Instructor’s Manual: Chapter 7

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# Learning Objectives for Chapter 7: Health Care and Health Challenges

After reading this chapter, you will be able to  
1. Describe health challenges and the American health care system.  
2. Recognize health disparities, stigma, and ethical dilemmas with health care.  
3. Evaluate the current state of health care policy in the United States.  
4. Articulate trends in health care.  
5. Identify health care settings that employ social workers and the roles of social  
workers in those settings.

# Lecture Notes for Chapter 7: Health Care and Health Challenges

Social workers see how the effects of negative social interactions and stigma affect health and well-being, and keep updated on the latest medical practices and health related resources. Whether working in hospitals, schools, government agencies, public health, or local community-based organizations, health social workers actively make connections between prevention and intervention, from one person to the entire population. Social workers are required to have a broad range of knowledge that includes knowing about the leading causes of death, new health care concepts and practices, and federal, state, and local policies. Due to disparities in health care access and quality, populations such as the poor, aged, illiterate, vulnerable, and chronically ill greatly need the skills and advocacy of social workers in the health care arena.

**Health Challenges and the American Health Care System**

According to the World Health Organization health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Achieving good health is a matter of attending to a person’s physical, mental, and social situation. Disease, disability, and death are the result of interconnections between human biology, lifestyle, environmental and social factors

* Life Expectancy
  + Of seventeen high income countries studied by the NIH in 2013, the U.S. had almost the highest prevalence of infant mortality, heart and lung disease, sexually transmitted infections, adolescent pregnancies, injuries, homicides, and disability. Combined, these concerns put the U.S. at the bottom of the list for life expectancy.
  + In 1900, average life expectancy in the United States was 47 years, while today average life expectancy is over 77 years.
* Threats to Americans’ Health - lifestyle threatens health and longevity in three key ways:
  + Chronic Illness – a disease that lasts for more than three months which can be controlled but not cured, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, depression, and heart disease. Chronic diseases are the leading cause of death and disability in the United States. Social workers educate patients who are health illiterate, explain complicated medical jargon used by physicians, and connect people to community resources
  + Heart Disease - a range a conditions that includes angina, congenital heart disease, congestive heart failure (CHF), and blood vessel diseases such as coronary heart disease. Coronary heart disease is the most common type of heart disease, killing over 385,000 people annually and costing the United States $108.9 billion each year for health care services, lost productivity, and medications.
  + Stress - stress affects a person’s thoughts, feelings, mood and body. If unchecked stress affects sleep and leads to health problems such as heart disease, high blood pressure, obesity, and diabetes. as stress levels increase chemicals in the brain are released that affects the prefrontal cortex (decision-making area) and the amygdale (emotional system). People’s ability to think logically and reasonably decreases as stress levels increase. Social workers can help clients develop stress management skills and strategies; and point out four types of stress: time stress, anticipatory stress, encounter stress, and situational stress.
* Health Disparities and the Uninsured
  + Not all Americans have access to the highest quality of medical treatment. Socioeconomic status is related to stressful and harmful living conditions, disease, and lack of access to adequate health care. Impoverished people often have less access to fruits and vegetables, vs. highly processed cheap food.
  + Health disparities (also called healthcare inequality) refers to gaps between population groups in the availability and quality of health care, in disease rates and severity, and overall health.
* Health Care Policy in the United States
  + Health Insurance – Most Americans are insured through an employer (private insurance) or through a government supported program, such as Medicare, Medicaid, TRICARE, the Children’s Health Insurance Program (CHIP), and the Veterans Health Administration (VA).
  + Affordable Care Act - In 2010 the Patient Protection and Affordable Care Act, known simply as the Affordable Care Act (ACA) or sometimes ObamaCare, became law. The ACA is a comprehensive health care reform law that includes provisions to expand health insurance coverage, improve health outcomes, control health costs, and improve the U.S. health care delivery system. Insurance companies are not allowed to deny coverage for pre-existing conditions. Children can now stay on their parent’s policy up to age twenty six. Yearly limits on premiums are barred, so people with catastrophic illnesses are protected. By 2018, all insurance plans are supposed to offer preventive care with no co-payments and no deductibles.
* Health Care Trends - Continuous Quality Improvement (CQI) helps to ensure that all medical personnel and administrators stay aware of developments in health care practice and choose those that have the best outcomes for patients.
  + Integrative Medicine - healing-oriented medicine that considers the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative or complementary.
  + Slow Medicine - improve the quality of life while the person is under medical care. Slow medicine shares with hospice care the goal of comfort rather than cure.
  + Prevention and Wellness – providing people the resources to maintain health and encouraging healthy lifestyles in order to prevent diseases. Healthy behaviors include eating a balanced diet and exercising regularly.
  + Recovery, Rehabilitation, and Resiliency - during recovery and rehabilitation time, social workers educate people about how to reduce risk factors and increase protective factors. They may also assess resilience levels. Resilience is an interaction between risk and protective factors within a person’s background, which can interrupt and reverse a potentially damaging process. It is a trait, and a major strength, that allows a person to “bounce back” from difficulties. In the health care context, it may facilitate recovery from disease, injury, and medical procedures.
  + Inflammation - the body’s attempt to protect itself from damaged cells, irritants, or pathogens so a healing process can occur. It can be acute or chronic.
  + Managed Care - a type of health care system created to manage, or contain, health care costs. Examples include Health Maintenance Organizations (HMOs), Preferred Provider Organization (PPO), and Point of Service (POS).
  + Electronic Medical Records - allow physicians to electronically maintain files of lab results, visit notes, diagnostic test results, insurance information, demographics, health histories, and other medication information within their offices.

