

Capstone Essay

4th June, 2024

Path to Pursuing Equitable Healthcare

As graduation approaches, I can't help but reflect on my transformative journey at Kingsborough Community College. Despite the conventional two-year path to graduation, my journey spanned four years, marked by significant personal and academic growth. I started my first semester at Kingsborough in the fall of 2020, at the cusp of the COVID-19 pandemic. Having recently taken a gap year to serve in AmeriCorps, I began my studies at Kingsborough with hope and determination. Little did I know that unforeseen challenges brought on by the pandemic would derail my academic pursuits. However, through this journey, I found camaraderie and wisdom not only within myself but also in the campus community. From early 8 o'clock classes to late nights laboring in front of my computer, completing coursework, and spending time in the lab to conduct research for the CSTEP and CRSP programs, I learned invaluable lessons in commitment, discipline, and compassion for others. Today, I have identified six pivotal scholarly works that have been central to my academic and professional development, igniting my passion for public health and guiding me toward a future career dedicated to equitable healthcare.

Entering Kingsborough, I had a vague aspiration to become a doctor, driven by experience with a personal illness that heightened my desire to heal others, mirroring the care I received from medical professionals at the hospital. This aspiration was further crystalized after I read *An Anthropologist on Mars: Seven Paradoxical Tales* by Oliver Sacks for my ENG 2400

class. Sacks' exploration of the human condition in dealing with disease broadened my perspective on the value of healthcare. His holistic approach to medicine, emphasizing the importance of understanding patients' mental and emotional worlds, inspired me to integrate empathy into my future practice. In the book's preface, he states: "The study of disease, for the physician, demands the study of identity, the inner worlds that patients, under the spur of illness, create. But the realities of patients, the ways in which they and their brains construct their own worlds, cannot be comprehended wholly from the observation of behavior, from the outside. In addition to the objective approach of the scientist, the naturalist, we must employ an intersubjective approach too, leaping, as Foucault writes, 'into the interior of morbid consciousness, [trying] to see the pathological world with the eyes of the patient himself'" (Sacks 2).

Sacks's profound understanding of health and disease resonated deeply with me. In the event of an ailment, it is within their minds that patients construct and reconstruct their view of themselves, their relationship with the illness, and the world around them, influencing their psyche and eventual health outcomes. Sacks' perspective helped me discover my "why" for becoming a physician. I want to become a doctor who integrates this holistic and empathetic approach into my practice. I wish to be more than just a medical practitioner who diagnoses and treats diseases. My goal is to be a healer who understands and respects the complex interplay between the mind and body, recognizing the profound impact of illness on a person's identity and experience. This perspective will allow me to convey diagnoses, treatment plans, and the

underlying pathology to patients in a way that honors their autonomy and acknowledges their mental and emotional worlds.

As I advanced in my academic journey, I realized that health extends beyond individual care, motivating me to understand the broader needs of the population. I learned that social factors play an overwhelming role in determining health outcomes, especially for racial minorities in underserved communities. My initial exposure to social determinants of health and socioeconomic status (SES) occurred during my AmeriCorps service at a family health center, though it was a fleeting discussion with a coworker. However, these concepts gained depth and urgency through my first SOC 3200 assignment. The assignment aimed to familiarize us with academic journals and learn to extrapolate key ideas from the reading. However, the contents of that assigned reading became a cornerstone of my understanding of health. The journal article “Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications” by Phalen et al. explored the enduring connection between SES and health outcomes using the fundamental cause theory, arguing that SES is the rudimentary cause of health inequalities. Their research found that individuals with higher SES factors will lead to better health outcomes and overall health, whereas individuals with lower SES factors will lead to poorer health outcomes. Their findings were eye-opening for me, as it was the first time I learned of the realities of our society where health is not an innate right but a luxury for many, fueling a need to learn more about how social factors influence health in underserved neighborhoods and communities.

By serendipity, I had the opportunity to research the impact of transportation and SES factors on healthcare access for my SOC 3200 honors paper, focusing on Red Hook, Brooklyn. This historically low-income neighborhood has been isolated from the rest of Brooklyn due to the city's infrastructure plans in the 1940s. Through my research, I encountered several academic journal articles that underscored the critical importance of race and SES factors on healthcare access and outcomes. These studies revealed a world where healthcare is not a right but a luxury, profoundly influencing my understanding of the systemic barriers faced by underserved communities. More importantly, it strengthened my resolve to advocate for holistic and equitable healthcare as a future doctor and public health worker.

The first pivotal study was "Socioeconomic Status and Dissatisfaction With Health Care Among Chronically Ill African Americans" by Gay Becker and Edwina Newsom. This study highlighted how low SES among chronically ill African Americans leads to significantly higher dissatisfaction with healthcare due to limited access, inferior quality of care, and bureaucratic challenges. Learning about these individuals' struggles, including reliance on emergency rooms and free clinics, frequent physician turnover, and perceived discrimination, deepened my commitment to addressing these disparities. I want to ensure that all patients, regardless of socioeconomic status, receive consistent, high-quality care that respects their dignity and needs.

The second study that impacted me was "The Convergence of Racial and Income Disparities in Health Insurance Coverage in the United States" by Lee et al. This research revealed how both race and low SES significantly impact health insurance coverage, with racial minorities more likely to be uninsured or underinsured compared to their White counterparts at

the same income level. This stark reality reinforced my determination to advocate for policies that expand health insurance coverage and reduce racial and economic disparities in healthcare access.

Lastly, the article “Transportation Barriers to HealthCare in the United States: Findings From the National Health Interview Survey, 1997–2017” by Wolfe et al. illuminated the challenges low-income individuals face in accessing medical care due to transportation barriers. Discovering that 5.8 million people in the U.S. delayed medical care in 2017 due to these barriers, particularly those with chronic health conditions, fueled my passion to further understand and address such systemic issues. As a future public health advocate, I aim to research and work on solutions that improve transportation access to healthcare facilities, ensuring that vulnerable populations receive timely and necessary care.

These studies have not only enriched my academic understanding but also solidified my commitment to a career in public health and medicine. Reflecting on my honors paper, the studies on SES, race, and transportation barriers have profoundly shaped my understanding of healthcare inequalities. These findings highlight a reality where healthcare access is not a guaranteed social service but a perquisite contingent on various elements beyond an individual’s control. This insight has fueled my determination to study public health and advocate for policies that address such health disparities. As a future doctor and public health worker, I am committed to practicing holistic and equitable healthcare. I will strive to integrate the lessons from my research and experiences into my medical practice, ensuring that I address not only the physical ailments of my patients but also the social determinants that impact their health. My goal is to

develop and promote public health policies that provide all individuals, regardless of SES, access to quality healthcare. By doing so, I hope to contribute to creating a more equitable healthcare system.

As I conclude my journey at Kingsborough Community College, I am deeply grateful for the transformative experiences that have shaped my academic and career aspirations. The challenges and triumphs over the past four years have solidified my commitment to holistic and equitable healthcare. The insights from Oliver Sacks' *An Anthropologist on Mars* and my honors research on social determinants of health have profoundly influenced my understanding of equitable patient care. These experiences have not only strengthened my resolve to become a compassionate doctor but have also fueled my passion for public health advocacy. I am dedicated to addressing the systemic barriers that underserved communities face, ensuring that healthcare is a right, not a luxury. Equipped with the knowledge and empathy I gained at Kingsborough, I am ready to advocate for equitable policies that expand healthcare access as a future healthcare provider. My journey has prepared me to contribute meaningfully to a just and inclusive healthcare system, honoring the complex interplay between mind, body, and society.

Works Cited

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