UAPP 421
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Health Improvements within the United States:
Health care vs. Public Health

Introduction:

Health within the U.S. is primarily viewed through two lenses; health care and public health. These two views are typically seen as acting parallel to one another, affecting the same person, but not necessarily as a result of the absence or the presence of the other. What became clear through the presentations by Stef Feldman and Dr.Knight is that health care and overall health should not be two separate lenses, but rather a singular view of overall health, and the factors contributing to this state within individuals. This paper will analyze the differences between the two lenses of health in consideration of the current state of health within the United States. In response to these current responses, the effectiveness of the policies and suggestions for improvements in the future will be addressed in order to further the conversation on health.

Approaches to Health:

The first approach to health focused on policies related to health. Stef Feldman focused her discussion of health on federal health care coverage, specifically the Affordable Care Act. The Affordable Care Act (ACA) had three primary goals; increase the availability of health care through consumer subsidies, expand Medicaid programs to cover adults with income below the federal poverty level, and lower overall cost of health care. Thus, the policy aim is localized in care for individuals, not in the factors leading to the necessity for care. Furthermore, innovations were present in this specific policy that led to its initial success in being passed. The Affordable Care Act included both an employer and individual mandate which increased the number of Americans with access to healthcare. The act also included consumer protections to ensure individuals were not prevented from being charged by companies for preexisting conditions or given a lifetime or an annual cap on benefits. These innovations

helped further the goal of ACA to expand health care coverage. Furthermore, as Feldman discussed, this goal is what almost Democrat running for President has a plan for. Thus, through this lens, the focus of the conversation on health care policy is on insurance for all Americans.

The second approach to health care was given by Dr.Knight who shifted the conversation from coverage of health plans to the social side of health. Having health care is not the full picture of health, as only 10 to 15% of population-level health is determined by the delivery of health care. Dr. Knight focused on public health, specifically social determinants of public health. Social determinants of public health are the most important factors that affect an individual's health status and are made up of general socioeconomic, cultural, and environmental conditions. Such determinants are often created by health inequities, which are the underlying root causes of differences in health, not the absence of health care coverage. Consequently, Dr. Knight's argument was that based on such health inequities, the focus of health should not be on coverage, but on creating healthy environments where social determinants of health will be minimized. The issue in the U.S, as Knight covered, is that this policy goal is not the current aim of health policies.

In comparing the messages of Feldman and Knight, what becomes clear is that in politics, health coverage is the focus of the conversation throughout the United States. With this focus, the goal within the United States is not to improve health outcomes through preventative care, but rather to focus on care once an individual is in need of medical attention.

The State of Health in the United States:

In response to these two viewpoints on health, the question becomes which lens is more important to focus on? The answer to this is found within the quantitative state of health in the United States. Health is a state of complete physical, mental, and social well being; not the mere absence of disease or infirmity (World Health Organization). Based on this definition, the goal of public health agencies would then be to increase the quality and years of the life of individuals through improving the factors that lead to poor

health. Health outcomes are indicated based on two quantitative outcomes; life expectancy and mortality. These factors are tracked by the Center for Disease Control and Prevention as they represent the cumulative effects of all factors affecting health over time such as the environment and genetics (Center for Disease Control and Prevention). Presently, the United States ranks worst for both of these indicators out of *all* first world countries. In a study in 2016 by Harvard T.H. Chan School of Public Health, researchers compared the U.S with 10 other high-income countries on over 100 metrics to analyze health care spending (Sawyer and McDermott). Researchers found life expectancy in the U.S. was 78.8 years, while other wealthy, developed countries had life expectancies ranging from 80.6 to 83.9(Sawyer and McDermott). Furthermore, along with these worsened population health outcomes, the United States spent substantially more on health care than most countries. In 2016, the U.S. spent 17.8 percent of its gross domestic product (GDP) on healthcare, nearly twice as much as other countries analyzed (Sawyer and McDermott).

