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.

- **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.
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 Channtal 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.