

# Health Care Crisis

Health Care as a Social Problem

# Health

- Health is state of complete physical, mental, and social well-being
- Health indicators for a society:
  - Life expectancy: estimate of the average lifetime of people born in a specific year
  - Number of deaths of infants under one year of age per 1,000 live births
    - Good indication of societies preventive medical care

# Health and Illness: A Global Perspective

● Afghanistan (131) has the world's highest infant mortality rate.

● Singapore (2) has the world's lowest infant mortality rate.



# Health and Illness: A Global Perspective

- High-Income Nations
  - Chronic diseases – an illness that has a long-term development
    - More prevalent in high-income countries
    - In U.S., a high fat diet and little physical work result in 2/3 of adults as overweight
- Low-Income Nations
  - Poverty and poor health
    - Poverty and malnutrition
    - Poverty and lack of safe drinking water
    - Poverty and poor sanitation
  - Acute disease-illness that strikes suddenly
    - Infectious diseases

# Health Care Problems in the U.S.

- U.S. Health Care System
  - Direct-fee system – medical care system
    - Patients or their insurers pay directly for the services of physicians and hospitals
- Healthcare is **expensive** and growing in cost
- Healthcare **quality** is uneven, meaning wealthy people have good healthcare and the poor have low quality care or no care at all
- Quality of healthcare and life outcomes is **unequal** and varies significantly by race.

# Cost and Access

- Healthcare in the US is expensive
  - Employer health insurance premiums were \$13,375 for a family and \$4824 for a single person
    - Medical insurance does not cover all the cost of care
- Medicare – part of social security for those over 65
- Medicaid- serves the poor who are
  - Pregnant; Blind; Permanently disabled; Elderly; Families with dependent children
  - 50 million Americans lack health insurance
    - Affordable Healthcare act in progress

# Cost of Healthcare in the US

**TABLE 10.1 National Health Expenditures, by Type: 1990–2009**

Type of Expenditure*	1990	1995	2000	2009
Total	696.0	990.2	1,309.4	2,338.7
Annual percent change	11.8	5.7	7.1	4.4
Percent of gross domestic product	12.0	13.4	13.3	16.2
Private expenditures	413.5	533.6	714.9	1,232.0
Health services and supplies	401.9	521.1	697.3	1,138.1
Out-of-pocket payments	137.3	146.5	192.6	277.8
Insurance premiums	233.5	329.7	449.3	783.2
Other	31.1	44.9	55.3	77.2
Medical research	1.0	1.4	3.4	4.7
Public expenditures	282.5	456.6	594.6	1,106.7
Percent federal or public	68.2	70.6	70.0	73.8
Health services and supplies	267.7	436.5	564.2	1,043.1

# Why is it so Expensive?

- Increased cost in technology use and equipment
- The free rider problem for uninsured
  - “Anna goes to the emergency room”
  - Government subsidies of hospital emergency rooms
- Lack of collective bargaining power with insurance companies and pharmaceutical companies

