

Reading summary

Sociology



Cultural Diversity Understanding cultural diversity is important for any society to provide effective health-care and family service. In the United States, cultural diversity results from variation in immigration patterns, racial and cultural distribution as well as variation in individual perception of sexually acceptable norms. Additionally, the diversity has resulted from the inclusion of people living with disabilities.

As a result, low-income earners, ethnic minorities, disabled people and individuals with socially unacceptable sexual orientations experience social-economic disparities. Additionally, poverty of these minority groups contributes to developmental, social, physical health and psychological problems. Due to low quality of social services, crime and poor child welfare services occur since the minority groups do not seek such services on time. In addition, there exist many marital and family problems on issues regarding trust, parenting, and drug abuse.

Analysis of the Effect of Educational Level and Minority Status on Nursing Home Choice after Hospital Discharge

According to Joseph Angelelli et. al. (2006), research on the quality of nursing homes seeks to evaluate the notion that Medicare patients from minority groups (the low income earners/ less educated) are more prone to the risk of being discharged from hospital and are transferred to a low quality nursing home within a given geographical area. In this regard, the research advocates that the quality of nursing homes must be competitive. Additionally, all nursing homes must publicly report their quality standards in order to provide elderly people, as well as their family adequate information. The information will facilitate the selection of nursing home that provides the best healthcare quality at an affordable price. In addition, discharge

planners, who are in charge of overseeing the selection of the appropriate nursing home, must ensure that equitable referrals are made irrespective of the patient's race or educational level. This is to avoid health disparities across social-economic population divide (Angelelli, David and Vincent, 2006). The nursing homes continuously experience health disparities based on race and ethnic group. The most affected groups include Hispanic and African-American community.

Patients that belong to these ethnic groups have low access to nursing homes and receive inappropriate pharmacological medicines compared to White patients. In addition, the patients receive less physical therapy from institutions that are associated with maintenance or cleanliness problems. Lastly, the Black and Hispanic patients are most likely to experience longer time before they are discharged from hospitals. Education also has a significant role in reducing health disparities among individuals (Angelelli, David and Vincent, 2006). The research evaluated the importance of educating Medicare consumers in order to enable them in making sound decisions on selection of the appropriate nursing home and the need for quality health services.

Conclusion

Understanding cultural diversity and its effect on social-economic well-being of a country's citizen is essential as it promotes economic growth and development. It promotes not only social responsibility by individuals and societies, but also prevents social disparities in basic public services like healthcare, education, and fair employment opportunities. Several organizations such as the National Association of Social Workers, the Council on family members and other Nonprofit agencies have conducted some

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several research that focus on services offered to diverse families. Research has also being carried out on children that are at a risk of experiencing problems in acquiring quality social-economic services such as healthcare and education. In addition, tokenism plays a significant role in avoiding social disparities.

Work cited

Angelelli, Joseph, David C. Grabowski, and Vincent Mor. " Effect of educational level and minority status on nursing home choice after hospital discharge." *American journal of public health* 96. 7 (2006): 1249-1253.