

Chapter 13

Health and Health Care

1. Sociological Perspectives on Health and Health Care

- List the assumptions of the functionalist, conflict, and symbolic interactionist perspectives on health and medicine.

Section Outline

- **The Functionalist Approach:** The functionalist perspective emphasizes that good health and effective medical care are essential for a society's ability to function. Ill health impairs our ability to perform our roles in society, and if too many people are unhealthy, society's functioning and stability suffer.
- **The Conflict Approach:** The conflict approach also critiques efforts by physicians over the decades to control the practice of medicine and to define various social problems as medical ones. Physicians' motivation for doing so has been both good and bad. On the good side, they have believed they are the most qualified professionals to diagnose problems and to treat people who have these problems. On the negative side, they have also recognized that their financial status will improve if they succeed in characterizing social problems as medical problems and in monopolizing the treatment of these problems.
- **The Symbolic Interactionist Approach:** The symbolic interactionist approach emphasizes that health and illness are *social constructions*. This means that various physical and mental conditions have little or no

objective reality but instead are considered healthy or ill conditions only if they are defined as such by a society and its members. Critics fault the symbolic interactionist approach for implying that no illnesses have objective reality. Many serious health conditions do exist and put people at risk for their health regardless of what they or their society thinks.

Key Takeaways

- A sociological understanding emphasizes the influence of people's social backgrounds on the quality of their health and health care. A society's culture and social structure also affect health and health care.
- The functionalist approach emphasizes that good health and effective health care are essential for a society's ability to function, and it views the physician-patient relationship as hierarchical.
- The conflict approach emphasizes inequality in the quality of health and in the quality of health care.
- The interactionist approach emphasizes that health and illness are social constructions; physical and mental conditions have little or no objective reality but instead are considered healthy or ill conditions only if they are defined as such by a society and its members.

For Your Review

1. Which approach—functionalist, conflict, or symbolic interactionist—do you most favor regarding how you understand health and health care? Explain your answer.
2. Think of the last time you visited a physician or another health-

care professional. In what ways did this person come across as an authority figure possessing medical knowledge? In formulating your answer, think about the person's clothing, body position and body language, and other aspects of nonverbal communication.

Key Terms

- **Health** -- The extent of a person's physical, mental, and social well-being.
- **Medicine** -- The social institution that seeks to prevent, diagnose, and treat illness and to promote health in its various dimensions.
- **Health Care** -- The provision of medical services to prevent, diagnose, and treat health problems.
- **Sick Role** -- Expectations of how people are supposed to think and act when they are ill.

2. Global Aspects of Health and Health Care

- Describe how the nations of the world differ in important indicators of health and illness.
- Explain the health-care model found in industrial nations other than the United States.

Section Outline

- **International Disparities in Health and Illness:** The nations of the world differ dramatically in the quality of their health and health care. The poorest nations suffer terribly. Their people suffer from poor nutrition, unsafe water, inadequate sanitation, rampant disease, and inadequate health care. One disease they suffer from is AIDS. Some 34 million people

worldwide have HIV/AIDS, and two-thirds of these live in sub-Saharan Africa. All these health problems produce high rates of infant mortality and maternal mortality and high death rates. For all these reasons, people in the poorest nations have shorter life spans than those in the richest nations.

- **Health Care in Industrial Nations:** Industrial nations throughout the world, with the notable exception of the United States, provide their citizens with some form of national health care and national health insurance. Although their health-care systems differ in several respects, their governments pay all or most of the costs for health care, drugs, and other health needs. In Denmark, for example, the government provides free medical care and hospitalization for the entire population and pays for some medications and some dental care bills. Although these national health insurance programs are not perfect—for example, people sometimes must wait for elective surgery and some other procedures—they are commonly credited with reducing infant mortality, extending life expectancy, and, more generally, for enabling their citizenries to have relatively good health.

Key Takeaways

- The world's nations differ dramatically in the quality of their health and health care. People in poor nations suffer from many health problems, and poor nations have very high rates of infant mortality and maternal mortality.

- Except for the United States, industrial nations have national health-care systems and national health insurance. Their health-care models help their citizens to have relatively good health at affordable levels.

