

# Income Socioeconomic Status And Health Exploring The Relationships Npa Report

**OECD Health Policy Studies Waiting Time Policies in the Health Sector What Works?** OECD 2013-02-04 This book provides a framework to understand why there are waiting lists for elective surgery in some OECD countries and not in others. It also describes how waiting times are measured in OECD countries and reviews different policy approaches to tackling excessive waiting times.

**Antimicrobial Resistance in Developing Countries** Anibal de J. Sosa 2009-10-08 Avoiding infection has always been expensive. Some human populations escaped tropical infections by migrating into cold climates but then had to procure fuel, warm clothing, durable housing, and crops from a short growing season. Waterborne infections were averted by owning your own well or supporting a community reservoir. Everyone got vaccines in rich countries, while people in others got them later if at all. Antimicrobial agents seemed at first to be an exception. They did not need to be delivered through a cold chain and to everyone, as vaccines did. They had to be given only to infected patients and often then as relatively cheap injectables or pills off a shelf for only a few days to get astonishing cures. Antimicrobials not only were better than most other innovations but also reached more of the world's people sooner. The problem appeared later. After each new antimicrobial became widely used, genes expressing resistance to it began to emerge and spread through bacterial populations. Patients infected with bacteria expressing such resistance genes then failed treatment and remained infected or died. Growing resistance to antimicrobial agents began to take away more and more of the cures that the agents had brought.

**Model Rules of Professional Conduct** American Bar Association. House of Delegates 2007 The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

**APAIS, Australian Public Affairs Information Service** 1987 Vol. for 1963 includes section Current Australian serials; a subject list.

**Rapid Assessment** Lizette Berry 2003 This report is aimed at providing an overview of the situation of children in South Africa, with a focus on the non-fulfilment and violation of children's rights as formulated in the Convention on the Rights of the Child (CRC). The assessment utilises evidence drawn from available literature and interviews with key actors in the South African child rights arena. Based on the opinion of these key respondents, the report provides an overview of the key role players in the field, followed by suggestions for possible areas for intervention by international aid agencies. The assessment is limited by a number of elements, such as an extremely short time frame, the shortage of relevant information in certain areas, and the description of role players in the child rights arena is not comprehensive.

**SARS, MERS and other Viral Lung Infections** David S. Hui 2016-06-01 Viral respiratory tract infections are important and common causes of morbidity and mortality worldwide. In the past two decades, several novel viral respiratory infections have emerged with epidemic potential that threaten global health security. This Monograph aims to provide an up-to-date and comprehensive overview of severe acute respiratory syndrome, Middle East respiratory syndrome and other viral respiratory infections, including seasonal influenza, avian influenza, respiratory syncytial virus and human rhinovirus, through six chapters written by authoritative experts from around the globe.

**Global Corruption** Gerry Ferguson 2015

**Systems Practices for the Care of Socially At-Risk Populations** National Academies of Sciences, Engineering, and Medicine 2016-05-07 The Centers for Medicare & Medicaid Services (CMS) have been moving from volume-based, fee-for-service payment to value-based payment (VBP), which aims to improve health care quality, health outcomes, and patient care experiences, while also controlling costs. Since the passage of the Patient Protection and Affordable Care Act of 2010, CMS has implemented a variety of VBP strategies, including incentive programs and risk-based alternative payment models. Early evidence from these programs raised concerns about potential unintended consequences for health equity. Specifically, emerging evidence suggests that providers disproportionately serving patients with social risk factors for poor health outcomes (e.g., individuals with low socioeconomic position, racial and ethnic minorities, gender and sexual minorities, socially isolated persons, and individuals residing in disadvantaged neighborhoods) may be more likely to fare poorly on quality rankings and to receive financial penalties, and less likely to receive financial rewards. The drivers of these disparities are poorly understood, and differences in interpretation have led to divergent concerns about the potential effect of VBP on health equity. Some suggest that underlying differences in patient characteristics that are out of the control of providers lead to differences in health outcomes. At the same time, others are concerned that differences in outcomes between providers serving socially at-risk populations and providers serving the general population reflect disparities in the provision of health care. *Systems Practices for the Care of Socially At-Risk Populations* seeks to better distinguish the drivers of variations in performance among providers disproportionately serving socially at-risk populations and identifies methods to account for social risk factors in Medicare payment programs. This report identifies best practices of high-performing hospitals, health plans, and other providers that serve disproportionately higher shares of socioeconomically disadvantaged populations and compares those best practices of low-performing providers serving similar patient populations. It is the second in a series of five brief reports that aim to inform the Office of the Assistant Secretary of Planning and Evaluation (ASPE) analyses that account for social risk factors in Medicare payment programs mandated through the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.

