Theories and Concepts of Healthcare Public Administration

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**Introduction**

Public administration can plainly be identified as the governmental implementation of theories and policies that govern the public interest in political affairs. Specifically, public administration takes the path of organizing, planning, coordinating, controlling, and directing governmental operations with the employment of strategic policies to ensure that the interest of the public (citizenry) is met accordingly to the constitution of a country. Public administration then applies to the various links that link the welfare of the general and compact public to the multiple projects, operations, and motif of governmental activities.

The proposed health plan is foreseen by the United States Department of Health and Human Services to gather the appropriate health officers to oversee the assemblage of this extracurricular and its implementation within the already existing primary school curriculum. Specifically, the United States Public Health Service is the best fit to ensure the successful development and implementation of this plan that is necessary to limit the prevalence of preventable diseases, among other health concerns in the society comprising of the general American citizenry.

It is necessary to facilitate the knowledge of children on the various health issues and parameters that linger within their environment. This includes how they can prevent these health detriments from affecting them, as well as how they can conduct emergency aid in the event of an accident or a repetitive health detriment such as fainting or poisonous bites from spiders and snakes, among other unprecedented attacks. Not that the plan is to make every child into a physician but to allow them the aptitude to understand such situations, avoid them and, to an extent, be responsible enough to act independently in mitigating the effects of these occasions.

Considering the facet of public health care, some various theories and concepts are unique to every nation and each is designed to highlight and designate the need to have better practices that favor the wellbeing of a combined population, as in based on the element of utilitarianism – the highest possible good for the most significant likely majority. Suh is reliant on the fact that the degree of ignorance in people regarding their knowledge or their understanding regarding their health directly determines the inclination and disposition they have regarding their health matters. Therefore, this paper looks to analyze the concept of implementing the proposed learning platform that would streamline the current degree of knowledge in children regarding their health awareness under the perspective of public administration, an alternative strategy to solve the same problem, political interests, as well as other recommendations regarding the proposed management plan.

**Children Health Education Management Plan**

The proposed public health plan was to implement a mandatory hybrid of theoretical and practical education at a specific point of human development and growth spectrum. Specifically, this form of training would meet the need to educate young children joining grade 3 on several health-related issues such as first aid and how to maintain individual wellbeing by observing the external fundamental platforms that facilitate human health such as hygiene, eating habits, first aid, et cetera.

Ultimately, ensuring proper hygiene prevents the high prevalence of diseases such as typhoid and Cholera that have been recorded to contribute to high mortality rates in many countries. The World Health Organization reports the following regarding the spread of Cholera in 2016 alone internationally.

*“In 2016, 132 121 cholera cases and 2420 deaths were reported to WHO worldwide. Outbreaks continued to affect several countries.Overall, 54% of cases were reported from Africa, 13% from Asia, and 32% from Hispaniola. Cholera remains a major public health problem and affects primarily developing world populations with no proper access to adequate water and sanitation resources” (WHO, 2020).*

 Proper eating habits to prevent issues such as obesity and the resultant health conditions such as hypertension, diabetes, among other heart and circulatory conditions that emanate from clogging of blood vessels with fat that increase with poor eating habits. The same goes for first aid learning where people, regardless of their age or social class would serve a better purpose for the society if everyone is in a position to practice first aid in the instance of a need to perform first aid to a person prior being taken to a healthcare facility. Such necessitates the need to borrow on technological innovation as the sole means that currently would offer efficiency when delivering this education to youngsters. For instance, the use of the internet and personal computers would serve this purpose better, given the efficiencies associated with such means of education.

To ensure that this plan is comprehensively implemented in the country, there would be a need for governmental public administration that would streamline the adoption of this plan to ensure that the prospected scope of success is attained. However, the success of this plan is greatly dependent on the social cognitive theory by Bandura. The social cognitive theory highlights the stimulus of personal experiences, peer influence, organized education, as well as an environmental factor that sway the health behaviorism of individuals. Therefore, the social cognitive theory ultimately provides the relevant opportunities for social support via the means of imparting self-efficacy and expectations with the employment of observational learning, among other reinforcements for the achievement of behavioral change in children to grow exposed to the various health elements. Thus, these children would grow with a certain degree of independence in regards to their personal, family, and neighbor health emergencies, as well as having the right aptitudes to facilitate wellbeing.

As influenced by elements such as communication channels and patterns, social systems, time, as well as the education itself. The plan, therefore, relies on the public’s rate of learning and adopting this education to create an enabled public health plateau within the society calls for the governmental interception to ensure that this education is accordingly imparted on all children regardless of their mode of disability or their financial situation, as a mode of public administration.

The scope of this health management program is easy, specifically since its scope is limited to target the third graders in elementary school. Firstly, children are the main highlight of the social cognitive theory since they have a brain, and its function is highly receptive to the various elements in their social environment (Bandura, 2001).

