



Americans' Views of Disparities in Health Care:

*A poll conducted by The Harvard School of
Public Health, the Robert Wood Johnson Foundation
and ICR/International Communications Research*

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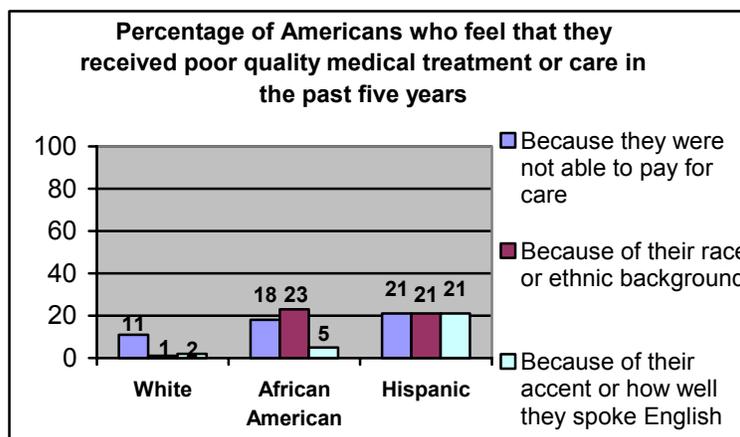
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Executive Summary

The disparities team at the Robert Wood Johnson Foundation is working to help health care systems--plans, providers, and others--directly address racial and ethnic disparities as a top priority in improving the quality of care. We care about patients' and consumers' perceptions of the quality of their health care as an important dimension of the problem. Three years ago, an Institute of Medicine report, *Unequal Treatment*, documented numerous disparities in health care between racial and ethnic groups in the United States. In September 2005, the Harvard School of Public Health and the Robert Wood Johnson Foundation conducted a survey to examine the extent to which the American public was aware of this problem. The researchers fielded the survey to a nationally representative sample of 1,111 adults age 18 and over. Of those, 107 were African American respondents and 130 were Hispanic American respondents.

KEY FINDINGS

- **There is not widespread recognition of the existence of disparities in health care.** Only 32 percent of Americans think that the problem of getting quality health care is worse for minorities than it is for white Americans. However, African Americans (44%) and Hispanic Americans (56%) are more likely than whites (25%) to believe that the problems in health care are worse for minority groups.

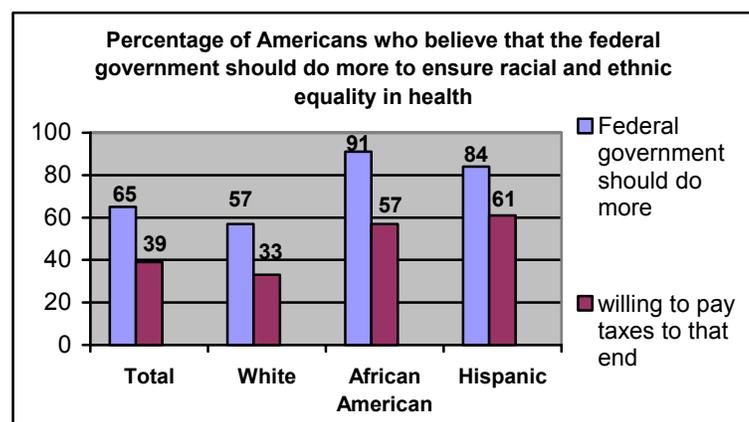


As compared to one percent of whites. One in

- **Twenty-three percent of African Americans report that they received poor quality medical care because of their race or ethnicity,** as compared to one percent of whites. One in

five Hispanic Americans (21%) report that they received poor quality medical treatment because of their accent or how well they spoke English.

- **Although most Americans are unaware of the disparities in health services provided to African Americans and Hispanics, most Americans (65%) say that the federal government should do more to address racial and ethnic health care disparities.** However, most of the population does not feel strongly enough about the issue to pay more taxes to this end. Only 39 percent of the population would agree to an increase in taxes so that the federal government might do more to diminish these disparities.



Overview of Poll Findings

Three years ago, an Institute of Medicine (IOM) report, *Unequal Treatment*, identified a serious problem with disparities in health care between racial and ethnic groups in the United States. In September 2005, the Harvard School of Public Health and the Robert Wood Johnson Foundation did a survey to examine the extent to which the American public was aware of this problem. The survey found that while the majority of Americans know that many people face serious problems getting quality health care because of their race or ethnicity, most of the population does not think that the problem of getting quality health care is any worse for racial and ethnic minorities than it is for white Americans. In addition, whites, as opposed to other racial and ethnic groups, largely do not believe that problems of quality or access to health care are any worse for African Americans or Hispanic Americans than they are for whites.

