INDEX

Page references followed by fig indicate an illustrated figure; followed by t indicate a table, followed by p indicates a photograph.

A
Aaron, H., 35
Accreditation: definition of, 298; The Joint Commission governing of, 27–28, 297–298
Action research, 218. See also Program evaluation
Ad Council, 268
Advanced practice nurses, 143, 151
Adverse patient behavior, 88–90
Adverse selection, 182–183
Advocacy groups: information dissemination by, 268; public perception of risk influenced by, 82; research and politics related to, 224–226
African Americans: ED (emergency department) visits by, 125t, 126; health care disparity and, 6, 7t; health services utilization by, 83, 84t; lifestyle health risks of, 73–74t, 75; Tuskegee experiment on, 93. See also Racial/ethnic differences
Age differences: causes of death and, 63–64; health care disparity and, 6–7t; percentages of under 65 years with health insurance, 179t; survival survey for women (1900-1995), 9tg; uninsured and, 199t
Agency for Health Care Policy and Research (AHCPR), 226
Agency for Healthcare Research and Quality, 223
Aging population: as health care cost accelerator, 177; Medicare participation by, 180; short-lived Medicare surtax (1988) on well-off, 325
AIDS. See HIV/AIDS
Aiken, L., 150
Alameda County Study, 265–266
Alaska Natives: ED (emergency department) visits by, 125t, 126; Indian Health Service (IHS) serving, 22, 23t, 24; uninsured among, 199t. See also Native Americans; Racial/ethnic differences
Alcohol use, 53
Allopathic medicine, 145
Almshouses, 116
Alzheimer’s disease, 81
Ambulatory care: definition of, 110; delivery and settings of, 113–116
Ambulatory care organizations: community health centers, 114–115; description of, 110; integrated delivery systems of, 113–114; internal organization of, 110–111; practice setting of, 112–113; private physician’s office as, 113; retail clinics, 115–116; urgent care centers, 115
Ambulatory care-sensitive conditions, 140
Ambulatory care-sensitive disease, 60–61
American Association of Medical Colleges (AAMC), 147
American Cancer Society, 267, 274
American College of Health Executives (ACHE), 143
American College of Healthcare Executives (ACHE), 166
American College of Physicians, 300
American College of Surgeons (ACS), 123, 124, 300
American Hospital Association (AHA), 26, 185, 239
American Indians. See Native Americans
American Lung Association, 267
American Medical Association (AMA), 112, 142, 146, 147, 166, 300
American Medical Association v. United States, 299
American Medical Women’s Association (AMWA), 147
American Nurses Association (ANA), 151, 150
Anderson, O., 184–185
Anthrax experiment as fourfold table (1881), 210
Anti-tobacco education, 273, 279
Anti-tobacco laws, 271–272
Asian Americans: ED (emergency department) visits by, 125t, 126; health care disparity and, 6, 7t; health services utilization by, 84t; lifestyle health risks of, 73–74t. See also Racial/ethnic differences
Association of University Programs in Health Administration (AUPHA), 153
Associations, 111
Attending hospital staff, 120
Autoimmune disease, 50
Aversion therapy, 269
Axis I diagnosis, 44
Axis IV diagnosis, 44
Axis II diagnosis, 44
Backward-bending labor supply curve, 161–162
Balance billing, 147
Ballot propositions, 297
Baylor University Hospital, 26
Behavior: adverse patient, 88–90; changing individual, 278–280; community impact on, 267–272; disease related to individual, 52–53; epidemiology of violent, 61; medicalization of deviance, 47–48. See also Health risk behavior; Lifestyle
Behavioral dimension: adverse patient behavior, 88–90; CAM (complementary and alternative medicine) utilization, 94–97; consumer preferences and health care marketing, 97–98; health literacy and cultural competence, 90–94; health risk behavior, 73–82; health service utilization, 83–85; sick role concept, 72–73
Behavioral Model of Health Care Utilization, 85–88/fig, 89
Behavioral Risk Factor Survey (BRFS), 77
Benchmarking performance, 21
Bethel Lutheran Church, 271
Bethel New Life, 271
Bias (scientific), 227
Biomedical research methodologies: case studies, 215; case-control method of, 212–213; control groups used in, 59, 213; disease surveillance, 214–215; RCT (randomized controlled trials), 211–212; summary of different types of, 216r; surveys, 213–214
Bismarck, Otto von, 26
Black lung, 78
Black Cross, 329
Black, Sir D., 329
Blue Cross: as fiscal intermediary, 21; health care plans of, 187–188; historic origins of, 26, 185–186; switch to experience rating by, 190
Blue Goo (Iamin), 228
Blue Shield: as fiscal intermediary, 21; health care plans of, 187
Board certification, 144
Bovender, J. O., Jr., 169
Broad Street Pump (London, 1853-1854), 56–57
Brookings Institute, 282
Brown, S., 309
Bugbee, G., 152, 153
Built environment, 51–52
Bureaucracy, 300
CABG (coronary artery bypass graft), 267
California Medicaid Reform (1982), 312–314
California State Rural Health Association (CSRHA), 308
California Wellness Foundation, 272
CAM (complementary and alternative medicine): characteristics of consumers of, 96–97; description of, 94; U.S. consumers using, 94, 95r–96t
Canadian health care system: description of the, 326–327t; excessive wait times of, 329–330; Medicare program of, 329–333; mixed performance of, 330–331r; percentage receiving chronic conditions treatment in, 332r; public controversies of, 331–333
Canadian Medical Association, 300
Cancer: chemoprevention fraud on preventing, 227, 273; public misconceptions about, 80, 81
