**1. How does the U.S. system, which is categorized as entrepreneurial and permissive, compare/contrast to the health services systems in other affluent and industrialized countries? To developing and transitional countries? To poor countries? To resource-rich countries?**

**2. One would expect people with poorer health status to utilize more health services than people with better health status, but their utilization may be lower. What would account for this difference? What are the health status effects of delayed or deferred care seeking? What are the societal effects?**

**3. People with higher incomes and better health status may also be high users of health services. What would account for this higher utilization? Would people with higher incomes use different types of health services than those that people with lower incomes use? Why or why not?**

**4. To what extent do health status indicators measure the health of a population? What might they not explain? How might different cultures interpret them differently?**

**5. How have the leading causes of death among the U.S. population changed over time? What accounts for this change?**

**6. In what instances might receiving health services be detrimental to one’s health?**

**7. Which of the identified barriers to access to health services—geographic, physical, temporal, sociocultural, or financial—has the greatest influence on access to health services? Identify other barriers to health services access.**

**8. Who are the uninsured?**

**9. What options do people without health insurance—public or private—have to obtain services? How satisfactory are these options?**

**10. To what extent, if any, do you believe public health departments should provide personal healthcare services? Why?**

**11. What are some of the major public health issues facing the U.S. health services system? In your view, is the public sector capable of resolving these issues? Why or why not?**

**12. What is your opinion about the disaggregation of public health services and programs among a number of cabinet-level departments and other high-level agencies at the national level? Is the population well-served by this disaggregation? For example, would it have been preferable to include the Department of Homeland Security as part of a larger ministry of health rather than establish it as a stand-alone entity?**

**13.When is the use of regulation appropriate in a mixed public-private health services delivery system? How would you evaluate the effectiveness of regulatory efforts aimed at hospitals? Physicians? Nursing homes? Other components of the health services system?**

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**14. Both of the national efforts to achieve a health planning system that would address access to care, costs of and expenditures for care, and quality of care were found to be unsustainable, and their legislation was repealed. Name two reasons why it was difficult for these laws to accomplish their purposes.**

**15. Licensure or certification requirements that must be met to practice a health profession are considered by some to be similar to those in franchising. To what degree are professional licensure and/or accreditation required for purposes of protecting the public’s health, and to what degree are they required for purposes of protecting entry into the highly competitive field of healthcare?**

**16. Except in emergency situations, the legislative and regulatory processes often take months, sometimes years, to accomplish. Why do these processes become so drawn out?**