

CHAPTER VI

BIBLIOGRAPHY

Canter, K. P. (1994). Water chlorination, mutagenicity and cancer epidemiology. *American Journal of Public Health*, 84(8), 1211-1213.

For many utilities, further limitation of trihalomethane levels to 80 ppb or 40 ppb would require major shifts in treatment practices and substantial capital investment. The EPA recently released negotiated rules for disinfectants and disinfectant by-products that will have this effect, and has set limits for haloacetic acids and total organic carbon. The available information supports the concern over an elevated carcinogenic risk, and is more than adequate to motivate water utility operators to minimize exposure to chlorination by-products while maintaining control of microbiologic contamination. In addition, it is incumbent on the public health research community, and on epidemiologists in particular, to continue development of the quantitative assessment of health risks from chlorination by-products in drinking water.

FDA. (1994). Evaluation of the project to appoint district officers for Food drug and volatile substances control acts on fiscal year 1992-1993. Bangkok: MoPH.

Evaluation result of the project to appoint District Officers owing to Food, Drug and Volatile Substances Control Acts on fiscal year 1992-1993. They evaluated the changes of District Officers on their knowledge, attitude and opinion before and after appointment by mail questionnaires to 3 groups of officers as follows:

1. Executives: Provincial Chief Medical officers.
 - : Directors of community hospitals.
 - : Directors of General Hospitals where there are no community hospitals.
2. Head of pharmacy section in Provincial health Offices.
3. District Offices: Pharmacists in community hospitals.
 - : District Health officers.
 - : Pharmacists in general hospitals where there are no community hospital.

58.3% of the questionnaires were returned (1,287 / 2,207). Evaluation result found that Executive, Head of Pharmacy section and District Officers had attitude and opinion on health consumer protection job in moderate levels. For knowledge, both Head of Pharmacy section and District Officers have lower scores on knowledge after training. Performance result increased in moderate level.

FDA. (1995). FDA manual of the training program to appoint BMA health officers as food inspectors. Bangkok: MoPH.

The content of this book is on basic knowledge of food protection, general food laws, roles of officers, criteria and fine, food standard and control, food labels, safety of food, food advertisement, regulation and inspection techniques.

FDA. (1995). FDA Thailand (2nd ed.). Bangkok: MoPH.

Roles and responsibilities of the FDA and each Division in the FDA.
 Historical background of the FDA, statistics of the FDA. Current laws and regulations and regulatory procedures in each Division of the FDA.

Fowler, F. J. (1993). *Survey research methods* (2nd ed.). California: Sage.

When one is sampling 10 percent or more of a population, this adjustment can have a discernible effect on sampling error estimates. The vast majority of survey samples, however, involve very small fractions of populations. In such instances, small increments in the fraction of the population included in a sample will have no effect on the ability of a researcher to generalize from a sample to a population. Simple random sampling is, in a sense, the prototype of population sampling.

Foy, H. M., Tarmapai, S. (1992/1993). Chronic arsenic poisoning from well water in a mining area in Thailand. *Asia-Pacific Journal of Public Health*, 6(3), 150-152.

Endemic arsenic poisoning manifested by palmoplantar Keratoderma and hyperpigmentation was surveyed in a village in a tin and wolfram mining area in southern Thailand where two cases of Bowen's carcinoma had occurred. Nine percent of examined adults randomly selected from 58 households were found to have skin manifestations of arsenic poisoning. Also, children with typical palmoplantar Keratoderma were recognized, the youngest being four years old. A seven-year-old with severe Keratoderma also had neurological manifestations and appeared mentally retarded. Arsenic concentration in a shallow well varied between 0.02-2.7 mg/l (average 0.82), and piped water had 0.07 mg/l. A major source of the contamination of ground water probably was slag heaps positioned next to a stream that fed the village.

Ghetti, V. (1994). Evaluation of medical education in Italy. *Changing medical education and medical practice*, 5, 9.

As a first step in the evaluation of medical education in Italy, a group of academics from several Italian medical schools have produced a questionnaire that is intended to provide a kind of mirror through which a medical school can critically look at itself. The three parts of the 334 item instrument pertain to the dean, the faculty members and the students of a medical school.

Handler, A., Schieve, L. A., et al. (1994). Building bridges between schools of public health and public health practice. *American Journal of Public Health*, 84(7), 1077-1080.

A 1988 Institute of Medicine report, *The future of Public health*, characterized the current public health system as fragmented, particularly with regard to relationships between public health agencies and academic institutions. As one respond to the report, the Health Resources and Services Administration established the Center for the development of Public health Practice at the University of Illinois to advance linkages between schools of Public Health and Public Health agencies. Surveys of schools of public health and the state health agencies were conducted in 1992 to collect baseline data on the practice links between the two responses, reveal that there is a substantial amount of informal collaboration between them. Formalization of collaboration activities between schools and agencies is beginning to occur and is expected to expand owing to increased focus on public health practice at schools of public health.

