Chapter 32

Health Policy Implementation: Moving Beyond Its Barriers in United States

Khadijeh Rouzbehani

University of Tehran, Iran

ABSTRACT

This research describes policy implementation components of a health system and explains how they affect outcomes. It argues that implemented policies affect various components of a health system in terms of service delivery, workforce, information, financing, medical products, technologies, leadership and governance. Using health system as framework of analysis, the paper explains that the outcome of health policy implementation determines the availability, quality and equitability of program service delivery. The paper goes on to argue that policy implementation barriers, such as demand-and supply-side barriers, market, insufficient resources, cultural barriers, imperfect communication, information, education, coordination, leadership and governance affect the poor and vulnerable groups in developed and developing countries from benefitting from public spending on public health policies and programs.

INTRODUCTION

An important factor in socio-economic development of any nation is the extent to which that country in involved in healthcare delivery system. Good health is a vital factor of quality of life as well as a pre-requisite for achieving socially and economically productive lives of a nation. No government can function effectively without an appropriate health care system (Gholipour & Rouzbehani, 2016). Health care system is one of the basic institutions that are universal in nature and without which a society cannot survive. The World Health Organization Report (2000) defines health system as comprising all the organizations, institutions and resources that are devoted to producing health actions. Health action in this context entails any effort, whether in personal healthcare, public health services or through intersectional initiatives (Weimer, 2011), whose primary purpose is to improve health. Healthcare institutions consist of formal and informal organizations where preventive, social and clinical services are rendered to the members of the society. Each of the institutions has specific aims and objectives even though

DOI: 10.4018/978-1-5225-0920-2.ch032

they all exist to promote health, to prevent the occurrence of diseases, to bring about a peaceful end for those suffering from terminal disease, and to treat human illness. Most health care institutions form an arm of the government. Their social structure, therefore, follows the same pattern as other government institutions.

The purpose of this paper, therefore, is to examine policy implementation by institutions of health care delivery and barriers to effective outcomes. Specifically, the paper attempts to investigate how health polices support program activities of health institutions, such as; elimination of healthcare inequities; access to healthcare facilities, products and services; availability of finance infrastructures and other resources; provision of information and education to individuals and communities to medical products, facilities and services.

Consequent upon this, the paper is structured into five parts. Part one examines the introduction, purpose, clarification of concepts and underpinning theories of health policy implementation. Part two examines the inputs required in a healthcare system, such as; finance, structures and power relationships equipment, personal and clients. Part three discusses the processes or series of activities that transform resources (inputs) into a desired product, service or output. Part four examines the outputs – direct result of the interaction between inputs and processes in the system, the types and quantities of goods and services produced by an activity, program or project. Finally, part five identifies the barriers to effective health policy implementation and its implications.

CONCEPTUAL CLARIFICATIONS

Health System

Health system comprises all organizations, institutions and resources that are devoted to producing health actions. Health actions in this context refers to any efforts, whether in personal healthcare, public health services or through intersectional initiatives whose primary purpose is to improve health. It is an open system with three components of input, processes and outputs. Inputs required in a healthcare system include; finance, physical structure, equipment personnel and clients. The process refers to a series of activities that transform inputs (resources) into a desired product, service or output. The term output is used to describe the direct result of the interaction of inputs and processes in the system, the types of and quantities of goods and services produced by any activity, program or project. On the other hand, the term outcome refers to the result of the outputs, the effects or impacts.

Health Policy

Health policy means more than a national law or intervention. Operational policies are the rules regulations, guidelines and administrative norms that governments use to translate national laws and police into programs and services. Health policy can be defined as the decisions plans and actions that are undertaken to achieve specific healthcare goals in a society. Health policy can also support program activities, such as elimination of inequities in healthcare delivery services or mobilization of community health workers.

10 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/health-policy-implementation/163852

Related Content

Predicting Internet Use: Applying the Extended Technology Acceptance Model to the Healthcare Environment

William R. Chrismarand Sonja Wiley-Patton (2006). *E-Health Systems Diffusion and Use: The Innovation, the User and the Use IT Model (pp. 13-29).*

www.irma-international.org/chapter/predicting-internet-use/9035

Digital Inequity: Understanding the Divide as it Relates to Culture and Disability

Monica R. Brownand Michael Fitzpatrick (2010). *Handbook of Research on Human Cognition and Assistive Technology: Design, Accessibility and Transdisciplinary Perspectives (pp. 374-387).*www.irma-international.org/chapter/digital-inequity-understanding-divide-relates/42850

VDT Health Hazards: A Guide for End Users and Managers

Carol Clark (2002). *Effective Healthcare Information Systems (pp. 158-168)*. www.irma-international.org/chapter/vdt-health-hazards/9227

Framework for Information Sharing with Privacy and Priority Control in Long-Term Care in Japan Shoko Miyagawa, Shigeichiro Yamasaki, Eiko Uchiyamaand Donald L. Amoroso (2014). *International*

Journal of E-Health and Medical Communications (pp. 46-62).

www.irma-international.org/article/framework-for-information-sharing-with-privacy-and-priority-control-in-long-term-care-in-japan/109865

Implementation of a Computerized System in an Oncology Unit

Taxiarchis Botsisand Konstantinos Syrigos (2007). *International Journal of Healthcare Information Systems and Informatics (pp. 31-38).*

www.irma-international.org/article/implementation-computerized-system-oncology-unit/2209