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**COMPARATIVE ANALYSIS OF WOMEN'S HEALTHCARE ON A
GLOBAL SCALE**

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A thesis submitted to the University Honors Program

in partial fulfillment of the requirements for the

Honors Certificate with Thesis

Approved by

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Biographical Note

Lana Sawar is an undergraduate student who is majoring in microbiology and minoring in chemistry at Southern Illinois University Carbondale (SIUC). At SIUC she has received the Dean's Scholarship, Outstanding Leadership and Service Award, and two microbiology departmental scholarships. Lana has also been awarded a REACH grant to support a research project of her choice during her fourth year at SIUC. She is a member of both the University Honors Program and Phi Kappa Phi. Lana plans to attend medical school to become a primary care physician.

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Abstract

The purpose of this research paper is to compare the three health care systems of the following highly advanced industrialized countries: The United States of America, Canada, and Germany. The first segment of the research paper will focus on the description of health care systems in the above-mentioned countries, while the second part will analyze, evaluate, and compare the three systems on their initiative to address global health issues as they pertain to women. Lastly, an overview of proposed future reforms for the U.S. will be provided. I will start by providing a general description of global health.

Introduction

The goal of global health is to improve the health of all people across the globe by enhancing awareness of common vulnerabilities and eliminating avoidable diseases (Hoffman et al., 2018). It calls to attention health issues, the determinants of health, and finding solutions to these health problems through partnerships. There are ten pressing global health challenges that are acknowledged by the World Health Organization (WHO). Several of these urgent health challenges address the following: “making healthcare fairer, protecting people from dangerous products, and expanding access to medicines” (Ghebreyesus, 2020). Making healthcare fairer and protecting people from dangerous products encompasses premature deaths and maternal mortality. My goal of this research paper is to analyze and compare how certain countries address these global health challenges. I will also analyze healthcare systems of fully developed nations like the U.S. Both Canada and Germany were used in this study because they are fully developed nations and have drastically different healthcare systems than the U.S. Additionally,

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both countries have a sufficient amount of primary literature regarding their healthcare systems that is accessible to the general public.

It is important to note that there are several scholarly articles that analyze and compare the healthcare systems of the U.S., Canada, and Germany. The focus of my research will be on how preventative care measures set in place by Canada and Germany can be incorporated into the U.S.'s healthcare system to ultimately benefit the health outcomes of women.

United States Healthcare System

The United States does not fall under one overarching system of health insurance. Rather it is composed of a combination of public and private insurers within state and federal policies. Health insurance can be acquired through the private marketplace or supplied by the federal government. The most prevalent form of coverage is through private insurance, which is mainly sponsored by employers. As of 2018, around 55 percent of the country's total population received health insurance from their employer. In 2018, 8.5 percent of people residing in the U.S. did not have health insurance at any point during the year (Tikkanen et al., 2020).

An individually purchased insurance plan allows one to choose the insurance company, plan, and the options that accommodates one's needs. Because this plan is not linked to one's occupation, an individual can change jobs without losing health coverage. Under this conventional health insurance plan, one can be eligible for a government incentive to assist in insurance payments. In contrast, employer-sponsored health insurance is a health policy chosen by one's employer and extended to qualifying employees and their dependents. Oftentimes an individual's employer covers a portion of the cost of premiums with the participating individual (Tikkanen et al., 2020).

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Public health insurance is another healthcare plan for those residing in the U.S. The two main types of public health insurance are Medicare and Medicaid. The composition of federal mandatory spending for the 2019 fiscal year for Medicare and Medicaid was 23.5% and 15.0% respectively (“The Budget and Economic Outlook,” 2020). Those eligible for coverage under the Medicare program include adults who are 65 and over, certain younger children with disabilities, and low-income people. Medicaid provides health coverage for certain low-income people, families, pregnant women, elderly, and those with disabilities (Tikkanen et al., 2020).

Canada Healthcare System

Canada has a universal health system that is publicly funded mainly through taxes from the country's 10 provinces and 3 territories. Each province and territory have their own insurance plan, each “receiving financial compensation from the federal government on a per-capita basis” (Tikkanen et al., 2020). The only criterion for applying to public health insurance is that one must be a Canadian citizen or long-term resident. Those that are under this healthcare plan receive a governmental health card from your designated province or territory that is used to receive medical services. Those that do not have a health card can still receive emergency medical services without a health card (Tikkanen et al., 2020).

Private insurance plans are legal in six of the ten provinces. In three of these provinces, physicians that have opted out of the public plan can charge patients fees as high as they want for their services. Physicians in the other three remaining provinces are restricted from charging fees more than what is typically paid under a public plan. The other four do not have an established private sector because it is prohibited by public plans to prevent healthcare providers from drastically overcharging public sector incomes with private expenses (Flood et al., 2001).

