CHAPTER 2

Problems of Illness and Health Care

LEARNING OBJECTIVES

After reading this chapter, students should be able to:

1. Distinguish between developed, developing, and the least developed countries of the world and explain health disparities among these types of countries by measures of morbidity, life expectancy, mortality, and burden of disease.
2. Explain and give examples of how illness, health, and health care affect and are affected by other aspects of social life, according to the structural-functional perspective.
3. Explain and give examples of how the conflict perspective contributes to our understanding of illness and health care by its focus on wealth, status, power, and the profit motive.
4. Explain and give examples of how the symbolic interactionist perspective contributes to our understanding of illness and health care by its focus on meanings and labels and how these are learned through social interaction.
5. Describe worldwide patterns of HIV/AIDS, modes of transmission, and the devastating effects of the disease on poor countries, particularly areas of sub-Saharan Africa.
6. Describe at-risk populations for HIV/AIDS in the United States and explain factors that put these populations at greater risk for contracting the disease.
7. Describe patterns of obesity in the United States and explain how obesity is related to patterns of food consumption, cultural attitudes, and socioeconomic status.
8. Define mental illness and describe general kinds of mental disorders, the prevalence of mental disorders in the United States, the negative effects of mental illness, and biological and social causes of mental illness.
9. Explain the positive and negative effects of globalization on health, including the effects of increased travel and information technology, increased trade and transnational corporations.
10. Explain how the social factors of social class, poverty, education, gender, race and ethnic minority status, and family and household factors affect physical and mental health.
11. Describe differences between health care in the United States and other countries.
12. Describe the relative proportions of the American population who are covered by government health care plans versus private insurance and explain differences between traditional health insurance plans and health maintenance organizations, preferred provider organizations, and managed care in the United States.
13. Describe the provisions and recipients of America's major publicly funded health programs of Medicare, Medicaid, the State Children's Health Insurance Program, Workmen's Compensation, and military health care and explain problems associated with each of these government programs.
14. Describe and explain the problems in the United States of inadequate health insurance coverage, including disparities in health care coverage, inadequate insurance for the poor and consequences of inadequate health insurance.
15. Explain the problems in the United States related to the high costs health care, including increased longevity, high costs of hospital services, doctors' fees, medical technology, drugs, health insurance, and health care administration, consequences of the high cost of health care for individuals and families, the managed care crisis, and inadequate mental health care.

16. Describe and explain strategies for improving health and health care, including strategies for

improving maternal and infant health, preventing and alleviating HIV/AIDS, fighting obesity, and improving mental health care.

17. Compare health care coverage in other industrialized countries with the United States and describe U.S. efforts toward health care reform.

KEY TERMS

comprehensive primary health care
deinstitutionalization
developed countries
developing countries
epidemiological transition
globalization
health
infant mortality rate
least developed countries
life expectancy
managed care
maternal mortality rate
Medicaid
medicalization
Medicare
mental health
mental illness
morbidity
mortality
needle exchange programs
parity
revolving door
selective primary health care
single payer health care
State Children's Health Insurance Program (SCHIP)
stigma
under-5 mortality rate
universal health care
workers' compensation

LECTURE OUTLINE

I. THE GLOBAL CONTEXT: PATTERNS OF HEALTH AND ILLNESS AROUND THE WORLD

A. Classification of countries for international comparisons

1. Developed countries (high-income countries)—high gross national income and diverse economies made up of different industries.
2. Developing countries (middle-income countries)—low gross national income and simpler economies that rely on a few agricultural products.
3. Least developed countries (low-income countries)—poorest countries of the world.

B. Morbidity, Life Expectancy, and Mortality

1. Morbidity refers to illnesses, symptoms and impairments they produce.
   a. Patterns of morbidity vary based on a country's development.
      i. In less-developed countries, infectious and parasitic diseases, such as HIV, tuberculosis, and malaria are much more prevalent.
      ii. In developed countries, chronic diseases are the major health threat.
2. Life expectancy—average number of years individuals born in a given year can expect to live—is used to measure the health of a population.
   a. In 2007, Japan had the longest life expectancy (83 years), Swaziland had the lowest (40 years), and 18 countries (primarily in Africa) had life expectancies less than 50 years.
   b. Leading causes of mortality (or death)
      i. Worldwide: cardiovascular disease (includes heart disease and stroke); accounts for 30 percent of all deaths.
      ii U.S.: heart disease, then cancer and stroke (for women and men).
3. Mortality Rates Among Infants and Children
   a. Infant Mortality Rate—number of deaths of live-born infants under 1 year of age per 1,000 live births (in any given year)—is used to measure of the health of a population.
      i. In 2007, ranged from an average of 84 in least developed nations to 5 in

industrialized nations.
ii. In 2007, the U.S. rate was 7; 37 countries had rates lower than the U.S.
b. Under-5 Mortality Rate: rate of deaths of children under age 5
i. Range from an average of 153 in least developed nations to 6 in industrialized nations.
ii. Major causes of infant and child deaths are diarrhea (from poor water quality and sanitation) and undernutrition.

