

# The United Kingdom, Israel, and the USA: The impact of healthcare systems on health

Sue Anderson, PhD, RN, FNP-BC

Co authors:

Cheryl Zlotnick, RN DrPH

Vanessa Heaslip, Principal Academic



# Declaration

➤ No conflict of interest





# Objectives

- 1. Describe the health care delivery systems and health indicators of the United Kingdom, Israel, and the United States.
- 2. Develop understanding of how health care delivery in the United Kingdom, Israel, and the United States impacts selected groups.
- 3. Offer recommendations to reduce health disparity and improve health.

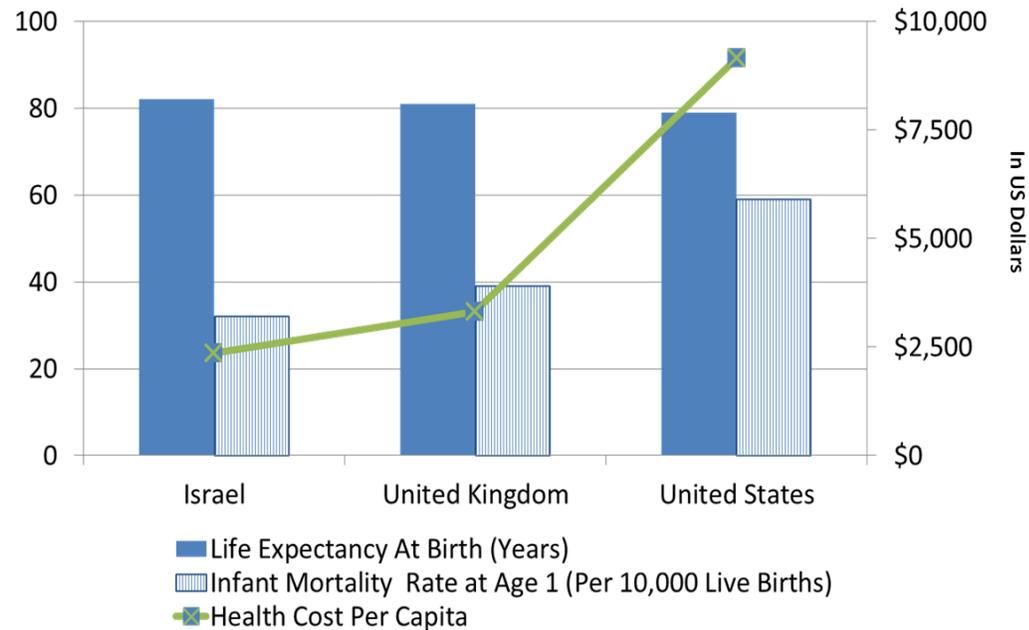


# Vulnerable populations

- ▶ Health disparity increases morbidity and mortality
  - ▶ Lack of/decreased resource access
  - ▶ Increased risk exposure
  - ▶ Often comprised of non-dominant groups
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- ▶ Each country discussed has populations that experience health disparity.

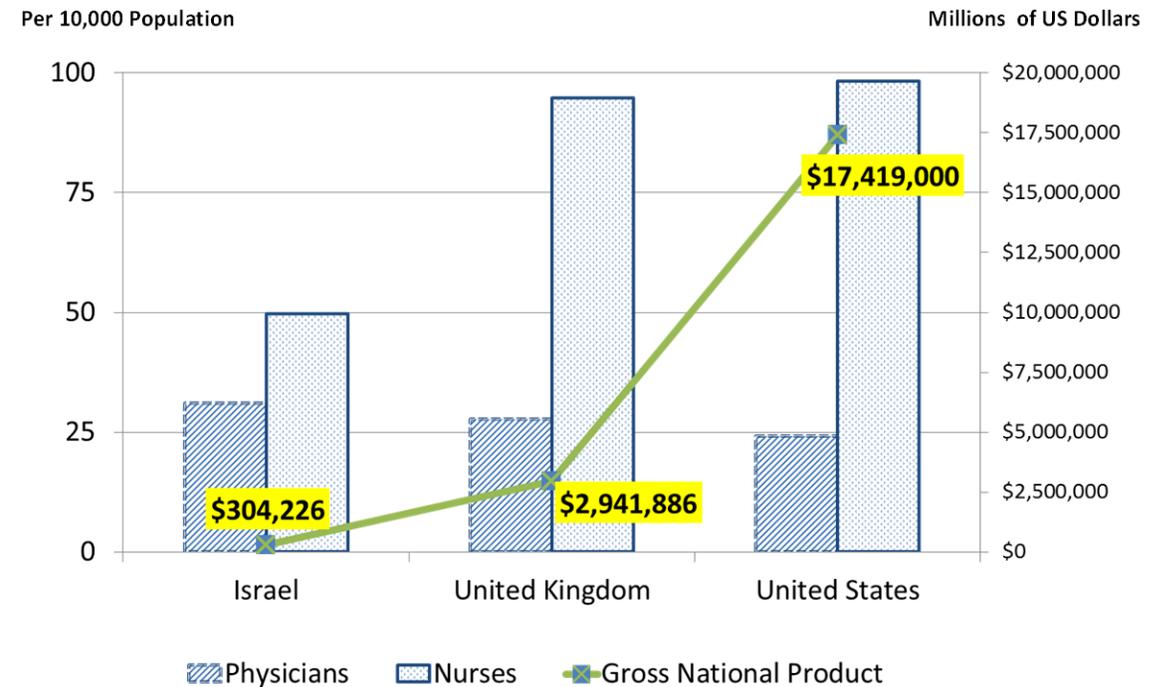
# Comparison between Israel, UK and the USA