For Your Review

1. What do you think should be done to help improve the health of poor nations? What role should the United States play in any efforts in this regard?
2. Do you think the United States should move toward the national health insurance model found in other Western nations? Why or why not?

Key Term

- **National Health Insurance** -- A system of medicine in which the government pays all or most of the costs of health care, prescriptions, and other items for the entire population.

3. Problems of Health in the United States

- Describe how and why social class, race and ethnicity, and gender affect physical health and health care in the United States.
- Summarize the differences that social class, race and ethnicity, and gender make for mental health.

Section Outline

- **The Poor Status of American Health:** The United States lags behind most other wealthy democracies in several health indicators, as we have seen, even though it is the wealthiest nation in the world. Moreover, 14.5 percent of US households and almost 49 million Americans are “food

insecure” (lacking sufficient money for adequate food and nutrition) at least part of the year; more than one-fifth of all children live in such households.

- **Health Disparities:** Physical Health: Not only do the poor have less money, but they also have much worse health, as the news story that began this chapter illustrated. There is growing recognition in the government and in medical and academic communities that social class makes a huge difference when it comes to health and illness. Many types of health indicators illustrate the social class–health link in the United States. Objective indicators of actual health also indicate a strong social class–health link.
- **Race and Ethnicity:** Health differences also exist when we examine the effects of race and ethnicity, and they are literally a matter of life and death. We can see this when we compare life expectancies for whites and African Americans born in 2006 (Table 13.2). When we do not take gender into account, African Americans can expect to live about five fewer years than whites. Among men, they can expect to live almost six fewer years, and among women, four fewer years.
- **Gender:** Women outlive men by more than six years, and the gender difference in longevity persists across racial categories. At the same time, women have worse health than men in many areas. For example, they are more likely to suffer from migraine headaches, osteoporosis, and immune diseases such as lupus and rheumatoid arthritis. Women thus have more

health problems than men do even though they outlive men—a situation commonly known as the *morbidity paradox*. Why, then, do women outlive men? Conversely, why do men die earlier than women? The obvious answer is that men have more life-threatening diseases, such as heart disease and emphysema, than women.

- **Health Disparities: Mental Health:** Health consists of mental well-being as well as physical well-being, and people can suffer mental health problems in addition to physical health problems. Scholars disagree over whether mental illness is real or, instead, a social construction. The predominant view in psychiatry, of course, is that people do have actual problems in their mental and emotional functioning and that these problems are best characterized as mental illnesses or mental disorders and should be treated by medical professionals. But other scholars say mental illness is a social construction or a “myth”
- **Social Class:** Poor people exhibit more mental health problems than richer people: they are more likely to suffer from schizophrenia, serious depression, and other problems. A major reason for this link is the stress of living in poverty and the many living conditions associated with it
- **Race and Ethnicity:** Second, there is no clear connection between race/ethnicity and mental illness, as evidence on this issue is mixed: although many studies find higher rates of mental disorder among people of color, some studies find similar rates to whites’ rates

- **Gender:** Women have higher rates of manic-depressive disorders than men and are more likely to be seriously depressed, but men have higher rates of antisocial personality disorders that lead them to be a threat to others

Key Takeaways

- Social class, race and ethnicity, and gender all influence the quality of health in the United States. Health problems are more common among people from low-income backgrounds and among people of color. Women are more likely than men to have health problems that are not life threatening.
- Although debate continues over whether mental illness is a social construction, many people do suffer mental health problems. The social epidemiology for mental health and illness resembles that for physical health and illness, with social class, race/ethnicity, and gender disparities existing.
- The private insurance model in the United States incurs huge administrative costs and results in more than 50 million people lacking health insurance.

For Your Review

1. In thinking about the health problems of individuals from low-income backgrounds, some people blame lack of access to adequate health care for these problems, while other people blame unhealthy lifestyles practiced by low-income

individuals. Where do you stand on this debate? Explain your answer.

2. Write a brief essay in which you present a sociological explanation of the higher rate of depression found among women than among men.

Key Terms

- **Social Epidemiology** -- The study of how health and illness vary by social and demographic characteristics such as social class, race and ethnicity, and gender.
- **Health Disparities** -- Differences in health and illness according to social class, race and ethnicity, and gender.

