

Heidi Camacho

ENG 1101

U3 Project

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Dear Generation Z,

I hope this letter finds you well. I am writing to share the insights and revelations gleaned from my research on the relationship between healthcare disparities and economic inequality in the United States. The examination of this intricate connection has been a journey marked by significant discoveries and a deepened understanding of the complex web of causality impacting the health and well-being of our diverse population.

Introduction:

The genesis of my exploration stemmed from a poignant realization of the stark differences in healthcare outcomes and access across the nation, closely intertwined with the complex network of economic inequality. Despite the United States being a global economic powerhouse, disconcerting healthcare disparities persist, disproportionately affecting specific segments of the population. This spurred my curiosity to unravel the processes and causal links that bind economic inequality to variations in healthcare outcomes and access, ultimately influencing the general health and well-being of our society.

My interest in this subject transcends mere curiosity; it is a response to a pressing social issue – the unequal distribution of wealth and resources. This economic inequality, a significant societal concern, manifests prominently within the healthcare system. This research is not just an academic pursuit; it is a call to action against the moral and societal implications of standing idly by while such disparities persist. The driving force behind this investigation was the expectation that a thorough examination would unveil systemic causes, paving the way for well-informed policies and interventions to mitigate these disparities.

Sources:

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:

Susie Neilson's article highlights the widening gap in health outcomes based on income, gender, and ethnicity in the U.S. The study emphasizes that wealth, gender, and ethnicity have become more significant predictors of health outcomes since 1993. The healthiest subgroup identified was white men in the highest income band, underscoring the expanding health disparity. Neilson advocates for societal actions, such as raising the minimum wage and reassessing the tax structure, to combat income disparity.

I resonate with Neilson's perspective, recognizing the urgency of addressing wealth inequality to improve public health outcomes. The study's findings underscore the critical need for interventions that tackle economic inequality.

2. Wilkinson, Richard. "How Economic Inequality Harms Societies | Richard Wilkinson." *YouTube*, YouTube, 24 Oct. 2011, www.youtube.com/watch?v=cZ7LzE3u7Bw:

Richard Wilkinson's TED Talk provides empirical evidence on how economic inequality adversely affects health, longevity, and societal values. He illustrates that countries with greater income disparities exhibit worse social and health outcomes. The talk challenges the notion that economic growth alone is sufficient and emphasizes the importance of addressing income disparity to promote social harmony and general well-being.

I align with Wilkinson's viewpoint, acknowledging the far-reaching impact of economic inequality on society and emphasizing the need for a more equitable income distribution.

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, <https://onlinelibrary.wiley.com/doi/10.1111/ajes.12230>:

Ruqaiijah Yearby's article explores racial disparities in health status and healthcare access in the U.S., attributing them to structural racism. It delves into historical contexts, highlighting how structural racism persists due to the non-enforcement of civil rights laws. Yearby argues that racial disparities in healthcare are a consequence of systemic inequalities, emphasizing the imperative to address these ingrained issues.

I concur with Yearby's analysis, recognizing the profound impact of systemic racism on healthcare disparities and endorsing the need for addressing structural inequalities.

Conclusion:

In conclusion, my research has illuminated the intricate relationship between economic inequality and healthcare disparities in the U.S. The persistent and exacerbated gaps in healthcare outcomes and access tied to economic inequality have underscored the urgency of comprehensive solutions. Notably, the complex causal relationships involving geography, race, and education in addition to income inequality have revealed the need for multifaceted initiatives.

It is clear that addressing healthcare disparities requires a holistic approach that tackles not only economic inequality but also systemic issues such as institutional racism and disparities in healthcare and education infrastructure. The research has emphasized that the consequences of these disparities extend beyond individual health outcomes to societal well-being, productivity, and social cohesion.

In light of these findings, I advocate for informed policies and interventions that address the root causes of healthcare disparities. This includes a reevaluation of societal structures, policies, and enforcement mechanisms to foster a more just and equitable society. It is my hope that this research serves as a catalyst for change, inspiring initiatives that prioritize social fairness and economic necessity.

Thank you for taking the time to engage with the insights derived from this investigation. I am optimistic that our collective efforts can contribute to a healthier, more equitable future for all.

Sincerely,

Heidi Camacho