

Public Health Special Report

January 2001

RACIAL AND ETHNIC DISCRIMINATION IN HEALTH CARE SETTINGS

One in 20 (5%) King County adult residents interviewed in the Communities Count 2000 survey believe they have experienced discrimination in health care settings in the past year. However, for persons of color living in King County these occurrences are reported much more frequently. About one in six (16%) African Americans and nearly one in 10 persons of color overall reported discrimination in medical care settings in the past year.

These results substantiate earlier results from the King County Ethnicity and Health survey conducted in 1995-1996, which revealed that nearly one in three (32%) African Americans residing in Central and Southeast Seattle felt they had been discriminated against when receiving health care services at some time in the past.

In response to the disturbing findings reported above, another study (the Racial Discrimination in Health Care Interview Project or Interview Project: see box at right) was conducted from July to September 1999 to better understand the experiences of African Americans, the group which most frequently reported discrimination in health care settings. In this study, interviewees reported that their experiences ranged from rude behavior to incidents of differential treatment. Some respondents gave examples of both racial insensitivity and use of racial slurs by attending health personnel.

Highlights from the Interview Project:
Interviews with African American Residents of King County
concerning Racial Discrimination in Health Care Settings, 1999

- Many of the 51 interviewees described more than one perceived incident of racial discrimination (Average of 1.4 events reported per interviewee).
- All interviewees felt that the rude and sometimes differential treatment that they received was racially-motivated.
- The 78 events of perceived racial discrimination were very recent (averaging slightly over two years old; half of the events occurred within the last 10 months prior to the interview).
- The events took place at nearly 30 different public and private health care facilities all over King County, indicating that these experiences were widespread and not confined to a few localities or facilities.
- The experiences recounted ranged from reports of rude behavior to incidents of differential treatment. Several blatant examples of both racial insensitivity and use of racial slurs by attending health personnel were reported. Most interviewees reported being shocked or "surprised" by the events, indicating that they did not expect discriminatory treatment.
- The interviewees perceived the events as being relatively severe (average rating was 8.2 out of a scale of 10 with 10 being "most severe") and long-lasting. Most reported that they still had strong feelings about the events.

Most interviewees reported changing their health seeking behaviors as a result of the events. Many report that they now actively avoid the offending personnel and/or health care institutions. Some reported delaying treatment due to the negative experience or to not knowing where else to go for health care. See additional details concerning this study beginning on page 5.

These findings of perceived discrimination by patients are of concern, since there are a growing number of studies which document disparities in specific health services provided to persons of color and which raise the question of whether these disparities are due to racial or ethnic discrimination in health care settings.

In this report we examine in greater detail findings of the Ethnicity and Health survey, the Communities Count 2000 survey, and the Interview Project. While we provide some general information concerning reports of discrimination, we focus on racial and ethnic discrimination in health care settings due to the high proportion of reported incidents among persons of color and its potential as a threat to health. We acknowledge the serious nature of perceived discrimination in other settings that are attributed to other factors, and hope that these will be examined in future reports or studies.

Recommendations for eliminating discrimination in health care settings are also presented, in addition to a listing of resources for members of the public who feel they have been discriminated against in health care settings.

Discrimination in King County

Discrimination in our society is considered unjust. In some instances it may pose a threat to health. The worst forms may be manifested in overt insults and hate crimes. Other forms of discrimination may also be harmful when access to economic opportunity, housing, and needed human services are limited or denied solely or in part due to factors such as race, religion, or gender.

Although social institutions have made progress over the years, our available information concerning discrimination indicates that acts of discrimination and differential treatment continue to be perceived or experienced by many King County residents.

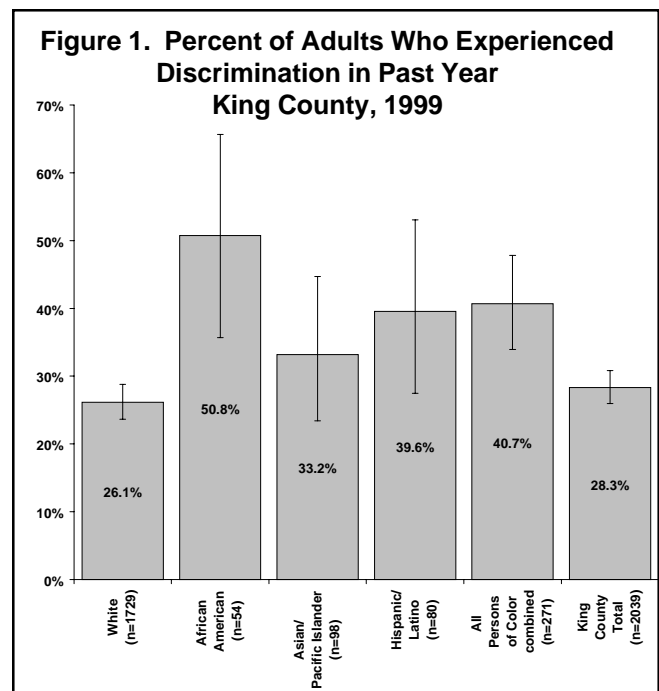
Communities Count 2000

One local survey that provides information concerning perceived discrimination experiences among King County residents is the Communities Count indicators project. Among the many indicators monitored in this project, freedom from discrimination was identified as a “valued condition.” To this end, questions were included in the 1999 Communities Count survey

pertaining to experiences of discrimination within the year preceding the survey. Over 1,500 King County residents participated through a random digit dial telephone survey. More specific details of sampling methods and results may be found in the full survey report. (See Page 11 for details on obtaining a copy.)

