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Learning About Health Care Policy: Part 2

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Learning About Health Care Policy: Part 2

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.01 Health Care Policy on the Web ([return to index](#))

Health care policy in the United States is complex and often involves technical and legalistic terminology. However, information about health care policy is conveniently available on the Web through government (federal, state, and local), academic, and other organizational Web sites. Part I of this column, which was published earlier [1] provided a list of such Web sites. Many state, county, and city Web sites have links that connect the electronic visitor to health-related information pertinent to a particular geographical location. (See, for example, the Public Health Web site for the Seattle and King County region in Washington State [2].) For students trying to learn about the network of health care services (both public and private) in their geographical location, these Web sites are an important portal through which to begin that search process. Frequently it is also possible to review examples of health care policies from these resources, such as rules and recommendations that originate from a government agency that are meant to be distributed, in various ways, to the public to encourage or even mandate behaviors that raise the health status of the community.

.02 The Role of Government ([return to index](#))

When and why does government get involved with health care? When someone gets sick, that person usually goes to a physician or other health care provider who is concerned with the specific details of that individual patient. That relationship usually falls in the realm of a private health care or physician-patient relationship. Government gets involved with health care when health issues affect a relatively large number of people – i.e., the public's health. (Of course, there are also government-funded community-based health care clinics where physicians treat patients on an individual basis, so the division between public and private health care is not clear cut.)

Visiting a government-sponsored health-related Web site will provide concrete examples of government involvement in protecting the public's health. For example, an exploration of the State of Washington's official Web site, called Access Washington (access.wa.gov), reveals the extent of government's role in public health. An excerpt from Washington State's Board of Health page on Access Washington explains important aspects of that body's function:

"The Board regulates our state's public health efforts in immunization, safe drinking water, sewage disposal, control of infectious and non-infectious diseases, and assuring safe and healthful conditions in our environment with special emphasis on schools, eating establishments, and recreation sites. Its rules govern many operations within local health jurisdictions and certain practices among private health care providers, health facilities, schools, day care centers, and some businesses, such as restaurants and hotels.

Clearly, government plays a key role in formulating rules and regulations intended to keep the public safe and healthy. The Board also initiates policy development and provides a forum for the public to engage with its government about health care issues. Policy topics in Washington State have included health disparities between different groups of people, genetics and privacy, children's health and well being, access to critical health services, and environmental health." [3]

The State of Washington also licenses health care facilities and health care providers. If you are interested in checking whether your physician, nurse, or dentist has a current license to practice in the state, Access Washington allows you to type in that person's name in one part of the Web and instantly search a database of licensed health care professionals. The State also licenses health care facilities such as hospitals, adult family homes, boarding homes, and nursing homes.

Let's say a member of your family is not able to live independently anymore, and you are investigating a range of other living arrangements. You can use a search feature on Access Washington to find various kinds of state-licensed care options within a particular ZIP code or county (e.g., all licensed nursing homes in King County). The results will include the names of the nursing homes along with addresses and phone numbers, plus other pertinent information such as whether they take Medicare and/or Medicaid; the total number of certified beds at the facility; they type of ownership (non-profit, for-profit, chain ownership, etc.); and whether the facility has resident councils and/or family councils. The information is certainly not exhaustive, but it's a start. Similar information can be found on adult family homes and boarding homes. There are also

links to elder support services such as day care centers, home care, and meals-on-wheels. Web users have access to many resources to help them make informed decisions about health care for themselves or a loved one. For those who cannot afford health care and who think they may qualify for financial aid controlled by the State, another part of Access Washington provides eligibility guidelines and an application that can be printed out and filled out immediately. These are just some of the ways that government involves itself with the public's health care.

