

Health 2011

Institute of Medicine,Board on the Health of Select Populations,Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities

The Future of Nursing Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, 2011-02-08 The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles-including limits on nurses' scope of practice-should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

A system of health accounts 2011 World Health Organization, European Union, Organisation for Economic Co-operation and Development, 2022-05-31 A System of Health Accounts 2011 provides a systematic description of the financial flows related to the consumption of health care goods and services. As demands for information increase and more countries implement and institutionalise health accounts according to the system, the data produced are expected to be more comparable, more detailed and more policy relevant. This publication summarises the System of Health Accounts 2011 (SHA 2011) Manual, which was jointly produced by OECD, the European Commission and WHO. The SHA 2011 Manual itself draws inspiration from and builds on the original manual, published in 2000, and the Guide to Producing National Health Accounts (2003) to create a single global framework for producing health expenditure accounts that can help track resource flows from sources to uses. The manual is the result of a four-year collaborative effort between OECD, Eurostat and WHO, and sets out in more detail the boundaries, the definitions and the concepts responding to health care systems around the globe - from the simplest to the more complicated.

Finding What Works in Health Care Institute of Medicine, Board on Health Care Services, Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, 2011-07-20 Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

The Health of Lesbian, Gay, Bisexual, and Transgender People Institute of Medicine, Board on the Health of Select Populations, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011-06-24 At a time when lesbian, gay, bisexual, and transgender individuals--often referred to under the umbrella acronym LGBT--are becoming more visible in society and more socially acknowledged, clinicians and researchers are faced with incomplete information about their health status. While LGBT populations often are combined as a single entity for research and advocacy purposes, each is a distinct population group with its own specific health needs. Furthermore, the experiences of LGBT individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and needs. The Health of Lesbian, Gay, Bisexual, and Transgender People assesses the state of science on the health status of LGBT populations, identifies research gaps and opportunities, and outlines a research agenda for the National Institute of Health. The report examines the health status of these populations in three life stages: childhood and adolescence, early/middle adulthood, and later adulthood. At each life stage, the committee studied mental health, physical health, risks and protective factors, health services, and contextual influences. To advance understanding of the health needs of all LGBT individuals, the report finds that researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research. The Health of Lesbian, Gay, Bisexual, and Transgender People is a valuable resource for policymakers, federal agencies including the National Institute of Health (NIH), LGBT advocacy groups, clinicians, and service providers.

mHealth World Health Organization, 2011 The use of mobile and wireless technologies to support the achievement of health objectives (mHealth) has the potential to transform the face of health service delivery across the globe. A powerful combination of factors is driving this change. These include rapid advances in mobile technologies and applications, a rise in new opportunities for the integration of mobile health into existing eHealth services, and the continued growth in coverage of mobile cellular networks. According to the International Telecommunication Union (ITU), there are now over 5 billion wireless subscribers; over 70% of them reside in low- and middle-income countries. For the first time the World Health Organization's Global Observatory for eHealth (GOe) has sought to determine the status of mHealth in Member States; its 2009 global survey contained a section specifically devoted to mHealth. Completed by 114 Member States, the survey documented for analysis four aspects of mHealth: adoption of initiatives, types of initiatives, status of evaluation, and barriers to implementation. Fourteen categories of mHealth services were surveyed: health call centres, emergency toll-free telephone services, managing emergencies and disasters, mobile telemedicine, appointment reminders, community mobilization and health promotion, treatment compliance, mobile patient records, information access, patient monitoring, health surveys and data collection, surveillance, health awareness raising, and decision support systems.

Crossing the Quality Chasm Institute of Medicine, Committee on Quality of Health Care in America, 2001-08-19 Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents

the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

Clinical Practice Guidelines We Can Trust Institute of Medicine, Board on Health Care Services, Committee on Standards for Developing Trustworthy Clinical Practice Guidelines, 2011-06-16 Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest; systematic review-guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

Glencoe Health Mary Helen Bronson, 2011

Issues in Global, Public, Community, and Institutional Health: 2011 Edition, 2012-01-09 Issues in Global, Public, Community, and Institutional Health: 2011 Edition is a ScholarlyEditions™ eBook that delivers timely, authoritative, and comprehensive information about Global, Public, Community, and Institutional Health. The editors have built Issues in Global, Public, Community, and Institutional Health: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Global, Public, Community, and Institutional Health in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Issues in Global, Public, Community, and Institutional Health: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

Global Health Risks World Health Organization, 2009-10-28 This publication is a comprehensive assessment of leading risks to global health. It provides detailed global and regional estimates of premature mortality, disability and loss of health attributable to 24 global risk factors.--Publisher's description.

Communities in Action National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States, 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.