Cancer Surveillance System, 214
Carnegie Foundation, 145
Carpenter, D. P., 310
Case studies: description of, 215; program evaluation using, 219
Case-control method, 59, 212–213
Caucasian: ED (emergency department) visits by, 125t; health care disparity and, 6, 7t; health services utilization by, 83, 84r; lifestyle health risks of, 73–74t, 75; perception of health care needs by, 86. See also Racial/ethnic differences
The Causes of Cancer: (Doll and Peto), 265–266
CD4 cells, 50
CDC (Centers for Disease Control and Prevention): on community health statistics, 54; research funding by, 223; traditional epidemiology of, 58
CDM (chronic disease management), 267
Center for Health Improvement, 272
Centers for Medicare and Medicaid Services (CMS): administrative actions taken by, 300; fiscal intermediaries contracts with, 194; fiscal intermediaries filing claims with, 21; Hospital Compare by, 235; pay for performance supported by, 234; process indicators developed by, 242. See also Government; Medicaid; Medicare
Certificate of need (CON), 109–110, 296
Certification, 298
CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), 172
Chemical sensitivity, 47
Chemoprevention, 227, 273
Chernobyl nuclear explosion (1986), 51
Chi square test, 210
Children: immunization of, 258–259, 282, 283; percentage with emergency department visits (2006), 125r
China: barefoot doctors of, 326; health care system of, 197, 203–204
Chiropractic medicine, 146
Christian Scientists, 90, 198
Chronic fatigue syndrome (CFS), 47
Chronicity, 67
Clinton health care plan failure (1990s), 33
Coalitions: community, 269–271; consensus through, 305–306; lessons learned on effectiveness of, 317
Cobweb feedback cycle, 160–161
Codes of ethics, 166
Codman, E. A., 237
Codman Report (1917), 237
Cognitive-affective model, 269
Columbia/HCA, 28
Commercial carriers, 179
Commission on Accreditation of Healthcare Management Education (CAHME), 153
Commonwealth Fund, 33, 252
Community factors: disease prevention and, 267–268; of health behavior, 53–54
Community health centers, 114–115
Community Health Promotion Grants Program (CHPGP), 274, 275
Community Health Systems, Inc., 134
Community hospitals, 116, 120r–121
Community partnership (or coalitions), 269–271
Community rating, 185, 190
Comparative effectiveness, 338
CON (certificate of need), 109–110, 296
Consanguineous unions, 75–76
Consensus, 305–306
Consumer advocacy, 309–310
Consumer-driven health plans, 187
Consumers: assessing innovation outcomes for individual, 237–238; CAM (complementary and alternative medicine), 94–97; implications of terminology of, 5. See also Patients
Continuing resolutions, 296
Continuity of care, 127
Continuous quality improvement, 237
Control groups, 59, 213
Copayments (health insurance), 186
COPD (chronic obstructive pulmonary disease), 78
Corporate practice of medicine, 143
Corporations: ambulatory care, 111–112; LLP (limited liability partnership), 111–112; PLLC (professional limited liability company), 111–112
Corporatization of health care, 28
Cost issues. See Health care costs
Cost sharing: description of, 186; health service innovation outcome of, 234, 244–247
Cost-benefit analysis, 221
Cost-effectiveness analysis: of biomedical research, 221; of prevention measures, 281–285
Counseling services, 268–269
Crimean war (1854-1856), 149
Criminal behavior, 47–48
Critical thinking, 16–17
CT (computerized tomography) scan, 174p, 330
Cultural competence: definition of, 92; as health care concern, 90–91; outcomes of, 93–94; ways to improve, 92–93
Culture: definition of, 92; health care issues relevant to, 92–93
Curandero (Mexican American healer), 96
Cystic fibrosis (CF), 76–77, 83
D
Darsee, J. R., 229
Data dredging, 227
Data warehouses, 215
Daughters of Charity Hospitals, 122–123
Dawson, C., 226
DDT, 81
Death rates. See Mortality rates
Declining Disability Among the Elderly report, 214
Deductible (health insurance), 186
Delaney Clause (1954), 82
Demographics: of CAM consumers, 94–97; definition of, 83; as health services utilization factor, 83–85; impact on perception of health care needs, 86
Denial (sick role), 72
Dent v. West Virginia, 299
Descriptive case study, 215
Deviance: definition of, 47; medicalization of, 47–48
Deviance and Medicalization: From Badness to Sickness (1980s), 47
Deyo, R. A., 226
Diagnostic and Statistical Manual of Mental Disorders (DSM), 42, 44
Diagnostic-related groups (DRGs), 117, 119, 121
Disadvantaged population: ED (emergency department) visits by, 125r, 293; health disparities of, 83, 84r, 125r, 177, 280; uninsurance status of, 197–201, 253. See also Poverty levels
Discharge diagnosis: description and statistical use of, 67; short-stay hospitals and leading, 66r–67
Disease causality: geography and community, 53–54; heredity, 52; immune system malfunction, 50; individual behavior and attitudes, 52–53; microorganisms, 49–50; physical environment, 51–52. See also Epidemiology
Disease prevention: activities associated with, 266; public health and medicine roles in, 266–267. See also Prevention

Disease registries, 214

Disease surveillance, 214–215

Diseases: ambulatory care-sensitive disease, 60–61; autoimmune, 50; definition of, 45; ethnicity and, 45–46; etiology of, 43; iatrogenic, 50; incidence and prevalence of, 56; medical criteria and classifications, 42–45; modern, 61, 67–68; politicization of, 46–47; postmodern, 68; public misconceptions related to, 80–82; reservoirs of, 56–57, 58; screening for, 259, 283.