Among all respondents, 28% reported some type of discrimination in one or more of 12 different settings occurring in the past year (**Figure 1 and Table 1**). Discrimination “on the street or in a public setting” was the most common and mentioned by 13% of respondents. “At work” was the second most commonly mentioned setting, reported by 11% of respondents. Discrimination “from the police or in the courts” and when “getting medical care” were reported by 5% of respondents. All other settings were mentioned by 4% or fewer of the respondents.

Reports of discrimination differed greatly by race and ethnicity. With respect to many of the 12 settings questioned in the survey, the rates of discrimination experienced by African Americans and all persons of color were significantly higher than those of white respondents. Overall, 51% of African American respondents and 41% of persons of color combined reported a discrimination experience compared to 26% of white respondents. When examining these results by income and education, these factors were found to explain only a small part of the differences observed by race and ethnicity.



Source: Communities Count 2000: Social and Health Indicators Across King County

Table 1. Percent of Adults Who Experienced Discrimination in the Past Year in Specific Settings by Race and Ethnicity, King County, 1999.

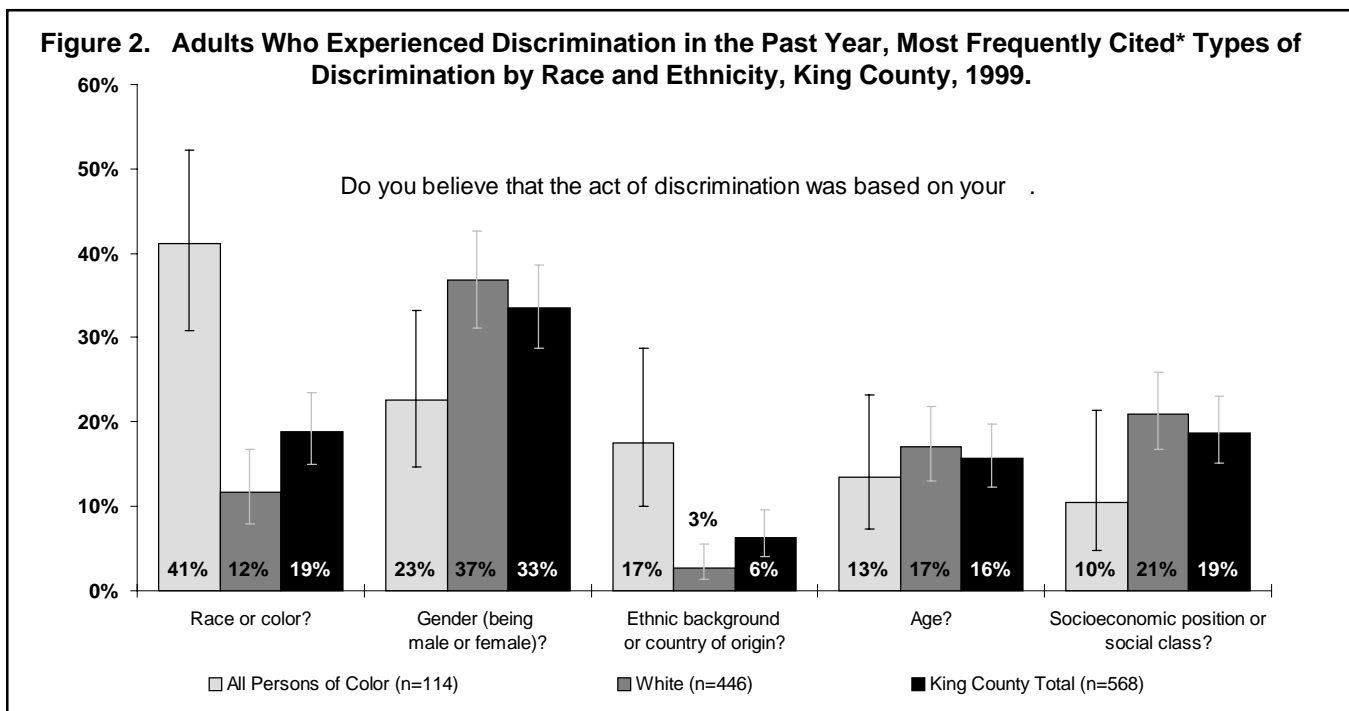
During the past 12 months have you experienced discrimination, been prevented from doing something or been hassled or made to feel inferior by someone else in any of the following settings:	White (n=1729)	African American (n=54)	Asian/Pacific Islander (n=98)	Hispanic/Latino (n=80)	All Persons of Color combined (n=271)	King County Total (n=2039)
... at school?	2%	11%+	5%	5%	6%+	3%
... getting a job?	4%	16%+	9%	3%	7%	4%
... at work?	10%	16%	13%	23%+	17%+	11%
... at home?	3%	6%	3%	0%	2%	3%
... getting medical care?	4%	16%+	7%	2%	9%+	5%
... getting housing?	2%	12%+	2%	1%	5%	2%
... getting a loan?	3%	12%+	3%	1%	6%	4%
... on the street or in a public setting?	11%	24%+	14%	18%	18%+	13%
... in your family?	3%	4%	0%	3%	3%	3%
... from the police or in the courts?	4%	11%+	4%	10%	10%+	5%
... applying for social services or public assistance?	1%	9%+	1%	0%	3%	2%
... in any other setting?	2%	4%	3%	0%	3%	2%
discrimination in any of the above settings	26%	51%+	33%	40%	41%+	28%

