



***HEALTH, ILLNESS AND  
SOCIETY***

By Dr. Frank Elwell





# *ACUTE DISEASES*

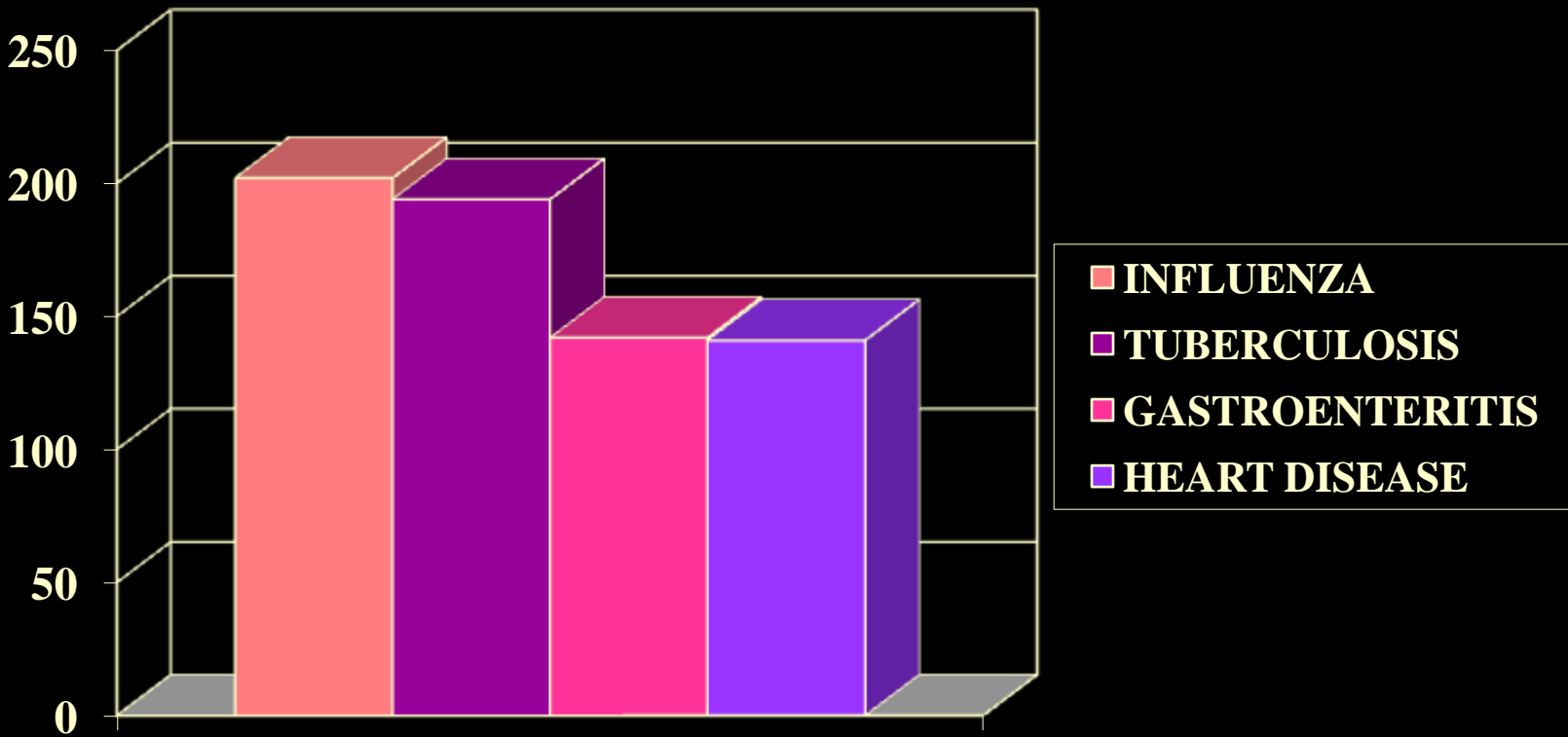
DISEASES WITH FAIRLY QUICK, AND SOMETIMES DRAMATIC AND INCAPACITATING ONSET AND FROM WHICH A PERSON EITHER DIES OR RECOVERS.



