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technology for ef ? ciently using federal dollars to improve access for underserved

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Access to health care services after enrollment in the program improved: at 12 months after enrollment, 99% of the children had a regular source of medical care, and 85% had a regular dentist, up ...

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Improving Immigrant Access to Health Care in New York City

- ResearchGate Improving access to health care services depends in part on ensuring that people have a usual and ongoing source of care (that is, a provider or facility where one regularly receives care).

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- ResearchGate Improving access to health care services depends in part on ensuring that people have a usual and ongoing source of care (that is, a provider or facility where one regularly receives care). People with a usual source of care have better

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health outcomes, fewer disparities, and lower ... Improving Access To Care Researchgate

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Acces PDF Improving Access To Care Researchgate The impact of improving access to primary care While coverage alone doesn't guarantee access, it is an essential first step. Improving access to health care means taking a broad approach that includes these five steps. Ensure adequate funding of the Children's Health Insurance Program and retain Medicaid

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Primary and preventive care are important for improving and maintaining health, as well as reducing health care costs in the long term. Having health insurance—whether private or public coverage—is a "ticket" for entering the health care system, but by itself does not ensure access to timely and appropriate care.

State and Federal Efforts to Enhance Access to Basic ...

For New York City's immigrants, a lack of access to medical interpreters is a key barrier to health care access. The effects of insufficient language accessibility in health care include: worse access to care, worse care, and worse health outcomes for Limited English Proficient (LEP) patients as compared to non-LEP patients. 6.

Mayor's Task Force: Improving Immigrant Access to Health ...

School-community partnerships (SCPs) are collaborative efforts between schools and community organizations geared toward improving the health of school-age children through care coordination.

City University of New York - Hunter College - ResearchGate

The ability of telehealth to remotely connect patients and healthcare providers can be an important tool in ensuring access to health care, improving care and patient outcomes,

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enhancing patient satisfaction, and reducing health care costs through improved population health. Yet, health care providers and systems in New York State have ...

To what extent can we have truly universal, comprehensive and timely health services, equally available to all? Access to Health Care considers the meaning of 'access' in health care and examines the theoretical issues that underpin these questions.

Contributors draw on a range of disciplinary perspectives to investigate key aspects of access, including: · geographical accessibility of services · socio-economic equity of access · patients' help-seeking behaviour · organisational problems and access · methods for evaluating access.

Access is considered in both a UK and international context. The book includes chapters on contrasting health policies in the United States and European Union. Access to Health Care provides both health care researchers as well as health professionals, managers and policy analysts, with a clear and wide-ranging overview of topical and controversial questions in health policy and health services organization and delivery.

Access to oral health care is essential to



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promoting and maintaining overall health and well-being, yet only half of the population visits a dentist each year. Poor and minority children are less likely to have access to oral health care than are their nonpoor and nonminority peers. Older adults, people who live in rural areas, and disabled individuals, uniformly confront access barriers, regardless of their financial resources. The consequences of these disparities in access to oral health care can lead to a number of conditions including malnutrition, childhood speech problems, infections, diabetes, heart disease, and premature births. Improving Access to Oral Health Care for Vulnerable and Underserved Populations examines the scope and consequences of inadequate access to oral health services in the United States and recommends ways to combat the economic, structural, geographic, and cultural factors that prevent access to regular, quality care. The report suggests changing funding and reimbursement for dental care; expanding the oral health work force by training doctors, nurses, and other nondental professionals to recognize risk for oral diseases; and revamping regulatory, educational, and administrative practices. It also recommends changes to incorporate oral health care into overall health care. These recommendations support the creation of a diverse workforce that is competent, compensated, and authorized to serve vulnerable and

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underserved populations across the life cycle. The recommendations provided in Improving Access to Oral Health Care for Vulnerable and Underserved Populations will help direct the efforts of federal, state, and local government agencies; policy makers; health professionals in all fields; private and public health organizations; licensing and accreditation bodies; educational institutions; health care researchers; and philanthropic and advocacy organizations.

This book provides content that arms clinicians with the core knowledge and competencies necessary to be effective informatics leaders in health care organizations. The content is drawn from the areas recognized by the American Council on Graduate Medical Education (ACGME) as necessary to prepare physicians to become Board Certified in Clinical Informatics. Clinical informaticians transform health care by analyzing, designing, selecting, implementing, managing, and evaluating information and communication technologies (ICT) that enhance individual and population health outcomes, improve patient care processes, and strengthen the clinician-patient relationship. As the specialty grows, the content in this book covers areas useful to nurses, pharmacists, and information science graduate students in clinical/health informatics programs. These core competencies for clinical informatics are needed by all

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those who lead and manage ICT in health organizations, and there are likely to be future professional certifications that require the content in this text.?

Conference held Sept. 18-19, 2000, Washington, DC. The purpose of the conference was to engage a group of citizens in a thoughtful, meaningful dialogue about issues of prevention, identification, recognition, and referral of children with mental health needs to appropriate, evidence-based treatments or services.

Today in the United States, the professional health workforce is not consistently prepared to provide high quality health care and assure patient safety, even as the nation spends more per capita on health care than any other country. The absence of a comprehensive and well-integrated system of continuing education (CE) in the health professions is an important contributing factor to knowledge and performance deficiencies at the individual and system levels. To be most effective, health professionals at every stage of their careers must continue learning about advances in research and treatment in their fields (and related fields) in order to obtain and maintain up-to-date knowledge and skills in caring for their patients. Many health professionals regularly undertake a variety of efforts to stay up to date, but on a

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larger scale, the nation's approach to CE for health professionals fails to support the professions in their efforts to achieve and maintain proficiency. Redesigning Continuing Education in the Health Professions illustrates a vision for a better system through a comprehensive approach of continuing professional development, and posits a framework upon which to develop a new, more effective system. The book also offers principles to guide the creation of a national continuing education institute.

This report presents the results of a series of surveys and semistructured interviews intended to identify and characterize determinants of physician professional satisfaction.

Evidence Based Practice in Primary Health Care is split into two sections. The first discusses how the individual can apply evidence based medicine in the clinical setting, and the second covers the wider issue of changes in organisation and strategy to promote better and more effective delivery of care within a practice or primary care group. Chapters are written by leading specialists in evidence based primary care from Australia, the UK, and mainland Europe.

Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care

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providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

The purpose of this book is to gain a better understanding of the multitude of factors that determine longer life and improved quality of life in the years a person is alive. While the emphasis is primarily on the

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social and behavioral determinants that have an effect on the health and well-being of individuals, this publication also addresses quality of life factors and determinants more broadly. Each chapter in this book considers an area of investigation and ends with suggestions for future research and implications of current research for policy and practice. The introductory chapter summarizes the state of Americans' health and well-being in comparison to our international peers and presents background information concerning the limitations of current approaches to improving health and well-being. Following the introduction, there are 21 chapters that examine the effects of various behavioral risk factors on population health, identify trends in life expectancy and quality of life, and suggest avenues for research in the behavioral and social science arenas to address problems affecting the U.S. population and populations in other developed and developing countries around the world. Undergraduate and graduate students pursuing coursework in health statistics, health population demographics, behavioral and social science, and health policy may be interested in this content. Additionally, policymakers, legislators, health educators, and scientific organizations around the world may also have an interest in this resource.

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