Veronica Rangel

Discussion: 2 Units 2

Public Health Disparities

Veronica Rangel

  Capella University

I believe that there are known health disparities between Latinos and Caucasians within the United States. There were a recent studies have shown that despite the steady improvements in the overall health of the United States, racial and ethnic minorities experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than non-minorities. Disparities in health care exist even when controlling for gender, condition, age and socio-economic status. A key issue discussed is how to interpret the superior mortality indices of Latino immigrants and the subsequent declining health status of later generations. Explanations for differences in mortality include selection, reverse selection, death record inconsistencies, inequalities in health status, transnational migration, social marginality, and adaptation to environmental conditions in the United States.

Do these posts contain any assumptions or faulty logic that should be questioned?

This post contain good assumption and has faulty logic given the public health approach to the elimination of disparities in health and the evidence of successful programs that have implemented this approach, clearly this model can be effective in reducing disparities. However, applying this approach on a nationwide scale will require robust support for public health and prevention

Are they incomplete in any way?

I would say No! Only because Today's epidemiologic studies are inadequately designed to contend with the chain of multicausality and time-ordered relations that result in multidimensional correlation of micro- and macro-level causal factors (14). As Kaufman and Cooper have observed, social determinants are broadly linked to 3 domains of race, sex, and class, “reflecting the complex pathways through which they are thought to affect or determine exposures, behaviors, physical constitution, and other direct or contributory causes of disease

Can you expand on their ideas or suggest variations?

I believe it is now critical that more of these programs be made available to all populations affected by disparities in health. We urge our colleagues in public health to advocate for this approach with public officials, policymakers, grant-making organizations, and their constituent communities. To eliminate disparities in health, we need leaders who care enough, know enough, will do enough, and are persistent enough.

What points do they make particularly well?

Schools have begun to reach out to parents and communities with targeted programs supporting healthy lifestyles. According to Action for Healthy Kids reports, more than 70% of school districts have developed adequate policies to comply with the Wellness Act, and most other schools are working diligently to develop such policies.20 Not only are minority and lower-socioeconomic-status children overly represented in public schools, especially those receiving federal support for meals, they also benefit disproportionately through school programs because they may not have adequate family and community support or resources for healthy lifestyles.