

Sample research paper on public health policy

[Sociology](#), [Poverty](#)



\n[[toc title="Table of Contents"](#)]\n

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1. [Problem Statement](#) \n \t
2. [Literature Review](#) \n \t
3. [The Players and Stakeholders](#) \n \t
4. [Policy Position and Recommendation](#) \n \t
5. [References:](#) \n

\n[/toc]\n \n

Problem Statement

Leadership is very important in ensuring that government and private sector departments run in satisfying manners. Over the past years, there has been continuous awareness creation on policy demand through advocacy and lobbying as well as community sensitization. Currently in the United States and other nations in the world, there are inequalities in the public health care sectors based on economic, socioeconomic, and psychosocial barriers. These barriers include poverty levels, racial origins of the population (immigrants), and age as well as sex.

It has been noted that according to the social stratification based on class, the poor members of the society cannot afford to pay for the expensive medical care in privately owned hospitals, or even pay for insurance policies that can cover them in time when they require these services (Kaiser Health News, 2013). Additionally, immigrants into the United States and other nations of the world have been identified as facing discrimination at the hands of the caregivers, who give the first priority of care to the nationals

before the foreigners. Even further, members of the society based on their age differences face challenges in the health facilities, which have been considered to discriminate against the old people based on the age or economic status. Even with the provision of the Obama Care program in the United States, some people cannot afford to pay for these services since even managing their families has been an uphill task.

Leaders have seemed to neglect the needs of the societal underprivileged based on the conflict theory. This theoretical approach believes that there exists constant tension between the property owners and the poor members of the society. Therefore, this continuous tension between the two groups has resulted in conflicting ideologies about leadership. The rich members of the society are always aiming at accumulating wealth. In this quest, they always formulate policies they feel favor their political and other needs at the expense of the societal poor. In the health sector, the poor members of the society need the assistance of these representatives to pass health policies that are geared toward ensuring they access equal consideration in solving their health needs. In this paper, while reviewing literature from different researches from different countries of the world, I will highlight the health disparities and discrimination based on the socioeconomic, psychosocial, and economic factors in the society such as poverty, age, sex, and race among others.

Literature Review

After realizing the health inequalities in Jamaica, Ewan Scott and Karl Theodore conducted a research study in their article titled, “ Measuring and explaining health and health care inequalities in Jamaica, 2004 and 2007.”

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The researchers conducted an early assessment on these inequalities and identified that the middle income state locked mandatory insurance and a larger portion of the Jamaican poor population used the public health sector for their health solutions, which implied that they could only access the health services that they could afford to pay for them. In this research study, Scott and Theodore put emphasis on the poor members of the society to measure and explain the health inequities and inequalities within the Jamaican public health sector. They intended to produce the evidence that supported policy development as well as evaluation and monitoring within this sector, which provided the health solutions to the high population of the poor members of the society. In their hypothesis, these researchers believed that the public health sector received limited government attention. This they believed was the cause of health inequality to access medical services in Jamaica between the income groups because the government allocates very little to this vital sector.

Scott and Theodore used the statistics from Jamaican Survey of Living Conditions conducted between 2004 and 2007. The variables in this survey included the probability of any illness or injury, the number and the probability of curative visits to a health practitioner or facility, and the latest period of illness in relation to income-associated factors. While reviewing these data sets, the researchers realized that the duration and probability of illness were significantly higher among the poor members of the society since most of the health services were inclined to the utilization of the rich members of the society. The other contributing factors indentified in this research study includes lack of insurance coverage for the poor, the rural

locations lacking proper health facilities, unemployment, and general household welfare such as the size of the family against their annual income and expenditures. In their conclusions, Scott and Theodore indicated that the health services and facilities are utilized most by the population that least needs them despite the healthcare equity campaigns. Consequently, they recommended that, more innovative programs should be put to practice in order to improve equity in the health care service provision in Jamaica.