.03 **Case Study: Influenza Vaccines** ([return to index](#))

Each year, the Centers for Disease Control and Prevention (CDC) [4], which is part of the U.S. Department of Health and Human Services, encourages the public to get immunized for influenza (in other words, to get their "flu shots"). Influenza – also known as "the flu" – is caused by a virus that spreads from infected people to non-infected people through the nose or throat, such as when an infected person coughs or sneezes in close proximity to a non-infected person. The effects of "catching the flu" can vary. For some people they may become ill for a few days. Others who are more vulnerable to illness (e.g., those with compromised immune systems) may get extremely sick and even have to be hospitalized. Each year, 36,000 people die because of influenza, many of them elderly. Because the viruses tend to change often, the vaccines are updated each year. While there are some people who should not get the vaccination because of high-risk for an adverse reaction, there is usually an annual campaign initiated by government agencies and private or public health care providers to remind people about getting their flu shots.

In the first week of October 2004, Chiron, one of the two major flu vaccine manufacturers, announced that it would not be releasing any vaccines because of supply-line problems. In the days and weeks following this announcement, the public health agencies at the federal, state, and local levels coordinated efforts to ensure that those who needed the flu vaccine the most – mainly vulnerable populations such as the elderly, those with chronic medical conditions, health care workers with direct patient care, etc. – would be able to get them. The Centers for Disease Control and Prevention convened an emergency session of the Advisory Committee on Immunization Practices to revise the CDC's usual recommendations for flu vaccinations and define the high-risk populations that should receive priority for flu shots. State and local public health agencies, with the help of the news media, got the word out about the vaccine shortage and the CDC's revised policies.

In Washington State, Public Health – Seattle & King County – issued a rare order to health care providers. After explaining the circumstances leading to the shortage, it stated: "Therefore, Public Health – Seattle & King County – hereby orders health care providers, health care facilities, and vaccinators to vaccinate for influenza only those persons who are in a priority group for influenza vaccination, as defined by the U.S. Centers for Disease Control and Prevention." The agency also said that it might be asking for vaccine supply updates from various health care providers to determine where and how much flu vaccine was available.

Rather than the usual campaign encouraging people to get their flu shots, public health agencies, health care providers, and the news media worked together to explain the situation to the public and encourage those who were healthy NOT to get a flu shot since there was a severe shortage. More emphasis was placed on infection control measures, such as handwashing, staying home from work or school when ill, and practicing proper coughing or sneezing etiquette.

The role the news media played was helpful, providing a public service by disseminating information pertinent to the public's health, although some might argue that the media also fanned the public's hysteria by sensationalizing the shortage. The public, however, was not limited to the news media for their information about the flu vaccine shortage. The CDC as well as local public health agencies provided considerable information about the flu vaccine shortage on their respective Web sites. In this case, as in many other cases, local public health agencies used information received from federal agencies about disease prevention and other issues, and then integrated this information with details pertinent to people living within a local jurisdiction (e.g., a city and/or county). So the public did not have to rely solely on the news media for information about this particular public health concern but also had access to the same source of the information that the news media were using without the journalistic "filter."

As of this writing, the 2004-2005 flu season has not ended. It is not clear what the flu season is going to be like or what effect the vaccine shortage will actually have on public health. There will likely be health policy questions regarding flu vaccines in the future and the nation's reliance on only two manufacturers for its entire supply. This would have to take into consideration the larger context of how the pharmaceutical industry operates in the U.S., high drug prices, profits, social responsibility, and the efficacy of government regulation.

.04 **Conclusion** ([return to index](#))

Like any kind of public policy-making, health care policy-making in the U.S. should ideally involve a wide range interests – big businesses, small businesses, citizens groups, advocacy organizations, concerned individuals, etc. – providing input that policy makers can use to make guidelines, rules, regulations, laws, and plans that raise the health status of the American public. Unfortunately health care policy is not always easy to understand because of the amount of complicated details that often cloud health issues, especially when they involve large amounts of government funding. As this column was being written, an organization called Save Health Care in Washington, a project of Community Health Network of Washington, was launching an ambitious campaign to “protect and expand affordable health care for every Washington [State] resident by raising the visibility and urgency of the current health care crisis, and educating and activating state residents on health care decisions that affect all of us” (quoted from the organization's flyer). The organization was encouraging state residents to visit its Web site, www.SaveHealthCareInWA.org, for more information and to get involved, including sending the state's governor an e-mail message about getting low-income children back on Medicaid.

