

DOWNLOAD PDF CHILE, INTEGRATED SERVICES PROGRAM FOR THE POOR

Chapter 1 : Access to Health Services | Healthy People

Adapting existing services- or creating new services - for the hardest to reach/serve have services and programs were created to meet the specific objectives of the minimum conditions expected to be met for the extreme poor.

Back to Top Emerging Issues in Access to Health Services Over the first half of this decade, as a result of the Patient Protection and Affordable Care Act of 2010, 20 million adults have gained health insurance coverage. In addition, data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care. Disparities also exist by geography, as millions of Americans living in rural areas lack access to primary care services due to workforce shortages. Future efforts will need to focus on the deployment of a primary care workforce that is better geographically distributed and trained to provide culturally competent care to diverse populations. Specific issues that should be monitored over the next decade include: Increasing and measuring insurance coverage and access to the entire care continuum from clinical preventive services to oral health care to long-term and palliative care Addressing disparities that affect access to health care e. Access to Health Care in America. National Academies Press; Agency for Healthcare Research and Quality; May Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. Self-assessed health status and selected behavioral risk factors among persons with and without healthcare coverage—United States, The medical home, access to care, and insurance. Provider continuity in family medicine: Does it make a difference for total health care costs? The importance of having health insurance and a usual source of care. The timing of preventive services for women and children; the effect of having a usual source of care. Am J Pub Health. Evidence from primary care in the United States and the United Kingdom. Balancing health needs, services and technology. Oxford University Press; Contribution of primary care to health systems and health. A national profile on use, disparities, and health benefits. Partnership for Prevention; Aug. Data needed to assess use of high-value preventive care: A brief report from the National Commission on Prevention Priorities. Future of emergency care series: Agency for Healthcare Research and Quality; April The increasing weight of increasing waits. Trends Affecting Hospitals and Health Systems. American Heart Association; Department of Health and Human Services; Mar 3.

Chapter 2 : All Programs and Services

Abstract Poor outcomes and several complaints to the judicial system against residential services for children have triggered a deep review of the Chilean child welfare services, particularly in relation to family reunification.

Disabled children are included in the aged, blind and disabled category. Centers for Medicare and Medicaid Services, a. Some states 3 Unless otherwise indicated, data in this section are based on Department of Health and Human Services, Page 35 Share Cite Suggested Citation: The National Academies Press. SCHIP operates as a block grant program to the states. States have the option of creating SCHIP programs as Medicaid expansions, as separate programs, or as combined programs i. Most states rely on managed care arrangements as their primary mechanism of service delivery for both healthy children and those with special health care needs. Eligibility is triaged according to the available budget; those with compensable, service-connected disabilities are assigned the highest priority Veterans Administration, a. VHA serves as a payer of last resort for treatment not related to service-connected disabilities that is provided through VHA facilities. Each VISN contains 7 to 10 hospitals, 25 to 30 ambulatory care clinics, 4 to 7 nursing homes, and other care delivery units Kizer, Most clinical and administrative staff are employees of VHA. Generally, the VHA population is older, low-income, and characterized by high rates of chronic illness see Table Approximately 19 percent of the total VHA population sought inpatient and outpatient mental health services including those related to substance abuse in Van Diepen, a. At the core of the program is a direct care system of military treatment facilities MTFs , which provide most of the care delivered to active-duty personnel and over half of that provided to TRICARE beneficiaries overall. There is an MTF located at most major military facilities in the United States and abroad, each operated by one of the military services. TRICARE also has regional contracts with private-sector health plans to provide active-duty personnel with certain services not available through MTFs and to serve other beneficiaries. Non-€”active-duty beneficiaries may choose from among three program options: Lastly, since the Gulf War, a great deal of attention has been focused on early detection of risks associated with the activities and settings of deployment e. In addition to force health protection, the service needs of other TRICARE beneficiaries, mostly active-duty dependents, are sometimes described as basically babies and bones Jennings, IHS currently provides health services to approximately 1. The provision of these health services is based on treaties, judicial determinations, and acts of Congress that result in a unique government-to-government relationship between the tribes and the federal government. IHS, the principal health care provider, is organized as 12 area offices located throughout the United States. These 12 areas contain health care delivery facilities operated by IHS and tribes, including: Poverty and low education levels strongly affect the health status of the Indian people. Approximately 26 percent of American Indians and Alaska Natives live below the poverty level, and more than one-third of Indians over age 25 who reside in reservation areas have not graduated from high school. Common inpatient diagnoses include diabetes, unintentional injuries, alcoholism, and substance abuse. This section highlights two important trends: Chronic Care Needs Trends in the epidemiology of health and disease and in medical science and technology have profound implications for health care delivery. Chronic conditions defined as never resolved conditions, with continuing impairments that reduce the functioning of individuals are now the leading cause of illness, disability, and death in the United States and affect almost half the U. Most older people have at least one chronic condition, and many have more than one Administration on Aging, Fully 30 percent of those aged 65-€”74, and over 50 percent of those aged 75 and older report a limitation caused by a chronic condition Administration on Aging, Thus, the majority of U. This trend is strongly reflected in the government health care programs. In the Medicare and VHA programs, most of the beneficiaries have multiple chronic conditions. Diseases such as asthma, diabetes, hypertension, cancer, congestive heart failure, and mental health and cognitive disorders are important clinical concerns for all or nearly all of the programs. The increasing prevalence of chronic illness challenges systems of care designed for episodic contact on an acute

