

Diego Ramirez

English 1101

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Final Reflection and Portfolio

Reflection

My first semester in college, when taking English, I will be honest I wasn't really excited as I was never a big fan of English, but when taking this class I enjoyed it, I had ended up learning so much information that had ended up improving my writing, I know how to research better, writing down my thoughts onto paper isn't as difficult as it was before and I feel like over the semester I had become a better writer than I was in high school.

Over the course of the semester, I had learned how to better plan out my writing which ended up helping me a lot, what I would do previously would just be to write down everything I had in one go and submit it to my teachers back in high school but now, I understand what I can do to better improve my writing, from making a first draft to get a better understanding of what I want to write, looking at that draft and being critical of it, looking for flaws, what I can add and improve upon, and edit it. Reading and understanding text is also something I improved in, understanding it, and looking for certain important details. Research is also something I improved at since looking for and finding information that is relevant to whatever I am studying has become easier.

The skills that I learned in class have helped me recently. I developed a writing process that helped me when writing papers for other classes, also the research skills have also helped in writing those papers. But not only have these skills helped when writing papers, they have also helped me in creating presentations for classes. Seeing as how all this information that I gained and the skills that I had developed in this class have been useful in other classes, I am sure that these skills will also help me in future classes and future assignments.

A quote from my U1 writing assignment would have to be “Writing down everything I can, this was one of the few times that I was actually eager to learn something”, I included this line because when thinking about the semester and the major that I had chosen I feel like it relates a lot to this quote in a way, I enjoyed learning all the topics there were in this class and having developed as a reader and writer.

A quote from U2 would be “During my research I expect to find any government aid programs that can help New York citizens, issues that low-income New Yorkers face when dealing with the healthcare system,,” When doing all this research on my topic I understood what it was that I wanted to find and, in my research, since I knew what it was I was looking for and because of this topic, I had ended up developing research skills.

As for U3 “While my research does point out many negatives, those also point out many solutions for these issues”. I feel like in this unit I had gotten a better understanding of doing and understanding all the research that I had done. Having to write all this information into a genre I wasn’t familiar with also helped in making me a better writer as this was something new to me and writing an open letter was something I never done before

Unit 1 Educational Narrative

Ever since I was a kid it was always my dream to become a chef. Growing up I always loved watching chefs on the cooking shows make whatever it was they were going to make, I even loved watching my mom make my family dinner, usually something that she used to eat back when she was a kid in Mexico. There was even my older brother who would usually bake whatever it was he wanted.. Watching them turn simple ingredients into all these sorts of dishes was always so fascinating to me, so when my mom asked me the simple question “What do you

want to be when you grow up?" I simply told her "chef". For such a simple answer, it almost defined my life. I would often wat

I would often watch and help my mom make dinner, seeing the way she made the food and learning the way she does it, even if our kitchen was small and cramped and the food she prepared wasn't complex or special, there was something about hearing her talk about the food she was making that made those memories in the kitchen special. For a while this was the only type of experience I had in a kitchen until I finally got out of middle school where I enrolled in a high school called Food and Finance High School. During my time in that school they had taught me so much, not only about cooking but about every aspect of culinary arts from food safety, kitchen safety, equipment, measurements, techniques, and everything else there was to it. Writing down everything I can, this was one of the few times that I was actually eager to learn something. It wasn't like I didn't care about learning, I always read my books and write down whatever it was they were teaching me at the moment, but to actually want to learn something and doing your very best to understand the material they were teaching was something I wasn't used to. The first time I received my chef uniform and was allowed in the kitchen I felt excited. The classroom kitchen they had showed use was much larger than the one at home, in the corner of the room was the class seating area and right next to it was the walk in freezer and storage area, and right across was the kitchen where there were racks of equipment that we would be using with a row of oven behind the grill and stove and right behind a prep area by the side and the cleaning station all the way in the back. Getting to work in this kitchen was so amazing, getting to see what working in a real kitchen was like and getting to use all the information they taught me and getting to actually put it to use.

