Health Inequity among Minority Groups in the United States

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Introduction

Health inequality explains whenever a group in an economy has worse healthcare access compared to other groups. In America, inequity in healthcare is strongly linked to income inequality. Studies have also identified that the higher a person's income, the better their access to healthcare. Resultantly, individuals with corporate-sponsored plans have increased and better access to healthcare compared to those with none. Before the Affordable Care Act, approximately 25% of American citizens lacked or had little health insurance (Angell, Empey & Zuckerman, 2018). This led to over 100,000 deaths yearly due to lack of affordable healthcare services. For this study, health disparities explain the differences existing among specific populations in America towards attaining maximum health potential that is measured through the gap in incidence, mortality, prevalence, and related adverse health outcomes.

Health disparities manifest in different dimensions, including sexual orientation, disability status, gender, geographic location, and socioeconomic status. The Healthy People 2020 initiative claims that all these factors, alongside race and ethnicity, determine a person's capacity to have optimal health. For the ethnic and racial minorities in the USA, health disparities occur in various forms such as the higher rates of premature deaths and chronic illnesses compared to the whites (Jeffries et al. 2019). However, these patterns are non-universal because Hispanic immigrants are known to have better health outcomes than whites. While a lot of progress has been made throughout the years to narrow the gap in healthcare outcomes, getting rid of these differences is still a farfetched idea and has not been achieved yet. The minority group has more difficulties accessing health care than the majority group in the U.S. because of these factors: political, economic, and environmental conditions.

Causes of Health Disparities among Minority Groups in the United States

Racism

Various researches on racism are founded on samples of African Americans, but other populations are at high risk of racism, such as Hispanics and Asians. These minority groups do not have the social entitlement and rights because they are deemed as illegitimate U.S. residents. There is widespread evidence connecting racism to health disparities. Different disease-specific and general methods have been recognized. They link racism to mental health outcomes, congenital disabilities, cardiovascular diseases and related outcomes (Baciu et al. 2017). Racism affects health outcomes of the minority groups through three aspects. The first element is discrimination that has detrimental impacts on individuals' mental and physical health. Discrimination is linked with adverse mental health, increased involvement in risky behaviour, reduced neurological responses, and hypertension. While other people encounter other severe kinds of racism, the negative health impacts of racism are derived mainly from chronic stress to everyday racism. These include being stopped by the police, receiving less equal treatment or even being monitored when shopping. These chronic exposures have contributed to stress-linked physiological results. Therefore, discrimination exerts its most significant outcomes not because of being exposed to a single life traumatic event but because many minority groups must physically and mentally contend with or become prepared to address minor assaults and insults daily (Bravemen, 2012). Due to the importance of implicit bias, the roles of the patient-healthcare provider, ethnic and racial makeup have been focused on studies. Even when patients have the same clinical profiles, their care could be different based on their ethnicity or race, and

those of the healthcare provider. Healthcare providers assess African American patients negatively compared to white patients.

Ethnic and racial minority healthcare providers play crucial roles in handling disparities since they reduce the cultural differences, and most of them serve socially disadvantaged and minority communities. Regardless, these healthcare providers are not well represented in the healthcare professions. At the same time, they encounter challenges that affect their professional development and the quality of care that they can provider (Akinboro et al. 2016). These healthcare providers attend to patients in areas that are deficient of resources and do not have professional privileges. These are some of the structural inequities that affect clinicians, patients, and the communities where they render their services. Residential segregation also increases the spread of illnesses among minority groups while social isolation also minimizes the sense of urgency among the public about the need for interventions. Racial and ethnic minorities dwell in regions that have high poverty rates. Racial segregation causes health disparities in various ways. It restricts the socioeconomic resources that are available to residents in minority neighbourhoods. Racial discrimination also limits the numbers of healthcare providers in black communities, and this impacts access to healthcare services (Mann, 2020). Racial segregation also increases the risks of people being exposed to environmental hazards, while also contributing to the physical and mental impacts of common violence. Historical trauma is another kind of structural racism that has continued shaping the risks, health outcomes and opportunities for minority groups currently. This calls for the need for new interventions that can help to remedy these differences. Therefore, racism impacts health inequality by creating a short stigma that targets minority groups, while also advocating for differential treatment targeted to individuals from minorities.

Economic Factors

Access to financial resources, whether wealth or income, impacts health as it buffers people against the financial threat caused by medical bills. At the same time, it facilitates access to resources that promote better health, including accessing health neighborhoods, land uses, parks, and homes. Income predicts various health indicators and outcomes such as infant mortality rates, heart conditions, asthma, obesity, life expectancy, among others. In the U.S., income inequality has risen at a steady pace compared to other economically developed nations. In the last few decades, there has been a dramatic rise in inequality of income, where 30% of the families live in low-income areas. The poverty concentrations in specific neighborhoods are vital to consider as a factor shaping the conditions people live in. The level of poverty affects ethnic and racial minorities in all social health determinants. Another important economic factor that affects health is employment. Work impacts health not only through exposing workers to given physical environments but also offering a setting where health behaviors and activities are promoted. For many adults, employment is the sole source of income, and this gives access to neighborhoods, homes, and related services or conditions promoting health.