Two Health Indicators and Health Cost per Capita by Country (Israel, the United Kingdom and the United States)



Source of Data: World Health Organization, 2015

Gross National Product and Health Service Utilization by Country (Israel, the United Kingdom and the United States)



Source of Data: World Health Organization, 2013



# Health System Access

- ▶ UK
  - ▶ Healthcare is a right
  - ▶ Full access for all
  - ▶ National Health Service – payment not expected
  - ▶ Some degree of health service rationing
- ▶ Israel
  - ▶ Healthcare is a right
  - ▶ Access for all through sick funds
  - ▶ Service depends on basket
- ▶ USA
  - ▶ Healthcare is a commodity
  - ▶ Access may be limited except in emergencies
  - ▶ Payment for services is an issue



## The Israel Context

Cheryl Zlotnick RN DrPH

Associate Professor

Head, International Study Abroad Program in Nursing Cheryl  
Spencer Department of Nursing, Faculty of Social Welfare and  
Health Sciences University of Haifa

199 Aba Khoushy Ave, Migdal Eskhol, 8th floor, #808 Mount  
Carmel, Haifa 3498838, Israel [czlotnick@univ.haifa.ac.il](mailto:czlotnick@univ.haifa.ac.il)

# Fundamentals of Israeli Health System



- ▶ Israel has a national public health system based on tax revenues and government funding.
- ▶ Regulation and policies on health and medical services, as well as planning, supervision, licensing and coordination is the responsibility of the Ministry of Health.
- ▶ The National Insurance Health Law of 1994 states that all citizens of Israel are eligible for membership in one of four national health funds (Clalit, Maccabi, Meuhedet, Leumit) that offer a standard "**basket of services**" to members; the cost and standard benefits are set by law.

# The Basket of Services - Israel

- Primary Care Services - Visits to clinics, diagnosis, consultations, treatments from family doctors, specialists and paramedics
- Prescriptions (as approved)
- Hospitalization and emergency room services
- Laboratory services either within the health-fund or if necessary through an outside facility. The lab costs may be covered partially or fully.
- Certain medical equipment
- Certain diagnostic procedures including x-rays and scans
- Rehabilitation
- Some paramedical services like physiotherapy, speech therapy and occupational therapy

# Vulnerable Populations

Israelis are comprised of approximately 75% Jews, 18% Moslem, 3% Christians and others. About a third of Israel's citizens are immigrants. Almost 10% of Israeli-Jews are ultra-orthodox. Health disparities have been noted among population groups with lower socioeconomic status (e.g., immigrants, Israeli-Arabs and Ultra-orthodox Jews).



# Vulnerable Populations

More specifically,

- Israeli-Arabs are more likely to smoke and less likely to use oral health care than the general population. Moreover, they have higher infant mortality rate, lower life expectancy, and higher age-adjusted mortality rates for cardiac disease, diabetes and cancer.
- Immigrants reported feeling discrimination and discrimination was related to lower health status. In particular, Ethiopian immigrants have disproportionately higher rates of diabetes, and lower health care utilization compared to others.