4. Maternal Mortality Rates
a. Maternal mortality rate—a measure of deaths resulting from complications with pregnancy, childbirth, and unsafe abortion—is also used to indicate the health of a population.
i. Maternal mortality is the leading cause of death and disability for women age 15 to 49 in developing countries.
ii. The most common causes are hemorrhage, infection, and complications related to unsafe abortion.
b. Cross-national comparisons show greater disparity between rich and poor countries than other societal health measures: only 1% occur in high-income countries.
i. Women's lifetime risk is highest in sub-Saharan Africa, where 1 in 16 women dies of pregnancy-related causes, compared to 1 in 4,000 in developed countries.
c. High maternal mortality rates in less developed countries are related to poor quality and inaccessible health care, malnutrition, poor sanitation, higher rates of pregnancy, earlier childbearing ages, and lack of family planning services and support for contraception (often resulting in unsafe abortion).

C. Patterns of Burden of Disease

1. Indicates the overall burden of disease on a population through a single unit of measurement that combines the number of deaths and the impact of premature death and disability.
a. The disability-adjusted life year (DALY), reflects years of life lost to premature death and years lived with a disability
b. 1 DALY is equal to 1 lost year of healthy life
c. Worldwide, tobacco is the leading cause of burden of disease.

II. SOCIOLOGICAL THEORIES OF ILLNESS AND HEALTH CARE

A. Structural-Functionalist Perspective

1. Concerned with how changes in society affect health and how health concerns may lead to social change.
a. Epidemiological transition—societal shift from low to high life expectancy, and parasitic infections to chronic and degenerative diseases.
2. Views health care as an institution that maintains the well-being of society and its members.
a. Illness is dysfunctional because it interferes with people performing social roles.
b. Society assigns a temporary "sick role" to those who are sick.
3. Latent dysfunctions are unintended negative consequences of social patterns or behaviors
a. A latent dysfunction of the widespread use of some drugs has led to drug-resistance.

B. Conflict Perspective

1. Focuses on how wealth, power, and the profit motive influence illness and health care.
a. Powerful groups and wealthy corporations influence health-related policies through lobbying and financial contributions to politicians.
i. Health insurance and pharmaceutical companies have spent millions of dollars opposing national health insurance or public option plan.
ii. Revolving door—employees cycling between roles in an industry and government that influences that industry—is common in health care; the pharmaceutical industry

employed three dozen former members of Congress in 2009.

b. Criticizes pharmaceutical and health care industries for placing profits above people.
   i. Power has shifted from physicians (committed to putting patients' interests first) to corporations (legally bound to put shareholders' interests first).
      - Health research and health care allocation is based on maximizing profit rather than meeting public need.
   ii. Profits compromise drug safety.
      - Clinical drug trials are outsourced to Contract Research Organizations (CROs) in developing countries who receive more money for favorable, rather than accurate, results.

2. Analyzes ways health care and research are influenced by male domination and bias
   a. Some insurance policies cover Viagra but not female contraceptives.
   b. Often, women's health issues are neglected and women are excluded from health research.

C. Symbolic Interactionist Perspective

1. Focuses on (1) how meanings, definitions, and labels influence health, illness, and health care, and (2) how meanings are learned through social interaction and media.
2. Argues no diseases exist in nature; society defines conditions as illness or disease.
   a. Medicalization: defining or labeling behaviors and condition as medical problems
      i. Initially, medicalization occurred when behaviors or conditions deemed immoral were transformed from legal problems into medical problems.
      ii. Medicalization has expanded to include (a) new phenomena defined as medical problems (premenstrual syndrome, attention deficit disorder), and (b) "normal" events defined as medical problems (childbirth, menopause, death).
3. Definitions of health and illness are socially constructed; they vary over time and across societies.
4. Meanings and labels can impact health behaviors and health-related policies
5. Focuses on the stigmatizing effects of being labeled "ill"
   a. Stigma: any personal characteristic associated with social disgrace, rejection, or discrediting
   b. Stigma associated with poor health or lack of health insurance implies that the individual

III. HIV/AIDS: A GLOBAL HEALTH CONCERN

A. The spread of HIV is an urgent worldwide public health concern.

1. HIV/AIDS has killed more than 25 million people; nearly 40 million people have HIV/AIDS.
2. HIV is transmitted through sexual intercourse, unclean needles, from mother to fetus, blood transfusions, and rarely, breast milk; worldwide, the most common mode of transmission is heterosexual contact.

