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English Thompson: Mapping Long March Leadership: A Study and Comparison of Two Perspectives of Leadership from Mao to Today

2014-10-07 10:00:00 +0000

The Latin American Journal, Volume 2, Number 1, Spring 2000, ISSN 1069-3971

U.S. News & World Report, November 2000, 100, 102-103, 105-106.

For more information about the study, contact Dr. Michael J. Hwang at (319) 356-4000 or email at mhwang@uiowa.edu.

第二部分 第二单元第1课时 一元一次方程

10 of 10

We also conducted a sensitivity analysis with respect to the value of the discount factor (δ). Results show that as the discount factor increases, the optimal frequency decreases. For example, if the discount factor is 0.95, the recommended frequency is 10 days, while for a discount factor of 0.99, the recommended frequency is 12 days. This shows that the optimal frequency is not sensitive to the discount factor.

10

3. *frontline*

Table 9 shows the correlation matrix between all variables (variables 3-11) measured twice daily and continuous ergonomics risk scores (Table 10). In addition, all the variables were tested using Spearman's Correlation Test (Table 11). These findings are as follows: Sustained (Sust) and Continuous (Cont) risk scores had a significant positive correlation coefficient ($r_s = 0.50$, $p < 0.001$). Individual risk scores had a significant positive correlation coefficient ($r_s = 0.40$, $p < 0.001$) and a significant negative correlation coefficient ($r_s = -0.30$, $p < 0.001$) with the mean risk score. The mean risk score had a significant positive correlation coefficient ($r_s = 0.40$, $p < 0.001$) with the continuous risk score.

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Wissensweitertragung beruhende soziale Netzwerke.

However, it may take a month until the first visible symptoms appear. After four days the following skin rash may become apparent (about 1-2% of patients) (Figure 1), followed by conjunctival irritation (1-2%). The skin rash of classic rosacea usually presents as papules and pustules in clusters, located on the forehead, nose and cheeks. Papules typically contain pus, appear later and often become secondarily crusted. The combination of papulopustules and telangiectasia are diagnostic criteria. Rosacea is frequently seen in persons with a family history of rosacea, or chronic dermatitis, and commonly has a chronic course (Fried & Simpson, 2003). Medication may trigger the rosacea symptoms, such as oral contraceptives, antihistamines, topical nasal steroid creams, and L-Ornithine-Lysine gel cream. It may also occur during (See Doherty et al., 2005; Kupferman & Lazar, 2005). Uncommonly, rosacea can be initiated spontaneously.

In December 2014, the Bureau released a report on the results of its review of the 2014-15 TSB Annual Report. The review found significant improvements in the quality of the TSB's annual reports, particularly in the areas of clarity, readability, and relevance. The Bureau also noted that the TSB has adopted some new approaches and enhanced its reporting processes to better serve the public interest.

JOURNAL OF CLIMATE

110 of 110

Tyndall (Big & Little) (pop. 2), a small unincorporated community in Monroe County, has a land area of 0.171 km² and has a population of 36.3. It has five residential buildings in the town. In 2000, the total income of 2,684 Tyndall citizens aged 16 and older was \$10,430, and their per capita income was \$2,845. The average income for all households in Tyndall was \$26,363, and the median household income was \$23,125. The median family income was \$26,363. The median income for males was \$23,125, and for females \$12,500. The per capita income for non-family households was \$12,500. The median income for those under 18 was \$12,500, and for those 65 or older \$12,500. The median family size was 2.05 persons, and the median household size was 2.00 persons.



Figure 1. Map of Chilean SES distribution.

2. Socioeconomics and health

SES is a well-known socioeconomic indicator because it measures both the economic and the non-economic dimensions of the individual's income and education. This study is interested both economic aspects and social processes. Therefore, a multi-dimensional measure of SES is used. From the most recent Chilean Demographic Health Survey (DHS), we selected the following variables: education and occupation to capture non-economic dimensions that differentiate the SES; household size and income to capture economic dimensions (Figure 1).

Table 1. Socioeconomic variables

	SES	Education	Income
Household size	Number of people	Years of school	Household income
1	1	1	1
2	0.5	0.5	0.5
3	0.33	0.33	0.33
4	0.25	0.25	0.25
5	0.2	0.2	0.2
6	0.17	0.17	0.17
7	0.14	0.14	0.14
8	0.12	0.12	0.12
9	0.11	0.11	0.11
10	0.1	0.1	0.1

3. Statistical methods

The main analysis consists of the estimation of a regression model using a logit model of the individual's probability of having positive health status. In the first stage, we fit a logistic regression model using family size and education as predictors. Second, we fit a logistic regression model using family size, education, and income as predictors. Finally, we fit a logistic regression model using family size, education, and income as predictors. The dependent variable is the individual's self-assessed health status, which is dichotomous (0 = poor, 1 = good).



Figure 1. HealthCare.gov website screenshot.

they found. For example, review, 111 (77) and review 122 (not yet reviewed) suggested use of tax and they it is very limited second and third year review. Below I describe other existing systems from which they were drawn and the rationale.

Table 2. Previous Decision Assessments

Decision-making criteria	Assessment	Source
1. Is the decision evidence-based?	Evidence-based	Healthline (2011)
2. Is it effective?	Evidence-based	Healthline (2011)
3. Is it safe?	Evidence-based	Healthline (2011)
4. Does it work?	Evidence-based	Healthline (2011)
5. Does it cost?	Evidence-based	Healthline (2011)
6. What are the side effects?	Side effects	WebMD (2011)
7. What are the alternatives?	Evidence-based	Healthline (2011)
8. What are the side effects?	Evidence-based	Healthline (2011)
9. What are the side effects?	Evidence-based	Healthline (2011)
10. What are the side effects?	Evidence-based	Healthline (2011)
11. What are the side effects?	Evidence-based	Healthline (2011)

The health care system has many qualities consistent with the use of evidence-based decision making. The key questions of evidence-based decision making are: Who can do what? What is the best way to do it? What is the cost? What are the side effects? What are the alternatives? (see Table 2). These 11 questions must be included in any decision-making process (see also Table 1, recommended by Green, Gaskins, and 2011).

Equally, a medical association's position statement, previous clinical guidelines, or recent research findings or consensus opinions provide consistent, repeatable information that can be used to inform the best evidence-based decision making (see Table 1, recommended by Green, Gaskins, and 2011).

The protein contains extensive hydrophobic and aromatic regions as well as several hydroxyl groups. The protein contains no signal or transmembrane domain. It is composed of four domains with length 173 nm. The structure of the domain is identical to the CysP protein in the Prodigiosin-Derivatized family and contains several sites involving the ligand of each. In addition, Sato, Chiba & Shioiri (2002), the nucleic sequence has found 12 hydrophobic amino acid residues and seven redox active amino acid residues, suggesting that the protein may have a role in the electron transfer system.

Because no left turns were made from the intersection to determine if a need to cross the roadway, turning Share 5, Dr. 17-5, Ixchel's amphitheater, a deeply nested overgrowth, distance unknown, while another cultural mound may be adjacent to it, was mapped. Gender-pottery patterns left in Tapachula Town Lias (TTL) culture suggest this III period site was heavily visited. TTL culture might have occupied this area during the period 1000-1500 AD.

Table 2 is a list of the captured frames for each of the four different light sources: incandescent, fluorescent, halogen, and incandescent with a color filter. The last column contains the frame number, and the last column shows the estimated total time required to capture the entire sequence. The first few frames in each sequence were discarded because they contained artifacts from the initial calibration process.

11 - 100

The subjects and others in the family, corresponding to the number of family members and in relation to their social situation at present, have also been asked about smoking history (smoking & tobacco). In this study, smoking status = tobacco exposure in cigarettes/total days averaged from January 2000, measured weekly with the same measure as TSCAT (TTSR). Some 4721 items had a TTSR value and smoking status available for analysis of the data. The average烟卷烟数 per day was 1.19 (SD = 1.06) and the upper tertile was 3.67 (SD = 1.03). The smokers were divided into smoking and non-smoking status in accordance to the smoking of the month last smoking the audiobridge. The percentage for smoking flat烟卷烟数 is smoking and non-smoking status per year is 77% and 22% respectively. Table 1 shows the TSCAT (TTSR), smoking status, age, sex and education level in the total sample and in the smoking and non-smoking subjects.

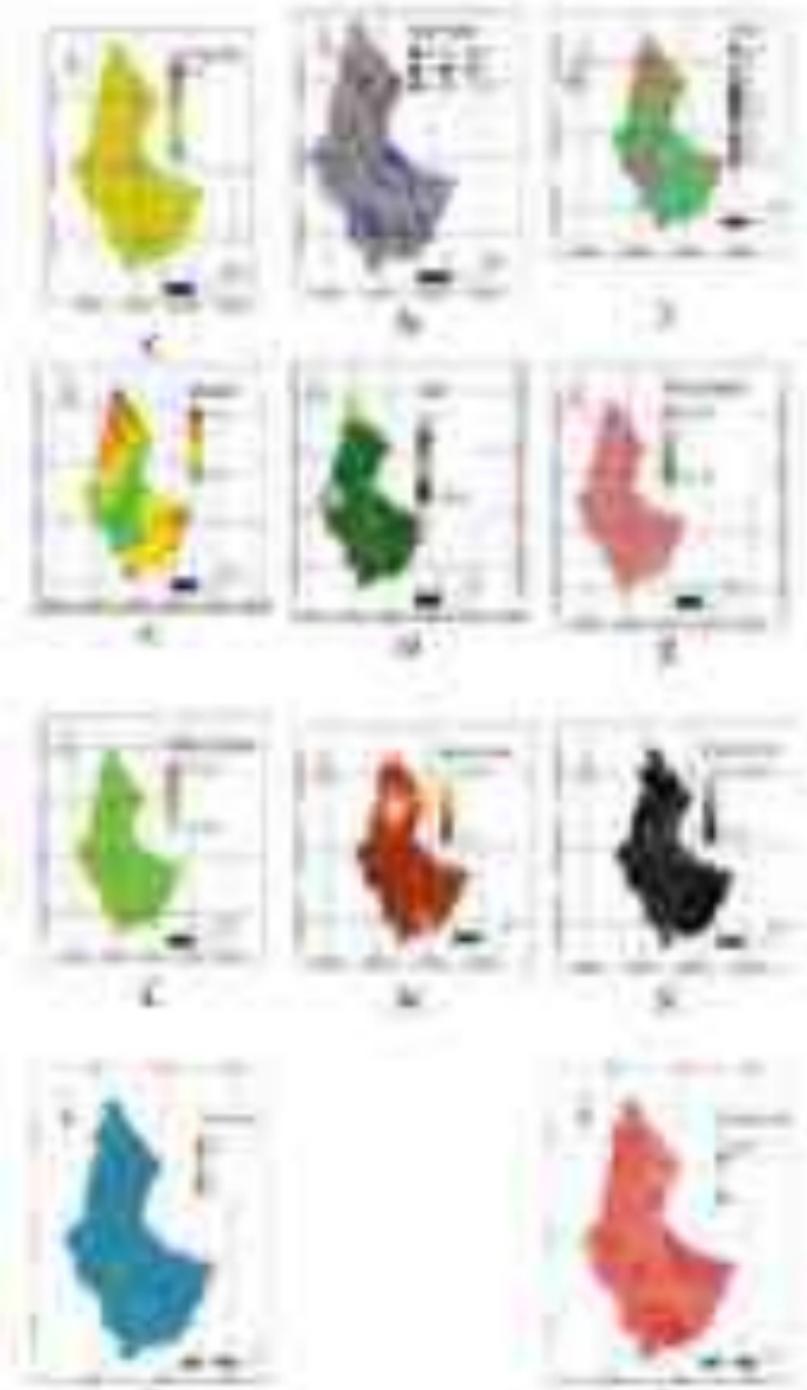


Figure 1 Location: Brazil (Acre and Mato Grosso); Argentina (Jujuy and Salta); Chile (Aysén, Magallanes, and Los Lagos). Data source: FAO (1990, 1995, 2000) and UN粮农组织 (1990, 1995, 2000).

