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AMERICAN HEALTH SYSTEM AND INEQUALITIES

INTRODUCTION

- In the United States, a clear relationship exists between levels of wealth and income, and health outcomes such as illnesses and diseases.
- Individuals of lower socioeconomic status experience higher mortality and morbidity rates, resulting in fewer healthy days and lower reports of well-being per capita
- In 2012, 48 million individuals—more than 15 percent of the United States population—were uninsured.

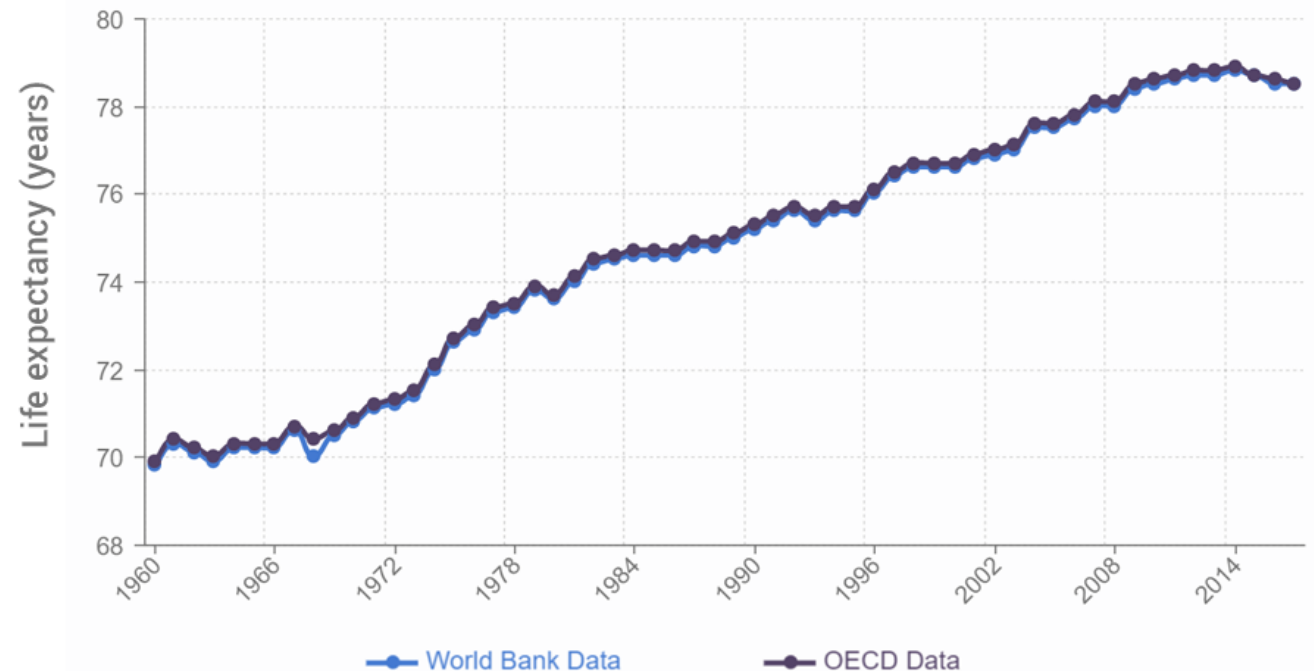
RESEARCH QUESTIONS

- How multiple environmental causes, along with race, ethnicity, and economic disparities, affect health outcomes ?
- How, and why, the health system has consistently failed to respond to the demands of individuals in lower SES, while benefitting other SES groups through implementation of policies.?


HISTORICAL TRENDS

- Life expectancy has become on average higher in the US overtime
- Life expectancy has increased because of:
 - Better sanitation
 - Social security
 - G.I. Bill --> WWII veterans returned home and received this GI bill
 - This helped soldiers to get a home and education
 - Housing and education set health in an upward motion

United States life expectancy at birth
(1960-2017) Average age for male and female