See also Epidemics

Illness

Doctors’ hospital, 117

Donut hole, 195

Drug Enforcement Agency (DEA), 302

Duty to protect, 299

Duty to warn, 299, 304

E. coli, 81

Empacho, 45, 92

Employee Benefit Research Institute, 34

Employee Retirement Income Security Act (ERISA), 303, 334

Employers: health care reform expanded mandate for, 335; “play-or-pay” mandate for, 333

Empowerment (or participatory) evaluation, 220–221

Enabling factor: Behavioral Model of Health Care Utilization on, 87, 88/fig; examples of, 86t

Environment: built, 51–52; chemical sensitivity and the, 47; disease related to individual’s physical, 49, 51–52; health care and public, 302/fig–303

Environmental Protection Agency (EPA), 278

Epidemic cycle, 59–60

Epidemics: Farr’s law of, 60; H1N1 (swine flu virus), 59–60/fig; London Broad Street Pump (1853–1854) cholera, 56–57; Rome diarrhea, 58, 59; species-threatening, 69. See also Diseases; HIV/AIDS

Epidemiology: description of, 56–57; epidemic cycle and, 59–60/fig; managerial, 62; modern applications of, 60–62; relative risk concept of, 57; traditional, 57–59; of violence, 61. See also Disease causality

Equality value, 32

Ethics. See Professional ethics

Etiology: definition of, 43; multifactorial in, 67

European health care systems: global cost controls for, 327–328; overview of different, 20, 326–327; performance of, 328–329

Evaluation research, 218. See also Program evaluation

EveryDayHealth, 252

Evidence-based medicine: description and goals of, 6; as growing movement, 208; as health service innovation, 234, 250–251

Exercise: benefits of, 264; team sports, 281/fig; unhealthy amounts of, 276–277

Expectable insurance losses, 184

Expenditure caps, 327, 328

Expenditure targets, 327–328

Expenditures. See Health care expenditures

Expensive to treat, 67

Experimental design, 209–211

Extramural research program, 21

F

Farr’s law, 60

Federally qualified health centers (FQHCs), 114–115

Fee-for-service, private, 22, 23

Feldsher (Russia), 326

Fiscal intermediaries, 21, 193–194

Flexner Report, 145, 146–147

Florida HIV outbreak, 58, 59

FOBT (fecal occult blood testing), 258

Food and Drug Act (1906), 28–29

Food and Drug Administration (FDA): Delaney Clause (1954) impact on the, 82; drug approval by, 223; regulations of the, 302

Foreign medical graduates (FMGs), 164

Foundation for a Healthy Kentucky, 272

Framingham Heart Study, 263–265

Fraser Institute, 329–330

Fraudulent science, 228–229

Free for All: Lessons from the Rand Health Insurance Experiment, 244

Free and Clear intervention, 279

Free clinics, 114

Free market: as American value, 30t–31; circumstances required for, 290–291; comparison of actual market conditions and, 292

Freidson, E., 149

French health care system, 20, 326, 327

Fuchs, V., 144, 198

Funding: Canadian health care controversy over, 332–333; government participation in health care, 297–298; health care, 172–173/fig; research, 21–22, 222–224
Health: behavioral dimension of, 47–48, 52–53; HDL (high-density lipoprotein) cholesterol, 265
Hawaiian health care coverage, 333
Hamilton Rating Scale for Anxiety, 212
H1N1 (swine flu virus), 59–60

Government: administrative actions by the, 300; case against health care participation by, 318–320; case for health care participation by, 290–294; debate over health care role of, 37; health care funding by the, 297–298; health care regulation by, 298; health risks measurement and intervention by, 77–78; judicial rulings by the, 298–299; legislation form of policy making by, 294–297; privatization of functions by, 300–302. See also Centers for Medicare and Medicaid Services (CMS); Legislation; Public policy; United States
Group Health Association of America (GHAA), 311
Group Health Cooperative of Puget Sound
HMO, 247

Health care: comparing Canadian-U.S. selected chronic conditions, 332; corporatization of, 28; declining benefits from units of, 36f; essential challenges in, 9–13; as national concern, 4–7; objectives and goals of, 8–9; organizational management in, 135–136; as public good, 17; public trust and professional ethics issues of, 13–14; spiral of public expectations and, 202–203; theory of insurance and, 180–181; trade-offs between other use of public funds and, 203; utilization of, 83–88. See also Health care administration; Health care system; Prevention

Health care administration: clinicians as managers in, 154–155; compensation for selected positions in, 160r; by the government, 300; as health care cost accelerator, 17; overview and modern challenges facing, 151–154
Health care challenges: aloof providers, 12; emotional involvement, 11–12; Medicare compensation changes and rationing as, 12–13; overview of, 10–11. See also Health care reform