Judd, C. M., Smith, E. R., Kidder, L. H. (1991). *Research methods in social relations* (6th ed.). New York: Rinehart and Winston.

The independent variable varies between individuals. Thus, comparisons between treatment and control conditions involve comparisons of average scores on the dependent variable between different groups of individuals.

The one-group pretest-posttest design also known as a simple panel design in survey research, is based on within-individual treatment comparisons.

Although this design is not threatened by selection, it is subject to the internal validity threats. The following alternative explanations are threats to this conclusion:

1. History: Since the posttest observations are made after the pretest, the difference between them may be a result of historical events intervening during the period.
2. Maturation: during the course of the study, the individuals became older. They may also have become more relaxed, retired from work, or matured in other ways that affected their serenity.
3. Testing: If the pretest measurement of serenity sensitized the people we were studying and made them believe that they should relax or slow down, the pretesting alone could have produced higher serenity scores on the posttest. The shorter the time between pretest and posttest, the more plausible are testing effects.
4. Instrumentation: If we changed our serenity questions or scoring system between the pretest and posttest, these changes in the measuring instrument could account for a difference between pretest and posttest levels of serenity.

Likert (1932) are the most widely used in the social sciences today. Only monotone items are used in Likert scales that is, items that are definitely favorable or unfavorable in direction-not, items that reflect a middle or uncertain position on the issue. Finally, the scale score is derived by summing the numerically coded agree and disagree responses to each item (with sign reversals for negatively worded items), rather than by averaging the scale values of the items with which the subject agree. The basis for the interpretation is that probability of agreeing with favorable items (or disagreeing with unfavorable ones) increases directly with the degree of favorability of the subject's attitude (this is the definitions of monotone items).

Koivusale, M., Jaakkola, J. K., et al. (1994). Drinking water mutagenicity and gastrointestinal and urinary tract cancers: An ecological study in Finland. *American Journal of Public Health*. 84(8), 1223-1228.

Acidic mutagenic compound present in drinking water may play a role in the etiology of kidney and bladder cancers, but because the results are based on aggregate data, they should be interpreted with caution.

Legnini, M. W. (1994). Developing leaders vs. training administrators in the health sciences. *American Journal of Public Health*, 84(10), 1569-1572.

In these difficult times, health care institutions need leaders, not simply managers. Leaders' breadth of skills and perspective come from understanding the values involved in health care delivery: managers know which are the right things to do. Schools of public health are moving away from their potential contribution to leadership development in health services administration. The result is a lack of accountability to the community.

Leadership skills and an examination of values should be part of health services administration programs in schools of public health, which should see their mission as helping to identify and train leaders, not simply technical specialists in management.

Micovic. (1984). Health planning and management glossary. India: Searo regional health.

Definition of many wording, for example, Evaluation is the process of assessing the achievement of the stated objectives of a program, its edequacy, its efficiency and its acceptance by all parties involved.

Monitoring is primarily a quantitative of effort. It is a mechanism which identifies what it is that is going on at an activity level: it is not designed or intended to indicate what the impact or results of these activities are in terms of change in the system etc.

Miller, C. A., Moore, K. S., et al. (1994). A proposed method for assessing the performance of local public health functions and practices. *American Journal of Public Health*, 84(11), 1743-1749.

One of the objectives for the nation for the year 2000 requires that 90 % of the population be served by a local health department effectively carrying out the core function of public health. Current definitions of public health practice have utility for evaluating public performance.

Morgan, D. L., (1988). Focus groups as qualitative research. California: SAGE.

As a form of qualitative research, focus groups are basically group interviews, although not in the sense of an alternation between the researcher's questions and the research participants' responses. Instead, the

reliance is on interaction within the group, based on topics that are supplied by the researcher, who typically takes the roles of a moderator. The fundamental data that focus groups produce are transcripts of the group discussion. From a social science point of view, focus groups are useful either as a self-contained means of collecting data or as a supplement to both quantitative and other qualitative methods. The value of combining focus groups with other techniques will receive attention here, but the emphasis will be on the value of self-contained focus groups. The main advantage focus groups offer is the opportunity to observe a large amount of interaction on a topic in a limited period of time. The key to this ability is the observer's control over the assembly and running of the focus group sessions.

Morrow, R. H., Bryant, J. H. (1995). Health policy approaches to measuring and valuing human life. *American Journal of Public Health*, 85(8), 1356-1360. To achieve more cost-effective and equitable use of health resources, improved methods for defining disease burdens and for guiding resource allocations are needed by health care decision makers. Three approaches are discussed that use indicators that combine losses due to disability with losses due to premature mortality as a measure of disease burden. These indicators can also serve as outcome measures for health status in economic analyses. However, their use as tools for measuring and valuing human life raises important questions concerning the measurement of mortality and the multidimensional of morbidity: valuing of life, particularly regarding weighting productivity, dependency, age, and time-preference factors: and conflicts between equity and efficiency that arise in allocation decisions.

