Barriers to Implementation of Health Programs

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In the effort to implement programs that cater for the health conditions of individuals they are faced with various barriers. Barriers may be caused by the individuals themselves. At times the barriers occur as a result of failures by the groups providing the model programs for health services. These failures may be led to by financial instabilities or lack of proper management. This paper will explain the barriers that hindered the effective performance of a model program put in place to ensure good health conditions for the chronically ill and disabled people.

The model program was set to first ensure that these people are educated to gain more knowledge about the effects of their illnesses. Moreover the knowledge would also assist them to learn how to improve their living standards. Secondly the program was set to ensure that better health care is taken to the old people in the community that are not able to move at a long distance. Last but not least the model was to ensure that health institutions were built or placed at an easily accessible area. In addition the program was also set to aim at increasing social gatherings and community services to bring people together.

For the new model program to be effective and efficient it requires the support of the community at large (Riekert, Ockene & Pbert, 2014). It also requires financial support from either non-government institutions or government institutions or even both. Furthermore for the implementation of the program to be effective it requires good management and a suitable implementation plan. But in cases where the community to be served is of the old and poor implementation of these health care programs becomes difficult. This is because most of the old for example are contented with their old age and are prepared to die without the need of any additional health thus they view this caring services as a waste of resources that may be used for other purposes.

One of the major barriers that hinder the smooth implementation of this new model program is lack of proper management. This is where by some of the leaders chosen to ensure that the programs are followed to fulfill their set purposes they do not follow up to their expectations. Some of them end up carrying out the easy task like educating the people and encouraging increased social gatherings. But for the better part of the program is neglected such as providing easily accessible health institutions. In the end the old and poor people end up not benefiting from the set model programs to help them improve their health conditions.

Another issue is mainly caused by the ignorance of the community that the new model program is set to help (Schiavo, 2007). Due to the communities lack of education and knowledge on how the new model program can help them they end up not helping in their implementation. Sometimes community members only see the programs as a means of those providing the help to earn more income for their own selfish reasons. Others like the old do not see the reason of getting medical assistance since they believe at some point they will eventual succumb to their illness. These negative thoughts and believe of the poor community makes them to ignore and not support the implementation of the new model program.

In addition, lack of a developed community also poses as a major barrier for the implementation of the new model program. This is because in case of building a new medical institution that is near the community transportation costs are definitely high. The financial cost of transporting the materials for the new institution and also preparing it for a smooth running makes the implementation of the program to be slow or at times it may fail. Without the assistance of the mentioned barriers the operation of ensuring the new model program works effectively becomes difficult. However several measures are put in place to help in overcoming these barriers.

For instance in the case of lacking proper management, the management is changed to ensure that we have different leaders running the different task. That is to say that the group that manages the education part will not be the same group to run the provision of a new medial institution. Secondly when dealing the community at first we have to learn of their expectations from the health programs and how they would like to participate. Getting the opinions and ideas from a community ensures that we engage them in the implementation of the programs. Once the community sees what they will gain from the new program they give full support of its operation.

When it comes to the financial cases this is where the major difficulties arise. But once we get the support from other different organizations such as those for charity and institutions that care for the old and disabled people this program becomes a minor issue. However although these program owners work hard to ensure their effective running they are also monitored to ensure that they are indeed effective (Hodges and Videto, 2011). The government may set rules and regulations as well as legal standards that the new model programs should follow.

 The legal requirements and accreditation are the permission that individuals are given by the government to carry on with the programs implementation. This assist management in ask for assistance with finances by the state to run an effective model program. When it comes to the ethics those individuals running the programs should follow they may hinder the management from carrying out any malicious acts. This can be stealing of funds for the program to carry out their own business.

References

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