basis Wagner et al. Hospitals and ambulatory settings are generally designed to provide acute care services, with limited communication among providers, and communication between providers and patients is often limited to periodic visits or hospitalizations for acute episodes. Serious chronic conditions, however, require ongoing and active medical management, with emphasis on secondary and tertiary prevention. The same patient may receive care in multiple settings, so that there is frequently a need to coordinate services across a variety of venues, including home, outpatient office or clinic setting, hospital, skilled nursing facility, and when appropriate, hospice. There is mounting evidence that care for chronic conditions is seriously deficient. Fewer than half of U. Health care is typically delivered by a mix of providers having separate, unrelated management systems, information systems, payment structures, financial incentives, and quality oversight for each segment of care, with disincentives for proactive, continuous care interventions Bringewatt, For individuals with multiple chronic conditions, coordination of care and communication among providers are major problems that require immediate attention. There are many efforts under way to develop new models of care capable of meeting the needs of the chronically ill. For example, Healthy Future Partnership for Quality, an initiative in Maine now in its fifth year, enrolls insured individuals from leading health plans and the state Medicaid program and uninsured individuals covered by a 10 percent surcharge on the fee for each insured participant and paid by insurance companies with chronic illness in an intensive care management program that provides patient education, improved access to primary care and preventive services, and disease management Healthy Futures Partnership Page 39 Share Cite Suggested Citation: It involves 1, patients, half of whom participate in home monitoring using devices that read blood sugar, take pictures of skin and feet, and check blood pressure , intensive education on diabetes, and reminders and instructions on how to manage their disease. The changing clinical needs of patients have important implications for government quality enhancement processes. These processes and the health care providers they monitor should be capable of assessing how well patients with chronic conditions are being managed across settings and time. This capability necessitates consolidation of all clinical and service use information for a patient across providers and sites, a most challenging task in a health care system that is highly decentralized and relies largely on paper medical records. Patient-Centered Care Patient-centered care is respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values and circumstances guide all clinical decisions Institute of Medicine, Informed patients participating actively in decisions about their own care appear to have better outcomes, lower costs, and higher functional status than those who take more passive roles Gifford et al. Most patients want to be involved in treatment decisions and to know about available alternatives Guadagnoli and Ward, ; Deber et al. Yet many physicians underestimate the extent to which patients want information about their care Strull et al. Patient-centered care is not a new concept, rather one that has been shaping the clinician and patient relationship for several decades. Authoritarian models of care have gradually been replaced by approaches that encourage greater patient access to information and input into decision making Emanuel and Emanuel, , though only to the extent that the patient desires such a role. Some patients may choose to delegate decision making to clinicians, while patients with cognitive impairments may not be capable of participating in decision making and may be without a close family member to serve as a proxy. Patients may also confront serious constraints in terms of covered benefits, copayments, and ability to pay discussed below under benefits and copayments The recently released physician charter by the American Board of Internal Medicine ABIM Foundation, the American College of Physicians- Page 40 Share Cite Suggested Citation: Principle of Patient Autonomy. Physicians must have respect for patient autonomy. Physicians must be honest with their patients and empower them to make informed decisions about their treatment. The current focus on making the health care system more patient-centered stems at least in part from the growth in chronic care needs discussed above. Effective care of a person with a chronic condition is a collaborative process, involving extensive communication between the patient and the multidisciplinary team Wagner et al. Patients and their families or other lay caregivers deliver much if not most of the care. Patients must have the confidence and skills to manage their condition, and they

