LITERATURE REVIEW
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Literature review
"Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)"

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Methodology:

- Getting relevant books available on the market (see table)
- Looking for the following topics in the books:
  a. Public Health Policies Processes;
  b. Public Health Policy Mechanisms;
  c. Case Study;
  d. Health Systems Italy;
  e. Health Systems Germany;
  f. Health Systems Spain;
  g. Decentralization (and related words) &
  h. Regional Level / Regionalization (and related words)
- The name of the source will be quoted in Harvard system (including the chapter)
- The quote will be described using the following principles:
  a. If the chapter is dedicated or the topic is just mentioned in it;
  b. The type of information contained:
     i. Definition;
     ii. Classification;
     iii. Description of the processes related to the topic;
     iv. Schematics/diagrams about the topic;
     v. Practical examples.
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Findings:


- pp. 4 “Framework for moving Toward a Healthy (Re)Public”
- pp. 9 “Policy Models and Examples”
- pp. 11 Table: “Comparisons of Political Philosophies and Implications for Public Health”
- pp. 17 “Major Public Health Trends”
- pp. 27 “Policy Criteria”

- pp. 52 “Current Policies That Attempt to Address Fundamental Determinants”
- pp. 53-58 “Policy Examples” (US, Australia, UK, Canada, Sweden)

- pp. 73 “Policy Domains”
- pp. 74 “Evidence Regarding Research on Fundamental Determinants”
- pp. 85 “Current Policies That Address Fundamental Determinants”
- pp. 87 “Economic Efficiency, ecological Effectiveness and Environmental Equity”
- pp. 89 Figure “Current policies that affect ecological determinants”
- pp. 90 “Strengths and Limitations of Current Policies”
- pp. 91 “Framework for Corporate Social Responsibility for Population Health”
- pp. 93 Case study

- pp. 143 “Current Policies That Address Fundamental Determinants”
- pp. 146 “Policies in Other Countries”
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- pp. 187 “Policy Domains”
- pp. 191 “Evidence Regarding Research on Fundamental Determinants”
- pp. 199 “Developing Countries”
- pp. 200 Figure “Life Expectancy and GDP per Capita, 2000”
- pp. 204 “Current Policies That Address Fundamental Determinants”
- pp. 225 “Specific Policy Recommendations”

- pp. 245 Table “The Domains of Social Capital and Appropriate Neighborhood Policies to Support Them”
- pp. 248 “Policy Domains”
- pp. 259 “Current Policies That Address Fundamental Determinants”
- pp. 264 “Strengths and Limitations of Current Policies”
- pp. 266 “Selected Policies”
- pp. 267 Table “Typology of Selected Community Development Policies”

- pp. 286 “Population Health-Centered Policies-Issues and Examples”
- pp. 290 “Public Health Policies, Systems and Practice – Present Realities”
- pp. 298 Table “Specific Policies Addressing Population Health Determinants in the UK”
- pp. 304 Table “Categories of Policy Questions and Related Research for a Population Health Centered Policy”
- pp. 305 Table “Building Blocks for an Intersectoral Public Health System”
- pp. 308 Exhibit “Blueprint for the Design of an Intersectoral Local Public Health Agency”
- pp. 314 Table “Population Health-Centered Public Health Practice”
- pp. 324 Figure “Framework for Designing and Evaluating the Impact of Population Health-Centered Policy”

Literature review


- pp. 138 “public health is a very decentralized system”


- pp. 166 “The Feasibility Study”
- pp. 167 “Narrative Description”
- pp. 167 “Demonstration of Need and Target Market”
- pp. 168 “Definition of Plan”
- pp. 168 “Measurement”
- pp. 168 “Industry Analysis”
- pp. 169 “Competitors/Partners”
- pp. 169 “Time Line”
- pp. 170 “Risk and Exit Plan”
- pp. 170 “Financial Resources”
- pp 171 “The Business Plan”

- pp. 4 “1970 Williams-Steiger Occupational Safety and Health Act” and the data and methodology that founded it.
- pp. 6 “Safety and Health Standards” in US and the way to promulgate them.
- pp. 10 “Occupational Illnesses, Injuries and Deaths” data constituting the base for the policy
- pp. 20 “Starting an Occupational Health Program”

- pp. 69 “Code of Ethics” and how it was developed

- pp. 82 "Code of Ethics" and how it was developed

- pp. 88 “Code of Ethics” and how it was developed

- pp. 141 “Policy”

- pp. 157 “Company Safety Policy” and how it was developed
- pp. 158 “Safety Rules and Regulations”

Literature review

- pp. 240 “Policy Exclusions”
- pp. 244 “The Claims Process”

- pp. 327 “Roles of Government”
  - “Federal Government”
  - “Local Government”

- pp. 348 “Public Participation”
- pp. 353 “Case for Regulatory Advocacy”
- pp. 357 “Using Public Information Correctly”

- pp. 472 “Current Legislation”
- pp. 480 “Other Legislation”
- pp. 481 “Current Legislative Action”

- pp. 507 “Environmental Approach to Public Health and Occupational Health”

- pp. 517 - 556


- pp. 11 how WHP was regulated and legislation issued in Sweden
- pp. 20 “Healthism and medicalization”
- pp. 21 definition of public health
- pp. 23 speaks about research in Sweden


- pp. 28 the importance of communication “Language, meaning and knowledge…”
- pp. 30 “Knowledge, power and discourse…”
- pp. 38 “Governmentality: Governing subjects toward health”
- pp. 41 Table “Technologies of power”


- pp. 190 “To scare or to lure” as options in presenting/designing public health interventions


- pp. 196 “Is governmentality becoming more or less visible in modern society?” speaking about the technologies of power identified in the 4 public health interventions studied.


- pp. 1 “Public health policy frequently is based on public health surveillance…”
- pp.2 "The beginnings of public health surveillance”
- pp. 2 “Uses of public health surveillance”
- pp. 3 “Statistical Reasoning: Public Health Surveillance in Action”
- pp. 3 Example ”Blood lead levels in Children”
- pp. 4 Figure ”The relationship between the decline in the lead content of gasoline and lead levels from children's blood”
- pp. 5 “A framework for understanding public health surveillance data”
- pp. 6 Figure “A framework for understanding public health surveillance data”
- pp. 6 “Illustration of the Scope of Public Health Surveillance Data: Cardiovascular Disease”
- pp. 10 “Sources of Public Health Surveillance Data”


- pp. 37 “A primary goal of public health surveillance is to improve disease prevention by identifying health risks in populations”
- pp. 38 “Surveys and Surveillance”
- pp. 39 “A public health surveillance system and a survey are not synonymous”
- pp. 40 “These higher-risk groups may then become the object of program and and policy efforts to reduce risk”


- pp. 14 “Changing policies”


Mentions:
- The focus is on preventing tragedies by most effectively preparing for and responding to a wide range of potential disasters
- Each chapter presents a unique disaster health threat and begins with a case study or personal account
- Examples of planning and response to specific disasters
- All the chapters have summaries

In chapter 1 ‘General Public Health Preparedness’ (pp.1-25), the author:
- Defines public health emergencies
- Describes the relationship between public health and emergency management in preparedness activities
- Identifies how the US preparedness framework uses worst case scenarios for planning.

In chapter 2 ‘Bioterrorism’ (pp.27-64), Clements:
- Differentiates bioterrorism from emerging infectious disease outbreaks
- Brings into question bioterrorism preparedness

In chapter 3 ‘Bombings and Explosions’ (pp.65-83), Clements:
- Lists the various categories of blast injuries
- Describes some important healthcare facility lessons from tragedies like the 1995 Oklahoma City Bombing
- Describes how a threat may be identified and what an appropriate response of a targeted facility looks like
- Lists several important factors and key differences of triaging victims of an explosion

In chapter 4 ‘Chemical Disasters’ (pp.85-121), Clements:
- Lists the physical, physiological, and environmental factors that influence an exposure
- Describes how a community can prepare for and reduce the impact of chemical emergencies
- Describes which populations are most vulnerable to chemical exposures and why

In chapter 5 ‘Earthquakes’ (pp.123-147):
- A list of the factors that contribute to earthquake morbidity and mortality is presented
- The author describes where the greatest opportunities are to reduce earthquake related morbidity and mortality
- We learn about the populations at greatest risk during a seismic event and about the key partners necessary to carry out a public awareness campaign for earthquake preparedness

In chapter 6 ‘Floods’ (pp.149-169):
- The demographic groups that are at greatest risk during a flood
- Immediate actions that may be taken to reduce risk during a flood
The major risks associated with postflood recovery and how they can be reduced

In chapter 7 ‘Heat waves’ (pp.171-191):
- Ways by which a community can prepare for and reduce the impact of severe heat conditions
- The steps in an effective local government response to a heat wave
- The triggers used by government officials to activate heat wave response activities
- A depiction of the mistakes historically made by government leaders in managing heat waves

In chapter 8 ‘Hurricanes’ (pp.193-209):
- The variables that influence hurricane-associated morbidity and mortality patterns
- The primary and secondary causes of hurricane-associated deaths
- The hazards associated with hurricane recovery operations

In chapter 9 ‘Nuclear and radiological Disasters’ (pp.211-236):
- The effects of a nuclear detonation
- The factors that determine the morbidity and mortality of a dirty bomb
- What can be done to reduce the threat of nuclear and radiological weapons
- Key issues that hospitals must consider when planning for radiological disasters

In chapter 10 ‘Pandemic Influenza’ (pp.237-254):
- The pharmaceutical options available to prevent influenza or reduce severity of disease
- Definition of the nonpharmaceutical interventions and examples given
- The limitations of a government response to a pandemic

In chapter 11 ‘Thunderstorms and tornadoes’ (pp.255-263)
- Mitigation measures for tornadoes
- The immediate actions that should be taken during a tornado warning
- Recognizing the hazards posed during recovery

In chapter 12 ‘Volcanoes’ (pp.265-278):
- The health effects of volcanoes
- The morbidity and mortality effects of volcanic ash
- Ways we can prepare for a volcanic eruption
- The health and safety risks associated with ash accumulation and ways to reduce risks

In chapter 13 ‘Wildfires’ (pp.279-290):
- The populations at greatest risk of adverse health effects from wildfire smoke
- Response and recovery challenges

In chapter 14 ‘Winter Storms’ (pp.291-305):
- Prevention
- Immediate actions
- The secondary causes of winter weather morbidity and mortality

Cohen, Larry, Chehimi, Sana in chapter 1 ‘The Imperative for Primary Prevention’ (pp.4-31) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), Prevention is primary: strategies for community well-being, San Francisco; Jossey-Bass – A Willey Imprint state that:

- State that ‘Through high-quality prevention, we can create community environments that foster good health’ (p.24)
- Establish the need to address factors that cause unnecessary illness, injury, and death
- Describe the six synergetic levels of the Spectrum of Prevention (a framework for putting primary prevention into practice)

Giles, Wayne H., Liburd, Leandris C. in ‘Achieving health equity and social justice’ (pp.33-53) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), Prevention is primary: strategies for community well-being, San Francisco; Jossey-Bass – A Willey Imprint conclude that:

