

Falling Through The Safety Net Insurance Status And Access To Health Care By

Embodying Inequality Nancy Krieger 2016-12-05 To advance the epidemiological analysis of social inequalities in health, and of the ways in which population distributions of disease, disability, and death reflect embodied expressions of social inequality, this volume draws on articles published in the "International Journal of Health Services" between 1990 and 2000. Framed by ecosocial theory, it employs ecosocial constructs of "embodiment"; "pathways of embodiment"; "cumulative interplay of exposure, susceptibility, and resistance across the lifecourse"; and "accountability and agency" to address the question; and who and what drives current and changing patterns of social inequalities in health.

Stations of the Cross Paul

Apostolidis 2000-06-02

DIVAnalysis of the nationally broadcast radio program "Focus on the Family" that argues that the Christian right's popularity stems from its resistance to the increasing influence of market forces in the welfare state, the electoral system, and the/div

Encyclopedia of Health

Services Research Ross M.

Mullner 2009-05-15 Today, as never before, healthcare has the ability to enhance the quality and duration of life. At the same time, healthcare has become so costly that it can easily bankrupt governments and impoverish individuals and families. Health services research is a highly multidisciplinary field, including such areas as health administration, health economics, medical sociology, medicine, , political science,

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Health Care By

public health, and public policy. The Encyclopedia of Health Services Research is the first single reference source to capture the diversity and complexity of the field. With more than 400 entries, these two volumes investigate the relationship between the factors of cost, quality, and access to healthcare and their impact upon medical outcomes such as death, disability, disease, discomfort, and dissatisfaction with care. Key Features Examines the growing healthcare crisis facing the United States Encompasses the structure, process, and outcomes of healthcare Aims to improve the equity, efficiency, effectiveness, and safety of healthcare by influencing and developing public policies Describes healthcare systems and issues from around the globe Key Themes Access to Care Accreditation, Associations, Foundations, and Research Organizations Biographies of Current and Past Leaders Cost of Care, Economics, Finance, and

Payment Mechanisms Disease, Disability, Health, and Health Behavior Government and International Healthcare Organizations Health Insurance Health Professionals and Healthcare Organizations Health Services Research Laws, Regulations, and Ethics Measurement; Data Sources and Coding; and Research Methods Outcomes of Care Policy Issues, Healthcare Reform, and International Comparisons Public Health Quality and Safety of Care Special and Vulnerable Groups The Encyclopedia is designed to be an introduction to the various topics of health services research for an audience including undergraduate students, graduate students, and general readers seeking non-technical descriptions of the field and its practices. It is also useful for healthcare practitioners wishing to stay abreast of the changes and updates in the field.

Changing the U.S. Health Care System Ronald M.

Andersen 2002-02-28 Explore

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in-depth the possibilities for public health and policy reform. The second edition of *Changing the U.S. Health Care System* is a thoroughly revised and updated compendium of the most current thought on three key components of health care policy—improving access, controlling costs, and ensuring quality. Written by a stellar panel of experts in the field of health care policy, this second edition highlights the most recent research relevant to health policy issues. This valuable resource also includes analyses of current health care policy challenges and presents a wide-range of viable solutions. In addition, the book contains an overview of the opportunities in the growing fields of public health and health policy.

Trends in Health Insurance and Access to Medical Care for Children Under Age 19 Years, United States, 1998-2003

Robin A. Cohen 2005

Introduction to Health Services

Stephen Joseph Williams 2002

"Introduction to Health

Services, Sixth Edition builds

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upon its reputation as a classic book written by nationally recognized authors. This new edition addresses the significant changes and advances in biomedical research, government policy, information technology, and health care cost containment"—Back cover.

A Shared Destiny Institute of Medicine 2003-03-05 *A Shared Destiny* is the fourth in a series of six reports on the problems of uninsurance in the United States. This report examines how the quality, quantity, and scope of community health services can be adversely affected by having a large or growing uninsured population. It explores the overlapping financial and organizational basis of health services delivery to uninsured and insured populations, the effects of community uninsurance on access to health care locally, and the potential spillover effects on a community's economy and the health of its citizens. The committee believes it is both mistaken and dangerous to assume that the

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persistence of a sizable uninsured population in the United States harms only those who are uninsured.

