

Discrimination in Health Care

What Patients Experience – and What Policy Can Change





THE EVIDENCE

Discrimination in health care is common, cumulative, and harmful.

- Patients report being dismissed, judged, or rushed due to race, gender, weight, age, or insurance.
- Experiences are rarely isolated.

“Once it happens again and again, you know it’s not random.”

Common Forms of Discrimination

-  Being dismissed or ignored
-  Symptoms blamed on stereotypes
-  Different treatment by insurance type
-  Lack of follow-up care

WHY THIS IS A POLICY ISSUE

For Patients:

- Delayed or avoided care
- Missed screenings
- Loss of trust

For Health Systems:

- ER visits & high-cost care
- Lower efficiency
- Persistent inequities

Discrimination = Quality-of-Care Failure

WHAT PATIENTS SAY WORKS (Ranked Priorities)

1. **Ongoing provider training in cultural humility, implicit bias, and anti-discrimination**
2. **Provide patients with advocates or care navigators**
3. Policies that diversify clinical staff
4. Clear, visible statements on anti-discrimination policies and how to file complaints
5. Incorporate community feedback into provider performance evaluations

Respectful care shouldn't depend on "luck of the provider."



Licensure & Accreditation

Ongoing training



Payment & Contracting

Fund patient advocacy



Quality Measurement

Track discrimination data



Civil Rights Enforcement

Enforce ACA Section 1557



Transparency & Accountability

Respond to complaints

THE BOTTOM LINE: Reliable, respectful care reinforced by policy.

Source: *The Cost of Prejudice: What Does it Really Cost When We Discriminate Against People in Health Care?*

Supported by a grant from The SCAN Foundation, based in Long Beach, California.