

SOCIOLOGY AND SOCIAL WELFARE DIVISION NEWS

SOCIETY FOR THE STUDY OF SOCIAL PROBLEMS – SPRING 2018 – PART TWO

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This is a special issue featuring a piece on health care policy compiled from several Division members based on their presentations at the Montreal Conference in 2017. Contact me if you want to do something similar some time.

Bill

The Future of Health Care Policy in the United States: Lessons from the 2017 SSSP Conference

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The ongoing debate surrounding health care policy in the United States should be of central concern to sociologists – especially those who focus on issues of social welfare. The enactment of the Affordable Care Act in 2010 represented movement toward a more socially just and universal health care system, yet many flaws in the existing system remained uncorrected following its implementation. We are currently in an era of health care policy reform in which decisions are being made about how to best to respond to those flaws. On the right – efforts to repeal the Affordable Care Act have thus far failed, in large part due to the lack of a real replacement plan. On the left, the movement for health care justice has found new energy in protecting the Affordable Care Act and supporting even more progressive forms of reform, such as single-payer legislation, which now has more political support than ever before. We are in a time of change and while the directions in which this change may move health care policy in the United States are uncertain, what is certain is that we must gather the lessons that can be learned from sociological insights about this issue and use them to better understand our next steps toward a more just health care system that promotes social welfare. In the following discussion, I have compiled a few of the lessons learned from research presented during a panel and critical discussion on “The Future of Health Care Policy” that took place at the 2017 SSSP conference in Montreal Quebec.

Lesson 1: The Implementation of Current Health Care Policy is Complicated

Although one national political leader recently remarked with surprise that health care is complicated, this is not a new lesson for those who study health care, health policy, or for most of those who have interacted with the health care system in any way. The new lessons that were discussed during our session specifically deal with the ways in which health care delivery at the state level is complicated by the implementation of new federal health care policies, such as the Affordable Care Act. For example, Ethan Evans' organizational level research on the implementation of the Affordable Care Act in California examines the ways in which the current implementation of private/public coverage in a market system is fraught with challenges. Of his research he says that,

By interviewing those who helped create the market exchange and assist people to enroll, I found that the roles of the state, market and civil society are blending. This has created efficiencies that have helped get more people covered, but also tensions which are limiting expansion capacity and promoting competition over cooperation. Current repeal and replace proposals promise more choice for consumers and further diffusion of responsibility, provisions that given the lessons learned from the ACA will not result in a more equitable healthcare system.

My own research on the implementation of the ACA in Hawaii examines the ways in which federal policy has intersected with and in some ways hindered the continued development of progressive state level policy in Hawaii. Conclusions drawn from each of these projects should encourage policy makers to carefully examine how any future changes to health care policy at the federal level might be affected by state level dynamics.

## Lesson 2: The Impact of Health Care Policy on Specific Populations

One of many ways in which health care policy is complicated are the ways in which they can affect specific populations. This was also an important lesson that was discussed during this critical dialogue on health care policy. In their research, which raised the question "Is there a good kind of cancer?", Linda Treiber and Evelina Sterling found that good cancer was cancer that was found and treated at a very early stage. Of the results from the 34 interviews with early stage cancer survivors, Treiber and Sterling say that most of these survivors

felt gratitude for the positive outcome, but were ambivalent about the "cancer survivor" label, often out of deference to those who had suffered more greatly. Despite the favorable prognosis, the cancer experience continued to be part of their daily lives. Implications for the future of medicine and health care include helping primary physicians to improve message framing and patient/family interactions and facilitating social support and resource allocation throughout the life course.

I would add to this conclusion, that Treiber and Sterling's research also adds to the growing body of literature which confirms that early detection is a key element in survival, or "good cancer". The early detection of cancer and other serious illnesses would be facilitated by a health policy future that guaranteed excellent preventative care to all.

