DOWNLOAD PDF LEVESON ANALYSIS OF URBAN HEALTH PROBL (HEALTH SYSTEMS MANAGEMENT ; V. 6)

Chapter 1 : WHO | Bridging the gap in South Africa

Comment: A copy that has been read, but remains in clean condition. All pages are intact, and the cover is intact. The spine may show signs of wear. Pages can include limited notes and highlighting, and the copy can include previous owner inscriptions.

This article has been cited by other articles in PMC. Urbanization, defined as the increase in the number of cities and urban population, is not only a demographic movement but also includes, social, economic and psychological changes that constitute the demographic movement. It is a process that leads to the growth of cities due to industrialization and economic development M. The rapid increase in urban population worldwide is one among the important global health issues of the 21stcentury. According to the projections of the United Nations Population Division, by , more people in the developing world will live in urban than rural areas; by , two-thirds of its population is likely to be urban. The scenario in India is also affected by this trend. Urbanization brings with it a unique set of advantages and disadvantages. This demographic transition is accompanied by economic growth and industrialization, and by profound changes in social organization and in the pattern of family life. Urbanization affects mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, high levels of violence, and reduced social support. Movement of population to urban areas has led to large number of older men and women left to look after themselves in the rural areas, while the young generation lives in the cities for livelihood. This also leads to less availability of caregivers for old people. Impact of urbanization is associated with an increase in mental disorders. The reason is that movement of people to urban area needs more facilities to be made available and infrastructure to grow. This does not happen in alignment with the increase of population Hence, lack of adequate infrastructure increases the risk of poverty and exposure to environmental adversities. Further this also decreases social support Desjarlais et al. Poor people experience environmental and psychological adversity that increases their vulnerability to mental disorders Patel, Incidentally, the burden of mental disorders is maximal in young adults, which is considered to be the most productive age of the population. Developing countries are likely to see a disproportionately large increase in the burden attributable to mental disorders in the coming decades WHO Mental Health Context The range of disorders and deviancies associated with urbanization is enormous. Some of the disorders are severe mental disorders, depression, substance abuse, alcoholism, crime, family disintegration, and alienation. Dementia and major depression are two, dementia and major depression are the two leading contributors, accounting, respectively, for one-quarter and one-sixth of all disability adjusted life years DALYs in this group. Most people with dementia live in developing countries: Rates of increase are not uniform: When we refer to psychiatric disorders anxiety and depression are more prevalent among urban women than men and, are believed to be more prevalent in poor than in non-poor urban neighborhoods Naomar Almeida-Filho et al The meta analysis by Reddy and Chandrashekhar revealed higher prevalence of mental disorders in urban area i. Mental disorders primarily composed of depression and neurotic disorders. Socioeconomic stress is considered to be affecting mental health of women. Results of randomized control trials involving individual or group counseling sessions led by community health workers or nurses, either as the principal intervention or in combination with inexpensive drug therapies have indicated the role of counseling intervention among women Ricardo Araya et al. Increase of nuclear families in urban society has led to increase in cases of violence against women in general. Heise et al Poverty and mental health have a complex and multidimensional relationship. An Indian study in a slum community north of Mumbai indicates high incidence of alcoholism among men and verbal abuse of women by their husbands Shubhangi R. Parkar, Johnson Fernandes, and Mitchell G. Women are particularly vulnerable and they often disproportionately bear the burden of changes associated with urbanization. Domestic violence is also highly prevalent in urban areas. The model of cultural transformation especially from rural to modern society, is considered to be one of the reasons of psychological disorder.

However stress caused by transition from rural culture to urban culture cannot be denied as one of the factors leading to stress-related problems. Cultural factors interplay with urban dynamics in a unique manner. Understanding how cultural dynamics articulate with adaptation to urban life may facilitate proper management of mental disorders in cities. In the assessment and treatment of patients living in urban areas, contextual cultural factors also play an important role Caracci G, Mezzich JE There is a need to create awareness about mental illness across all sections of the society. Urbanization is thus seen as a natural corollary of growth. Awareness about its impact on health and more so on mental health will act as a facilitator of change in growing Indian economy. Assessment of mortality and disability from diseases, injuries and risk factors in and projected to Caracci G, Mezzich JE. Culture and urban mental health. Psychiatr Clin North Am. Post-traumatic stress disorder in the National Co-morbidity Survey. Impacts of urbanization process on men. Anatolian Journal of Psychiatry. Urban Health and Care-Seeking Behavior: Alternative projections of mortality and disability by cause Global burden of disease study. Poverty, inequality, and mental health in developing countries. Leon D, Walt G, editors. Poverty, inequality and health: Oxford University Press Inc; Prevalence of Mental and behavioral disorders in India: Indian Journal of Psychiatry. Parkar, Johnson Fernandes, Mitchell G. Sunita Kishor, Kiersten Johnson. Rapid urbanization - Its impact on mental health. WM 30 Geneva: World Health Organization;

Chapter 2 : Public Health Infrastructure and Systems - NACCHO

Journalism Beyond Leveson: Professional Culture versus Delinquent Subculture by Alan Middleton (Jan 6,) Leveson Analysis of Urban Health Probl (Health systems management ; v. 6) by LEVESON ().