**Sex Testing** Lindsay Pieper 2016-05-30 In 1968, the International Olympic Committee (IOC) implemented sex testing for female athletes at that year's Games. When it became clear that testing regimes failed to delineate a sex divide, the IOC began to test for gender --a shift that allowed the organization to control the very idea of womanhood. Lindsay Parks Pieper explores sex testing in sport from the 1930s to the early 2000s. Focusing on assumptions and goals as well as means, Pieper examines how the IOC in particular insisted on a misguided binary notion of gender that privileged Western norms. Testing evolved into a tool to identify--and eliminate--athletes the IOC deemed too strong, too fast, or too successful. Pieper shows how this system punished gifted women while hindering the development of women's athletics for decades. She also reveals how the flawed notions behind testing--ideas often sexist, racist, or ridiculous--degraded the very idea of female athleticism.

**The Impact of Early Life Trauma on Health and Disease** Ruth A. Lanius 2010-08-05 There is now ample evidence from the preclinical and clinical fields that early life trauma has both dramatic and long-lasting effects on neurobiological systems and functions that are involved in different forms of psychopathology as well as on health in general. To date, a comprehensive review of the recent research on the effects of early and later life trauma is lacking. This book fills an obvious gap in academic and clinical literature by providing reviews which summarize and synthesize these findings. Topics considered and discussed include the possible biological and neuropsychological effects of trauma at different epochs and their effect on health. This book will be essential reading for psychiatrists, clinical psychologists, mental health professionals, social workers, pediatricians and specialists in child development.

**Air Pollution and Environmental Justice** Manuel Pastor 2010

**The Hidden Millions** Graham Tipple 2009-02-26 Exploring the human context as well as policy and planning, this book looks at what actually happens to city dwellers once they become homeless, and presents challenging cases which illustrate the varying experiences of the homeless in cities around the world.

**Guidelines for Applying Protected Area Management Categories** Nigel Dudley 2008 IUCN's Protected Areas Management Categories, which classify protected areas according to their management objectives, are today accepted as the benchmark for defining, recording, and classifying protected areas. They are recognized by international bodies such as the United Nations as well as many national governments. As a result, they are

increasingly being incorporated into government legislation. These guidelines provide as much clarity as possible regarding the meaning and application of the Categories. They describe the definition of the Categories and discuss application in particular biomes and management approaches.

#### **American Book Publishing Record 2002**

##### Directory of Published Proceedings 2002

Improving the Health of Working Families Irene Hwei Yen 2002 This document contains two papers on connections between work and health and policy options for improving the health of working families. "Foreword" (James A. Auerbach) places the two papers in the context of recent research on the connections between work, family, and health. Chapter 1's overview addresses the changing nature of work, the new economy, and recent demographic trends. Chapter 2: The Impact of Work on Employees and Family Health examines the health effects of job security, income, work organization, health and pension benefits, work schedules, workplace stress, occupational health, socioeconomic status across the life course, and family and sick leave. Chapter 3: Policy Options outlines these three strategies: (1) focus on the individual and the job; (2) encourage the business sector to adopt supportive policies; and (3) develop and expand government policy. "Further Implications for Policy" (James A. Auerbach) weighs the effectiveness of work-life programs, family medical leave and paid leave, unemployment insurance, and childcare and elder care in improving the balance between work, family, and health. He concludes by urging policymakers to adopt policies based on the following principles: work redesign; paid leave and family care; reduced hours and flexibility; women in leadership positions, worker voice, community empowerment; and work-family councils. (MN).