must understand their care plan e. For many chronic diseases, such as asthma, diabetes, obesity, heart disease, and arthritis, effective ongoing management involves changes in diet, increased exercise, stress reduction, smoking cessation, and other aspects of lifestyle Fox and Gruman, ; Lorig et al. Pressures to make the care system more respectful of and responsive to the needs, preferences, and values of individual patients also stem from the increasing ethnic and cultural diversity that characterizes much of the United States. Although minority populations constitute less than 30 percent of the national population, in some states, such as California, they already constitute about 50 percent of the population Institute for the Future, A culturally diverse population poses challenges that go beyond simple language competency and include the need to understand the effects of lifestyle and cultural differences on health status and health-related behaviors; the need to adapt treatment plans and modes of delivery to different lifestyles and familial patterns; the implications of a diverse genetic endowment among the population; and the prominence of nontraditional providers as well as family caregivers. Although there has been a virtual explosion in Web-based health and health care information that might help patients and clinicians make more informed decisions, the information provided is of highly variable quality Berland et al. Some sites provide valid and reliable information. There are also notable efforts to provide consumers with comparative quality information on providers and health plans. These efforts are discussed further in Chapter 5. There is little doubt, however, that we are embarking on a long journey to determine how best to make valid and reliable information available to diverse audiences with different cultural and linguistic capabilities Foote and Etheredge, In general, communication with consumers is enhanced through the use of common terminology, standardized performance measures, and reporting formats that follow common conventions. At the program level, the predilection of each government program to design and operate its health care quality enhancement processes independently is a serious problem. Just as the quality enhancement processes of the government programs are being assessed in this report, these other aspects of program design must be evaluated in the future for alignment with the objectives of those processes. Benefits and Copayments Health insurance was established in the United States in the s and s as a way to help the average person cope with the high costs of hospital care Stevens, Today hospital care, although still very expensive, consumes about one-third of the health care dollar, and other facets of health care, such as prescription medications 9 percent with a growth rate of Increased demand for these other facets of care reflects the growth in chronic care needs discussed earlier as well as new treatment options stemming from the extraordinary advances made in medical knowledge and technology, including minimally invasive surgery. Page 42 Share Cite Suggested Citation:

Chapter 3 : Why You Should NOT Move to Santiago, Chile | Brophy World

A Menu of Pro-Poor Policies Integrated Services Program for the Poor Policy Change: Chile Solidario Health Services with the Largest Measure of.