B. HIV/AIDS in Africa and Other Regions

1. HIV/AIDS is most prevalent in Africa, where 1 in 20 adults has HIV, but affects people around the world.
2. HIV has devastating effects on developing countries by overburdening health care resources and creating political instability through increased numbers of orphans, which increases poverty and produces poor young adults who are vulnerable to criminal activity and recruitment for insurgencies.

C. HIV/AIDS in the United States

1. More than 700,000 people in the U.S. have HIV/AIDS.
   a. About 25% are unaware of their infection.
   b. 74% of new HIV infections in 2007 were men, and 51% were African American men.
   c. The primary mode of transmission for men is male-male sexual contact, followed by

heterosexual contact and injection drug use; the primary mode for women is heterosexual contact followed by injection drug use.

2. Many Americans—especially adolescents and young adults—engage in high-risk behavior.
   a. About half of college students reported using a condom the last time they had vaginal intercourse and 28% the last time they had anal intercourse.

IV. THE GROWING PROBLEM OF OBESITY

A. Obesity is a major health problem throughout the industrialized world and increasing in developing countries.

1. Obesity can lead to heart disease, hypertension, diabetes, and other health problems, and is expected to shorten the U.S. life expectancy by 2-5 years.

B. Social and lifestyle causes: food consumption and physical activity

1. Physical activity
   a. U.S. adults: less than 1/3 engage in regular leisure-time physical activity.
   b. U.S. youth: more than 1/3 in grades 9-12 do not engage in regular physical activity.
2. Food consumption
   a. Americans are increasingly eating at fast food and other restaurants where foods tend to contain more sugars and fats than those at home.
   b. Consumption of snack foods and sugary soft drinks has also increased, particularly among children.
   c. This changing pattern of food consumption, known as the nutrition transition, is contributing to a rapid rise in obesity and diet-related chronic diseases worldwide.

C. Obesity is also related to socioeconomic status.

1. In the U.S., being poor increases risk of obesity.
   a. High-calorie processed foods are more affordable than fresh, low-calorie foods.
   b. Low-income areas lack access to grocery stores and rely on fast food and processed foods available at convenience stores.

V. MENTAL ILLNESS: THE HIDDEN EPIDEMIC

A. What it means to be mentally healthy varies across cultures.

1. In the U.S., mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.
2. Mental illness refers collectively to all mental disorders, which are health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning and that meet specific criteria (such as level of intensity and duration) specified in the classification manual used to diagnose mental disorders.

B. Extent and Impact of Mental Illness

1. 26% of U.S. adults have a mental disorder in any given year; mental disorders are the leading cause of disability of individuals ages 15-44.
2. Untreated mental disorders can lead to poor educational achievement, lost productivity, unsuccessful relationships, significant distress, violence and abuse, incarceration, poverty, and suicide.

C. Causes of Mental Disorders

1. Some mental illnesses are caused by genetic or neurological pathological conditions; most are caused by a combination of genetic, biological and environmental factors.
2. Social and environmental causes include poverty, relationship abuse or other severe emotional trauma.

VI. SOCIAL FACTORS AND LIFESTYLE BEHAVIORS ASSOCIATED WITH HEALTH AND ILLNESS

A. Globalization

1. Globalization is broadly defined as the growing economic, political, and social interconnectedness among societies throughout the world.
    a. Positive effects: globalized communications increase ability to monitor and report on outbreaks of disease, disseminate guidelines for controlling and treating disease, share scientific knowledge and research findings.
    b. Negative effects: travel, trade, and transnational corporations contribute to health problems.
2. Effects of travel: Increased business travel and tourism encourage the spread of disease, such as the Swine Flu.
3. Effects of trade and transnational corporations
    a. Transportation of goods contributes to pollution.
    b. International trade includes harmful products, such as tobacco, alcohol, and fast foods.
    c. Transnational corporations build factories in developing nations, where they expose workers to harmful working conditions, emit high levels of pollution, and degrade the environment, all of which negatively impact health.

B. Social Class and Poverty

1. Poverty worldwide is associated with malnutrition, indoor air pollution, hazardous working conditions, lack of access to medical care, and unsafe water and sanitation.
2. In the U.S., low socioeconomic status is associated with poorer health.
    a. Poverty is associated with health-risk behaviors (such as smoking), greater exposure to environmental health hazards, unequal access to and use of medical care, and higher levels of stress.
3. Health problems also contribute to poverty.
    a. Health problems can limit access to education or training and to find or keep employment.
    b. High health care costs can cause or deepen poverty.
4. Poverty and mental health
    a. The poor are more than four times as likely to have serious psychological distress.
    b. Two explanations for the link between social class and mental illness:
        i. The selection explanation suggests that mentally ill individuals have difficulty achieving educational and occupational success and thus tend to drift to the lower class, whereas the mentally healthy are upwardly mobile.
        ii. The causation explanation suggests that lower-class individuals experience greater adversity and stress as a result of their deprived and difficult living conditions, and this stress can reach the point at which the individual can no longer cope with daily living.

