Access to Health Care Services

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**Introduction**

Access to effective and quality healthcare is a major health care problem in the developing world. Access to medical care tends to be more of a patient’s problem. A significant number of people suffer and die from conditions for which there are exist efficient interventions. the available health care centers are not just ineffective but also insufficient. The poor people tend to be the least healthy and probably have the least access to quality health care. Significant health gains could be realized through focusing on marginal resources as well as treating the poor. Such concerns should motivate the prioritization of programs that consider the health care wants of the poor especially child and maternal health as well as primary health care.

# **Reviewing the Literature and Theory**

According to the article written byAday, et al, 2014, having an access to quality and comprehensive health care is very essential in promoting and sustaining health. This will not only help to manage and prevent diseases but will also help minimize premature death and unnecessary disorders. The article centers on three aspects of access to care; timeliness of care, health services and insurance coverage. Also, health care includes oral health care and getting the required prescribed drugs. Access to health care involves timely using health services to attain the best health results. The article does not provide any statistical information to illustrate the weight of the problem. The article just gives the theoretical research on the problem with no statistical data. The article compares the rate of mortality who those who cannot access medical care easily and those who can. My proposed change is improving the cover rates for effective treatment and prevention. Yes, the articles support my proposed change and even proposes some better methods of change (Aday, et al, 2014).

In his article, Bhatt, & Bathija, 2018, found out that the concept of access t health care are studies and incorporated into a framework that perceives the policy of health as designed to impact the characteristics of the delivery of health care. Health care planners and policy makers have made public their concerns that access to health care should be improved. Different programs have been in put in place to help achieve equality when it comes to access to health care. Also, the article gives statistical data of the people impacted in various areas to prove the seriousness of the issue. According to the article, high rates of mobility have been noticed in people with poor access to health care (Bhatt, & Bathija, 2018). Notably,the article supports my proposed change and still proposes more changes.

Fried et al, 2010 found out that, access to medical care is the essential to health care performance in the whole world. However, access to medical care is a complicated concept as shown by various authors. The article suggests a conceptualization of health care access and describes the process of achieving quality health care and how to benefit from the services. The article synthesizes published literature in which the access to health care has been performed. The cited frameworks help develop a revised framework.The article conceptualizes fives aspects of accessibility including; approachability, acceptability, affordability and appropriateness (Fried et al, 2010). In this article there is no statistical data provided but just a simple theoretical analysis of the issue. According to the article, poor access to health care is directly proportional to high mobility rates. Also, the article supports my proposed change and gives many more proposals on change.

Grover, et al 2007, defines health care access as the ease with which a person can get required health services. The research examines the economic, cultural, geographical and social factors that impact international access to health care; the connection between access and health or given populations in the US such as ethnic and racial minorities, limited English knowledge, children as well as the elderly. The article provides statistical data which gives more information concerning the problem (Grover, et al 2007). Also, the article suggests that people who cannot easily access quality and comprehensive care have high mortality rates. Still, the article supports my proposed change.

According to Gulliford & Morgan, 2003 many Americans die from non-communicable illnesses at very higher rates compared to many citizens from other developed nations. It is sad that many people have been reluctant to seek medical care because of the cost. The article describes a panel of experts of the National Research Council as well as the Institute of Medicine who assessed the country’s access to health by comparing with that of other advanced nations. Americans were found to have the second highest deaths from non-communicable diseases such as heart disease and diabetes. Americans were even worse when it came to maternal and infant deaths. The articles also give statistical information including the percentage and number of people who cannot effectively assess medical care (Gulliford et al, 2002). Also, mortality rates of the most affected is provided in the article. The article also supports my proposed change and proposes many more changes.

The author, Krahn et al, 2006, judged access to medical care on the basis of use and availability of services. A lot of inequalities are evident and the deprived urban areas are the most affected. The author makes analyses that suggests that an improved health care supply is associated with reduced deaths as well as improved health. The article provides statistical data of as well as the mobility rates of the people in deprived urban areas. Still, the article supports my proposed changes and provides many more changes to improve health care access (Krahn et al, 2006).

In his research work, Kronenfeld, 2011 found out that, the primary component of attaining universal coverage of health care is by making sure that everyone has an access to both comprehensive and quality health care. The article used the Global Burden of Disease, Injures and Risk Factors to evaluate individual health care quality and access with HAQ (Health Care Access and Quality) for over 100 territories and nations. Over 32 death causes which would not have taken place in the presence of quality and effective care took place (Kronenfeld, 2011). The research article provides statistical data and mortality rates of the people who are highly affected. Still, the article supports my proposed change in improving health care access.

McMillan, et al, 2013 focused on the challenges that people individuals with intellectual disabilities go through when they try to get access to medical health. The article highlights that people with intellectual disabilities tend to have poorer health than the other people and they may encounter various hinderances when trying to access medical care. Fortunately, most of these hinderances have been identified to be not only avoidable but also modifiable. The inequities in access to health care have been discovered. Providing equal access to medical care for people with intellectual disorders need various responses at different levels and various major stakeholders. In the article the number approximate number as well as the mortality rates of people with intellectual disability who are lacking access to proper medical care s given (McMillan, et al, 2013). Also, apart from supporting my proposed change the article proposes many other relevant changes.