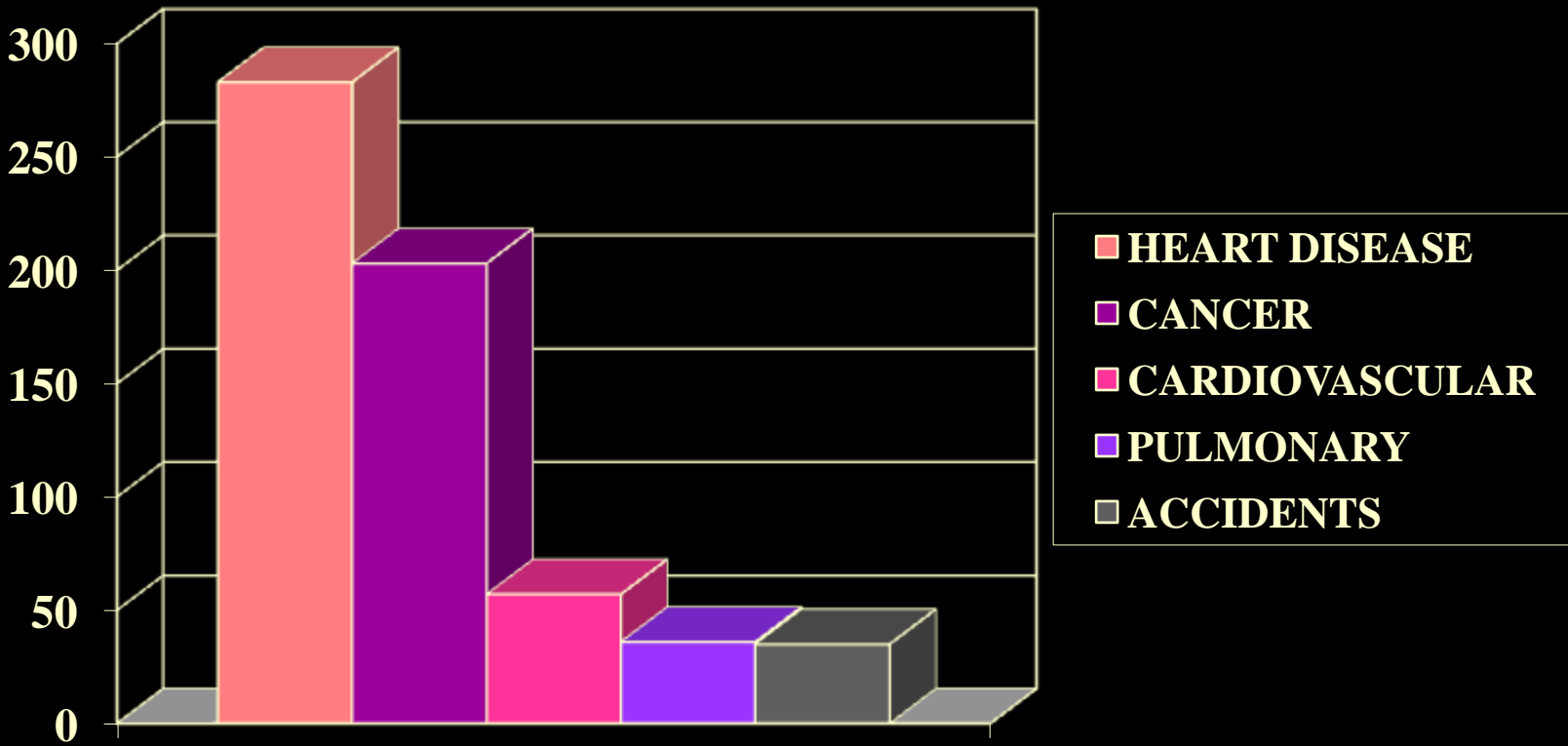
# ***CHRONIC DISEASES***

PROGRESS OVER A LONG PERIOD OF  
TIME AND OFTEN EXIST LONG  
BEFORE THEY ARE DETECTED.

# *U.S. Death Rates per 100,000: 1900*



# *U.S. Death Rates per 100,000: 1991*



# *INDUSTRIAL SOCIETIES*

WITH INDUSTRIALIZATION, THERE HAS BEEN A DRAMATIC INCREASE IN LIFE EXPECTANCY.



# *INDUSTRIAL SOCIETIES*

TODAY, FOUR OUT OF THE FIVE  
LEADING CAUSES OF DEATH ARE  
CHRONIC DISEASES.



# *INDUSTRIAL SOCIETIES*

THE FIFTH BEING ACCIDENTS.





# ***CHRONIC DISEASE***

ACUTE INFECTIOUS DISEASES HAVE  
BECOME RELATIVELY  
UNIMPORTANT IN TERMS OF  
MORTALITY, AND CHRONIC  
DISEASES CONFRONT SOCIETY WITH  
A DIFFERENT SET OF PROBLEMS.

# ***CHRONIC DISEASE***

EFFECTIVE TREATMENT  
OF CHRONIC DISEASE  
CALLS FOR CONTINUAL  
RATHER THAN  
INTERMITTENT  
HEALTH CARE AND  
MAY REQUIRE THAT  
PEOPLE CHANGE THEIR  
LIFE-STYLES.





# ***CHRONIC DISEASE***

FURTHER, THE MOST EFFECTIVE AND LEAST EXPENSIVE WAY OF DEALING WITH MOST CHRONIC DISEASES IS PREVENTIVE MEDICINE, CHANGES IN LIFE-STYLE OR OTHER STEPS THAT HELP AVOID THE OCCURRENCE OF DISEASE.



# ***CRISIS MEDICINE***

YET MODERN MEDICINE IS NOT ORGANIZED AROUND PREVENTION BUT RATHER TOWARD CURATIVE OR CRISIS MEDICINE: TREATING PEOPLE'S ILLNESS AFTER THEY BECOME ILL.





# ***CRISIS MEDICINE***

WITH CHRONIC DISEASES, HOWEVER, MUCH DAMAGE HAS ALREADY BEEN DONE--AND OFTEN CANNOT BE REVERSED--BY THE TIME SYMPTOMS MANIFEST THEMSELVES.



# ***CRISIS MEDICINE***

TO DATE, PREVENTIVE MEDICINE HAS HAD CONSIDERABLY LOWER PRIORITY IN TERMS OF RESEARCH AND PROGRAM FUNDING, AND THE ALLOCATION OF HEALTH CARE PERSONNEL.





# ***CRISIS MEDICINE***

SO ONE OF THE MAJOR  
PROBLEM AREAS IN  
THE HEALTH-CARE  
SYSTEM TODAY IS  
THAT OUR HEALTH  
CARE ORGANIZATION  
HAS NOT ADAPTED  
TO THE CHANGING  
NATURE OF DISEASE.





# ***SOCIAL FACTORS IN ILLNESS***

- SOCIOECONOMIC STATUS (SES)
- SEX
- RACE
- LIFE-STYLE FACTORS





# ***SOCIOECONOMIC STATUS***

THE EFFECT OF SES ON HEALTH IS VERY CLEAR: THOSE WHO ARE LOWER ON SUCH THINGS AS INCOME, EDUCATIONAL ACHIEVEMENT, AND OCCUPATIONAL STATUS HAVE SUBSTANTIALLY HIGHER DISEASE RATES AND DEATH RATES THAN DO THEIR MORE AFFLUENT COUNTERPARTS.



# ***SOCIOECONOMIC STATUS***

INCREASED  
SUSCEPTIBILITY TO  
DISEASE: THE POOR  
LIVE UNDER LESS  
SANITARY CONDITIONS,  
HAVE LESS NUTRITIOUS  
DIETS, AND ARE LESS  
LIKELY TO TAKE  
PREVENTIVE HEALTH  
ACTIONS.





# ***SOCIOECONOMIC STATUS***

REGARDING INFANT MORTALITY, POOR WOMEN ARE LESS LIKELY TO HAVE PRENATAL CHECKUPS AND MORE LIKELY TO HAVE POOR DIETS THAT RESULT IN INFANTS WITH LOW BIRTH WEIGHTS.



