

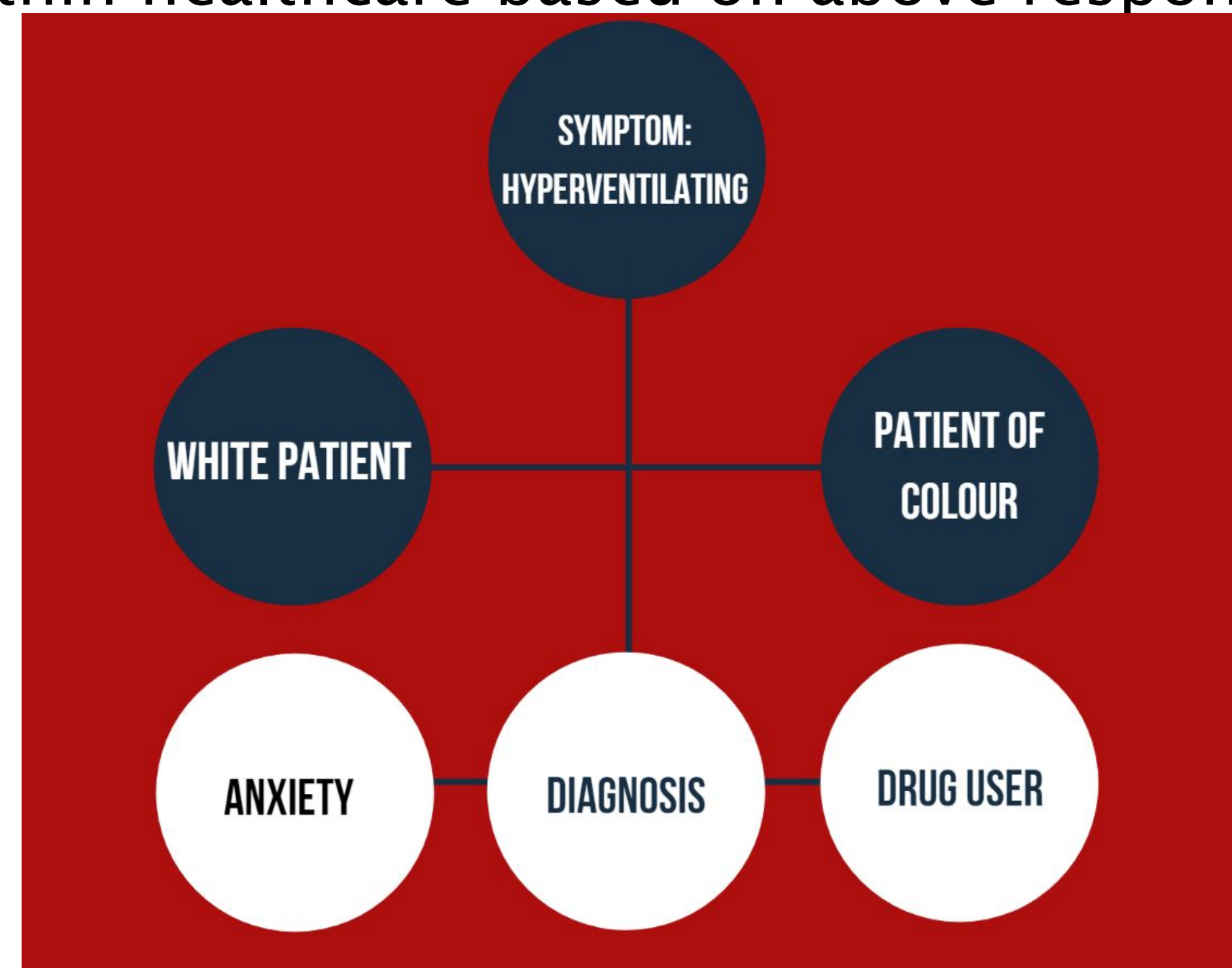
## Introduction

The disproportionate provision of healthcare among different races is a glaring problem throughout the US. Socioeconomic status is closely tied to healthcare outcomes, and race is closely tied to socioeconomic status.<sup>[1]</sup> The aim of this study is to answer our research question: How does racial and health insurance status affect the quality of healthcare received? This was done through comparing survey results with information from databases.

## SURVEY

### Design:

- Questions designed to gauge self reported income and health insurance status
- Questions designed to gauge experiences within healthcare based on above response



### Respondent Anecdotes:

"...their perception of me made them treat me as if I was less than any person at the hospital and they gave me the wrong diagnosis too!!"