Kara Tsukerman's research examines a population that is not necessarily unhealthy, but whose living conditions are tied to less access to health related factors such as care, nutritious food, and housing. In her research on homeless youth, she looks at the sleeping locations of homeless youth in Atlanta, Georgia and how the locations vary based on contact with service providers. Of this research, Kara says,

Where one is living is a major indicator of their overall health. Youth who sleep in motels often live among disease-carrying rodents and vermin, and all forms of

homelessness increase stress, which affects mental health. A large majority of the youth in the sample did not have anywhere to go except for the emergency room for their healthcare needs and Georgia has not expanded Medicaid to include non-disabled, childless individuals. Homeless persons, particularly youth, need safe and clean places to sleep, and greater access to clinics that can serve their healthcare needs. Additional federal funding is needed to expand the reach of service providers who can connect youth with services that can reduce the time spent homeless and decrease the likelihood of transition into adult and chronic homelessness.

Tsukerman's research encourages health care policy developers to look beyond health care access when thinking about the future of health policy and to consider other aspects of health in development of policy, such as access to clean and safe housing. We are reminded by both of these discussions that we must consider specific populations when making decisions about the future of health care policy.

### Lesson 3: Moving Forward on Health Care Policy

A final lesson that could be learned from our discussion dealt with the impact that social movements and political activism has on the development of health care policy.

In my own presentation, I discussed the work of the Single Payer Movement following the election of Donald Trump. During this era in which powerful forces are mobilizing to regress health care policy by repealing the Affordable Care Act and systematically defund other public programs, such as SCHIPS and Medicaid, there has actually been an increase in support and energy within this movement for progressive health care reform. At the time of our session, the single-payer bill in the house, HR 676, had more co-sponsors than at any other point since its first introduction almost 15 years ago. Since then it has continued to garner more cosponsors with a current total of 120 co-sponsors. At the point of our session, the introduction of a single-payer bill in the senate was still on the horizon. About a month later Senator Sanders introduced S. 1804 – the Medicare for All Act - with a total of 16 co-sponsors. In previous incarnations, the single-payer bills introduced in the Senate did not have any co-sponsors. Many of the co-sponsors for S. 1804 are also key figures in progressive politics, such as Elizabeth Warren and Cory Booker. This increased support has resulted in a new narrative of opportunity within the Single Payer Movement which concludes that single-payer has become the “litmus test” within the Democratic Party. A key lesson here is that even within a context that seems so negative for progressive social change, people will stand up and keep fighting for an equitable and just health care system. This lesson reflects historical lessons about the evolution of health care policy and the impact that social movements have had on its development.

Frank Ridzi, DEMO INFO, who organized this session, summed up the lessons that he learned from the papers and discussion saying,

I was struck by the parallels that emerged between the present moment and a past moment in US social welfare policy history, that being the 1960s when the federal government took a much more involved role in the administration of federal safety net programs. In both cases there was a tension between local control by states and municipalities and federal centralization. In the 1960s, poor people's movements were instrumental in ensuring that government services addressed their needs. In our panel we talked about today's movements such as the single payer movement and social movement style efforts in the areas of cancer and homelessness. There were certainly contrasts in how well mobilized the identity politics around cancer were as opposed to other groups. Homelessness, for instance, another area of our discussion does not have

nearly as good or strong a mobilized force as those relating to campaigns around cancer. In sum, while we find ourselves facing an unknown future when it comes to healthcare in the United States, it is not without its parallels to the past and hence, in this respect, the lessons of the past can be brought to bear. As Mark Twain may have said (and we paraphrase here), history may not repeat itself, but when compared with the present, it certainly does rhyme.

Indeed, a key lesson learned from this discussion is that there is hope for a health care policy future in which the development of health care policy is done within a framework that recognizes both the complexities of policy and population in order to build a just and equitable health care system. A final lesson that can be learned from this session goes beyond health care policy to the role that sociology, and academic conferences, can have in social change. Each panelist and many audience members remarked on the ways in which this session, which was structured as a critical dialogue rather than a tradition paper presentation, was energizing and promoted an even more active role for sociologists and sociological research in the process of positive social change. Perhaps, as an organization that is oriented toward discussing research on social problems in order to support the development of a more equitable and just society, such as the Society for the Study of Social Problems, could consider facilitating more critical dialogue sessions in the future. I for one am grateful that I had the chance to participate in this critical dialogue on the future of health care policy.

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