

Review Article

Impact of health policy changes on population health

Faisal Mohammed Al Otaibi^{1*}, Abdullah Marshad Almutiri², Sultan Obaid Aldousery³,
Nasser Khalid Alharbi², Mohammed Abdullah Alharbi⁴, Aldosari Abdullah Sahmi⁵,
Meshari Fayeze Alonazi⁶

¹Dental Department, Prince Sultan Military College of Health Sciences, Al Kharj, Saudi Arabia

²Hospital Administration, Al Kharj Military Hospitals, Al Kharj, Saudi Arabia

³Department of Patient Services, Al Kharj Military Hospitals, Al Kharj, Saudi Arabia

⁴Department of Patient Affairs, Military Factories Hospital, Al Kharj, Saudi Arabia

⁵Health Services Management, Armed Forces Hospital, Al Kharj, Saudi Arabia

⁶Outpatient Department, Al Kharj Military Industries Corporation Hospital, Al Kharj, Saudi Arabia

Received: 28 July 2024

Accepted: 12 August 2024

*Correspondence:

Dr. Faisal Mohammed Al Otaibi,

E-mail: Fm-21@hotmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Recent health policy changes have had a profound impact on population health, reflecting diverse approaches and outcomes across different regions. The affordable care act (ACA) in the United States expanded healthcare coverage, improving access to preventive services and chronic disease management. Despite these advancements, disparities in health outcomes persist, particularly among minority and low-income populations. In Europe, universal healthcare systems like those in Germany and the Netherlands have achieved near-universal coverage and high public satisfaction. However, socioeconomic inequalities continue to influence health outcomes, necessitating policies that address broader social determinants of health. Low- and middle-income countries (LMICs) have implemented universal health coverage (UHC) initiatives, such as Thailand's UHC scheme and Rwanda's community-based health insurance. These reforms have led to significant improvements in maternal and child health, reduced out-of-pocket expenditures, and increased healthcare utilization among the poor. However, disparities between urban and rural populations remain a challenge, underscoring the need for comprehensive strategies that strengthen healthcare systems and infrastructure. Future directions for health policy improvement include addressing health disparities, integrating technology, and promoting preventive care. Community-based interventions and cultural competency training for healthcare providers can reduce disparities and enhance patient satisfaction. The integration of telemedicine, electronic health records, and health information exchanges can improve care coordination and access to services, although equitable access to digital health tools is essential. Emphasizing preventive care through increased funding, incentivizing providers, and raising public awareness can significantly reduce the burden of chronic diseases. Engaging patients in their healthcare decisions and promoting shared decision-making fosters a collaborative and effective healthcare environment. Policymakers must adopt comprehensive and adaptable strategies to address persistent disparities, integrate technology, and promote preventive care, ultimately leading to more equitable and effective health outcomes for diverse populations.

Keywords: Public health, Policy, Population, Health impact

INTRODUCTION

Health policy plays a critical role in shaping the health outcomes of populations. It encompasses the decisions,

plans, and actions that are undertaken to achieve specific healthcare goals within a society. Health policies can range from public health initiatives and healthcare regulations to funding allocations and service delivery

models. Effective health policy aims to improve population health, reduce health disparities, and ensure the efficient use of resources. However, the impact of health policy changes on population health can vary significantly depending on the context, implementation, and the specific nature of the reforms.

Over the past few decades, numerous countries have implemented substantial health policy changes in response to evolving healthcare needs, economic constraints, and political pressures. For example, the introduction of the ACA in the United States aimed to expand access to healthcare, improve the quality of care, and reduce healthcare costs. Studies have shown that the ACA has led to significant increases in insurance coverage and access to care, though its long-term impact on population health outcomes continues to be evaluated.¹ Similarly, health policy reforms in European countries, such as the implementation of the national health service (NHS) in the United Kingdom, have aimed to provide comprehensive healthcare services to all citizens. The NHS has been lauded for its ability to deliver equitable healthcare, though challenges remain in terms of funding, efficiency, and adapting to changing demographic trends.² Other countries, such as Canada and Australia, have also undergone significant health policy transformations, each with unique approaches and outcomes that reflect their respective healthcare systems and socio-political contexts.³

