

# Health inequality and disparity in the us



Today, in our world one of the biggest issues that have risen amongst health care activist in the United States is how health disparity and inequality has affected rural areas and culture. However, it is important to keep in the back of our minds that this is not a problem that only exists in the U. S., it is a worldwide concern. Health disparity is taking an in depth look at the differences in health status between different social groups, gender, race, ethnicity, education, income, disability, and sexual orientation. While on the other hand, health inequalities is taking a look at the unjust and unfair treatment one gets because of their socioeconomic status and demographic area in which they are part of. Having such a wide array of difference in health inequality and disparity is what also contributes to the United States ranking in the bottom of industrialized western nations when it comes to life expectancy rate, and infant mortality rate. Finding ways to close the gap between life expectancy from one race to the other may greatly contribute in making the U. S rank as one of the top nations in the western part of the world.

One of my main reasons for selecting this topic was because I wanted to take an in depth look through research and studies to find out why health inequality and disparity still exists in a great and rich country like the United States. In addition to that, my second point in selecting this research topic was to find out how there can be equality amongst people living in urban and rural areas in the U. S. when it comes to the area of health care. Even though over the years they have been great improvements and minor changes; there is still more work to be done in order to make health and equality for all.

Health should be a right for all, and not a privilege based on whether one lives in a rural or urban area, or whatever socioeconomic status they may have. One should get the rights to have the same privileges. One of the huge differences when looking at health disparity is life expectancy age between white, black, and African males, and black, white, and African American females. For example, the life expectancy for an average white male is 76.7 years old while on the other hand for an African American male the average age of life expectancy is 67.8 years old. Comparing the two ages there is a difference of 8.9 years between a Caucasian, and an African American male. After looking at the difference one may ask themselves these questions: they are all American why can one race live longer than the other? This is a question I have asked myself before, however taking this class through the semester helped me to understand why. Baer mentions, "African Americans experience about 67,000 more deaths than they would have had their mortality rates been similar to whites." "This translates into 2.2 million more years of life lost." One of the main reasons for this is that most Caucasian males live in an urban area with good jobs, good incomes, good health insurance, and access to good doctors, while on the other hand, an African American male living in a rural area does not have access to health insurance, does not have a good job, or does not have access to a family doctor. This may lead to a lot of stress to an individual which may cause different diseases such as chronic heart disease, hypertension-which may lead to stroke, heart attack, and renal failure. This in turn may lead to premature death of an African American male. These results are the same for women also. As stated by, "premature mortality (75 years of age) is

greater rural residents than among urban residents, and rural-urban mortality differences vary by age.”

Premature death and mortality is one of the key issues when taking a look at health and inequality in the United States. Nevertheless, another subject to closely examine is how health and diseases are not distributed fairly.

Individuals who live in rural areas are more likely to get a disease than one who lives in an urban area. This also contributes to the kind of health individuals may get. For example, diseases like tuberculosis would be common in a rural area because of the life style one may live, the kind of income they may earn, and the health care they may be receive could be totally different than the one they receive in the urban area. According to, (levy and Sidel) “ The cause of many diseases are complex interplay of multiple factors, many of which are due to social injustice.” For instance, Caucasians receive more attention and care when they visit a doctor which may lead to a wide variety of issues. However, the one that stands out the most is because the color of the individual’s skin, he/she may be looked at differently, or not given the same care a Caucasian would have received.

The subject of disparity and inequality does not only stop with adults, it also reaches down to children. Unfortunately it is a subject that affects all ages from infants to adulthood. In some cases there have been findings that when it comes to certain diseases and long term hospitalization, infants whom their parents are of different social class or race are treated differently and are cared about differently than kids that are Caucasian, or not minorities.

While doing my research for this project I was amused to find out the inequality and disparity comes down to this level that even infants are cared

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for differently because they belong to a certain minority group. As I have stressed out in my paper and continue to do so, I really believe that everyone should have equal access to health care regardless of their differences. In one of my articles it takes an in depth look at how children's asthma hospitalization and urban areas in Texas are different. Grineski mentions, " It talks about how poor children are disproportionately affected as they have higher asthma prevalence rates (and more severe asthma) than non poor children." I found this to be a very interesting finding that areas where poor children and non- poor children were living would affect their health. This could be because of several reasons, for one it could be because of the demographic area or the type of housing conditions in which these infants live in. All these factors could play a big part in contributing to the findings that kids in rural areas are more probable to get Asthma.

