

Heidi Camacho

ENG1101

U2: Reflective Annotated Bibliography

Word Count: 1,871

11/09/23

Examining the relationship between Healthcare disparities and Economic Inequality in the US

**Introduction:**

What are the processes and causal links that link economic inequality to a difference in healthcare outcomes and access in the United States, and how do these differences impact the general health and well-being of the population?

There are frequently turning points in our pursuit of knowledge and comprehension that peak our interest and motivate us to start a journey of investigation. That moment for me was realizing how starkly different healthcare outcomes and access are across the country, and how closely these differences are linked to the intricate network of economic inequality. Even though it is one of the world's leading economies, the United States faces worrisome disparities in healthcare outcomes and access that disproportionately impact certain segments of the population. This finding sparked a long-standing curiosity about the mechanisms and causal relationships that link economic disparity to these differences and, most crucially, how these distinctions affect the general health and well-being of the country's diverse population.

My interest in this subject stemmed from a pressing social issue rather than just being a casual curiosity. The unequal distribution of wealth and resources, or economic inequality, has a significant effect on the social fabric of a country. Despite being praised for its wealth, the United States ironically faces a significant gap in economic opportunity and well-being, which

shows up in the healthcare system. This is a moral and societal issue that extends beyond scholarly discourse. The driving force behind this research was my expectation that a thorough investigation of the relationships between economic inequality and healthcare disparities would reveal the systemic causes of the issue and open the door to well-informed policies and interventions that could lessen these disparities. I expected to discover a complex story as I set out on this quest. I anticipated learning about the complex interactions between racial, educational, and regional factors that influence healthcare outcomes and access. I also looked forward to learning how these differences impact people's health and well-being on an individual and community level, which in turn impacts the health of the country as a whole. My objective in exploring the intricacies of this matter was to illuminate the grave ramifications of standing idly by and the possible advantages of tackling economic disparity in the healthcare sector. In addition to explaining the current issue, this research aims to provide a framework for future initiatives that promote a more just and healthy society.

**Sources:***Citation #1:*

Neilson, Susie. "The Gap between Rich and Poor Americans' Health Is Widening." *NPR*, NPR, 28 June 2019, [www.npr.org/sections/health-shots/2019/06/28/736938334/the-gap-between-rich-and-poor-americans-health-is-widening](http://www.npr.org/sections/health-shots/2019/06/28/736938334/the-gap-between-rich-and-poor-americans-health-is-widening).

*Summary:*

The article by Susie Neilson talks about the differences there is in one's health care based on their own income and even gender. The study's conclusions show that, since 1993, Americans' self-reported health has been worse across all demographic categories. Furthermore, during this time, variables including wealth, gender, and ethnicity have become more significant in predicting health outcomes. The healthiest subgroup was found to be white men in the highest income band, emphasizing the widening health disparity. Interestingly, the healthiest people's health has not changed much, but the healthiest people's health has declined dramatically. In order to combat income disparity both domestically and internationally, this report urges action to address larger societal inequality and makes legislative proposals, such as raising the minimum wage and reassessing the current tax structure.

*Reflection:*

I do agree with what Neilson wrote. The general public, policymakers, and individuals with an interest in issues pertaining to social justice, health inequalities, and income inequality appear to be the author's intended audience for this passage. The results of the study are presented in a style that is easily understood by a large audience. The author intends to increase awareness of the seriousness of the issue and encourage discussion and action by providing data, firsthand accounts, and professional viewpoints. The passage's main goal is to educate and persuade readers of the importance of wealth disparity in the United States and its harmful consequences on public health. Neilson emphasizes that wealth inequality is a strong predictor of health disparities in addition to the fact that there hasn't been much progress made toward attaining health equity during the previous 25 years. The message is quite clear: Improving public health outcomes requires tackling income inequality.

*Quotation(s):*

“Finally, they calculated the gap between people’s health outcomes and that of the most privileged demographic: high-income white men.”

“One 2016 study showed that the average life expectancy of U.S. men in the bottom 1% of income distribution is roughly equivalent to the life expectancy of someone in Sudan or Pakistan, whereas men in the top 1% of income outlive the average man in all other countries.”

“ He says the study’s findings indicate a need for two broad policy recommendations: a revision of the minimum wage and a rethinking of our current taxation system.”

*Citation #2:*

Wilkinson, Richard. “How Economic Inequality Harms Societies | Richard Wilkinson.”

*YouTube*, YouTube, 24 Oct. 2011, [www.youtube.com/watch?v=cZ7LzE3u7Bw](https://www.youtube.com/watch?v=cZ7LzE3u7Bw).

*Summary:*

In this 16-minute TED Talk by Richard Wilkinson, he presents empirical evidence on economic inequality and illustrates how wealth disparities have a negative impact on health, longevity, and even fundamental values like trust. He goes over how much richer is the 20% more than the 20% poorest, unequal countries have worse social and health concerns, and happier children live in equitable nations.