+ Significantly higher than White respondent rate.

Source: Communities Count 2000: Social and Health Indicators Across King County

Types of Discrimination Experienced. Among persons of color, 41% believed the discrimination they experienced was based on their race or color, 23% based on their gender, and 18% based on ethnic

background or country of origin (**Figure 2**). This strongly contrasts with the reports of white respondents of whom 37% attributed their unfair treatment to their gender, 21% to their socioeconomic position or social class, and 17% to their age.



Note: Respondents were able to choose more than one response category.

*All other types (language or accent, religion, disability, sexual orientation were cited by less than 10% of respondents.)

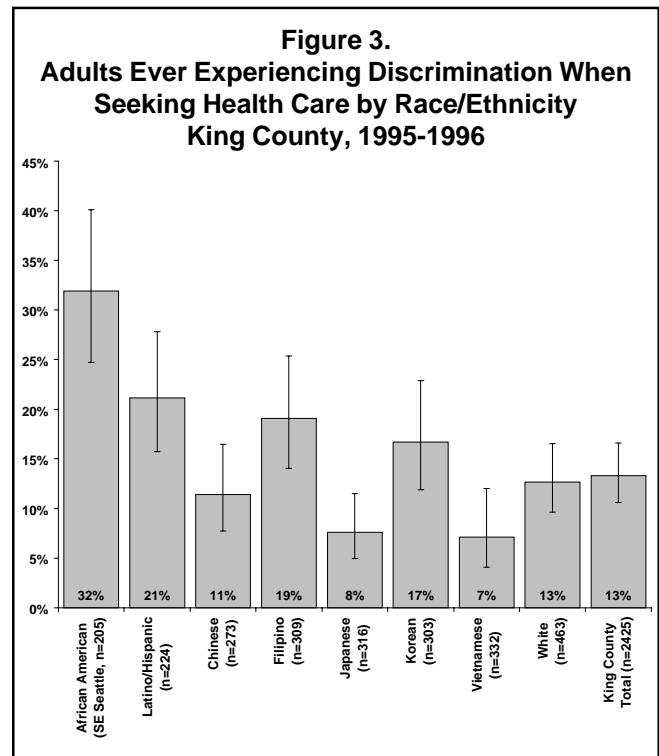
Source: Communities Count 2000: Social and Health Indicators Across King County.

This picture, however, is incomplete, since this survey was conducted in English only, thereby excluding most, if not all, potential respondents with limited or no English speaking abilities.

The King County Ethnicity and Health Survey

Additional information concerning perceived discrimination of King County residents comes from the King County Ethnicity and Health Survey. This survey was conducted by telephone in 1995 and 1996 among King County residents chosen at random. Residents of seven ethnic minority communities were sampled in order to better understand health behaviors plus access and utilization of health services. Survey participants included adults of African American, Latino/Hispanic, Chinese, Filipino, Japanese, Korean, and Vietnamese heritage. Languages of interview included Spanish, Mandarin/Cantonese, Tagalog, Korean, Vietnamese, and English. More specific details of sampling methods and results may be found in the full survey report. (See Page 11 for details on obtaining a copy.)

In this survey respondents were asked whether when seeking medical care they had ever experienced discrimination or been hassled or made to feel inferior because of their gender, race/ethnic group/color, or economic position/social class. Overall, 13% of respondents reported a discrimination experience (Table 2 and Figure 3). Significant differences were observed by ethnic heritage. As an example, nearly one third (32%) of the African American respondents living in Central and Southeast Seattle reported experiencing discrimination, compared to 13% of all



Source: Ethnicity and Health Survey report (Public Health - Seattle & King County, 10/98)

respondents combined. These differences were even more pronounced when the respondents felt the discrimination they experienced was based on their race or ethnicity. In this case, 29% of African American respondents, and 15% of respondents of either Filipino or Korean heritage reported discrimination based on their race or ethnicity, compared to 3% of all respondents combined.

