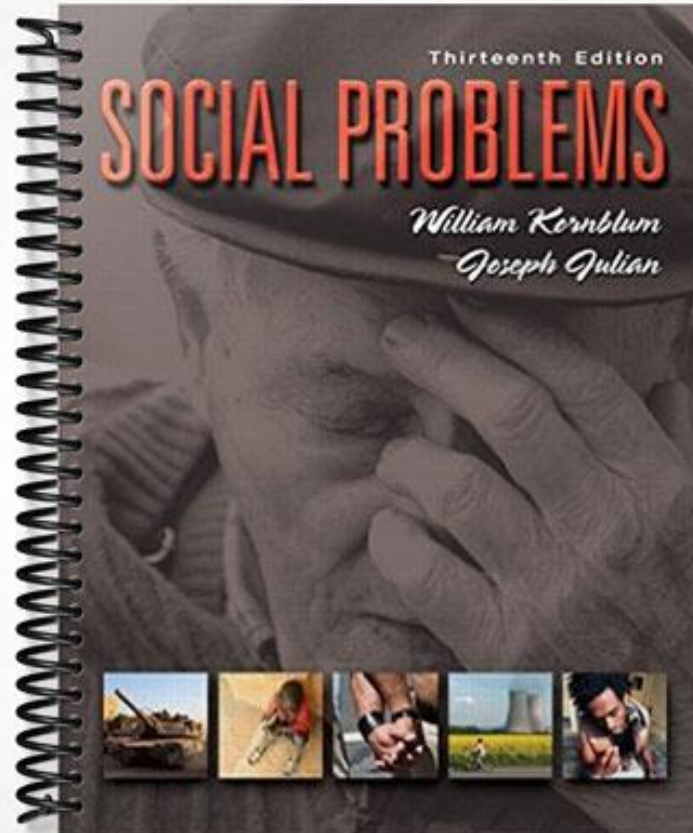


SOLUTIONS MANUAL



CHAPTER 2 PROBLEMS OF HEALTH AND HEALTH CARE

CHAPTER OUTLINE

Health Care as a Global Social Problem

The Scope of Health-Care Problems in America

- Unequal Access to Health Care
- The High Cost of Health Care
- Inadequate Protection
- Women and Health Care
- The Disabled and Handicapped
- Ethical Issues

AIDS – A Modern Plague

- AIDS and Global Poverty
- AIDS Orphans

Explanations of Health-Care Problems

- Class and Class Conflict
- Institutions and Health Care
- Health and Social Interaction

Social Policy

- Managed Care
- Insurance Reform
- Working, but without Health Care
- The Disabled and Handicapped
- Social Policy and AIDS
- Future Prospects

Going Beyond Left and Right

CHAPTER OVERVIEW

Health care presents a variety of social problems to all the world's societies. Affluent countries face problems with equal access while impoverished countries must deal with infectious diseases, high infant/maternal mortality rates, low life expectancies, scarce medical personnel, and inadequate water/sewer systems.

Health care is distributed very unevenly in the United States. About 18 percent of Americans under age 65 do not currently have health insurance and millions more are underinsured. There are three categories of health insurance in the United States: HMOs, independent prepaid, and government (Medicare/Medicaid). This system distributes costs among employers, individuals, and the government. Access to care is shaped by race, class, and gender. Nonwhites, the poor, and women are adversely affected by lack of access to high-quality health care: each of these groups experiences more health problems due to a lack of insurance and poverty. Unequal

access is related to the cost of obtaining it. High costs are related to declining personal income, dwindling government resources, new drugs, and technologies, risky behaviors, and increased physician specialization. Much of the increase is due to increases in the cost of prescription drugs; however, cultural factors related to lifestyle, such as obesity, smoking, bad diet, sedentary lifestyle, and risky behaviors, are also factors. 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. Public health insurance like Medicaid and Medicare help the poor and elderly, but many millions have no coverage at all because they do not earn enough to pay for it despite working full time. While Medicare is designed to cover health-care costs for the elderly, it does not cover the cost of prescriptions or nursing home care. Medicaid only covers costs for the very poor. Medicare/Medicaid are expensive and are subject to many rules, making them unappealing to many doctors.

Women's issues include the controversy over legalized abortion, the role of midwives in the birth process, as well as the need for more monies to fund research on women's health issues. Like women, the disabled and handicapped have encountered problems of access. They are likely to be unemployed and have high poverty rates. Several key pieces of legislation, including the Americans with Disabilities Act (ADA), have been enacted, making it illegal to discriminate against the disabled.