- The emphasis must be not only on public health programs that encourage individuals to adopt healthy behaviors, but also on setting up social conditions that promote health
- ‘Reducing disparities in health requires national leadership that provides direction and financial resources, government action at the regional and local levels, and active support and commitment from community organizations and individuals’ (p.50)

In part two ‘Key elements of effective prevention efforts’ (pp.83-230) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), Prevention is primary: strategies for community well-being, San Francisco; Jossey-Bass – A Willey Imprint we learn about the connection between public policy development and primary prevention:

- ‘Public policy development is an important tool for primary prevention because policy shapes the environment in which we live, work and play’ (p.84):

Chávez, Vivian, Minkler, Meredith, Wallerstein, Nina, and Spencer, Michael S. in chapter ‘Community Organizing for Health and Social Justice’ (pp.88-112) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), Prevention is primary: strategies for community well-being, San Francisco; Jossey-Bass – A Willey Imprint

- bring into question the current system of power relations in the United States and outline broad themes of community organizing practice as well as the fundamental purpose of community organizing

Makani, Themba-Nixon in the chapter ‘The power of Local Communities to Foster Policy’ (pp.137-156) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), Prevention is primary: strategies for community well-being, San Francisco; Jossey-Bass – A Willey Imprint

- stresses the importance of policy as a tool for primary prevention
- states that: ‘Policy is more than law. It is any agreement (formal or informal) about how an institution, governing body, or community will address shared problems or attain shared goals. It spells out the terms and the consequences of these agreements and codifies the governing body’s value as represented by those present in the policymaking process’ (p.138)
• presents the 7 stages in the development of a policy initiative (figure included)
  Dorfman, Lori in the chapter ‘Using Media Advocacy to Influence Policy’ (pp.157-180) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), _Prevention is primary: strategies for community well-being_, San Francisco; Jossey-Bass – A Willey Imprint:
  • focuses on the steps for developing effective media advocacy campaigns
  • gives tips and techniques for successful media advocacy
  • presents the ways of overcoming the challenges in media advocacy

Galea, Sandro, Freudenberg, Nicholas in ‘The Impact of Corporate Practices on Health and Health Policy’ (pp.181-204) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), _Prevention is primary: strategies for community well-being_, San Francisco; Jossey-Bass – A Willey Imprint:
  • mention some corporate practices that influence health: marketing, retail distribution, pricing practices,
  • mention how corporate practices influence health
  • give a policy agenda for health-promoting corporate practices

Perales, Daniel in ‘Primary Prevention and Evaluation’ (pp. 205-229) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), _Prevention is primary: strategies for community well-being_, San Francisco; Jossey-Bass – A Willey Imprint:
  • presents the benefits of evaluation and the evaluation process
  • say that ‘In order to move toward more evidence-based primary prevention interventions, program managers and evaluators must take several actions: First, evaluators must continuously increase their prevention program evaluation skills by reading the latest evaluation literature, attending evaluation workshops and conferences, and networking with other prevention evaluators. Second, program managers must recognize that evaluation is not an additional burden but a necessity of responsible program management. Third, both evaluators and program managers should join with funding agencies in seeking increases in both the financial and technical assistance resources necessary for rigorous evaluation’ (p.226)

Farquhar, Stephanie Ann, Patel, Neha, Chidsey, Molly in chapter ‘Preventing Injustices in Environmental Health and Exposures’ (pp.235-259) in Cohen, Larry, Chávez, Vivian, Chehimi, Sana (editors), (2010), _Prevention is primary: strategies for community well-being_, San Francisco; Jossey-Bass – A Willey Imprint:
  • describe the concept of environmental health
  • mention about Health Impact Assessment
  • conclude that: ‘to adequately address disproportionate exposure, the discipline and practice of environmental health must identify ways to involve communities, government agencies, and academic partners in eliminating and preventing injustices in environmental health and exposures’ (p.253)

  • define violence and mention why violence is a public health issue, and reflect upon how violence plays a vital role for the public health field
  • describe why violence should be prevented before it occurs and the strengths of a population-based approach to violence prevention
  • explain the role of norms and why preventing violence requires a shift in community norms
use frameworks and tools for planning, implementing, and evaluating community-based violence prevention efforts

Mentions:
- The book is based on the presentations from the Fifth International Conference on Strategic Issues in Health Care Management, Scotland, 2002
- The themes covered include: health policy and technology assessment, policy and performance, international policy innovation, and organizational innovation.

- examine the output of one of the most ambitious HTA (Health Technology Assessment) programmes based in Britain. The author’s research shows that HTA alone seldom produces definitive conclusions, because of the paucity of the primary research base. The chapter also includes a table regarding the HTA.

- summarizes the conclusions of a study into the early implementation and impact of NICE (National Institute of Clinical Excellence) appraisals in one health community in England. Gleave concludes that the implementation process was difficult involving a range of stakeholders in complex decisions. The creation of NICE was a policy initiative to provide consistent national guidance on the clinical and cost effectiveness of health technologies and prevent ‘postcode prescribing’.

- indicate that although one of the largest studies of neonatal intensive care provision performed in the UK, found no difference in risk adjusted mortality between low, medium, and high volume units, almost a quarter of neonatal intensive care doctors will still believe that low volume units perform worse than high volume units. Bayesian techniques illustrate how a person’s quantifiable prior beliefs are modified in the light of new data.

- explores how managers and doctors view each other and finds out areas of divergence between these 2 categories. Therefore, the delivery of high quality care can be hindered.
Other important topics tackled:

- pp. 80-91 - the invisible costs of repeated cycles of organizational reform (the author showing that the organizational upheaval can have important counter effects that impact on performance)
- pp. 92-105 – themes for a system of a medical error disclosure (the author explains how error disclosure may contribute to improved patient safety)
- pp. 106-123 - accountability in Canadian Health Care Systems: Fitting the pieces of the puzzle together (the authors, after assessing different models of accountability that have emerged in Canadian health care, conclude that there is no one best way to frame accountability and therefore suggest that some degree of overlap in accountability systems may be no bad thing)
- pp. 124-144 – building an organizational framework for effective clinical governance (focusing on the UK health care case, the authors assert that clinical governance may be distorted in implementation leading to an undue emphasis on quality assurance and a comparative neglect of quality improvement)
- pp. 145-154 – Roemer’s Law in Greece
- pp. 155-172 – analysis of globalization on public health (the authors illustrate their arguments with local changes in Turkey)
- pp. 173-186 – the New Zealand health care reforms
- pp. 187-205 - organizational design of hospitals
- pp. 223-238 – health insurance in Iran
- pp. 239-251 - more efficient use of operating theatre resources
- pp. 252-269 - job satisfaction and performance (issues at the heart of the UK government’s “Modernization Agenda” for the NHS)
- pp. 270-288 - the relationship between volume, staffing, workload and performance (the analysis is based on the work of UK neonatal intensive care units)


- pp. XIX gives couple of definitions of public policy


- pp. 43 “The policy cycle – a simplified model of the policy process”
- pp. 45 “The stages of the policy cycle”
  - pp. 45 “Agenda-Setting: Problem Recognition and Issue Selection”
  - pp. 48 “Policy Formulation and Decision-Making”
  - pp. 51 “Implementation”
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- pp. 57 “Limitations and utility of the policy circle perspective”


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- pp. 64 Figure “Levels of the Agenda”
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- pp. 71 “Condition and Problems”
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- pp. 73 “Indicators, Focusing Events and Agenda Change”
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- pp. 80 “Approaches to policy formulation”
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- pp. 94 Table “Top-Down and Bottom-Up Theories Compared”
- pp. 97 “New Developments in Implementation Analysis”
- pp. 100 “Thirty Years of Implementation Research: What we have learned?”

- pp. 110 Table “Classification of Policy Types”
- pp. 111 “…and its impact on debates in political science”
- pp. 113 ”Dimensions for Distinguishing Policy-Politics Relations”
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  - pp. 116 “Interdependencies and Policy Boundaries”
- pp. 116 “Policy Institutions”

- pp. 123 Table “Recent Examples of ACF Applications“
- pp. 124 "Structure of the ACF”
- pp. 124 Figure “Diagram of the Advocacy Coalition Framework”
- pp. 125 Table “Summary of Application of the ACF Applied to the Lake Tahoe Basin”
- pp. 130 “Belief and Policy Change”


- pp. 161 “Policy Analysis as a science”
- pp. 167 ”Tools of Rational Policy Analysis”
  - pp. 164 “Welfare Maximization”
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- pp. 165 “Public Choice”
- pp. 166 “Multi-Agent Simulation”
- pp. 166 “Decision Support Systems”
- pp. 167 “Public Participation”


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Analysis involves using quantitative and/or qualitative techniques to define a policy problem, demonstrate its impacts, and present potential solutions."

- pp. 349 “History of quantitative methods in policy analysis”
  - pp. 353 “Democratization for Policy Analysis: 1990s-“
- pp. 354 “Quantitative Statistical Methods”


Bernard Reber (2007) in chapter 33 “Technology Assessment as Policy Analysis: From Expert Advice to Participatory Approaches” of the book Frank Fischer, Gerald J. Miller,


- pp. 588 “Policy Analysis and Political Reform”
- pp. 589 “Policy Analysis and Political Science”
- pp. 591 “Policy Research in Political Science”
- pp. 592 “Policy Studies and the German Political Science Association”
- pp. 592 “Journals”
- pp. 593 “Capacities in Research and Teaching”
- pp. 594 “Policy Studies and Political Science: Points of Reference”
- pp. 596 “Policy Studies: Approaches”
- pp. 598 “Recent Trends”


- pp. 1 “This chapter explores why social marketing is increasingly being applied by governments and public sector institutions when developing interventions…”
- pp. 3 “People power: some key drivers”
- pp. 3 “…four models for improving public services…”
- pp. 6 “User-defined value”
- pp. 7 Figure “Shift in emphasis”
- pp. 7 Case study “Don’t just SAY they matter programme”
- pp. 10 The new citizen-driven business model
- pp. 11 Figure “Expert-knows-best versus citizen-driven-model”

- pp. 26 “Social marketing and policy”

- pp. 69 Figure “Factoring people into policy”
- pp. 70 Table “Policy, strategy, and operation planning”
- pp. 71 “Using social marketing to inform policy”
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- pp. 73 “Key influences on policy”
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- pp. 115 “Case study: The Healthy Life Stage segmentation”

- pp. 117 Figure “The four quad segmentation”


- pp. 152 “Distinguishing between a Conceptual Model (cycle) and a Planning Framework (linear)
- pp. 153 Figure “Planning frameworks, processes, and tools”
- pp. 153 Figure “TPP represented as a conceptual model and a planning framework”
- pp. 154 “An overview of the TPP framework”
- pp. 155 “The relationship between ‘task’ and ‘process’”
- pp. 155 “The five primary stages of the TPP framework”


- pp. 269 “Case Study 1: Food advertising and healthier public policy”
- pp. 272 “Case Study 2: Tobacco marketing”
- pp. 274 “Case Study 3: The Drinkaware Trust”


- pp. 305 “Working with the private sector to improve health opportunities”
- pp. 308 “Comparing social marketing, community empowerment, and community development”


- pp. 320 “The special conditions of developing countries”
- pp. 321 “Examples from developing countries” (India, Honduras, Brazil, Cameroon)