# ***SOCIOECONOMIC STATUS***

FINALLY THE MEDICAL CARE THAT THE POOR DO RECEIVE IS LIKELY TO BE OF LOWER QUALITY. NOT ALL ELIGIBLE FOR MEDICAID, STILL SOME OUT OF POCKET COSTS.

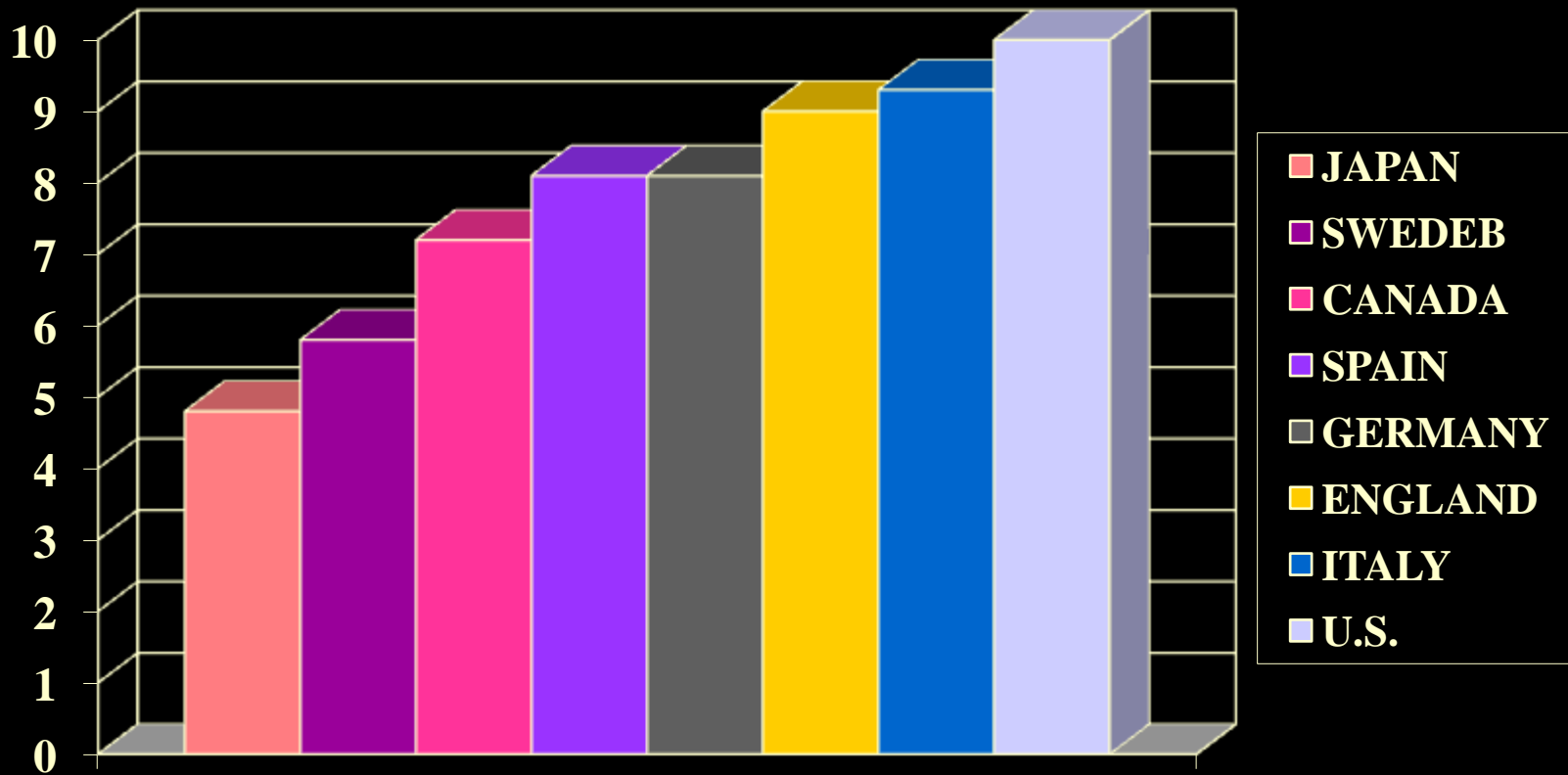


# ***SOCIOECONOMIC STATUS***

THEY ARE MORE LIKELY TO BE TREATED IN A HOSPITAL EMERGENCY ROOM WHERE CONTINUITY OF CARE, FOLLOW-UP TREATMENT, AND PATIENT EDUCATION ARE LESS COMMON THAN IN A PHYSICIAN'S OFFICE.



# *Infant Deaths per 100,000*





# ***SEX***

IF WE CONSIDER LONGEVITY AS THE KEY MEASURE OF HEALTH, WOMEN APPEAR TO BE HEALTHIER THAN MEN.





## ***SEX***

THE LIFE EXPECTANCY OF WOMEN TODAY IS SEVEN YEARS HIGHER THAN THAT OF MEN, COMPARED WITH ONLY THREE YEARS MORE AT THE TURN OF THE CENTURY.



## *Sex*

WOMEN ALSO HAVE LOWER RATES OF  
MOST SERIOUS CHRONIC ILLNESSES.  
WHAT ACCOUNTS FOR THESE DIFFERENCES?



# ***SEX***

FIRST, IT MAY WELL BE THAT WOMEN ARE BIOLOGICALLY MORE CAPABLE OF SURVIVAL THAN ARE MEN. MALES HAVE HIGHER DEATH RATES THAN FEMALES AT EVERY AGE, INCLUDING DEATHS OF FETUSES.



# *SEX*

HIGHER MORTALITY RATES AMONG MALES IS ALSO DUE TO TRADITIONAL SEX-ROLE DEFINITIONS THAT ENCOURAGE MALES TO BE AGGRESSIVE AND TO SEEK MORE STRESSFUL AND DANGEROUS OCCUPATIONS.





## *Sex*

IN ADDITION, THE LIFE-STYLES OF AMERICAN MEN HAVE TRADITIONALLY BEEN LESS HEALTHY THAN THOSE OF WOMEN. THEY SMOKE MORE, DRINK MORE, EAT MORE.





## *Race*

AFRICAN AMERICANS ARE AT A SERIOUS DISADVANTAGE WHEN IT COMES TO HEALTH, HAVING CONSIDERABLY HIGHER DEATH RATES, SHORTER LIFE EXPECTANCIES AND MORE LIFE-THREATENING HEALTH CONDITIONS.