Community health workers CHWs can assist in addressing many of these issues from a community-centered approach; however, their presence in the US health system is fragmented, and their potential contributions are poorly understood by many. To strengthen the position of CHWs, who are frontline members of the public health workforce and are uniquely positioned to address issues of health care access, quality, cost, and disparities, a comprehensive policy and practice changes are needed at all levels. These changes will allow CHWs to contribute fully and most effectively to health improvements across the country. The resolution has helped move many local and state level policy and practice decisions forward; however, there has been no consistent and comprehensive progress in fulfilling all the recommendations. This resolution, incorporating lessons learned during the ensuing 8 years, seeks to articulate current challenges to CHW workforce development and to strengthen many of the policy statement recommendations. Defining CHW Roles One of the key recommendations from the previous policy statement that has been addressed is the development of a national definition of the CHW workforce. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. The study estimated that, as of , there were approximately CHWs working in the United States. Bridging and providing cultural mediation between communities and health and social service systems Providing culturally appropriate health education and information Ensuring people get services they need Providing informal counseling and social support Advocating for individual and community needs Providing direct service, such as basic first aid and administering health screening tests Building individual and community capacity Persistent challenges to a robust, responsive health care and public health system in the United States include health disparities, access to care, quality of care, and health care costs. CHWs are uniquely positionedâ€”as liaisons between systems and communities and skilled as advocates, outreach workers, and care coordinatorsâ€”to help mitigate these challenges. Confronting Racial and Ethnic Disparities in Health Care, recommended integration of trained CHWs into multidisciplinary health care teams using community-based, comprehensive approaches to best address these issues. This lack of integration prevents CHWs from realizing their maximum effectiveness to improve the health of individuals, families, and communities. Additional barriers that CHWs face are lack of sustainable funding for their work and lack of a standard core curriculum for professional training and certification. Most CHWs rely on categorical grant funding, either public or private, to support their services and salaries. This kind of funding creates persistently low wages, high turn over, and low job security. Currently, most health plans do not reimburse for CHW services or recognize CHWs as reimbursable providers, which gives little incentive for organizations to create stable CHW positions. Moreover, many options for stable funding depend on documentation of training and certification. Providing Training and Certification There is currently no national standard for CHW training or professional certification. Increasingly, education programs for CHWs are being offered at community-based organizations and academic institutions. In areas where academic institutions are involved in designing and providing training for CHWs, the goal is usually to provide a program designed to meet the needs of many CHW employers and can provide opportunities for CHWs to develop skills to further their knowledge or careers. Completion of a standardized training program allows employers the knowledge that a job candidate has a basic level of qualification, and it allows CHWs to develop skills that can be used between several types of CHW positions or employers. A standardized curriculum would help define this profession and determine a clear scope of practice compared with other health and social service professions. A clearly defined and structured educational training program would also validate the role of the CHW and enhance the credibility of the position. Several cities and states have developed formal training guidelines and

certification programs, which have contributed to success in integrating CHWs into the health care workforce. For example, in Minnesota, the CHW state-standardized curriculum is offered for credit only through the postsecondary educational systems. CHWs receive a certificate on completion of the curriculum that qualifies them to enroll for reimbursement under the Medicaid program; one of the only reimbursement models to date for CHWs. CHWs who graduate from this program also receive a certificate that is a credential used for jobs in city and state health departments. These practices and other collaboratively developed CHW training resources identified by the Community Health Worker National Education Collaborative, funded by the US Department of Education,9 are valuable assets that contribute to the growth of the field. Certification recognizes and legitimizes the work of CHWs and may provide a potential reimbursement opportunity for CHW services. It may provide a better opportunity for third-party reimbursement. Both certification programs have fully developed sets of regulations, but it may take several more years before the value of this process can be assessed. For example, a randomized controlled trial of a CHW intervention to increase insurance among Latino children in Boston found that children in the CHW intervention group were significantly more likely to be insured and to be insured continuously, compared with children in the control group. In a study of primary care underuse among underserved men in Denver, Whitley and colleagues found that, because of the CHW intervention, care shifted from expensive inpatient and urgent care to less costly primary care services. Adding CHWs to the patientâ€"provider team has a beneficial effect on the quality of care for populations most in need. The conference issued a proposed CHW research agenda and related recommendations offering a valuable roadmap to the creation of a greater body of research that provides a strengthened evidence-base for CHWs. When well integrated into multidisciplinary teams addressing chronic disease self-management, access, education, and follow-up, CHWs can improve health outcomes, decrease emergency department use, and improve the cultural competence of the services provided. In Massachusetts, the legislature recognized the contribution of CHWs to increasing access to care and reducing health disparities by including CHWs in Section of its groundbreaking health reform law, Chapter 58, The Acts of CHWs were also integrated into wellness programs and initiatives, chronic disease management programs, and health insurance outreach and enrollment programs. In , the state legislature authorized policy to support the direct reimbursement of CHWs Statute B. Subd 49 and D. Full integration of CHWs into the health and human services systems will require further vigorous effort to support CHW workforce development; through training, certification, and sustainable funding; and to strengthen community-based organizations employing CHWs in outreach and education efforts. Invites public health and health care industry officials to engage in a campaign to raise awareness of CHWs and their potential to improve access to care, eliminate health disparities, improve quality of care, and control the cost of care. Urges private and public policymakers to engage CHWs in creation of common definitions and nationally recognized standards of core competencies for CHW practice, based on an updated understanding of core CHW roles as first captured in the National Community Health Advisor Study. Urges researchers and funders to create common standards for research studies concerning CHWs to make studies more comparable and replicable and to create an evidence base for the CHW field which is comprehensive, coherent and useful for public policy. Urges federal agencies to promote a broad and consistent approach to care coordination, case management, outreach and related roles in federal health initiatives. Urges state, federal and tribal governments and private insurers to provide direct reimbursement for CHW services as an integral part of the Medicare, Medicaid, SCHIP, and tribal health programs. Urges employers to support CHW career development and formation of state and local CHW networks and associations for purposes of mutual support, advocacy, and professional development. References American Public Health Association. American Public Health Association; Office of Management and Budget. Health Resources and Services Administration. Accessed December 9, A policy research project of the University of Arizona funded by the Annie E. University of Arizona, Institute of Medicine; Summary of Findings for Minneapolis and St. Healthcare Education Industry Partnership, The Focus on Financing. National Fund for Medical Education; Welcome to Community Health Works: Accessed January 25, Key Considerations for