In a general sense, Americans recognize that problems do exist, but when asked about disparities regarding specific aspects of health care, the majority of the population does not think racial or ethnic minorities have worse problems receiving health care than whites. Most of the American population (53%) acknowledges that some people, because of their race or ethnicity, have serious problems getting quality health care. However, when asked whether racial and ethnic groups have worse problems than whites in getting quality health care, only 32 percent of Americans agreed [Table 1].

Despite the results of the IOM study, most Americans believe that racial and ethnic minorities can get access to the health care they need when they are sick. Only 35 percent of respondents think that it is harder for African Americans to get care when they are sick than it is for whites [Table 2]. Similarly, only 37 percent of Americans believe that it is harder for Hispanic Americans than it is for whites to get care when they are sick [Table 3].

Likewise, most Americans agree that once a person is in the hospital the quality of care provided to racial or ethnic minorities is the same as it is for whites. Nearly three in five Americans (59%) believe that African Americans receive the same quality of care as whites when they are hospitalized [Table 4]. Furthermore, when Hispanic Americans are hospitalized, 60 percent of the population believes that they receive the same quality of care as whites [Table 5].

Most Americans (64%) believe that African Americans receive the same quality of medical treatment as whites do when they see a doctor in their local community [Table 6]. Americans' views on the medical care Hispanic Americans receive when they see a local community doctor are nearly identical at 64 percent [Table 7]. In addition, the survey also found that fully 67 percent of Americans expect their doctors to understand their personal cultural background and how that background might affect the quality of their care [Table 8].

Despite the fact that most Americans are unaware of gross disparities in health services provided to minority groups, they are nonetheless committed to the principle of equality.

They agree that all Americans should receive the same services and view the government and medical profession as responsible for ensuring that this happens. Asked whether these institutions should do more to lessen disparities in health care, 66 percent of Americans reported that the medical profession should do more than it does now to ensure that racial and ethnic minorities have the same chance to get good quality health care as whites have, and a similar 65 percent believed that the federal government should do more than it does now to that end as well [Tables 9, 10]. However, most of the population does not feel strongly enough about the issue to be willing to make a personal sacrifice and would not want to pay more taxes to this end. As such, only 39 percent of the population would agree to an increase in taxes so that the federal government might do more to diminish these disparities [Table 11].

African Americans' Views

Whereas most Americans do not feel that there are huge racial or ethnic disparities in health care provision, African Americans and Hispanic Americans believe that the problems are worse for minority groups in general than whites do. Twenty-three percent of African Americans report having gotten poor quality medical care because of their race or ethnicity, as compared to one percent of whites [Table 12]. In addition, nearly half of African Americans (44%) believe that the problems that racial or ethnic minorities have getting quality health care are worse than those of whites [Table 1].

When African Americans are sick, 61 percent of them believe it is harder for them to get the health care they need than it is for whites [Table 2]. Furthermore, when they are hospitalized, only 36 percent of African Americans feel that they get the same quality of health care as whites [Table 4]. Concerning primary care from a local community doctor, however, African Americans appear to be more divided, with 48 percent feeling that they receive the same quality of health care as do whites in that situation, and 39 percent saying they received worse quality health care than whites [Table 6].

African Americans indicated the highest demand for culturally sympathetic doctors, with 74 percent claiming that they expected their doctor to understand their personal cultural background, over both whites (67%) and Hispanic Americans (68%) [Table 8]. Additionally, African Americans believe strongly that both the medical profession (86%) and the federal government (91%) should do more to ensure that racial and ethnic minorities have the same chance to get good quality health care as do whites, with only 57 percent of whites agreeing with them [Tables 9, 10]. However, when faced with the prospect of paying more taxes to support these federal initiatives, the percentage of people in agreement plummeted over 30 percent, and only 57 percent of African Americans supported the move, along with 33 percent of the white population [Table 11].

Hispanic Americans' Views

Hispanic Americans are also more aware of racial or ethnic disparities in health care than whites. One important difference between Hispanic Americans and whites is the existence of a language barrier. One in five Hispanic Americans (21%) report having

received poor quality medical treatment because of their accent or how well they spoke English, whereas only two percent of whites express similar problems [Table 12]. Similarly, Hispanic Americans feel strongly about the serious problems that racial and ethnic minorities face getting quality health care in a general sense; 56 percent believe that these minorities have worse problems getting quality health care than whites do, while only a quarter (25%) of the white population agrees with their view [Table 1].

Hispanic Americans believe it is harder for them to obtain care when they are sick than it is for whites (48% compared to 31% of whites), and just under half believe that they get worse quality health care when they are hospitalized than whites do (45%, versus 15% of whites) [Tables 3, 5]. When asked whether Hispanic Americans who see local community doctors get worse care than whites, 31 percent of Hispanic Americans felt that they received worse quality care from local community doctors than whites, compared to 13 percent of whites [Table 7].