Ortega, et al, 2007, found out that, many Americans living in vulnerable urban and rural conditions have a special need for hospitals. Many communities may be at risk of losing their access to health opportunities and services that they need to maintain and improve their health. The article does not however, provide any statistical information or mortality rates of the affected individuals. The article highlights that special programs that have been put in place help improve the unique conditions of vulnerable communities are not very urgent now and what is urgently needed are comprehensive and integrated approaches reform the delivery of health care to these vulnerable communities (Ortega, et al, 2007).

According to Owusu-Frimpong, et al, 2010, patient centered care tends to be a significant approach to medical care. This strategy focusses on partnerships by health care givers and patients and takes into practice the preferences of the patient hence ensuring flexibility in providing health care services. The article highlights that the strategy moves beyond the traditional approaches to health care. The article does not give any statistical data or mortality rates of people affected but rather focus on the strategies of improving the problem. The proposed strategies are in support of my proposed change (Owusu-Frimpong, et al, 2010).

According to People, H., & US Department of Health and Human Services, 2000, everyone has the right to access health care but then they should contribute to the cost of health care. The article states that any sick person can get into a health care center, get treatment and be billed later. Also, everybody should be able to contribute to the treatment that they receive. Similar to article ten, this article too does not focus much on the problem but rather the strategies for improving the problem. Hence, the article does not give any statistical data or mortality rates of people who have such problems (People, H., & US Department of Health and Human Services, 2000).

In his research work, Petersen, et al ,2005 found out that, people living in remote rural environments tend to have shorter life span, higher disease levels and injury as well as very poor access to health care opportunities, information and services. According to the article, poor health results in the in the rural areas may be because of various reasons such as lack of employment opportunities, income as well as a poor access to medical care. The article gives the statistical information as well as the mortality rates of the people in the rural areas who cannot effectively get an access to health services (Petersen, et al ,2005).

Reynolds, 2009 states that access is concerned with aiding individuals to command necessary health care resources so as at to improve and preserve health. Access is a serious concept that needs assessment. If health care services are available and enough then the there is an opportunity to obtain health care and a people may need to get an access to such services. The extent in which people get access to the health care services is based on the financial and structural hindrances that restrict the usage of the services. The available services must be effective and relevant if the people are to achieve satisfactory health care. In an attempt to define health care access, the article provides the statistical data and morbidity rates of persons who lack access to comprehensive medical care. Still, it has provided the solutions to improving health care which are in line with my proposed change (Reynolds, 2009).

Smith, 2004 found out that, there’s growing demand or health care services on the health system because of the aging population as well as the rise of chronic diseases. Many regional areas have limited and restricted access to appropriate health care leading too higher rates of hospitalization and poor health results. The article has provided the statistical data of the increasing population and of the persons with chronic diseases. The rates of people who die from these chronical infections due to lack of effective medical care access (Smith, 2004).

Gulliford et al, 2002 explored the hinderances of accessing primary health care for economically and socially disadvantaged individuals in rural areas. The article uses interviews in which twenty people that are over 12 years living in the rural areas and given financial support are interviewed. The interviews on the target groups were transcribed and audio recorded. The research discovered that many barriers hinder this group of people from accessing health care and a lot still needs to be done to ensure they get the gain relevant health care. The article has provided the estimate number of the socially disadvantaged individuals who have poor access to health care and their death rates (Gulliford et al, 2002).

**Incorporating a Theory**

Referring to the literature review above, governments should work hand in hand in ensuring deliverance of quality healthcare services to the citizens. To achieve the implementation of the suggested solution, there are a number of theories that must be considered. These theories will comprise of the following: - Social Cognitive Theory, [The Health Belief Model](https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/health-belief) and [Stages of Change Model also referred to as Transtheoretical Model. Among these theories, I will use the Health Belief Model in implementing the proposed solution (Zellman, 2015).](https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/stages-of-change)

The [Health Belief Model](http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories2.html) theory offers guidelines ion diverse health care promotions and strategies that must be put in place to improve on the patient’s health. Moreover, the theory explains and predicts the expected improvements in terms of quality healthcare if the proposed changes will be implemented. Moreover, the theory focuses on collecting information from the patients to determine on the perceptions and responses concerning healthcare changes.

The Health Belief Model theory supports my project of improving on patient’s healthcare since it focuses on ensuring quality healthcare services to all. Using this theory, I will have enough guidelines required to implement to implement access to quality medical care successfully (Zellman, 2015).

In incorporating this theory, I will begin by identifying the number of people in my state who are lacking access to medical care services. The next step will involve conducting public involvement surveys as a way of ensuring the public gets to know what my project is all about. Using the procedures and guidelines offered by the theory, I will be able to determine public expectations as far as my project is concerned.

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