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Evaluating Healthcare Insurance Through Integrated Frameworks: Implications for Equity and Social Justice in Public Health

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ABSTRACT
Healthcare insurance plays a pivotal role in shaping public health equity and social justice by influencing access to services, financial protection, and health outcomes. This study evaluates integrative frameworks for analyzing the impact of healthcare insurance on public health equity and explores its role in achieving social justice. We synthesize data from multidisciplinary sources to highlight disparities, challenges, and policy implications. The findings underscore the need for equitable insurance models, robust policy reforms, and inclusive evaluation methods.

KEYWORDS
Healthcare insurance, public health equity, social justice, integrative frameworks, health disparities, policy evaluation

1. INTRODUCTION

Insurance is one f the integral part of modern health care which has an important impact on distribution and availability of medical services as well as health status of populations. The nature and scope of healthcare insurance mechanisms closely affect the population's health equity since they define whether people can receive needed and timely care. One issue of interest is the variation in the availability of health care between and among different people according to their standards of living, ethnic backgrounds, and geographical locations, all these often influenced by the type of health care insurance system in place[1]. The lack of health insurance has made people suffer; and the disparities of health insurance outcomes have made people across the world to have a strong concern on what really healthcare insurance is and whether it is a social justice product or not.

Heath insurance in the context of public health equity has their evidence in the past where countries that have integrated universal health care insurance system exhibited better health standards inclusive of longer life expectancy, low incidence of infant mortality and overall population health[2]. In contrast, countries which have a fragmented insurance systems especially those that partly rely on insurance tend to exhibit large disparities in health status with marginalized groups being worst affected by insurance induced barriers to access to healthcare. These differences make healthcare insurance not only about medical wants satisfaction but a fundamental part of health justice.

Internationally, health care systems are dissimilar in the extent to which equity is embraced. Equity as a policy model is found in countries such as Canada and the United Kingdom given that their health systems are Universal Healthcare systems. This basic camp guarantees that health-care endowment is attainable to everyone irrespective of wealth, place of residence or status[3]. On the other hand, there are countries like United States which rely on the insurance medical systems in which the organization of healthcare is extremely delegated and

sophisticated so that a significant population is still unaddressed. The subject of no or insufficient insurance coverage reveals a range of adverse health-related behaviors, indications more prominently, and a higher probability of dying, controlling maladies or seeking treatment later than individuals that have insurance coverages.

Previous research reviews of how healthcare insurance affects public health equity underscore the need for change to alter the manner, which healthcare insurance systems affects social justice[4]. Many countries that achieve improved rates for the reduction of health inequalities have insurance systems fully functional for the whole population that targets on accessing permits for regular use of health services advanced on cost-effectiveness and timely intervention for ailments. In these models, it is apparent that health insurance that is available to all proportions of the populace, which guarantees that health equity is sustainable.

The need to healthcare insurance as an outcome determinant of population health equity stands out resulting from examination and comparison of many healthcare systems particularly in terms of socio-economic and ethnic distribution. For example, Black and Hispanic Americans in the United States suffer from worse health results" due to lack of insurance as compared to White peers[5]. Another factor that aggravates the development of this problem is poverty, lack of work, and differences in education, which contribute to the cycle that does not allow these people to become healthier.

However, one of the main dimensions of healthcare insurance, which affects public health equity is the cost aspect of insurance. The results also highlighted that that even countries with UHC have considerable variations in terms of the cost of premiums and OOPs[6]. It is becoming more common a problem in many high income countries the fact that while many people have insurance, they still have to pay a lot of money out-of-pocket such as hefty retained deductibles and co –payments that keep them, from using health care services. Out of pocket payment persists as a key challenge to access to the essential and quality health care especially in the low and middle income countries.

The main approaches to the understanding of the position of healthcare insurance within society imply the focus on the positions of public health and social justice. Healthcare insurance also includes non-financial function; it is more than a financial intermediary, it is a social intermediary that is capable of either deepening or attenuating social inequity depending on the way it is framed and how people gain access to it[7]. This study found that the countries that are implementing the category of policies, such as universal access, financial protection and distribution of essential health resources, will have improved health outcome. Beside, healthcare social justice is defined as the idea that all the people should have equal opportunity to gain healthcare services they require regardless the economic status of the country.