Hispanic Americans are more willing to pay more in taxes to support federal programs to ensure equality of health care provision to racial and ethnic minorities than whites (61% compared to 33% of whites) [Table 11]. In addition, while Hispanics do expect their doctors to be culturally sensitive to their personal backgrounds (68%), this expectation is not significantly different from that of whites (65%) [Table 8].

African Americans' and Hispanic Americans' perceptions of each other

Overall, despite their general awareness of disparities in health care, Hispanic Americans are less likely than African Americans to believe that they receive worse quality health care than whites. While they feel strongly about some points, in general their awareness of ethnic or racial disparities tends to be more muted than that of African Americans.

In addition to questions concerning African Americans' and Hispanic Americans' views regarding disparities in relation to their own racial or ethnic group, the survey also posed questions regarding each group's perceptions of the way in which disparities affected the other group. In most cases, African Americans are more aware of disparities even amongst the Hispanic American population, while in general, Hispanic Americans tend to be less aware of these inequalities regarding both the Hispanic and African American communities.

In general, more Hispanic Americans than African Americans think that minorities have worse problems than whites in getting quality health care (56% versus 44%). However, regarding specific questions, more African Americans are aware of racial and ethnic disparities in health care than Hispanic Americans. This applies both to questions asked of African Americans about Hispanic Americans as well as to those asked of Hispanic Americans about African Americans.

More African Americans than Hispanic Americans believe it is harder for African Americans to get the health care they need when they are sick (61% versus 53%). When African Americans are sick, African Americans are also more likely than Hispanic

Americans to think that they receive worse care than whites (47% compared to 35%), whereas when Hispanic Americans are sick, they are no more likely than African Americans to think that they receive worse care than whites (45% versus 43%). In terms of the quality of care provided to African Americans by local community doctors, African Americans are much more likely than Hispanic Americans to think that they receive worse care than whites (39% as compared to 19%).

Both Hispanic Americans and African Americans believe that the medical profession (83% and 86%, respectively) and the federal government (84% and 91%, respectively) should do more than it does to ensure that racial and ethnic minorities have the same chance to get good quality health care as whites have. However, Hispanic Americans and African Americans are equally likely to be willing to pay more in taxes to support this objective (61% versus 57%).

Reported Disparities and Access to Care

The survey also included a small number of questions regarding respondents' experiences with access to care in the past five years. The results were nearly identical to those found in the March 2002 IOM Survey. More African Americans and Hispanic Americans than whites reported receiving poor quality medical treatment both because they were unable to pay for care and because of their background or race, suggesting a continuing presence of racial or ethnic disparities in health care provision [Table 12].

In conclusion, both African Americans and Hispanic Americans are more aware of the problem of health care disparities than are whites, but also striking is the amount of respondents who said they did not know about the problem and could not answer the questions. What this suggests is that a large portion of the population does not take notice of scientific reports or journal articles, and that more popular or mainstream media such as television may present a more effective way to relay this type of information to the public.

Views of Well-Educated White Americans

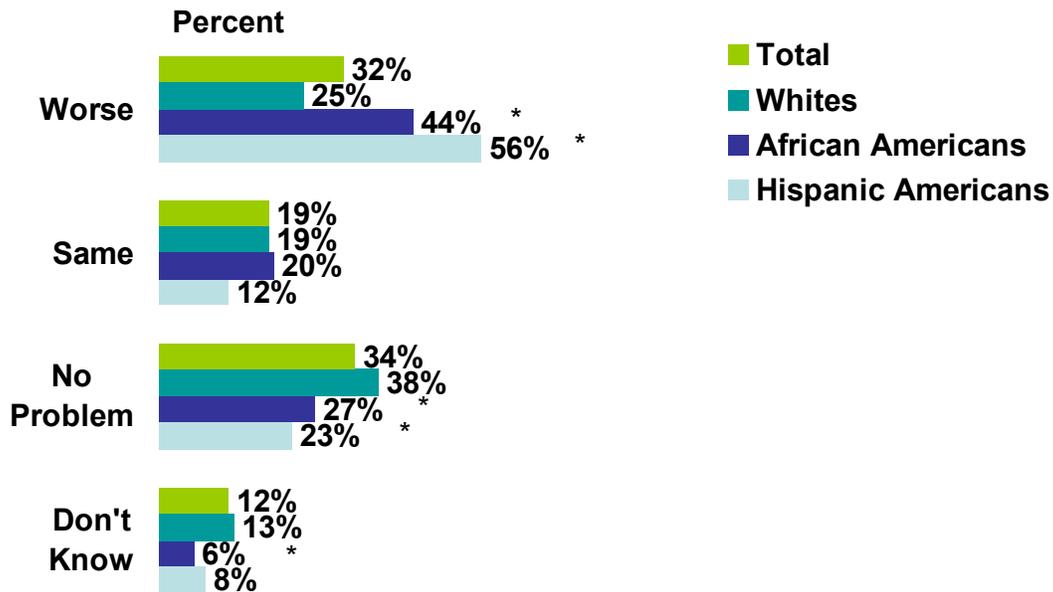
Prior research has shown that people with higher levels of education are more likely to have heard about reports published in scientific journals or by groups like the IOM. The HSPH/RWJF survey found that white Americans with higher levels of education were more likely than those with lower levels of education to recognize the problem of disparities between Hispanics and African Americans, and white Americans. White Americans with at least a college education were significantly more likely than white Americans with a high school education or less to believe that it is harder for African Americans and Hispanics to get care when they need it, and to believe that the quality of care that racial and ethnic minority groups receive is poorer than that received by white Americans [Table 13]. However, this group was not significantly more likely than those with less education to be willing to pay more in taxes to ensure that racial and ethnic minorities have the same chance to get good quality health care as white Americans have.