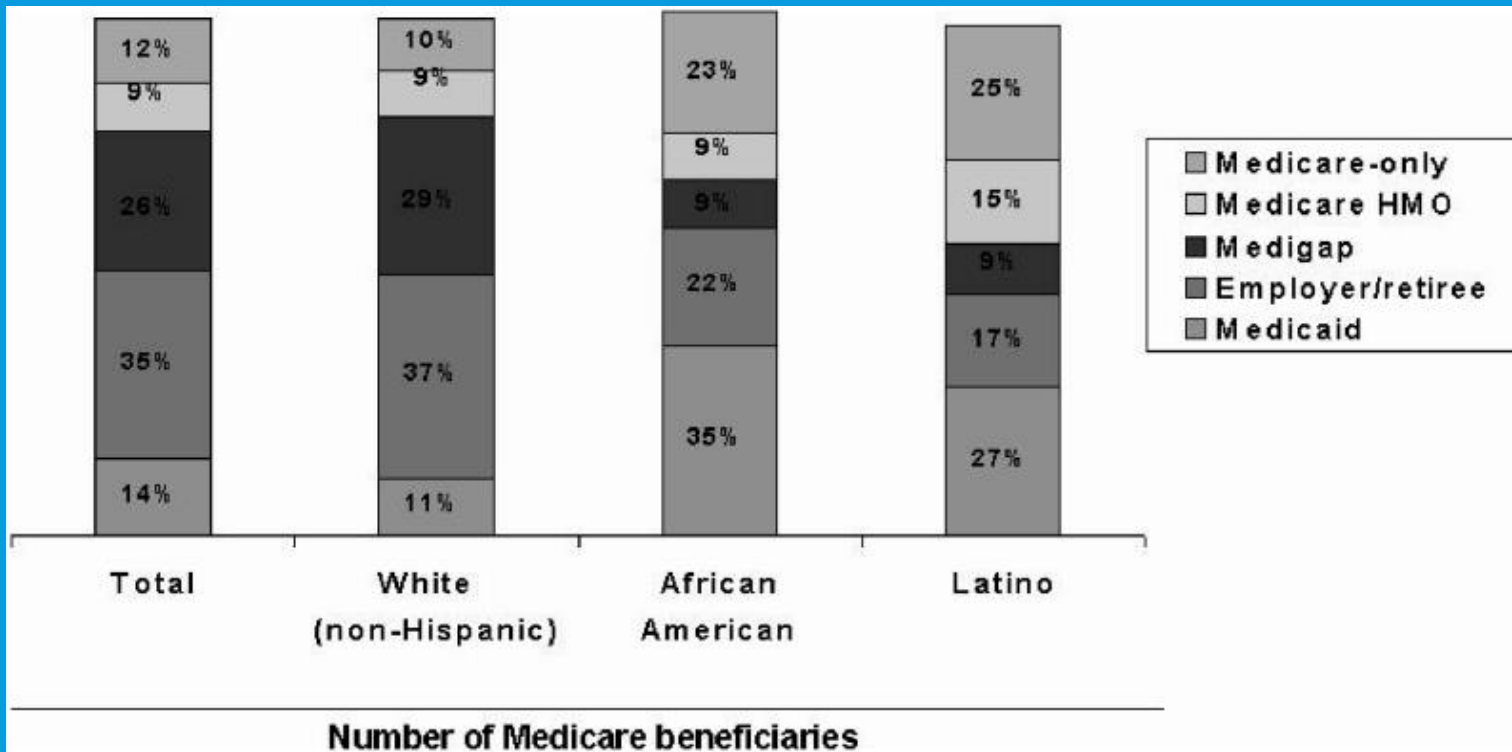


Source: OECD / World Bank Data

 Simply Insurance

<https://www.simplyinsurance.com/average-us-life-expectancy-statistics/>

HEALTH COVERAGE BY RACE



1990's:

- These figures show that beneficiaries of minority Medicare are poorer and sicker, are at relatively higher risk of underfunding essential healthcare, and are much more likely to rely on less appropriate sources of additional funding.
- Income gap between Black and White has become narrower in turn narrowing the health inequalities

US HEALTH SYSTEM TRENDS 1980 – PRESENT

- Social programs not being funded as much or completely gotten rid of
 - Over the past decade CDC's funding has gone down 10% while substance misuse, obesity and other health issues have skyrocketed
 - "Multiple years of funding cuts contributed to more than 55,000 lost jobs at local health departments from 2008-17." (Farberman and Pepper)
- Industry deregulated and taxes are lowered for the wealthy widening the gap in inequalities
 - This causes a suggestion in an increase in health problems for the future
 - With the gap being widened in inequalities, it will be harder for the minority to be able to get healthcare of any type or will cause a higher level of stress
 - This will allow for health problem to rise at higher rates in the minority population
 - Is a belief that Americans today may live a shorter life than parents

MEDICAID

- Medicaid was created in 1965 by President Lyndon B. Johnson.
- Medicaid was designed so low-income families could have health care.
- The federal government would then make payments to the states to pay for half or more of their health costs in furnishing services to beneficiaries.
- There is 63.9 million people insured under Medicaid.

