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Population Health and Optimization of the Military Health System Beverly A. Pritchett.2001 The military health system (MHS) is evolving at a rapid pace as a result of a variety of extraordinary pressures that are influencing the delivery of health care today. These pressures include the shortfall in health care funding in the Program Objective Memorandum (POM) for fiscal years 2002 through 2007. In addition, the Floyd D. Spence National Defense Authorization Act for fiscal year 2001 authorized an unprecedented expansion of benefits that exacerbates the funding shortfall. Lastly, the leaders of the MHS are fully aware that they have a requirement to remain accountable to Department of Defense, the line leadership and its beneficiaries. In order to be able to respond to pressures such as these, the Military Health System Optimization Team was created by the Assistant Secretary of Defense (Health Affairs). The team's mission is to develop a health services delivery system within an executable funding program. The team's focus is to reengineer the military health system from one that provides interventional care once a disease process has begun, to one that focuses on health promotion and disease prevention. The end result is improved health of the MHS population. The effort to improve population health will help to reduce demand on the system, thereby opening opportunities to recapture workload that had been shifted to contractors. The shift from purchased health care to health care provided within military treatment facilities will reduce the overall cost of operating the MHS. As the concept of improving population health through the monitoring of health status becomes the focus of the military health care system, the importance of integrating and analyzing data on health status becomes critical. The rationale is that information systems that provide status on the health of the population allow for the MHS to move from interventional health care to prevention services. Individuals at high risk for adverse health outcomes can be identified.

Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations for 1990 United States. Congress. House. Committee on Appropriations. Subcommittee on VA, HUD, and Independent Agencies.1989

The Medical Officer .1915

A Warrior's Gateway H. England.2002 This publication is a history of Durban during the time of the Anglo-Boer War (1899-1902). What difference did the war make to Durban? What impact did it have on the political, military, social and economic life of the town?

Military Medical Care Jansen.2014-10-31 The primary objective of the military health system, which includes the Defense Department's hospitals, clinics, and medical personnel, is to maintain the health of military personnel so they can carry out their military missions and to be prepared to deliver health care during wartime. The military health system also covers dependents of active duty personnel, military retirees, and their dependents, including some members of the reserve components.

USAF Formal Schools United States. Dept. of the Air Force.1987

Juta's Statutes of South Africa South Africa.2003

Annual Report South Africa. Department of Defence.2016

Congressional Record United States. Congress.1999 The Congressional Record is the official record of the proceedings and debates of the United States Congress. It is published daily when Congress is in session. The Congressional Record began publication in 1873. Debates for sessions prior to 1873 are recorded in The Debates and Proceedings in the Congress of the United States (1789-1824), the Register of Debates in Congress (1824-1837), and the Congressional Globe (1833-1873)

