

## Unequal Treatment?

**Many African-Americans and other minorities believe they get lower levels of medical care than whites, a new study has found. And experts say HR needs to step in to make sure all employees get the best possible treatment.**

By Scott Flander

Your minority employees probably believe that when it comes to health care, they're getting the shaft.

A study by the Harvard School of Public Health and the Robert Wood Johnson Foundation has found that minorities in America – particularly blacks – say they get a lower level of health care than whites.

That holds true even among more well-off minorities, who believe – rightly or wrongly – that when they go to the same doctors and hospitals as whites, they still get poorer medical treatment.

And while many Latinos say a big reason is their poor English, blacks say that for them, it's simple racial discrimination.

What does this mean for HR?

Companies – through their insurance providers, or directly if they're self-insured – should look into patterns of care in doctors' practices and hospitals.

That's the advice of one of the study's authors, Robert Blendon, who is a professor of health policy and political analysis at the Harvard School of Public Health in Boston.

If doctors know they're being watched for possible unequal treatments, they're more likely to give minorities the same range of medical options as whites, he says.

The study of 4,157 randomly selected American adults found that 43 percent of whites rated the U.S. health-care system as excellent or good, compared to just 31 percent of blacks. On the negative side, 56 percent of whites rated the system as fair or poor, while 68 of blacks did so.

Native Americans believe they fare even worse – 74 percent rated the health-care system as poor.

Asked to specifically rate the care they've received in the past year, 23 percent of blacks – nearly twice as many as whites – said their treatment was fair or poor. Other minority groups that gave low ratings were Mexican-Americans (27 percent said their treatment in the past year was fair or poor); Central and South Americans (26 percent); and Chinese-Americans (27 percent).

However, other Asian ethnic groups, such as Japanese-Americans and Filipino-Americans, gave at least as high marks to their health care in the past year as did whites.

About one-quarter of African-Americans said they believed they received a lower level of health care because of racial discrimination.

Among Mexican-Americans, 16 percent said they were victims of ethnic discrimination, and 19 percent attributed their lower level of health care to an inability to speak English well.

Blendon said that in some cases, the perceptions of unequal treatment are accurate. Many blacks and other minorities live in poor neighborhoods and are treated at public health clinics rather than at top hospitals and doctors' practices.

And studies have found that whites are more likely than minorities to get high-technology treatments when the diagnosis is the same, he says.

In other cases, he says, minorities may have a perception – more difficult to prove – that doctors are giving them fewer

treatment options than are given whites.

"They sense they're not given the same range of choices as someone who was white," Blendon says.

This holds true even when income is factored out. Affluent blacks with access to top doctors may believe they're getting a lower level of treatment because of racial biases.

"When you're sitting in your white gown, it doesn't say upper income, you're just a patient," says Blendon. And so a doctor might see a black patient and think, this person can't pay for follow-up care -- at least that's what the patient believes, Blendon says.

It's important that doctors are aware of these kinds of perceptions, he says. And companies can help raise this awareness by putting the doctors and hospitals on alert that their care patterns are being monitored for possible unequal treatment of minorities.

Companies and insurance providers can identify certain medical practices and hospitals that see a lot of the company's employees. Once doctors know they're being watched, they'll take extra steps to make sure no unintended bias is creeping in, says Blendon.

And there's even more that companies can do, says Dr. Gabriela Cora, whose Miami-based company, the Executive Health and Wealth Institute, consults with businesses on health care and wellness in the workplace and other areas.

They should make sure doctors and hospitals have "culturally sensitive treatments," she says.

For example, many Latinos believe that having depression is a sign of weakness, and may avoid being seen by a psychologist. The problem has to be treated in a way that is mindful of those fears, Cora says.

At the same time, she says, companies' employee-assistance programs, as well as their nurses and doctors, must make sure all employees are treated in the same way -- that, for example, a white employee with a headache doesn't spend 20 minutes with a physician while a black employee with a headache spends only 5 minutes.

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