**Alternative Strategies for Rectification**

The issue of children from rural areas and those from low-income families have been identified as the core element that can deter the potential agency of the proposed management plan. Given that it is a mandatory governmental perspective to educate all children on the basics of personal and societal health wellbeing. Also, children beyond the third grade would have missed this opportunity to learn about the fundamentals of societal and interpersonal health. Therefore, the aptitude potential of the proposed healthcare management plan declines since some, if not many of the current third graders in American elementary schools, would miss this opportunity. Therefore, an alternative to the proposed health management program might come in handy to cover the gaps left open by the proposed healthcare management plan.

The main alternative that can fully cover the gaps identified above is getting these classes to be propagated over the mass media rather than in school. Such would ensure that many people, not only for third graders but for all to get the knowledge intended by the proposed healthcare management plan. Referring to (Perebinossoff, Gross& Gross, 2005), the majority of the people in the United States have access to televisions, cable, and radio. Therefore, the alternative to air the lessons via the radio and television sets would be a more appropriate means to communicate the lesson contents to the children while they are in the comfort of their homes.

This alternative is advantageous in the sense that the scope of the plan widens to incorporate all the people who would follow the lesson programs. Such would ensure that every America, regardless of their social status, financial status, age, race, ethnicity, et cetera would have access to the lessons. Nonetheless, this healthcare management plan is attributed to a variety of disadvantages. The first and foremost is that, given the advantage to study the lessons at home, the intended population might slack their oomph to learn, given the comfort of their homes, as well as the interference posed by their family members. Altogether, the advantages of this health management program outweigh the identified disadvantage by far and to some point, might be considered the better option for the healthcare management plan from the flexibility of learning at home, as well as reaching people from the rural areas, as well as children from low-income families.

**Evaluation of the Proposed Management Plan**

The major problem that can impact this proposed health care public administration management plan is the issue of getting these services to children studying in rural areas. Given that this exercise is dependent on technology – technology that requires the employment of personal computers and the internet, some children living in rural areas or those living with impoverished families may act as a hindrance to the success rate of the proposed management plan. According to (Donnermeyer & Hollifield, 2003), the digital divide between urban dwellers and rural dwellers have a wide digital divide. Such would create a glitch in ensuring that the children from the rural areas get similar education like those dwelling in the urbanized area.

The digital divide also affects children from families with low-income breadwinners. (Donnermeyer & Hollifield, 2003) also illustrate such since these children do not afford the appropriate funds to acquire personal computers or the internet. Like the case of rural children, these children, too, might require governmental assistance in getting the right tools to ensure that the proposed plan is to reach them. Such might triple the prospected array of results since not every third-grader would have access to personal computers to learn the newly found extracurricular education regarding their and the society's health spectrum. Such alone is enough to discredit the plan given that the niche results of this plan are to ensure that every American third-grader is enabled on the proposed measures of preventing or serving on medical emergency cases independently if there is no adult to facilitate such.

The proposed plan is set to educate young children on how to prevent themselves and the comprehensive American society on how to avoid future or current health deterioration in the society by observing the fundamentals of health such as eating habits, regular exercising among other facets of human health. Altogether, it is also a proposed result for the American children to have personal experiences on how to mitigate accidental health occurrences such as fainting, drowning, nose bleeding, among other situations that beg for acute knowledge on first aid. According to a pilot study conducted by (Bollig, Myklebust, & Østringen, 2011), some situations may have children as the only person around when an emergency takes place. In this study, comprising of a hybrid of qualitative and quantitative research tended to investigate the advantage of educating kindergarten children between the ages of 4 to 5 years on first aid, the results indicated this age bracket could comprehend and apply the knowledge on first aid. The results of this study are quoted below after the participants completed a first aid course.

*“70% of the children assessed consciousness correctly and knew the correct emergency telephone number; 60% showed a correct assessment of breathing, and 40% of the participants accomplished the other tasks (giving correct emergency call information, knowledge of correct recovery position, correct airway management) correctly. Many of the children showed their capabilities to do so in a first aid scenario, although some participants showed fear of failure in the test scenario”* (Bollig, Myklebust, & Østringen, 2011).

This research was concluded that children in the kindergarten, specifically aged between 4 to five years, can learn the basics of first aid and thus a recommendation to have first aid lessons in kindergarten. Therefore, such lays forth the main idealism of the proposed healthcare management plan from the perspective of public administration in ensuring that all American children in grade 3 ought to have the appropriate means to solve fundamental health situations such as first aid, as well as the means on how they would prevent other chronic diseases that arise from inactive lifestyles and poor eating habits.

The goals of the proposed management plan ideally affect the comprehensive society of the United States and are limited by lack of personal computers for most of the children in rural areas, as well as those from impoverished families. Such has been identified to limit the extent of the goals suggested by the proposed management plan. Altogether, this management plan is styled to incorporate the following benefits to the general public, facilitated by the social cognitive theory regarding the effective reception of children's brains to their immediate environment as attributed by (Bandura 2011). Also, the conclusion given by (Bollig, Myklebust, & Østringen, 2011) suggests that educating children o first aid provides the necessary understanding of children towards their exposure to basic human health.

Compatibility: Since the proposed management plan is designed to fit within the already established school curriculum, it would be easy to affix it to the curriculum given the already arranged assemblage and classification of learners in school. Therefore, implementing this management plan would not require much effort, especially for the United States Health Service, as the governmental body set to facilitate the deployment of this proposed healthcare management plan.