However, there are also many other factors that also contribute to health disparities. There are socioeconomic factors that include the individual's race, ethnicity, the kind of education they may have, and the kind of income they earn annually that also contribute to the individual's health. As mentioned earlier, the individual's health may allow him/her to receive a different treatment from another individual whom is of a different race. For example, John, an African American male, goes to see his doctor because he has been coughing for a week and wants to get checked out. Instead of giving John all the different tests, the doctor would just give him medicine and tell him he just has a cold or flu, yet if it is a white male they would probably give him a thorough check up to see what was really wrong with

the individual, and then give that person the necessary medication they need.

Also, ethnicity brings an additional dimension to health disparity. As mentioned earlier, when it comes to health care for minorities they generally have a harder time getting the kind of care they need, especially ones that live in the rural areas. Baer mentions that, “ Health disparity research suggests that ethnic minority groups like African Americans, Latinos, and Native Americans suffer a triple burden in seeking health care: 1. They are significantly less likely to have health insurance than whites, and so accessing care is a major challenge, and while adequate acute care is hard enough to come by, preventive care is all but impossible for those who are insured”

The kind of education one has also contributed to the gap between health inequalities between individuals. The more education one has the longer they live, and the healthier life style they have. This is mostly due to the fact that the higher education you have the higher income one may get, and the better education one may get the more likely the individual may have a good job with great security which helps to provide financially for their families. The less education they have the less they can earn, the more stressful the job can be, and the less job security they have in order to provide for their families. Also, the more education you have the more educated you become about living a healthier life style. For example, eating healthier by getting good nutrients and a having a good diet is smart, but in order to live this kind of life style one must be able to afford it which does not allowed everyone in the United States to have this opportunity. Kaplan states, “ On <https://assignbuster.com/health-inequality-and-disparity-in-the-us/>

this view, we can understand why controlling for the SES and education reduces the health disparities between blacks and white Americans but does not eliminate them.” “ Because black Americans are also systematically disadvantaged with respect SES and education and because SES and education are associated with health outcomes in the United States.”

Another determinant that also brings a problem to health inequality and disparity is the environment one lives in. The environment we live in plays a big role on the kind of diseases we get and develop. Plus, the area one lives plays a big part in the kind of health care one receives. For example, one living in a rural area may not have access to a hospital, or the right doctor they may need to help them give them the right attention they need to live a healthier life style. An additional thing that plays a role on the kind of health we get from the environment could be the kind of water one has access to. The kind of water people in rural areas may use may have things in it that are not healthy for one to drink and may cause different kinds of stomach viruses or stomach problems. The kind of food individuals get in the grocery store maybe not be as healthy as the ones individuals from urban areas may get. Some food may contain more fat and carbohydrates, than the ones they have in the grocery store in urban American cities nationwide. According to McElory and Townsend, “ That changes in components of their model (e. g. new subsistence patterns) can cause imbalances in the other components ( e. g. new subsistence strategies can lead to exposure to new risk ), and a very severe imbalance to generate stress and disease.” As the above quote points out, health inequality and disparity can be a big part of the kind of environment one lives in. After selecting this topic I wanted to personally

drive through the urban and rural areas of Fort Wayne and compare the differences. Hartley mentions, "Traditional concerns as to access to primary and hospital continue to dominate rural health policy." As I drove through town I observed a few things. One observation was that there were barely any hospitals in the rural area. I found a couple of clinics but all the major hospitals, and big health facilities were located in the urban areas. In my opinion, this is a huge disadvantage for someone living in a rural area in Fort Wayne. Another thing I observed during my drive was that there are far more liquor stores located down south. For example, you can drive down a block and you can see three or four liquor stores by the time I was done driving through the block. In contrast, up in the urban areas there are liquor stores but not as many as the ones I came across while in the rural areas. Another thing I also noticed while I was doing my observation was that the urban areas are well taken care of. The streets are clean, buildings were properly done, and roads were done properly with no dirt on the streets. Yet in the rural areas the opposite was true. There were several buildings that were left unfinished; roads were not as clean, housing areas were not as properly done as the ones done in urban areas in Fort Wayne. These are several inequalities I observed on my own. It was a firsthand experience, and I was very shocked to find out that such things are going on in our on back yard here in Fort Wayne. I believe that in order for us to address this problem as a nation we must first focus in our own cities and towns and then work our way up.