Opening Doors: University of Arizona; Certification of Community Workers: A Texas Case Study. A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children. The effectiveness of mammography promotion by volunteers in rural communities. Am J Prev Med. Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. Am J Pub Health. Enhancing mammography use in the inner city: Improving diabetes care and health measures among Hispanics using community health workers: Randomized controlled trial of the effects of nurse case manager and community health worker interventions on risk factors for diabetes related complications in urban African Americans. Measuring return on investment of outreach by community health workers. J Health Care Poor Underserved. The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes, with or without hypertension. Alternative models in the delivery of primary and secondary prevention programs. Impact of a community-based multiple risk factor intervention on cardiovascular risks in black families with a history of premature coronary disease. Evidence Report and Evidence-Based Recommendations: Community health workers as interventionists in the prevention and control of heart disease and stroke. Effectiveness of community health workers in the care of people with hypertension. Hypertension care and control in underserved urban African American men: Behavioral and physiologic outcomes at 36 months. Lay health workers in primary and community health care. Cochrane Database of Syst Rev. Focus on the Future: A Research Agenda by and for the U. Community Health Worker Field. Progress in Community Health Partnerships: Research, Education, and Action. The Johns Hopkins University Press; Understanding and Improving Health. Beam N, Tessaro I. The lay health advisor model in theory and practice: Roe K, Thomas S. Health Promot Pract, ;3:

Chapter 3 : Telemedicine in the Management of Type 1 Diabetes

Education offers opportunities to learn more about health and health risks, both in the form of health education in the school curriculum and also by giving individuals the health literacy to draw on, later in life, and absorb messages about important lifestyle choices to prevent or manage diseases.

Entities Foreign Institutions are not eligible to apply Non-domestic non-U. Organizations are not eligible to apply. All registrations must be completed prior to the application being submitted. Registration can take 6 weeks or more, so applicants should begin the registration process as soon as possible. The NIH Policy on Late Submission of Grant Applications states that failure to complete registrations in advance of a due date is not a valid reason for a late submission. The same DUNS number must be used for all registrations, as well as on the grant application. The renewal process may require as much time as the initial registration. Obtaining an eRA Commons account can take up to 2 weeks. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for NIH support. Additional Information on Eligibility Number of Applications Applicant organizations may submit more than one application, provided that each application is scientifically distinct. The NIH will not accept duplicate or highly overlapping applications under review at the same time. This means that the NIH will not accept: A new A0 application that is submitted before issuance of the summary statement from the review of an overlapping new A0 or resubmission A1 application. A resubmission A1 application that is submitted before issuance of the summary statement from the review of the previous new A0 application. Application and Submission Information 1. See your administrative office for instructions if you plan to use an institutional system-to-system solution. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. Letter of Intent Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows IC staff to estimate the potential review workload and plan the review. By the date listed in Part 1. Overview Information , prospective applicants are asked to submit a letter of intent that includes the following information: The following modifications also apply: All applications, regardless of the amount of direct costs requested for any one year, should address a Data Sharing Plan. Only limited Appendix materials are allowed. Submission Dates and Times Part I. Overview Information contains information about Key Dates and times. Applicants are encouraged to submit applications before the due date to ensure they have time to make any application corrections that might be necessary for successful submission. When a submission date falls on a weekend or Federal holiday , the application deadline is automatically extended to the next business day. Organizations must submit applications to Grants. Applicants are responsible for viewing their application before the due date in the eRA Commons to ensure accurate and successful submission. Paper applications will not be accepted. Applicants must complete all required registrations before the application due date. Eligibility Information contains information about registration. For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically. If you encounter a system issue beyond your control that threatens your ability to complete the submission process on-time, you must follow the Guidelines for Applicants Experiencing System Issues. See more tips for avoiding common errors. Upon receipt, applications will be evaluated for completeness and compliance with application instructions by the Center for Scientific Review, NIH. Applications that are incomplete or non-compliant will not be reviewed. Post Submission Materials Applicants are required to follow the instructions for post-submission materials, as described in the policy. Any instructions provided here are in addition to the instructions in the policy. Application Review Information 1. Criteria Only the review criteria described below will be considered in the review process. As part of the NIH mission , all applications submitted to the NIH in support of biomedical and behavioral research are evaluated for scientific and technical merit through the NIH