Complexity: According to (Boyne et al., 2005), a person’s mind is situated to learn, adapt, and focus on a new concept of life if its structure is simple. Given that the proposed management plan is abridged to a simple innovative theoretical and practical lessons that are understandable to the artless mind of a child.

Cost: The cost of establishing and implementing the proposed management plan is relatively cheap, given that this management plan is set to enlighten all American children at an early age. Such is set to improve the comprehensive health wellbeing of American citizens given the applicability of the learned content in the society as concluded by (Bollig, Myklebust, & Østringen, 2011).

**Equity and Diversity Considerations of the Proposed Management Plan**

From the perspective of the topic of public administration, equity refers to the impartialness. The proposed management plan is designated to serve the comprehensive citizenry. On the other hand, diversity refers to the imbalance in the governmental public administration dictated by the proposed management plan on the various societies that form the United States of America. As (Williams & Jackson, 2005) iterate, racial disparity has also been identified within the healthcare sector in the United States. For instance, there have been reported and validated cases of racial disparities in the United States. Such has seen many people of color, including the racial minorities in this country.

Nevertheless, this healthcare management plan is free from these diversities since the proposed program is set to benefit all children provided that they are attending school, any school – private or public in the United States. Therefore, this health management program can be identified with equity regarding the already established racial disparities in the United States.

However, when considering the already identified diversity emanating from the digital divide between children from the rural areas to those in urban centers and those from impoverished families, the environment created from these situations then proves a huge diversity regarding the governmental public administration included. Such is because some children from both rural areas and those from low-income families might miss this fundamental and theoretical rite of passage for the third graders. It is important to note at this point that none of the children are excused to get the education beyond their third-grade year. So, missing out on this program for whatever reason would disqualify scholars from this program.

The plan also intends to promote equity within the proposed healthcare management plan by ensuring that disabled children are also covered by the healthcare management plan by providing the necessary measures that facilitate the education of these children as well provided that they attain the criteria of receiving this education. Such would be facilitated by the employment of the normally used means of education and communication by the physically and mentally impaired people such as audio lessons and braille for the blind students. Such eliminates the diversity, or rather, the disparity between the physically or mentally impaired children with those that are both physically and mentally abled children.

**Political Context of the Proposed Healthcare management plan**

The public's interest has always been a matter of political interest for many political parties within the United States of America. Many political figures have moved to such political interests as public health and public administration as major manifestos. For that sake, the proposed healthcare management plan. Therefore, any government, including the current Trump administration, would find favor with the proposed healthcare management plan. With favor springing from all political facets of the United States of America, absolute funding for this educational project that is set to improve the health situation of the United States upon its inception.

One element of support that the proposed healthcare management plan is set to benefit from its political ties is funding. Since this plan is a governmental initiative, the Trump government is liable to fund this federal management plan, first to ensure the awareness of the public regarding the health stressors encompassed within the environment and the means to mitigate basic emergencies regarding public health.

For instance, the Republican Party, currently in power under the leadership of Donald Trump, believes in affording education for all children regardless of their backgrounds under the “no child left behind” policy that looks to educate all American children (Spring, 2010). More, the Republican Party also supports nation-wide health wellbeing for all Americans in the 21st century (Lee, 2008). Such indicates that the Trump administration is more than ready to adopt and fund the proposed healthcare management plan.

Considering the notion of Federalism on the topic, the national government is explicitly responsible for the implementation and management of the proposed healthcare management plan. According to Ogden (2012), the functional and fiscal Federalism has ideally shaped the programs and policies of public health. Federalism has inferences regarding practices of America's public health. Therefore, Federalism shapes disbursement and financing options, which includes the formulas used in funding. Such affect the programs and allocations goals, as well as shaping how funding pronouncements get operationalized within the political context of the United States. Therefore, this healthcare management plan is better off left as a federal affair to reduce the complexity of hoe federalism affects this public health element in the country.

**Recommendations to the Proposed Healthcare Management Plan within the Confines of the Selected Theory**

The proposed public healthcare management plan is reliant on the social cognitive theory coined by Bandura. Therefore, the proposition is greatly identified by how a child’s brain grasp the various environmental stressors such as education in gaining an acute sense of recall. As the major recommendation, it would be better to extend the scope of the plan to cover the children from kindergarten within the plan. Bollig, Myklebust, & Østringen (2011) informs that it is recommendable for children in kindergarten and in specific, between the ages of 4 to 5 since their brain capacity is developed enough to comprehend and recall what they are taught about regarding first aid. Therefore, expanding the age limit to receive this education to cover children from kindergarten to the fifth grade would ensure that these children receive the comprehensive content of basic health education.

Such would ensure that the number of Americans conversant with basic human health and mitigating measures. In so doing, the intensity of the results proposed by the management plan would be firmer in the society and therefore, a more health-conscious America shortly with the main innovation identified from this analysis regarding the aptitude of children to comprehend and recall information on first aid and the basics of personal and public health. Such is an opening this study identifies to fill the gap identified by the current research.

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