How do health care consumers experience and report on racism in hospital settings? In the Diversity, Equity, and Inclusion issue of JAMA Network Open, co-authors Jason Tong, Raina M. Merchant, and Rachel R. Kelz of the Perelman School of Medicine, and Anietie U. Andy from the Penn Medicine Center for Digital Health, analyzed consumer hospital reviews on Yelp and found that racism involves a wide array of clinical and nonclinical staff, affecting both patients and hospital employees.

Inequities in care delivery and outcomes have been well established within health care. Some have pointed at structural racism and acts of interpersonal racism as potential drivers of these disparities. But interpersonal racism is hard to study, because no health care-specific metric of interpersonal racism exists.

Consumer reviews, such as Yelp reviews, may be an untapped resource for examining the presence of racism within health care. Unlike other existing hospital patient surveys, consumer reviews are familiar to the lay community, widely used, and open-ended. Moreover, consumer review platforms are independent from health care institutions, allowing for consumers to report on the sensitive topic of racism anonymously, without fear of possible retribution.

The team collected 90,786 online consumer reviews of U.S. acute-care hospitals published on Yelp between 2010 to 2020 and used natural language processing to identify 260 reviews explicitly citing instances of racism in 190 hospitals across 33 states. Qualitative analysis revealed that racism occurred in a variety of clinical and nonclinical spaces. Additionally, consumers experienced racism from a variety of actors, ranging from clinical staff, such as physicians and nurses, to other critical hospital personnel such as security officers and reception staff.

The findings suggest that consumers are highly attuned to acts of interpersonal racism during health care encounters and its impact on the quality of their experience and care. By listening to the health care consumer and identifying the recurring themes within narratives, health care institutions may be able to better target quality improvement initiatives to combat racism. Additionally, the presence of bidirectional racism suggests that the health care workforce needs better tools to not only manage their own implicit biases, but also acts of racism directed at them.

We still have a long way to go to understand the relationship between objective measures of racial disparities in clinical outcomes and subjective experiences of racism. But these qualitative data can help administrators gauge levels of racism within hospital settings, and direct efforts to improve upon these negative patient experiences to address racial disparities in care.

**More information:** Jason Tong et al, Evaluation of Online Consumer Reviews of Hospitals and Experiences of Racism Using Qualitative Methods,