Military Health Care Army Needs to Improve Oversight of Warrior Transition Units United States Government Accountability Office.2016-10-26 The Army has not assessed the effectiveness of the Triad of Care model, the core structure of the Warrior Transition Unit (WTU) program, consisting of a team of three key staff that provide medical case management. The Army established the Triad of Care model at a time when WTU soldiers' diagnoses were primarily for physical conditions. Since then, the composition of diagnoses has changed significantly. Specifically, in 2008, about 36 percent of the 12,228 soldiers who entered the WTUs had a behavioral health diagnosis. In 2015, however, over half of the 2,628 soldiers who entered the WTUs, about 52 percent, had such a diagnosis. Despite the change in the composition of diagnoses, the Army has not assessed its approach for managing soldiers' care. Officials from the five WTUs that GAO visited stated that they have added social workers to the Triad as an ad-hoc measure to provide better case management and certain types of behavioral health services. These local adaptations represent efforts to meet an immediate medical need and support the need for analysis of whether the Triad model should change. Assessing the Triad in light of the changes in WTU soldiers' diagnoses would position the Army to better determine how to meet WTU soldiers' medical needs. The Army faces challenges in its oversight of the selection of squad leaders and platoon sergeants to staff WTUs, in the evaluation of staff training, and in the ability to adjust future staff levels if needed. Specifically, the Army has established selection processes and updated its selection criteria for these WTU personnel, but it is not exercising oversight responsibility to track full adherence to these policies, specifically the Army's requirement to interview candidates for these positions. Candidates for these positions are drawn from a mix of Army occupations, and the selection process, including interviews, is intended to ensure the suitability of the staff selected for these sensitive positions. While the Army has taken steps to improve its training program for squad leaders and platoon sergeants, the program does not incorporate a post-training assessment of the application of training to the work environment. Without information that could be obtained from such assessments, the Army may miss an opportunity to incorporate information concerning the practical application of training. In addition, the Army has not developed plans for how it would increase WTU staff levels, if needed, to support any potential future increase in demand. The ability to reverse the decision to inactivate 11 WTUs by August 2016 was a key planning consideration for the Army. However, without a plan to address staff level changes, the Army lacks assurance that it can select, train, and assign staff to its WTUs in a timely manner. While the Army has implemented a process for reviewing the eligibility of soldiers to be admitted to WTUs, it does not track instances in which Commanders have made exceptions to these criteria. By not tracking this information, the Army does not know how frequently such exceptions are made and cannot ensure the best use of resources. In addition, the Army is planning to expand a WTU-alternative program to the Army Reserve, but has not examined the costs and benefits of such an expansion. Without comparing the costs and benefits of program expansion with the current system, the Army could incur significant costs without clearly articulated benefits.

Library of Congress Subject Headings Library of Congress. Subject Cataloging Division.1980

Parliaments' Contributions to Security Sector Governance/Reform and the Sustainable Development Goals Wilhelm Janse van Rensburg,Nicolette van Zyl-Gous,Lindy Heinecken.2022-02-24 The United Nation's Sustainable Development Goal (SDG) 16 calls for the establishment of peaceful, just and inclusive societies. The security sector has the potential to contribute to SDG16 through the fulfilment of its traditional and non-traditional security tasks. However, the security sector can also detract from SDG16 when it acts outside the confines of the law. Good governance of the sector is therefore a prerequisite to achieving SDG16, and parliaments can make an important contribution to accountability and good governance. Parliaments contribute to both transparency and accountability of the sector through their various functions and act as a counterweight to executive dominance, including in the executive's use of security forces. Yet, in times of crisis, states run a risk of executive dominance and executives are often quick to resort to the use of the security

sector to address an array of challenges. This risk also emerged during the global Covid-19 pandemic where states used the security sector, notably the military and police, in various ways to respond to the pandemic. This study reviewed the utilisation of the security sector in South Africa, the Philippines and the UK during the first year of the Covid-19 outbreak, resulting in varied outcomes ranging from positive humanitarian contributions to misconduct and brutality that led to the death of citizens. The initial lockdowns in these countries constrained parliamentary activity, resulting in a lack of adequate parliamentary oversight of security sector utilisation when it was most needed. Parliaments did recover oversight of the sector to varied degrees, but often with limited depth of inquiry into the Covid-19 deployments. To prevent the security sector from detracting from SDG16, the study identified a need for a rapid parliamentary reaction capability to security sector utilisation, especially in cases of extraordinary deployments coupled with an elevated risk of executive dominance.

Budgeting for the Military Sector in Africa Wuyi Omitoogun, Eboe Hutchful. 2006 In this comprehensive study, 15 African experts describe and analyse the military budgetary processes and degree of parliamentary oversight and control in nine countries of Africa, spanning across all the continent's sub-regions. Each case study addresses a wide range of questions, such as the roles of the ministries of finance, budget offices, audit departments and external actors in the military budgetary processes, the extent of compliance with standard public expenditure management procedures, and how well official military expenditure figures reflect the true economic resources devoted to military activities in these countries.