peer review system. A proposed Clinical Trial application may include study design, methods, and intervention that are not by themselves innovative but address important questions or unmet needs. Additionally, the results of the clinical trial may indicate that further clinical development of the intervention is unwarranted or lead to new avenues of scientific investigation. Overall Impact Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field s involved, in consideration of the following review criteria and additional review criteria as applicable for the project proposed. Scored Review Criteria Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field. Significance Does the project address an important problem or a critical barrier to progress in the field? Is there a strong scientific premise for the project? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? For trials focusing on clinical or public health endpoints, is this clinical trial necessary for testing the safety, efficacy or effectiveness of an intervention that could lead to a change in clinical practice, community behaviors or health care policy? For trials focusing on mechanistic, behavioral, physiological, biochemical, or other biomedical endpoints, is this trial needed to advance scientific understanding? If Early Stage Investigators or those New Investigators, or in the early stages of independent careers, do they have appropriate experience and training? If established, have they demonstrated an ongoing record of accomplishments that have advanced their field s? Do they have appropriate expertise in study coordination, data management and statistics? For a multicenter trial, is the organizational structure appropriate and does the application identify a core of potential center investigators and staffing for a coordinating center? Innovation Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed? Approach Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Have the investigators presented strategies to ensure a robust and unbiased approach, as appropriate for the work proposed? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed? Have the investigators presented adequate plans to address relevant biological variables, such as sex, for studies in vertebrate animals or human subjects? In addition, for applications involving clinical trials Does the application adequately address the following, if applicable: Is the trial appropriately designed to conduct the research efficiently? Are potential ethical issues adequately addressed? Is the process for obtaining informed consent or assent appropriate? Is the eligible population available? Are the plans for recruitment outreach, enrollment, retention, handling dropouts, missed visits, and losses to follow-up appropriate to ensure robust data collection? Are the planned recruitment timelines feasible and is the plan to monitor accrual adequate? Are the plans to standardize, assure quality of, and monitor adherence to, the trial protocol and data collection or distribution guidelines appropriate? Is there a plan to obtain required study agent s? Does the application propose to use existing available resources, as applicable? Data Management and Statistical Analysis Are planned analyses and statistical approach appropriate for the proposed study design and methods used to assign participants and deliver interventions? Are the procedures for data management and quality control of data adequate at clinical site s or at center laboratories, as applicable? Have the methods for standardization of procedures for data management to assess the effect of the intervention and quality control been addressed? Is there a plan to complete data analysis within the proposed period of the award? Environment Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical

resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements? Does the application adequately address the capability and ability to conduct the trial at the proposed site s or centers? Are the plans to add or drop enrollment centers, as needed, appropriate? Additional Review Criteria As applicable for the project proposed, reviewers will evaluate the following additional items while determining scientific and technical merit, and in providing an overall impact score, but will not give separate scores for these items. Study Timeline Specific to applications involving clinical trials Is the study timeline described in detail, taking into account start-up activities, the anticipated rate of enrollment, and planned follow-up assessment? Is the projected timeline feasible and well justified? Does the project incorporate efficiencies and utilize existing resources e. Are potential challenges and corresponding solutions discussed e. Protections for Human Subjects For research that involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: For additional information on review of the Human Subjects section, please refer to the Guidelines for the Review of Human Subjects. For additional information on review of the Inclusion section, please refer to the Guidelines for the Review of Inclusion in Clinical Research. Vertebrate Animals The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following criteria: Reviewers will assess the use of chimpanzees as they would any other application proposing the use of vertebrate animals. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section. Resubmissions For Resubmissions, the committee will evaluate the application as now presented, taking into consideration the responses to comments from the previous scientific review group and changes made to the project. Renewals Not Applicable Revisions For Revisions, the committee will consider the appropriateness of the proposed expansion of the scope of the project.

Chapter 4 : Leveson - Meaning And Origin Of The Name Leveson | calendrierdelascience.com

Applying Systems Thinking to Systems Prof. Nancy Leveson Aeronautics and Astronautics Engineering Systems â€¢ Analysis of the management structure of the.

