

# Problems of Health and Healthcare

- Healthcare as a global problem
- American healthcare problems
  - Unequal Access
    - Inequalities by race, social class, gender)
  - High costs of health care
  - Cultural and Lifestyle problems
- Vulnerable populations
- AIDS
- Functionalist, Conflict, and Interactionist explanations of health problems
- U.S. system vs. Canadian system of healthcare (Pros and Cons)
- Managed Care

# Global Healthcare Problems

- In more affluent areas like North America, Western Europe and Australia, problems involve reducing inequalities in access and getting high-quality care
- In impoverished regions of the world, problems relate to infectious diseases, high rates of infant and maternal death, short life expectancies, scarcities of medical personnel, and inadequate water and sewage systems
- In the U.S., our relatively poor health is due to two social conditions:
  - Growing inequality
  - Lifestyle problems

# Unequal Access

- Number of uninsured Americans has risen by about 7 million since 2000
- The poor, nearly poor, racial minority group members, and members of depressed rural areas most likely to be affected
- Life expectancies between whites and blacks differ
  - White males-6 years longer than black males
  - White females 4 years longer than black females
- Infant mortality rates more than twice as high for blacks as whites (blacks:14 per 1,000 compared to whites:5.7 per 1,000)
- Minority workers more likely to be employed by firms with limited or no health insurance plans

# Inequalities of Class and Gender

- Membership in a lower class brings with it a higher rate of illness
- Mortality rates are higher for lower classes for most diseases
- Lower classes have a higher incidence of infectious diseases
  - People unemployed for a month or more were 3.8 times more susceptible to a virus than people not experiencing the stress of joblessness
- 1 in 4 women skipped or delayed needed health care in the course of a year because they lacked health insurance
- Nearly 60% of women without health insurance worked full-time or part-time

# High Costs of Healthcare

- Hospital expenses, new technologies, prescription drugs, malpractice lawsuits and insurance problems all affect the rising costs of healthcare
- U.S. spends more on healthcare per capita than other highly developed nations (pg. 36)
- Healthcare costs increased over dramatically between 1980 and 2002, from \$1,002 per capita in 1980 to \$5,804 in in 2002
- Physicians' costs are rising; doctors who are specialists command higher fees
  - Early 1900s, majority of doctors were general practitioners
  - Now, less than 8% are general practitioners
  - Specialists make 1.5 times the salary of primary care doctors
- Patients are receiving more expensive tests and medical procedures than ever before
- Prescription drugs account for about 45% of annual increase in U.S. healthcare costs

# Demographic and Cultural Factors

- Overall life expectancies are rising, and the U.S. population is aging. An older population is putting strain on the health care system
- **Obesity**-a condition of significant overweight, in which the individual has a body mass index of 30 or higher
- In the past 30 years, obesity has become a much more prevalent issue
  - 60% of Americans are overweight
  - High rates of obesity are due to an increasingly sedentary lifestyle, lack of exercise, and consumption of unhealthy, fatty foods
- Smoking-leading high-risk behavior associated with poor health

# Health Insurance

- Over 45 million Americans lack health insurance, an increase of about 5 million since 2000
- Cost is the primary reason for people not having healthcare
- There are three categories of health insurance: commercial insurance for individual and group policies(e.g.: Blue Cross), independent prepaid groups, and health maintenance organizations (HMOs)
- **Health Maintenance Organization**-a prepaid group practice that provides complete medical services to subscribers a specific region
- HMO patients must use doctors and hospitals approved by the HMO

# Health Insurance

- **Cost shifting**-the tendency for the costs of treating people with serious illnesses to be transferred from one insurance system to another
  - Increased costs have led to a tendency to shift costs to the public and to churn insurance policies so as to avoid liability for risky patients
  - The rising number of uninsured people only worsens the problem
  - The most prevalent form of cost shifting is refusing coverage for people with serious chronic illnesses like diabetes, cancer and AIDS

# Women and Healthcare

- One of the first issues that surrounded healthcare for women was abortion
- The controversy of abortion awakened many women about other issues regarding women's healthcare
- Some critics have called for less intervention in the birthing process, esp. regarding anesthesia, induced labor, Caesarian sections and the use of forceps
  - Not only inflates costs, but can harm both mother and infant
- Women's specific needs not well represented in healthcare
  - Many medical studies only used male subjects, esp. regarding heart disease and smoking

# The Disabled Population

- Many people who are disabled have become so because of automobile or industrial accidents
- Often suffer high rates of unemployment
  - Of 22 million disabled-only  $\frac{1}{4}$  are employed, and many are underemployed
  - Majority of the handicapped are poor
- Despite negative myths, disabled are actually dedicated, capable workers
  - Only slightly higher than average absentee rate and their turnover rate is below average
- Advanced directives have two parts
  - A living will-tells doctors and hospitals how the patient wants to be cared for should they become terminally ill
  - Health-care proxy-designates an advocate who makes sure the wishes of the patient are adhered to

