

Table 3-10 MAP-IT: Key Elements of a Successful Plan for Reducing Falls in Elderly Patients in the Hospital

MAP-IT	Objectives	Questions to Ask
Implement	<ul style="list-style-type: none"> Create a detailed work plan. Share responsibility by assigning a specific person to each activity. Celebrate accomplishments. 	<ul style="list-style-type: none"> Is the plan being followed? Is there a way to improve the plan?
Track	<ul style="list-style-type: none"> Evaluate each segment to track progress over time. Check data collection for standardization, reliability, and validity. Share progress with partners. If you see a positive trend in data, issue a press release or announcement. 	<ul style="list-style-type: none"> Is the plan evaluated at each step? Is the plan being followed? Was goal reached?

Adapted from Healthy People 2020. Implementing Healthy People 2020. Available at: <http://www.healthypeople.gov/2020/implementing/default.aspx>. Accessed May 3, 2012.

Summary

This chapter presented information about health disparities and social determinants of health. From this discussion, it is apparent that health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”³⁹ Although some individuals reach optimal health, other individuals lack optimal health because of factors outside their control. In other cases, individuals make poor personal health choices, such as use of tobacco products or lack of exercise and proper weight management. In any case, investigators planning health programs, conducting health research, or evaluating health programs need to understand the effect of health disparities and social determinants of health on health outcomes.

Case Study

After reading the following case study, make a list of the health disparities and social determinants of health that shape the health outcome.

CASE STUDY *continued*

Jim and Nancy Hawthorne, ages 58 and 54, respectively, are African American, have been married for 35 years, and teach elementary students in the small rural school district about 90 miles from a metropolitan area. They are both about 20 pounds overweight and have a family history of diabetes and hypertension. Because of their hectic schedules, they do not take time to exercise. Their combined net income is \$70,000 annually, or \$5,833 per month. They spend 35% of their income on their home mortgage. With a tight budget for household expenses, they pay a portion of living expenses for their two children in college and give a little money to Nancy's parents, who live in their home on a fixed retirement income.

Jim and Nancy's health insurance is available through the school district and costs \$260 per month for the family. Because the family does not have any chronic health conditions, they selected the lower monthly cost premium with the higher annual deductible cost of \$1,000 per person for an annual cost of \$4,000 for the Hawthorne family. For example, after Nancy pays \$1,000 of her medical bills, the insurance company begins to pay 80% of medical bills, and then Nancy pays 20% of her medical bills for the remainder of the calendar year. They admit they probably do not know enough about health, nutrition, and exercise, but they feel fine.

In January, Nancy's elderly mother's health declined rapidly. Because her father was unable to be the primary caregiver, Nancy's parents moved into Jim and Nancy's home. Nancy began to experience extreme stress trying to juggle her children, work responsibilities, and having her parents join the household. With the money her parents saved on rent and utilities, Nancy was able to hire a part-time home health aide for a few hours each day. The home health aide was kind, but spoke only a little English, so her parents were not comfortable with the arrangement. Nancy applied for a leave of absence and cared for her mother until she died in March. Nancy's dad continued to live with Jim and Nancy, because he does not drive and would be isolated from any social interaction if he moved back to his home. Her father's health declined, but he was able to stay alone during the day, so Nancy's stress decreased and she returned to work in April.

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In May, Jim experienced mild chest pain while walking on the treadmill at the local gym. After telling Nancy about his chest pain, Jim scheduled an appointment with their family physician in their small town. Dr. Williams referred him to a cardiologist, Dr. Cintron, for further evaluation. Dr. Cintron's office was located in the metropolitan area 90 miles from their home. After admitting Jim to the university hospital, Dr. Cintron conducted a nuclear medicine heart stress test and scheduled a heart catheterization for the following day. During the procedure, Dr. Cintron placed three stents in Jim's blocked arteries with minor complications. While Jim remained in the hospital for two days, Nancy stayed at a nearby hotel. She was worried about leaving her father alone, but a neighbor agreed to check on him each day.

The total \$120,000 hospital bill included the doctor's office visits, anesthesiologist, radiologist, nuclear medicine, operating room time, cardiologist, medications, and hospital room charges. Because Jim had not yet paid his \$1,000 annual health insurance deductible, he was required to pay the first \$1,000 of the medical bill plus 20% of remaining \$119,000—a total amount of \$24,800. Jim and Nancy did not have enough money in savings, so they established a 36-month payment plan of \$688 per month with the hospital. Fortunately, the hospital did not charge any interest. This additional monthly expense put further strain on all aspects of the family budget. Jim's heart condition required another hospitalization in June, and their 20% portion of the bill pushed their monthly hospital payment to more than \$800. Because of his declining heart condition, Jim was required to retire early from the school district and they sold their second car. Living on Jim's small retirement check and Nancy's salary, they could no longer afford to pay a portion of their children's tuition, so their children transferred to a local community college and moved home. Within two years, the Hawthorne family declared bankruptcy, foreclosed on their home mortgage, and moved into a small apartment in an undesirable section of their rural community. Fortunately, their children received associate degrees in health fields, so they are employed at the university hospital in the metropolitan area, share an apartment in the city, and take the bus to work.