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This book provides an in-depth evaluation of the U.S. health care system's development in the twentieth century. It shows how a unique economic design - the insurance company model - came to dominate health care, bringing with it high costs; corporate medicine; and fragmented, poorly distributed care.

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to

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promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

Spurred by the disconnect between what was being taught in the classroom and actual practice, Godwin, Ainsworth, and Godwin set out to answer the question, "Was political science missing some key aspects of the interactions between lobbyists and policy makers?" Built on interviews with over 100 lobbyists, these authors show that much of the research on organized interests overlooks the lobbying of regulatory agencies even though it accounts for almost half of all lobbying—even though bureaucratic agencies have considerable leeway in the how they choose to implement law. This groundbreaking new book argues that lobbying activity is not mainly a struggle among

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competing interests over highly collective goods; rather, itÆs the public provision of private goods. And more to the point, this shift in understanding influences our perception of the strengths and weaknesses of American democracy. Through a series of highly readable case studies, the authors employ both neopluralist and exchange perspectives to explore the lobbying activity that occurs in the later stages of the policymaking process which are typically less partisan, involve little conflict, and receive scant public attention. Lobbying and Policymaking sheds new light on lobbying influence on the policy process, and is an ideal way to expose students to cutting-edge research in an accessible, fascinating package.

In a work that spans the twentieth century, Nancy Tomes questions the popular--and largely unexamined--idea that in order to get good health care, people must learn to shop for it. Remaking the American Patient explores the consequences of the consumer economy and American medicine having come of age at exactly the same time. Tracing the robust development of advertising, marketing, and public relations within the medical profession and the vast realm we now think of as "health care," Tomes considers what it means to be a "good" patient. As she shows, this history of the coevolution of

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medicine and consumer culture tells us much about our current predicament over health care in the United States. Understanding where the shopping model came from, why it was so long resisted in medicine, and why it finally triumphed in the late twentieth century helps explain why, despite striking changes that seem to empower patients, so many Americans remain unhappy and confused about their status as patients today.

According to the Census Bureau, in 2003 more than 43 million Americans lacked health insurance. Being uninsured is associated with a range of adverse health, social, and economic consequences for individuals and their families, for the health care systems in their communities, and for the nation as a whole. This report is the sixth and final report in a series by the Committee on the Consequences of Uninsurance, intended to synthesize what is known about these consequences and communicate the extent and urgency of the issue to the public. Insuring America's Health recommends principles related to universality, continuity of coverage, affordability to individuals and society, and quality of care to guide health insurance reform. These principles are based on the evidence reviewed in the committee's previous five reports and on new analyses of past and present federal, state, and local efforts to reduce uninsurance. The

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report also demonstrates how those principles can be used to assess policy options. The committee does not recommend a specific coverage strategy. Rather, it shows how various approaches could extend coverage and achieve certain of the committee's principles.

Promotes the recognition, treatment, and prevention of conditions of overweight and obesity in the United States.

Our market-based, profit-driven health care system in the United States has put necessary care increasingly beyond the reach of ordinary Americans. Primary health care, the fundamental foundation of all high-performing health care systems in the world, is a critical but ignored casualty of the current system. Unfortunately, primary care is often poorly understood, even within the health professions. This book describes what has become a crisis in primary care, defines its central role, analyzes the reasons for its decline, and assesses its impacts on patients and families. A constructive approach is presented to rebuild and transform U.S. primary care with the urgent goal to address the nation's problems of access, cost, quality and equity of health care for all Americans.

In the United States, some populations suffer from far greater

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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.

Almost 70% of parents who refuse to vaccinate their children do so because they believe vaccines may cause harm. Indeed vaccines have

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been blamed for causing asthma, autism, diabetes, and many other conditions most of which have causes that are incompletely understood. Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns provides parents with clearly understandable, science-based information about vaccines, immunization, and vaccine safety.

The federal government operates six major health care programs that serve nearly 100 million Americans. Collectively, these programs significantly influence how health care is provided by the private sector. Leadership by Example explores how the federal government can leverage its unique position as regulator, purchaser, provider, and research sponsor to improve care - not only in these six programs but also throughout the nation's health care system. The book describes the federal programs and the populations they serve: Medicare (elderly), Medicaid (low income), SCHIP (children), VHA (veterans), TRICARE (individuals in the military and their dependents), and IHS (native Americans). It then examines the steps each program takes to assure and improve safety and quality of care. The Institute of Medicine proposes a national quality enhancement strategy focused on performance measurement of clinical quality and patient perceptions of care. The discussion on which this book focuses includes recommendations for developing and pilot-testing performance

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measures, creating an information infrastructure for comparing performance and disseminating results, and more. Leadership by Example also includes a proposed research agenda to support quality enhancement. The third in the series of books from the Quality of Health Care in America project, this well-targeted volume will be important to all readers of To Err Is Human and Crossing the Quality Chasm - as well as new readers interested in the federal government's role in health care.

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