Further refinement of these tools is needed to (1) incorporate national and local values into weighting (2) elaborate methods for disaggregating calculations to assess local disease patterns and intervention packages: and (3) develop guidelines for estimating marginal effects and costs of interventions. Of utmost importance are methods that ensure equity while achieving reasonable efficiency.

Nestle, M. (1994). The politics of dietary guidance: A new opportunity. *American Journal of Public Health*, 84(5), 713-715.

The guidelines constitute the foundation of national policy objectives not only for nutrition education, but also for food labels, food products, institutional and restaurant food service, commodity foods, and school meal. They have profound implications for food purchased to consume the recommended diet. The commitment of the USDA and the Department of Health and Human Services to a fourth edition of the Dietary Guidelines gives advisors and federal officials a chance to redefine nutrition education policies on the basis of science, not politics.

Noraphoomhipat, Yuthana. (1991). Evaluation of training program and appointment of district offices in Trang and Phuket province. Bangkok: MoPH.

Result of evaluation of the project to appoint district Officers in Trang and Phuket provinces. Conclusion of result were as follow :

Appointment of District Officers in Trang and Phuket province could increase coverage area of health consumer protection include organization development, coordination development among tambon, district and

province. Co-proceeding to be closer by District and Officers as core-coordination in 7

activities on basic information survey, health consumer protection plan, inspection and surveillance, public relation and training entrepreneur report, implementation, supervision, organization setting and coordination.

Ordin, D. L., Fine, L. J. (1995). Surveillance for pesticide-related illness: Lesson from California. *American Journal of Public Health*, 85(6), 762-763.

Additional prevention strategies include the following: the design and introduction of better work practices, engineering controls, and protective equipment for pesticide applicators; improved regulatory and enforcement approaches; more research on the hazards posed by these agents; emphasis on the development and use of less toxic agents ; and broader and more effective education and training efforts. A comprehensive national surveillance system, with a network of state-based surveillance. Systems as its back bone, will be crucial in guiding and evaluation future prevention efforts.

Rubinson, L. N., James, J. (1987). *Research techniques for the health sciences*.

New York: Macmillan Publishing Company. (pp. 152-180)

Evaluation research give definition of evaluation, purpose of evaluation research design. The system analysis model : the Decision-Making model, stufflebeam (1971) developed the CIPP model to enable evaluation to contribute to the decision-making process in program development: The Goal -Free Model, the goal -free model was developed by Scriven (1973) but this model is not widely utilized because of Scriven has not given much guidance as to the procedures of the model and evaluators can not easily

find criteria to judge the program if they are not to use the administrators or the developers goals and objectives: The Connoisseurship Model, Connoisseurship is the art of perception that makes the appreciation of complex educational practices possible : the Case Study Model, Case studies will often be the preferred method of research because they may be epistemological in harmony with reader's experience and thus to that person a natural basis for generalization: The Accreditation Model, Accreditation are useful in that they provide a mechanism for self-evaluation, as well as simultaneous peer evaluation.

Schoenbaum, M., Tulchinsky, T. H., Abed, Y. (1995). Gender differences in nutritional status and feeding patterns among infants in the Gaza Strip. *American Journal of Public Health*, 85(7), 965-969.

The findings are constraint with several different explanations, first, expectations of finding gender differences may have been unfounded. Alternatively, such differences may have existed previously but have been eliminated through successful public health intervention, rising levels of education, and economic development.

Sripraphan, Sucharit., Chindawatana, Amphon., et al . (1994). Evaluation of the project to decentralize of the FDA on food, drug, narcotic, medical devices and volatile substances acts. Bangkok: MoPH.

Evaluation result of the project to decentralize FDA on Food, Drug, Narcotic, Medical Devices and Volatile Substances Acts. The researcher used comprehensive participatory evaluation method. Step of evaluation are as follow:

1. Review document and interview related Officers.
2. Workshop on related Division of The FDA and all regional health consumer protection offices.
3. Workshop on province and District with that random sampling of 12 provinces and 12 districts.
4. Field evaluation on 12 provinces and 12 districts.

The conclusion of the result are as follow:

1. Decentralization of the FDA that devoluted the province as licenser on Food, Drug, Narcotic and Medical Devices Acts and appoint District Health Officers and pharmacists in community hospital as officers on Food, Drug, Volatile Substances Acts are suitable because people had more convenience.
2. The FDA allocated adequate and suitable resources to the provinces.
3. The order of appointment were not clear for Practical Officers.
4. Manuals were technical complicated.
5. Should re-training Officers be at least once a year.

World Health Organization. (1981). Development of indicators for monitoring Progress towards health for all by the year 200. Switzerland: WHO.

Indicators as variables which help to measure changes. The ideal indicators should be as follow:

1. Valid - that is, they should actually measure what they are supposed to measure.
2. Objective - the answer should be the same if measured by different people in similar circumstances.
3. Sensitive - they should be sensitive to the changes in the situation.
4. Specific - that is, they should reflect changes only in the situation concerned.