# *Race*

ONE MAJOR REASON FOR THIS IS SES. YET EVEN WHEN SES IS CONTROLLED, SOME RACIAL DIFFERENCES PERSIST.





## *Race*

ONE HYPOTHESIS IS THAT THE COMBINATION OF YEARS OF RACIAL OPPRESSION, POVERTY, AND PHYSICALLY DEMANDING OCCUPATIONS PROBABLY WORKS TO CAUSE ILLNESS.

# *Race*

ALL OF THESE ARE RELATED TO STRESS,  
THIS STRESS, IN TURN, PRODUCES  
GREATER SUSCEPTIBILITY TO DISEASE.



# *Race*

NATIVE AMERICAN, ESPECIALLY THOSE ON RESERVATIONS, HAVE DISPROPORTIONATELY HIGH MORTALITY RATES.



Paolo Koch, Photo Researchers, Inc.



# *Race*

MUCH IS DUE TO HIGH RATES OF ACCIDENTS, SUICIDE, ALCOHOLISM CAUSED BY PROBLEMS OF POVERTY, UNEMPLOYMENT, AND CULTURAL DISINTEGRATION.

# *Life-style Factors*

IT IS ESTIMATED THAT BETWEEN 70 AND 90% OF ALL HUMAN CANCERS ARE CAUSED IN PART BY ENVIRONMENTAL CONDITIONS, SUCH AS POLLUTION IN THE WATER, SOIL AND AIR.



Ben Osborne, Oxford Scientific Films



## *Life-style Factors*

INDUSTRIALIZATION HAS  
UNQUESTIONABLY IMPROVED OUR LIVES,  
BUT IT HAS ALSO CREATED HEALTH  
HAZARDS LARGELY UNKNOWN IN  
PREINDUSTRIAL SOCIETIES AND THAT  
CONTRIBUTE TO DEATH AND MISERY.



# *Life-style Factors*

OCCUPATIONAL STRESS IS LINKED TO HEART DISEASE AND HYPERTENSION. UNEMPLOYMENT, OR EVEN THE THREAT OF IT, IS ASSOCIATED WITH MANY PHYSICAL AND MENTAL DISORDERS.



Science Source/Photo Research

# *Life-style Factors*

THE USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS CAN ALSO CAUSE SERIOUS HEALTH PROBLEMS.





## *Life-style Factors*

THERE EVEN APPEARS TO BE AN  
ASSOCIATION BETWEEN HEALTH AND  
THE QUALITY OF A PERSON'S FAMILY  
LIFE.



## *Life-style Factors*

PEOPLE WHO ARE MARRIED AND HAVE CHILDREN ARE HEALTHIER THAN PEOPLE WHO ARE SINGLE AND HAVE NO CHILDREN.

# *Life-style Factors*

ANY OVERALL SOLUTION TO HEALTH PROBLEMS MUST TAKE INTO ACCOUNT THE WAYS IN WHICH PEOPLE'S LIVES CAN BE CHANGED TO IMPROVE THEIR HEALTH.



David R. Frazier, Photo Research



## *Life-style Factors*

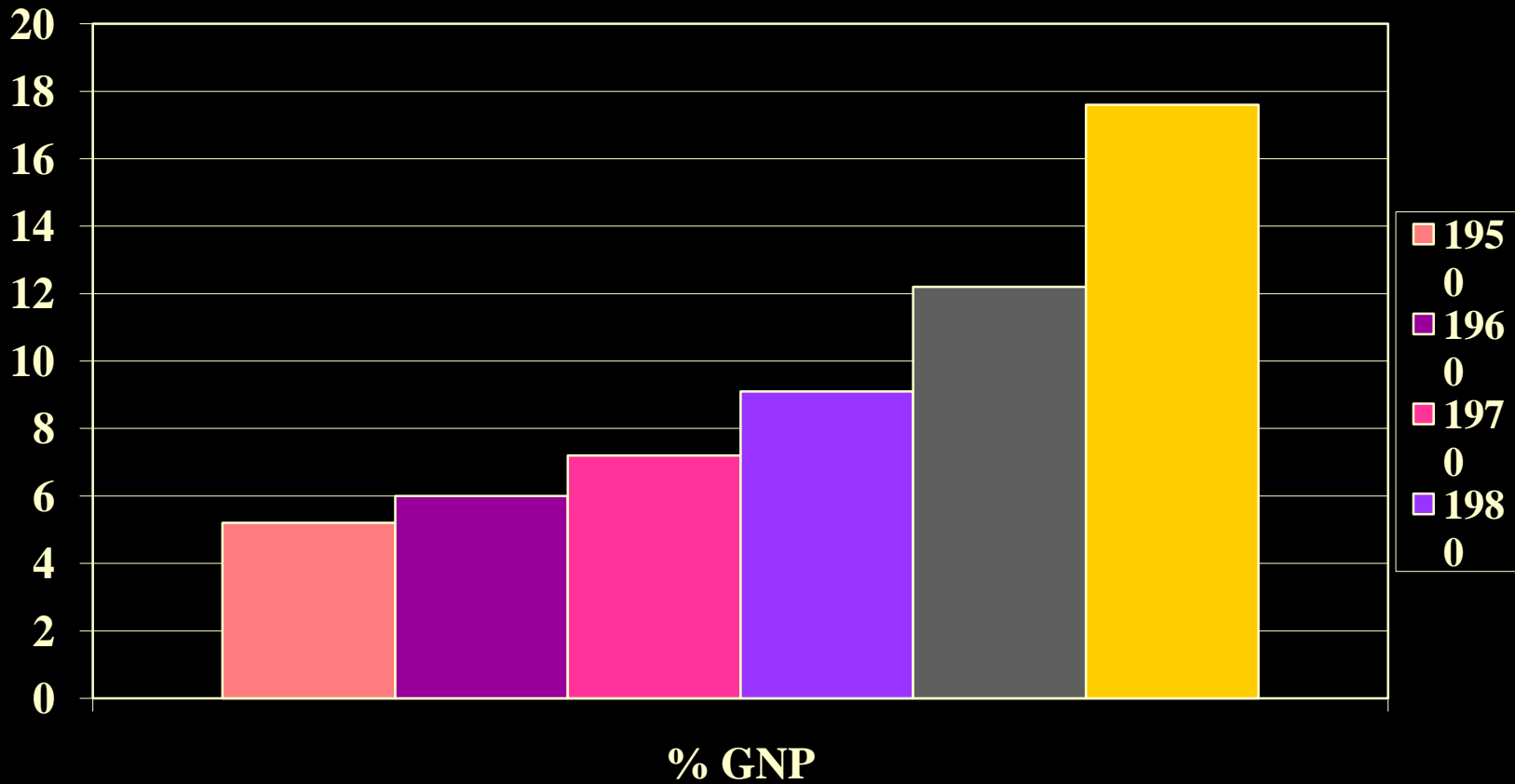
WE COULD GO ON AT LENGTH ON THIS TOPIC, BUT THE POINT SHOULD BE CLEAR: THERE ARE MANY ELEMENTS OF OUR LIFE-STYLE THAT ADVERSELY AFFECT OUR HEALTH.