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Germany Healthcare System

Germany requires all people residing in their country to have health insurance. Health insurance is supplied by two different subsystems: statutory health insurance (SHI) and private health insurance (PHI). SHI consists of private, not-for-profit insurance plans called sickness funds. The fund has a baseline rate for all members and is “paid for with joint employer-employee contribution” (Ridic et al., 2012). Both the employer and employee evenly divide up the expenses. Those that are not employed or are self-employed workers do not receive these same benefits and must pay the full contribution themselves. Those earning less than \$70,500 are covered under one of SHI's sickness funds. Those that earn more than this limit can choose PHI as an alternative plan. About 74% of the population is mandated to join one of the sickness funds. An additional 14% of civilians voluntarily apply for SHI even though they earn more than the income limit. The resulting 10% are covered by PHI and 2% by police officers and student insurance, and public assistance. Based on the income of an individual is how health insurance premiums are determined (Ridic et al., 2012).

Consumer Satisfaction

Of the populations of the three countries, the Canadians have reported to be most satisfied when it comes to healthcare. This is due to multiple reasons. One being that the healthcare system in Canada offers national health insurance covered by taxes for all citizens and permanent residents. Additionally, there is still the option to acquire health services from private practices and there are governmentally mandated budgets and fees for healthcare providers. In a study aimed to examine what the changes need to improve health care systems in Canada, Germany, and the U.S., about 56% of responders in Canada concluded that the healthcare system requires minor changes and 5% believed the system requires total rebuilding (Ridic et al., 2012).

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The results of this study conducted by the Organization for Economic Cooperation and Development (OECD) suggest that the overall satisfaction reported by those residing in the U.S. are least satisfied with their healthcare system compared to Canada and Germany. 10% of those who participated in the study reported that the system can be improved with minor changes, and 60% believed that the system needs fundamental alterations. Furthermore, 29% of the respondents concluded that the system needs complete remodeling. This great dissatisfaction could be due to the financial insecurity by insufficient insurance protection and high services fees. The last conclusion to be made from this study is that a socialized medicine plan does not automatically equate to high levels of consumer satisfaction. For example, 48% of the Germans who participated in this study noted that their healthcare system requires either a fundamental change or total rebuilding for the system to improve (Ridic et al., 2012).

The data from this study proposes that both healthcare systems of Canada and Germany seem to be more effective than that of the U.S.'s in multiple aspects. Such aspects include the following: lower insurance and service costs, no financial barriers, and much greater health status. It is vital to note that these comparisons being made does not directly imply that the U.S. should take up the Canadian or German healthcare model. Rather, there are several aspects of their systems that focus on preventative care to better the health outcomes of their populations, specifically women (Ridic et al., 2012).

Preventative Care

Preventative care is defined as the initiatives taken to prevent diseases and disability. Diseases and disability arise due to multiple factors such as genetic predispositions, lifestyle habits, and environmental factors. When evaluating the benefits of preventative care, it is generally given in the terms of the reductions of mortality and morbidity. Preventative care also aims to

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maintain the overall general health of the individual by involving frequent check-ups, periodic health screenings, and everyday healthy habits. This research will present preventative care initiatives put into place by both Canada and Germany that are used to mitigate the global issues mentioned at the beginning that the U.S. can learn from (Salkeld, 1998).

Premature Death

The low socioeconomic status and childbearing responsibilities of women makes them more vulnerable to adverse health outcomes such as premature death. Premature death is defined as death that takes place before the average death for a specific population. This health problem and others can be mitigated through extensive, cost-efficient preventative health interventions. To attain the most health achievement in a cost-effective way, investment programs should direct more attention to health interventions for women, specifically during their child-bearing years.

In the United States, the average age of death is 75 for both genders. Death occurring before this age in women is considered premature. The leading causes of premature death for women are the following: unintentional injuries, cancer, and heart disease. Several of the most prevalent types of unintentional injuries in the U.S. include the following: motor vehicle accidents, suffocation, drowning and falls (*Leading Causes of Death*, <https://www.cdc.gov/women/lcod/2017/all-races-origins/index.htm>).