C. Education

1. Education is the strongest single predictor of good health.
2. Low levels of education is related to health-risk behaviors (such as smoking), lack of prenatal care and greater likelihood of smoking during pregnancy, and lack of information about health risks.

D. Gender

1. Gender affects the health of both women and men.
2. Low status of women in developing countries results in undernutrition and less access to medical care than men.
3. Sexual violence, battery and gender inequality contribute to HIV, injury, disability and death.
4. In the U.S. today, women's life expectancy (80.4 years) is greater than men's (75.2 years).

   a. Men are more likely to work in dangerous jobs, smoke, use alcohol and drugs, and are less likely to seek medical care than women.
   b. Cultural beliefs about masculinity and manhood negatively impact men's health by encouraging risky behaviors and discouraging emotional expression.
5. Gender and mental health
   a. Women are more likely to report psychological distress than men.
   b. Rates of mental illness are similar, but men and women differ in the types of mental illness they experience; women have more mood and anxiety disorders whereas men have more personality and substance-related disorders.
   c. Biological factors may explain gender differences in mental health, however evidence is inconclusive; gender roles may contribute.

E. Racial and Ethnic Minority Status

1. In the U.S., racial and ethnic minorities are more likely than non-Hispanic whites to rate their health as fair or poor.
2. Minority health differences
   a. Black Americans have lower life expectancy (especially black men) and higher rates of death from illnesses, injuries, and homicide than whites; and the highest rates of obesity and infant mortality of any group.
   b. Native Americans have more health problems related to alcohol and diabetes, due to poverty and lack of sanitation and clean water than whites.
   c. Hispanic Americans have lower life expectancies and more illness related to lower socioeconomic status than non-Hispanic whites.
   d. Asian Americans typically have better health than other groups due to higher levels of income, education, and healthy diet.
3. Socioeconomic inequalities are largely responsible for racial/ethnic differences in health.
   a. Minorities are less likely to have health insurance, and more likely to be exposed to environmental toxins at work and home.
   b. Discrimination contributes to poorer health by restricting access to quality public education, housing, and health care.
4. Race, Ethnicity, and Mental Health
   a. No significant difference in mental disorders has been found between races, however minorities may be at higher risk due to racism and discrimination; minorities also have less access to mental health services and are underrepresented in research.

F. Family and Household Factors

1. Married adults have better health than adults who are single, divorced, cohabiting, or widowed.
   a. The selection theory suggests that healthy individuals are more likely to marry and to stay married.
   b. The causation theory says that better health among married individuals results from the economic advantages of marriage and from the emotional support provided by most marriages—the sense of being cared about, loved, and valued.
2. Children living in two-parent households tend to have better health.

VII. PROBLEMS IN U.S. HEALTH CARE

A. Comparison of the United States and other countries

1. The U.S. spends a higher portion of its gross domestic product on health care than any other country, but ranks 37 out of 191 countries according to its performance.
2. A comparison of health care in six countries found the U.S. ranks last on dimensions of access, patient safety, efficiency, and equity.

B. U.S. Health Care: An Overview

1. Traditional health insurance plans: insured choose health care provider, is reimbursed by the insurance company on a fee-for-service basis, and pay a deductible and percentage of medical expenses.
2. Health maintenance organizations (HMOs): prepaid group plans where each person pays a monthly premium; hospital costs are minimized by emphasizing preventive care.
3. Preferred provider organizations (PPOs): employers who purchase group health insurance agree to send their employees to certain health care providers or hospitals in return for cost discounts.
4. Managed care: any medical insurance plan that controls costs through monitoring and controlling the decisions of health care providers (HMOs are one form).
    a. Doctors often receive approval before hospitalizing a patient, performing surgery, or ordering an expensive diagnostic test.
    b. Most Americans with private insurance belong to a managed care plan.
5. Medicare: funded by the federal government and reimburses the elderly and the disabled for their health care
    a. Individuals contribute payroll taxes to Medicare throughout their working lives and become eligible for Medicare at 65.
    b. Medicare provides free hospital insurance but may require a deductible and copayment; drug and regular care coverage is optional and not free; long-term nursing home care, dental care, eyeglasses and other types of services are not covered.
6. Medicaid and SCHIP
    a. Medicaid: jointly funded by the federal and state governments to provide health care coverage for the poor
        i. Medicaid does not cover all poor people; eligibility rules and benefits vary from state to state.
        ii. Although all poor children are eligible, not all are enrolled.
    b. State Children's Health Insurance Programs (SCHIP)
        i. Created to cover uninsured children from families with incomes too high for Medicaid but too low to afford private health insurance.
        ii. States receive matching federal funds to provide medical insurance to uninsured children.
7. Workers' Compensation: an insurance program that provides medical and living expenses for work-related injuries or illnesses
    a. Not all employees acquire workers' compensation insurance, even in states where it is legally required.
    b. Many with work-related illness or injuries do not apply for benefits for fear of getting fired, lack of awareness of coverage, or incentives given by employers for not filing claims.
    c. Coverage employees who file claims receive rarely covers the cost of injury or illness.
8. Military Health Care
    a. 2007 reports brought attention to the conditions of military medical facilities and Veterans Administration (VA) hospitals.
        i. Many medical facilities were found to be extremely unsanitary, including infestations of mice, fruit flies, and asbestos, and lacking linens and staff.
        ii. Soldiers and veterans reported long waits for inadequate care.
    b. Mental health care is also inadequate; only about ½ with post-traumatic stress disorder seek treatment.