Abstract Background Veterans with type 1 diabetes who live in rural Alabama and Georgia face barriers to receiving specialty diabetes care because of a lack of endocrinologists in the Central Alabama Veterans Health Care System. Telemedicine is a promising solution to help increase access to needed health care. Outcomes of interest were hemoglobin A1c levels, changes in glycemic control, time savings for patients, cost savings for the US Veterans Health Administration, appointment adherence rates, and patient satisfaction with telehealth. Results Thirty-two patients with type 1 diabetes received telehealth care and in general received the recommended processes of diabetes care. Patients trended toward a decrease in mean hemoglobin A1c and glucose variability and a nonsignificant increase in hypoglycemic episodes. Conclusions Specialty diabetes care delivered via telemedicine was safe and was associated with time savings, cost savings, high appointment adherence rates, and high patient satisfaction. Our findings support growing evidence that telemedicine is an effective alternative method of health care delivery. Top Introduction The diabetes epidemic is continuously growing in America and affects The burgeoning prevalence of diabetes has created an increase in demand for specialty diabetes care. However, there is a nationwide shortage of approximately 1, full-time endocrinologists 2 , creating a disparity between diabetes care and specialty diabetes providers. Barriers such as long travel distances and costly expenses to urban areas where specialty care is often available 3,4 create challenges for these patients to achieve good health 4. Telemedicine, the exchange of medical information via electronic communications such as clinical video telehealth CVT real-time videoconferencing between patients and providers , has emerged as a promising solution 5,6. We characterized the effectiveness of the Atlanta VAMC Endocrinology Telehealth Clinic in improving diabetes outcomes for patients with type 1 diabetes and increasing their access to specialty diabetes care. We studied patients with type 1 diabetes because the Atlanta VAMC Endocrinology Telehealth Clinic was created to increase access to specialty care for type 1 diabetes patients who manage their condition with insulin pump therapy. We hypothesized that management of type 1 diabetes via CVT leads to improvements in glycemic control, saves costs for the VHA, saves time for patients, and is associated with high appointment adherence and patient satisfaction. With telehealth, patients travel to local community-based outpatient clinics for their telehealth appointment, where they check in as they would for a regular face-to-face appointment; they have their vital signs checked, go to a patient care room with a webcam or dedicated telehealth monitor, and have a CVT consultation from an Atlanta-based endocrinologist with in-person assistance from a telehealth pharmacist. Visits typically last 30 to 60 minutes. Data were stored in REDCap, a secure web-based database application. To assess diabetes management, we collected data on recommended processes of diabetes care: We also assessed whether patients received drug prescriptions for which they were eligible, specifically statins and aspirin. To assess diabetes outcomes, we collected data on change in glycemic control, specifically hemoglobin A1c levels, 2-week frequency and severity of hypoglycemia, 2-week frequency and severity of hyperglycemia, and plasma glucose variability. Hemoglobin A1c indicates average plasma glucose concentration over 2 to 3 months and predicts diabetes complications 8,9. Hypoglycemia is defined as low plasma glucose concentration, and severe hypoglycemia may lead to unconsciousness 9. Hyperglycemia is defined as high plasma glucose concentration, which may lead to long-term complications such as diabetic retinopathy, nephropathy, and neuropathy Lastly, average glucose variability was defined as the standard deviation SD of all plasma glucose levels in the 2-week period. Cost savings for the VHA were calculated on the basis of the difference between patient travel reimbursement costs associated with in-person visits at VA medical centers in either Birmingham, Alabama, or Atlanta, Georgia, and costs associated with telemedicine visits at community-based outpatient clinics. Time savings for patients were calculated using Google Maps Google Inc and were based on the difference in estimated time to travel to

community-based outpatient clinics versus the nearest VA medical center in either Atlanta, Georgia, or Birmingham, Alabama. To evaluate telemedicine appointment adherence, we recorded the number of CVT appointments missed patient did not show up , cancelled, and scheduled. Telemedicine appointment adherence was reported as the ratio of the number of CVT appointments in which the patient showed up to the number of CVT appointments scheduled, excluding the number of appointments cancelled by the patient in advance. To assess patient satisfaction with telemedicine, we administered via telephone a satisfaction survey published by the VA Telehealth Services Program. To analyze changes in diabetes outcomes, we conducted paired t tests from baseline data, 6-month follow-up data, and month follow-up data. To analyze patient satisfaction survey results, we calculated the median, mean, and SDs of patient responses to each survey question. Of the 32 patients with type 1 diabetes, 17 had follow-up visits at 6 months, and 9 had follow-up visits at 12 months. Mean age was When seen at baseline visits and at 6-month and month follow-up visits, all patients had received the recommended blood pressure measurements and lipid panels. Diabetes outcomes and glycemic control Mean hemoglobin A1c levels decreased overall from baseline 8. The average frequency of hyperglycemia every 2 weeks increased from baseline to 6-month follow-up but was stable after 12 months. Lastly, there was a nonsignificant trend toward a decrease in mean 2-week blood glucose levels at 6-month and month follow-up. Mean daily blood glucose level was Telehealth appointment adherence and patient satisfaction with telemedicine Telehealth patients had a median of 5 scheduled appointments range, 1â€”10 scheduled appointments. Two patients who preferred in-person care over telehealth stated that seeing their physician face-to-face was important to them. Top Discussion Our findings suggest that telemedicine is a safe method of delivering type 1 diabetes care to rural patients. Telehealth patients in our study experienced improvements overall in diabetes outcomes, although our findings were not significant. Patients also had an increased mean frequency of hypoglycemia. Our observation of increased hypoglycemic episodes is consistent with literature that suggests improved glycemic control, indicated by lower hemoglobin A1c levels, is correlated with an increased frequency of hypoglycemia Our findings are in line with those of other studies that suggest that diabetes care via telemedicine is comparable to in-person diabetes care. Our findings, which demonstrated a 0. Similarly, Wagnild et al described the use of telecommunications for diabetes patients in Montana and found that patients showed improvements in hemoglobin A1c levels, blood pressure, and diabetes knowledge Our findings are consistent with literature that suggests that telemedicine may effectively deliver diabetes care to rural patients. Our study has limitations. First, the referring diabetes specialty provider at CAVHCS also independently manages the diabetes treatment of many of the patients enrolled in the telehealth clinic, in some cases just before referral to the telehealth clinic but mostly with select patients between telehealth visits as needed. However, use of midlevel providers such as pharmacists and nurses is common across the VA health system, is an integral part of the VA-established Patient Aligned Care Team model, and may represent the patient-centered care model in use Another limitation was significant loss of follow-up. Many patients had follow-up visits that did not meet our study criteria of 6- and month follow-up points. This apparent loss of follow-up may have been because the Atlanta VA Telehealth Endocrinology Clinic is available only once per week. As more patients enrolled in the clinic over time, the intervals between follow-up appointments necessarily increased. Therefore, some patients did not have an appointment scheduled at the 6-month point 5â€”7 months after baseline or the month point 11â€”13 months after baseline. Thus, if a patient had an appointment before 11 months or over 13 months after their initial appointment, they would not have been included for the month follow-up analysis. Our follow-up data may have been further confounded by the possibility that patients with worse glycemic control needed more frequent follow-up and thus were more likely to have month follow-up data. Our findings may not accurately represent patients with type 1 diabetes in the general population because all our patients were veterans seen at the VA and most had insulin pumps, which are associated with better glycemic control compared with insulin injections Furthermore, our evaluation of aspirin use may have been limited by inconsistent documentation of its use, because many patients purchase it over-the-counter at local drug stores, leading to an underestimation of its