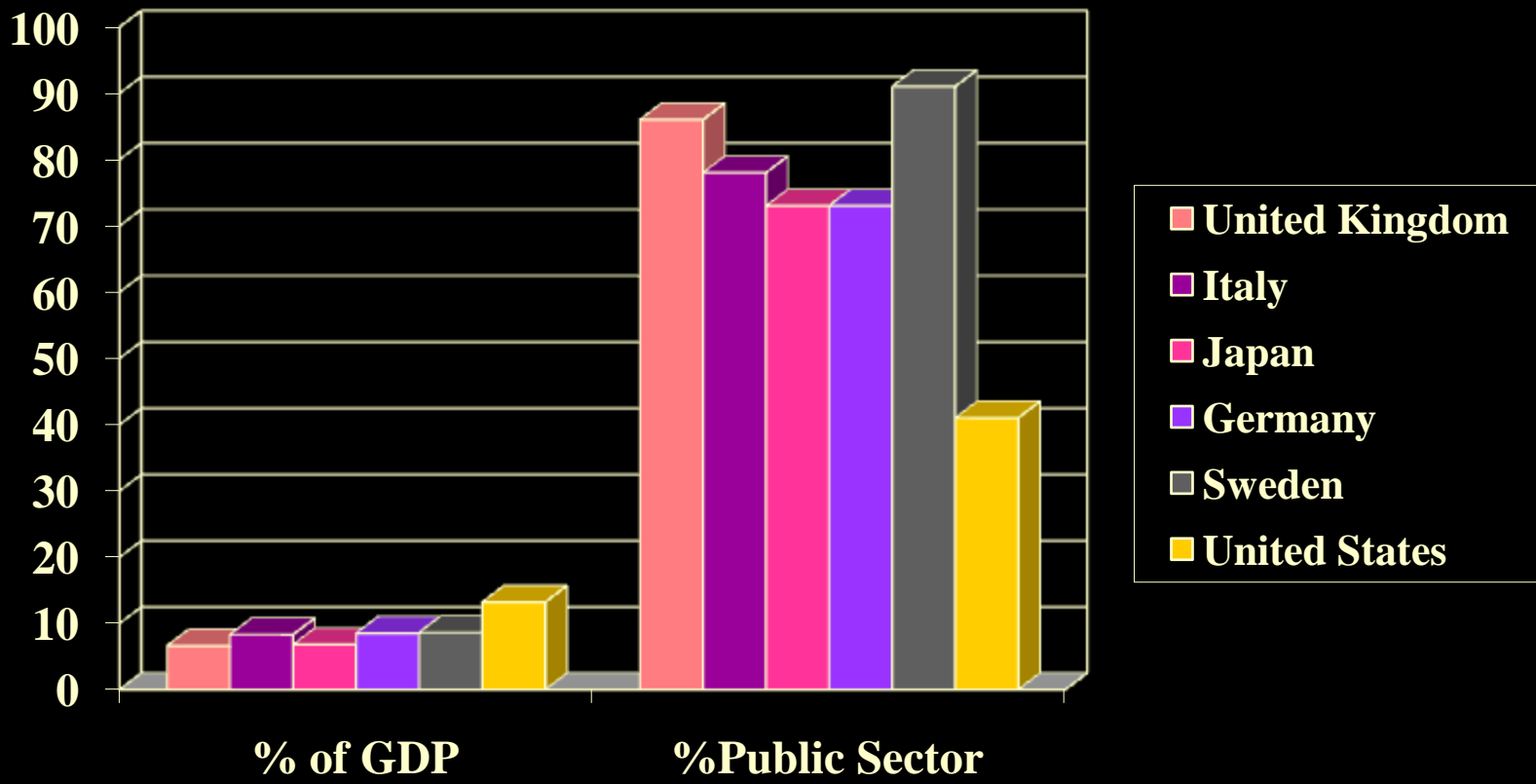
# *Problems in the Health Care System:*

- RISING COSTS
- A LACK OF ACCESS TO HEALTH CARE FOR MANY

# *Health Costs as % of GNP*



# *Health Care Expenditures*

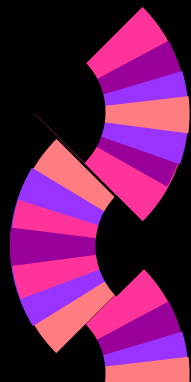




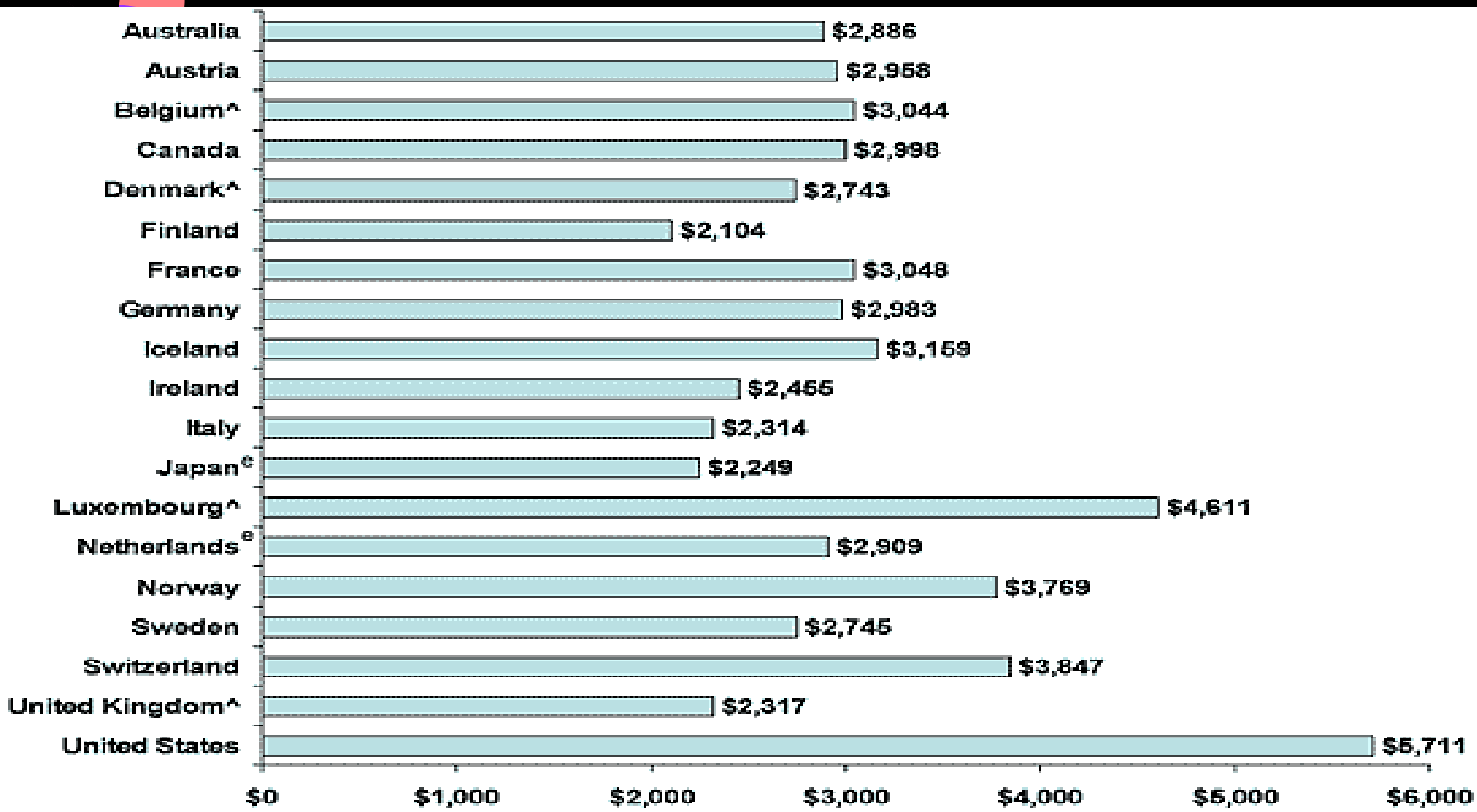
