

# health care museum essay sample

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## Abstract

During the evolution of healthcare there have been many changes done to improve the quality, knowledge and information that we have today. We will take a tour of the exhibits on five of the most significant developments in the evolution of healthcare in the United States.

## Milestones of the US Health Insurance System 1800-2009

1800 to 1900: Insurance was purchased by individuals. 1847, Massachusetts Health Insurance Co of Boston was the first company to issue “sickness insurance” In 1853, the French Mutual aid Society established a prepaid hospital plan in San Francisco, California. This plan was like the modern day Health Maintenance Organization (HMO) 1900-1920: In 1913, International Ladies Garment Workers began the first unionized medical services. AT this time the National Convention of Insurance Commissioners drafted the first regulation of health insurance industry. 1920-1930- In 1929 a hospital insurance plan was developed for school teachers. The design of this plan became the model for Blue Cross. In 1930 they discussed the development of a national health insurance program. With the depression and World War II the funding was not available for this. In 1935 President Roosevelt signed the bill for “old age insurance”. This was to assist in those who were retirement age. 1940-1950 employers starting to offer health insurance to attract potential employees.

Blue Cross developed a national doctor list. By 1957 approximately 57% of the population had health insurance. 1965-1985- Present Johnson signs a law for the Medicare and Medicaid programs (1965), Nixon signs the Health

Maintenance Organization ACT (1980), Medicare prosed for signing for hospice or end of life care (1982), COBRA was started (1985) 1990 -2000- President Clinton proposed for Universal Healthcare, which never passed, Family Medical Leave Act (FMLA) was enacted. In 1993, Health Insurance Portability and Accountability Act (HIPPA), The Children's Health Insurance was started in 2000 2006 - 2009 - In 2006, the state Massachusetts mandated all residents have health insurance by the year 2009. President Obama signed the American Recovery and Reinvestment Act in 2009.

When looking over the milestones of the health insurance system over the years, It has shown the development that we have overcome. Also, the area I would like to review off the timeline given is that back in 1990's President Clinton sent a proposal for Universal Health care and Congress, House of Representatives and the public denied any passing of the bill. In 2009 a meeting was held on universal healthcare coverage, many still opposed such the ideal. During this time it became a state mandate universal health insurance for all of the citizens.

### Vaccine-Preventable Diseases

The last 10 years we have seen a large decline of cases that are associated with vaccine-preventable diseases. New vaccines are introduced frequently; this brings the number of diseases targeted by U. S. immunization policy to be decreased. There have been study to show when children get vaccination at birth with the scheduled immunization as a child it prevents approximately 42, 000 deaths and 20 million cases of disease The impact of two vaccines has been particularly striking. Following the introduction of pneumococcal conjugate vaccine, an estimated 211, 000 serious

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pneumococcal infections and 13, 000 deaths were prevented during 2000–2008 (3). Routine rotavirus vaccination, implemented in 2006, now prevents an estimated 40, 000–60, 000 rotavirus hospitalizations each year (4).

Advances also were made in the use of older vaccines, with reported cases of hepatitis A, hepatitis B, and varicella at record lows by the end of the decade. Age-specific mortality (i. e., deaths per million population) from varicella for persons age

### Tobacco Control

Since we have read the first publication report from the first Surgeon General's on tobacco use in the United States back in 1964,. It showed the damage of smoking to the public which led to implementation of evidence-based policies and interventions by federal, state, and local public health authorities has reduced tobacco use significantly (US HEALTH). Over the years there has been a decline in the smoking rates as the public learns more education. By 2009, 20. 6% of adults and 19. 5% of youths were current smokers, which showed a decline of around 3% in adults and over a 10% declined in youths that compared to the 1990's. After a substantial decline from 1997 (36. 4%) to 2003 (21. 9%), smoking rates among high school students remained relatively unchanged from 2003 (21. 9%) to 2009 (19. 5%) (). Similarly, adult smoking prevalence declined steadily from 1965 (42. 4%) through the 1980s, but the rate of decline began to slow in the 1990s, and the prevalence remained relatively unchanged from 2004 (20. 9%) to 2009 (20. 6%) (). Despite the progress that has been made, smoking still results in an economic burden, including medical costs and lost productivity, of approximately \$193 billion per year ().

Although no state had a comprehensive smoke-free law (i. e., prohibit smoking in worksites, restaurants, and bars) in 2000, that number increased to 25 states and the District of Columbia (DC) by 2010, with 16 states enacting comprehensive smoke-free laws following the release of the 2006 Surgeon General's Report (). After 99 individual state cigarette excise tax increases, at an average increase of 55. 5 cents per pack, the average state excise tax increased from 41. 96 cents per pack in 2000 to \$1. 44 per pack in 2010 (22). In 2009, the largest federal cigarette excise tax increase went into effect, bringing the combined federal and average state excise tax for cigarettes to \$2. 21 per pack, an increase from \$0. 76 in 2000. In 2009, the Food and Drug Administration (FDA) gained the authority to regulate tobacco products (). By 2010, FDA had banned flavored cigarettes, established restrictions on youth access, and proposed larger, more effective graphic warning labels that are expected to lead to a significant increase in quit attempts (). CDC.

Trends in the prevalence of tobacco use: national YRBS, 1991–2009. Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at [http://www.cdc.gov/healthyyouth/yrbs/pdf/us\\_tobacco\\_trend\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/us_tobacco_trend_yrbs.pdf) Adobe PDF file. Accessed May 17, 2011. CDC. Vital signs: current cigarette smoking among adults aged  $\geq 18$  years—United States, 2009. MMWR 2010; 59: 1135–40. CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. MMWR 2008; 57: 1226–8. CDC. State smoke-free laws for worksites, restaurants, and bars—United States, 2000–2010. MMWR 2011; 60: 472–5. CDC. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at <http://www.cdc.gov>

gov/tobacco/statesystem. Accessed May 17, 2011. US Government Printing Office. Family Smoking Prevention and Tobacco Control Act. Public Law No. 111-31. Washington DC: US Government Printing