**Grad 219C Week1 Reflection**

Wanjun Gu

**Health inequality introduced by systematic racism is independent of the inter-racial socioeconomic difference**

In the past week, we explored the idea of health inequality introduced by systematic racism, and how the health inequality is hard to be mitigated by simply design policies to improve the socioeconomic status of the underrepresented races.

Reflecting on the persistent issue of racial inequality in healthcare, I find the data and narratives profoundly unsettling. Despite varying economic backgrounds, individuals from minority groups consistently face poorer health outcomes compared to their white counterparts. For instance, the CDC reports that African American women are three times more likely to die from pregnancy-related causes than white women, a statistic that remains disturbingly consistent even after adjusting for socioeconomic factors. This stark disparity compels me to acknowledge a systemic bias embedded within our healthcare systems. From personal observations during community volunteer work, I've witnessed firsthand the mistrust and frustration felt by underrepresented communities towards healthcare services, which often fail to provide culturally competent care or address the deep-seated prejudices that affect treatment and outcomes.

Regarding developing health interventions that minimize the impact of an individual's socioeconomic status, I strongly believe that this approach is crucial for equitable healthcare. One effective policy could be the implementation of universal healthcare coverage that does not vary with income, employment, or background. Such a system could ensure that everyone receives the same standard of care and access to necessary treatments without financial strain. Additionally, investing in community health programs that focus on preventive care and education in underserved areas can help reduce the disparities before they manifest as serious health issues. These interventions, when tailored to meet the specific needs of diverse communities, could dramatically improve the overall health outcomes and bridge the gap caused by socioeconomic differences.