In addition to these factors, the social determinants of health Dr.Knight mentioned are important to compare with other countries in order to determine the overall health of a country. Healthy People 2020, an initiative by the U.S. Department of Health and Human Services, approaches these social determinants with a place-based framework on 5 key areas; economic stability, education, social and community context, health and healthcare, and neighborhood and built environment. Each of these determinant areas reflects a number of key issues that make up the underlying factors. Most critical in the United States are neighborhood and built environments as well as health and healthcare.

Neighborhood and built environments are analyzed through factors such as access to foods that support healthy eating patterns, crime and violence, and quality of housing. In the U.S. low-income communities are less likely to have access to stores that sell healthy and affordable food. A 2009 study by the U.S. Department of Agriculture found that 23.5 million people lacked access to a supermarket within one mile of their home (“The Grocery Gap”). While distance may seem trivial, the study further went on

to find that residents who lived closer to supermarkets of food markets selling fresh produce had a lower risk for obesity and other diet-related chronic illnesses ("The Grocery Gap"). As Dr.Knight established in her discussion, factors like these tend to compound together, so areas that lack access to supermarkets are also likely to have poorer quality housing. According to the Department of Housing and Urban Development, these factors are correlated, along with other adverse health components. For instance, a study by the Journal of Urban Health noted that the prevalence of asthma was higher in areas with lower socioeconomic status ("The Grocery Gap"). Furthermore, while the study only aimed to find a difference in asthma rates, a higher presence of mildew, cockroaches, and worsened ventilation was found. The presence of these adverse indoor housing problems worsens asthma, but can also lead to other health problems ("The Grocery Gap"). Consequently, neighborhood and built environments thus influence the quality of life for individuals by creating worsened conditions for health problems in individuals.

While this association is true globally, compared to the rates of adverse health problems in other wealthy nations, an alarming truth becomes clear; our health outcomes and health care spending are not in alignment. In 2018, it was estimated that about 1.2 million people living in the United Kingdom lived in a food desert, about 1.8% of the population (USDA). Comparatively, in the United States, it was estimated that about 23 million people live in a food desert, almost 7% of the total population (USDA). Similarly, comparisons of other health factors have a similar trend. The United States, for instance, has a 33% obesity rate, while Europe averages around a 17% obesity rate (USDA). A study by Ken Thorpe of Rollins School of Public Health at Emory University further compared the rates of chronic illness between United States adults and European adults (Health Care for All). Thorpe found that U.S. adults were more than *twice* as likely as European adults to have heart disease, had rates of cancer at 12% compared to 5.4% of Europeans, and had a 5% higher rate of diabetes. (Health Care for All). Based on these findings, it is evident that U.S. citizens are, on average, less healthy than Europeans. This wouldn't be as alarming if the United States didn't spend twice as much of its GDP on health care compared to

Europe and other wealthy countries. Thus, the state of health care in the United States is in critical condition.

Responding to the Health Crisis:

The financial reality of health care coupled with the health outcomes within the U.S exemplifies that the system as it currently exists is failing Americans. In order to alleviate the symptoms of the failing system, consideration for global approaches is necessary to better understand the way other countries are more successfully attacking the issue. Two countries with particularly innovative, successful health systems are the United Kingdom and Switzerland. First, National Health Services (NHS) is the United Kingdom's government-sponsored system to health care that is completely free to citizens. What the system gets right is an increased focus on preventative care; mental health, women's health, access to dietitians, and other care that decreases worsened conditions down the road are covered. The Swiss health system is not universal like the UK's, citizens purchase health care but at a subsidized rate so no citizen spends more than 10 percent of their income on coverage (Roy, Avik). The innovative feature of the system is in the access to care at all levels, no referrals are necessary for providers such as for physical therapy or mental health services. Furthermore, insurance packages are rated at one level, there are not increased costs for more care. The strengths of these models are in the coverage of care, an element missing in the United States system. However, neither of these models or current health plans globally answers the more critical health dilemma within the United States of improving overall community health, separate from increased and more efficient health care.

