Allocating public health resources

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As mentioned in the Family Smoking Prevention and Tobacco Control Act of 1971, the state must enforce measures to promote the ban on tobacco (Koh & Sebelius, 2010). Seeing the situation, I will exert my energy on moving toward the upstream and will search for the causes of why people are ending in the river. As the history of American healthcare suggest that measures taken to avert the outburst of diseases are far more effective than curing people from such diseases. During the treatment, people normally lose the fight against disease, similar is the case in this situation. I might end up losing my own energies if I start taking the injured people out of the stream.

Yokoe argues that it is an obvious fact that in healthcare preventive measures should be focused more, compared to allocating resources for the treatment and recovery (Septimus, Weinstein, Perl, Goldmann, & Yokoe, 2014). As in the situation presented in the case, the only resource available is an individual, therefore his energies must be employed toward preventing the cause of people falling in the stream. This resource allocation will be much beneficial, in contrast to, if his energies are utilized in taking people out of the stream.

The health care literature suggest that resource allocation remains prudent if it is resulting in limiting the causes of disease eruption. The health care measures taken in American history are suggestive of the fact that policy formulation serves the purpose, rather treating ailments. The formative years of American health care system concerted upon blocking health-related infectious sources. We also witness prioritizing prevention in the world we live in. The strict scrutiny of food items at the airports or various entry ports is suggestive of the fact that preventive measures prove more substantial than treatment measures. These are the reason I believe, more resources should be allocated to preventive measures.

# References:

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