# *Health Care Expenditures*

PER CAPITA EXPENDITURES FOR HEALTH CARE HAVE INCREASED OVER 30 FOLD SINCE 1950.

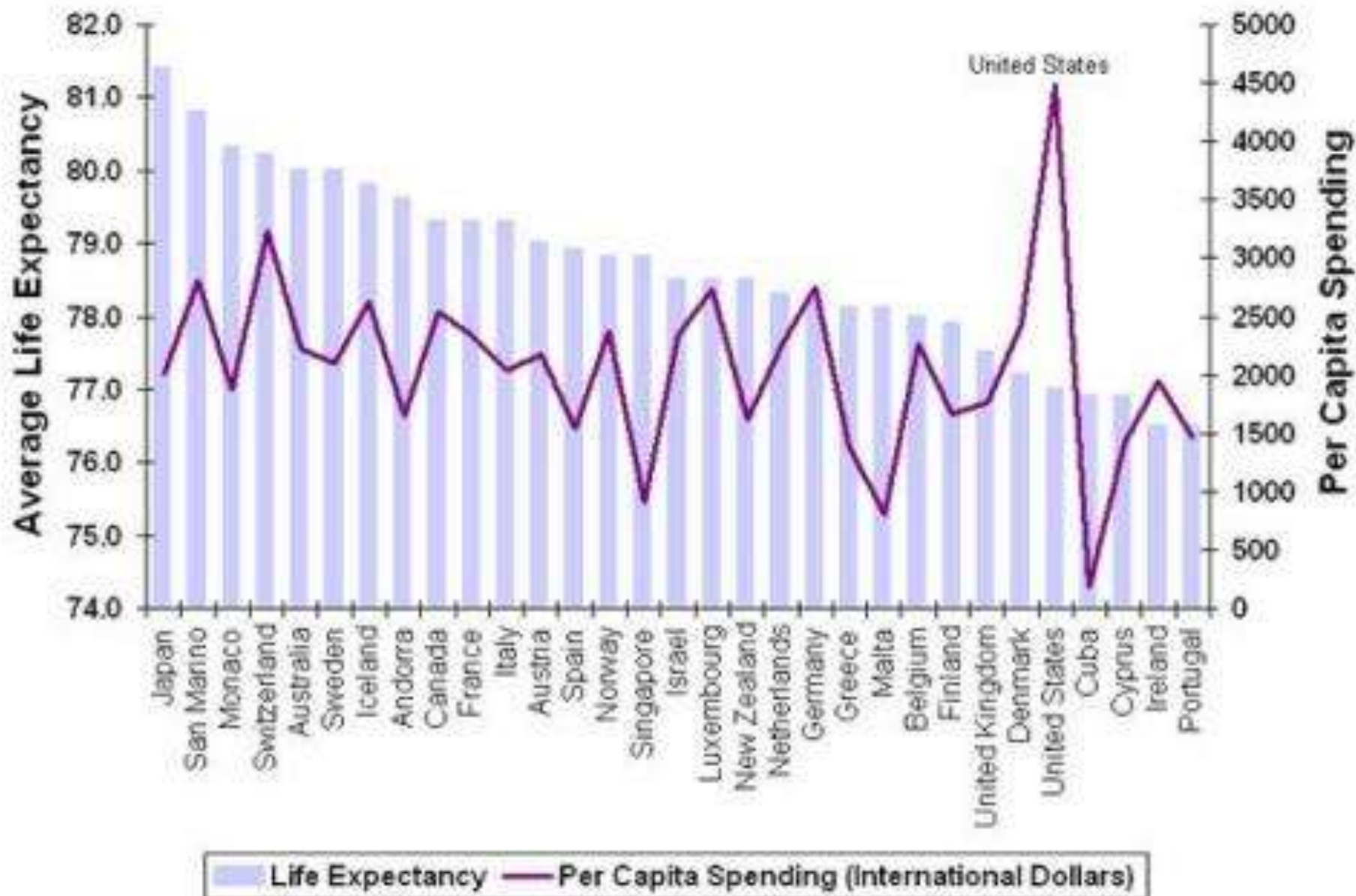
WE NOW PAY OVER \$5,000 EACH YEAR FOR HEALTH CARE GOODS AND SERVICES FOR EACH MAN, WOMAN, AND CHILD IN THE U.S.



