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Minority Healthcare Disparities

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Minority Healthcare Disparities

The overall health of most Americans has improved over the last couple of years. However, there remains some inequalities in providing and access to healthcare, especially among people of color. African Americans make up about 13.5% of the entire American population, and although significant strides in the right direction have been made since the onset of the civil rights movement, more needs to be done (Taylor, 2021). The Affordable Care Act marked a massive milestone in healthcare access by most Americans; of the 20 million Americans who have attained coverage, 2.4 million are African Americans (Taylor, 2021). However, the overall rate of insurance among the African American population has lagged behind the white population. Medical coverage for most Americans has improved or gone up over recent years, especially after the affordable care act; however, it remains very costly for most Americans, especially African Americans.

Rural-urban migration by the African population also leads to increased healthcare concerns among the African American community. Urban centers have little to no recreational centers add that to overcrowding and pollution; this takes a toll on the African American population.

Recent statistics have also raised concerns; it is estimated that black women are 3.5 times more likely to die from pregnancy-related complications than white women. According to the United States Department of Health and Human Services, African American infants are 2.3 times to die as those born to non-Hispanic white mothers. The statistics are constant despite the mother's social class; the most outstanding cause of all these is institutional racism.

Implicit bias is another significant cause of institutional racism in the black community. Implicit bias affects all of us, even the most open-minded of us; it is a kind of a lens that people

use to judge others just by the appearance of their skin or culture, mostly without knowing but generated by the brain due to societal stereotyping (Marcelin et al., 2019). Those ideas influence our perception, memory, and actions no matter how professional we would want to be.

Healthcare providers are not an exception when it comes to implicit bias; an example is the perception of African Americans to be more tolerant to pain. Also, African Americans are paid less than their white counterparts even for doing similar jobs; this affects the type of healthcare plan they choose; their white counterparts end up with better healthcare coverage. Another significant healthcare disparity is money; black people have a lower accumulation of wealth than their white counterparts; as such, they have cheap, unhealthy eating habits leading to high rates of obesity among the black population. Healthy food is expensive, and most of the poor community, the majority being black, cannot afford it; they choose the cheaper, unhealthy alternative.

What are some barriers to health among the black population? History has not favored the American healthcare system. As such, much mistrust has grown among the African American population towards the healthcare system. For any black or white person to make an appointment or visit a healthcare facility, they first need to trust the healthcare providers. Regrettably, some precedents have historically caused the black community to distrust the American healthcare system. The Tuskegee syphilis experiments are just some of the few examples. The Tuskegee experiments started in 1932, during which black people were used as guinea pigs and were exposed to disease without any precautions taken. Healthcare practitioners, mainly from the United States public service, enrolled 600 black males from Alabama in their study after luring them with the promise of free healthcare. In that population, about 399 had syphilis, while 201 formed the control group. To add salt to injury, after the introduction of penicillin in the

treatment of syphilis in 1947, the healthcare providers still would not treat the men of the disease; they just provided them with medicines that were not effective and could not treat the disease, they never wanted to cure anyone, their main motive was to track the full extent of the disease. At the height of the civil rights movement, a public health investigator named Peter Buxton filed a protest questioning the ethics that was guiding the study. However, the public health would carry on with the study until 1972 when Buxton leaked the story to the press, who put much pressure on the agency, finally ending it. The survivors and heirs of those who died were awarded 10 million dollars afterward by congress, but the damage had already been done. New guidelines for future research were introduced for the conduction of scientific researches that involved the use of human subjects. The Tuskegee study led to a mistrust of American healthcare system like never seen before (Jaiswal & Halkitis, 2019). According to some medical researchers, the disclosure of the study led to fewer inpatient and outpatient physician interactions for older black men. For blackmen of age 45 years the life expectancy fell up to 1.5 years in response to the disclosure. The story of Henrietta Lacks is another heartbreaking story about black mistreatment in the United States healthcare system; after she died from cancer, her cells were used for scientific experiments, which led to significant milestones in cancer research and treatment; however, neither her husband nor five children received any financial benefits from the millions made after the medicines were made from the research. The two case scenarios depict systematic abuse that has gone on for decades. During the Jim crow era, white doctors were allowed not to treat black people, and, in some states, white nurses were legally forbidden to take care of Black men.

The public policies and organizational practices that championed educational and medical segregation and separation in place for decades laid the foundation stones for the structural

racism that is still present to date. American housing also contributed a lot to healthcare disparities among the colored populations. Until the passage of the 1968 fair housing act, it was legal for landlords and house owners to discriminate based on race; this meant that people could be legally forbidden from living in specific communities. As we all know, the quality of one's health is influenced mainly by one's location or residence; as such many black folks were cut out from accessing quality healthcare.

For the United States to achieve equality in the provision of health, it ought to eliminate any discrimination and racism, especially in the healthcare sector. The health ministry also needs to educate the masses on the importance of maintaining healthy lifestyles and offering them cheaper alternatives. Historical wrongs also need to be corrected; more hospitals need to be set up in historically black neighborhoods. Also, equal pay for equal work done needs to be implemented regardless of race. To achieve some level of equality, more black medical practitioners ought to be employed. With all these implemented, America will have successfully promoted equal healthcare.

Primary prevention would be the most effective healthcare prevention plan that should be adopted for the black community. Primary prevention entails intervention before the effects of disease take form. Some of the techniques that can be used for primary prevention include educating the masses on the importance of healthy living, supporting educational programs among the health community, and building health centers just in case. Primary prevention may be supplemented with secondary prevention.

Some of the cultural practices that are usually taken into consideration when creating a care plan are language barriers, use of alternative medicines, mistrust of the healthcare system, and perceptions surrounding life and death among the community in question; healthcare

workers must consider such matters when providing healthcare, they should be culturally sensitive. The Leininger Sunrise model would be the most appropriate for the black population as it considers the culture, social, and financial status (Albougami, 2016).

Quality healthcare should be a provision not limited to a person's race, gender, or sexual orientation; everyone should have easy access to it.

References

- Albougami, A. S. (2016). Comparison of Four Cultural Competence Models in Transcultural Nursing: A Discussion Paper. *International Archives of Nursing and Health Care*, 2(4). <https://doi.org/10.23937/2469-5823/1510053>
- Jaiswal, J., & Halkitis, P. N. (2019). Towards a More Inclusive and Dynamic Understanding of Medical Mistrust Informed by Science. *Behavioral Medicine*, 45(2), 79–85. <https://doi.org/10.1080/08964289.2019.1619511>
- Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *The Journal of Infectious Diseases*, 220(Supplement_2), S62–S73. <https://doi.org/10.1093/infdis/jiz214>
- Taylor, J. (2021, June 4). *Racism, Inequality, and Health Care for African Americans*. The Century Foundation. <https://tcf.org/content/report/racism-inequality-health-care-african-americans/?agreed=1>

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