Health care system report examples

Health & Medicine, Obesity

There are a lot of challenges that are facing the health care system. This paper presents a detailed analysis about obesity, aging, age, environmental factors, demographic factors, the future of this trend and factors that support them.

Principal Findings

The economic weight of aging, and obesity in 2030 should be no more than the economic burden linked with raising outsized numbers of baby boom kids in the 1960s (Fitzgerald, 2010). The actual tasks of caring for the obesity and elderly in 2030 will engross: making certain society develop imbursement and insurance methods for long-term care which function better than presented ones, taking advantage of progressions in behavioral health and medicine to maintain those with obesity and the aged as healthy and active as doable, and changing the cultural outlook of aging and obesity to make certain that all ages are incorporated into the framework of community life (Fitzgerald, 2010).

Definitions and Background

Different characteristics of economic burden are coupled with obesity and an aging population for instance, communal security payments will augment, medical care insurance payments will grow, the load linked with uncovered medical expenses like pharmaceuticals will turn out to be quite severe and long-term care payments will increase.

Age

Forty-two percent of those who survive to the age of seventy spend time in a nursing home prior to their death (Ruhm, 2007). The present “ long-term

care system” is made up of private givers of services—a number are nonprofit and a number are for-profit. When possessions expand, innovative services build up quickly, and when possessions contract, capacity also shrinks speedily.

The Real Economic Challenges for Long-term Care in the future

In spite of the preceding constructive study of the macroeconomics of aging, there still remain some considerable challenges in getting set to meet the long-term care requirements of Baby Boomers. Actually, three sorts of challenges require to be addressed:

1. Coming up with a finance method for long-term care that materializes
2. Coming up with possible and inexpensive community-based delivery method
3. spending in healthy aging so as to attain lower disability rates

Obesity

As from the late 1980s, the United States has undergone a dramatic increase in normal BMI levels and the quantities of individuals classified as obese. Obesity is the main risk factor for a range of illnesses, and a rise in obesity is, thus, implicated in increased health-care costs in the United States (Mulvihill & Zelman, 2005). These eventually translate to a key health and economic crisis for the United States. The current study examines a pathway to risen levels of obesity but as of yet roughly entirely is unexplored. In particular, obesity is associated with iron deficiency. Recent studies

conducted suggest that there is a relationship between levels of iron blood content and individual BMI (Ford, Mokdad, & Ajani 2004).

United States has highest rates of obesity in comparison to other nations globally. It has become a countrywide public health worry for the reason that it is connected to a number of negative wellbeing, social, emotional, and economic outcomes. It is mainly concerning since ethnic minorities and populations with the least schooling and highest poverty rates have the largest burden of obesity. As well, differences in obesity seem to be gendered, with women undergoing the largest differences in obesity by income, education, and ethnicity/race.

Rising levels of obesity could hinder future gains in life expectancy in low- and high-income nations. Though excess mortality linked with obesity and, more commonly, higher levels of body mass index (BMI) have been examined in the United States, little study has been done about the effect of obesity on death in Latin American nations, where the quick rate of increase of occurrence of obesity and overweight happen jointly with poor socioeconomic situations (Mulvihill & Zelman, 2005).

Hindrance to reforming the systems

It is extremely hard to judge who actually requires proper long-term care services, moreover there may be high amounts of pent up requirement at present taken care of by friends and families. Another barrier to improvement is Americans’ hatred to saving and taxes. Any increased public insurance arrangement would necessitate new taxes. And personal insurance would be compensated for from personal savings that are in short

supply for the majority of middle-income elders (Ford, Mokdad, & Ajani 2004).

Investing in Healthy Aging in Order to Achieve Lower Disability Rates

Conceivably the most significant confrontation associated to aging populations is the confrontation of healthy aging. Healthy aging is the idea of maintaining seniors disability-free and hence doing away with some of the requirement for long-term care (Ruhm, 2007).

Maintaining seniors healthy could have important economic impacts (Ruhm, 2007). On top of reducing long-standing care costs, healthier aged people are more prone to be productive or helpful members of society.

Both countrywide and cross-national research shows that the rate of disability in a populace can be exceptionally variable. Studies of aged Americans with high, standard, and low levels of physical action have shown variations in the beginning of disability of up to ten years, with much lesser lifetime disability amongst exercisers in relation to sedentary people.

Though disability and disease at a time were thought to be proportionate with old age, the instances above, have made it more and more clear that for all except the most hereditarily programmed diseases, everyday life choices, social factors, and the surrounding environment play a larger part than inheritance in affecting health in later life. Less of the biological practice of aging is associated to genetics, and the strength of genes that have an effect on aging reduces even more after age 65 (Ruhm, 2007). Therefore,

society has the capability to support successful aging and lessen and put off disability among the aged.

