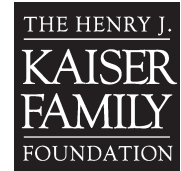

Highlights and Chartpack



The Kaiser Family Foundation

National Survey of Physicians

Part I: Doctors on Disparities in Medical Care

March 2002

Methodology

The Henry J. Kaiser Family Foundation *National Survey of Physicians*, conducted by mail from March 26 through October 11, 2001, is based on a nationally representative random sample of 2,608 physicians whose major professional activity is direct patient care. The sample frame was developed from two sources, the American Medical Association's Physician Masterfile and a related file developed by the Association of American Medical Colleges that included additional information on the race and ethnicity of physicians. These two files are linked by a common identifier and were merged for the purposes of selecting this sample. African American, Latino, and Asian physicians were oversampled to increase the number of responses from these physicians. Results were then weighted by race and other factors to reflect the actual distribution of physicians in the nation. Foundation staff designed and analyzed the survey, and fieldwork was conducted by the Research Triangle Institute. The margin of sampling error is +/-3 percent, for results based on subsets of respondents the margin of error is higher. Note that in addition to sampling error there are other possible sources of measurement error, though every effort was undertaken to minimize these other known sources.

Data on public perceptions are from the Kaiser Family Foundation October 1999 *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences* conducted by telephone from July to September 1999 with 3,884 adults. Foundation staff designed and analyzed the survey, and fieldwork was conducted by Princeton Survey Research Associates. The margin of sampling error for that survey is +/-3 percent.

The Kaiser Family Foundation is an independent, national health philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Doctors on Disparities in Medical Care

The majority of physicians believe disparities in how people are treated within the health care system “rarely” or “never” happen based on factors such as income, fluency in English, educational status, or racial or ethnic background – though the majority of physicians say that disparities in care based on health insurance status happen “very” or “somewhat often.” In general, doctors are less likely than the public to say disparities are happening “very often” or “somewhat often.”

Doctors and members of the public who believe that disparities in care based on race or ethnicity happen at least “somewhat often” give different reasons for these disparities. Doctors are most likely to report that major reasons for these disparities are minority groups living in locations where there are fewer health providers – while the public is most likely to attribute these disparities to doctors assuming that minorities cannot pay for care.

Physicians of different races and ethnicities tend to perceive disparities in the health care system very differently. African American physicians are more likely than White and Asian physicians to believe that the health care system at least “somewhat often” treats people unfairly based on various characteristics, with differences particularly striking with regard to race and ethnicity. Among doctors who believe disparities based on race or ethnicity happen at least “somewhat often,” White physicians are less likely than minority physicians to blame doctors’ assumptions about minorities ability to pay, and more likely to instead believe this happens because minorities live in areas with few health care providers.

Female and male physicians also express different perspectives on disparities in care. Female physicians are more likely to believe that disparities in care happen at least “somewhat often” based on various characteristics. And among those who believe that the health care system “very” or “somewhat often” treats people unfairly based on their race or ethnicity, female physicians are much more likely than male physicians to say a major reason for this is medical researchers not paying enough attention to how health conditions affect minority groups.

Around one-quarter of doctors (23%) say they believe that the health care system “very” or “somewhat often” treats people unfairly based on their sexual orientation. When doctors are asked to rate their own comfort level with treating openly gay and lesbian patients, the vast majority report that they are at least “somewhat comfortable,” but 6% admit they are uncomfortable treating gay and lesbian patients.

I. Disparities in the Health Care System

The majority of doctors tend to say the health care system “rarely” or “never” treats people unfairly based on various characteristics – though significant minorities of physicians disagree. (Chart 1) Majorities of physicians say the health care system “rarely” or “never” treats people unfairly based on: monetary resources (42% say rarely and 10% say never); fluency in English (44% rarely, 11% never); educational status (48% rarely, 12% never); racial or ethnic background (55% rarely, 14% never); sexual orientation (59% rarely, 16% never); disability status (57% rarely, 19% never); and gender (57% rarely, 27% never). However, significant minorities of physicians say that the health care system very or somewhat often treats people unfairly based on monetary resources (47%), fluency in English (43%), and educational status (39%). Less than a

third of physicians believe the health care system at least sometimes treats people unfairly because of their racial or ethnic background (29%), sexual orientation (23%), having a disability (23%), or gender (15%).

Doctors are more likely to say that the health care system treats people unfairly “very often” or “somewhat often” based on health insurance status (72%) than based on any other factor. (Chart 1)

Twenty-nine percent of doctors say that the health care system “very” or “somewhat often” treats people unfairly based on their race or ethnicity – but minority physicians have a very different perspective. (Chart 2)

- African American physicians, and to a lesser extent Latino physicians, are more likely than White and Asian physicians to believe that disparities in care happen very often or somewhat often, particularly in the case of unfair treatment based on race or ethnicity. Seventy-seven percent of African American physicians and 52% of Latino physicians say unfair treatment based on race or ethnicity happens at least somewhat often compared to 33% of Asian physicians and 25% of White physicians who say this.

Similarly, 15% of physicians say the health care system treats people unfairly based on their gender at least “somewhat often,” but female physicians have a very different perspective. (Chart 3)

- Female physicians are much more likely than male physicians to believe that disparities in care very or somewhat often happen based on gender (33% vs. 10%). Female physicians are more likely than male physicians to say that disparities in care happen at least somewhat often for all items mentioned in the survey, but one of the largest gaps is on disparities in care based on a person’s gender.

Doctors are less likely than the public – in all areas except health insurance status – to say that disparities in health care happen at least “somewhat often.” (Chart 4)

- Doctors are less likely than the general public to say that disparities in health care happen very or somewhat often based on monetary resources (a 24 percentage point gap), racial or ethnic background (an 18 percentage point gap), disability status (a 17 percentage point gap), fluency in English (a 15 percentage point gap), sexual orientation (a 13 percentage point gap), gender (a 12 percentage point gap), and educational status (a 9 percentage point gap).

Despite their overall perceptions of the health care system, a majority of physicians believe that racial disparities in care do exist in terms of access to treatments for heart disease and HIV/AIDS. (Charts 5 and 6)

- Almost two-thirds of doctors (65%) correctly disagree with the statement, “African Americans with heart disease are just as likely as whites who have heart disease to get specialized medical procedures and surgery.”
- Similarly, fifty-seven percent of doctors correctly agree with the statement that, “Whites with HIV or AIDS are more likely than African Americans with HIV or AIDS to get the newest medicines or treatments.”

While doctors are less likely than the general public to say they believe that in general the health care system at least “somewhat often” treats people unfairly based on their race or ethnicity (29% vs. 47%), doctors were more likely than the general public to believe that specific racial disparities in treatment for heart disease and HIV/AIDS exist. (Charts 5 and 6)

- Doctors are much more likely than the public to say that they believe there are disparities in heart disease treatment based on race (65% doctors vs. 37% public), and doctors are also more likely than the public to say that they believe there are disparities in HIV/AIDS treatments (57% vs. 46%).

Doctors who say racial and ethnic disparities happen at least “somewhat often” are most likely to say that a lack of doctors in minority communities and communication difficulties are the primary reasons. (Chart 7)

- Among the roughly 3 in 10 doctors who say that the health care system very or somewhat often treats people unfairly based on their racial or ethnic background, the majority say that the major reasons for this are because many minority groups live in areas where there are fewer doctors or other health providers (58%) or because many doctors are not skilled in communicating with people from different racial or ethnic backgrounds (52%).

Doctors are more likely than the public to believe that too few doctors being available in minority communities is a major reason for unfair treatment based on race or ethnicity. In contrast, the public is more likely than doctors to believe that it is related to doctors’ assumptions about minorities’ ability to pay. (Chart 7)

- Comparing doctors and members of the general public who say that racial and ethnic disparities happen at least somewhat often, doctors are more likely than the public to say that a major reason for these disparities is minority groups living in areas where there are fewer health providers (an 18 percentage point gap).
- In contrast, again comparing doctors and members of the public who believe disparities in care based on race happen at least somewhat often, the public is more likely than doctors to say that a major reason racial disparities happen is doctors assuming that minority groups do not have enough insurance or money to pay for their care (a 25 percentage point gap).