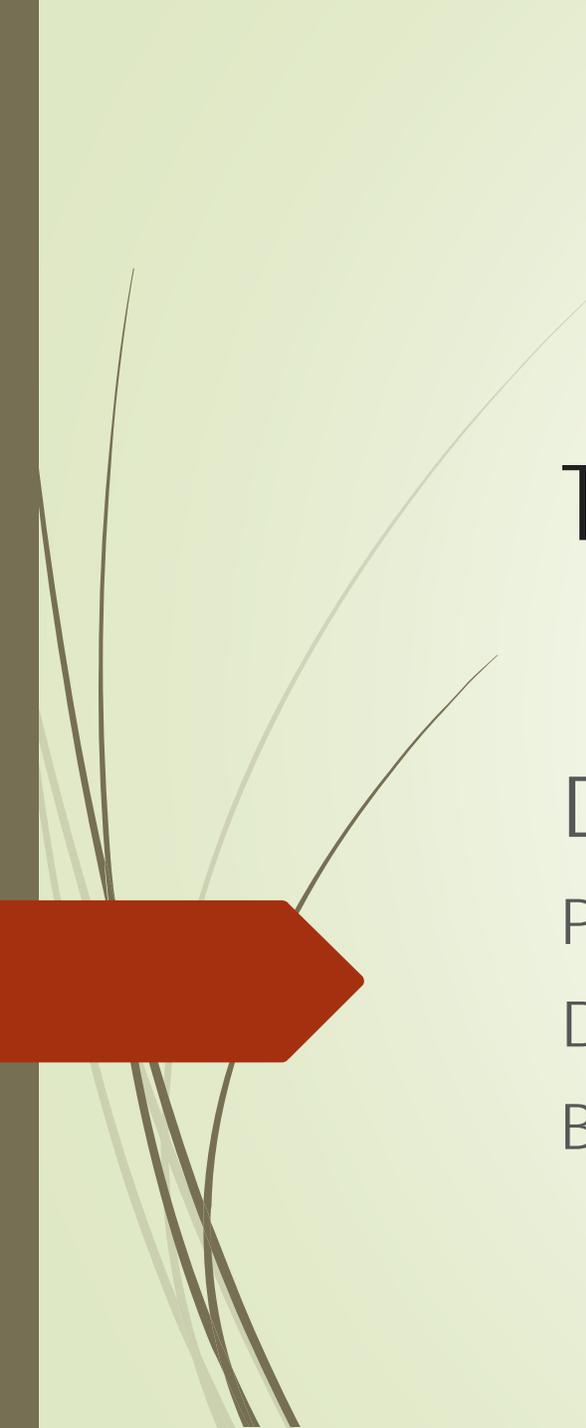


# Health System Impact

The "Healthy Israel 2020" initiative was established to develop a health promotion and disease prevention blueprint for Israel ...to improve the quality of life, extend life expectancy and reduce health disparities.

Many health indicators show good health (e.g., infant mortality and life expectancy); however,

- health care access is problematic as signs and health-related information often is available in Hebrew, but needs to be available in Arabic and Russian.
- Israel's love of technology may impose barriers to access among elderly and immigrant populations.
- supplementary services available with additional cost increases disparities as those with lower income cannot afford these "extras."