In LMICs, health policy changes often focus on addressing infectious diseases, maternal and child health, and strengthening health systems. The implementation of the millennium development goals and, more recently, the sustainable development goals, has spurred various health policy initiatives aimed at improving health outcomes and reducing health inequalities globally. These initiatives have led to notable improvements in key health indicators, such as child mortality and infectious disease control, although significant challenges remain.⁴ Understanding the impact of health policy changes on population health is crucial for policymakers, healthcare providers, and researchers. By analyzing the successes and shortcomings of different health policies, stakeholders can identify best practices, avoid potential pitfalls, and develop more effective strategies for improving population health. This review aims to explore the impact of health policy changes on population health by examining recent reforms, assessing disparities in health outcomes, and providing recommendations for future policy development.

REVIEW

The impact of health policy changes on population health can be profound and multifaceted. Recent reforms across various countries have demonstrated both successes and challenges in achieving improved health outcomes. For instance, the ACA in the United States has been instrumental in increasing insurance coverage and access

to healthcare services. This, in turn, has led to improvements in certain health metrics, such as preventive care utilization and management of chronic conditions. However, disparities persist, particularly among marginalized populations, indicating that policy changes alone may not be sufficient to address deep-rooted inequities.⁵

In contrast, the health policy framework of the United Kingdom's NHS has long been praised for its emphasis on universal healthcare access. The NHS's model has achieved significant reductions in health disparities and has generally ensured equitable access to care. Nonetheless, the system faces ongoing challenges related to funding constraints and the need for continual adaptation to demographic shifts, such as an aging population and increasing rates of chronic diseases.⁶ Comparing these two systems highlights the critical role of context in shaping the outcomes of health policy changes. While both the ACA and NHS have made strides in improving health access and outcomes, their respective successes and limitations underscore the importance of considering socioeconomic, political, and cultural factors in policy formulation and implementation.

ANALYSIS OF RECENT HEALTH POLICY REFORMS AND THEIR OUTCOMES

Recent health policy reforms have varied widely in their approaches and outcomes, reflecting the diverse healthcare challenges and priorities of different countries. The evaluation of these reforms provides valuable insights into the effectiveness of various policy strategies and their impact on population health. One significant reform was the introduction of the ACA in the United States. The ACA aimed to expand health insurance coverage, reduce healthcare costs, and improve the quality of care. It achieved considerable success in increasing insurance coverage, with the uninsured rate dropping from 16% in 2010 to 8.8% in 2016.⁷ This expansion of coverage led to improved access to preventive services, chronic disease management, and primary care. However, the ACA also faced challenges, including political opposition, legal battles, and persistent disparities in health outcomes among different demographic groups. The long-term sustainability of the ACA remains a subject of ongoing debate, particularly concerning its financial viability and the potential need for further reforms to address coverage gaps and cost issues.⁸

In Europe, the implementation of universal healthcare systems, such as those in Germany and the Netherlands, has been associated with positive health outcomes. Germany's social health insurance model, which includes both statutory and private health insurance options, has achieved near-universal coverage and high levels of public satisfaction.⁹ The system's emphasis on equity and comprehensive coverage has contributed to improved health outcomes, including lower rates of infant mortality

and higher life expectancy. Similarly, the Netherlands' healthcare system, which combines mandatory health insurance with competition among private insurers, has been effective in providing access to high-quality care and managing healthcare costs. These systems highlight the potential benefits of universal coverage models in promoting equitable access and better health outcomes.

In contrast, LMICs face unique challenges in health policy reform. The introduction of UHC initiatives in countries like Thailand and Rwanda has shown promise in improving health outcomes and reducing financial barriers to care. Thailand's UHC scheme, implemented in 2002, has led to significant improvements in maternal and child health, reduced out-of-pocket expenditures, and increased healthcare utilization among the poor.¹⁰ Rwanda's health policy reforms, including the establishment of community-based health insurance, have been associated with substantial reductions in child mortality and improvements in vaccination coverage and access to primary care services. These examples demonstrate the potential of UHC policies to enhance population health in LMICs, though challenges such as funding, healthcare infrastructure, and political stability remain critical considerations. The analysis of recent health policy reforms underscores the importance of context-specific approaches and the need for continuous evaluation and adaptation. While reforms like the ACA in the United States, universal healthcare systems in Europe, and UHC initiatives in LMICs have shown positive impacts on health outcomes, ongoing efforts are necessary to address emerging challenges, ensure sustainability, and promote equity in healthcare access and delivery.