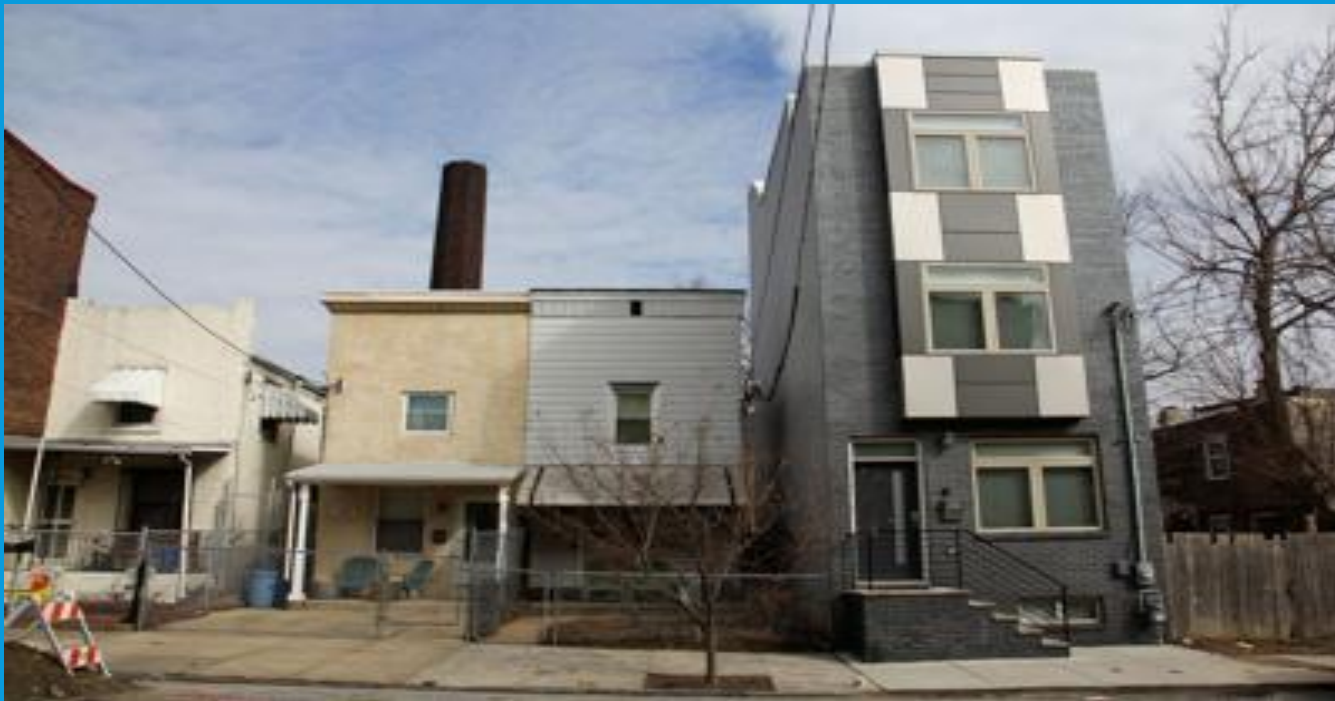
MEDICARE

- Federal health insurance for people who are 65 or older, certain younger people with disabilities, and people with permanent kidney failure requiring dialysis or a transplant and was created in 1965 by Lyndon B. Johnson.
- Part A (Hospital Insurance) : covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and home health care.
- Part B(Medical Insurance): covers clinical research, ambulance services, durable medical equipment, mental health (inpatient, outpatient and partial hospitalization) and limited outpatient prescription drugs,
- Part D (Prescription Drug Coverage) : original Medicare, some Medicare cost plans, some Medicare private-fee-for-service plans, and Medicare medical savings account plans.

AFFORDABLE CARE ACT

- The Affordable Care Act a health reform that was signed into law under President Barack Obama and is currently known as Obama care in 2010.
- The main goal for Obamacare was to extend healthcare to uninsured Americans.
- It expanded the eligibility to Americans and their Medicare along with creating a Health Insurance Marketplace which was to prevent insurance companies from denying coverage due to pre-existing conditions. It also allows children to be under their parent's insurance until they are 26.
- Under this Act, all insurance plans must provide the "essential health benefits" which include but not limited to: Ambulatory patient services, Breastfeeding, emergency services, Family planning, hospitalization, laboratory service, etc.

CURRENT STATE OF AFFAIRS



Gentrification: is when the poor and middle-class residents are pushed out of their homes when they're unable to compete with the money that young professionals are making (Dasgupta 59)

- An important cause of this foreclosure crisis is caused by residential segregation (Dasgupta 59).
- Residential segregation is currently one of the most troublesome inequality within the United States (Dasgupta 58).

https://www.phillytrib.com/news/local_news/panel-explores-gentrification-in-philadelphia/article_62cc071d-21c7-5d6d-8c99-1240b0757bf6.html

- According to CDC some negative consequences of gentrification are shorter life expectancy, higher cancer rates, birth defects and in some cases, residents are at risk for exposure to hazardous substances; such as lead paint.
- "Where people live, work, and play has an impact on their health..." (CDC 2009).

NUMBER OF UNINSURED...

- According to US Census Bureau the number of uninsured individuals in 2012 was 48 million, making up 15.4% of the total population (Dasgupta 65)
 - 11.4 million working-age adults with chronic conditions did not have insurance
 - Uninsured rates for the poor and the near poor were significantly higher than those uninsured for the nonpoor (Dasgupta 66)

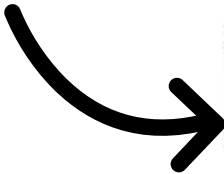
"Where Individuals live and how much money they make play a significant role in their quality of health" (Dasgupta 60).

text<https://www.census.gov/prod/2013pubs/p60-245.pdf>

Coverage Rates by Type of Health Insurance: 2011 and 2012

(People as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/prod/techdoc/cps/cpsmar13.pdf)

Coverage type	2011	2012
Any private plan ¹	63.9	63.9
Any private plan alone ²	52.0	52.0
Employment-based ¹	55.1	54.9
Employment-based alone ²	45.1	44.8
Direct-purchase ¹	9.8	9.8
Direct-purchase alone ²	3.6	3.6
Any government plan ¹	32.2	*32.6
Any government plan alone ²	20.4	*20.7
Medicare ¹	15.2	*15.7
Medicare alone ²	4.9	*5.4
Medicaid ¹	16.5	16.4
Medicaid alone ²	11.5	*11.3
Military health care ^{1,3}	4.4	4.4
Military health care alone ^{2,3}	1.3	1.3
Uninsured	15.7	*15.4



* Changes between the 2011 and 2012 estimates are statistically different from zero at the 90 percent confidence level.

¹ The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

² The estimates by type of coverage are mutually exclusive; people did not have any other type of health insurance during the year.

³ Military health care includes Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veteran Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Source: U.S. Census Bureau, Current Population Survey, 2012 and 2013 Annual Social and Economic Supplements.