*Reflection:*

I agree with Wilkinson's view because the discussion highlights the striking difference between nations with large income disparities and those with more equitable wealth distribution. It is a depressing realization that countries with greater wealth and more prominent economic gaps typically have worse social and health results. It draws attention to the wide-ranging effects of economic inequality, which have an impact on society at large in addition to the most vulnerable members of society. In addition, the idea that children in countries with greater equality tend to be happier emphasizes how critical it is to address income disparity in order to advance social harmony and general well-being. This finding highlights the need for a more equitable distribution of income and contradicts the popular wisdom that the only goal should be economic growth.

*Quote:*

“[So] what we're looking at is general dysfunction related to inequality. It's not just one or two things that could go wrong, it's most things.” (9:50 – 9:57)

*Citation #3:*

Yearby, Ruqaiijah. “Racial Disparities in Health Status and Access to Healthcare: The Continuation of Inequality in the United States Due to Structural Racism.” *Wiley Online Library*, 29 Oct. 2018, [onlinelibrary.wiley.com/doi/10.1111/ajes.12230](https://onlinelibrary.wiley.com/doi/10.1111/ajes.12230).

*Summary:*

According to Mullings and Schulz (2005), structural racism in the US functions at the societal level, where the dominant group uses its authority to give its members advantages while

simultaneously disadvantaging the non-dominant group. This structure is used to protect resources like money, jobs, income, and health care, but it also serves to limit the non-dominant group's access to these same resources. Structural racism was openly supported by the federal and state governments during historical periods such as the Jim Crow era, giving benefits to Caucasians and disadvantages to African Americans. Even after Jim Crow laws were repealed, systemic racism still exists. This article explores the failures of the federal government's enforcement of civil rights laws, which have benefited Caucasians with regard to wealth, employment, income, and healthcare while placing African Americans at a disadvantage. The government's lax enforcement of civil rights laws in the healthcare industry and its impact on patient outcomes and status have been previously examined by the author. This article adds to the body of work by arguing that one of the main examples of structural racism that contributes to racial disparities in healthcare accessibility and health status is the lack of implementation of civil rights laws. Fundamentally, structural racism persists in the United States mostly because civil rights laws are not enforced by the government, favoring the dominant group and harming the non-dominant group, especially when it comes to wealth, jobs, income, and healthcare. Racial differences in health status and access to healthcare are a recurring result of structural racism, highlighting the critical need to address these systematic inequalities.

*Reflection:*

I concur with the article's analysis of systemic racism in the US. The historical background, the persistent differences, and the connection between racial health disparities and federal government actions—or inactions—all offer a solid foundation for comprehending how deeply ingrained structural racism is in American culture. Acknowledging these problems is the first

step toward solving them and creating a society that is more just. There is strong evidence to support the link between racial health inequalities and the non-enforcement of civil rights laws. The paper emphasizes how systemic problems continue even in the absence of clear discriminatory laws by characterizing this lack of enforcement as a type of structural racism.

**Conclusion:**

To sum up, my investigation into the intricate relationship between access, healthcare outcomes, and economic inequality in the US has illuminated the complex network of underlying causes of these differences as well as their significant effects on the general health and wellbeing of the populace. During this investigation, a number of important discoveries were made that startled me and greatly expanded my comprehension of the problem. The degree to which healthcare outcomes and access gaps are sustained and exacerbated by economic inequality was one of the most startling findings from my research. The systemic character of this issue, in which people with lower socioeconomic positions continuously encounter obstacles preventing them from accessing high-quality healthcare services, astounded me. These obstacles can be anything from poor access to healthcare facilities in underprivileged areas to financial limitations. These obstacles persisted, proving how persistent the connection is between healthcare disparities and economic inequality and emphasizing how urgent it is to solve this issue. The complex causal relationships that link healthcare disparities to economic inequality also caught me off guard. The study revealed that economic inequality is only one aspect of the issue; geography, race, and education all play significant roles.

It became clear that resolving healthcare disparities in the US calls for a comprehensive strategy that addresses structural and systemic issues that support unequal access to healthcare in addition to income inequality. The extensive effects of these differences on the population's

overall health and well-being were also made clear by my research. It had an effect on productivity, social cohesiveness, and the general health of society as a whole, not just on the health of the individual. The understanding that the effects go beyond medical results to the general well-being of society highlighted how urgent it is to address this issue as a matter of social fairness and economic need. These results demonstrate how important it is to comprehend the mechanisms and causal relationships that link healthcare disparities and economic inequality. Multifaceted initiatives that address the underlying causes of these disparities—such as institutional racism, income inequality, and inequalities in the infrastructure of healthcare and education—are necessary to address them. The significance of realizing that healthcare disparities are intricately linked to societal structures and policies rather than being the result of personal decisions has been emphasized by my research.