

# Racial Discrimination and Access to Care in Colorado

Colorado Health Access Survey Findings Suggest the Need to Address Racial Discrimination in the Health Care System

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*An estimated 148,000 Colorado adults reported being treated with less respect or receiving worse care than others while seeking health care, according to data from the 2021 Colorado Health Access Survey (CHAS). Of this group, over 52,000 were people of color. Race or cultural or ethnic background were the most common reasons why people of color felt they were disrespected when accessing the health care system.*

The CHAS shows that discrimination is a barrier to health access. People who identify as Black or African American or Hispanic/Latino were also more likely than white Coloradans to report skipping health care because of concerns about being treated unfairly, according to the CHAS.

While many people can experience discrimination within the health system, this report focuses primarily on people of color. It is well established that being treated unfairly and disrespectfully because of one's race or ethnicity has far-reaching impacts, not limited to poor physical and mental health outcomes.<sup>1</sup> Additionally, meaningful and significant efforts are being made to improve health outcomes and reduce inequities among people of color, and these data help illustrate why this work is important and where more action is needed.

The CHAS findings offer new insight into recent experiences of discrimination in the health care system and their impact on people of color in Colorado. Taking action to ensure people of color in Colorado receive respectful, fair treatment regardless of their race, ethnicity, or culture is an urgent and necessary step for health care providers to improve health equity.

## Key Takeaways

- Race, ethnic background, and culture were the most common reasons people of color reported being treated with less respect in the health care system.
- In 2021, 5.4% of Black or African American and 4.4% of Hispanic/Latino Coloradans reported skipping health care due to fear of unfair treatment compared to 2.3% of white Coloradans.
- Policymakers and providers can help address the problem by working to promote relationship-centered and culturally responsive care, increase the diversity of the workforce, and improve community engagement.

## Health and Discrimination

Research indicates that experiences of discrimination can lead to a higher mortality rate, mental illness, cancer, hypertension, cardiovascular disease, obesity, and risky lifestyles.<sup>2</sup>

Data from the CHAS also aligned with that research: Coloradans who skipped care due to fear of unfair treatment were much more likely to report poor health.

Coloradans who skipped care due to fear of unfair treatment were more likely to report poor or fair general health compared with those who did not skip care (41.2% compared with 11.2%). A similar trend was seen in poor mental health. Those who skipped care due to fear of unfair treatment were three times as likely to report poor mental health compared with those who didn't skip care (46.6% compared with 15.6%).

## More People of Color Reported Disrespectful Treatment or Lower Quality of Care Based on Race or Ethnic Background

In 2021, 4.2% of Coloradans ages 18 and older who got health care in the past year — about 148,000 people — reported that they were treated with less respect or received services that were not as good as others received.

More than one in three of those adults (35.2%, or about 52,000) were people of color — that is, people who identified as a race other than non-Hispanic/Latino white on the survey. This group includes people who selected Black or African American, Hispanic/Latino, Asian, Native Hawaiian or Other Pacific Islander, Middle Eastern or North African, American Indian or Alaska Native, or some other race. Small sample sizes prevented analysis by specific groups for this question.

Among people of color who reported being treated disrespectfully, a striking majority reported that ethnic background or culture (89.2%) or race (87.0%) were the reasons.

While people of color who answered the survey may also have reported that they experienced disrespectful treatment due to other aspects of their identities or life experiences, race and culture were the most commonly reported reasons among this group.

## Using the Colorado Health Access Survey to understand disrespect, unfair treatment, and discrimination

This brief focuses on the following questions:

- How many people of color in Colorado ages 18 and older report experiencing disrespect or receiving worse care when seeking health care, and what did people of color identify as the reasons for this disrespect or lower-quality care?
- How did concerns about unfair treatment affect care-seeking among people of color?
- What are policymakers and providers doing, and what more can be done, to improve the health care experiences and access of people of color?

Among people of all races who reported being treated with less respect, income was the most common reason (58.3%), followed by ethnic background or culture (37.1%) and race (36.0%) (see Figure 1).

Note: Respondents reported other reasons for being treated with less respect, including disability, age, experience with violence or abuse, gender or gender identity, and sexual orientation. Due to small sample sizes, however, these reasons could not be reliably reported for the adult people of color sample. Respondents could also note more than one reason.