**Health Care and Social Work**

Services provided by professional health social workers include: advocating for patients and family caregivers; assessing needs; care and case management; educating and counseling; intervening to promote health, prevent disease, and address disparities and barriers to health care; and providing information and referrals.

* History of Health Social Work
  + 1905 - Boston’s Massachusetts General Hospital physician Dr. Richard Cabot hired medical social worker Ida Cannon, who created the first hospital social work department.
  + Health social workers were the first social work specialty group to formally organize as professionals. They had a concern for how poverty was affecting individual health outcomes and public health. The strived to humanize people’s hospital experiences and coordinate community resources.
  + Community based social workers focused on public health and social concerns such as tuberculosis, sexually transmitted infections, and sanitation.
  + 1935 – Social worker Grace Abbott helped write the Social Security Act.
* Social Workers’ Roles in Health Care Practice
  + The goals for health social workers are outlined in NASW’s 2014 *Standards for Social Workers in Health Settings.*
  + Health care social workers provide services across the lifespan from neonatal intensive care units to skilled level long term care settings. Their purpose is to help people and families to cope with illness or injury; prevent emotional and social issues from negatively influencing health; and address service delivery shortcomings.
  + Additional roles include crisis intervention, grief counseling, chart documentation, debriefing with colleagues, discharge planning, chemical dependency evaluation, mental health assessment, short term decision making counseling, ethical decision-making counseling, and facilitating support groups.
* Health Care Settings
  + Emergency Room Trauma and Urgent Care Centers - ER social workers require special training in working with patients experiencing chemical dependency and abuse concerns. Urgent care centers are convenient walk-in options for people with non-life threatening health situations. ER social workers can possess good crisis intervention skills, perform accurate and quick assessments. They build quickly build rapport, help triage accident victims, manage people who have mental disorders, counsel victims of violence, and counsel people. They are also supportive of other staff who work in the emergency room.
  + Hospitals and Acute Care - Direct patient care activities, such as discharge planning, consumes the majority of hospital social worker’s time. Direct practice includes counseling and crisis intervention.
  + VA Hospitals - VA hospitals are one of the largest employers of MSW’s as multiple service members are returning home with trauma, physical injury, and disabilities. The telehealth program provides counseling via video conferencing, and improves access to services in geographically remote areas where it can be challenging to recruit mental health professionals.
  + Home Health Care – Public and private health care agencies provide health care services in people’s homes. This is a less expensive alternative to institutions, and with the aging Baby Boomer population this service is expected to increase.
  + Long-term Care - Nursing homes with more than 120 beds are required to employ a full-time social worker with at least a bachelor’s degree in social work. The social workers do home visits, intake assessments, discharge planning, facilitate resident and family council meetings, provide educational trainings, and much more.
  + Hospice, End-of-Life & Palliative Care – Hospice is available when a patient faces a terminal illness or painful injury and is believed to have six months or less to live. Palliative care focuses on relieving and preventing the suffering of patients, whether they are expected to die soon or not. Social workers help people cope with end of life issues.
  + Rehabilitation Services – Rehabilitation is bringing a person back to a normal, healthy condition after an illness, injury, drug problem, or other event.
  + Clinics – Clinics employ social workers to conduct assessments, link people with community resources and entitlement programs, and educate in simple language about health diagnoses and prognoses.
  + Public Health Services – These agencies focus on the general well-being of communities. They may help implement community-wide programs or help alleviate an individual’s suffering.