"... pharmacist would deny or hesitate to give my dad his prescriptions because they would think he's going to sell them for money just because he is hispanic."

## Figures from Databases

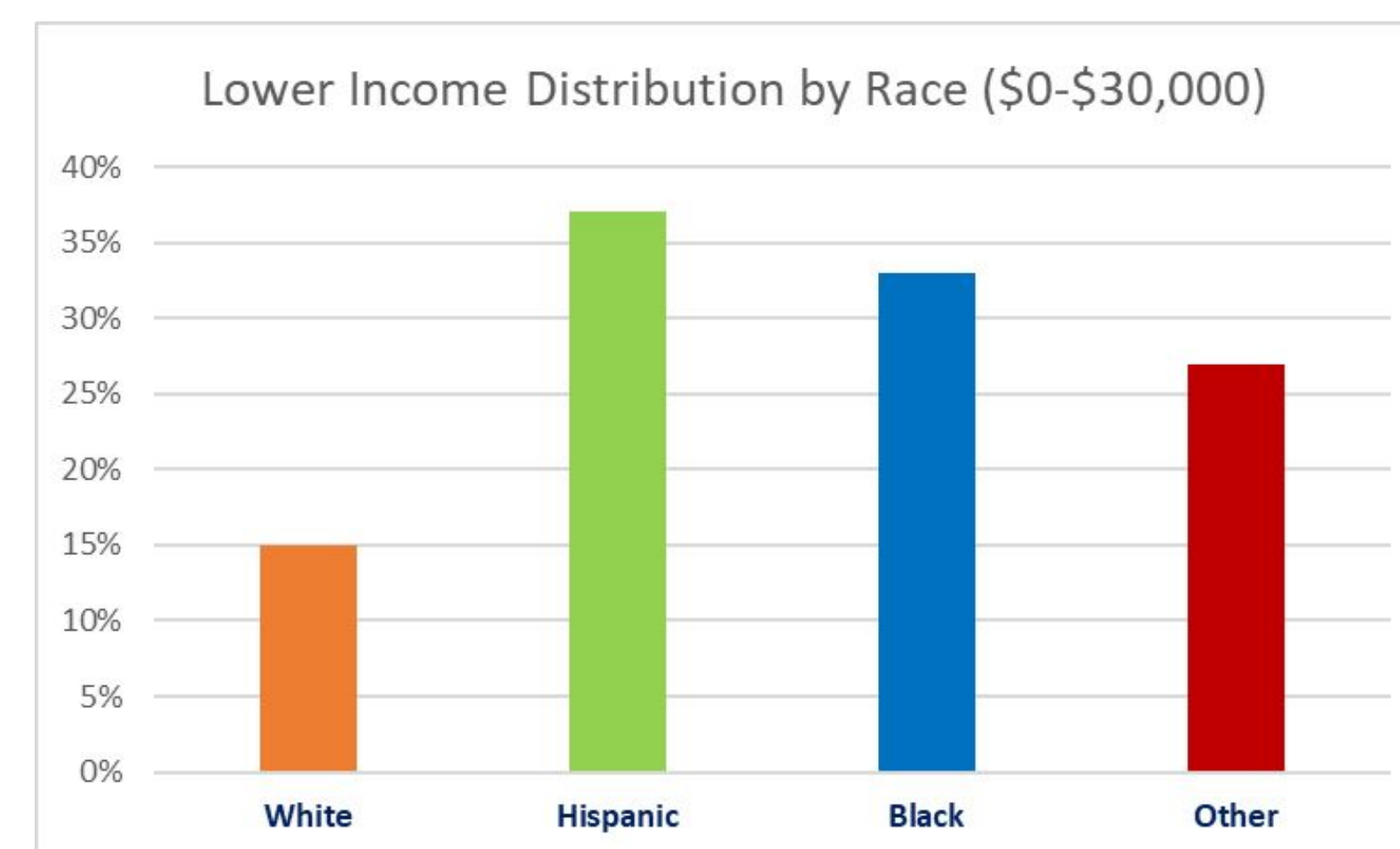


Figure 1

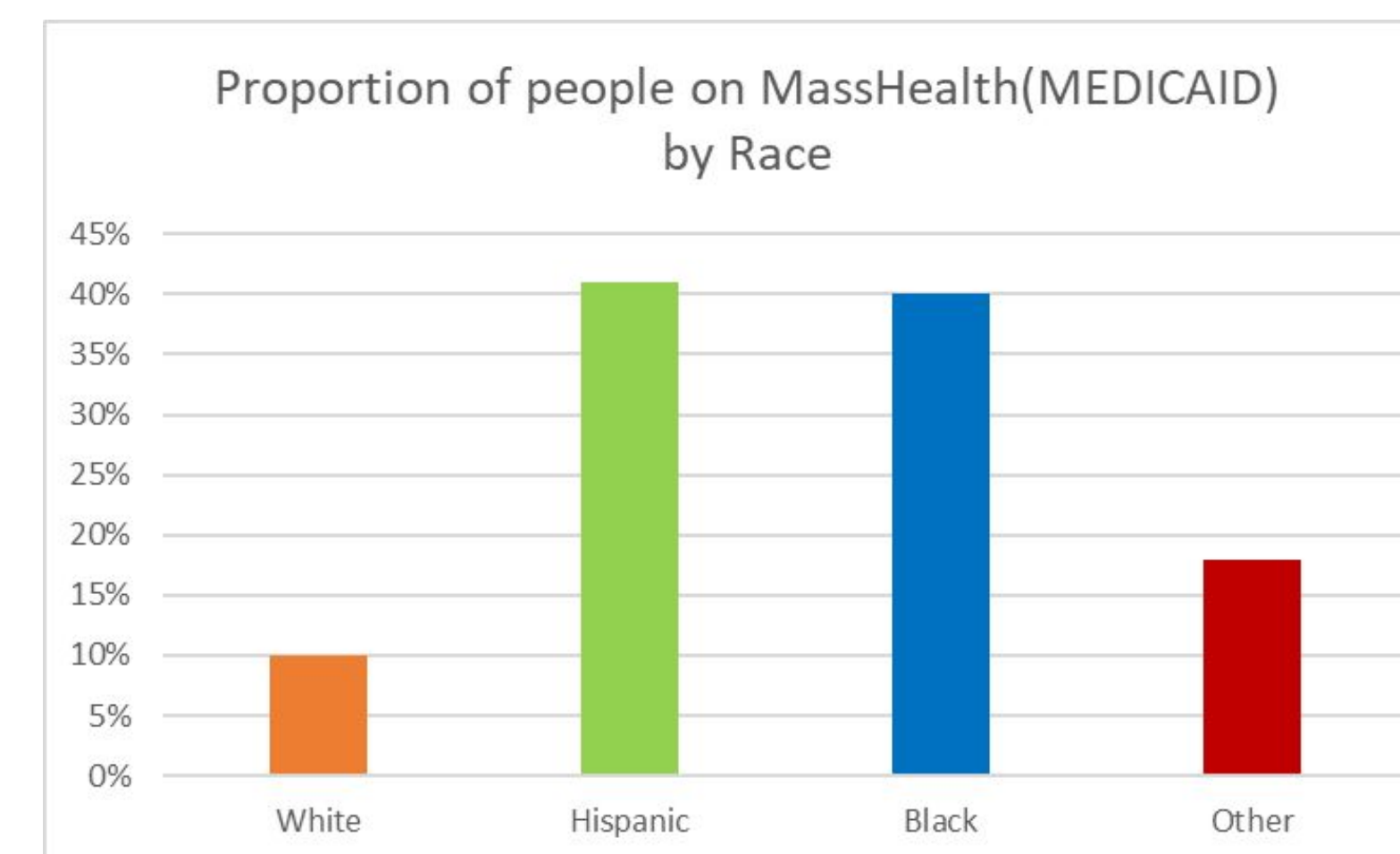


Figure 2

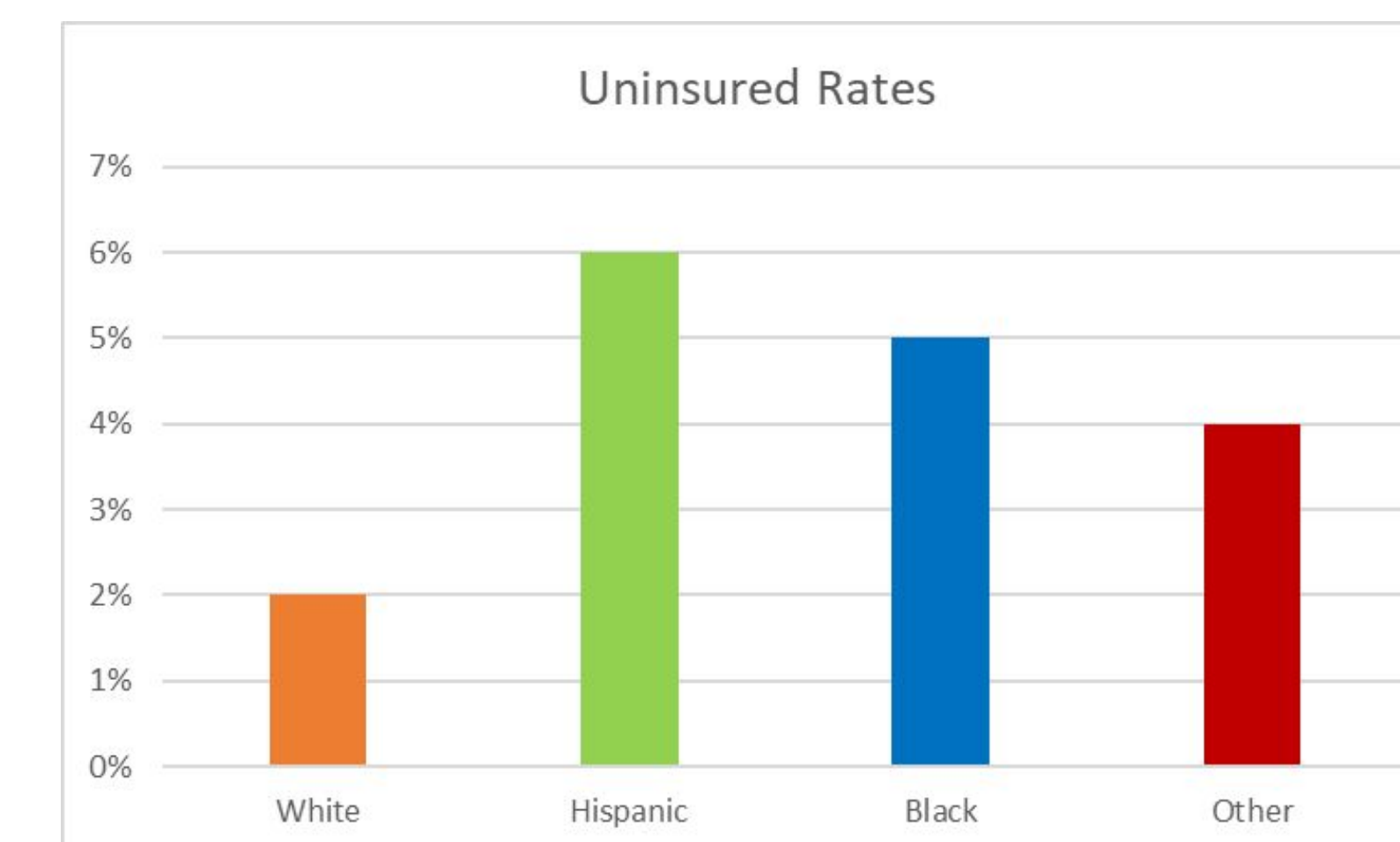


Figure 3

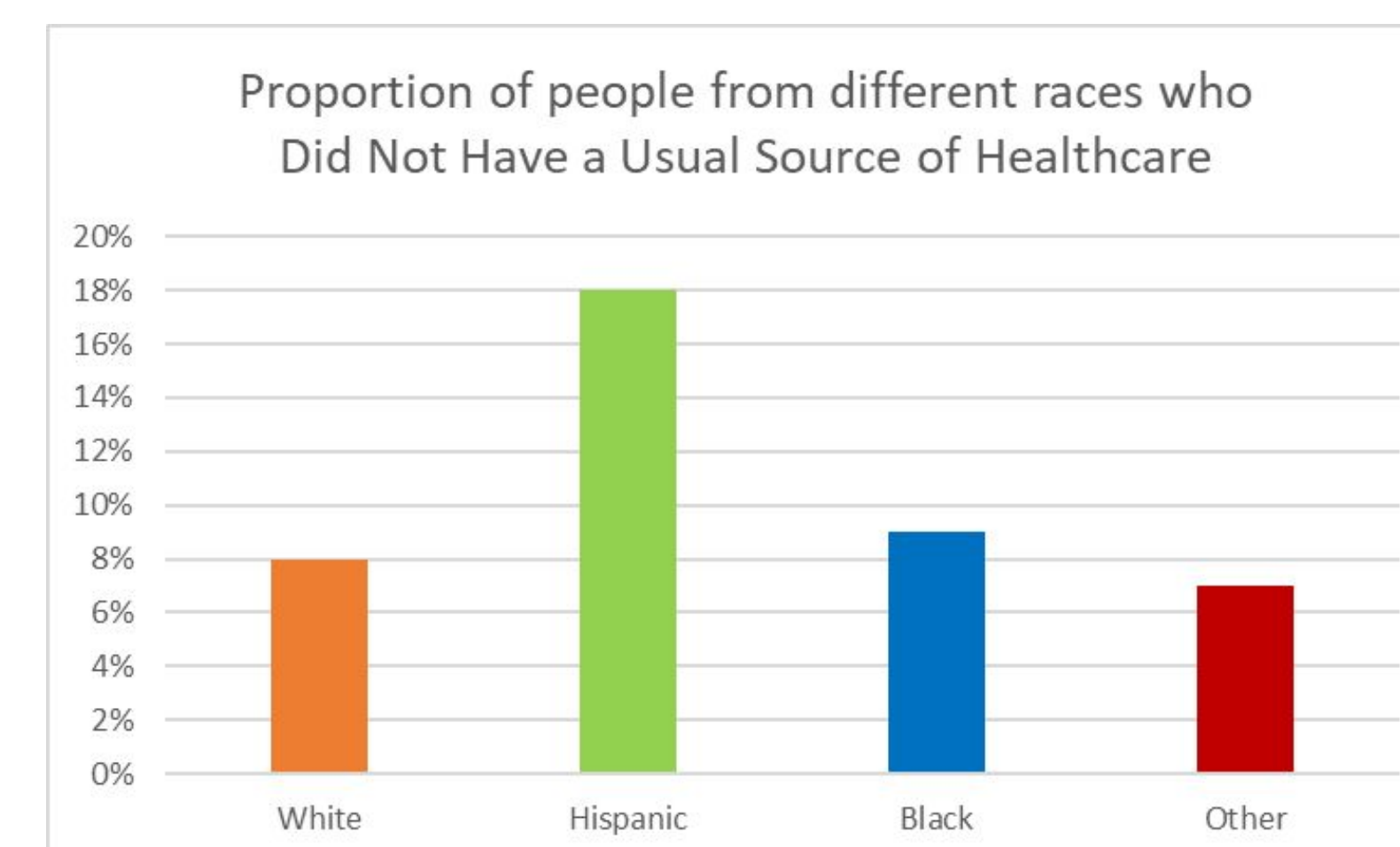


Figure 4

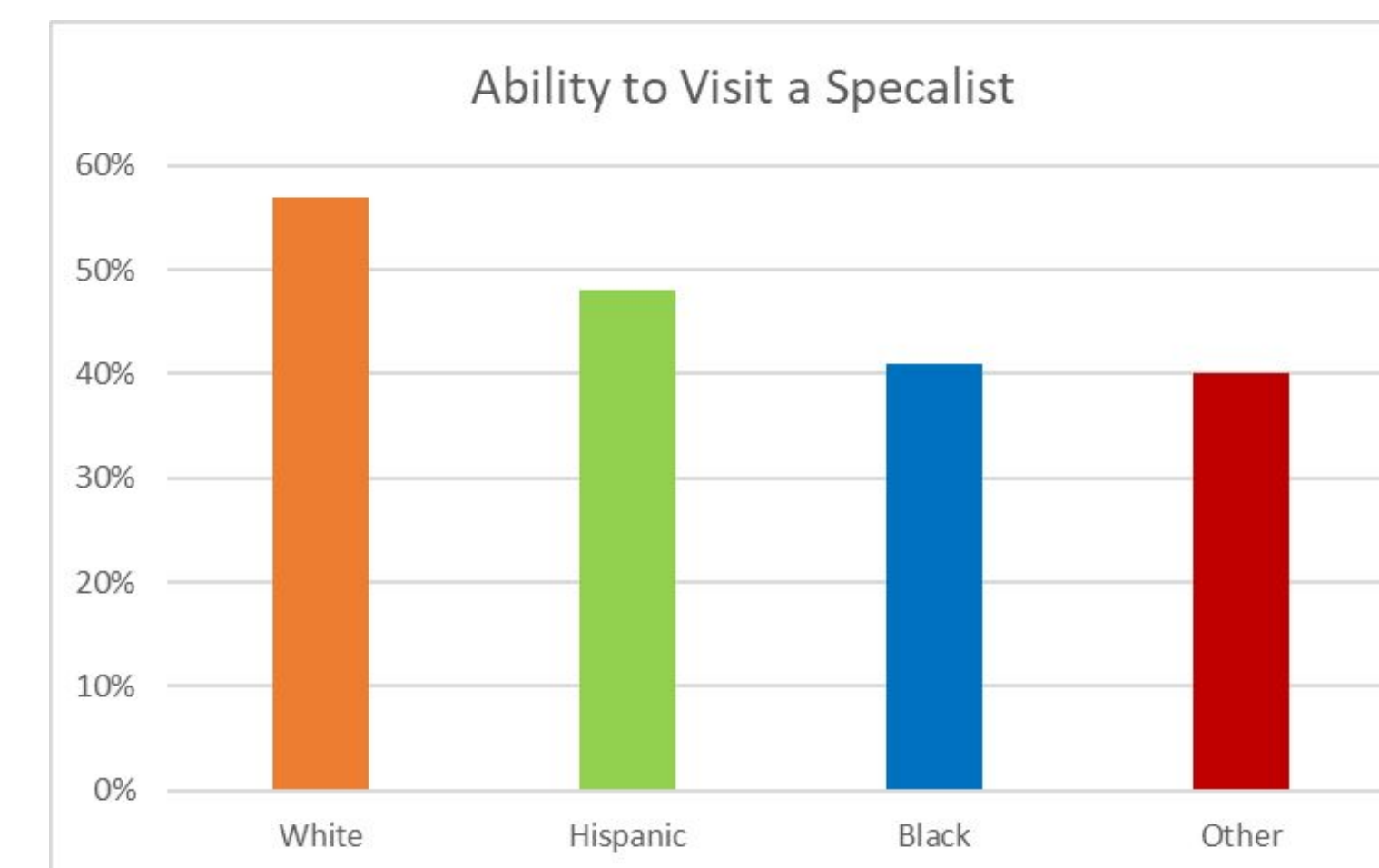
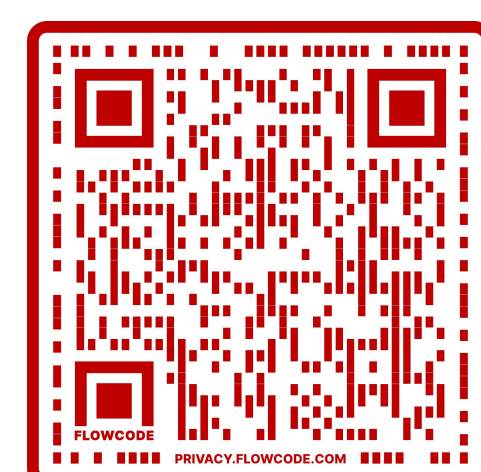


Figure 5

