

Type: Essay

Subject: Policy and Health Inequity Assignmet

Subject area: Nursing

Education Level: PhD Program

Length: 5 pages

Referencing style: APA

Preferred English: US English

School: Chamberlain University

Spacing Option: Double

Instructions: For the purpose of this paper: This assignment is for you to provide an understanding related to health inequalities and how public health policy and evidence-based practices advance and address these inequalities to create equality to the population-at-large.

Introduction:

- Brief introduction of the purpose of the paper.

Health Inequality:

- Describe a significant aspect of health inequality (e.g., children of different races having different school outcomes; health outcomes of lower socioeconomic individuals; homeless and the linkage of mental illness).
- Describe how this health inequality contributes to the health of the population-at-large.

Policy and Evidence to Address Inequality:

- Describe a public health policy that has been implemented to address the health inequity.
- Describe the level of policy implementation (e.g., local, state, or national) and describe the challenges of achieving health equity at the organizational, community and societal levels.
- Describe how evidence-based practice or implementation of new public health program has been used to advance awareness and address the health inequality and improve the health of the population-at-large.

Summary:

- Provide a brief summation of your thoughts related to health inequalities and how public health policy and evidence-based practices advance and address these inequalities to create equality to the population-at-large.

Policy and Healthcare Inequity Assignment

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Policy and Healthcare Inequity Assignment

Introduction

Health inequalities is usually not desirable based on the fact that they are unjust and unfair. Being able to distinguish between health inequalities and is usually contentious issue. On one hand inequalities often become unfair especially when the poor health will lead to unjust distribution in regard to underlying of the different social determinants of health like employment, food and education (Wolsiefer & Stone, 2019). The following assignment argues that healthcare inequalities is usually affected by lack of health policy implementation on social, cultural and racial discrimination in healthcare delivery which eventually leads to health disparities among members of the society.

Healthcare Inequality

Among the healthcare inequalities is based on the social, cultural and racial discrimination among patients and healthcare providers. Often due to discrimination, individuals which often lead to spill over effects like drug misuse, depression, alcohol and the occurrence of crime and violence. Social, cultural and racial discrimination will often lead to poor perception of healthcare outcomes (Wolsiefer & Stone, 2019). Also, the perception of clinicians on patients with low social and economic status will affect the clinical decisions thus making healthcare delivery for this group difficult.

Policy and Evidence to Address Healthcare Inequality

Among the major policy to address health inequalities, is the one against discrimination when it comes to delivery of healthcare. The mechanism by which discrimination in healthcare operate often includes an overt, intentional treatment in addition to an inadvertent, unknowingly treatment of patients in ways which will systematically be different to ensure that minorities in a

particular region are treated differently from the majority. According to the healthcare meta-analysis, it views racial discrimination as having a deleterious impact on the mental and physical health of individuals. There is also a particular percentage of members from different ethnic and racial minorities in the United States that report experiencing various forms of discrimination in non- health and healthcare setting(Saint, 2019). This is especially true in Black Americans, even when they have not experienced other forms of discrimination. In most cases hate crimes by ethnicity or race are likely to affect the black Americans and the Hispanics.

In general sense, discrimination will be related to poor mental health, these groups are likely to engage themselves in risk health behaviors, reduced neurological responses among other biomarkers that indicate increase in allosterically load. In most cases the outcomes will include increased levels of obesity, hypertension and lifestyle related diseases. There are also evidence which suggest that racism does not drive healthcare inequity, as it reduces the possibility of some health prevention activities include poor birth related outcomes like the preterm delivery (Wolsiefer & Stone, 2019). The paradox here that remain is that even when the African American continue to have less severity of mental health issues, when compared to the Asian population in the United States.

Evidence based studies have also suggested that most African Americans will lead a life of resilience, based on their history, which may not really indicate case of discrimination. At this cultural Mindset, white man supremacy over black people convince then that discrimination is okay and there is nothing they can do about it. Poor healthcare delivery would even be experience by colored people of high social and economic status where it will not protect them from the cases of discriminatory exposure and comments.

The level of policy implementation against discrimination should be implemented across the board. It needs to begin with the local administration, the state and the United States as a whole. This is important since a policy against discrimination ensure that nurses who practice discrimination when delivering healthcare are dealt with and fired.

Evidence based practice is very useful in the implementation of a new public health programs since it provides a huge level of knowledge regarding the social, economic and environmental determinants and ways that this is going to impact on the healthcare outcomes of the population. Evidence based practice is often important as it is based on the cross-sectional analyses and the experiences of healthcare outcomes which looks at the complexity and mechanisms on dealing with discrimination against patients and healthcare works (Schaff & Dorfman, 2019). However, evidence based practice will not provide sufficient information regarding discrimination and the causal relationship between the various determinants of health equity which is correlated and will eventually contribute to the health outcomes.

When it comes to the issue implementing policies against discrimination, it will mostly focus on the community level of healthcare delivery, it is however important to also note that the social, cultural and racial discrimination leads to health inequalities at various levels. Other factors will include the individual level (attitude/ beliefs, knowledge, skill) community and family level (social circles and friends) institutional level (organizational and workplace relationships) and the systematic level (local administration, laws, local policies and regulations) (Wolsiefer & Stone, 2019).

Conclusion

This assignment argues that health inequalities is usually affected by social, cultural and racial discrimination in the society. The implementation of healthcare policy against

discrimination will ensure that there is practice of equal access to healthcare, health education and delivery. The influence of discrimination in healthcare inequality is vast and occurs simultaneously and will interact with each other. It calls for all actors in various healthcare, administration and community settings to shape the policy against discrimination in healthcare delivery.

References

- Saint, V. (2019). Exploring equity, social determinants of health and gender considerations for antimicrobial resistance. *European Journal of Public Health*, 29(Supplement_4). <https://doi.org/10.1093/eurpub/ckz185.799>
- Schaff, K., & Dorfman, L. (2019). Local health departments addressing the social determinants of health: A national survey on the foreclosure crisis. *Health Equity*, 3(1), 30-35. <https://doi.org/10.1089/heq.2018.0066>
- Wolsiefer, K., & Stone, J. (2019). Addressing bias in healthcare. *Confronting Prejudice and Discrimination*, 275-297. <https://doi.org/10.1016/b978-0-12-814715-3.00013-8>