All About South Africa .2013-07-22 All About South Africa is a comprehensive reference book for all South African children with enquiring minds and a lively interest in the world around them. Packed with colourful photographs and illustrations, the simple and thematically presented text is both easy to read and to understand. This fascinating introduction to our country looks at life in southern Africa long, long ago, and explores the culture of our land and the people who helped shape our unique South African community. It provides an intriguing insight into the ever-changing world of science and technology and our sometimes puzzling economy. This valuable reference work also introduces young readers to our equally important natural heritage: the coasts, mountains and climate of the land, and the country's rich variety of wildlife. Now in its 7th print edition and fully updated, this well-researched and visually stimulating volume offers all this information and much, much more. Complemented by lists of recommended place to see, All About South Africa is an essential addition to the bookshelf of every South African child.

Defense Health Care United States. General Accounting Office. 1990

British Medical Journal .1901

Privacy Act Issuances ... Compilation United States. Office of the Federal Register. 1981 Contains systems of records maintained on individuals by Federal agencies which were published in the Federal Register and rules of each agency concerning the procedures the agency will use in helping individuals who request information about their records.

Privacy Act Issuances United States. Office of the Federal Register.

Instructions for Submitting an Application for Appointment in the Commissioned Officer Student Training and Extern Program (COSTEP) of the United States Public Health Service .1990

Challenges in Military Health Care Jay Stanley, John D. Blair. This is the first compendium on sociological research on health and the armed forces. The core reality is that both health care and the military reflect social systems in transition. In essence, Challenges in Military Health Care is about the intersection of two institutions in flux.

TRICARE Guillermo Nerio, Richard B. O'Connor (II.), Naval Postgraduate School (U.S.). 1993 This thesis is a qualitative analysis of the managed care approach to delivering health care in the Tidewater area of Virginia. The thesis begins with the development of civilian health care as well as the history of Navy and military medicine. This is followed by the development of managed care within the Department of Defense. A sociotechnical systems approach is then used to analyze the central function of accessing health care through the TRICARE service Center in the Tidewater area. The analysis disclosed some key deviations from providing the patient quick, dependable access into the military health care system. To control these variances, the establishment of horizontal coordination and communication linkages are recommended.

Association Medical Journal .1903

Faith and Mental Health Harold G Koenig. 2009-08-15 Dr. Harold Koenig is the brand in the growing field of spirituality and health. His groundbreaking research has been featured on national and international television and radio shows, on the covers of magazines, and in the headlines of newspapers. Now he opens a window on mental health, providing an unprecedented source of practical information about the relationship between religion mental health. Dr. Koenig examines how Christianity and other world religions deliver mental health services today, and he makes recommendations, based on research, expertise, and experience, for new programs to meet local needs. Meticulously researched and documented, Faith and Mental Health includes: Research on the relationship between religion and positive emotions, psychiatric illnesses, and severe and persistent mental disorders Ways in which religion has influenced mental health historically, and how now and in the future it can be involved with mental health A comprehensive description and categorization of Christian and non-Christian faith-based organizations that provide mental health resources Resources for religious professionals and faith communities on how to design effective programs Presenting a combination of the history and current research of mental health and religion along with a thorough examination of faith-based organizations operating in the field, this book is a one-of-a-kind resource for the health care community; its valuable research and insights will benefit medical and religious professionals, and anyone concerned with the future of mental health care.

Military Health Care Delivery Including CHAMPUS and Inquiry of U.S. Naval Hospital, Oak Knoll, Calif., with Appendix United States. Congress. House. Committee on Armed Services. Subcommittee on Military Personnel. 1981

Annual Department of Defense Bibliography of Logistics Studies and Related Documents United States. Defense Logistics Studies Information Exchange. 1974

Library of Congress Subject Headings Library of Congress, Library of Congress. Subject Cataloging Division. 1980