Age, Obesity and its related conditions

Some of the obesity associated conditions are arthritis, heart disease, breast cancer, colorectal cancer, endometrial cancer, Type 2 diabetes, end-stage renal disease, hypertension, liver disease, gallbladder disease, low back pain, obstructive sleep apnea, renal cell cancer, stroke, and urinary incontinence.

Obesity accounts for almost half the increased disability amongst those ages 18 to 29. On the other hand, for those 30 to 39 years old, the figure reporting disabilities rose from 118 per 10, 000 inhabitants to 182 per 10, 000 inhabitants from 1984 to 1996 (Ruhm, 2007). . In addition, among persons 40 to 49 years old, the figure rose from 212 for every 10, 000 to 278 for every 10, 000 in the similar period. Furthermore, among persons aged 50 to 59, disability increased just among those who were overweight (Ruhm, 2007).

The figure of disability cases ensuing from musculoskeletal troubles and diabetes increased more quickly than those from other troubles during the period of the study, and the sum that was diabetes-related doubled. The researchers warned that the rise in the disability rate could lead into higher health-care payments in the future. Because persons with disabilities usually use more health services, should this tendency continue, it could make further costs to the nation's already vast health-care bill.

Changing demographics

The United States, by worldwide standards has one of the best quality heathcare organizations in the globe. Though, through the rising pressures of an ageing people and changing demographics, the younger generation possibly will not be as fortunate as their parents. If this style continues, those below the age of forty may have to finance proportionately more healthcare costs in the future except if alterations are made.

United state's healthcare system is heavily troubled by varying demographics and upper levels of chronic diseases. Modern healthcare systems a re modeled on trends that were relevant in the 1970's, which never forecasted up-and-coming epidemics like diabetes, obesity, and other chronic illnesses. From then, the population has increased by over 70 percent, citizens are living about 11 years longer, and according to the research that was conducted by Baker Institute, U. S aged amid 45 and 65 are among those with high number of overweight people in the globe (Ruhm, 2007).

The need for prevention

High quality healthcare in U. S has made the residents reactive towards the supervision of their personal health. Usually, people use healthcare services only if they are sick and likewise, the system is planned primarily to examine sick patients (Monteverde, Noronha, Palloni, & Novak, 2010).

At present, only two percent of U. S's healthcare spending is on prevention. Most of the resources are used up treating ill patients with chronic sicknesses, which are placing lasting and needless pressures on the system.

Whereas people still require treating ill people, they also require a more objective approach if they want a long lasting healthcare system.

If people are educated concerning their health and encourage a more practical attitude towards self supervision, on the same hand, equipping hospitals, district health and home care services with resourceful apparatus and technologies, it is somewhat likely that U. S could be the healthiest country in the globe.

Obesity persists to be one of the furthermost health confrontations, with trends showing that three quarters of the populace will be overweight or obese by 2030. According to the research that was conducted by Picture the Future study, this tendency would see children with two years fewer life expectancy by the moment they turn 20 years of age (Monteverde, Noronha, Palloni, & Novak, 2010).

Associated to obesity is the beginning of Type II diabetes. Nowadays, a projected two million U. S citizens are at present at risk of developing this disease. Along with cardiovascular disease, cancer, joint disorders and mental illness U. S also requires to deal with the administration of treatment, and more significantly, the deterrence of chronic sicknesses, presently overloading the system (Mulvihill & Zelman, 2005).

Providentially, the majority of chronic or continual disease cases are avoidable. Take obesity – it expenses U. S $58 billion in direct and indirect expenses each year to care for obesity. Make up what could be done with the additional money if obesity could be reduced by half.

Practices that can be implemented to reduce aging and obesity

There are various that practices that can be incorporated to reduce the physical activity and aging rate. One such practice involves the expansion of viable and sustainable society referral methods for physical activity training and support that are accessible to the healthcare sector plus other community groups and organizations. To reduce the mortality rate due to obesity insurance coverage for those with obesity should be incorporated to assist in their treatment.

Conclusion

As the worldwide population ages, the multi-level determinant of health, purpose, and superiority of life, combined with the occurrence of more and more still lifestyles globally, emphasize the requirement for bold, combined actions across parts and disciplines if the present population trajectories in this region are to be substantively impacted. Consequently, a system advance to physical activity support that clearly incorporate the aging adult section of people may gain mainly from recognizing and aiming those societal morals and enlightening outlooks that extend past health. The probable usefulness of this kind of “ stealth” advance to physical activity training and intervention that aims those ideals and beliefs that are apprehended dear by a lot of inhabitants in the aged society deserves more attention.

References

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