**Diversity and Health Care**

Health disparities are directly related to the unequal distribution of social, political, economic, and environmental resources. Social workers advocate for minimizing health disparities and lessening stigma towards people with health problems.

* *Age.* The over age 80 population is the fastest growing segment of the population. When people age beyond age 65 they become eligible for Medicare.
* *Race and Ethnicity*. By the year 2030, one in four Americans over age 65 will be from a racial or ethnic minority. Racial and ethnic minorities tend to receive lower quality of care than non-minorities; therefore, patients of minority ethnicity experience greater morbidity and mortality from various chronic diseases that non-minorities.
* *Class.* Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information.
* *Gender. W*omen report more sickness than men, yet live an average of seven years longer. While women are less likely to have a chronic health condition, they appear to be more at risk for acute illness and disability as compared to men.
* *Sexual Orientation.* Sexual minorities are at increased risk for certain negative health outcomes and are more likely to report experiencing some form of sexual assault during their lifetime compared to their heterosexual counterparts. Health care social workers will need to understand terms specific to *gender expression* such as cross-dresser, drag king or queen, passing, and transition. Also terms specific to sexual identity and sexual orientation require understanding: bisexual, gay, lesbian, coming out, queer, and MSM/WSW (men who have sex with men; women who have sex with women).
* *Intersections of diversity.* Multiple dimensions of diversity complicate and compound people’s health care needs.

**Advocacy on Behalf of People with Health Care Challenges**

* Social and Economic Justice
  + Insurance - Health social workers help people obtain insurance, and help people understand complex and confusing insurance policy language.
  + Hospitals – Social workers assist with coordination of services and tracking insurance coverage.
  + Outpatient services – Community based practices provide medical services outside of a hospital setting.
  + Veteran’s Health Care System - VA social workers may work with The Homeless Veterans Reintegration Program, counsel armed service members living with post-traumatic stress disorder, a traumatic brain injury, or substance abuse problem, or work with the Disabled American Veterans organization.
* Supportive Environment
  + Accessing health care can be challenging in remote areas.
* Human Needs and Rights
  + People value health care characterized by personal choice, ethical decision-making, resources to maximize health or well-being, and the chance to be understood and respected. Often these values or needs are compromised because of health disparities or stigma and discrimination.
* Political Access
  + Health care related policies are political.
  + At the micro level, social workers can help clients to access health services and to obtain better health literacy.

**Your Career and Health Care**

* There is an expected 25% increase in job availability for health social workers. The NASW assesses that 14% of social workers practice in health-related settings and the number is expected to increase by 34%.
* To have a successful career in health social work it is helpful to have
* knowledge of medical terminology
* understanding of the roles of all healthcare team members
* understanding of the bio-psychosocial-cultural and spiritual aspects of illness and health
* crisis intervention skills
* short-term counseling skills
* knowledge about care culturally competent planning and discharge planning processes and community resources

# Key Concepts for Chapter 7: Health Care and Health Challenges

acute illness

chronic illness

electronic medical records (EMRs)

health disparities

hospice

integrative medicine

long-term care

pain

rehabilitation

resilience

# Case Study for Chapter 7: Health Care and Health Challenges

Ken had never planned to live anywhere except his family home, where he raised his three children and enjoyed the great outdoors. Last month when he was hospitalized and subsequently discharged to a nursing home, Ken could only think about the current hunting season and the camaraderie he was missing from his fellow deer club members. Since becoming a widower, when his high school sweetheart and spouse Ruth died 10 years ago, Ken had put on too much weight and neglected regular doctor’s appointments. His two daughters, who reside in other states, contact him regularly by phone. Ken’s now retired only son lives nearby and works the family farm but he is out of touch concerning his dad’s health and health care needs. The shock of learning about his worsening diabetes and metastasized cancer is causing Ken and his family much emotional distress. Ken doesn’t understand the words all the physicians and nurses are using—palliative care, slow medicine, and advanced directives—and he can no longer bear weight, transfer independently, or take steps. It appears that Ken might be released to the home of his oldest daughter, a retired nurse, and hospice care will be put in place if he can show improvement in his activities with the physical therapists.

