

# Example of define the problem essay

[Sociology](#), [Population](#)



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The study's focuses on the estimation of territorial and provincial government health care expenditures in relation to its coming public revenue stream. Unlike the previous studies that have in the past concentrated more on the estimation analyses of future health care expenditures in relation to economic activity, the Conference Board this time round took an additional step. This time round their analysis concentrated more on the estimation of how future economic growth can be transformed into a public revenue stream for all territories and provinces.

## **Situation Analysis**

The core situation that this study has concentrated on is the fact that Canada's population is ageing, and this is likely to affect the Canada health expenditure of the next 20 years. According to this study, Canada's population is projected to continue growing in the next 20 years. As a result of this, the Conference Board came up with two research questions that the

analysis tends to answer. First, what will be the effect of Canada's ageing population on entire private and public expenditure on health in the next 20 years? Secondly, assuming that the present economic administration and planning of the health system is held constant, what percentage of territorial and provincial government returns will be allotted to healthcare over the next 20 years? If the current spending trend continues keeping in mind the impact of an aging population, it demands a doubling of the private and public expenditure encumbrance. This, in turn, will lead to a prospect of hovering taxes in order to cover the projected growth in spending. The main challenging thing is that tax hiking would not address the objective of getting improved value for money for current services.

## **Economic Analysis**

According to this study, currently, in aggregate, the total territorial and provincial private and public health expenses GDP are estimated to upsurge from 8.7 to 10.2 percent over the conjecture period. Bestowing to this study, when we look at the public health expenditure in relation to GDP only, we will categorically see that public health expenditure as a share of GDP is anticipated to increase from 6.0% in 2000 to 7.1% by the year 2020.

Similarly, private health expenditure as a share of GDP is also projected to rise from 2.7% to 3.1%. On this basis alone, someone could be tempted to think that future upsurges in health care spending are controllable in relation to total economic growth. Conversely, given the manner Canada's tax system is built, there is no direct relationship between the public revenue and the nominal economic growth that ensue to governments.

## **Risk Analysis**

There are several risks that this study has explored. Of all the risks discussed, one has the greatest magnitude than the rest. The main risk is on government spending services and goods and services including all monies spent by territorial and provincial. The main issue is that the monies are not well directed towards servicing of the health care. In the recent past, territorial and provincial government spending on administration, education, and transportation have been included in this spending classification and thus leaving little surplus for the healthcare. Thus, the health expenses have continued to upsurge over the forecast period. Owing to this risk the health care spending expenses are likely to increase and, therefore, affecting the quality of health care in Canada.

## **Option Analysis**

Based on the analysis, the Conference Board of Canada has determined other available options that will see the Canada healthcare improved. Thus, resolute a share of territorial and provincial government expenditure of all Canada's healthcare spending are anticipated to increase in 2020. This will mean that the territorial and provincial governments might be forced to use some of their savings that accumulate from reduced liability servicing requirements. This will be the only available option, that will help meet the supplementary demands that have been placed on the health care system by current increasing ageing population.

## **Assessment of the Proposal**

There are several strengths that have been exhibited by this analysis. First, the analysis has come up with approaches that will help the Canada healthcare meet its demands for the aging population. Secondly, the analysis has recommended the introduction of information and communication technologies (ICT) applications in Canada healthcare. However, in my opinion, this study has one weakness. The study has explored how the economy will reach its probable output in the next few years, but it does not show how this will be integrated in the healthcare improvement.

## **Personal Recommendations**

This study has touched on most of the issues that I would recommend. Conversely, there is one important recommendation that I feel has been left out. In my opinion, it is also imperative to understand that the effect that will result from a growing and ageing population. There is also need to know that washing all this onto the shores of the health care system cannot happen overnight. Consequently, there is a need to take time and think prudently about the policy issues so that we can develop a course of action that will help in the structuring of the health care system. This, in turn, will help to meet the stipulated objectives and also be able to access to quality care that is within a reasonable financial edifice.

## **References**

Public health care scores big in poll as MDs study privatization". Healthzone. ca. 2009-08-12. Retrieved 2012-09-26.

" Canada overwhelmingly supports public health care". Nupge. ca. 2009-08-13. Retrieved 2012-09-26.

" Private Health Care in Canada, Robert Stk, N Engl J Med, 354: 1661-1664, Retrieved 2012-09-26.