Falling Through the Safety Net

Joel S. Weissman 1994

Insurance coverage--its availability, cost, and impact on the medical care that Americans receive--is at the center of the national debate on health care reform. In *Falling through the Safety Net* Joel Weissman and Arnold Epstein, the latter domestic policy advisor for health care to the Clinton administration, offer a timely look at how insurance status affects a person's health and use of health services--and explain why the current system is in desperate need of reform.

America's Health Care Safety Net Institute of Medicine 2000-09-04 *America's Health Care Safety Net* explains how competition and cost issues in today's health care marketplace are posing major challenges to continued access to care for America's poor and uninsured. At a time when policymakers and

providers are urgently seeking guidance, the committee recommends concrete strategies for maintaining the viability of the safety net--with innovative approaches to building public attention, developing better tools for tracking the problem, and designing effective interventions. This book examines the health care safety net from the perspectives of key providers and the populations they serve, including: Components of the safety net--public hospitals, community clinics, local health departments, and federal and state programs. Mounting pressures on the system--rising numbers of uninsured patients, decline in Medicaid eligibility due to welfare reform, increasing health care access barriers for minority and immigrant populations, and more. Specific consequences for providers and their patients from the competitive, managed care environment--detailing the evolution and impact of Medicaid managed care. Key

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issues highlighted in four populations—children with special needs, people with serious mental illness, people with HIV/AIDS, and the homeless.

Benchmarks of Fairness for Health Care Reform Norman Daniels 1996 The American health system has been critiqued widely in recent years for its many flaws. A common complaint has been that our system is unfair, a concern that comes from providers as well as consumers and from both public and private sectors. This book aims to develop a framework for measuring various health reform proposals and current trends in relation to underlying social values in the U.S. In so doing, it seeks to expose social values that are at stake in current and future changes. At the heart of this book is the question: If the current situation is perceived to be unfair, will the future improve or worsen our situation? Targeted primarily for policy makers in government and throughout the health sector, this book will

also stimulate graduate students in the health and social sciences. A wide audience will find the book of interest in providing a different perspective as to how current trends and specific legislative and policy proposals stack up against the authors' ten benchmarks of fairness. The book makes very limited use of illustrations, although tables provide understandable summaries of the concepts and their application in scoring proposals and trends. References are ample and pertinent. This is a stimulating and provocative work that shifts our focus to the collective social values at stake in an evolving health system. The book argues that our current system is unfair both in comparison to our values and the approaches taken throughout the rest of the industrialized world. Its sobering message is that the gap between what we value and what we have will likely increase until we recognize what is at stake.

Protecting American Health

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Care Consumers Eleanor

DeArman Kinney 2002-05-08
Despite the attention to the problem of protecting the health care interests of Americans, there is little consensus on what should be done politically or otherwise to address this problem. In *Protecting American Health Care Consumers* Eleanor DeArman Kinney, a nationally regarded expert on health policy and law, tackles the serious and ongoing debate among state and federal policymakers, health care providers, third-party payers, and consumers about how to provide procedural justice to patients in the present health care climate. To promote and ensure consumer protection in an increasingly adversarial and complicated health-care culture, Kinney first analyzes the procedures by which consumer concerns are presently discerned and resolved and then explains why these systems are unsatisfactory. She also discusses problematic procedures for making

coverage policy and quality

standards and proposes reforms in a variety of processes that would enable all consumers, including the uninsured, to influence key policies and standards and also to raise concerns and obtain appropriate remedies. As the first comprehensive treatment of administrative procedures in American health plans and other such institutions, *Protecting American Health Care Consumers* will be welcomed by state and federal policymakers, managed care executives, and lawyers charged with designing and implementing protections for consumers in public and private health plans.