II. Perspectives of Physicians of Different Racial and Ethnic Backgrounds

Physicians of different races and ethnicities tend to have very different perspectives on how often disparities in care happen, with the most pronounced differences emerging when asked about unfair treatment based on race and ethnicity. (Chart 8)

- In many areas, majorities of White and Asian physicians say the health care system rarely or never treats people unfairly – but African American physicians strongly disagree, and Latino physicians’ views fall between those of African American physicians and those of White and Asian physicians. Specifically, majorities of White and Asian physicians, but fewer Latino physicians and even smaller minorities of African American physicians, say people are rarely or never treated unfairly by the health care system based on race or ethnic background (75% for White physicians, 65% for Asian physicians, 47% for Latino physicians and 22% of African American physicians), educational status (62%, 64%, 49%, and 27%), fluency in English (57%, 55%, 37%, and 26%), and monetary resources (53%, 56%, 43%, and 21%).
- In a couple of areas, majorities of physicians all races and ethnicities are in agreement, though there are still gaps between the perspectives of African American physicians and other groups. For example, White (27%), Asian (27%), and Latino physicians (24%) are more likely

than African American physicians (12%) to say that the health care system rarely or never treats people unfairly based on their health insurance status.

African American physicians are much more likely than other physicians to be aware that there are disparities in treatment for heart disease and HIV/AIDS based on race. (Charts 9 and 10) Latino and White physicians are about equally likely to believe these disparities exist, and Asian physicians are the least likely to believe these disparities exist.

Among physicians who believe racial disparities in care happen at least “somewhat often,” White doctors are more likely than African American and Latino doctors to attribute this to not enough doctors being available in minority communities -- and less likely than African American, Asian, and Latino physicians to attribute these disparities to doctors’ assumptions about minority patients’ ability to pay for care. (Chart 11)

- Among those who believe that disparities in care based on race or ethnicity happen very or somewhat often, White doctors (61%) are more likely than African American (50%) or Latino doctors (49%) to believe that this is due to minorities living in areas where there are few health providers.
- In contrast, White doctors (24%) are much less likely than African American (56%), Asian (47%), and Latino doctors (41%) to say that a major reason for racial disparities occurring is doctors assuming minorities cannot pay for care.

III. Perspectives of Female and Male Physicians

Female and male physicians express very different perspectives on disparities in care, with female physicians more likely than male physicians to believe that disparities in care happen “very” or “somewhat often” for all items mentioned in the survey. (Charts 12 and 3)

- Majorities of male physicians, but minorities of female physicians, say that the health care system rarely or never treats people unfairly based on fluency in English, educational status, and monetary resources. In other areas, such as health insurance status, gender, and racial or ethnic background, majorities of both male and female physicians tend to say that the health care system rarely or never treats people unfairly based on these factors – but there are large gaps between their perspectives. For example, female physicians are more likely than male physicians to say that disparities in care happen at least somewhat often based on how well a patient speaks English (a 24 percentage point difference), whether a patient is male or female (a 23 percentage point difference), how well educated a patient is (an 18 percentage point difference), and whether a patient is disabled (a 15 percentage point difference).

Among doctors who believe that the health care system at least “somewhat often” treats people unfairly based on their race or ethnicity, female physicians are much more likely than male physicians to say that a major reason for this disparity is that medical researchers do not pay enough attention to how health conditions affect minority groups (50% vs. 24%). (Chart 13)

IV. Treating Gay and Lesbian Patients

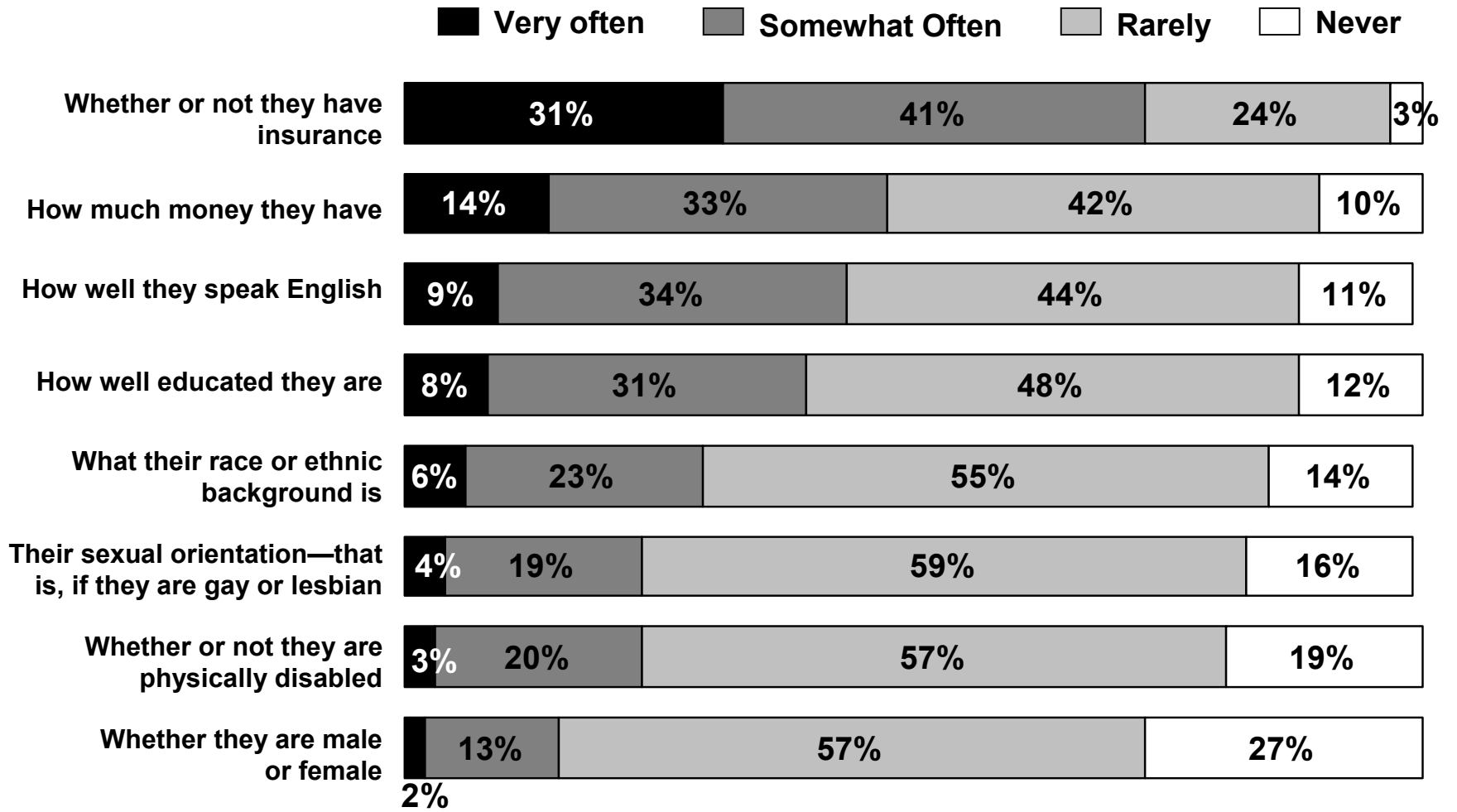
The vast majority of physicians (92%) say they would be “comfortable” treating a patient who is openly gay or lesbian, but 6% admit that they would be “uncomfortable” treating a gay or lesbian patient. (Chart 14)

- Around three-quarters of doctors (73%) say they would be very comfortable treating an openly gay or lesbian patient, and 19% say they would be somewhat comfortable. One in 20 physicians (5%) say they would be somewhat uncomfortable treating an openly gay or lesbian patient, and 1% say they would be very uncomfortable.

Chart 1

Physicians on Disparities in the Health Care System

Generally speaking, how often do you think our health care system treats people unfairly based on ...