On the other end, unemployment is linked to poor health and wellbeing. Many people from minority groups are unemployed, and this explains why they have poor health outcomes. African Americans and other minorities have a history of high unemployment rates because of low education levels. These have affected their ability to access healthcare because they have limited resources. While some of the differences in healthcare access have narrowed, gaps have persisted among specific population groups. Members of ethnic and racial minority groups have minimal chances than whites to have the needed mental healthcare. When treated, they receive poor quality care (Wasserman et al. 2019). Among the hindrances to healthcare access, the lack

of culturally competent care is a significant barrier for particular ethnic and racial groups facing stigma because of their cultural norms. The healthcare system has an essential duty to play when handling social determinants of health. In the community level, it can forge a partnership with community-based companies and explore local interventions. The healthcare system can as well focus on equity by incorporating the community into making decisions and effective allocation of resources.

Environmental Factors

The physical environment is a reflection of the place, such as the design, human-made aspects, natural environment and the permitted use of space. Particular elements of the built or physical environment included open space and parks. All of these physical aspects determine the accessibility, livability, and safety of any location, therefore offering the context that people work, play, and live. These have direct outcomes for health because they contribute to 10% of the health outcomes. Besides, 40% of health outcomes rely on economic and social factors that are intricately linked to physical environment features. The inequities between various physical environments of neighborhoods, towns, and states lead to different health outcomes among their populations. Being exposed to hazardous physical environments is a known threat to the health of the community. These threats involve environmental exposures such as particulate matter, water contamination, air pollution and proximity to waste alongside other factors that increase the prevalence of respiratory diseases (Ruben, 2018). They also increase the occurrence of different cancer types, reduce life expectancy, and even cause adverse birth outcomes. The low-income communities and minatory groups have increased risks of being exposed to environmental hazards. The usage of neighborhood parks and linked health benefits are unevenly distributed across communities. Studies have demonstrated that recreational facilities are less

spread in the minority and low-income communities. Besides, the quality and size of park facilities vary depending on income and race. In low-income societies, residents have low chances to use these parks.

Another constant factor that has influenced health inequalities is the changing climate that is a public health concern. There is a growing consensus that the physical environment has undergone transformations that are caused through human actions, including emission of greenhouse gases. Human health is deeply connected to the regions where people learn, play, work, and live. The availability of food, air people breathe, access to clean water, and the temperature are all vital for healthy living. These areas are all affected by the changing climatic conditions. Poor air quality worsens past health conditions, including asthma. While climate change affects everybody, some groups and communities are more susceptible to these effects. Individuals who have preexisting medical conditions, low-income groups, children, and the elderly have increased risks to poor health outcomes (Ruben, 2018). The current health inequities are because of environmental, social, and economic factors, and the changing climatic conditions worsen them. At the same time, climate change is an opportunity for healthcare providers to develop more effective methods to help promote better health outcomes among the affected populations. Transportation is another factor that causes inequitable health outcomes in the United States, especially among low-income and minority groups. Transportation offers unevenly distributed adverse externalities such as noise, air pollution and injuries and deaths from motor vehicle accidents. These are more common in the minority and low-income communities that have inadequate infrastructural facilities. The minority and low-income populations have higher possibility of living close to environmental hazards such as toxic emissions from ports, bus depots, and roadways. While transportation seeks to reduce incidents

of unfortunate health activities, they have been identified as the leading causes of poor health outcomes.

Proposed Solutions to Health Inequality

Regardless of the widespread recognition, most of the efforts that public health officers use to target people are disease-specific. These current methods to prevent and promote health are still way behind the social health determinants. While understanding the critical roles played by social health determinants have improved considerably in the last decades, scientific advancements are slow-paced. Due to the different expertise need for theory and practice, the intervention and measurement approaches come from various disciplines. From the provided information, it is undeniable that a lot must be done to accomplish health equity or get rid of the health disparities in America. The present picture is evidence that the most significant health inequity in the U.S. population is prevalent among African Americans. Tackling the various impacts of poverty is a social issue that those working towards healthcare equity need to address.

While there has been a lot of progress towards assuring healthcare for poor individuals using ACA and related programs, healthcare institutions need to forget the idea of the availability of healthcare to everyone. Public health needs to take the lead when advocating for and to offer the necessary expertise to assure that inadequacies in social and physical environments do not harm the minority groups. In the physical environments, some of the priorities, including create at-risk populations of impacts, assuring good transportation and housing, and marking the locations responsible for toxic wastes. Handling the issue of food deserts and nutrition should be prioritized. Besides, there is a need for proactive efforts in the

entire healthcare system in a goal to accomplish the highest quality of care. These are concerted efforts that focus on eliminating the unconscious and conscious disparities in the provided quality of care.

Conclusion

Even though the policies and resources to eradicate health disparities are present in the United States, there has been insufficient long-term dedication to the successful approaches and required funding to accomplish health equity. Regularly, the minority communities are not available whenever programs and strategies that address their poor health outcomes are formulated and prioritized. This implies that policymakers and planners do not have much understanding of their social history and mores. Administering health is left to people who do not understand the societies they purport to serve. The lack of education, high poverty levels, and increased incarceration has worsened the poor health status of minority groups, especially African Americans. This study also reveals that all healthcare providers must have regular training and refreshing about providing equitable care. Therefore, when young people of colour are trained, they are the final piece to finish the puzzle because they help in social development and community re-integration. It is also clear that emphasis on the health risks alone is not the right step towards addressing the widening health disparities among minority groups. The best approach is to address the social determinants of health from the poverty levels to the racial discrimination events.

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