Vital and Health Statistics

1963

Coverage Matters Institute of Medicine 2001-10-27 Roughly 40 million Americans have no health insurance, private or public, and the number has grown steadily over the past 25 years. Who are these children, women, and men, and why do they lack coverage for essential health care services? How does

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the system of insurance coverage in the U.S. operate, and where does it fail? The first of six Institute of Medicine reports that will examine in detail the consequences of having a large uninsured population, *Coverage Matters: Insurance and Health Care*, explores the myths and realities of who is uninsured, identifies social, economic, and policy factors that contribute to the situation, and describes the likelihood faced by members of various population groups of being uninsured. It serves as a guide to a broad range of issues related to the lack of insurance coverage in America and provides background data of use to policy makers and health services researchers.

Mama Might Be Better Off Dead Laurie Kaye Abraham
2019-05-10 "A provocative examination of our health care delivery for the poor. . . . Such an honest and candid account is essential." —Alex Kotlowitz, national bestselling author of *There Are No Children Here*
Mama Might Be Better Off Dead immerses readers in the

lives of four generations of a poor, African-American family from North Lawndale, Chicago, who are beset with the devastating illnesses that are all too common in America's inner-cities. Headed by Jackie Banes, who oversees the care of a diabetic grandmother, a husband on kidney dialysis, an ailing father, and three children, the Banes family contends with countless medical crises. From visits to emergency rooms and dialysis units, to trials with home care, to struggles for Medicaid eligibility, Laurie Kaye Abraham chronicles their access—or lack thereof—to medical care. Their story reveals an inadequate health care system that is further undermined by the effects of poverty. *Mama Might Be Better Off Dead* is an unsettling, profound look at the human face of health care in America. This new edition includes an incisive foreword by David Ansell, a physician who worked at Mt. Sinai Hospital, where much of the Banes family's narrative unfolds. "Goes to the

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heart of today's problem.

Powerful . . . deeply searching." —Washington Post

"A powerful indictment of the big business of medicine."

—Los Angeles Times "Abraham . . . illuminates the problems with passion and skill."

—Kirkus Reviews "This personally observed, lucid chronicle and call for reform of our ailing health system covers all levels of responsibility in the medical establishment."

—Publishers Weekly "Clearly identifies in human and policy terms how [healthcare] programs have failed a population desperately in need of help." —Library Journal

The Health Care Safety Net in a Post-Reform World Sara

Rosenbaum 2012-08-03 *The Health Care Safety Net in a Post-Reform World* examines how national health care reform will impact safety net programs that serve low-income and uninsured patients. The "safety net" refers to the collection of hospitals, clinics, and doctors who treat disadvantaged people, including those without

insurance, regardless of their ability to pay. Despite comprehensive national health care reform, over twenty million people will remain uninsured. And many of those who obtain insurance from reform will continue to face shortages of providers in their communities willing or able to serve them. As the demand for care grows with expanded insurance, so will the pressure on an overstretched safety net. This book, with contributions from leading health care scholars, is the first comprehensive assessment of the safety net in over a decade. Rather than view health insurance and the health care safety net as alternatives to each other, it examines their potential to be complementary aspects of a broader effort to achieve equity and quality in health care access. It also considers whether the safety net can be improved and strengthened to a level that can provide truly universal access, both through expanded insurance and the creation of a well-integrated and reasonably

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supported network of direct health care access for the uninsured. Seeing safety net institutions as key components of post-health care reform in the United States—as opposed to stop-gap measures or as part of the problem—is a bold idea. And as presented in this volume, it is an idea whose time has come.

State and Local Policy Initiatives to Reduce Health Disparities Institute of Medicine 2011-10-12 Although efforts to reduce health disparities receive attention at the national level, information on the successes of state and local efforts are often not heard. On May 11, 2009, the Institute of Medicine held a public workshop to discuss the role of state and local policy initiatives to reduce health disparities. The workshop brought together stakeholders to learn more about what works in reducing health disparities and ways to focus on localized efforts when working to reduce health disparities.