The AIDS epidemic presents many health-care problems. First identified in the 1980s, HIV has a long period of latency. AIDs drugs are mainly available in affluent nations, creating problems for poor countries. While it is a global problem, about 85 percent of the cases occur in the developing nations of Asia and sub-Saharan Africa. In these countries, life expectancy is decreasing as a result of the epidemic. About 27 percent of the new cases are found among women, many of whom are infected by migrant workers who have had sex with prostitutes. Researchers at the World AIDs Conference estimate that there are 15 million AIDS orphans, who often find themselves taking care of dying parents and orphaned siblings. Treatment for AIDS is extremely expensive; as there is no cure, behavioral changes are the best defense against further spread.

The three major theoretical perspectives offer different explanations for health-care problems. Conflict theorists stress the role that capitalism and pursuit of profit play in creating problems of access. The poor are more likely to be weak due to inadequate diet and are more likely to be exposed to unhealthy environments. Recent trends suggest that less-profitable patients may not receive treatment. Functionalists, who are opposed to treating health care as a commodity, examine features of health-care institutions to see how they might be changed to improve the situation. Interactionists focus on lifestyle issues, and patterns of sociability. The most pervasive lifestyle problems are created by smoking: approximately 1,100 deaths per day are attributed to smoking.

Recently, the United States has turned toward a managed care system. Concerns have emerged over the quality of care, as well as restricted access; other issues concern the rights of the disabled and handicapped, and AIDS policies geared to prevent further spread of HIV. Attempts at health reform have not been very successful. In 1999, Congress passed a weak version of a patient rights bill. In 2003, at the urging of the Bush administration, Congress passed legislation to extend coverage of some prescription drugs for people over age 65, who receive medical benefits through the Medicare system. In the 2006 congressional elections, Democrats promised

to revise the prescription drug law to allow Medicare to negotiate with drug producers to secure the lowest possible prices.

The current crisis in the U.S. medical care system is significantly worsened by a large-scale retreat from employer-provided health insurance.

The first significant measure that affected the disabled and handicapped was the Rehabilitation Act of 1973. The Education for All Handicapped Children Act of 1975 required that handicapped children be provided with a “free appropriate public education” – this policy is sometimes called *mainstreaming*. The Americans with Disabilities Act (ADA) was passed in 1990. At the turn of the present century there were signs that judges were in a mood to curtail somewhat the rights of disabled persons under the ADA.

The discovery of new treatments for people with HIV, based on intensive drug therapies and costly medications, raises many different policy issues. Because the incidence of AIDS is increasing most rapidly among very poor people, many AIDS activists fear the disease will become a neglected issue. Among major funders of efforts to eradicate AIDS, the United States’ leadership is considered essential.

As the 2008 presidential election approaches, health-care reform is once a gain a major campaign issue.

TEACHING OBJECTIVES

Students should:

1. Be familiar with health care as a global social problem; they should be aware of the problems faced by developed as well as developing nations.
2. Be able to define medical sociology and explain how medical sociologists analyze health-care issues.
3. Understand the factors that influence the cost of health care in the United States.
4. Be familiar with the different types of insurance in the United States and which groups of people are most likely to have each type.
5. Be familiar with the problems associated with Medicare and Medicaid.
6. Be familiar with how race, class, and gender impact the quality of health care.
7. Be able to apply each of the major theoretical perspectives to the analysis of health care.
8. Be able to discuss research on AIDS, and be familiar with AIDS as a global health problem.
9. Be familiar with issues of legislation as they impact the disabled and the handicapped.
10. Be familiar with social policies dealing with health care reform, managed care, and HMOs.