1) How might social workers communicate with Ken and his children, as future plans are considered?

2) What might be the thoughts and feelings that Ken is experiencing?

3) How might the geographic environment matter insofar as what housing, home health, and hospice resources are available to Ken and his family?

4) What struggles may be associated with Ken moving to another state? What challenges might his daughter face in caring for him?

# Discussion Questions for Chapter 7: Health Care and Health Challenges

Discussion Question #1

What are the major challenges facing our health care system moving forward? Is the Affordable Care Act bound to be modified? Repealed? Kept as it is? What do you think *should* happen?

Discussion Question #2

Should patients who are suffering from an incurable terminal illness, are mentally sound of mind, and are in pain be allowed to choose to end their life in a medically monitored way (e.g., a lethal dose of painkilling medication), or should this not be permitted? Why or why not?

Discussion Question #3

What can be done about the tendency of the poor to wait until they are in grave need before they seek out medical treatment? This results both in higher costs for care and less chance of a successful outcome. Is there a potential solution to this problem? What groundwork would need to be done to make such a change?

Discussion Question #4

Most countries see health care from the service orientation (believing it is a right of all humans regardless of financial status) while the United States continues to see healthcare from the profit orientation (much like any other business, that people should only be able to buy what they can afford). What are the impacts of seeing healthcare from a profit orientation? Should healthcare be a right or a privilege?

# Chapter Exercises for Chapter 7: Health Care and Health Challenges

1. The opening vignette about health social worker Gayle identifies many practice settings where she has worked. Which of these settings might be places you would like to work? Why?

2. Locate some family or friends who have been hospitalized recently or have a serious health problem. Ask them what concerns they have about our current U.S. health care system, based on their own experiences or the experiences of other people they know.

3. Read about the life of Baseball Hall of Famer Lou Gehrig and the ALS that caused his

early death. How did he face his illness? What lessons can we learn from the choices

he made in life and while nearing death? What do you think about his famous final

speech at Yankee Stadium?

4. How does the U.S. health care system compare with other countries? In what ways is it

better? In what areas is there room for improvement?

5. Look at the list of U.S. health care programs in Exhibit 7.6. Research some of the

programs. Which ones are your favorites? Why? What special health care programs

exist in your state?

# Class Activities for Chapter 7: Health Care and Health Challenges

**Class activity #1**

Break the class up into 3-4 groups. Hand out the following vignettes to each group and ask them to discuss what they would do if they were the social workers involved in each case. Discuss as a large group after the individual groups have fully discussed their decisions.

Kelly is a hospital social worker who has been approached by a staff physician regarding a patient named Beverly. The doctor wishes for Kelly to convince Beverly that surgery is the right option for her because, at this point, Beverly has refused to consent. Upon meeting with her, Kelly learns Beverly has a terminal cancer diagnosis and the surgery in question would perhaps extend her life 3-6 months. Beverly appears of sound mind and does not wish to go through with the surgery, saying she has had enough procedures and wants to die at home in a hospice setting surrounded by her family.

When Kelly shares this information with the doctor, he informs her that he knows what’s best for his patient and tells Kelly once again to convince Beverly of the need for this surgery. The doctor says it will likely lengthen Beverly’s life by several months and there is a chance her death could be put off for 2-3 years if things go well. Kelly runs into Beverly’s children in the hallway, and they ask her if there’s anything she can do to convince their mother to go through with the surgery. What should Kelly do?

Gaganjit is a social worker at a long-term care facility. He has grown to have a close relationship with a particular resident, Genevieve (age 89), who is on dialysis and takes multiple pain medications. Genevieve has been open with Gaganjit about her depression; her children and grandchildren have not visited in over a year, and her husband passed away 18 months ago at the same facility. Genevieve confides in Gaganjit that she knows how much medication she would need to put aside in order to overdose, and can hide the medicine and collect it. While she denies that she has been doing so thus far, she also tells Gaganjit, “I just want you to know I really appreciate all you’ve done for me the last several months, and I wanted to be sure I got a chance to tell you that while I still can.”