Note: "No answer" not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

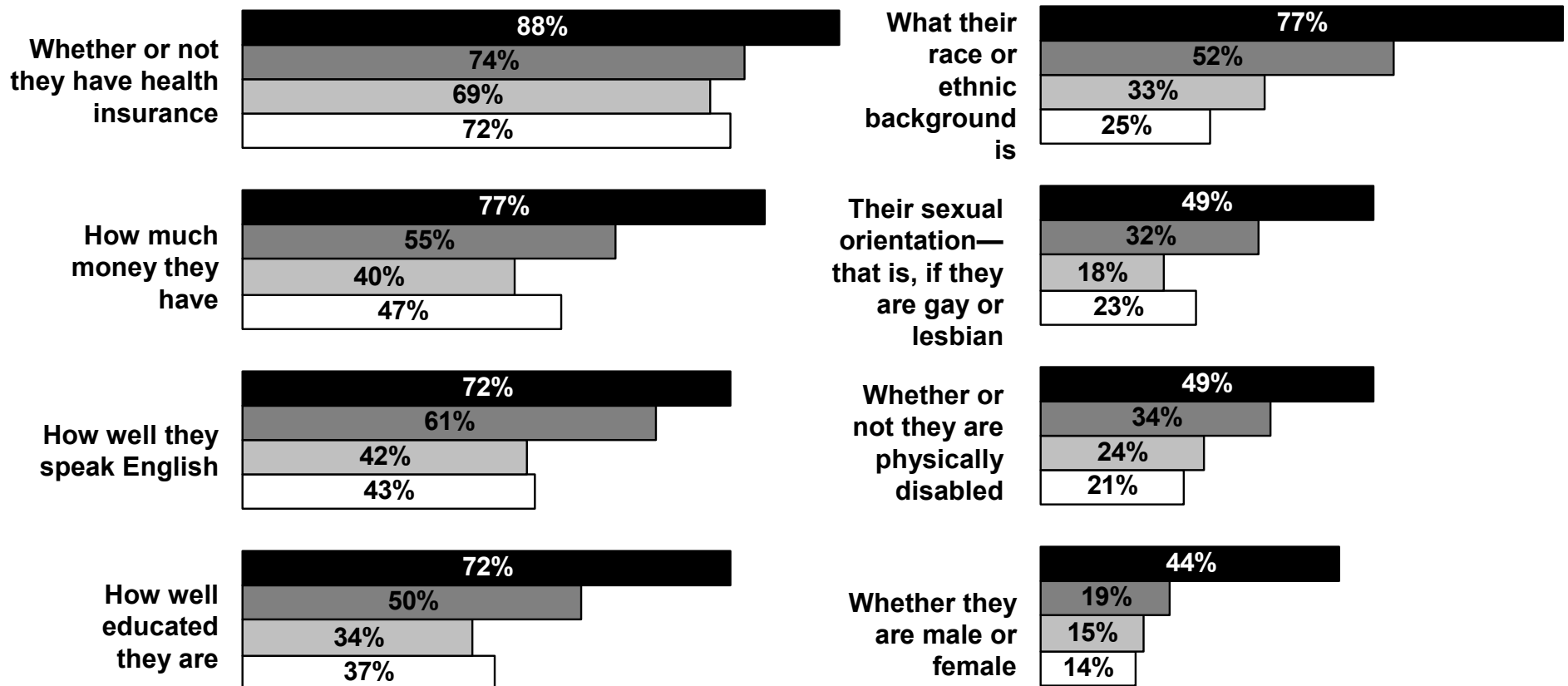
Chart 2

Perspectives of Physicians of Different Racial and Ethnic Backgrounds

Generally speaking, how often do you think our health care system treats people unfairly based on ...

Percent Saying "Very/Somewhat Often"

Black Physicians
 Latino Physicians
 Asian Physicians
 White Physicians



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

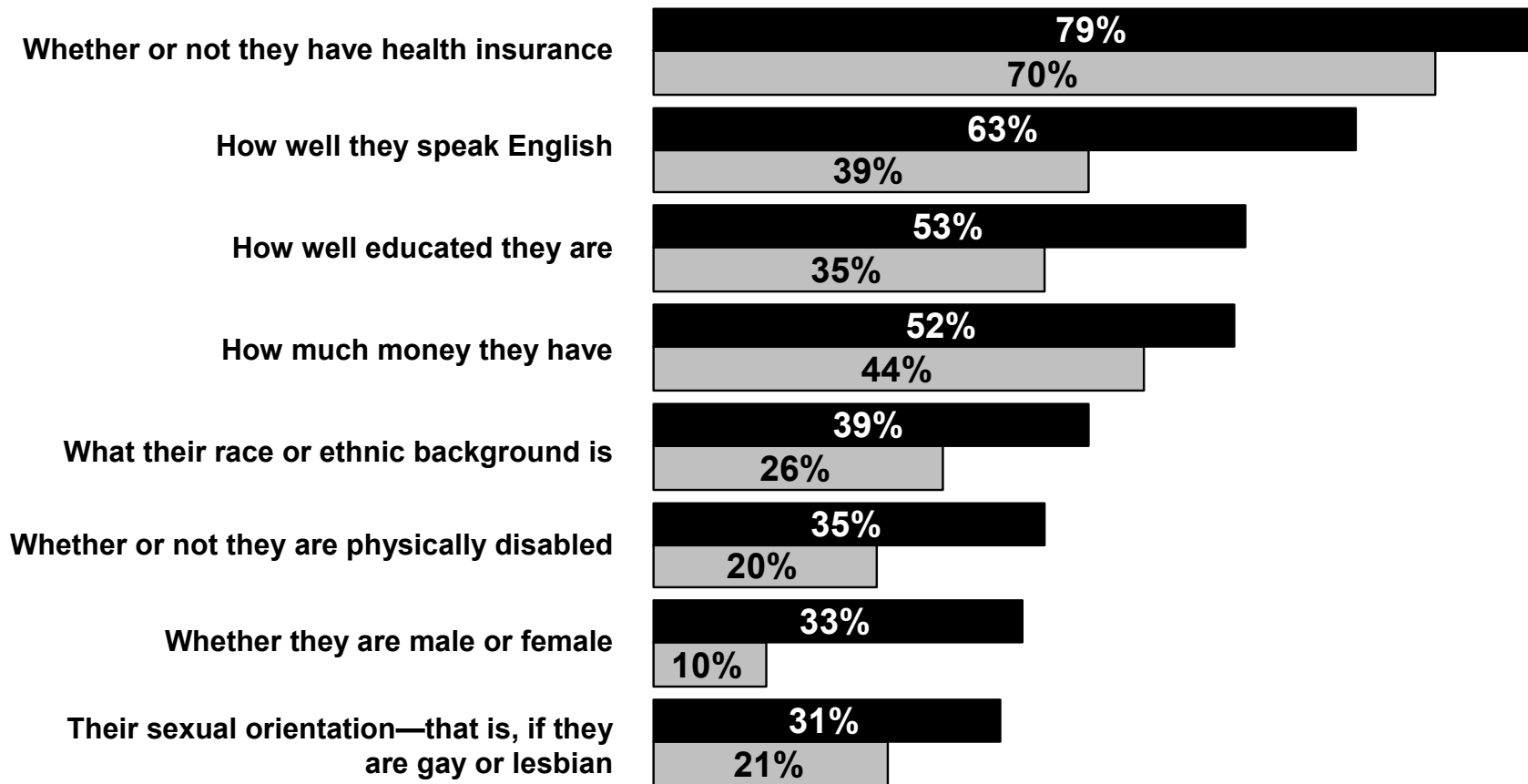
Chart 3

Female and Male Physician Perspectives on Disparities in the Health Care System

Generally speaking, how often do you think our health care system treats people unfairly based on ...

