



An Overview of the United States Health Services System

Chapter 2



Objectives

- Distinguish health from illnesses and disease
- Discuss the cultural, economic, genetic, and perceived health status that influence care-seeking behaviors
- Discuss the utilization of health services by subpopulation groups
- Conclude with an overview of the effects on health status of receiving, or not receiving, health services



Mid 18 the to Late 19 the Century

- **Consumer Sovereignty**

- Open entry into medical practice
- Intense competition
- Weak and unorganized profession
- Apprenticeship training
- Undeveloped hospitals
- Private payment for services
- Low demands for services
- Private medical schools
- Only general education





Late 19th to Late 20th century

■ Professional Dominance

- Urbanization
- Emergence of the modern hospital
- Emergence of organized medicine
- Emergence of systematic training
- Licensing
- Development of Public Health
- Specialization of Medicine
- Emergence of Workers' compensation
- Failure of National Health Insurance
- Emergence of Private Insurance
- Medicare and Medicaid



Late 20th to 21 Century

■ **Corporate Dominance**

- Growth of managed care
- Growth of Outpatient services
- Emphasis on community based services
- Growth of self-care and alternative therapies
- Challenges of new diseases
- Cost-cutting technology
- Integration of health services organizations
- Incremental reforms to increase access
- Standardized clinical practice protocol
- Emphasis on quality



Medicare and Medicaid

- **Medicare** was designed as a federal program to provide access to health care to the elderly.
- **Medicaid** was designed as a combination federal state program to provide access to the poor.



Components of the Health Care System

- Providers
- Physicians
- Nurses
- Hospitals
- Suppliers
- Professional Association
- Regulatory body



Proposed Changes to the United States

- Growing emphasis on managed care and its multiply effort on delivery through 1990s.
- Recent initiative to expand access to care, especially for expectant mothers and their children.
- Continued pressure to reduce the costs and expenditures
- Movement away from hospital as the center of the United States services to care provided in outpatient and ambulatory services.



Distinguishing Health from Illness

- **Health** is *not* the merely the *absence of disease*, but the state of physical, mental, and social well-being (World Health Organization (WHO)).



Determinants of Health

- Physical and social environment
- Biological
- Population
- Access to continuum of health services



Measuring the Health of a Population

- Fertility and Natality
- Life Expectancy
- Mortality
- Disability days
- Years of productive life lost
- Mortality
- Quality of adult years (QALYs)
- Disability adult life years.



Causes of Death

- Health Disease, malignant neoplasm (cancer), and cardiovascular disease continue to be the dominant cause of death.



United States Health Status Compared to industrialized Countries

- In the US, the infant mortality rate is higher than the European countries, Australia, Canada, and Japan.
- Life expectancy is lower for males and females, accept for females in Great Britain.
- For the United States, females, life expectancy is higher than other countries.
- The United States allocates a greater portion of its gross domestic product (GDP) to health than other countries (nearly twice that of the United Kingdom and Japan).



Factors that Effect Care-Seeking Behavior

- People enter the health system for a variety of reasons
 - Perceived health status
 - Ease of access to providers
 - Risk factors effecting health



Cont:

- People that perceive that their health status as fair are much likely to seek and use health services than those who rates their health status higher.
- Poorer health status is associated with age, gender, and race.
- As people age, more of them report fair or poor health status. Except the oldest age group, slightly more women than men report poor health status.
- In all age groups, Blacks report proportionately poor health status than do Whites.



Cont:

- Multiply dimensions of access, *geographic, physical, temporal, cultural, and financial affect care seeking* behavior.
- Genetic, behavioral, and other trait known to increase poor health care referred to risk factors.
- Common risk factors that inform the study of health status include:
 - Hypertension
 - Obesity
 - Lack of physical activity
 - Smoking



Utilization of Health Services

- Demographic factors, risk factors, and other variables affect health utilization.
 - Gender
 - Age
 - Socioeconomic status



Age

- Age affects utilization of health services. Very young people may be frequent users of preventive and routine check-ups services.
- Utilization of health services increases with age, as physical and mental health deteriorates and chronic conditions progress.



Race and Ethnicity

- Race and ethnicity may affect health utilization in several ways.
- Some diseases are more specific to populations.
 - Tay-Sachs - Jewish ancestors
 - Sickle-cell-African Americans



Socioeconomic Status (SES)

- SES affects utilization of health services.
- People with limited income and financial resources, particularly the uninsured, are likely to have fewer resources.
- People with higher educational levels, and thus typically at higher employment and income levels, are more likely to have health insurance or be able to obtain health services.
 - Particularly dentist, mental health, and other preventive services than other educational levels.



Model of Health Services

- Model to explain care-seeking behavior and the utilization of health services have been developed by Aday (1980); Rosenstock (1974) and others.
- ***The Health Behavior Model by Aday*** (1980) of services analyses utilization in a health system based on policy factors, the characteristics of the services delivery system, and consumer satisfaction with health services
- ***Health Belief Model*** suggested that utilization of health services by stimulating by one's set of beliefs systems in preventing disease.



Rates of Health Services

- The number of physicians contacts per year by age declined slightly between the youngest group, people younger than 18 years, and the next age category 18 to 44.
- In all older groups, the number of physicians contacts increased with age.
- All other racial and ethnic groups generally have fewer physician groups contacts in the 4 to 9 visit categories in a 12 months period than Whites.
- Health status and financial access as well as other factors affect the number of visits by race and ethnicity.



Rates of Health Utilization

- People in the lower income category have the highest number of physician contacts per year, with poverty serving as one indicator of poor health status.
- Eligibility of Medicaid is one factor that had increased the number of physicians contacts among lower income population.
- More females than males, and more Blacks than Whites per 1000 each year are hospitalized each year.
- As was true for physician contacts, people in lower income categories have higher rates of hospitalization than do those in higher income categories.
- An estimated 5 percent of the population age 65 and over is in a nursing home, although not all of them remain there for duration of their lives.

Effects of Health Status Utilization



- Timely prenatal care is known to improve birth outcomes.
- Lower utilization of prenatal care in all trimester of pregnancy is correlated with a lower percentage of live births.
- Longer recognized diseases such as polio, for example, are taking on new manifestations as the polio victim ages.
- Hospitalized patients may acquired nosocomial infection as a direct results of their hospitalizations.
- The effects of lifestyle and behavior, including violent behavior, on health status, many of which are outside the domain of the health services systems- most also, acknowledgeable.



References

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- Shi, L. & Singh, D.A. (2001). *Delivering health care in America*, 2nd edition, Aspen Publication.

