

Annotated Bibliography



Nursing
Paper

Annotated Bibliography: Vulnerable Populations and Health Disparities

Student's Name

Institutional Affiliation

Course Number and Name

Course Instructor's Name and title

Due Date

Artiga, S., Orgera, K., & Pham, O. (2020, March). Disparities in Health and Health Care: Five Key Questions and Answers. Henry J Kaiser Foundation.

This source looked at the disparities in health and healthcare by responding to five basic questions. In particular, the brief identifies the dimensions in which health disparity occurs. These include socioeconomic status, race, gender, sexual orientation, location, and age (Artiga et al., 2020). More so, the brief was able to classify health disparities into broader contexts of society, economy, and the environment. The brief was informative in giving a quick glimpse into the various aspects of health disparity. However, the authors could have expounded more on the mechanism of each classification.

Bhatt, J., & Bathija, P. (2018). Ensuring access to quality health care in vulnerable communities. Academic Medicine, 93(9), 1271-1275. <https://doi.org/10.1097/acm.0000000000002254>

This journal reflects on the characteristics and parameters of vulnerable populations. The authors state that there is a set of unique factors that are identifiable with vulnerable persons. According to Bhatt and Bathija (2018), these factors include poor economy, cultural differences, and environmental challenges. As a result, health determinants broadly fall in the three respective classes. In addition, the authors identified low education and healthy literacy levels as a contributor to health disparity which is categorized as a social factor.

Foverskov, E., & Holm, A. (2016). Socioeconomic inequality in health in the British household panel: tests of the social causation, health selection and the indirect selection hypothesis using dynamic fixed-effects panel models. Social Science Medicine, 150, 172-183. <https://doi.org/10.1016/j.socscimed.2015.12.021>

This study focused on socioeconomic inequality by testing the indirect selection hypothesis, social causation, and health selection. In their discussion, they present social aspects like employment as important in determining the physical and mental health in populations. Foverskov and Holm (2016) postulated that material wealth is a contributor to mental and physical health. They attribute joblessness to low self-esteem and a lack of social support networks. As a result, unemployment results to a stressful life. Relatedly, as a health determinant, education increases the chance of employment, which in turn is a source of material wealth.

Hoffmann, R., Kröger, H., & Pakpahan, E. (2018). The reciprocal relationship

between material factors and health in the life course: Evidence from SHARE and ELSA. *European Journal of Ageing*, 15(4), 379–391. <https://doi.org/10.1007/s10433-018-0458-3>

The authors were particularly interested in how socioeconomic status affects health. According to Hoffmann et al. (2018), health disparity is common in all countries and across different people in a population. The study's findings indicated that individuals of low socioeconomic status suffer more from high mortality. The socioeconomic status was proxied as income, wealth, education, and occupational status. Interestingly, access to education is determined by the socioeconomic ability of an individual. Further, an educated person has opportunities for employment that is a source of income.

Jackson, L., Kuhlman, C., Jackson, F., & Fox, P. K. (2019). Including vulnerable populations in the assessment of data from vulnerable populations. *Frontiers in Big Data*, 2. <https://doi.org/10.3389/fdata.2019.00019>

This article explored the nature of data among vulnerable populations. According to these authors, information regarding vulnerable populations is lacking. The authors note that the affliction of various health diseases varies across the population types. For instance, in their motivation, that note that health comorbidities are prevalent among the aged population. They stress the need to integrate data from vulnerable populations into big data. Despite their emphasis on data collection on a vulnerable population, the study did not indicate how the health status of educated people compared with that of those who are not employed.

Krueger, P. M., Tran, M. K., Hummer, R. A., & Chang, V. W. (2015). Mortality attributable to low levels of education in the United States. *PLOS One*, 10(7).

This article unravels the relationship between education attainment and health status. According to Kreuger et al. (2015), an individual's levels of education determine several health outcomes such as health behaviours, life expectancy, and obesity. The study proxied education as years of education, high school graduation, and the number of degrees. The study was able to establish that persons with low education levels reported high incidences of mortality. These findings were relevant in providing empirical evidence of education as a determinant of health amongst the population.

Lee, J., Kosterman, R., Jones, T., Herrenkohl, T., Rhew, I., Catalano, R., & Hawkins, J.

(2016). Mechanisms linking high school graduation to health disparities in young adulthood: A longitudinal analysis of the role of health behaviours, psychosocial

The authors examined the mechanism through which education influences health outcomes. The researchers looked into the relationship between high school graduation and health insurance, health behaviour, psychological stressor (Lee et al., 2016). The vulnerable group under consideration was young adults. Findings from the study found out that education attainment at a young age was critical. At this stage, the relationship between education and health starts unfolding. This offers the opportunity for early childhood intervention programs.

Liu, J., & Zhang, Y. (2018). Health status and health disparity in China: A demographic and socioeconomic perspective. China Population and Development Studies, 2(3), 301–322. <https://doi.org/10.1007/s42379-018-0015-y>

This was a study done in China to evaluate factors that influence health disparities. The authors found out that ethnicity, location, gender, and socioeconomic factors influenced health outcomes (Liu and Zhang 2018). Further, the study argued that each group faced by health disparities has a unique set of influencing factors. It would have been important to determine the overlap of these unique factors in different populations.

Raghupathi, V., & Raghupathi, W. (2020). The influence of education on health: An empirical assessment of OECD countries for the period 1995–2015. Archives of Public Health, 78(1). <https://doi.org/10.1186/s13690-020-00402-5>

According to this study, persons with high education levels do have not only better health outcomes but also longer life cycles. This is in comparison to individuals with lower education levels. Tertiary education results to higher life expectancy, higher immunizations, and low newborn mortality (Raghupathi and Ragupathi, 2020). These findings formed the basis of evaluating the relationship between education and health.

Thornton, R. L., Glover, C., Cené, C. W., Glik, D. C., Henderson, J. A., & Williams, D. R. (2016). Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health. Health Affairs, 35(8). <https://doi.org/10.1377/hlthaff.2015.1357>

According to this article, social determinants of health, such as education, influences health outcomes. The authors reported early childhood intervention

programs with an emphasis on quality learning had positive influences in health behaviour. Specifically, the children that were under the intervention program were less likely to engage in substance abuse. More so, the authors reported that children that had been randomly picked from minority groups had higher chances of getting employed. As such, they were able to have a source of income that has been found to reduce health disparities. Additionally, employment offers career benefits such as insurance.

Wuttaphan, N. (2017). Human Capital Theory: The Theory of Human Resource Development, Implications, and Future. Journal of Science, Humanities and Social Sciences, 18(2), 240–253.

This article discussed the mechanism of the human capital theory. Wuttaphan (2017) was able to demonstrate that investment in human development has positive outcomes. The theory was the basis of our discussion. By educating the people, they are able to access, understand and make well-informed decisions about their healthcare. Despite the immense contribution of the paper to a better understanding of the relationship between education and health, the theory does not offer any influences of personal attributes to the linkage.

Zajacova, A., & Lawrence, E. M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Annu Review of Public Health, 1(39), 273–289.

In this study, the authors believe that eliminating health inequities and improving population health requires a knowledge of the educational and macrolevel circumstances in which this link arises. In this article, they discuss and critically evaluate the correlation that exists between education attainment and health outcomes within the context of the United States (Zajacova and Lawrence, 2018). The researchers were able to demonstrate the relevance of the schooling process to health. This was by illustrating how education can enhance the access of health and can also inhibit. More so, they explain the sociopolitical contexts of education as a health determinant.

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