# *Per capita health care spending, 2003:*



## The Cost of a Long Life





## *Cost of Health Care*

It is astonishing that countries such as the U.K. and Denmark achieve a similar level of life expectancy with approximately half the cost compared to the U.S. And then there is Japan that has 4-5 more years in life expectancy for half the cost of the U.S. as well.



# *Health Care Expenditures*

INFLATION ACCOUNTS FOR SOME OF THIS INCREASE, BUT INFLATION DURING THE SAME PERIOD INCREASED OVERALL PRICES ONLY ABOUT FOUR TIME.

# ***RISING COSTS: DEMAND***

FIRST, OUR POPULATION IS LARGER, MORE AFFLUENT, AND OLDER, AND THESE FACTORS TEND TO INCREASE THE DEMAND FOR A FINITE AMOUNT OF HEALTH CARE GOODS AND SERVICES.



# ***RISING COSTS: DEMAND***

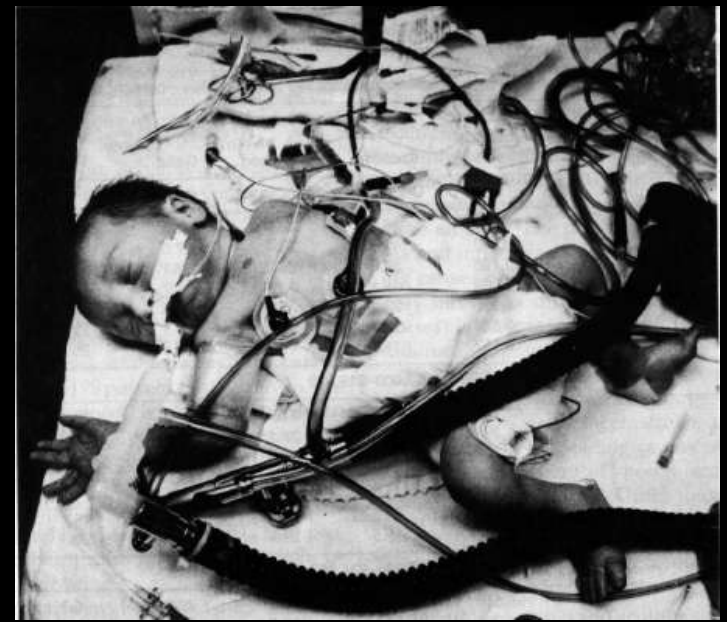
OLDER PEOPLE HAVE MORE HEALTH PROBLEMS AND REQUIRE MORE HEALTH-CARE SERVICES. AFFLUENT PEOPLE CAN AFFORD MORE AND BETTER HEALTH CARE.





# ***RISING COSTS: TECHNOLOGY***

SECOND, IS THE  
AVAILABILITY OF  
DIAGNOSTIC AND  
TREATMENT  
PROCEDURES THAT  
WERE UNHEARD OF  
FIVE, TEN, OR  
TWENTY YEARS AGO.





# ***RISING COSTS: TECHNOLOGY***

THESE PROCEDURES CAN BE VERY COSTLY. PREMATURE BABIES WHO WOULD HAVE DIED TWO DECADES AGO ARE NOW SAVED IN EXPENSIVE NEONATAL INTENSIVE CARE UNITS (BUT AT A COST FROM \$200,000 TO \$1 MILLION FOR AN INFANT WHO WEIGHS ONLY ONE POUND AT BIRTH).

# ***RISING COSTS: TECHNOLOGY***

THE HEALTH CARE FINANCING  
ADMINISTRATION ESTIMATES THAT NEW  
TECHNOLOGIES ACCOUNT FOR 37% OF  
THE RECENT RISE IN HEALTH CARE  
COSTS.



# ***RISING COSTS: LABOR***

THIRD, HEALTH CARE IS A LABOR INTENSIVE INDUSTRY--IT REQUIRES MANY PEOPLE TO PROVIDE HEALTH CARE--AND THE COST OF HEALTH CARE RISES WITH THEIR WAGES.



Hank Morgan, Science Source/Photo Researchers, Inc.

# ***RISING COSTS: LABOR***

ALSO, SAVINGS THROUGH AUTOMATION  
ARE NOT AS EASY TO ACHIEVE IN THE  
HEALTH FIELDS AS IN OTHER  
INDUSTRIES,





# ***RISING COSTS: COMPETITION***

FOURTH, ECONOMIC COMPETITION AND THE CHECK ON COSTS THAT THIS CAN AFFORD ARE WEAKER IN THE HEALTH FIELD THAN IN OTHER ECONOMIC AREAS.





# ***RISING COSTS: OVERUTILIZATION***

FIFTH, THERE IS A TENDENCY TOWARD OVERUTILIZATION OF HEALTH-CARE SERVICES AND EVEN TO PERFORM UNNECESSARY DIAGNOSTIC AND TREATMENT PROCEDURES.





# ***RISING COSTS: OVERUTILIZATION***

THE SURGERY RATE IN THE UNITED STATES GREW MORE THAN TWICE AS FAST AS THE POPULATION BETWEEN 1979 AND 1987. BY ALL ACCOUNTS, TODAY IT IS THE HIGHEST IN THE WORLD.