Table 2. Perceived Discrimination When Seeking Health Services among King County Residents by Race and Ethnic Heritage, King County, 1995-1996

When seeking medical care, have you ever experienced discrimination or been hassled or made to feel inferior because of your:	White (n=463)	African American (SE Seattle, n=205)	Asian or Pacific Islander					Latino/Hispanic (n=224)	Total (n=2425)
			Chinese (n=273)	Filipino (n=309)	Japanese (n=316)	Korean (n=303)	Vietnamese (n=332)		
... gender?	8%	18%+	4%	10%	4%	1%	3%	11%	8%
... race or ethnic group or color?	1%	29%+	8%+	15%+	5%	15%+	5%	12%+	3%
... economic position or social class?	7%	22%+	5%	9%	3%	3%	5%	12%	7%
... any of the above factors?	13%	32%+	11%	19%	8%	17%	7%	21%	13%

+ Significantly higher than White respondent rate.

Source: Ethnicity and Health Survey report (Public Health - Seattle & King County, 10/98)

Although it was not possible to measure the effect of the perceived discrimination in the Ethnicity and Health Survey, an association with health-seeking behaviors reported by respondents is evident. In particular, respondents who reported they had been discriminated against were also more likely to report a delay in seeking needed health care in the past year. This association was consistent across all ethnic groups (Figure 4).

The Racial Discrimination in Health Care Interview Project

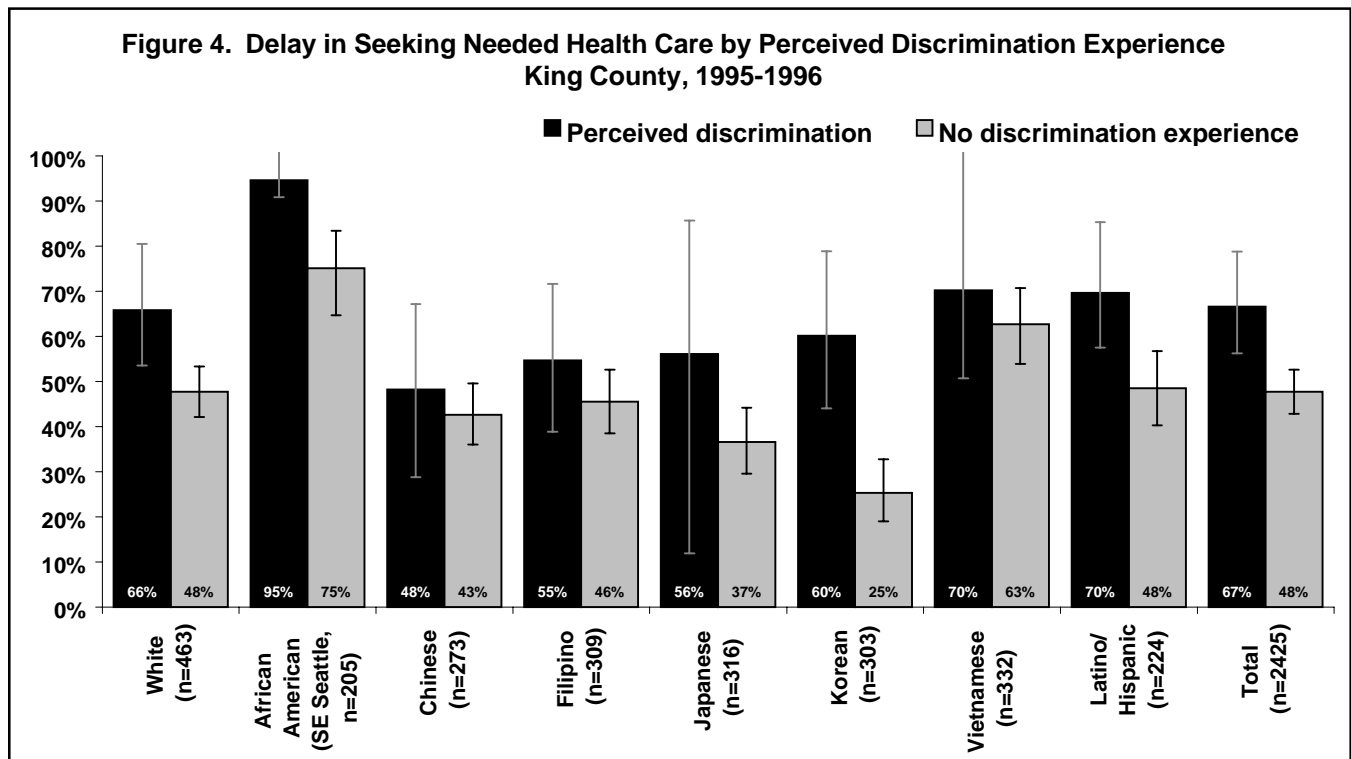
The Racial Discrimination in Health Care Interview Project (the Interview Project) was initiated by Public Health – Seattle & King County in response to the high proportions of respondents reporting discrimination.