The time I spent in that kitchen was great and everything but the best part of the day was whenever I came back to school with the food I had made and letting my family try it and them

telling me how good it was and enjoying my food, the pride and joy I feel just made me realize that this was something I wanted to do with my life. Helping out in the kitchen in whatever way I can and helping my culinary instructors out in the kitchen and them telling me how I did a great job just always kept me going, and during parent teacher conference where they would tell my mother or brother that I would do excellent in a kitchen, there was always a feeling of accomplishment that would follow when they said those words. This would last until sophomore year when the pandemic had hit. Schools ended up closing and the classes I had to attend were now virtual

All my culinary classes were done through a computer screen where they taught me whatever it was they were teaching me, and while they did try their best to make the classes work it just wasn't really the same. I hated being stuck in my house for most of the day barely doing anything, not even learning anything new. This feeling lasted until spring break where I had nothing to do really, nothing but some work I had to complete during class. But then I realized I had a whole day with nothing to do. Why don't I try to make something while I have the time to put all the knowledge I learned in school at home. When I had asked my siblings if they wanted me to try and bake them something the first thing they had wanted me to make was just brownies. So that's what I was going to make. I started by cleaning every surface of the kitchen from the stove to the counter to the dishes. While the kitchen was still cramped and small I had made just enough space to work on making the brownies. For about an hour I worked on making them and once they were finally finished and ready for my family to try and just like whenever I brought something home from school they ended up enjoying it. During this pandemic I found the time to actually work in a kitchen and while it wasn't in a big kitchen with all sort of equipment it still felt nice, I loved asking my family what they wanted me to make and I loved making something they enjoyed, it was the main reason why I wanted to learn culinary

arts, I enjoyed making people happy. Learning to make all sorts of recipes and learning from previous dishes and learning from my mistakes was something I loved doing.

Entering my last year of high school, there was an internship program that I applied for where they sent students to work at restaurants around NYC. The place I got assigned to was a bar where I worked as a prep cook, this was the first real experience that I had working in a professional kitchen. The people there were friendly and welcoming and working with them was great, and seeing the skills they displayed while working in the kitchen and trying my best to learn from what they were doing made me realize that there is still so much more for me to learn and experience. During my last day when my supervisor, who also happened to be the sous chef, had invited me to the office where she showed me a sheet on my performance at the place. As I was about to leave she had told me that “if you’re serious about working in this industry then maybe one day you can be in the same position as me”

Finishing high school I decided that the only thing that made sense was to major in hospitality management. I want to learn everything I can about the industry and do my best to focus on my culinary education. The simple response of me wanting to be a chef is what led me to majoring in hospitality so I want to do everything I can to be a chef.

U2 Reflective Annotated Bibliography

Introduction

How do low-income New Yorkers deal with Healthcare in America?

The reason for Why I got interested in this question is because seeing how the healthcare system in the U.S is different from everywhere else since anytime you go to the hospital or need

medication or anything you're going to be the one who is going to pay for it. With the way that the healthcare system works in America it can have a negative impact on those who can't afford to pay for care.

Yet there is also something that made me want to look into this topic which would be how having no access to care impacts the lives of these people. From how it affects their health, but also the problems that occur when these resources aren't available

Especially with living in New York City where the cost of living in such a city is very expensive. With the cost of having to live in the city and having to pay for medical expenses as well it can end up becoming a bigger problem, and for people who have low incomes this can be a nightmare. It's already difficult living in such a city with low income, but to also have to deal with having to pay for your own medical expenses when you may or may not have health insurance or the income to pay for it, or even having people that you have to care for it can be challenging

During my research I expect to find any government aid programs that can help New York citizens, issues that low-income New Yorkers face when dealing with the healthcare system, the impacts that this system has on citizens and what they are doing in order to make sure that their health is fine, but also to see what

Source Entries

Citation #1

Bocour, & Tria, M. (2016). Preventable Hospitalization Rates and Neighborhood Poverty among New York City Residents, 2008–2013. *Journal of Urban Health*, 93(6), 974–983.

<https://doi.org/10.1007/s11524-016-0090-5>

Summary

Reading this article, it talks about how preventable hospitalization of patients associated with low-income neighborhoods and the hospitalizations of these patients could have been prevented with the right resources and better outpatient care. Ethnicities such as African Americans and Hispanics have also been linked with high preventable hospitalizations rates. Diseases such as asthma and diabetes which have resulted in the hospitalizations of people could have also been prevented if there were no delays or if they had received care for these health conditions. Preventable hospitalizations have often been associated with many things such as the person's health insurance, a medical provider or a source of care, or the prevalence of disease. These hospitalizations can be caused by the socioeconomic inequalities as well as the lack of available healthcare resources. They had found out that the hospitalization rates in these areas have decreased from 2008-2013, and between the very high poverty and low poverty neighborhoods did not decrease significantly.

