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THE JOURNAL OF
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VOLUME 46:3 • FALL 2018

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Medicalization
of Poverty

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and Lois Shepherd

SYMPOSIUM 2

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of Alzheimer's
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the Editor

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Introduction: The Medicalization of Poverty

Lois Shepherd and Robin Fretwell Wilson

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Healthcare, Health, and Income

David Orentlicher

The medicalization model of poverty leads us to devote considerable resources to treating the healthcare problems caused by poverty while neglecting the root cause of those problems — the poverty itself. Treating symptoms rather than causes is far less effective than treating causes. When correctly understood, poverty is a major public health problem that needs to be addressed directly with effective anti-poverty programs. Only then can we properly serve the healthcare needs of the poor.

573

If You Would Not Criminalize Poverty, Do Not Medicalize It

William M. Sage and Jennifer E. Laurin

American society tends to medicalize or criminalize social problems. Criminal justice reformers have made arguments for a positive role in the relief of poverty that are similar to those aired in healthcare today. The consequences of criminalizing poverty caution against its continued medicalization.

582

The Medicalization of Poverty: A Dose of Theory

David A. Hyman

Is the medicalization of poverty a rational and humane response to an intractable problem, or just the latest in a long series of ineffective and costly attempts to address the problem? Considerable ink has been spilled on the dispute, with each side marshalling heart-rending anecdotes to help make their case — along with the obligatory statistics and regression analyses. Rather than add more verbiage to that dispute, this article sketches out a framework for understanding the phenomenon of medicalization, along with a description of the demand-side and supply-side factors that have brought us to this pass.

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Housing: A Case for The Medicalization of Poverty

B. Cameron Webb and Dayna Bowen Matthew

“Medicalization” has been a contentious notion since its introduction centuries ago. While some scholars lamented a medical overreach into social domains, others hailed its promise for social justice advocacy. Against the backdrop of a growing commitment to health equity across the nation, this article reviews historical interpretations of medicalization, offers an application of the term to non-biologic risk factors for disease, and presents the case of housing the demonstrate the great potential of medicalizing poverty.

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Bundling Justice: Medicaid's Support for Housing

Mary Crossley

Should Medicaid pay for supportive housing for homeless persons? After describing current limits on how states can use Medicaid funds to support housing, this article considers whether justice requires treating Medicaid recipients residing in nursing homes and Medicaid recipients needing supportive housing similarly.

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Medical-Legal Partnership: Lessons from Five Diverse MLPs in New Haven, Connecticut

Emily A. Benfer, Abbe R. Gluck, and Katherine L. Kraschel

This article examines five different Medical-Legal Partnerships (MLPs) associated with Yale Law School in New Haven, Connecticut to illustrate how MLP addresses the social determinants of poor health. These MLPs address varied and distinct health and legal needs of unique patient populations, including: 1) children; 2) immigrants; 3) formerly incarcerated individuals; 4) patients with cancer in palliative care; and 5) veterans. The article charts a research agenda to create the evidence base for quality and evaluation metrics, capacity building, sustainability, and best practices; it also focuses specifically on a research agenda that identifies the value of the lawyers in MLP. Such a focus on the “L” has been lacking and is overdue.

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The Addicts on Main Street

Daniel M. Becker

Mortality rates for middle-aged whites in the U.S. are rising due to drugs, alcohol, and depression. Unique to our country, these “deaths of despair” disproportionately occur among the under-educated, who are at particular risk for dying young. At one time, less-educated persons aspired to work in the same factory as their parents, at union wages, with benefits. Those jobs, and the sense of community and prosperity and security they allowed, are evaporating. Many former workers suffer from chronic pain, which underlies America’s ongoing opioid overdose epidemic. The pain is not only physical. It is psychic, spiritual, and economic.

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The Role of Community Health Needs Assessments in Medicalizing Poverty

Arden Caffrey, Carolyn Pointer, David Steward, and Sameer Vohra

The Patient Protection and Affordable Care Act (ACA), passed in 2010, is considered by many to be the most significant healthcare overhaul since the 1960s, but part of its promise — improvement of population health through requirements for non-profit hospitals to provide “community benefit” — has not been met. This paper examines the history of community benefit legislation, how community benefit dollars are allocated, and innovative practices by a few hospitals and communities that are addressing primarily non-medical factors that influence health such as social disadvantage, attitudes, beliefs, risk exposure, and social inequalities.

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Data Collection, EHRs, and Poverty Determinations

Craig Konnoth

Collecting and deploying poverty-related data is an important starting point for leveraging data regarding social determinants of health in precision medicine. However, we must rethink how we collect and deploy such data. Current modes of collection yield imprecise data that is unsuited for research. Better data can be collected by cross-referencing other sources such as employers and public benefit programs, and by incentivizing and encouraging patients and providers to provide more accurate information. Data thus collected can be used to provide appropriate individual-level clinical and non-clinical care, and to systematically determine what share of social resources healthcare should consume.