## Our Findings

- 1) Hispanics and Blacks- the highest proportion in the low income bracket have MassHealth (type of Medicaid for people below Federal Poverty Line).
- 2) Nationally, 31 percent of physicians were unwilling to accept any new Medicaid patients. Hence, higher rates of rejection of insurance type amongst Blacks (16%) and Hispanics (24%).
- 3) The uninsured rates of Hispanic people are partially driven by higher rates of coverage ineligibility based on immigration status. Immigrants have more limited access to employer-sponsored and public health insurance options.
- 4) Hispanics lack insurance (cause: immigration and lack of culturally and linguistically aligned medical providers) and have limited access to a usual source of care.
- 5) Inability to visit a specialist could be caused by both non-acceptance of Medicaid and lack of insurance.



### Sources:

1. Anthony, S., Boozang, P., Elam, L., McAvey, K., & Striar, A. (2021, December 21). *Racism and racial inequities in health: A data-informed primer on Health Disparities in Massachusetts*. Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts | Welcome to Blue Cross Blue Shield of Massachusetts. Retrieved May 4, 2022, from <https://www.bluecrossmafoundation.org/publication/racism-and-racial-inequities-health-data-informed-primer-health-disparities>

## Conclusion

Both the data and survey suggest a correlation between minority races and inability to access healthcare due to lower socioeconomic status and immigration status.

It is important to note that survey results may be skewed as a result of respondents mostly identifying as White.

Future steps include extending the survey to a more diverse group of people within different states. Different ways of measuring socioeconomic can also be explored, such as financial aid and housing status.

We would like these findings to be used to educate future healthcare professionals about the biases that exist and how they can fight them.