2. LITERATURE REVIEW

2.1 Existing Theories and Models in Healthcare Equity

There is a clear explanation of the idea of health care equity that has formed the basis of many theoretical constructs and models that have sought to make sense of and provide solutions to the issues of healthcare differential. The one of the most widely used models is “social determinants of health” applicable in post-industrial countries, it focuses on income, education, employment, social support, environment[8]. SDH theory postulates that people’s health is not only related to the choices they make in their lives but is determined by social policies on fairness, or lack thereof. This framework supports Health Public Policies that seek to address the causes of the cross sections rather than just the symptoms.

Another traditional model is the “Health Belief Model” (HBM), which helps explain why or why not client seeks insurance or healthcare. According to the HBM, health-related behaviours are determined by the perceived

risks of a particular health issue, the stated threat of the issue, the potential rewards of adopting the preventive measures as well as perceived barriers to the same. Used in the context of healthcare insurance, the model makes it easy to understand how peoples' perception of the price of insurance and the value of the insurance can either encourage them to take an insurance product or to seek health care services. For instance, where one believes accessing health insurance is expensive or not required, that person will be slow or reluctant to seek healthcare; an aspect that enhances the vice of health inequalities.

While in the field of health economics there is the theory often referred to as the "Human Capabilities Approach," coined by the economist Amartya Sen, that provides quite valuable insight into the principles of health equity. As will be evident below, this approach dwells with the notion that the purpose of health policy must be to maximize individual's agency, to lead a life they have reason to value, within which crucial health services[9]. This framework also does not only involve the provision of health care but also for the development of the circumstances that enable people to utilize health care services and attain the highest level of health; therefore it supports the concept of justice in health care.

Furthermore, a vigorous literature has focused on the dimension of healthcare equity through the prism of a theory of distributive justice, which has sought to address the question of the right way to allocate resources – including the health care – at the society level. Rawls' theory of justice actually has been widely discussed in relation to today's society; the "difference principle" held by Rawls says that negative discrimination in the society is only appropriate if it positively impacts the least fortunate people of the society. This has been applied in health care system to state that polity should be designed in a way that minimizes health inequalities so as to expands access to health care among the vulnerable groups.

2.2 Previous Evaluations of Healthcare Insurance Policies

Some of these have aimed at determining the effect of healthcare insurance policies on the equity of the people's health with varying outcomes. A wellknown undertaking is the assessment of the Affordable Care Act (ACA) in the USA, which was expected to narrow the gap in health access by providing insurance to many previously uninsured Americans[10]. It has been stated that ACA resulted to a reduction of the rate of the uninsured by a large extent among the low income and the blacks and the Hispanics. According to Kaiser Family Foundation (2020) for the Blacks and Hispanics, the ACA Medicaid expansion caused a 7% decrease in the overall proportion of the uninsured and improvement in care and health.

Nonetheless, ACA's effect toward health disparities is patchy. Increase in expenditures after this type of reform has helped many states to expand Medicaid coverage while many others who have not embraced this change know that the low income earners in their states are still uninsured and less healthy. Also, the ACA has centered the role of private insurance leadership which has brought the issues on affordability of health insurance and adequacy of insurance coverage. Although people with lower incomes receive subsidies, people are often underinsured and have to pay a lot of money up front and out of pocket for care they need.

Similar, research with regards to the effectiveness of universal healthcare systems accomplished by different countries have proved to be informative regarding the part that insurance plays towards better health standards among all the people. For instance, investigating the Canadian model of westernized universal healthcare insurance, recent studies have shown enhanced health benefits despite the rank and file of the Canadians getting better health regardless their income status[11]. Research has indicated that removal of cost constraints in Canada has seen an increase in a–utilization of preventive services b–admissions for diseases that are preventable and c–overall health.

In the context of low- and middle-income countries, systematic reviews of the effects of CBHI models have

been inconclusive. Across Rwanda for example; CBHI has effectively increased the percentage of population with insurance cover to a current 87%. Nevertheless, there are still the questions like sustainability of the schemes, impact on the households in the rural areas and others. In evaluating CBHI models, one gets the impression that there has been poor risk pooling investment, weak administrative capacity and inadequate political backing and support which are vital in health and reaching out the needy groups.