Health care controversies: of Canadian health care system, 311–329; on contradictory health care concerns, 38f; disadvantaged population and, 36–37; on financial responsibility, 37–38; mammography, 274; on market and government roles, 37; over volume and type of health care, 35–36. See also Health care reform

Health care costs: comparative effectiveness approach to controlling, 338; controlling global, 327–328; global issue of, 173–175; growth in the U.S., 5f; 175–178; how prevention impacts, 281–285; increasing problem of, 4; technological impacts on, 174–175; U.S. accelerators of, 175–178. See also Health care expenditures

Health care delivery: health service industry sectors and, 105–110; organizations used for, 101, 104–137

Health care disparities: Black Report on, 329; demographic factors related to, 6–7; social and economic factors of, 83, 84r, 125r, 177, 280; uninsurance and, 197–201, 253

Health care expenditures: caps and targets of, 327–328; ED (emergency department), 128; hospital financial management, 121; Medicare and Medicaid impact on, 190–191r; overview of, 172–173f. See also Health care costs

Health care funding: Canadian health care controversy over, 332–333; government participation in, 297–298; overview of, 172–173f. See also Research funding

Health care labor force: availability of professionals, 160–161; backward-bending labor supply curve model of, 161f; clinics as managers, 154–155; distribution of physicians, 164–165; health administration, 151–154; history, background, and challenges of, 143–154; issues of, 140–141; licensing and disciplinary agencies over, 167–168; medicine, 144–148; nursing, 149–151; production of services, 161f; professionalism concept of, 144–143; star performers of the, 168–169; statistics of, 155–159; surplus-shortage cycles in nursing, 163–164. See also Ethics; Health care workers; Nurses; Physicians

Health care management: critical thinking approach to, 16–17; public interest approach to, 17; systems approach to, 15–16. See also Policy
Health threats: drug-resistant microorganisms, 68–69; species-threatening epidemics, 69
Healthcare Effectiveness Data and Information Set (HEDIS), 21, 235
Hemicrropctomy, 107
Hereditary factors, 52, 75–76
High-deductible health plans (HDHPs), 186–187
Hill-Burton Act (1946), 117, 121, 325
Hippocratic Oath, 141
Hispanics. See Latino/Hispanics
HIV/AIDS: distinguishing characteristics of, 67; epidemiological investigation of Florida outbreak, 58, 59; geography and community factors of, 53; immune response to, 50; prevention measures to reduce risk of, 260. See also Epidemics
HMOs (health maintenance organizations): description and types of, 128–129; early forms of, 28; HDHPs (high-deductible health plans) adopted by, 186–187; intrasectoral competition of, 108; personal choice value and rejection of, 32; selective contracting used by, 243; service benefits insurance by, 192; valuation of choice issue of, 98
Hog cycle, 160–161
Homeopathy, 146
Homo sapients, 69
Horn, J. S., 326
Hospices, 135
Hospital Compare, 235
Hospital Survey and Construction Act, 117
Hospitals: accreditation of, 27–28, 297–298; contemporary challenges facing, 119–123; distribution of beds and occupancy rates (2006), 118; ED (emergency department) of, 123–128; financial management of, 121; historic development of U.S., 25–29, 116–117; industry changes, 117–119; intrasectoral competition between, 108–110; leading discharge diagnoses from short-stay, 66–67; nonprofit, 122–123; public image of, 121; structure of community, 120–121. See also Health care organizations
House staff, 120
HSAs (health savings accounts), 187
Human Ecology Action League, 47
Humana, 28
Hwang Woo Suk, 226
Immune system malfunction, 50
Immunization, 258–259, 282, 283
Immunosuppression, 50
Incidence, 56
Income transfers system, 202
Incrementalism, 33
Indemnity policies, 186
Index case, 58–59
Indian Health Service (IHS), 22, 23
Industrial occupational fatalities (2006), 78–79
Infant mortality statistics, 331
Information dissemination: disease prevention and, 268; on quality findings to the public, 251–253
Injuries: lifestyle and risk of, 75–76; occupational fatalities (2006) due to, 78–79
Innovations. See Health service innovations
Institute of Medicine: pay for performance supported by, 234; on preventable medical errors, 6
Insurance, 178. See also Health insurance
Insurance connector (Massachusetts plan), 333–334, 335, 336
Insurance pooling, 202
Integrated delivery system (IDS), 113–114
Intergenerational income transfer, 202
Intermountain Health Care, 114
Interpretive case study, 215
Interrupted time series design, 220
Intrasectoral competition, 108–110
Ioannidis, J., 227
IPAs (independent practice organizations), 129
J
Japan, 46
JCAHO (Joint Commission on Accreditation of Healthcare Organizations), 21, 28. See also The Joint Commission
Jehovah’s Witnesses, 90
Johns Hopkins Medical School, 22, 145
Johnson, L. B., 190, 305
Joint Commission. See The Joint Commission
Journal of the American Medical Association, 257
Judicial rulings, 298–299
K
Kaiser Family Foundation, 186
Kaiser Health Plan, 128
Karnofsky scale, 44
Kennedy, E., 312
Kennedy, J. F., 190
Kiefer, A., 264
Index

Killer Fog (London, 1952), 51
Koch, R., 49, 50, 57
Kolko, G., 319
Koop, E. C., 303
Kramer, P., 46