Percent Saying "Very/Somewhat Often"

Female Physicians Male Physicians



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

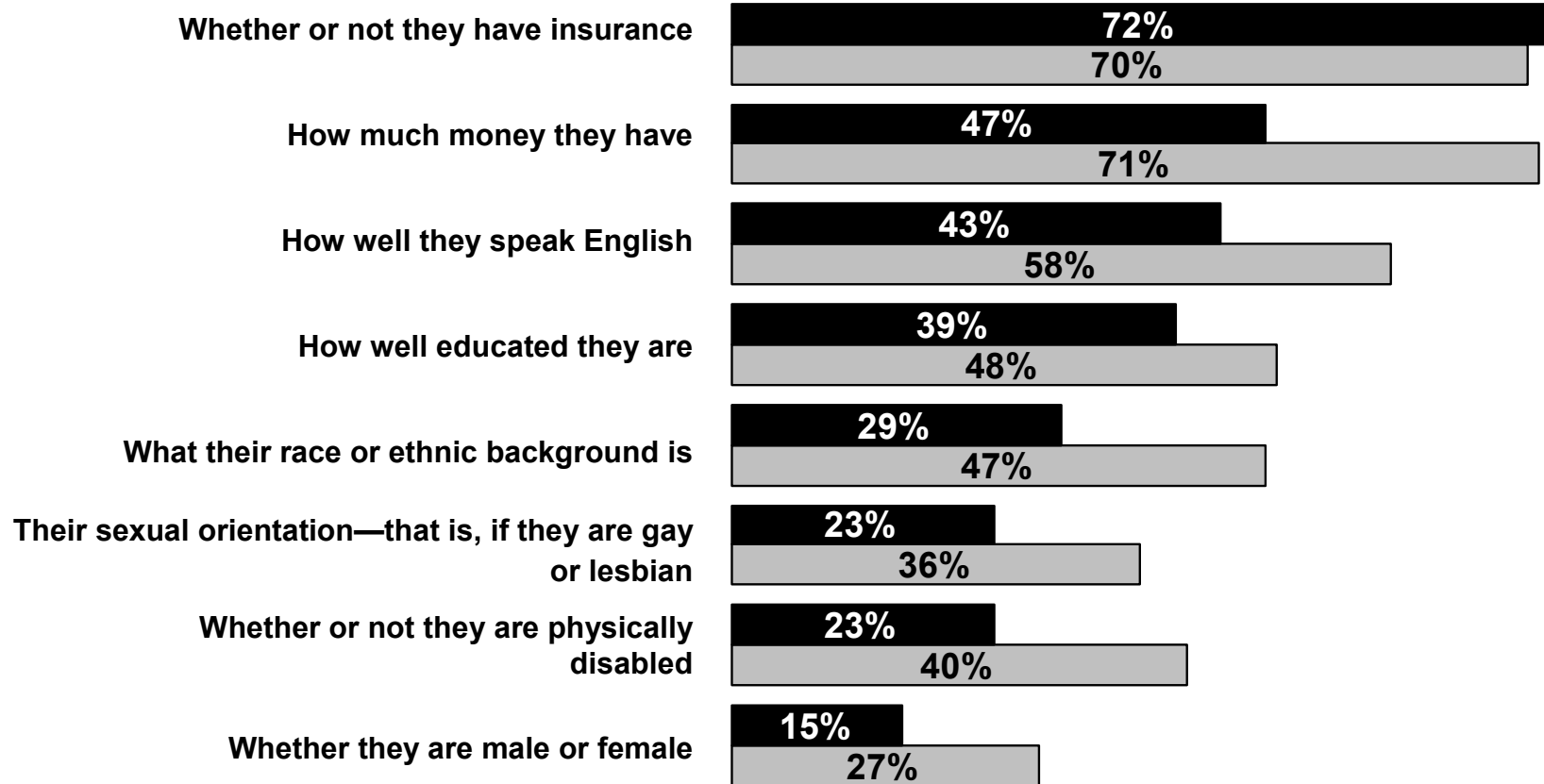
Chart 4

Disparities in Health Care System

Generally speaking, how often do you think our health care system treats people unfairly based on ...

Percent Saying “Very/Somewhat Often”

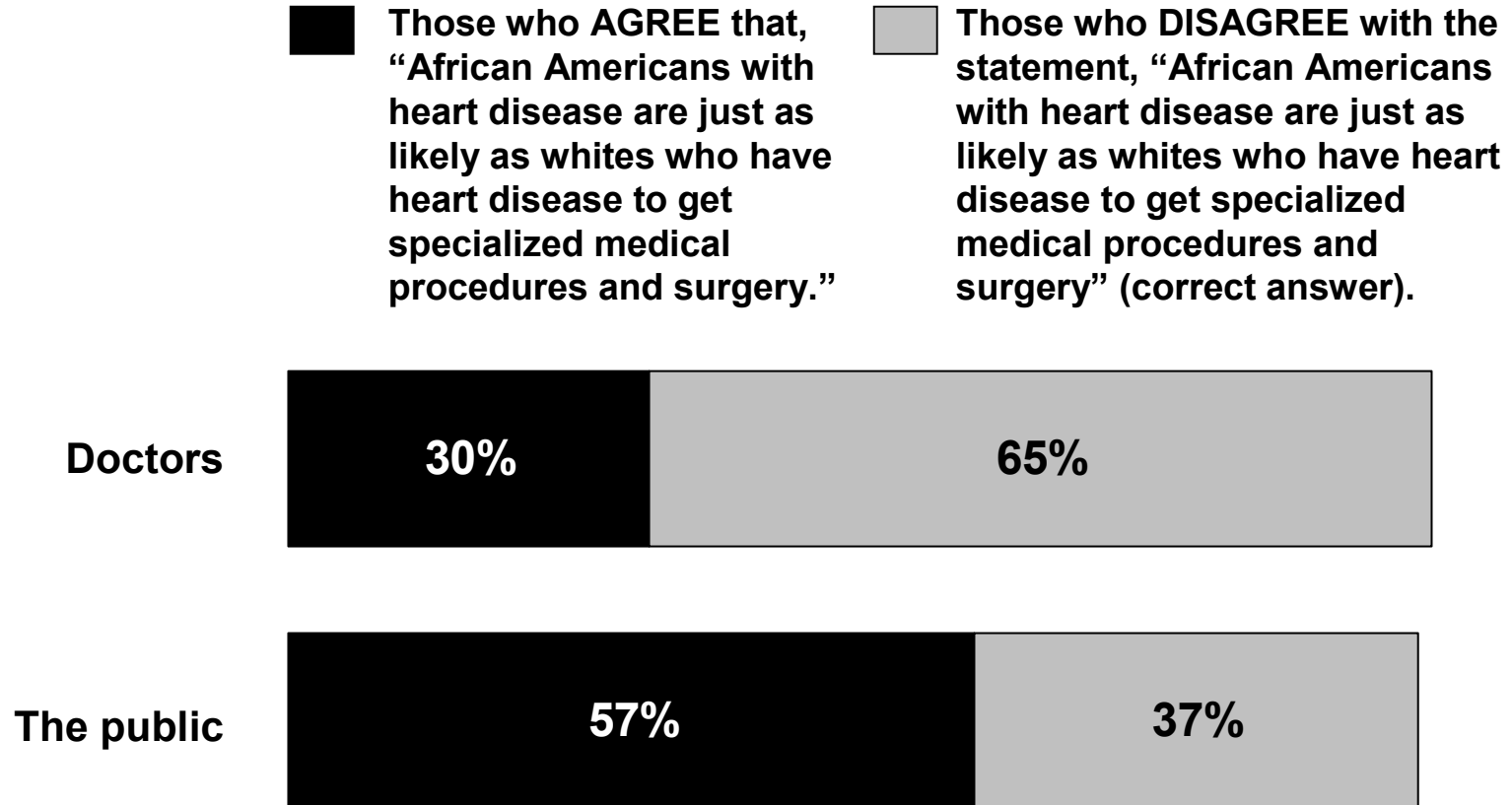
■ Doctors ■ The Public



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July-Sept. 1999)

