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The Exploration of the Health Care Systems of the United States and Belize Including a Cultural
Analysis

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The Exploration of the Health Care Systems of the United States and Belize Including a Cultural Analysis

Health systems throughout the world may have a profoundly different, or extremely similar structure. A well-known, industrialized nation, the United States has an unusual system, which Shi and Singh (2008) describe as “unnecessarily fragmented” (p. 2). Highly unusual for a developed country, this system does not guarantee access to medical care for all of its citizens. On the other hand, a small Central American country more known as a vacation hotspot, Belize ensures health care for all inhabitants of this tropical nation. How can these major differences affect health outcomes? What could these two vastly different countries have in common when considering public health? This paper will explore the Belizean public health system and the United States (US) public health system frameworks. This will include analyses of the usage of health technology, management of chronic and infectious diseases, and cultural considerations.

Belize Health Care System

Belize is a small country located in Central America, the only country with English as its primary language. Formerly a British colony, it seceded from Britain in 1981 (Pan American Health, *Health Systems*, 2009). The life expectancy for males is 72 years and females is 76 years (Center for Global Health, 2013). Healthcare in Belize is similar to the US in that there is public health and private health sectors. Public health is mainly focused on secondary and tertiary care, and is governed by the Ministry of Health, a national governmental organization (Pan American Health, *Health Systems*, 2009). Other organizations heavily influential in providing public healthcare throughout Belize are the Pan American Health Organization, and the Center for Disease Control (CDC). In Belize, the use of public health care vastly outweighs any private health sectors including private insurance.

Ministry of Health

The primary national governing sector for overseeing public health, the ministry of health receives funding from the European Union, United Nations, and other private organizations. This funding is used to ensure every Belize citizen the right to have free medical care which includes access to doctors, hospitals, and other specialists. Through this right called the National Health Insurance, every citizen is given primary, secondary, and limited tertiary care. This includes vaccination coverage, maternal health, and birth control. The Ministry of Health also oversees the National Referral Laboratory which includes free laboratory testing throughout the country. Here, citizens can receive free blood tests, often utilized for the detection of dengue fever. In addition to the laboratories, six hospitals and two clinics in the country are governed by the Ministry of Health (Pan American Health, *Health Systems*, 2009). There are only two major cities in Belize, the capital of Belmopan and Belize City. Unfortunately, these two cities receive much more funding with those residing in them having greater access to medical facilities, technology, and care (*Moveforward*, 2010). This causes a large health disparity gap.

Pan American Health Organization/WHO

The World Health Organization (WHO) is not a federal entity, as its name suggests it is a world-wide organization promoting health efforts throughout the world. The Pan American Health Organization (PAHO), a regional subsector of the World Health Organization is heavily active in Belize. Two main actions that are currently being implemented and researched are the social determinants of health and country cooperation strategy. After scrupulous research, PAHO released social determinants of health, or areas the country should focus improving upon to increasing health and wellbeing of the population. Some of these include increase in primary school enrollment, access to safe and potable water, and sanitation and waste management.

PAHO determined that a main issue in Belize is poor sanitation and inadequate waste management (Pan American Health, *Health Systems*, 2009). Research studies also concluded that a main issue is also extreme poverty and poverty with 33.5% of the population being poor. For example, in some rural areas a Belizean working eight hours during the day will then be paid a total of 10 US dollars. In regards to access to water, 95% of the population does have access to safe drinking water, but “water resources management and protection is fragmented and often not effectively implemented” (Pan American Health, *Belize Country*, 2009, p. 28)

The country cooperation strategy (CCS) is similar to the social determinants of health in that it gives specific areas for improvement, but here more emphasis is on how the country implements WHO suggestions. For example, the CCS of 2008-2011 gave the specific priorities of “improving health status of the population, addressing health determinants, strengthening health sector policies and organization, and enhancing PAHO response” (Pan American Health, 2009, *Belize Country*).