L
Labor issues. See Health care labor force
Latino/Hispanics: CAM consumers among, 94; Curandero (Mexican American healer) used by, 96; ED (emergency department) visits by, 125r; health care disparity and, 6, 7r; health services utilization by, 83, 84r; lifestyle health risks of, 73–74r, 75; mollera caida and empacho issues and, 45, 92; nonadherence behavior by, 89; perception of health care needs by, 86; uninsured among, 199r–200. See also Racial/ethnic differences
Leeuwenhoek, A. van, 49
Licensing and disciplinary agencies, 167–168
Life expectancy statistics, 331r
Lifestyle: Mormonism, 53, 75–76; prevention measures to reduce risks, 260, 262–266, 283r–284r; risk related to, 73–76p. See also Behavior
Listening to Prozac (Kramer), 46
Lister, J., 49
LLP (limited liability partnership), 111–112
Lobbying, 306–307
Logic model case study, 215
London Broad Street Pump (1853-1854), 56–57
London Killer Fog (1952), 51
Long-term care facilities, 132–133
Look-back procedure, 58
Loss ratios, 193

M
McGill Pain Questionnaire, 44
Mammography controversy, 274
Managed care: description of, 128; health service innovation outcome of, 234, 247–250; as insurance, 191–192; POS (point-of-service) option of, 24; private, 22, 23r
Managed care organizations (MCOs): description of, 22, 128; trend toward, 24
Managerial epidemiology, 62
Marburg, 62
Market segment, 105
Marketing. See Health care marketing
Mass market: description of, 105; primary, secondary, and tertiary care of, 105–106; quaternary care of, 105, 106–107
Massachusetts insurance connector, 333–334, 335, 336
Maximization concept, 30r, 31
Mayo Clinic, 152
Means tested, 189
Medi-Cal, 117, 189, 312–314
Medicaid: description of, 22, 23r; DRGs (diagnostic-related groups) adopted by, 119, 121; ED (emergency department) visits paid by, 125r; fairness issue of, 201–202; government mandate on fees paid by, 297–298; health care reform proposed expansion of, 334–336; impact on health care expenditures by, 190–191r; origins and development of, 27; physicians who refuse patients from, 24; as public program, 188–191
Medical Board of California (MBC), 167–168
Medical errors, 5–6
Medical Group Management Association (MGMA), 151
Medical licensure laws, 25r, 26
Medicalization of deviance, 47–48
Medicare: aging population participants in, 180; balance billing under, 147; compensation practices of, 12–13; description of, 22, 23r; DRGs (diagnostic-related groups) adopted by, 119, 121; fairness issue of, 201–202; government mandate on fees paid by, 297–298; impact on health care expenditures by, 190–191r; nonadherence behavior by patients of, 89; origins and development of, 27; overview of Parts A through D, 194–196; as public program, 188–191; RBRVS (resource-based relative value scale) adopted by, 157. See also Centers for Medicare and Medicaid Services (CMS)
Medicare Advantage plan, 192
Medicare (Canadian health care system), 329–330
Medicare Modernization Act, 195, 196
Medicare surtax (1988), 325
Medicare Trust Fund, 190, 194
Medicine: allopathic, 145; CAM, 94–97; evidence-based, 6, 208, 234, 250–251; health promotion and role of, 266–267; prevention and efficacy of, 258–260
“Medigap,” 194
Medpartners, 134
Mental health facilities, 130–132
Mental Health Inventory, 242
Meritocracy belief, 30
Methicillin-resistant *Staphylococcus aureus* (MRSA), 68
Microorganisms: disease caused by, 49–50; *E. coli*, 81; *Giardia lamblia*, 58, 59; MRSA (Methicillin-resistant *Staphylococcus aureus*), 68; *Pneumocystis carinii*, 50; *salmonella saphra*, 59; *Trypsansa brucei rhodensiense*, 107; *Vibrio cholerae*, 57
Modern diseases: concept of, 67–68; epidemiology of, 61
*Mollera caida*, 45, 92
Montefiore Medical Center (New York), 119
Moral hazard, 182, 183
Morbidity: changing patterns of 21st century, 62–64; leading discharge diagnoses from short-stay hospitals, 66t–67; most frequent reasons for office visit (2006), 64t–65t
Mormonism lifestyle, 53, 75–76
Mortality rates: changing causes during 21st century, 62–64; comparing Canadian-U.S. infant, 331t; nondisease causes of, 55t; occupational fatalities by industry (2006), 78–79t
Mount Sinai Hospital (New York), 116
MRSA (Methicillin-resistant *Staphylococcus aureus*), 68
MSAs (medical savings accounts), 187
Multi-specialty practices, 113
Multifactorial in etiology, 67
Mutual insurance companies, 179
Mutual of Omaha, 21
Mutual Partnerships Coalition (MPC), 270–271