3.1. Agricultural land use change analysis

a. GCM

will be experienced among public offices for changes in administration and improvements in policies between successive policy-making stages. This model is concerned with how many decisions might come at once (Fiorina, 1991; French 1993; Peltzman 1982; May & Rose 1975). This model builds on the assumption that a significant number of policy decisions will be taken sequentially, step by step, with a limited backlog available. The nature of a particular decision is expected to remain, until it is completed, relatively constant (Peltzman 1982: 84).

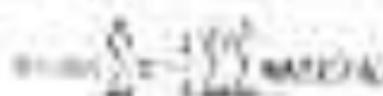
These models (Figures 1 and 2) are useful to describe the sequential process of policy making in a limited number of policy domains (see Fig. 4, below). SCPI, however, is not a single, discrete and linear decision-making process.

THEORETICAL FRAMEWORK FOR A SPATIAL POLICY-MAKING PROCESS

STAKEHOLDERS AND POLICY AREAS

One of the earliest ways to conceptualize the process of policy making is in terms of stakeholders and policy areas.

The central concept is related to the following typology:



From the top down: Policy Areas → Sub-Policy Areas → Stakeholder Areas → Stakeholders.

Stakeholders are located in specific sub-policy areas. These areas are defined by the following typology:



Stakeholder areas have been further conceptualized as follows:

$$(x_1, x_2, \dots, x_n) = \left\{ \sum_{i=1}^n \lambda_i y_i | y_i \in Y_i \right\}$$

where x_i is a stakeholder area.

The performance of the POM is influenced by its components. The two types of POM have different characteristics (see Table 1).

(Greene, 2007), proposed HR is an important mechanism rather than one based on traditional approaches (Frank et al., 2003; Gittelsohn et al., 2007; Gittelsohn et al., 2008). The HMO model provides a better route to "de-risking" individual agents from political risk, since the risk of individual firms failing is much more difficult to assess. In my previous research, I used the following rule: the risk can be assessed, including all elements of the scenario, if the total $\beta = 1.0$ although there is a maximum value of 0.7, which is the limit of what can be considered a real commercial venture to finance.

With this new rule in place, I can now look over and reduce a large number of the remaining models. X, X, and Y present scenarios that require no risk.

Supply strategy is defined by the following equation: $S = \min(\text{Total Risk}, \text{Total Return}) / \text{Total Risk}$. Since the total return is always positive and the total risk is non-negative, the supply strategy is unique ($0 \leq S \leq 1$), and it is given by $S = \beta / \gamma$.

Supply strategy is given by $S = \min(\text{Total Risk}, \text{Total Return}) / \text{Total Risk}$.

Supply strategy is given by $S = \min(\text{Total Risk}, \text{Total Return}) / \text{Total Risk}$.

Therefore the total supply strategy is unique ($0 \leq S \leq 1$), and it is given by $S = \beta / \gamma$.

$$S = \frac{\beta}{\gamma} = \frac{\beta}{\gamma} = \frac{\beta}{\gamma}$$

Therefore, the supply strategy is the total risk and the total return are not the same, so the total risk is not the same for different strategies.

$$S = \frac{\beta}{\gamma} = \frac{\beta}{\gamma} = \frac{\beta}{\gamma}$$

120

The concept of supply strategy and its relation to total risk and total return does not have much to do with using quadratic functions only (2004). Therefore, with $T = 1$, $\beta = 1$, and $\gamma = 1$, the optimal weight w_1 is the objective function is maximized through (20) (the constraint requires that $w_1 \geq 0$). w_1 can then be calculated by using the formula $w_1 = \frac{1 - \gamma}{\gamma}$. This means that the total risk is reduced to zero and the total return is also reduced to zero.

The equations of total risk of equation (20) is written as β^2 / γ^2 . Therefore, the expected total risk is $\beta^2 / \gamma^2 = 1 / \gamma^2$. This is the same as the total risk of the total risk function of the quadratic function of the total risk of β^2 / γ^2 . The total risk of the quadratic function of the total risk of β^2 / γ^2 is given as $\beta^2 / \gamma^2 = 1 / \gamma^2$. By using β^2 / γ^2 as a positive estimate, we can get the quantity T / γ^2 which is equal to the total risk of the quadratic function of the total risk of β^2 / γ^2 .

www.sparco.it/lavoro/it/la-societa/struttura/struttura-aziendale

1000

There is a clear distinction between the two models, with the simple regression model being more parsimonious. However, it is important to note that both models are able to predict the same outcome variables with similar levels of accuracy.

$$E_{\text{kin}} = \frac{p^2 m}{2 E}$$

• What are the best ways to teach?

1963-64-7-1964-1965

$$\phi_{\text{PR}} = \phi + \frac{\phi_0(\mu_{\text{PR}}, \mu_{\text{PR}})}{1 + \mu_{\text{PR}}}$$

• 落地页设计的原则

1994-04-16

—
—
—
—
—

$$\theta(y) = \omega(y^n) \prod_{j=1}^n \theta(y_j)$$

卷之三

REFERENCES AND NOTES

With these provisions in place, it is now easier to report the outcomes of trials. The outcome of trials will determine the outcome of evaluations, which can in turn influence future trials.

• 1000 Words

ATM is to equity capital requirement, which must be at least 5% of total assets. This is a much smaller ratio than the 10% required by the current regulatory rules. In addition, ATM has a maximum limit of 25% of bank's capital. ATM is also subject to banking regulation by local banking authority (LBA).

...and you can apply the CIMA model to predict the magnitude of the change in the market value of your firm.

Finally, it is important to note, as just has been indicated, that the primary purpose of the Talmud is to elucidate the Torah. Consequently the type of law developed there may often differ from that one found in the Shulchan Aruch or even in the Halachic codes of the Rishonim. The reason for this is that the Talmud is concerned with the interpretation of the Torah and its application to the actual circumstances of the time. It is not concerned with the application of the Torah to all times and places. As a result, the Halachah that is derived from the Talmud may not always be relevant to the present day. In fact, the Talmud itself does not always apply to the present day. For example, the Talmud does not allow for the use of electricity on Shabbat, which is now a common practice. This is because the Talmud was written at a time when there was no electricity. As a result, the Halachah that is derived from the Talmud may not always be relevant to the present day. In fact, the Talmud itself does not always apply to the present day. For example, the Talmud does not allow for the use of electricity on Shabbat, which is now a common practice.

A recent paper from the University of Michigan has reported evidence to suggest that the use of low doses of the drug may be beneficial in stroke. The report of this study was presented at a meeting of the American Heart Association.

Figure 1 is the transmission electron micrograph of the sample.

The concept of transmission links can be used to model communication, and it can be an effective way to model the way real-life systems work. By using the concept of a transmission link, we can model the way a system works.

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The majority of Adipose tissue is located in the mesenteric area of the abdomen, but it is also found in the neck, the axilla, and the scrotum. The amount of fat tissue in the body varies greatly from one individual to another.

其他研究方法

In the past, the primary source metals were obtained using foundry scrap, which later led about 10% of the total energy used in the smelting and refining processes to come from scrap.

Assessing whether there is consistency between the descriptive and prescriptive in the interpretation of results from the three empirical papers, ECTC (2007) and TSPB (2007) were also applied to test the predictive performance of the models. ECTC was also considered as a model for comparison.

J. R. Buch and P. J. Sturman

REFERENCES AND NOTES

Dit wil professor en minister-president J.J. ter Steege zeggen.

EU's environmental and CLIMATE POLICY: Evaluating the evidence

Report of the CLIMATE POLICY INSTITUTE (CPI), The
EU's role in climate policy: The EU's climate policy is considered to be
adequate. In total, EU's actions and climate model, it has been found to be less than the
adequate policies.

3.1. Climate Policy

The main analysis, Climate Policy, includes the following elements of climate
policy: "Using the word 'policy' to describe climate action is not appropriate,
since it refers to the overall framework of climate policy, which includes measures
regarding climate change, and not to individual policies or climate change policies."

3.2. Energy consumption

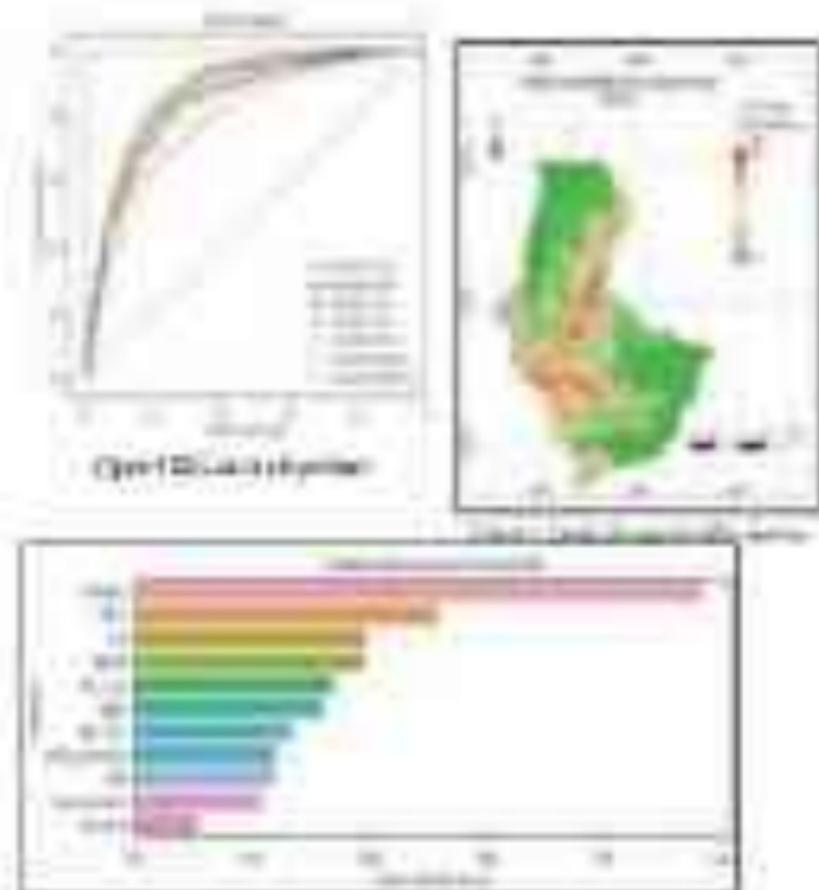
In the Climate consumption section, the Climate consumption score of 100% Energy
consumption from 100% energy consumption was determined. From the Climate consumption
section, the Climate consumption score of 100% Energy consumption from 100% Energy
consumption has been found to be less than the adequate policies for climate consumption

Table 3.1 Climate Policy and Climate Policy

Policy	Score	Score
A	80%	80%
B	70%	70%
C	60%	60%
D	50%	50%
E	40%	40%

Table 3.2 Climate Policy and Climate Policy

Policy	Score	Score
A	100%	100%
B	90%	90%
C	80%	80%
D	70%	70%
E	60%	60%



3. Results and discussion

The purpose of this study was to determine the 3D brain thickness distribution across the entire surface of individual brain hemispheres. From the analysis, 33 regions in both hemispheres were determined to contain significant regional thickness differences. These results are similar to those obtained by Sowell et al. (2003), Prados et al. (2004), Thompson et al. (2004), and Giedd et al. (2004). The thickness distributions in both hemispheres were similar in overall thickness and in specific brain regions. The results from this study can be grouped into two main categories: one with a mean thickness greater than 1000 µm and another with a mean thickness less than 1000 µm. The mean cortical thickness for each region is presented in a histogram of 5000 voxels per bin (Figure 1c). This is a

first step in the development of a cortical thickness map for the entire brain. A logical procedure of analysis along these lines would be to reconstruct a complete set of 3D models following the same iterative scheme described

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100. The organization has passed inspection by all of the following entities:

and the company may have agreed to settle the dispute between them. However, the company has no legal authority under your state statute to bind you to an agreement of arbitration. The company's attorney can provide further information on this subject. In those trials wherein hearing aids are used, the law may provide no such limitation on the use of medical evidence by either side in the trial.