The Interview Project was conducted by the Cross Cultural Health Care Program. It was designed to provide qualitative information complementing the earlier findings of the Ethnicity and Health Survey to better understand the health care experiences that

African American residents of King County perceived as racially discriminatory. African Americans were chosen as the focus of this project because they reported the highest rates of discrimination.

Interview Project Methodology

The Cross Cultural Health Care Program developed a field interview strategy and a questionnaire for assessing events of racial discrimination and racial insensitivity in health care settings. The methodology called for in-person interviews with a convenience sample of African Americans to obtain information on first-hand experiences of perceived racism. Two female African American health professionals were trained in the use of the interview questionnaire and the strict confidentiality rules governing the Interview Project. The interviews were conducted during the summer and fall of 1999. Interviews were conducted at community festivals, community institutions and a variety of other public and private locations. There was an attempt to balance the make-up of respondents according to gender, socioeconomic status, educational background, and residency in different parts of King County.



Source: Ethnicity and Health Survey report (Public Health - Seattle & King County, 10/98)

The interview instrument was designed to record descriptions of one or more discriminatory events from each respondent. Respondents were asked to describe the events in their own words, which were recorded by the interviewers and also summarized according to a predefined list of response categories for each interview question. Although respondents were asked to recount events that occurred during the past 10 years, they were allowed to recount older events if they persisted. The 10-year limit for events was established to assure that the interview project focused on events that were relatively current.

Demographic information on the respondents, information on the settings and circumstances of the events, and the narrative descriptions of the events as described in the words of the respondents were recorded and analyzed. Details concerning sampling methods and results, which are briefly summarized below, may be found in the full survey report.

It is important to note that the intent of the Interview Project was not to determine the extent of perceived discrimination or insensitive treatment in health care settings. The Communities Count 2000 and Ethnicity and Health Surveys provide our best estimates of the proportion of persons who believe they have experienced discrimination or insensitive treatment. The purpose of the Interview Project was to understand the range and details of experiences of discrimination and insensitive treatment encountered by African Americans in King County health care settings.

Interview Project Findings

A total of 55 African American residents of King County were interviewed during this study. The respondent group was limited to adults (over 18 years old). Approximately 75% of the respondents were female. While fewer than 6% of the respondents had less than a high school degree, approximately 16% reported that they had college degrees and 14% reported that they had graduate degrees. Another 41% reported having “some college” education. Approximately 55% of the respondents had private health insurance, 22% were Medicaid recipients and 14% were uninsured. The respondent population for the Interview Project was more educated and better insured than the King County African American adult population in general.

The 55 respondents reported a total of 92 events of perceived racial discrimination. All of the events reported by four of the respondents and some of the events that were reported by another five respondents were over 10 years old. The respondent group was adjusted by removing these four respondents from the respondent count, and all 14 reported events over 10 years old were also not considered. This resulted in an adjusted respondent group of 51 and the adjusted event total of 78. These 78 reported events were 2.2 years old on average (median age was about 10 months). Therefore, the Interview Project captured relatively recent events.

Perceptions of Differential Treatment

Respondents cited differential treatment due to their race as a common feature of the events. This perception was expressed in phrases such as:

- “...did not treat us like we mattered.”
- “He treated the Caucasian woman better and differently.”

One respondent reported that she could hear that several nurses were treating a patient in an adjacent hospital room with more courtesy and respect than she received. After perceiving significant differential treatment in comparison to other patients in two successive visits, another respondent felt compelled to take a 15-mile taxi ride to obtain medical care at another medical center.

Perceived Negative Attitude

Respondents reported a perceived negative attitude as one of the main expressions of race-based treatment in health care settings. The respondents described such events using the following phrases:

- “They treated us rudely.”
- “The intake person was rude and insensitive.”
- “She was worse. Treated me like I stunk.”
- “The nurses were rude, mean, inattentive and uncaring.”
- “The receptionist was cold. She would not look at me.”

- “I walk up and she (the receptionist) disregards me. She was cold. She did not look at or speak to me.”

The perceived negative attitudes exhibited by health care providers or their staff members were not reported as hostile, but as uncaring or rude behavior.

Several of the respondents used the term “belittled” in describing their experiences. This term was not on the prepared list of possible responses but was reported in the following fashion:

- “The staff belittled me a lot. Very degrading.”
- “The nurse belittled me.”

In these and other events, the respondents reported that the manner and actions of some health care personnel made them feel less significant than other patients due to their race.

Perceptions of Being Treated as if “Dumb”

Some researchers of racism in America have identified “being made to feel as if dumb” as one way in which racist behavior is exhibited. Several respondents in the Interview Project used this phrase in reporting their experiences:

- “He was describing the problem slowly, like I was dumb.”
- “The radiologist made a couple of crude remarks, like I was dumb.”
- “The doctor told me how to wrap my son’s incision, like I was dumb.”

Although this particular phrase was used in only three events, the respondents expressed a similar sentiment in nearly a third of the reported events.