In another research study titled “ The wider determinants of inequalities in health: a decomposition analysis,” Leonie Sundmacher, David Scheller-Kreinsen and Reinhard Busse sought to determine the probable causes of health inequalities that had been identified in previous research studies. In their hypothesis, these researchers asserted that, as opposed to other studies on health inequalities, some populations are independent of the effects initiated by wealth, income, or education. The researchers in this study developed on the scope of psychosocial, material, and cultural behavioral factors systematically influence the distribution of the abovementioned population. They assessed the relative relevance of explanatory factors above their effect on health inequalities initiated by education, wealth, occupation, and income using data from the German Socioeconomic Panel. Using the Field’s regression-based decomposition techniques, Sundmacher, Scheller-Kreinsen and Busse suggested that the cultural behavioral variables, the capability to score, and the materialistic approach contribute to the health inequalities in the society. They also explained the effects of socioeconomic, social, and psychosocial factors and their relation to the challenges in the public life, and concluded that ignoring

the likelihood of the generation of health inequalities through the aforementioned factors and taking the reductionist perspective on the inequality in the public health might lead to undermining the attainment of the health variance determinants.

Finally, McGrail, van Doorslaer, & Ross examined the income related inequalities in the United States and Canada. They associated the self-assessed health with the health care system's characteristics. While using data from the joint U. S.-Canada 2002/3 health survey, these researchers identified correlation using the concentration curves and indices. The data revealed similar results to the previous studies – the income distributions in the United States and Canada are responsible for the income related health inequalities. The wealthy members of the society get more access to relevant health services while the poor members of the society, who need these services the most, only get very little allocations.

The Players and Stakeholders

In the health care sector of every country, the members of the society have different roles to play. The stakeholders in the health care sector include the public, the government's Department of Health, the policy makers in the House of Representatives and the senate, non-governmental institutions, special interest groups, and businesses. All these players have different roles in ensuring that the health care services are tailored to the users, either through policy formulation, budget allocations, representation, advocacy, or capacity building and empowerment. The government departments including the political sectors and the department of health are responsible for enacting and monitoring legislations that ensure that health equity is

achieved in the nation. Additionally, the non-governmental institutions responsible for the representation of the society should ensure transparency in the formulation of these policies through ensuring that they highlight the needs of the society to the relevant authorities. Businesses are also important players in the healthcare sector in any government. These businesses employ people, whom they need to stay health in order to maximize production. Therefore, in order to ensure that their employees receive the best medical care available, they ensure that they push the agenda for the provision of favorable health reforms and services to the public (Guyon, 2012). The public, however, is the most important player in the health sector since all the efforts are aimed providing solutions for the public. While coordinating with the other players, the public should ensure that they demand for the services to be available without discrimination and equally along the social ladder based on Gandhi's principle, which indicated that we need a society where there is enough for everyone's need and not everyone's greed, because this is what the society can offer.

Policy Position and Recommendation

Policy development, monitoring and evaluation are very important in the provision of health services aimed at reducing the socioeconomic, psychosocial, and economic factors that bring about health inequality in the United States and other countries of the world. in the past few years, the governments of different countries and the health players have ensured that policies are aimed at providing the health solutions to the populations that need these services not based on greed. Currently, the health reforms have ensured that there are allocations to the government hospitals.

Nevertheless, more still needs to be done to ensure that the members of the society access health services equally, without the aforementioned barriers. In order to provide equal and quality access to health care services, the health stakeholders such as lobby groups, and the government departments should ensure that they solve the health needs of providing health solutions to the vulnerable groups (Burris, Mays, Scutchfield, & Ibrahim, 2012). Government hospitals should be provided with sufficient staff and the required equipments for health procedures at affordable rates that every person could comfortably afford without having to forgo the basics of survival such as food, water, and shelter. In addition to this, the government and other stakeholders should ensure that the caregivers are trained to give equal considerations of their patients notwithstanding their social status or age. Stringent measures should also be taken against health care providers found guilty of discriminating against any member of the society based on any of the aforementioned factors. Finally, appraisal approaches should be put in place to ensure that every stakeholder has a role to play and that they critically dispense their duties in the healthcare provision aimed at reducing inequality.

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