TEACHING SUGGESTIONS, DISCUSSION QUESTIONS, AND CLASS EXERCISES

1. *Service learning* is becoming a more and more popular pedagogical approach in today's sociology classrooms. In a health-care context, Shireen S. Rajaram has outlined an action-research approach to service learning that focuses on gathering data on awareness of childhood lead poisoning prevention in a metropolitan Midwestern city ("An Action-Research Project: Community Lead Poisoning Prevention," *Teaching Sociology*, 35, April, 2007: 138-150). Rajaram points out that action research reflects an integration of the three main academic functions: service, teaching, and research. You may benefit from becoming familiar with Rajaram's approach and possibly utilizing elements of this strategy in your classroom.
2. Invite a representative of a local public health department to speak to the class. Have them present information on which health problems are most pressing in your community.
3. According to the text, diseases like diabetes are in part due to lifestyle choices. Invite a diabetic dietician to speak on the dangers of diabetes, and the difficulties associated with changing the eating habits of those with the disease.
4. Invite a representative of your local American Cancer Society to speak on preventive health measures and current research on cancer.
5. Have students investigate how many physicians in your community accept Medicaid and Medicare patients. Physician advertisements in the Yellow Pages may provide some clues to which physicians accept what types of insurance. Or, students can be divided into groups to contact doctors' offices to see what insurance is accepted. Next, have them visit www.medicare.gov/Basics/Overview.asp to learn more details about Medicare, Medicaid, and Medigap insurance (supplemental insurance). Of particular interest is the government policy on asset recovery, which mandates that the states make an effort to recover Medicaid expenditures from a patient's estate.
5. Have students visit the World Health Organization website (www.who.int/en/) to learn about diseases in the developing nations. Assign students to investigate and report on diseases like leprosy, river blindness, guinea worm, and other infectious diseases that are unknown in the developed world. Other students can be assigned to investigate and report back to the class on the efforts of the international group, Doctors without Borders.
6. Have students explore the website for the Centers for Disease Control. Ask them to report on the CDC fact book, as well as terrorism and public health, and efforts to deal with highly infectious diseases like SARS (Severe Acute Respiratory Syndrome).
7. Have students take an AIDS quiz to evaluate their knowledge about AIDS. One quiz can be found at www.unicef.org/voy/ while another can be found at <http://www.avert.org/hivquiz.htm>.
8. Make a list of some common prescriptions that the elderly or a sick child might be taking. Have students contact a local pharmacy to find out what the charges are for these prescriptions for those who do not have insurance. Students can be placed in groups to

research different drugs or get prices from different sources. Have the students discuss how they would deal with a situation in which they needed to purchase a prescription, but did not have the money.

ESSAY QUESTIONS

1. Discuss health care as a global social problem; what problems face the developed nations as opposed to the developing nations?
2. Describe the field of medical sociology.
3. Describe how race, class, and gender affect access to health care in the United States.
4. Describe the current state of health-care costs. What will likely happen if these costs continue to rise? Who will be hurt the most?
5. Discuss the factors that influence the cost of health care in the United States. What would happen if the United States began to stress preventive health measures in the public school system?
6. Explain what is meant by inadequate protection, and describe the scope of the problem.
7. Describe some of the special health-care problems faced by women.
8. Explain why AIDS is viewed as a modern plague; discuss the impact of AIDS on children.
9. Show how each of the major theoretical perspectives approaches health-care problems. Be able to give specific examples that illustrate each perspective.
10. Assume that you are a functionalist. How would you change the major health-care institutions in the United States?
11. Identify one or more members of your own family and think about the health problems they have. How do lifestyle choices and interactional patterns contribute to these problems?
12. How does the health-care system in Canada differ from that of the United States? Will the United States ever adopt the Canadian system; why or why not?
13. Should health care be treated as a commodity, or as a basic right (as is public education)? Be prepared to defend your point of view.
14. Discuss how legislation has affected the disabled and the handicapped.

AUDIOVISUAL AIDS

AIDS: A GLOBAL CRISIS

(28m, Films for the Humanities & Sciences)

This program offers an excellent worldview of AIDS, providing background on the disease's history, its transmission and symptoms, innovative awareness campaigns, and the ongoing search by scientists from around the globe to find an effective long-term treatment. Fred Valentine, director of the Center for AIDS Research at the New York University School of Medicine; Lawrence Altman, medical correspondent for *The New York Times*; Andrew McMichael, principal investigator for the Oxford AIDS Vaccine Initiative; and others share their insights into a pandemic that has already infected and killed tens of millions.

AIDS IN AFRICA

(58m, Films for the Humanities & Sciences)

With 14 million dead of AIDS and 23 million infected with HIV, Africa is in danger of becoming a graveyard. In this program, ABC news anchor Ted Koppel and correspondent Dave Marash deliver three successive reports on the AIDS epidemic currently spinning out of control in Zimbabwe. Together they address the hardships of a society composed mostly of the very old and the very young; the wildfire spread of HIV in a culture that supports casual sex; and the grim future facing a nation deprived of its core adult population. Archbishop Desmond Tutu joins in the discussion of this monumental tragedy.

