HEALTH POLICY-AN OVERVIEW

Karthika S*

Department of Community health Nursing, MMCON, MMU, Mullana

DOI: http://dx.doi.org/10.24327/ijrsr.2017.0805.0231

ARTICLE INFO

Article History:
Received 05th February, 2017
Received in revised form 08th March, 2017
Accepted 10th April, 2017
Published online 28th May, 2017

Key Words:
Health, policy, politics, power, public, community health nurse.

ABSTRACT

Health policy is a structured effort of organized groups, such as nursing, to influence government policy for health needs. Political power is defined as the ability to influence government officials to use the power of their office to affect a desired outcome. Community health nursing has always been involved with health policy as part of the nursing process for intervention and planning for aggregates. Public health policy is a set of principles which include being multi-sectoral in scope, ecologic, responsible for increasing health promoting options, multi-faceted, complementary to health services and participatory. The public health model, based on Winslow’s definition, underscores the reasons for the inevitable involvement and concern of community health nurse with political power, regardless of agency affiliation with the public or private sectors. Understanding health policy is as important as understanding research, becoming clinically proficient and monitoring the quality of nursing care, especially to the community health nurse.

INTRODUCTION

In order to affect the major mandates of society for maternal and child care to preserve future generations, to control communicable diseases and to promote a safe environment for all, group action is necessary to influence political systems. The moral test of Government is how it treats those who are in the dawn of life, its children; those who are in the twilight of life, its aged; and those who are in the shadow of life, its sick, its needy and its handicapped.

A Government that can neither educate its children, care and sustains its elderly, nor provide hope and meet the needs of its infirmed sick, its poor and its disabled, is a Government without compassion. Health policy and government decisions affect access to care, funding, and the ability to deliver services, which are part of community health nursing responsibilities.

Definition

“Health policy is the study of why things happen or health policy is the study of decision making”- Diers

“Public policy is the philosophically dictated course of action taken by government”- Mc Givern

Donley recommends to effect public policy for health care are extended and adapted to read as follows:

1. Identification of the policy issue.
2. The development of the issue, its history, and its current status.
3. The formulation of goals.
4. The involvement of the legislative process.
5. The implementation of the legislative process.
6. The evaluation of the results.

Differences

<table>
<thead>
<tr>
<th>Policy</th>
<th>Politics</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the goal mentioned in the method.</td>
<td>Implementation process.</td>
</tr>
<tr>
<td>It is the objectives that must be clearly understood if the goal is to be achieved.</td>
<td>It is the negotiations required to accomplish the goal.</td>
</tr>
<tr>
<td>It is the function of values and ethics.</td>
<td>Bargaining process and identification of influential allies-all the pull and tug that affect the system to achieve the goals.</td>
</tr>
</tbody>
</table>

Policy Analysis Model

Policy analysis is the systematic identification of causes or consequences of policy and the factors that influence it.

Stage 1 & 2: Policy Formulation and Adoption

It is approached in at least 2 ways, most commonly a health problem is identified, such as the increased infant mortality rate associated with teenage pregnancy and health policy is developed to correct that particular problem. Another approach is to correct action is less important than health planning. Health goals and strategies for achieving the goals are identified.
Health Policy Model

<table>
<thead>
<tr>
<th>Stage-1</th>
<th>Stage-2</th>
<th>Stage-3</th>
<th>Stage-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health Policy Formulation</td>
<td>• Health Policy adoption.</td>
<td>• Policy implementation</td>
<td>• Comparing the actual effects of the policy with the desired effects.</td>
</tr>
<tr>
<td>• Identifying health problems and potential solutions.</td>
<td>• Specifying means to resolve a problem.</td>
<td>• Following the policy</td>
<td>• Comparing the actual effects with the anticipated effects.</td>
</tr>
<tr>
<td>• Identifying health goals and strategies for achieving goals.</td>
<td>• Specifying means to allocate resources.</td>
<td>• Solving the problem</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Achieving the goal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Changing behaviours</td>
<td></td>
</tr>
</tbody>
</table>

Factors affecting health care policy formulation and adoption

- Vested interest groups to include professional organisations, public & private groups.
- Cost escalation to include inflation and expensive technology.
- Regulatory reform to include reduction in medicare/Medicaid and health allocations.
- Reimbursement practices to include private insurance practices, target populations economic conditions and federal subsidizations.
- Alternative healthcare systems.

