
Coming next...

Interview project due this Wednesday by midnight

Journal #4 (last one) is due next Wednesday

Social movement project is coming



Do People Choose Their Own Health?



Health and Society

What is HEALTH?

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO)

Defining Health and Illness

- Our bodies are social objects—it is important to understand the role that health (and illness) plays in our lives as social beings.
- Health (and illness) are social constructs. What it means to be healthy or sick is determined by society!

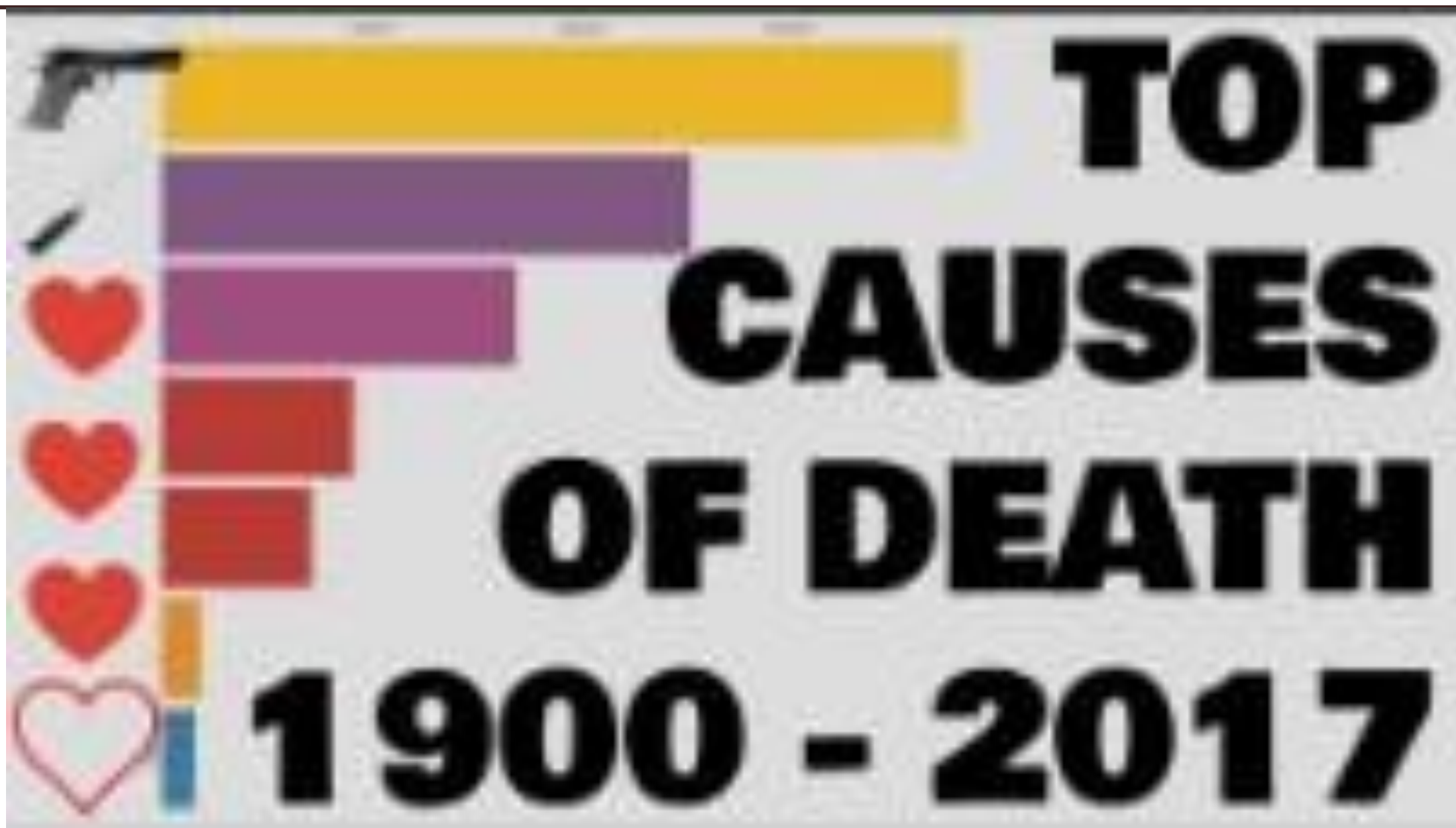




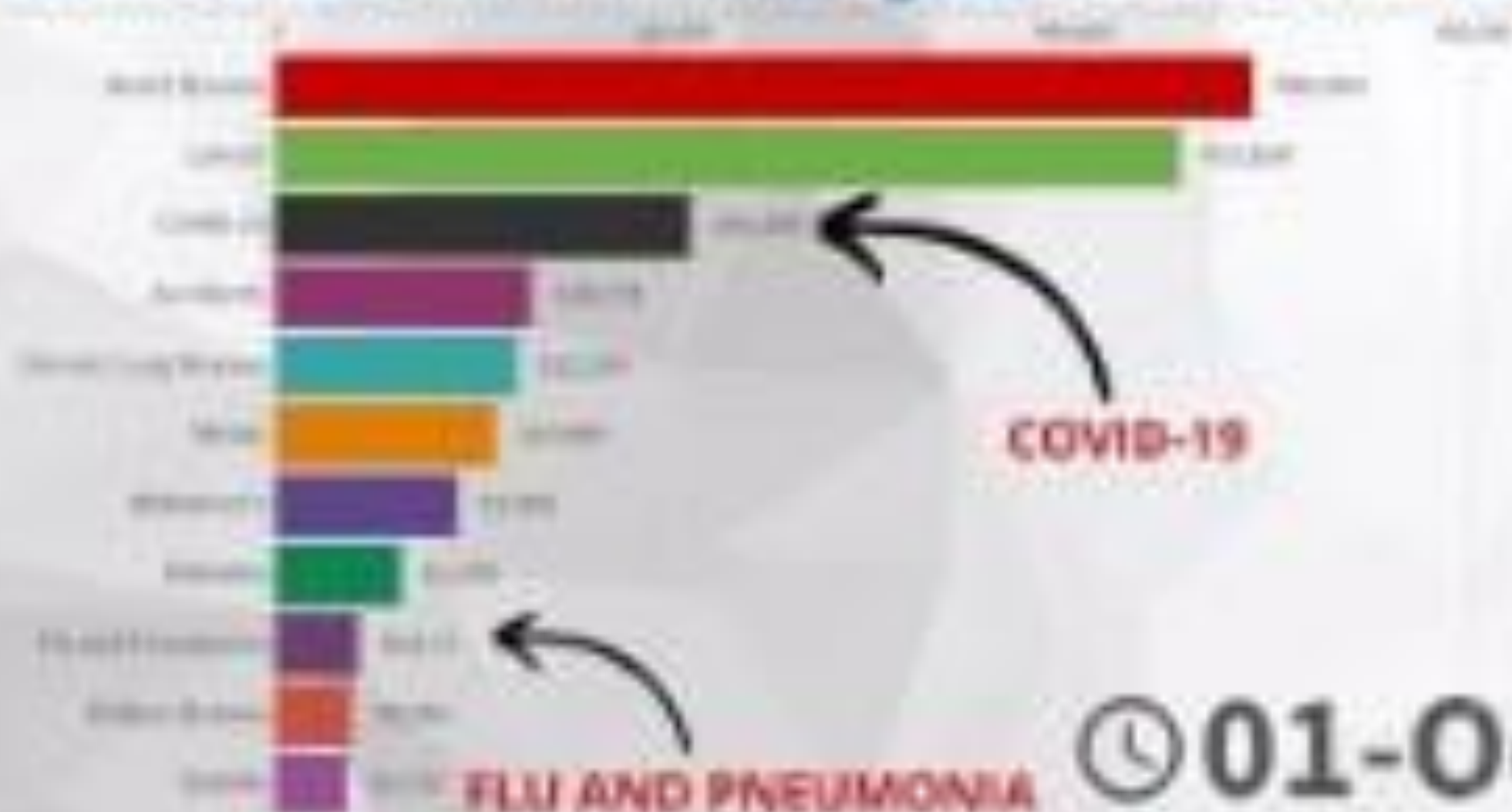
Types of Illnesses

- *Acute diseases* have a sudden onset, may be briefly incapacitating, and are either curable or fatal.
- *Chronic diseases* develop over a longer time period and may not be detected until symptoms occur later in their progression.





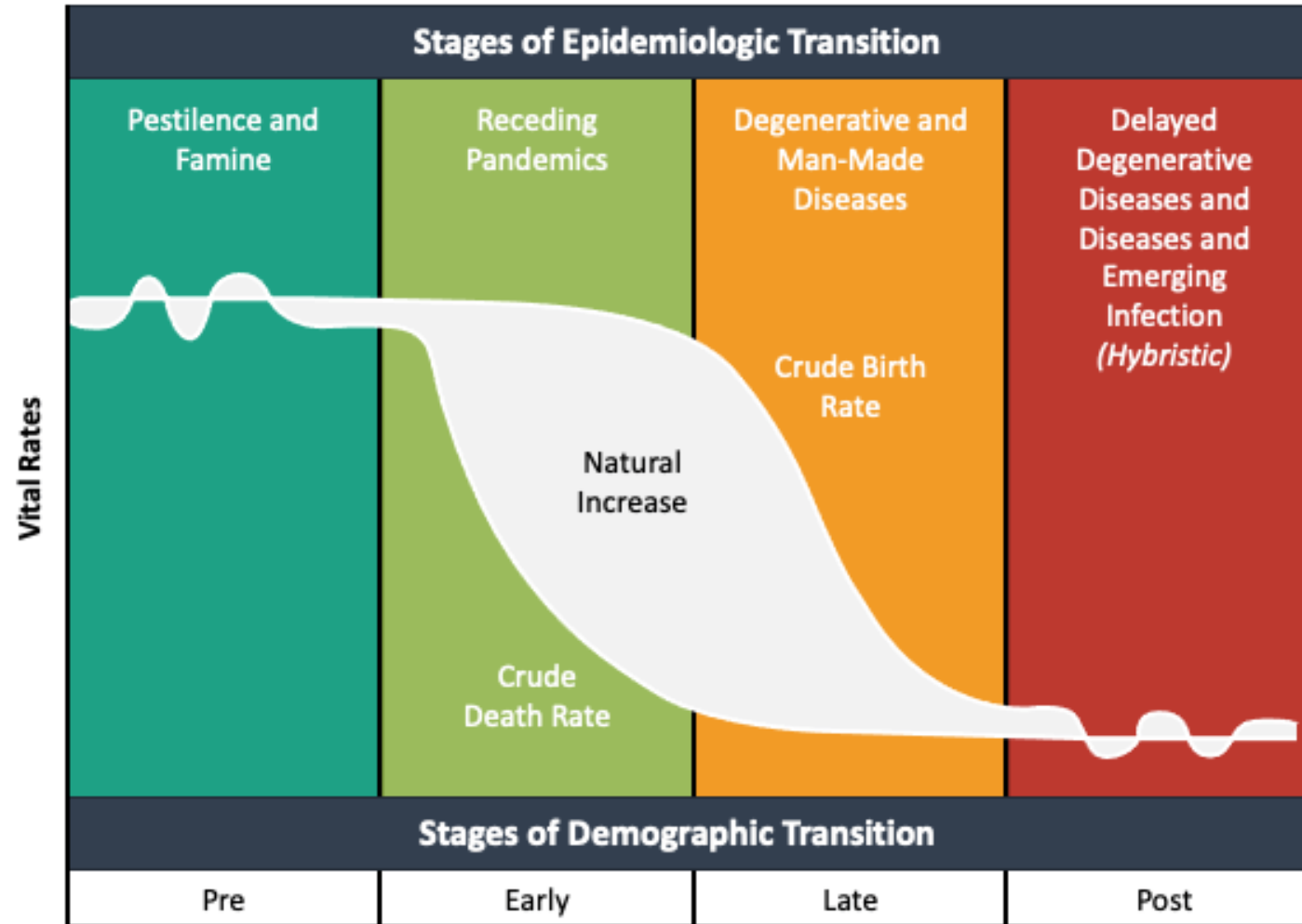
Number of Deaths for leading causes of Death - U.S.



⌚ 01-Oct

EPIDEMIOLOGICAL TRANSITION

Demographic Transition Framework



Epidemiology and Disease Patterns

- ***Epidemiologists*** study patterns of disease to understand illnesses, how they spread, and how to treat them.
- ***Epidemic***: when a significantly higher than expected number of cases of a disease occurs within a population
- ***Pandemic***: when a higher than expected number of cases of a disease also spans a large geographic region, such as multiple countries or continents



Florian Plautcher/AFP/Getty Images

Social Determinant of Health, and Illness

- **Socioeconomic status (SES)** impacts people's ability to access better health care, tests, and medications, and also to afford better nutrition. Higher-SES individuals often live longer and feel better than lower-SES individuals.
- **Racial inequalities** are partly due to socioeconomic status, some of these disparities are linked to systemic racism and discrimination, especially among African Americans, the effect of which is known as "weathering."
- **Gender inequalities:** While women live longer than men, they also are more likely to die from heart attacks and to develop anxiety and mood disorders.