use. Lastly, our limitations include self-selection bias and small sample size. Self-selection bias may have affected our satisfaction survey results because patients who prefer telemedicine may be more likely to enroll in telehealth clinics, whereas patients who prefer in-person care may be more likely travel to VA medical centers to receive treatment. Furthermore, our small sample size limited our statistical power and generalizability. However, these limitations were inherent in our study design, because we conducted a retrospective review of only patients enrolled in our telehealth clinic. Distance is a significant factor for many veterans living in remote and rural areas seeking health care, because travel distance is negatively correlated with use of outpatient services The VA has mitigated this issue by providing travel reimbursement and bus services for patients, but telemedicine further promotes health care accessibility for rural patients. Another important aspect of telemedicine is its acceptance by patients and providers. Our study demonstrates that most patients are satisfied with telemedicine care, believe that telemedicine appointments are convenient, and would recommend telemedicine to other veterans. Our findings are consistent with those of studies that report that both patients and providers are highly satisfied with telemedicine 21â€" If the VHA implements telemedicine on a broader scale, veterans could receive more accessible patient-centered care, and the VHA could benefit from significant cost savings. Our findings suggest that telemedicine delivers safe diabetes care to rural veterans and supports growing evidence that suggests that telemedicine is an effective alternative method of health care delivery. Additionally, telemedicine is associated with cost savings for the VHA, time savings for patients, high appointment adherence, and high patient satisfaction. Top Author Information Corresponding Author: National diabetes statistics report: Accessed September 7, Endocrinologist workforce to see double digit shortage through , Accessed February 14, United States census urban and rural classification and urban area criteria. US Census Bureau; Accessed November 16, Rural health disparities, population health, and rural culture. Am J Public Health ;94 Accessed November 29, US Department of Veterans Affairs. Real-time clinic based video telehealth; Accessed February 1st, The growth of telehealth services in the Veterans Health Administration between and Telemed J E Health ;20 9: Position statement executive summary: Diabetes Care ;34 6: Diabetes Care ;33 5: Hyperglycemia high blood glucosse , Accessed January 30, Accessed February 10, Hypoglycemia in older adults with type 1 diabetes. Diabetes Technol Ther ;18 Telemedicine consultation for patients with diabetes mellitus: J Telemed Telecare

Chapter 5 : Urban School Challenges | RTI Action Network

Health systems analysis should be an integral part of good practice in health system strengthening efforts, including planning, policy development, monitoring, and evaluation.

National Center on Response to Intervention This is the first article in a three-part series. In this three-part series, we present an overview of the issues most relevant to the development and implementation of Response to Intervention RtI models in contemporary urban schools. This first article focuses on describing the broad challenges faced by and within urban school systems in effectively educating students. These issues, we contend, should be well consideredâ€"and addressed when possibleâ€"prior to implementing an RtI framework. The second article in the series focuses on how RtI frameworks in urban schools should be designed to consider the cultural dimensions of racialization and linguistic hegemony that limit equitable opportunities to learn. The third article seeks to present promising examples of how RTI practices that consider cultural dimensions operate in urban schools. As such, it is designed as a model for the prevention of long-term academic failure and thus, is a potentially powerful tool for addressing the needs of all students in all contexts. Urban School Challenges It is important to note that the challenges facing urban school systems are not entirely unique to metropolitan areas, nor are all urban school systems confronted with the same challenges. Urban schools do, however, share some unique physical and demographic characteristics that differentiate them from suburban and rural school districts. Unlike suburban and rural school districts, urban school districts operate in densely populated areas serving significantly more students. In comparison to suburban and rural districts, urban school districts are frequently marked by higher concentrations of poverty, greater racial and ethnic diversity, larger concentrations of immigrant populations and linguistic diversity, and more frequent rates of student mobility Kincheloe, , While sociodemographics are not themselves the challenge of urban school systems, they speak to the broader social and economic inequities facing such populations that invariably frame the work of urban schools. As Orfield explained, segregation and poverty underlie grander issues in urban education systems: It is wrong to assume that segregation is irrelevant, and policies that ignore that fact simply punish the victims of segregation because they fail to take into account many of the causes of the inequalityâ€¦Current policy built on [this assumption] cannot produce the desired results and may even compound the existing inequalities. The challenges of urban education cannot be divorced from its sociodemographic context. Stuctural Challenges Urban school systems tend to have specific structural challenges that impede their ability to effectively educate the most vulnerable students. While these structural challenges may be evidenced across all types of educational contexts, they are perhaps most potent in urban settings. They include 1 persistently low student achievement, 2 a lack of instructional coherence, 3 inexperienced teaching staff, 4 poorly functioning business operations, and 5 low expectations of students Kincheloe, , ; MDRC, We discuss each briefly below and provide suggestions for addressing these structural challenges. Low Student AchievementEven in the midst of tremendous political attention, low student performance persists. This is often exemplified by a large number of students performing poorly on achievement tests and not performing at grade level, as well as high rates of high school noncompletion and special education classification. The vast majority of students want to succeed in school and view school as important to being successful in life, but structural barriers both inside and outside school often stand in the way of the realization of this Theoharis, A Lack of Instructional CoherenceUrban schools are bombarded with so many instructional initiatives and approaches that they can become fragmented, or indeed contradict one another. Moreover, urban school initiatives should be carefully chosen, with attention paid to what is already being implemented within the school district. Urban school initiatives should utilize expertise within the schools for coaching and program building so that institutional knowledge can be passed on to new and novice teachers who have perhaps the greatest need for professional learning supports. Inexperienced Teaching StaffThe issue of teacher quality is considered central to growing efforts to understand and reduce