These data reflect that many people of color's experiences in the health care system are shaped by centuries of racial discrimination. Unethical and racist science has perpetuated false beliefs and stereotypes about people of color among many providers.<sup>3</sup> Institutional and provider bias, structural racism, a history of dangerous experiments, and exploitive marketing have led to widespread mistrust in the health care system among many people of color.<sup>4</sup>

On a separate question on the 2021 CHAS, about 85,000 Coloradans reported needing care that was responsive to their race or ethnic background. Receiving culturally competent care was linked to higher satisfaction with care. (Read more: [Diverse State, Diverse Needs.](#))

### Figure 1: People of Color Were More Likely to Report Race and Ethnic Background or Culture as Reasons for Being Treated With Less Respect\*\*

Reasons for Being Treated with Less Respect, 2021

Reported Reasons Why Adults Were Treated With Less Respect	All Adults Who Reported Being Treated With Less Respect	Adult People of Color
Income or financial situation	58.3%	NA*
Ethnic background or culture	37.1%	89.2%
Race	36.0%	87.0%

\* Sample size of responses for individuals 18 years and older was too small to report.

‡ Asked of Coloradans 18 and older who reported being treated with disrespect.

### Sources of Discrimination

Coloradans who reported being treated with disrespect were most likely to note that providers were the source of that disrespect (see Figure 2). However, people also reported being treated disrespectfully by insurance providers, front desk staff, and other people they encountered while seeking health care.

Note: Experiences specific to people of color for these data were not available at this level of granularity, due to data limitations.

### Figure 2: Health Care Providers Were the Most Common Source of Disrespectful Treatment Among Health Professionals

Sources of Disrespectful Treatment Reported by Adults Who Experienced Discrimination When Seeking Health Care, 2021

Source of Disrespect Experienced When Seeking Health Care	Percentage of Adults Who Experienced Disrespect
Doctor, nurse practitioner, or physician assistant	54.8%
Nurse, medical assistant, or other clinical staff	54.5%
Insurance provider	31.3%
Staff at the front desk	30.9%
Billing department	29.2%
Someone else	19.8%
Mental health professional	19.7%

### Concerns About Unfair Treatment Led to Skipped Care

In 2021, 3.1% of Coloradans, or about 175,100 people, reported skipping care because they were concerned about unfair treatment or consequences (see Figure 3). Black or African American Coloradans were more than twice as likely than non-Hispanic/Latino white Coloradans (5.4% compared to 2.3%) to report skipping care due to concerns about unfair treatment or consequences. Hispanic/Latino Coloradans (4.4%) were also nearly twice as likely as white Coloradans (2.3%) to report this challenge. Sample sizes for other groups were too small to report.

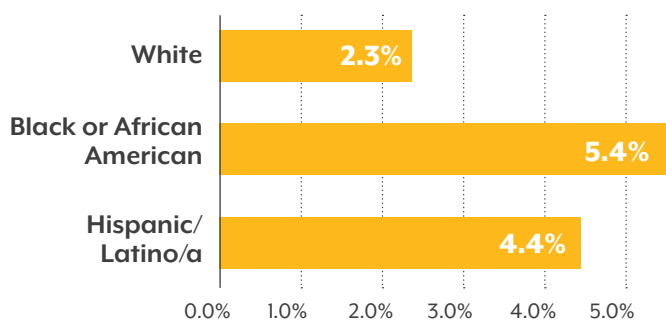
Past experiences of unfair treatment can influence future decisions about whether to seek needed care.<sup>5</sup> Negative experiences have a profound impact on people's emotional well-being, as well as their physical and mental well-being.<sup>1</sup> Unfair treatment is associated with increased stress and poor health outcomes: The 2019 CHAS found that nearly all Coloradans who had reported being treated unfairly while seeking health care found the experience to be stressful. (Read more: [Health Hazard.](#))

### Addressing Discrimination in Health Care

The CHAS data in this brief make it clear that people of color experience discrimination within the health care system, an ongoing challenge that needs to be addressed.

**Figure 3: More Black or African American and Hispanic/Latino Coloradans Skipped Care Due to Concerns of Being Treated Unfairly**

*Percentage of Adults Who Reported Skipping Care Because They Were Concerned About Unfair Treatment or Consequences, 2021*



Policymakers and providers are taking steps to reduce discrimination in the health care setting, including through recently passed legislation to advance this work. While that’s a good start, providers can take additional steps to promote more diverse and inclusive care.