Toward Some Fundamentals of Fundamental Causality: Socioeconomic Status and Health in the Routine Clinic Visit for Diabetes (Lutfey & Freese, 2005)

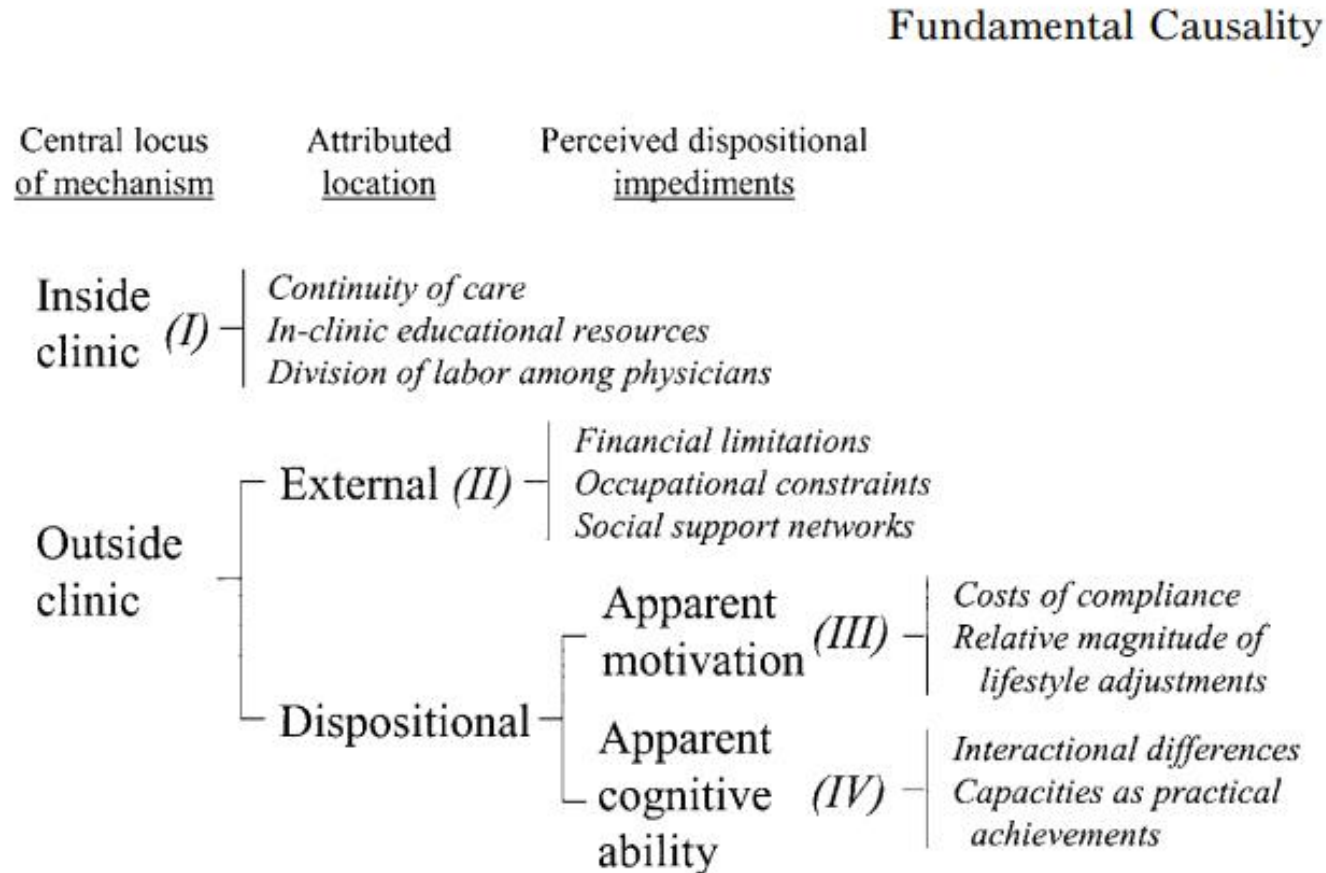


FIG. 1

Cost of Adherence (Lutfey & Freese, 2005)

What a travesty. If you gave a businessman a prescription that had to be refilled every month, and he had to stop what he was doing and go to the store and stand there in front of a pharmacist for 30 minutes, 40 minutes he'd say, "Either you give me something that's appropriate, or I'm firing you as my physician." And here [at County] we give patients their prescription and say, "Come back every month and stand here. Come back on the bus and get your prescriptions filled." Gimme a break. If that doesn't interfere with compliance, I don't know what does.

Continuity of Care (Lutfey & Freese, 2005)

[Another physician] might say, “Well, you know, that patient’s not very compliant.” And that’s their view. Maybe you have a different view. Or maybe [the patient] just hasn’t been given the proper education. Or maybe they’ve been bounced around so much and they keep hearing different

things and they don’t know what to think, so they’re getting frustrated. The more you have continuity or follow up with that patient, the more you’re going to get a more accurate picture of what they do and don’t understand and how compliant they may or may not be.

Activity: Our Neighborhood

Use online digital maps, locate the following in 3 miles radius from BSC and Samford

- 1) *Grocery store*
- 2) *Park or green space for recreational purpose*
- 3) *Non fast-food restaurant*

Share your findings.

Inequality and the Problem of Food Deserts

- *Food desert:* a community in which the residents have little or no access to fresh, affordable, healthy foods, usually located in a densely populated urban area



Carlos Javier Ortiz/Redux

Low Birth Weight Rate and Related Health Indicators among Community Areas in Chicago

Yingling Liu, Doctoral Student, Department of Sociology, Baylor University

Birth weight is an important early-life health outcome that is strongly related to adult health later in life. In 2005, the average low birth weight rate in the U.S. is 8.28%, whereas in the city of Chicago, the average is 9.6%.

Research shows that individuals' health and well-being vary strongly across neighborhood sociological settings. Birth weight is well-suited for studying the effects of neighborhood context because of its sensitivity to short-term influences on maternal health during the length of pregnancy (Morenoff, 2003).

Figure 1. Low Birth Weight Rate by U.S. Continental States



Moran's I test was conducted to see whether there is a spatial autocorrelation on low birth weight rate. Figure 2 shows that there is spatial correlation among some community areas in Chicago in terms of low birth weight rate. The hot clusters (high-high) of low birth weight rate areas locate in the south side of Chicago (around highway 90 and highway 57) as well as west side of Chicago (right at the highway 290 and north side of the Chicago river).

Figure 2. LISA Cluster Map: Low Birth Weight Rate among Chicago Community Areas (999 perm)

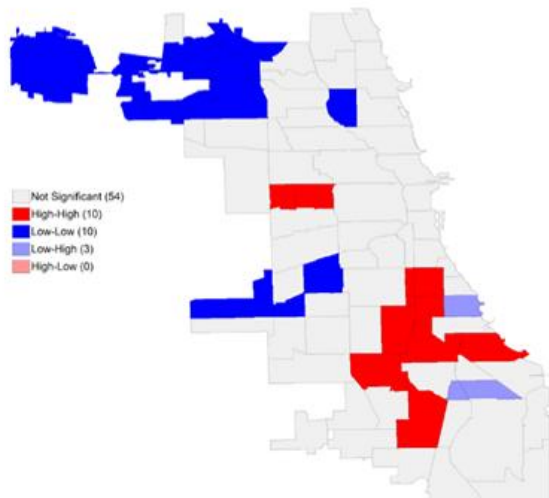
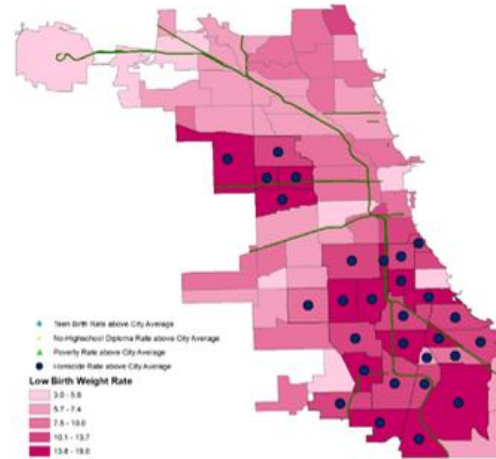


