

Kelly Wranik

Healthcare Reform - Discussion

CHS211 Drake Gossi

April 12, 2017

In the field of Public Health, professionals are knowledgeable that the current system is failing, but have limited idea of how to change this. There is extensive research on the subject of reform with various proposals, policy implementations, outreach plans, and facts about current situations and potential outcomes. Studies conducted in our research outline the often corrupt and broken system, call for different plans of action, and agree there is a problem.

While Paul (1957) discusses two different Healthcare systems, England versus the United States, the study highlights the fact that researchers and professionals have been searching for a 'better system' for decades. With no real solution found, numerous results point to the need for change. The results of our studies conclude that the best way to combat the faults of expensive, unequal care is to combine ideas of various professionals to include all Americans. For example, articles such as Bodenheimer (2003) and Ottersen and Schmidt (2017) offer a combination of ideas to ensure quality care, better access to healthcare, and application and benefits to all citizens. All ten resources discuss alternatives to current policy by three different ideas: a completely new healthcare plan, building off existing policies to better fit the population, and lastly a combination of both of these with additional focus on health promotion and education. With this being said, most authors in our research suggest policy revisions with public health interventions and education outreach, using multiple approaches to revolutionize the system as the best way to fix issues. Tooker (2003) highlights the multi-variable arguably as the best movement towards fighting inequalities. The overall argument is to have transdisciplinary actions that not only add new ideas, but restructure working ideas, and stress the impact education has on the public. Suggested by our research is finding a common ground that appeals to all parties and working together in different disciplines to work collaboratively as the field is best known for. Berridge (2016) notes that Public Health is a combination of various

professions and areas of health, working together to ensure the health and safety of a general population, as too suggested by all ten of our research studies.

It is concluded by our findings that combining various approaches by various professionals allows a wider area of impact to truly revolutionize the system and make healthcare a human right. However, potential oppositions argue that a 'better system' is impossible and limits the private healthcare sector. With this, studies such as Jankuj and Voracek (2015) argue that the costs to fix the problem will skyrocket and true financial needs to reform healthcare are implausible. Additional arguments include that having professionals of different disciplines can never work because there will be a constant battle of power and knowledge. However, it is important to note that Martin, Diehr, Price, and Richardson (1989) both refute these ideas, giving policy makers models, including financial plans, to make effective decisions with the best interest for all in various facets of health and health promotion. This study particularly demonstrate potential possibilities and limitations and outline any challenges that could occur. Lastly, of most importance, is the key factor in any business plan, finances. Highlighted in almost all of our research studies is the fact that the United States has the most expensive system, yet it still fails to provide health to all. Studies such as Tooker (2003) and Otterson and Schmidt (2017) suggest that because of this shocking statistic, the only way to lower prices is by combining different efforts to alter the system. Lastly, all studies researched conclude there is no one way to fix a failing system, rather a multifaceted approach has the biggest possibility for true equality and access to care. By altering existing policies, working together, and creating new policies, the United States Healthcare system has the potential to not only save millions of dollars, but millions of people.

## References

Berridge, V. (2016). *Public health: A Very Short Introduction*. Oxford, United Kingdom: Oxford University Press.

Bodenheimer, T. (2003). The Movement for Universal Health Insurance: Finding Common Ground. *American Journal of Public Health, 93*(1), 112–115.

Jankuj, M., & Voracek, J. (2015). Dynamic modelling of national healthcare system. *Measuring Business Excellence, 19*(3), 76–89. doi:10.1108/mbe-04-2015-0020

Martin, D. P., Diehr, P., Price, K. F., & Richardson, W. C. (1989). Effect of a gatekeeper plan on health services use and charges: a randomized trial. *American Journal of Public Health, 79*(12), 1628–1632.

Ottersen, T., & Schmidt, H. (2017). Universal health coverage and public health: Ensuring parity and Complementarity. *American Journal of Public Health, 107*(2), 248–250. doi:10.2105/ajph.2016.303590

Paul, H. (1957). Public Health Administration in the United States and England—Baltimore and Birmingham Compared. *American Journal of Public Health and the Nations Health, 47*(11 Pt 1), 1399–1404.

Tooker, J. (2003). Affordable health insurance for all is possible by means of a pragmatic approach. *American Journal of Public Health, 93*(1), 106–109. doi:10.2105/ajph.93.1.106