Methodology

This study was prepared by the Harvard School of Public Health and the Robert Wood Johnson Foundation. The questionnaire was jointly developed by the staff of the Harvard School of Public Health and the Robert Wood Johnson Foundation. This study was designed and analyzed by researchers at the Harvard School of Public Health. The project director is Robert J. Blendon of the Harvard School of Public Health. The research team also includes Catherine M. DesRoches, John M. Benson, Kathleen Weldon, and Chantal Fleischfresser of the Harvard School of Public Health and Melissa J. Herrmann of ICR/International Communications Research. Fieldwork was conducted via telephone by ICR/International Communications Research (Media, PA) between September 14 – September 18, 2005. The survey was conducted with a nationally representative sample of 1,111 adults age 18 and over. Of those, a total of 107 were African American respondents and a total of 130 were Hispanic American respondents. The overall sample had a margin of error of plus or minus three percentage points.

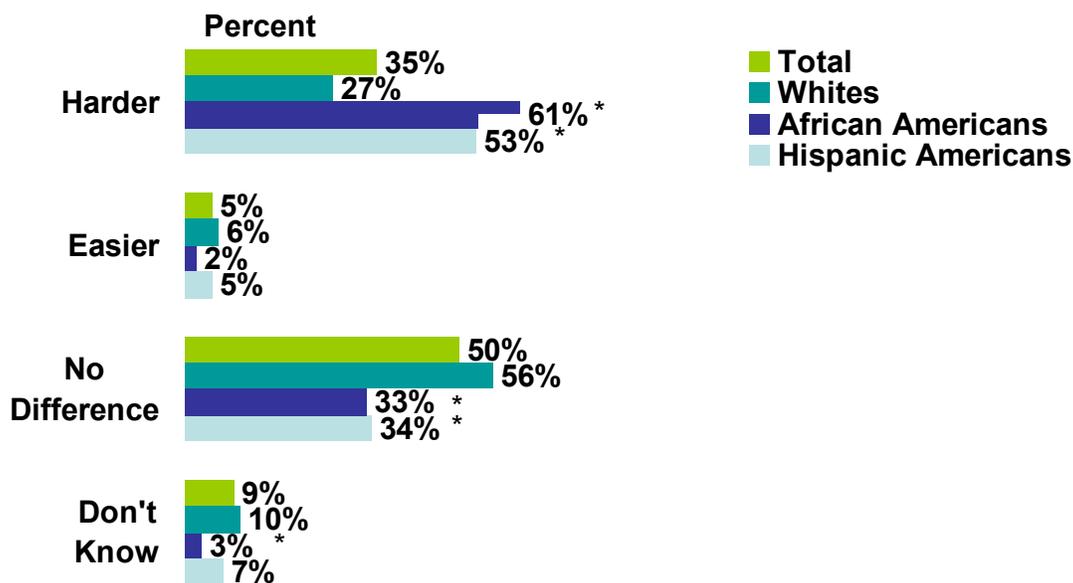
Possible sources of nonsampling error include nonresponse bias, as well as question wording and ordering effects. Nonresponse in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent U.S. Census data available from the Current Population Survey for gender, age, race, education, as well as number of adults and number of telephone lines in the household. Other techniques, including random-digit dialing, replicate subsamples, callbacks staggered over times of day and days of the week, and systematic respondent selection within households, are used to ensure that the sample is representative.