Social security in Australia Prior to in Australia, charitable assistance from benevolent societies, sometimes with financial contributions from the authorities, was the primary means of relief for people not able to support themselves. Queensland legislated a similar system in before the Australian labor Commonwealth government led by Andrew Fisher introduced a national aged pension under the Invalid and Old-Aged Pensions Act A national invalid disability pension was started in , and a national maternity allowance was introduced in Social programs in Canada Canada has a welfare state in the European tradition; however, it is not referred to as "welfare", but rather as "social programs". In Canada, "welfare" usually refers specifically to direct payments to poor individuals as in the American usage and not to healthcare and education spending as in the European usage. Generally speaking, before the Great Depression , most social services were provided by religious charities and other private groups. Changing government policy between the s and s saw the emergence of a welfare state, similar to many Western European countries. Most programs from that era are still in use, although many were scaled back during the s as government priorities shifted towards reducing debt and deficits. Denmark[edit] Danish welfare is handled by the state through a series of policies and the like that seeks to provide welfare services to citizens, hence the term welfare state. This refers not only to social benefits, but also tax-funded education, public child care, medical care, etc. A number of these services are not provided by the state directly, but administered by municipalities , regions or private providers through outsourcing. This sometimes gives a source of tension between the state and municipalities , as there is not always consistency between the promises of welfare provided by the state i. The first article of the French Code of Social Security describes the principle of solidarity. Solidarity is commonly comprehended in relations of similar work, shared responsibility and common risks. Existing solidarities in France caused the expansion of health and social security. Under Adolf Hitler , the National Socialist Program stated "We demand an expansion on a large scale of old age welfare". Today, the social protection of all its citizens is considered a central pillar of German national policy. ALG II can also be paid partially to supplement a low work income. In , a universalistic welfare model was introduced in Italy, offering a number of universal and free services such as a National Health Fund. Welfare in Japan Social welfare, assistance for the ill or otherwise disabled and for the old, has long been provided in Japan by both the government and private companies. Beginning in the s, the government enacted a series of welfare programs, based mainly on European models, to provide medical care and financial support. During the postwar period, a comprehensive system of social security was gradually established. Social protection embraces three major areas: The s had a significant effect on social protection policies. Prior to the s, most Latin American countries focused on social insurance policies involving formal sector workers, assuming that the informal sector would disappear with economic development. The economic crisis of the s and the liberalization of the labor market led to a growing informal sector and a rapid increase in poverty and inequality. Latin American countries did not have the institutions and funds to properly handle such a crisis, both due to the structure of the social security system, and to the previously implemented structural adjustment policies SAPs that had decreased the size of the state. New Welfare programs have integrated the multidimensional, social risk management , and capabilities approaches into poverty alleviation. They focus on income transfers and service provisions while aiming to alleviate both long- and short-term poverty through, among other things, education, health, security, and housing. Unlike previous programs that targeted the working class, new programs have successfully focused on locating and targeting the very poorest. The impacts of social assistance programs vary between countries, and many programs have yet to be fully evaluated. According to Barrientos and Santibanez, the programs have been more successful in increasing investment in human capital than in bringing households above the poverty

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line. Challenges still exist, including the extreme inequality levels and the mass scale of poverty; locating a financial basis for programs; and deciding on exit strategies or on the long-term establishment of programs. New, mostly short-term programs emerged.

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Chapter 4 : Improving Access to Social Services for Poor and Vulnerable Families in Rural Haiti

Ensuring access for the poor and most vulnerable to basic social services is critical to Haiti's long term development. Solution To break the vicious cycle of poverty, the Government of Haiti is implementing the Kore Fanmi initiative, which is "family coaching" in Haitian Creole.

