



INSURING HEALTH

# A Shared Destiny

Community  
Effects  
of Uninsurance

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# Shared Destiny Community Effects Of Uninsurance

**Léo Pomar**



## **Shared Destiny Community Effects Of Uninsurance:**

**A Shared Destiny** Institute of Medicine, Board on Health Care Services, Committee on the Consequences of Uninsurance, 2003-03-05 A Shared Destiny is the fourth in a series of six reports on the problems of uninsurance in the United States This report examines how the quality quantity and scope of community health services can be adversely affected by having a large or growing uninsured population It explores the overlapping financial and organizational basis of health services delivery to uninsured and insured populations the effects of community uninsurance on access to health care locally and the potential spillover effects on a community's economy and the health of its citizens The committee believes it is both mistaken and dangerous to assume that the persistence of a sizable uninsured population in the United States harms only those who are uninsured

**A Shared Destiny** Institute of Medicine, Board on Health Care Services, Committee on the Consequences of Uninsurance, 2003-04-05 A Shared Destiny is the fourth in a series of six reports on the problems of uninsurance in the United States This report examines how the quality quantity and scope of community health services can be adversely affected by having a large or growing uninsured population It explores the overlapping financial and organizational basis of health services delivery to uninsured and insured populations the effects of community uninsurance on access to health care locally and the potential spillover effects on a community's economy and the health of its citizens The committee believes it is both mistaken and dangerous to assume that the persistence of a sizable uninsured population in the United States harms only those who are uninsured

*Health Care Access and Affordability* United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies, 2003

**America's Uninsured Crisis** Institute of Medicine, Board on Health Care Services, Committee on Health Insurance Status and Its Consequences, 2009-08-01 When policy makers and researchers consider potential solutions to the crisis of uninsurance in the United States the question of whether health insurance matters to health is often an issue This question is far more than an academic concern It is crucial that U S health care policy be informed with current and valid evidence on the consequences of uninsurance for health care and health outcomes especially for the 45.7 million individuals without health insurance From 2001 to 2004 the Institute of Medicine IOM issued six reports which concluded that being uninsured was hazardous to people's health and recommended that the nation move quickly to implement a strategy to achieve health insurance coverage for all The goal of this book is to inform the health reform policy debate in 2009 with an up to date assessment of the research evidence This report addresses three key questions What are the dynamics driving downward trends in health insurance coverage Is being uninsured harmful to the health of children and adults Are insured people affected by high rates of uninsurance in their communities

**Vital and Health Statistics**, 1964

**Health, United States, 2008**, 2009 *Health, United States*, 2009

**Policy & Politics in Nursing and Health Care - E-Book** Diana J. Mason, Adrianna Perez, Monica R. McLemore, Elizabeth Dickson, 2020-01-28 Selected for Doody's

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*A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension* Institute of Medicine, Board on Population Health and Public Health Practice, Committee on Public Health Priorities to Reduce and Control Hypertension in the U.S. Population, 2010-08-13 Hypertension is one of the leading causes of death in the United States affecting nearly one in three Americans It is prevalent in adults and endemic in the older adult population Hypertension is a major contributor to cardiovascular morbidity and disability Although there is a simple test to diagnose hypertension and relatively inexpensive drugs to treat it the disease is often undiagnosed and uncontrolled A Population Based Policy and Systems Change Approach to the Prevention and Control Hypertension identifies a small set of high priority areas in which public health officials can focus their efforts to accelerate progress in hypertension reduction and control It offers several recommendations that embody a population based approach grounded in the principles of

measurement system change and accountability The recommendations are designed to shift current hypertension reduction strategies from an individual based approach to a population based approach They are also designed to improve the quality of care provided to individuals with hypertension and to strengthen the Center for Disease Control and Prevention s leadership in seeking a reduction in the sodium intake in the American diet to meet dietary guidelines The book is an important resource for federal public health officials and organizations especially the Center for Disease Control and Prevention as well as medical professionals and community health workers

**More than Ramps** Lisa I. Iezzoni, Bonnie L. O'Day, 2010-04-10 Nearly twenty percent of Americans live today with some sort of disability and this number will grow in coming decades as the population ages Despite this the U S health care system is not set up to provide care comfortably safely and efficiently to persons with disabilities Individuals with disabilities can therefore face significant barriers to obtaining high quality health care Some barriers result from obvious impediments such as doors without automatic openers and examining tables that are too high Other barriers arise from faulty communication between patients and health care professionals including misconceptions among clinicians about the daily lives preferences values and abilities of persons with disabilities Yet additional barriers relate to health insurance limits on items and services essential to maximizing health and independence This book examines the health care experiences of persons who are blind deaf hard of hearing or who have difficulties using their legs arms or hands The book then outlines strategies for overcoming or circumventing barriers to care starting by just asking persons with disabilities about workable solutions Creating safe and accessible health care for persons with disabilities will likely benefit everyone at some point This book has three parts The first part looks at the historical roots of healthcare access for persons with disabilities in the United States The second part discusses the current situation and the special challenges for those with disabilities The third part looks forward to discuss the ways in which healthcare quality and access can improve