performance gaps in achievement between students of color and their White and Asian peers Ferguson, , Students in schools with high concentrations of low-income Black and Latino students are more likely to have inexperienced or unqualified teachers, fewer demanding college preparatory courses, more remedial courses, and higher teacher turnover Lee, Aside from the school building itself, teachers are perhaps the most visible school resource. Extensive research has demonstrated that teachers have a significant impact on student achievement e. Teachers become more effective the longer they teach. In his review of teacher research, Goldhaber highlighted studies that consistently demonstrate teachers becoming increasingly more effective in the first 3 to 5 years of teaching. Thus, it can be inferred that teachers with fewer than 3 years of teaching experience are less effective than those with 3 or more years of teaching experience. Experienced teachers, however, are not equally distributed across low- and high-poverty schools. Boyd, Lankford, Loeb, and Wyckoff demonstrated that teachers are drawn to schools with low concentrations of poverty, low minority populations, and high levels of student achievement, thus framing the problem of teacher quality as one related to professional mobility. Teachers who perform better on the general knowledge certification exam are significantly more likely to leave schools having the lowest achieving students, leading to high teacher turnover rates in lower performing schools. This high turnover rate makes it harder for low-performing schools to build an experienced teaching core, thus creating an unequal distribution of experienced teachers. To address the needs of struggling learners, urban school districts need to consider their teachers as valuable and strategic resources and systemically assign academically underperforming students to effective teachers. Urban school districts tend to have ineffective or underutilized data management systems MDRC, , making it difficult for them to identify student needs and monitor student progress. While much of the budgetary and resource challenges are deeply embedded in other political and economic factors outside the reach of a school system, urban school districts need to develop data systems and promote their use in critical analysis and examination of their own practices. This entails a commitment to data analysis as a continuous process, with clearly stated questions or problem statements, a readiness to question assumptions, and the capacity to go beyond the numbers Reeves, As such, data analysis can occur at the district level with improved data collection and monitoring systems. With improved systems, data analysis can also be implemented at the school level with data walks, inquiry groups, and critical friends groups. Low Expectations of StudentsUrban schools often fail to provide environments of high academic expectations Griffith, ; Matute-Bianchi, ; Noguera, ; Valencia, ; Valenzuela, While also a persistent cultural challenge, urban school districts have structural challenges that either produce or perpetuate low expectations of students. Structurally, this is exemplified in the absence of demanding and high level courses and programs such as advanced placement courses and gifted and talented programs, as well as school systems that council students out of school Fine, Research has shown that given the opportunity and appropriate support, students will live up to the high expectations set forth for them. Of course, it is not as simple as setting a high bar. The students themselves need to feel, understand, and interpret the structures and culture of the school as requiring their best effort and expecting excellence of them. Urban school districts need to provide access to rigorous courses and increase academic support to struggling studentsâ€”through programs such as AVID advancement via individual determination , MESA mathematics, engineering, science achievement , double period classes, extended learning time, after school sessions but not just more of the same , and summer schoolâ€”to support struggling students and help them reach high expectations set for them. Moreover, urban schools must employ early intervention systems to identify struggling students, which are a critical component of any RtI framework. Cultural Challenges Along with the structural challenges faced by urban schools, there are also critical cultural challenges that stand in the way of the successful implementation of RtI models. We identify these cultural beliefs generally as cultural dissonance that manifests itself in policies, practices, beliefs, and outcomes in myriad interconnected ways. Taken together, these elements of cultural dissonance constitute a prevailing pattern that includes but is not limited to: We discuss each of these briefly below followed by some of the practices we suggest for meeting these challenges that are being implemented in some of the more successful