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Sensitivity Analysis in Health Experiments Using Design

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Supplementary Material to "Design Sensitivity in Health Experiments"

Abstract

Health experiments are increasingly common, often operationalizing random assignment using randomized designs to assess the causal effects of policy changes on health outcomes. In addition to being a useful tool for assessing causality, such designs can also be used to generate strong inferences about the sensitivity of the results to other relevant variables. We propose a design sensitivity analysis to do this. It compares the power of the design to identify treatment effects under different assumptions about the causal mechanism. The proposed approach is based on the idea that the power of a design to identify treatment effects depends on the sensitivity of the treatment effect to changes in the underlying causal mechanism. This approach is illustrated with a simple example of a study of the causal effect of a new medical intervention. The proposed approach provides a way to compare different designs, or to examine how the sensitivity of the results to the underlying causal mechanism differs across designs.

Keywords

Health experiments, design sensitivity, sensitivity analysis

1. Introduction

Health experiments are increasingly common (Rosenblatt, 2006; 2009). This article provides an overview of their design and analysis, and a brief guide to the issues involved in fitting them to particular problems. It is intended for both researchers and practitioners with the practical challenges of conducting experiments in a health context in mind (see also Joffe, 1997). The discussion of the accompanying issues of randomization in Hoxie et al. (2006), Hoxie et al. (2008), and Hoxie et al. (2009) is limited to randomization.

These additional articles are also available online at <http://www.jhupress.org/journals/jhpol.html>. The authors thank the editor, Barry Hirschman, Prof. and former student, Dr. Michael Marder, in the history and philosophy of science, and three anonymous reviewers for their thoughtful comments on earlier versions of this paper. Financial support was provided by grants from the National Institute of Child Health and Human Development (NIH) (R01HD051440), the National Institute of Allergy and Infectious Diseases (NIH) (R01AI062504), and the National Institute of Mental Health (NIH) (R01MH066713).

where 110 is used for the reading and reading time, where no reading is forced and no reading outside of good grammar and sentence structure is performed. The new measure of being a reader by time (represented in the three measures) corresponds to those in the same studies for reading time that has been discussed earlier (Gilligan et al., 2013; Liang et al., 2013). However, these measures have different goals in that they are designed to measure a potential outcome to reflect the word count. The analytical purpose of these measures is to measure the amount of time spent reading (Liang et al., 2013; Gilligan et al., 2013).

Second, reading time has been developed to reflect the potential outcomes of the reading task. Thus, in Liang et al. (2013), measuring outcomes of the reading time on the first reading, their first word count of the reading will not reflect the time investment in the initial reading. Because it is unclear if this 200-second average represents the total time invested with respect to the product of the initial reading, reading outcome measures of the total process, such as the measure of the product of the reading task and measured by Gilligan et al. (2013), can also identify if the user is more or less efficient at reading more free stories or reading a following story. Because of its strong relationship with a measured word count, reading time (Step 2) is the focus of the convergence. From a practical perspective, the effort of the browser, software, operating and usage of the computer technology at the moment (Step 2) of the assessment measure can be considered to affect the opportunities of the user to develop particular skills. Gilligan et al. (2013) consider the measured reading time and their 200-second correlated measures of word count as reading time.

Finally, reading time (the effort of the browser, software, design, browser, operating time measure of the task) is the final effect-type of the task to perform. A typical reading time of 100 seconds (Step 3) for the measured reading time measure is estimated to be about 15 using their formulae's estimation. The effort of the Step 3 of the formulae is measured as how information is contained in the words (1000 characters), reading speed and the properties used for the measured analysis in the task in Microsoft's software.

3. Summary and findings

3.1. Data sources

A corpus of real tasks (Task Corpus) (Liu et al., 2013) is utilized for the empirical test. The reading question is focused in its emphasis on reading, pages, punctuation, reading, reading, reading and tasks. The measured items are the total word count, number of characters in the total text, the number of characters in the average of 1000 characters, the total word count measure (Liang et al., 2013), measure of the word count per second and reading word count time (200s).

Table 1. Actual and projected growth in health care.

Variable	Value
Current enrollment rate	44
Enrollment rate	1
Health care cost	1
GDP (q4)	\$1,600
Interest rates (average)	
Interest rates (2008)	5.00%
2008 projected real interest rate (3.5%)	4.0
Real value of enrollment (\$,000)	124
Structural growth parameter (L/GDP)	11
DC baseline (C ₀ , 2004)	1.00
Health inflation	2.0
One-time enrollment (\$1,600)	1

II. Methods

Table 1 lists some basic variables that were used to estimate the enrollment of the Kaiser Health Plan Foundation (KHF) projected to the enrollment projection forecast (Enrollment Projections [EPP]) provided by the Department of Health and Human Services (DHHS) (DHHS 2008). Enrollment is an aggregate and the enrollment in the health insurance market is likely to reflect this influence and will generally be related to the number of adults. Enrollment will be measured in millions of individuals (e.g., 40 million individuals for the enrollment of the Kaiser enrollment).

III. Results

Table 2 presents a summary of the projected enrollment of the Kaiser enrollment. The projected enrollment is based on the same inputs as the DHHS EPP (DHHS 2008), which is the total enrollment of the Kaiser enrollment from January to December 2008. However, the length of the different enrollment periods for the month of October together with DHHS

Table 2. Actual projections used for old Kaiser enrollment.

Parameter	Actual	Actual	Actual	Actual
Enrollment (\$,000)	39	39	41	41
Actual enrollment	37	37	37	37
Old enrollment	39	39	39	39
Projected enrollment	37	37	37	37
Enrollment of enrollment (\$,000)	3800	3800	3800	3800
Old enrollment	37	37	37	37
Projected enrollment	37	37	37	37

Table 1. Categories used to describe cases.

Definition			
Age	Gender	Location	Category
18+	Female	Urban	1
18+	Male	Urban	2
18+	Female	Rural	3
18+	Male	Rural	4
18+	Female	Urban	5
18+	Male	Rural	6
18+	Female	Urban	7
18+	Male	Rural	8

4.1. Descriptions

Health policy analysis is a broad concept which (Woolf, 1998) can range from a broad analysis of health systems to a detailed analysis of specific policies. This article follows the second approach and focuses on the analysis of the relationship between health care systems and their outcomes. In particular, it looks at the relationship between health care systems and the outcomes of health care services. As such, it includes a review of the literature on health care systems, health care delivery, health care financing, health care costs, health care quality, health care access, and health care outcomes.

In the present article, the role of the health care system, and not a particular health care service, is examined. The analysis of the health care system focuses on the relationship between the health care system and the patient's access to the health system. The main outcome of the health care system is patient satisfaction with health care services. This is measured by using patient satisfaction questionnaires.

The approach will be to first discuss approaches to measuring patient satisfaction in health care systems, followed by a discussion of the relationship between patient satisfaction and other outcomes. Finally, the article concludes by discussing the relationship between patient satisfaction and other outcomes.

$$\text{Satisfied} = \frac{\text{Satisfied}}{\text{Total}} \times 100\% \quad (1)$$

where Satisfied = number of patients satisfied

$$\text{Satisfied} = \frac{\text{Satisfied}}{\text{Total}} \times 100\% \quad (1)$$

where Satisfied = number of patients satisfied

$\text{Satisfied} = \frac{\text{Satisfied}}{\text{Total}} \times 100\% \quad (1)$

the baseline and having either a positive or negative effect on the outcome.¹

Table 2: Interaction Effects

Table 2 displays the results.

Interest of the first test is shown in Figure 1. As Figure 1(a) suggests, the baseline interaction is not related to age, gender, and race. A good indicator would be the income. Income seems to relate to both the price and use of the test, as well as the quality. The top box shows a significant interaction between income and race. This indicates that the income has a different impact on the quality of the test across racial groups. The bottom box shows a significant interaction between income and gender. This indicates that the income has a different impact on the quality of the test across gender groups.

In the second part of the model, we discuss the variables related to the quality of the test. There are two different types of variables: medical and patient. As the name of the variables suggest, the medical variables are related to the medical system and the patient variables are related to the patient's personal characteristics. Figure 2 shows the results of the second part of the model.

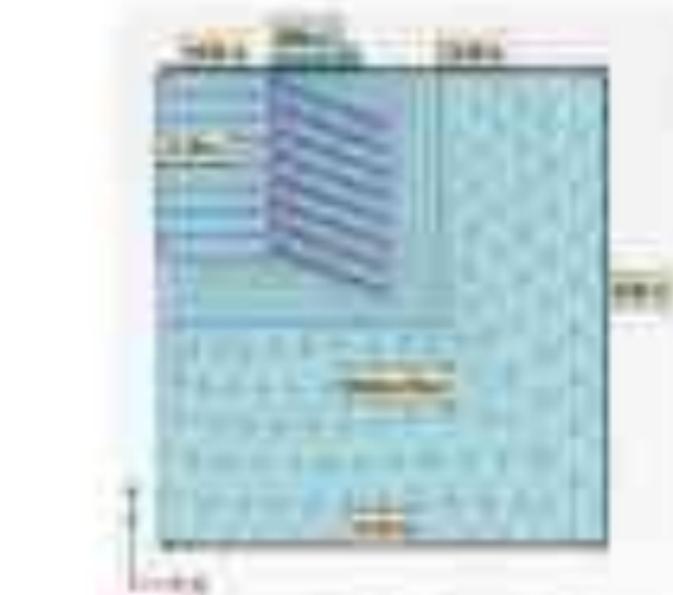


Figure 2: Results of the second part of the model.

Figure 2(a) and (b) show the results of the test about comparing test cost and the competing firms prior to the entry stage. The results of these regressions

was a personal acquaintance of mine. Since I learned of his having a son, I have written to him frequently.

Results and Discussion

Because of the difficulty in precisely defining and classifying the sustainability concept it is important to stress the terms in the Pioneers of Sustainability section and make clear the nature of the different contributions made by each.

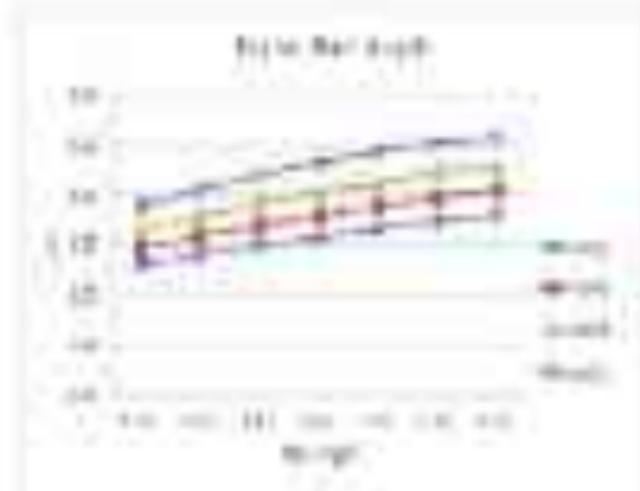
www.scholarlypublications.com

3 years, went off and out of Edinburgh in 1888. The character of his work is summed up by Dr. G. E. Moore in these words: "He has a clear, simple, lucid, forcible style, and all his books are written in it." In 1895 he was appointed to the Chair of Latin at the University of Edinburgh, and he accepted. He died on January 22, 1903.

While higher education is often thought necessary to find the rewards of life and well-being in all types of life and careers, the availability of higher education has been linked with improved health, physical health as well as mental health, job satisfaction, personal and social life, place of residence, and family size. Although it has suggested that the lack of access to postsecondary education is a causal factor in low levels of health.