Table 1: People who think that some people in this country, because of their race or ethnicity, have worse problems than whites getting quality health care



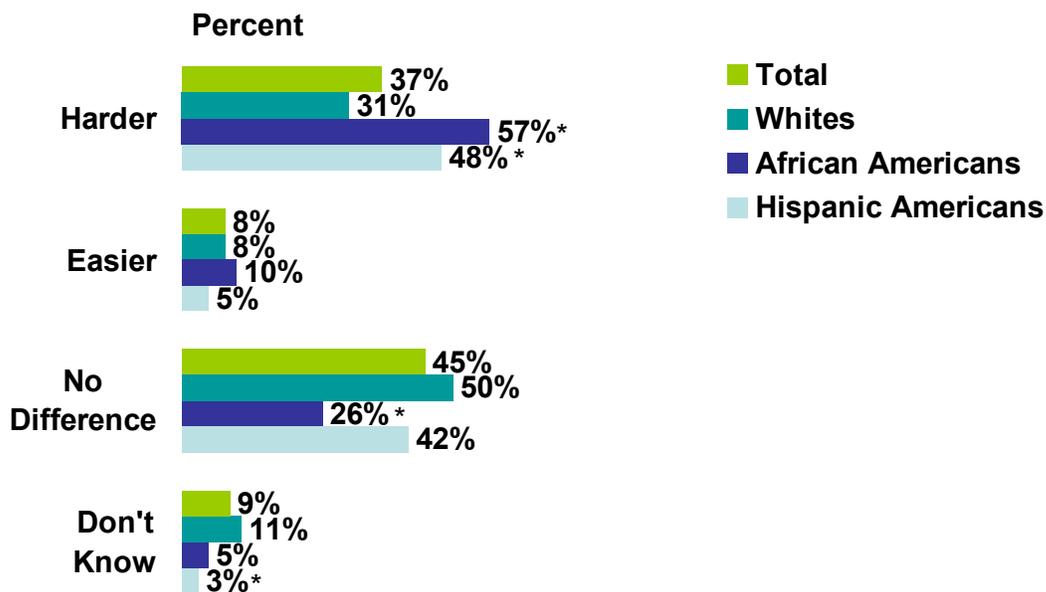
* Statistically significant from whites at $p \leq .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 2: People who think it is harder for African Americans than whites to get the health care they need when they are sick



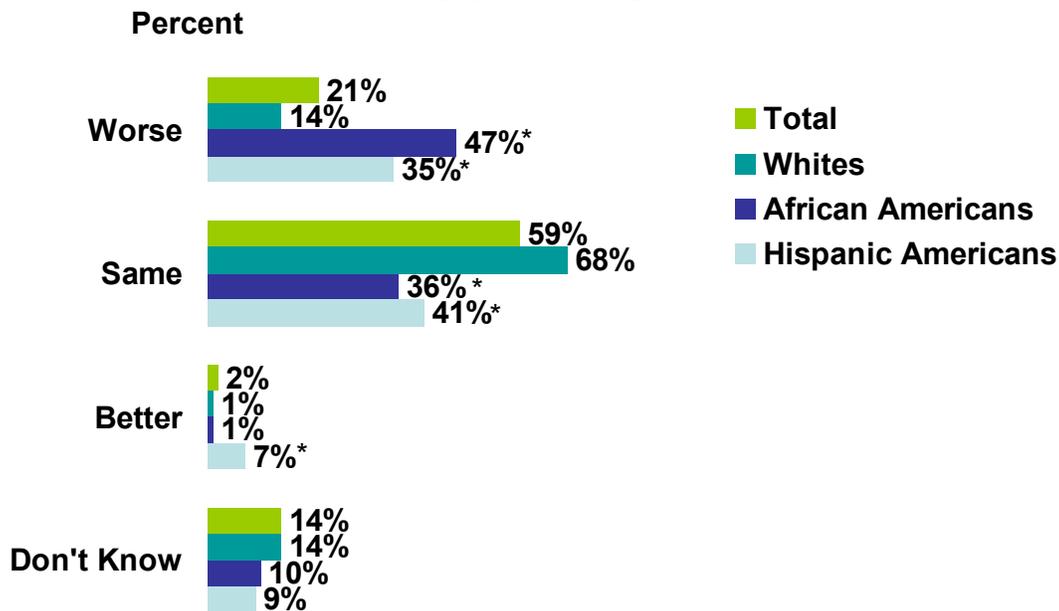
* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals.
 Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 3: People who think it is harder for Hispanic Americans than whites to get the health care they need when they are sick