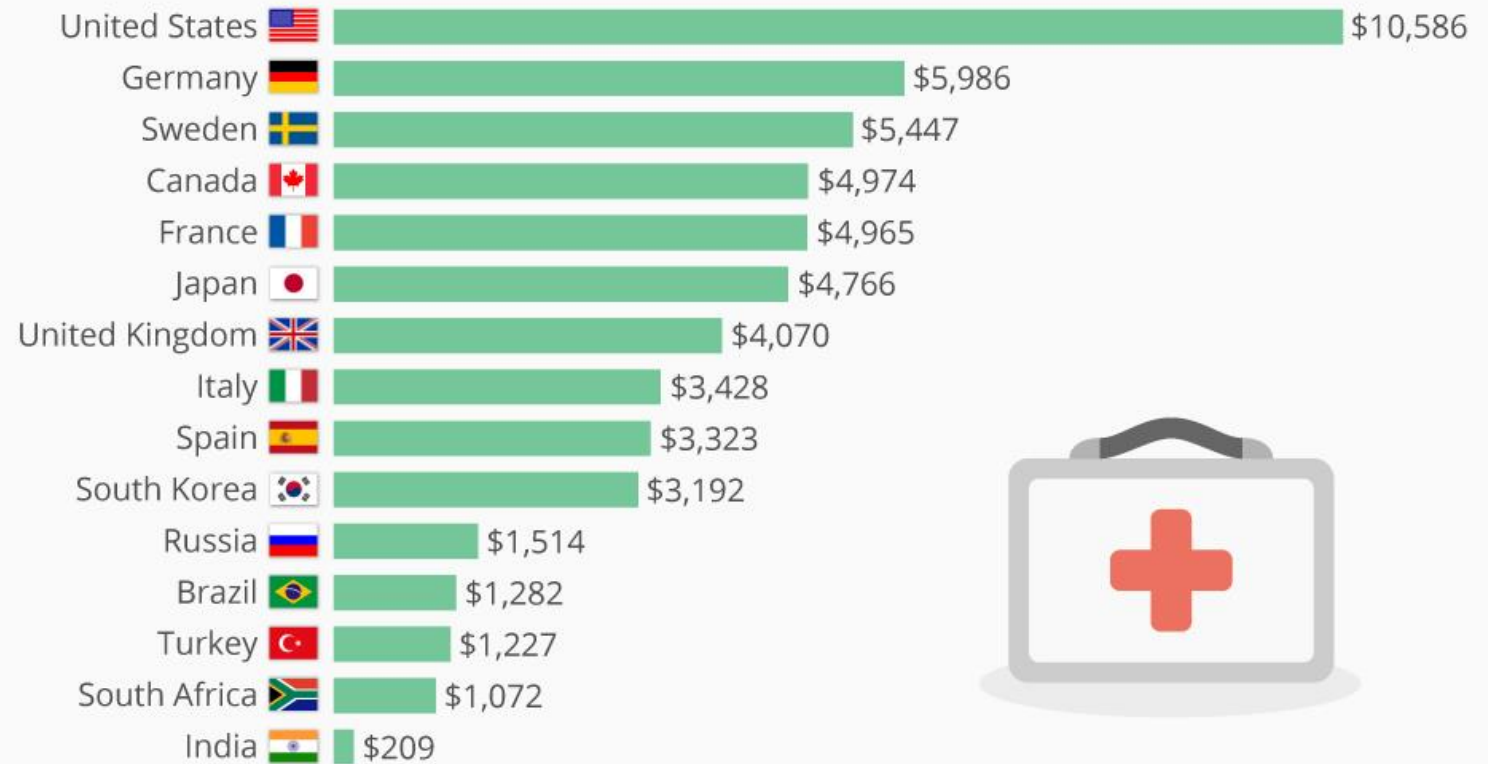
HEALTH CARE COST

- "In the U.S individuals either have private health care insurance (through employers) or pay out of their own pockets" (Dasgupta 67).
- "Since health-care cost have went up tremendously coverage through employers have eroded, leaving individuals and their families with higher co-pays and deductibles" (Dasgupta 67).
- "Without health insurance, families are at risk for devastating consequences if a health emergencies rises- and can leave some families to bankruptcy, indebtedness, and homelessness" (Dasgupta 67).