Figure 3. Low Birth Weight Rate and High Homicide Rate



Literature suggest that socioeconomic context, such as poverty, as well as the stress, such as violent crime in the neighborhood is associated with low birth weight (Morenoff, 2003). Figure 3, 4, 5 & 6 display the relationship between low birth weight rate (LBWR) and other health indicators among community areas in Chicago. Figure 3 shows that the top 40% high LBWR communities have the homicide rate above the city average (mean=18.07). Figure 4 shows that at least the top 20% high LBWR communities have the poverty rate above city average (mean=20.29). Figure 5 shows that about half of the community areas who have the high no-high school diploma rate (mean=21.6) also have the high LBWR. Figure 6 shows that many community areas who have higher teen birth rate (mean=50.06) also have the high LBWR.

Figure 4. Low Birth Weight Rate and High Poverty Rate

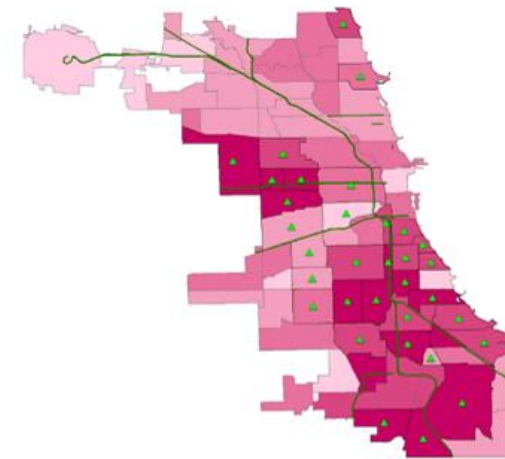


Figure 5. Low Birth Weight Rate and High No-Highschool Diploma Rate

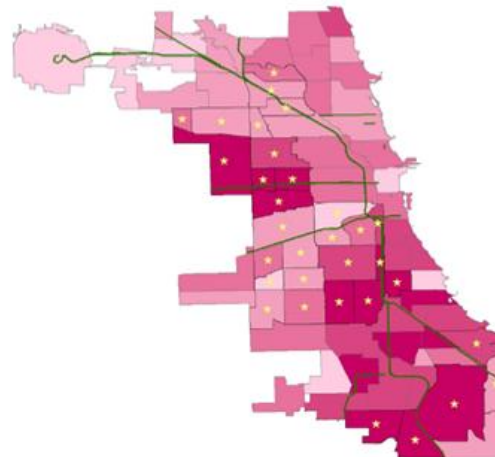
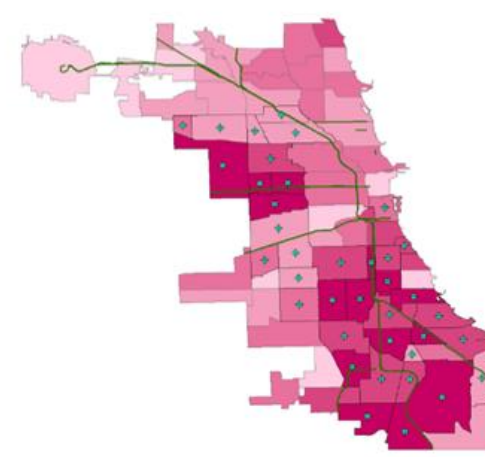


Figure 6. Low Birth Weight Rate and High Teen Birth Rate

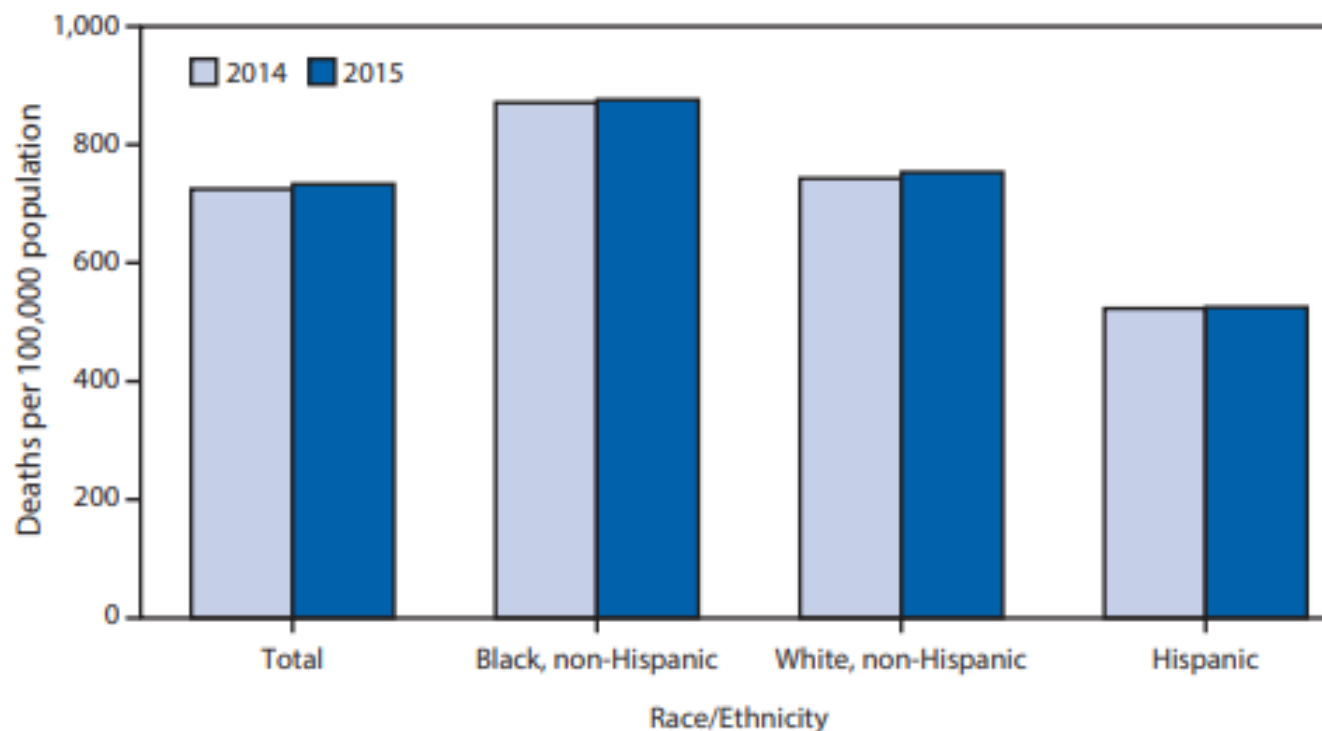


Discussion: Black Deaths Matter

- Why Blacks experience higher odds of deaths of loved ones?

