

The american health care system's limited access

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Identify and discuss the factors that limit access to healthcare services for many people in America.

According to a published Guidebook for providers entitled "Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families (January 2001)", there are two general and primary factors that limit certain groups of the American population in their access to appropriate health care. These are the structural barriers and the cultural barriers.

Structural barriers are further categorized into two sub-factors. These are the External barrier factors such as lack of health insurance coverage and out of pocket costs and the Logistical difficulty factors such as lack of transportation, language difficulty (or comprehension) and illiteracy (CC Guidebook, 2001).

Meanwhile, Cultural barriers are also categorized into internal and external factors. Internal factors are those caused by traditional practices among certain ethnic groups like Asians - particularly the older Chinese generation - who refuse to reveal details about their affliction or disease because they regard these matters as purely personal and should be kept within tight family circles only. Particularities of these traditional beliefs usually affect the provision of a more thorough health scanning and diagnosis, thus resulting to usual misdiagnoses or prognoses (CC Guidebook, 2001).

Cultural external factors include a lack of comprehensive background data or earlier studies about the cultural nuances and statistics for these underserved minority groups (CC Guidebook, 2001). As a direct result, the lack of available research data affects the decision of policy makers and <https://assignbuster.com/the-american-health-care-systems-limited-access/>

federal level planners to incorporate cultural nuances into intervention programs that could break the trend of a “ cultural block” or absence of data.

Furthermore, policy makers tend to group together certain ethnic groups as those “ not needing” specific care likenursinghome services or elder care because of the assumption or misconception that all elderly people from a specific ethnic group like the Hipics who have close personal ties and the Asian groups, that they will take care of their elderly. Research did confirm this fact (CC Guidebook, 2001, p10) but this shouldn't be the norm or primary continuing assumption in the future. To quote from the Guidebook (CC Guidebook, 2001, p10):

“ Research does confirm that a significant proportion of minority elders live with their family. Unmarried older African Americans are twice as likely to live with family members as whites, Hipic American and Asian American elders are three times as likely, and half of urban Native American elders live with family members (controlling for income, health status, and other characteristics)”.

2. Identify the specific populations and groups that face difficulties with access to health care services.

According to the Fact Sheet published by the Agency for Healthcare Research and Quality, two predominant ethnic minority groups lack the basic access to primary and preventive care in the US. These groups are the African-American and the Hipic population in the US (AHRQ, February 2000). To quote:

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“ About 30 percent of Hipic and 20 percent of black Americans lack a usual source of health care compared with less than 16 percent of whites.

Hipic children are nearly three times as likely as non-Hipic white children to have no usual source of health care.

African Americans and Hipic Americans are far more likely to rely on hospitals or clinics for their usual source of care than are white Americans (16 and 13 percent, respectively, v. 8 percent)”.

These data from AHRQ and other agencies such as the Department of Health and Human Services formed the (HHS) formed the basic tenets and foundation for the 18 out of 28 focal areas for their Ten year Plan entitled “ Healthy People 2010”. Six out of these 18 focal areas are geared toward eliminating factors to health barriers and disparities such as: gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation. According to the OMH, there is “ Compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among U. S. populations in all these categories and demands national attention’ (Fact Sheet, AHRQ, 2000).

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