N
National Association of Clinic Managers, 151
National Cancer Institute, 214
National Cancer Institute Act (1937), 27
National Center for Health Statistics (NCHS), 112, 213–214
National Committee for Quality Assurance (NCQA), 21
National Health Interview Study (2007), 113, 124
National Health and Nutrition Examination Survey, 214
National Health Planning and Resource Development Act, 296
National Institutes of Health (NIH), 21–22, 223, 224
National Long Term Care Survey (NLTC S), 214
National Medical Enterprises (later Tenet), 28
Native Americans: ED (emergency department) visits by, 125t, 126; health care disparity and, 6, 7t; health services utilization by, 83, 84t; Indian Health Service (IHS) serving, 22, 23t, 24; lifestyle health risks of, 73–74t; perception of health care needs by, 86; uninsured among, 199t. See also Alaska Natives; Racial/ethnic differences
Need factor: Behavioral Model of Health Care Utilization on, 85–86, 88t; examples of, 86t
New England Journal of Medicine, 215, 281
New Orleans health statistics, 54
New York Times, 79, 80
Niche services, 105, 107–108
Nightingale, F., 149–150
Nonadherence, 88–89
Noncompliance, 88–89
Nonprofit advocacy, 308–309
Nonprofit hospitals, 122–123
Null hypotheses, 211
Nurse practitioners (NPs), 151
Nurses: advanced practice, 143, 151; health managers among, 154–155; number practicing/income of, 158t. See also Health care labor force; Health care workers; Physicians
Nurses’ Health Study, 263–264
Nursing: growth as profession, 159t; history and modern challenges facing, 149–151; surplus-shortage cycles in, 163–164
Nursing staff ratios, 163

O
Obama, B., 29, 317
Objectives: definition of, 8; health care, 8–9
Observational studies, 238
Occupational risks, 78–79t
Office of Rural Health Policy (ORHP), 308–309
Office visits, most frequent reasons (2006) for, 64t–65t
Office-based care, 110
O’Neill, “Tip,” 305
Opportunistic infection, 50
Oregon Health Plan, 333
Osteopathic manipulative medicine (OMM), 147
Osteopathy, 146–147
Outcomes: cost sharing, 234, 244–247; managed care, 234, 247–250; quality of care and, 236; selective contracting, 234, 242–244; tactical innovations, 250–253
Outpatient care, 110
Paffenbarger, R. S., 263
Participatory (or empowerment) evaluation, 220–221
Partnership for Clear Communication, 91–92
Partnerships: ambulatory care, 111; LLP (limited liability partnership), 111–112
Pasteur, L., 49, 50, 209–210, 211
Patients: adverse behavior by, 88–90; impact of HMO membership on quality of care and, 248; implications of terminology of, 5; nonadherence or noncompliance by, 88–89; personal choice valued by, 30, 31–32, 98; physicians refusal of, Medicaid and Medicare, 12–13, 24; refusal of care, 89–90. See also Consumers; Quality of care
Pattullo, A., 153
Paxil, 212
Pay for performance, 234, 251
PCBs, 81
Personal choice value: as cost accelerator, 175–176; of health care consumers, 30, 31–32; health care marketing valuation of, 98
Pesthouses, 116
Pesticides: cancer risk from exposure of, 81; Delaney Clause exemption of, 82; disease caused by, 51
Pharmaceutical regulation, 28–29
PHOs (physician hospital organizations), 133
Physical environment: built, 51–52; chemical sensitivity and, 47; disease related to individual’s, 49, 51–52
Physical findings, 42
Physical inactivity, 73
Physical therapy, 157
Physician assistants, 157
Physician extenders, 157
Physician-patient collaboration, 68
Physicians: board certification of, 144; cultural competence of, 92–94; demographic statistics on, 155–156; as health managers, 154–155; history and challenges facing modern, 144–148; income of, 156–158; medical licensure laws on, 25v, 26; Medicare patients refused by, 12–13; moral hazard and, 182, 183; origins, ethnicity, and location of, 164–165; pluralism value impacting practices of, 33; professional ethics of, 13–14. See also Health care labor force; Health care workers; Nurses
Physicians office ambulatory care, 113
Piltdown Man fraud (1912), 226
Placebo effect, 211
“Play-or-pay” mandate, 333
PLLC (professional limited liability company), 111–112
Pluralism value, 32–33
Pneumocystis carinii, 50
Poddar, P., 299
Policy: critical thinking approach to, 16–17; definition of, 17; ED (emergency department) duties, 126; public interest approach to, 17; systems approach to, 15–16. See also Health care management; Public policy
Political climate, 310, 318
Political culture: description of, 29; impact on U.S. health care, 30; specific values tied to, 32–33
Politicization of disease, 46–47
Politics: biomedical research and advocacy driven by, 224–226; lessons learned about public policy, 316–318; of program evaluation, 225; public policy driven by, 304–310; three case studies on health care and, 310–316
POS (point-of-service), 24
Postmodern diseases, 68
Poverty levels: ED (emergency department) visits by, 125, 293; as health care cost accelerator, 177; health services utilization and, 83, 84, 280; uninsured relationship to, 199. See also Disadvantaged population
PPM (physician practice management), 133–134
PPOs (preferred provider organizations): characteristics and types of, 129, 130; early forms of, 28; fee-for-services approach of, 192; increasing enrollment in, 32; managed care approach adopted by, 250; managed care “backlash” and increased popularity of, 249; valuation of choice and trend toward, 98
Practice management organizations, 133–134
Predisposing factor: Behavioral Model of Health Care Utilization on, 86–87, 88/9g; examples of, 86t; for nonadherence by patients, 89
Preexisting health problems, 198
Prescription Drug User Fee Act (1992), 29
Prevalence, 56
Prevention challenges: complex conclusions of research, 275–276; harmful outcomes, 276–278; implementation challenges, 278–281; negative research findings, 272–275; overinterpretation of research findings, 278; scientific concerns, 272
Primary care, 105
Primary prevention, 257
Private fee-for-service care, 22, 23
Private health care sector: dominance of the, 20–22; fiscal intermediaries of the, 21; health care reform provisions on, 335; managed care in, 22, 23
Private property value, 30–31
Process: CMS development of indicators for, 242; as health care outcome measure, 240–241; quality of care and components of, 236
ProCyte, 228
Professional ethics: codes of ethics, 166; description of, 13–14; new challenges related to, 14; oversight and discipline of, 167–168; Tuskegee experiment as violation of, 93
Professionalism concept, 141–143
Profile of Mood States, 44
Program evaluation: case studies for, 219; cost-effectiveness and cost-benefit analysis of, 221; description of, 218; empowerment evaluation for, 220–221; politics of, 225; prevention challenges related to research and, 272–281; quasi-experimental design for, 219–220; survey methods for, 219; traditional experiment approach to, 218–219. See also Biomedical research
Project Immunize Virginia (PIV), 270
Prospective payment mechanisms, 29
Public: health services utilization by the, 83–88; quality findings dissemination to the, 251–253; research advocacy, politics, and the, 224–226; risk perceptions of the, 80–82
Public environment, 302–303
Public good, 17
Public health: disease prevention role of, 266–267; evidence-based recommendations for, 260; immunization for, 258–259, 282, 283; screening for, 259, 283. See also Health
Public Health Service (PHS): health risks measurement and intervention by, 77–78; research funding by, 223; U.S. Marine Hospital Service predecessor of, 27. See also Health promotion
Public Health Services Act, 27
Public insurance programs: fairness issue of, 201–202; overview of, 188–191. See also Medicaid; Medicare
Public interest, 17
Public perceptions: of risk, 80–81; three factors determining risk, 81–82
Public policy: definition of, 271; disease prevention and role of, 271–272; through legislation, 294–297; lessons learned about, 316–318; meaning and implications of, 303–304; political climate impact on, 310, 318; politics driving, 304–310; potential volatility of, 325; summary of impact and outcomes of selected, 295; three case studies on, 310–316; tobacco control, 284–285. See also Government; Legislation; Policy
Public trust issue, 13–14
Pure Food, Drug, and Cosmetic Act (1938), 29, 82
PVCS (polyvinyl chloride compounds), 51
Q
QALYs (quality-adjusted life years), 221
Quality of care: ED (emergency department), 126–127; health care marketing impact on, 97; health service innovation and, 236, 237; impact of HMO membership on, 248; public dissemination of findings on, 251–253; Rand HIE on cost sharing impact on, 245–247. See also Patients
Quasi-experimental design, 219–220
Quaternary care, 106–107
R
Racial/ethnic differences: of CAM consumers, 94; causes of death and, 63–64; ED (emergency department) visits and, 125; health care disparity and, 6–7; health professional ethnic distribution and, 164; health services utilization and, 83, 84; infant mortality and life expectancy, 331; in lifestyle health risks, 73–75; social and cultural interpretations of disease and, 45–46. See also specific racial/ethnic groups
Rand Health Insurance Experiment (RAND HIE), 238–239, 242, 244, 245–250
RAND MOS-36, 44
Ratican, P. J., 154
Regents of the University of California, Tarasoff v., 299, 304
Reagan, R., 29, 116, 303
Rejection of care, 89–90
Reinsurance, 193
Relative risk, 57
Reliability, 217
Relman, A., 281
Research funding: issues related to, 222–223; sources of, 21–22, 223–224. See also Health care funding Research. See Biomedical research