Perception of Being Ignored

The respondents reported a sense of being ignored as another way that they were treated because of their race. The following comments were made regarding this perception:

- “I was in the emergency room at the hospital and I feel that I was ignored due to my race.”
- “I was ignored and made to wait a long time.”

- “The receptionist told me that I should not have forgotten my medical card. She ignored me and dealt with another woman.”
- “The front desk staff ignored me when I asked for help.”

Inappropriate Allegations

There were two respondents who reported that they were accused of using drugs. In each case the respondents reported that they did not use drugs and were shocked by the allegation. In one of these events a nurse told a hospitalized respondent, “I know you shoot dope.”

Perceived Racist Remarks

Some respondents related incidents in which health providers made racially-offensive remarks:

- A respondent (who is a Registered Nurse) reported that she was told that her daughter’s condition was “an African American thing” and encouraged not to worry. Her daughter was eventually diagnosed as having asthma.
- A respondent reported that during a breast biopsy, she asked for a sedative because of her low tolerance for pain. The nurse replied, “You people accepted pain as part of slavery because you tolerate pain so well.”
- A male respondent reported that a lab tech at a major medical center joked, “Your skin is so dark that I can’t find your veins” and then laughed.
- A respondent called a major medical center and explained that she needed an appointment and the receptionist said “fine.” A staff nurse walked into the exam room where the respondent was waiting and said, “You people never make appointments, you want to come in whenever you want.”
- A respondent reported that when she was at a major medical center for a gynecological exam, the attending physician stated, “Being a typical black woman, I bet you haven’t dieted in over 20 years.”

Such remarks generally surprised and incensed the respondents.

Report of a Validated Racial Incident

There was one incident in which a hospital refused treatment to an unconscious patient. The patient's family overheard racial comments being made by the attending care providers who insisted that the patient be referred to another facility. The family sued the hospital and won. The hospital subsequently admitted that treatment was denied based on race and fired a physician, a physician's assistant and a nurse. Although this event occurred three years ago the respondent reported that he and his family thought about and talked about the event often.

Although it was not possible to determine if all of the events were truly race-related, the respondents perceived all of the events as racially motivated. Approximately 85% of the respondents indicated that they were surprised by the event, indicating that they were not predisposed to expect racial discrimination. Many of the respondents reported that the event caused them to delay or avoid seeking health care services. In just over half of the events, the respondents reported that they registered some complaint about the event, but written complaints were filed in only about 9% of the cases. In nearly two-thirds of the events, the actual providers (or clinicians) were reported as being the perpetrators of the perceived racist behavior. The relatively high severity ratings assigned to these events by the respondents (average rating was 8.2 out of a scale of 10, with 10 being "most severe") indicated that they were not perceived as minor events. Most of the events appeared to have made a lasting impression on the respondents, as nearly three-quarters (74%) indicated that they still had strong feelings about the events.

Impact of the Events on the Respondents

In response to questions about the impact of the events of perceived racial discrimination on their health care seeking behavior, the respondents provided comments such as the following:

- "I vowed never to take my child to _____ Hospital."
- "It was the last time my son would see Dr. _____."
- "I stopped going to _____ Hospital."
- "I did not bring my daughter back to _____ Hospital or that doctor for her checkup in 1999."

- "We only go to _____ Hospital in a real emergency."
- "Even though this situation surrounded the birth of my daughter, it has made me more hesitant as a black man to get health care."
- "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."

These are 8 of 23 responses of this kind cited in the full report. These responses show that such events motivated many respondents to change providers, avoid a particular health care facility or provider, or to delay seeking future care in reaction to the perceived racial discrimination.

Although the findings of the Interview Project do not answer the question about how widespread experiences of racial discrimination in health care really are, they do validate the findings of many researchers that perception of discriminatory treatment by health providers produces adverse effects in health seeking behavior.

Conclusion and Recommendations to Eliminate Discrimination in Health Care Settings

Although the information reported in this report reflects personal perceptions, it is important to acknowledge the growing body of evidence documenting that differential or inferior medical treatment attributed to racial bias is neither isolated nor uncommon. For example, Dr. Robert Mayberry and others have reviewed hundreds of studies which document differential medical treatment for persons of color when compared to white patients, and found that these differences are not explained by factors such as socioeconomic status, access to health services, stage of disease, or patient preferences (Med Care Res Rev 2000, 57, suppl. 1: 108-145). Another recent study conducted by Dr. Kevin Schulman and others surveyed hundreds of physicians and found a definite racial and gender bias in the treatment of hypothetical African American and white patients with similar histories of chest pain (N Engl J Med 1999; 340:618-26). Additional examples and information are available in the bibliography included in the full Interview Project report.

In light of all of these findings, Public Health – Seattle & King County recognizes the potentially serious nature and harm to health that discrimination in health care settings may pose. In an effort to prevent discrimination from occurring, Public Health - Seattle & King County is proposing a number of recommendations. Some of these recommendations were developed in conjunction with the Interview Project which held three forums to solicit recommendations to address discrimination in health care settings. Separate forums were held for advocates, consumer/community representatives, and health care provider representatives. Many of the following recommendations were made by forum attendees and a summary of these recommendations may be found in the full Interview Project report.