Mentions:
- The authors of the book offer an overview of the methodology and paradigms of the environmental health, ranging from ecology to epidemiology, from toxicology to environmental psychology, and from genetics to ethics.
- Every chapter comprises a summary
- Environmental health is the branch of public health that is concerned with all aspects of the natural and built environment that may affect human health

In part one: Methods and Paradigms (pp.3-256) the topics / subjects tackled are:
- Ecology and Environmental Health
- Toxicology
- Environmental and Occupational Epidemiology
  - “Environmental epidemiology and occupational epidemiology study the role of exposures in the general environment and in the workplace, respectively. Investigators in these two fields use many similar methods” (p.103)
- Exposure Assessment, Industrial Hygiene, and Environmental Management
- Environmental Psychology
- Genetics and Environmental Health
- Environmental Health Ethics
- Environmental Justice

Part two (pp.259-384) and three (pp.387-555) of the book deal with the environmental health on the global and regional scale. The authors bring into question subjects, such as: population pressure, climate change, developing nations, air pollution, energy production, healthy communities, water and its correlation with health. Of interest might be the chapter with healthy communities:
- Heaton, Sarah K., Balbus John M., Keck, James W., and Dannenberg, Andrew L, in chapter 14 ‘Healthy Communities’ in Howard, Frumkin (editor), (2010), *Environmental Health*, Second Edition, San Francisco: Jossey-Bass - A Wiley Imprint (pp.451-486). The authors speak about health and the built environment, the urban sprawl, the connection between the community design and health. As a simple mention, Health Impact Assessment is considered to be a tool for Land Use and Transportation Decision Making. (p.474)

Part four (559-959) dwells on the environmental health on the local scale (solid and hazardous waste, pest control and pesticides, food safety, healthy buildings, workplace health and safety, radiation, injuries, environmental disasters, nature contact, children).
  - the history of occupational health,
  - the varieties of workplace environments
  - the workplace health and safety problems
  - the epidemiology of occupational injuries and illnesses
  - the special working populations
  - the occupational injury and illness prevention

Part five (963-1180) focuses on the practice of environmental health, more specifically:
- Prevention in environmental health
- Environmental health practice
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- Geographic Information System
- Risk assessment
- Environmental Health Policy
- Risk Communication
- Legal remedies


- Origins of primary health care
- Understanding of the concept of health
- Shifts in development policy
- The Alma-Ata declaration
- Equity
- Quotes some factors affecting the utilization of health care
- Community participation
- The individual’s responsibility for health
- Individual or community involvement in decisions about health care
- Individual or community involvement in self-help and financing schemes
- A multisectoral approach to health
- Appropriate technology and service mix
- A health-promotive and preventive approach
- Decentralization
- A schematics of Models of decentralization
- Collaboration between different providers and agencies
- Obstacles to the implementation of a PHC approach
- Health sector reform (HSR)
- Separation of functions of the health sector
- Enhanced role for non-state organizations
- Strengthening of market approaches to management and organizational relationships
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- Decentralization
- Clinical packages, evidence based medicine, and explicit prioritization
- Integration of vertical programmes
- Orientation to users
- Shifts in funding approach
- Criticism of the reform movement
- Assumption of reforms
- Policy focus
- Process
- Policy development in the new millennium
- Health needs
- Country contexts
- Millennium development goals
- Development organizations and global partnerships
- Globalization
- Human resources
- The policy context and planning

- “policy appraisal” pp. 119,
- “policy tools” pp. 119,
- “policy in the non-state sector” pp. 111,
- Steps to develop policies pp. 111,
- A table with some characteristics of major health-care providers, pp. 106,
- occupational providers as part of HCP, pp. 109,
- “policy alternatives for health ministries” pp. 118,
- “transfer of government services to the non-State sector” pp. 119

- The context
- Demographic changes
- Changes in disease patterns
- Cost escalation
- Alternative strategies to increase effective resource levels
- Reallocation of resources,
- Criteria for choosing a financing system
- Participation in decision making
- Alternative approaches to financing health-care,
- Community financing
- User-charges policy flowchart pp151


Literature review
  •  pp. 276 gives the example of an district budget structure.
  •  Pp. 283 talks about “budgeting, resource allocation and decentralization”, also about Health Sector Reform.
  •  Gives a diagram for allocation of resources.

  •  pp. 309 “change in policies and priorities” as a cause of poor implementation;
  •  pp. 315 “organizational and legislative framework”, “health sector reform”;
  •  pp. 321 gives an example of the content of an operational policy for a new health centre.
  •  Pp. 347 two categories of alternative policy options.
  •  Pp. 348 Mentions about personnel policies.
  •  Pp. 350 mentions Health Sector Reform, policies and decentralization.

  •  pp. 357 mentions “translate policies into strategies”
  •  pp. 358 mentions “policy setting”
  •  pp. 361 mentions “policy formation as an activity of the planning process”
  •  pp. 362 mentions “balance between central and local decision making”
  •  pp. 371 “decentralization and planning”
  •  pp. 380 gives the example how in Pakistan formal decentralization was not accompanied by a growth in planning capacity at the right levels.

In chapter 5, ‘Expanding the scope of public health’ (pp.13-18), Gustin says that:
- ‘Now, the concept of public health practice is being redefined to embrace the skills and resources of other community partners such as human service organizations, educational institutions, governmental agencies in non-health areas such as criminal justice, and parks and recreation’
- The new public health must take into consideration the following concepts:
  - health and Economics development are closely dependent on each other
  - health for all people represents a quest for social justice and equity
  - dynamic collaboration between private initiatives and government interventions to provide coordinated and equitable solutions to important community health problems

In chapter 9, ‘What is health?’ (pp.28-30), Gustin gives a short description of health (what is & what determines it)

In chapter 16, ‘Setting up the Regional Health Information and Resource System’ (44-54):
- pp. 44-46 - the author gives examples of general categories of information (the information required to plan and operate an effective community-based health information system ranges from general qualitative subjective trends to specific demographic and epidemiological data pp.44-46)
- and tackles the following topics:
  - pp. 46-47 - ‘Pressing Issues and Emerging Needs’
  - pp. 47-49 - ‘Methods for Collecting and Processing Information’
  - pp. 49-50 - ‘Analysis, Presentation and Reporting of Health Information’
  - pp. 50-51 - ‘Facilitating the Use of Health Information’
  - pp. 51-52 - ‘Resources and Management Support to Regional Health Information Development’
  - pp. 52-54 - Recommendations for Regional Implementation: What needs have been identified?; How do we proceed?; Recommendations

Mentions:
- The book offers a broad view of health care policy, health services delivery and organization, and health care management
- It comprises 3 big parts:
  - The environment of health care
  - The administration of health care
  - The future of health care
  - And a 8-page glossary

- Conclude that ‘occupational and environmental issues present a significant challenge to health care managers, but they also conclude that these issues can be handled efficiently and effectively in a centrally managed program which controls OSHA and EPA regulatory risk, properly addresses JCAHO (Joint Commission on Accreditation of Healthcare Organizations’ requirements, ensures patient and employee health and security, reduces workers’ compensation costs, and possibly produces an outside source of revenue’

Kirchhoff, Judith J. in chapter 5 ‘Health care finance at century’s end: impacts of cost containment financial incentives’ (pp.81-99) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc. tackle the following topics:
- Transition in medical services delivery
- Financial environment in medical services
- Financial incentives in the medical services system
- Impacts of financial incentives on operations
- Implications for the medical services industry

Jones, Walter J. and Barber, Robert L. in chapter 7 'Challenges of health finance and managed care’ (pp.121-136) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc.:
- Focus on the US health finance and managed care
- And conclude that ‘the US will best advance and safeguard health by creating and preserving communities and families which care for each other’s well-being and growth’

Kochanowski, Yvonne J. in chapter 10 'Integrated health care systems' (pp. 177-194) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc is trying to answer questions, such as:
- How did health care delivery become an integrated model (incorporating community needs, government participation, facility and services provider, physician group cooperation, and payor system)
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- What features and criteria of integration are appropriate to expect in a successful partnership
- Is this collaboration the way of the future or another passing fad in the provision of services

Kieler, Bruce W., Saporta, Ishak and El’Amin, Zakiyyah in chapter 11 ‘Community – based planning’ (pp.195-206) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Focus on the health care industry in the USA
- Examine several of the leading theoretical perspectives that are relevant to the study of the expanding organizational population of community-based participatory planning entities (an unusual type of planning organizations)

Boyd, Suzan D. and Stoskopf, Carleen in chapter 34 ‘Managing population health’ (pp.571-587) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc mention that:
- The management of public health can be accomplished through the development of integrated health networks dedicated to improving the health of the communities
- The management of the health of population must be based on integrating community assessment and community involvement in establishing priority community health needs, the use of managerial epidemiology, and a plan to address primary, secondary and tertiary care and prevention

Dravecky, Evelyn T. and Preston, Joanne C. in chapter 35 ‘Managing change’ (pp.589-606) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc describe:
- The nature of change in health care environments
- The strategies for managing change in health care organizations
- The importance of the strategic middle manager

Czisny, Ken in chapter 36 ‘The VALUE model in strategic management’ (pp.607-635) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Describes a strategic management model that enables health care leaders to better provide high-quality health care services at a reasonable cost
- VALUE is an acronym and stands for: vision, assessment, leverage, understanding and evaluation

- Introduce the reader to the meaning of strategy, strategic planning, and strategic management
- Focus on the elements of the strategic management process
- Provide a specific model for implementing strategies in the health service organization that uses critical success factors

Johnson, James A. and Omachonu, Vincent K. in chapter 38 ‘Total quality management as a health care corporate strategy’ (pp. 645-651) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc conclude that:

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- 'If TQM is not a part of corporate and business strategy, it is likely to produce disappointing results’
- 'It is becoming increasingly clear that TQM must become a part of corporate strategy if it is to become a way of life in health care.’