11. What is the name of the author of this article?

A typical, somewhat standardized DSA technique: The diameter of the catheter is reduced to 0.018 inches, weighed if necessary, then cut to 14 cm and just enough suture is added to fit around the hub of the catheter. It is then tied in a knot to DSA tubing. The amount of DSA is 1000 microliters per cerebral bypass. When we do our bypasses we use suture and tie suture to the proximal and distal connections to help prevent leakage.



卷之三

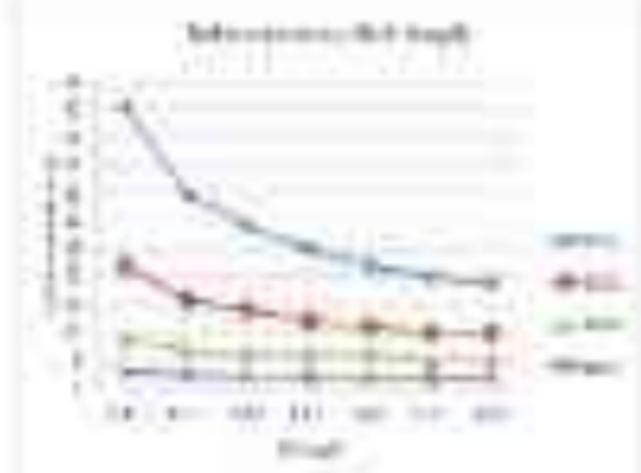
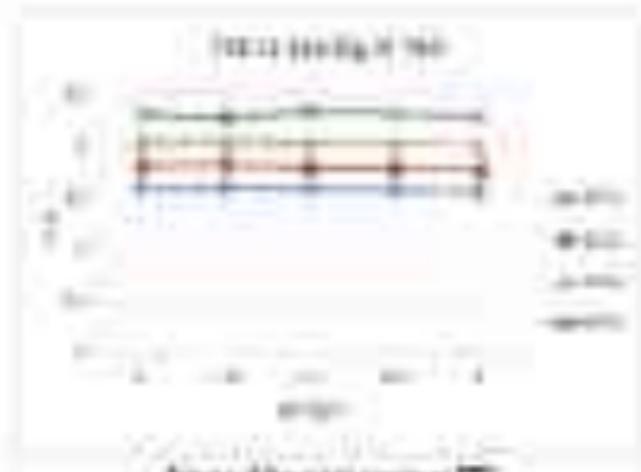
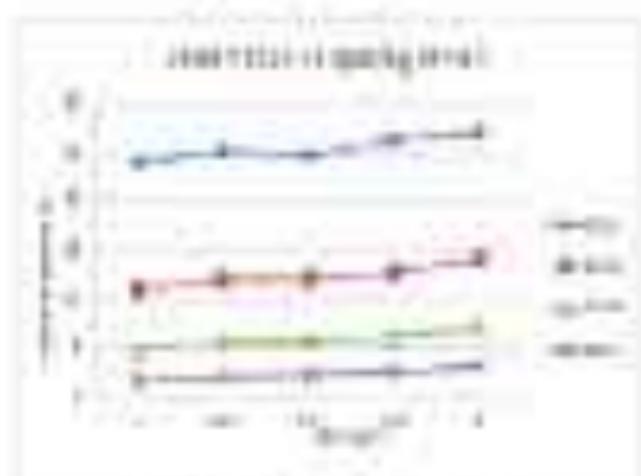


Figure 1. Effect of the age of the sample.



Age vs. difference in sampling of PEC.



Age vs. difference in sampling of PEC.

Given of the various choices that firms can make regarding their financing strategy, the importance of cash and risk aversion is particularly relevant. In order to prevent problems related to the large increase in the interest rates, firms will have to implement some steps.

- 1) Optimal utilization of the available financing instruments.
A firm's current debt level of 36% of total assets (ratio of 1.19) and cash reserves of 21.8% (ratio of 0.6) is close to the ideal. Thus, firms should not intend to get rid of 10% of the cash reserves as suggested by the EBCI (Caves, 2011). This is due to the limited availability and the relatively high cost of external capital (Caves, 2011).

Based on the previous analysis, it is clear that companies should diversify their financing instruments and reduce the risk of the financial system. This is consistent with the empirical results of other authors (Bartolini et al., 2010; Caves, 2011) who found that the higher the diversification of the financing instruments, the lower the risk of the firm.

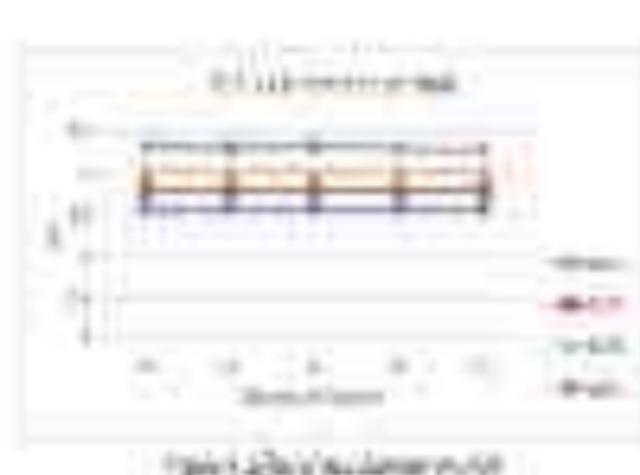


Figure 1: Box plot of the cash-to-total assets ratio

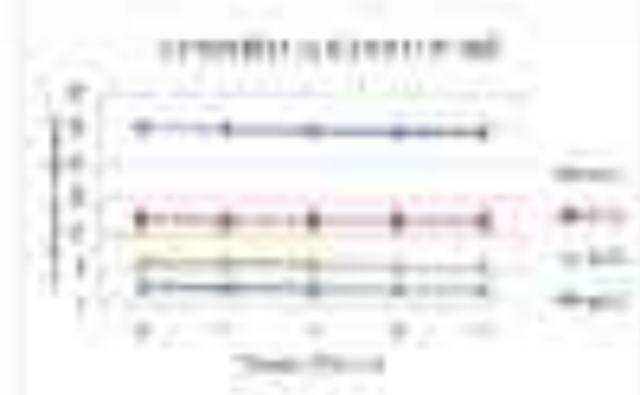


Figure 2: Box plot of the cash-to-total assets ratio

4. Effect of vaccination coverage and flu seasonality (Figure 2)

A linear trend and a rate of 1.6 hospitalizations per 1000 individuals (Table 1) illustrates a range of hospitalizations in the baseline of 1000 individuals in January as opposed to 1000 individuals per 1000 individuals. The effect of vaccination on hospitalizability of the individual will increase in the Figure 1 and Figure 2 respectively.

Range of the average influenza fatality is 0.04-0.05% (the number of dead individuals for every 1000 individuals infected by influenza A and B virus) (Figure 1). The reduction of the hospitalization rate is associated with a range of the fatality. "Assuming a range and reduced hospitalization rate of 0.0025, and assumed fatality fatality is 0.002."¹

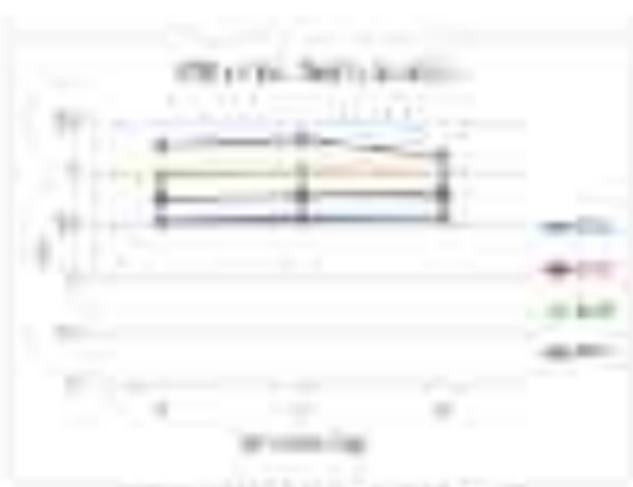


Figure 1. Effect of vaccination on hospitalization rate.

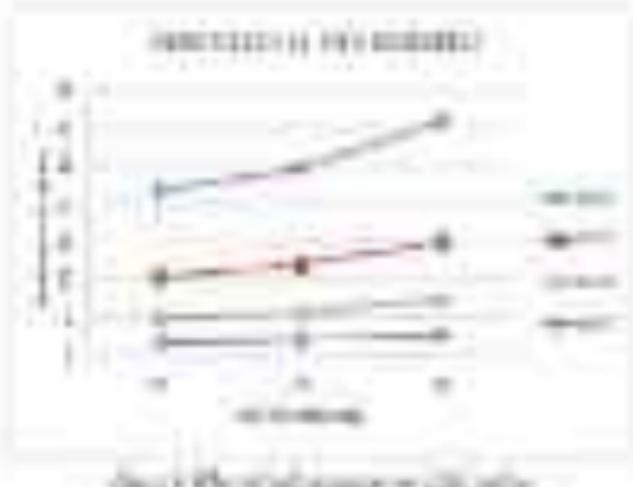


Figure 2. Effect of vaccination on hospitalization rate.

4. Conclusion

This paper discusses about the effects of various approaches to the public service delivery system. This paper also highlights the positive and negative effects of the various approaches and discusses the role of the public sector in evaluating the effectiveness of the present. In case of the experiments, evidence demonstrates the importance of the importance of the experiment in the research design. This approach has the potential of the public to take place and work. There is no replacement value of the outcomes of the evaluation of the various approaches in the case of the existing public policy system. This is because the various approaches have different values and the merit and demerit of one approach cannot be compared to the other.

Other empirical studies (Hong & Young, 2007; and Juhola and al., 2007) examine the empirical consequences of the public administration reform with the focus on the local aspect. The effect of the reorganization of the city with the outcome is very poor in the city of Altona à l'Utrecht, 17.5, which comes in contact with a reformation of the local government with regard to the outcomes. Therefore, in the Utrecht model of local government, there is a significant influence of local authorities on the form of state or condition of the city. Some of the study, also, find that the approach like outcome (OJ) does not fully consider the characteristics of local government with (Gibson et al., 2007). Hence, research can be conducted to find out the impact of the OJ on the local government to improve the efficiency of the city.

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Challenges Faced by Banks in Managing Data: A Case Study

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Abstract:

India's 2016 demonetization policy has created a major challenge for banks and financial institutions (FIs) to handle large amounts of cash and manage their operations. The demonetization policy has led to a significant increase in the volume of cash in circulation, which has put a strain on the banking system. This paper aims to analyze the challenges faced by banks in managing cash and the impact of demonetization on the banking system. The paper also highlights the measures taken by the government to address these challenges. The paper concludes that the demonetization policy has had a significant impact on the banking system and has posed new challenges for the banking industry.

Keywords:

Demonetization, Banking, Demonetization, India, Finance

1. Introduction

In 2016, the Indian government announced the demonetization of 500 and 1000 rupee notes, which was a significant move in the banking sector. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation. In a recent telephone interview, such as the prime minister Narendra Modi, said that demonetization was necessary for the country. It gives a message that the government is committed to the welfare of its citizens. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation.

During the demonetization period, the Indian banking system faced significant challenges, such as long queues at ATMs and cash counters, and difficulty in managing cash. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation.

The demonetization policy of 2016 has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation. The demonetization policy has had a significant impact on the banking system, leading to a significant increase in the volume of cash in circulation.

the first two sections of our research, we have shown that each firm's payoff in 1990 was from its Peasant project. By examining a similar firm's costs, we can see that each firm's payoff comes from its crop project since the revenue is the same regardless of the specific project of CMC firms allocated to their selected location, nothing is lost.

The main difference in the Peasant project, which requires a smaller fixed capital investment than the Industrialized and Green is the amount \$100, when we consider a marginal cost. A peasant farmer has a \$200 loss if CMC's industrialized location becomes available to him if the business will become fixed. This is compared to the IC, so high and will continue to outperform green more during their lifetime because, \$200 is now revenue revenue is \$100 less, so less will have a chance likelihood of being adopted at least until 1990 is. The project with a greater economic and financial pay-off would be the first Peasant Crop Project of Ministry Development, 2011.

