

Chapter 27

From Resource to Outcome: Addressing the Barriers of Healthcare Policy Implementation

Khadijeh (Roya) Rouzbehani

 <https://orcid.org/0000-0002-6045-048X>

University of Victoria, Canada

Mehdi Araghi

University of Ottawa, Canada

ABSTRACT

Governments often create policies that rely on implementation by arm's length organizations and require practice changes on the part of different segments of the healthcare system without understanding the differences in and complexities of these agencies. This research describes components of a health system and explains how they affect outcomes. It argues that implemented policies affect various components of a health system in terms of service delivery, workforce, information, financing, medical products, technologies, leadership, and governance. Using health system as framework of analysis, the chapter explains that the outcome of health policy implementation determines the availability, quality, and equability of program service delivery. The chapter further argues that policy implementation barriers affect the poor and vulnerable groups from benefiting from public spending on public health policies and programs.

INTRODUCTION

Governments often create policies that rely on implementation by arm's length organizations and require practice changes on the part of different segments of the health care system without understanding the differences in and complexities of these agencies (Gholipour & Rouzbehani, 2016). Health care system is one of the basic institutions that are universal in nature and without which a society cannot survive. The World Health Organization Report (2000) defines health system as comprising all the organizations, institutions and resources that are devoted to producing health actions. Health action in this context entails

DOI: 10.4018/978-1-7998-8960-1.ch027

any effort, whether in personal healthcare, public health services or through inter-sectional initiatives (Weimer, 2011), whose primary purpose is to improve health. Healthcare institutions consist of formal and informal organizations where preventive, social and clinical services are rendered to the members of the society. Each of the institutions has specific aims and objectives even though they all exist to promote health, to prevent the occurrence of diseases, to bring about a peaceful end for those suffering from terminal disease, and to treat human illness. Most health care institutions form an arm of the government. Their social structure, therefore, follows the same pattern as other government institutions which can facilitate or impede policy implementation.

Nearly 20 years ago, Grol and Grimshaw (1999) asserted that evidence-based practice must be complemented by evidence-based implementation. The past two decades have been marked by significant progress, as the field of implementation science has worked to develop a better understanding of implementation barriers and facilitators (i.e., determinants) and generate evidence for implementation strategies (Eccles & Mittman, 2006; Bauer et al., 2015). The purpose of this paper, therefore, is to examine policy implementation by institutions of health care delivery and barriers to effective outcomes. Specifically, the paper attempts to investigate how health policies support program activities of health institutions, such as; elimination of healthcare inequities; access to healthcare facilities, products and services; availability of finance infrastructures and other resources; provision of information and education to individuals and communities to medical products, facilities and services.

This chapter, therefore, is structured into five parts. Part one examines the introduction, purpose, clarification of concepts and underpinning theories of health policy implementation. Part two examines the inputs required in a healthcare system, such as; finance, structures and power relationships equipment, personal and clients. Part three discusses the processes or series of activities that transform resources into a desired product, service or output. Part four examines the outputs – direct result of the interaction between inputs and processes in the system, the types and quantities of goods and services produced by an activity, program or project. Finally, part five identifies the barriers to effective health policy implementation and its implications.

CONCEPTUAL ELABORATION

Health System

Health system comprises all organizations, institutions and resources that are devoted to producing health actions. Health actions in this context refers to any efforts, whether in personal healthcare, public health services or through intersectional initiatives whose primary purpose is to improve health. It is an open system with three components of input, processes and outputs. Inputs required in a healthcare system include; finance, physical structure, equipment personnel and clients. The process refers to a series of activities that transform inputs (resources) into a desired product, service or output. The term output is used to describe the direct result of the interaction of inputs and processes in the system, the types of and quantities of goods and services produced by any activity, program or project. On the other hand, the term outcome refers to the result of the outputs, the effects or impacts.

11 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/from-resource-to-outcome/281996

Related Content

Veterinary Public Health: The Planetary Path to One Health

Utpal Das (2019). *Global Applications of One Health Practice and Care* (pp. 113-141).

www.irma-international.org/chapter/veterinary-public-health/222651

Analyzing Behavioral Implications of Face Mask Wearing to Slow COVID-19 in Organizational Workplaces

Michael Anthony Brown Sr. and Leslie Krohn (2022). *International Journal of Applied Research on Public Health Management* (pp. 1-10).

www.irma-international.org/article/analyzing-behavioral-implications-of-face-mask-wearing-to-slow-covid-19-in-organizational-workplaces/282745

Encountering Incomplete Temporal Information in Clinical Data Warehouses

Georgia Garani and Canan Eren Atay (2020). *International Journal of Applied Research on Public Health Management* (pp. 32-48).

www.irma-international.org/article/encountering-incomplete-temporal-information-in-clinical-data-warehouses/240754

Design of Nano-scale Electrodes and Development of Avatar-Based Control System for Energy-Efficient Power Engineering: Application of an Internet of Things and People (IOTAP) Research Center

Vardan Mkrtchian, Leyla Gamidullaeva and Rinat Galiautdinov (2019). *International Journal of Applied Nanotechnology Research* (pp. 41-48).

www.irma-international.org/article/design-of-nano-scale-electrodes-and-development-of-avatar-based-control-system-for-energy-efficient-power-engineering/241276

COVID-19 and the Mass Media: A Scenario of the Pandemic in India

Subir Sinha (2021). *Handbook of Research on Representing Health and Medicine in Modern Media* (pp. 512-521).

www.irma-international.org/chapter/covid-19-and-the-mass-media/274011