Center for Disease Control (CDC)

The CDC is active in Belize, having particular programs implemented such as the Global HIV/AIDS program, International Influenza Program, and International Emerging Infectious Program. The Global HIV/AIDS program includes a data surveillance plan to determine a more accurate estimation of HIV incidence within the country. The International Influenza Program is a partnership with the Ministry of Health to improve technology methods of diagnosing influenza. Lastly, the International Emerging Infectious Program partners with the Ministry of Health and the largest hospital in the country, Karl Heusner Memorial in reducing hospital acquired infections (Center for Global Health, 2013).

US Public Health

A much larger and more developed country, the United States has a population of a little over 320 million with a life expectancy for males at 76 years, and females at 81 years. This nation has not officially declared a primary language, but the most common language spoken is English (World Health, 2015). Public health in the US is governed at the national level, but enacted at national, state and local levels. The branch of the national government in charge is called the Department of Health and Human Services (HHS), and governed by this entity the U.S. Public Health Service. The main source of healthcare in the US is private insurance which also counts for most health expenditures (Stanhope & Lancaster, 2012).

The US has a main program called primary health care (PHC). This system is the focus of US public health, creating affordable programs giving citizens access to “basic health services, family planning, clean water supply, sanitation, immunization, and nutrition education” (Stanhope & Lancaster, 2012, p. 53). The main emphasis is on preventative care. The government employs physicians, nurses, pharmacists, and other specialties to enact these objectives. Obtaining primary and secondary care is different than tertiary care. To obtain primary health care a resident must sign up for insurance, either public (Medicare/Medicaid), private, or through the new Affordable Care Act. The Affordable Care Act gives individuals who cannot afford private insurance the opportunity for discounted insurance provided through the federal government. Tertiary care, or treatment for things such as emergencies in a hospital setting is free to access for all citizens, but the bills for payment must be situated later in time.

Healthy People 2020

The U.S. Department of Health and Human Services under the national government publish a new list of health objectives to focus on to improve health in the US every ten years.

The most recent, Healthy People 2020, focuses on reducing preventable diseases, disability injuries, premature deaths, eliminating disparities, and improving overall quality of life and quality of health (Stanhope & Lancaster, 2012, p. 168). Through these specific decade goals, public health members in each level of influence of national, state, or local are able to obtain evidence based resources for each goal as well as record statistics on 42 topics under these goals (U.S. Department of Health, 2014).

Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration also known as the Health Department is the national program under HHS that is specifically focused on vulnerable populations and reducing the health disparity gap by increasing access to areas with poor health care. This includes free clinics of primary screening and lab tests including immunizations, OB/gynecologic, oral, mental health, pharmacy, and substance abuse services. These free clinics allow specialized access to primary care for those individuals that heavily need it such as pregnant women, mothers and families, and individuals living with HIV/AIDS. (Stanhope & Lancaster, 2012, p. 169). In addition to HRSA, there are numerous other entities created for national, state, and local health needs.

PAHO/WHO

The World Health Organization is not extremely active in the United States. Most programs implemented for improving the public health are governed by federal programs instead of world-wide programs. However, WHO is quite active in surveying statistics for the country. The official poverty rate for the US in 2013 was 14.5%, but huge percentage variabilities exist between ethnicities.

Center for Disease Control (CDC)

An organization born in the United States, the CDC “is recognized as the nations’ premiere health promotion, prevention, and preparedness agencies” (Centers for Disease, 2013). Like all other countries in which the CDC is active, they improve health through “health promotion, prevention of disease, and emergency preparedness” (Stanhope & Lancaster, 2012, p. 58). The CDC becomes active in the United States most often through infectious disease outbreaks, health security and data collection.