Chart 5

Specific Racial Disparities in Heart Disease Treatment

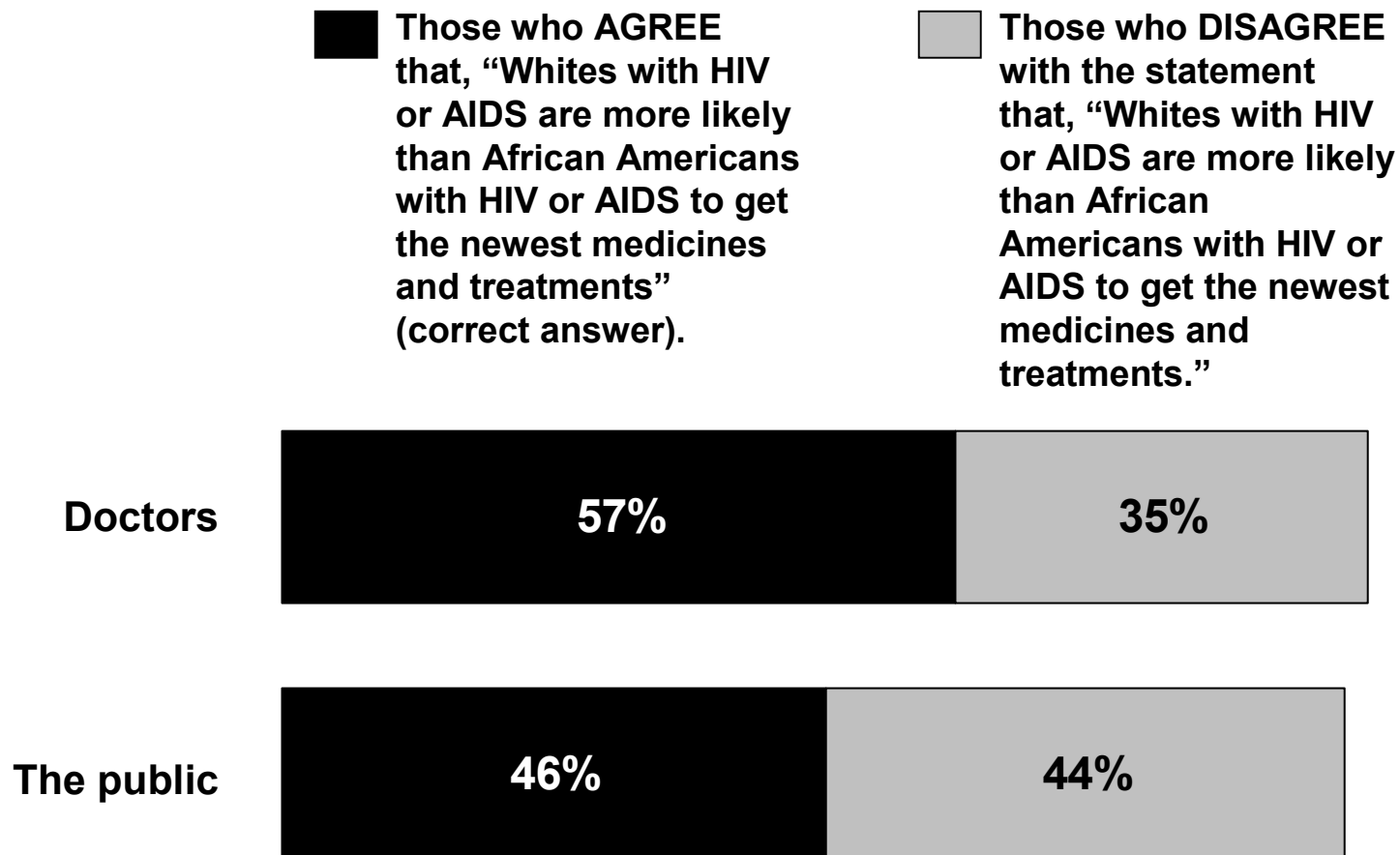


Note: “No answer” not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July-Sept. 1999)

Chart 6

Specific Racial Disparities in HIV/AIDS Treatment



Note: “No answer” not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July-Sept. 1999)

Chart 7

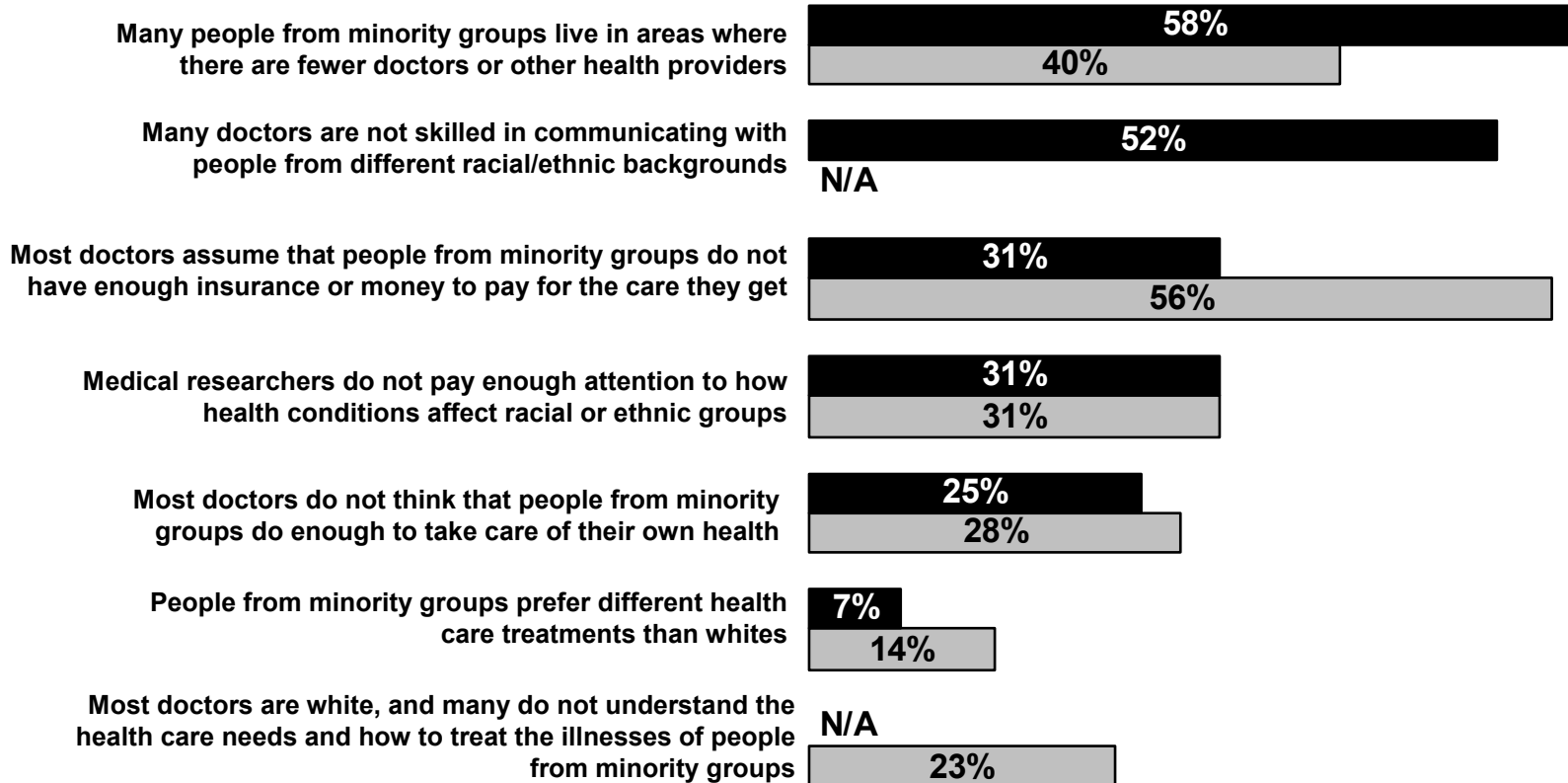
Major Reasons Why there are Racial/Ethnic Disparities in the Health Care System

(Among those who said the health system “very/somewhat often” treats people unfairly based on race/ethnicity)

Would you say the following statement is a major reason, a minor reason, or not a reason for why the health care system treats people unfairly based on their race or ethnic background?