Reflection

I agree with what this article has to say, seeing how the hospitalization of residents in low-income neighborhoods could have been prevented if these residents had better resources for healthcare and gotten the treatment that they needed. Seeing the link between different races and income levels and how they tie into the hospitalizations of people but also because of other factors such as the socioeconomic inequality that these people face. While there are terms that confused me such as what inpatient and outpatient care where there is a question that I have which is what has caused the decrease in hospitalization and is the New York government doing about this issue?

Quotation

“Preventable hospitalizations are associated with residence in low-income neighborhoods.¹ A growing literature documents the intersection between place and health, building on evidence that poor health outcomes tend to be concentrated in certain neighborhoods, due both to socioeconomic inequities and a lack of available health care resources”

Citation #2

Lim, Singh, T. P., Hall, G., Walters, S., & Gould, L. H. (2018). Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families. *Health Services Research*, 53(5), 3437–3454. <https://doi.org/10.1111/1475-6773.12849>

Summary

It is shown that if someone is homeless then the risk of being hospitalized increases that could have been prevented. Individuals who are homeless may face obstacles that can affect the way that they deal with health care. These obstacles could be financial such as needing food or shelter, but also non-financial reasons which could just be discrimination, distrust in the healthcare system, or just isolation. But among single individuals it had been shown that affordable housing had decreased homelessness, healthcare cost, ED visits, and hospitalizations. But somehow this evidence had been lacking in homeless families with children.

Reflection

Reading this article, it was interesting to read how despite the effort to make healthcare more accessible for people who are homeless, homelessness in NYC is still associated with preventable hospitalization. Reading this I can understand why since as stated in the article earlier there are still barriers that these people still face that can prevent them from accessing these programs. However, continuing to read this article I still don't understand how supportive

housing has helped tackle the issues that are homeless and yet for homeless families that evidence is somehow not there for them. Perhaps it is because of having to take care of children, the money they have to spend on taking care of them. For families who deal with poverty it can be a bigger issue trying to access the resources to make sure they are healthy.

Quotation

"Several studies of homeless, single adults have found that supportive housing effectively reduced homelessness, health care costs, ED visits, and hospitalizations (Larimer et al. 2009; Sadowski et al. 2009; Parker 2010). Yet evidence is lacking for homeless families"

Citation #3

Muncan, Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies": influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, 17(1), 1–9. <https://doi.org/10.1186/s12954-020-00399-8>

Summary

In this article it reveals that there is a stigma against a vulnerable population of people which happen to be people who use drugs. These people are met with higher risk of overdose, mental illness, and transmittable disease. These higher risks are attributed to poor healthcare engagements which result from socioeconomic and structural related issues that are related to drug use and its consequences, examples of this would be discrimination, unstable housing, or not being able to afford care. The experiences that these people face could help implement a change in the healthcare system which can medically and socially help this vulnerable population

Reflection

I strongly agree with this article, as the article states this population is very vulnerable and the problems that they face shouldn't be met with discrimination. The stigma that they have affects them where getting the resources they need is harder for them to obtain. Reading some of the experiences they have where they are treated differently by healthcare providers is also shocking since seeing professionals whose job is to help people look at this vulnerable group of people and discriminate against them just seems awful. This stigma of seeing people who use drugs as junkies is easy to understand, that stigma just makes things worse for them, as these people aren't just junkies these people need help, and they should have access to that care just like anyone else.

Quotation

“Sophia: Then I waited two months, and I just did a walk-in and when I met the doctor, everything was fine. As soon as I took off my coat for her to see, that was it. She went from being super nice, referring me here, to okay, maybe you should go to the emergency room...the whole entire face changed, the smile, the whole mood. Interviewer: Because she could see your track marks is what you're saying? Sophia: Yeah.”

Conclusion

What I had learned when reading all three of these articles was the issues that people face when they have little access to any care. With people having to face hospitalization that could have been prevented if they had better access to care in their area. Learning that these people have a higher risk to their health such as not having treatment for diseases such as asthma and diabetes which could have them hospitalized, mental illness, or even disease. Seeing how these issues are linked to the little care that residents have seem to be from the same issue that these people have which is the socioeconomic inequality, as well as financial barriers and nonfinancial

barriers, with people having families to look after, with these factors it can make accessing healthcare for them even more difficult. I had even learned that there have been solutions to tackle these issues, programs such as affordable housing have been helping the homeless deal with some of the risk that homeless people face with the little care that they have and how efforts to transform the Medicaid delivery system and payment reform programs which will likely drive down future preventable hospitalization rates.

