

# Health care in african american community in usa essay

[Sociology](#), [Population](#)



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## **Health Care in African American Community in USA**

### Introduction

African Americans comprise a very diverse population. They are the second largest minority ethnic group in the United States. The origin of the African American health care system dates back to the era of slavery when racism and medical theories about African Americans were eminent therefore creating suspicion with regards to the medical system.

White medical practitioners then claimed that African Americans had anatomical and physiological features such as thick skin that was heat and sun resistant as well as tolerant to pain, making them ideal for slavery or as specimens for medical research (Carteret, 2011). These perceptions only served to heighten the suspicion that African Americans had towards the health system.

The current health status of African Americans health care system is characterized by population growth. There has been continuous growth in the population of African American. According to the government census report, in 1790 when the first United States census was held, the African

American population was about 757, 000. In 1990 their population had increased to more than 30 million people (Copeland, 2005). Despite this numerous growth, African Americans still bear the highest numbers of disease, death and disability.

Numerous studies have shown a glaring disparity in access to health care among minority groups especially those of Black descend (Carteret, 2011). This is especially seen among those living in poor neighbourhoods. These people have little access to support from the environment and most of them have adopted poor dietary methods. These striking disparities that exist between African and white Americans has resulted to unequal access to health care. A review on the health disparity in the African American health care system according to (Kormaan, 2008) as well as (Logan, 2007) provides sufficient evidence that racial disparities in medical care persist. For example, majority of the African Americans believe that they are offered different medical treatment and care option based on their ethnicity. Research further shows that despite the socio economic background, an above average African American has less access to medical care than their white counter parts (Logan, 2007).

There are many causes of health disparity ranging from social to biological. The reasons behind these health disparities can be attributed to various factors such as scarcity of health care providers in communities of minorities' concentration, lack of insurance cover increasing the likelihood of going without medical care, lack of diversity in the health care workforce, where health care providers are predominantly white (Carteret (2011).

The socio-economic status of African Americans such as education, income and employment is the greatest determining factor in an individual's access to health care. People with lower socio economic status have a lesser chance of adopting health habits and lifestyles and even a lesser chance of access to adequate, quality health care (Egede, 2006). Individuals of lower socio economic status tend to perform jobs that provide little if any health benefits. A lower level of socio economic status is also linked to increased levels of accidents, and homicides. The fact that approximately 86% of African Americans live in urban areas; they are highly exposed to air and lead pollution as well as toxic waste

The publication of the Secretary's Task Force Report on Black and Minority Health in 1986 was the beginning of USA's agenda to eliminate health disparities (Carteret, 2011). Despite the numerous improvements in the health care system, African Americans still succumb to higher diseases and numerous death rates compared to any other racial groups. Health problems such as hypertension, heart disease, stroke, diabetes, cancer, infant mortality and substance abuse are the leading causes of death in the African American population (Copeland, 2004). Infant mortality a key indicator of a society's health is of high prevalence in African American communities than in white communities despite their socio-economic status. For example African American women are more prone to type 2 diabetes; a disease associated with physical inactivity and obesity has been diagnosed in an estimated 10% of African American women. As more than 80% of African American in the age bracket of 40 and above are categorized as either overweight or obese (Kormaan, 2008)

In its endeavour to improve the health care system, the state should provide adequate coverage for the uninsured and underinsured to expand accessibility to health care programs and services. According to the institute of medicine, health insurance is a key component in reducing disparities in health especially in minority communities. AAHI recommends expanding of the Medicaid eligibility, expanding of the state children's health insurance programs, and advocacy for the timely payment of private health care claims for equitable health access (Logan, 2007).

The state should develop aggressive recruitment and retention program to increase the number of minorities in the health and social service profession. Very few minorities hold positions of authority in policy making positions where health is concerned. This gap in representation contributes to the current health disparities. In a bid to improve the health care system, should promote healthy lifestyle changes which is a proactive approach to preventing diseases and health programs. African Americans are at a higher risk of lifestyle diseases such as cardiovascular disease, diabetes etc. Health practitioners should encourage patients to engage in physical exercises and healthy low fat and high complex diets (Carteret, 2011).

African Americans mostly live in urban and are exposed to air pollution, lead poisoning, dilapidated community infrastructure etc all these factors are referred to incidences of environmental racism (Kormaan, 2008). The government needs to raise the level of awareness in these communities and set up systems and policies that seek to reduce if not eliminate the effects of living in such hazardous environments.

## **Conclusion**

Eliminating health disparities among minority communities and promoting health equity calls for public health initiatives that are culturally appropriate, equitability in accessing quality health care and the support of all stakeholders in the health care system. Access to health care is a basic need and all groups of people regardless of their race should have an opportunity to good health care. No single approach can adequately address the multifaceted problem of disparity in the African American health care system. There is therefore need to put in place multifaceted approaches that take into consideration the historical, social and economic standing of these groups of people.

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