Savage, Grant T. and Taylor, Rosemary L. in chapter 43 ‘Governing hospitals, medical groups and systems’ (pp.723-744) in Kilpatrick, Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Partitioned their chapter as follows:
  o Stakeholders and the governance of health care organizations
  o Traditional concerns about health care governing boards
  o Governance in a rural environment
  o Integrated systems bring changes in governance
  o Issues and challenges of IDS/Ns governance
- Summarize the chapter saying that ‘Governance in health care organizations is, indeed, difficult to assess. Health care organizations have grown increasingly complex, and the traditional forms and practices of governance are no longer adequate to manage issues that must be dealt with today’

Adams, John R., Mc Laurin, Reagan and Snyder, David in chapter 44 ‘Project Management’ (pp. 745-757) in Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker Inc focus on the following subjects:
- Project management definitions
- Project management tools

Fried, Bruce J. in chapter 50 ‘Human Resources Management’ (pp. 843-860) in Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Offers a brief history of human resources management
- Depicts the roles and functions of the human resources department
- Presents the strategic role for HR departments

Kent, Thomas W. in chapter 57 ‘Leadership’ (pp. 961-969) in Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Gives a description of leadership
- Presents the leadership process (which include planning, budgeting, organizing, staffing, controlling, and problem solving)
- Brings into question the role of the communication in leadership

Salvo, James V. in chapter 58 ‘Financial accounting’ (pp.971-999) in Anne Osborne and Johnson, James A. (ed.) (1999), Handbook of Health Administration and Policy, New York: Marcel Dekker, Inc:
- Demonstrates how financial accounting determines the general financial health of HCOs (health care organizations)
- Presents 11 financial ratios which allow stakeholders to examine an HCO and determine whether its financial health is good, average, or poor

- pp. 5 “Is there a National Health Care System and National Health Care Policy?”
- pp. 6 “the US has a number of different subsystems and describes four major ones...”
- pp. 7 “Politics and the Health Policy Process”
- pp. 8 “The Big Three of Health Services Research” (Cost, quality and access)

- pp. 84 “Current Major Policy Issues”
- pp. 84 “Medicine, Supply of Personnel and Changing Roles”
- pp. 89 “Nursing and Supply of Personnel”
- pp. 91 “Allied Health Fields”
- pp. 92 “Settings of Care”
- pp. 93 “Ambulatory Care, Managed Care and HMOs”
- pp. 94 “Hospitals”
- pp. 100 “Financing Issues and the Economic Health of Hospitals”
- pp. 102 “The Changing Hospital Role”
- pp. 102 “Special Problems of Rural Settings”

- pp. 106 “Trends in Health Care Expenditures”
- pp. 108 “Trends in Types of Health Care Expenditures and Sources of Funds”
- pp. 112 “Costs Compared to Other Countries”
- pp. 114 “Major Policy Issues in the Cost Arena”
- pp. 114 “Controlling Costs Within the Major Government Programs”
- pp. 118 “Controlling the Costs to States of the Medicaid Program”

- pp. 134 “Equity and Right to Care”
- pp. 135 “Prior Attempts to Pass National Health Insurance and Ensure Access to Care”
- pp. 137 “Current Differentials in Access to Care and Health Insurance”
- pp. 142 “Lessons to Be Learned: State Reforms, Past Efforts and International Comparisons”
- pp. 147 “Lessons from Medicare”
- pp. 148 “International Comparisons”
- pp. 150 “Comprehensive Proposals to Reform the US System”

- pp. 42 “Compliance with the Americans with Disabilities Act”

- pp. 120 “Medicolegal Issues” the process and history of setting the regulations on hearing loss in US

- pp. 129 the way “the American Conference of Governmental Industrial Hygienist has developed an index of threshold limit values”

- pp. 151 “Structure of an Ergonomics Program”

- pp. 384 example of research on the population survey and use in public policy;
- pp. 399 “Legal issues and workplace standards”

- pp. 412 “Legal issues and workplace standards”

- pp. 532 examples and regulation of...

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- pp. 599 “Drug & Alcohol Policy”

- pp. 603 “policies” of Safety & Health Management Systems

- pp. 681 “Regulations”


- pp. 747 “Drinking water regulatory considerations”

- pp. 759 “Information Sources for Case Ascertainment”
- pp. 759 Figure “Flowchart for Acute Pesticide Intoxication Surveillance System”
- pp. 761 “Examples of Disease Surveillance Systems”
- pp. 767 “Investigation of Disease Clusters”
- pp. 770 “Linkage of Disease Data Sets”
- pp. 771 “Advantages of Surveillance Systems”
- pp. 772 “Limitations of Surveillance Systems”

- pp. 775 “Risk as a decision-making factor”
- pp. 776 “General risk assessment process”
- pp. 786 “Limitations of Using Risk Assessment for Environmental Decision Making”
- pp. 787 “Public Involvement”
- pp. 788 “Other Models for Environmental Decision Making”

- pp. 25 “Drivers for change” in Public Health
- pp. 27 “Resource Constraints”
- pp. 28 “Changing Needs and Expectations of People”

- pp. 89 a practical example from 2007 Minnesota;

Mention:
- the author offers a brief summary of every chapter (at the end of the chapters)

In chapter 1, ‘Management Work’, (pp.1-33), Longest provides an overview of management work in health programs and projects, as well as some key definitions and concepts. According to Longest, the core activities in management work are: Strategizing, Designing, Leading, Decision Making, Communicating, Managing Quality, Marketing. Longest gives 2 examples of health programs (practical examples).

The rest of the chapters, ‘Strategizing the future’, ‘Designing for effectiveness’, ‘Leading to accomplish desired results’, ‘Making good management decisions’, ‘Communicating for understanding’, ‘Managing quality – totally’, and ‘Commercial and social marketing’ talk about health project/program management, the focus being on management.

Mentions:
- The focus is on "total patient care".
- The book is written from a clinician’s point of view.
- The main messages of the book: encouraging patients to take responsibility for promoting their own best health; educating patients and families - a necessary aspect of the role of all healthcare providers.
- Section III contains unique case studies demonstrating both successful and unsuccessful cases. This provides the opportunity to analyze what went wrong in unsuccessful efforts and to preserve and repeat the efforts from successful scenarios.
- The authors offer a brief summary of every chapter (at the end of the chapters).

Romano, Jane C. in chapter 1 'Getting Started' (pp.3-20) in Lowenstein, Arlene J., Foord, Lynn, Romano, Jane C. (editors), (2009) Teaching Strategies For Health Education and Health Promotion: Working with Patients, Families, and Communities, Sudbury, Jones and Bartlett Publishers considers that a significant aspect of the role of healthcare providers is the education of others and that the majority of current healthcare providers have little to no formal education on how to educate.

Huddleston, James S. in chapter 16 'Health Promotion and Wellness' (pp.275-298) Lowenstein, Arlene J., Foord, Lynn, Romano, Jane C. (editors), (2009) Teaching Strategies For Health Education and Health Promotion: Working with Patients, Families, and Communities, Sudbury, Jones and Bartlett Publishers draws the following conclusions:
- 'Although one of the major achievements of the American healthcare system in the last century is the recognition of risk factors in the etiology of disease, prevention seems to rank below intervention within the medical system hierarchy. The orientation of the American healthcare system is more toward an emphasis on treating disease rather than maintaining or promoting health.' (pp.291-292)
- In order to shift the patients’ attitudes about taking responsibility for their own health, the healthcare professionals must emphasize the attitude of preventing and fostering healthy lifestyle behaviors within the interactions with their patients.
- 'The more individuals begin to appreciate the benefits of self-care, the faster the population as a whole will move toward a healthcare philosophy of prevention and wellness, but engaging individuals to think in terms of prevention and making lifestyle choices that will improve their health and decrease their risk of disease is not easy.' (p.292)

Huddleston, James S. in chapter 17 'Health Promotion and Behavior Change’ (pp.299-328) Lowenstein, Arlene J., Foord, Lynn, Romano, Jane C. (editors), (2009) Teaching Strategies For Health Education and Health Promotion: Working with Patients, Families, and Communities, Sudbury, Jones and Bartlett Publishers focuses on the process of behavior change that facilitates the shift into self-care and movement toward the individual’s highest health potential. He states the following:
- 'The health of the population depends on the continued efforts to shift the focus of health care from intervention to prevention and to empower individuals to
assume more responsibility for their own health in order to move toward their highest health potential.’ (p.324)

- ‘Successful behavior change involves a dance between the patient and the practitioner. Developing a therapeutic relationship based on mutual trust and respect is vital for the change process. Practitioners need to be culturally sensitive, listen to the patient’s story, and understand their point of view.’

Peteet, Jean Oulund in chapter 18 ‘Community Approaches to Health Promotion’ (pp.329-346) Lowenstein, Arlene J., Foord, Lynn, Romano, Jane C. (editors), (2009) *Teaching Strategies For Health Education and Health Promotion: Working with Patients, Families, and Communities*, Sudbury, Jones and Bartlett Publishers emphasizes the importance of community-based health promotion approaches that can support individual health behavior change.
Mentions:

- The book is structured into four sections which address the following issues:
  - Disease mapping and spatial analysis
  - GIS applications in communicable disease control and environmental health protection
  - GIS applications in healthcare planning and policy
  - Data protection and E-governance issues in public health
- The book stresses the importance of using GIS in public health practice
- Every chapter enwraps short conclusions

Maheswaran, Ravi; Craglio, Massimo in the Preface of the book (pp.iii-iv) - Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC state that:

- The geographical perspective is a key aspect of public health. Populations and communities are geographically distributed and communities tend to have their own defining characteristics.
- The practice of key elements of public health, including communicable disease control, environmental health protection, health needs assessment, planning and policy, surveillance, monitoring and evaluation, and operational public health management, is often explicitly geographical in nature.

Section 1 (Disease Mapping and Spatial Analysis) (pp.13-67) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC:

- gives a broader description of basic elements of geographical analysis (pp.13-30),
- gives a description of disease mapping from a statistical perspective (pp.31-50)
- and focuses on disease clusters and methods for detecting clustering (pp.51-67).

Section 2 (GIS Applications in Communicable Disease Control and Environmental Health Protection) (pp.71-163) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC:

- provides an overview of GIS applications in communicable disease control and describes the opportunities for using GIS for the prevention, surveillance, and control of communicable diseases (pp.71-89)
- describes the analysis of recurrent outbreaks of Salmonella Brandenburg in sheep and humans over a five-year period in New Zealand (pp.91-107)
- provides a good example of using modeled outdoor air pollution data for health surveillance based on a project undertaken in Sheffield (pp.125-149)
- describes the value of establishing a rapid inquiry facility for the rapid initial assessment of apparent disease clusters and of the health impacts of point sources of environmental pollution in the United Kingdom (pp.151-163)

Smith, Ralph in chapter 10 ‘Health GIS in the English National Health Service: A Regional Solution’ (pp.167-177) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC points out the importance of regional structures for supporting GIS-based analysis for the National Health Service in the United Kingdom. He concludes that:
A regional health GIS service can maintain and disseminate constantly changing health geographies, provide centralized GIS expertise, and complement local public health GIS capacity. (p.176)

Jessop, Edmund in chapter 11 ‘GIS in District Public Health Work’ (pp.179-186) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC describes the use of GIS in practice at a smaller level: the district. According to the editors, practitioners at the local level will find this chapter valuable for describing what GIS could do to their work. The author’s main conclusion: ‘GIS skills should be available in every department of public health.’

Lovett, Andrew, Sünnenberg, Gilla, Haynes, Robin in chapter 12 ‘Using GIS to Assess Accessibility to Primary Healthcare Services’ (pp.187-204) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC bring about the recent developments in the use of GIS to assess variations in accessibility to primary healthcare services.


Section 4 (Data Protection and E-Governance Issues in Public Health) (pp.229-295) in Maheswaran, Ravi; Craglio, Massimo (Editors), (2004), GIS in Public Health Practice, New York, CRC Press LLC:

- Draws attention to the legal frameworks necessary to ensure data sharing and flows as well as confidentiality of the individual. (pp.229-250)
- Emphasizes the importance of maintaining the trust of citizens and patients in their relationships with the healthcare system and more generally with the system of government (pp.229-250)
- Presents the 1995 European Data Protection Directive which provides a key aspect of the legal framework within which all GIS and health practitioners in the European Union have to operate. (pp.251-264)
- Addresses the issue regarding public and patient attitudes towards the use of their health information (based on a review of the existing international literature on this topic (pp.265-275)
- Analyzes the strengths, weaknesses, opportunities and threats facing GIS in public health (pp.287-295)

Mention:
- The book comprises a 5-page glossary of basic planning and public health terms (pp.115-119)

- give the results (the chapter includes figures) of one survey organized by APA (American Planning Association) and NACCHO (National Association of County and City Health Officials) members’ opinions toward collaborating on topics of shared concern: creating healthy, sustainable communities and enhancing quality of life.
- The survey findings on the practical and substantive barriers planners and public health officials would face if they were to collaborate were many, though the biggest barrier reported by the respective professions was a lack of staff resources to expand their agency’s mission to include planning or public health activities.

