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2 June Option One of the local organizations in my community supports affirmative action laws. I interviewed Sarah Parker (not real name), 45 years old, who has been working as a social worker for the organization for four years. Their organization generally helps disenfranchised minority groups through providing them with varied social and legal services. In particular, her job is to help support unemployed minority groups through educating them about affirmative action laws and helping them access diverse public and private organizations that can help them find employment, health insurance, and other social support resources. Affirmative action laws aim to correct years of employment discrimination against the minorities, by providing them more opportunities to be hired (Ballantine and Roberts 216). I asked her how many people she thinks she helps every year. She said that she believes she helps around 360-400 people every year, based on successful referrals. Sarah described that her agency gets funding from the government, the church, and private donors, as well as fundraising projects. Sarah noted that the structural challenges that she believed make it hard for the poor to access agencys benefits are the lack of information about the organization and its wide array of social services and the thinking among the poor that their conditions are permanent and irreversible. I believe that this person is doing more good than harm, although it is possible that affirmative action presents instances of reverse discrimination. Sarah is doing more good, because she helps people learn how to help themselves and improve their social and economic conditions in life.   
Option #2   
Some of the social causes of primary causes of deaths in the United States are poverty and racial and ethnic prejudice and discrimination. Ballantine and Roberts show that social factors, particularly racism and social status, help explain some of the leading causes of deaths, such as heart disease, cancer, stroke, chronic lower respiratory diseases and diabetes. They stress that people’s social conditions affect their health and life expectancy (169). Countries with shortest life expectancy often lack adequate accessible and affordable healthcare, experience wars, and undergo illnesses and famine (Ballantine and Roberts 169). The poor, even in urban areas, are more prone to heart disease, cancer, stroke, chronic lower respiratory diseases and diabetes, because of their low wages, which disable them to eat nutritious food and also because of their grueling work hours, which prevent them from having time for exercise, as well as rest and relaxation.   
Racial and ethnic prejudice and discrimination also predict the development of these diseases because they produce social conditions that make it hard to finish quality education and have a clean bill of health, which are all important in finding decent and good-paying employment or to start a business. For example, because of racism, many African Americans are more prone to heart diseases. Numerous of them smoke, for instance, which increase risks for hypertension and heart diseases. They smoke because of stress in life and to occupy themselves during times of unemployment, or to relieve their anxiety about their socio-economic conditions. In addition, minority groups are prone to diabetes and heart disease, because they can only afford and have time for fast food, which are loaded with high sugar and calories. When they are barred from accessing better life opportunities due to their race/ethnic groups, they cannot improve their employability, which is critical to social mobility in life.   
Work Cited   
Ballantine, Jeanne H. and Keith A. Roberts. Our Social World: Condensed Version. California: Pine Forge, 2010. Print.