C. Inadequate Health Insurance Coverage

1. In 2007, 15.3% of the U.S. population (45.7 million) lacked health insurance.
2. Disparities in Health Insurance Coverage

a. Whites are more likely than racial and ethnic minorities to have health insurance; Hispanics have the largest percentage of uninsured, followed by American Indians/Alaska Natives, Native Hawaiians and other Pacific Islanders, blacks, and Asians.
b. Young adults ages 18-24 are least likely to have health insurance; in 2007, more than ¼ were uninsured.
c. Individuals who are employed and have higher incomes are more likely to be insured than those with lower incomes and the unemployed; however, in 2007, 17% of full-time workers were uninsured.

3. Inadequate Insurance for the Poor
   a. Medicaid eligibility levels are so low that many low-income adults are not eligible, many health providers do not accept Medicaid, and some states have long wait lists.
   b. 30% of eligible children are not enrolled and remain uninsured.
4. Consequences of Inadequate Health Insurance
   a. An estimated 18,000 deaths per year in the U.S. are attributable to lack of health insurance.
   b. Those without health insurance are less likely to receive preventive care, more likely to be diagnosed in the later stages of disease, and more likely to require hospitalization for avoidable problems.
   c. Because most providers do not accept patients without insurance, many resort to using an emergency room, where they are billed higher costs than those negotiated by insurance companies.

D. The High Cost of Health Care

1. The U.S. spends far more on health care than any other industrialized nation.
   a. The U.S. spends over $2.2 trillion each year, or $7,421 per person.
   b. Virtually every other wealthy nation has better health care outcomes, as measured by life expectancy and infant mortality.
2. Causes of escalating health costs in the U.S.
   a. Increased longevity: people are living longer and spending more of their lives with chronic illness than in the past.
   b. High Costs of Hospital Services, Doctors' Fees, and Medical Technology The use of expensive medical technology, unavailable just decades ago, also contributes to high medical bills.
   c. Cost of drugs
      i. The U.S. pays 81% more for brand-name prescription drugs than Canada and six Western European nations.
      ii. Drug manufacturers claim high prices result from the high cost of research and development, however most large drug companies spend substantially more on marketing, advertising and administration than research and development.
   d. Cost of Health Insurance
      i. Since 1999, average insurance premiums have increased 119%.
      ii. With rising costs, employers are increasing employee contributions, decreasing benefits, or not providing insurance at all.
   e. Costs of health care administration
      i. Health care administration expenses are six times higher in the U.S. than Western European nations.
   f. Consequences of the High Cost of Health Care for Individuals and Families
      i. Medical bills result in financial hardship and bankruptcies for many, sometimes even for those with health insurance.
      ii. Many forgo needed medical care when they cannot afford it.

iii. Some even break the law to receive free medical care in prison.

E. The Managed Care Crisis

1. There has been a dramatic increase in managed care in attempt to cut costs.
2. Consumers are concerned about reduced quality; physicians report negative effects due to limitations on diagnostic tests, hospital stays and specialists.

F. Inadequate Mental Health Care

1. Since the 1960s, U.S. mental health policy has focused on deinstitutionalization, which emphasizes reducing costly and often neglectful institutional care and on providing more humane services in the community.
2. Many who need mental health services do not receive care due to costs, lack of access (particularly in rural areas), and inconvenient hours.
3. People with severe mental illness end up in jails and prisons, homeless shelters, and hospital emergency rooms; children often drop out of school or end up in foster care or the juvenile justice system.

VIII. STRATEGIES FOR ACTION: IMPROVING HEALTH AND HEALTH CARE

A. Approaches to improving health care

1. Selective primary health care: using specific interventions to target specific health problems.
2. Comprehensive primary health care: focuses on broader social determinants of health, such as poverty and economic inequality, gender inequality, environment, and community development.