Issues in Food and Health: 2011 Edition, 2012-01-09 Issues in Food and Health / 2011 Edition is a ScholarlyEditions™ eBook that delivers timely, authoritative, and comprehensive information about Food and Health. The editors have built Issues in Food and Health: 2011 Edition on the vast information databases of ScholarlyNews.™ You can expect the information about Food and Health in this eBook to be deeper than what you can access anywhere else, as well as consistently reliable, authoritative, informed, and relevant. The content of Issues in Food and Health: 2011 Edition has been produced by the world's leading scientists, engineers, analysts, research institutions, and companies. All of the content is from peer-reviewed sources, and all of it is written, assembled, and edited by the editors at ScholarlyEditions™ and available exclusively from us. You now have a source you can cite with authority, confidence, and credibility. More information is available at <http://www.ScholarlyEditions.com/>.

U.S. Health in International Perspective National Research Council, Institute of Medicine, Board on Population Health and Public Health Practice, Division of Behavioral and Social Sciences and Education, Committee on Population, Panel on Understanding Cross-National Health Differences Among High-Income Countries, 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.

World Health Statistics 2011 World Health Organization, 2011 Jog your memory and be confident in your ability to adapt in the fast-paced OR environment Susan Sheets, the Association of Surgical Technologists' Educator of the Year in 2009, brings you the OR survival guide that fits in your pocket. Consult it at the start of your day or between cases to jog your memory and build your confidence. Refresh your knowledge of the essentials of aseptic technique, surgical conscience, anatomy, basic set-up, instruments, and sutures. Be ready for challenging situations with tips for communicating effectively in the OR. Anticipate need and attune your critical thinking to be able to set up your back table and mayo stand quickly and efficiently, count effectively, and communicate well with your team. Consult it to organize your case so you can start and end it with confidence. From aseptic technique to effective communication and everything in between, here's the on-the-spot guidance you need to survive in the OR in a pocket-sized, quick reference.

Epidemiology and the People's Health Nancy Krieger,2011-03-23 This concise, conceptually rich, and accessible book is a rallying cry for a return to the study and discussion of epidemiologic theory: what it is, why it matters, how it has changed over time, and its implications for improving population health and promoting health equity. By tracing its history and contours from ancient societies on through the development of--and debates within--contemporary epidemiology worldwide, Dr. Krieger shows how epidemiologic theory has long shaped epidemiologic practice, knowledge, and the politics of public health.

Health Care Comes Home National Research Council,Division of Behavioral and Social Sciences and Education,Board on Human-Systems Integration,Committee on the Role of Human Factors in Home Health Care,2011-06-22 In the United States, health care devices, technologies, and practices are rapidly moving into the home. The factors driving this migration include the costs of health care, the growing numbers of older adults, the increasing prevalence of chronic conditions and diseases and improved survival rates for people with those conditions and diseases, and a wide range of technological innovations. The health care that results varies considerably in its safety, effectiveness, and efficiency, as well as in its quality and cost. *Health Care Comes Home* reviews the state of current knowledge and practice about many aspects of health care in residential settings and explores the short- and long-term effects of emerging trends and technologies. By evaluating existing systems, the book identifies design problems and imbalances between technological system demands and the capabilities of users. *Health Care Comes Home* recommends critical steps to improve health care in the home. The book's recommendations cover the regulation of health care technologies, proper training and preparation for people who provide in-home care, and how existing housing can be modified and new accessible housing can be better designed for residential health care. The book also identifies knowledge gaps in the field and how these can be addressed through research and development initiatives. *Health Care Comes Home* lays the foundation for the integration of human health factors with the design and implementation of home health care devices, technologies, and practices. The book describes ways in which the Agency for Healthcare Research and Quality (AHRQ), the U.S. Food and Drug Administration (FDA), and federal housing agencies can collaborate to improve the quality of health care at home. It is also a valuable resource for residential health care providers and caregivers.

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Year Book of Psychiatry and Applied Mental Health 2011 - Ebook John Talbot,2011-02-18 *Year Book of Psychiatry and Applied Mental Health 2011 - Ebook*

Nuts and Seeds in Health and Disease Prevention Victor R Preedy,Ronald Ross Watson,2011-03-31 The use of nuts and seeds to improve human nutritional status has proven successful for a variety of conditions including in the treatment of high cholesterol, reduced risk of Type-2 Diabetes, and weight control. *Nuts and Seeds in Health and Disease Prevention* is a complete guide to the health benefits of nuts and seeds. This book is the only single-source scientific reference to explore the specific factors that contribute to these potential health benefits, as well as discussing how to maximize those potential benefits. Organized by seed-type with detailed information on the specific health benefits of each to provide an easy-access reference for identifying treatment options *Insights into health benefits will assist in development of symptom-specific functional foods Includes photographs for visual identification and confirmation Indexed alphabetically by nut/seed with a second index by condition or disease*

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