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## **Analysis of Inequalities in Healthcare**

### Introduction

Leadership in healthcare demands a lot of competencies and sensitivities in order to attain desired results. There is the need for the mastery of important concepts, terminology and the management of change. This is done within a stakeholder framework which includes clinical, financial and other operational aspects of healthcare management and health initiatives relevant to the facility a given healthcare professional in a leadership position is opened to. One of the main aspects relevant to leadership in healthcare includes addressing elements and aspects of marginalization in society as well as examining the sociological variables relevant to a given healthcare project.

The purpose of this paper is to examine responses on important elements of healthcare leadership. To this end, the paper will be written on the basis of a critical assessment and evaluation of a seven-part documentary series aired nationally on PBS titled *Unnatural Causes: Is Inequality Making Us Sick?*. This documentary series address important elements of the role of social determinants in healthcare and how they affect the United States' healthcare delivery. The introductory program, mention is made of the fact that the United States spends over 50% of the health dollars around the world, yet in terms of health efficiency and health indicators, the United States ranks 30th in the world, this shows there are major socio-economic gaps in the way the United States that contributes to this trend. This paper therefore presents responses to the different elements and videos below for a critical analysis:

## **In Sickness and In Wealth (56 min.) How does the distribution of power, wealth and resources shape opportunities for health?**

In this episode, it is identified that the main cause of America's health problem is the fact that the distribution of wealth in the United States comes with a major disparity. And there is evidence cited by the fact that identical twins who spent 18 years of their lives in the same households will have different health status and healthcare opportunities. This drives home the point that the quality of health of a person and the quality of healthcare in the United States is more than just genes. The status of an individual in terms of wealth and access to healthcare defines many variables relating to health. Poor Americans do not have any health insurance cover. And this shows that their access to healthcare is opened to so much limitation and they are likely to die if they go through a major healthcare disaster.

This episode begins with a basic insight into the history of racism in America and how racism can affect the way and manner within which healthcare can be accessed. The episode begins by examining the statistics which indicates that infant mortality amongst African-Americans is twice the number of cases for other groups of Americans.

The episode examines samples of cases and issues with African-American babies and African-American children. It shows overwhelming evidence that African-American patients are given very bad treatments in the hospitals. This recalls disturbing episodes of using African-Americans for medical experiments in the days of slavery and the fact that discrimination exists in hospitals today.

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## **Becoming American (29 min.) Latino immigrants arrive healthy, so why don't they stay that way?**

This episode, like the previous episode on African-American seeks to address the reasons why disparities in healthcare exist in America and why America's healthcare rating is so low around the world. This episode starts with the examination of the fact that Latino migrants, mainly from Mexico come to the United States with better health histories. However, as they integrate into the United States, their health statistics deteriorates and they become less healthy. This presupposes that their integration into the United States comes with major changes in lifestyle creates challenges for them in the area of health. This presupposes that when they come to the United States, they have aspects of their culture that prevents them from integrating in terms of food and other aspects of life that determines their health status. However, as they integrate, they tend to lose their health status and they become more prone to sickness. The conclusion of this article is that there are lifestyle issues in the United States that makes Americans more prone to sickness and other healthcare challenges.

## **Bad Sugar (29 min.) What are the connections between diabetes, oppression, and empowerment in two Native American communities?**

Again, in the bid for the documentary team to prove that American's lifestyle practices are poor, they study a sample of cases relating to Native Americans who lived in a part of Arizona that was isolated and cut off from the rest of America a century ago. This sample are people suffering from diabetes today. They identify that their condition is linked to an excessive

use of sugar brought about as a result of the opening up of their community to products that were known elsewhere in White cities and communities. Their current status of diabetes was one that was virtually unknown in their community. However, modernization, access and abuse of sugar leads to major complications amongst classes of people and this contributes to major health challenges that healthcare reforms and financial injections into the health sector cannot achieve.

### **Place Matters (29 min.) Why is your street address such a strong predictor of your health?**

This episode of the documentary focuses significantly on the legacy of segregation in the United States and how it reflects in healthcare patterns today. Thus, the documentary focuses more on the grouping of poor people in various parts of America. There, the team finds major trends and patterns of poverty, poor nutrition and other issues that causes the communities to have common diseases and healthcare challenges. And without a proper system of focusing on the specific needs of communities, these areas get healthcare that does not really help in their peculiar circumstances. As such, the investments made into healthcare are often worthless and serves no real purpose to poor communities.

Collateral Damage (29 min.) How do Marshall Islanders pay for globalization and U. S. military policy with their health?

The main essence of this episode was to point out the fact that most people are affected by the most important economic activities of their community.

The case in point is the issue of the people of the Marshall Islands, a little known tropical island that was used by the United States for nuclear testing.

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The episode shows the health risk that the islanders are opened up to. This shows important trends and patterns relating to life based on the concentration of certain activities. In generalizing the findings, it can be said that every community is specialized today. Thus, the price paid by the community by way of its geographical situation leads to specific exposures and threats. Thus, for the United States to make optimum use of its health dollars, there is the need for each community to have unique healthcare plans that are based on specific needs and expectations of the community in question.

Not Just a Paycheck (30 min.) Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?

Income inequality comes with major health problems. The essence of this episode is to show that the changes in the socio-economic conditions of the United States and of specific individuals come with major changes in the quality of healthcare. Thus, a sample of the relocation of businesses due to globalization and the lack of protection against changes in employment conditions causes healthcare patterns to change radically with revolutionary changes to the economic conditions of people. The documentary also presents the case of Sweden which has better social structures and welfare systems that hedge the average citizens from the effects of major changes. Due to this, changes in economic conditions creates minimal and evolutionary changes that does not significantly change the patterns of healthcare in an individual's life.

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