**Legislative Action to Encourage Change**

In 2022, Colorado legislators passed a law ([House Bill 22-1267](#)) that allocates \$900,000 in grant funding for nonprofits and statewide provider associations to develop training on culturally responsive care with a focus on intersectionality, that is, taking into account people’s overlapping identities and experiences in order to understand the complexity of prejudices they face.

A 2021 law ([Senate Bill 21-169](#)), motivated by concerns about bias and unintended harms to people of color and other groups resulting from the unchecked use of data, aims to protect consumers from unfair treatment by insurers. Insurers — including health insurers — must demonstrate to the Division of Insurance how they test their data and tools for unfair discrimination.

As directed by [SB21-181](#), the Office of Health Equity in the Colorado Department of Public Health & Environment (CDPHE) has been expanded to include representatives from 10 state agencies, 10 community members representing priority populations, and

two members of the Colorado General Assembly. Each agency is required to participate on the commission and to [develop an equity strategic plan](#) in its respective area. The Department of Health Care Policy & Financing, which administers the state’s Medicaid program, developed a health equity plan for 2022-2023 that included a community engagement process to inform the agency’s plan to address upstream determinants of health, identify ways to close inequity gaps, and address disparities and improve outcomes for Colorado’s most impacted communities.<sup>6</sup>

**Approaches for Providers**

Providers and organizations that support or train providers can also take steps to reduce discrimination and promote access to culturally appropriate care. Promising approaches include:

**Promoting cultural competence and relationship-centered care.** Relationship-centered care recognizes that the nature and quality of relationships are fundamental to health care and the broader system of health care delivery.<sup>7</sup> Relationship-centered care is defined as care in which participants appreciate one another’s importance. It emphasizes four strategies: 1. Health care relationships should incorporate the personhood (understanding that individuals have their own sets of experiences, values, and perspectives) of the participants, 2. Emotion plays a vital role in these relationships, 3. Health care relationships occur in a reciprocal manner, and 4. Genuine relationships are important. By getting to know patients at a deeper level, providers can better understand their cultural or personal needs.<sup>7</sup>

**Authentic community engagement.** Community engagement by providers or health systems can facilitate productive collaborations and trust with community that can, in turn, improve health and well-being. Community engagement is fundamentally about changing behaviors, environments, policies, programs, and practices within communities.<sup>8</sup>

**Diversifying the health care workforce.** Clinics can create better patient experiences in the health care setting, especially for people of color, by hiring more people of color, people with different cultural beliefs, and people who speak different languages.

Research shows that Black patients who had Black physicians as their care provider reported receiving preventive care and all needed medical treatment in the past year more often than respondents with non-Black physicians.<sup>9</sup> Hispanics with Hispanic physicians are more satisfied with their health care than those without.<sup>10</sup> Beyond diversifying the health care workforce, ensuring that the existing workforce receives cultural competency and anti-bias training can go a long way toward supporting currently practicing providers.

The American Medical Association [adopted a new policy](#) committing to racial justice and equity within the medical profession and society at large.<sup>11</sup> Its goal is to increase diversity in the physician workforce by enhancing recruitment and modifying medical school admissions policies, changing curriculum, providing summer enrichment programs, and integrating multiple interventions, such as financial, academic, and social supports.<sup>9</sup> These sorts of practices can serve as a model for Colorado’s medical and health care education organizations.

## Conclusion

All Coloradans should be able to access health care without fear of being treated disrespectfully. But these CHAS data suggest that people of color in Colorado are having health care experiences tied to their race and ethnicity that can affect their health and access to care. These experiences are a manifestation of a long history of institutional and structural racism in the health care system.

Building a more equitable health care system requires acknowledging and addressing this history and reducing racism and bias among providers. Culturally competent and equitable care can improve health equity and build trust between people of color and health care providers.

Health care institutions, policymakers, educators, providers, and community-based organizations and funders all have a role to play in improving the experiences and health of Coloradans of color.

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## About the CHAS

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, use of health care services, and the social factors that influence health in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. Survey data are weighted to reflect the demographics and distribution of

the state’s population. The 2021 CHAS was fielded between February 1 and June 7, 2021. The survey was conducted in English and Spanish. New questions were added to the 2021 survey to capture the impact of the COVID-19 pandemic as well as the impact of telehealth, social factors, and other topics. Visit [colo.health/CHAS21](https://colo.health/CHAS21) for information on the 2021 CHAS and our generous sponsors.

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## Endnotes

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- <sup>11</sup> American Medical Association. (2021). AMA adopts new policy to increase diversity in physician workforce. <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-increase-diversity-physician-workforce>



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