Gaganjit knows if he reports Genevieve’s comments to the medical staff, she may be put on a psychiatric watch and may no longer get the painkilling medication she needs to be comfortable. If he doesn’t tell anyone and Genevieve overdoses on pain medication, he will probably be the only person who knows what happened, since her death will not likely surprise the medical staff given her advanced age. What should Gaganjit do?

Christy is a hospital social worker in a major metropolitan teaching hospital. She is working with Ida, a patient who has shared that she is a lesbian. Christy has met Ida’s partner, Valerie, who has visited with her frequently during open visiting hours. However, the hospital is in a state that does not recognize same-sex marriage, civil unions, or domestic partnerships. Therefore, the hospital is under no legal obligation to allow Valerie to visit with Ida during family-only visiting hours.

Ida unexpectedly takes a turn for the worse and knows death is a possibility within the next few days, and she understandably wants Valerie by her side during the tough time ahead. However, the doctors and administrators are adamant that only family are allowed at patient bedsides outside of open visiting hours.

Christy has the opportunity to meet Ida’s older sister Bette, who believes Ida has the right to be with Valerie if she chooses to do so, and has even considered disguising Valerie and bringing her in, claiming she is Ida’s (nonexistent) younger sister. Ida says she would rather go home and be with Valerie than face possible death without her lifelong partner by her side. Christy knows if Ida leaves, she is likely to die at home within 24 hours, but if she remains at the hospital, she has a chance to recover. What should Christy do?

**Class activity #2**

Three indicators of the success and quality of a country’s health care system are the cost of care, infant mortality, and life expectancy. The United States health care system is consistently the most expensive in the world, but does it get commensurate results?

Break the class into either two or four groups. In the case of two groups, assign one group infant mortality and one group life expectancy. In the case of four groups, assign two groups to each statistic. Then give the groups a set of ten index cards with the names of countries on them and ask them to organize the countries in order from best to worst in their particular statistic. The United States should be in each group of ten. Here are groups that can be used (with rankings based on data from the 2014 CIA World Factbook). You may tell the students that all of the countries listed are in the top 100 countries in the world (out of over 200) for the relevant statistic.

Life expectancy: Japan (3rd-longest), Switzerland (8th), Australia (10th), Canada (14th), Norway (17th), Israel (19th), United Kingdom (29th), Greece (30th), South Korea (39th), United States (42nd), Chile (52nd), Algeria (80th)

Infant mortality: Japan (2nd-lowest), Sweden (6th), Italy (12th), Belarus (19th), South Korea (25th), United Kingdom (36th), Cuba (42nd), Canada (43rd), Bosnia & Herzegovina (52nd), United States (56th)

Discuss why the United States is ranked so much lower than countries we’d perhaps expect to at least be even with, if not better than. How many of these countries have national health care systems, and what kinds do they have? Why do we spend so much more on health care without getting comparable results? Encourage them to investigate outside of class (or on laptops and cell phones in class if you wish).

You can use the CIA World Factbook online if you’d like to choose different countries, or update your statistics when more recent data than 2014 is available.

**Class activity #3**

At the end of the class meeting for the final class before you begin covering Chapter 7, give each student ten copies of the following survey and have them get ten different people to fill them out. Preferably, students should survey people outside of their own immediate peer group or family, and to try to survey a diverse group. Make sure you let them know that the Affordable Care Act and Obamacare refer to the same legislation, but that they should not inform their survey respondents about that.

Have them bring the completed responses to class the next time you meet. Then discuss as a large group. You may also take the results and compile them for future discussion if you prefer.

Discussion questions

1. What did they notice about the survey results?

2. The individual questions refer to elements of the Affordable Care Act. Were there many people who were in favor of the individual elements of the Affordable Care Act but stated they were against the act as a whole?

3. The Affordable Care Act is often called Obamacare. Were there people who claimed to be in favor of one but not the other? Why do you think that is?

**Health Care Survey**

1. Are you in favor of allowing children to stay on their parents’ health insurance until age 26, if the family wishes to do so?