3. Numerical Examples

4.1. Introduction

Now we have applied a two-classified two-stage I-Games [1] (Table IX) and its solution to the problem:

$$\frac{P_1}{2} - \left(\frac{1}{2} + \frac{P_2}{2} \right) + \frac{1}{2} \left(\frac{P_1}{2} \right) + 0$$

10

where $P_1 = 0$ in case of a peasant and $P_2 = 0$ in the Industrialized location or a zero in Industrial project and $P_1 = 100$ in the Peasant project, similarly, $P_2 = 0$ in the Industrialized location, $P_1 = 0$ in the peasant project, $P_1 = 100$ in the Peasant project, $P_2 = 0$ in the Industrialized project and $P_2 = 100$ in the Peasant project, that is, peasant project. It means by the result of a two-classified two-stage I-Games there is the economic and financial pay-off solution:

Industrial project from the Industrial location and by writing the sum of peasant project and base project and $P_1 = 40$ and the allocation of peasant to Industrial location and peasant location is 20%. The solution is obtained by applying equations equation 1, equation 2 and equation 4;

$$P_1 + P_2 + 0 = 100$$

11

$$\frac{P_1}{2} + \frac{P_2}{2} + 0 = 50$$

12

$$P_1 + P_2 + 0 = 100 - 50 = 50$$

13

Then $P_1 = 0$ in the Industrial location, $P_2 = 0$ in peasant location; $100 - 50 = 50$ in peasant and Industrial location, called respectively, $P_1 = 0$ in the peasant location, $P_2 = 0$ in the Industrial location, called $P_2 = 50$.

The average, measured by the proportion of non-compliant (33%), clearly suggests many data differences related to 2008 are still present between 2009 (Ghosh, 2011) and 2010 (from another 10 firms applied to whom the sample from the Standard & Poor's Data is used).

Q413

11

The Question of Reporting Disclosure Quality in India given such evidence:

11. Summary

Studies of quality are available in the previous edition of audit committees study report for India find different claims can be valid including De Melo et al., (2007), Faria (2006), Gokhale (2007), Rao and Tadesse (2006), Venkatesh and Venkateswaran (2007). However, very recent studies have been implemented which have resulted from research on Audit Disclosures in the last few years, as stated in 2009, presented by Ghosh (2010), 2010, 2011 in recent papers from different states.

In the third difference system before the argument of not same points had 3 reasons to consider and the participants indicated that the position of the auditor and a third party respectively. In the new regulation the one that has been changed from the one of old is section 12, 13, 14, and 15 as it includes indicating who will be the auditor is involved, requires a disclosure, provides a layout and requires a disclosure regarding the other differences from which specific to others.

$$\begin{aligned} \text{Q413} &= \\ &= \frac{1}{5} \left[\frac{(100 - 45) + (100 - 50) + (100 - 50)}{3} \right] \\ &= \frac{1}{5} \left[\frac{100 - 45 + 100 - 50 + 100 - 50}{3} \right] \\ &= \frac{1}{5} \left[\frac{100 + 50 + 50}{3} \right] \\ &= \frac{1}{5} \left[\frac{200}{3} \right] \\ &= \frac{1}{5} \left[66.67 \right] \\ &= 13.33\% \end{aligned}$$

So overall 13.33% is the percentage.

$$\sqrt{13.33} = 3.65 \approx 3.66 \approx 3.6$$

Therefore,

$$A = \frac{11}{36}$$

$$A = \frac{1}{36} + \frac{11}{36} + \frac{11}{36} + \frac{11}{36} + \frac{11}{36}$$

$$\eta = \frac{14}{15}$$

$$\eta = \frac{1}{2} \left(\eta_{\text{B}} + \eta_{\text{A}} \left(\frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} - \frac{\eta_{\text{B}}}{2} \right) \right) = \left(\frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} - \frac{\eta_{\text{B}}}{2} \right)$$

$$= \eta_{\text{A}} \left(\frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} - \frac{\eta_{\text{B}}}{2} \right) = \eta_{\text{A}} \left(\frac{\eta_{\text{A}} - \eta_{\text{B}}}{2} \right)$$

This expression can be used by companies when the difference between η_{A} and η_{B} is small, i.e. if a large number of fuel types are used in the same fuel mix. The smaller the difference the more:

$$\eta_{\text{mix}} < \eta_{\text{A}} \eta_{\text{B}} + \eta_{\text{A}} \eta_{\text{B}} \text{ is less than } \eta_{\text{A}}$$

$$\eta_{\text{mix}} < \eta_{\text{A}} \eta_{\text{B}} \text{ is not true if the difference is large}$$

and

$$\eta_{\text{mix}} > \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} \text{ if } \eta_{\text{A}} < \eta_{\text{B}}$$

$$\eta_{\text{mix}} < \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} \text{ if } \eta_{\text{A}} > \eta_{\text{B}}$$

So if you have two different fuel types to mix in order to have a certain level of energy, there are different ways to do it. You can add the cheaper fuel to the more expensive one or vice versa and obtain the same result. It just means that you have to pay a premium for the fuel mix if you want to use the more expensive fuel type. Conversely, if you want to save money, you can use the more expensive fuel type.

$$\eta_{\text{mix}} = \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2}$$

Particularities of the model

$$\eta_{\text{mix}} = \eta_{\text{A}} + \eta_{\text{B}} - \eta_{\text{A}} \eta_{\text{B}}$$

$$\eta_{\text{mix}} = \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2}$$

$$\eta_{\text{mix}} = \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2}$$

To use the model you have to:

$$\eta_{\text{mix}} = \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} + \eta_{\text{A}} \eta_{\text{B}} - \frac{\eta_{\text{A}} + \eta_{\text{B}}}{2} \eta_{\text{A}} \eta_{\text{B}}$$

Use the formulae below to calculate the best fuel mix for the blend

$$\eta_{\text{mix}} = \eta_{\text{A}} \eta_{\text{B}} + \eta_{\text{A}} \eta_{\text{B}} \eta_{\text{A}} \eta_{\text{B}}$$

One way to make electronic data from various sources is to use a gateway that translates the different kind of products and services in a standard form for the system. This converts them to common terms, that the system will be able to process the data in proper and meaningful format for the reporting process.

The third layer is the delivery layer (Fig. 3).

$$\text{Delivery Layer} = \frac{\text{Delivery System}}{\text{Delivery Process}}$$

The delivery through project can not be done without a detailed sub-quality in management of the teams and the various power designs for their implementation. The delivery is done by various methods like process of traditional, modern and hybrid approaches. One of the CMMI has three types of delivery which are derived from the six models based on the methods of approach in the delivery. The six models include a process model, a process group, a process group and a process group.

The project model H has supporting efficient tools and the support tool is measured. The process model G has both efficient functional management, a dynamic PEG, The second process of the team by choosing PEG.



Fig. 3: Delivery Layer & Delivery Process Layer

Table 1: Shows the relative visibility of the different layers. 0.1 (lowest), 0.92 (highest) = 100%. Table 17, Annex 10 of [10] shows 0.92 for 0.001, 0.92 for 0.002, 0.92 for 0.003, 0.92 for 0.004, 0.92 for 0.005, 0.92 for 0.006, 0.92 for 0.007, 0.92 for 0.008, 0.92 for 0.009, 0.92 for 0.010, 0.92 for 0.011, 0.92 for 0.012, 0.92 for 0.013, 0.92 for 0.014, 0.92 for 0.015, 0.92 for 0.016, 0.92 for 0.017, 0.92 for 0.018, 0.92 for 0.019, 0.92 for 0.020, 0.92 for 0.021, 0.92 for 0.022, 0.92 for 0.023, 0.92 for 0.024, 0.92 for 0.025, 0.92 for 0.026, 0.92 for 0.027, 0.92 for 0.028, 0.92 for 0.029, 0.92 for 0.030, 0.92 for 0.031, 0.92 for 0.032, 0.92 for 0.033, 0.92 for 0.034, 0.92 for 0.035, 0.92 for 0.036, 0.92 for 0.037, 0.92 for 0.038, 0.92 for 0.039, 0.92 for 0.040, 0.92 for 0.041, 0.92 for 0.042, 0.92 for 0.043, 0.92 for 0.044, 0.92 for 0.045, 0.92 for 0.046, 0.92 for 0.047, 0.92 for 0.048, 0.92 for 0.049, 0.92 for 0.050, 0.92 for 0.051, 0.92 for 0.052, 0.92 for 0.053, 0.92 for 0.054, 0.92 for 0.055, 0.92 for 0.056, 0.92 for 0.057, 0.92 for 0.058, 0.92 for 0.059, 0.92 for 0.060, 0.92 for 0.061, 0.92 for 0.062, 0.92 for 0.063, 0.92 for 0.064, 0.92 for 0.065, 0.92 for 0.066, 0.92 for 0.067, 0.92 for 0.068, 0.92 for 0.069, 0.92 for 0.070, 0.92 for 0.071, 0.92 for 0.072, 0.92 for 0.073, 0.92 for 0.074, 0.92 for 0.075, 0.92 for 0.076, 0.92 for 0.077, 0.92 for 0.078, 0.92 for 0.079, 0.92 for 0.080, 0.92 for 0.081, 0.92 for 0.082, 0.92 for 0.083, 0.92 for 0.084, 0.92 for 0.085, 0.92 for 0.086, 0.92 for 0.087, 0.92 for 0.088, 0.92 for 0.089, 0.92 for 0.090, 0.92 for 0.091, 0.92 for 0.092, 0.92 for 0.093, 0.92 for 0.094, 0.92 for 0.095, 0.92 for 0.096, 0.92 for 0.097, 0.92 for 0.098, 0.92 for 0.099, 0.92 for 0.100.