Taking these recommendations into consideration, Public Health - Seattle & King County acknowledges that many health care organizations, both public and private, have made strides in their efforts to become both culturally competent and discrimination-free. However, we believe that no organization has yet attained these standards. Therefore, Public Health - Seattle & King County recommends that all health care organizations continue to actively pursue strategies within the following three broad categories in an effort to eliminate racial and ethnic discrimination and differential treatment in our health care settings:

1) Training for health providers and support staff

- Ensure that initial and refresher training on cultural competency is mandatory for all employees and that it is incorporated by supervisors in individual performance appraisals.
- Evaluate training programs periodically to improve effectiveness and to ensure that concerns are being addressed.
- Ensure that providers and support staff are able to respectfully obtain cultural and ethnic heritage information of clients when this information is a necessary component of quality service.

2) Institutional policies

- Maintain and enforce a non-discriminatory work place that is understood by all staff.
- Recruit, hire and retain a diverse work force across all job categories.

- Promote awareness among consumers concerning rights for equitable treatment and channels for how grievances can be addressed.
- Require subcontractors to report on the racial and ethnic makeup of both their clients served and their governance boards.
- Work closely with health and civil rights advocates to monitor, understand, and resolve grievances and to develop uniform standards.

3) Data collection and monitoring to ensure progress toward the elimination of discrimination

- Collect information routinely regarding race and ethnic background on all institutional patient databases including those used on a county or statewide level; monitor and report the extent to which differential treatment occurs and take action steps to correct any problems.
- Include questions regarding discrimination on patient satisfaction surveys.

In an effort to promote the above goals in both public and private health care settings, Public Health - Seattle & King County will:

- Work to ensure that the above goals are met within Public Health - Seattle & King County.
- Disseminate the findings of this report widely to the general public, advocacy groups, community-based organizations, civil-rights agencies, provider organizations, and government.
- Co-sponsor a major community forum on the issue of racial discrimination in health care with several other community organizations.
- Work with other health institutions and community-based organizations to incorporate effective strategies to eliminate racial and ethnic discrimination through the King County Health Action Plan.
- Continue to monitor population-level discrimination experiences in health care settings on a regular basis through the Communities Count report. If possible, these data will be supplemented with qualitative information such as that collected in the Interview Project, to determine which practices and experiences are common across all populations and which are specific to a particular racial, ethnic, or socioeconomic group.

Resources for Persons Who Believe They Have Been Treated Unfairly or Improperly in Health Care Settings

The following are a few public resources which may be helpful to persons who believe they have been treated unfairly or improperly in health care settings. This listing is not intended to be comprehensive. Many community-based organizations and community legal service agencies may also be able to assist persons with discrimination complaints. In general, complaints must be filed within 180 days, but each agency should be consulted for specific details.

- **Hospital Ombudsperson or Consumer Complaint Office**

Many health facilities have an office or ombudsperson whose job it is to address complaints about the facility. If you do not feel comfortable talking to facility personnel, the additional sites listed below may be helpful.

- **King County Office of Civil Rights Enforcement**

Yesler Building
400 Yesler Way, Room 260
Seattle, WA 98104-2628
206-296-7592 or 206-296-7596 TTY
<<http://www.metrokc.gov/dias/ocre>>

Law: King County Fair Employment Ordinance, KC Code Chapter 12.18

Employers Covered: located within unincorporated King County; employers with 8 or more employees (including King County); contractors with King County; organizations in King County-owned buildings; employment agencies; labor organizations, publishers, etc.

Protected Classes: Race, color, religion, disability, age, sex, national origin, sexual orientation, marital status, ancestry, retaliation

- **Seattle Office for Civil Rights**

Arctic Building
700 Third Avenue, Suite 250
Seattle, WA 98104-1849
206-684-4500 or 206-684-4503 TTY
<<http://www.ci.seattle.wa.us/seattle/civil/home.htm>>

Law: Seattle Fair Employment Ordinance, Seattle Municipal Code Chap. 14.04

Employers Covered: Located within Seattle city limits; all employers (including City of Seattle); employment agencies; labor organizations; printers, publishers, broadcasters (e.g., discriminatory employment ads)

Protected Classes: Race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, national origin, disability, gender identity, retaliation

- **U.S. Department of Health and Human Services. Office for Civil Rights**

U.S. Dept. of Health and Human Services
Region X, 2201 Sixth Ave., M/S RX-11
Seattle, WA 98121
Phone: (206) 615-2290 or 1-800-362-1710
TTY: (206) 615-2296
Fax: (206) 615-2297
Email: ocrmail@os.dhhs.gov
<<http://www.dhhs.gov/ocr/>>

Laws: Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Community Service Assurance provisions of the Hill-Burton Act