Health Care Systems:

~~*Rethinking health care systems*~~

Jonathan Watson 2005 This collection covers the organization, financing and regulation of health care systems in four clear contexts: reforming health care systems, understanding health care politics, financing and delivering health care, rethinking health care systems. *Falling Through the Safety Net* John P. Geyman 2005 Stories of working people and their children--stuck in a sick system.

Rewarding Provider Performance Institute of Medicine 2007-02-17 The third installment in the Pathways to Quality Health Care series, *Rewarding Provider Performance: Aligning Incentives in Medicare*, continues to address the timely topic of the quality of health care in America. Each volume in the series effectively evaluates specific policy approaches within the context of improving the current operational framework of the health care system. The theme of this particular book is the

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staged introduction of pay for performance into Medicare. Pay for performance is a strategy that financially rewards health care providers for delivering high-quality care. Building on the findings and recommendations described in the two companion editions, *Performance Measurement and Medicare's Quality Improvement Organization Program*, this book offers options for implementing payment incentives to provide better value for America's health care investments. This book features conclusions and recommendations that will be useful to all stakeholders concerned with improving the quality and performance of the nation's health care system in both the public and private sectors.

Access to Health Care

Barbara Bloom 1997

[America's Health Care Safety Net](#) Institute of Medicine
2000-08-04 America's Health Care Safety Net explains how competition and cost issues in today's health care marketplace are posing major

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~~challenges to continued access~~
to care for America's poor and uninsured. At a time when policymakers and providers are urgently seeking guidance, the committee recommends concrete strategies for maintaining the viability of the safety net"with innovative approaches to building public attention, developing better tools for tracking the problem, and designing effective interventions. This book examines the health care safety net from the perspectives of key providers and the populations they serve, including: Components of the safety net"public hospitals, community clinics, local health departments, and federal and state programs. Mounting pressures on the system"rising numbers of uninsured patients, decline in Medicaid eligibility due to welfare reform, increasing health care access barriers for minority and immigrant populations, and more. Specific consequences for providers and their patients from the competitive, managed care

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environmental" detailing the evolution and impact of Medicaid managed care. Key issues highlighted in four populations" children with special needs, people with serious mental illness, people with HIV/AIDS, and the homeless.

Creativity, innovation, and entrepreneurship in healthcare and service systems Fu-Sheng Tsai 2023-03-30

Morbidity and Mortality Weekly Report 1998

Access to Health Care Robin A. Cohen 1997

American Capitalism and the Changing Role of Government Harry G. Shaffer 1999-07-30 The conventional wisdom has it that a balanced budget is the height of economic rationality, that social security should be privatized, and that most adult welfare recipients could and should get jobs. All our social and economic problems, we are told, are due to too much government; if we only left the American free enterprise system alone, the free market would heal all that ails our

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society and lead to lasting prosperity. Challenging these widespread stereotypes and myths, this book starts with the fundamental theory underlying capitalist ideology, showing that even in theory an unfettered free market cannot deal effectively with the many needs of a modern economy. Our society has many social goals to which the great majority subscribe—goals such as sustained full employment, universal health care, and quality education for all. The free market will not, the author argues, bring us quality education for every American child, affordable universal health care, Social Security for the elderly, assistance for the poor, or protection of the environment. Only an active, participant government can affect positive change in such areas of social concern. Care Without Coverage Institute of Medicine 2002-06-20 Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines

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the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital-based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million-one in seven-working-age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor

vehicle crash.

