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# The Correlation Between Poor Healthcare, Diseases, And Stress In The US

## Journal Club 1 Integrative

Many people in the United States—approximately 10% of the population—are without healthcare insurance. These same people, due to socioeconomic reasons, are the most likely of Americans to experience stress, one of the causes of illness, or at least one of the factors that increase vulnerability to illness. However, lack of healthcare can contribute to stress, especially among caregivers. As a result, I hypothesize that a lack of healthcare can contribute to a vicious cycle in which the fear of falling ill due to stress without health insurance causes more stress, which in turn increases vulnerability to illness, causing more stress.

The groups that lack healthcare the most in the United States, are, as with most countries, people on the lower end of the socioeconomic scale (SES). People at lower SES levels tend to live in environments that produce stress, and stress, as a result, can cause illness through its cortisol-increasing, and inflammation-producing, biological response axis. A study by Gebreab et al. found that African-American women, when placed in neighborhoods with worse neighborhood perception, have both higher levels of stress and shorter telomere lengths (Gebreab et al., 2016). The telomere lengths—while they could not be directly attributed to stress—indicate that more poorly-perceived neighborhoods indicate health, and increase stress. Because low-SES neighborhoods tend to have more stressors, with safety, livability, as concerns, and less outlets to decrease stress, such as access to nutritious food—most low-SES, poorly-perceived, neighborhoods are in food deserts—walkability, and less social support, those neighborhoods produce more stress. Although Gebreab et al.'s study is focused on African-American women, it could be induced that most people—while results for men were inconclusive, the sample size was also less than ideal for men—living in low-SES neighborhoods face similar conditions. The same people who live in those neighborhoods tend to lack health insurance, and have more difficulty obtaining healthcare when illness, which stress can induce, strikes.

Caregiving is a task that causes stress, and is linked to shorter telomeres (Blackburn et al., 2004). While Blackburn et al.'s study is limited to mothers of chronically-ill biologically children, illness in low-SES neighborhoods studied by Gebreab et al., according to inductive reasoning of Blackburn et al.'s study, causes more stress among inhabitants, especially among parents of children. In poorly-perceived neighborhoods, and deductively, mostly low-SES neighborhoods, included in Gebreab et al.'s study, women with children face the greatest stress. If the child in one of the poorly-perceived neighborhoods from Gebreab et al.'s study fell ill, not only would

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the parents lack the social support found in mothers who coped more successfully in Blackburn et al.'s study, but also have difficulty accessing healthcare. Difficulty accessing healthcare, caused by low insurance rates, is yet another stressor. This stress causes a decrease in health, making demand for healthcare even higher, despite a scarcity of healthcare supply catering to those populations. This cycle of stress and disease make up the vicious cycle of increasing allostatic load and making illness more likely. In fact, the scenario I posed with children falling ill is not the only one that should cause more stress; any individual who falls ill in an already stressful environment, such as those studied by Gebreab et al., would only become more stressed once he/she realizes that there is difficulty accessing healthcare and getting better.

Residents of low-SES neighborhoods face more stress to begin with, and those stresses are only increased when illness strikes. So how do we break this vicious cycle? One solution is to increase access to healthcare, breaking the cycle of falling ill due to stress over lack of healthcare; doing so would require health insurance for more people. While politically, it is feasible to argue for a market-based insurance system, economically, and realistically, health insurance is a product that is highly susceptible to market failure, which is why in many cases, a regulatory agency like the government has to provide healthcare insurance. Health insurance does fit more criteria of a product eligible for the market only at higher-SES levels, with increased education—knowledge is a critical factor of whether a product could be market-based or not—less cultural barriers, and better patient-physician communication. For the populations described previously, however, a government-mandated insurance policy would work the best. Hypothetically, with health insurance, people would worry less about accessing healthcare, decreasing stress in people who already live in stress-inducing environments. With less stress, health would increase, alleviating the need to access healthcare in the first place, making such a health insurance provider plan probably more economically feasible than the current employer or market-based system.

Admittedly, while providing government-mandated, low-cost health insurance is not a cure-all answer, from the studies conducted by Gebreab et al. and Blackburn et al., it could help alleviate the stress that is causing health issues in the first place.

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