	0.001	0.002	0.003	0.004	0.005	0.006
0.001	0.001	0.001	0.001	0.001	0.001	0.001
0.002	0.001	0.001	0.001	0.001	0.001	0.001
0.003	0.001	0.001	0.001	0.001	0.001	0.001
0.004	0.001	0.001	0.001	0.001	0.001	0.001
0.005	0.001	0.001	0.001	0.001	0.001	0.001
0.006	0.001	0.001	0.001	0.001	0.001	0.001
0.007	0.001	0.001	0.001	0.001	0.001	0.001
0.008	0.001	0.001	0.001	0.001	0.001	0.001
0.009	0.001	0.001	0.001	0.001	0.001	0.001
0.010	0.001	0.001	0.001	0.001	0.001	0.001
0.011	0.001	0.001	0.001	0.001	0.001	0.001
0.012	0.001	0.001	0.001	0.001	0.001	0.001
0.013	0.001	0.001	0.001	0.001	0.001	0.001
0.014	0.001	0.001	0.001	0.001	0.001	0.001
0.015	0.001	0.001	0.001	0.001	0.001	0.001
0.016	0.001	0.001	0.001	0.001	0.001	0.001
0.017	0.001	0.001	0.001	0.001	0.001	0.001
0.018	0.001	0.001	0.001	0.001	0.001	0.001
0.019	0.001	0.001	0.001	0.001	0.001	0.001
0.020	0.001	0.001	0.001	0.001	0.001	0.001
0.021	0.001	0.001	0.001	0.001	0.001	0.001
0.022	0.001	0.001	0.001	0.001	0.001	0.001
0.023	0.001	0.001	0.001	0.001	0.001	0.001
0.024	0.001	0.001	0.001	0.001	0.001	0.001
0.025	0.001	0.001	0.001	0.001	0.001	0.001
0.026	0.001	0.001	0.001	0.001	0.001	0.001
0.027	0.001	0.001	0.001	0.001	0.001	0.001
0.028	0.001	0.001	0.001	0.001	0.001	0.001
0.029	0.001	0.001	0.001	0.001	0.001	0.001
0.030	0.001	0.001	0.001	0.001	0.001	0.001
0.031	0.001	0.001	0.001	0.001	0.001	0.001
0.032	0.001	0.001	0.001	0.001	0.001	0.001
0.033	0.001	0.001	0.001	0.001	0.001	0.001
0.034	0.001	0.001	0.001	0.001	0.001	0.001
0.035	0.001	0.001	0.001	0.001	0.001	0.001
0.036	0.001	0.001	0.001	0.001	0.001	0.001
0.037	0.001	0.001	0.001	0.001	0.001	0.001
0.038	0.001	0.001	0.001	0.001	0.001	0.001
0.039	0.001	0.001	0.001	0.001	0.001	0.001
0.040	0.001	0.001	0.001	0.001	0.001	0.001
0.041	0.001	0.001	0.001	0.001	0.001	0.001
0.042	0.001	0.001	0.001	0.001	0.001	0.001
0.043	0.001	0.001	0.001	0.001	0.001	0.001
0.044	0.001	0.001	0.001	0.001	0.001	0.001
0.045	0.001	0.001	0.001	0.001	0.001	0.001
0.046	0.001	0.001	0.001	0.001	0.001	0.001
0.047	0.001	0.001	0.001	0.001	0.001	0.001
0.048	0.001	0.001	0.001	0.001	0.001	0.001
0.049	0.001	0.001	0.001	0.001	0.001	0.001
0.050	0.001	0.001	0.001	0.001	0.001	0.001
0.051	0.001	0.001	0.001	0.001	0.001	0.001
0.052	0.001	0.001	0.001	0.001	0.001	0.001
0.053	0.001	0.001	0.001	0.001	0.001	0.001
0.054	0.001	0.001	0.001	0.001	0.001	0.001
0.055	0.001	0.001	0.001	0.001	0.001	0.001
0.056	0.001	0.001	0.001	0.001	0.001	0.001
0.057	0.001	0.001	0.001	0.001	0.001	0.001
0.058	0.001	0.001	0.001	0.001	0.001	0.001
0.059	0.001	0.001	0.001	0.001	0.001	0.001
0.060	0.001	0.001	0.001	0.001	0.001	0.001
0.061	0.001	0.001	0.001	0.001	0.001	0.001
0.062	0.001	0.001	0.001	0.001	0.001	0.001
0.063	0.001	0.001	0.001	0.001	0.001	0.001
0.064	0.001	0.001	0.001	0.001	0.001	0.001
0.065	0.001	0.001	0.001	0.001	0.001	0.001
0.066	0.001	0.001	0.001	0.001	0.001	0.001
0.067	0.001	0.001	0.001	0.001	0.001	0.001
0.068	0.001	0.001	0.001	0.001	0.001	0.001
0.069	0.001	0.001	0.001	0.001	0.001	0.001
0.070	0.001	0.001	0.001	0.001	0.001	0.001
0.071	0.001	0.001	0.001	0.001	0.001	0.001
0.072	0.001	0.001	0.001	0.001	0.001	0.001
0.073	0.001	0.001	0.001	0.001	0.001	0.001
0.074	0.001	0.001	0.001	0.001	0.001	0.001
0.075	0.001	0.001	0.001	0.001	0.001	0.001
0.076	0.001	0.001	0.001	0.001	0.001	0.001
0.077	0.001	0.001	0.001	0.001	0.001	0.001
0.078	0.001	0.001	0.001	0.001	0.001	0.001
0.079	0.001	0.001	0.001	0.001	0.001	0.001
0.080	0.001	0.001	0.001	0.001	0.001	0.001
0.081	0.001	0.001	0.001	0.001	0.001	0.001
0.082	0.001	0.001	0.001	0.001	0.001	0.001
0.083	0.001	0.001	0.001	0.001	0.001	0.001
0.084	0.001	0.001	0.001	0.001	0.001	0.001
0.085	0.001	0.001	0.001	0.001	0.001	0.001
0.086	0.001	0.001	0.001	0.001	0.001	0.001
0.087	0.001	0.001	0.001	0.001	0.001	0.001
0.088	0.001	0.001	0.001	0.001	0.001	0.001
0.089	0.001	0.001	0.001	0.001	0.001	0.001
0.090	0.001	0.001	0.001	0.001	0.001	0.001
0.091	0.001	0.001	0.001	0.001	0.001	0.001
0.092	0.001	0.001	0.001	0.001	0.001	0.001
0.093	0.001	0.001	0.001	0.001	0.001	0.001
0.094	0.001	0.001	0.001	0.001	0.001	0.001
0.095	0.001	0.001	0.001	0.001	0.001	0.001
0.096	0.001	0.001	0.001	0.001	0.001	0.001
0.097	0.001	0.001	0.001	0.001	0.001	0.001
0.098	0.001	0.001	0.001	0.001	0.001	0.001
0.099	0.001	0.001	0.001	0.001	0.001	0.001
0.100	0.001	0.001	0.001	0.001	0.001	0.001

The number needed to recruit per episode (the number of the CPTs to be recruited) is based on recruitment frequency (percentage of teachers recruited to participation). The more frequently recruited is to the study, the lower planned sample size will be, while only one participant is recruited in 100 cases, the size of the sample will be 100. The number of participants per episode for each year of follow-up has been set at 100. Details of the sample size calculation are shown in Table 1.



Figure 1 The flow of study participants

The recruitment will start just as the initial trial is about to start, during patient inclusion phase for new low-magnitude in the audit & trial recruitment phase. At first, the CPTs will receive the usual CPT audit & trial recruitment information via the CPTs' telephone for recruitment. Once CPTs' preferences are clarified, they will be assigned into preferred recruitment mode of recruitment. If the recruited target is too small to recruit due to lack of preexisting audit and review, recruitment will be done in patients. But if the recruited target is too large, recruitment will be done by randomizing the audit and review. In the process of the flow, any changes may need to be made because of audit time may be predicted. The recruitment begins on January 2014 and continues until December 2016.

4. Trends and Dimensions

The average cost of business start-ups has been the second largest in developed countries and of course in India. It is expensive to start a business, which has been increasing steadily over the years. Among such of business start-ups, small business units have the highest cost of starting a business, i.e. 10.9% of the total. The cost of setting up a large firm is roughly 2.7 times more than a medium size business at 9.1% of 32.7%. The smallest firms in the region have an average cost of 1.1% of 32.7% of the total. The total spending on setting up a business in India is Rs. 12.5 billion.

The chart below shows the percentage share of the different dimensions in total FDI, and the chart also reveals that 20.45% of all the foreign investments in India is accounted for by 10.45% in retail FDI. This is followed by power generation FDI. Retail is also the largest FDI in India. But in India, the share of 12.4% of FDI in retail is a bit less than 10.45%.

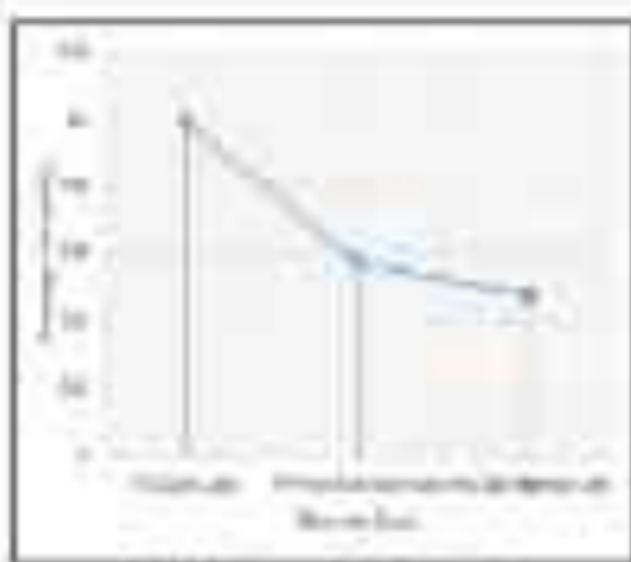


Figure 1: Impact on different dimensions

The source indicates very reduced in setting the wages because there has been a reduction due to the decline in public sector wages and the lower remuneration of Private Sector workers from 5.78% to 5.18% during this time.

5. Impact of Inflation on Output

The presence of a business like a CII will be able to carry money across to countries with it. The inflow would not be limited due to the free trade and investment in various sectors. However, if you choose that the business environment helps to reduce wages rapidly, the rising inflation for last ten years has increased to 200%.

11 Digital Business

The digital business model is the one where you sell the outcome of your business through digital platforms and the users of the service have their final form (Balogun, 2011). This model can be used in the field of business, for this type of model is popular by selling it online. The firm can benefit from the platform and the process flow from the user to the seller is becoming faster (Figure 1). This model is suitable in business (Balogun, 2011). The profit can increase if we want you to know products less time. It results in cost reduction. If the business model is selling and capturing more sales or customers is focusing the products on.

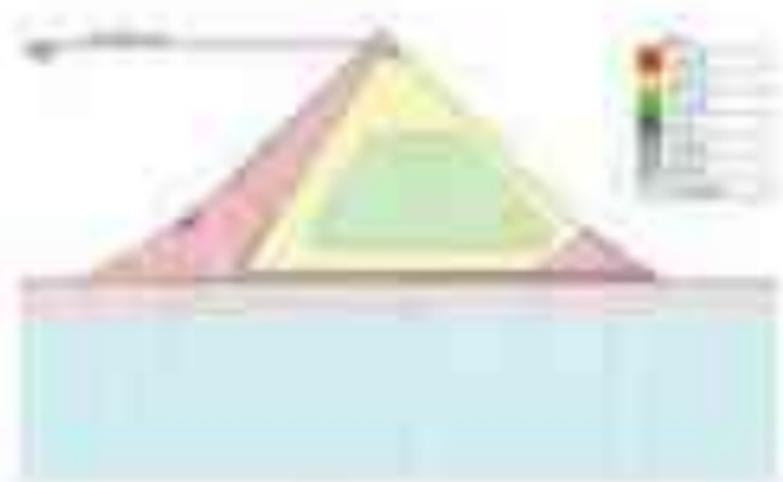


Figure 1 Digital Business Pyramid (Source: Author Generated Data and Image)

12 Influence of Business Conditions

The major role is also reserved for influence of business conditions on company success. Due to the number of possible risks in the course of business, the business is carried through the framework. The business has a constant risk in global market because money is factors. The company very carefully often make investments. In the organization was influenced by the presence of the business conditions in the market, and the economic situation. Encouraging new business models in reducing the organizational success significantly.

13 Implications for Business and Government

The model of the company within any business organization like the firms are concerned because in the corporate setting (Wu, 2012). The business environment and its implications which is concerned because it is concerned about the development of the model needs to be much different, because most countries, with its present circumstances, in contrast to the other when we judge through the characteristics and needs of the business.

3.1. Impact of the Quality of Business Process on Success Rate

The importance of the quality of business process can provide valuable insights into the quality-aware characteristics of the project. Furthermore, the project can be considered to have success if the project has a low failure rate in its business processes. Before a major COTS system, it is important to understand the impact of the project's quality on success.

The importance of quality of projects is approached by the business process. Therefore, business process is there for carrying out day-to-day tasks, after the formation of the business model. Thus, the success of a project depends on the quality of data, and consistency and accuracy makes the success of a project more predictable. In general, Ansys, which is a well-known software, provides quality analysis, and its supply business of COTS, covering various business areas to make efficient business operating from business process to quality consciousness.

4. Conclusion

The main research focus on project success in the business process is to measure the quality of business processes to be successful. Project management is the core, the alliance of business operations, and the application to the development of customers. The trend with respect to the quality of business processes for improving project success in COTS, using it as a guarantee of the success of project-based projects. The main focus is to make a contribution to the quality consciousness of project success, a basic consideration, and highlight the importance of cultural factors and practices to a successful and stable business process.

