

Research paper of death: influenza and pneumonia



**ASSIGN
BUSTER**

Studies indicate that influenza and pneumonia are among the leading disorders that contribute to death in the United States. In particular, influenza has continuously been recognized as a distinct entity for many years because of its effect on the respiratory system as well as mortality. With that said, it is evident that some factors, such as race, gender, and social class influence contribute to the number of deaths caused by influenza and pneumonia. The current paper addresses the way race, gender, as well as social class affects the access of health care services, impact people's access to resources, influence the way doctors treat individuals, and affect people's social roles in the society.

It is evident that health care has improved in the United States over the last ten years. Therefore, some disorders such as pneumonia and influenza that used to debilitate or even kill individuals are treatable by contemporary drugs. On the same note, other crucial medical discoveries and enhancements have led to the reduction of the seriousness of the aforementioned diseases. In addition to that, the country at hand has played a vital role in increasing public health campaigns to heighten awareness of the roots as well as seriousness of a number of health problems.

Nevertheless, some factors such as race, social class, gender, as well as individuals' access to health care have affected the spread and treatment of influenza and pneumonia. In particular, the aforementioned aspects contribute to health inequity. For example, individuals with a low social class do not access advanced health care services. It is also clear that Black Americans do not access adequate health services because of prejudice and discrimination. Women are discriminated in a number of ways such as they

do not occupy some job positions or even take part in the country's politics. This therefore violates their rights and they lack an individual who can fight for their civil rights. Simply put, it is evident that health inequities take place on gender, race, and social status grounds resulting in a heightened number of individuals dying from influenza and pneumonia. Additionally, health insurance in the United States as well as the Affordable Care Act does not affect influenza and pneumonia in the country (CDC). In this case, it is evident that the programs mentioned above do not help individuals from poor backgrounds to access adequate and effective health care services. In fact, a number of scholars argue that the programs above have made these services expensive in the United States. Therefore, people from low income earning communities and Black Americans do not benefit from the programs. Moreover, these factors also play a vital role in affecting individuals' access to other resources such as food, water, clean air etc. For example, gender is regarded a marginal issue as far as the environmental justice debate is concerned. The previous issue remains a vital factor of injustice in different parts of the world, especially the United States. Notably, women experience environmental injustices where they witness inequitable environmental burdens. In particular, women are less likely, in comparison to their male counterparts, to possess control over environmental decisions and this is considered procedural injustice. What is more, it is noteworthy that the aforementioned injustices take place because women have lower revenues as compared to men and are viewed as possessing less social status due to entrenched and entwined patriarchal and capitalist procedures. Therefore, it is evident that women, Black Americans, and people from low income

earning communities are likely to suffer more from influenza and Pneumonia (Vlassoff). The concept behind this situation is that women, non-whites, and lower income earners do not have enough financial resources to attend to good medical facilities for diagnosis and treatment. On the same note, they do not have adequate access to food, water, and clean air. This tends to affect their diet and thus, their immune system, making them more vulnerable to pneumonia and influenza disorders. In simple terms, gender, race, and social class take part in affecting people's access to food, water, and clean air, which in turn affects their health and make them susceptible to influenza and pneumonia disorders.

Research indicates that gender, race, and social status the root of bias and discrimination in healthcare provision services in the United States and other parts of the world. Notably, this is an implicit bias that involves association with outside conscious awareness that contributes to an adverse evaluation of an individual on the ground of irrelevant features such as genders as well as race (Hall). Numerous studies show that different healthcare professionals demonstrate similar degrees of implicit bias and prejudice as the wider population (Hall). In particular, the existing interactions between features as well as between medical practitioners and patient traits indicate the complexity of implicit bias and discrimination. Specifically, the aforementioned situation plays a critical role in influencing healthcare professional to patient interaction. Precisely, this indicates that a person's race, gender, as well as social status determines the type of health care services one receives. Therefore, this implies that people from lower income earning societies and they come from minority group, they receive poor

health care services, which in turn increase the number of people dying from influenza and pneumonia. It is unfortunate that the number of people dying from influenza and pneumonia increases every year because of gender, race, and social class discrimination the United States (FitzGerald and Samia).

Simply put, it is evident that race, gender, as well as social class are among the leading factors that make a number of Americans receive poor healthcare services from various medical practitioners. In spite the fact that this is unprofessional and against the code of conduct of medical professionals, they practice it anyway.