TRICARE Guillermo Nerio. 1993

Military Social Work Around the Globe Mary Ann Forgey, Karen Green-Hurdle. 2022-11-14 This is the first book to focus on the scope of social work practice within military settings from an international perspective, and therefore addresses what has been a significant gap in the literature. Given the critical support needs of military personnel and their families worldwide, and the expanding role of social work in responding to these needs, this book offers a comprehensive global understanding of the common military social work (MilSW) practices with active duty military service members and their families, as well as the forms of practice and approaches that are unique, or potentially transferable across nations. Based on a systematic inquiry conducted by the Editors, there are at least 25 countries that have social workers working directly within their country's military in either a civilian or uniformed capacity, or both. This book includes contributions from experts in Australia, Canada, Denmark, Finland, Ireland, Israel, the Netherlands, New Zealand, South Africa, the UK, and the USA, who describe various aspects of the MilSW role within their country and the research that informs what military social workers do. The MilSW similarities and differences among these countries are highlighted, including developmental milestones, practice settings, practice orientation and approach, ethical dilemmas, military to veteran transition support, and past and current challenges. Experts from countries that do not yet have MilSW but are interested in developing it (Japan, Ukraine) or are in the process of establishing this area of practice (Slovakia), also contribute chapters about these developments and the evidence base that supports this direction. Military Social Work Around the Globe is a valuable resource for social work programs and essential reading for instructors and students in MilSW electives and

specializations. It is also pertinent reading for occupational social work and international social work courses. In addition, this book is an important source of information for military social workers who would like to gain insights into existing programs and the possibilities for international collaboration, and for countries interested in developing MilSW.

USAF Formal Schools United States. Department of the Air Force.1987

Improving the Deployment of Army Health Care Professionals Melony E. Sorbero.2013 The Army Medical Department uses the Professional Filler System (PROFIS) to manage the deployment of health care professionals and their assignment to military treatment facilities when not deployed. This report describes the functionality of PROFIS in the current operating environment of ongoing deployments and assesses potential modifications and improvements to the system.

Military Health Care United States. General Accounting Office. Health, Education, and Human Services Division.2000

The South African Medical Record .1922

IRS Procedural Forms and Analysis .2005

Information Guidance Series United States. Office of Information for the Armed Forces.1974

Federal Register .1979-09

Military Medical Care Bryce H. P. Mendez.2018-12-04 Military medical care is a congressionally authorized entitlement that has expanded in size and scope since the late 19th century. Chapter 55 of Title 10 U.S. Code, entitles certain health benefits to military personnel, retirees, and their families. These health benefits are administered by a Military Health System (MHS). The primary objectives of the MHS, which includes the Defense Department's hospitals, clinics, and medical personnel, are (1) to maintain the health of military personnel so they can carry out their military missions and (2) to be prepared to deliver health care during wartime. Health care services are delivered through either Department of Defense (DOD) medical facilities, known as military treatment facilities (MTFs) as space is available, or through civilian health care providers. As of 2017, the MHS operates 681 MTFs, employs nearly 63,000 civilians and 84,000 military personnel, and serves 9.4 million beneficiaries across the United States and in overseas locations. Since 1966, civilian care for millions of retirees, as well as dependents of active duty military personnel and retirees, has been provided through a program still known in law as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), more commonly known as TRICARE. TRICARE has three main benefit plans: a health maintenance organization option (TRICARE Prime), a preferred provider option (TRICARE Select), and a Medicare supplement option (TRICARE for Life) for Medicare-eligible retirees. Other TRICARE plans include TRICARE Young Adult, TRICARE Reserve Select, and TRICARE Retired Reserve. TRICARE also includes a pharmacy program and optional dental and vision plans. Options available to beneficiaries vary by the sponsor's duty status and geographic location. This report answers selected frequently asked questions about military health care, including How is the Military Health System structured? What is TRICARE? What are the different TRICARE plans and who is eligible? What are the costs of military health care to beneficiaries? What is the relationship of TRICARE to Medicare? How does the Affordable Care Act affect TRICARE? When can beneficiaries change their TRICARE plan? What is the Medicare Eligible Retiree Health Care fund, which funds TRICARE for Life? This report does not address issues specific to battlefield medicine, veterans, or the Veterans Health Administration.