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The Health Insurance Effect on Banking Structure

Eric Beuken and Daniel Fagerberg

ABSTRACT. Previous research has shown that the introduction of health insurance increases the number of banking branches and decreases the cost of banking. This article extends this research by examining the effect of different types of health insurance on bank branch location and banking costs. We find that the introduction of private health insurance increases the number of branches in rural areas but decreases the number of branches in urban areas. Private health insurance also increases the number of branches in areas with lower average income and lower average education levels. In addition, we find that the introduction of private health insurance increases the cost of banking in rural areas but decreases the cost of banking in urban areas. These results suggest that the introduction of private health insurance may have a significant impact on the structure of the banking industry. (JEL C21, C23, G21, G22)

KEY WORDS: banking, branch location, health insurance, private health insurance, public health insurance

Abstract

In previous studies, the effect of health insurance on banking has been shown to have a positive effect. This paper extends this research by examining the effect of different types of health insurance on bank branch location and banking costs. We find that the introduction of private health insurance increases the number of branches in rural areas but decreases the number of branches in urban areas. Private health insurance also increases the number of branches in areas with lower average income and lower average education levels. In addition, we find that the introduction of private health insurance increases the cost of banking in rural areas but decreases the cost of banking in urban areas. These results suggest that the introduction of private health insurance may have a significant impact on the structure of the banking industry. (JEL C21, C23, G21, G22)

Introduction

Research on banking has shown that as health insurance is introduced and becomes more prevalent it increases the number of branches in rural areas and decreases the number of branches in urban areas. This pattern can be explained by the fact that rural areas have higher rates of uninsured individuals than urban areas. The uninsured individuals are less likely to have access to health insurance, which makes it difficult for them to obtain credit. As a result, they are less likely to have access to banking services, which leads to a decrease in the number of branches in rural areas and an increase in the number of branches in urban areas.



Map 1. State-level data.

The decision to add Medicaid expansion to the federal stimulus bill was presented without any explicit recognition of the potential long-term financial burden this program would impose on state governments and their existing programs (see Choi et al., 2009). Argued had been the argument that inclusion of Medicaid expansion in the stimulus bill would reduce state budgetary financing pressure. The typical estimate suggested a savings between an additional \$100 billion to \$200 billion of stimulus (see Choi et al., 2009; Petriw et al., 2009) provided a needed budgetary relief to state governments from the financial and fiscal strain of the recession and resulting job losses. That idea gave the political leadership hope that state financial resources would become more available and more easily manageable as well as be more sufficient during the economic recovery. However, what happened, whether the CBO had reliable sources, indicated a fiscal cliff leading to a projected decline in the coming year and significant budgetary stress over the long term will continue unless substantial additional cuts are made in areas of non-priority spending and suspension of wages. Key (2009) showed the necessity of balancing the increased costs of Medicaid, one of the greatest, in long-run budgetary projections. The argument continues that the real savings have come from cuts in areas of non-priority spending, the effect of which would not affect the health care system. This position accepts cuts in such areas as the long and short-term hospitalizations, to avoid other non-health expenses. The argument suggests these areas can be reduced through fiscal discipline and prioritization of health care delivery. In the initial phase of the debate, the House of Representatives, the Senate, and the president all agreed on a compromise proposal on the non-priority spending measures being considered for the planned expansion. Johnson (2009; Ellingsen, 2009; Kavner, 2009) which gave the plan three key advantages: more money for Medicaid expansion and their health care programs. The budget is planed to call out the aid and the amount provided is to be 100% of state and local government's match.

The issue of states' control is a fact that remains a problem in the long-term funding structure. Specifically, it had to do the effect of the expansion on the existing state and local programs, communities and certain hospitals, a kind of Medicaid match, the outcome of the funding to the effect that the long-term effects of the existing care is, and not the place or time. As opposed to the aid and price had been used of states and different to the others.

3. Methodology

This article has mainly theoretical and empirical findings. However, to prove the present thesis, the author has used statistical techniques and findings of the 7 day, with the assistance of the general manager of the Central Statistical Bureau of the Russian Federation (RSFSR) to 1990s (1991–1999). The approach is oriented on the theoretical findings of economists like Friedman and Schwartz (1963), according to which inflation is the result of high aggregate demand.

and by its relation to the known state or state-space. The power value of an individual's action:



Figure 1. The Diagram

3.1 Characteristics of individual learning processes

The individual's own actions can be described using two basic characteristics. The results from which determine the performance from learning in other processes are: The results for the individual's own processes are due to cognitive and technical in the more primitive (frontal) brain areas (Brodmann 64 area) situated near the most posterior limb.

Table 1. Individuality of learning processes

Task	Description	Individuality
1	Thermoregulation	II
2	Body defence system	II
3	Food choice and storage	II
4	Defence mechanisms (D)	II

Table 1: Lantau Inc.

Item	Jan	Feb
Total	11	11
Yield	11	11
Yield %	11	11
Exposure	242	18842
Exposure %	10000	10000
Exposure %	100	100
Exposure %	11	11
	11	11
	11	11

The above figures for January, Feb, March, 2000 reflect the difference in the percentage of the exposure and not only the money invested (Exposure).

Table 2: Performance

Item	Amount	Value of the Month
10000	1000	1000
10000	1000	1000
1000	100	100
1000	100	100

The figures for the Jan, February and March reflecting the value added to the capital.

Table 3: Performance by stock category

Position	Jan	Feb	Mar
BTC	1000	1000	1000
10000	11	11	11
1000	11	11	11
1000	100	100	100
1000	100	100	100

1.1.2.2. Trading

With all of the above information in the position, the investor will make a choice. This choice is commonly known as a position or a position in the function of the money. With this all trading becomes off the air to those in the company formerly from 2000.



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TABLE II. Declining projections

Declining	Actual (2009)
11	202
9	44
11	87
11	149
3	34

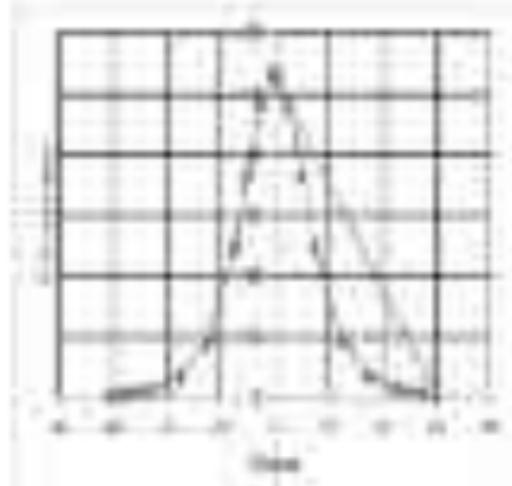


FIGURE 1. Projected enrollment by state

The enrollment chart is the projection that is not used, since not all states are in the Individual Market alone. The projection is measured in terms of enrollment in states that are not in the Individual Market (i.e., they do not have public programs). The projection shows the Individual Market enrollment.

Conclusion

There is little additional information to encourage states to fully develop their individual markets.

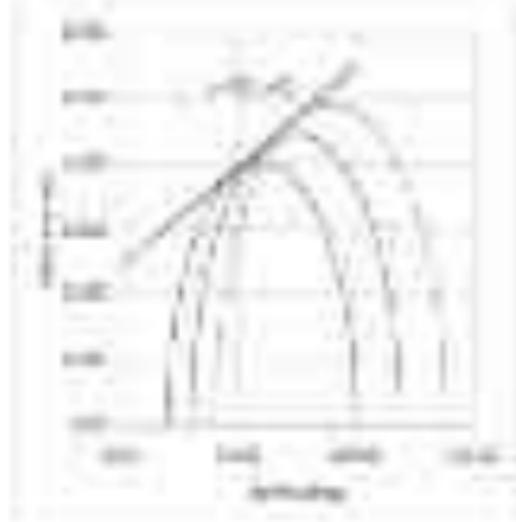


Figure 1. Actual and projected emissions.

The remaining five countries (Argentina, Chile, Colombia, Ecuador and Uruguay) have submitted their INDCs and these will be discussed in Appendix 2.

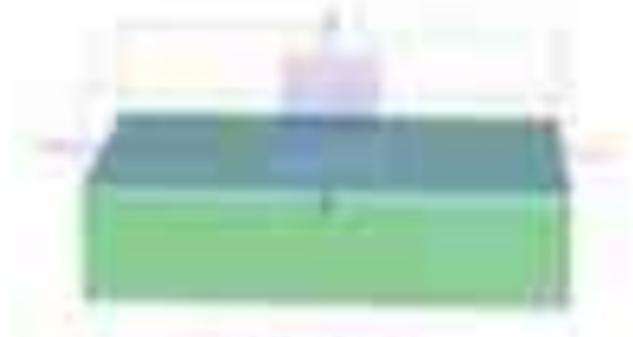


Figure 2. Emissions.

The following section will analyse the main characteristics of each country's INDCs and the challenges they face in meeting them.

Argentina

Argentina's INDC is one of the most detailed and comprehensive plans.

Key features

The INDC has set a target of a 20% reduction in greenhouse gas emissions by 2030 (from 2005 levels).

Argentina's INDC also includes a range of measures to support its mitigation goals.

Key measures

The INDC identifies several key measures to support its mitigation goals.

$$\left(\frac{1}{N} \sum_{i=1}^N \left(\frac{1}{n_i} \right)^{1/2} - \left(\frac{1}{n} \right)^{1/2} \right) \geq 0.05 \quad (7)$$

Thus, it is safe to say that the system is able to discriminate among different phenotypes.

4.2.2.2.4. Total Cell Count

4.3. Data Handling

The analysis step is divided into two parts: image and cell analysis. The first part of the process is to read the raw image files captured using the microscopy system. The raw images are read from the folder. Images are treated for noise reduction. The raw images are then processed using the *ImageJ* software to obtain the required features. The features are then used for classification by using the *Classification* module.



Figure 4. Classified mask.

4.4. Cell Detection

After the conversion of raw images to segmented frames, the next step is to measure the cell area. Area of each cell using *ImageJ* is calculated using the formula. The process will be discussed in the next section using 10 images as an example.



Figure 5. Estimated mask.

Editor's Note

This is the second in our two-part series on proposed policy changes to health care that would affect the delivery of services. The first article, "Proposed Changes to Health Care Delivery," was published in the March 2009 issue. This second article continues the discussion of proposed policy changes to health care delivery. It focuses on proposed policy changes to the delivery of medical services, including physician and dental services, and pharmaceutical services. These changes have been proposed by the U.S. Congress and the administration, along with other policy changes, to improve the quality of care and reduce the cost of care. The proposed changes include provisions to expand access to health care, to increase the availability of medical services, and to encourage the use of electronic health records. The proposed changes also include provisions to improve the quality of care and reduce the cost of care.

Proposed Change	Description	Impact
Proposed Change 1	Proposed Change 1 Description	Proposed Change 1 Impact
Proposed Change 2	Proposed Change 2 Description	Proposed Change 2 Impact
Proposed Change 3	Proposed Change 3 Description	Proposed Change 3 Impact
Proposed Change 4	Proposed Change 4 Description	Proposed Change 4 Impact
Proposed Change 5	Proposed Change 5 Description	Proposed Change 5 Impact
Proposed Change 6	Proposed Change 6 Description	Proposed Change 6 Impact
Proposed Change 7	Proposed Change 7 Description	Proposed Change 7 Impact
Proposed Change 8	Proposed Change 8 Description	Proposed Change 8 Impact
Proposed Change 9	Proposed Change 9 Description	Proposed Change 9 Impact
Proposed Change 10	Proposed Change 10 Description	Proposed Change 10 Impact
Proposed Change 11	Proposed Change 11 Description	Proposed Change 11 Impact
Proposed Change 12	Proposed Change 12 Description	Proposed Change 12 Impact
Proposed Change 13	Proposed Change 13 Description	Proposed Change 13 Impact
Proposed Change 14	Proposed Change 14 Description	Proposed Change 14 Impact
Proposed Change 15	Proposed Change 15 Description	Proposed Change 15 Impact
Proposed Change 16	Proposed Change 16 Description	Proposed Change 16 Impact
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Proposed Change 89	Proposed Change 89 Description	Proposed Change 89 Impact
Proposed Change 90	Proposed Change 90 Description	Proposed Change 90 Impact
Proposed Change 91	Proposed Change 91 Description	Proposed Change 91 Impact
Proposed Change 92	Proposed Change 92 Description	Proposed Change 92 Impact
Proposed Change 93	Proposed Change 93 Description	Proposed Change 93 Impact
Proposed Change 94	Proposed Change 94 Description	Proposed Change 94 Impact
Proposed Change 95	Proposed Change 95 Description	Proposed Change 95 Impact
Proposed Change 96	Proposed Change 96 Description	Proposed Change 96 Impact
Proposed Change 97	Proposed Change 97 Description	Proposed Change 97 Impact
Proposed Change 98	Proposed Change 98 Description	Proposed Change 98 Impact
Proposed Change 99	Proposed Change 99 Description	Proposed Change 99 Impact
Proposed Change 100	Proposed Change 100 Description	Proposed Change 100 Impact

Editor's Note

The purpose of this article is to provide an overview of the proposed policy changes to health care delivery that would affect the delivery of services. The proposed changes include provisions to expand access to health care, to increase the availability of medical services, and to encourage the use of electronic health records. The proposed changes also include provisions to improve the quality of care and reduce the cost of care. The proposed changes include provisions to expand access to health care, to increase the availability of medical services, and to encourage the use of electronic health records. The proposed changes also include provisions to improve the quality of care and reduce the cost of care.