Public Health Systems United States & Belize Analysis

There are vast differences in population and geographic size, organization of health systems, and health systems funding between Belize and the US. Life expectancies for both countries are relatively similar, except for female US citizens being much higher than males for both nations. Belize healthcare being free to all citizens is actually not unusual worldwide. In fact, “the United States is the only industrialized nation in the world that does not guarantee health care to all of its citizens” (Stanhope & Lancaster, p. 60). While the new Affordable Care Act in the US is enabling greater access to health insurance through discounted prices, it still does not give, or ensure all US citizens a right to health care as the National Health Insurance of Belize promises. Major differences in usage of health systems also varies. Use of public health care is much more prevalent in Belize than in the United States, where private health insurance is a momentous portion of health expenditures (Stanhope & Lancaster, 2012). However, similarities exist within PAHO involvement, including social determinants of health. Both countries use PAHO/WHO social determinants of health as road maps for addressing particular public health issues pertinent to the country. Poverty rates greatly differ for the overall poverty of each nation, with Belize at 33.5% being twice that of the United States (Pan American Health, *Belize*

Country, 2009, p. 28). In general, Belize gives free health care to all its citizens who as a result use more public health care than private expenditures. In contrast, the United States government does not offer national health insurance or free health care with the main sources of health insurance being from private companies.

Health Technology

Both the US and Belize officially have electronic health record systems. In 2008 Belize implemented its Belize Health Information System (BHIS) nationwide. There are benefits and negatives to this implementation. Benefits include being able to track infectious diseases better, and better ability to support nationwide programs such as HIV mother/baby transmission. It is officially being used by two-thirds of the population. However, many individuals fear privacy will be the sacrifice, especially those individuals that are HIV positive. They fear employers may find out and not give them jobs (PAHO/WHO, 2009, Belize Health Information System). With studies being done to determine how effective this new electronic health care system has been, there has been evidence that mortality rates have decreased, hypertension related deaths decreased, and public expenditures on health are beginning to stabilize (Graven, 2013). While electronic health records have been sprouting into US health care for years, mandatory electronic medical records were adopted in 2004. This allowed screening goals for preventative health to improve by 78%. Similar to concerns in Belize, people are still concerned about privacy and security. In the US however, funding is lacking to implement it in more rural areas, especially in public health sectors (Stanhope & Lancaster, 2012, p. 51-52).

Chronic Disease Management

Both the US and Belize have observed a shift from communicable to non-communicable disease as the leading cause of death and illness. In Belize, 13.1% of the population over age 20

have diabetes mellitus, and 28.7% of the population over the age of 20 have hypertension. In addition, 70% of the population are considered overweight or obese (Pan American Health, 2009, *Country Cooperation*, p. 21). Similarly, 11.9% of individuals over age 20 have diabetes, 32.5% have hypertension, and 69% of the US population is considered overweight or obese (World Health, 2015). This shows both countries have huge public health issues of chronic disease of diabetes, hypertension, and obesity.

Education to the general public about chronic disease prevention and management is similar in both countries in that health educators are sent into the communities. In Belize, health educators are assigned for each district of the country as well as at a community level having community nurse aides, both being employed by the Ministry of Health (Pan American Health, 2009, *Health Systems*).

Infectious Disease Management

Major infectious diseases in Belize are dengue, HIV/AIDS and parasites. Dengue fever is transmitted by mosquitos and endemic to every region of Belize with all four serotypes. Its prevention is managed by the Ministry of Health, which is in charge of insecticide sprays throughout the various districts. In addition, the MOH also will send public health workers to inspect homes for standing water and educate the public on preventative measures (Smith, 2012). While dengue does occur in lower tropical states of the US, it is not a major public health concern. Intestinal parasites are also a huge problem in Belize, being one of the leading causes of death for children due to dehydration and malnutrition. In fact, 61.2% of children ages 5-12 have intestinal parasites. The United States also has a prevalence of intestinal parasites, but dehydration and malnutrition from infection is not on the top ten causes of death for children (National Center, 2013). HIV is a major public health concern in Belize, it is the third leading

cause of death and 10% of babies born were HIV positive (Center for Global Health, 2013). In the United States, HIV is not even on the list of top ten causes of death and as of 2009, 9.9 per 100,000 babies born were born with HIV, a much lower percentage than 10% of the entire population (Center for Disease, 2014).