**Health Care and Immigration** Patricia Fernández-Kelly 2013-10-31 This pioneering volume represents the culmination of state-of-the-art research whose purpose was to investigate the relationship between health care and immigration in the USA - two broken systems in need of reform. This volume sets out to answer the question: how do medical institutions address the needs of individuals and families who are poor, lacking English fluency, and often devoid of legal documents? The book provides an examination of the challenges faced by institutions aiming to serve impoverished people and communities desperately in need of help. It represents a comprehensive portrayal of two institutional arrangements affecting the lives of millions on a daily basis. Health Care and Immigration offers accounts of the alternative paths used by immigrants to bypass dominant health-care organizations, and regional variations in health-care; the evolution and character of health-care legislation; factors explaining the persistence of altruistic institutions in a market economy, as well as the parts played by local legislation and social networks; and changes resulting from migration that affect the health of immigrants. This volume will be an invaluable resource for academics, researchers and students, as well as public officials addressing the health care needs of disadvantaged groups. This book was originally published as a special issue of Ethnic and Racial Studies.

**U.S. Health in International Perspective** National Research Council 2013-04-12 The United States is among the wealthiest nations in the world, but it is far from the healthiest. Although life expectancy and survival rates in the United States have improved dramatically over the past century, Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries. The U.S. health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people: even highly advantaged Americans are in worse health than their counterparts in other, "peer" countries. In light of the new and growing evidence about the U.S. health disadvantage, the National Institutes of Health asked the National Research Council (NRC) and the Institute of Medicine (IOM) to convene a panel of experts to study the issue. The Panel on Understanding Cross-National Health Differences Among High-Income Countries examined whether the U.S. health disadvantage exists across the life span, considered potential explanations, and assessed the larger implications of the findings. U.S. Health in International Perspective presents detailed evidence on the issue, explores the possible explanations for the shorter and less healthy lives of Americans than those of people in comparable countries, and recommends actions by both government and nongovernment agencies and organizations to address the U.S. health disadvantage.

**Global Status Report on Alcohol and Health 2018** World Health Organization 2019-02-14 The report provides an overview of alcohol consumption and harms in relation to the UN Sustainable Development Goals (Chapter 1) presents global strategies action plans and monitoring frameworks (Chapter 2) gives detailed information on: the consumption of alcohol in populations (Chapter 3); the health consequences of alcohol consumption (Chapter 4); and policy responses at national level (Chapter 5). In its final chapter 6 the imperative for reducing harmful use of alcohol in a public health perspective is presented. In addition the report contains country profiles for WHO Member States and appendices with statistical annexes a description of the data sources and methods used to produce the estimates and references.

#### **Looking Ahead 2002**

**Alcohol and the Community** Harold D. Holder 2006-12-14 An individual's decision to use alcohol and the frequency, quantity, and situations of use are the result of a combination of biological and social factors. Drinking is not only a personal choice, but also a matter of custom and social behavior, and is influenced by access and economic factors including levels of disposable income and cost of alcoholic beverages. Until prevention efforts cease to focus narrowly on the individual and begin to adopt broader community perspectives on alcohol problems and strategies to reduce them, these efforts will fail. The author challenges the current implicit models used in alcohol problem prevention and demonstrates an ecological perspective of the community as a complex adaptive system composed of interacting subsystems. This important volume represents a new and sensible approach to the prevention of alcohol dependence and alcohol-related problems.

*From Evidence to Action* Food and Agriculture Organization of the United Nations 2018-10-18 Cash transfers have become a key social protection tool in developing countries and have expanded dramatically in the last two decades. However, the impacts of cash transfers programmes, especially in Sub-Saharan Africa, have not been substantially documented. This book presents a detailed overview of the impact evaluations of these programmes, carried out by the Transfer Project and FAO's From Protection to Production project. The 14 chapters include a review of eight country case studies: Kenya, Ghana, Ethiopia, Zambia, Zimbabwe, Lesotho, Malawi, South Africa, as well as a description of the innovative research methodologies, political economy issues and good practices to design cash transfer programmes. The key objective of the book is to enhance the understanding of these development programmes, how they lead to a broad range of social and productive impacts and also of the role of programme evaluation in the process of developing policies and implementing programmes.