urban schools. In fact, such perspectives can be found in many suburban and rural districts as well. To effectively combat these beliefs, we find school districts engage in some form of continued dialogue regarding these beliefs through year-long reading groups, attendance in continuous diversity dialogue seminars, and opportunities to operationalize their new thinking such as in PLCs, grade level and content meetings, staff meetings, collegial circles, and data inquiry groups. Lack of Cultural Responsiveness in Current Policies and PracticesThe principles of culturally responsive pedagogy recognize that culture is central to learning and pivotal not only in communicating and receiving information but also in shaping the thinking process of groups and individuals Ladson-Billings, A pedagogy that acknowledges, responds to, and celebrates knowledge, information, and processes as culturally bound offers fuller and more equitable access to education for CLD student groups Gay, ; Nieto, Reflective practitioners regularly contend with the question of why certain school practices work well for some students and not for others. Too often, schools make policy, curricular, and pedagogical decisions without careful consideration of the racial, ethnic, and cultural realities of the students and communities they serve. For instance, schools with high concentrations of children who are homeless need to construct homework as in-school reinforcement and not as an activity for a home environment that is not universally available for all children. The dearth of culturally responsive practices leads to a lack of student trust in the school setting Steele, Students may interpret the school environment as unwelcoming and thus unworthy of a meaningful, personal investment, making their academic achievement much more unlikely Cushman, ; Valenzuela, Good Practices for Addressing Issues of Cultural DissonanceCultural dissonance and the beliefs relative to the limited abilities of urban students distract practitioners from engaging in conversations about how teaching matters in learning outcomes. That is, we find practitioners are frequently willing to cite the family and community i. Cultural dissonance can be profoundly impactful, however, to the school experiences of urban students. It shapes and colors the expectations for achievement and sends critical messages to students about how much or little their cultural selves are valued by the school and larger society. To address these issues of cultural dissonance in the preparation of the implementation of an effective RtI model, urban schools must develop the capacity for these critical components of policy, practice, and belief: Achieve clarity of institutional mission that focuses on cultivating talent, confidence, and competence in all students. Embrace immigrant students and their culture. Build strong relationships between teachers and students to improve behavior and achievement. Build partnerships with parents and critical stakeholders. Achieve Clarity of Institutional Mission That Focuses on Cultivating Talent, Confidence, and Competence in All StudentsThe first task in developing clarity around mission in urban schools involves securing the appropriate buy-in from all staff regarding expectations and norms. Any notions, however subtle they may be, that accept the normalization of failure must be deliberately and directly challenged. School teams should attempt to define explicitly what equity means in the specific context of the school building. In the course of defining equity, schools should identify and implement strategies that support the most vulnerable student populations and that also address the social and emotional needs of students as well as the underlying causes of behavior problems. These normed academic and social expectations need to be regularly clarifiedâ€”particularly at critical transition points in the education pipeline. Embrace Immigrant Students and Their CultureIncreasingly, the children of recently arrived immigrants are enrolling in large numbers at urban public schools. These first-generation and 1. Contrary to the politicized stereotypes that might suggest otherwise, some immigrants do enter the country with a great deal of education and other professional training. The families of the formally educated as well as others with limited levels of formal education invest heavily in the notion that American schools will provide the goods and services that will give their children access to critical social, educational, and economic opportunities. The academic success of immigrant students is largely contingent on how they and their families are treated. Schools serving large numbers of immigrant students must be increasingly vigilant in their commitment to the principles and practices of culturally responsive education CRE. The school practitioners must be especially aware of the ways in which the acculturation process may produce cultural conflict for recent immigrants. To mitigate the

potential for conflict, the school must redouble its efforts to develop both cultural and language competence among staff. Build Strong Relationships Between Teachers and Students to Improve Behavior and AchievementYoung people who are particularly vulnerable to school failure are most benefited by both good pedagogy that is supported by a carefully planned, rigorous curriculum as well as strong relationships between practitioners and students. Good teaching in urban schools is often a function of leveraging trust and relationships to challenge students to meet the high expectations for learning. In this way, extracurricular activities can be utilized as tools to engage students, and these activities should be designed to develop skill sets beyond athletics that create opportunities for youth leadership and civic engagement. Good schools produce students who feel they can present their intellectual selves authentically in a way that does not conflict with the cultural ways of being that are also important to their social and cultural selves. Build Partnerships With Parents and Critical StakeholdersTrust and relationships between students and school practitioners are also facilitated by the careful coordination of services with community partners to meet specific nutrition, health care, and counseling needs. Effective urban schools should seek to build relationships with social service agencies and other community-based organizations. Urban schools should see these other agencies as not having outside interests but, rather, being equal stakeholders in the long-term goals of the school. To this end, urban schools should offer training for staff on effective strategies for communicating with parents. The interactions that parents have with the school should be considered thoughtfully so that they do not send conflicting messages. In partnering with parents, schools should work to provide clear guidance on what they can do to support children. Work with parents should be based on the assumption that all parents want the best for their children and would like to partner effectively with the school. In considering the structures for incorporating the cooperation of parents, schools should remember that the most critical forms of parental support occur at home. Conclusion As previously stated, it is important to recognize the complex realities facing urban school systems that challenge the effective development and implementation of RtI. The structural concerns of persistent low achievement, limited teacher and leader capacity, poor data and data inquiry infrastructures, and low expectations of students are not new phenomena but, rather, are historic conditions in urban schools.

Chapter 6 : Support for Community Health Workers to Increase Health Access and to Reduce Health Inequ

Urban health: WHO health topic page on urban health provides links to descriptions of activities, reports, publications, statistics, news, multimedia and events, as well as contacts and cooperating partners in the various WHO programmes and offices working on this topic.

Chapter 7 : WHO | Urban health

community harmony). The basic nature of rural health problems is attributed also to lack of health literature and health consciousness, poor maternal and child health services and occupational hazards. The majority of rural deaths, which are preventable, are due to infections and communicable, parasitic and respiratory diseases.

Chapter 8 : Urbanization and mental health

OCCUPATIONAL AND ENVIRONMENTAL HEALTH ISSUES OF SOLID WASTE MANAGEMENT v ACKNOWLEDGEMENTS The author is grateful for inspiration and health data provided by the.