Cultural Considerations

Time

The culture of Belizeans is considered “timeless,” watches are not worn, time is not used to make appointments, and time constraints are not recognized (Gulley, 2009). When determining appointments for healthcare for example, descriptors such as around “lunch” or “morning” are used. This is the complete opposite of time culture in the US. This emphasis on the importance of time in this larger nation is called monochronism, where schedules and punctuality are highly regarded in society (Leavitt, 2003). In regards to caring for the Belizean population, to be culturally sensitive is to not become agitated from not being able to hold allotted time for patients. In addition to not being there at a specific time, most health providers in Belize often have no time constraint for each patient since it is often not known if the patient will ever see a physician again or when, so it is important to assess all issues with the patient (Gulley, 2009). For example, if a pediatric patient presented with cold symptoms, you would also assess them for scoliosis, growth curves, and any developmental issues. This is heavily opposite the spectrum than the US, where if a patient presents with cold like symptoms, they are only treated for cold like symptoms.

Vulnerable Populations

Both countries have similar definitions of vulnerable populations; women and children, the poor, and ethnic minorities. Belize is a mixture of multiple ethnicities, 48.7% mestizo, 24.9%

creole, 10.6% maya, and 12% other. Of the percentage of Maya, 76% of the Mayan population are poor (strategic plan). This shows lower socioeconomic status is emphasized in the Mayan population. Huge differences in rates of poverty are also prevalent among ethnic minorities in the US. While the national average of poverty is 14.5%, 27% of American Indian and Alaskan Natives are poor, 25.8% Black/African American, and 23.2% for Hispanics, much higher than the national average.

Prenatal care is extremely lacking in Belize. Only 14% of women sought prenatal care in their first trimester, with 85% accessing prenatal care at some point during the entire pregnancy. 20% of pregnant women are anemic, and only 62% of women took prenatal vitamins before or during their pregnancy (National Strategic Plan, 2009-2011). The infant mortality rate is 17 per 1000 live births with most often causes being slow fetal growth, and fetal malnutrition. Comparing this to the United States, as of 2011 73.7% of women began receiving prenatal care in the first trimester (Maternal Child Health Bureau, 2013).

Routines

Maya women have routines “deeply imbedded in their culture and play a critical role in the formation of self-identity” (Ekelman, Bazyk & Bello-Haas, 2003, p. 130). These routines are centralized around the river, washing clothes and dishes, getting water. Maya women use this time to teach their daughters basic household tasks in order to be a successful wife (Ekelman, Bazyk & Bello-Haas, 2003). This must be considered when assessing care for families because parasites are often contracted from drinking river water.

Natural Remedies`

Regarding Western medicine versus natural remedies, individuals in Belize prefer to seek Western medicine for broken bones or stitches, but prefer homeopathic herbal remedies for

fever, headache, or stomachache (Ekelman, Bazyk & Bello-Haas, 20032). Many families also use herbs for parasite management, so when assessing for parasites usage of home remedies must also be assessed.

Conclusion

Through the exploration of two health systems of polar opposites in size and construction, not only do the differences emerge but also surprising similarities. Belize gives free health care to all its citizens who as a result use more public health care than private expenditures. On the other hand, the United States government does not offer national health insurance or free health care with the main sources of health insurance being from private companies. A vital aspect of both systems, health technology in the form of electronic health records is nationally used in each country with similar improvements in care as a result. These two countries also share the shift from communicable to non-communicable diseases as the leading causes of death and illness and high rates of diabetes mellitus, hypertension, and obesity. Infectious diseases that occur in each country have major differences affecting leading causes of death, especially for children. In addition to all these comparisons within the public health system, when caring for these differing populations cultural sensitivity must also be considered. A nurse must consider the different time culture, the vulnerability of ethnic minorities and pregnant women and children, and natural remedies used in each country. Through this public health knowledge, a nurse can be more informed on the health needs of both United States citizens and Belizeans in addition to special cultural considerations for each population.

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