

Policy Challenges in Modern Health Care

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PREFACE

Our understanding of the distinctions between population health and individual health and their implications for health care and public policies in the United States remains muddled. Population health is considered the province of the public health system, while individual health is the domain of the medical care system. Although these systems both affect health, it is unclear if or how they should interact.

This book is a collection of sixteen essays prepared by awardees of the Investigator Awards in Health Policy Research, a national program of The Robert Wood Johnson Foundation. It contains chapters and public policy recommendations both on the health care system, where the underlying concept is individual health, and on population health, which emphasizes the average health of a group of people bound by common circumstances. It is the first book, to this writer's knowledge, that addresses both those domains, thereby providing an opportunity for further reflection and research. Do the factors that influence population health differ from those that influence individual health? Can we integrate those factors into a single conceptual model of health production? Can policies intended to affect the individual health system have an impact on population health, and the reverse? Is synergy latent, and achievable?

Also juxtaposed in this volume are two seemingly intractable problems that afflict health. First, mechanisms for producing population health—driven by our nation's values, culture, history, and social organization—have yielded low average health in the United States compared with other economically advanced nations. This country also faces wide disparities in health by socioeconomic status, gender, and race/ethnicity. Second, the individually oriented focus of U.S. health care has resulted in a system that is the most expensive in the world and yet is in organizational and functional disarray. Are these two problems related with respect to causes, manifestations, and the public policy solutions proposed by these authors?

The two health production systems interact despite dissimilarities. The distribution of disease in our society places a disproportionate health load on the lower

half of the socioeconomic ladder and on other socially disadvantaged segments of the population. Substandard national health status also elevates the need for medical services and increases health care costs. The added cost to the U.S. health care system attributable to substandard health status and large disparities in health could be substantial.

Prominent among causal factors that influence population health are genetic makeup, health behaviors, medical care, cleanliness of the physical environment, the total ecology of all living things, and the characteristics of a society. Causal hypotheses have often been crafted around three concentric rings:

proximal factors, which include family, friends, neighborhood, work, health behaviors, and local social norms;

intermediating factors, which include the quality of and participation in governance, the educational system, the regional and local economy, medical and social services, and recreational opportunities; and

distal factors, which include culture, beliefs, values, racial/ethnic attitudes, standards and resilience of governing institutions, public investment in services, business practices, employment and wage standards, the tax code, physical and social security, and much more.

Integrating these factors, and mindful of the “fundamental” cause concept emphasized by several authors here, the following statement might be valid: systematic variation in social advantage is an important underlying factor in generating wide inequalities in the health of Americans and their poor health relative to other economically advanced countries.

Factors that contribute to dysfunctions in U.S. health and health care might include our individual libertarian culture, belief in unregulated or barely regulated markets, passive acceptance of inequalities, and an inability to resolve issues related to the national heritage, slavery. These historical and cultural factors might have dampened the national will to provide medical care services for all, fired resistance to regulating health care costs, allowed the super-specialization of physicians, and permitted a health care system that commonly discriminates by sex, race, and socioeconomic stature.

Commonality of fundamental causes and policies that join population health and individual health are not the intended subject of this volume. Nevertheless, the recommendations presented here apply to both domains: the political use of moral reasoning, the usefulness of ambiguity in reform policies, the benefits of public-private finance, the search for fundamental causes, and the urgent need for policies to reduce social disadvantage. Other recommendations include the wisdom of applying significant social and legal concepts (from civil rights law, for example) to health law and the need to adopt limits on expenditures that are effective and fair. The authors also express other common themes: the need for multidimensional and multilevel approaches to remedying health disparities, the urgency of underpinning policy proposals with credible research results, and the key role of longitudinal monitoring of health and social programs.

The headwaters are collecting and early momentum is gathering to explore the worth of joining population and individual health into a unified health production concept with overlap of policies. Despite the backlash against tightly managed care in the United States, government and private payers continue to invest in administrative data systems, disease management approaches, and health services research to establish greater links between providing health care and improving health outcomes. Clinical journals are slowly beginning to publish scientific articles on population health. The professional associations of the nation's schools of public health and schools of medicine have been formally meeting for several years in pursuit of common conceptual and operational ground. Finally, this volume is a certain sign that scholars are searching the intellectual spaces beyond their starting disciplines in a quest to enhance the effectiveness of health interventions, to reduce health disparities, and to improve individual and population health outcomes.

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