*Working Together* Pat Dudgeon 2014 This resource is written for health professionals working with Aboriginal and Torres Strait Islander people experiencing social and emotional wellbeing issues and mental health conditions. It provides information on the issues influencing mental health, good mental health practice, and strategies for working with specific groups. Over half of the authors in this second edition are Indigenous people themselves, reflecting the growing number of Aboriginal and Torres Strait Islander experts who are writing and adding to the body of knowledge around mental health and associated areas.

**Public Health, Ethics, and Equity** Sudhir Anand 2004 This volume examines the foundations of health equity. With contributions from distinguished philosophers, anthropologists, economists, and public-health specialists, it centres on five major themes: what is health equity?; health equity and its relation to social justice; health inequalities and responsibilities for health; ethical issues in health evaluation and prioritization; and anthropological perspectives on health equity. [Extrait p. 4 couv.]

#### Income, Socioeconomic Status, and Health James Allen Auerbach 2001

Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records Institute of Medicine 2013-04-20 Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Workshop Summary reviews the statement of task set to the committee which required them to collect sexual orientation and gender identity data in electronic health records. This report summarizes the invited presentations and facilitated discussions about current practices around sexual orientation and gender identity data collection, the challenges in collecting these data, and ways in which these challenges can be overcome. Areas of focus for the workshop include the clinical rationale behind collecting these data, standardized questions that can be used to collect these data, mechanisms for supporting providers and patients in the collection of these data, technical

specifications involved in creating standards for sexual orientation and gender identity data collection and exchange, and policy considerations related to the health information technology (HIT) Meaningful Use process being overseen by the Department of Health and Human Services. This report summarizes the workshop agenda, select invited speakers and discussants, and moderate the discussions. Invited participants will include lesbian, gay, bisexual, and transgender (LGBT) health care consumer advocates, providers with experience working with LGBT populations, HIT vendors and other HIT specialists, health care administrators, and policy makers.

*Drink* Iain Gately 2009-05-05 A spirited look at the history of alcohol, from the dawn of civilization to the modern day Alcohol is a fundamental part of Western culture. We have been drinking as long as we have been human, and for better or worse, alcohol has shaped our civilization. *Drink* investigates the history of this Jekyll and Hyde of fluids, tracing mankind's love/hate relationship with alcohol from ancient Egypt to the present day. *Drink* further documents the contribution of alcohol to the birth and growth of the United States, taking in the War of Independence, the Pennsylvania Whiskey revolt, the slave trade, and the failed experiment of national Prohibition. Finally, it provides a history of the world's most famous drinks-and the world's most famous drinkers. Packed with trivia and colorful characters, *Drink* amounts to an intoxicating history of the world.

*Communities in Action* National Academies of Sciences, Engineering, and Medicine 2017-04-27 In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. *Communities in Action: Pathways to Health Equity* seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

Annual Report National Policy Association (U.S.) 2000

**Annual Report** National Planning Association 1995

**The Future of Nursing 2020-2030** National Academies of Sciences Engineering and Medicine 2021-09-30 The decade ahead will test the nation's nearly 4 million nurses in new and complex ways. Nurses live and work at the intersection of health, education, and communities. Nurses work in a wide array of settings and practice at a range of professional levels. They are often the first and most frequent line of contact with people of all backgrounds and experiences seeking care and they represent the largest of the health care professions. A nation cannot fully thrive until everyone - no matter who they are, where they live, or how much money they make - can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses. Nurses have a critical role to play in achieving the goal of health equity, but they need robust education, supportive work environments, and autonomy. Accordingly, at the request of the Robert Wood Johnson Foundation, on behalf of the National Academy of Medicine, an ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine conducted a study aimed at envisioning and charting a path forward for the nursing profession to help reduce inequities in people's ability to achieve their full health potential. The ultimate goal is the achievement of health equity in the United States built on strengthened nursing capacity and expertise. By leveraging these attributes, nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* explores how nurses can work to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology, and maintaining patient and family-focused care into 2030. This work builds on the foundation set out by *The Future of Nursing: Leading Change, Advancing Health* (2011) report.