AIDS, THE FAMILY, AND THE COMMUNITY

(26m, Films for the Humanities & Sciences)

All terminally ill patients and their families face the pain and trauma of dying, as well as the social problems of job discrimination, fear of contamination, and loss of friends. AIDS carries an additional social stigma. This program examines some of the realities: how the AIDS virus is actually transmitted, how vital community support is for patients and the members of their families, and how AIDS is affecting us all in some way.

AMERICA'S HEALTH-CARE DILEMMA: WHO PAYS?

(26m, Films for the Humanities & Sciences)

The cost of health care in America is skyrocketing. Millions are either uninsured or underinsured. Employers are cutting back on their benefits because costs are climbing too fast and too high. Who is going to make sure that all Americans have access to basic, good quality health-care services? Should hospitals have to cover all the costs? Do we need a national insurance plan? Should employers pick up the tab? Should we adopt a plan more similar to the British or Canadian system?

**BORDERLINE MEDICINE: COMPARING U. S. AND CANADIAN HEALTH CARE
(58m, Filmmakers Library)**

This is a comparison of the health-care systems in the United States and Canada. With the United States struggling to control soaring health-care costs and 37 million Americans not covered by health insurance, the Canadian system of national insurance looks attractive. This documentary takes a close look at how health care is delivered on both sides of the border. In addition to actual patient commentaries, health policy experts and business leaders comment on the medical and financial implications of both systems.

**CALLING DR. KEVORKIAN: A DATE WITH DR. DEATH
(60m, Films for the Humanities & Sciences)**

This video presents never before seen interviews and footage examining Dr. Jack Kevorkian's approach to euthanasia. This video will encourage active discussion of the issue, regardless of one's feelings about euthanasia.

**CONDITION CRITICAL: AMERICAN HEALTH CARE
(16m, Filmmakers Library)**

This program explores why many people in the United States are unhappy with their current health-care delivery system. Among the topics considered are unnecessary procedures, national health insurance, and the duplication of health-care services.

**HEALTH AND MEDICINE
(30m, Insight Media)**

Considering the importance of medicine and health care in modern society, this program looks at the changing medical needs of humans throughout history and discusses how society has addressed these needs. It considers the unequal distribution of quality care and addresses current issues of cost and access to care.

**THE HIGH PRICE OF HEALTH
(60m, Insight Media)**

Questioning the cost at which managed care has brought health-care costs under control, the PBS video explores the clash between medicine and money in contemporary America. This presentation offers a behind-the-scenes look at the operations of a very successful and aggressive HMO and evaluates the impact of a profit-driven philosophy on patient care.

**THE HUMAN CONDITION
(30m, Insight Media)**

This program examines the balance between health and illness throughout the world community and discusses the social and economic consequences of diseases. Focusing on at-risk segments

of the population, it differentiates between chronic illness and communicable diseases and analyzes mortality and morbidity trends over the last few decades.

MEDICINE AT THE CROSSROADS
(240m, PBS)

This is an excellent series of eight documentaries that cover the entire range of health-care issues, from the rise of the hospital to the doctor-patient relationship to issues of mental illness. Each installment stands out on its own, so you could show only one segment if you wished.

NIGHTLINE: THE LITTLEST VICTIMS
(60m, ABC News Store)

An examination of the impact of the AIDS epidemic in Zambia, Africa, on the orphans. By the end of this decade, it is estimated that 25 million children will have been orphaned by AIDS. What will happen to them? Many of them have already had to leave school. Young children now have to take care of younger children. But as this crisis grows, whether or not they are getting an education becomes an issue from another time. We're talking about their survival, and also the survival of their culture and their societies.

SURVIVING THE SYSTEM
(30m, Insight Media)

Delving into issues of inequality in health care and health-care delivery, this video examines ethical considerations attendant to the allocation of limited resources. It questions whether health care is a right or a privilege, explores the relative benefits of a system based on preventative rather than curative care, and discusses the role of the health-care professional in ethical decision making.

THE UNINSURED: FORTY-FOUR MILLION FORGOTTEN AMERICANS
(47m, Films for the Humanities & Sciences)

Corporate cost-cutting, downsizing, temporary employment, and other business imperatives are making today's pricey health insurance either unavailable or unaffordable for 44 million Americans – of which 85 percent are in working families. With employers cutting back on offering insurance and with shrinking access to charity care as hospitals face their own funding shortfalls, where can America's uninsured turn for health care? In this program, Pulitzer Prize-winning journalist Hendrick Smith reports on how states such as California, Texas, and Tennessee are dealing with the desperate needs of the uninsured and their children.