Yet during my research there were still things that surprised me such as how the rate of preventable hospitalization between high and low poverty areas hadn't significantly decreased, or the fact that some people have to deal with discrimination when dealing with healthcare providers, or how affordable housing had managed to tackle some of the issues for individuals who are homeless and yet for families who are homeless they found little evidence of that happening for them. Seeing how some issues are still persistent even after all this had me thinking as to why some of these issues are still going on? What I have learned from all this is that healthcare seems to be a huge problem for people, especially for those who are the most vulnerable. People having to worry about whether they can afford or even have access to care shouldn't be something that people have to worry about since healthcare should be something that everyone in the U.S should have easy access to.

I think citizens in New York City should be the ones who are aware of this problem as some could probably relate to the struggles of living in this city, yet they may also not be aware of how those who live in low income areas may struggle with getting healthcare in there are since that might not be a struggle that they go through, understanding the issues that these people face and seeing the problems there are in the healthcare system.

U3 Writing assignment

To The New York City Department of Health

When thinking about how the healthcare system in America works, I began to think about the negative impacts that it had on a vulnerable population of people that live in America. Most people understand how the healthcare system in America works. If you end up in the hospital or need anything like medical procedures or medication, you will have to pay for that. So, I Wanted to understand what It was like to live with this system while also dealing with low income, but to better understand that I started looking into how low-income New Yorkers deal with healthcare in America.

When I began doing all this research, I had expected to find some of the problems and causes to all these problems that the healthcare system had caused these New Yorkers and what I had found was that through my research I had found the main issue that all these researchers had shared in their research. It seemed that the position that these people were in was due to the socioeconomic inequalities that these people had faced.

Due to this inequality, it would end up resulting in problems for those residing with neighborhoods with poverty issues, people dealing with financial issues such as homelessness, as well as personal issues. All these issues stem from the same inequality and as a result it makes trying to access care much more difficult.

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This ends up being a huge problem for many people who deal with low income or just financial issues. With neighborhoods with low incomes having to deal with hospitalization that could have been prevented, families that must take care of their children, or people facing discrimination. The result of all these issues makes dealing with healthcare a huge issue.

I want to start off with the first piece of research that I found, which was a huge help when trying to understand what the issues were with low-income residents and the healthcare system. An article which is titled “Preventable Hospitalization Rates and Neighborhood Poverty among New York City Residents” by Angelica Bocour and Maryellen Tria, goes into detail about the issues that lie within these neighborhoods. As I stated previously one of the issues that result with this system would be how hospitalizations among low-income neighborhoods could have been prevented with better access to care, no delays in treatment for diseases such as asthma and diabetes, this can be used to tell the efficiency of the healthcare system.

A lot of these issues can be associated with an individual's health insurance, healthcare provider, as well as continuity of care, along with other factors such as race. But the characteristics of a neighborhood can also play a factor as well since hospitalization rates, prevalence of chronic conditions, the undermining of an individual's health, as well as harmful environmental conditions.

With all information gathered on poverty neighborhoods had been taken from every poverty neighborhood, from age range, sex, and disease. It had been found that there had been a decrease in hospitalization rates over the years for diseases such as diabetes, circulator, and acute. Except for respiratory related hospitalizations which were higher in high poverty neighborhoods than medium or low poverty neighborhoods. Some diseases were more prevalent in certain sexes,

diabetes was higher in males than females while respiratory disease were higher in females than males.

While yes, the It had shown that these hospitalization rates had decreased over the years, disparity between high and low poverty neighborhoods had not changed. It was also indicated that these poverty neighborhoods may have an issue with primary medical care

You start to get a better understanding of the issue when reading this. As you can see the problems that many of these neighborhood's face, while yes hospitalization has decreased health disparity in these neighborhoods still have not changed much. Little access to care seems to be the main issue, the article says it best as “While better access to and utilization of quality health care in high poverty neighborhoods may reduce preventable hospitalization rates and narrow the gap between very high and low poverty neighborhoods.”.

