

<Student name>

Socio 120

Word Count: 1,298

Homework 3

I chose health and society (Ch. 11) as the social institution to focus on. Since health is obviously crucial, it is important for everyone to have equal rights to it. However, there is unfortunately just as much stratification, or inequality, in the healthcare field as there is anywhere else. Since stratification is not considered random, it is in fact considered systematic (done according to a fixed plan), some may say that inequality in healthcare is necessary. Seeing as healthcare has its own stratification, there tends to be a type of hierarchy where people who are 'higher up' are rewarded, and people who are towards the bottom of the hierarchy are not.

It is common for people who maintain a higher social status to have more privileges when it comes to health compared to those who have a lower status. For example, a person who has more prestige – or a ranking of how much respect/esteem a position has– will often have more options when it comes to choosing a doctor or even a specific treatment. People who are at a higher status will most likely have more say and control in their health and/or treatment than a person of a lower status. Not to mention, people of higher statuses are generally wealthy, which means they will probably also have more advantage when it comes to affording expensive treatments or other health care needs.

With people of lower statuses, they tend to be poor which results in them, in an attempt to save money, going to free clinics as opposed to paying much more money to see a specific primary care giver. A majority of lower status people may also have no type of insurance. This can put up a huge barrier when it comes to their options for healthcare. These people do not get

any of the many privileges that people of higher status get. In fact, most of the time they are not able to even pick their own doctor or be involved in their health. They take what they can get since they have little to no money and/or no insurance. <<good insights about how different people *experience* the social institution of health care differently...

Income is also another form of stratification in the medical field because having more money means having more coverage and options when it comes to your health. It is said that people with a higher socioeconomic status (levels/rankings of education, wealth, occupation, etc.) live longer. This could be because of health insurance costs, expensive diets, poverty, etc. Having less money, or being poor means you would most likely rely on either free clinics or some type of weak coverage which usually results in you seeing an overworked nurse practitioner, and not getting the same treatment one would have at a well paid medical facility. Not to mention you would not receive all the options a wealthy person would. For example, if a wealthy person had some type of cancer, they would not only be able to afford top notch treatment and have access to the best doctors, but they also may have the option to be placed in a drug trial or some type of expensive limited treatment. Maybe even a treatment facility that seems like a spa day. A poor person would never have these options. They may not even have enough money/coverage to do the basic treatments. <<more good insights about different people's *experiences*

Another example of health stratification can be when it comes to race and health/medical care. In chapter 11 of *You May Ask Yourself*, the book states that black people have worse health than white people. In fact, they say that whites have a life expectancy of 79 years, versus blacks who have a life expectancy of about 75. They add to this by stating that this is probably because blacks are 'disproportionately poor in the U.S, ... and being poor can be very stressful,' (pg.

424). There is also poverty to take into consideration. Since it is more than common for black people to live in poverty this can result in health problems such as hypertension from stress, psychological impacts from stress, etc. There's also the stressors from racism itself and discrimination. White people do not have these same risks to their health.

There is also an overall difference in environment when it comes to the healthcare facilities of those who are wealthy, with high incomes; and those who are poor, with very low incomes. In a free clinic, it is usually loud and crowded (which can mean hours of waiting time). The staff may be burnt out and frustrated. The inside of the clinic itself may not be as sanitary/clean, the examination rooms may lack resources, etc. Whereas when a wealthy person walks into their doctor's office/facility, it is most likely a very professional and nice building with overly friendly staff, and not much of a waiting time. It can be easy to assume that the doctor would be one of the best, and would actually sit and listen to you thoroughly, and include you in treatment plans or provide you with options.<<this would be a great place to include stratification of people working *within* the healthcare system—you allude to it, but could make some very explicit links to sociological theory that relates to the functions of specialization and stratification...so there's stratification among the patients, but there's also stratification among the providers...

In *Evicted*, there is an example of the way a medical office works in more poor and deprived areas. In the *Evicted* example, Scott is at a clinic and it is mentioned that there is a notice that states “your first appointment may last three to five hours.” It is then explained that this clinic is for those who do not have insurance or much money. This is said to be a common thing and it's a way that the clinic sort of ‘gets back’ at people. “If you didn't have the money, you would pay with your time” (pg. 274).

A fundamental sociological theory, specifically the conflict view, which views stratification as exploitive, would say that the “have-nots” (or people of lower statuses) do not resist a system that exploits them because they fail to understand their own self interest and they hope to become a part of the “haves” (people with higher status) so they allow this exploitation to continue. So, for example, the conflict view might say that poor people deal with not having as many options when it comes to healthcare because they believe it is temporary. Or they may not mind the chaotic environment of a free clinic because they think that soon enough they will have their own primary care giver, and wont have to deal with the clinic for much longer

Overall, there are also a ton of basic stratification components in the medical and healthcare field when we look at the bigger picture. For example, people who live in poor or deprived areas (like third world or bottom ranked countries) will most likely fall ill or even die because they don't have any type of access to healthcare, or where they live does not have the resources to help them. It could also be a possibility that where they live does not have the medical treatments they need. Yet, the wealthy, or those of higher status, have all the resources handed to them, or in other cases the wealthy can find some loophole to receive whatever healthcare or treatment they desire.

Access to medical care and overall health care should not be considered a privilege or something that only wealthy people can get the full extent of. Healthcare is often taken advantage of when in reality *everyone* needs it, not just the wealthy or people of higher social status. Health is not an extra advantage, it's a right.

Works cited:

Conley, Dalton. *You May Ask Yourself: An Introduction to Thinking like a Sociologist*. Chapter 11. 2nd ed. New York: W.W. Norton, 2011. Print.

Desmond, Matthew. *Evicted: Poverty and Profit in the American City*. New York: Crown, 2016. Print.

Sociology 120 lecture notes. Chapter 7. Chapter 10.

Grading Criteria: 100 points total

Using the sociological imagination and fluency in sociological terminology = 25 points <u>Related Assignment Component:</u> 1) How are people with different statuses affected differently by or within the institution(s)? This question relates to social location. Y 2) Define the sociological terms from Unit 3 (at a minimum). Y	23
Incorporating stratification concepts <u>and</u> sociological theory = 25 points <u>Related Assignment Component:</u> 1) How would a fundamental sociological theory explain social processes in the social institution you chose? These could be stratification processes in the social institution or other processes. Y 2) How does the institution(s) include stratification components that we have encountered in class? Y	23
Supporting examples = 20 points Use examples from <i>Evicted</i> and textbook chapter (and lecture) to illustrate and support the sociological concepts. Y	20
Structure, flow, and conclusion that is supported by the paper = 15 points This relates to the rubric for the assignment	15
Grammar and spelling = 10 points This relates to the rubric for the assignment	10
Citations = 5 points Are <i>Evicted</i> and a chapter from 11—18 cited? Y	5
10 points (10% of 100) deduction if late n/a – on-time submission TOTAL	96

This is a really strong, clear response to the assignment that could be stronger in places...