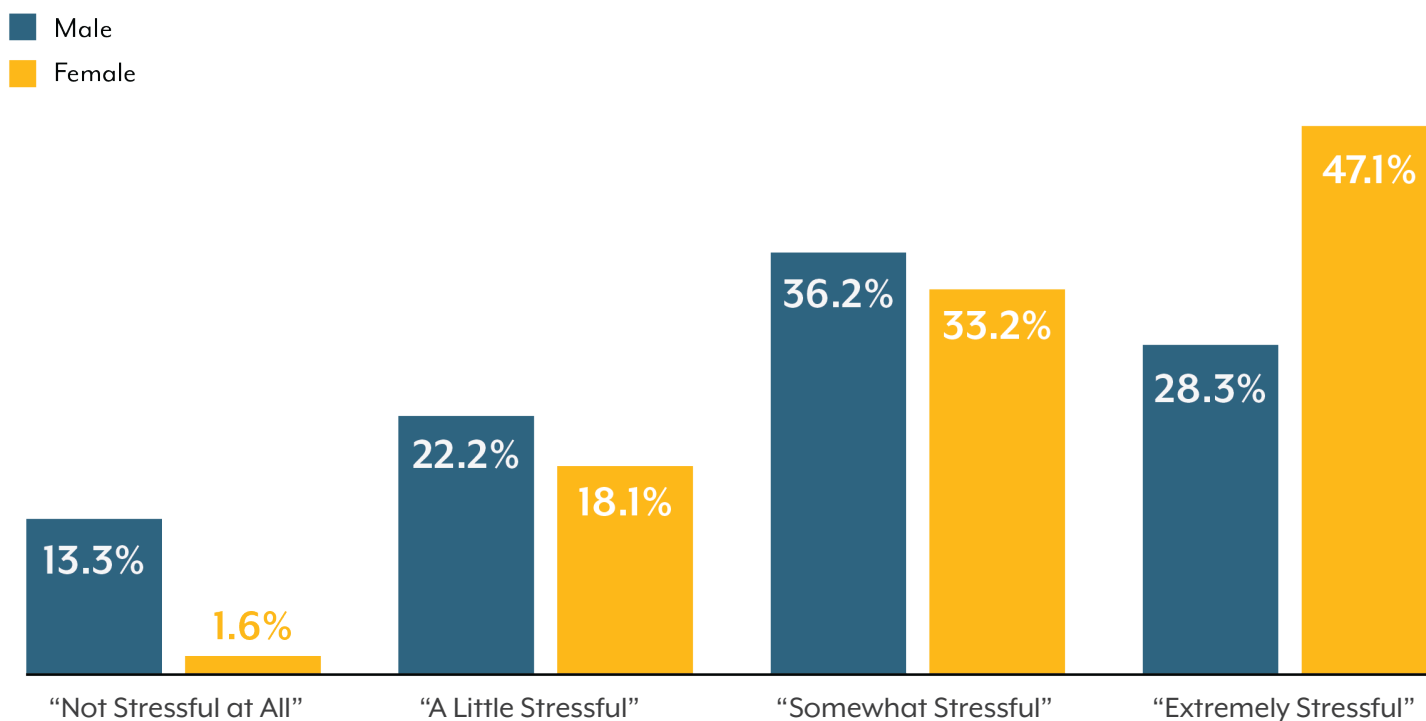


Figure 9. Women Were More Likely to Describe Experiences of Unfair Treatment as Stressful

Stress due to unfair treatment by gender, 2019



Reenvision Medical Training

While experts often recommend training as the main proposed solution for bias and discrimination in health care, it is important to consider the full career progression of physicians. Instead of waiting until an incident brings about a need for bias training, emphasizing cultural responsiveness in the medical school application process and throughout the training of medical students would facilitate earlier adoption of critical skills. Studies have found significant and positive changes in attitudes toward lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) patients following intentional training to promote more positive medical student or provider attitudes toward patients, particularly when training materials incorporate patients' input.¹⁴

Create Space for Honest Feedback

Too often the only opportunity for those who have experienced unfair treatment to share that experience is retroactive reflection through surveys like the CHAS. By creating additional secure forums for honest feedback, patients will be able to more

frequently flag areas needing improvement and identify better access channels for resolution. Real-time data allow for real time changes. Implementing ombudsman programs in health care settings that focus specifically on unfair treatment could provide a needed safe forum for this kind of feedback. Studies show that ombudsman services are particularly necessary when individuals have unique needs, a natural power differential exists, and/or the system of care is complex.¹⁵ Given the relationships patients have with providers, the complexity of the health care system, and the social weight of certain identities, the impact of such a program could be significant.