Government policy makers do not create health care policy in a vacuum. They are supposed to make informed decisions based on input from the people they serve and represent, balancing interests and considering different points of view. Educating oneself about health care policy – or a particular health care issue that one feels drawn to (e.g., children’s health, communicable diseases, safe drinking water, etc.) – is easier now than ever because of the Internet and government Web sites.

Using the Web to introduce students to health care policy is a valuable way to raise awareness of health issues, provide valuable information about specific health topics, and offering ideas for civic engagement. Exercises akin to cyber scavenger hunts for health policy information are a good way to make the learning process interesting. Students can work together, for example, to build a presentation around the topic of Medicare and Medicaid: what they are for, who they serve, how they originated, what problems exist with the current system, what or who are the cause of those problems, what solutions are being suggested to fix the system, and so forth. It’s a hearty, complex topic that students will be able to wrap their research, critical thinking, and presentation abilities around. Related articles about health informatics should be read to provide a context for health care policy research. [5]

As the American population ages and more and more people enter the demographic of “older adults,” health care will be a salient issue for everyone, both the healthy and the sick. It is not only important to know how to get information about health care policy, but also how to influence it, either as an individual or as a member of an organization. The Web is a great place to start.

References (return to index)

[1] “Learning About Health Care Policy: Part I,” <http://bcis.pacificu.edu/journal/2004/05/kawamoto.php>

[2] Public Health section of the King County (Washington State) Web site, <http://www.metrokc.gov/health/>

[3] Washington State Board of Health, Rule Making Process and Activities, http://www.sboh.wa.gov/Rules/Rules_current.htm.

[4] Centers for Disease Control and Prevention, <http://www.cdc.gov/>.

[5] Other columns in this health informatics series include:

“Health Information Online Abundant and Varied”
<http://bcis.pacificu.edu/journal/2002/11/kawamoto.php>

“Teaching Students About Cyberhealth Information”
<http://bcis.pacificu.edu/journal/2003/01/kawamoto.php>

“Older Adults and the Internet”

<http://bcis.pacificu.edu/journal/2003/02/kawamoto.php>

“Computer Technology in Health Care Settings”

<http://bcis.pacificu.edu/journal/2003/04/kawamoto.php>

“Privacy and Personal Health Information”

<http://bcis.pacificu.edu/journal/2003/06/kawamoto.php>

“Healthy Learning Can Be Fun: Digital Media and Health Education”

<http://bcis.pacificu.edu/journal/2003/07/kawamoto.php>

“Compassion Knows No Border: The Research of Patricia Radin”

<http://bcis.pacificu.edu/journal/2003/09/kawamoto.php>

“Health Related Blogs”

<http://bcis.pacificu.edu/journal/2004/01/kawamoto.php>

“Health information and Numerical Data”

<http://bcis.pacificu.edu/journal/2004/03/kawamoto.php>

“Learning About Health Care Policy: Part I”

<http://bcis.pacificu.edu/journal/2004/05/kawamoto.php>

“Learning About Health Care Policy: Part II”

<http://bcis.pacificu.edu/journal/2004/06/kawamoto.php>

“Genealogy, Technology, and Health”

<http://bcis.pacificu.edu/journal/2005/01/kawamoto.php>

“Health Behavior Changes Often Take Time”

<http://bcis.pacificu.edu/journal/2005/03/kawamoto.php>

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ONE THOUGHT ON “LEARNING ABOUT HEALTH CARE POLICY: PART 2”

Carol Crumly

on **February 1, 2014 at 3:56 AM** said:

Lol, questo era un centro unico nel suo genere! Un grande letto – hanno votato e interessante!