<https://www.statista.com/chart/8658/health-spending-per-capita/>

The U.S. Has The Most Expensive Healthcare System

Per capita health expenditure in selected countries in 2018



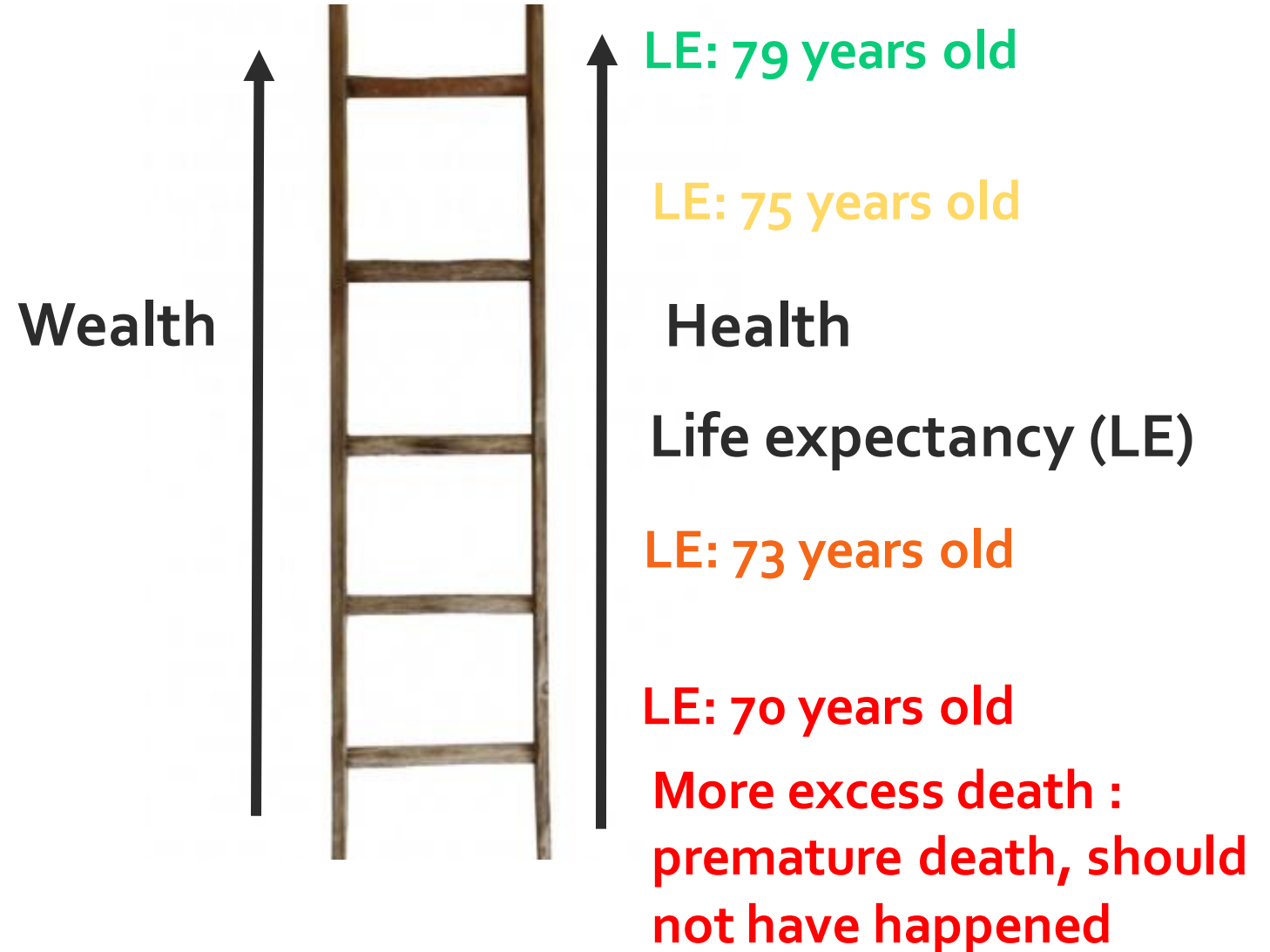
Source: OECD

statista

SOCIAL INEQUALITIES AND HEALTH

- Lower the grade of education or employment = higher chance of heart disease or every major causes of death.
- Working class= TWICE the rate of diseases as affluent, leading to excess deaths.
- College graduate live on average 2 ½ years longer than high-school graduates
- Higher mortality rate for less advantage groups.

Top 1% of Americans have more wealth than the bottom 90% wealth combined



<https://vimeo.com/ondemand/unnaturalcauses>

ENVIRONMENTAL CAUSES

- Low income neighborhoods, more likely to live in environment with environmental pollutants with lower air quality.
- Less option when shopping for food when lower social status
 - **Obesity rate increased by 19% between 1976 and 2008.**
- Restricted access to healthier food and limited budget
- In lower income neighborhood= less supermarket and more fast foods.



Dasgupta, Kasturi. *Introducing Social Stratification: The Causes and Consequences of Inequality*. London, Lynne Rienner Publishers. 2015.

ENVIRONMENTS EFFECTED

- Racial and ethnic minorities in the lower division of income are more likely to live in areas with multiple environmental pollutants (Dasgupta 60)
- In a shocking, 85 mile stretch from New Orleans to Baton Rouge Louisiana has the most appalling cases
 - Oil refineries and petrochemical plants has a heavy influence on the air pollution
 - 50-60% of African American communities are at risk (Dasgupta 60)
- 16-24% of the families live in poverty
 - Cancer, respiratory irritation, nervous system problems, birth defects, and premature deaths effect these communities (Dasgupta 60)

INTERSECTIONALITY AND RACE



People of minority experience a higher risk of death from various chronic diseases than people who are not a minority



Even if the minority is of the same social status their health outcomes are worse than a nonminority



African Americans have a higher blood pressure because of the added racial stress.



African American woman and men both have the highest rates of coronary heart disease



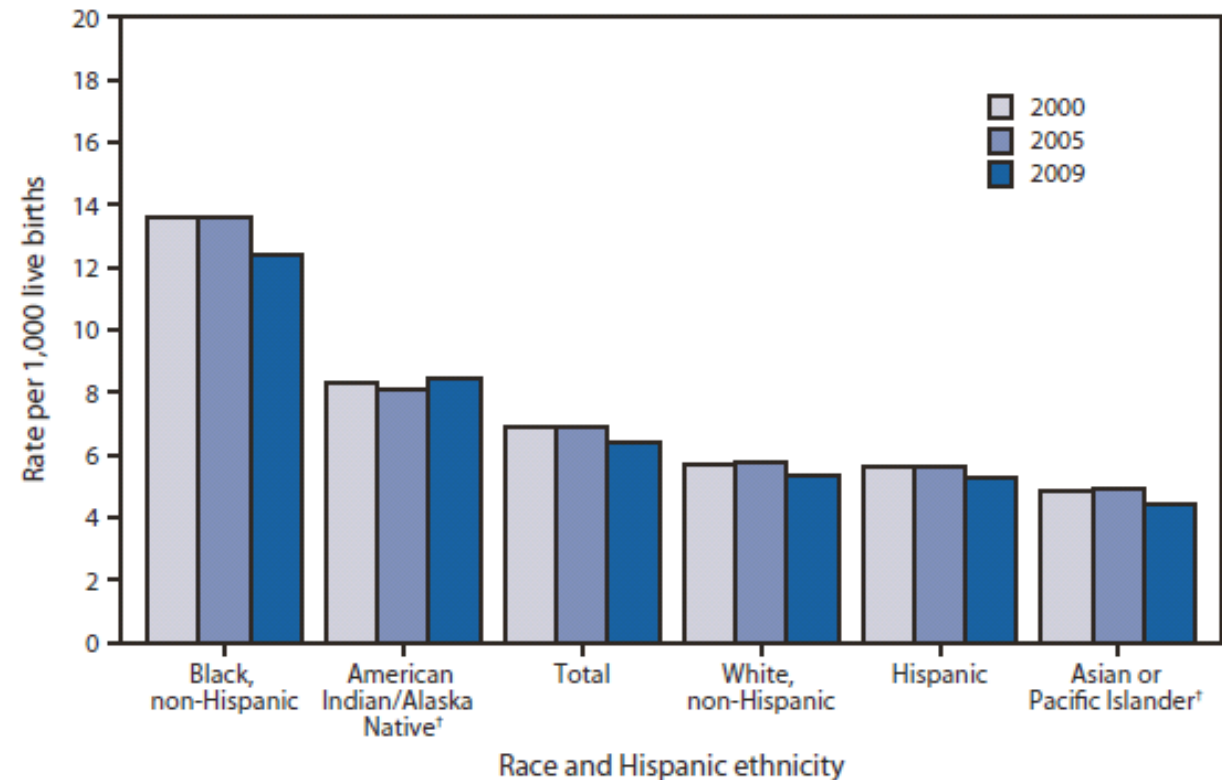
While diseases like HIV rates drop for white men, they continue to rise for other minorities.

