

Cultural health style



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Health Disparities Encountered by African Americans In the United States, health disparities are common among varied racial and/or cultural groups. In particular, the present-day African American racial/cultural group experienced and continues to experience troubles in accessing care and health care. Probably the disparities are essentially economic, yet, the racial/cultural differences also contribute to this social phenomenon. Doubtless to say, African Americans have greater health disparities in contrast to the Anglo-Saxon Americans. There are many areas of health disparities that African Americans encounter in the modern-day America. Access to highly advanced medical technologies and to good medical services are the two general health disparities quite common to African Americans. Quaye (2005) remarks that there are barriers in accessing medical care especially to the African-American cultural group. And these barriers go beyond the economic facet. Access to the health care system in America is racially embedded. Particularly to pregnant women, "African American women are twice as likely as whites to receive no health care at all" (as cited in Quaye, 2005, p. 2). Cockerham further notes that if pregnant African American women were ever to receive a medical care service, it only occurred in the last trimester of their pregnancies (as cited in Quaye, 2005). Johnson (1999) admits that it is not always possible for African Americans to access and receive medical services and even to "obtain the care they need" (p. 5). Besides the lack of accessing the health services characterized in the American medical setting, the African Americans hardly receive the services that are substantially high standard, let alone proper to their medical needs. For instance, African Americans undergo an amputation procedure which is "3.6 times as frequent among Blacks as whites" (as <https://assignbuster.com/cultural-health-style/>

cited in Quaye, 2005, p. 2). What is interesting here is the fact that Blacks who have diabetes, especially the elderly, are relatively similar in number compared to the Whites: roughly 1.7 times in number (as cited in Quaye, 2005). Indeed, health disparities -- that are common to African Americans -- have something to do with the patient's skin color and/or cultural background. Quaye (2005) argues that Blacks significantly resort to folk medicine due to these health disparities prominent in the contemporary United States. In citing Bailey's study, he states that folk medicine largely harms the Black patient who is subscribing to such seemingly irrational practice (Quaye, 2005). Conversely, Cook (2010) contends that "folk medicine" is beneficial among involved parties: the patient, the spiritual leader, and the medical practitioner. She argues that religion helps the person to grow and be healthy in many and varied ways: one of which is a healthy lifestyle (Cook, 2010). In essence, the health of the African Americans also resides in their faith and way of life. Cook (2010) adds up that if the medical practitioner (e. g., doctor) tries to have a positive connection to the church leaders, perhaps the patient can live and grow in a healthy manner. By and large, health disparities lead many African Americans to resort, for better or for worse, to inexpensive folk medicine.

References Cook, D. A. (2010). Spirituality and the power of religion. In R. L. Hampton, T. P. Gullotta, & R. L. Crowel (Eds.), *Handbook of African American health* (pp. 80-105). New York, NY: Guilford. Johnson, R. W. (Ed.). (1999). *African American voices: African American health educators speak out*. Sudbury, MA: Jones and Bartlett. Quaye, R. K. (2005). *African Americans' health care practices, perspectives, and needs*. Lanham, MD: University Press of America.