Population Health and Optimization of the Military Health System Beverly A. Pritchett,Army War College (U.S.).2001 The military health system (MHS) is evolving at a rapid pace as a result of a variety of extraordinary pressures that are influencing the delivery of health care today. These pressures include the shortfall in health care funding in the Program Objective Memorandum (POM) for fiscal years 2002 through 2007. In addition, the Floyd D. Spence National Defense Authorization Act for fiscal year 2001 authorized an unprecedented expansion of benefits that exacerbates the funding shortfall. Lastly, the leaders of the MHS are fully aware that they have a requirement to remain accountable to Department of Defense, the line leadership and its beneficiaries. In order to be able to respond to pressures such as these, the Military Health System Optimization Team was created by the Assistant Secretary of Defense (Health Affairs). The team's mission is to develop a health services delivery system within an executable funding program. The team's focus is to reengineer the military health system from one that provides interventional care once a disease process has begun, to one that focuses on health promotion and disease prevention. The end result is improved health of the MHS population. The effort to improve population health will help to reduce demand on the system, thereby opening opportunities to recapture workload that had been shifted to contractors. The shift from purchased health care to health care provided within military treatment facilities will reduce the overall cost of operating the MHS. As the concept of improving population health through the monitoring of health status becomes the focus of the military health care system, the importance of integrating and analyzing data on health status becomes critical. The rationale is that information systems that provide status on the health of the population allow for the MHS to move from interventional health care to prevention services. Individuals at high risk for adverse health outcomes can be identified.

Sustaining Air Power Trevor Stone.2017-11-07 Draws on 25 years of original and exhaustive researchRichly illustrated with many previously unpublished photographsContent and style will appeal to a wide readership The Royal Air Force is the world's oldest independent air arm, yet little has been written about its logistics. This ground-breaking book, which draws on 25 years of original archival research, opens the hangar door on this highly important discipline that has been at the forefront of supporting British air power since 1918. Written by a former senior RAF logistics officer and supplemented by material from veterans and currently serving military personnel, *Sustaining Air Power: Royal Air Force Logistics since 1918* explores the fascinating development of RAF logistics. This journey, just short of a century, explores the inter-war years, Second World War, Cold War and the major campaigns the service has been involved in since the fall of the Berlin Wall in 1990. The main narrative ends in 2014 with the RAF's withdrawal from Afghanistan. Dedicated chapters consider the more specialist aspects of logistics such as tactical and expeditionary logistics, fuels and explosives, transport, training, information technology and how the RAF has managed its extensive supply chain. Richly illustrated, its content and style will appeal to a wide readership.

Armed Forces Reserve Medical Officer Commissioning and Residency Consideration Program .1958

Military Psychology for Africa Gideon AJ van Dyk.2016-03-17 Military Psychology for Africa is the first textbook of its kind from Africa. Selected authors with competent military psychology knowledge, skills, expertise and experience each contributed a chapter to this unique book. The book empowers academics, students and military fellows to apply this knowledge at academic institutions and military units, during operations, and in presenting short courses. The book will also equip soldiers with new knowledge for advancing peace on the continent and abroad.

Unveiling the Power of Verbal Art: An Mental Sojourn through **Sa Military Health Services Application Form**

In some sort of inundated with displays and the cacophony of instantaneous interaction, the profound energy and emotional resonance of verbal artistry usually diminish into obscurity, eclipsed by the constant onslaught of sound and distractions. Yet, located within the musical pages of **Sa Military Health Services Application Form**, a charming work of literary splendor that pulses with organic emotions, lies an wonderful trip waiting to be embarked upon. Composed by way of a virtuoso wordsmith, this enchanting opus books visitors on a mental odyssey, delicately revealing the latent potential and profound impact embedded within the

intricate web of language. Within the heart-wrenching expanse with this evocative analysis, we will embark upon an introspective exploration of the book's key subjects, dissect their interesting writing model, and immerse ourselves in the indelible effect it leaves upon the depths of readers' souls.

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