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Healthcare sector is one of the largest public service providers in the United States. Thousands of hospitals, university medical centers and health clinics offer wide-ranging services to millions of Americans. U. S healthcare delivery system fails to address the loopholes thus yielding a poor performance. The characteristics of healthcare delivery system on the availability of health education services are quite complex and mired in controversy (Harrington, Estes & Crawford 2004). Healthcare providers have liaison with health education services to provide basic health education to the society. However, in most cases, this education is limited to only those visiting the hospitals. School health education, on the other hand, is not as intense and elaborate as it is in some other developed countries.

The lack of a direct link between the healthcare delivery systems and health education services is taking its toll on the Americans (Derryberry, 2004). Hospitals often do not collaborate with community organizations, trade unions and other segments of society. The information about chronic diseases and ways of preventing them is not readily available. Those with very little education and poor living standards suffer the most in this case. Healthcare delivery systems directly influence the health behaviors of the general population. If a particular population group has access to quality healthcare, there will be less disease in that community. Unfortunately, in the United States, there is a huge barrier between the healthcare delivery system and common people.

Healthcare facilities mostly cater to insured patients. These patients undergo a lot of scrutiny before getting any major health treatments like bypass surgeries and kidney transplants. The uninsured population, which constitutes a significant population of the U. S, does not have access to quality healthcare delivery systems (Jonas, Kovner & James Knickman, 2005). The insured patients sometimes experience more difficulties in accessing healthcare as compared to the uninsured ones. In areas with a sizable presence of healthcare facilities, uninsured people can seek the help of charity hospitals and organizations. Insured people, on the contrary, have to rely on the services available in the hospital sponsored by the insurance company. Some policies cover only outpatient services while others offer you a complete treatment regime, including surgeries.

These differences and complexities shape the complex and often inaccessible healthcare delivery systems in the U. S. The most prominent impact of this phenomenon can be seen in the immigrant community. The failure of healthcare delivery systems to reach the immigrant community has given way to strange health behaviors. Mexicans and Latin Americans have turned to self-medication and are treating their medical disorders by themselves (Mainous, Diaz & Carnemolla, 2008).

As most of these immigrants are illegal, they cannot seek the help of a hospital or healthcare facility. Other poverty-stricken groups also share this health behavior. African Americans are also turning to self-medication and substandard health clinics to treat their ailments. Unless and until a comprehensive relationship is not forged between the healthcare delivery systems and the general population, the conditions will continue to deteriorate. Conclusively, the paper has discussed some of the significant aspects of healthcare delivery system in the United States. It is hoped that the paper will be beneficial for students, teachers, and professionals in better understanding of the topic.

References

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