629

Family Caregiving and the Intergenerational Transmission of Poverty

Richard L. Kaplan

The United States relies on uncompensated family caregivers to provide most of the long-term care required by older adults as they age. But such care comes at a significant financial cost to these caregivers in the form of lower lifetime earnings and diminished (or even no) Social Security retirement benefits, ineligibility for Medicare coverage of their healthcare costs, and minimal retirement savings. To reduce the impact of uncompensated caregiving on the intergenerational transmission of poverty, this paper discusses three possible mechanisms of compensating family caregivers: public payments, deemed wage credits under Social Security, and income tax incentives.

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Moving Beyond Marriage: Healthcare and the Social Safety Net for Families

Robin Fretwell Wilson

This article teases out the relationship between family form and the state’s social safety nets around healthcare, showing the deep unfairness of measuring social safety nets by whether a couple marries. By continuing to tie healthcare benefits to specific family structures, we perpetuate the “galloping” inequality marking America today.

This article concludes that, whatever happens with the thousands of benefits given to married couples in other domains, social policy should move beyond marriage with respect to healthcare. Delinking support for healthcare coverage and services from family form is just, better assists struggling families, and is in our collective self-interest.

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The Medicalization of Poverty in the Lives of Low-Income Black Mothers and Children

Ruby Mendenhall

Scholars are beginning to use the concept medicalization of poverty to theorize how the United States spends large amounts of money on illnesses related to poverty but invests much less in preventing these illnesses and the conditions that create them (e.g., economic insecurity, housing instability, continuous exposure to violence, and racism). This study examines the connection between poverty, disease burden and health-related costs through the in-depth interviews of 86 Black mothers living in neighborhoods with high levels of violence on the South Side of Chicago. The rippling costs of poverty and violence include 56 percent of the mothers reporting post-traumatic stress disorder symptoms and 48 percent reporting mild to severe depressive symptoms. Mothers also report poor housing quality such as “toxic mold.” The physical costs include reports of back pains, stomach aches, hair falling out, panic attacks, hands shaking, insomnia (sometimes for two days), fainting from exhaustion and lack of sexual desire, and children with asthma and osteomyelitis reportedly from the exposure to mold. Transformative solutions are explored that build upon the cultural resources of Black mothers (e.g., women-centered networks, spirituality and collective-cooperatives) and engage policy levers (e.g., Earned Income Tax Credit and Tax Increment Financing).

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**Medicalization of Rural Poverty:
Challenges for Access**

Elizabeth Weeks

This article provides a broad survey of issues facing rural communities and suggests that medicalization of poverty concepts and interventions need to be tailored to those populations. Rural poverty may be both broader and deeper than in urban areas. Those challenges seem to produce a constellation of health conditions, as rural residents struggle with unemployment and lack of opportunities. Relatedly, rural communities struggle to maintain financially viable hospitals and specialty providers. The article closes by offering a snapshot of rural-specific strategies to address these issues.

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**A Bottom-Up Approach to
Understanding Low-Income Patients:
Implications for Health-Related Policy**

*Madhu Viswanathan, Ronald Duncan,
Maria Grigortsuk, and Arun Sreekumar*

A bottom-up approach grounded in micro-level understanding of the thinking, feeling, behavioral, and social aspects of living with low income and associated low literacy can lead to greater understanding and improvement of interactions in the health arena. This paper draws on what we have learned about marketplace interactions in subsistence economies to inform innovations in medical education, design and delivery of healthcare for low-income patients, outreach education, and future micro-level research at the human-healthcare interface.

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**Motherhood, Abortion, and the
Medicalization of Poverty**

Michelle Oberman

This article considers the impact of laws and policies that determine who experiences unplanned pregnancy, who has abortions, and how economic status shapes one's response to unplanned pregnancy. There is a well-documented correlation between abortion and poverty: poor women have more abortions than do their richer sisters. Equally well-documented is the correlation between unplanned pregnancy and poverty. Finally, the high cost of motherhood for poor women and their offspring manifests in disproportionately high lifelong rates of poverty, ill-health and mortality for offspring and mothers, alike. Read together, these factors offer a vivid illustration of the medicalization of poverty.

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**The Over-Medicalization and Corrupted
Medicalization of Abortion and its Effect
on Women Living in Poverty**

Lois Shepherd and Hilary D. Turner

Many current abortion regulations represent an over-medicalization of abortion or a corruption of abortion's true medical nature, with disproportionate consequences to women with lower incomes and lesser means. This article explores the effects of unnecessary and harmful abortion restrictions on women living in poverty. A brief summary of the major abor-

tion rights cases explains how the Constitution, as currently interpreted, vests the government and sometimes the medical profession with the power to protect women's health, rather than granting this power to women themselves. The article then argues for a new approach for protecting women's health and respecting their dignity by reframing reproductive rights as health rights that women themselves can assert.