Morris, M. in Chapter 2 ‘Five strategic points of intervention and collaboration between planning and public health’ (pp.9-24) in Morris, Marya, (general editor), (2006), Integrating Planning and Public health: Tools and Strategies to Create Healthy Places, Chicago: American Planning Association:
- The Five Strategic Points of Intervention framework essentially mirrors a typical planning process (i.e., one that begins with visioning and goal-setting sessions and ends with implementation of the plan through land-use regulations) (+table: public health in the planning process: 5 steps/ these 5 points approach is intended to help planners and public health leaders and their staffs conceptualize how, when, and in what form health matters should be addressed in the planning process)

- The focus is on seven areas that provide opportunities for collaboration between public health and planning professionals. The topics include surface and drinking water quality; air quality; obesity and physical inactivity. Authors’ recommendation: planners and public health professionals need to work together at incorporating and addressing these topics in planning processes as part of a new model for collaborative decision making.

Kochtitzky, C., Duncan, R. in Chapter 4 ‘Universal design: community design, public health, and people with disabilities’ (pp.51-64) in Morris, Marya, (general editor), (2006), Integrating Planning and Public health: Tools and Strategies to Create Healthy Places, Chicago: American Planning Association:
- p.63 - ‘The health and quality of life of all people is either promoted or degraded by community design choices made at the local, state, and federal levels. Some...
populations, however are even more influenced by elements in the environment within which they live. These populations, such as older persons, young children, and people with all types of disabilities, are even more dependent on the community design and public health professions to maximize accessibility and usability at all levels.

- The importance of the principles of universal design
- p.64 - ‘Everyone benefits from community design efforts that use a universal design framework – from delivery drivers to people with mobility impairments, from older pedestrians to parents with children in a stroller’

- the tools offered in the chapter (Tool 1: ideas for launching and maintaining a planning/public health partnership & Tool 2: action planning worksheets for planning and public health collaboration) are intended to help planning and public health practitioners launch a collaborative effort that will ultimately make their communities safer and healthier

Morris, M. in chapter 6, ‘Health impact assessment’, (pp.73-80), in Morris, Marya, (general editor), (2006), Integrating Planning and Public health: Tools and Strategies to Create Healthy Places, Chicago: American Planning Association:
- p.73 - ‘health impact assessment (HIA) is a tool for planners and public health professionals that can be used to apply their respective expertise to help inform all manner of public policy decisions, including planning and land-use decisions’
- p.74 - the HIA Process
- pp.75-79 - HIA in practice in the US

Morris, M. in chapter 7, ‘Case studies of successful planning and public health collaboration’, (pp.81-94), in Morris, Marya, (general editor), (2006), Integrating Planning and Public health: Tools and Strategies to Create Healthy Places, Chicago: American Planning Association:
- pp. 82-85 - CS – Ingham County, Michigan
- pp. 85-88 - CS – Try- County Health Department, Denver, Colorado
- pp.89-91 - CS – Hennepin County, Minnesota
- pp.91-94 - CS – Delaware County, Ohio

Parker, D. in chapter ‘Afterword - The future of environmental health and planning: some thoughts based on the Florida experience’ (pp. 95-101) in Morris, Marya, (general editor), (2006), Integrating Planning and Public health: Tools and Strategies to Create Healthy Places, Chicago: American Planning Association:
- p.97 – ‘Florida’s citizens are becoming increasingly aware of the myriad links between environmental quality and human health, meaning that many will want to see Environmental Health (EH) efforts intensify.’
- P. 99 – ‘The EH profession needs to rediscover its roots in the planning process.’
- P.100 – ‘Technological innovation will change the way we carry out our services and may be the savior of the environment and public health’

UK author and approach.

- pp. 5 Figure “Development of effective strategy”
- pp. 7 “Causation: What Makes Things Happen”
- pp. 9 “Knowledge and Power”
- pp. 11 “Theory and Experience”

- pp. 19 Definition of “Public Strategy”
- pp. 20 Figure “Three horizons of decision making”
- pp. 25 “Performance and Strategy”
- pp. 26 Figure “Government effectiveness by country”
- pp 27 examples of strategies
- pp. 28 “Bad Strategies”
- pp. 29 “Anti-strategy”
- pp. 31 “Incrementalism”
- pp. 32 “Predictable Mistakes”

- pp. 38 Figure “The relationship between supply and demand”
- pp. 39 Figure “Public value/public cost negotiation”
- pp. 40 “Innovations in Tools”
- pp. 44 “The Three Drivers of Change: Democracy, Knowledge and Connections”
- pp. 57 “The Patterns of Reform”

- pp. 76 Figure “Choices for effective strategy building”
- pp. 80 “What Power and Knowledge can be Brought to Bear?”
- pp. 83 “What Possible Futures?”
- pp. 85 “What Causes What: Mapping the System”
- pp. 87 Figure “Mapping the system: pinpointing research needs” example Obesity drivers and trends
- pp. 102 “Financing Strategy”
- pp. 106 Figure “Change Margins”

- pp. 119 “Where Should Strategy be Done?”
- pp. 122 Figure “Strategy project phases”


- pp. 127 “The Knowledge Used by Government”
- pp. 128 “How is Knowledge used in different Types of Field”
  - pp. 129 “Stable Policy Fields”
  - pp. 129 “Policy Fields in Flux”
  - pp. 129 “Inherently Novel Policy Fields”
- pp. 130 “Evidence and Theory”
- pp. 131 “Learning from Elsewhere”
- pp. 132 “Practical Knowledge”
- pp. 132 “Limits of Evidence”


- pp. 136 “Lines and Spirals”
- pp. 140 Figure “English public service productivity”
- pp. 141 Figure “Education spent and performance”
- pp. 143 “Embedding Continuous Improvement into Systems: the 360 Degree Model”
- pp. 143 "Bottom-up Empowerment"
- pp. 145 “Horizontal”
- pp. 146 “Top-down”
- pp. 147 “Words into Action”


- pp. 205 “Motivating Public Servants”
- pp. 212 “Influencing Cultures”


Mentions:
- the author examines the impact of different political aims and pressures on scientific health policies through the analysis of public health programmes in two case studies, one in Birmingham and the other in Gothenburg
- the author examines early 20th century campaigns concerned with infant welfare and the prevention of tuberculosis
- the book has a historical accent, the author being Senior Research Fellow in the Department of History (University of Tampere)

In chapter 1, ‘Knowledge and the City’ (pp.1-24), Mrs. Niemi says that:
- p.1 - ‘Public health policies had a profound impact on urban life in the late nineteenth and early twentieth centuries, and yet relatively few people took an active interest in the formulation of these policies’
- p.1 – ‘In early twentieth-century Britain and Sweden, public health committees were among the few arenas where women participated directly in the official policy making process – a clear sign that the seats on public health committees were not among the most sought-after positions’
- pp.2-3 – and mentions the functions of municipal health authorities:
  a) promoting the health of the community (considered less important than the other functions)
  b) maintaining social order in cities
  c) vital role in regulating the local economy
  d) important intermediary in the formation of collective identity
- pp.7-13 – and describes the roles of public health officers in both Britain and Sweden
- pp.13-19 – and the roles of Committee members and City Councillors (in both countries the city councils and the council committees were presumed to place the common good before vested interests, such as the health of population)

In chapter 3, ‘Policy Legacies’ (pp.47-60), the author brings into question:
- pp. 48-52 - the Swedish Public health Strategies
- pp. 52-56 – the British Public health Strategies
- pp. 56-59 – the Public health Strategies and the New Hygiene
- mentioning at the beginning of the chapter that: ‘Policy making is inherently a historical process. Previously established policies influence present-day decision-making, which in turns shapes future policy options. (...) in consequence, the legacy of the early twentieth-century choices remains with us today.’

In chapter 4, ‘Regulating Family Life: Campaigns against Infant Mortality, 1900-1940’ (pp. 61-112) and chapter 5 ‘Shaping Urban Society: Campaigns against Tuberculosis, 1900-1940’ (pp.113-158), the author examines the campaigns of the health authorities (of Birmingham and Gothenburg) concerned with infant welfare and prevention of tuberculosis. These chapters may be considered study cases.
- p.111 - For chapter 4, some conclusions: ‘Although the approaches chosen in Gothenburg and Birmingham were different in many ways, the infant mortality rate was steadily declining in both cities. Accounting for the decline is difficult. In addition to the specific infant welfare measures (of the health authorities), there were a number of factors such as environmental and nutritional improvements

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which were likely to contribute to improving infant health’. Therefore, the success of the campaign is not entirely attributed to local health authorities.

- pp.155-156 - For chapter 5, some conclusions: ‘Comparison of the Birmingham and Gothenburg anti-tuberculosis campaigns shows that scientific knowledge about tuberculosis allowed widely different definitions of the disease. In Gothenburg, where medical practitioners played a dominant role in the formulation of public health policies, tuberculosis was largely seen as a bacteriological and medical problem. (....) In Birmingham, where medical practitioners were less influential in shaping health policies, unhealthy habits rather than the bacillus were seen as the primary cause of tuberculosis; (....) policy makers in both cities based their campaigns on ‘apolitical’ facts. (....) the death rate from tuberculosis declined sharply in Gothenburg and Birmingham (....) thus the health authorities in both cities were able to proclaim the success of their approaches.’

In chapter 6, ‘Contesting and Negotiating PHP’ (pp.159-179):
- p.159 – 'The ways in which the authorities defined health problems and chose responses to them usually served to legitimize and maintain the existing political and socio-economic order in the cities. However, the definitions of health and disease could also challenge existing arrangements and become a vehicle for change'
- pp. 161-173 – women’s reform activities (women had an important role in shaping health campaigns)
- pp.173-179 – the working class and tuberculosis (left-wing writers, politicians and other activists expressed strong and strident protests against some individual anti-tuberculosis measures or certain aspects of the campaign; in addition, ordinary city-dwellers from lower social strata occasionally organized themselves in protest against anti-tuberculosis measures)
- p. 178 – ‘Their success (women & working-class activists) in shaping health policies depended on how they managed to draw upon the language and methods of the prevailing culture for their own ends, and how skilful they were in seizing on the inconsistencies in the existing policies and in capitalizing on the differences of opinion among health officials.'