# The UK Context

Dr Vanessa Heaslip

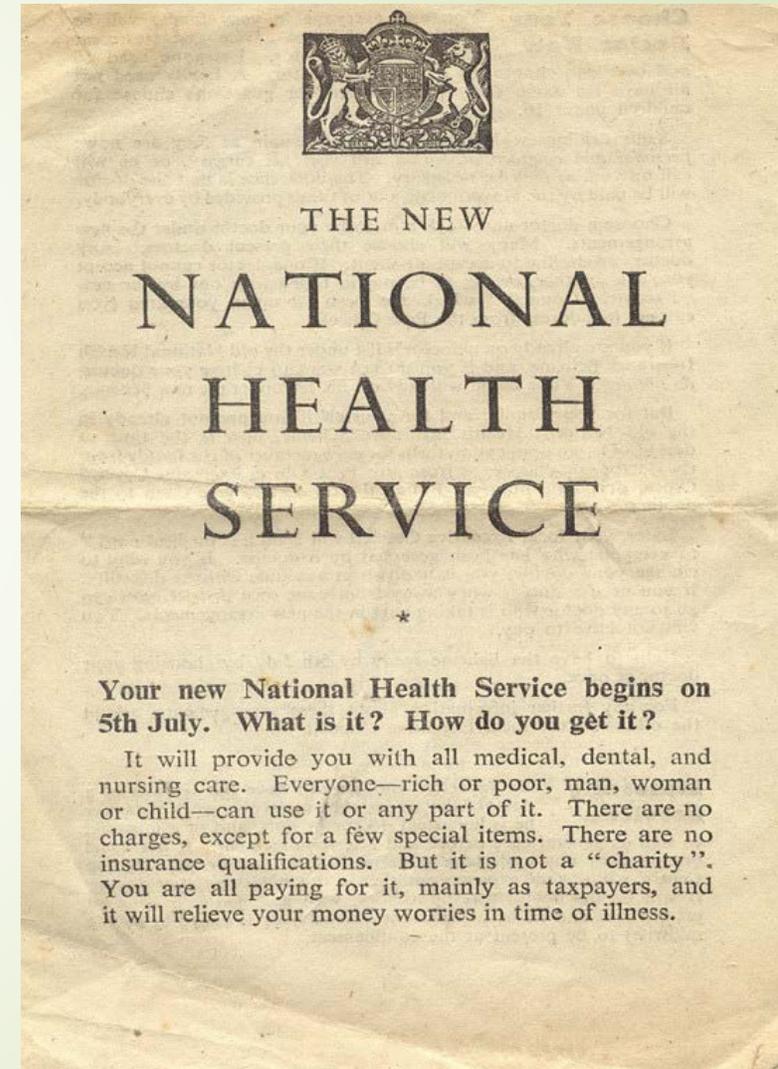
Principal Academic

Department of Nursing and Clinical Science

Bournemouth University, UK

# Health System (UK)

- Healthcare predominately provided by NHS (founded 1948). Premise - healthcare is provided on the basis of clinical need rather than ability to pay.
- Funded through taxation/national insurance (98.8%) and some charged for services (prescription, dental and optical care) from those who can afford to pay (1.2%).
- Rationing and waiting for non urgent services
- Due to devolution the UK: 4 separate services (Wales, England, Northern Ireland and Scotland) all funded centrally, but each implemented slightly differently.
- Organized into Primary (General practitioner, dentist, opticians, pharmacy) and Secondary care (Hospital and specialist services). In addition, community trusts offering community nursing & mental health services



# Vulnerable Populations

On the whole the health of the UK is reasonably good. There is however evidence that some vulnerable groups do less well (Kings Fund 2014, Aspinall 2014). Four such groups are:

## ► Vulnerable Migrants

- Five times more likely to experience mental health problems including post-traumatic stress disorder (PTSD), anxiety, depression and phobias.

## ► Gypsy Roma Travellers

- Die on average 10-15 years younger than the rest of the general population. Higher rates of both physical and mental ill health, higher smoking rates, poorer birth outcomes and maternal health, and low child immunisation rates

## ► Homeless

- Much more likely to experience poor mental health including; drug misuse, alcohol misuse and associated dependencies. As well as depression/other affective disorders, anxiety states, personality disorder, and schizophrenia.

## ► Sex workers

- Increased risk of sexually transmitted infections and blood-borne viruses. Higher incident of mental health including drug abuse, also at risk of becoming homeless

# Health inequality

## Lack of standardised reporting

- Currently healthcare services do not record comprehensive national or local level picture of these health needs.
- The ethnic category codes currently used are from the 2001 England and Wales Census (2011 census added Gypsy/Traveller as an ethnic category). Heaslip (2015;2016) argues this has led to this community becoming invisible.
- This lack of comprehensive data set makes it difficult to assess the degree to which these groups access healthcare services, and therefore ways in which healthcare services may inhibit participation.

## Vulnerable groups – what we do know

- More likely to access secondary care (Emergency Department) rather than primary care; in the case of the homeless 5 times more likely. Therefore less access to preventative health promotion measures
- Less monitoring of chronic conditions. Therefore accessing healthcare services further along the illness trajectory.
- Healthcare services not always culturally sensitive/responsive to needs. In the case of older Gypsy Roma Travellers literacy is still an issue, yet many healthcare appointments are sent by letter.



# The USA Context

Sue Anderson, PhD, RN, FNP-BC

Assistant Professor

Indiana University South Bend

Vera Z. Dwyer College of Health Sciences

School of Nursing



# Health System (USA)

- ▶ Large, complex, expensive
  - ▶ Payment for services
    - ▶ Insurance (Private, Public, Out-of-Pocket)
  - ▶ Payment system:
    - ▶ Creates vulnerability: individuals, families, systematic
- 



# Affordable Care Act

- Medicaid expansion
  - 19 states opted out of expansion
- Marketplace plans
  - Increased number insurance coverage
  - Cost is a barrier
- Uninsured