# ***RISING COSTS: OVERUTILIZATION***

IN 1992 CONSUMER REPORTS PUBLISHED A STUDY CONCLUDEING THAT AS MUCH AS 20% OF ALL SURGERIES AND MEDICAL SERVICES PROVIDED IN THE U.S. ARE UNNECESSARY. WITH DEFENSIVE MEDICINE ON THE RISE, IT IS MUCH HIGHER TODAY.

# ***RISING COSTS: OVERUTILIZATION***

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"There's nothing really wrong with you but I think  
a little surgery would make us both feel better."



# ***RISING COSTS: INSURANCE***

THE HEALTH INSURANCE INDUSTRY IS A PERHAPS THE MOST SIGNIFICANT FACTOR IN THE RECENT RISE OF COST OF HEALTH CARE IN AMERICA. HEALTH INSURANCE PROFITS OF THE 10 LARGEST INSURERS HAVE RISEN 428 PERCENT SINCE 2000.



# ***RISING COSTS: INSURANCE***

David Balto, former policy director of the Federal Trade Commission and now senior fellow at the Center for American Progress, writes: “Simply put, the private insurance companies have secured monopolies or tight oligopolies and exercised that power to put profits ahead of patients....”

# *Health Care Expenditures*

THERE ARE MANY POWERFUL INTEREST GROUPS BENEFITTING FROM RISING COSTS: PHYSICIANS, HOSPITALS, INSURANCE, THE PHARMACEUTICAL INDUSTRY, AND SO ON.





# *Health Care Expenditures*

HEALTH-CARE CONSUMERS BENEFIT MOST FROM CONTROLLING COSTS, BUT THEY HAVE YET TO ORGANIZE INTO A POWERFUL LOBBY GROUP.

# *Access*

WE HAVE SEEN HOW EXPENSIVE HEALTH CARE IS TODAY, WHICH MEANS THAT ONLY THE WEALTHIEST CAN PAY OUT OF THEIR OWN POCKET FOR MEDICAL SERVICES.





## *Access*

MOST AMERICANS RELY ON HEALTH INSURANCE PROVIDED BY EMPLOYERS AS PART OF THEIR COMPENSATION FOR THEIR LABOR. HOW LONG CAN AMERICAN COMPANIES CONTINUE TO PAY EVER HIGHER RATES AND REMAIN COMPETITIVE IN THE GLOBAL ECONOMY?



## *Access*

SINCE MEDICAID BECAME AVAILABLE IN THE 1960s, THE HEALTH CARE USE RATES AMONG THE POOR HAVE INCREASED. HOWEVER, CONSIDERABLY LESS THAN ONE-HALF OF THE POOR ARE ELIGIBLE FOR MEDICAID.



## *Access*

AS A CONSEQUENCE, FULLY ONE-THIRD OF THE POOREST AMERICANS UNDER THE AGE OF 65 HAVE NO HEALTH INSURANCE AT ALL, ACCESS TO MEDICAL CARE IS QUITE LIMITED.





## *Access*

IN ADDITION TO THE POOR, THERE ARE OTHERS WHO FIND THEMSELVES WITHOUT HEALTH INSURANCE: LAID-OFF EMPLOYEES; PEOPLE WHO RETIRE BEFORE THEY ARE ELIGIBLE FOR MEDICARE; YOUNG PEOPLE WHO ARE TOO OLD FOR COVERAGE UNDER THEIR PARENT'S PLAN, WIDOWS, WIDOWERS, AND DIVORCED PEOPLE WHO HAD DEPENDED ON THEIR SPOUSE'S HEALTH INSURANCE.



## *Access*

ALL TOGETHER, ABOUT 47 MILLION AMERICANS, OR 20 PERCENT OF OUR POPULATION UNDER THE AGE OF 65, ARE WITHOUT HEALTH INSURANCE.



# *Access*

ANOTHER DIMENSION OF ACCESS TO  
HEALTH CARE IS THE AVAILABILITY OF  
SERVICES.

Finding a  
good physician  
is vital...

Call the  
**Find-A-Physician**

Line  
789-4500

A free physician referral  
service that matches  
your needs with  
the right doctor.

- All specialties covered
- Specialists with no copay
- 24/7 service

A Division of  
Kortland Hospital



# *Access*

IN THIS REGARD IT HAS BEEN RESIDENTS  
OF THE INNER CIY AND RURAL AREAS  
WHO ARE UNDERSERVED.



Herbert Wagner, Phototake NYC



## *Access*

PHYSICIANS PREFER TO PRACTICE IN LOCALS WHERE THEY WOULD LIKE TO LIVE AND CAN FIND A PROFITABLE CLIENTELE, AND NEITHER THE INNER CITY NOR RURAL AREAS CAN SATISFY THIS PREFERENCE.

# *Access*

ACCESS TO HEALTH CARE IS ALSO  
AFFECTED BY THE AVAILABILITY OF  
"PRIMARY CARE" PHYSICIANS WHO  
SERVE AS A PERSON'S FIRST CONTACT  
WITH THE SYSTEM.



W & D McIntyre, Science Source



## *Access*

WHETHER FOR THE MONEY, OR THE DESIRE TO LEARN WELL A SMALL PART OF THE FIELD, PHYSICIANS OF THE PAST FEW DECADES HAVE OPTED FOR SPECIALTY TRAINING.



## *Access*

PRIMARY CARE WAS A TASK PERFORMED BY GENERAL PRACTITIONERS IN THE PAST, BUT GPs ARE NOW ON THE DECLINE, WITH ONLY ABOUT 12% OF PHYSICIANS NOW ACTING AS GPs.



# *CONCLUSIONS*

AMERICA BADLY NEEDS TO REFORM ITS HEALTH CARE SYSTEM. THE STRUGGLE IS NOT IN FINDING SOLUTIONS—MANY COUNTRIES HAVE ACCESS FOR ALL AND THEIR COSTS CONTROLLED. THE PROBLEM IS PASSING REFORM OVER THE OBJECTIONS OF POWERFUL GROUPS THAT BENEFIT FROM THE STATUS QUO.