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**Reflections on Evolving Understandings
of the Role of Healthcare Providers**

James C. Leonard

Improving the health and life of individuals living in poverty requires new models and new approaches, moving healthcare away from today's medical mindset of acute care toward a conception of healthcare as value-based, which necessarily means connecting disparate impacts with the healthcare services that are delivered.

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**Reflections on Bipartisan Solutions to
Addressing Poverty**

Tommy Thompson

This reflection on the Medicalization of Poverty asks how healthcare itself plays a role in the development of poverty. Drawing on Governor Thompson's extensive work reforming the welfare system, the reflection first stresses the importance of involving the very people impacted by any reform — a conscious process Governor Thompson used when pioneering the W-2 program in Wisconsin and then extended to the overhaul of Medicare's prescription drug benefit. Second, it stresses the advantage of developing bipartisan solutions to solve hard problems such as how best to provide affordable healthcare and reduce poverty in the lives of Americans.

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**Intentionally Designing Communities
for Health and Well-Being: A Vision
for Today**

Marissa Levine

Efforts in Virginia highlight an emerging approach to improving health and well-being for the population — human-centered design intentionally focused on protecting health and improving well-being. This keynote emphasized a data-informed approach facilitated by multi-sectoral leadership that promotes alignment of community assets focused to result in system changes more likely to sustainably improve health and well-being.

Symposium 2 Articles

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Introduction: Perspectives on Alzheimer's Disease

Robert M. Sade

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Alzheimer Disease: Perspectives from Epidemiology and Genetics

Jonathan L. Haines

Alzheimer disease (AD) is a huge and growing societal problem with upwards of 35% of the population over the age of 80 developing the disease. AD results in a loss of memory, the ability to make reasoned and sound decisions, and ultimately the inability to take care of oneself. AD has an impact not only on the sufferer, but their caretakers and loved ones, who must take on a costly and time-consuming burden of care. AD is found in virtually all racial and ethnic groups. Genetic influences on AD are substantial, and there has been a 30 year history of both success and failure. Mutations for rare early onset forms of the disease have been identified, but this information has not yet led to an effective treatment. Multiple common genetic variations have also been identified, and have led to new insights into the potential role of microglia cells in addition to neuronal cells in the brain. Despite intensive efforts, a significant portion of the genetic etiology of AD remains unknown and must be identified.

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Perspective from Clinical Research: Ethical Issues in Alzheimer's Disease Research

Jacobo Mintzer

This paper attempts to bring to the attention of the readers a concept that broadens ethical considerations for Alzheimer's disease research. We propose we move away from the ethical paradigm that focuses on avoidance of coercion for participation in studies as well as privacy and safety to a more inclusive paradigm that will not only include the principles outlined above but will also guarantee access to new treatments for individuals that participate in research and other members of society. Specifically, if the research being performed results in a new treatment for Alzheimer's disease, would the individuals participating in the research and other members of their community have access to and benefit from these treatments, given the availability of financial and other resources in the society that will allow for the implementation of these treatments. This paper will propose a model that will facilitate the achievement of these broader ethical considerations.

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Situated Prevention: Framing the "New Dementia"

Annette Leibling

This article is about the recent and profound changes in the conceptualization of dementia, especially the turn towards prevention. The main argument is that more attention needs

to be paid to "situated prevention" — the framing of internationally circulating data on the "new dementia" in different contexts. After introducing some of the more problematic issues related to the "new dementia," a first comparison of major preventive clinical trials in Europe and in North America will be provided. The major insight stemming from situating the global message of preventing dementia is recognition of the responsibility researchers and policy makers bear with respect to the implicit and potential moral narratives in emerging scientific landscapes.

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Integrating Citizenship, Embodiment, and Relationality: Towards a Reconceptualization of Dance and Dementia in Long-Term Care

Pia Kontos and Alisa Grigorovich

Dance, as aesthetic self-expression, is a unique arts-based program that combines the physical benefits of exercise with psychosocial therapeutic benefits. While dance has also been shown to support empowerment, meaningful self-expression, and pleasurable experience, it is rarely adopted to support these aspects of engagement in the context of dementia care. The instrumental reduction of dance to its application as a therapeutic tool can be traced to the contemporary movement towards cognitive science with an emphasis on embodied cognition. This has effectively elided a consideration of how the body itself, separate and apart from cognition, could be a source of intelligibility, inventiveness, and creativity. We argue for the need to broaden the therapeutic model of dance to more fully support embodied and creative self-expression by persons living with dementia. To achieve this, we explore how a relational model of citizenship that recognizes corporeality and relationality as fundamental to human existence brings a new and critical dimension to understanding the importance of dance in the context of dementia. Drawing on this model, we articulate a new kind of ethic characterized by a pre-reflective intercorporeal sensibility that requires the mobilization of public structures and practices to cultivate a relational environment for individuals living with dementia that supports human flourishing.