Programs, Institutions and Service Providers

Covered: Any which receive Department of Health and Human Services funding. Examples include: hospitals, Medicaid and Medicare, physicians and other health care professionals in private practice with patients assisted by Medicaid, family health centers, community mental health centers, alcohol and drug treatment centers, nursing homes, state agencies that are responsible for administering health care, foster care homes, day care centers, senior citizen centers, nutrition programs, state and local income assistance and human service agencies

Protected Classes: Race, color, national origin, disability, age, sex, religion

- **Washington State Office of the Insurance Commissioner** (for insurance-related complaints)
<<http://www.insurance.wa.gov/>>
Telephone: 1-800-562-6900; or 360-753-3613
TTY: 360-407-0409
- **Washington State Department of Health-Related Licensing Boards**
Complaints may be made to the boards which license specific medical and health professionals. The phone number for a specific board can be

obtained by calling the Health Consumer Assistance line at 1-800-525-0127. Call 1-800-422-7930 for TTY access through the DSHS relay service and ask for the Health Consumer Assistance line at the number previously listed. A listing of all licensing boards can be obtained on the State Department of Health website at: <http://www.doh.wa.gov/> by clicking on the link to "Licensing."

- **Washington State Human Rights Commission**
Melborne Tower
1511 Third Avenue, Suite 921
Seattle, WA 98101-1626
206-464-6500 or 1-800-605-7324
206-587-5168 TTY
1-800-233-3247 or 1-800-300-7525 TTY
(Olympia)
<<http://www.wa.gov/hrc/>>

Law: Washington State Law Against Discrimination, RCW Chap. 49.60

Employers Covered: Located within the state of Washington; employers with 8 or more employees (including state and local government); employment agencies, labor organizations

Protected Classes: Race, color, creed, sex, age, marital status, national origin, disability, retaliation

This Public Health Special Report was prepared by Michael Smyser and Sandy Ciske. We wish to thank Bill Hobson, Tom Lonner, Bookda Gheisar, Alonzo Plough, David Solet, Jim Krieger, Kathryn Horsley, Sue Spahr, and many others for review and comment. Copies of the full reports summarized in this report may be obtained by contacting Public Health – Seattle & King County at (206) 296-6817. These reports are also available on online at: <<http://www.metrokc.gov/health/phnr/eapd/reports/pubindex.htm>>. The Community Count 2000 report may also be obtained online at: <http://www.communitiescount.org>

There are many other sources of information about discrimination in health care settings. A number of articles and other publications are listed in the complete Interview Project report which may be obtained through the sources listed above.

Public Health - Seattle & King County
Epidemiology, Planning, and Evaluation Unit
Wells Fargo Center, Suite 1200
999 Third Avenue, Seattle, WA 98104-4039

Phone: (206) 296-6817
Fax: (206) 205-5314
Email: scott.jones@metrokc.gov

Note: We provide alternate formats for printed material upon request for people with special needs.

Public Health Special Report

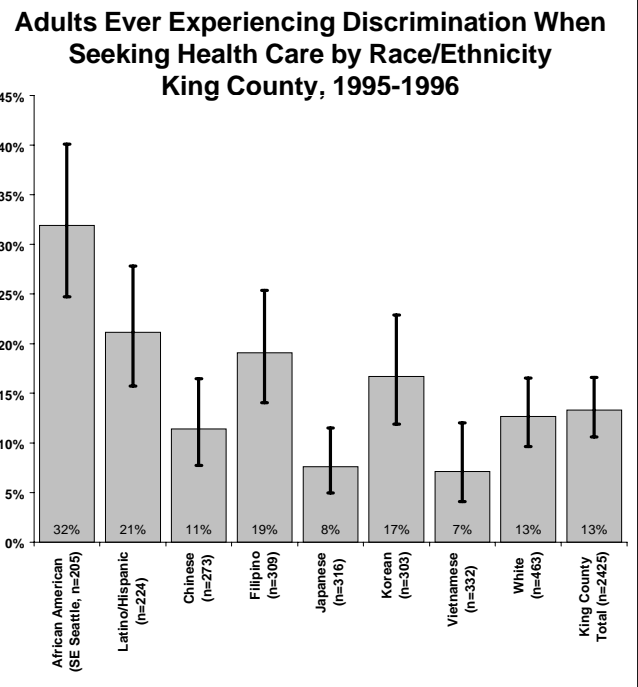


Public Health - Seattle & King County
Epidemiology, Planning, and Evaluation Unit
999 Third Avenue, Suite 1200
Seattle, WA 98104-4039



Summary

This Special Report provides information concerning perceived discrimination in health care settings among King County residents. In local surveys, discrimination in health care settings has been mentioned most frequently by African Americans and other persons of color. In the King County Ethnicity and Health Survey for example, nearly one third (32%) of African American respondents living in Central and Southeast Seattle felt they had been discriminated against compared to 13% of all King County respondents. To better understand the experiences of African Americans, findings from the Racial Discrimination in Health Care Interview Project are also reported. Recommendations for preventing discrimination in health care settings and public resources available for persons who believe they have been discriminated against are also included.



Source: Ethnicity and Health Survey report (Public Health - Seattle & King County, 10/98)