Mention:

- every chapter has an overview (at the beginning of the chapters) and a chapter review (at the end of the chapters)
- focus: US


- p.1 – definition of public health
- p.2 – public health activities
- p.3 – figure: public health approaches to improving health
- pp. 5-32 – public health throughout history


- pp.35-37 - identified public health functions
- pp. 39-41 – health care reform and public health + figure: the core functions of assessment, policy, and assurance targeted to specific areas of a local health department
- pp. 41-49 – essential health services + table: state/local health department Crosswalk of program activities to essential services
- pp.49-51 – core functions and essential health services: implementation + tables: Material and Child Health Services core functions and practices framework; distribution of activities by Primary Core Public health Function
- p.52 – essential public health categories and functions, 1997
- p.53 – figure: the public health system
- pp.53-56 – national health objectives
- pp.56-59 – public health infrastructure + tables
- pp. 59-61 – governmental and nongovernmental aspects of public health
- pp.63-65 – Medicine and public health


- pp.70-105 – Governmental public health organizations: Federal Agencies contributing to public health, Federal Policy and administrative instruments for public health + figures: organization of the US Department and Human
Services; organization of the US Centers for Disease Control and Prevention, state agencies contributing to public health + figures: Washington State Department of Health Organizational Chart; Organizational Chart for North Carolina’s Department of Health and Human Services Division of Public health, local government agencies in public health, operational definition of a Local Health Department (pp.96-97), organizational structure of a local health department (pp.98-99), scope of public health services performed by local public health agencies, staffing and financing for a local public health agency + figure: total local health department revenues by source, regionalization (p.102), other local governmental agencies contributing to public health + table: organizational contributions to public health activities in US local public health jurisdictions with at least 100,000 residents (pp.104-105)

- pp.106-110 – nongovernmental public health organizations: community hospitals and health systems (pp.106-107), ambulatory care providers (pp.107-108), health insurers and managed care plans (p.108), nonprofit agencies (pp.108-109), philanthropic foundations (p.109), universities (pp.109-110), other organizations

- p. 128 - theory and definition of public health law
- pp. 128-129 - Government’s essential role in Public health Law
- pp.129-130 - relationships between Government and the Public
- pp. 130-133 - the role of government in the constitutional design
- pp.133-134 – federal public health powers
- pp. 134-135 – state police powers
- pp.135-136 – local public health powers
- pp.137-141 – the modern public health agency: federal public health agencies, state public health agencies, local public health agencies
- pp. 141-147 – public health law reform

- pp.150-151 – what is ethics?
- pp. 151-152 - The principles of the Ethical Practice of Public health
- pp. 154-157 - ethical analysis in public health practice
- pp.153-154 – case: with whom to partner?
- pp.157-159 – case: newborn screening and parental consent

- pp. 163 “Steps to Creating the Federal Budget”
- pp. 166 “The Appropriation Process and Health Programs”
- pp. 169 “Creating Health Programs – Authorizing Committee Jurisdictions”
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- pp. 174 “The Department of Health and Human Services”
- pp. 181 “State-Federal Interface in Public Health”
- pp. 183 “State Legislation”

- pp. 190 “Why Look at Public Health Financing?”
- pp. 191 “Public Health Versus Personal Health Expenditures”
- pp. 192 “History of Public Health Financial Data Collection”
- pp. 199 “Benefits and Challenges in Collecting Public Health Finance Data”
- pp. 201 “Organization of Public Health Financing”
- pp. 207 “State Funding Streams and Expenditures”
- pp. 213 “Revenue Generation”
- pp. 214 “Public Health Financing Challenges”

- pp. 227 “Policy Development” under Table Council on Linkages Competencies by Domain
- pp. 233 a diagram illustrates the institutional services
- pp. 236 describes the “Occupational Classifications”
- pp. 248 table “Estimated Public Health Workers by EEO-4 Occupational Category and Setting: National Summary”
- pp. 248 “What Strategies can Enhance Workforce Capacity?”

- pp. 271 “policies” in a Table: General Patterns of Managerial Approaches to Motivation

- pp. 329 “History of GIS in Public Health”
- pp. 330 “Features of GIS”
- pp. 333 “Public Health GIS Application”
- pp. 339 “Lessons Learned and Challenges”
- pp. 343 “Future of GIS and the Role of Public Health Officials”
- pp. 354 “Contemporary Concepts and Applications”

- pp. 412 “Definition and Overview of Assessment” mentions policy several times
- pp. 420 “When analyzing the data and developing policies for implementation, it must be understood ...”
- pp. 425 “The Community Health Improvement Process” figure
- pp. 434 “Internally Developed Guidelines”
- pp. 435 “Strategic Planning”
- pp. 436 “The MAPP Model” figure

- pp. 445 “Who is Public Health’s Constituency?”
- pp. 445 “Incentives for Constituency Participation”
- pp. 452 “Tools to Mobilize Constituents for Public Health Action”
- pp. 455 “Initiating the Constituency Building Process”

- pp. 471 “Percentage of Local Health Jurisdictions Performing 20 Core Function-Related Measures of Local Public Health Practice” Table

- pp. 546 “Defining Key Terms: Community and Coalition”
- pp. 549 “Evidence-Based Planning in Community Settings”
- pp. 556 “Develop an Action Plan for the Program or Policy”
- pp. 558 “Simple Logic Model” Figure

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- pp. 663 “History of Public Health’s Role”
- pp. 664 “Public Health’s Role”
- pp. 667 “Functional Model of Public Health’s Response in Disasters”
- pp. 688 “Public Health Aspects of Environmental Services during Disasters”
- pp. 699 “The Role of Health Departments and Preparedness”

- pp. 716 “The Role of Research in Public Health Improvement”
- pp. 717 “Intervention Research vs. System Research”
- pp. 718 “What Can Be Learned from Public Health Systems Research?”


some or all of the evidence ... into the decision-making process”, reasons to do the above and types of evidence to be used with their subsequent purpose.


Mentions:
- The book comprises a 10-page glossary of terms (pp.209-218)

In the preface of the book, ‘What is Public health 101 All About?’:
- p.xvii – public health definition: 'Public health is about what makes us sick, what keeps us healthy, and what we can do TOGETHER about it. When we think about health, what often comes to mind first is individual health and wellness. In public health, what should come to mind first is the health of communities and society as a whole. Thus, in public health the focus shift from the individual to the population, from me to us.'

In Section I – ‘Principles of Population Health’, pp.1-38:
Chapter 1 ‘PH: The population health approach’ pp.3-16
- multiple ways that public health affects daily life
- eras of public health from ancient times to the early 21st century (+table)
- meaning of population health (+table)
- the uses of health care, traditional public health, and social interventions in population health (+table)
- determinants of disease

Chapter 2 ‘Evidence-based Public health’, pp. 17-38
- the steps in the evidence-based PH process (+ figure)
- depiction of a PH problem in terms of morbidity and mortality
- approach used in PH to identify a contributory cause of a disease or other condition and establish the efficacy of an intervention (+ figure)
- the process of grading evidence-based recommendations (+table)
- identifying options for intervention based on ‘when, who, and how’
- the role that evaluation plays in establishing effectiveness as part of evidence-based public health (+ figure)

In Section II – ‘Tools of population health’, pp.39-82
Chapter 3 ‘Health Informatics and Health Communications’, pp. 31- 54
- basic types of public health data (+table)
- the meaning, use, and limitation of the infant mortality rate and life expectancy measurements
- identifying criteria for evaluating the quality of information presented on a web site (+ table)
- ways that perceptions affect how people interpret information
- the roles of probabilities, utilities, and the timing of events in combining public health data
- how attitudes, such as risk-taking attitudes, may affect decision making (+
- different approaches to clinical decision making and their advantages and disadvantages (+ table)

Chapter 4 ‘Social and Behavioral Sciences and Public health’, pp.55-66
- relationship between the social and behavioral sciences and public health (+ table)
- how socioeconomic status, culture and religion affect health (+ tables)
• the stages in behavioral change that constitute the Stages of Change model (+ table)
• ways that interventions at the individual level and at the social level can reinforce each other to influence behavioral change
• the principles of social marketing

Chapter 5 ‘Health Law, Policy, and Ethics’, pp.67-82
• the scope of health law, policy and ethics (+ table)
• key legal principles that form the basis for public health law
• the differences between market and social justice (+ table)
• potential tensions between individual rights and the need of society using public health examples
• key principles that underlie the ethics of human research

In Section III – Preventing Disease, Disability, and Death, pp.83-126
Chapter 6 ‘Non-Communicable diseases’, pp.87-98
• the burden of non-communicable diseases on mortality and morbidity in the US
• the meaning of cost-effectiveness (+ figure)
• several ways that genetic interventions can affect the burden of non-communicable diseases

Chapter 7 ‘Communicable diseases’, pp. 99-110
• the burden of diseases caused by communicable disease
• the roles that barrier protections, vaccinations, screening, case finding, and contact treatment can play in preventing communicable diseases
• conditions that make eradication of a disease possible (+ table)

Chapter 8 ‘Environmental health and safety’, pp.111-126
• the range of interactions that occur between human beings and the physical environment
• distinguishing between a risk assessment, a public health assessment and an ecological assessment
• illustrating how safety issues, such as a motor vehicle injuries, have been addressed using a systems thinking approach

In Section IV – Health Professionals, Healthcare Institutions, and Healthcare Systems, pp.127-174
Chapter 9 ‘Health Professionals and the Health Workforce’, pp. 129-140
• describing roles that education and credentialing play in the development of health professions, such as medicine and nursing
• describing the relationship between clinical health professions and public health
• identifying educational pathways for becoming a public health professional (+table)
• identifying components of prevention and public health that are recommended for inclusion in clinical education
• explaining the concept of primary care and differentiating it from secondary and tertiary care (+table)
• identifying a range of mechanisms used to compensate clinical health professionals and explaining their advantages and disadvantages (+table)

Chapter 10 ‘Healthcare institutions’, pp.141-153
• inpatient healthcare facilities that exist in US
Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)

- outpatient healthcare facilities that exist in the US
- describing approaches being used to define and measure of health care (+table)
- describing types of coordination of care and methods available to facilitate coordination of care (+table)
- identifying the roles that may be played by electronic medical records in improving the delivery of health care
- identifying components of medical malpractice and disclosure of medical errors

Chapter 11 ‘Healthcare systems’, pp.155-173
- identifying the largest insurance systems in the US and explaining the basic principles of their financing
- important insurance definitions
- identifying the basic types of managed healthcare organizations and explaining the principles of how they differ
- illustrating how individual circumstances affect the most favorable type of employment-based insurance (+table)
- describing the extent and consequences of being uninsured or underinsured in the US
- describing the basic structure and financing aspects of the health-care systems in Canada and the UK and compare them to those of the US (+tables for these 3 countries)
- identifying options for addressing the cost of health care in the US

In Section V – Public health Institutions and Systems, pp.175-208

Chapter 12 ‘Public health Institutions and Systems’, pp.177-192
- identifying goals of governmental public health
- identifying the ten essential services of public health (+table)
- describing basic features of local, state, and federal public health agencies in the US
- identifying global public health organizations and agencies and describing their basic roles (+table)
- identifying roles in public health for federal agencies not identified as health agencies (+table)
- illustrating the need for collaboration by governmental public health agencies with other governmental and nongovernmental organizations
- describing approaches to connecting public health and the health care system

Chapter 13 ‘The future of population health’, pp.193-208
- explaining the basic uses of outbreak investigations
- identifying public health roles in disaster prevention and management
- explaining the basic public health roles in preventing and responding to bioterrorism
- identifying lessons for the future that can be learned from past public health mistakes (+ figures: population pyramids expected for Nigeria, US, and for Japan)
- identifying trends in public health that may have implications for the future
- identifying possible impacts of climate change
- explaining how principles of system thinking can be used to address complex problems