Photo courtesy of Cynthia Silva Cabrera via Flickr. The most popular post on this blog for 2 years describes why Chile is the best country to move to , mainly because the constant flow of terrible news about the economies of Europe and the fall of the United States drives some people to seek an alternative; but, relocating to Chile is a poor choice for many people. This post is now the most popular because I discuss the prospects for foreigners who aspire to work in Chile, the topic people care most about. The biggest problem with Chile is that it is difficult for a foreigner to find work, and the available jobs outside the mining industry pay substantially less than in the USA and Europe. Humans are a tribal species and every country subscribes to the false idea that foreigners take jobs from locals without spending money to create demand for local goods and services. A prudent migrant saves enough to stay in Santiago for a year, as that is the amount of time that may be required to secure employment. The good news for foreign women is that companies prefer foreign to Chilean women. The government requires companies to take care of Chilean women who become pregnant so most companies avoid or are reluctant to hire young women. Foreign women are expected to be independent so companies are more willing to hire them. Many foreigners teach English, as Chileans highly value native speakers, but the pay is low. Emily gives tips on finding a job in Chile that you might find useful. If you have any other tips, add them to the comments in her post or this one. Most people avoid commenting so anything remotely useful is appreciated by readers all over the world. Jim Karger makes great suggestions for foreigners to earn a living in Mexico that are mostly applicable to Chile, too. Chile also makes it absurdly difficult to start a business. Chileans in government and the private sector are addicted to paperwork: In Chile one grows accustomed to waiting in line. Want to get a refund from the health insurance company? Want to deposit a check? Want to get a copy of your marriage certificate? Wait in line although some of that has moved onto the web. But the time people spend at the notary borders on the ridiculous. In the USA you rarely needed any document notarized. But here in Chile under the 70 year old system the law stipulates that many documents be notarized. So if you buy or sell a car: Start a new job: Quit the same job: The government of Chile recognizes that this system is a drain on the economy so various reform proposals have been put forth. Change was tried under the previous president Bachelet, but those bills went nowhere in the congress. Now the government proposes increasing the number of notaries—currently there are a precious few —getting them to use technology, fostering competition between them, and offering some oversight by the consumer protection agency SERNAC. The number of days it takes to start a business is down to seven from 27 and will soon be reduced to one. Michelle Bachelet is the President and she is likely to reverse much of the progress because Chile is skeptical of capitalism. Tax cuts for individuals meant to offset those increases may not pass in Congress because Mr. The tax increase, a strong economy, and more borrowing have sharply grown government. It is unclear whether it will grow fast enough to strangle the economy. Investors are losing confidence in Chile, causing a decline in the IPSA index of stocks in after soaring for 20 years. Many countries prosper for two decades but only Hong Kong, South Korea, and Singapore maintained growth for 50 years. Chile might grow at a slow rate or stagnate in the future, especially if they continue to be complacent, allowing the government to expand and strangle the economy. Chile has enacted restrictive labor laws that hinder businesses; at least one foreign investor is waging a capital strike against Chile. Adultery is common not only in Chile but in all Latin America. Cobin identifies major problems with managing a business in Chile that applies to all Latin America: Few lie with the intent to deceive or mislead you intentionally, but many will tell you something that is not true in order that you not be offended e. Americans will have a very hard time understanding this difference in practice. Many of them are also willing to cheat, especially on tests or