Percent Saying “Major Reason”

■ Doctors ■ The Public



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001); Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999 (Conducted July-Sept. 1999)

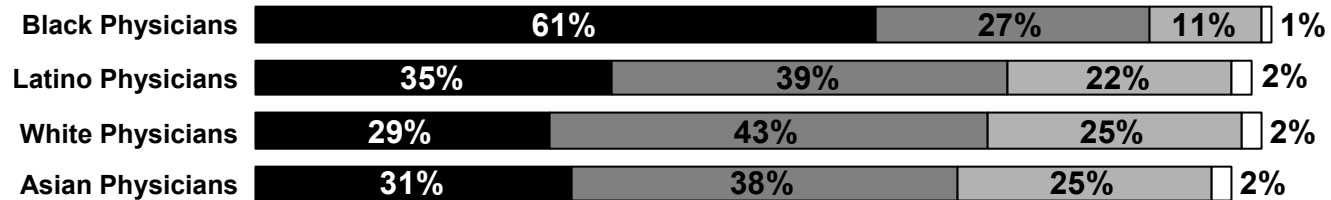
Chart 8

Perspectives of Physicians of Different Racial and Ethnic Backgrounds

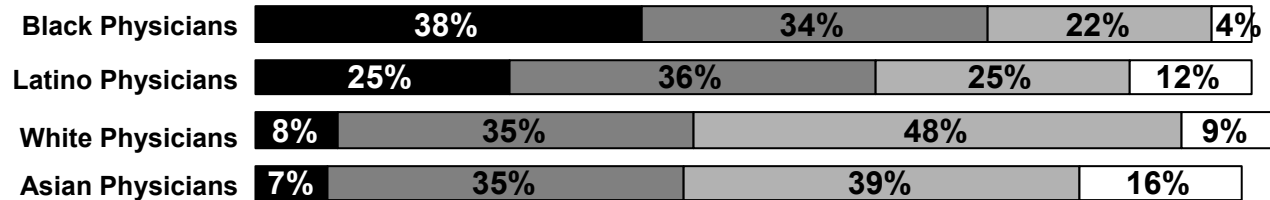
Generally speaking, how often do you think our health care system treats people unfairly based on...

Very often
 Somewhat Often
 Rarely
 Never

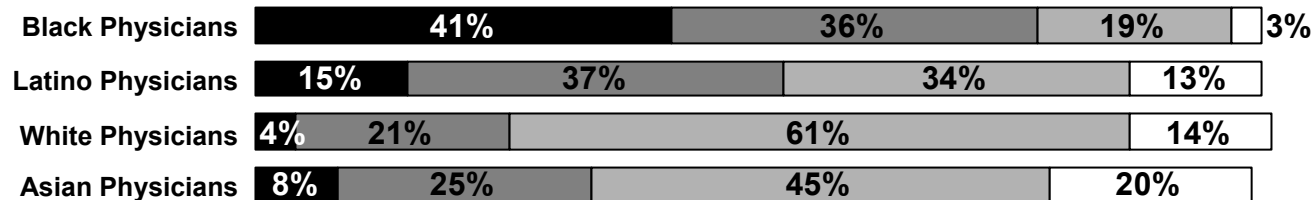
Whether or not they have health insurance