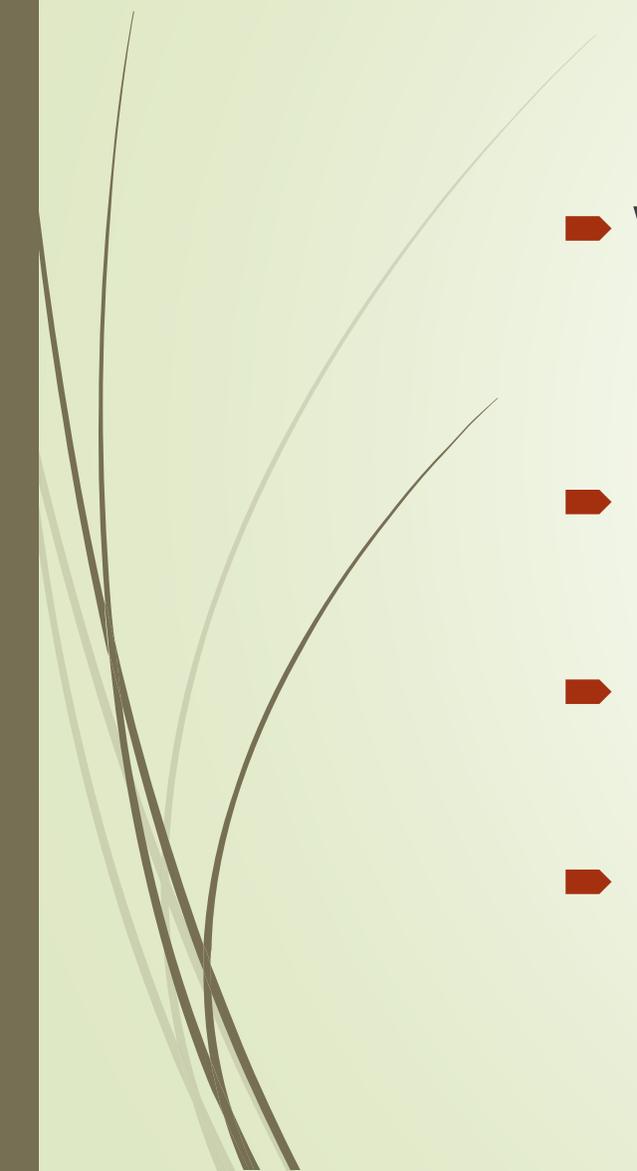


# Uninsured

- Difficulty finding primary care provider
- Delay preventive health screenings and maintenance
- Delayed diagnosis for sexually transmitted infections and HIV
- Children under-immunized
- Prescription medicine unaffordable
- Emergency departments required to screen and stabilize
  - No mandate for provision of care to uninsured



# Uninsured: Who are they?

- ▶ Working poor families
    - ▶ All racial and ethnic groups
  - ▶ Hispanic residents
  - ▶ Non US citizens
  - ▶ Undocumented
- 



# Discussion

- Revisit top causes of death
  - Preventable causes
- Levels of prevention
  - Primary, secondary, tertiary
- Healthcare?
  - Access is important
  - Commodity for citizens or a human right?
  - Is it truly healthcare?



# The Challenge

- Vulnerable populations
    - Lack of culturally appropriate and relevant care
  - Current system
    - Truly addresses secondary and tertiary levels of prevention
  - Nursing
    - A long history of public health trailblazing
- 



# The Challenge

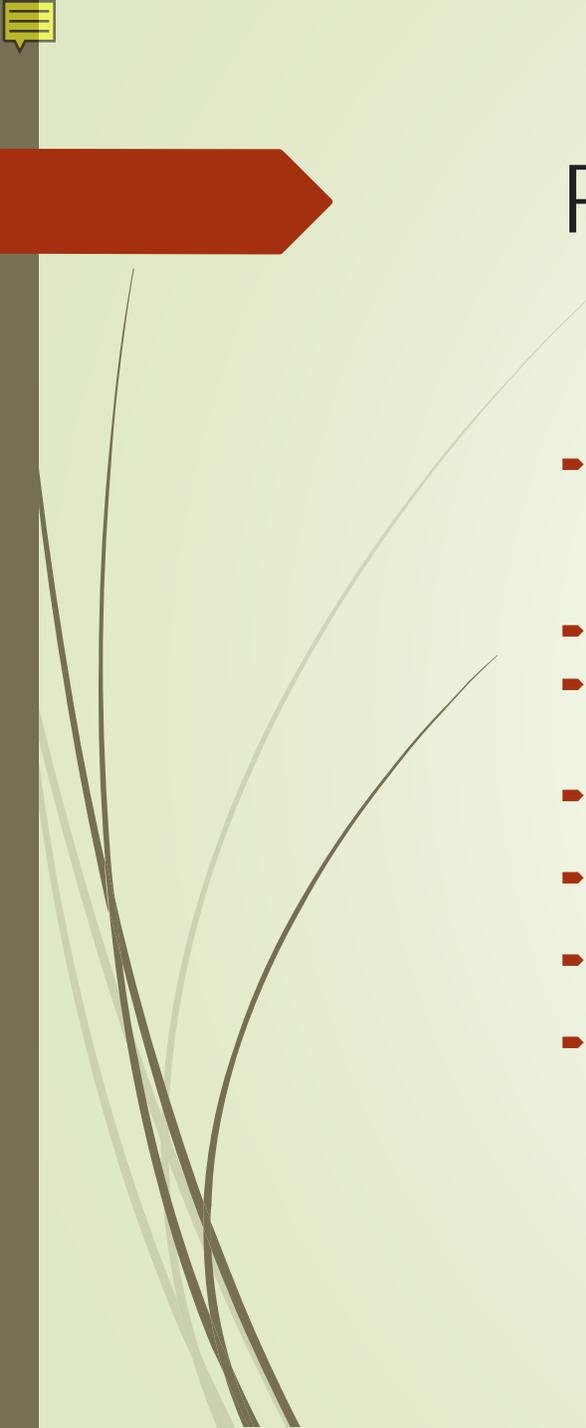
- ▶ Looking upstream
  - ▶ True primary prevention
    - ▶ Proactive outreach
  - ▶ Grassroots effort in communities
- ▶ Outreach and research with vulnerable populations