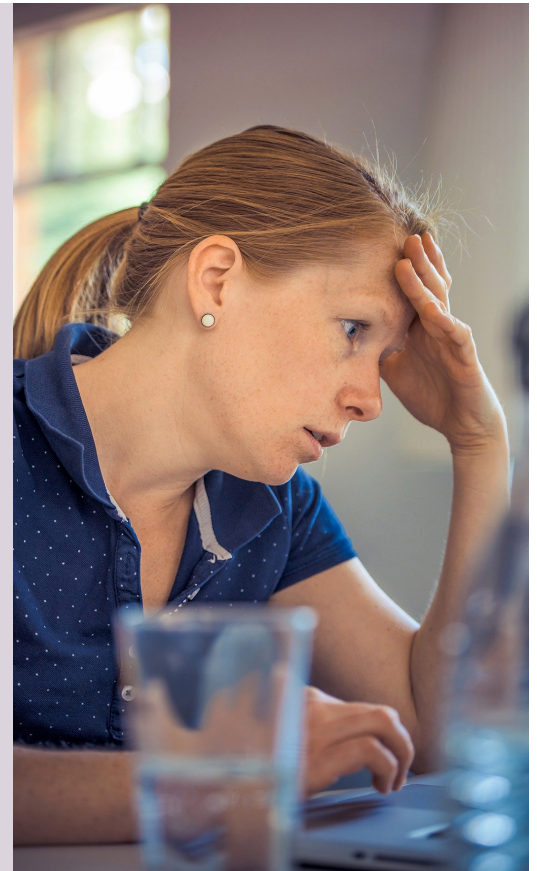
Redefine Value in Value-Based Care

As the health care landscape shifts increasingly to value-based payment systems — a form of reimbursement that ties payments for care to the quality of care — redefining the meaning of value can emphasize and incentivize cultural responsiveness. The recent focus on innovation and value-based care has centered on delivery system reform which, though important, does not directly pinpoint the root cause of unfair treatment and how it presents itself and affects patients. Tying value and quality to

Who's Missing From This Analysis?

The CHAS asks respondents for demographic information, including race, ethnicity, and gender identity. This brief does not include an analysis of unfair treatment among LGBTQIA+ Coloradans because of this sample size issue. But there is no question that communities of color and members of the LGBTQIA+ community have long had to navigate systems that are inextricably rooted in racist, heteronormative, and sexist structures.^{12,13}

Patients who seek care and belong to one or more marginalized communities regularly confront physicians or others in the health care system who may or may not be explicitly biased, but who operate in an inherently discriminatory system. Although the present data cannot contribute to quantitative analysis of these specific categories, it is indisputable that throughout the history of this country nondominant racial, ethnic, disability, and sexual identities have experienced unfair and discriminatory treatment when seeking medical care. Readers are urged not to review this brief separate from this history and context.



indicators of cultural responsiveness would reward health care professionals for taking intentional steps toward providing equitable care for all patients. The Colorado Department of Health Care Policy and Financing (HCPF) is currently investigating new ways to emphasize cultural responsiveness and health equity. HCPF hired a diversity, equity, and inclusion manager who will lead the charge in implementing cultural competency trainings for providers participating in value-based payment primary care programs. The department is also exploring new Alternative Payment Model measures that address racial disparities, such as ensuring better race/ethnicity data collection and measures aimed at mitigating potential language barriers.

Conclusion

The CHAS data on unfair treatment in the health care system are sobering. With nearly one in seven Coloradans reporting experiences of unfair treatment at some point in their life, addressing conscious and unconscious bias in health care is critical.

All Coloradans should be able to access needed health care without the fear of discrimination or bias. And the fact that 94.1% of those who reported unfair treatment experienced some level of stress from the encounter shows that these experiences have direct negative impacts on the health of Coloradans.

The road toward a more equitable health care landscape is by no means easy or clear, but raising the issue is a first and necessary step. By dedicating resources to and encouraging engagement with this issue, Colorado can continue to strive to improve the health of all communities.

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Endnotes

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