assignments in school, and plenty of people from the lower middle and poor classes will steal from you if they have a chance. Worse yet, they will treat you as if you are a liar. Chilean people, workers in particular, do not perform or follow through. Nor do they communicate to let you know they have a problem, thus wasting your time as well if you are waiting for them to perform or depending on them. English includes the subjunctive but it is not as heavily used as the Spanish. Pollution in Santiago, Chile in May, Photo courtesy of Viernest via Flickr. The most common complaint about Santiago is that it is polluted in winter. The Bellas Artes neighborhood near the Santa Lucia hill is so polluted that real estate costs less than other parts of the city, even though it is attractive and sports narrow streets that are easy for pedestrians to navigate. However, Nathan Lustig believes that the adjacent Lastarria neighborhood suffers the same air but streets are quieter and real estate values higher, suggesting that air pollution does not cause decreased housing demand. Santiago pollution is caused by several factors: Mary and I reckon that the pollution during the southern hemisphere summer is similar to cities in the western USA such as Los Angeles, Denver, and Phoenix. A bigger problem for non-smokers like us is air at restaurants in Santiago, polluted with so much cigarette smoke that it is nearly impossible to find an outdoor table on Friday and Saturday nights; one must eat in non-smoking indoor areas. I Love Chile describes Santiago pollution: During environmental alerts, when the air contamination is higher than micrograms by cubic meter, some emergency measures that are applied include the restriction on vehicles that do not have a catalytic converter and restrictions on some industrial activity. The city also has a Decontamination Plan, which includes requiring filters on all public transport, regulation of wood heaters and standardization of the other heaters as well as reduction of nitrogen oxides emissions by the industries. Last week, after four consecutive days of environmental alerts, the issue of the parameters for these emergency signals caused controversy. The Senator Guido Girardi, a member of the health committee, criticized the way the calculation is done and the alerts are set, which should also include thin particulate materials that are harmful to human health. In several interviews with the Chilean national media he affirmed that the data given by the government should be more transparent and that the levels to decree environmental alert should be stricter. And there is an industrial lobby who makes sure this does not happen. People cope by swimming in pools, taking cold showers, and vacationing on the coast. Mexico and Panama are better destinations for people seeking economical value in a pleasant climate. Chile suffered a banking crisis in , resulting in a heavily regulated banking system that stifles competition from foreign banks. Only one of the 10 largest banks in Chile is a foreign bank. Argentina restricts many freedoms but welcomes foreigners more than Chile and Open Borders reports that Argentina recognizes freedom of movement as a human right. Chile is much richer than Peru and Bolivia but does not accept many migrants. As a result, I was rejected 3 times for apartments and it took a month to find one, although one of the landlords would have accepted me as long as I paid 12 months rent in advance. Not only does this make it difficult to be a renter, but real estate is also a primary option for foreigner investors who want to avoid the risk of buying a small business. Julia Thiel of the Chicago Reader reports that Chileans were the worst roommates she ever had. After reading her stories, any rational foreigner would avoid living with Chileans. It might be prudent to avoid marrying one, too. Chile has enjoyed a thriving economy protected by a capitalist Constitution for 20 years but capitalism may be losing the battle of ideas. Michael Bachelet and other socialists are threatening to eviscerate the Constitution and drastically expand the government. Forbes magazine fears for the end of the Chilean economic miracle. The Communist Party increased their representation in the main house of the bicameral legislature from 3 to 6 seats of in the election. The election was the biggest political disaster in Chile of the last 20 years because Chileans are not convinced that capitalism has allowed them to prosper. Universities in Chile operate as Communist institutions; profits are illegal. Although there is widespread support for this oppression in the USA and Europe, too, I believe that universities ought to earn a profit like any other entertainment business such as a bookstore, movie theater, club, or studio that teaches people to cook or play musical instruments. Non-profits always use government scams to advance their interests and hide their profits. People should be proud to earn a profit; the lionization of socialism should be shameful. The Bachelet campaign to expand the government

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includes hiring new Carbineers , the national police that once carried carbines, to the existing force of 40,, and many will be deployed in Santiago. They are unnecessary because Chile has the lowest crime rate in Latin America; the police will become entrenched and used against the citizens sooner or later. The Chilean government subsidizes many businesses such as salmon and trout farmers. Chile admires the rich countries of Europe and the USA; many Chileans want a nanny state, too, and have enacted many laws for the purpose. For example, packaged foods and soft drinks high in saturated fat, sugar, or salt soon will carry prominent markers on the front of the package , warning that the food is unhealthy. A majority of Chileans wear helmets when bicycling. Both countries have become richer at the same rate during the last 5 years but Chile grew faster during the previous 10 years. Airline service to Chile is poor. We decided to live winters in the USA and Mexico.

Chapter 5 : Poor Health: Barriers to Health Care for Low-Income America

In one of her last public appearances as president of Chile, Michelle Bachelet visits Lo Prado, a community in Santiago, the capital, on International Women's Day, March 8,