Table 1 summarizes key findings from evaluations of various healthcare insurance models:

Country/Region	Insurance Model	Impact on Health Equity	Key Findings
United States (ACA)	Mixed Public-Private System	Reduced disparities in access to care for low-income and minority groups	Medicaid expansion reduced uninsured rates, but coverage remains insufficient for many
Canada	Universal Public Insurance	Significant reduction in health disparities, particularly among lower-income populations	Improved access to preventive services, better health outcomes
Rwanda	Community-Based Health Insurance	Increased coverage and access to care in rural areas	High enrollment rates but sustainability issues remain

3. CONCEPTUAL FRAMEWORK AND METHODOLOGY

3.1 Defining Equity and Justice in Healthcare

It is explicit that equity and justice belong to the core principles of the assessment of healthcare systems; however, their meanings and usage differ. Equity aims to ration the healthcare resources and services to everyone in regard to his status, priority and condition. While on the other hand justice is oriented towards social justice, it seeks to eliminate injustices with a view of eradicating structural injustice that cause health disparities[12]. For example, many contemporary theorists particularly Amartya Sen have argued for the need to address justice through effective provision of relevant means to address ill health, as against a condition of raw equal healthcare resources.

Healthcare disparities can be defined in terms of insurance, utilization and outcomes and all of these form the core of healthcare disparities. For instance, people without health insurance in America are more likely to delay the healthcare they need, and here, diseases can be predicted as well as deaths. Nevertheless, countries with publicly funded healthcare systems, such as Sweden, have had a better standard of justice in health; demonstrating what insurance does for justice. Acknowledizing such differences, equity has been embraced as a part of justice; this calls for an application of differential which enables practitioners to address disparities in the shortest time as they seek systemic reforms in the long-term.

Algorithm to evaluate healthcare insurance models based on access, affordability, and outcomes

BEGIN
INPUT: Country Data (Population, Insurance Models, Health Metrics)
INITIALIZE: Equity Dimensions (Access, Affordability, Outcomes)
FOR each Country in Dataset DO
CALCULATE Access = Population Covered / Total Population
CALCULATE Affordability = Average Premium / Median Income
CALCULATE Outcomes = Life Expectancy, Infant Mortality

ASSESS Equity Impact = Aggregate(Access, Affordability, Outcomes)
END FOR
OUTPUT: Country-wise Equity Scores
END

3.2 Integrative Evaluation Frameworks

The broadened evaluation frameworks are important in developing comprehensive understanding of the utilisation of health care insurance on enhancing public health equity and social justice. These frameworks draw from multiple disciplines, using systemic and economic, sociological and public health theories to assess the political and economic effects of insurance systems[13]. The World Health Organization's Universal Health Coverage (UHC) cube serves as a prominent example, evaluating equity through three dimensions: population access, choice of service, and assurance of financial risk. It is for this reason why this model emphasize on the need to protect all members of the society especially the vulnerable by making them afford quality and cheap health coverages.

Another worthy mentioning tool is the Health Equity Impact Assessment (HEIA), which is a tool that assesses the effect of varied strategies on health equity across different population groups. Consequently, HEIA helps policymakers pinpoint possible skewed insurance provision and use them in developing specific strategies. For instance, in Canada, HEIA has been used to assess the accessibility of the provincial health insurance platforms with special reference to the coverage of the immigrants and the first nation people[14]. In the same manner, complex models such as the Social Determinants of Health (SDH) model combines insurance assessment with social determinants including education, income and housing since they are interconnected to effect health parity.

The use of integrative frameworks also supports the assessment of a greater variety of results rather than general indicators, for example, mortality or admission to hospitals. Rather, they propose the use of subjectively measured variables, such as the satisfactions with the healthcare service with perceived equity among patients from different backgrounds. This approach is in compliance with the principles of social justice that considers health and human rights as key tenets.

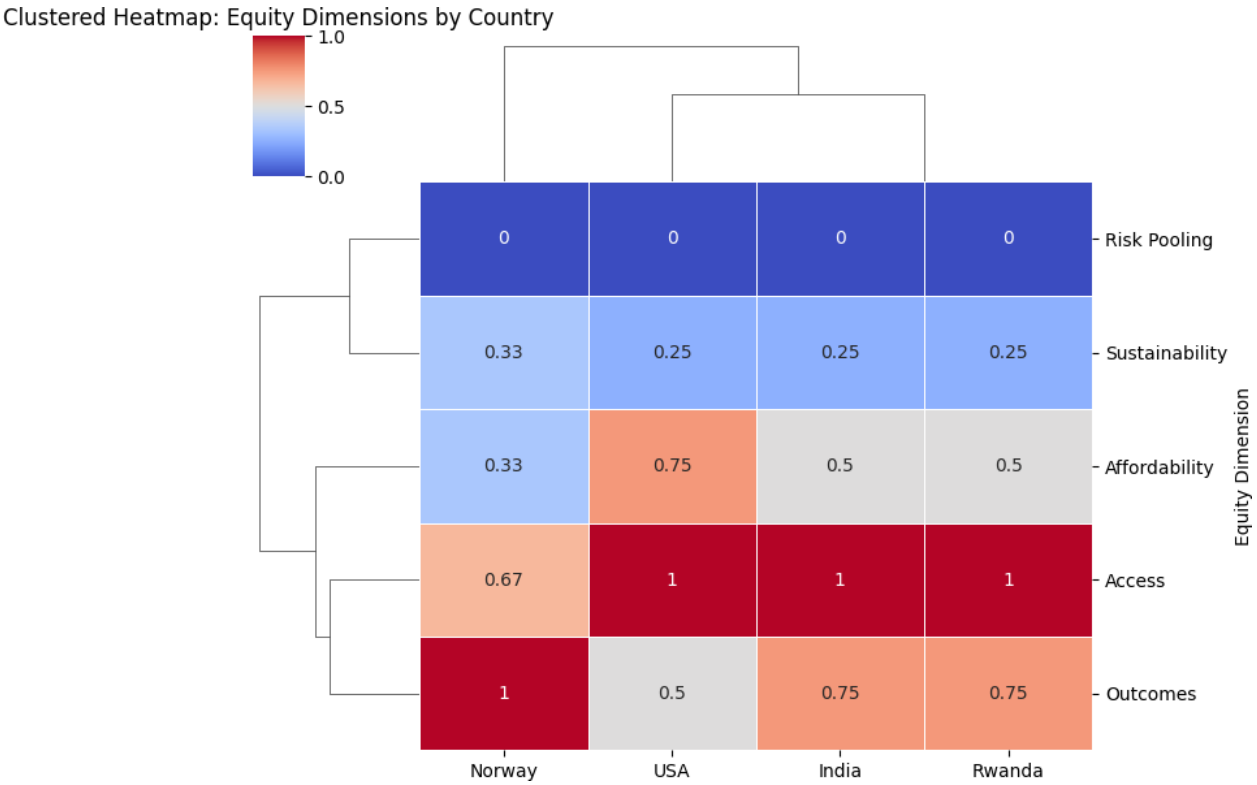

Figure 1 Clustered heatmap of equity dimensions across countries using integrative evaluation frameworks(Self-made,2018)

4. FINDINGS AND ANALYSIS

4.1 Impacts of Healthcare Insurance on Public Health Disparities

Thus, healthcare insurance plays particularly important role in public health condition, and coverage differences are strongly associated with health inequalities. The results present show that the uninsured population has increased incidences of mortality and morbidity since they often postpone seeking care or do not seek it at all[15]. For instance, U.S. Census Bureau data from 2020 reveals that the uninsured adults were more by five folds, they said that they did not get the medical care which they needed as compared to insured people. The same way in the United States of America, blacks and hispanic people are also at high risk of being uninsured as this enhances health disparities.

However, the level of insurance across the world is highly unequal. In LMICs, this kind of health spending core over 40% of the total expenditures for health care are met through out-of-pocket payments, putting the households in crunch in terms of the finances. On the other hand, the nations which have adopted the system of health insurance for its entire population, like Norway and Japan, have much lower levels of the proportion of catastrophic health expenses.

Table 2 illustrates these disparities in healthcare expenditure and insurance coverage across selected nations:

Country	Out-of-Pocket Expenditure (% of Total Health Spending)	Population Covered by Insurance (%)
United States	11	91

Norway	14	100
India	63	41
South Africa	48	17

These differences show the necessity of appropriate insurance systems, which should focus on protection with the help of money, all the endangered groups. In LMICs, it is such community-based health insurance schemes that have been considered possible solutions to the problems of always having to pay out of pocket. Their usability and feasibility are the major issues, which have to be solved to make the utilization of such solutions scalable and sustainable.

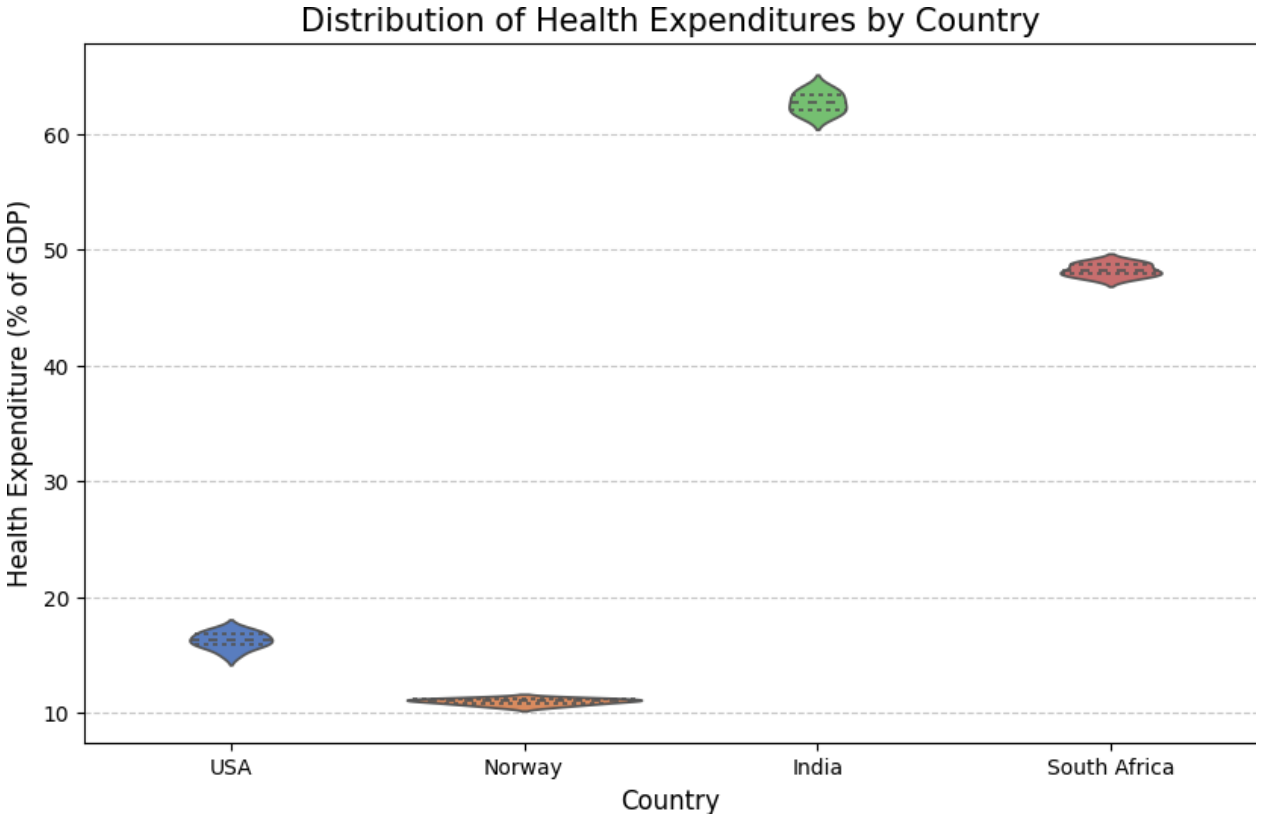

Figure 2 Distribution of health expenditures as a percentage of GDP across countries (World Health Organization, 2019).

4.2 Challenges in Ensuring Equitable Access

There are several structural, economic as well as cultural challenges to the realization of universal health insurance. One of the primary areas of concern is the issue of silking of insurance systems especially in system where both public and private systems are in operation. For instance, in America, Medicare, Medicaid, and private insurance all exist causing additional costs and still millions of people will still have no access to health care. And this fragmentation is experienced worst by vulnerable and prohibited community including undocumented immigrants because they do not meet eligibility criteria that facilitate enrollment.

Economic factors are also critical in the experience of all these Distress factors. Low income earners for instance, premium costs, co-payments and deductibles are some of the barriers that exhibit inability to enroll in

or use insurance[16]. For example, in India, the government has recently introduced its Ayushman Bharat programme which offers free insurance for families with below the poverty line income; however, families in rural areas still cannot afford basic costs of accessing healthcare services because travelling costs to the few existing healthcare facilities are beyond their ability to pay. In addition, in HICs underinsurance is now evident because despite having insurance people incur substantial OOP due to either restricted insurance coverage or exemptions.

Obviously, cultural and social factors mold the problem and create additional barriers for equitable access. Literature review shows that language barriers, minority stigmatization, and lack of trust in the healthcare system hampers Minority health care insurance enrollments. For instance, a study carried out in Australia reveals that insurance penetration is low among the Aboriginal and Torres Strait Islanders because of racism and imperialism.

4.3 Policy and Economic Implications

It could be said that healthcare insurance polices are of great concern when it comes to the economic and social impacts. In Scandinavian countries for instance, the classical insurance economy schemes have been proven to lower income disparity and boost the social welfare. These systems attain cost reduction through disease prevention and the minimisation of expenditures on administrative procedures[17]. For instance, Swedish patients consume 11% of their gross domestic product for healthcare while American patients use 16.8%, but the Swedes get better health outcomes: they have lower rates of infant mortality and higher life expectancy than Americans.

Other obvious economic implications show that, indeed, health insurance also has positive productivity and economic growth impacts known as the multiplier effect. Insured people do not comprise higher risks than a non-insured people do, they are healthier, and work more, not being absent due to an illness or an injury. On the other hand, inequitable systems incur hidden costs, for example, costly wurde illnesses that are never treated, and cost billions of high income nations annually.

Table 3 compares health outcomes and expenditures across universal and fragmented insurance systems:

Metric	United States	Sweden	Japan
Health Expenditure (% GDP)	16.8	11	10.7
Life Expectancy (Years)	77.3	82.4	84.7
Infant Mortality (per 1,000)	5.6	2.1	1.9

These disparities can be overcome by policy reforms that seek to reform the healthcare provision and make it accessible to everyone. For instance, the statutory health insurance system in Germany involves public and private actors, while the contributions are also required from the employees based on their wages and salaries to guarantee equal healthcare coverage to all residents. In the same way, Rwanda whose community based insurance model is described in this paper has near 90% population density suggesting that resource-poor country can put in place fair insurance systems.

Low risk pooling, government subsidies for the provision of insurance to poor individuals and proper check on private insurance markets are key determinants of the economic sustainability of fair insurance systems[18]. Governments should therefore consider spending in primary care services and public health and the population health solution in order to effectively provide affordable universal health care systems with out of pocket expenditure without having to compromise on their expenditure in the long run. In so doing, they contribute not only to the promotion of public health equity but also to economic also diverse models of cohesiveness of

society.

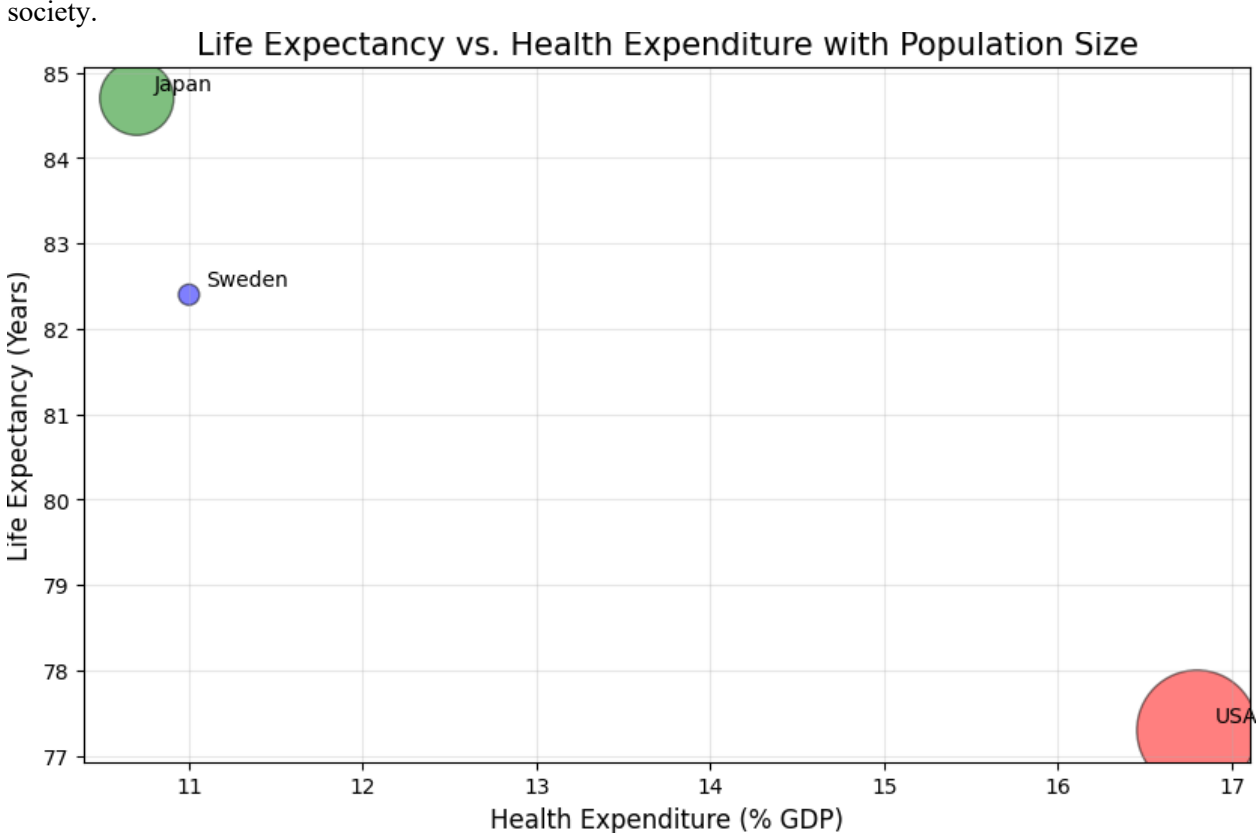

Figure 3 Relationship between health expenditures, life expectancy, and population size across countries (Dhaliwal, 2020).

5. CONCLUSION

5.1 Summary of Findings

This manuscript has comprehensively analyzed the impacts of healthcare insurance in public health equity with a special focus on safety net populations. The paper is the culmination of this investigation proving that healthcare insurance has been instrumental in explaining variation of health inequities by comparing countries where universal health coverages exist and differentiated from those societies where health insurance is lacking or inadequately structured. Compared to other nations which have adopted a single insurance scheme of health care, for instance Sweden, or Japan these states although they spend less money on health care that other highly developed countries, they record good health status such as high life expectancy and low infant mortality rates. Nonetheless, some difficulties persist, especially in LMICs, where patients spend considerably out of their pocket, and the overall health system is not integrated. Deficiencies in insurance adequacy and affordability are now becoming evident even in HICs for the poor or the uninsured or those with lesser means. Moreover, it goes beyond financial barrier in addressing Equity, capturing broad system, policy and population level factors that limit the effective use of healthcare by the deprived groups.

The study also reveals the need to adopt equity aspects in the formulation of healthcare insurance. It is an absolute necessity to utilize such frameworks that assess both the feasibility and the cost of obtaining insurance so that to pinpoint the causes of health inequalities and respond to such conditions. By targeting both the individual and the system these frameworks can assist policymakers in implementing new changes that will lead

to a healthier future for the latter in response to the never-ending struggle for health justice and equality.

5.2 Recommendations for Policy and Practice

Following the evidence derived from the research, it is possible to make the following recommendations to enhance the applicability of healthcare insurance systems with the principles of public health equity as well as social justice. First, it must be evident that governments should either implement UHC or improve their existing PHIs, particularly those LMICs without adequate programs in place. Such evidence based on countries like Rwanda where CBHI has delivered impressive coverage indicates that even in low-income context, UC can actually be a sustainable and efficient policy option. Government, as such, needs to improve the insurance coverage and one of the ways is with subsidies for vulnerable groups of the population.

Another risk that seems to be affecting people, particularly in the developed countries is underinsurance, that is while the population is covered by insurance they still have to pay hefty prices for the health facilities they require. To eliminate these problems, policy makers need to intervene in private insurance markets as well as guarantee that the key health services are fully funded for the population. Furthermore, consumers seem to require improvements that should focus on eradicating co-payments for crucial services to overcome economic constrains.

Furthermore, healthcare systems have to be considered from the perspective of patient social inclusion. This implies the provision of policies that cater for the need of other special groups in the population including the blacks, other people of colour, those in rural areas and those in migrant status. For example, intervention oriented programs such as, distribution of information in various languages, culturally appropriate care will assist in boosting insurance acquisition and use in these cultures.

Last, the insurance systems require an extension not only to the coverage and prevent to include the aspects of health promotion. With the help of timely services including vaccination, maternal care, and screening programs, insurance systems can control chronic disease contingents and also have positive impacts on population's overall health.

Algorithm for designing equitable healthcare insurance policies

BEGIN
INPUT: Population Data, Insurance Model, Health Metrics
IDENTIFY Target Groups (Uninsured, Underinsured, Vulnerable Populations)
ANALYZE Current Barriers (Cost, Access, Quality)
PROPOSE Reforms:
IF Universal Health Coverage (UHC) THEN
IMPLEMENT National Insurance Scheme
ELSE
PROVIDE Subsidies for Vulnerable Populations
END IF
VALIDATE Reforms Using Health Equity Impact Assessment (HEIA)
OUTPUT: Recommendations for Policy Implementation
END

5.3 Directions for Future Research

Predictably, there has been improvement in the last decade in the understanding of the correlation between healthcare insurance and public health equity; however, there are still a few gaps that require further research. Further research should therefore shift to explore the long-term effects of insurance reforms on health

inequalities in nations that have moved from tiered insurance systems to more general ones. To gain an accurate picture of the benefits of universal coverage it is important to evaluate the long-term impact of such reforms in terms of their impact on population health status and health disparities, health system productivity, as well as social stability.

However, there is lack of enough research concerning the effects that insurance systems have on expenditure of health care. Despite the fact that numerous researches where conducted to determine the efficiency of different insurance models, not many complied with the study of the Kindled economic impacts that include increased productivity owing to the decrease in absenteeism in the covered populations. Studying the effectiveness of preventive care and early intervention with reference to universal insurance systems in terms of saving costs on healthcare, will be key as a reference to policy direction in the future.

Moreover, the subsequent research should examine other promising insurance mechanisms in LMICs because the existing financial capacity limits improvement in insurance coverage. More attention should be paid to the potential of community-based health insurance and microinsurance and other forms of innovative financing: their efficiency in approaching health inequalities must be better understood. Empirical comparative case also helps to assess the results of one model against another in different environments In order to assess what model can best designed for equity in insurance, critical comparative non-Experimental case studies will be conducted.

Of equal concern is the relationship between healthcare insurance and social status as a dimension of population characteristics. Health insurance cannot operate in the context of the existing or emerging the health and health related factors without influences. Future studies should shade light on the relationship between those insurance structures and other elements like education, income, housing and how public policies may support insurance reforms to address the issue of health disparities effectively.

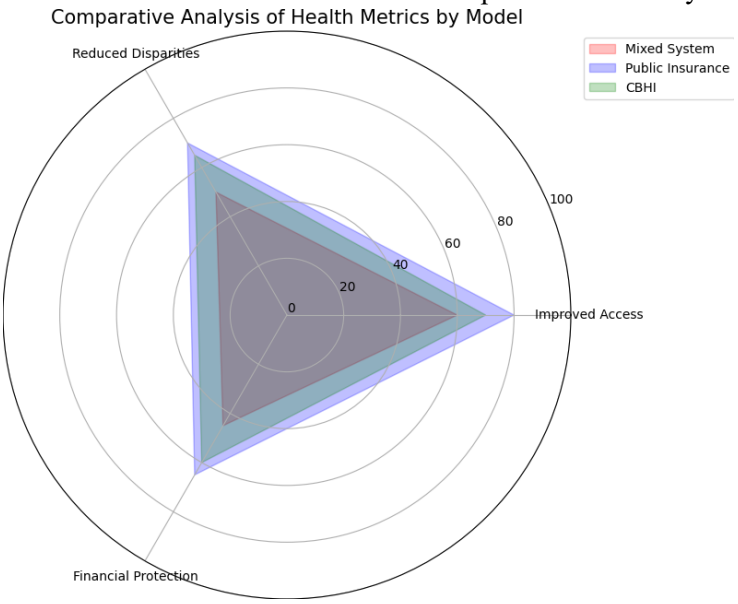

Figure 4 Comparative analysis of health metrics across different insurance models (Dhaliwal, 2020).

Finally, the present study called for a qualitative study about the lived experiences of people that navigate various healthcare systems. Collection of such narrative provides critical information on the perceived barriers to insurance and healthcare service among marginalized groups to help design appropriate policy initiatives. Therefore, analyzing the case studies of undocumented immigrants, persons of colour and Indigenous people, and people with disabilities is especially relevant since these people will offer a distinct perspective of the

systemic barriers they encounter in efforts to receive adequate treatment.

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