A Case-Oriented, Cross-Country Comparison of Three High Income Countries’ Health Systems and Health Care Accessibility of Vulnerable Populations
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Declaration

Authors Anderson, Zlotnick, and Heaslip declare no conflict of interest
Objectives


2. Identify three blocks that vulnerable population groups encounter in all health systems.

3. Formulate strategies that nurses can implement to ameliorate blocks for health care access in all three countries’ health systems.
Rationale for study

United Kingdom, Israel, United States:

- Represents continuum of health care systems
- Each country has groups of people who experience barriers to care
- Nursing metaparadigm mandate

- Full access for all
- Full access for all; four baskets of care
- Fee for service
Literature search

Each author reviewed extant qualitative and quantitative literature regarding:

- Leading health indicators
- Health system in respective country
- Barriers to care
- Vulnerable populations within the respective countries

- Search included nursing, allied health, social science, political science, legal databases
Guiding theoretical framework

Behavioral Model of Utilization

Health System environments; Population characteristics; Health behaviors and outcomes

Vulnerable populations as described by Aday:

Often comprised of people in non-dominant groups; health disparity increases risk for morbidity and mortality due to increased risk exposure and decreased resource access.

Borders of vulnerability are fluid: Opportunity for growth and change
Comparison between Israel, UK and the USA
Health Systems: United Kingdom

Health System: Full access for all. Health care administered by National Health Service. Health care is a right.
Top 3 causes of mortality: Cancer, heart disease, stroke.
United Kingdom: Vulnerable Populations

Vulnerable Migrants

Gypsy Roma Travellers

Homeless

Sex workers

Issues: Mental health problems, including drug/alcohol misuse; higher rates of tobacco use
Health System: Citizens are eligible for one of four national health funds that offer a standard “basket of services.” Administered by Ministry of Health. Health care is a right.
Top 3 causes of mortality: Heart disease, diabetes, stroke
Israel: Vulnerable Populations

• Israeli population:
  • 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.
• Vulnerable populations:
  • Israeli-Arabs
  • Immigrants
• Issues: Health disparities noted among groups with lower socioeconomic status (e.g. immigrants, Israeli-Arabs, Ultra-orthodox Jews).
Health Systems: United States of America

Health System: Fee for service paid by public/private insurance or self-pay. Very complex system administered by public and private entities. Health care is a commodity.
Top 3 causes of mortality: Heart disease, cancer, chronic lower respiratory diseases
United States: Vulnerable populations

Limited access to health care – the uninsured:

Working poor families
  ◦ All racial and ethnic groups

Hispanic residents

Non US citizens

Undocumented residents

Issues:

Difficulty finding primary care provider, delayed preventive screenings/maintenance, delayed diagnosis of STI/HIV, under-immunized children, unaffordable medications.
Most common risk factors

Top preventable causes of non-communicable disease deaths (World Health Organization, 2017):

- Tobacco
- Obesity
- Physical inactivity
- Harmful use of alcohol
- Unhealthy diet

Poverty associated with increased morbidity and mortality: Vulnerable people “get sicker and die sooner” due to exposure to harm and lack of access to health care.

Discussion: Findings

Despite type of health care delivery system:
- Common risk factors for morbidity and mortality for entire population
- Common causes of morbidity and mortality for entire population

People in vulnerable groups have difficulty accessing:
- Health care services
- Culturally appropriate and meaningful information
Recommendations

Nursing
- Our history: Public health leaders

Current health systems
- Secondary and tertiary levels of prevention

Public Health Levels of Prevention
- Tertiary: Treatment
- Secondary: Early detection
- Primary: Prevention
Recommendations

Role revisited:
- Push at primary prevention level
  - Proactive approach

Grassroots effort in communities

Increased diversity in workforce

Nursing education
- More nurses in decision making positions

Nursing research and outreach: Working with vulnerable populations
Thank you!

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Photograph by Sue Anderson
Chicago skyline as seen from Washington Park
Michigan City, Indiana