4. Problems of Health Care in the United States

- Summarize the problems associated with the model of private insurance that characterizes the US health system.
- Explain how and why mistakes and infections occur in hospitals.
- Describe any two other problems in US health care other than the lack of health insurance.

Section Outline

- **Private Health Insurance and the Lack of Insurance:** Expenditures for health care, health research, and other health items and services have risen sharply in recent decades, having increased tenfold since 1980, and now costs the nation more than \$2.6 trillion annually. This translates to the largest figure per capita in the industrial world. Despite this expenditure, the United States lags behind many other industrial nations in several

important health indicators.

- **The High Cost of Health Care:** The United States spends much more money per capita on health care than any other industrial nation. The US per capita health expenditure was \$7,960 in 2009. This figure was about 50 percent higher than that for the next two highest-spending countries, Norway and Switzerland; 80 percent higher than Canada's expenditure; twice as high as France's expenditure; and 2.3 times higher than the United Kingdom's. However, the United States lags behind many of its peer nations in several indicators health and health care quality.
- **Managed Care and HMOs:** HMOs are prepaid health plans with designated providers, meaning that patients must visit a physician employed by the HMO or included on the HMO's approved list of physicians. If their physician is not approved by the HMO, they have to either see an approved physician or see their own without insurance coverage. Popular with employers because they are less expensive than traditional private insurance, HMOs have grown rapidly in the last three decades and now enroll more than 70 million Americans.
- **Racial and Gender Bias in Health Care:** African Americans are less likely than whites with the same health problems to receive various medical procedures. Gender bias also appears to affect the quality of health care.
- **Medical Ethics and Medical Fraud:** Many types of health-care

providers, including physicians, dentists, medical equipment companies, and nursing homes, engage in many types of health-care fraud. In a common type of fraud, they sometimes bill Medicare, Medicaid, and private insurance companies for exams or tests that were never done and even make up “ghost patients” who never existed or bill for patients who were dead by the time they were allegedly treated.

Key Takeaways

- The US health-care model relies on a direct-fee system and private health insurance. This model has been criticized for contributing to high health-care costs, high rates of uninsured individuals, and high rates of health problems in comparison to the situation in other Western nations.
- Other problems in US health care include the restrictive practices associated with managed care, racial/ethnic and gender bias in health-care delivery, hospital errors, and medical fraud and.

For Your Review

1. Do you know anyone, including yourself or anyone in your family, who lacks health insurance? If so, do you think the lack of health insurance has contributed to any health problems? Write a brief essay in which you discuss the evidence for your conclusion.
2. Critics of managed care say that it overly restricts important tests and procedures that patients need to have, while proponents of managed care say that these restrictions are

necessary to keep health-care costs in check. What is your view of managed care?

5. Improving Health and Health Care

- Explain how the United States could improve the quality of health and health care.
- List strategies that will improve global health.

Section Outline

- To improve health and health care in the United States, then, the importance of social class, race and ethnicity, and gender must be addressed. Efforts, as outlined in earlier chapters, that reduce poverty and racial/ethnic and gender inequality should also improve the physical and mental health of those currently at risk because of their low incomes, race or ethnicity, and/or gender, as public health experts recognize (Bradley & Taylor, 2011). At the same time, special efforts must be made to ensure that these millions of individuals receive the best health care possible within the existing system of social inequality.
- In this regard, the national health-care and health insurance systems of Canada, the United Kingdom, and many other Western nations provide models for the United States.

Key Takeaways

- Effective health care reform must address social class, racial and ethnic, and gender inequalities in health and health care.
- National health insurance involving a single-payer system would improve many aspects of health and health care in the United States.

- In the absence of national health insurance, several types of changes could still help to reduce health care costs.

For Your Review

1. Do you favor or oppose national health insurance for the United States? Explain your answer.
2. Why do you think the United States remains the only industrial nation without national health insurance?

Key Terms

- **Direct-Fee System** -- A system of medicine in which patients pay for health care, prescriptions, and other medical costs themselves.
- **Health Maintenance Organizations** -- Prepaid health plans with designated providers that typically enroll their subscribers through their workplaces.
- **Single-Payer System** -- A program of health insurance for all citizens that is funded and operated by the federal government.