Individuals in rural areas have been accustomed to receive unfair health care attention that people that live urban areas in the United States are used to



relieving. As mentioned earlier in my paper this not only a problem in the United States but a problem that is effecting millions of other continents around the world. Joyce and Bamba state that, " Despite overall improvements in health outcomes since the second world war, health inequalities between the best and worst of society are persistent in developed nations and in some in some instances are continue to widen"

As a community how can we address health inequality and disparity in our communities to help this stigma get away? Studies have definitely shown that they are minor improvements that have taken place over the years, but never the less, as a community we have a lot of work to be done. Hartley mentions, " Recent trends in rural health research and policy suggests that effective policy interventions must be based on differences among rural regions. " When arguing for progressive rhetoric for rural American, " rickets noted that Urban-Rural comparisons." One of the first things I think we need to do as a community is first try to improve our rural areas. The next step I believe we should do as a country is have a universal health care program in place where everyone will be able to have insurance for every citizen in the United States. In making health insurance accessible to every one in the United States any person will be able to receive the health care they need. An additional thing we as a community need to do in order to address health inequality and disparity is to have more hospitals in the rural areas and not just in the urban areas. We need to have hospitals and clinics more accessible to them. So if they need to see the doctor they do not need to make a fifteen to twenty minute drive they can have it right in their neighborhood.

I firmly believe education is the key to removing health inequality and disparity from our communities. The better we educate individuals that are of a different race, socioeconomic status, and ethnicity, the more adequate a person knows about how to live a healthy life style and eat properly. We need to get them to exercise more in order to live healthier, and also educate them about the effects of smoking cigarettes and what it causes. For example, have health fair programs that will tell them how smoking can cause lung cancer, and many other chronic diseases, and also better educate them how drugs and sharing needles can affect one's life style and cause many diseases such as HIV-which is a very serious epidemic that is killing millions of people in our world today. Also having different organizations that are pro-health that would go into the different rural communities and talk and mentor individuals on what they can do to live a good and healthier life would be a great asset in educating individuals.

Another way for us to draw the gap when it comes to health and inequality is to create more jobs for individuals, so that they will be able to work and support their families. In doing this it will give them something to stress less about, which in turn will help individuals to be stress free. As mentioned earlier in my paper, stress causes a lot of health issues which can lead to different cardiovascular heart problems, effect once growth, diabetes, and hypertension which are all various disease one can get from living a healthier life style. So hopefully creating more jobs in rural communities may be able to create a less stressful life for individuals.

Improving the environment are also ways in which we can address health disparity in our communities and country. For us to take the next step in <https://assignbuster.com/health-inequality-and-disparity-in-the-us/>

which we can overcome health disparity and inequality is to clean up the rural areas. They should be cleaned up, they should also have access to clean water to drink, and tap water should be sterilized to certain standards to meet the States regulations. Also fountains and lakes should be monitored and kept clean, having clean water is important in other for mosquitoes and other parasites to not take over rural communities. Not having all these necessary steps taken people in rural areas may have easy access to malaria and other diseases which may greatly affect their community.

Doing away with majority of the liquor stores in rural areas will also help to bring inequality to our neighborhoods, because having alcohol in rural areas in my opinion just helps to destroy the individuals in these areas. Drinking may also contribute too many other diseases that may cause premature death in one area. Another substance that we can do away with is creating awareness about drinks and get them off the streets. In getting both drugs and alcohol out of the rural areas we can only hope that we can try to get the rural areas to be almost equivalent to urban areas although one that will not be easy to do.

In doing the following we can hope that health inequality and disparity in rural areas can be improved to meet the standards that urban areas have. The U. S is such a wealthy nation that they should not be anything such as health inequality and disparity amongst different areas in the . From my research I do however believe that there is hope for the future. Changes are been made however, we just have to put our differences apart in other for us to reach the point where health is equal and available to everyone no matter

how much income they make, the amount of education they have, or the color of the skin they should have access to it .

Overall, I learned a lot of from this project I gained a lot of knowledge from it. I became aware of things that I was not previously not aware of in the past. I never looked at health as inequality and disparity; I rather looked at it from a different prospective but in doing this project it made me understand what it means when one mentions the United States health care system has inequality and disparity in its system. From doing this project I also gained passion for this topic and down the road I would like to volunteer, or be health activists, because as repeated earlier in my paper I believe health services should be offered to everyone.