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- explaining the importance of educated citizenry to the future of public health

Mentions:
- The book explores the complexities, challenges, and controversies associated with the analysis of environmental health risks
- ‘In the context of public health, risk assessment is the process of quantifying the probability of a harmful effect to individuals or populations from certain human activities.’
- The book encloses 11 Case Studies in Risk Assessment

Robson, Mark, Ellerbusch, Fred in chapter 1 ‘Introduction to Risk Assessment in Public Health’ (pp.1-10) in Robson, Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
- The topic of risk assessment
- Specific issues that relate to public health
- An overview of the entire book

Omen, Gilbert S. in chapter 2 ‘The Risk Assessment-Risk Management Paradigm’ (pp.11-29) in Robson, Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
- The fundamental concept of risk
- The roles of Public health scientists and public health practitioners in analyzing and communicating with the public about risks
- The major specific statutes that govern the activities of federal regulatory agencies and their state and local counterparts

Wu, Felicia, Farland, William H. in chapter 3 ‘Risk Assessment and Regulatory Decision Making in Environmental Health’ (pp.31-53) in Robson, Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
- The history of risk assessment in the US environmental regulation
- The link between risk assessment and risk management in regulatory decision making
- Give 3 examples of risk assessment (chloroform in drinking water, genetically modified bt corn)

Guidotti, Tee L., Moses, Marina S. in chapter 4 ‘Toxicological basis for risk assessment’, (pp.55-120) in Robson, Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
- Basic concepts of toxicology
- The implications of toxicokinetic concepts for risk assessment
- Explains how the mechanisms of carcinogenesis are modeled in quantitative risk assessment
- Describe the problems one encounters in applying animal toxicity screening test results to human beings
- Describe each of the three exposure-response relationships: toxicological, epidemiological, and clinical

Morrone, Michele in chapter 8 ‘Comparative Risk Assessment’ (pp.173-186) in Robson, Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
Literature review

- Definition of the comparative risk
- Identifies three to five key circumstances that led to the widespread use of
  comparative risk in the 1980 and 1990s
- Explains the comparative risk process, including the way a comparative risk
  project is organized and managed
- Debates the impact of comparative risk on public health policy

Finkel, Adam M., Ryan, P. Barry in chapter 9 ‘Risk in the workplace: Where analysis
began and problems remain unsolved’ (pp.187-237) in Robson, Mark, Toscano,
William (editors), (2007), Risk Assessment for Environmental Health, San Francisco,
Jossey-Bass:
  - Present the scope, magnitude, distribution, and temporal changes in the major
    safety and health hazards workers face on the job, both in absolute terms and
    relative to analogous risks in the community or ambient environment.
  - Present the US Federal apparatus to assess and manage workplace risks: OSHA
  - Stress the role of EPA in Occupational Risk Management
  - Make an overview of occupational risk assessment methodology and policy
  - Lay out the mechanics of occupational risk assessment
  - Dwell on the control of hazards (which have been put in place to limit safety and
    health risks of workers
  - Present the evolution of industrial hygiene and the role of new professionals

Carruth, Russelyn S. in chapter fourteen ‘Overview of environmental public health laws
and their relation to risk’ (pp.383-422) in Robson, Mark, Toscano, William (editors),
(2007), Risk Assessment for Environmental Health, San Francisco, Jossey-Bass:
  - Makes an overview of the US government and legal system
  - Portrays the following acts: Clean Air Act, Safe Drinking Water Act, Clean Water
    Act, Food, Drug, and Cosmetic Act, Occupational safety and Health Act, Mine
    Safety and Health Act, National Environmental Policy Act, Toxic Substances
    Control Act, Resource Conservation and Recovery Act, Comprehensive
    Environmental Response Compensation and Liability Act

Tickner, Joel A. in chapter fifteen ‘Why risk assessment is not enough to protect health:
Rationale for a Precautionary Approach to Science and Policy’ (pp. 423-461) in Robson,
Mark, Toscano, William (editors), (2007), Risk Assessment for Environmental Health,
San Francisco, Jossey-Bass introduces the reader to:
  - The critiques and limitations of risk assessment and its use in public health
    decision making
  - The precautionary principle and approaches for its application in public health
    decision making
  - The role of risk assessment and other tools in a more precautionary approach to
    decision making

Santos, Susan L. in chapter sixteen ‘Risk communication’ (pp.463-486) in Robson, Mark,
Toscano, William (editors), (2007), Risk Assessment for Environmental Health, San
Francisco, Jossey-Bass mentions the following topics:
  - Risk communication (definition, purpose)
  - The regulatory context for risk communication
  - The key principles of effective risk communication
  - Ways of explaining/presenting risk information

The book also comprises 11 Case Studies in Risk Assessment:
  - Improvement of Risk Assessments for Multicontaminant Sites in the Face of
    Critical Data Gaps (Yoram Cohen and Adrienne Katner) (pp.489-510)
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- Intraspecies Differences in Acute Acrylonitrile Toxicity (Gwendolyn Ball, Clif McLellan, and Lori Bestervelt) (pp. 511-516)
- Drinking Water Contamination by Perchlorates from Department of Defense Rocket Fuel Facilities (Terry Gratton and Norman Trieff) (pp.517-522)
- Multi-Pathway Risk Assessment for Children Living Near a Hazardous Waste Site (Serap Erdal) (pp.523-530)
- Child with Asthma Living in a Moisture-Damaged Home (Myrtis Sullivan) (pp.531-540)
- Endocrine Disruption Through Phthalates/Plasticizers (Christine Ziebold) (pp.541-546)
- Estimation of Health and Safety Risks from Exposure to Chlorine and Chloroform for Swimmers in Pools (Richard P. Hubner) (pp.547-554)
- U-Shaped Dose-Response Curve for Risk Assessment of Essential Trace Elements: Copper as a Case Study (Bonnie Ransom Stern) (pp.555-562)
- Ecosystem Risk Assessment: The Neuse River Estuary, North Carolina (Craig A. Stow, Mark E. Borsuk, and Kenneth H. Reckhow) (pp.563-586)
- The Ohio Comparative Risk Project (Michele Morrone) (pp.587-596)
- Community-Based Risk Assessment: DDT Contamination in Triana, Alabama (Padma Tadi-Uppala) (pp.597-604)

Literature review

- pp. 8 “Public health correlations reveal increased obesity and hypertension with suburbia”

- pp. 9 “Public Health Surveillance refers to activities undertaken by federal, state, or local governments…”
- pp. 10 “…population exposed to a toxin…”

- pp. 902 “Public Health Model”, “…injury prevention and Public Health…”

- pp. 1622 “Single-focus Legislation”
- pp. 1623 “Public Health Focus”
- pp. 1624 “…the federal air pollution program was vested in the Public Health Service…”
- pp. 1625 “Costs, Priorities and Regulatory Reform”
- pp. 1626 “Examples of the major environmental statutes”

- pp. 1637 Figure “Comparison of reductions in pollutant emissions from 1970 to 2003 with indicators of economic and population growth over the same period”
- pp. 1637 “Setting and attaining national ambient air quality standards for criteria pollutants”

- pp. 1969 “…eliciting information and public values about risks…”
Literature review

- pp. 1727 “High-Priority Needs in Industrializing Countries”
- pp. 1731 “Environmental Regulation”

- pp. 1747 “Many factors contribute to health disparities”
- pp. 1753 Example “Silicosis: The Gauley Bridge Disaster and Beyond”
- pp. 1756 “Knowledge Gaps and Research Challenges”
- pp. 1758 “Public Health and Education Challenges”


- pp. 155 figure describing core functions system paradigm “policy development” is in it.
- pp. 156 figure describing “A System Approach to Public Health Leadership including the Core Functions.
- pp. 162 table describing “Leadership and Organizational Practices” (includes policy development)
- pp. 163 subchapter about “Policy Development Practices”
- pp. 165 subchapter about “Essential Public Health Services”
- pp. 166 figure describing “Public Health: The Foundation of a National Health System”.
- pp. 167 table “Leadership and the Essential Public Health Services” containing “Develop policies…”
- pp. 168 Table “Essential Public Health Services”
- pp. 169 diagram “Core Functions and Ten Essential Services of Public Health”


- pp. 205 “Institute of Medicine Policy Development Recommendations”
- pp. 206 “Essential Public Health Services”
- pp. 207 “The Politics of Public Health Policy”
- pp. 209 “Policy Trends”
- pp. 211 “Advocacy and Empowerment”
- pp. 214 “Collaboration”
- pp. 214 “Coalitions”
- pp. 216 “Alliances”
- pp. 216 “partnerships”
- pp. 216 “An Example/Case Study”
- pp. 223 “Priority Setting”


- pp. 347 “Community Health Planning”
- pp. 351 Table “Bryson Strategic Planning Model Applied to Public Health” (has Policy Development into it)
- pp. 355 “Case Study: Health Issues locally”
- pp. 365 “Continuous Quality Improvement”
- pp. 377 Table “Recommended Ingredients for More Effective and Efficient Government”
- pp. 377 Table “Principles of the National Performance Review”

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- pp. 378 Table “The Five C’s: Changing Government’s DNA”

  - pp. 392 “Decision Making”
  - pp. 393 “Decision Making Roles and Styles”
  - pp. 396 “Shared Decision Making”
  - pp. 397 “Decision Making Models”

  - pp. 423 “Multiculturalism”
  - pp. 425 “Cultural Diversity”
  - pp. 430 “Case Study: Policy Development and Assurance Practice”
  - pp. 433 “Case Study: Two Countries / Two Names / Broken Policies”

- pp. 4-5 gives the definition of Public Health,
- pp. 5 mission of Public Health
- pp. 6 substance of public health
- pp. 6 organizational framework of Public Health
- pp. 6 core functions of Public Health

- pp. 17 gives a definition of the role of Public Health

- pp. 31 “Federal, State, Local...”
- pp. 33 gives a diagram of the Federal vs. State Authority,
- pp. 35 mentions the Occupational Safety and Health Act (1970)
- pp. 36 “How Public Health is organized and paid for in the United States”
- pp. 36 “Local Public Health Agencies”
- pp. 37 “State Health Departments”
- pp. 38 “Federal Agencies Involved with Public Health”
- pp. 39 a Organization Chart of a County Health Department
- pp. 44 Non-Governmental Role in Public Health

- pp. 343 “Occupational Exposures: Workers as guinea pigs”

- pp. 435 “when medical care is a public health responsibility”
- pp. 436 “the conflict between public health and the medical profession”
- pp. 438 “Germany established the first national system of compulsory sickness insurance in 1883”
- pp. 440 “licensing and regulation”
- pp. 441 “Ethical and medical issues in medical care”
- pp. 445 Ethical issues in medical resource allocation”

- pp. 469 “reasons for practice variations”
- pp. 471 “the field of dreams effect”
- pp. 473 “outcomes research”
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- pp. 476 “quality”
- pp. 477 “Medical care report cards”
- pp. 480 “inequities in medical care”
- pp. 481 “the relative importance of medical care for public health”
- pp. 482 a graph of the contribution of medical care to health

**Mention:**
- the focus is on the UK public health system

  - “public health in the UK is disadvantaged by its close association with the NHS [editor’s note: National Health Service]”
  - “to remain proactive in its response to these changes [editor’s note: the dynamics of globalization and the demographic transition in particular, for example], public health policy must foster strategic alliances on a global scale in which advocacy and effective use of the new electronic media must play an important part”
  - “the emphasis on the social context of health is moving public health to a more health seeking rather than a disease-avoidance approach. This move (...) is associated with the new public health movement that arose in the later part of the twentieth century”


  - the demographic transition remains an influential starting point for a discussion of the sociopolitical context of public health.