DISPARITIES IN HEALTH OUTCOMES FOLLOWING POLICY CHANGES

While health policy changes often aim to improve overall population health, they can also result in unintended disparities in health outcomes across different demographic and socioeconomic groups. These disparities can stem from various factors, including differential access to healthcare services, variations in the quality of care, and underlying social determinants of health. Analyzing these disparities is crucial for understanding the full impact of policy reforms and identifying areas where further intervention is needed.

In the United States, the ACA significantly expanded healthcare coverage, yet disparities in health outcomes persist. For example, while the ACA increased insurance coverage among minority populations, gaps remain in access to care and health outcomes. Studies have shown that racial and ethnic minorities, particularly African Americans and Hispanics, continue to experience higher rates of chronic conditions, such as diabetes and hypertension, compared to their white counterparts.¹¹ These disparities are often attributed to factors such as socioeconomic status, geographical location, and

discrimination within the healthcare system, highlighting the need for targeted policies that address these specific challenges.

In Europe, similar disparities have been observed following health policy reforms. The introduction of universal healthcare systems aimed to provide equitable access to healthcare services, yet disparities remain. In the United Kingdom, for instance, socioeconomic inequalities continue to influence health outcomes despite the NHS providing comprehensive coverage. People from lower socioeconomic backgrounds are more likely to experience poor health outcomes, such as higher rates of cardiovascular disease and lower life expectancy, compared to those from higher socioeconomic groups.¹² These disparities can be linked to differences in health behaviors, access to resources, and environmental factors. Efforts to reduce these inequalities require policies that go beyond healthcare access and address broader social determinants of health.

LMICs also face significant challenges in achieving equitable health outcomes following policy changes. For example, Rwanda's health policy reforms, including community-based health insurance, have improved access to healthcare services. However, disparities persist between urban and rural populations, with rural residents often having limited access to quality care and facing higher rates of maternal and child mortality.¹³ These disparities are exacerbated by factors such as inadequate healthcare infrastructure, shortages of trained healthcare professionals, and financial barriers. Addressing these issues requires comprehensive strategies that strengthen healthcare systems, improve infrastructure, and ensure that policies are inclusive and equitable. Disparities in health outcomes following policy changes highlight the complexity of achieving true health equity. While reforms such as the ACA, universal healthcare systems in Europe, and UHC initiatives in LMICs have made significant strides, ongoing efforts are necessary to address persistent inequalities. Policymakers must consider the diverse needs of different populations and implement targeted interventions that address both healthcare access and the broader social determinants of health.

FUTURE DIRECTIONS AND RECOMMENDATIONS FOR HEALTH POLICY IMPROVEMENT

Looking ahead, health policy improvements must focus on enhancing equity, efficiency and effectiveness in healthcare delivery. Complexities of modern healthcare systems require policies that are adaptable and responsive to evolving needs of diverse populations. Future directions in health policy should prioritize addressing persistent disparities, integrating technology, promoting preventive care to achieve better health outcomes.

One key recommendation is to address health disparities more effectively. Despite significant advances in

healthcare access and quality, disparities in health outcomes remain a critical issue. Policies must be designed to target the social determinants of health, including socioeconomic status, education, and environmental factors. For instance, community-based interventions that involve local stakeholders can help tailor healthcare services to specific needs of underserved populations. Additionally, policies that promote cultural competency training for healthcare providers can improve the quality of care for diverse patient populations, reducing disparities and enhancing patient satisfaction.¹⁴

The integration of technology in healthcare is another crucial area for policy improvement. Telemedicine, electronic health records, and health information exchanges have the potential to enhance care coordination, improve access to services, and reduce healthcare costs. Policies that support the adoption and utilization of these technologies can facilitate better management of chronic diseases, streamline administrative processes, and improve patient outcomes. However, it is essential to ensure that technology adoption does not exacerbate existing disparities. Efforts must be made to provide equitable access to digital health tools and address the digital divide, particularly in rural and low-income communities.¹⁵