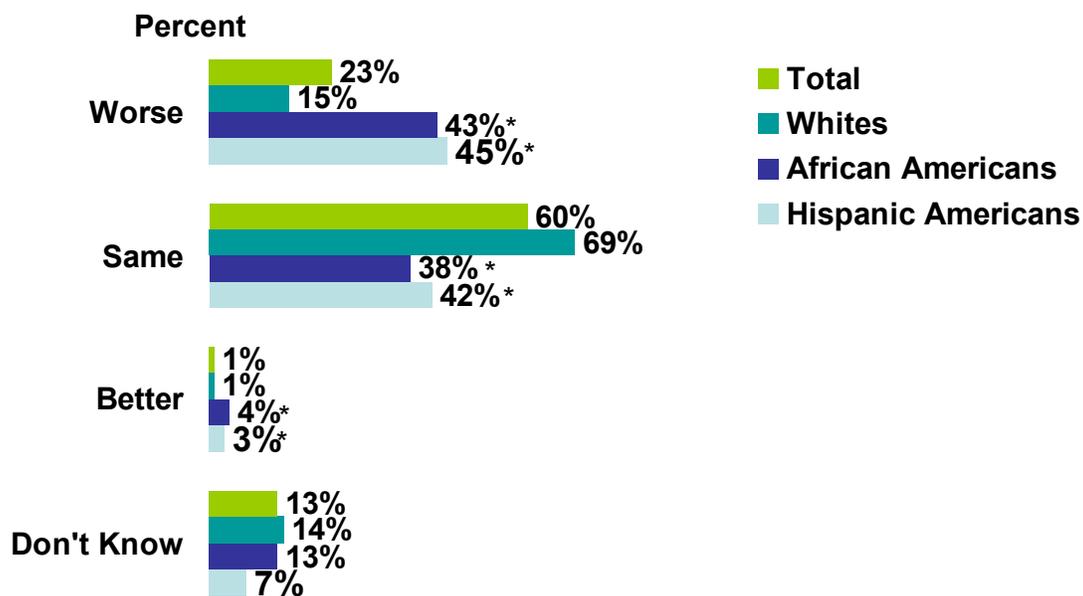
* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals.
 Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 4: People who think that when African Americans are hospitalized, they get worse quality of health care than whites



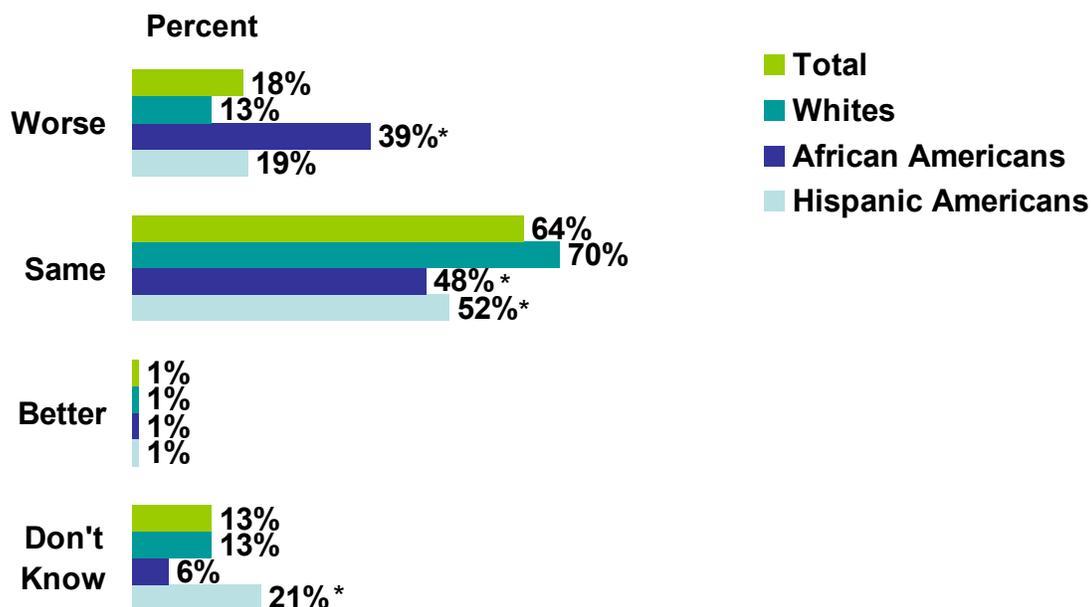
* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 5: People who think that when Hispanic Americans are hospitalized, they get worse quality of health care than whites



