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The speeches and debates that are accompanying the selection of the Democratic and Republican 2008 presidential and vice presidential nominees have focused on a number of important issues. The war in Iraq, homeland security, immigration, the economy, and health care have been the topics of numerous speeches and debates.

Interesting and not surprising, these issues are complex and interdependent. The money that has been expended to fight the war in Iraq has significantly impacted the economy and the resources available for health care. The call for new immigration laws to safeguard homeland security and to offset the impact that illegal immigrants have on our economy and health care is frequently included in the speeches of the candidates.

While each of these issues is important, the proposals to reform health care are of particular relevance to all of us. Our selection of a president and members of Congress will be better accomplished if we understand the need for health-care reform and the differences in the candidates' proposals. While the remaining space limits an in-depth discussion, the following information may be helpful in assessing the candidates' health-care reform proposals.

A few basic facts about our health-care system follow:

- America lags behind other industrialized countries on a number of frequently used measures of good health care including life expectancy and infant mortality. (Life expectancy in the United States is 77.5 years in contrast to life expectancy in European countries of 79.5 plus years. The United States' infant mortality rate is 6.0 infant deaths per 1,000 live births in comparison to an infant mortality rate of five or less in European countries.)
- Forty-three million Americans do not have health insurance. This means that health-care preventive measures are not accessed by most of these 43 million individuals. The cost of acute care for these uninsured is paid by taxpayers and by the insured with higher premiums.

• Health-care cost as a percent of gross domestic product (GDP) in America is 15 percent. This percentage is substantially higher than other western industrialized countries including Canada, Australia, France, Germany, Japan, Sweden, and the United Kingdom.

Dr. Nadine Coudret

- The current overhead cost for private health-care insurance companies in the United States is significantly higher than that of U.S. government-run health-care plans.
- Reductions in reimbursement levels for health-care providers are being proposed by both government and private health-care insurance companies while provider costs are increasing.

The Democrats' health-care reform proposal is referred to as a "play-or-pay plan" with the ultimate goal of having health-care coverage for all Americans. Clinton's plan is for universal health care while Obama's plan would ensure coverage for all children but would initially leave a potential 15 million adults without coverage.

The Republicans' candidate, McCain, focuses more on a voluntary approach of providing incentives for businesses and tax credits for individuals to buy their own insurance. Under this plan, it is projected that a large number of individuals would continue to be uninsured.

None of the proposals provides a perfect solution to the health-care challenges, particularly with the need for cost containment. An online site that provides a more detailed comparison of the candidates' plans is www.health08.org/sidebyside.cfm.

I urge you to study each candidate's position on health-care reform. Doing so will increase the likelihood that the president and the congressional members who are elected in the fall will address the changes in health care that are needed.

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infant cribs, a neonatal and maternal monitor, and an audio meter to simulate checks on infant hearing. Gibson General Hospital made the gift to USI after closing its obstetrics unit. Kah, Holl, director of patient care services at the hospital, coordinated the gift with Gal Holl, USI instructor in nursing.

The College of Nursing and Health

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Community Dental Clinic

Students in the dental hygiene program participate in a clinical rotation at the new Vanderburgh County Health Department Community Dental Clinic.

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J hhi r Craig '01 has been named program development specialist for the Southwest Indiana Area Health Education Center (AHEC), which is proposed to open later this year. The Southwest Indiana AHEC is currently in a planning and implementation stage and is housed in the University of Southern Indiana's College of Nursing and Health Professions.

Craig majored in health services and dental hygiene at USI and will complete a master's degree in public health from East Tennessee State University this semester. She was a research assistant for the Tennessee Coordinated School Health Program Evaluation Team in 2006 and co-authored the Tennessee Youth Risk Behavior Survey 1999-2005. She has practiced dental hygiene in Indianapolis and Evansville. Prior to joining USI, she was employed by Deaconess Hospital in Evansville.





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