He also states that:
  - “the future of public health policy depends on moving resources from individualized hospital-based medicine into less expensive community-based health promotion strategies focused on self support and self reliance”
  - “The demographic transition radically alters the patterns of diseases and death, forcing large adjustments in policy towards public health.”
  - The nutrition transition impacts negatively the public health policy


  - “public health policy would improve with a focus on how health promotion packages can best be designed to meet the individual needs of disabled people

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**Literature review**
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and on whether disabled people are better served by inclusion within mainstream programmes or whether there is a need to design specific courses and materials”


- “the concept of transborder health risk and opportunity is a useful one for highlighting the positive and negative externalities associated with particular flow variables such as people, goods and services, and information and communication.”
- “Globalization poses a direct challenge to public health systems that have focused efforts at the physical borders of state”
- “effectively addressing health challenges posed by globalization requires significant institutional and policy innovation”


**Mentions:**
- The Institute of Medicine (IOM) Committee on Capitalizing on Social Science and Behavioral Research to Improve the Public's Health was charged to help identify promising areas of social science and behavioral research that may address public health needs (because behavioral and social interventions offer great promise to reduce disease morbidity and mortality).
- Therefore, to aid the committee, 12 papers were commissioned from some of the nation's leading experts.
- This collection of papers serves in a way or other to the development of broader public health interventions.


- Korenbrot, Carol C., Moss, Nancy E., in 'Preconception, Prenatal, Perinatal, and Postnatal Influences on Health' (pp. 125-169) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press consider that to have larger effects on maternal and infant health, innovative programs and policies need to address social, economic, cultural, political, and psychological antecedents of disparities and that new approaches should take into account experiences prior to and during the reproductive years, not just the 9 months of pregnancy and.

- Fuligni, Allison Sidle and Brooks-Gunn, Jeanne in 'The Healthy Development of Young Children: SES Disparities, Prevention Strategies, and Policy Opportunities' (pp.170-216) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press conclude that high-quality early childhood programs can have significant effects on cognitive outcomes for children, especially when the children are from low-income families and especially when the programs provide both child and family services.

- Perry, Cheryl L. in 'Preadolescent and Adolescent Influences on Health' (pp.217-253) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press conclude that high-quality early childhood programs can have significant effects on cognitive outcomes for children, especially when the children are from low-income families and especially when the programs provide both child and family services.
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*Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press attempt to provide a snapshot of the dynamics of adolescence and adolescent behavior, what factors influence the adoption or maintenance of behavior, examples of behavior, examples of how changes in behavior have been achieved, and the implications of this research for healthful adolescent development in the twenty-first century.

- Emmons, Karen M. in ‘Behavioral and Social Science Contributions to the Health of Adults in the United States’ (pp.254-322) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press concludes that adopting multilevel approaches, increasing the focus on social contextual factors, and building infrastructures for sustaining and disseminating effective interventions can lead to an expansion on the contributions to date in the next generation of social and behavioral science research.

  - an overview of what is known about aging individuals and populations,
  - brief accounts of four quite varied psychosocial interventions that range from emphasis on health promotion and disease prevention through physical activity for well elderly persons through rehabilitation regimes for persons with diagnosed disease to enhancement of autonomy among institutionalized elderly,
  - and illustrates how the convergence of theory and research on the social structuring of living and work environments, and on the reconceptualization of dependency in later life as a modifiable interpersonal strategy, suggest a distinctive psychosocial intervention for frail, nursing home-eligible older adults living in the community.

- Wallack, Lawrence in ‘The role of Mass Media in Creating Social Capital: A New Direction for Public Health’ (pp.337-365) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press examines media and public health marketing as a lever for public health intervention. According to Wallack, public health is, at its core, a political process to advance public health goals and objectives. Social and political participation is important, and it is necessary to develop media strategies that foster community participation rather than just inform personal behavior.

- Sampson, Robert J., Morenoff, Jeffrey D. in ‘Public Health and Safety in Context: Lessons from Community-Level Theory on Social Capital’ (pp.366-416) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press say that the goal of their paper is to make sense of current knowledge on health and public safety in local communities, by drawing on the concept of ‘social capital’ to unpack what it is about neighborhoods, above and beyond the status and attributes of the individuals who live there, that might lead to various health outcomes.

- Gostin, Lawrence O. in ‘Legal and Public Policy Interventions to Advance the Population’s Health’ (pp. 366-411) Smedley, Brian D., Syme, S. Leonard
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*editors*, (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press notes that in order to assure political and public acceptance of regulation in America’s future, interventions should be carefully and systematically evaluated, and the results should be made widely available to policy makers and the public.

- **Warner, Kenneth E.** in ‘The Need for, and Value of, a Multi-Level Approach to Disease Prevention: The case of Tobacco Control’ (pp.417-449) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press describes the nature and magnitude of the health consequences of tobacco consumption, pointing out that tobacco is one of the world’s most important health problems and represents the principal challenge to public health in our century. The case of tobacco control is used to illustrate the type of multifaceted intervention program.

- **Baum, Andrew** in ‘Behavioral and Psychosocial Intervention to Modify Pathophysiology and Disease Course’ (pp. 450-488) Smedley, Brian D., Syme, S. Leonard (editors), (2000), *Promoting Health: Intervention Strategies from Social and Behavioral Research*, Washington D.C., National Academy Press offers a multilevel and multidisciplinary approach. The author concludes that research suggests that behavioral and social phenomena contribute to health and illness and that interventions designed to modify these factors can improve overall health and well-being. He also draws some other important conclusions:
  - behavioral and social influences on disease and disease course are pervasive,
  - these above mentioned influences represent modifiable variance that can be altered to reduce overall morbidity and mortality,
  - the interventions directed at these relationships between behavior and disease can sharply reduce health care costs and improve quality of life and well-being


Edward B. Holmes (2005) in the chapter 20 ‘The Social Security Administration Disability System’ in James B. Talmage, J. Mark Melhorn, (ed.) A Physician's Guide To Return To Work, United States of America, AMA Press pp. 327 state that in US “…There are several different types of disability programs that compensate individuals for the loss of function caused by physical or mental impairments. These include workers’ compensation, the Social Security Administration (SSA) disability system, state and local government disability programs, and private disability insurance policies.’

Also at page 330 the system in discussion (the SSA disability system) is described in brief: “Each state has a contractual arrangement with the federal government to administer the SSA disability program for its residents. All states use the same rules, regulations and forms, with a few circuit court-mandated differences between the regions.”

- pp. 16 brief description of the German Health Care system;
- pp. 17 brief description of the Italian Health Care system;
- pp. 25 brief description of the International Health Care Finance

- pp. 333 Overview of the system;
- pp. 334 mentions outpatient – inpatient care;
- pp. 335 mentions occupational health in one phrase as being part of the Health Care System;
- pp. 335 describes the system;
- pp. 336 gives the categories of expenditures;
- pp. 344 gives the financing mechanism;
- pp. 348 speaks about health status;
- pp. 348 describes the strengths and the weaknesses of the system;
- pp. 352 speaks about the current issues;
- pp. 352 cost containment;
- pp. 353 physician supply;
- pp. 354 aging population;
- pp. 354 integration of the East German System;
- pp. 356 conclusions

- pp. 359 Introduction to Italy and basic demographics;
- pp. 361 the government;
- pp. 362 regionalization;
- pp. 365 bureaucratic complexity and rigidity;
- pp. 366 political involvement in public administration;
- pp. 367 corruption;
- pp. 368 the national health care system;
- pp. 369 problems with the 1978 reform;
- pp. 369 financing the SSN;
- pp. 370 health care spending;
- pp. 373 Quality, Efficiency and Consumer Satisfaction;
- pp. 375 The North-South Division;
- pp. 377 The 1992 reform of the SSN;
- pp. 377 Regionalization;
- pp. 378 the transformation of the public health structure into a firm;
- pp. 379 financing reform;
- pp. 381 Local Health Units.
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- pp. 382 Hospitals and DRG’s (diagnostic-related groups)
- pp. 385 Organizational structure of the health care system
- pp. 387 Current Financial trends

- pp. 543 difficulties in international comparison
- pp. 546 health care financing with 8 models of financing
- pp. 550 trends in public/private funding
- pp. 551 sources of funding
- pp. 555 trends in health care expenditure
- pp. 559 mechanisms for health care reimbursement
- pp. 560 the German and Italian HC system are mentioned
- pp. 561 “Italy allocated fixed and capitated budgets to the regional health authorities”
- pp. 562 physicians
- pp. 566 Health Care performance: Satisfaction and Reforms

The book deals with Health Care in US. Has the following chapters:

I. Health Policy and Institutions
   1. Congress
   2. The Presidency
   3. Interest Groups
   4. Bureaucracy
   5. States and Health Care Reform

II. Health and the Policy Process
   6. The Policy Process
   7. Problem to Policy: Politics of the Medicare Prescription Drug Law


- pp. 15 “A look back”
- pp. 22 “Congressional Structure”
- pp. 26 “Leadership”
- pp. 29 “Committees”
- pp. 32 “Theories of Committees”
  - “Gains for Trade”
  - “Information and Expertise”
  - “Partizanship”
  - “Balancing Committee Interests”
- pp. 37 “Writing the Rules”
- pp. 39 “Subcommittees”
- pp. 40 “Conference Committees”
- pp. 43 “Budgeting, Washington Style”
- pp. 44 “Entitlements”
- pp. 45 “Federal Spending” Figure
- pp. 46 “The Congressional Budget Process”
- pp. 49 “The Reconciliation Process”
- pp. 50 “Legislative Parties”
- pp. 52 “Increased Party Loyalty”
- pp. 55 “Funding Legislative Loyalty”
- pp. 56 “Legislative Behavior”
- pp. 61 “Revealed Preferences and Intensities”
- pp. 65 “Institutional Constraints and Gridlock”
- pp. 66 “The Congressional Enterprise”
- pp. 76 “Public Opinion”
- pp. 77 “Congress and the Courts”


- pp. 126 “A Look Back”
- pp. 133 “How and why interests organize”

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- pp. 140 “Nonoccupational Interest Groups”
- pp. 142 “Interest-Group Coalitions”
- pp. 145 “Niche Theory”
- pp. 147 “From Iron Triangles to Issue Networks”
- pp. 149 “How Interest Groups Influence Decision Making”
- pp. 149 “Information”
- pp. 151 “Gaining Access”
- pp. 151 “Framing Issues”
- pp. 153 “Media, Message and Polling”
- pp. 154 “The Party-Interest Group Connection”
- pp. 156 “Direct Lobbying”
- pp. 159 “The Electoral Link”
- pp. 160 “Lobbying the Executive Branch”
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- pp. 183 “A look back”
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- pp. 222 “The Health Bureaucracy”

- pp. 231 “A look back”
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- pp. 305 “Defining Public Policy”
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