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

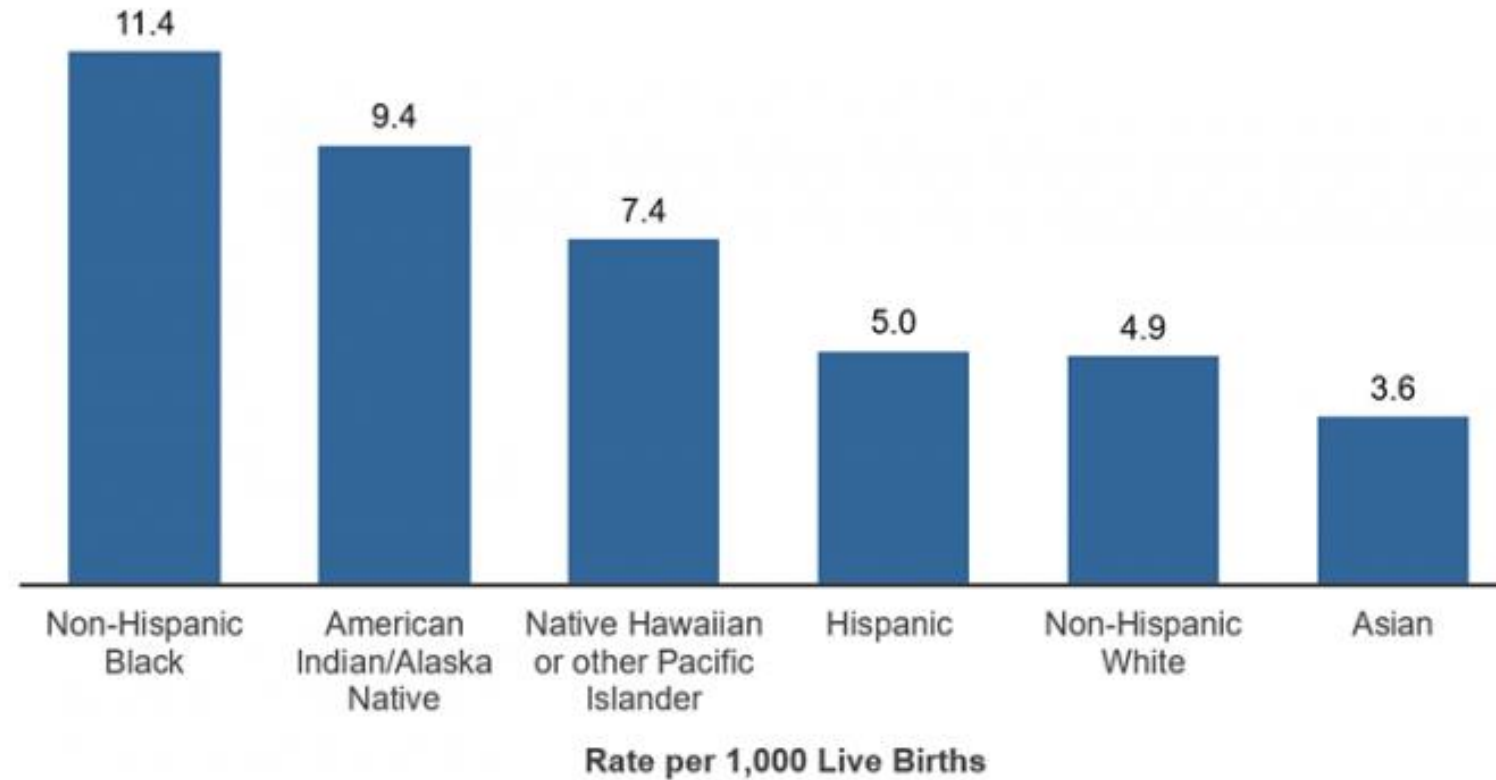
Age-Adjusted Death Rates,* by Race/Ethnicity[†] — National Vital Statistics System, United States, 2014–2015



* Deaths are per 100,000 population and are age-adjusted to the 2000 U.S. standard population.

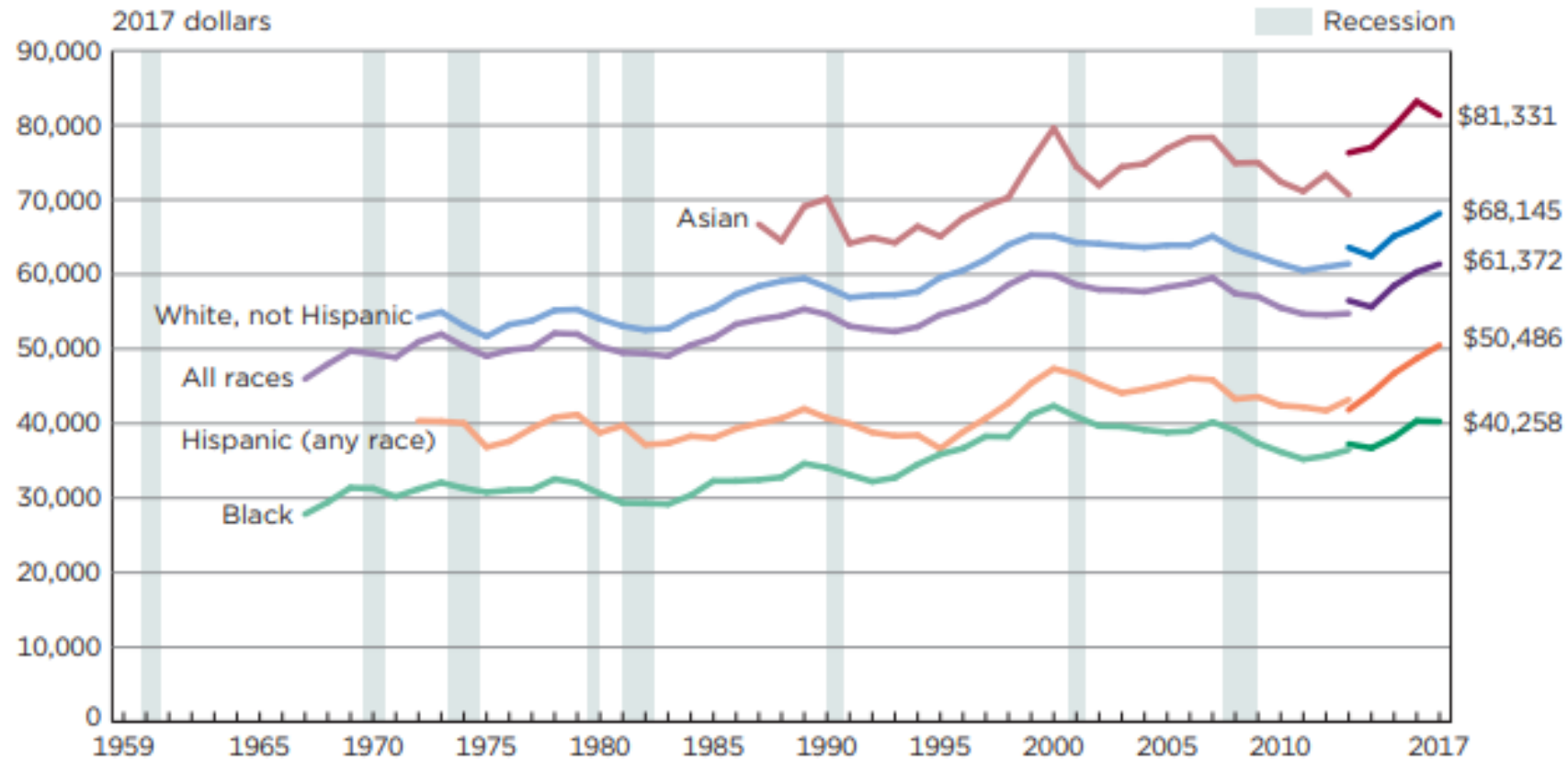
[†] Data for Total include persons in all racial/ethnic populations, not just non-Hispanic blacks, non-Hispanic whites, and Hispanics. Persons who are of Hispanic ethnicity might be of any race.

