

# [The united states healthcare system situation in the context of the story mama mi...](https://assignbuster.com/the-united-states-healthcare-system-situation-in-the-context-of-the-story-mama-might-research-paper-example/)

[Economics](https://assignbuster.com/essay-subjects/economics/), [Insurance](https://assignbuster.com/essay-subjects/economics/insurance/)

ID Number
The story “ Mama Might Be Better off Dead” by Laurie Kaye Abraham centers on a challenging analysis of the delivery of health care for the urban poor. The story chronicles on the lives of the African American family and their experiences in America’s healthcare. Racial inequality is the primary theme in the story.
Abraham used to write about health care; however, the story of Banes brings us to the other dimension of health care in America. Racial disparity in healthcare continues to exist at this present age. Minority Americans are more likely to confront problems pertaining to acquisition of high-quality health care compared to whites. Such distinction in admission is quite complex as individuals who have unstable association to a provider are unlikely to obtain preventive and specialty services.
Socioeconomic factors and health insurance condition are essential and strong influential predictors of admittance. A number of studies have demonstrated that even when taking into consideration income and insurance, inequalities in admission to care still persist. In the recent years, researchers began to examine a broad range of other factors that may explicate the racial and ethnic differences in admission, a number of which reflect flaws in the health care system. These encompass factors such as geographic isolation that establishes for a more difficult finding and getting to care. Cultural barriers as well as language barriers that deject non-English speaking patients from engaging in hospital care, and the convenience of support services such as transportation and child care.
As Abraham states, since the United States does not offer a fundamental level of healthcare to all people, America is left with a hodgepodge of programs among which are inevitable and inconsistent. People are separated into different cohorts and then separated again. The costs of administrative consume up to 25% of healthcare spending in America while they contribute to no more than 11% in Canada (2).
Diversity is very typical in countries such as United Kingdom and United States healthcare practice. Cultural awareness is about obtaining the skill to demonstrate recognition in the diversity which surrounds values and principles while developing approaches to develop and retain competencies in the healthcare delivery and to aid health providers in intervening and caring for patients in the most effective way possible especially among various racial and ethnic groups. A culturally aware healthcare is one that is centered on the patient’s racial and ethnic outlooks. A culturally sensitive healthcare incorporates the patient’s principles and values into the healthcare plan. It forms the health providers’ self-awareness of their personal attitudes, principles, and culture. A culturally aware healthcare assesses healthcare’s assumptions as well as biases regarding different races and ethnicities. A culturally sensitive healthcare stimulates providers to gain skills and knowledge and to develop an atmosphere where trust is developed.
The occurrence and determination of health and health inequalities can appear threatening. However there is a novel and promising body of knowledge centered on potential approaches and interventions that may be able to decrease and possibly even eliminate these inequalities. The choices of interferences are not irrelevant; it is for the most part acknowledged by suppositions concerning the origin or root cause of a given distinction or the vague nature of the inequality. Some distinctions may be triggered, for instance, by inequalities in admissions and insurance coverage, and the proper strategy will necessitate directly answering these inadequacies.
Healthcare reform can be recalled to have existed during the Clinton administration. Abraham elucidated that the Abraham explained that the dissatisfaction of the middle class resulted to a cohort of health care reform during the early part of 90’s. As a matter of fact, former President Bill Clinton and U. S. Senator Harris Wofford both successful in the campaigns run on the policy of health care reform. Abraham noted that the healthcare reform was endless. In 1989, during the measles outbreak, the United States was comparable to a third world nation. Jackie was not successful in getting her youngest child, Brianna, vaccinated, yet somehow averted the epidemic that took the lives of nine people and caused sickness of two thousand residents in Chicago, majority of them were children from minority families.
The recent arguments in healthcare focus on the reform proposed by the Obama administration. Hillary Clinton and Barack Obama suggested a scheme to cover millions of Americans who do not have health insurance. There are two main reasons why many Americans do not have insurance. It is either that some Americans are devoid of the funds to pay the coverage or the insurance companies refuse to insure them. The Patient Protection Affordable Care Act (PPACA) also known as Obamacare was ratified on March 23, 2010. Its primary objective is to improve the coverage of healthcare insurance of the people in America. The policy aims to encourage those individuals who do not have health insurance to get one. Yet, such reform remains questionable since a lot of people find it expensive and not worth the investment because they still would not receive the quality of care they are seeking for.

## Source

Abraham, L. (1994). Mama might be better off dead (1st ed.). Chicago: University of Chicago Press.