RACE

- Minorities that are closer to the poverty line tend to live in a higher populated area. People who live in these areas are more likely to be exposed to any sicknesses going around.
- There are also a lot of minorities that cannot afford health care they need so they just do not go to the doctors when they are sick which can lead to them getting worse.
- Black mothers die from pregnancy-related complications at three to four times the rate of white women.

INFANT MORTALITY

- The CDC stated that a baby in the US is not as likely to see its first birthday than in European countries (Dasgupta 62)
- One of the largest groups effected are less advantaged groups
- Nations often use infant mortality to judge the health of the nation as a whole
 - Associated is maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices (Dasgupta 62)



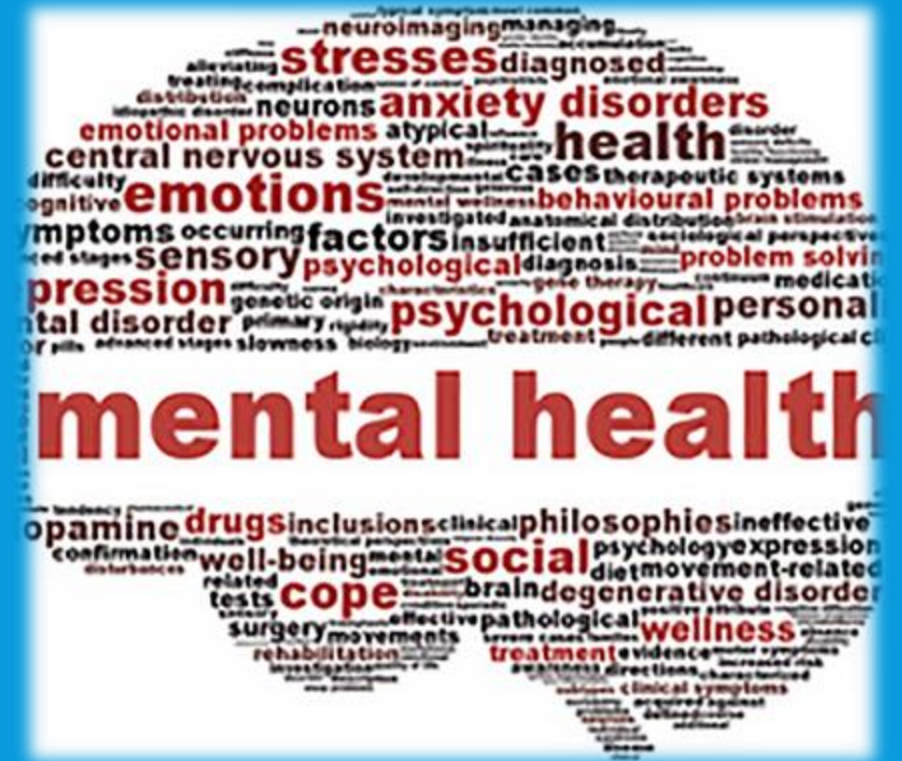
HEALTH EFFECTED BY POVERTY

- Experiencing some of the highest rates of poverty in the country affect African Americans
 - Stated by the US Census Bureau 27% of African American adults were in poverty
 - 38% of African American children were also in poverty (Dasgupta 61)
- In the US, they account for the most cases of coronary heart disease
 - Between the age of 45-74, African American women had a death rate of 37.9%
 - African American men had a death rate of 61.5%
 - In comparison white women had a rate of 19.4% and white men had a 41.5% rate (Dasgupta 62)
 - Statistics show a similar comparison for stroke fatalities and hypertension
 - HIV cases are on the decline for white men, rates continue to rise in ethnic minorities and women
 - African American cases increased by 46%, 16% for Native Americans and 12% for Asians (Dasgupta 62)

"BAD DECISIONS DON'T MAKE PEOPLE POOR; BEING POOR MAKES FOR BAD DECISIONS"

1. Mental Illnesses

- People living in poverty = more prone to mental illness such as depression
 - 1/3 of homeless people in the US are mentally ill.
- Mental illness lower the chances to get employed
- Mental illness lower support system
- THEREFORE:
 - 1/2 of homeless abuse alcohol or drugs to cope with physical and mental pain.



Dasgupta, Kasturi. *Introducing Social Stratification: The Causes and Consequences of Inequality*. London, Lynne Rienner Publishers. 2015.

"BAD DECISIONS DON'T MAKE PEOPLE POOR; BEING POOR MAKES FOR BAD DECISIONS"



Economic conditions is the main cause leading poor people to make bad decision.



Poorer people have more to manage (budget, homelessness, social work etc.)



This cognitive load leads to "decision fatigue" which undermine judgement and leads to making poorer decisions.

BUT...

- Poor decisions and environmental factors does not account for all health disparities between social classes.
- Ex: A Wealthy smoker is still healthier than a working-class smoker