# The Challenge

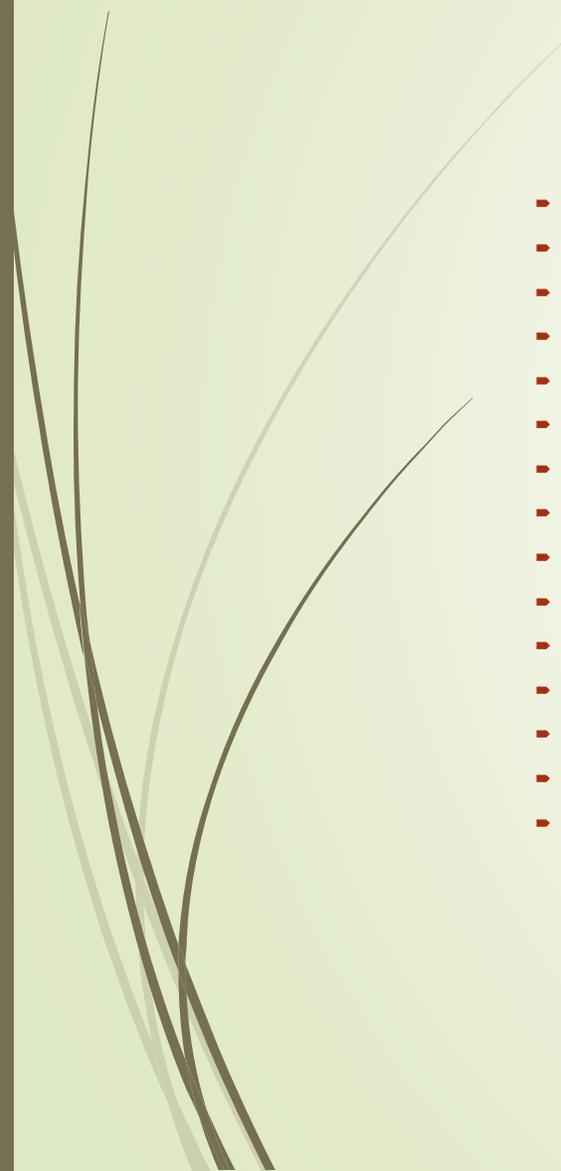


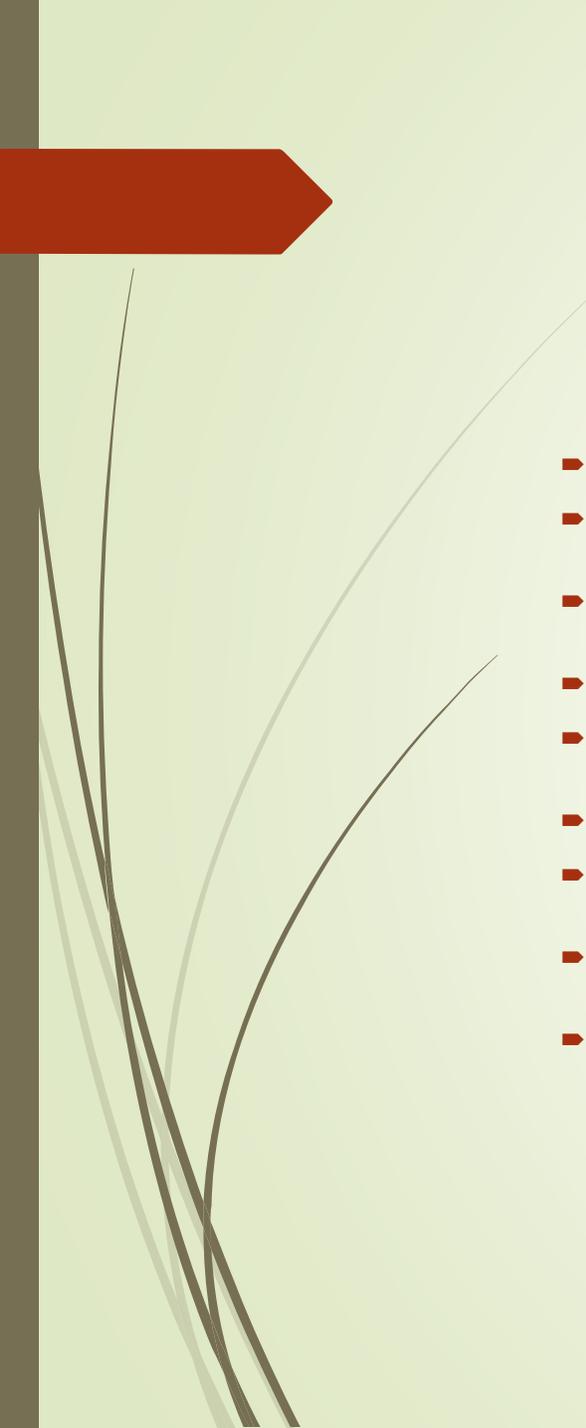
- ▶ Revisit behaviors leading to poor health:
  - ▶ Tobacco use, obesity, limited physical activity
- ▶ Community
  - ▶ Continue efforts to educate and encourage smoking cessation
  - ▶ Clean air to breathe
  - ▶ Access to affordable healthy foods
  - ▶ Improved access to safe spaces to be active