Promoting preventive care is also vital for improving population health. Preventive measures, such as vaccination programs, screenings, and lifestyle interventions, can significantly reduce the burden of chronic diseases and improve overall health outcomes. Health policies should focus on increasing funding for preventive services, incentivizing healthcare providers to deliver preventive care, and raising public awareness about the importance of preventive health behaviors. For example, policies that provide financial incentives for primary care providers to conduct regular health screenings and counseling sessions can encourage more proactive management of health risks.¹⁶

In addition, future health policies should emphasize the importance of patient-centered care. Engaging patients in their healthcare decisions and promoting shared decision-making can lead to better health outcomes and higher patient satisfaction. Policies that support patient education, enhance communication between patients and providers, and involve patients in the design of healthcare services can foster a more collaborative and effective healthcare environment. Future of health policy should focus on reducing disparities, integrating technology, promoting preventive care, and fostering patient-centered approaches. By addressing these areas, policymakers can develop more equitable, efficient, and effective healthcare systems that meet the needs of all populations.

CONCLUSION

While recent health policy reforms have made significant strides, persistent disparities and evolving challenges

necessitate ongoing efforts to improve equity, integrate technology, and promote preventive care. Policymakers must adopt comprehensive and adaptable strategies to address these issues. By doing so, health systems can better meet the diverse needs of their populations and achieve more effective and equitable health outcomes.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Sommers BD, Gawande AA, Baicker K. Health insurance coverage and health-what the recent evidence tells us. In. Vol 377: Mass Medical Soc; 2017: 586-93.
2. Jakubowski E. Health care systems in the EU: a comparative study. European Parliament Directorate General For Research. 1998; 1-130.
3. Marchildon GP, Allin S, Merkur S. Canada: health system review. Health Systems in Transition. 2020;22(3):1-194.
4. Victora CG, Requejo JH, Barros AJ, Peter B, Zulfiqar B, Ties B, et al. Countdown to 2015: a decade of tracking progress for maternal, newborn, and child survival. The Lancet. 2016;387(10032):2049-59.
5. The Uninsured. Kaiser Family Foundation. 2011; 1-23.
6. Timmins N. The four UK health systems: Learning from each other. King's Fund. 2013.
7. Obama B. United States health care reform: progress to date and next steps. JAMA. 2016;316(5):525-32.
8. Blumenthal D, Abrams M, Nuzum R. The affordable care act at 5 years. In. Vol 372: Mass Medical Soc. 2015:2451-8.
9. Blümel M, Spranger A, Achstetter K, Maresso A, Busse R. Germany: health system review. 2020.
10. Tangcharoensathien V, Patcharanarumol W, Ir P, Syed MA, Ali GM, Kongsap A, et al. Health-financing reforms in southeast Asia: challenges in achieving universal coverage. The Lancet. 2011;377(9768):863-73.
11. Artiga S, Orgera K, Pham O. Disparities in health and health care: Five key questions and answers. Kaiser Family Foundation. 2020;1-12.
12. Marmot M. The health gap: the challenge of an unequal world. The Lancet. 2015;386(10011):2442-4.
13. Logie DE, Rowson M, Ndagije F. Innovations in Rwanda's health system: looking to the future. The Lancet. 2008;372(9634):256-61.
14. Betancourt JR, Green AR, Carrillo JE, Owusu Ananeh-Firempong I. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. Public Health Rep. 2003;118(4):293-302.
15. Adler-Milstein J, Jha AK. Health information exchange among US hospitals: who's in, who's out,

and why? Paper presented at: Healthc. 2014;2(1):26-32.

16. Woolf SH. The power of prevention and what it requires. JAMA. 2008;299(20):2437-9.

Cite this article as: Al Otaibi FM, Almutiri AM, Aldousery SO, Alharbi NK, Alharbi MA, Sahmi AA, et al. Impact of health policy changes on population health. Int J Community Med Public Health 2024;11:3692-6.