What Works for Africa's Poorest Children David Lawson 1920-03-16 While there has been substantial progress in reducing global poverty in recent years, hundreds of millions of vulnerable children remain trapped in extreme poverty. This is especially the case on the African continent, where children account for the majority and growing proportion of the population. Despite rapid economic growth in several African countries, as well as significant achievements in both development and humanitarian interventions, a staggering number of African children remain vulnerable to extreme levels of deprivation. Existing challenges notwithstanding, a number of social policies and programmes proved successful in alleviating the burden of child poverty and deprivation. In addition to being vitally important in promoting and protecting children's rights, these social policies and programmes embody the international community's commitment to achieve the Social Development Goals (SDGs) and ensuring no one is left behind. *What Works for Africa's Poorest Children? From Measurement to Action* identifies the social policies and programmes that are most effective in supporting Africa's poorest and most vulnerable children, and examines the key features underpinning their documented success. It provides cutting edge examples on how we can identify child poverty and deprivation, analyses innovative ultra-poor child sensitive programmes, and provides new public financing and governance rights suggestions for child poverty elimination.

**Public Policy Digest of the National Planning Association** 1944

**NPA Report** 2000

**Understanding Trauma** Laurence J. Kirmayer 2007-01-15 This book analyzes the individual and collective experience of and response to trauma from a wide range of perspectives including basic neuroscience, clinical science, and cultural anthropology. Each perspective presents critical and creative challenges to the other. The first section reviews the effects of early life stress on the development of neural systems and vulnerability to persistent effects of trauma. The second section of the book reviews a wide range of clinical approaches to the treatment of the effects of trauma. The final section of the book presents cultural analyses of personal, social, and political responses to massive trauma and genocidal events in a variety of societies. This work goes well beyond the neurobiological models of conditioned fear and clinical syndrome of post-traumatic stress disorder to examine how massive traumatic events affect the whole fabric of a society, calling forth collective responses of resilience and moral transformation.

**Accounting for Social Risk Factors in Medicare Payment** National Academies of Sciences, Engineering, and Medicine 2017-06-18 Recent health care payment reforms aim to improve the alignment of Medicare payment strategies with goals to improve the quality of care provided, patient experiences with health care, and health outcomes, while also controlling costs. These efforts move Medicare away from the volume-based payment of traditional fee-for-service models and toward value-based purchasing, in which cost control is an explicit goal in addition to clinical and quality goals. Specific payment strategies include pay-for-performance and other quality incentive programs that tie financial rewards and sanctions to the quality and efficiency of care provided and accountable care organizations in which health care providers are held accountable for both the quality and cost of the care they deliver. *Accounting For Social Risk Factors in Medicare Payment* is the fifth and final report in a series of brief reports that aim to inform ASPE analyses that account for social risk factors in Medicare payment programs mandated through the IMPACT Act. This report aims to put the entire series in context and offers additional thoughts about how to best consider the various methods for accounting for social risk factors, as well as next steps.

**Health-Care Utilization as a Proxy in Disability Determination** National Academies of Sciences, Engineering, and Medicine 2018-05-02 The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. *Health Care Utilization as a Proxy in Disability Determination* identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

**International Labour Documentation** International Labour Office. Central Library and Documentation Branch 2000

*WHO Recommendations for Augmentation of Labour* World Health Organization 2014 Optimizing outcomes for women in labor at the global level requires evidence-based guidance of health workers to improve care through appropriate patient selection and use of effective interventions. In this regard, the World Health Organization (WHO) published recommendations for induction of labor in 2011. The goal of the present guideline is to consolidate the guidance for effective interventions that are needed to reduce the global burden of prolonged labor and its consequences. The primary target audience includes health professionals responsible for developing national and local health protocols and policies, as well as obstetricians, midwives, nurses, general medical practitioners, managers of maternal and child health programs, and public health policy-makers in all settings.

*Resources in Education* 1991-03

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