B. Improving Maternal and Infant Health

1. Access to family planning services, affordable methods of contraception, medical care, and safe abortion services can improve maternal and infant health.
   a. Family planning reduces maternal mortality by reducing unintended pregnancies and increasing spacing between births, which decreases infant mortality.
   b. Improving women's status can improve health by giving women more control over reproductive health.
   c. Improving maternal and infant health in low-income countries would cost only $3/person.

C. HIV/AIDS Prevention and Alleviation Strategies

1. There is currently no vaccine to prevent HIV; strategies can help prevent and treat HIV/AIDS.
2. HIV/AIDS Education and Access to Condoms
   a. Alleviating HIV/AIDS requires educating populations about how to protect against HIV and providing access to male and female condoms.
   b. Many people throughout the world remain uninformed or misinformed about HIV/AIDS; many U.S. adults do not know how HIV is transmitted and are unaware of medications pregnant women can take to reduce risk of transmission to fetus.
   c. Providing education that advocates condom use and providing youth with access to condoms are controversial topics, as is providing condoms to prison inmates.
3. HIV Testing
   a. HIV testing can also reduce transmission; infected individuals avoid transmitting the virus and receive early medical intervention, which can slow or prevent the onset of AIDS.
      i. An estimated one-fourth to one-third of HIV-infected Americans do not know they are infected.
      ii. More than 1/3 of Americans report ever having been tested for HIV
4. The Fight Against HIV/AIDS Stigma and Discrimination
   a. HIV/AIDS stigma results in discrimination in employment, housing, social relationships,

and medical care, as well as violence against individuals believed to be infected.
   b. HIV/AIDS stigma can deter people from getting tested, make them less likely to acknowledge risk of infection, and discourage those with HIV from discussing their status with sexual and needle-sharing partners.
   c. Fighting anti-gay prejudice and discrimination is also important to eliminate HIV/AIDS stigma.
5. Needle Exchange Programs
   a. Some countries and U.S. communities have needle exchange programs, which provide new, sterile syringes in exchange for used, contaminated syringes.
      i. Many programs provide drug users with a referral to drug counseling and treatment, HIV testing and screening for other sexually transmissible diseases, hepatitis vaccinations, and condoms.
   b. The U.S. is the only country to ban use of federal funds for needle exchange.
      i. Most states require a prescription to purchase sterile needles.
      ii. In 2007, 185 needle exchange programs were operating in 36 states.
6. Financial and Medical Aid to Developing Countries
   a. Developing countries depend on aid from wealthier countries to help provide medications, HIV/AIDS education programs, and condoms; HIV treatment is not affordable for many in the developing world.

D. Fighting the Growing Problem of Obesity

1. Reducing obesity requires encouraging improved diet and regular physical activity.
2. Strategies to achieve these goals include:
   a. Restrictions on advertisements
      i. The food industry spends an enormous amount of money advertising to children; some European countries ban this practice; similar efforts were made in the 1970s and 80s, but were opposed by food and advertising industries.
   b. Public education
      i. Proposed federal legislation includes the Menu Education and Labeling (MEAL) Act that would require all chain restaurants to list all nutritional information on the menu.
   c. School nutrition and physical activity programs
      i. Several states have legislation restricting vending machines in schools and 24 have recess/physical activity requirements.
      ii. Some federal legislation has been proposed to address child obesity.
   d. Interventions to treat obesity
      i. Interventions include weight-loss or fitness clubs, nutrition and weight-loss counseling, weight-loss medications, and surgical procedures.
      ii. Some private insurers also cover treatment for obesity; at least 7 states require it.

E. Strategies to Improve Mental Health Care

1. Eliminating the stigma of mental illness
   a. Many do not seek psychological services due to stigma of mental illness; boys are more likely to associate mental illness with stigma than girls.
   b. Reducing stigma may occur through encouraging treatment that is accessible and affordable, and through public education campaigns.
2. Eliminating Inequalities in Health Care Coverage for Mental Disorders
   a. Federal Laws: 2008 legislation requires parity—that insurance plans treat mental and physical illness equally.
   b. Some states have enacted mental health parity laws, but many do not address substance abuse, are limited to serious mental illnesses, or apply only to government employees.