Motor Vehicle Accidents

According to the Center for Disease Control and Prevention (CDC), motor vehicle-related trauma is the primary cause of the unintentional injuries, leading to the highest number of deaths among those of ages 5-34 in the U.S. According to traffic data collected by the National Highway Traffic Safety Administration and the Federal Highway Administration (FHWA) over

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the past couple of decades, female drivers are underrepresented in motor vehicle crashes. For example, adult occupant safety systems such as seatbelts and airbags have been constructed to tailor the occupant characteristics of a typical male (Barry, 2021)

New developments in vehicle safety technology in the U.S. have led to remarkable results in minimizing injuries and fatalities among those in automobile accidents. For example, devices used to hold back occupants, like the 3-point seat belt system, are about 42% to 45% effective at blocking fatal injuries and about 65% effective in serious injuries from occurring. The overall effectiveness of other restraint devices in affiliation with seat belts might decrease the risk of causality by about 68%. Nonetheless, it is proclaimed that this overall effectiveness in these vehicle safety devices is biased against female occupants as they are more likely to be injured in any general car accident than male in an accident of a comparable severity. To decrease this sex-specific disparity that is observed on a global scale, advancements in vehicle occupant safety systems must take place. To substantially lower the health burden of women due to motor vehicle crashes, Germany has redesigned the way they conduct crash safety tests (Bose et al., 2011).

All the stages in automotive safety tests rely on the man-made dummies used. Most of the dummies utilized in automotive crash tests by government and insurance industries represent all the characteristics of an adult male. A new set of dummies called Test device for Human Occupant Restraint (THOR) is currently in development and is set to be used in European crash tests as soon as 2020. This female form of the THOR dummy has been constructed to resemble the structure and material properties of the average female body (McDonald et al., 2003).

Although this prototype is still in development, Germany and other parts of Europe have worked

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to further develop computer models that depict a more extensive array of vehicle occupants, such as average females (Linder et al., 2019).

Maternal Mortality

Maternal mortality is defined as death of the mother while pregnant or within 42 days of the completion of pregnancy. Death could be due to insufficient prenatal care of the mother or complications during the actual birth of the child. Based on the WHO, the maternal mortality percentages for a country are recorded as a ratio per 100,000 live births. In most cases, maternal deaths are preventable. Over the past couple of years, the U.S. has seen an upward trend in the cases of maternal deaths. Other developed countries such as Canada and Germany have had great progress in preventing maternal deaths and offer possible lessons for the U.S (Tikkanen et al., 2020).

As of 2018, the maternal mortality rate for the U.S was 17.4. This places the U.S. last overall in comparison to all other industrialized countries. In both Germany and Canada, midwives exceed the number of ob-gyns by several fold, and primary care physicians play a dominant part in the health system. Although a large proportion of maternal deaths take place after birth, the U.S is still the only country to not fully ensure availability to provider home visits or even paid parental leave post-birth (Tikkanen et al., 2020).

As of Canada and Germany, the maternal mortality rates were 8.6 and 3.2 respectively in 2017. The rates in these two countries are relatively low due to multiple factors. First, there is a sufficient number of available midwives in comparison to the U.S. Midwives in these countries play a key role as healthcare providers by providing a large variety of services including assistance with childbirth and managing normal pregnancy. They also prioritize a more natural reproduction process and relationship-building. Based on research done by the WHO,

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midwifery-led care for women have been proven to reduce maternal mortality. Specifically, there has been more productive use of health care system supplies, including a decrease in the use of highly risky interventions such as C-sections. Furthermore, there has been a decrease in maternal mortality and morbidity and a reduction in stillbirths. Maternal care after delivery also contributes to maternal mortality rates (Tikkanen et al., 2020).

In the U.S, access to home visits by a healthcare worker after delivery varies greatly and is partially dependent on the time of insurance you have. In contrast to other countries such as Canada and Germany, these types of home visits are guaranteed by national insurance plans. Specifically in Canada, you will be contacted or visited within 24-48 hours after returning home by a public health nurse. In Germany, you can request daily visits until 10 days after returning home with an additional 16 visits as needed up to 8 weeks postpartum by a midwife. The purpose of postpartum care is to keep in check the physical and emotional recovery of both the mother and baby. It has been proven that postpartum home visits by health care workers improves the overall mental health and breastfeeding results. Several U.S states allow at least one visit within one week postpartum under Medicaid (Tikkanen et al., 2020).

Conclusion

The implementation of preventative healthcare measures in the U.S. healthcare system would be highly efficient towards eliminating preventable health complications in women. Through research of how other developed countries tailor their healthcare services to females well, the U.S. can implement such services in their healthcare model. When it comes to products used both by men and women, proper funding and time used for testing such products for women should be allocated to prevent serious health complications. Regarding tackling this issue of

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unintentional injuries when it comes to motor vehicle accidents, it is imperative that motor vehicle safety systems in the U.S. accommodate equal injury protection to both sexes.

It is not a surprise that those residing in the U.S. are not satisfied with their health care system. This great dissatisfaction could be due to the financial insecurity by insufficient insurance protection and high services fees. Additionally, when it comes to health circumstances that only women go through such as childbirth, more training and hiring of health care providers involved in childbirth need to be in place. Insurance plans should offer more protection to women when it comes to the childbirth process.

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