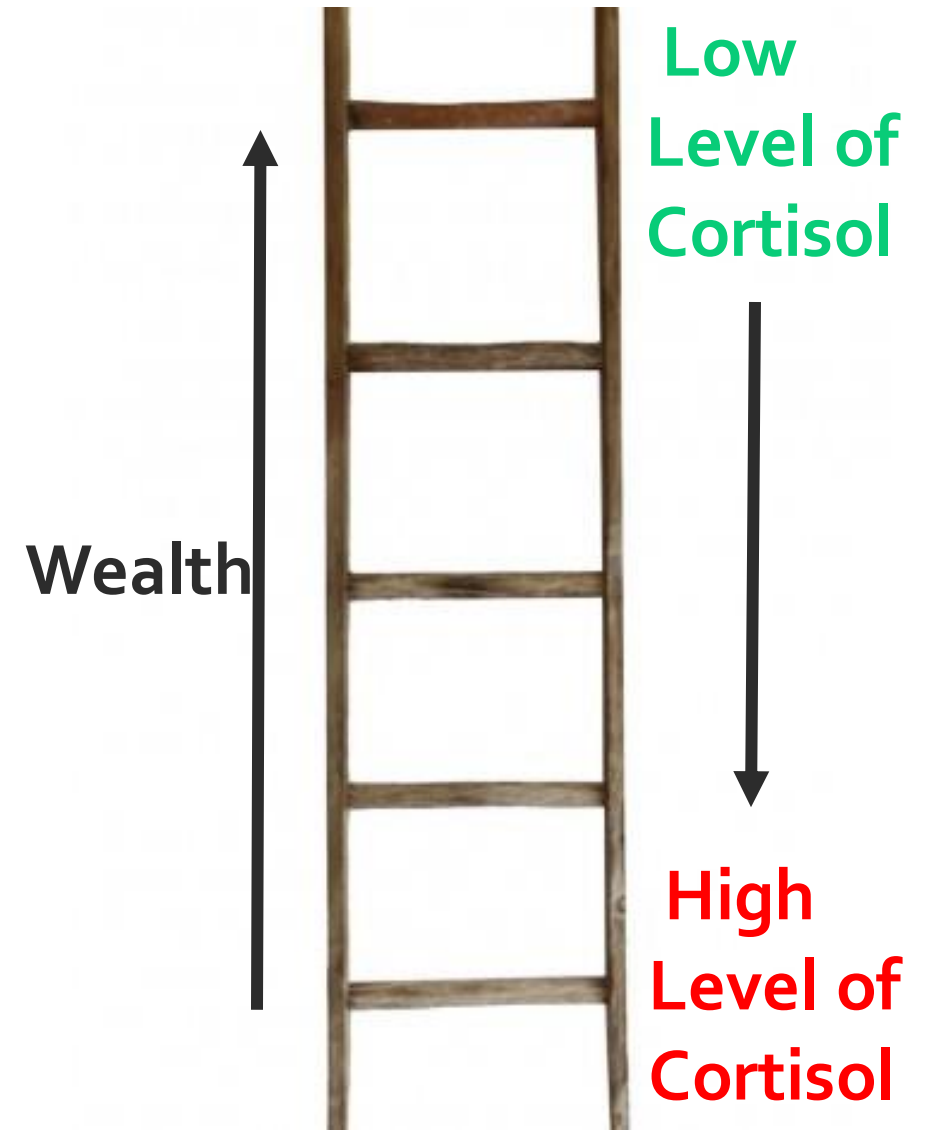
**SO "HOW DOES
SOCIAL CLASS
GETS UNDER
OUR SKIN ?"**

<https://vimeo.com/ondemand/unnaturalcauses>

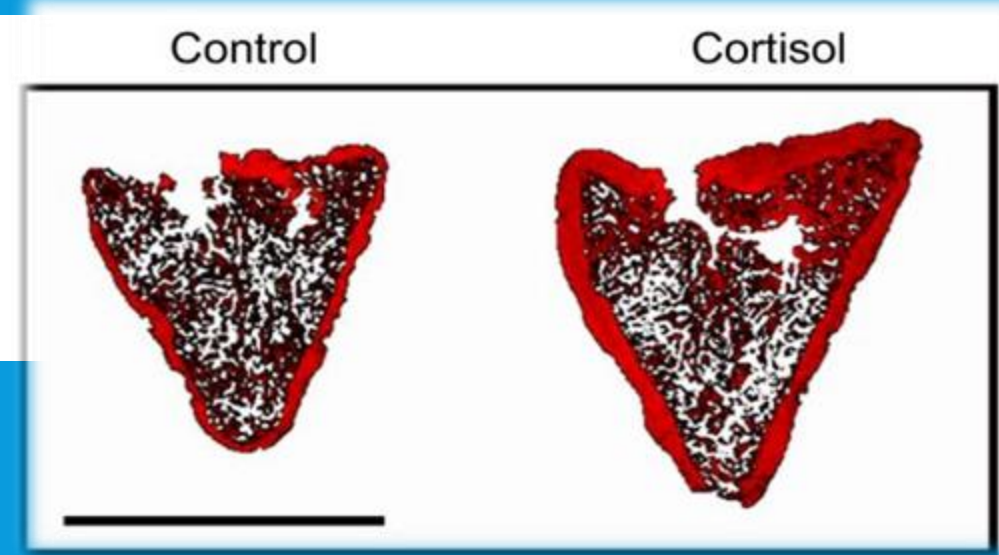
CONTROL OVER LIFE

- Level of cortisol is related to socioeconomic status (SES)
 - The **lower** the SES, the **higher** the level of cortisol in the body, because the less affluent have less power and less control over their life.
 - **Chronically high level of cortisol**= impair immune system, inhibit memory, shrinks parts of the brain, higher rates of disease.
 - Working class have chronically high level of cortisol because of the constant stress they live in.

<https://vimeo.com/ondemand/unaturalcauses>



EXPERIMENTS



1. Monkey Experiment

Subordinate Monkeys



Higher level of cortisol



Physical change in their heart



Higher rates of heart attacks

Dominant Monkeys



Lower level of cortisol



No Physical change in their heart



Lower rates of heart attacks

SAME CORRELATION WITH HUMAN BEINGS

<https://vimeo.com/ondemand/unnaturalcauses>

Image: Johanson, Ida B. et al. "Bigger is not better: cortisol-induced cardiac growth and dysfunction in salmonids" *Journal of Experimental Biology*. 220. 2017. P.2545-2553