*The Instability of Health Coverage in America* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 2009

**Rural Poverty in the United States** Ann R. Tickamyer, Jennifer Sherman, Jennifer Warlick, 2017-08-22 America s rural areas have always held a disproportionate share of the nation s poorest populations Rural Poverty in the United States examines why What is it about the geography demography and history of rural communities that keeps them poor In a comprehensive analysis that extends from the Civil War to the present Rural Poverty in the United States looks at access to human and social capital food security healthcare and the environment homelessness gender roles and relations racial inequalities and immigration trends to isolate the underlying causes of persistent rural poverty Contributors to this volume incorporate approaches from multiple disciplines including sociology economics demography race and gender studies public health education criminal justice social welfare and other social science fields They take a hard look at current and past programs to alleviate rural poverty and use their failures to suggest alternatives that could improve the well being of rural Americans for years to come These essays work hard to define rural poverty s

specific metrics and markers a critical step for building better policy and practice Considering gender race and immigration the book appreciates the overlooked structural and institutional dimensions of ongoing rural poverty and its larger social consequences

**The Health Care Safety Net in a Post-Reform World** Sara Rosenbaum, Mark A. Hall, 2012-08-03 The Health Care Safety Net in a Post Reform World examines how national health care reform will impact safety net programs that serve low income and uninsured patients The safety net refers to the collection of hospitals clinics and doctors who treat disadvantaged people including those without insurance regardless of their ability to pay Despite comprehensive national health care reform over twenty million people will remain uninsured And many of those who obtain insurance from reform will continue to face shortages of providers in their communities willing or able to serve them As the demand for care grows with expanded insurance so will the pressure on an overstretched safety net This book with contributions from leading health care scholars is the first comprehensive assessment of the safety net in over a decade Rather than view health insurance and the health care safety net as alternatives to each other it examines their potential to be complementary aspects of a broader effort to achieve equity and quality in health care access It also considers whether the safety net can be improved and strengthened to a level that can provide truly universal access both through expanded insurance and the creation of a well integrated and reasonably supported network of direct health care access for the uninsured Seeing safety net institutions as key components of post health care reform in the United States as opposed to stop gap measures or as part of the problem is a bold idea And as presented in this volume it is an idea whose time has come

**The Academic Health Center** Don Detmer, Elaine Steen, 2005-05-12 The leadership and management of academic health centers present challenges as complex as any in the corporate environment A consensus is emerging about their integrated mission of education research and service and this book first published in 2005 and focusing on value driven management provides a truly comprehensive review of these issues available Based on reports produced by the Blue Ridge Academic Health Group which has developed a framework for meeting the challenges of improving health in the 21st century it also contains invited commentaries and case studies from leading authorities in and beyond the United States It identifies the public policies and organizational practices required to maximise the health status of individuals and the population and highlights innovative practices It is essential reading for managers and leaders of clinical and basic science departments in academic health centers and for all those involved in health systems management studies

**Health, United States, 2006 with Chartbook on Trends in the Health of Americans**, 2007-02

**The National Home and Hospice Care Survey, ... Summary**, 2003

**Characteristics of Emergency Departments Serving High Volumes of Safety-net Patients: United States, 2000**, 2004 Describes hospital community and patient factors which are associated with emergency departments providing care for safety net patients These patients are the poor those receiving Medicaid the uninsured and other vulnerable populations

**Best Care at Lower Cost** Institute of Medicine, Committee on the Learning Health Care System in America, 2013-05-10

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009, roughly 750 billion, was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools such as personal health information portals to actively engage in their care. This book is a call to action that will guide health care providers, administrators, caregivers, policy makers, health professionals, federal, state, and local government agencies, private and public health organizations, and educational institutions.

**Toward a 21st Century Health System** Alain C. Enthoven, Laura A. Tollen, 2004-03-29

Toward a 21st Century Health System is a collection of thoughtful analyses that explore a key element of the health care delivery system: physician group practices. Edited by policy experts Alain Enthoven and Laura Tollen and written by a blue ribbon panel of health policy scholars and leaders including Stephen Shortell, Hal Luft, Donald Berwick, James Robinson, and Helen Darling, this resource addresses a variety of topics including organized delivery systems, quality of care in prepaid group practice versus other types of managed care, the role of physician leadership and culture in group practice, prepaid group practice, and the formation of national health policy. This comprehensive resource also covers such topics as pharmacy benefit management, technology assessment, health services research, and employer purchasing of benefits, all as they relate to prepaid group practice.

**Flipping Health Care through Retail Clinics and Convenient Care Models** Kaissi, Amer, 2014-08-31

Over time, a country's healthcare system typically undergoes a number of developments as new demands emerge from the public and new legislation is passed from the government. These systems are composed of a number of

interconnected parts each one vital to the overall success of the system Flipping Health Care through Retail Clinics and Convenient Care Models addresses the present state of the health system by focusing on current trends and future developments that could assist in delivering accessible and cost effective medical care to the general public Bringing together components of the present and future this publication serves as an essential tool for students and researchers who want to develop a thorough understanding of the changing scope of the health industry in the public sphere

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