Infant Mortality Rates by Race and Ethnicity, 2016



<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

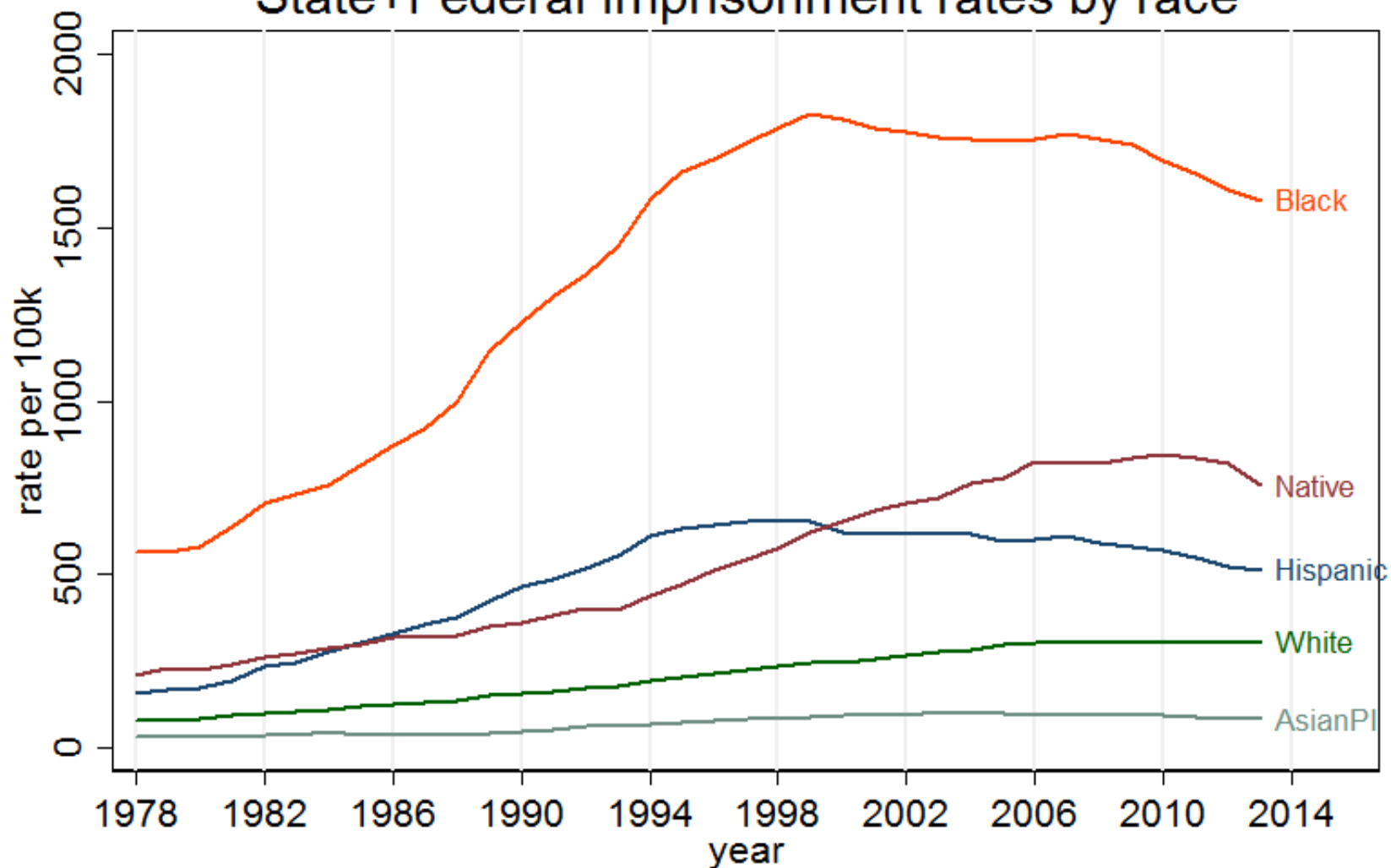
Figure 1.
Real Median Household Income by Race and Hispanic Origin: 1967 to 2017



Note: The data for 2013 and beyond reflect the implementation of the redesigned income questions. The data points are placed at the midpoints of the respective years. Median household income data are not available prior to 1967. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 1968 to 2018 Annual Social and Economic Supplements.