When I was done reading this article, I found an article that also piqued my interest which also made me want to look into another vulnerable population of people. I want to first talk about homelessness in New York City.

Problems that go with homeless individuals or families trying to get access to primary care would have to be basic necessities such as food and shelter, distrust towards public health system, non-financial barriers, and discrimination pose as issues towards them. With these issues come a higher risk of emergency department visits and hospitalization that could have been avoided. Homelessness is associated with preventable hospitalization rates, something that is similar to those living in high and low poverty neighborhoods.

A lot of this information comes from an article written by Sungwoo Lim, Tejinder P. Singh, et al named “Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families”.

One of the bigger problems that I found in the article would have to be the increase in families with children had ended up increasing, between 2008 and 2017 it had increased from 8,081 to 12,761. When it comes to looking at the population of homeless families, chronic homeless families deal with a number of problems such as a series of mental illnesses, substance use disorders, physical disabilities, and AIDS/HIV. However, what can be found is how supportive housing had ended up improving housing stability, but also reduced ED visits and preventable hospitalizations with heads of chronic homeless families. While previous evaluations of this found mixed results, this newer evaluation had shown more positive results.

There are ways to tackle the issue of healthcare among these people as housing stability can be a solution, but it can be shown for those eligible for this program. Homeless individuals and families still have these issues and risks that can still be a problem to them. There should be another solution to this that can get them better care as this should not just be another issue that they deal with as being homeless is also a big issue for them.

I also want to address one more vulnerable group of people who are also similar to the previous two that I had talked about. Similar in that they face the same issue where they face socio economic and structural barriers resulting in discrimination, criminalization, unstable housing, and inability to afford care. These issues are due to poor healthcare engagements. This group of people happened to be those who use drugs.

There has been a stigma against these people, one that has been negative towards them, viewing them as less desirable. This stigma follows these people around affecting how they engage with healthcare providers. I can understand the stigma quite a bit, while yes, we can pin a lot of the problems these people face as being their own consequences from their own actions, but there

are still people who have faced problems that we do not know yet which can end up resulting in them doing what they do, they have issues, and these people need help too.

You get a better understanding after reading ““They look at us like junkies”: influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City” written by Brandon Muncan, Suzan M. Walters, et al. With the use of drugs comes a higher risk of morbidity and mortality from overdose, mental illness, transmittable diseases, soft tissue infections, and endocarditis. These issues due to previous healthcare engagements have gone poorly due to discrimination. In this they had gathered 32 participants happened to be drug users, and when interviewing them 23 of them had experienced discrimination from healthcare providers, such as attitude changes when discovering their drug use, with them feeling devalued, insulted, and disrespected by their healthcare providers, with some leaving the hospital soon after. 19 of the participants felt fear of being discriminated against which led to them avoiding medical settings and providers. However, 20 of them reported positive experiences in terms of medical care at SSP, SSP being Syringe Services Programs. Those With positive experiences described staff and no staff members as non-judgmental, understanding and accommodating. A participant in the article Kira, a 41-year-old female described her experience as “I feel like I’m not being judged here and things like that. A lot of times people avoid hospital settings for whatever reason, whether they are scared of doctors or they just don’t want to know...they just shut down. I think in a place like this [SSP], they leave themselves open.”.

When reading about what SSPs have done for these people it makes a positive impact on them. They provide a way for them to access healthcare without being discriminated against.

I hope that I have addressed and showed all the issues that I had found during my research. If I am being honest, I found myself shocked when reading about all these issues. Most groups have

the same issues as they all face socio-economic issues and little access to care. It's crazy to think that in a city like this people have to worry about healthcare, such as little access to quality care that ends up resulting in hospitalizations that could have been prevented, diseases that are prevalent among these people like diabetes and asthma, higher health risk, or just being discriminated against. That's something that shouldn't be a problem when dealing with healthcare providers as those people also need help. They should be treated differently as it ends up doing more harm than good.

While my research does point out many negatives, those also point out many solutions for these issues. Suggesting better access to quality care among neighborhoods with poverty issues, supportive housing, and places like SSPs. Solutions can be provided that can be beneficial to these people. As healthcare shouldn't be something people have to worry about, especially low-income New Yorkers such as all these people.

As I said I hope that I addressed all these issues and managed to give you a better understanding of the issue, I hope I have not missed anything, and I hope you take these issues into consideration

Sincerely, Diego Ramirez