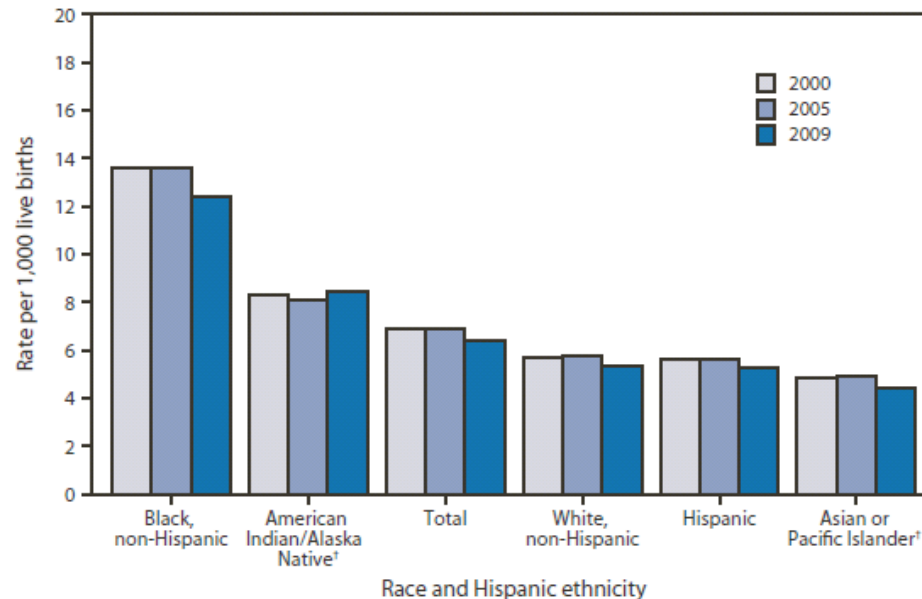


# US Quality of Healthcare

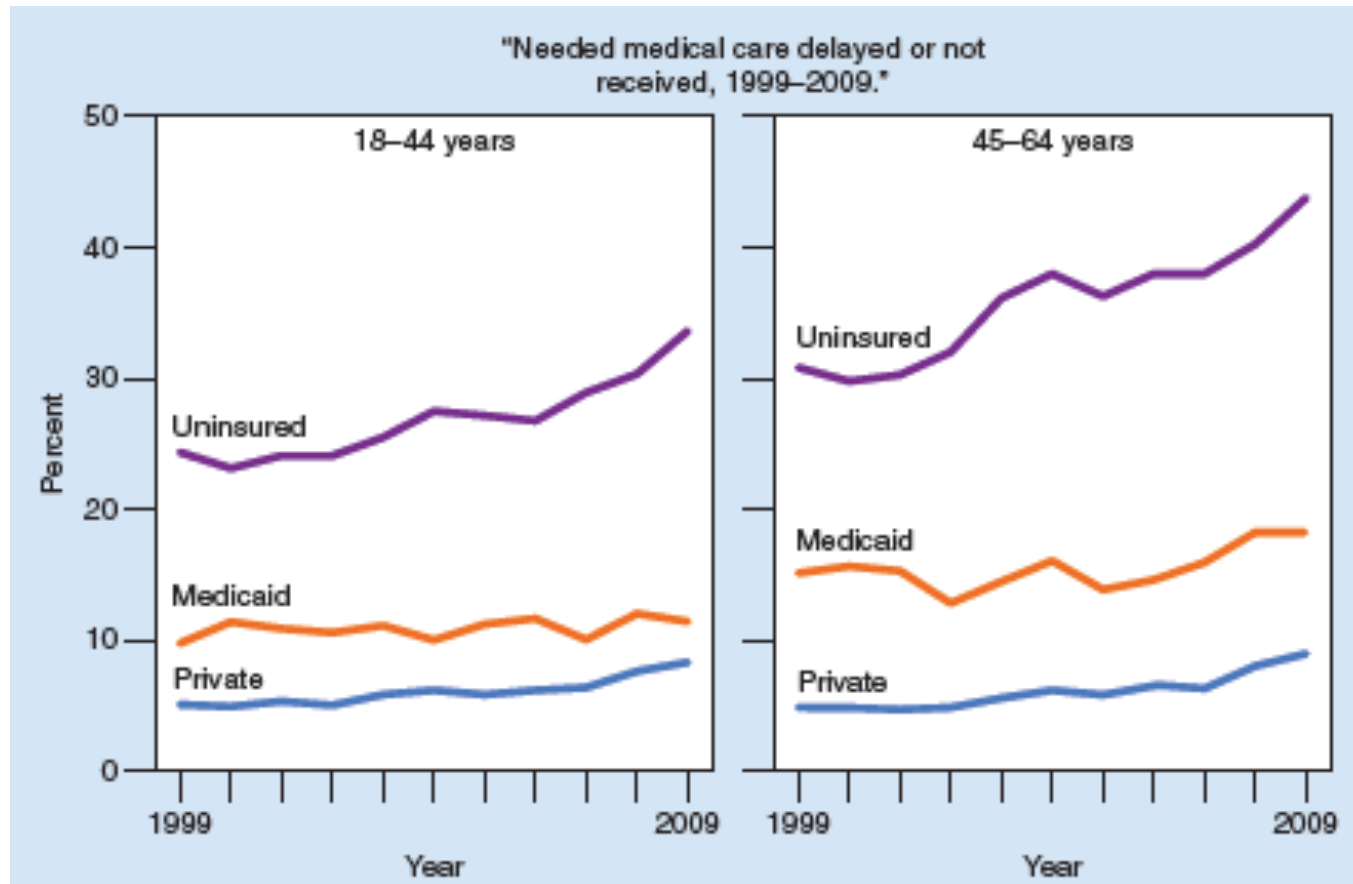
- According to the WHO (World Health Org) the US ranks 38<sup>th</sup> on quality of healthcare
  - Extreme inequality of healthcare
  - High cost (most expensive in the world)
  - Infant mortality rate is 6.8/1000 live births which is 34<sup>th</sup> in the world
  - United States life expectancy is 78 years old, which is 51<sup>st</sup> in the world.

