

## Medical Mistrust

***Because so many minority employees mistrust the healthcare system, they fail to be screened for diseases that could be treated more successfully, if caught early. HR must develop programs to combat the problem. Being self-insured may help.***

By Bob Calandra

Seven in 10 (70 percent) minority women do not take advantage of health-related screening tests because they believe that medical providers and organizations sometimes deceive or mislead patients, according to a new study by Michigan State University.



"We found high levels of mistrust, regardless of the racial -ethnic group," says Karen Patricia Williams, the study's lead author and an assistant professor of obstetrics, gynecology and reproductive biology at Michigan State University. "People are less likely to engage in preventive screening practices, thereby making them more likely to suffer from conditions such as breast cancer that, if caught early, could be better treated."

The Michigan State University study, funded by the Susan G. Komen for the Cure organization, surveyed 341 Arab-American, African-American and Latina women.

African-Americans were the most mistrustful of the healthcare system, with nearly four in 10 (39 percent) distrusting healthcare organizations, compared to 15 percent of Latinas and 9 percent of Arab-American women.

Overall, more than four in 10 (44 percent) minority women who have never had a breast examination believed that healthcare organizations sometimes performed harmful experiments on patients without their consent.

Of those women who had not had a breast exam in the last year, 64 percent wondered if healthcare providers knew what they were doing.

The study corroborates the findings of a more extensive survey published in the August 2008 edition of The Journal of Cancer Epidemiology, Biomarkers and Prevention. That report analyzed data from the California Health Interview Survey of 11,245 African-American, American-Indian/Alaskan-Native, Asian and Latino men and women.

It found that nearly half (48 percent) of minority women who sensed discrimination by their healthcare providers were less likely to undergo screening for breast cancer (34 percent ignored the need for colorectal-cancer screenings), while seven in 10 (70 percent) minority men who sensed discrimination by their personal healthcare providers were less likely to undergo colorectal-cancer screenings.

Strangely enough, the study found that there was no significant impact on the likelihood that a colorectal-cancer screening would be undergone by minority men who sensed discrimination by a healthcare provider not designed as their own provider, such as a clinic.

"We have yet to achieve bias -free healthcare," concluded Dr. LaVera M. Crawley, an assistant professor at the Stanford University Center for Biomedical Ethics and part of the team analyzing the California data. "This has serious public health implication, as we know that higher levels of screening lead to lower levels of mortality."

No one can precisely pinpoint why minorities mistrust the healthcare system. What is known are the consequences of not taking such diagnostic tests.

According to Crawley, the five year survival rates for breast and colorectal cancer if caught early is 90 percent. Once those cancers reach an advanced stage, the five year survival rates plummet to 10 percent for colorectal cancer and 23 percent for breast cancer.

In an era when healthcare costs are soaring out of control, helping employees stay healthy through wellness programs and screening tests is important. Making sure that every employee takes advantage of those benefits falls in the challenge facing human resource managers. But many HR managers simply are unaware that a problem exists because they don't have the information.

"Those are alarming numbers [in the studies]," says Joseph Fenico, senior human resource partner in the Carney's Point, N.J. office of PepCo Holdings, a Washington-based energy company. "I never would have thought the numbers would be that high."

The first step in reversing the trend, Fenico says, is for HR managers to gauge the level and origin of distrust among their minority employees. Using that feedback, HR managers can then develop programs — education sessions, a newsletter, online health tips -- to debunk myths and educate employees.

"I think some people have had a bad experience with the healthcare system or they know someone who has had a bad experience," Fenico says. "People are just getting bad information."

Good information -- given to and heard from employees -- is the key to assuaging employee fears about the healthcare system.

While traditional health programs work fine, they don't always offer HR managers a lot of information in the form of usage data. That makes it hard to discern who is using the plan and how they are using it. Consequently, minority employees distrustful of the healthcare system can easily fly under the radar.

Becoming self-insured is one way around that problem. Being self-insured gives HR a treasure trove of easily accessible information and allows the department to tailor a program specifically to its employees' needs and aggressively respond to employee issues, such as distrust of the system. Moreover, a company that self insures can realize a potential 10 to 40 percent reduction in health-benefit costs, according to Peter Sullivan.

"The information you get from self insuring is invaluable in analyzing your benefits, claims, and costs," says Sullivan, president and founder of Encompass Benefits and Wellness Management in Houston, which tailors benefit programs for mid-size companies. "You start to see the inefficiencies and the problems and see who and what you have to address."

A self-insured health program allows the HR manager to review claims and quickly pinpoint problem areas. For instance, if an employee is on heart or diabetes medication, yet is not seeing a doctor on a regular basis, the HR manager can ask the outside insurance provider to engage the employee. The insurer will contact the employee through a phone call, letter, an educational pamphlet or e-mail.

The idea, Sullivan says, is to find out why the employee is reluctant to see the doctor or have a screening test and, if possible, resolve the problem.

While the Health Insurance Portability and Accountability Act of 1996 ensures patient privacy, Sullivan says that self-insured employers are permitted to "use or disclose privileged healthcare information to the minimum extent necessary for treatment, payment or health plan options."

That exception, he says, allows employers the room they need to analyze healthcare trends and problems.

"In this day and age there are a number of ways to make sure people are getting proper care," Sullivan says. "Within a self-insured program there are so many stop gaps and other things to show minority employees how the system works and how easy it is to get healthcare."

**March 10, 2009**