

Research Proposal  
psychosocial and counselling

Student name:

Student Number:

Research area: An examination of the disparities between healthcare and support available to BAME children and their white counterparts.

Research questions:

1. Does the attitude of healthcare providers towards BAME children, whether intentional or unintentional, differ from their attitude towards white children?
2. To what extent does institutional racism influence the quality of healthcare and support offered to BAME children?
3. Is there disparity in access to primary healthcare and support by BAME children, and how does this influence the overall health outcome of this group, in comparison to their white counterparts?

**Methodology:** The research will utilize mainly qualitative data from primary sources since only a small sample will be involved. Primary data collection will utilize purposive sampling to select a group of between six to ten individuals drawn from both BAME and White populations. These will be parents from different socioeconomic status (SES) who have had to seek healthcare and support for their children. Secondary information will also be used in the literature review and will be gleaned online from scholarly journal articles, research papers, statistics and other quantitative data. This information will be obtained from databases such as the American Journal of Public Health, the Journal of Health and Social Behaviour, and the Official Journal of the American Academy of Paediatrics.

Data collection methods will include interviews with the focus group along with a review of the existing literature, using thematic analysis to understand and interpret

the data from the focus group. The information gathered will be used to establish healthcare disparities among the chosen demographic.

Certain keywords will guide the research, including BAME, SES, disparities and child healthcare.

The following are the key findings of three literature reviews which will be cited in the research.

**Review 1:** (Brown, et al., 2016) explored the intersecting consequences of race, gender, SES and age to understand inequalities in healthcare. Using multiple-hierarchy stratification and life course perspectives, the study looked at whether health inequalities persist into later life or improves as children mature into older adults. Findings indicate that racial and ethnic disparities was more pronounced within the female population, and that this group also experienced diminished health returns with regard to socioeconomic resources. The research also revealed that the racial-ethnic health stratification is dynamic, in that rather than being a lifetime reality, it declined as people as people aged. However, the underlying truth, as revealed in the research, is that those at the lower end of the socioeconomic hierarchy, including children, have worse health and those of higher status, and this is more pronounced in the Black population than in Whites.

**Review 2:** (Flores, 2010) in exploring the issues, found that racial/ethnic disparities in children's health and healthcare are rather extensive, pervasive and persistent. Disparities were observed across a broad spectrum including access to healthcare and use of associated services, adolescent health, mortality rates, special healthcare needs and quality of care. The study also found that while comprehensive studies on health disparities have been done, very few have focused on children, and even fewer on specific racial/ethnic groups. Methodologic flaws were identified regarding the way in which such disparities are documented and analysed, which is a potential issue as the magnitude of the disparities might have been underreported.

**Review 3:** (Ryn & Fu, 2011) examined whether public health and human service providers contribute to racial/ethnic disparities in health, an issue which they found has not received much attention. The study also looked at whether the policies and procedures of healthcare providers contribute to institutional racism which results in disparities in provision for minorities, and the manner in which providers' conscious beliefs and unconscious stereotypes influence their interactions with help seekers. The study also found that preconceived ideas about racial/ethnic socioeconomic status directly influenced the way in which information was communicated to them, and the level of aftercare that was recommended by healthcare practitioners. Additionally, providers' beliefs about the social and behavioural characteristics of help seekers directly influence their professional or clinical decision-making. Furthermore, it was highlighted that the behaviour of Black adolescents was perceived as being less clinically significant than White adolescents.

## References

- Brown, T. H., Richardson, L. J. & Hargrove, T. W., 2016. Using Multiple-hierarchy Stratification and Life Course Approaches to Understand Health Inequalities: The Intersecting Consequences of Race, Gender, SES, and Age. *Journal of Health and Social Behaviour*, 57(2), pp. 200-222.
- Flores, G., 2010. Racial and Ethnic Disparities in the Health and Health Care of Children. *Official Journal of the American Academy of Pediatrics*, 125(4), pp. e979-e1020.
- Ryn, M. v. & Fu, S. S., 2011. Paved With Good Intentions: Do Public Health and Human Service Providers Contribute to Racial/Ethnic Disparities in Health?. *American Journal of Public Health (AJPH)*, 93(<https://doi.org/10.2105/AJPH.93.2.248>), pp. 248-255.