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This comprehensive handbook provides an overview and update of the issues, theories, processes, and applications of the social science of population studies. The volume's 30 chapters cover the full range of conceptual, empirical, disciplinary, and applied approaches to the study of demographic phenomena. This book is the first effort to assess the entire field since Hauser and Duncan's 1959 classic, The Study of Population. The chapter authors are among the leading contributors to demographic scholarship over the past four decades. They represent a variety of disciplines and theoretical perspectives as well as interests in both basic and applied research.

One of the most remarkable mechanized campaigns of recent years pitted the brutal and heavily armed jihadis of Islamic State against an improvised force belonging to the Kurdish YPG (later the SDF). While some Kurdish vehicles were originally from Syrian Army stocks or captured from ISIS, many others were extraordinary homemade AFVs based on truck or digger mechanicals, or dussas, the Kurds' version of the technical. Before US air power was sent to Syria, these were the Kurds' most powerful and mobile weapons. Co-written by a British volunteer who fought with the Kurds and an academic expert on armoured warfare, this study explains how the Kurds built and used their AFVs in the war against 'Daesh', and identifies as far as possible which vehicles took part in major battles, such as Kobane, Manbij and Raqqa. With detailed new artwork depicting the Kurds' range of armour and many previously unpublished photos, this is an original and fascinating look at modern improvised mechanized warfare.

Health care spending in the United States today is approaching 20 percent of GDP, yet levels of U.S. population health have been declining for decades relative to other wealthy and even some developing nations. How is it possible that the United States, which spends more than any other nation on health care and insurance, now has a population markedly less healthy than those of many other nations? Sociologist and public health expert James S. House analyzes this paradoxical crisis, offering surprising new explanations for how and why the United States has fallen into this trap. In Beyond Obamacare, House shows that health care reforms, including the Affordable Care Act, cannot resolve this crisis because they do not focus on the underlying causes for the nation 's poor health outcomes, which are largely social, economic, environmental, psychological, and behavioral. House demonstrates that the problems of our broken health care and insurance system are interconnected with our large and growing social disparities in education, income, and other conditions of life and work, and calls for a complete reorientation of how we think about health. He concludes that we need to move away from our misguided and almost exclusive focus on biomedical determinants of health, and to place more emphasis on addressing social, economic, and other inequalities. House 's review of the evidence suggests that the landmark Affordable Care Act of 2010, and even universal access to health care, are likely to yield only marginal improvements in population health or in reducing health care expenditures. In order to rein in spending and improve population health, we need to refocus health policy from the supply side—which makes more and presumably better health care available to more citizens—to the demand side—which would improve population health through means other than health care and insurance, thereby reducing need and spending for health care. House shows how policies that provide expanded educational opportunities, more and better jobs and income, reduced racial-ethnic discrimination and segregation, and improved neighborhood quality enhance population health and quality of life as well as help curb health spending. He recommends redirecting funds from inefficient supply-side health care measures toward broader social initiatives focused on education, income support, civil rights, housing and neighborhoods, and other reforms, which can be paid for from savings in expenditures for health care and insurance. A provocative reconceptualization of health in America, Beyond Obamacare looks past partisan debates to show how cost-efficient and effective health policies begin with more comprehensive social policy reforms.

This book was first published in 2002. It presents an overview of ethnic and racial differences in response to medications and offers insight into the genetic and non-genetic reasons for these differences. The roles of pharmacogenomics and pharmacogenetics in drug development, regulatory aspects of representing minorities in clinical trials, as well as NIH, ICH and FDA guidelines as they pertain to these issues are examined in detail. Finally, various strategies to increase recruitment and retention of minority populations in clinical trials are considered.

In 1950 men and women in the United States had a combined life expectancy of 68.9 years, the 12th highest life expectancy at birth in the world. Today, life expectancy is up to 79.2 years, yet the country is now 28th on the list, behind the United Kingdom, Korea, Canada, and France, among others. The United States does have higher rates of infant mortality and violent deaths than in other developed countries, but these factors do not fully account for the country's relatively poor ranking in life expectancy. International Differences in Mortality at Older Ages: Dimensions and Sources examines patterns in international differences in life expectancy above age 50 and assesses the evidence and arguments that have been advanced to explain the poor position of the United States relative to other countries. The papers in this deeply researched volume identify gaps in measurement, data, theory, and research design and pinpoint areas for future high-priority research in this area. In addition to examining the differences in mortality around the world, the papers in International Differences in Mortality at Older Ages look at health factors and life-style choices commonly believed to contribute to the observed international differences in life expectancy. They also identify strategic opportunities for health-related interventions. This book offers a wide variety of disciplinary and scholarly perspectives to the study of mortality, and it offers in-depth analyses that can serve health professionals, policy makers, statisticians, and researchers.

Health expectancies were developed to address the important question of whether or not we are exchanging longer life for poorer health - replacing quality by quantity. Health expectancies extend the concept of life expectancy to morbidity and disability by providing a means of dividing life expectancy into life spent in various states of good and bad health. Being independent of the size of populations and of their age structure, health expectancies thus allow direct comparison of the different groups that constitute populations: sexes, socio-professional categories, regions. This book brings together for the first time, the major works of REVES* over the past ten years. As well as providing comparisons of the health of many of the world's countries, the book includes sections on the concepts behind health expectancies and the demographic transition, the relevance of health expectancies to health policy and the different methods of calculating health expectancies. *REVES is an international organisation of researchers, clinicians and health planners addressing these issues as well as developing and recommending methods of calculation and furthering the use of health expectancy as a tool for health planning. * State-of-the-art coverage of this important health indicator * Heavily cross referenced to give the book structure and coherence * Editors are pioneers in the field of health expectancy