F. U.S. State and Federal Health Care Reform

1. The U.S. is the only industrialized country that does not guarantee health care to its citizens.

2. Other countries provide universal health care—a state-supported system of health care delivery in which health care is purchased by the government and sold to the consumer at little or no additional cost.
    a. Typically in universal health care, the government controls the financing and organization of health services, pays providers, owns most medical facilities, guarantees access to care, and allows private care for individuals willing to pay.
3. U.S. health reform goals generally fall into one of three categories: Creation of a universal health program, expansion of existing government programs, and making private insurance more affordable through tax credits or deductions or other means.
4. State-Level Health Care Reform
    a. In 2006, Massachusetts passed legislation requiring residents to be insured.
        i. The plan expanded state coverage (for the poor and near-poor) and required the middle class to buy insurance through employers or a new state agency.
        ii. At least ½ of those previously uninsured now have insurance, but universal coverage has not been achieved.
    b. Other states have taken steps to increase coverage; plans include tax credits to small businesses and discounted coverage through the state.
5. Federal Health Care Reform
    a. Universal health care has been advocated by the Roosevelt, Truman, Nixon, Carter, Clinton, and Obama administrations.
    b. The majority (61 percent) of U.S. adults believe the federal government should guarantee health care coverage for all Americans, even if it means raising taxes.
    c. A number of types of health care reform have been proposed. One is the National Health Insurance Act which would expand Medicare to every U.S. resident.
        i. This would create a single payer system in which a single tax-financed public insurance program replaces private insurance companies.
        ii. Every U.S. resident would be issued a national health insurance card, would receive all medically necessary services (including prescription drugs and long-term care), would have no copayments or deductibles, and would see the doctor of his or her choice.
        iii. It is estimated that this plan would save enough on administrative costs to provide coverage for all the uninsured and substantially help the underinsured.
    d. The insurance industry opposes such a system because the private health insurance industry would be virtually eliminated.

ACTIVITIES AND ASSIGNMENTS

STUDENT PROJECTS

Health Care Satisfaction Survey

As a class, develop a survey of closed- and open-ended questions that ask U.S. citizens about their satisfaction with their health care coverage. Some topics to include may be the type of health care coverage the individual has, the cost of the health care plan and any co-pays or deductibles, the types of services the individual seeks, their satisfaction with the care they have received, the extent of coverage, the average length of time it takes to obtain an appointment, average wait time to see a health care provider, and whether certain procedures or types of health care providers are not covered by their health insurance plan. Questions could also ask their overall satisfaction with their health insurance, major strengths and weaknesses of the insurance, and satisfaction with the cost of the plan.

Once the class has developed a survey instrument instruct each student to interview five people, preferably of different ages and socioeconomic statuses. Then compile and analyze the results as a class.

Local, State, and National Health Organizations

Ask students to identify a local, state, or national health organization (such as the American Cancer Society or a local mental health center) that addresses a specific type of health problem. Instruct the students to obtain information regarding the goals of the organization, the efforts of the organization to reach these goals, sources of funding for the organization's activities, whether this organization is part of a larger state, national, or international organization, and an assessment of how successful this organization has been in reaching its goals. Request the students to discuss these factors orally in class discussion and submit their ideas in a written paper.

Learning from Others' Personal Stories of Health Problems

Instruct students to find a personal story in the newspapers, magazines, Internet, or by interviewing a personal acquaintance of someone who has suffered or is currently suffering from a health problem. Request the students to complete the following sentence:

> The most important thing I learned from reading the personal story [of the health problem the student chose] is...

Request the students share the personal story and what they learned from it in a class discussion.

Stigmatization of Illness or Disability

Instruct each student to interview either (1) someone who suffers from a chronic physical or mental illness or disability that is stigmatized in our society or (2) a close family member of someone who is stigmatized because of illness or disability. Some possible illnesses or disabilities include HIV/AIDS, mental illness, alcoholism or other drug addiction, or physical deformities. In the interview, the student should ask: (a) what kinds of people tend to react negatively to the illness or disability; (b) what particular actions of these people suggest they think negatively about the ill or disabled person; (c) how these actions make the person feel about themselves; (d) how these feelings have affected their social interactions.

CLASSROOM ACTIVITIES

Stigmatizing Mental Illness

The instructor or students should bring to class examples of media (television, movies, magazines, newspapers, billboards) that they believe stigmatizes mental illness. Then divide the students into small groups and request them to discuss ways in which the examples stigmatize the mentally ill and the effects this kind of stigmatization may have on public attitudes and the mentally ill.

Issues Regarding Prevention of HIV/AIDS and Other Sexually Transmitted Diseases

Divide students into small groups and assign each group an issue related to sexually transmitted diseases, such as promotion of sexual abstinence among youth versus comprehensive sex education, free distribution of condoms, or needle exchange programs. Request the students to choose a side on the issue and brainstorm arguments for that side. Then have a representative of each group present the group's arguments to the class. After all sides related to an issue have been presented, open the debate for further class discussion.

Social Inequality and Health in the U.S.

Divide students into small groups and assign each group a health issue (e.g. obesity, infant mortality, HIV/AIDS). Request that each group brainstorm various ways that structural inequalities related to social class, race, ethnicity, gender, sexual orientation and age impact the incidence, prevention and treatment of that health issue in the U.S. A spokesperson from each group can then report their ideas to the class.

