I. Health in America

A. America’s Physical

1. Infant mortality: approx 7 per 1000

a. class (1.6x)/race (AA2x)

b. comparative 29th

2. Life Expectancy: 77.8 years

a. class(7ys)/race (NA -10years)

b. gender w 79 m74

c. comparative w17th m 15th

3. Mortality

a. approx 2.5 million

b. #1 heart disease, #2 cancer

c. class/race

d. maternal mortality

4. Communicable diseases

a. class/race

b. gender

5. Mental illness: Adults 20%

Children 10%

6. Overweight and Obesity

a. BMI: OW 25%-29%, O +30%

a. Adults 66% Children 17%

b. Trend

c. comparison

7. Eating disorders

B. Health: social factors

1. Exercise

a. adults

i. 60% not regularly physically active

ii. 25% of adults are not physically active at all

b. Children

i. 50% of adolescents

ii. Phys Ed

2. Diet

a. fast foods: 1 in 4 each day

i. size

ii. content: fat, sugar, salt

b. 90% of children visit McDonalds once a month

c. Avg American: 3 burgers a week, and 56 gallons of soda

3. Food security

a. each day

i. 200,000 sickened,

ii. 900 hospitalized

iii. 14 die from food poisoning

b. 1/4 of population

c. long term: heart disease, kidney damage, bowel

disease, neurological disorders

d. one study: meat

i. e coli

ii. staph 30%

iii. listeria 11.7% 1 out of 5 lethal

iv.salmonella 7.5%

v. fecal matter 78.6%

vi.Jack in the Box 500,000 sickened by e coli

4. Cigarette and Alcohol

a. 500,000 deaths

b. disease

5. Work

a. more hours 200+ since mid 70s

b. more hours commuting

c. work is more sedentary

d. stress: job insecurity

e. occupational illnesses

6. Advertising

a. targeting children

i. $, prime time

ii. selling: cereals, snacks, candies, sweetened drinks

iii. “branding” children

b. McDonalds

7. Environmental factors

a. industrial pollution

b. chemical pollution

c. air pollution

d. environmental racism

8. Technology

a. television

b. internet

9. Class and race

II. Health Care in America

A. Health: individual problem

1. Health care system
   1. public

a. Medicare (no prescription drugs, supplemental)

b. Medicaid

c. VA

d. States

e. Free Clinics

2.private

a. product

b. purchased in market

c. job benefit

3. Private: Corporate-controlled

a. drug companies (most profitable legal industry 18%)

b. managed care: HMOs all profitable (10-15% profit or “not” profit)

c. PPOs

d. for-profit hospitals (Columbia/HCA)

e. insurance companies (health insurance cartel)

f. nursing homes

g. profitable

i. drug companies

ii. insurance companies: 2009 $12.2 billion (eliminated 2.7 million)

4. Cost

a. $2 + trillion/17% of GDP

b. per capita $7000

c. Seniors: avg $1500 drugs

5. Comparison/trend

a. Most expensive

b. WHO: 37th

c. uninsured: 16%/47 (14, 000 per day, 40,000 per year die)

d. underinsured: 50 million

e. dental insurance: 130 million

f. only industrial country w/o universal health coverage

g. only industrial country that doesn’t regulate drug

prices

C. Three tiered system

1. upper class: best care in the world

a. private doctors

b. private hospitals

c. "boutique"

2. middle:

a. Managed Care: HMOs, PPO (Preferred Provider Organization)

i. monthly premium

ii. deductibles

iii. co-pays

b. cost control: strategies of undercare

i. gatekeeping: primary care physicians

appointment

brief examinations

limit referrals\*

ii. medlining (redlining in medicine)

exclude sick (preexisting conditions)

exclude poor (high prices, location)

exclude specialists

system of classification (experimental, elective-cosmetic)

eliminate unprofitable units

low staffing

c. consequences: strategies of undercare

i. bankruptcy

ii. inadequate care

iii. approx 90,000 per year die from hospital-grown infections

(75% preventable)

iv. errors: millions prescription drug mistakes

3. bottom tier

a. Emergency room care/ patient dumping

b. “black market” health care.

D. Health Care Industry and the Political System

1. campaign finance

1. lobbying (revolving door)

.3. trade groups

a. PHARMA (Pharmaceutical Research and Manufacturers of

America),

b. AMA (American Medical Association)

4. front groups

a. Citizens for Better Medicare: $65 million

b. United Senior Coalition

c. Center for Consumer Freedom

5. advertising and marketing: Pharmaceutical indurstry

a. advertising

b. marketing: $8,000 to $15.000 per doctor

E. Corporate Interests vs. vital needs

1. Pharmaceutical Industry

a. research and development

i. subsidies (Taxol)

ii. licensing

ii. “cosmeceuticals”

b. tort reform

c. human testing in third world countries

d. limit generics

i. patent extensions

ii. law suits: AIDS drugs

iii. bribery

e. control: FDA, medical journals (JAMA), researchers

and studies

f. DTC (Direct-to-Consumer drug advertisements)

i. illegal until 1997

ii. “clarification”

iii. legal now in US and New Zealand

iv. restrictions

III. Health care: Another Approach

A. Public health

1. method

a. discover social/environmental causes

b. eliminate

2. public health: success

a. sewage treatment b. water treatment

c. standards for food d. working conditions

B. Public health in America

1. funding: 3%

2. Public health

a. no profit

b. cost to corporations

i. environment: auto, fossil fuel, chemical

ii. diet: fast food and meat processing industry

iii. media: advertising industry

iv. health care industry

2. Managed care (HMOs/Ppos): set fee for services and physicians within

plan

a. low with staffing

b. physician incentives: gatekeeper to limit care

c. exclusion: preexisting conditions

d. limit specialists

e. limited liability

3. For-profit hospitals

a. concentration of ownership: Columbia/HCA

i. decrease beds

ii. low staff (no unions)

iii. wealthy areas

iv. no emergency room, burn units, neonatal intensive units

v. charge more

4. nursing homes

a. concentration of ownership

b. government subsidies, raise medicare and medicaid

payments

c. laws to keep people alive

d. 6years +1600% profit

5. Doctors

a. Specialists vs general practicioners

b. Areas:

c. Limit regulation: radiologists

IV. Summary: Inequality

A. Class: poor and working poor

1. fewer doctors and medical infrastructure in poor areas

2. more likely to receive inferior care

3. more likely to experience “patient dumping”

4. Medicaid: doctors refuse

5. exposed to more health risks

B. Race

1. same as poor

2. late diagnosis and less treatment

C. Women

1. less likely to have health insurance

2. health risk: child bearing and traditional social roles

3. sexism in the medical profession

4. gender discrimination in research