

Racial and Ethnic Health Disparities: An Investigation of the Relationship between Race, Ethnicity, Health Care Access, and Health Status

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Abstract : Inequality in health care for racial and ethnic minorities continues to be a growing concern for many Americans. Some of the barriers hindering the elimination of health disparities include lack of insurance, socioeconomic status (SES), and racism. This study will specifically focus on the association between some of these factors- health care access, which includes insurance coverage and frequency of doctor visits, race, ethnicity, and health status. The purpose of this study will be to address the following questions: is having health insurance associated with increased doctor visits? Are racial and ethnic minorities with health insurance more or less likely to see a doctor? Is the association between having health insurance moderated by being an ethnic minority? Given the current implications of the 2010 Affordable Care Act, this study will highlight the need to prioritize health care access for minorities and confront institutional racism. Critical Race Theory (CRT) will demonstrate how racism has reinforced these health disparities. This quantitative study design will analyze secondary data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) questionnaire, a telephone survey conducted annually in all 50 states and three US territories by state health departments in conjunction with the Center for Disease Control (CDC). Non-identifying health-related data is gathered annually from over 400,000 adults 18 years and above about their health status and use of preventative services. Through Structural Equation Modeling (SEM), the relationship between the predictor variables of health care access, race, and ethnicity, the criterion variable of health status, and the latent variables of emotional support and life satisfaction will be examined. It is hypothesized that there will be an interaction between certain racial and ethnic minorities who went to see a doctor, had insurance coverage, experienced racism, and the quality of their health status, emotional support, and life satisfaction.

Keywords : ethnic minorities, health disparities, health access, racism

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