Strategies for Improving Health

Divide the class into small groups and assign each group a particular health problem in the U.S, such as obesity, anorexia-bulimia, AIDS, heart disease, cancer, or infant mortality (which is higher among the poor and minorities). Request the student groups to divide up the labor to research outside of class current government initiatives to solve the health problem. Then have the student groups meet in class to critically discuss the potential effectiveness of these programs and brainstorm other strategies to improve the health problem. The instructor can then ask each group to report on their ideas to the class.

Debating Universal Health Care Coverage

Request the students to research arguments for and against universal health care coverage and then ask them to each take a stand on the issue. (Note: this project can be combined with the Internet assignment regarding universal health care coverage below). Then divide the class into small groups based on their stand on the issue and ask each group to compile a list of their arguments. Each group should then select one or two representatives to represent their stand in a class debate on the issue.

INTERNET ASSIGNMENTS

Mental Illness and Other Social Problems

Instruct students to go to the following web page of the NAMI (The Nation's Voice on Mental Illness): www.nami.org.

Instruct the students to select a social problem discussed on the web site or its links and then describe how that social problem relates to mental health problems. Also request the students to make recommendations regarding how to reduce the effects of the social problem on mental health. Have the students submit their information in a written paper and/or share their ideas in a class discussion.

Search the Internet for Information about a Health Condition

Instruct the students to search the Internet for information about causes, prevention, and treatment of a particular illness of interest to them. Request the students to summarize their information in a written report and/or share what they learned in a class discussion.

Raising Awareness of the Public Health Effects of Global Trade

Instruct the students to search the website of the Center for Policy Analysis on Trade and Health (http://www.cpath.org) for concerns regarding the effects of global trade on public health. Request the students to report to the class or in a written assignment on one of these concerns and current organizational or legislative efforts to address the problem.

Global Comparisons of Health

Instruct students to look at the most recent World Population Data Sheet on the Population Reference Bureau's website (under "publications" click on "data sheets" and scroll down to the most recent version). http://www.prb.org/

Request the students to select a region of the world (e.g. South American, Western Europe, etc.) and compare countries in that region on the following health measures, noting which country is highest and lowest on each measure: infant mortality, woman's lifetime risk of dying of maternal causes, life expectancy (as a whole and by gender), and percent of population ages 15-49 with HIV/AIDS. Have the students report their findings to the class.

Universal Health Care Coverage

Instruct each student to search the web for a politician (either a current political official or candidate for political office) who favors universal health care coverage and a politician who opposes universal health care coverage. Request the students to write a report stating: (1) for the politician who favors universal health care, their arguments why the U.S. needs universal health care coverage and any specific plans for universal coverage that he or she has proposed; (2) for the politician who is opposed to universal health care, his or her arguments against universal health care coverage and any alternative plans to alleviate health care problems that he or she has proposed.

INFOTRAC EXERCISES

Strategies for Health Prevention

Instruct students to use InfoTrac College Edition at http://www.infotrac.thomsonlearning.com/ to find three articles about a controversial strategy for health prevention, such as needle exchange programs. Request the students to submit an outline of the opposing viewpoints presented in the articles and to state how the information in the articles they found has influenced their own views.

HIV Prevention

Instruct students to use InfoTrac College Edition at http://www.infotrac.thomsonlearning.com/ to find at least three articles that describe programs or strategies to prevent HIV transmission. Request the students to summarize the articles and share their findings in a class discussion on HIV prevention.

Obesity

Instruct the students to use InfoTrac College Edition at http://www.infotrac.thomsonlearning.com/ to find at least three articles that discuss the problem of obesity—either its incidence or prevalence, causes, effects on people's lives, or strategies to reduce obesity. Request the students to summarize the articles and share their findings in a class discussion on obesity.

VIDEO SUGGESTIONS

La Operacion
Documentary of Puerto Rican women coerced into becoming permanently sterilized through government propaganda, health care professionals and others as a way of curbing "surplus population."

Discussion Questions:
1. Why were Puerto Rican women targeted for sterilization?
2. Are the sterilization practices described and depicted in the video ethical? Explain.

Salud!
Documentary that examines the health care system and health outcomes in Cuba as well as health care outreach programs in which Cuban doctors serve needy countries.

Discussion Questions:
1. Describe the health care system and health outcomes in Cuba.
2. How is health care viewed in Cuba?
3. Why do so many Cuban doctors engage in outreach programs to help other countries?

Sicko
Documentary that critiques the health care industry in the U.S. and compares it with government-based health care systems in other countries, including Great Britain, Canada and Cuba.

Discussion Questions:
1. According to the video, how does health care in the U.S. compare to health care in other countries?
2. What are the arguments for universal health care that are presented in the film?
3. What are the arguments against universal health care?