How well they speak English



What their race or ethnic background is

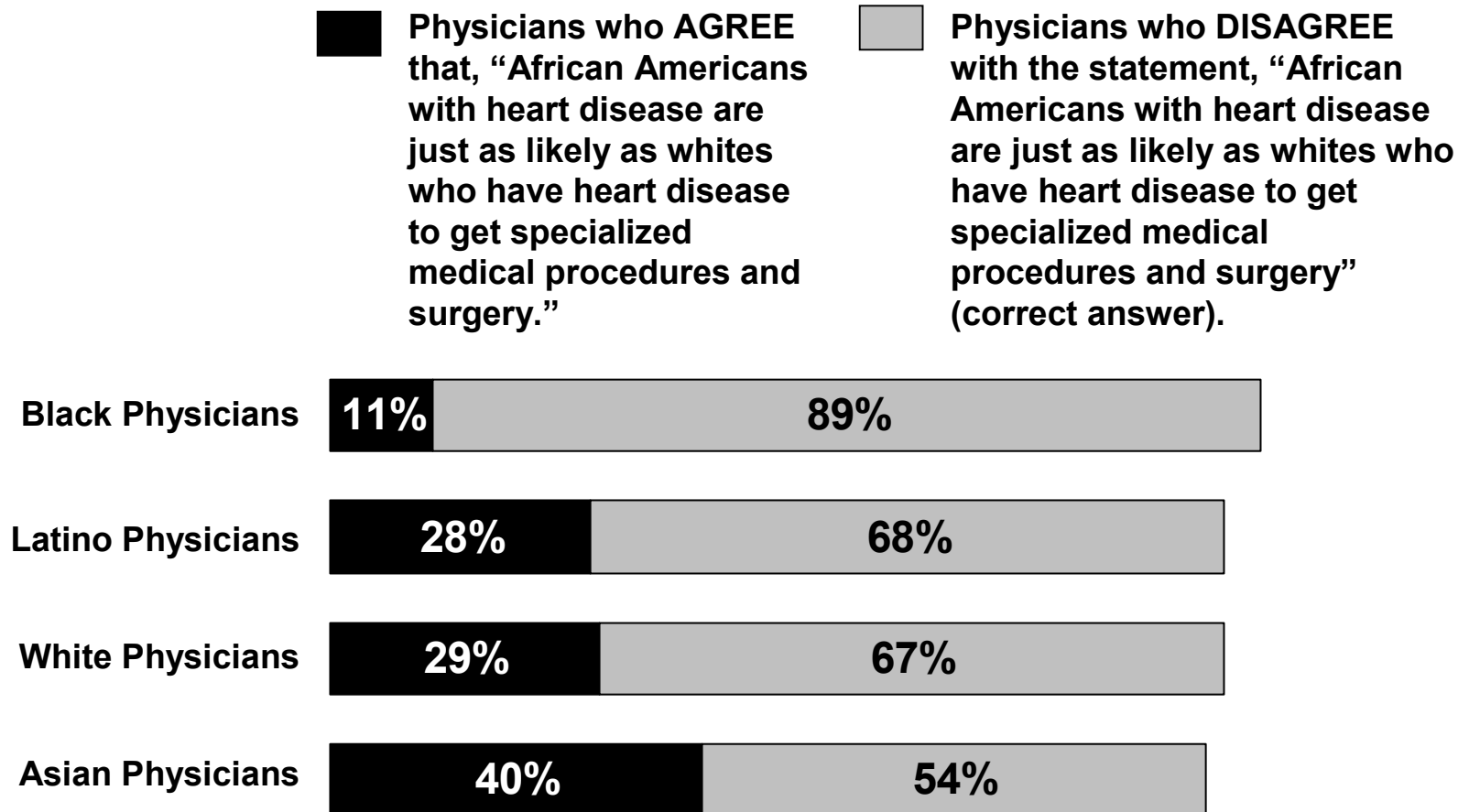


Note: "No answer" not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

Chart 9

Perspectives of Physicians of Different Racial/Ethnic Backgrounds

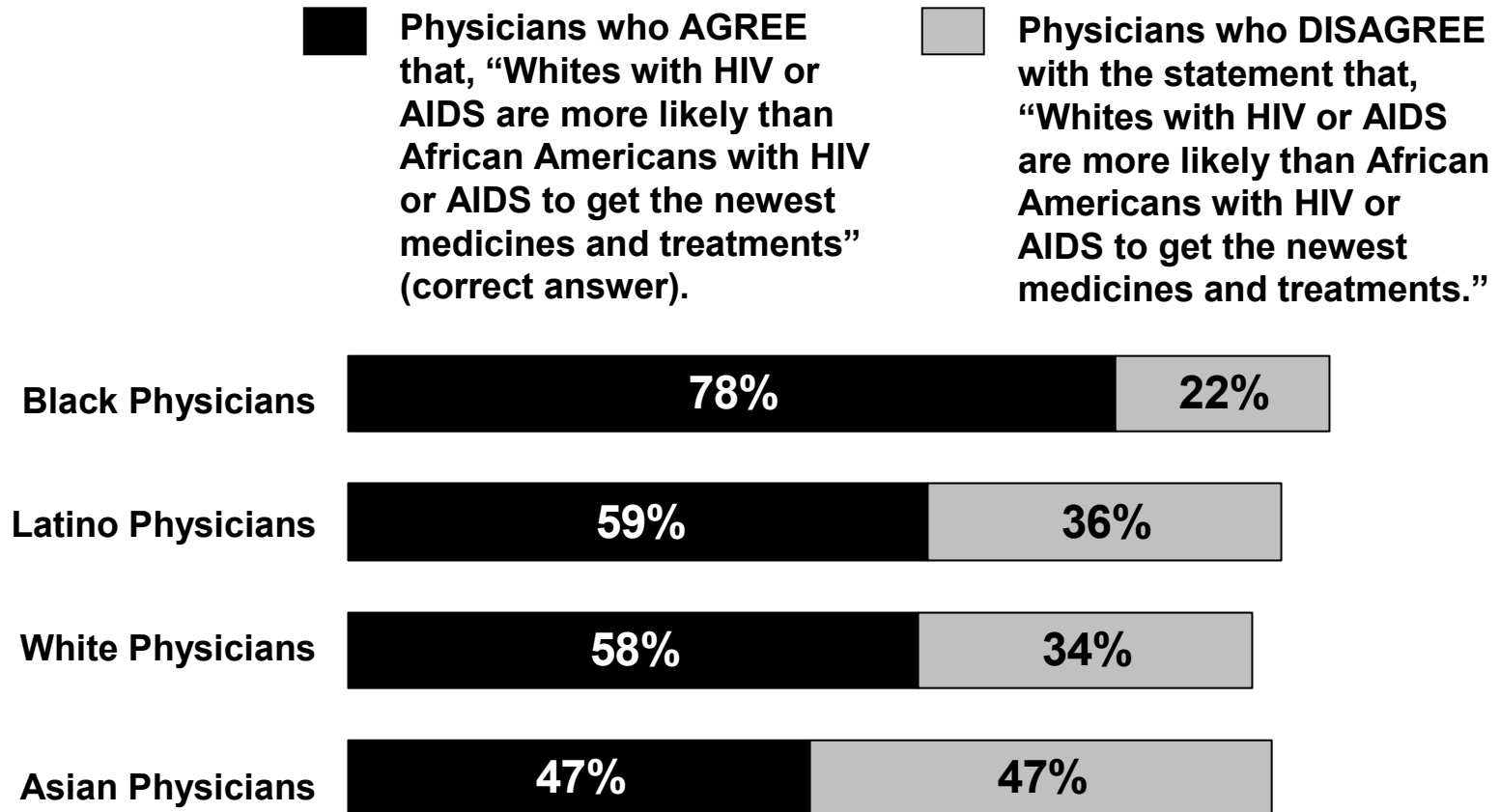


Note: "No answer" not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

Chart 10

Perspectives of Physicians of Different Racial/Ethnic Backgrounds



Note: "No answer" not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

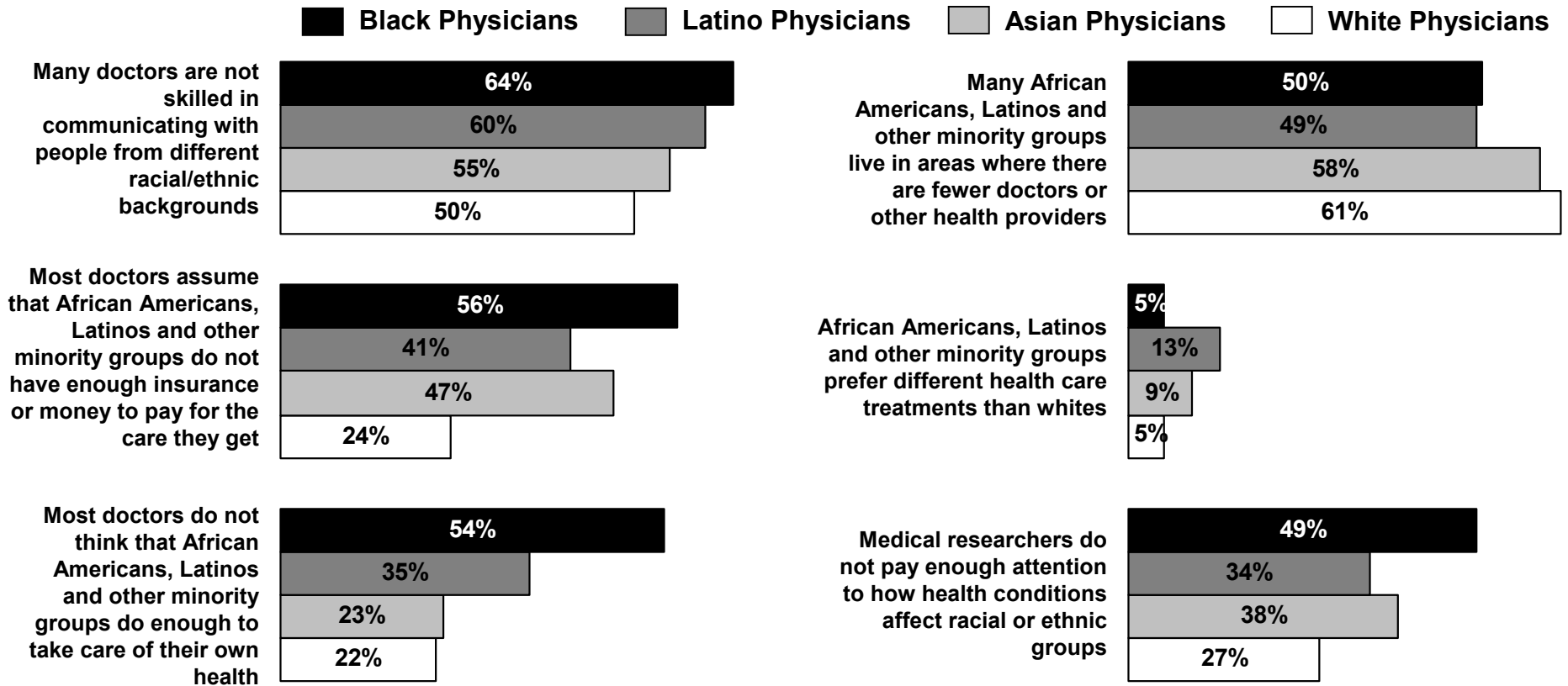
Chart 11

Perspectives of Physicians of Different Racial/Ethnic Backgrounds

(Among those who said the health system “very/somewhat often” treats people unfairly based on race/ethnicity)

Would you say the following statement is a major reason, minor reason, or not a reason for why the health care system treats people unfairly based on their race or ethnic background ...

Percent Saying “Major Reason”



Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

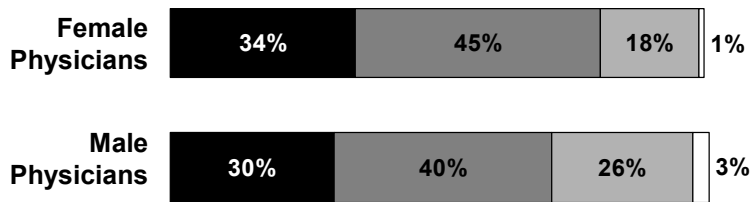
Chart 12

Perspectives of Female and Male Physicians

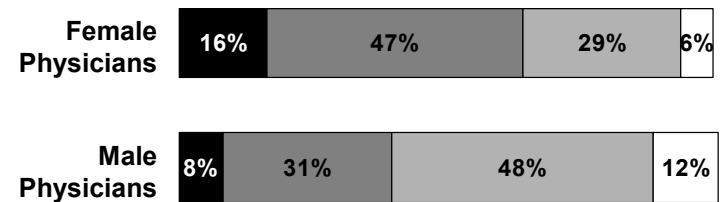
Generally speaking, how often do you think our health care system treats people unfairly based on ...

Very often
 Somewhat Often
 Rarely
 Never

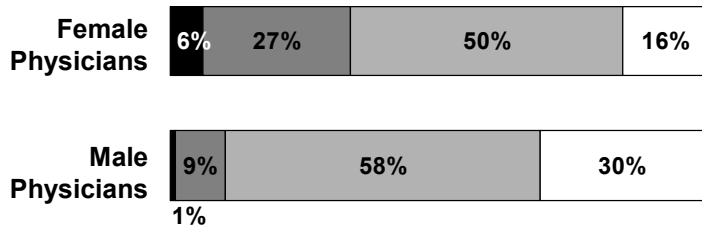
Whether or not they have health insurance