It is important to note that gender, race, and class play a critical role in an individual's social roles in a society. Notably, the aforementioned aspects are regarded significant traits that are useful as well as crucial because each involves the social dimensions vital for comprehending its influence on health. Therefore, gender, race, and class influence a person's rights, duties, behaviors, beliefs, as well as norms as comprehended by individuals in a particular social situation. For example, women are perceived to be weak beings and are not involved in some social roles. Additionally, women are not involved in leadership positions in some parts of the world. In spite of the fact that females have fought for their rights and are now in a number of leadership positions, most of them are discriminated from these positions. In particular, this contributes to their rights being violated because they have no representatives to fight for them. On the same note, race and class play a crucial part in people's social roles. With that said, it is evident that the aforementioned factors affect individual's social roles, which in turn influences their contract of influenza and pneumonia (Noymer and Ann). In

fact, racism is considered the root of every health problem facing non-whites in the United States. These individuals' rights are violated; therefore, receiving poor healthcare services. For example, discriminated individuals do not have a position in the government to fight for rights, especially health care rights. Therefore, they always find themselves in trouble because of poor health care services offered for them. In fact, race, gender, and class have a considerable impact on people's social roles that affects their health in terms of the services provided for them. It is time that people change their perspective on gender, race, and social class and offer the aforementioned group opportunities in social, political, and economic platforms to improve their wellbeing.

Research indicates that intersectional approaches to the provided information or even to the analysis take part in changing the real picture. Specifically, it is clear that people from the same race but different gender suffers and dies from influenza and pneumonia in different ways. For example, Black American women are not given their right to participate in social roles that might help them reduce the chances of dying from the aforementioned diseases. On the same note, the number of Black American women employed is lower as compared to their men. Therefore, this heightens the risk of the women suffering from the disorders more than males (Groom). What is more, Latinos from lower income earning communities contract and die from Influenza and pneumonia as compared to their counterparts who earn more. In fact, people from the same race but with different social status experience death from influenza and pneumonia differently. The reason is some of them have adequate financial resources

that enable them to acquire quality healthcare services while others live under poverty line that make them lack quality healthcare services. In simple terms, it is evident that people from the same gender but with different class status experience the effect of influenza and pneumonia differently. People from these discriminated groups should work together to help each other despite their race, gender, and social class. It is time that the government to introduce an innovative program to ensure that all individuals receive quality healthcare services irrespective of their gender, class, and social class. The programs will ensure that all individuals are given their rights and receive adequate healthcare services are required by who. This will play a vital role in reducing the number of deaths caused by Influenza and pneumonia.

In conclusion, it is clear that factors such as gender, race, and social affect the way influenza and pneumonia impact people. For instance, racial and gender discrimination contributes to high levels of death due to influenza and pneumonia. Specifically, gender, race, and social status are the root of bias and discrimination in healthcare services provision in the United States and other parts of the world; and thus it is clear that these factors play a crucial role in the society.

References

- FitzGerald, Chloë, and Samia Hurst. "Implicit bias in healthcare professionals: a systematic review." *BMC medical ethics* 18. 1 (2017): 19.
- Groom, Amy V., et al. "Pneumonia and Influenza Mortality among American Indian and Alaska Native People, 1990-2009." *American*

Journal Of Public Health, vol. 104 Suppl 3, June 2014, pp. S460–S469.

EBSCOhost, doi: 10. 2105/AJPH. 2013. 301740.

- Hall, William J., et al. “ Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review.” American journal of public health 105. 12 (2015): e60-e76.
- CDC. “ People at High Risk of Developing Serious Flu-Related Complications” CDC, 27 Aug. 2018, [www. cdc. gov/flu/about/disease/high_risk. htm](http://www.cdc.gov/flu/about/disease/high_risk.htm).
- Noymer, Andrew, and Ann M. Nguyen. “ Influenza as a Proportion of Pneumonia Mortality: United States, 1959–2009.” Biodemography & Social Biology, vol. 59, no. 2, July 2013, p. 178. EBSCOhost, [rlib. pace. edu/login? url= http://search. ebscohost. com/login. aspx? direct= true& db= edb&AN= 91949592&site= eds-live&scope= site](http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=91949592&site=eds-live&scope=site).
- Vlassoff, Carol. “ Gender differences in determinants and consequences of health and illness.” Journal of health, population, and nutrition 25. 1 (2007): 47.