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Alzheimer's Disease — Perspective from Political Science: Public Policy Issues

Robert H. Blank

The paper outlines the policy context and summarizes the numerous policy issues that AD raises from the more generic to the unique. It posits that strong public fears of AD and its future prevalence projections and costs, raise increasingly difficult policy dilemmas. After reviewing the costs in human lives and money and discussing the latest U.S. policy initiatives, the paper presents two policy areas as examples the demanding policy decisions we face. The first focuses on the basic regulatory function of protecting the public from those who would exploit these fears. The second centers on the well-debated issues of advance directives and euthanasia that surround AD. Although more dialogue, education and research funding are needed to best serve the interests of AD patients and families as well as society at large, this will be challenging because of the strong feelings and divisions AD engenders.

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Advance Directives and Alzheimer's Disease

Dena S. Davis

Americans who are afraid of living for many years with Alzheimer's might seek a way to end their lives early, when their dementia has just entered the moderate phase. There is no legal process for doing so. In this paper I argue that advance directives, in particular, are not a legal solution for those who prefer to die rather than suffer years of dementia. The problem is that an advance directive only works to hasten death when there is a life-threatening illness for which one can refuse treatment; more often than not, Alzheimer's kills the self long before it kills the body.

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What the Theater Taught Me about Alzheimer's (or: The Giraffe in the Hallway Problem)

Elinor Fuchs

The author recounts her experience as an Alzheimer's caregiver to her mother, stressing the value of her professional background in theater.

Independent Articles

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Influenza Mandates and Religious Accommodation: Avoiding Legal Pitfalls

Dorit Rubinstein Reiss and V.B. Dubal

Influenza mandates in health care institutions are recommended by professional associations as an effective way to prevent the contraction of influenza by patients from health care workers. Health care institutions with such mandates must operate within civil rights frameworks. A recent set of cases against health care institutions with influenza mandates reveals the liabilities posed by federal law that protects employees from religious discrimination. This article examines this legal framework and draws important lessons from this litigation for health care institutions. We argue counter-intuitively that providing religious exemptions from influenza mandates may expose health care institutions to more liability than not providing a formal exemption.

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COMMENTARY

Beyond Employer-Mandates: Improving Influenza Vaccination Rates among Health Care Workers

Wendy E. Parmet

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Normative Concerns with High-Risk Pools

Jeremy Kingston Cynamon

Despite a significant amount of literature debating the efficiency of high-risk pools in health insurance, dramatically less has been written about their normative implications. The present article takes the route less traveled by setting aside the question of efficiency to argue that the use of high-risk pools creates some serious normative concerns. The article explores these concerns by dividing them on two fronts. First, as regards the social-recognition status of those who are forced into the high-risk pool. Second, as regards a general concern of distributive justice, namely fairness in access to resources. The author argues that regardless of the veracity of arguments which laud the efficiency of high-risk pools, their use in health insurance is unjust because of the herein explained implications for social recognition and distributive justice.

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COMMENTARY

Improving High-Risk Patient Care through Chronic Disease Prevention and Management

Pooja Chandrashekar and Sachin H. Jain

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Similar or the Same? Why Biosimilars Are Not The Solution

Lisa Diependaele, Julian Cockbain, and Sigrid Sterckx

Advancements in the field of biotechnology have accelerated the development of drugs that are manufactured from cultures of living cells, commonly referred to as "biologics." Due to the complexity of the production process, generic biologics are unlikely to be chemically identical to the reference product, and accordingly are referred to as "biosimilars."

Encouraging the development of biosimilars has been presented as the key solution to decrease prices and increase access to biologics, but the development and use of biosimilars continues to raise problems, none of which can easily be addressed. Developing a biosimilar requires considerable time and financial resources, and legitimate safety concerns necessitate elaborate clinical testing of biosimilars. As a consequence, the introduction of biosimilars onto the market has not resulted in significant price reductions, and concerns regarding the substitution and interchangeability of original biologics with biosimilars persist.

This article will explain how the biologics production process distorts the trade-offs that traditionally guided both patent protection and regulatory exclusivities: disclosure as a key condition for benefiting from the corresponding monopoly position. Hence, we propose establishing a mechanism of mandatory deposit of the original biologic's cell line at the stage of the regulatory approval as the most effective remedy.

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