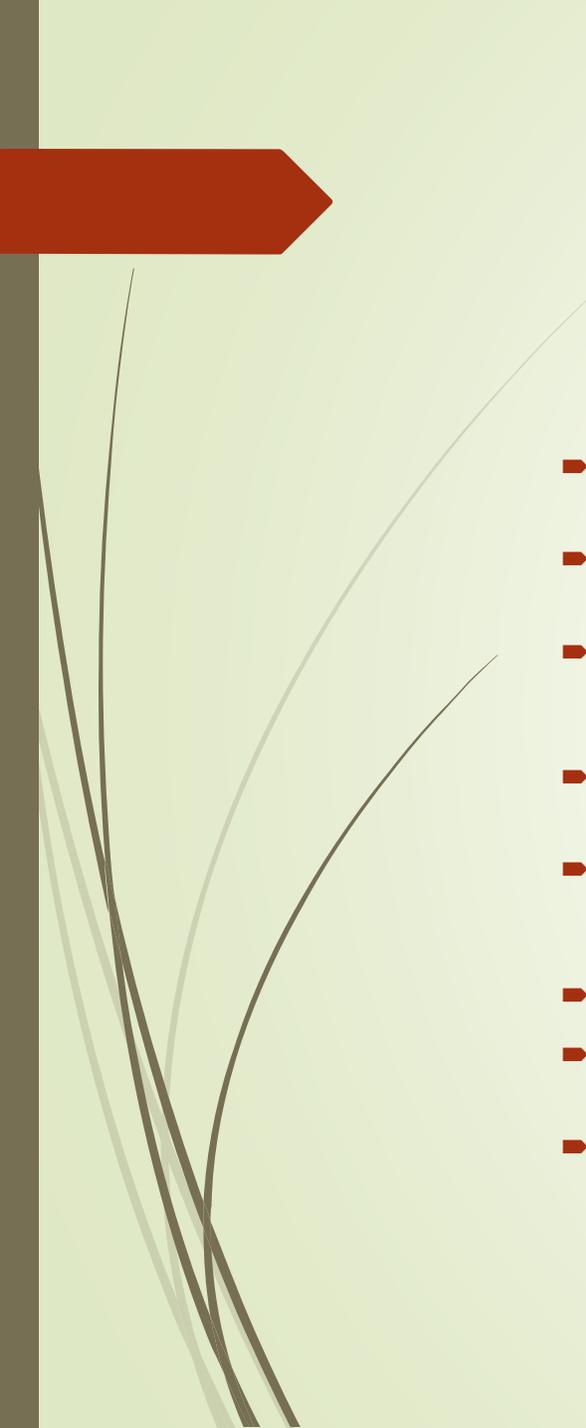


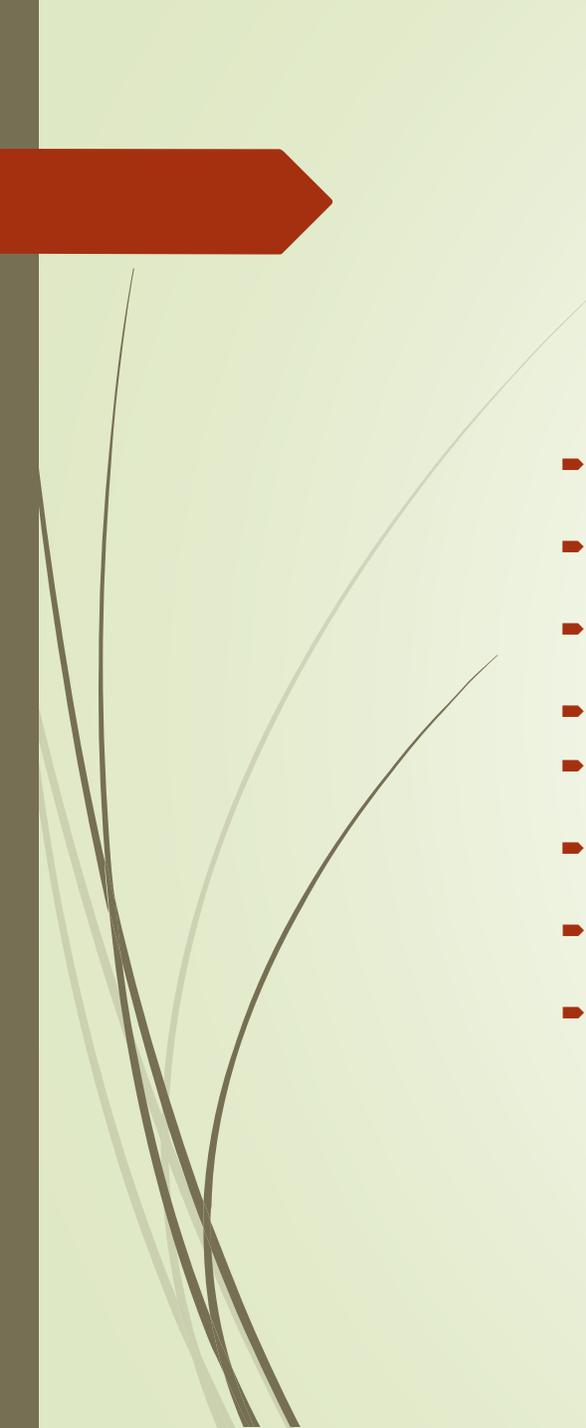
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