# AIDS

- “AIDS-Acquired Immune Deficiency Syndrome”
- The AIDS pandemic came about in the 1980s
- HIV/AIDS characterized by long period of latency-up to 10 years between infection and appearance of disease
- Deaths from AIDS have significantly decreased since 1996 due to expensive drug treatments
  - Access-Treatments only available in more affluent nations and among more affluent patients in those countries
  - Multidrug therapy that suppresses AIDS symptoms can average \$750 a month
- In the U.S., education and safe-sex campaigns have decreased rates of infection

# AIDS

- World Health Organization (WHO) est. that almost 40 million people are infected with HIV
  - Almost 85% are in developing nations of Africa and Asia
- Dire poverty contributes to the worsening of the AIDS pandemic
  - In poorest regions of the world, transmission through heterosexual sex infecting more women and their babies
- Number of AIDS orphans accelerating quickly
  - 15 million orphans, 80% of which are in sub-Saharan Africa
  - Often drop out of school to care for siblings or infected parents
- Shame and stigma often accompany orphans

# Social Policy and AIDS

- Methods for slowing the spread of AIDS in the developed world are the same as in the 3<sup>rd</sup> World
  - Education
  - Thailand (reduction in infection)
- WHO recommends these measures to prevent the spread of AIDS
  - Prevent HIV infection in women by protecting human rights/increase education, access to economic activities
  - Reduce the impact of HIV/AIDS on women by including infected women in policy-making, support groups,
  - Care for women with HIV/AIDS by providing appropriate health and welfare services, incl. contraception, child care

# Conflict Explanation of Health Problems

- Social class (income, wealth) explains a lot when it comes to types of illnesses experienced by members and the kinds of health care they receive
- Obstacles to good health in developed nations are lack of access to good medical care, inadequate knowledge about health, failure to take preventative measures, and delay in seeking treatment
- For-profit hospitals likely to avoid treating patients that are less profitable (less likely to offer drug counseling, AIDS treatments, emergency room)
- Just being poor promotes poor health
  - Not being able to eat properly
  - Often live in most polluted areas
  - Stress about not having enough money (can cause physical and mental illness)

# Functional Explanation of Health Problems

- Focuses on features of health-care institutions and how to improve them
- In the U.S., health-care is treated as a commodity, which makes great medical treatment available, but only for some
- They seek to improve health-care institutions in order to provide the best possible care for the greatest amount of people
- Functionalist sociologists do not believe it should be treated as a commodity for several reasons:
  - Information-Consumers can't determine which medical treatment is necessary
  - Product Uncertainty-Consumers lack knowledge to judge the effectiveness of sophisticated treatments
  - Lack of Price Competition-Doctors' services are not advertised and not subject to true competition

# Interactionist Explanation of Health Problems

- Americans' poor health due in part to lifestyle features
  - Sedentary occupations, bad diets, lack of exercise, pollution, smoking
- Features of a society's lifestyle such as smoking, excessive eating and drinking are deeply ingrained in the way we interact
- Smoking causes serious illnesses among 8.6 million Americans a year
  - 23% of Americans are regular smokers
  - Interactionists focus on communications regarding smoking and health (advertising)

# U.S. and Canadian Healthcare

- In U.S., most new legislation regarding the health care system seeks to improve the existing system
- Canada and some social democracies in Europe have a single-payer system, meaning health-care is given to each citizen, regardless of age, preexisting conditions, occupation or income
- In comparison to other national plans in other countries, the U.S. is paying more but getting less
- Canada's system provides everyone same quality of services

# U.S. and Canadian Healthcare

- Few Canadians complain about system or access to doctors
- 14% of Americans surveyed say they haven't visited a doctor because they can't afford to pay
- Pros
  - Doctors/hospitals allocated a fixed amount for their services
  - No insurance forms-results in less need for nonmedical staff
  - All Canadian citizens have access
- Cons
  - Higher rate of hospital admissions than U.S.
  - Have relatively high tax rates
  - Is less equipped with advanced medical technologies

# Managed Care

- Traditional model: insured patients choose their doctor, doctor treats patient with clinical autonomy, insurers pay on a fee-for-service basis
- U.S. has been moving toward a system of **managed care**
  - **Managed Care**-a health care program in which individual medical visits or treatments are limited to specific providers and services
  - Sets limits on individual medical visits or treatments
  - HMOs, which limit patients' ability to choose their doctors, are a dominant characteristic of managed care
  - Subject to external review by insurance plans which infringes on doctors' clinical work

# Medicare and Medicaid

- Medicare-Insurance program for people over 65
- Medicaid-Insurance program for nonworking poor and the disabled
- Medicare's costs increased steadily during 1980s and early 1990s
- By 1999, regulation of Medicare and low rates of inflation steadied costs
- Recently, rapidly rising prescription drug costs, with the slow recovery from the recession, have caused Medicare costs to rise and strain state and federal health-care budgets