Her advice to women and girls who want to lead an exemplary life in our chaotic times? Her cabinet of ministers, for example, was composed of an equal number of men and women, as she vowed to do during her campaign. During her second presidency, Bachelet, 66, aimed higher in reducing inequalities but met more resistance. Nevertheless, her achievements included free education at the university level, especially for poor students; creating a Ministry of Women and Gender Equality; and decriminalizing abortion. Her tax-reform measures helped subsidize her social reforms, although some experts contend that higher taxes on the rich and corporations have stifled the economy. In , her father, Brig. Bachelet and her mother sought and won exile first in Australia and then moved to East Germany, where Bachelet worked on her medical degree, married and had her first child. She and her family returned to Chile in , where she delved into politics a few years later and separated from her husband. When she first ran for president, she was a single mother of three children. Bachelet, who between her presidencies was the first executive director of UN Women, is said to be a shortlisted candidate for the next United Nations high commissioner for human rights, though she would not confirm that status. When Bachelet left office, she was the last female president standing in the continent. In the interview, she touches on her new role in the World Health Organization; how her role as the first female defense minister of Chile, from to , enabled her to garner the respect from that sector that she needed to run the country; how her mother has supported her emotionally throughout her life; what advice Bachelet gives to girls and women in our chaotic times; and whether she prays she is an agnostic, she answered. What do women and girls need the most globally, health-wise? And what is your strategy for attaining these needs? Will it require politicking? The health inequities that prevail all around the world, particularly among women and girls, are not only unjust, they also threaten the advances we have made in the last decades, and they endanger economic growth and social development. The global strategy establishes ambitious but achievable goals, and I look forward to discussing with states and stakeholders about the required actions needed to ensure that people realize their right to the highest attainable standard of health. Do you think it helped in your two presidencies that you had been a defense minister of Chile, that you had the trust of the military, especially since you are a woman? My family has always been linked to the military world. When I was appointed the first woman to occupy the position of Minister of Defense in Chile and in Latin America, my academic and military background was considered an asset and that led to very good relationships with this institution during my time as Minister and during my Presidency. How did you navigate barriers to your ambitious social and economic agenda in your second term as president of Chile? What personal trait or support did you rely on to deal with barriers in your way? Since the return of democracy in , Chile has experienced sustained economic growth at an annual average of 5 percent, and became the first South American country to join the OECD [Organization for Economic Cooperation and Development]. However, this strong growth has not meant the end of inequality in access to health or education. In order to do that, we have risked political capital and I believe it was worth it, because we had the courage to put Chile in motion, and with it, we have seen Chile change. Did she keep your spirits up in such a demanding, round-the-clock role? Although I am very close with my mother, at 91 years old, she continues to be very independent and does not live with me! She is an inspiring, strong, dignified and resilient companion, but also a very affectionate and supportive presence, especially during the harder parts of being president. I am thankful for her companionship me during these past years. Chile is a predominately Catholic country; do you practice that religion? Do you use your faith to manage your life and the political obstacles? Chile is a diverse society with different religious beliefs, cultural backgrounds and socioeconomic realities. During my government, we protected religious freedom based on equality and respect. For example, we supported the Chilean Association

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of Interreligious Dialogue for Human Development, made up of various organizations, including the plurality of religions found in Chile. We also worked on an interreligious code of ethics for dialogue for democratic coexistence. I am certain that the respectful expression of convictions is good for our country, and enriches us as a society. I get asked this question often and my answer is always the same: Instead, seek the help of someone you can count on. Be assertive but also learn the art of dialogue, learn to communicate. And, of course you should have a sense of humor! PassBlue is a member of the Institute for Nonprofit News.

Chapter 6 : “Don’t Try to Be a Superwoman”: An Interview With Michelle Bachelet | Inter Press

Chile Solidario (CHS) is an innovative poverty program which targets indigent families in Chile. It attempts to lift families out of poverty through a coordinated set of stimulus to the.

Chapter 7 : Chile's historic abortion law seen as small step forward

Developing Integrated Assessments for Data Poor Stocks December Dr. John D. Neilson 3 flexibility to include more survey and life history information than the original Catch-.

Chapter 8 : Welfare - Wikipedia

The six major government health care programs are “Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), the Department of Defense TRICARE and TRICARE for Life programs (DOD TRICARE), the Veterans Health Administration (VHA) program, and the Indian Health Service (IHS) program.

Chapter 9 : Homeless/Safety Net/Basic Needs | SSG

What is Integrated Care? People with mental and substance abuse disorders may die decades earlier than the average person – mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse.