

**DON'T TALK TO ANYONE.
DON'T TOUCH ANYONE.**

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CONTAGION

SEPTEMBER 9

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SEPTEMBER 9

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IN THEATERS AND IMAX

Public Health

What My Parents Think I Do



What My Friends Think I Do



What My Kids Think I Do



What Society Thinks I Do



What I Thought I'd Be Doing



What I Actually Do



Public Health



What my friends think I do



What my mother thinks I do



What society thinks I do



What the government thinks I do



What I think I do



What I really do

Disclaimer #1



Materials provided in this presentation are from a variety of sources.

Based upon the webinar format of this session, citation of original sources is not presented.

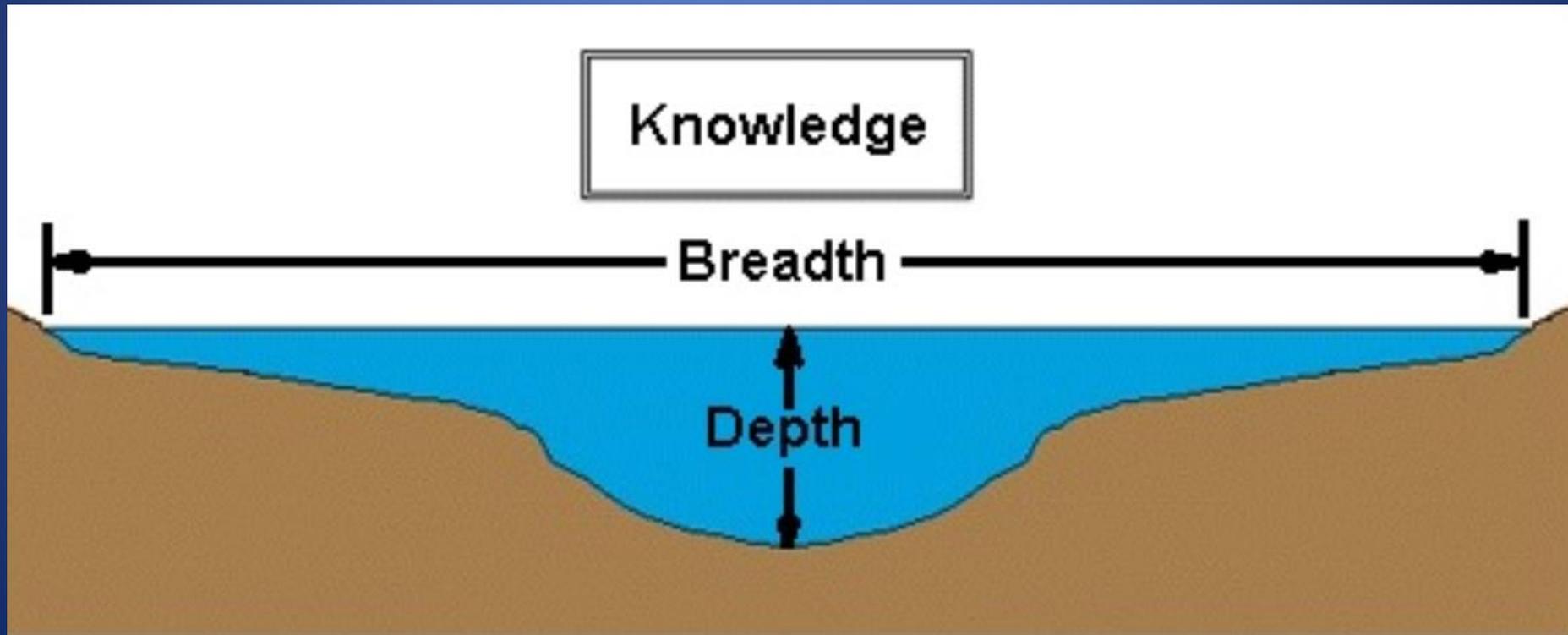
Disclaimer #2

What is on...



...the **TEST**

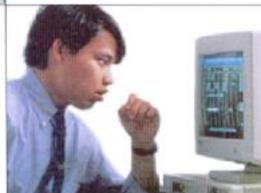
Disclaimer #3



Master's Degree in Public Health Core Competency Development Project

Version 2.3

August 2006

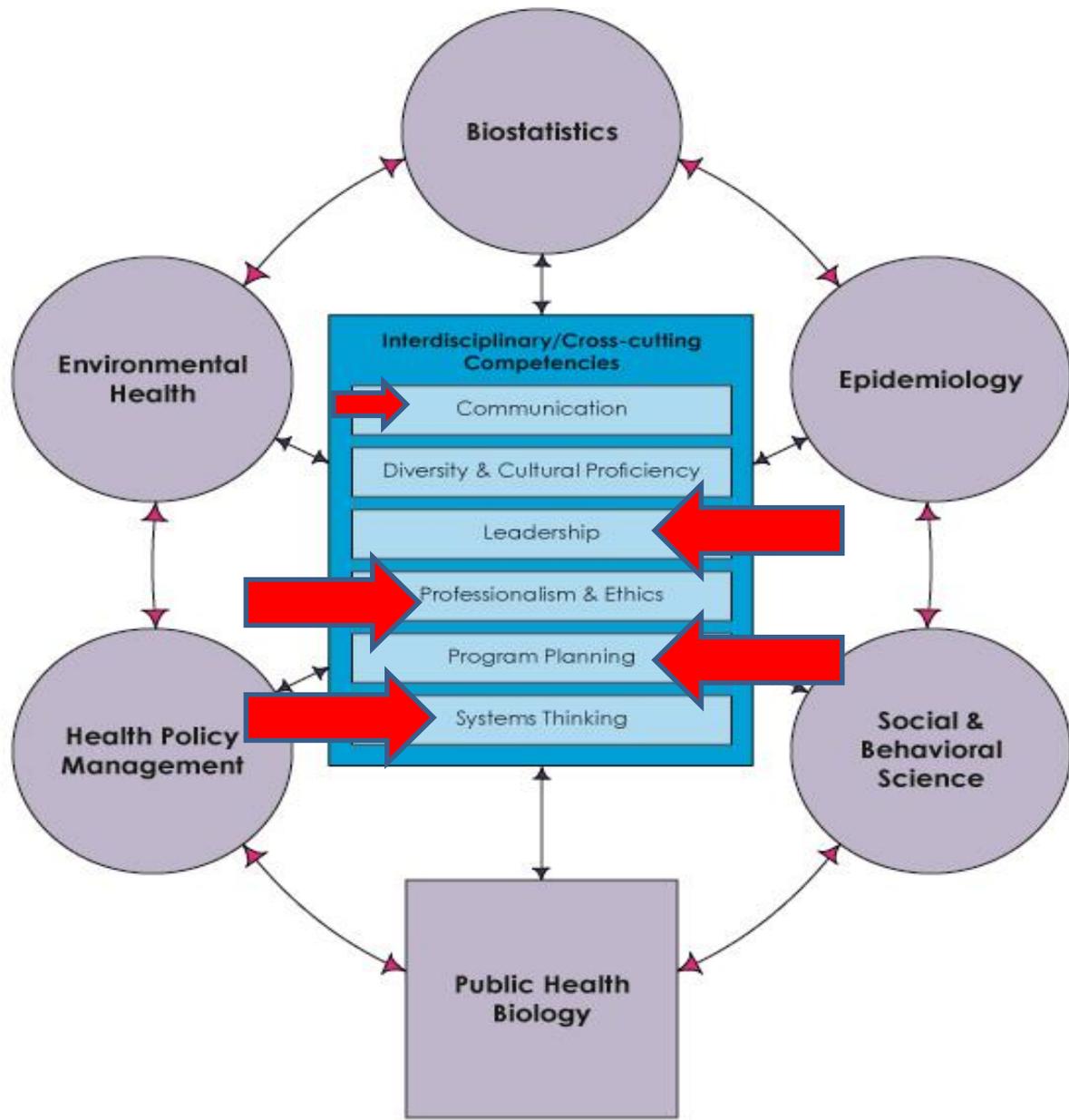


HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

Competencies: Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.



- Discipline-Specific Competencies
- Interdisciplinary/Cross-cutting Competencies

NATIONAL BOARD OF PUBLIC HEALTH EXAMINERS

Certified in Public Health (CPH) Exam
CONTENT OUTLINE



April 2014

Health Policy and Management

1. **US Health Care Delivery System**
 - A. Continuum of Care – Primary through Long-Term Care
 - B. Not-for-profit, For-profit, Government Organizations
 - C. Health Care Financing, Public and Private
 - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
 - E. Patient Protection and Affordable Care Act
 1. HIPAA
 - F. Health Care Utilization, Elasticity of Demand
 - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
 - A. Financing and Delivery Models
4. **US Health Policy**
 - A. Policy-Making Process
 1. Federal
 2. State
 3. Local
 - B. National Advocacy Organizations
 - C. Stakeholder Participation
 - D. Advocacy – Federal, State and Local Levels
 - E. Social Ethics
 - F. Health Economics
5. **Management and Leadership**
 - A. Organizational Management
 1. Organizational Structure
 2. Strategic Management and Leadership
 3. Program Planning and Marketing
 4. Organizational Ethics
 5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

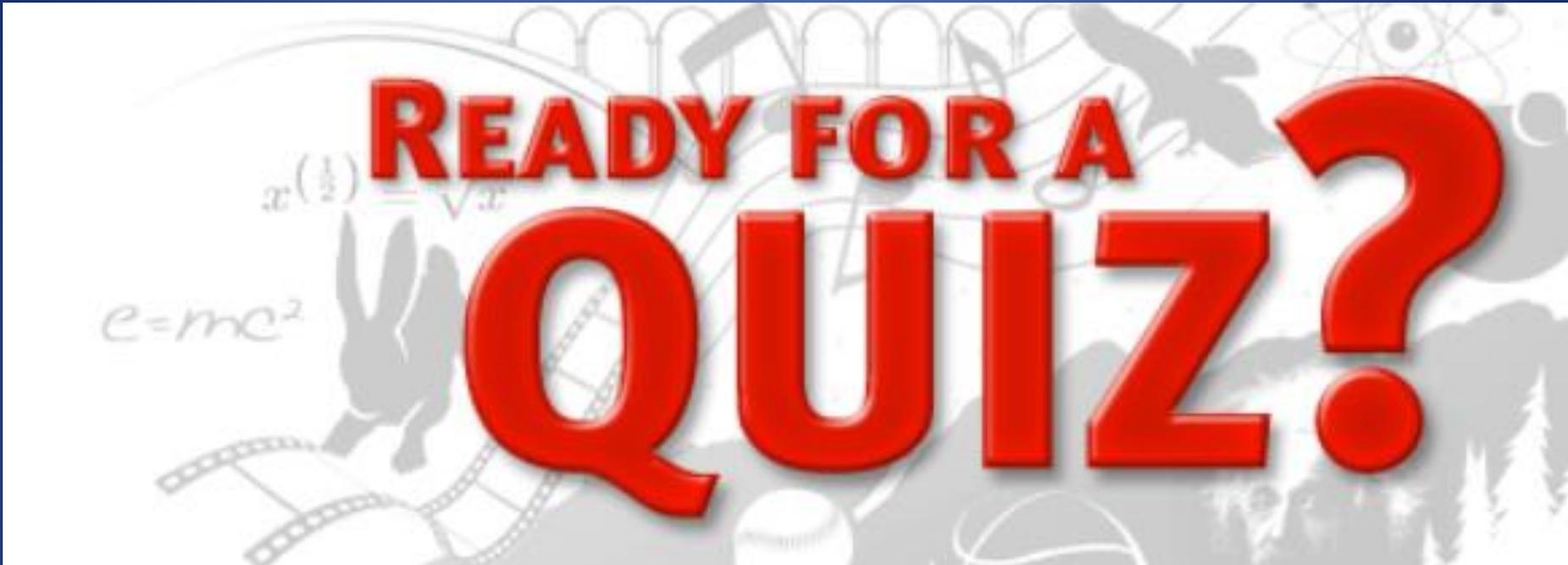
1. Resource Allocation and Control
2. Budgeting

READY FOR A

$$x^{(\frac{1}{2})} = \sqrt{x}$$

$$E=mc^2$$

QUIZ?



Health Care Systems

1. Receiving Certification in Public Health (CPH) from the NBPHE is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect**
- b. Justice**
- c. Litigation**
- d. Assessment of Benefits**
- e. Beneficence**

POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

DELIVERY SYSTEMS

5. Paying a monthly flat fee for all medical care needed is typical of:

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**

DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

MANAGEMENT

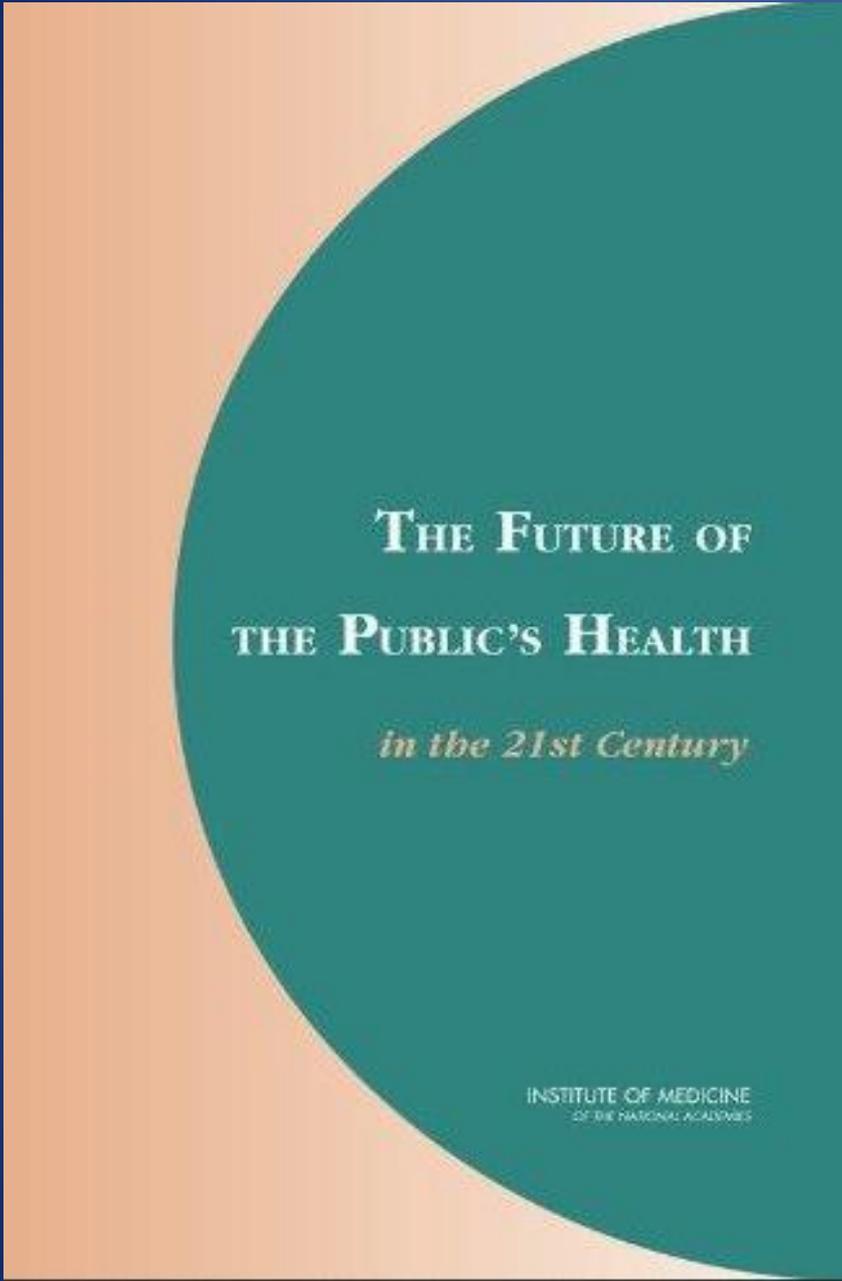
7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

MANAGEMENT

8. Budgeting for the recurring monthly restocking of 10,000 doses of Flu Vaccine would be a:

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**



**THE FUTURE OF
THE PUBLIC'S HEALTH**
in the 21st Century

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

We need:

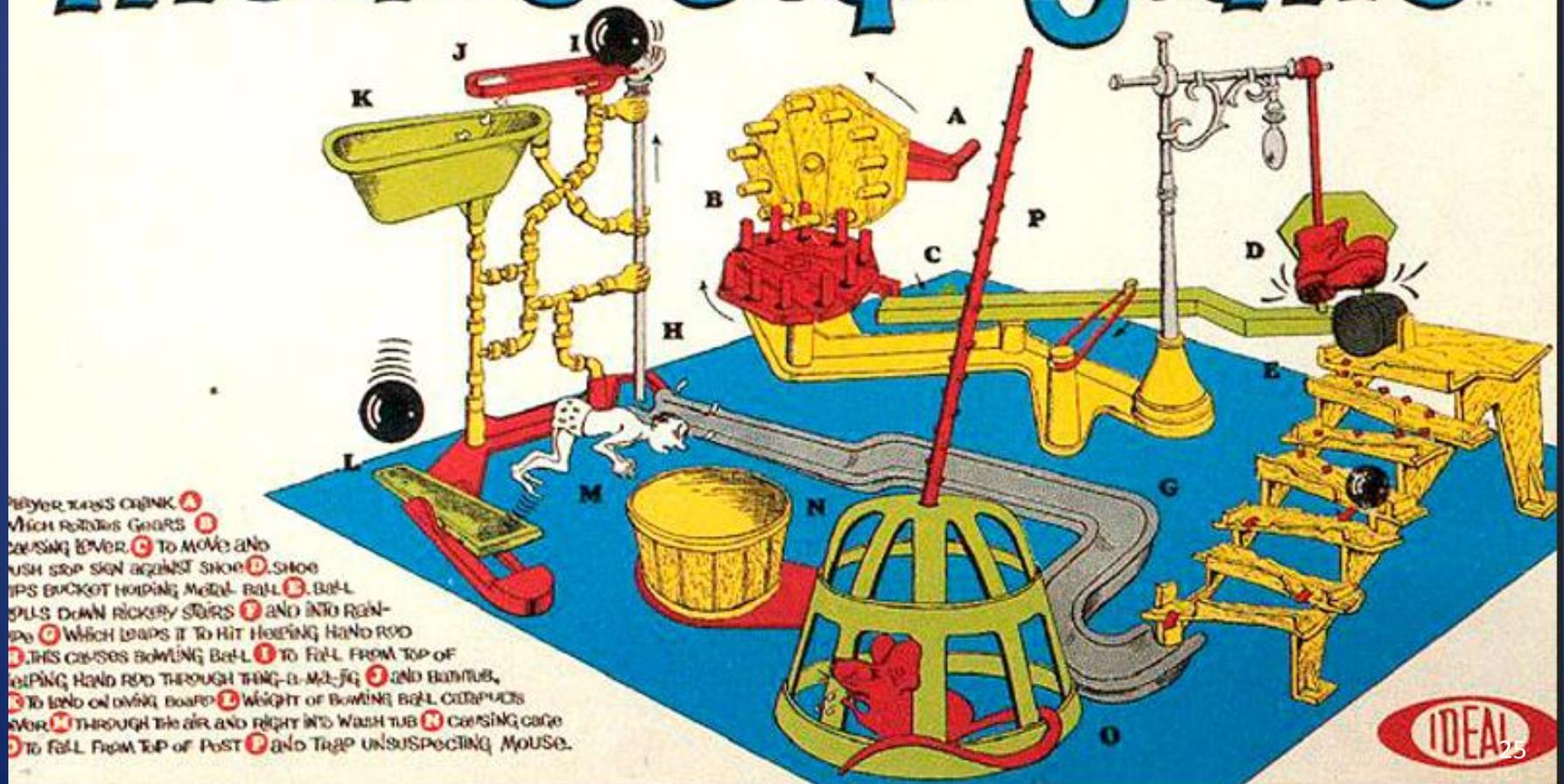
- A health policy that assures adequate and sustained investment in the important determinants of health
- A strong governmental public health infrastructure
- A public health system that reflects public understanding that health is everyone's business.

4 Components:

- Systems Thinking
- Health Policy
- Delivery Systems
- Health Management

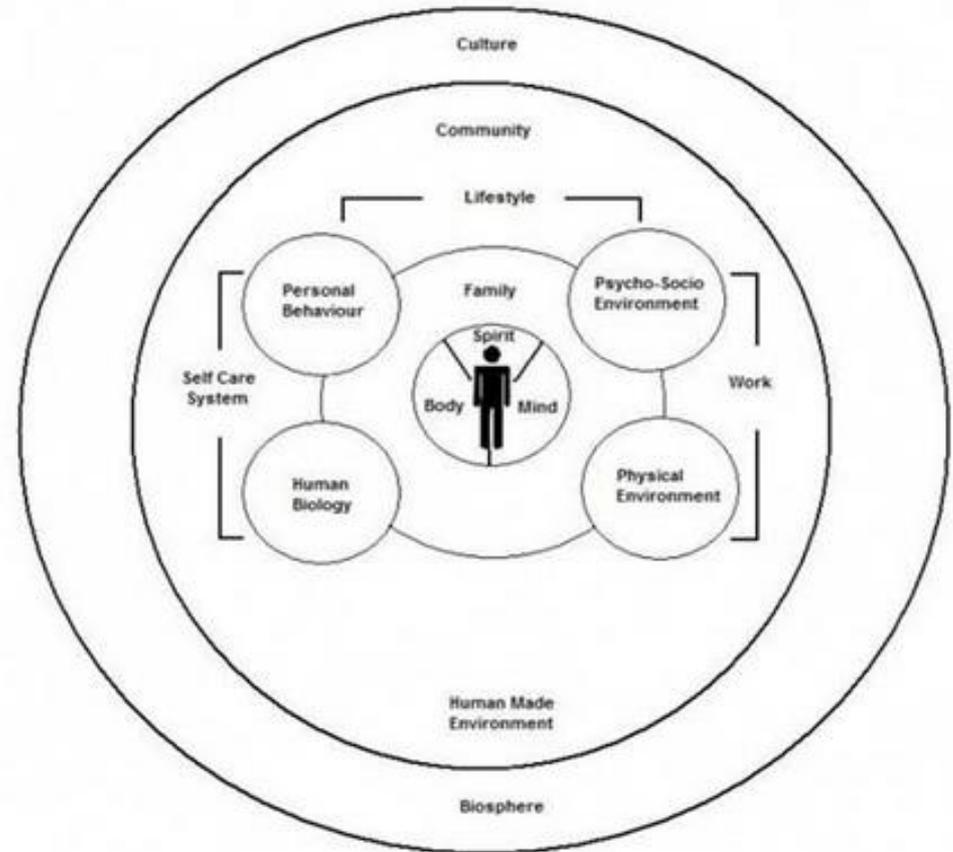
Systems Thinking

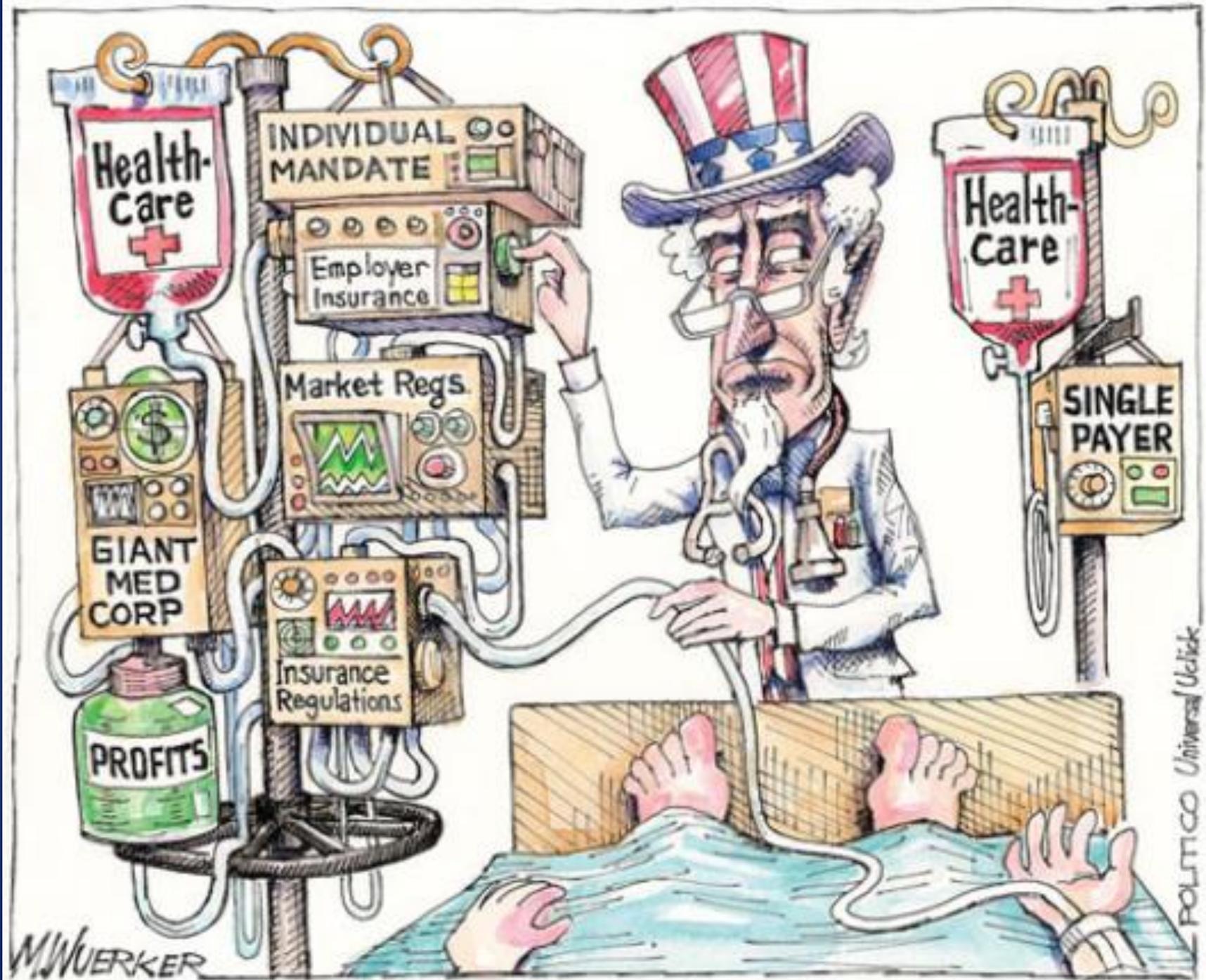
mouse trap game



Definition of Health

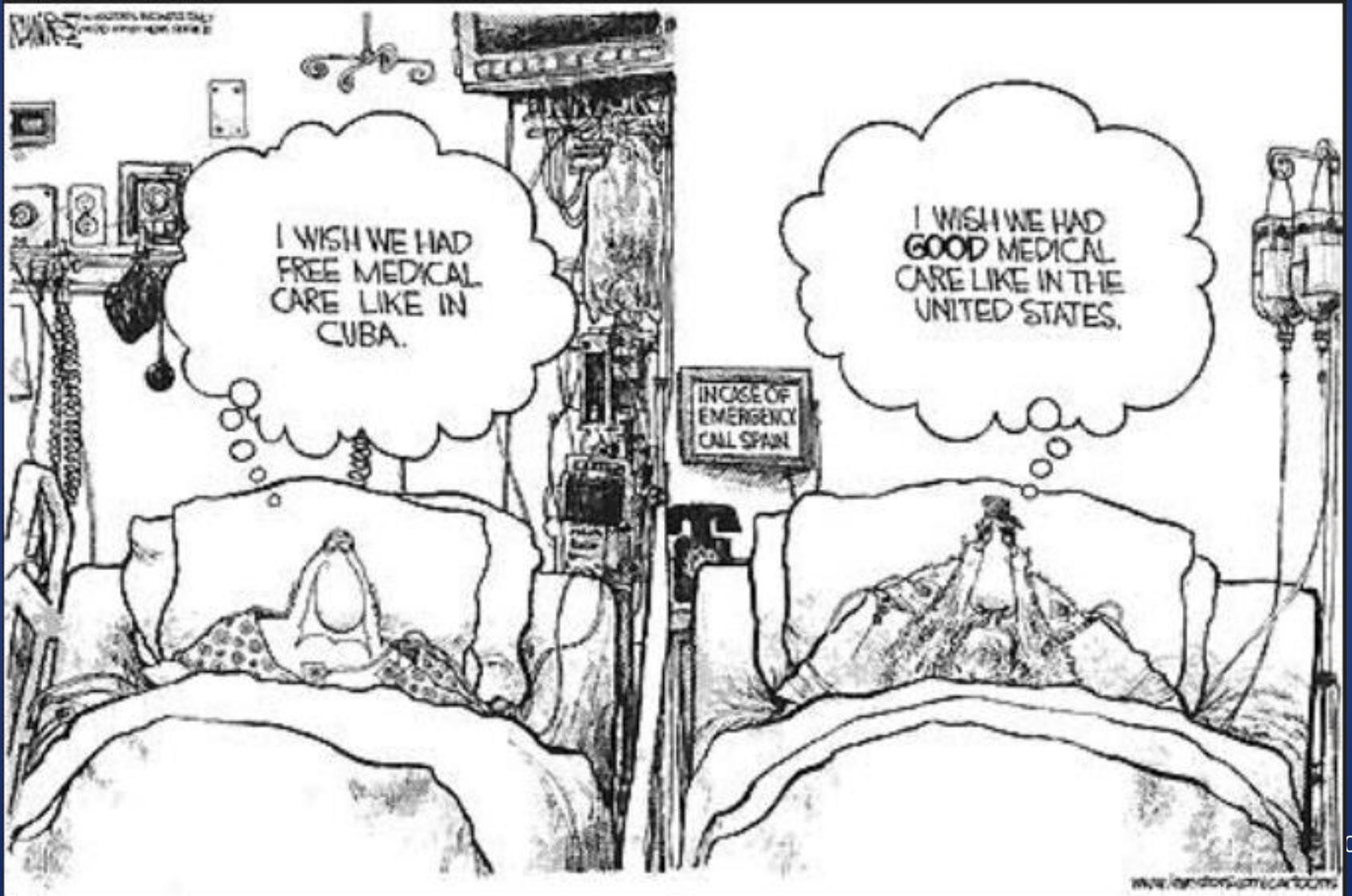
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



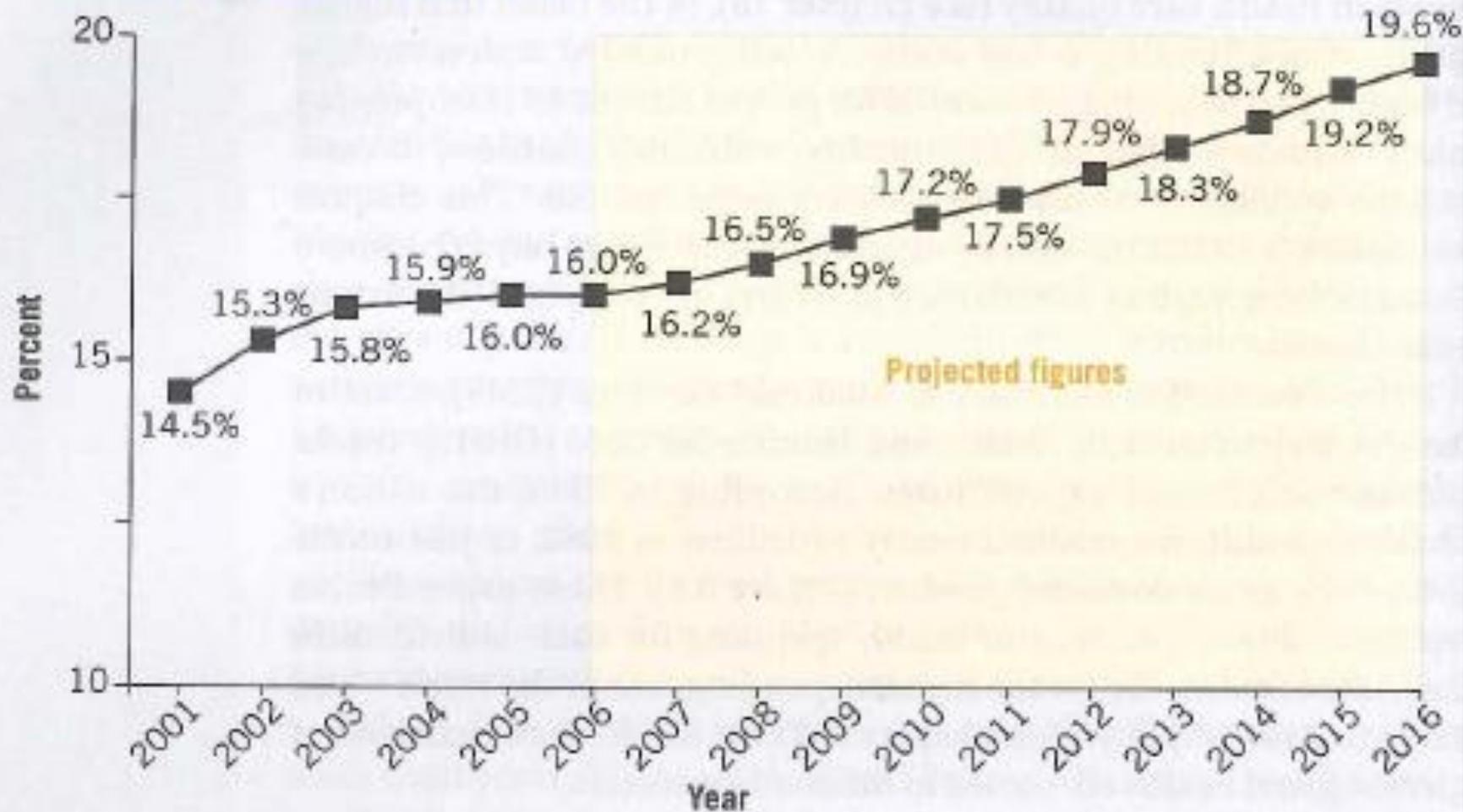




Comparative Health: Cost Vs. Quality



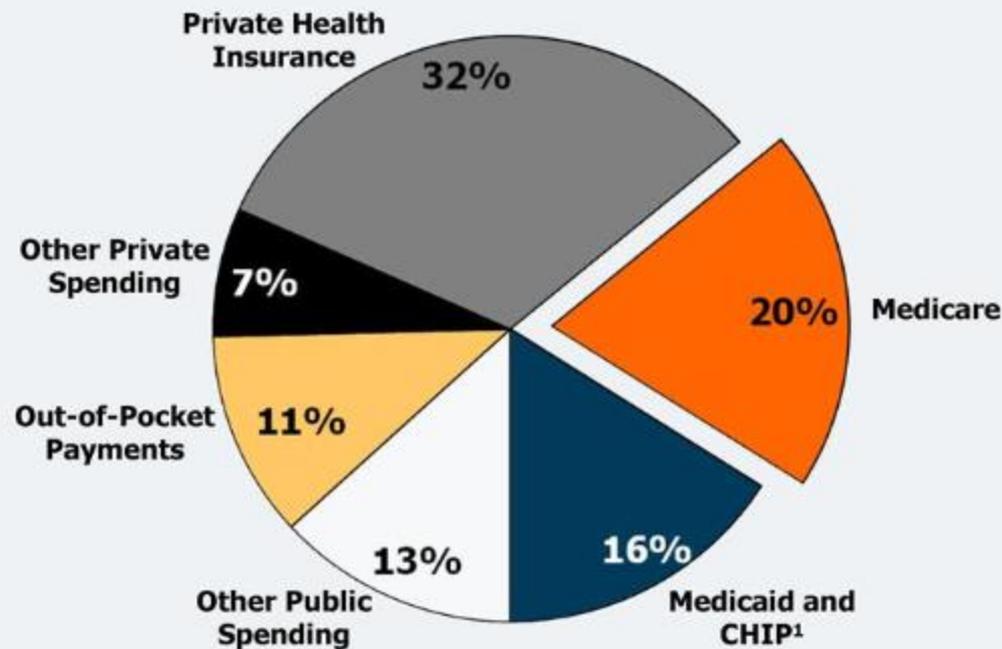
U.S. National Health Expenditures as a Share of Gross Domestic Product, 2001-2016



Note. From U.S. Centers for Medicare & Medicaid Services, Office of the Actuary, 2007. Retrieved April 5, 2007, from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2006.pdf>

National Health Expenditures 2010 by Source of Payment

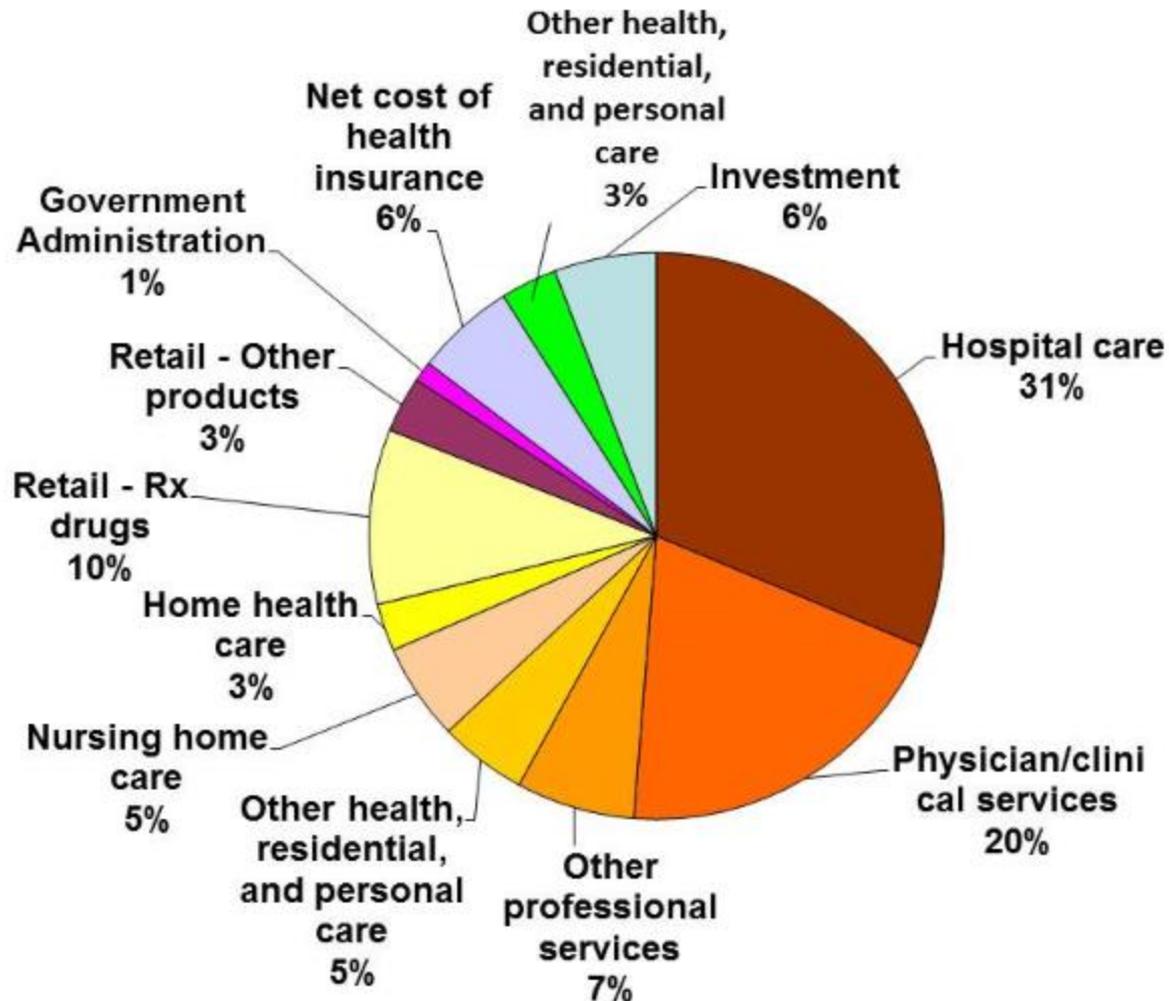
National Health Expenditures in the United States, by Source of Payment, 2010



Total National Health Expenditures, 2010 = \$2.6 Trillion

NOTES: ¹Includes Children's Health Insurance Program (CHIP) and Children's Health Insurance Program expansion (Title XIX).
SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections 2009-2019, February 2010.

National Health Spending 2012 by Service



Diversity



Urban/Rural Diversity



System Resources

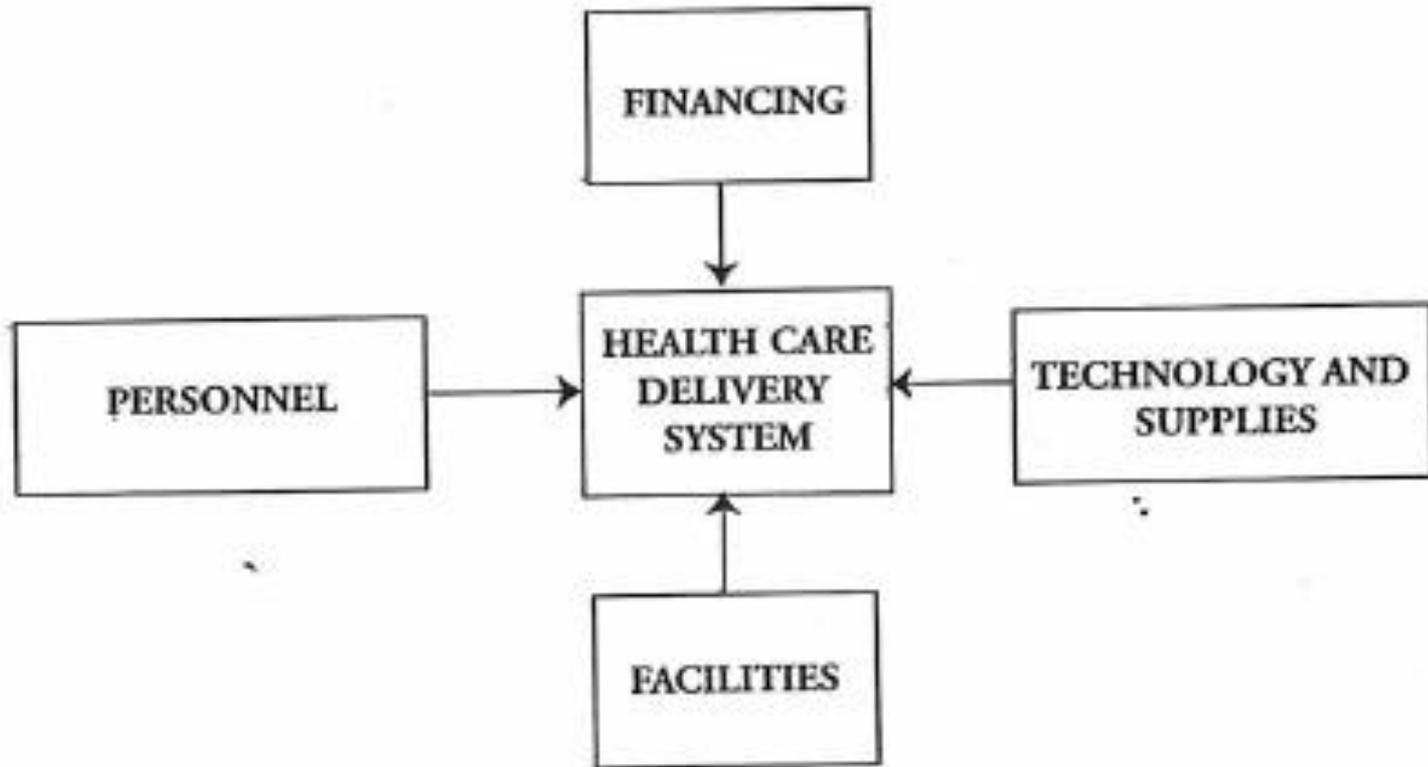
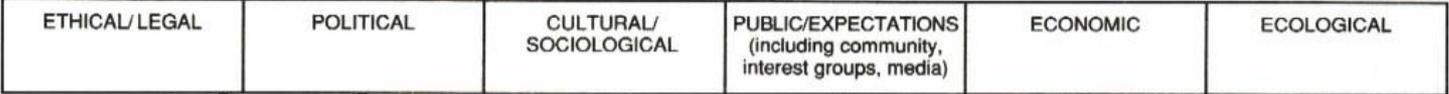
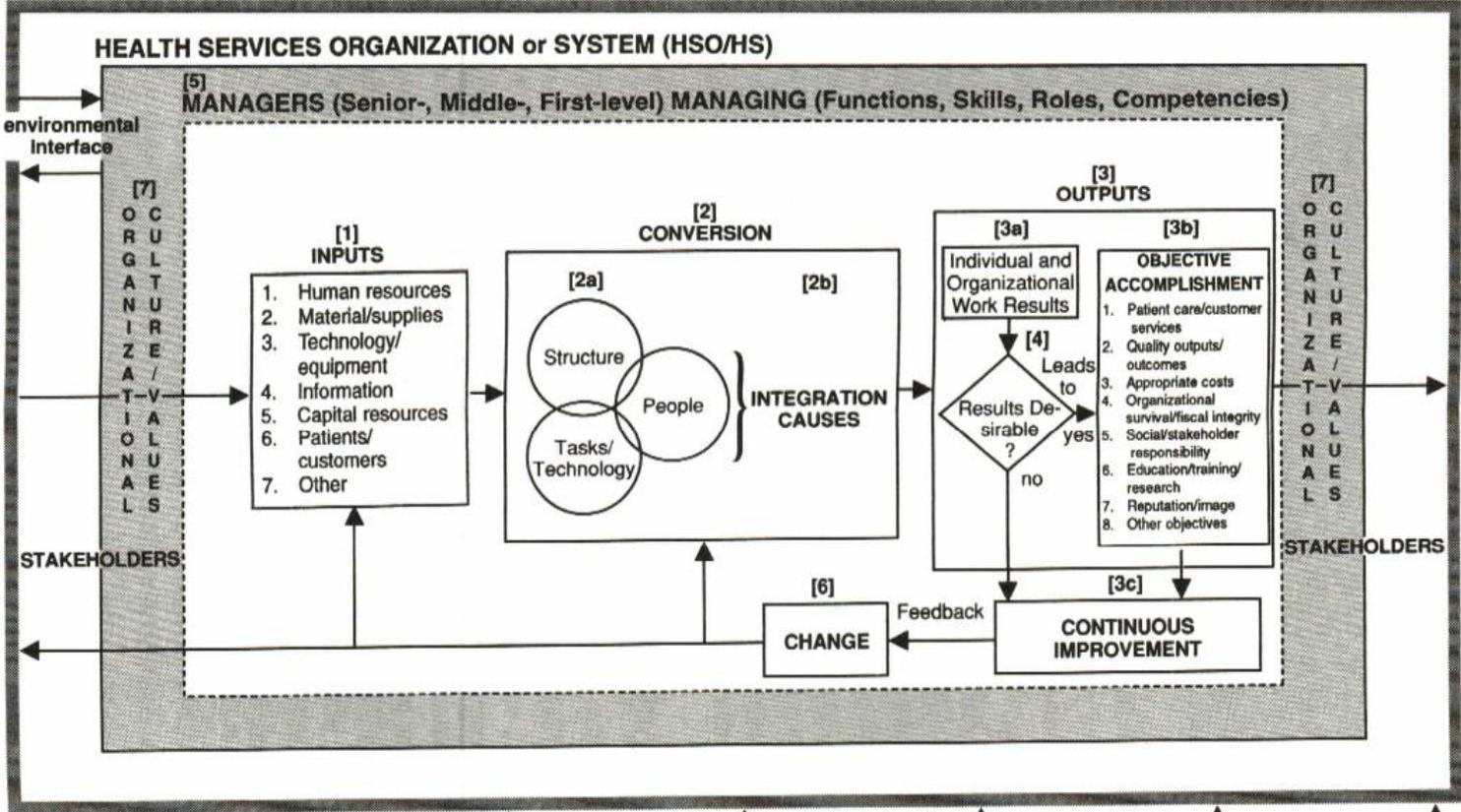


FIGURE 1-1 Resources required to maintain a health care delivery system

**[9]
GENERAL
ENVIRONMENT**



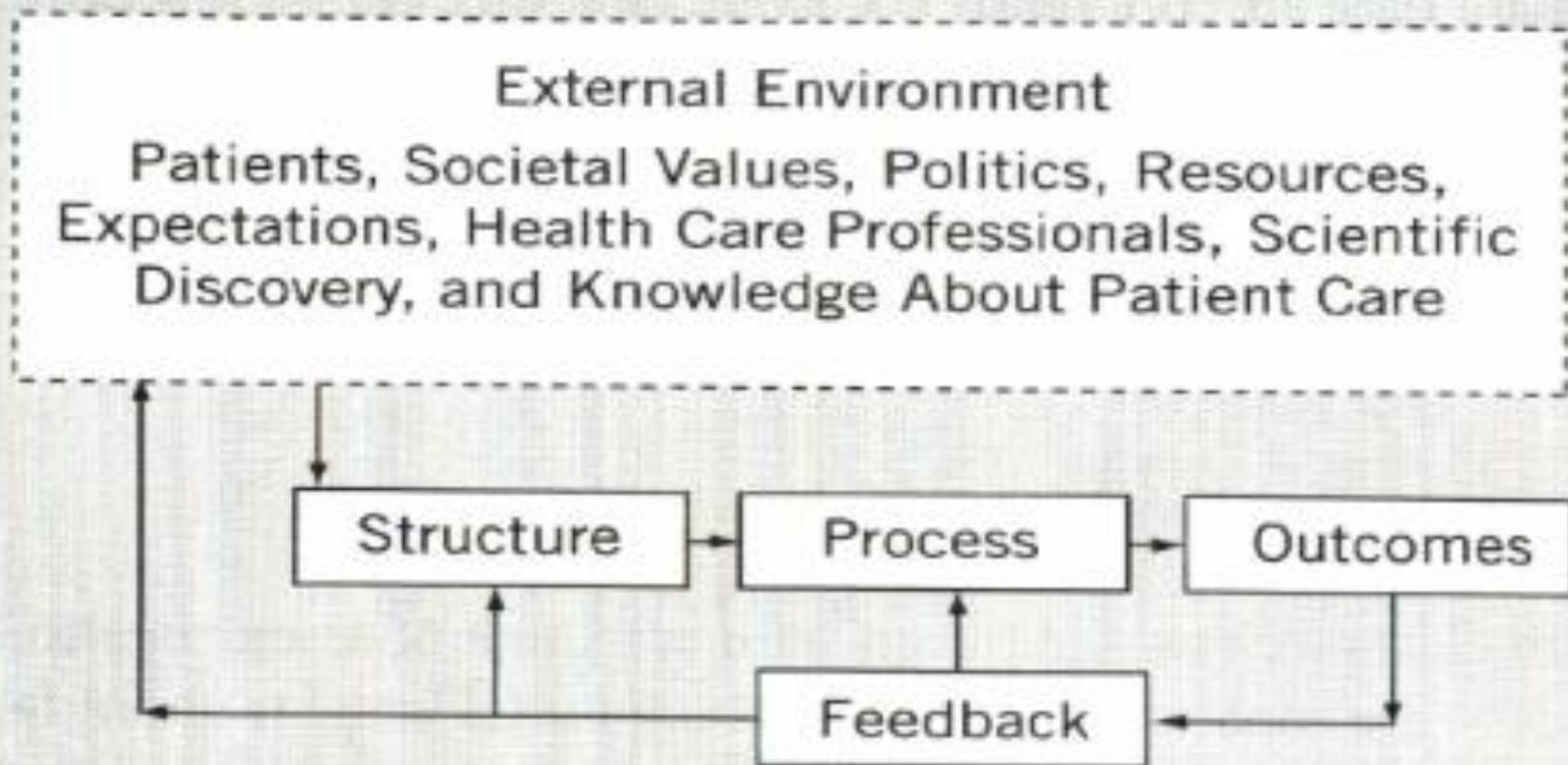
EXTERNAL ENVIRONMENT



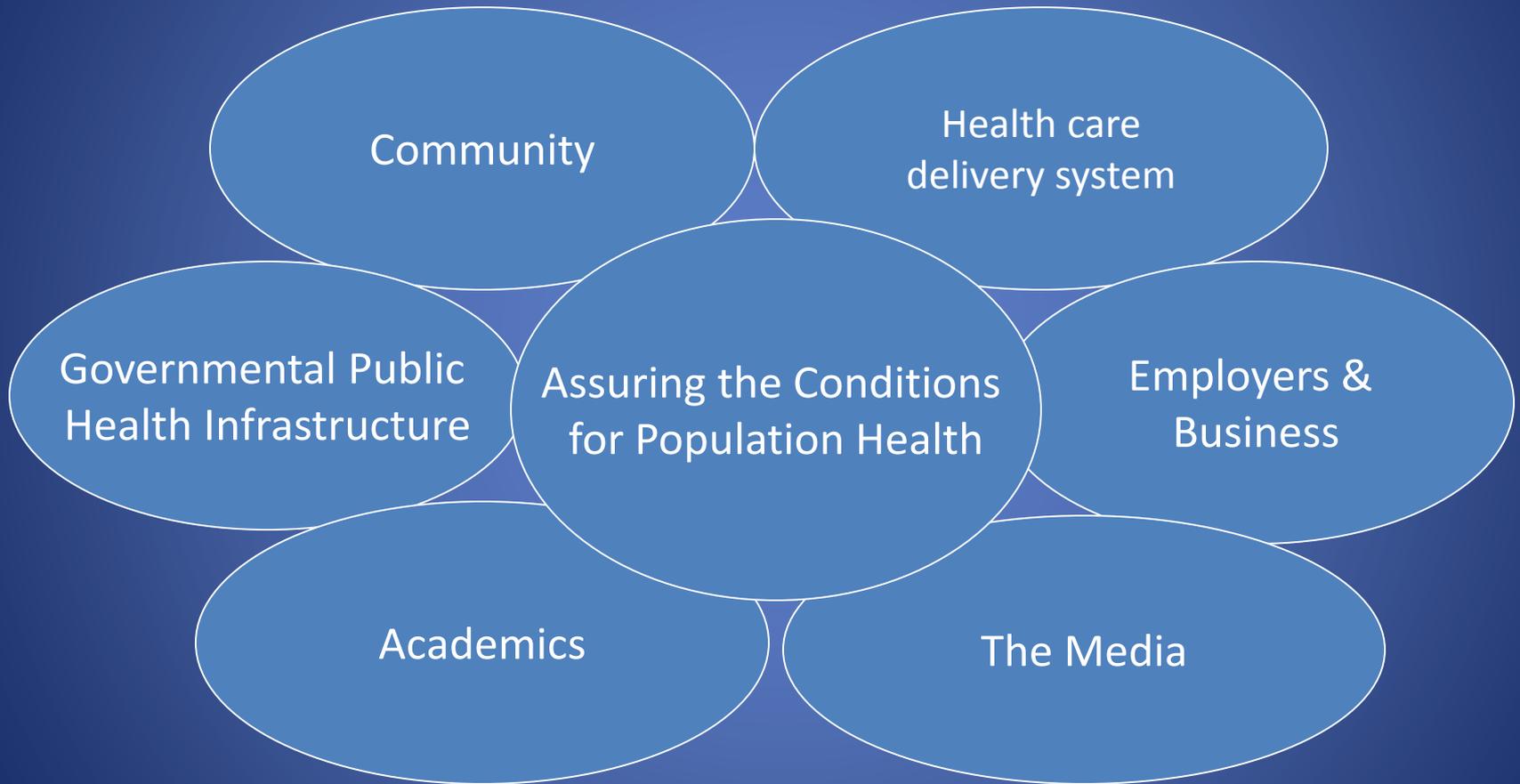
**[8]
HEALTH CARE
ENVIRONMENT**



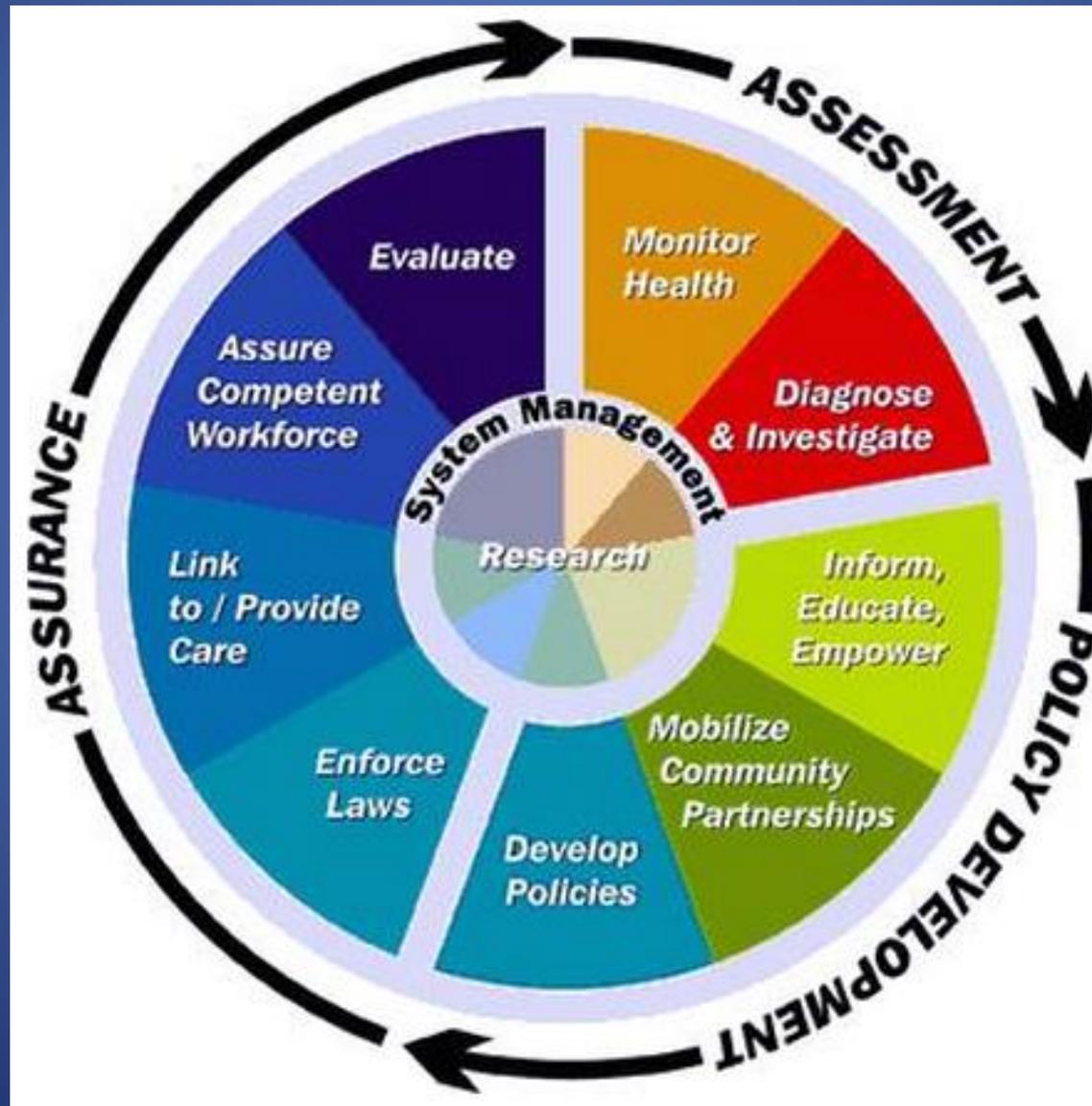
The Donabedian Model for Quality Measurement



The Public Health System



10 Essential Public Health Services



Systems Questions



Health Policy



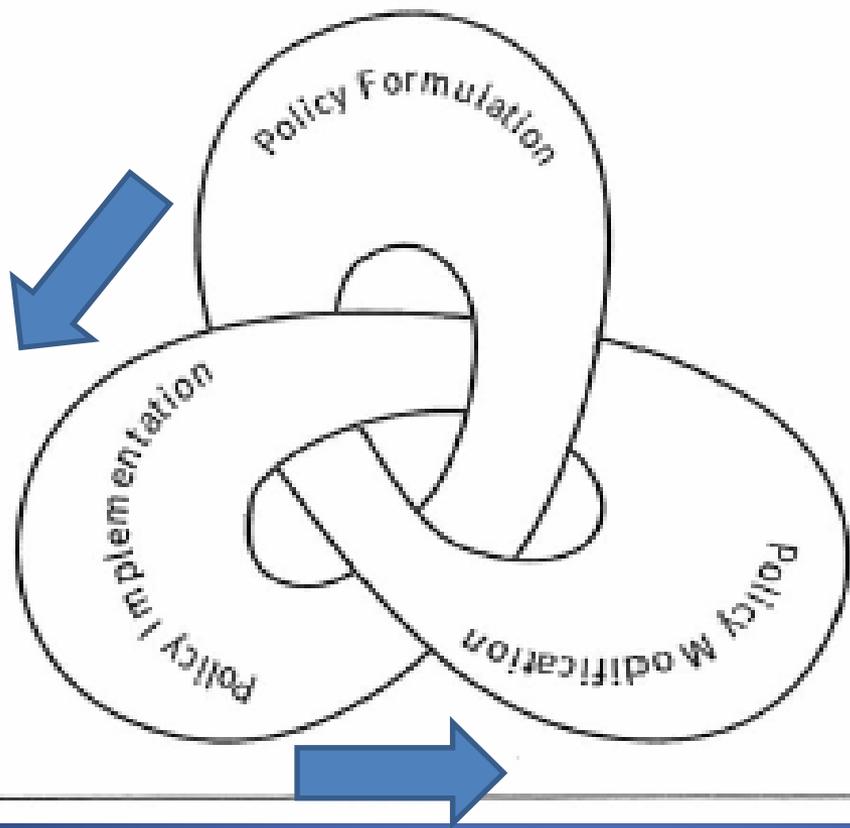
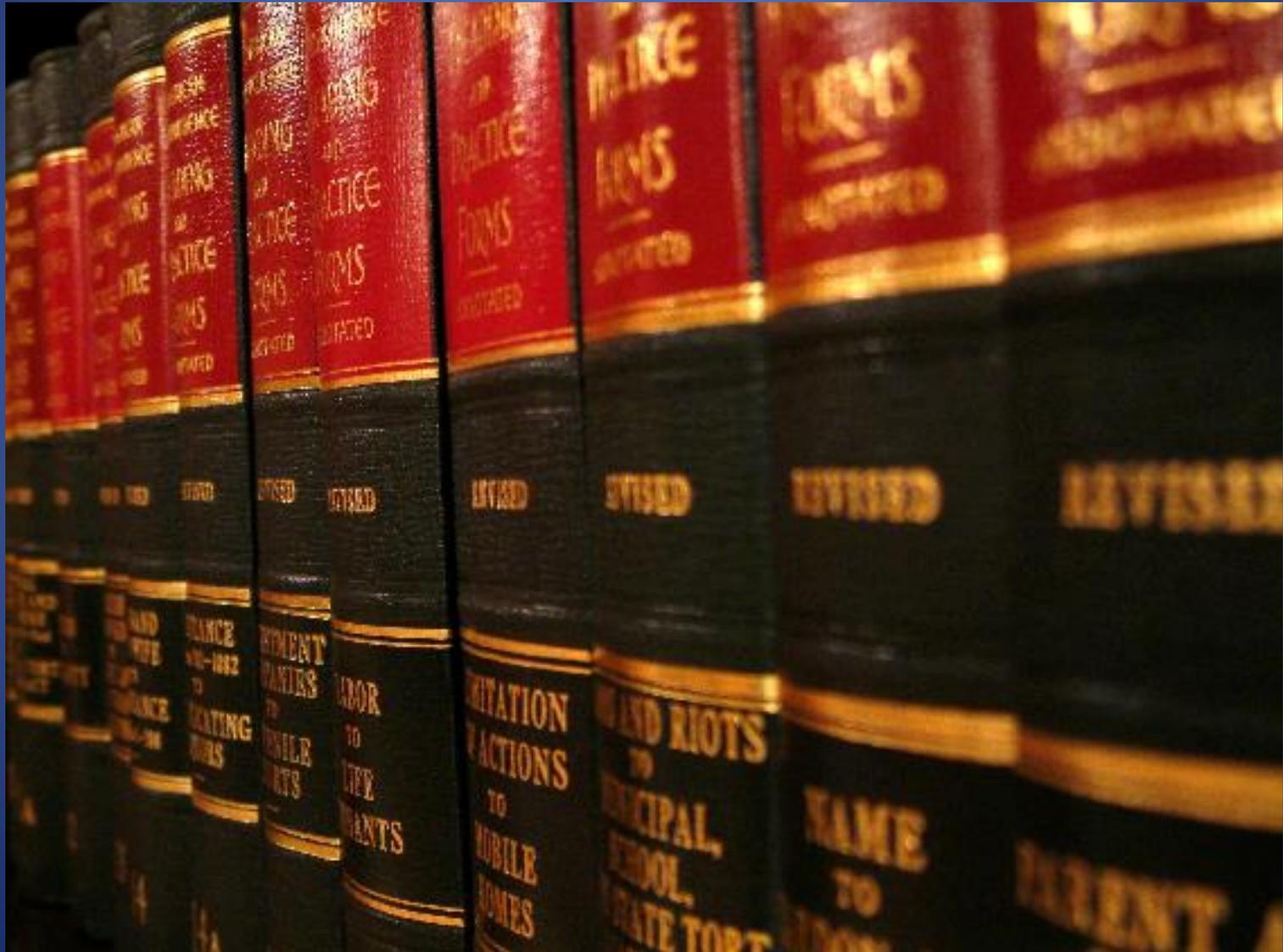


FIGURE 1.3
The
Intertwined
Relationships
Among Policy
Formulation,
Implementa-
tion, and
Modification



Legal Basis



U.S. Constitution



General Welfare Clause

We the People

of the United States in order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common Defence, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

Article I

We the People of the United States,
in Order to form a more perfect Union, establish Justice,
insure Domestic Tranquility, provide for the common Defence,
promote the general Welfare,
and secure the Blessings of Liberty to ourselves and our
Posterity, do ordain and establish this Constitution for the
United States of America.

The federal government derives its authority for isolation and quarantine from the *Commerce Clause of the U.S. Constitution.*

- Under section 361 of the Public Health Service Act (42 U.S. Code § 264), the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.



Statute/Law

- **Criminal Law:** *conduct prohibited by government because it threatens and harms public safety and welfare*
- **Civil Law:** Actions intended to protect the public health and welfare



Police Powers



- Encourage Behavior
- Coercive Action
 - Quarantine
 - Seize Property
 - Close Businesses

Administrative Regulations



Policy Analysis

BOX 13-3 Checklist for Writing a Policy Analysis

1. Problem Statement

Is my problem statement one sentence in the form of a question?

Can I identify the focus of my problem statement?

Can I identify several options for solving the problem?

2. Background

Does my background include all necessary factual information?

Have I eliminated information that is not directly relevant to the analysis?

Is the tone of my background appropriate?

3. Landscape

Does the landscape identify all of the key stakeholders?

Are the stakeholders' views described clearly and accurately?

Is the structure of the landscape consistent and easy to follow?

Is the tone of the landscape appropriate?

Does the reader have all the information necessary to assess the options?

4. Options

Do my options directly address the issue identified in the problem statement?

Do I assess the pros and cons of each option?

Did I apply all of the criteria to each option's assessment?

Are the options sufficiently different from each other to give the client a real choice?

Are all of the options within the power of my client?

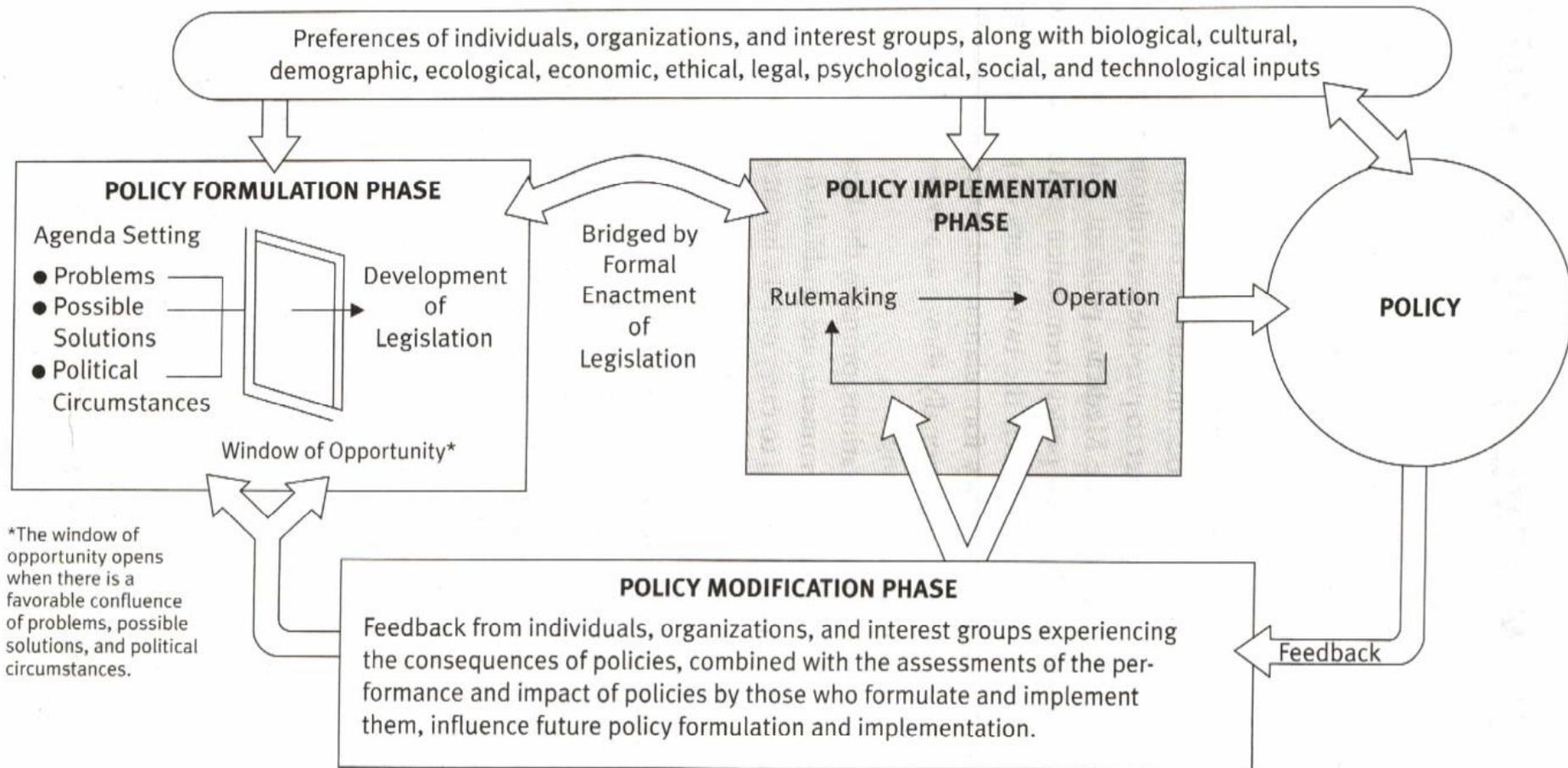
5. Recommendation

Is my recommendation one of the options assessed?

Did I recommend only one of my options?

Did I explain why this recommendation is the best option, despite its flaws?

FIGURE 7.1 A Model of the Public Policymaking Process in the United States: Policy Implementation Phase



Healthcare Stakeholders

Providers



Payers



Employers



Patients



Ethics

Accepted standards of
conduct. It includes
such as the essential
men, human o
of lan

Allocating Resources



- Equal shares for all
- More pie for those who have gone without pie
- More power = More Pie
- Those who make the greatest contribution get the most pie
- Equal shares unless a special case
- Those with the greatest need get the most pie

Professional Ethics

Principles of the Ethical Practice of Public Health



Public Health Leadership Society

© 2002

A code of ethics for public health clarifies the distinctive elements of public health and the ethical principles that follow.

It makes clear to populations and communities the **ideals** of the public health institutions that serve them.

A code of ethics thus serves as a **goal** to guide public health institutions and practitioners and as **a standard** to which they can be held accountable.

Codes of ethics are typically relatively brief; they are not designed to provide **a means of untangling convoluted ethical issues.**

The Public Health Professional's Oath



- As a public health professional, I hold sacred my duty to protect and promote the health of the public. I believe that working for the public's health is more than a job; it is a calling to public service. Success in this calling requires integrity, clarity of purpose and, above all, the trust of the public. Whenever threats to trust in my profession arise, I will counter them with bold actions and clear statements of my professional ethical responsibilities.
- I do hereby swear and affirm to my colleagues and to the public I serve that I commit myself to the following professional obligations.
- In my work as a public health professional:
 - I will strive to understand the fundamental causes of disease and good health and work both to prevent disease and promote good health.
 - I will respect individual rights while promoting the health of the public.
 - I will work to protect and empower disenfranchised persons to ensure that basic resources and conditions for health are available to all.
 - I will seek out information and use the best available evidence to guide my work.
 - I will work with the public to ensure that my work is timely, open to review, and responsive to the public's needs, values, and priorities.
 - I will anticipate and respect diverse values, beliefs, and cultures.
 - I will promote public health in ways that most protect and enhance both the physical and social environments.
 - I will always respect and strive to protect confidential information.
 - I will maintain and improve my own competence and effectiveness.



Belmont Report Core Principles:

Respect for persons: Protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception;

Beneficence: The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects; and

Justice: ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to *potential* research participants — and equally.

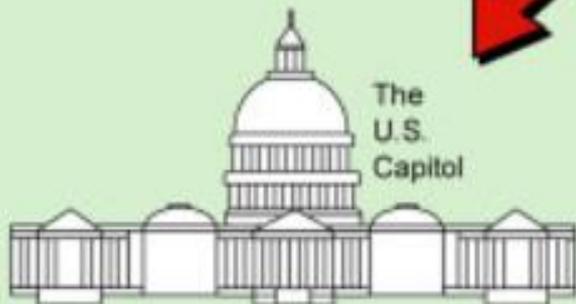
Primary areas of application:

Informed consent, Assessment of risks, and Assessment of benefits

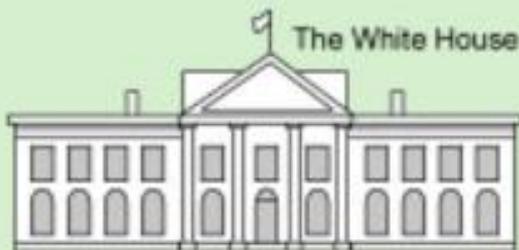
Implementing Policy



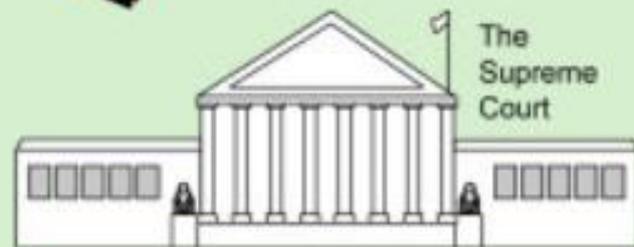
CONSTITUTION



The U.S. Capitol



The White House



The Supreme Court

LEGISLATIVE

↓
CONGRESS



HOUSE OF REPRESENTATIVES



SENATE

EXECUTIVE



PRESIDENT



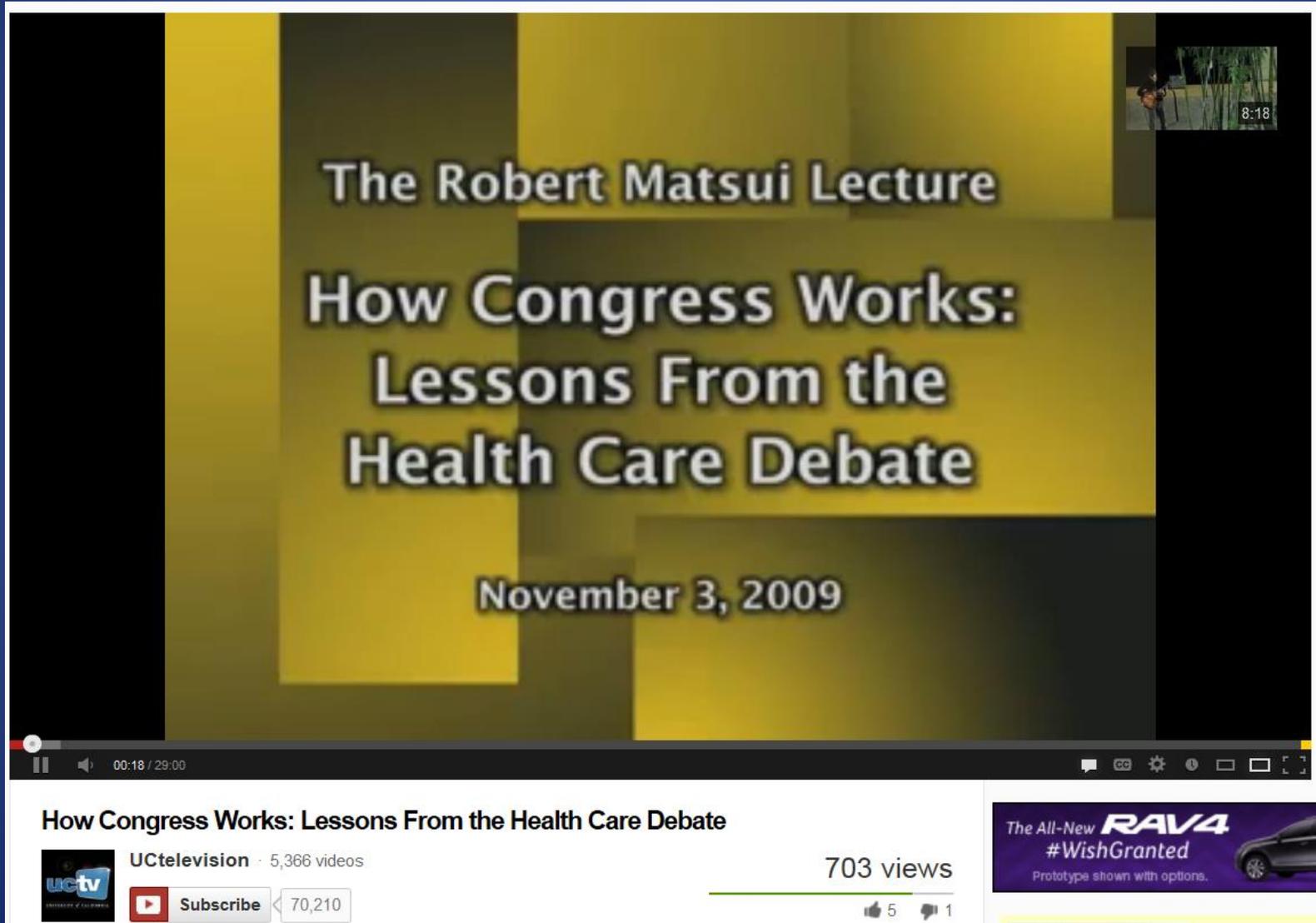
VICE PRESIDENT

JUDICIAL



SUPREME COURT

<http://www.youtube.com/watch?v=L5JWo4LUPU0>



The Robert Matsui Lecture
How Congress Works:
Lessons From the
Health Care Debate
November 3, 2009

UCtelevision · 5,366 videos

703 views

Subscribe 70,210

5 1

The All-New **RAV4**
#WishGranted
Prototype shown with options.

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How a Bill Becomes a Law

FIGURE 2-1 How a Bill Becomes a Law.

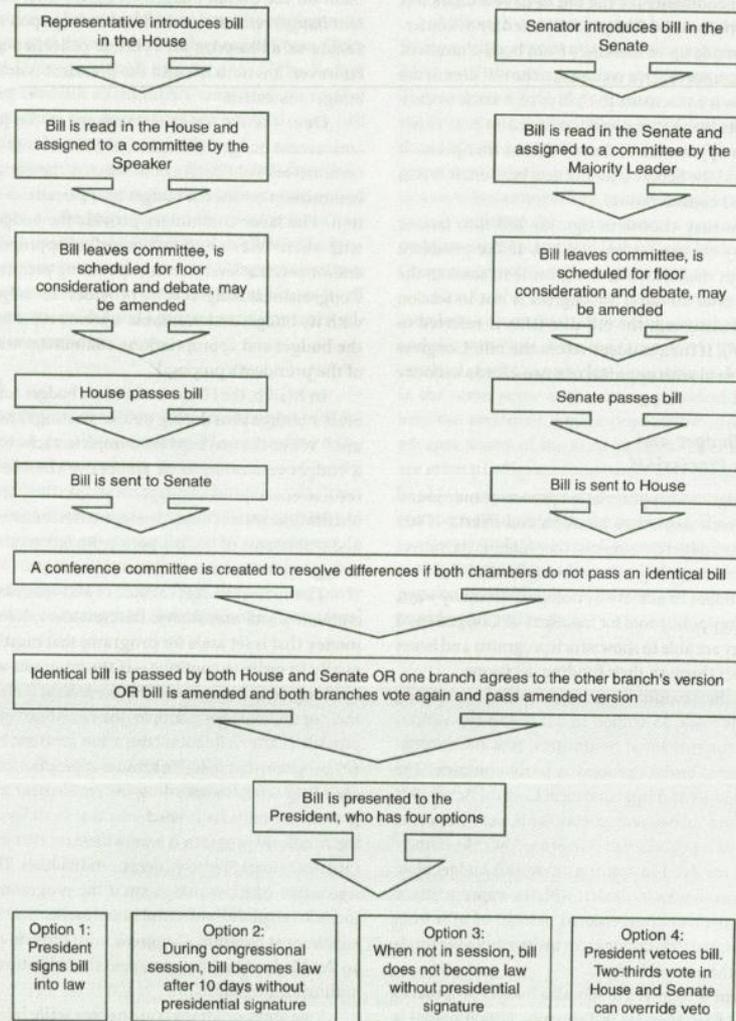
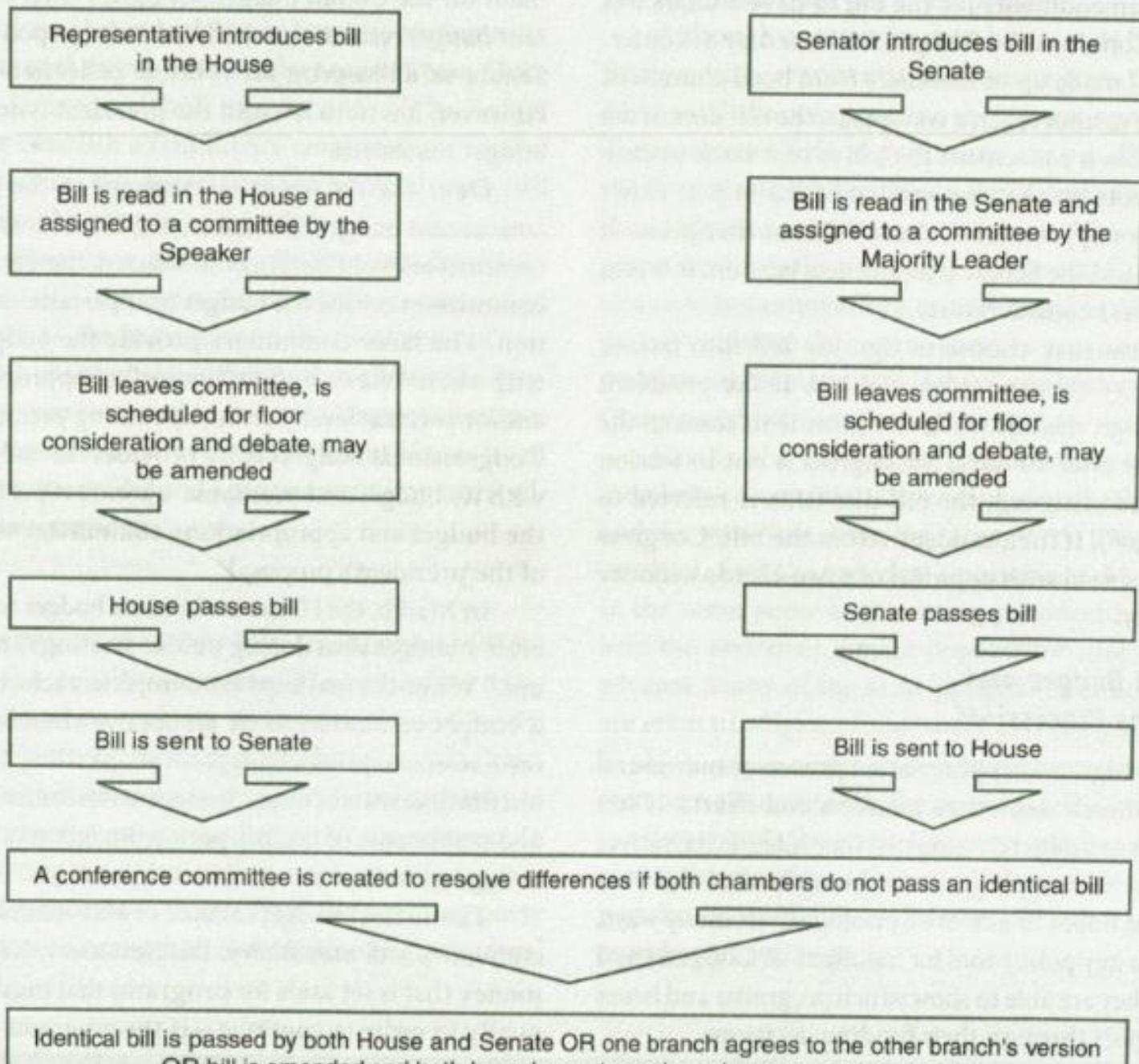


FIGURE 2-1 How a Bill Becomes a Law.



House passes bill

Senate passes bill

Bill is sent to Senate

Bill is sent to House

A conference committee is created to resolve differences if both chambers do not pass an identical bill

Identical bill is passed by both House and Senate OR one branch agrees to the other branch's version OR bill is amended and both branches vote again and pass amended version

Bill is presented to the President, who has four options

Option 1:
President signs bill into law

Option 2:
During congressional session, bill becomes law after 10 days without presidential signature

Option 3:
When not in session, bill does not become law without presidential signature

Option 4:
President vetoes bill. Two-thirds vote in House and Senate can override veto

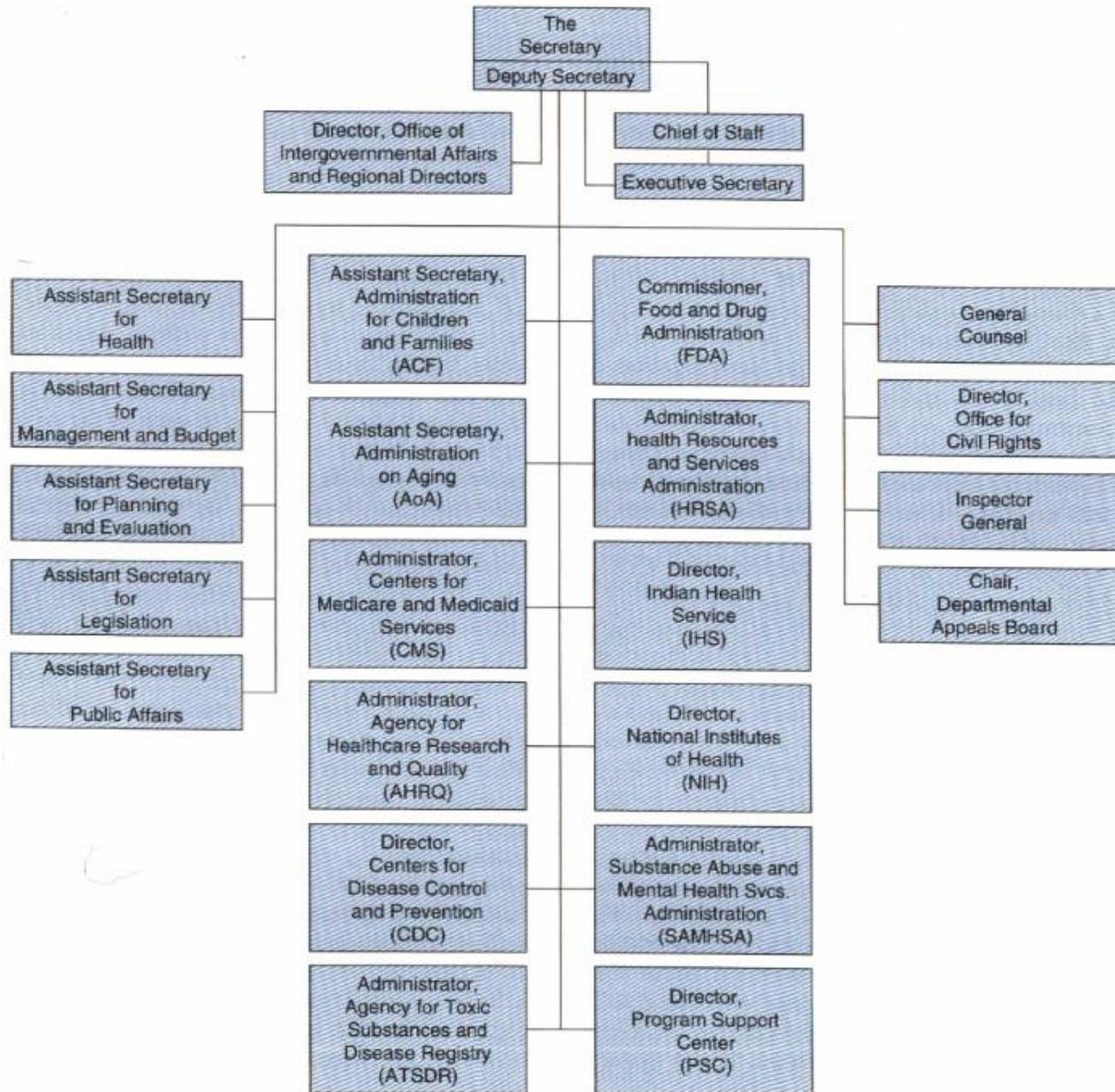


Figure 6.6. Organization of the U.S. Department of Health and Human Services

Source: U.S. Department of Health and Human Services (<http://www.hhs.gov/>); 2001.

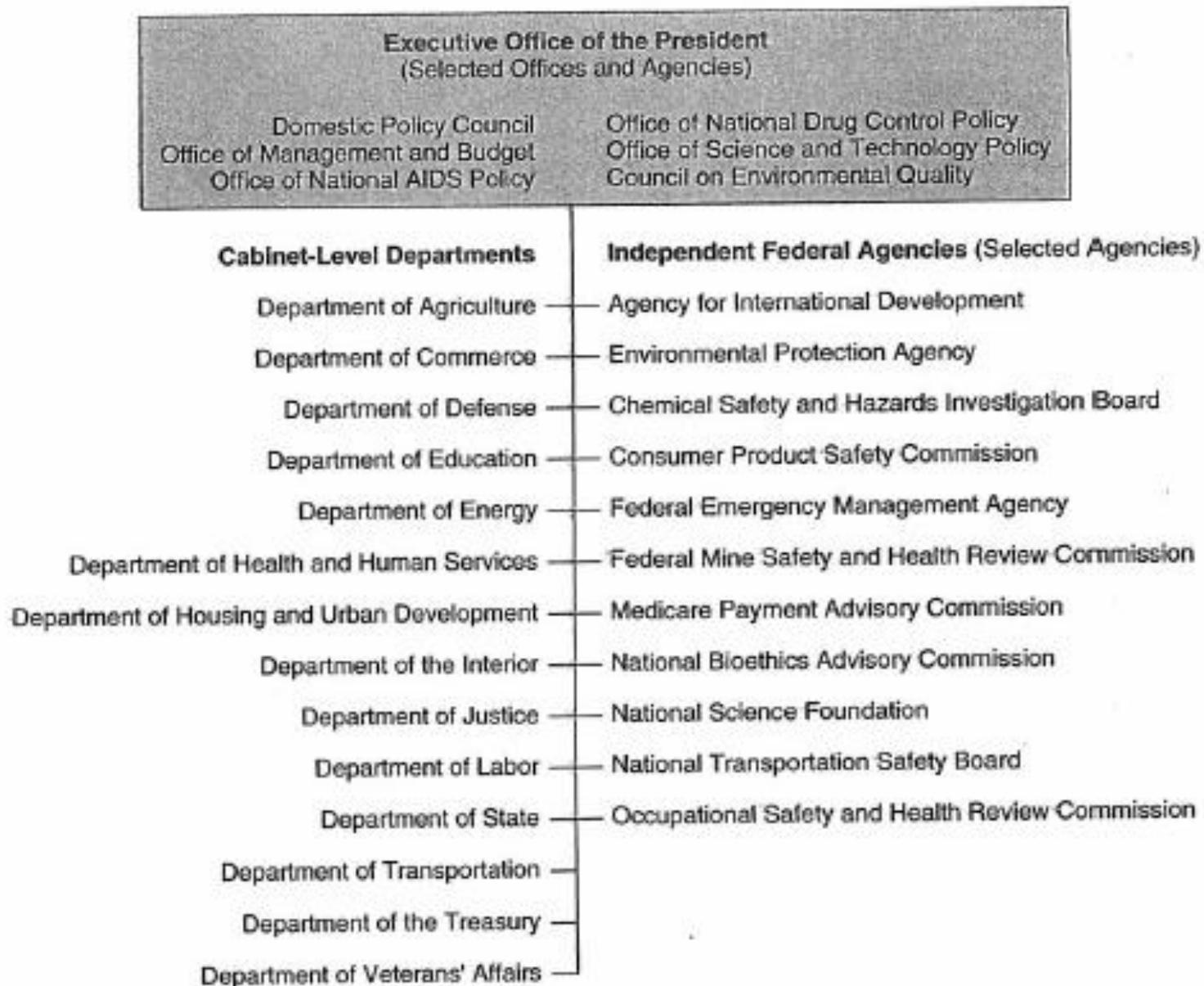


Figure 6.5. Federal Executive Branch Agencies Contributing to Public Health Activities

Source: Authors' analysis.

A historical look at health care legislation



A historical look at health care legislation

- **1798:** The Act for the **Relief of Sick and Disabled Seamen** marks the beginning of federal involvement in health care.
- **1906:** **Pure Food and Drug Act** ensured the safety of food and cosmetics and the safety and efficacy of prescription drugs and medical devices.
- **(1918:** First Federal Grants to States to Provide Public Health Services.)
- **1924:** The **Veterans Act of 1924** codifies and extends federal responsibilities for health care services to veterans, who receive aid if they are injured in the line of service.

A historical look at health care legislation

- **1935:** The **Social Security Act**, providing pensions and other benefits to the elderly, is signed into law by President Franklin Delano Roosevelt. National health insurance is left out of the final Social Security bill because of the opposition of organized medicine and its allies.
- **1963:** The **Clean Air Act** established federal enforcement in interstate air pollution and assistance to state and local government in controlling air pollution.

A historical look at health care legislation

- **1965:** President Lyndon B. Johnson signs into law the landmark federal health insurance programs known as **Medicare** (Title XVIII) and **Medicaid** (Title XIX).
- **1985:** The **Consolidated Omnibus Budget Reconciliation Act of 1985** (COBRA), signed into law by President Ronald Reagan, mandates an insurance program giving some employees the ability to continue health insurance coverage from their workplace after leaving the job. In addition, hospice care is made a permanent part of Medicare and extended to states for Medicaid.

A historical look at health care legislation

- **1996:** The **Health Insurance Portability and Accountability Act** improves continuity of health insurance coverage in group and individual markets for people who lose their job. The act also promotes medical savings accounts and improves access to long-term care services and coverage.
- **1997:** The **State Children's Health Insurance Program** is established to help provide medical care to children in low-income families that are not poor enough to qualify for Medicaid.

A historical look at health care legislation

- **2003:** President George W. Bush signs a law adding prescription drugs to **Medicare Part D**.
- **2010:** **The Patient Protection and Affordable Care Act**, also known as Obamacare. The aim of the law was to provide an expansion of health insurance coverage to more Americans through both individual health insurance exchanges.

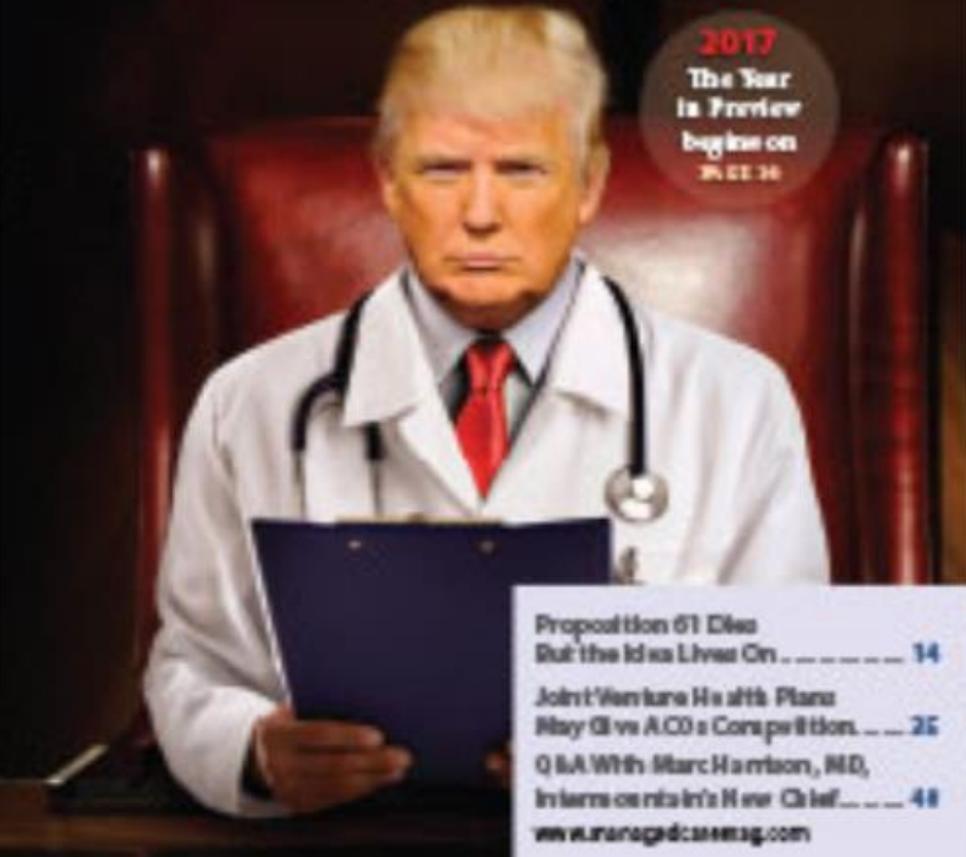
MANAGED

Care

50 Inside Stories & Analysis of Health Care

The Doctor Will See You Now

Health Care With Trump In Charge



2017
The Year
In Preview
begins on
pg. 22-24

Proposition 61 Dies
But the Idea Lives On 14

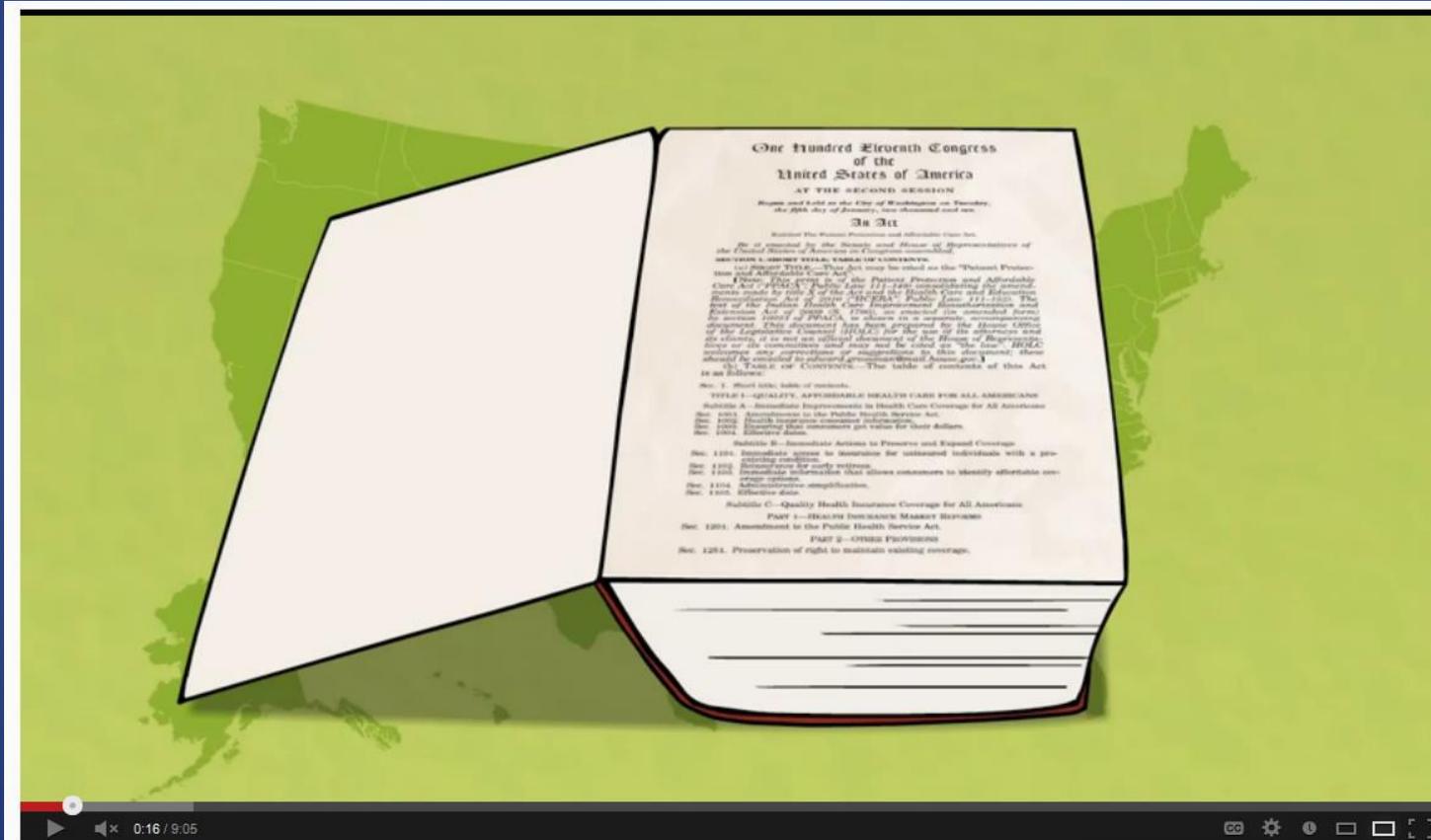
Joint-Venture Health Plans
May Give ACOs Competition 25

Q & A With Marc Hamilton, MD,
Informs California's New Chief 48

www.managedcaremag.com

The Patient Protection and Affordable Care Act

http://www.youtube.com/watch?v=3-llc5xK2_E



Health Reform Explained Video: "Health Reform Hits Main Street"



KFFhealthreform · 9 videos



Subscribe

548

578,445

2,034 likes, 153 dislikes



Obama's Health Minutes
by UpTakeVideo
124,887 views

Health Reform

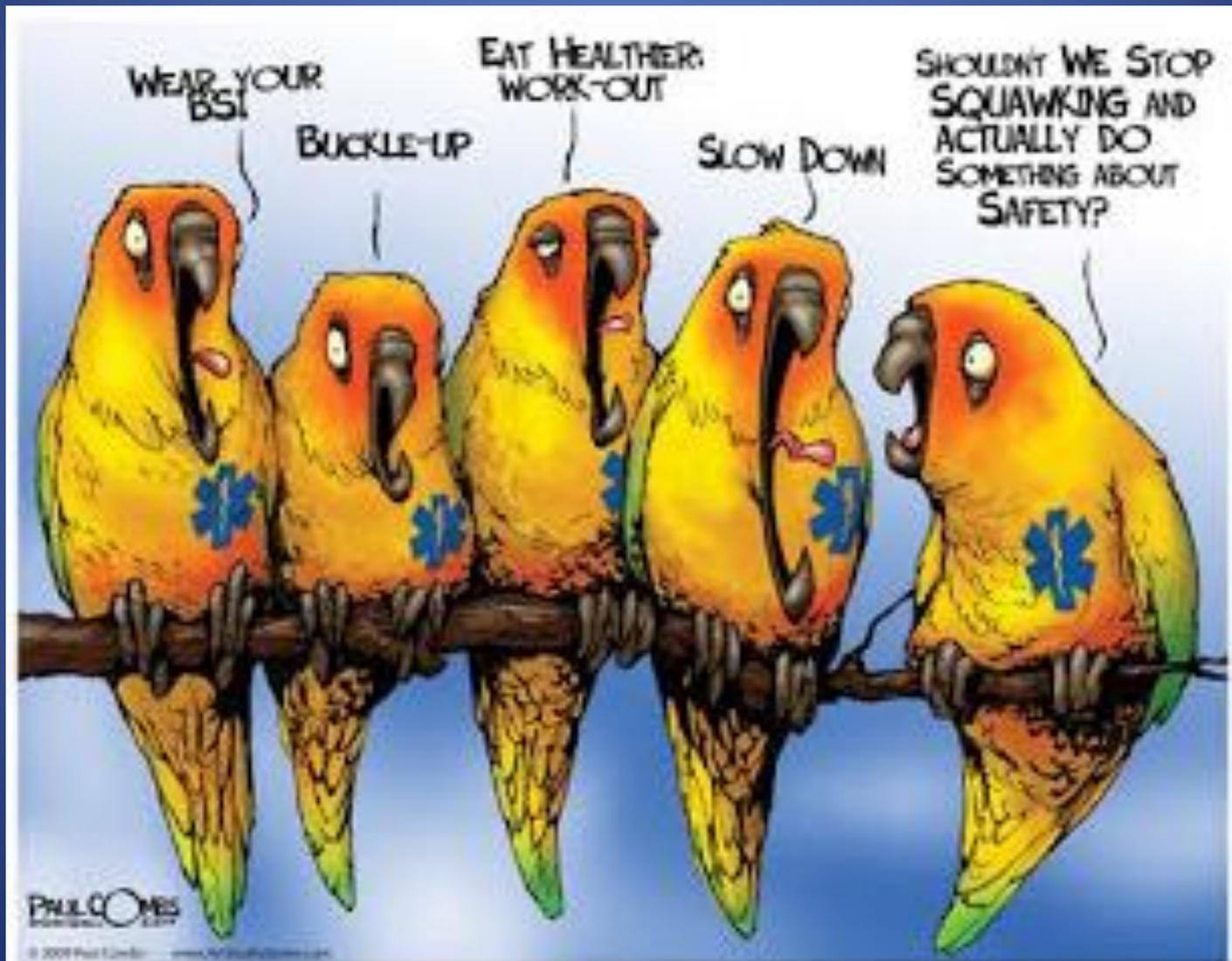
HEY, THIS IS JUST AS RELIABLE AS ALL THE EXPERTS PREDICTING WHAT WILL HAPPEN WITH HEALTHCARE IN 2017.



Policy Questions



Delivery Systems Continuum of Care



Public Health Providers

NOTICE.

PREVENTIVES OF

CHOLERA!

*Published by order of the Sanatory Committee, under the sanction of the
Medical Council.*

BE TEMPERATE IN EATING & DRINKING!

Avoid Raw Vegetables and Unripe Fruit!

Abstain from COLD WATER, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.

- Private Sector



- Government



Health Departments



Investing in America's Health:

A STATE-BY-STATE LOOK
AT PUBLIC HEALTH FUNDING
AND KEY HEALTH FACTS

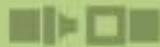
2016



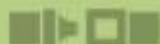
Key Health Facts

ADULT HEALTH INDICATORS	U.S. Total	State with Highest/Worst	State with Lowest/Best
% Uninsured, All Ages (2014)	11.7%	Texas (19.1%)	Massachusetts (3.3%)
AIDS Cumulative Cases Aged 13 and Older (2013 Yr End)	1,201,247	New York (203,817)	North Dakota (210)
Alzheimer's Estimated Cases among Ages 65+ (2015)	5,426,300	California (590,000)	Alaska (6400)
% Asthma Prevalence (2013)	9%	Massachusetts (17.6%)	Texas (7.1%)
% Breastfeeding Exclusively at 6 Months from birth (2011)	18.8%	Mississippi (10.1%)	Vermont (29.6%)
Cancer Estimated New Cases (2015)	1,658,370	California (172,090)	D.C. (2,800)
Chlamydia Rates per 100,000 Population (2013)	456.1	D.C. (818.8)	West Virginia (254.5)
% Diabetes (2014)	N/A	West Virginia (14.1%)	Utah (7.1%)
Drug Overdose Deaths, Aggregate Crude Rates, Ages 12-25, All Intentions (2011-2013)	7.3%	West Virginia (12.1%)	North Dakota (2.2%)
Drug Overdose Deaths, Aggregate Rates, All Ages, All Intentions (2011-2013)	13.4%	West Virginia (33.5%)	North Dakota (2.6%)
Fruits per Day, % who met federal recommendations (2013)	13.1%	Tennessee (7.5%)	California (17.7%)
Human West Nile Virus Cases (as of 01/12/16)	2,060	California (730)	Maine & Oregon (73)
% Hypertension (2013)	N/A	West Virginia (41.0%)	Utah (24.2%)
% Obesity (2013)	N/A	Arkansas (35.9%)	Colorado (21.3%)
% Physical Inactivity (2013)	N/A	Mississippi (31.6%)	Colorado (16.4%)

Top 10 Achievements in Public Health



Top 10 Achievements in Public Health



1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

Federal



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

SEARCH

En español

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>



Birth Defects

CDC's Tracking Network is a tool that can help us better understand how birth defects may be affected by the environment.

[Learn more »](#)

Prevent Strep Throat

Strep throat is caused by group A strep bacteria. Prompt antibiotic treatment reduces symptoms and prevents spread. Get a strep test to know for sure.

[Learn more »](#)



Enjoy Super Bowl

Make good health a snap on Super Bowl Sunday

[Learn more »](#)

HEALTH & SAFETY TOPICS

Diseases & Conditions

ADHD, Birth Defects, Cancer, Diabetes, Fetal Alcohol Syndrome, Flu, Hepatitis, HIV/AIDS, STDs...

Healthy Living

Food Safety, Bone Health, Physical Activity, Immunizations, Genetics, Smoking Prevention...

Emergency Preparedness & Response

Bioterrorism, Chemical & Radiation Emergencies, Severe Weather...

Injury, Violence & Safety



Saving Lives. Protecting People.™



Schools Play Key Role in HIV/STD Prevention

Original Motion Picture Soundtrack



OUTBREAK

Music Composed by
JAMES NEWTON HOWARD



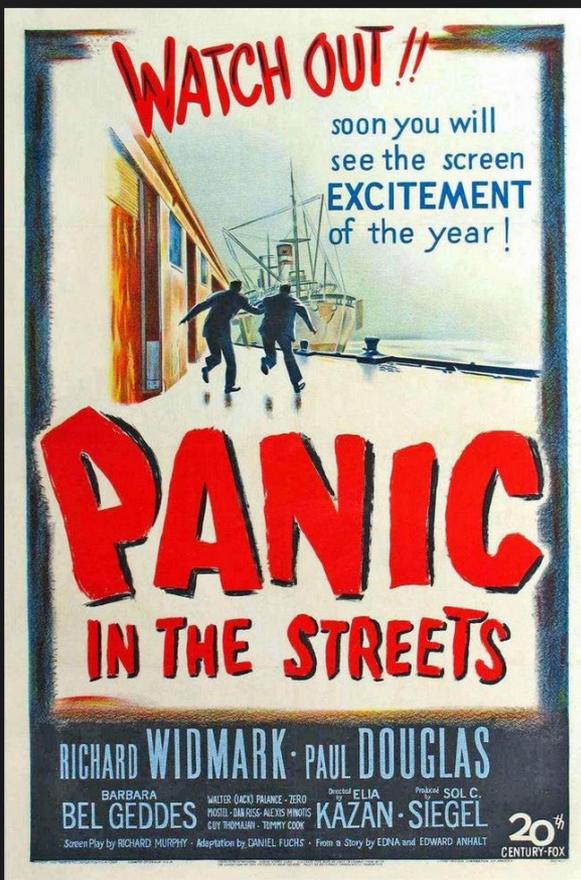
MARION COTILLARD MATT DAMON LAURENCE FISHBURNE JUDE LAW GWYNETH PALTROW KATE WINSLET

NOTHING SPREADS LIKE FEAR

CONTAGION



Panic In the Streets (1950)



State Departments



Minnesota
Department of
Health

HOME

TOPICS

ABOUT US



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Flu

Winter Weather

Birth Defects

Radon

Cervical Cancer



Learn more about flu

- Email Updates
- Share This
- RSS Feed
- Facebook
- Twitter
- Translated Materials

Topics



Certificates & Records

Birth certificates, death records, paternity certificates



Data & Statistics

Statistics on diseases and conditions, statistical reports



Diseases & Conditions

A-Z disease listing, diseases and conditions by type



Emergency Preparedness

Individual/family preparedness, emergency response programs



Environments & Your Health

Indoor air and drinking water



Facilities & Professions

Directories of facilities, licenses, certifications, registrations

News & Announcements

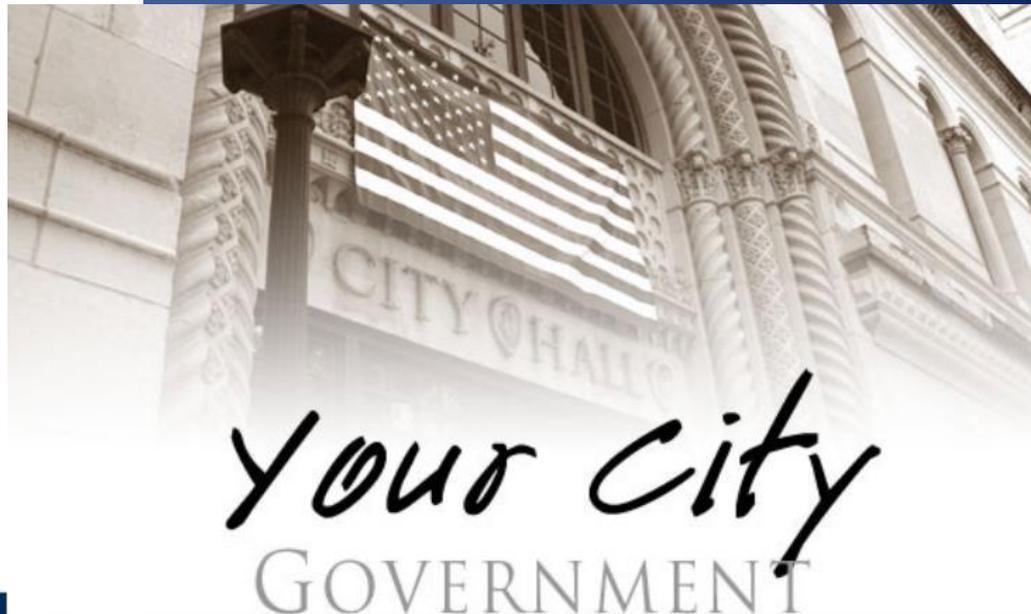
- News Releases
- Announcements

Featured Sites

- Influenza (Flu) Statistics
- Fungal Infections Outbreak
- Commissio... Ehlinger's Blog

Local Public Health Departments





Public Health
Prevent. Promote. Protect.



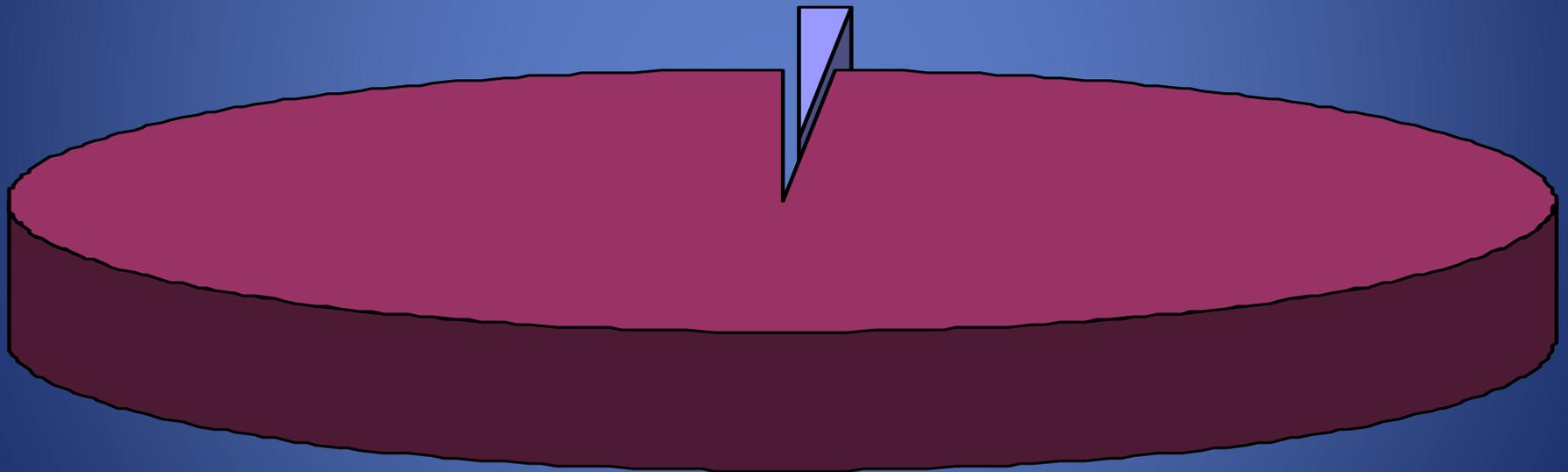
Flint, Michigan



Public Health Expenditures As a Percentage of Health Expenditures

Public Health Expenditures

1%



Total Health Expenditures

99%

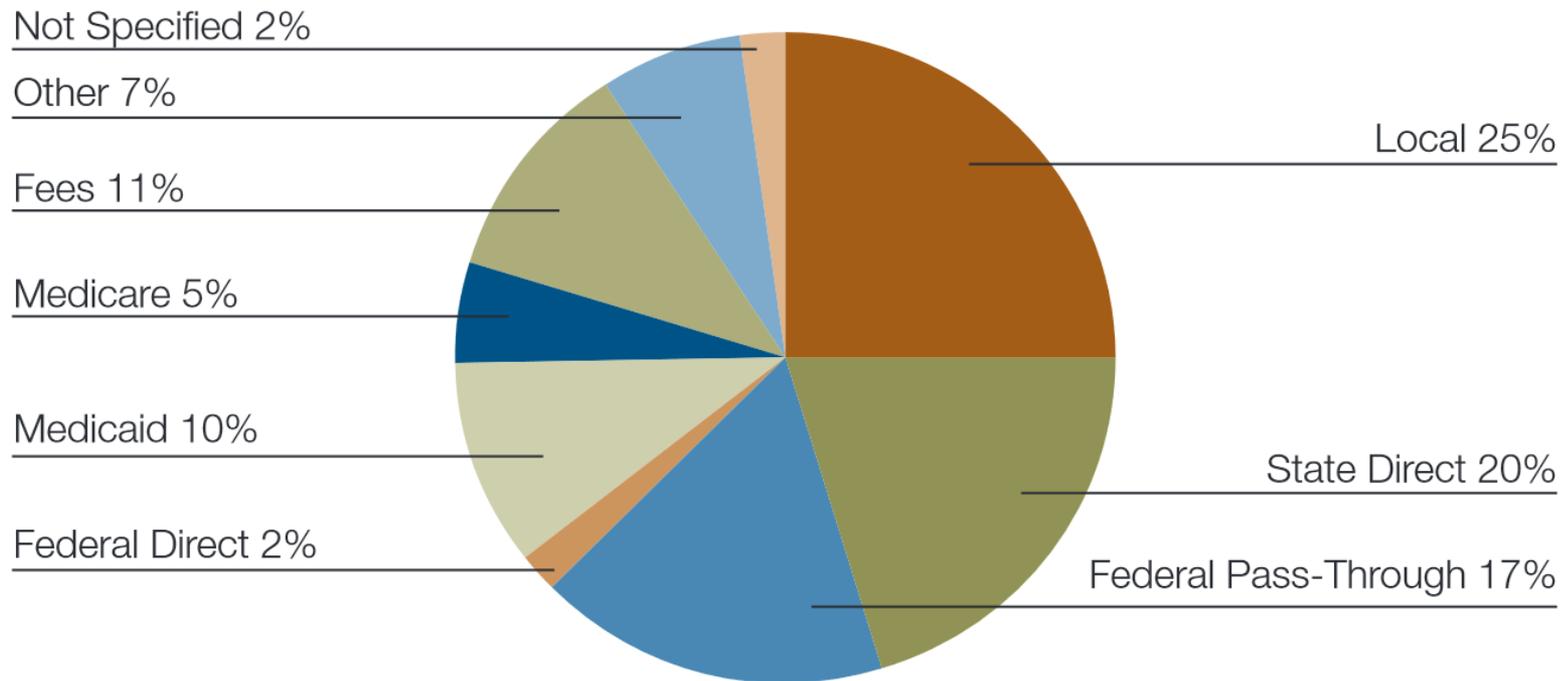
State Public Health Budgets

State	Nominal FY 2014-2015 (Not Adjusted for Inflation)	FY 2014-2015 Per Capita	Rank
West Virginia	\$408,520,377	\$220.8	1
Hawaii	\$224,753,616	\$158.3	2
District of Columbia	\$91,997,000	\$139.6	3
Alaska	\$93,214,800	\$126.5	4
North Dakota	\$72,323,700	\$97.8	5
New York	\$1,874,587,954	\$94.9	6
Idaho	\$154,803,600	\$94.7	7
Alabama	\$287,264,301	\$59.2	8
Wyoming	\$33,068,221	\$56.6	9
California	\$2,182,461,000	\$56.2	10
Rhode Island	\$56,145,349	\$53.2	11
Massachusetts	\$335,705,756	\$49.8	12
Arkansas	\$145,412,143	\$49.0	13
Colorado	\$260,902,121	\$48.7	14
New Mexico	\$99,350,600	\$47.6	15
Tennessee	\$298,726,100	\$45.6	16
Vermont	\$28,181,164	\$45.0	17
Delaware	\$41,472,100	\$44.3	18
Nebraska	\$81,486,579	\$43.3	19
Maryland	\$237,627,036	\$39.8	20
Oklahoma	\$152,538,640	\$39.3	21
Iowa	\$120,929,906	\$38.9	22
Washington	\$269,800,500	\$38.2	23
Virginia	\$303,586,116	\$36.5	24
South Dakota	\$30,362,138	\$35.6	25
MEDIAN \$33.50			
Kentucky	\$148,038,883	\$33.5	26
Utah	\$93,046,700	\$31.6	27
Connecticut	\$111,447,778	\$21.0	28
Mississippi	\$36,065,124	\$12.0	48
Arizona	\$60,517,200	\$9.0	49
Missouri	\$35,679,606	\$5.9	50
Nevada	\$11,523,491	\$4.1	51

Source: TFAH analysis. For a detailed methodology, see *Investing in America's Health* at www.healthyamericans.org

HOW ARE LOCAL HEALTH DEPARTMENTS FUNDED?*

Local health departments (LHDs), on average, receive 25 percent of their funding from local sources—including city/township revenue and county revenue. Another 20 percent of local health department funding comes from direct state funds. Federal funds that “pass through” states en route to localities account for another 17 percent of the typical local health department revenues.



Source: National Association of County and City Health Officials, 2009

* Among LHDs reporting detailed revenue data.

Private Sector



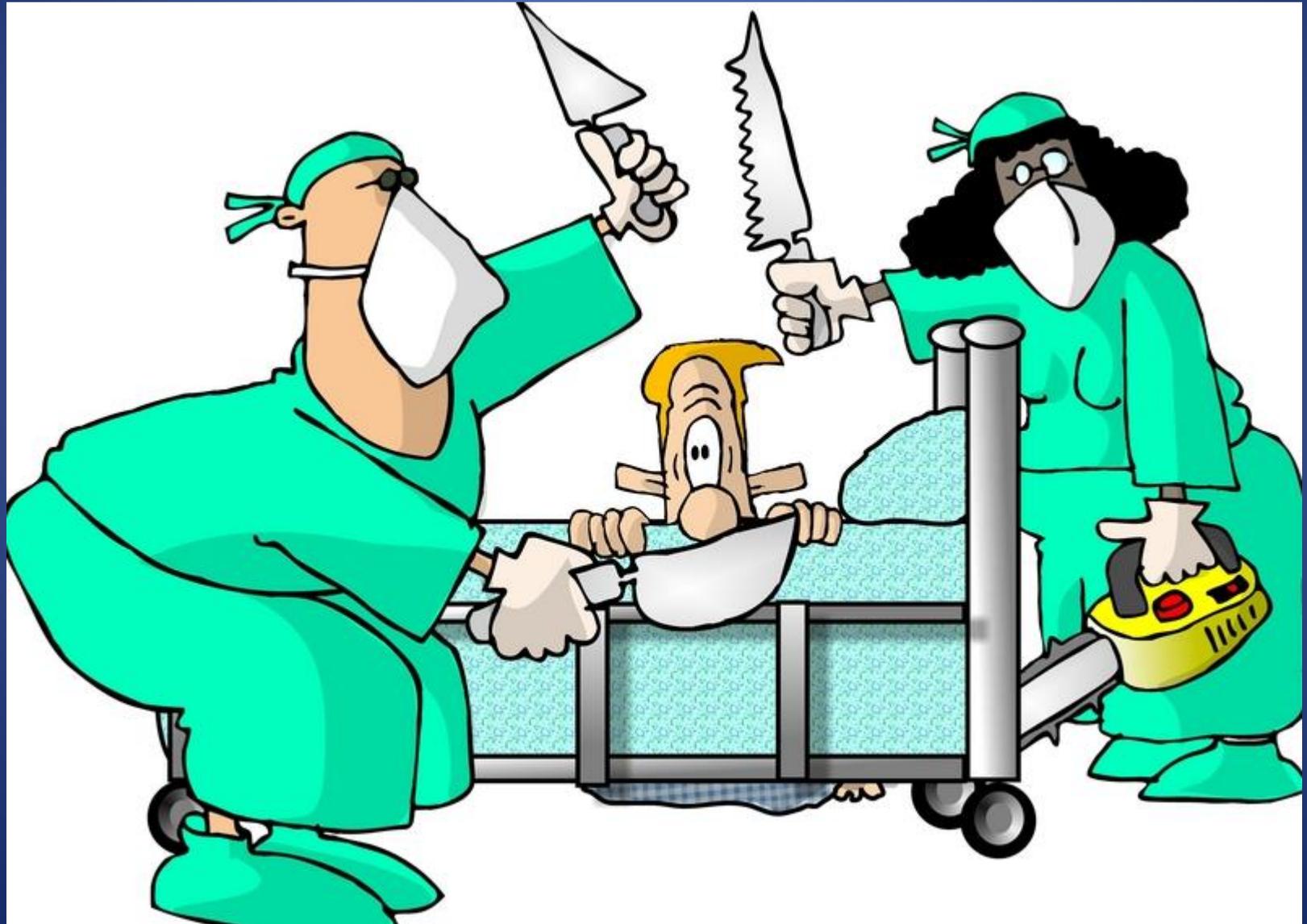
The image features a vibrant red Coca-Cola logo in its signature script font, centered in the upper half. Below it, the slogan "Helping Families Get Fit" is written in a bold, red, sans-serif font. The background is a bright, clear day in a city park, with a paved path leading through green lawns and manicured bushes. In the distance, a dense urban skyline is visible under a clear blue sky, with several prominent skyscrapers, including the Willis Tower. The overall scene is bright and positive, suggesting an active lifestyle in an urban environment.

Coca-Cola
Helping Families Get Fit





Personal Health



Preventive/Health Promotion



Primary Care

TWO Great Walk-In Clinics

NO APPOINTMENT NECESSARY



6543 Morrison St.

Niagara Walk-In



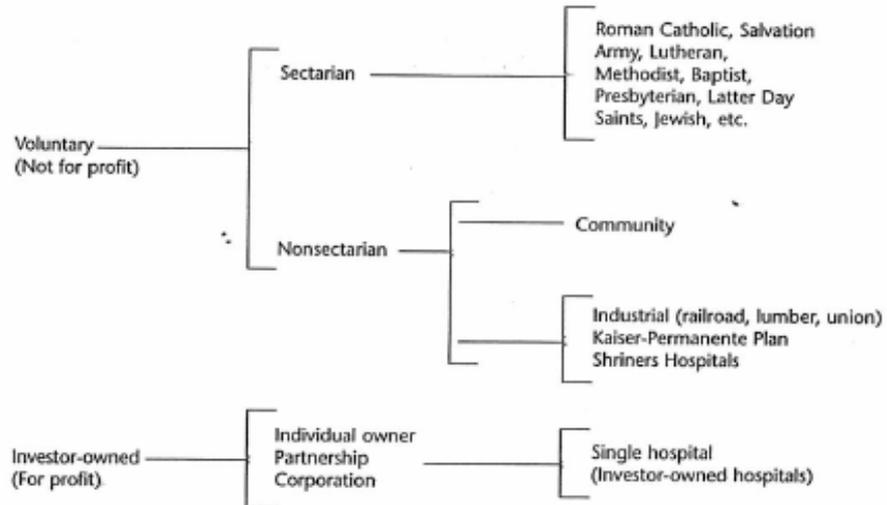
7481 Oakwood Dr.



Hospitals



PRIVATE (NONGOVERNMENT) OWNERSHIP



GOVERNMENT OWNERSHIP

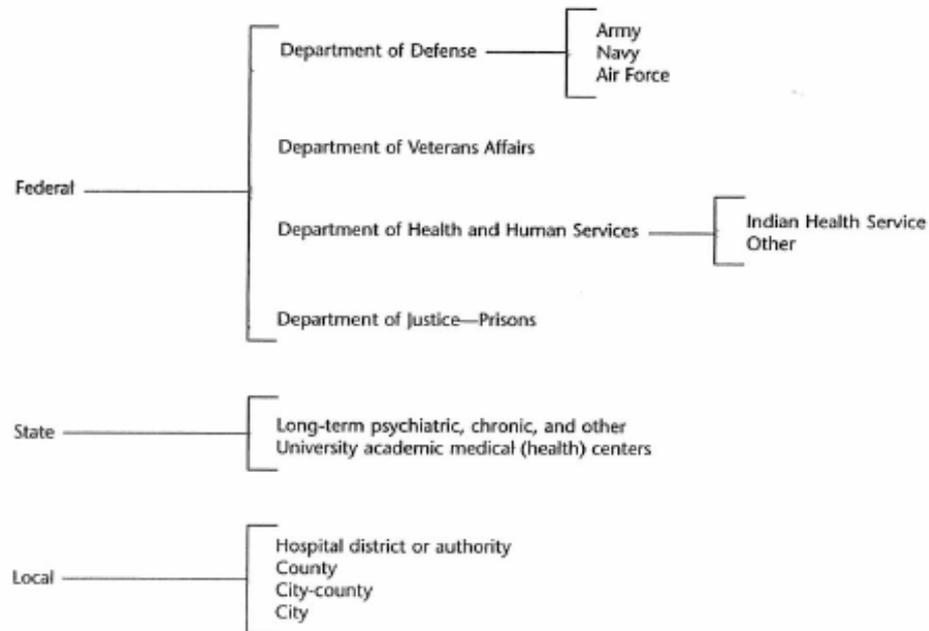


Figure 2.4. Hospital ownership.

Elder Care/Long Term Care

- Home Health
- Senior Living Communities
- Nursing Homes
- Retirement Communities



Payment for Care



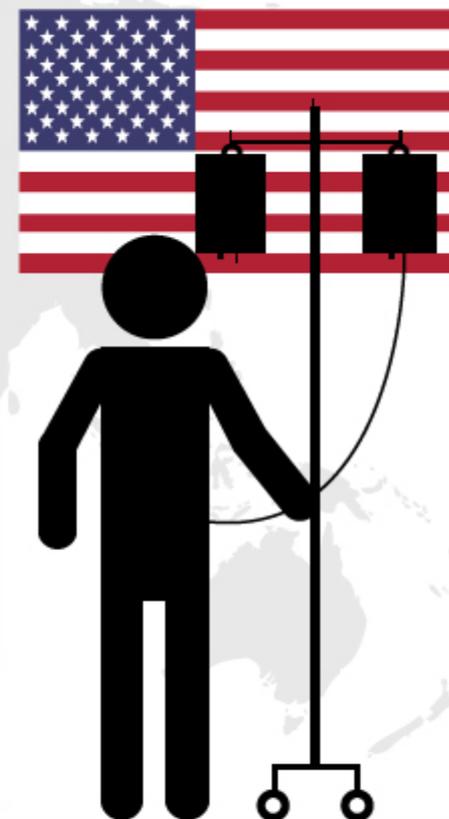
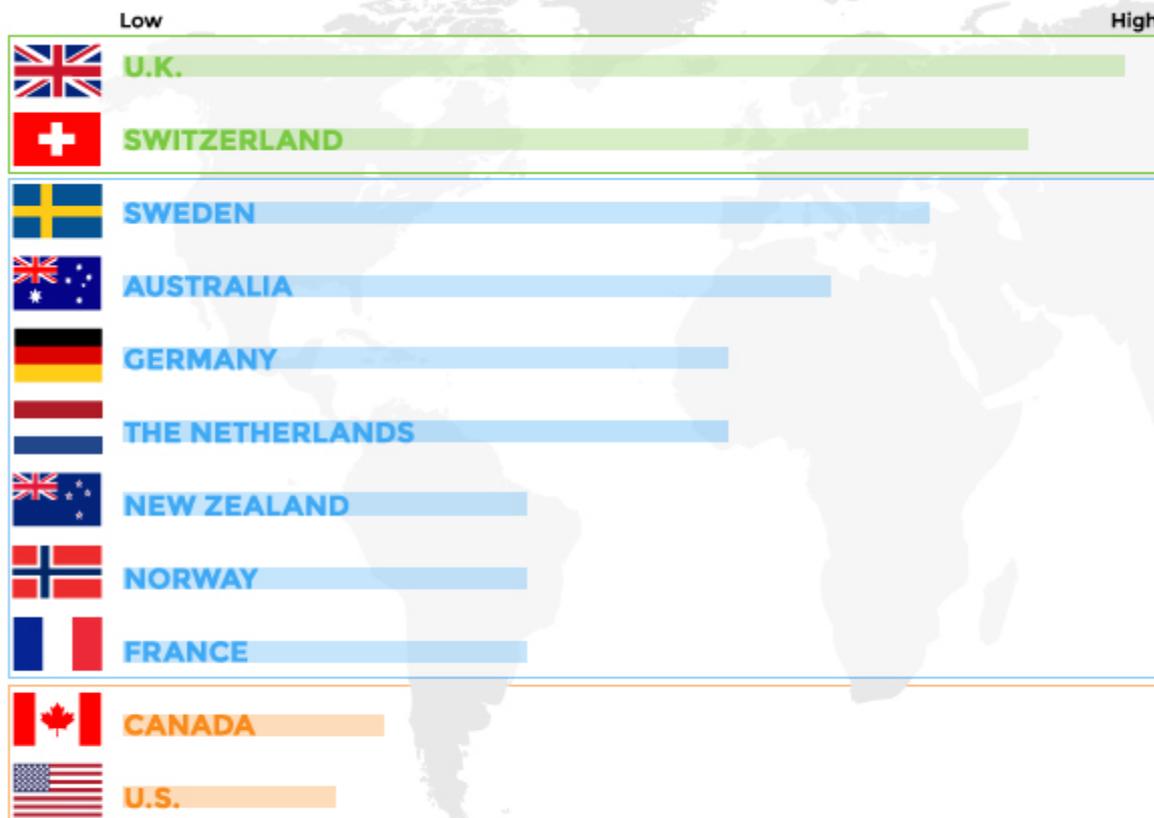
Fee-For-Service



Managed Care



Overall Health Care Ranking



Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2014 Update*, The Commonwealth Fund, June 2014.



The
COMMONWEALTH
FUND

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

Countries With the Most Well-Developed Public Health Care Systems 2016 (US News)

A characterization of 60 countries based on a survey of more than 16,000 people from four regions

Denmark

Denmark's Best Health Care System Rank: 1
Best Countries Overall Rank: 10



The U.S.'s health care system ranks 15th “by perception”.

The Danish people are more than happy to pay high taxes in exchange for quality public health care and other social benefits. (Denmark is the happiest country in the world.)

Sweden

Sweden's Best Health Care System Rank: 2
Best Countries Overall Rank: 5

NEXT: [Denmark](#)



Canada

Canada's Best Health Care System Rank: 3
Best Countries Overall Rank: 2

NEXT: [Sweden](#)



People in Canada, which ranks No. 3 on this list, are coming to the U.S. in greater numbers to pursue better health care than what they receive back at home.

Countries With the Most Well-Developed Public Health Care Systems 2016 (US News)

United Kingdom

United Kingdom's Best Health Care System Rank: 4
Best Countries Overall Rank: 3

NEXT: [Canada](#)



France

France's Best Health Care System Rank: 8
Best Countries Overall Rank: 8

NEXT: [Australia](#)



Germany

Germany's Best Health Care System Rank: 5
Best Countries Overall Rank: 1

NEXT: [United Kingdom](#)



Austria

Austria's Best Health Care System Rank: 9
Best Countries Overall Rank: 12

NEXT: [France](#)



Netherlands

Netherlands' Best Health Care System Rank: 6
Best Countries Overall Rank: 9

NEXT: [Germany](#)



New Zealand

New Zealand's Best Health Care System Rank: 10
Best Countries Overall Rank: 11

NEXT: [Austria](#)



Australia

Australia's Best Health Care System Rank: 7
Best Countries Overall Rank: 6

NEXT: [Netherlands](#)

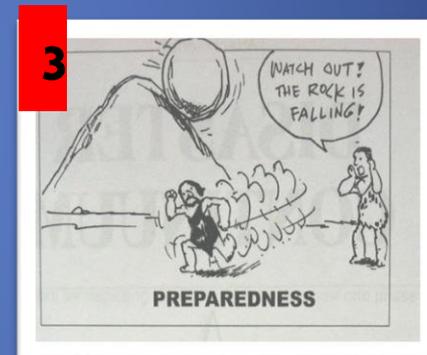
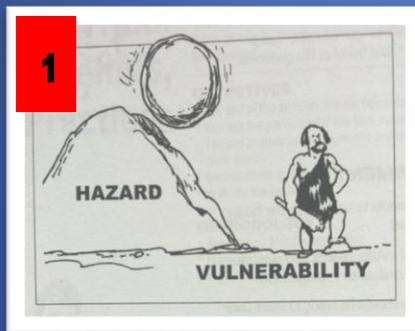


Preparedness



What is Disaster Risk Reduction?

- the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.



Americans Need a Disaster Reality Check



More than half of all Americans fear they will experience a natural or manmade disaster.



Believe a **72 hour emergency kit** recommended by FEMA or the Red Cross would improve their chances of surviving a disaster.

Have made no effort to put together such a kit.

BASIC EMERGENCY SUPPLY KIT



*One gallon of water per person per day

#1

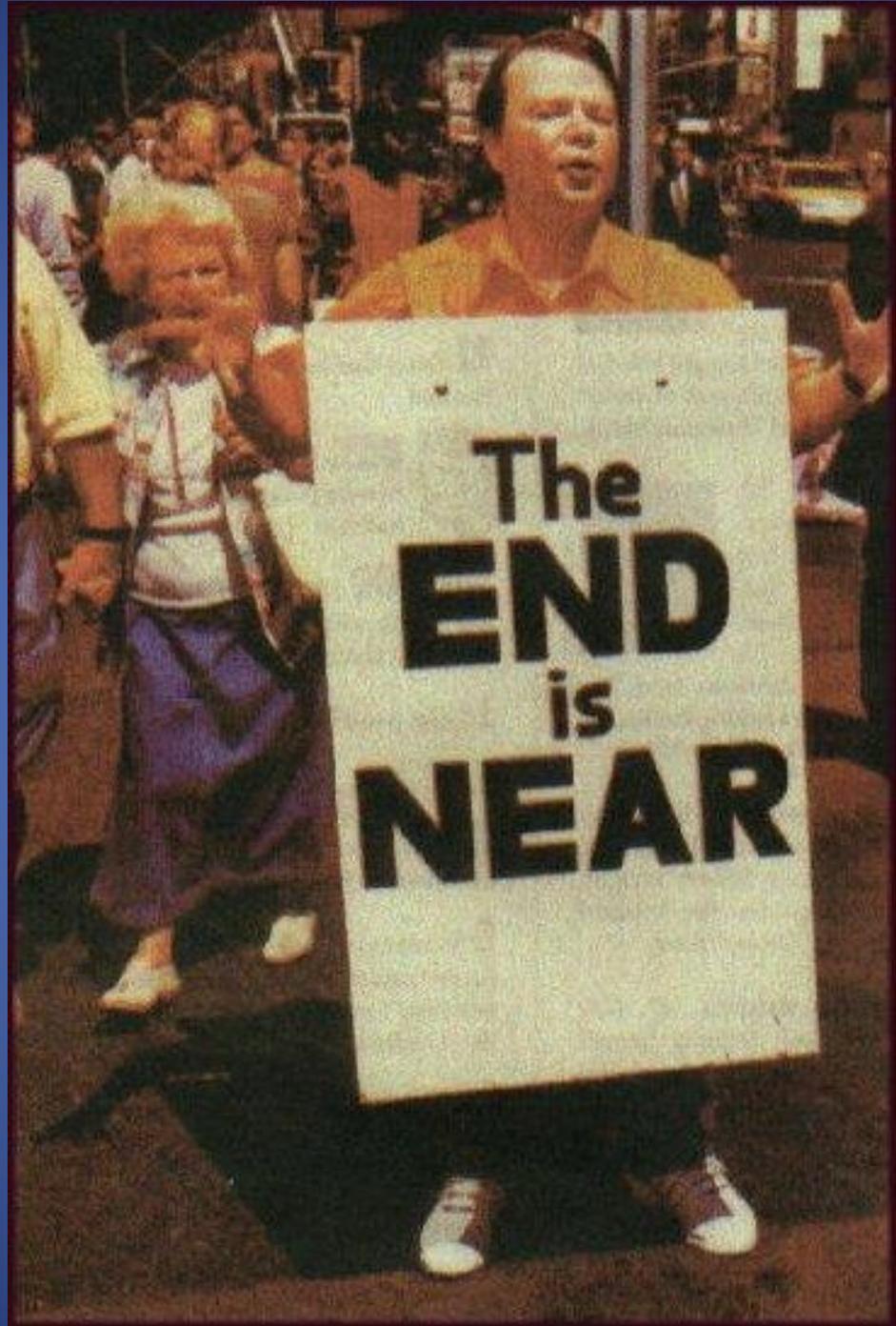


excuse given by Americans for not owning an **emergency kit** is that they expect first responders to come to their aid. This is an **unrealistic belief** in the wake of a major disaster.



Delivery Systems Questions





Health Management



Leadership

A leadership

ability to motivate a group of people to achieve a common goal through intentional influence and organizing a group of people to follow a process.

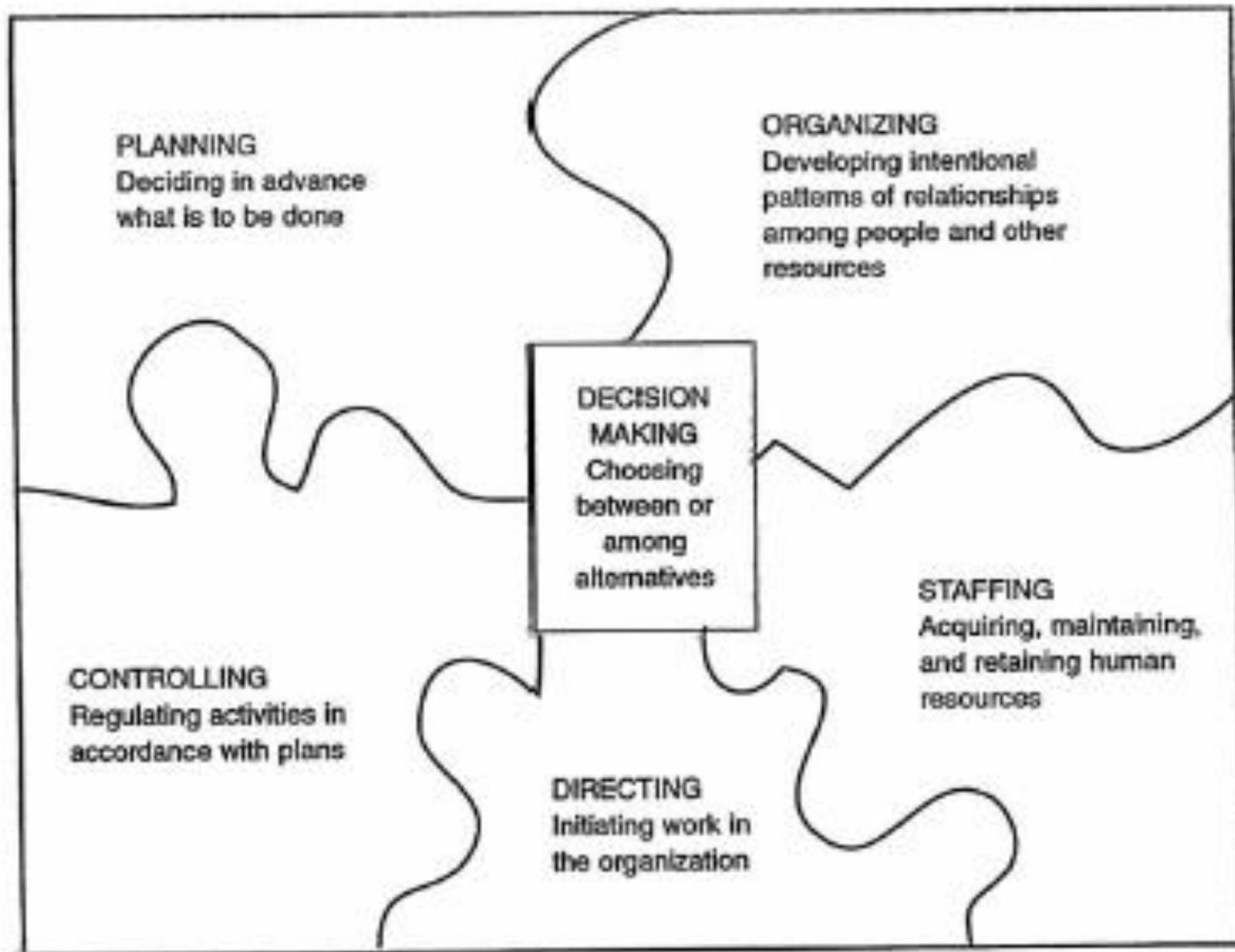


Figure 1.2. The management functions are interrelated like the pieces of a puzzle.

Governance

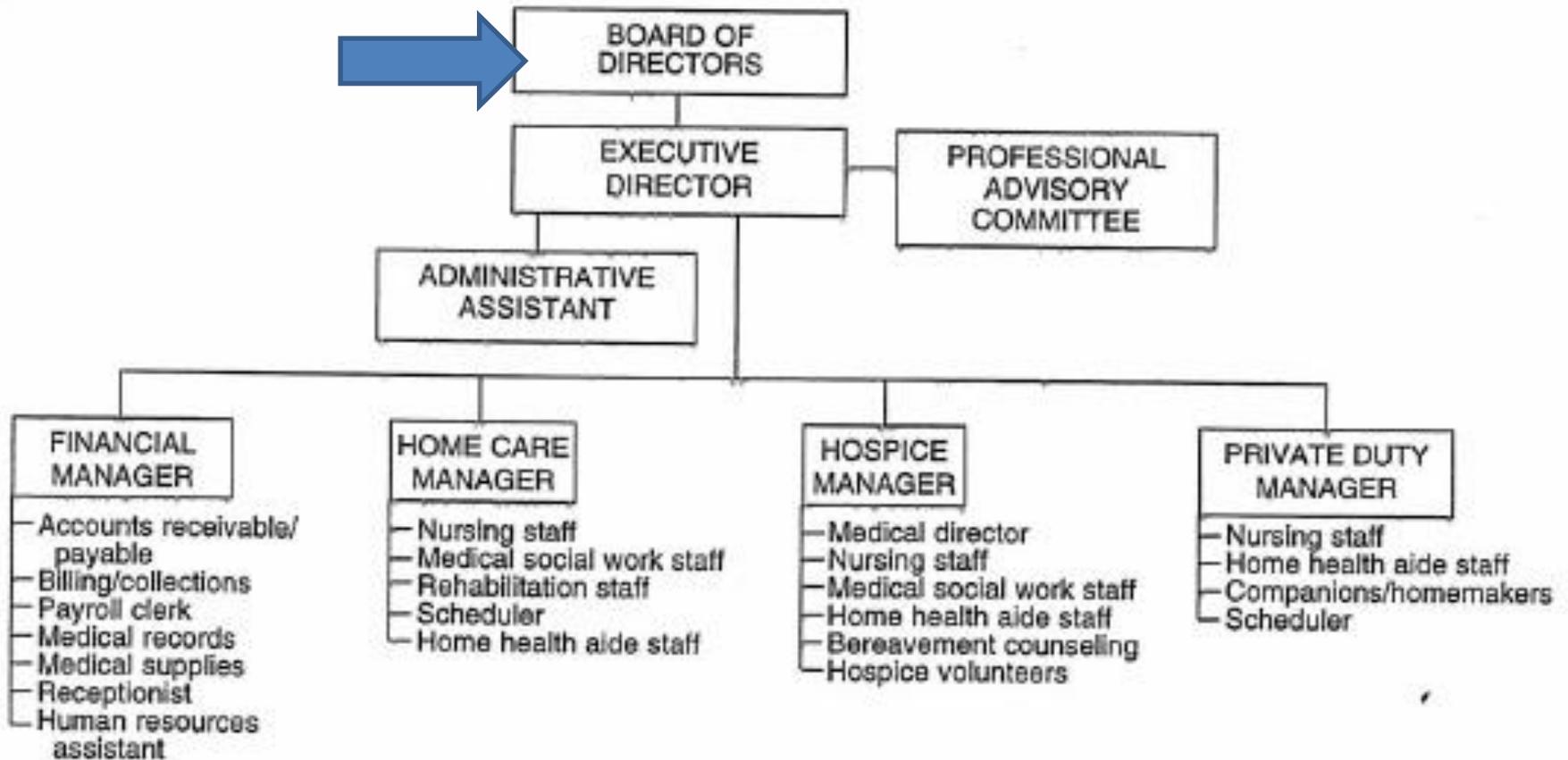
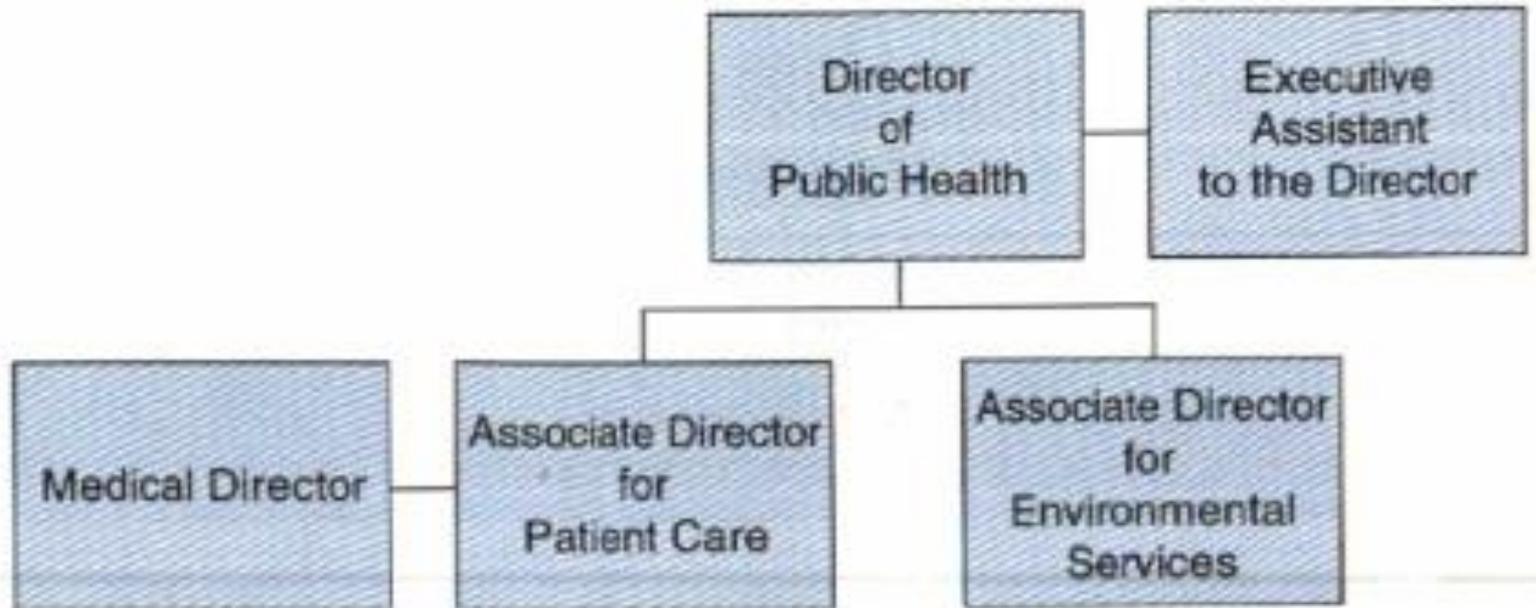


Figure 4.10. Organization chart of a freestanding home health agency.



Line and Staff



Line and Staff Relationships

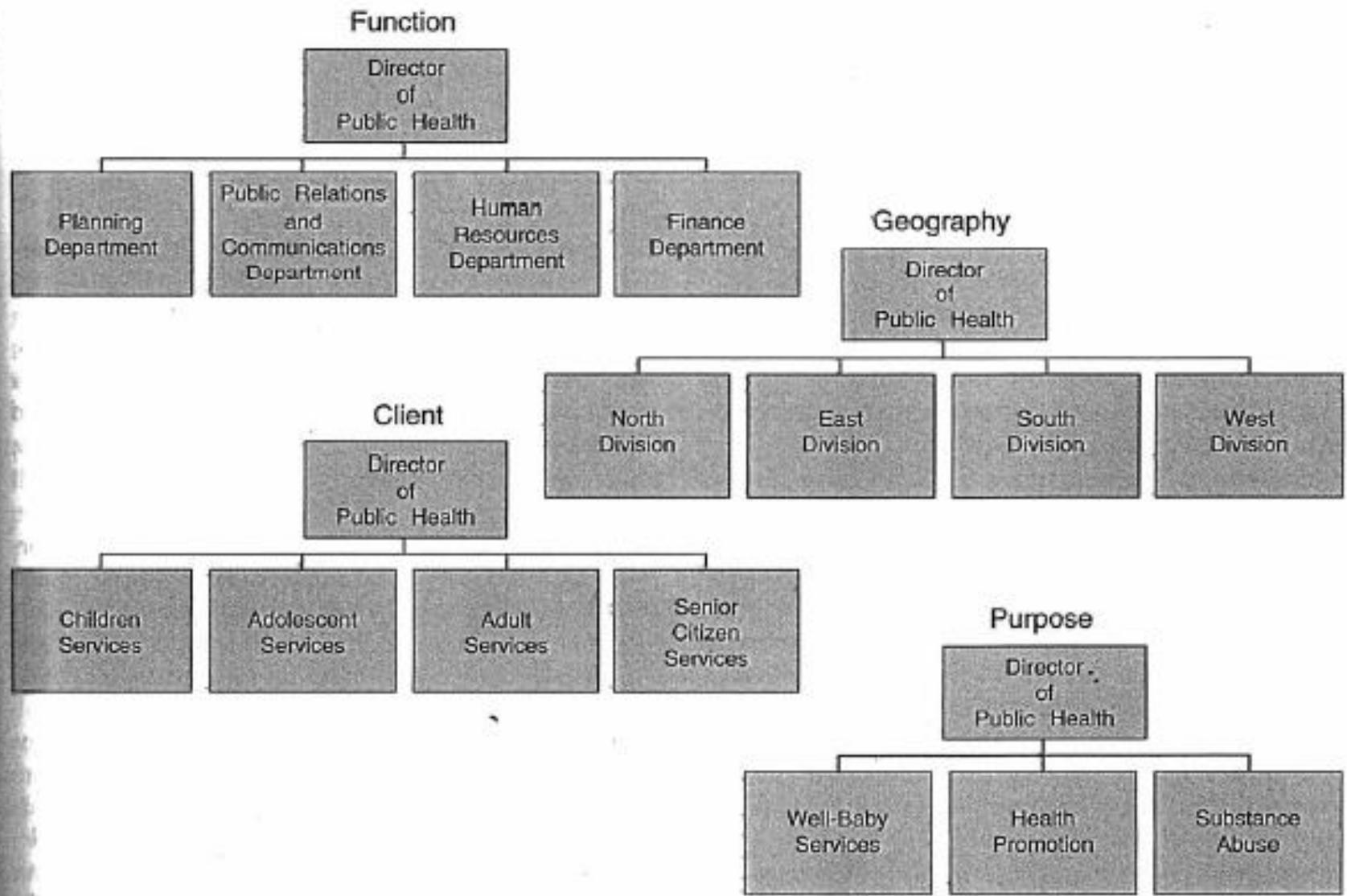


Figure 15.2. Four Models of Organization

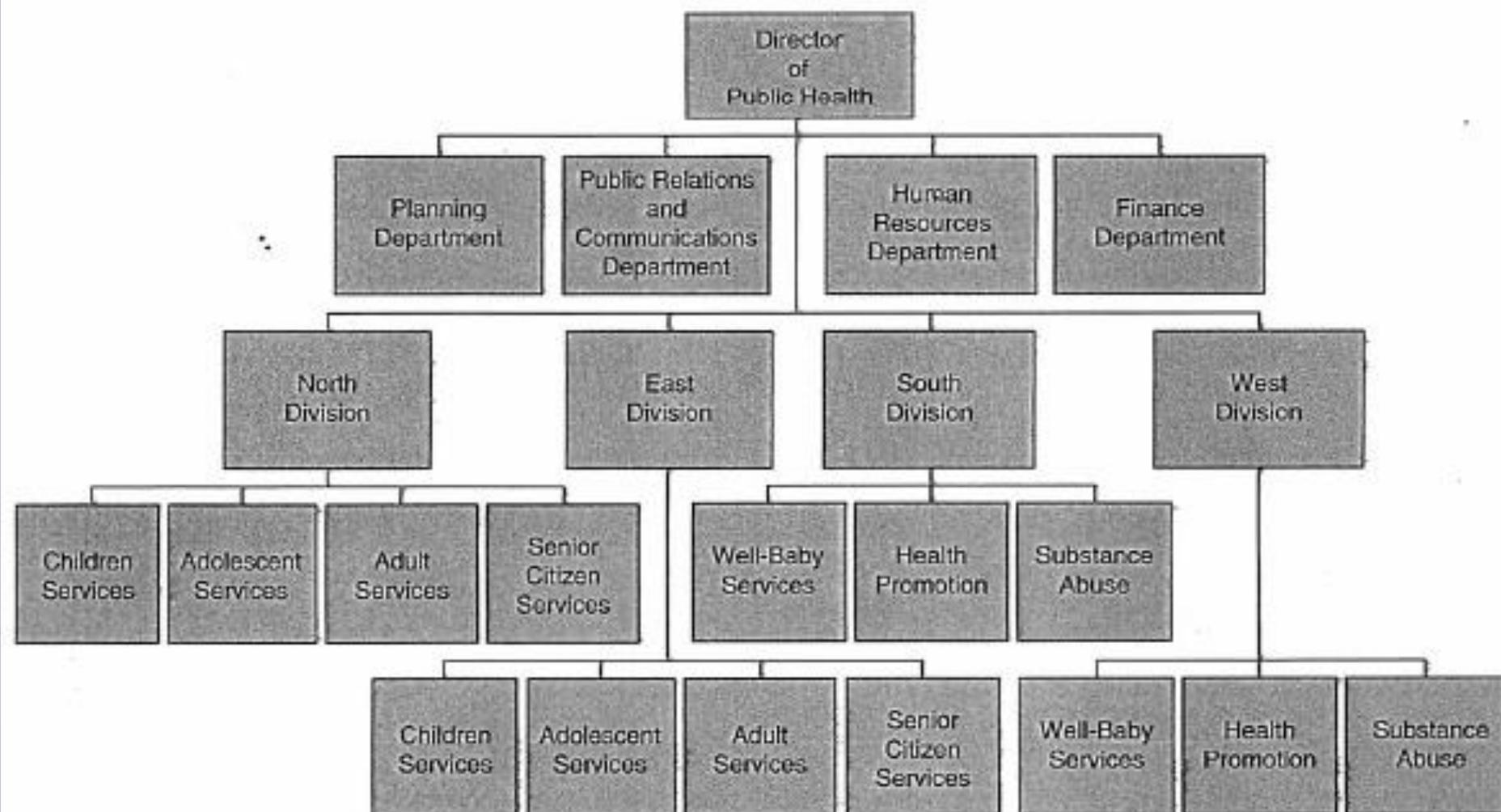


Figure 15.3. Mixed Organizational Structure

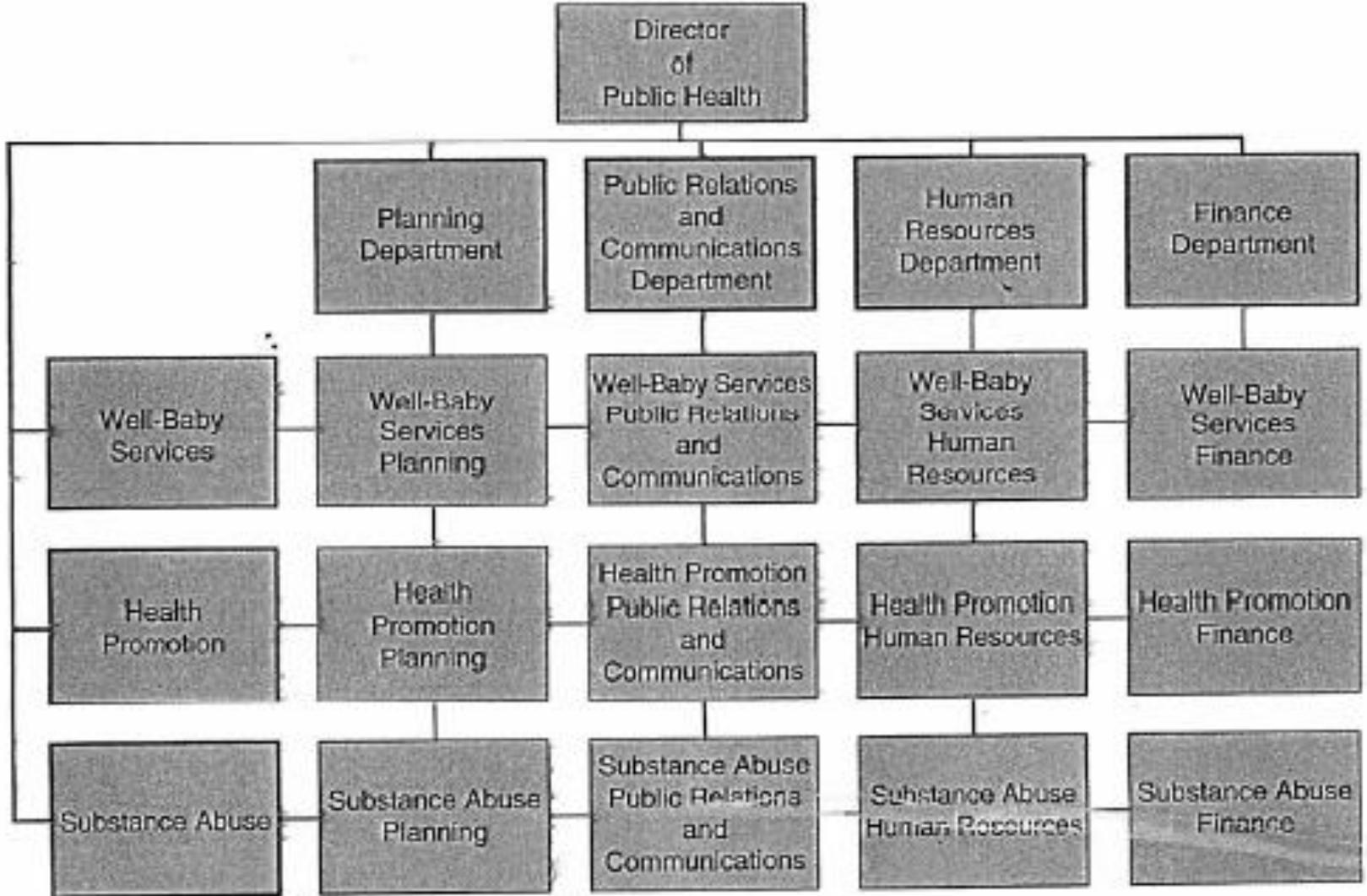


Figure 15.4. Matrix Organization

Human Resources





I. Individual Characteristics

1. Interests
2. Attitudes
 - toward self
 - toward job
 - toward aspects of the work situation
3. Needs
 - security
 - social
 - achievement

II. Job Characteristics (Examples)

1. Types of intrinsic rewards
2. Degree of autonomy
3. Amount of direct performance feedback
4. Degree of variety in tasks

III. Work Environment Characteristics

1. Immediate work environment
 - peers
 - supervisor(s)
2. Organizational actions
 - reward practice
 - systemwide rewards
 - individual rewards
 - organizational climate

Note: These lists are not intended to be exhaustive but are meant to indicate some of the more important variables influencing the employee motivation.

Source: Adapted with permission from L.W. Porter and R.E. Miles, *Motivation and Management*, in *Contemporary Management: Issues and Viewpoints*, J.W. McGuire, ed., © 1974.