Reservoirs of disease, 56–57, 58

Residence-related risk, 79–80

Retail clinics, 115–116

RevolutionHealth, 252

Risk: health insurance and incalculable, 181–182; health insurance and unfavorable risk pools, 182; imposition of, 82; lifestyle related, 73–76p, 260, 262–266, 283r–284r; measurement and intervention for, 77–78; medical, 76–78; of nonadherence, 89; personal acceptance of, 73–80; public perceptions and responses to, 80–82; relative, 57; residence and related health, 79–80

Risk pools, 182

Robert Wood Johnson Foundation, 224

Roles: adoption of sick, 72–73; definition of, 72

Rome diarrhea epidemic, 58, 59

Roosevelt, F. D., 27

Roosevelt, T., 28

Roseto (Pennsylvania), 54

Rural-urban commuting areas (RUCAs), 308–309

Russell, L. B., 282

Russia: feldsher of, 326; magnitude of health care in, 20

Ryan White Comprehensive AIDS Resources Emergency Act, 190

S

Safety net providers, 114

Salmonella saphra, 59

SCHIP (State Children’s Health Insurance Program), 27, 33, 36, 188–189, 218, 325, 334

Scientific error, 226–227

Scientific findings distortion, 228

Scientific fraud, 228–229

Screening, 259, 283r

Scruggs, R., 122

Secondary care, 105–106

Secondary prevention, 257

Selective contracting, 234, 242–244

Self-efficacy, 87

Self-insurance, 193

Serious and Unstable Condition (Aaron), 35

Shadow pricing, 247

Shaw, B., 143

Sick role, 72–73

Sidestream (or second-hand) smoke, 278

Signs, 42

Single-specialty practice, 113

Skateboarder magazine, 75

Skateboarding injuries, 75, 76p

Slovic, P., 81

Snow, J., 56–57

Social capital, 270

Social influence model, 269

Social insurance, 189–190

Social insurance programs, 188

Social Security Act (1965), 190

Social values: description of, 29; impact on U.S. health care, 30r; overview of specific U.S., 30–32