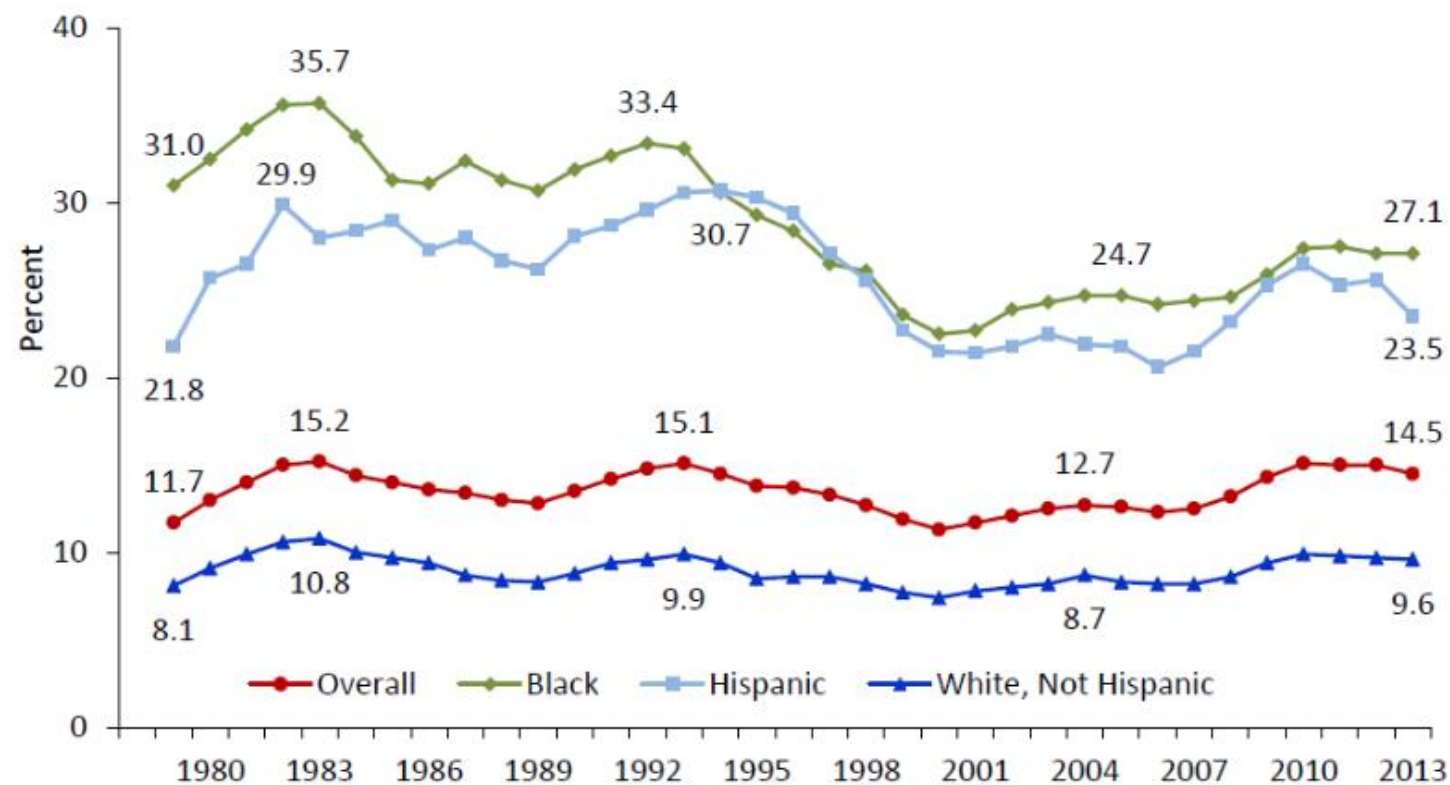
State+Federal imprisonment rates by race



NPS data cleaned by Pamela Oliver Nov. 2016. orcid.org/0000-0001-7643-1008

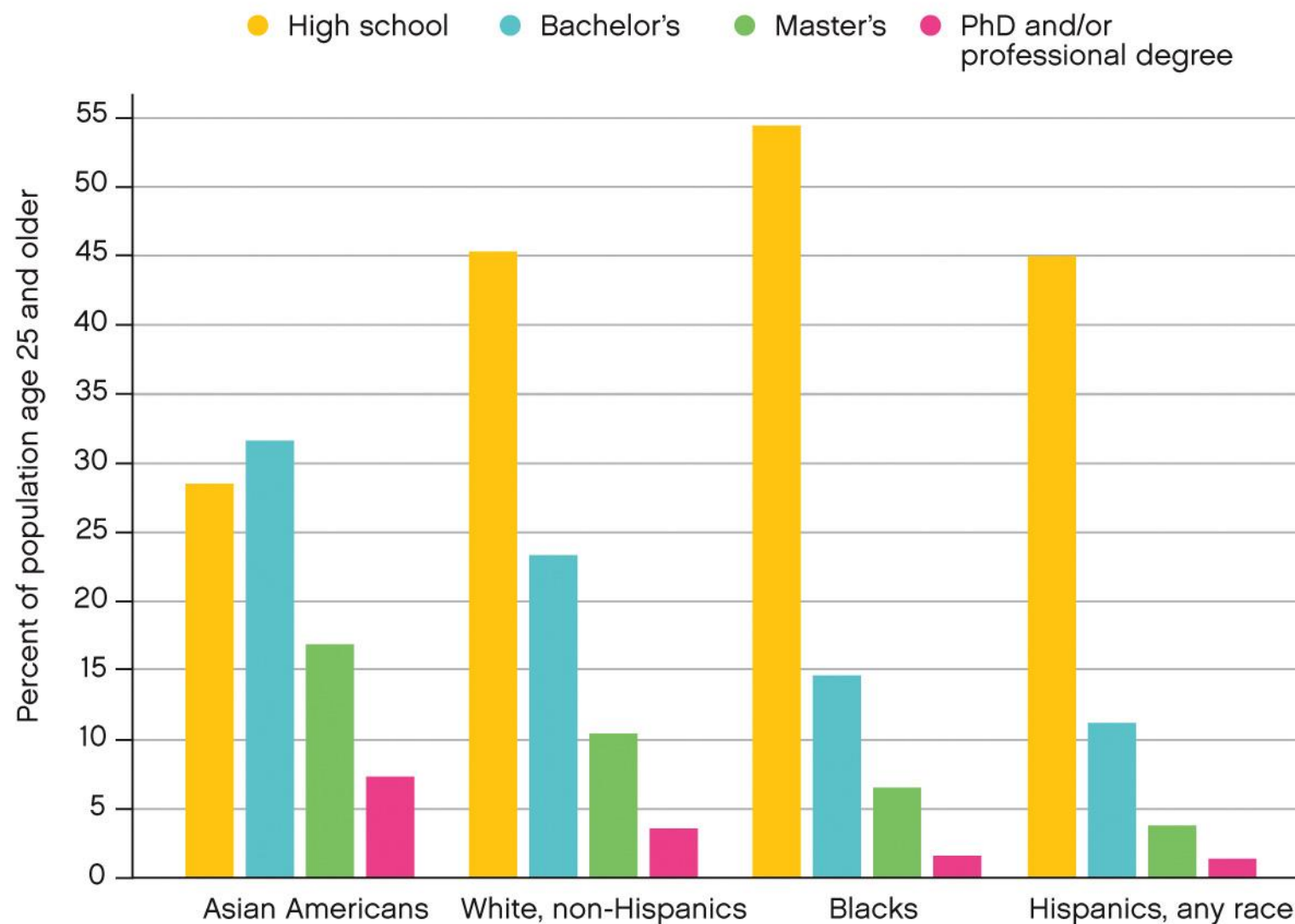
Rate per 100,000 population all ages of State+Federal imprisonment

Poverty Rate of All Persons by Race & Ethnicity



Note: *Hispanic* includes persons of all races. *White, Not Hispanic* does not include any Hispanic persons, and starting in 2002 excludes White, Not Hispanic persons reporting multiple race categories. *Black or African-American* includes Hispanic persons and starting in 2002 includes Black or African-American persons reporting multiple race categories.

FIGURE 13.2 Highest Degree Earned by Race and Ethnicity, 2016



SOURCE: US Census Bureau, 2017q.