Quality and Safety in Radiotherapy Todd Pawlicki
2010-12-20 The first text to focus solely on quality and safety in radiotherapy, this work encompasses not only traditional, more technically oriented, quality assurance activities, but also general approaches of quality and safety. It includes contributions from experts both inside and outside the field to present a global view. The task of assuring quality is no longer viewed solely as a technical, equipment-dependent endeavor. Instead, it is now recognized as depending on both the processes and the people delivering the service. Divided into seven broad categories, the text covers: Quality Management and Improvement includes discussions about lean thinking, process control, and access to services. Patient Safety and Managing Error looks at reactive and prospective error management techniques. Methods to Assure and Improve Quality deals

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broadly with techniques to monitor, assure, and improve quality. People and Quality focuses on human factors, changing roles, staffing, and training. Quality Assurance in Radiotherapy addresses the general issues of quality assurance with descriptions of the key systems used to plan and treat patients and includes specific recommendations on the types and frequencies of certain tests. Quality Control: Equipment and Quality Control: Patient-Specific provides explicit details of quality control relating to equipment and patient-specific issues. Recently, a transformation of quality and safety in radiotherapy has begun to take place. Among the key drivers of this transformation have been new industrial and systems engineering approaches that have come to the forefront in recent years following revelations of system failures. This book provides an approach to quality that is long needed, one that deals with both human and technical

aspects that must be the part of any overall quality improvement program.

Health Care for the

Uninsured Bill Frist 2001-11

Eli Ginzberg Irving Horowitz

2017-12-04 The world of Eli

Ginzberg can readily be

thought of as a triptych-a

career in three parts. In his

early years, Ginzberg's work

was dedicated to

understanding the history of

economics, from Adam Smith

to C. Wesley Mitchell, and

placing that understanding in

what might well be considered

economic ethnography. His

studies took him on travels

from Wales in the United

Kingdom to California in the

United States. For example,

the poignant account of Welsh

miners in an era of economic

depression and technological

change remains a landmark

work. His report of a cross

country trip taken in the first

year of the New Deal provides

insight and evaluation that can

scarcely be captured in

present-day writings. The

second period of his career

corresponds to Ginzberg's

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increasing involvement in the practice of economics. He deals with issues related to manpower allocation, employment shifts, and gender and racial changes in the workforce. His writing reflects a growing concern for child welfare and education. In this period, his work increasingly focuses on federal, state and city governments, and how the public sector impacts all basic social issues. His work was sufficiently transcendent of political ideology that seven presidents sought and received his advice and participation. After receiving all due encomiums and congratulations for intellectual work and policy research well done, Ginzberg then went on to spend the next thirty years of his life carving out a place as a preeminent economist of health, welfare services, and hospital administration. It is this portion of his life that is the subject of *Eli Ginzberg: The Economist as a Public Intellectual*. What is apparent in Ginzberg's work of this period is his sense of the

growing interaction of all the social sciences-pure and applied-to develop a sense of the whole. The contributors to this festschrift, join together to provide a portrait of a figure whose life and work have spanned the twentieth century, and yet pointed the way to changes in the twenty-first century. Eli Ginzberg from the start possessed a strong sense of social justice and economic equality grounded in a Judaic-Christian tradition. All of these aspects come together in the writings of a person who transcends all parochialism and gives substantive content to the often-cloudy phrase, public intellectual. Irving Louis Horowitz is Hanna Arendt Distinguished Professor Emeritus at Rutgers, the State University of New Jersey, where he has taught for over thirty years. He also serves as Chairman of the Board at Transaction Publishers. His writings include *Radicalism and the Revolt Against Reason*; *Behemoth: Main Currents in the History and Theory of Political Sociology*; and *Taking*

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~~Lives: Genocide and State Power.~~

Access to Health Care Gloria Simpson 1997

Current Estimates from the National Health Interview Survey, United States 1996

Vaccines for Children United States. General Accounting Office 1995

Falling Through the Safety Net Jean Ross 1990

Health Care Financing Review 2000

The Relationship Between Insurance Coverage and Cancer Care: A Literature Synthesis Nicole Marlow 2009-04-30

This paper summarizes key literature on the relationship between health care insurance status and screening, diagnosis, and medical care patterns and outcomes for individuals with cancer. All studies included for this literature synthesis were identified using the National Library of Medicine's Medline database; only English language articles published in the past 10 years were considered. Based on article titles and abstracts, we

~~selected the most relevant~~

studies for full review and inclusion in this manuscript.