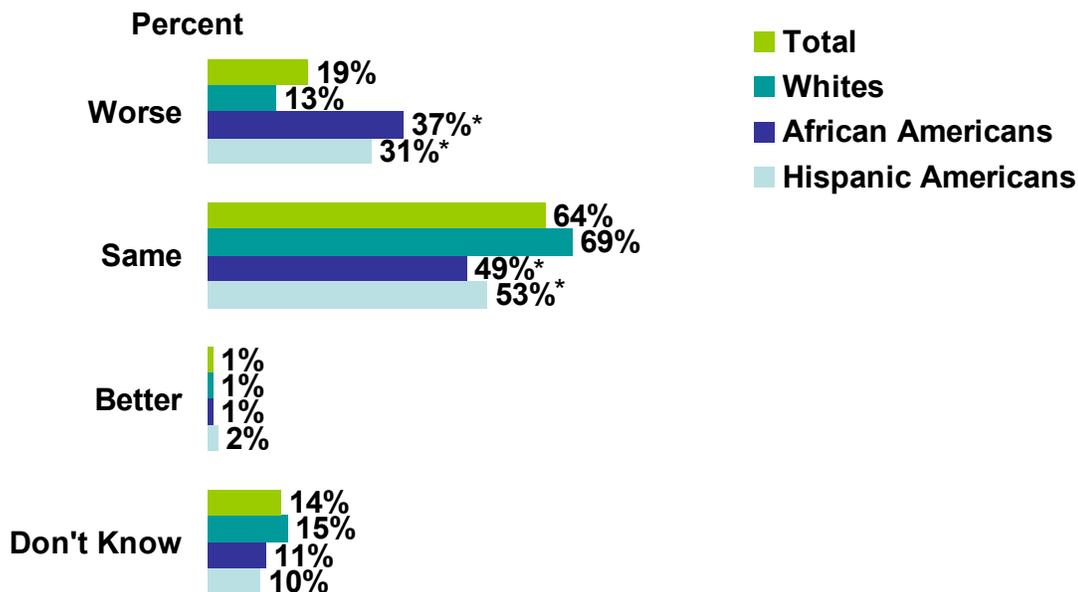
* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals.
Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 6: People who think that when African Americans see doctors in their local community, they get worse quality of medical treatment than whites



* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 7: People who think that when Hispanic Americans see doctors in their local community, they get worse quality of medical treatment than whites



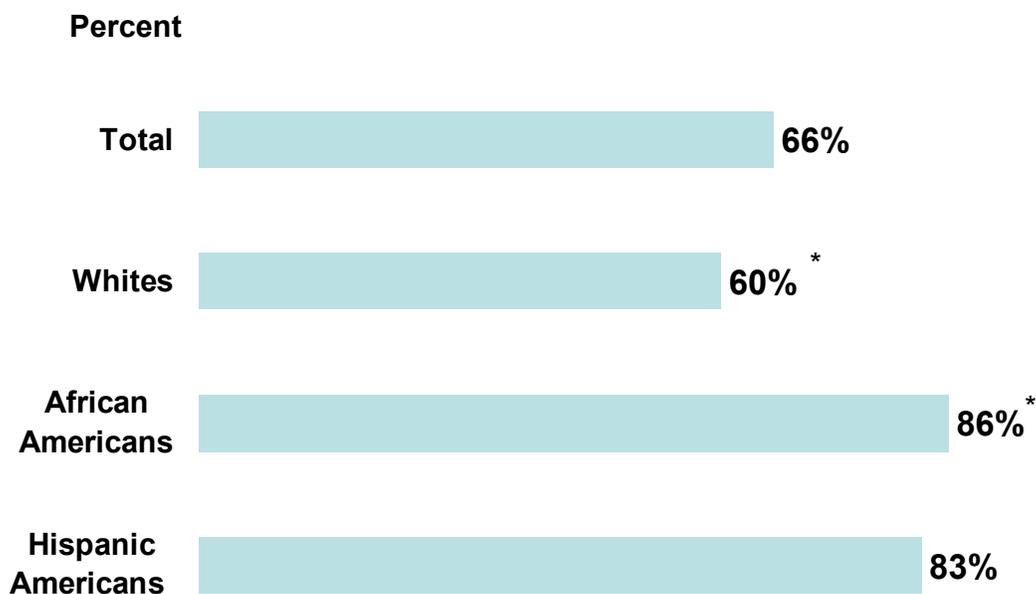
* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 8: People who expect their doctor to understand their personal cultural background and how that background might affect the quality of their health care



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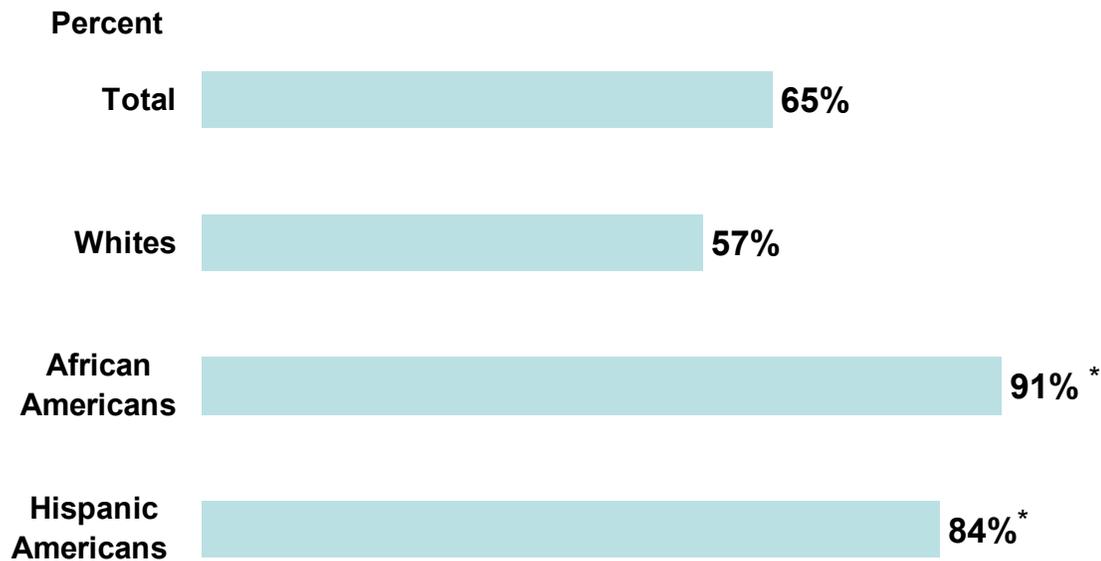
Table 9: People who think that the medical profession should do more than it does now to ensure that racial and ethnic minorities have the same chance to get good quality health care as whites