McGregor's Theory of Human Motivation

Theory X

Classical

Theory Y

Behavioral



Theory Z / Contingency Theory Situational Management



Strategic Planning

Components of a Plan

Means

Ends

Mission



Vision



Strategies



Goals



Tactics



Objectives

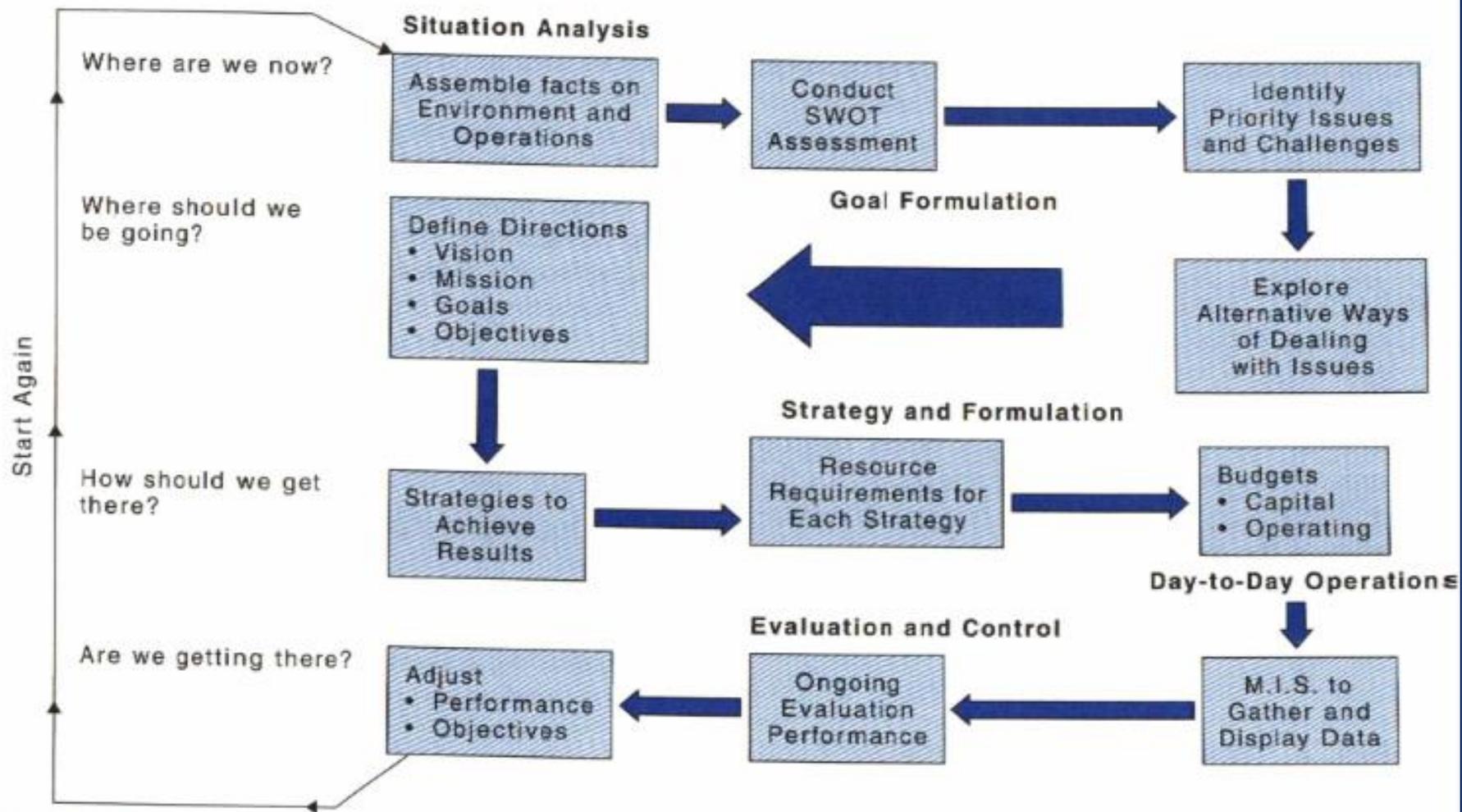
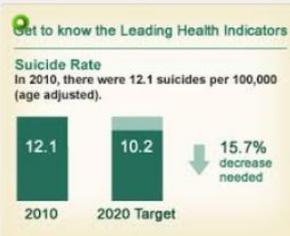
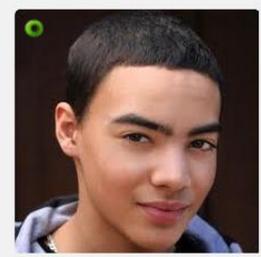


Figure 15.1. Strategic Planning Model

Source: Adapted from Keck RK Jr., 1986. Strategic planning in the health care industry: Concentrate on the basics. *Health Care Issues* (September). Reprinted in the *Handbook of Business Strategy 1985/1986 Yearbook*, Coopers & Lybrand.

WAY
TE



I CARE

HUMAN SERVICES • USA

Examples of Access to Information on Health Indicators

Federal



Home

About Healthy People

2020 Topics & Objectives

Data

Learn

Implement

Get Involved

Leading Health Indicators

Home > 2020 Topics & Objectives > Maternal, Infant, and Child Health

Maternal, Infant, and Child Health



Print



E-mail



Share

Overview

Objectives

Interventions & Resources

National Snapshot

National Data

Expand All Objectives

Morbidity and Mortality

MICH-1 Reduce the rate of fetal and infant deaths

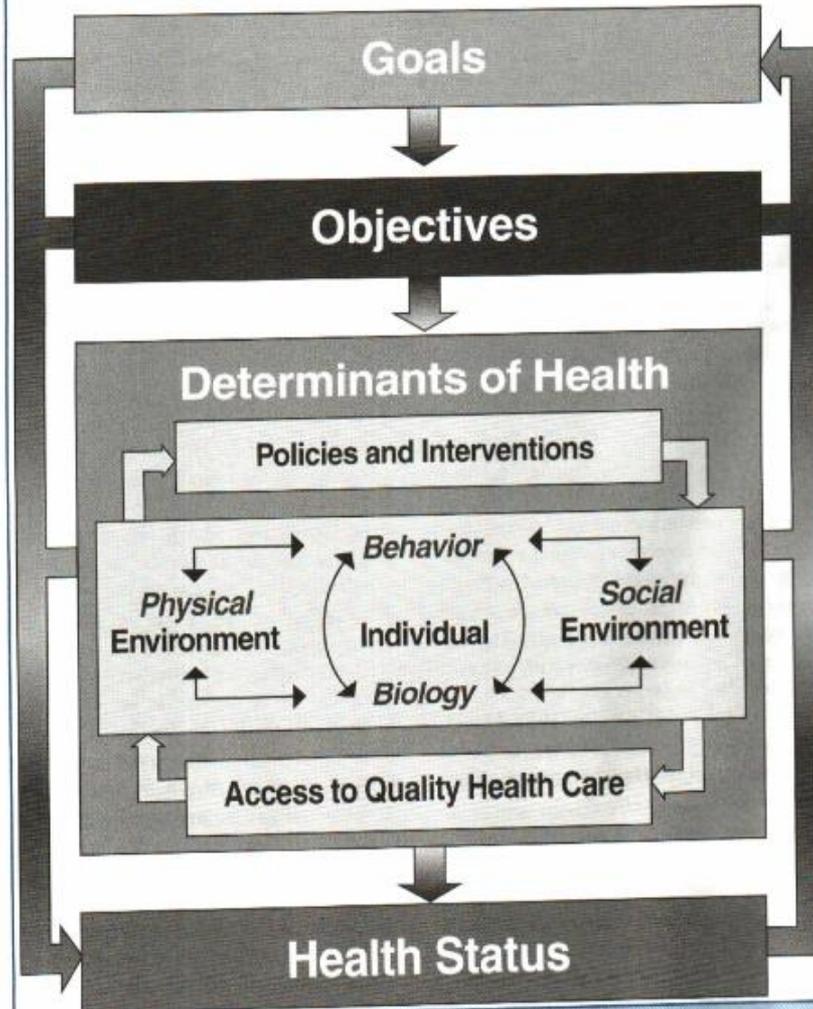
MICH-1.1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	View Details ▼
MICH-1.2	Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth)	View Details ▼
MICH-1.3	Reduce the rate of all infant deaths (within 1 year) LHI	View Details ▼
MICH-1.4	Reduce the rate of neonatal deaths (within the first 28 days of life)	View Details ▼
MICH-1.5	Reduce the rate of postneonatal deaths (between 28 days and 1 year)	View Details ▼
MICH-1.6	Reduce the rate of infant deaths related to birth defects (all birth defects)	View Details ▼

FIGURE 2-12 The *Healthy People 2010* model.



Healthy People in Healthy Communities

A Systematic Approach to Health Improvement



Source: Reprinted from Office of Disease Prevention and Health Promotion, *Healthy People 2010: Understanding and Improving Health*. Rockville, MD: ODPHP; 2000.

What are Consumers' Needs, Wants, and Demands?



Needs - state of felt deprivation including physical, social, and individual needs i.e hunger



Wants - form that a human need takes as shaped by culture and individual personality i.e. bread



Demands - human wants backed by buying power i.e. money

10 Essential Public Health Services	Product	Price	Place	Promotion	People
1. Monitor Health Status					
2. Diagnose & Investigate					
3. Inform, Educate, & Empower					
4. Mobilize Community Partnerships					
5. Develop Policies & Plan					
6. Enforce Laws & Regulations					
7. Link people to needed Services					
8. Assure a competent workforce					
9. Evaluate Effectiveness, Accessibility & Quality					
10. Research for new insights					

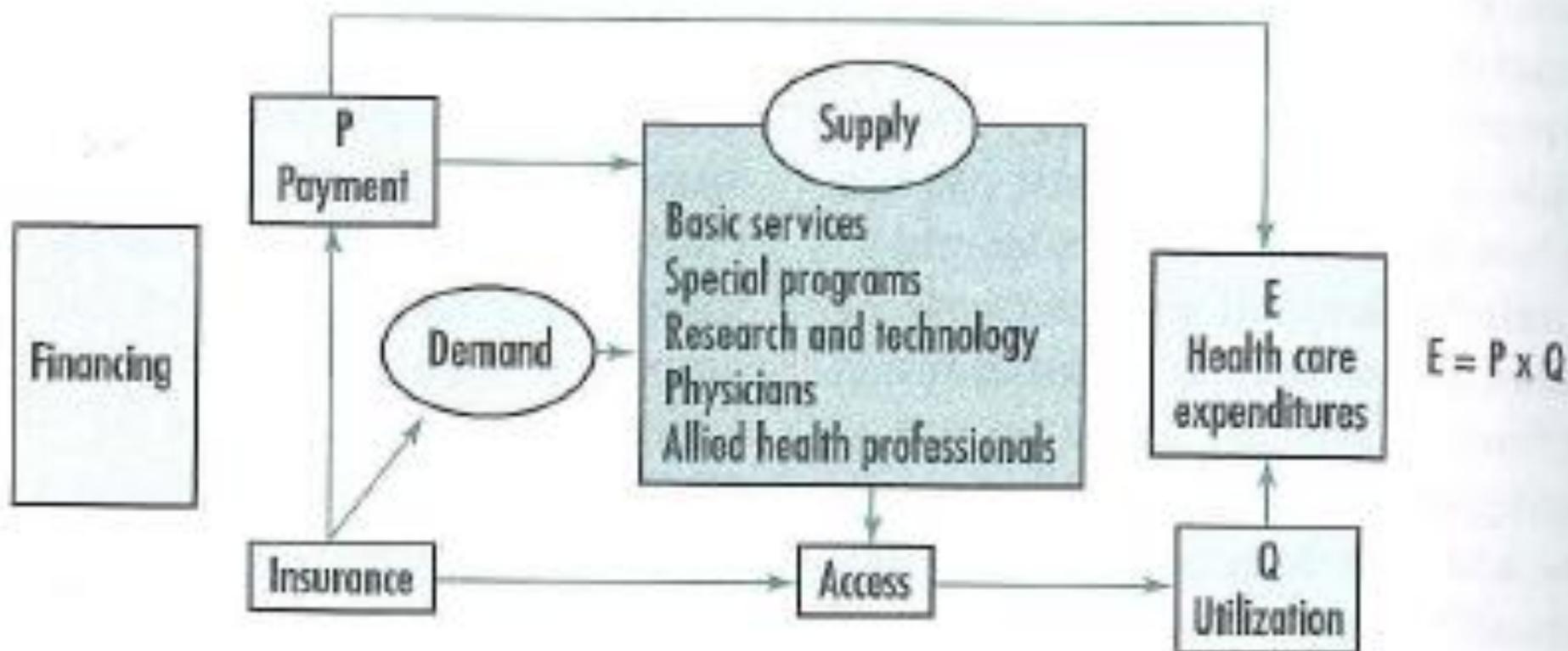
Marketing
The 5 P's
(4 P's)

Financial Management



- Financial information that can be used to improve decision making.
- The management of the sources and uses of resources within an organization.

Influence of Financing on the Delivery of Health Services.

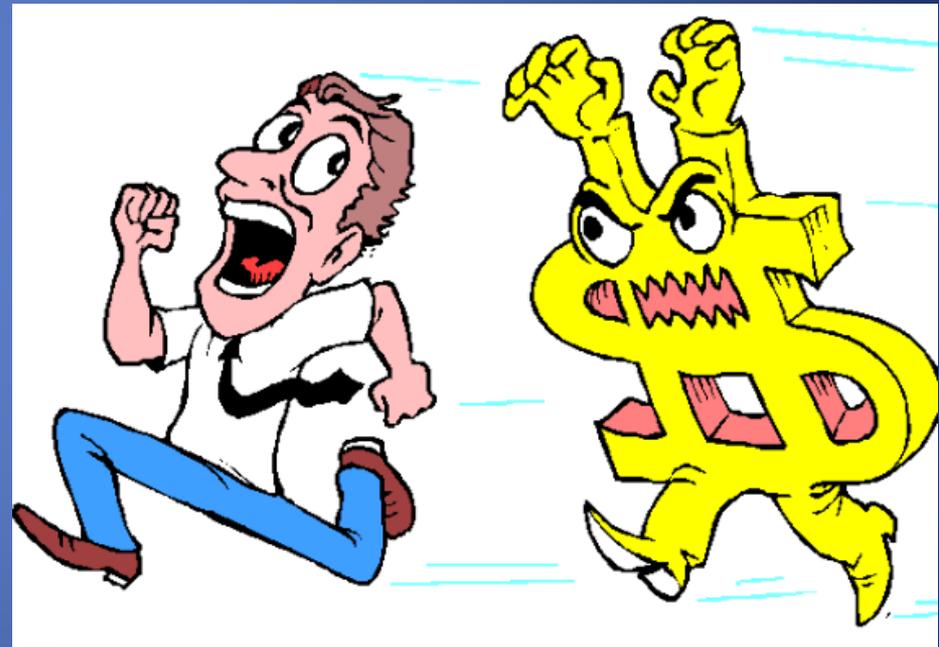


Cost vs. Charges

The resources require to provide the good or service



What the consumer is asked to pay, this includes surplus revenue or profit

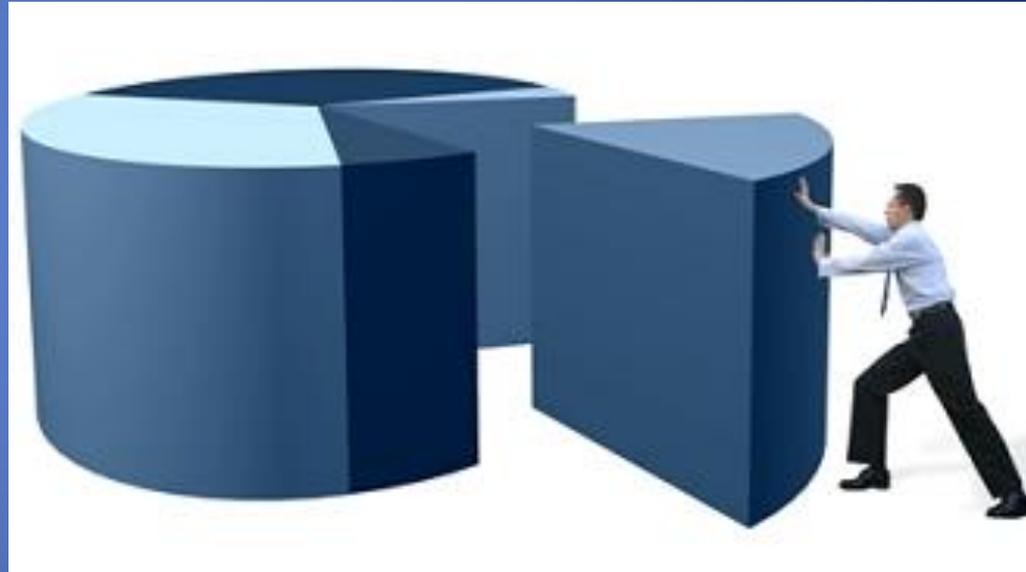


Fixed Cost Vs. Variable Cost



The Capital Budget

- Capital Budgets plans for the acquisition of high-value, long-term (>1 year) assets.



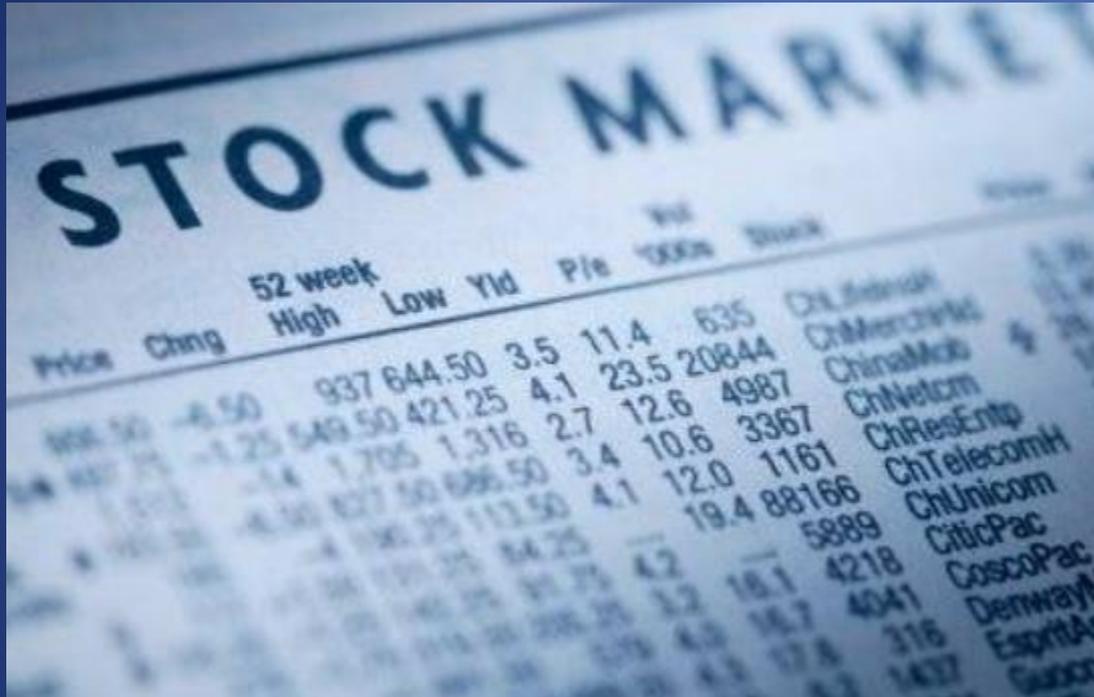
The Operating Budget

- ▣ **Revenue** is a forecast of resource inflows into the organization.
- ▣ **Expenses** represent the resources that an organization uses up carrying on its activities.
- ▣ A **surplus or profit** is the excess of revenues over expenses.
- ▣ A **deficit or loss** is an excess of expenses over revenues.



For Profit

Investor Owned



Not for Profit

(Not "Non Profit")



Government



Health Informatics



Workforce

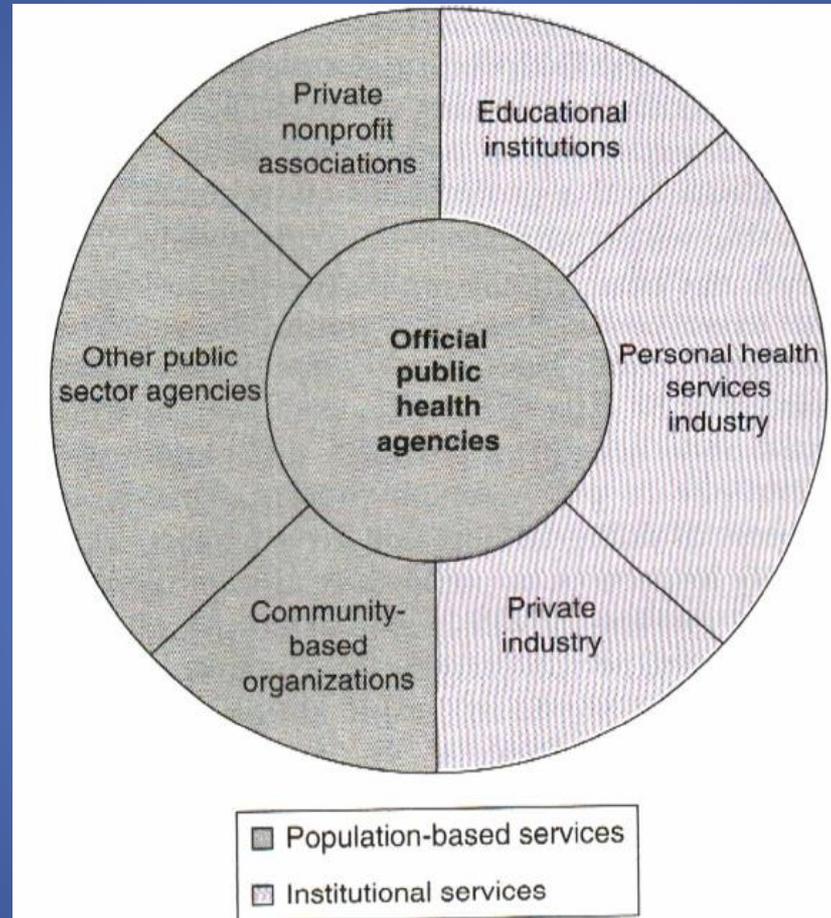


Figure 17.1. The Professional Public Health Workforce: Major Work Settings

SOURCE: Kennedy, et al., Public Health workforce information: A state-level study. JPHMP, 5(3):12

Supply/ Demand

PROTECTING YOUR HEALTH



Education/Training



Public Health Careers



- Advocacy Director \$38,000 - \$71,000
- Assistant Environmental Scientist \$50,000 - \$92,000
- Assistant Inspector General \$34,000 - \$64,000
- Assistant Professor Epidemiology \$69,000 - \$130,000
- Assistant Public Health Professor \$36,000 - \$66,000
- Associate Biostatistics \$55,000 - \$102,000
- Associate Epidemiologist \$55,000 - \$102,000
- Behavioral Health Administrator \$45,000 - \$84,000
- Behavioral Scientist \$55,000 - \$102,000
- Biosecurity Specialist \$18,000 - \$33,000
- Biostatistical Data Technician \$25,000 - \$48,000
- Biostatisticians \$55,000 - \$102,000
- Bioterrorism Researcher \$35,000 - \$84,000
- Chief Medical Officer \$65,000 - \$121,000
- Child Health Specialist \$34,000 - \$63,000
- Childbirth Health Educator \$48,000 - \$90,000
- Chronic Disease Health Educator \$58,000 - \$107,000
- Chronic Disease Management Coordinator \$42,000 - \$79,000
- Chronic Disease Medical Epidemiologist \$55,000 - \$101,000
- Clinical Epidemiologist \$48,000 - \$89,000
- Clinical Infectious Disease Specialist \$78,000 - \$147,000
- Clinical Research Director \$53,000 - \$99,000
- Communicable Disease Analyst \$38,000 - \$71,000
- Communications Director \$43,000 - \$81,000
- Community Activist \$19,000 - \$35,000
- Community Counselor \$25,000 - \$48,000
- Community Health Educator \$42,000 - \$78,000
- Community Health Nursing Consultant \$51,000 - \$94,000
- Community Health Worker \$33,000 - \$62,000
- Community Outreach Specialist \$28,000 - \$52,000
- Consumer Safety Officer \$40,000 - \$74,000
- Corporate Medical Director \$60,000 - \$112,000
- Correctional Medicine Physician \$101,000 - \$200,000
- Deputy Director \$47,000 - \$87,000
- Director of Applied Research \$45,000 - \$82,000
- Director of Emergency Medical Services \$46,000 - \$85,000
- Disaster Preparedness Coordinator \$38,000 - \$71,000
- Disaster Preparedness Researcher \$36,000 - \$68,000
- Disease Ecologist \$30,000 - \$55,000
- Emergency Preparedness Specialist \$37,000 - \$68,000
- Environmental Health Supervisor \$32,000 - \$60,000
- Environmental Engineer \$54,000 - \$101,000
- Environmental Health Director \$46,000 - \$86,000
- Environmental Health Engineer \$53,000 - \$99,000
- Environmental Health Executive \$51,000 - \$94,000
- Environmental Health Nurse \$43,000 - \$78,000
- Environmental Health Safety Engineer \$52,000 - \$98,000
- Environmental Health Technician \$28,000 - \$52,000
- Environmental Specialist \$33,000 - \$62,000
- Epidemiologists \$36,000 - \$66,000
- Epidemiology Investigator \$42,000 - \$84,000
- Federal Agency Director \$44,000 - \$84,000
- Food Inspector \$28,000 - \$52,000
- Food Scientist \$48,000 - \$91,000
- Food Service Sanitarian \$34,000 - \$63,000
- Forensic Pathologist \$33,000 - \$62,000
- Genetic Engineer \$50,000 - \$95,000
- Geographer \$44,000 - \$81,000
- Hazardous Waste Inspector \$37,000 - \$72,000
- Health Administrator \$42,000 - \$79,000
- Health and Wellness Manager \$46,000 - \$84,000
- Health Commissioner \$40,000 - \$74,000
- Health Communications Specialist \$33,000 - \$62,000
- Health Education Health Promotion \$39,000 - \$72,000
- Health Educators \$27,000 - \$53,000
- Health Facilities Surveyor \$39,000 - \$74,000
- Health Legislative Assistant \$33,000 - \$61,000
- Health Physicist \$56,000 - \$104,000
- Health Science Kinesiology \$38,000 - \$70,000
- Health Scientist \$43,000 - \$80,000
- Health Supervisor \$32,000 - \$60,000
- Health Unit Coordinator \$34,000 - \$64,000
- Home Visit Nurse \$45,000 - \$84,000
- Homeless Services Educator \$35,000 - \$65,000
- Hospital Administrator \$45,000 - \$84,000
- Hydrologist \$45,000 - \$83,000
- Industrial Hygienist \$49,000 - \$91,000
- Infection Preventionist \$55,000 - \$110,000
- Infectious Disease Public Health Advisor \$51,000 - \$95,000
- Informatics Specialist \$52,000 - \$95,000
- Injury Prevention Specialist \$38,000 - \$74,000

Recruitment/Retention



Quality



performance
improvement

ANY STATE

DRIVER LICENSE

License No. **P77777777** Expires **00-00-00**

JANE A SAMPLE
456 ANYWHERE STREET
ANYTOWN, ANY STATE 99999



Sex: **F**

Hair: **Blond**

Ht: **5-05**

Wt: **120**

Eyes: **Blue**

DOB: **01-01-83**

A stylized, handwritten signature in black ink, appearing to read 'Jane A Sample', located below the physical characteristics.



DONOR

Take the Exam!

Get ***Certified in Public Health (CPH)!***

Why Should I Get Certified?



Because it is good for the profession and it is good for you!

Certification in public health is an idea whose time has come. Setting standards is an essential step toward elevating the status of public health professionals. The *National Board of Public Health Examiners (NBPHE)*, an independent board of public health professionals, educators and experts, has created the first general test developed specifically on the core competencies taught to all public health graduates of *CEPH-accredited schools and programs*. Get certified to advance the practice of public health, improve your skills and knowledge and advance your career. Certification in public health is voluntary, but an idea whose time has come!

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[JCIinsight: The Official newsletter of JCI](#)

[2011 Spring International Catalogue](#)

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Accreditation and Certification

Our standards and evaluation methods stand alone in the world as unique tools designed to provide quantifiable benchmarks for patient care quality and drive positive changes that get noticed by clinical staff, patients and management.