# Inequality and Health: Class, Ethnicity, and Race

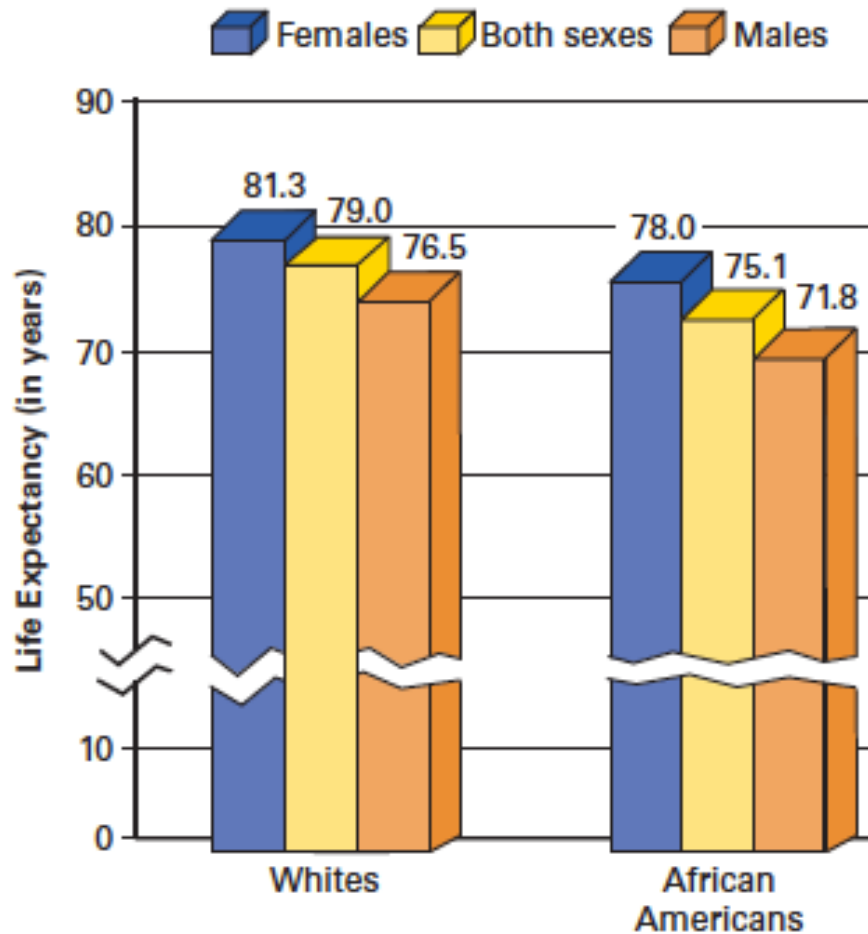
- Health follows wealth-ability to pay
  - Income and access to health care
  - Difference in the environment of the rich and poor and health
- Race and health
  - Race and poverty rate; Prenatal care; Racial bias and health



# INEQUALITY AND HEALTH: CLASS, ETHNICITY, AND RACE



# INEQUALITY AND HEALTH: CLASS, ETHNICITY, AND RACE



## Diversity Snapshot

Figure 9-4 Life Expectancy for U.S. Children Born in 2010

# Inequality Healthcare Problems

- Conflict:
  - Race-, class-, and gender-based inequities cause health problems
  - Inequality in U.S. health care will be perpetuated by 3 things:
    - High health care costs due to advanced services and expensive medicine and technology
    - Abuse of existing systems by health care professionals:
      - Overcharge, unnecessary services, services not received
    - Aging population will put a strain on Medicare and Medicaid

# Types of Mental Disorders

- Classifications of disorders prepared by American Psychiatric Association
  - DSM IV – Diagnostic and Statistical Manual of Mental Disorders
  - Many disorders have both biological and social causes
- No significant differences in diagnosable mental illness between:
  - African Americans and whites
  - Racism does impact the psychological well-being of both African Americans and whites
- Social class is related to mental illness
- Gender differences in Mental Illness

# Treatment Strategies

- Treating the mentally ill is a recent phenomena
  - Historic Use of mental hospitals
  - Psychotherapy – or talk therapy
  - Psychoactive drugs
- An estimated 26.2 percent of Americans ages 18 and older or about one in four adults suffer from a diagnosable mental disorder in a given year.
  - In America, half of people with severe symptoms of a mental health condition were found to have received no treatment in the prior 12 months.
  - Most insurance had caps, pre-existing condition exclusions or no coverage at all.

# All about the Top Twenty

- France, Italy, Spain, Japan, the UK etc
- Generally combined systems
  - Include universal healthcare
  - Healthcare is a human right
  - National management of insurance/funding and cost
  - Some private and some publicly managed health providers and hospitals
- Provided
  - Reasonable cost
  - Speedy, private and high quality
  - Effective



# The 2010 Health Care Law

- All people are required to get health insurance
  - Low and middle income families get subsidies
  - Insurance companies are no longer permitted to drop existing customers
    - Because they get sick; preexisting condition
- Insurance companies cannot set caps
- Parents can include children up to age 26
- Medicaid expansion (optional)
  - Decreased state expenditure on uninsured (18.1 billion)

# Limitations of 2010 Act

- Optional Medicaid participation and the cost of opting out
  - states would lose \$8.4 billion a year by rejecting Medicaid expansion and would spend an additional \$1 billion of their own money in 2016 alone on compensating providers who treat uninsured patients.
- Addition factors that impact infant mortality
  - Racial inequality
  - Uneven quality of care
- Addition factors that impact life expectancy
  - High murder rate in the US
  - Domestic Violence
  - Uneven quality of care