Sole sourcing, 225

Species-threatening epidemics, 69

Spiral of public expectations, 202–203

SSI (Supplemental Security Income), 188

SSRIs (selective serotonin reuptake inhibitors), 46, 48

Statistical health service innovations: description of, 234–235; outcomes of, 242–250

Status group, 107–108

Steadman, J. R., 168–169

Structure: community hospitals, 120f–121; as health care outcome measure, 240t–241r; quality of care and components of, 236

A Study in Hospital Efficiency (Codman Report), 237

Substance abuse, 53

Supernormality, 48–49

Survey method: biomedical research approach using, 213–214; program evaluation using, 219

Susan B. Komen Foundation, 309

Swedish Medical Center, 109–110

Symptoms, 42

System factors: Behavioral Model of Health Care Utilization on, 85–88f; examples of, 86t

Systems approach, 15–16

T

Tactical health service innovations: description of, 234–235; outcomes of, 250–253

TANF (Temporary Assistance to Needy Families), 188, 334

Tarasoff, T., 299

Tarasoff v. Regents of the University of California, 299, 304

Tax Equity and Fiscal Responsibility Act, 117

Team sports exercise, 281p

Tenet, 28, 134, 203

TennCare, 189

Tertiary care, 106

Tertiary prevention, 257

The Joint Commission: Codman Report reprinted by, 237; hospital accreditation by, 27–28, 297–298; origins and development of, 27–28, 300–302; professional standards and quality governed by, 21. See also JCAHO (Joint Commission on Accreditation of Healthcare Organizations)

Theory of insurance, 180–181
Third-party payers, 102, 172. See also Health insurance
Title XIX (Social Security Act), 190
Title XVIII (Social Security Act), 190
Titles VII and VIII (Public Health Services Act), 27
TLA (translumbar amputation), 107
Tobacco: anti-tobacco education, 273, 279; anti-tobacco laws, 271–272; health risk of, 53, 73; public policy control over, 284–285
Tobacco Quitlines, 269
Total ratio, 193
Trauma centers, 123
Tricare, 22, 23t
Trypanosmiasis, 107
Trypanosoma brucei rhodensiense, 107
Tuskegee experiment, 93
Twin studies, 52
2009 Recovery Act, 21

U
Underwriting, 193
Underinsurance/uninsured: ED (emergency department) visits by, 125t; outcomes of, 253; social and economic problem of, 197–201
Unitary risk pools, 185
United Kingdom (U.K.): health care system of, 326–327t; magnitude of, 20; welfare state system of, 31
United States: age-adjusted deaths by gender, race, and education, 7t; growth of health care costs in the, 5fg; health care comparisons between China and, 203–204; health care as national concern in the, 4–7; health care reform in the, 13, 29, 38, 189, 232, 317, 334–338; imperfectly integrated health care system in the, 16fg; nondisease causes of death (2004) in the, 55t; percentage of emergency department visits (2006) in the, 125t; state-level initiatives in the, 333–334; survival curves by age for women (1900-1995), 9fg. See also Government
United States, American Medical Association v., 299
University of Bologna, 26
University of Pennsylvania, 22
University of Washington Medical Center, 109–110
Upstream resources allocation, 176
Urgent Care Association of American, 115
Urgent Care Association of American, 115
U.S. Bureau of Labor Statistics, 150, 154
U.S. Centers for Disease Control and Prevention. See CDC (Centers for Disease Control and Prevention)
U.S. Environmental Protection Agency (EPA), 278
U.S. Food and Drug Administration, 82, 223, 302
U.S. Marine Hospital Service, 27
U.S. Preventive Services Task Force (USPSTF), 260, 261t–262t, 274
U.S. Public Health Service (PHS): health risks measurement and intervention by, 77–78; research funding by, 223; U.S. Marine Hospital Service predecessor of, 27
U.S. Surveillance, Epidemiology, and End Results system, 328
Utah Mormons, 53, 75–76
Utilization review, 150

V
VA (Veterans Administration), 24, 114
Validity, 211–212
Value-added tax (VAT), 338
Vibriocholerae, 57
Visual analogue scales, 44
Vitamin D, 275, 276
Voluntary hospitals, 116

W
Walmart clinics, 115
Wall Street Journal, 46, 54, 122, 169, 203, 204, 252, 276
WebMD Health, 252
Welfare state, 31
Wellpoint, 188
West Nile virus, 80–81
West Virginia, Dent v., 299
Whites. See Caucasian
Whooping cough, 81
WhyNotTheBest.org, 252
W.K. Kellogg Foundation, 153, 224
Women: CAM consumers among, 94; health care disparity and, 6–7t; health services utilization by immigrant vs. native, 83, 85; lifestyle health risks by, 73–74t; Nurses’ Health Study on, 263–264; sick role adoption by, 73. See also Gender differences
Women’s Health Initiative (WHI), 275, 276
Woolf, S. H., 257
World Health Organization (WHO): disease surveillance by, 214–215; health definition of, 8; ICD published by, 42–44t