EXPERIMENTS

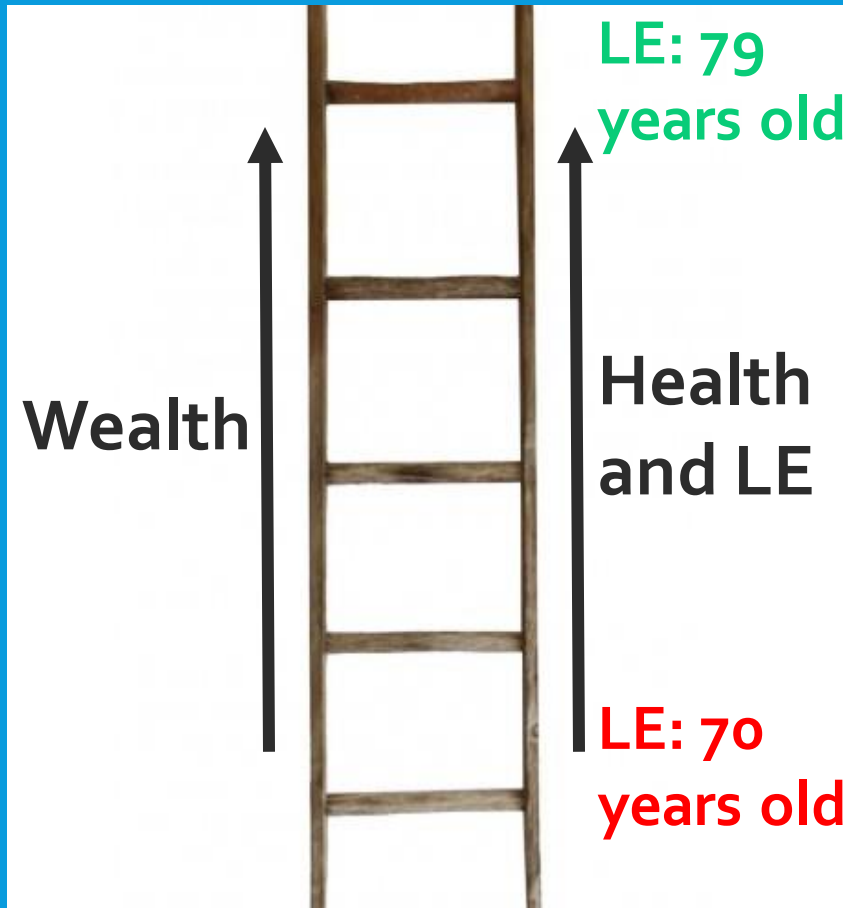
- **Cold Virus Experiment**

- Inject a cold virus in the nose of individuals from different social class status.
- Results:
 - People in a higher social status and less chronic stress developed fewer colds
 - People in a lower social status and high chronic stress developed more colds.

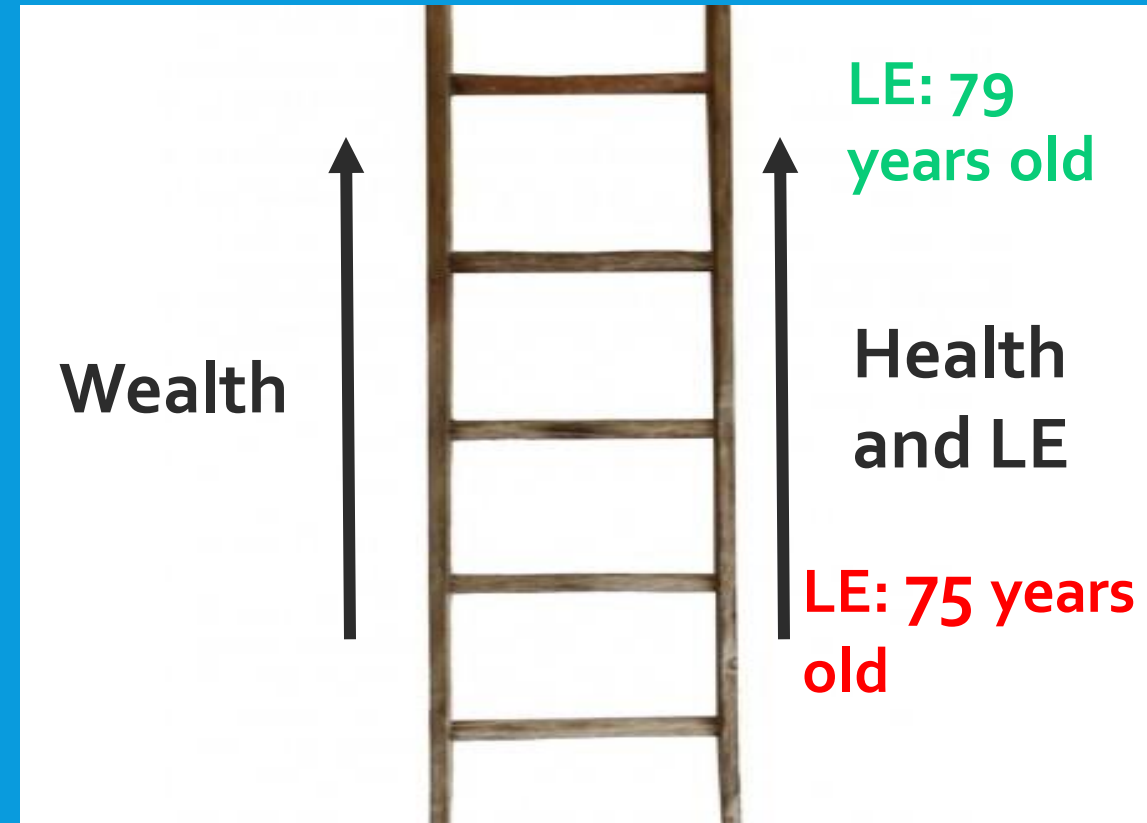
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REDUCING ECONOMIC INEQUALITIES WILL REDUCE HEALTH DISPARITIES



TO



CONCLUSION

- By minimizing overall funding in different programs, the risk of minorities getting different diseases will increase.
 - The gap of inequalities will continue to increase when it comes to who can get certain health coverages.
 - These policies have shaped Americans health as we know it today. If it wasn't for these policies then a lot more Americans would be uninsured.
- Inequalities in the United-States creates inequalities of health outcomes.
- Reducing Socioeconomic inequalities will reduce health disparities between classes.
 - In the past, when implemented economic or social policies, it increased health quality and increased life expectancy.

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