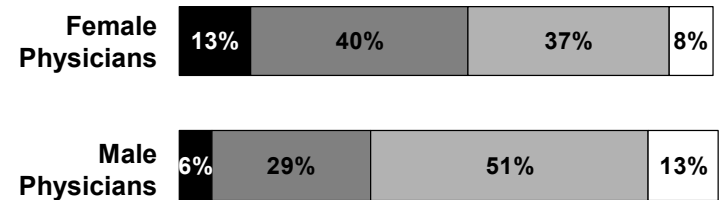
How well they speak English



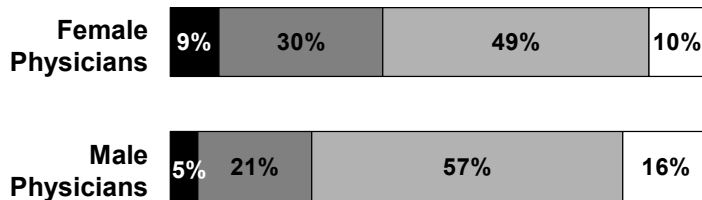
Whether they are male or female



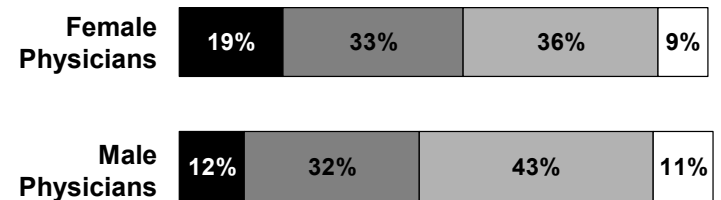
How well educated they are



What their race or ethnic background is



How much money they have



Note: "No answer" not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

Chart 13

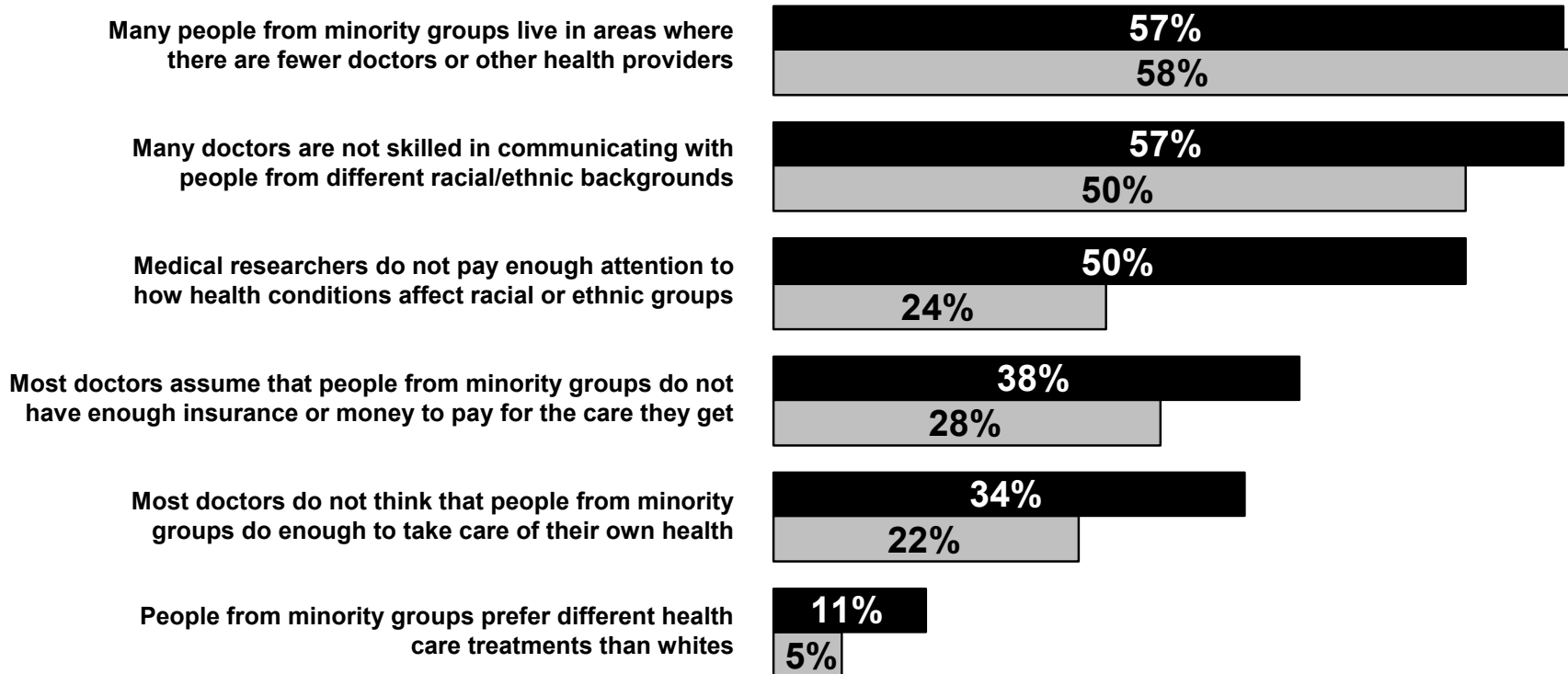
Female and Male Physicians on Racial/Ethnic Disparities in the Health Care System

(Among those who said the health system “very/somewhat often” treats people unfairly based on race/ethnicity)

Would you say the following statement is a major reason, a minor reason, or not a reason for why the health care system treats people unfairly based on their race or ethnic background?

Percent Saying “Major Reason”

■ Female Physicians ■ Male Physicians

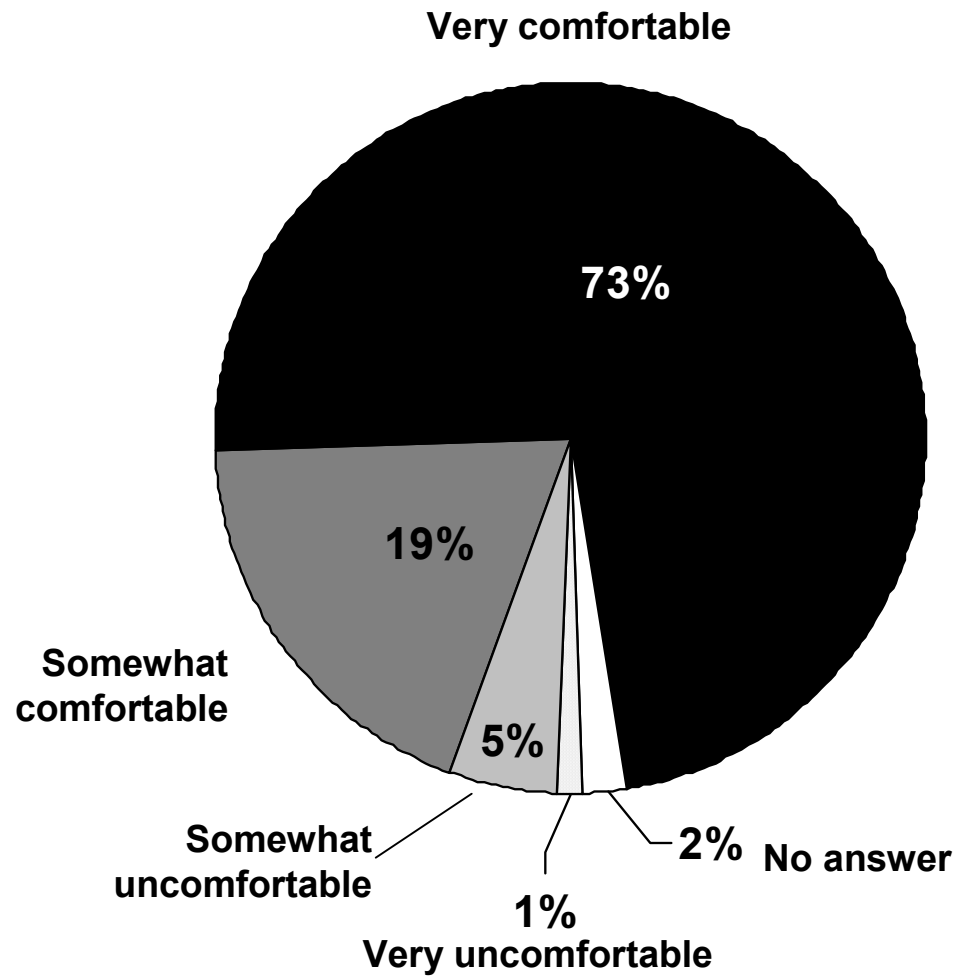


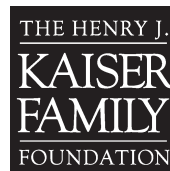
Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

Chart 14

Treating Gay and Lesbian Patients

How comfortable would you be treating a patient who was openly gay or lesbian?





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