Yes No

2. Should insurance companies be allowed to choose not to offer coverage to people with preexisting conditions, or to charge them more for coverage?

Yes No

3. Should employers with 50 or more employees be required to provide health insurance benefits to their employees?

Yes No

4. Should women be able to get contraception coverage through their employer’s health insurance plan?

Yes No

5. When insured people experience serious illness or injury, should insurance companies be able to cancel their policies based on minor errors they made in their initial applications?

Yes No

6. What is your opinion of Obamacare?

Strongly favor Somewhat favor Neutral Somewhat oppose Strongly oppose

Not sure Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What is your opinion of the Affordable Care Act?

Strongly favor Somewhat favor Neutral Somewhat oppose Strongly oppose

Not sure Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Video and Multimedia for Chapter 7: Health Care and Health Challenges

#### Video Clips

* [What Exactly Does the ACA Do?](https://www.youtube.com/watch?v=JZkk6ueZt-U)   
  The basic changes of the Affordable Care Act, explained in simple, concise terms.
* [What Is Hospice All About?](https://www.youtube.com/watch?v=FtmhAczE-hU)   
  A licensed clinical social worker explains the purpose of hospice care.
* [Why Is Our Health Care So Expensive?](https://www.youtube.com/watch?v=qSjGouBmo0M)   
  A critical look at some of the reasons behind the exorbitant cost of health care in America.

#### Audio Clips

* [Getting Minorities to Sign Up for Health Insurance](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=363794721&m=364001732)   
  Two states hope to improve their track record for getting information about state health insurance exchanges to some of the groups who may need it most.
* [Too Rich for Medicaid, Too Poor for Subsidies](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=365762013&m=365762014)   
  A look at the effects of Georgia’s refusal to expand Medicaid coverage under the Affordable Care Act.

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# Web Resources for Chapter 7: Health Care and Health Challenges

* [Separating ACA Fact from Fiction](http://www.politifact.com/truth-o-meter/article/2013/sep/24/top-16-myths-about-health-care-law/)   
  Nonpartisan website PolitiFact checks the veracity of some of the most public statements about the impact of the Affordable Care Act.
* [HIV/AIDS Symptoms](http://www.aids.gov/hiv-aids-basics/hiv-aids-101/signs-and-symptoms/)  
  Warning signs that one may have contracted HIV.
* [The C-SWHC Credential: Requirements and Benefits](http://www.socialworkers.org/credentials/specialty/c-swhc.asp)   
  An overview of the requirements to become a certified social worker in health care.

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# SAGE Journal Articles for Chapter 7: Health Care and Health Challenges

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[Blank, R. H. (2012). Transformation of the US healthcare system: Why is change so difficult?*Current Sociology, 60*(4), 415-426.](http://csi.sagepub.com/cgi/reprint/60/4/415?ijkey=.xjZ6Q.HSDj9I&keytype=ref&siteid=spcsi) doi:10.1177/0011392112438327

This article provides commentary on the issue of why the U.S. healthcare system is so resistant to change.  Factors explored include the dominance of the medical establishment, the role of private insurance companies, and public suspicion of government involvement in healthcare.

#### Questions:

1. How does the culture of individualism affect U.S. Americans’ views of health care and the possibilities for health care reform?
2. What are the political and economic forces that have shaped health care policy transformation?
3. What is the role of public expectations and perceptions of medicine in shaping health care policy?

Article 2.

[Castañeda, H., & Melo, M. A. (2014). Health care access for Latino mixed-status families: Barriers, strategies, and implications for reform.*American Behavioral Scientist, 58*(14), 1891-1909.](http://abs.sagepub.com/cgi/reprint/58/14/1891?ijkey=SdFGgNo7DlBgo&keytype=ref&siteid=spabs) doi:10.1177/0002764214550290

Drawing on qualitative interviews with members of mixed status families and health care providers, this article examines the public health dimensions of the broken immigration system.  The authors explore the unique experiences and constraints on family members and conclude with policy recommendations to promote social inclusion and greater access to care.

#### Questions:

1. Define “mixed-status” families.
2. How do fear of deportation and avoidance of institutions in general affect the health and access to health care among mixed status families?
3. Describe the use of “collective strategies” among family members with respect to maintaining health.
4. What are the three central constraints that prevent members of mixed status families from pursuing care?