The Politics of Health:

While it is important to look into successful health systems to find innovative solutions to many of the pressing health concerns of the U.S., finding a new system is unnecessary if the new policy lacks political feasibility. One of the startling differences between the United States and other wealthy nations is the values citizens in the country overwhelmingly possess; individualism. Individualist cultures are

defined by the tenants of freedom, individualism, and self-reliance. In such a culture, people are considered good if they are strong, assertive, and independent. Comparatively, collectivist cultures are defined by generosity, helpfulness, dependable, and self-sacrifice as pillars of being a good person. The difference between these two cultures is the emphasis of self over the group when making decisions. Along with the emphasis on self, such cultures also lean towards the belief that individuals create their own circumstances. In health, this idea would ignore the impact an individual living in poverty would have on that same person's obesity and instead blame health outcomes on the choices a person made.

This individualistic approach ignores social factors in favor of personal decisions, regardless of the truth in the thought. This cultural norm leads to decisions that overwhelmingly do not consider what society as a whole may need. Feldman emphasized this point in her discussion of the ACA, the policy was contentious because it tried to force an individual mandate onto people who did not believe this was necessary. Moreover, such a culture was evident across other speakers throughout the semester, specifically by Philip Barnes and Dr.Dhurjati's lectures during the semester. Barnes' lecture was on the current issue with social security; that the number of people paying into the system is decreasing while the number of retirees collecting benefits is increasing at a faster rate The issue is, as Barnes described, all solutions to improve this would impact individuals, and this reality has made changes to the policy impossible. Additionally, in Dr.Dhurjati's lecture support for his new source of clean green energy has not gained traction because the innovation could potentially put people out of jobs, even though it would create longlasting changes later on. As this value is clearly evident across a range of policy issues, the consideration for it is necessary when looking into health system solutions.

Curing the Health Crisis:

Between the lenses of health and the individualistic culture within the United States, it is clear that there is a misperception of health that is creating a disconnect between how health is viewed and the reality of health. Based on the current state of health, it is clear the system is failing, but moving forward

how can the system more effectively respond to the needs of the community in consideration with the political feasibility of trying to implement a new policy? First, health care and public health need to work together more efficiently to improve patient and population health outcomes. The disconnect between the two is further creating an ineffective, insufficient system that is leading to adverse health outcomes. Second, there needs to be a policy focus on creating a health system, not merely a policy. Neither one of the lenses by Knight or Feldman completely answers the health dilemma, preventative public health solutions need to be complemented by health care that supplements the cost of medical services. The three focuses of health care coverage Feldman discusses are necessary. Medical care is expensive, and accidents happen that can create financial hardships for individuals if they lack coverage. Additionally, increasing the number of people that have health insurance is better because having more people paying into the system can lower costs. However, clearly, the focus of the current health policy ion strictly care is incomplete. As Knight discussed, the majority of 80 to 85 percent of population health is determined by social determinants of health, so while health care is a factor, it is a minute factor that should not dominate the policy conversation. Moving forward considerations into blending these two lenses need to be made. Only through a comprehensive health system that more strategically allocates resources into preventative health and creating healthy environments for individuals can the system be effective. A health system that adequately did this would spend more of its GDP breaking down social, environmental, and economic barriers that are leading to worsened health outcomes.

Conclusion:

Efforts to improve health in the United States have placed too much focus on health care than on the environments that create the need for medical care. Only through increased recognition and understanding of social determinants of health can these policy issues be effectively improved. This paper looked into the two lenses of health as discussed by Stef Feldman and Dr. Knight in order to more closely examine the relationship between current policy and the state of health within the United States. Through

looking into the poor health outcomes of the U.S. as well as the health care plans in other nations, it became clear that the U.S. spends more on worse health outcomes. Furthermore, along with comparing the current policy against other countries, consideration was given to the culture within the U.S. and the impact individualistic values may have on creating and maintaining the system that is in place. Through analyzing these factors against the two lenses introduced by Feldman and Knight, the paper ended by suggesting the way an improved health system may look in the future. Health is made up of a variety of factors, most importantly the ones many people don't consider; wealth, education, zipcode, etc. In order to improve upon a system that places health care over preventing the need for medical care, a nuanced focus into social determinants of health is required, only then can he U.S. be given a clean bill of health.

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