* Statistically significant from whites at $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

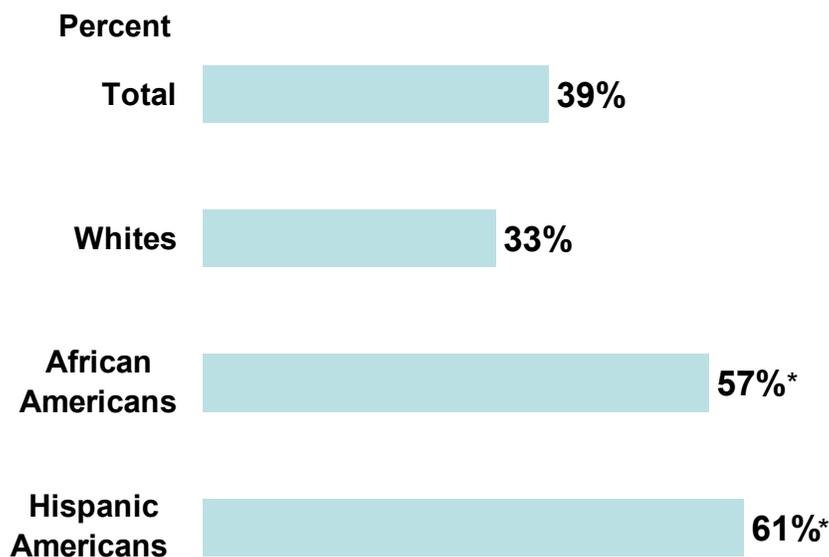
Table 10: People who think the federal government should do more to ensure racial and ethnic equality in health care



* Statistically significant from whites at $p \leq .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 11: People who think the federal government should do more to ensure racial and ethnic equality in health care, and who would be willing to pay more taxes to that end



* Statistically significant from whites at $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

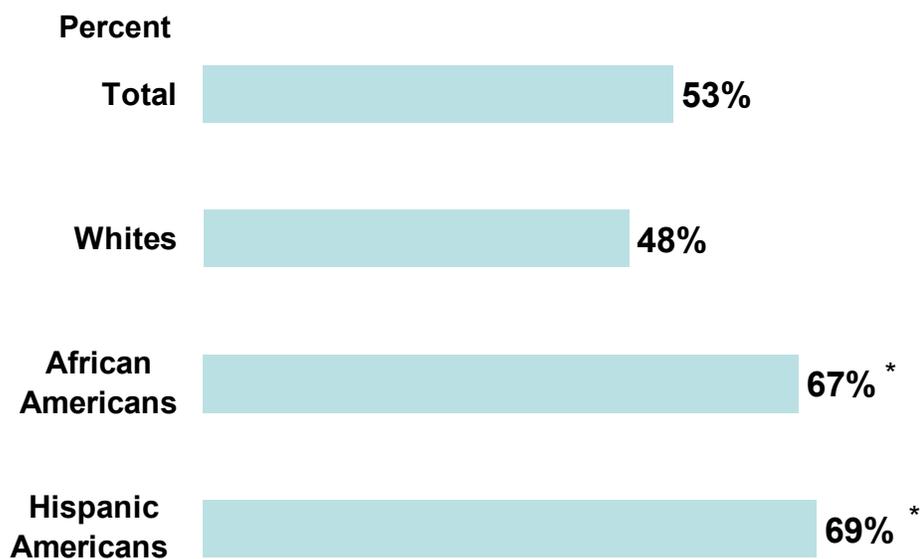
Table 12: People who feel that they got poor quality medical treatment or health care in the past five years

	Total	White	African Americans	Hispanic Americans
Because they were not able to pay for care	14	11	18	21*
Because of their race or ethnic background	6	1	23*	21*
Because of something in their medical history	8	8	9	5
Because of their accent or how well they spoke English	4	2	5	21*

* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals.

Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 13: People who think that some people in this country, because of their race or ethnicity, have serious problems getting quality health care



* Statistically significant from whites at $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