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Experience combined with innovation drives our clinical experts. Our team brings years of experience working inside health care organizations and will help you develop continuous improvement processes that work over the long-term.

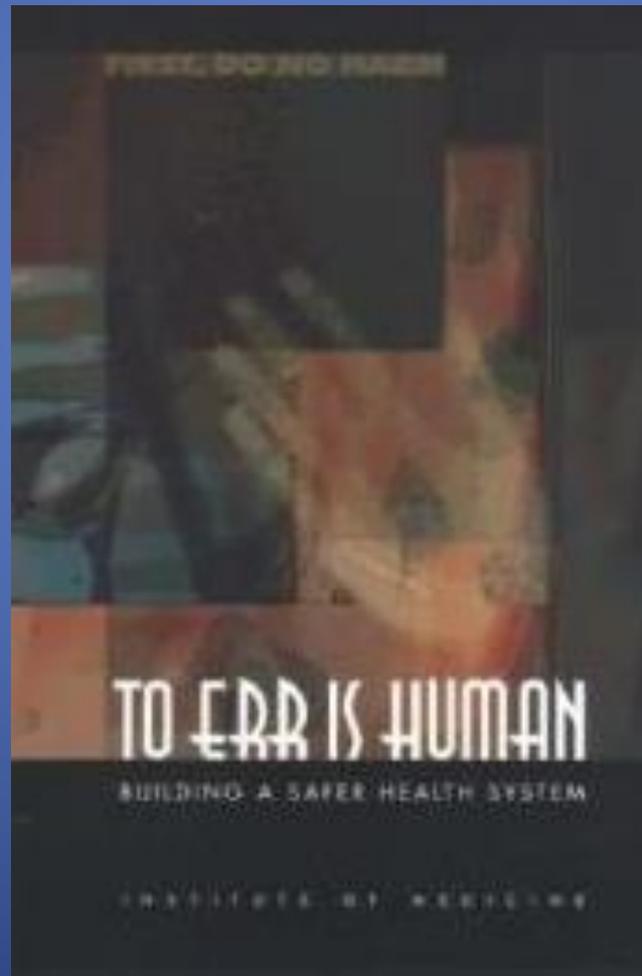
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Quality & Safety Risk Areas

Remain competitive with the latest quality and safety information. A proactive improvement in quality and safety protects patients and your bottom line. Our passion for sustaining improvements in patient safety translates to practical strategies and real results.

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Estimated 44,000 to 98,000 deaths
annually from adverse events &
Over 1 million injuries





Advancing public health performance

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Accreditation Overview

▶ What is Public Health Department Accreditation?

▶ Accreditation Works!

▶ Who is Eligible?

▶ What Does it Cost?

▶ What are the Benefits?

▶ Contract Language/Terms and Conditions

▶ Getting Started



Accreditation Overview

Accreditation using the PHAB standards and measures can help a health department achieve performance excellence.

News and Events

09.20.2016 PHAB E-Newsletter: September/October 2016

09.04.2016 QI Leaders Academy Program Report Available

08.24.2016 16 Health Departments Awarded PHAB Accreditation: Cherokee Nation First Tribal Health Department in U.S. to Achieve Designation

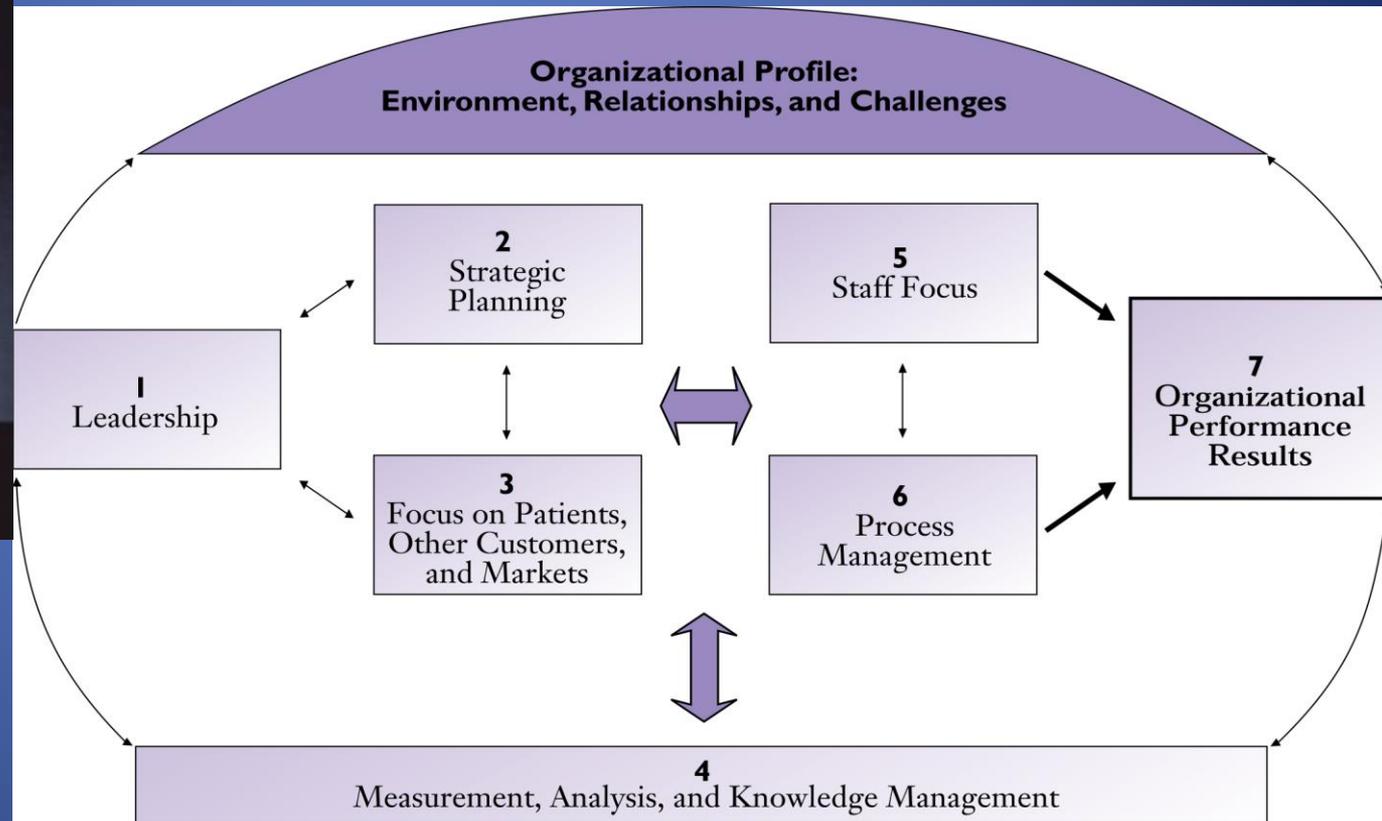
08.15.2016 MMWR Report Evaluates the Impact of National Public Health Department Accreditation

08.01.2016 Interactive Map of Accreditation Activity as of August 23, 2016

Continuous Quality Management



Baldrige Health Care Criteria Framework:

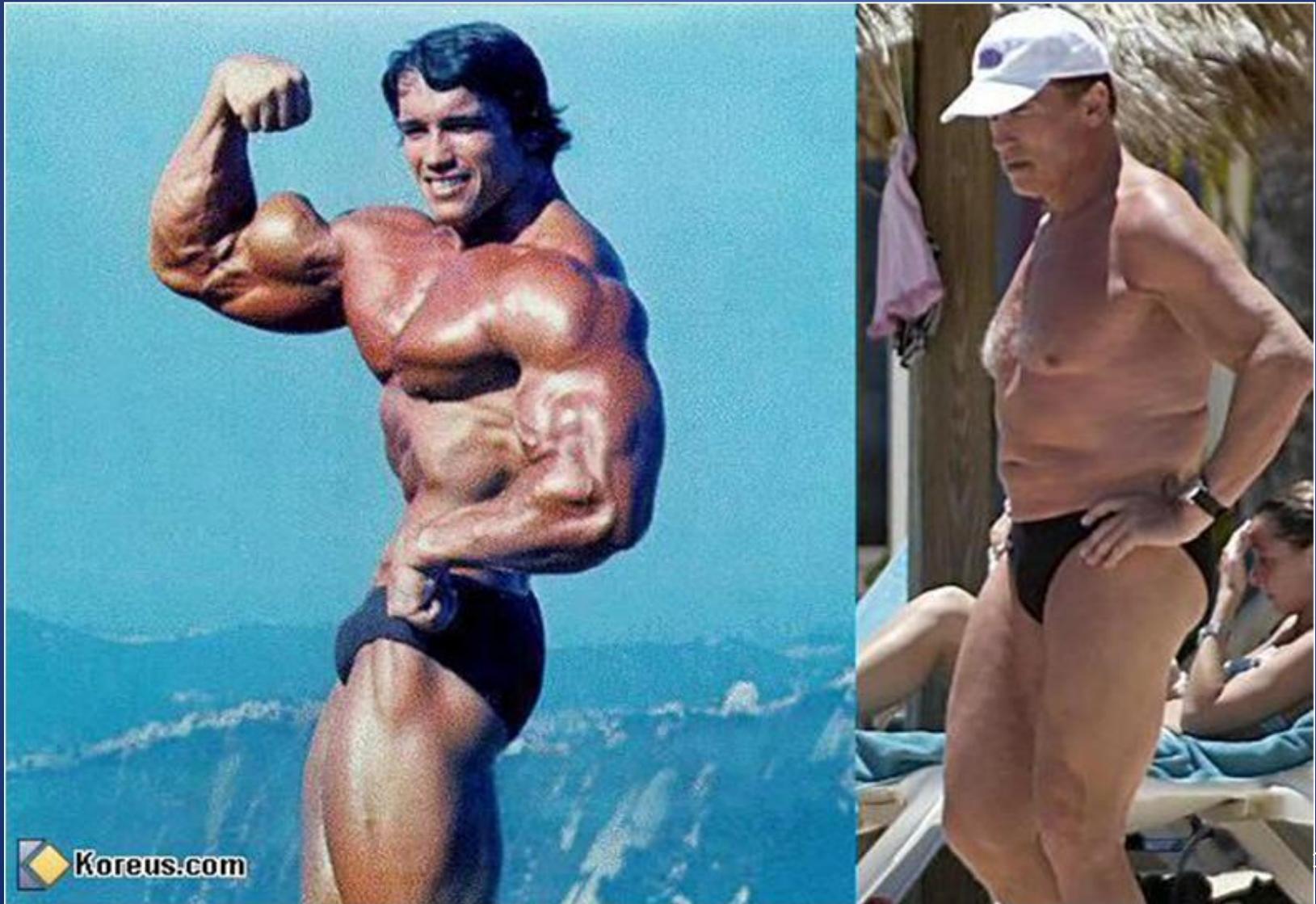


Six Sigma

- Process must not produce more than 3.4 defects per million opportunities.



Quality Requires an Ongoing Commitment



Management Questions



Wrapping Up



HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

Competencies: Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.

Health Policy and Management

1. **US Health Care Delivery System**
 - A. Continuum of Care – Primary through Long-Term Care
 - B. Not-for-profit, For-profit, Government Organizations
 - C. Health Care Financing, Public and Private
 - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
 - E. Patient Protection and Affordable Care Act
 1. HIPAA
 - F. Health Care Utilization, Elasticity of Demand
 - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
 - A. Financing and Delivery Models
4. **US Health Policy**
 - A. Policy-Making Process
 1. Federal
 2. State
 3. Local
 - B. National Advocacy Organizations
 - C. Stakeholder Participation
 - D. Advocacy – Federal, State and Local Levels
 - E. Social Ethics
 - F. Health Economics
5. **Management and Leadership**
 - A. Organizational Management
 1. Organizational Structure
 2. Strategic Management and Leadership
 3. Program Planning and Marketing
 4. Organizational Ethics
 5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

1. Resource Allocation and Control
2. Budgeting



Health Care Systems

1. Being awarded Certification in Public Health (CPH) from the NBPHE as a result of successfully passing its examination is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

1. Receiving Certification in Public Health (CPH) from the NBPHE is an example of:

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**

Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

a. Nursing services

b. Public health services

c. Physician services

d. Pharmaceutical services

e. Hospital services

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect**
- b. Justice**
- c. Litigation**
- d. Assessment of Benefits**
- e. Beneficence**

POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

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POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

b. False

DELIVERY SYSTEMS

5. Paying a monthly fee for all medical care needed is typical of:

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**

DELIVERY SYSTEMS

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c. A preferred provider organization

DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

DELIVERY SYSTEMS

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- d. Non sectarian**
- e. Federal Government

MANAGEMENT

7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

MANAGEMENT

7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

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- d. Goal
- e. Program

MANAGEMENT

8. Budgeting for the recurring monthly restocking of 10,000 doses of Flu Vaccine would be a:

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**

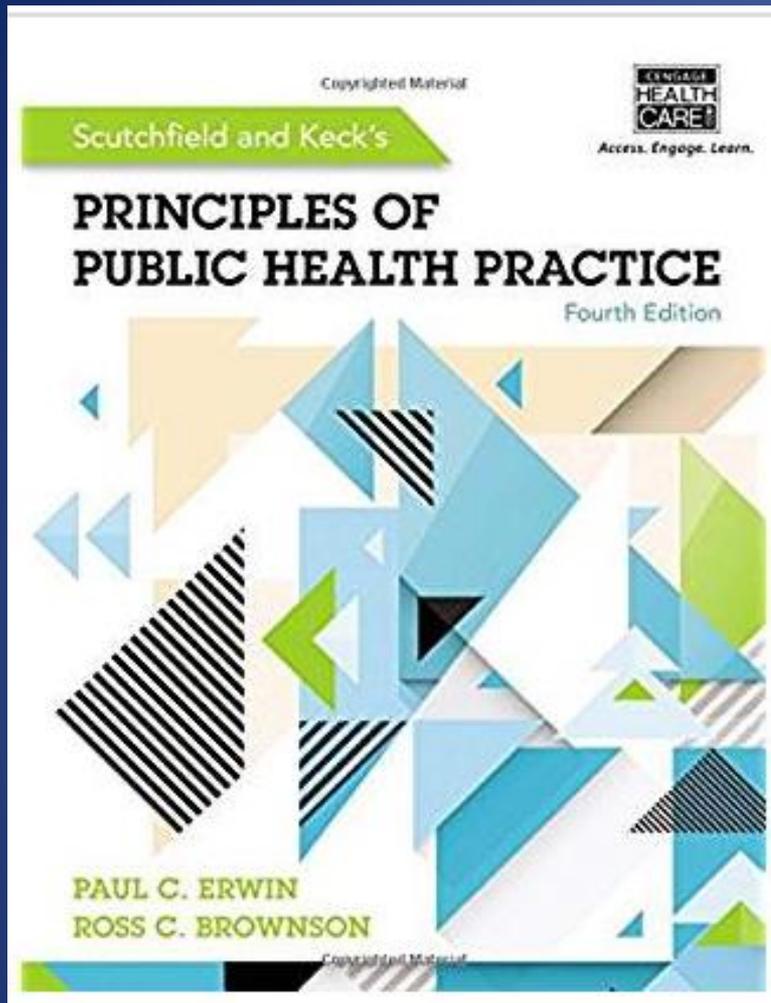
MANAGEMENT

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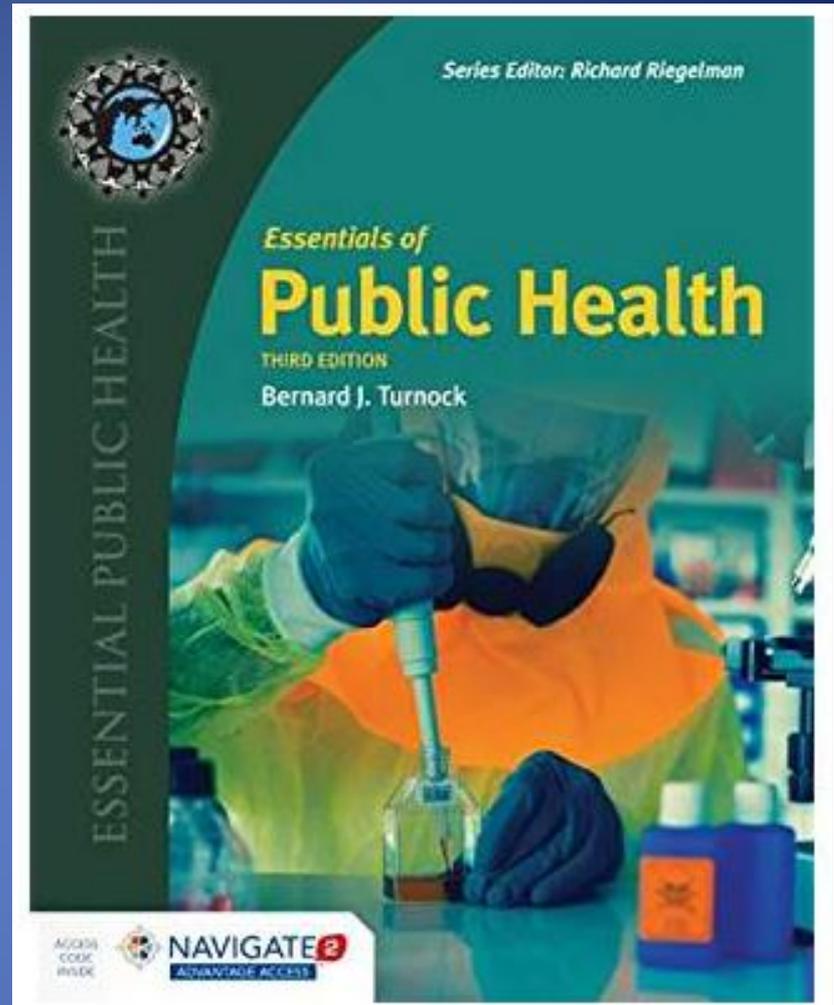
MORE

resources

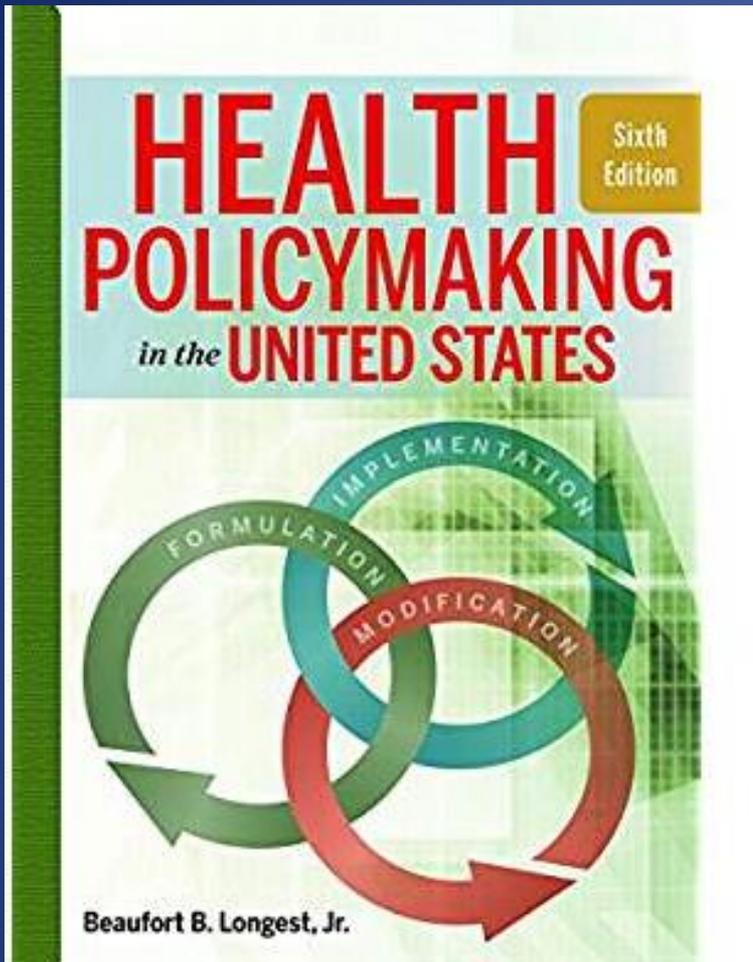


Scutchfield and Keck's Principles of Public Health Practice

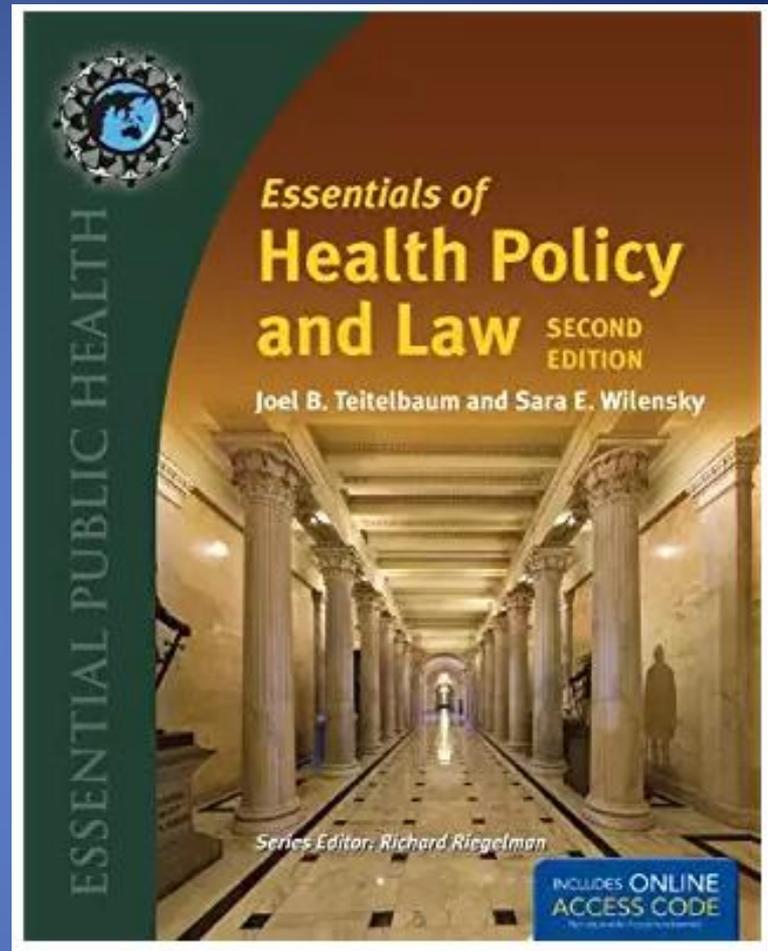
Paul C Erwin and Ross C. Brownson



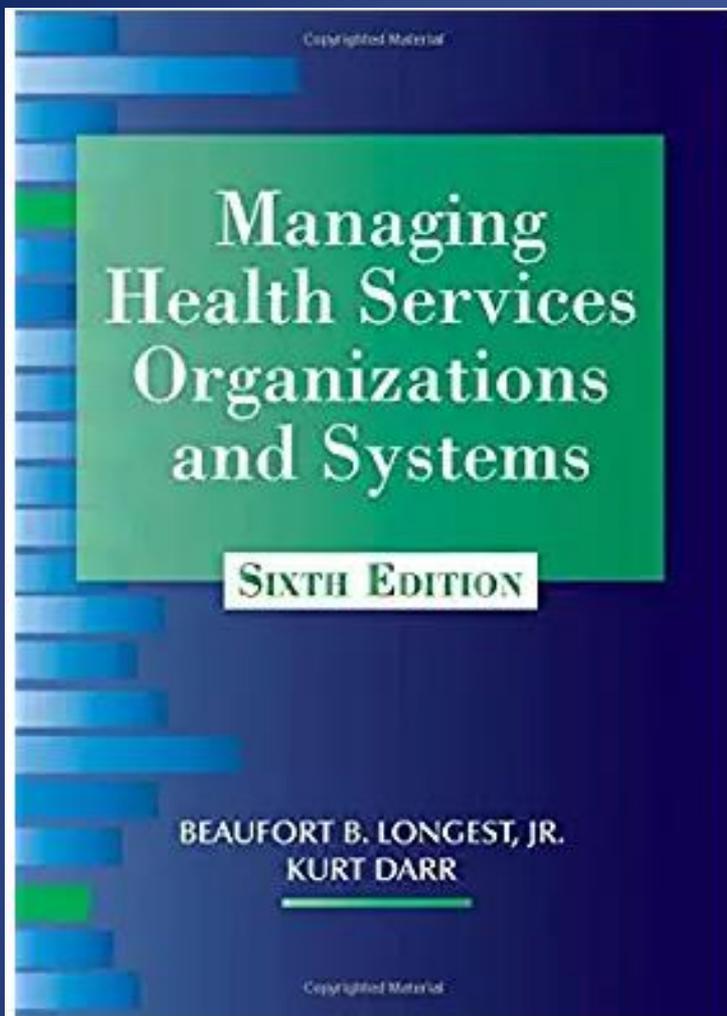
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by Bernard J. Turnock



Health Policymaking in the United States
Beaufort B. Longest

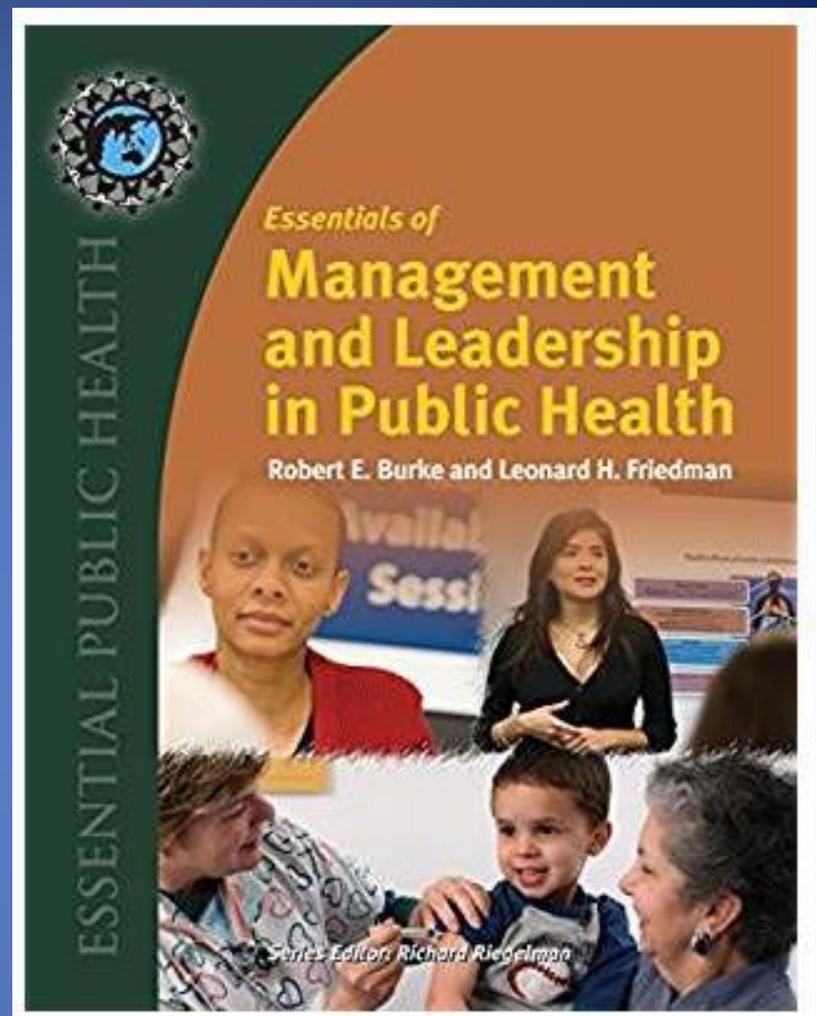


Essentials Of Health Policy And Law
Joel B. Teitelbaum and Sara E. Wilensky



Managing Health Services Organizations and Systems

Beaufort Longest Jr. and Kurt Darr



Essentials Of Management And Leadership In Public Health

Robert E Burke and Leonard H. Friedman

Quality



Thank You