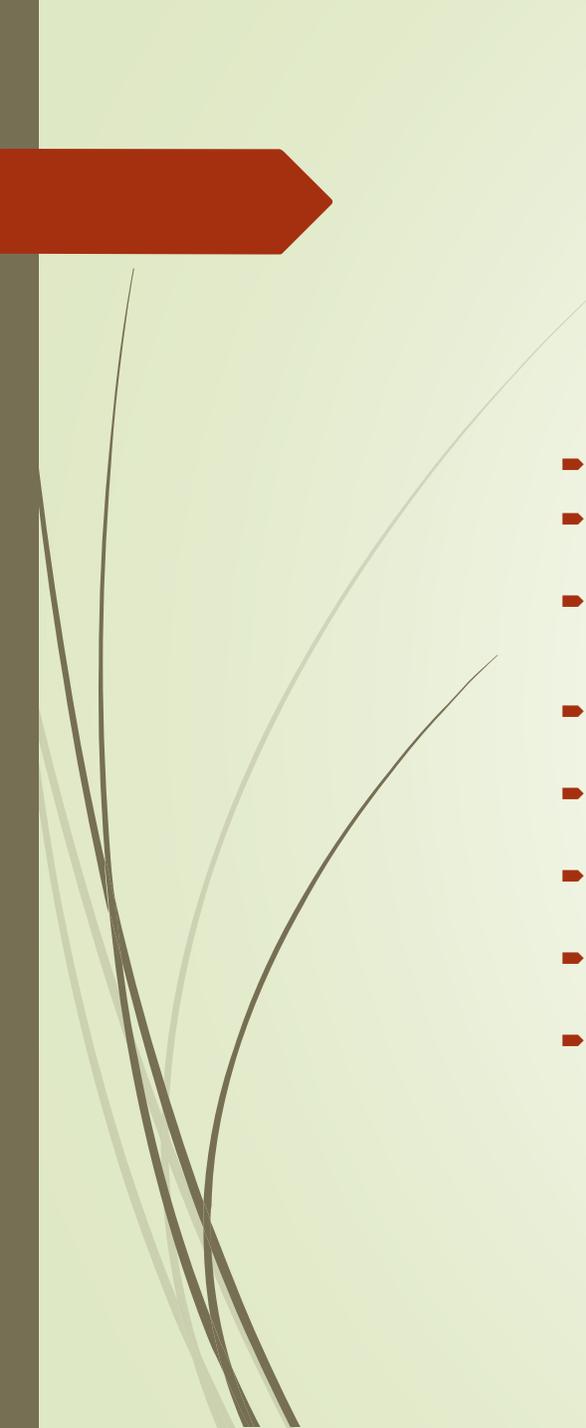
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