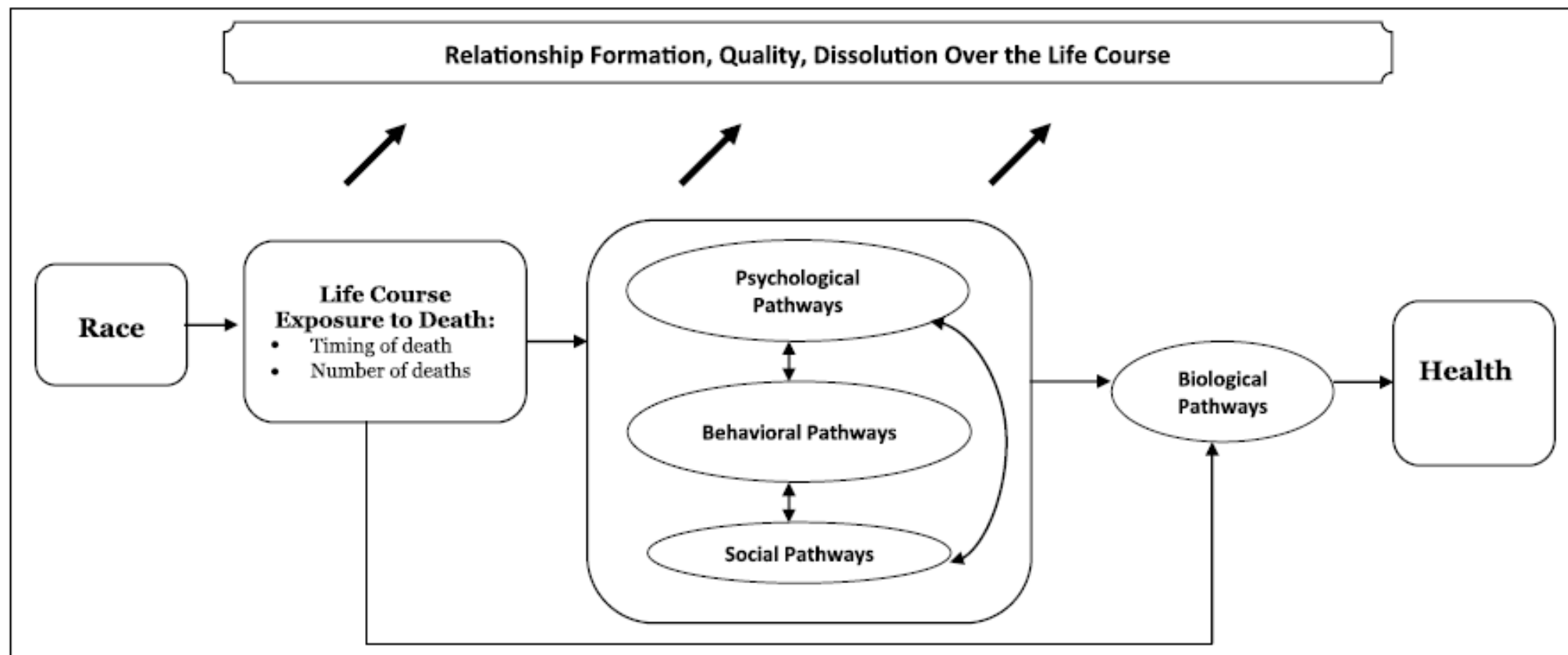


Figure 1. Conceptual Model of Life Course Exposure to Death and Cumulative Disadvantage in Relationships and Health.

Discussion: Medical Cost

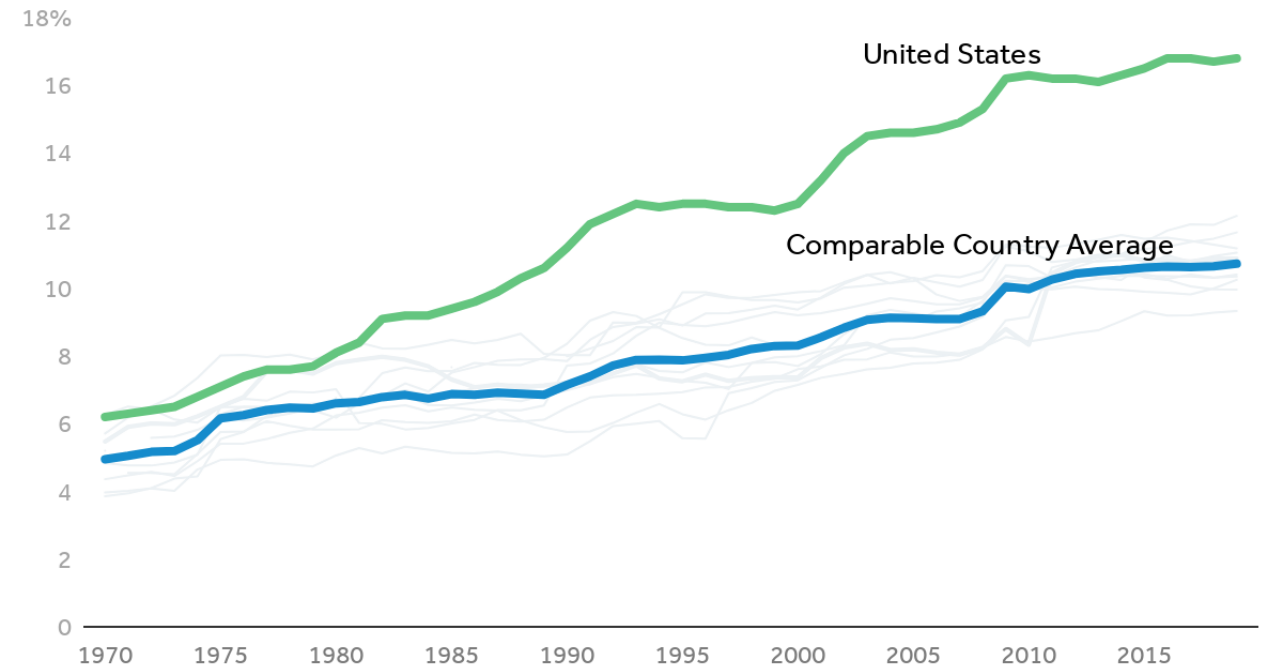
- Can you think of examples from your experience, or that of your family or friends, that demonstrate an expensive use of the healthcare system?
- Do you think the expense was justified?

Health

Spending as %

GDP

Health consumption expenditures as percent of GDP, 1970-2019



Notes: U.S. values obtained from National Health Expenditure data. Health consumption does not include investments in structures, equipment, or research.

Source: KFF analysis of OECD and National Health Expenditure (NHE) data
• PNG

Peterson-KFF
Health System Tracker



Discussion: Why Do Costs Rise?

- Aging population
- New medical technology
 - Including prescription drugs
- Administrative costs
- Chronic diseases associated with obesity
- Malpractice fears and defensive medicine
- Financial incentives for medical providers
 - Fee-for-service
- Patients demanding the best, regardless of price



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