Factors affecting policy implementation

- Community planning.
- Community resources.
- Community commitment.
- Leadership.
- Degree of change necessary.

Stage 3: Policy Implementation

It involves overt behaviour changes as the policy is put into nursing practice. The extent of compliance with a policy is the most direct measure of the policy’s implementation. Non compliance refers to conscious or unconscious refusal to follow the policy directives.

For e.g. The implementation of day care standards depends, in part, on those they are interpreted and what resources are available to enforce them.

Stage 4: Policy Evaluation

Evaluation of a policy should result in continuation or the policy in its original form, revision or modification of the policy or termination of the policy. The criteria for evaluation are

1. Are the health services appropriate and acceptable to the population?
2. Are the health services accessible?
3. Is there continuity of care?
4. Is the quality of services adequate?
5. Is the efficiency of services adequate?
6. Is there an ongoing evaluation of the services?
7. Is appropriate action taken based on the findings of the evaluation?

Health Promotion and Public Health Policy

Five interdependent action areas for effective health promotion, in order of priority, were identified as the following:

- Building public health policy in all sectors and at all levels.
- Creating supportive environments so it is easier to be healthy.
- Strengthening community action with self-help and social support.
- Developing personal skills as people take responsibility for their own health.
- Reorienting health services toward promoting health and preventing diseases.

The five priorities are,

1. Promote social responsibility for health.
2. Increases investments for health development
3. Consolidate and expand partnerships for health
4. Increase community capacity and empower the individual
5. Secure an infrastructure for health promotion.

Organisations and Institutions Shaping Health Policy

Formulation of most health policy through law and regulation lies with the executive, legislative and judicial branches of government at the central, state and local levels.

At the central level, jurisdiction over health care is highly fragmented among different committees that oversee the various systems of publicly financed health care.

e.g. Health related committees include

1. Veterans affairs
2. Armed services(Military)
3. Labour
4. Human resources(public health service)
5. Finance (Medicare and Medicaid)

There are also a large number of non-governmental groups that attempt to influence health policy. They are classified as

1. Provider groups
2. Suppliers (Pharmaceutical Research and Manufacturers)
3. Insurers (Health insurance associations)
4. Disease-related interest groups (Cancer societies)
5. Purchasers (National associations of manufacturers)
6. The public
7. Groups purporting to represent payers

They engage in direct advertising and mobilise their memberships to do ‘grassroots’ lobbying. The influence they have is determined by many factors, including the size of campaign contributions, their ability to influence elections by ‘getting out the vote’ and mobilizing public opinion, and their capacity to provide information to legislators or regulators.

The intervention may be exerted during the legislative process when the Senate or House writes a bill, as a bill is amended in committee, on the floor, or in House-Senate conference committee meetings.
The regulatory systems establish the rules and guidelines for the implementation of policies.

**Bibliography**

1. Elizabeth Anderson, Community as partner, 3rd edn, 2000, Lippincott publications, pg.no.139-144.
2. Joan G. Turner, community health Nursing, 1988, Lippincott publications, pg.no,325-333
5. Almeida ÁS The role of private non-profit healthcare organizations in NHS systems: Implications for the Portuguese hospital devolution program Health Policy. 2017 Apr 1. pii: S0168-8510(17)30091-X.

How to cite this article:
DOI: http://dx.doi.org/10.24327/ijrsr.2017.0805.0231

******