Although the summarized literature is mixed, individuals who are uninsured or have insurance coverage through programs for low-income persons (e.g., Medicaid coverage) are significantly less likely to use cancer screening services and significantly more likely to present with advanced stage cancer at diagnosis and to have significantly worse survival. The relationship between insurance status and cancer treatment patterns is less clear, as fewer studies have examined this relationship, but the available evidence suggests that uninsured patients are less likely to receive optimal cancer care. The research reviewed here suggests that the benefits of extending appropriate insurance coverage to uninsured and underinsured individuals could be substantial. These benefits are likely to include reduced morbidity, improved quality of life, and increased survival for

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cancer patients as well as a positive impact on overall health care and societal costs. Medical Sociology: Health care and social change Graham Scambler 2005

Making the Work-Based Safety Net Work Better

Carolyn J. Heinrich 2009-06-02
Work first. That is the core idea behind the 1996 welfare reform legislation. It sounds appealing, but according to Making the Work-Based Safety Net Work Better, it collides with an exceptionally difficult reality. The degree to which work provides a way out of poverty depends greatly on the ability of low-skilled people to maintain stable employment and make progress toward an income that provides an adequate standard of living. This forward-looking volume examines eight areas of the safety net where families are falling through and describes how current policies and institutions could evolve to enhance the self-sufficiency of low-income families. David Neumark analyzes a range of labor market policies and finds

~~overwhelming evidence that~~
the minimum wage is ineffective in promoting self-sufficiency. Neumark suggests the Earned Income Tax Credit is a much more promising policy to boost employment among single mothers and family incomes. Greg Duncan, Lisa Gennetian, and Pamela Morris find no evidence that encouraging parents to work leads to better parenting, improved psychological health, or more positive role models for children. Instead, the connection between parental work and child achievement is linked to parents' improved access to quality child care. Rebecca Blank and Brian Kovak document an alarming increase in the number of single mothers who receive neither wages nor public assistance and who are significantly more likely to suffer from medical problems of their own or of a child. Time caps and work hour requirements embedded in benefits policies leave some mothers unable to work and ineligible for cash benefits.

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Marcia Meyers and Janet Gornick identify another gap: low-income families tend to lose financial support and health coverage long before they earn enough to access employer-based benefits and tax provisions. They propose building "institutional bridges" that minimize discontinuities associated with changes in employment, earnings, or family structure. Steven Raphael addresses a particularly troubling weakness of the work-based safety net—its inadequate provision for the large number of individuals who are or were incarcerated in the United States. He offers tractable suggestions for policy changes that could ease their transition back into non-institutionalized society and the labor market. Making the Work-Based Safety Net Work Better shows that the "work first" approach alone isn't working and suggests specific ways the social welfare system might be modified to produce greater gains for vulnerable families.

Falling Through the Safety Net

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Joel S. Weissman 2004-12 This book describes the history and structure of health insurance in the U.S. and relates existing patterns of insurance coverage to important variations in the use of health services and patient outcomes. The forewaord was written by Hillary Rodham Clinton.

Health Insurance Options

United States. Congress. House. Committee on Ways and Means. Subcommittee on Health 1990

The Reporter's Handbook

Steve Weinberg 1996 Reporters, editors, and journalists will find this third edition of The Reporter's Handbook an even more impressive resource than prior editions. This essential tool for serious journalists identifies hundreds of documents and human sources in both private and government sectors. It provides step-by-step methods for tracking paper trails, people trails, and computer trails. The book also includes coverage of library research, computer-assisted reporting, case studies, anecdotes, and

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IRE contest-winning pieces.

This new edition features chapters on the environment, transportation, housing, financial institutions, international investigation, utilities, and non-profit organizations. Under the sponsorship of Investigative Reporters and Editors, Inc., Steven Weinberg has revised and polished this journalism classic into a must-have reference guide for the classroom and the newsroom.

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