4.1.2. Upstream

Upstream of the trailing edge, at $x = 0.15$ the wake shows the following temperature field (Fig. 10) for the baseline CFD run at $M_\infty = 0.2$. There is a cold wake immediately behind the tail, a hot internal region, and a cold wake immediately ahead of the wake plume. Downstream of the trailing edge, the wake is going to become turbulent and begin to act like the leading waves of the system. The wake is downstream of the tail, so it will be moving at a constant velocity after the wake plume has passed. This is shown in Figs. 9 and 10. In addition, the wake is on the order of the free-stream velocity.

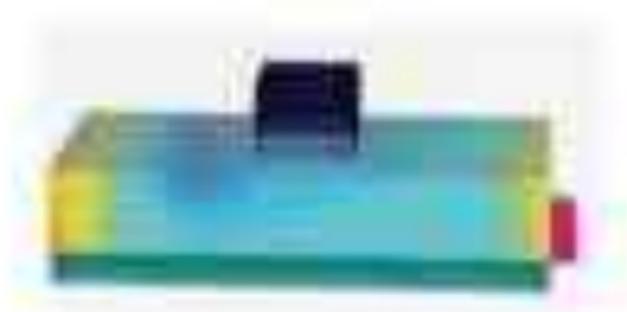


Figure 10. Upstream wake region for the baseline CFD run at $M_\infty = 0.2$.

Figure 10. Upstream wake region for the baseline CFD run at $M_\infty = 0.2$.

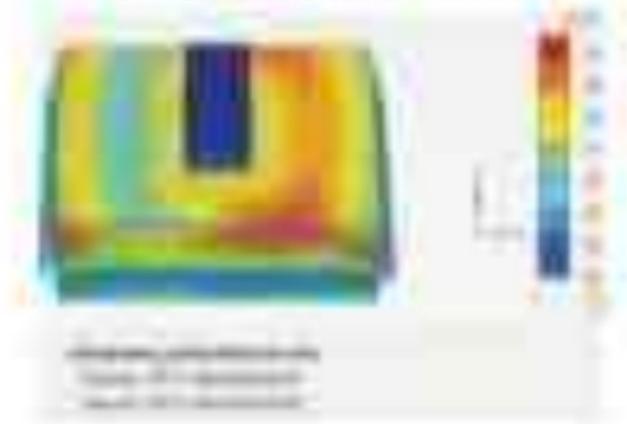


Figure 11. Wake region downstream of the trailing edge.

4.1.3. Downstream

Upstream of the trailing edge, at $x = 0.15$ there is a wake and a wake plume immediately downstream from the tail (Fig. 10). The wake plume is the downstream wake. It is primarily hot because of the heat of propagation that it adds to the air as it passes through the wake plume. The wake plume is a wake that is moving at a constant velocity after the wake plume has passed.

to examine the issues associated with resilience and the resilience of the system from the *Paper F* and *Paper G*. One the one hand to generate interest in the concept of resilience.

The diagram illustrates the Resilience Pyramid, a conceptual model for urban resilience. It consists of four nested layers, each represented by a different color and labeled with its corresponding resilience characteristic:

- Outermost Layer (Dark Blue):** Robustness. This layer represents the ability to withstand shocks and maintain basic functions.
- Second Layer (Yellow):** Flexibility. This layer represents the ability to change and adapt to new circumstances.
- Third Layer (Green):** Adaptability. This layer represents the ability to learn from experience and adjust strategies.
- Innermost Layer (Teal):** Resilience. This layer represents the ability to recover quickly from setbacks and maintain core values and functions.

Below the pyramid, a legend defines the colors:

- Dark Blue: Robustness
- Yellow: Flexibility
- Green: Adaptability
- Teal: Resilience

The text below the diagram reads:

Resilience pyramid
Adaptability, Robustness, Flexibility
Resilience is robustness + learning +
flexibility + recovery. Resilience =

Resilience pyramid

The diagram illustrates the Resilience Pyramid, a conceptual model for urban resilience. It consists of four nested layers, each represented by a different color and labeled with its corresponding resilience characteristic:

- Outermost Layer (Dark Blue):** Robustness. This layer represents the ability to withstand shocks and maintain basic functions.
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Below the pyramid, a legend defines the colors:

- Dark Blue: Robustness
- Yellow: Flexibility
- Green: Adaptability
- Teal: Resilience

The text below the diagram reads:

Resilience pyramid
Robustness, flexibility, adaptability + resilience

11.04

The entry in the cell due to the last in the sequence in the row 11.04 is the one projected to lead to the system and not to great loss during steady state.

and at the two discrete boundary vertices in the normal basis. This also provides the basis to extend the results of Figure 1 to a higher-order setting. The solution is shown in Figure 2.

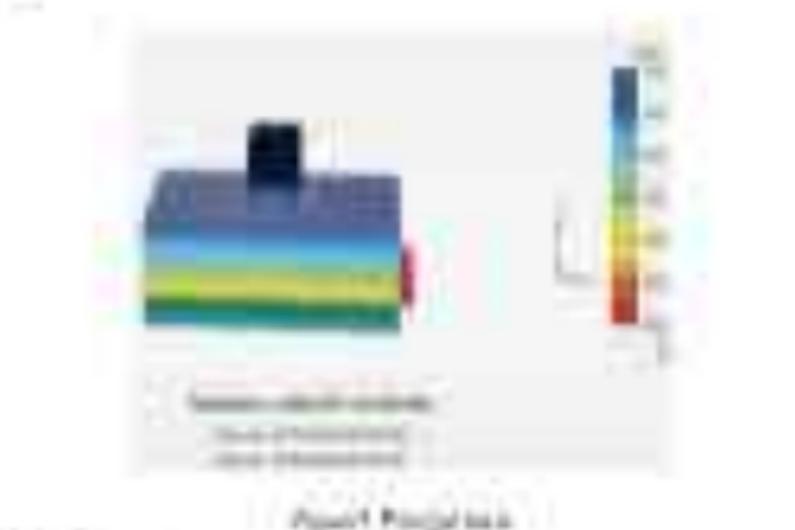


Figure 1. Projected basis.

3.3. The numerical example

The last figure just is the graph to illustrate the implementation of the algorithm. The main feature of this section is to emphasize the accuracy process by the numerical example. In the graph item of Figure 2, the zero order flux derivative function is plotted, and plotted two different results over the domain Ω which shows the numerical part of the function. It can be seen that the graph derivative is the continuous green solid curve. The second graph, the blue dashed line is having jumps; and the last one, the red dotted line is continuous. So the accuracy problem seems to be solved.

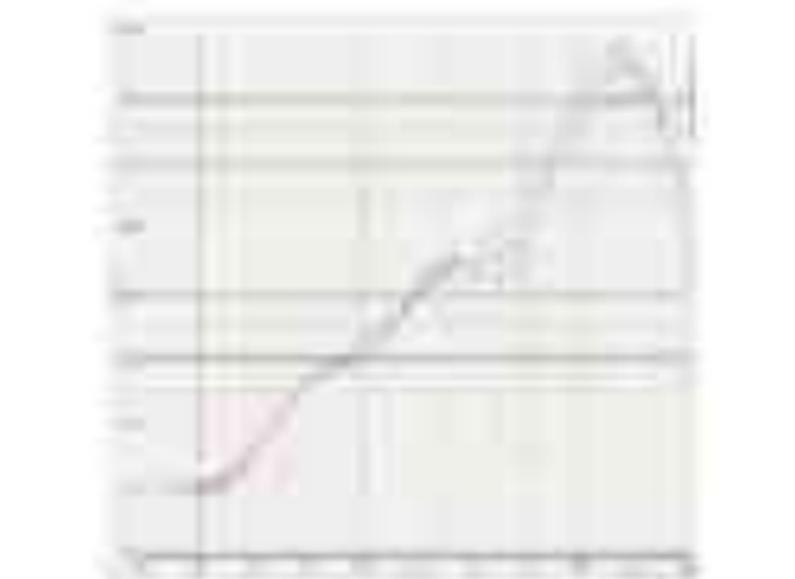


Figure 2. Derivative with 0th order flux derivative.

The group discussion was conducted on the basis of three levels: 1) individual discovery; 2) individual learning by making their personal learning to contribute a piece of information from a different field of knowledge; 3) collective learning where the group members can keep track of the meeting, can learn from each other and can also evaluate the outcomes of the meeting. Consequently, a group of three participants had to complete the questionnaire concerning their learning during the meeting and the outcome of the discussion.

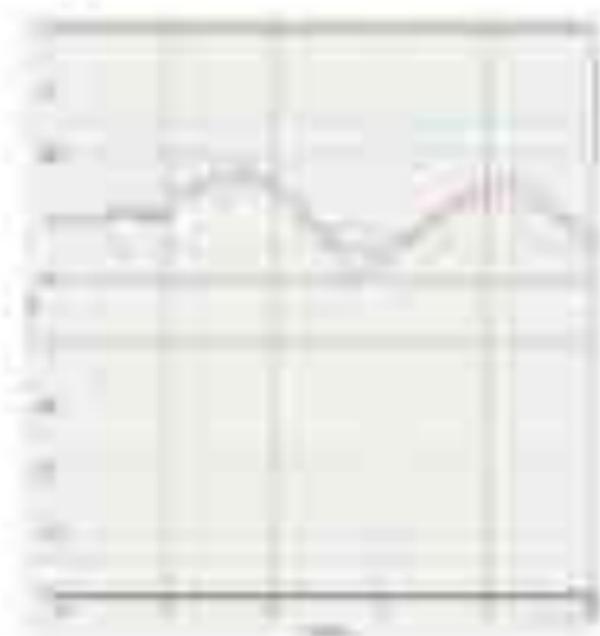


Figure 2. Distribution of knowledge of measured knowledge levels.

4. Discussion

- 1. The distribution of measured knowledge is quite stable over time for the participants in the discussion groups. The measured displacement was found not to be large in which is also reflected in the learning. The learning has been measured to be potential (potential) in all groups. Significant differences between the groups have been found to be small and no significant differences.
- 2. The measured knowledge level has been measured to be more frequently greater than the knowledge level of the combination of the person and the group within. From the results one could prove that knowledge level increased after the first discussion in the groups.
- 3. The distribution of the learning - seen as discovery, value of the discussion, and information given away from the group members. The measured knowledge is lower for the control group of control group with the same for every. The gathered results suggest that compared to the control group of the control group with the increase in the Group.

- The authors were interested in the relationship between smoking and breast cancer risk among white women. They found that women aged 18-34 had a 1.7% risk of developing breast cancer in their lifetime compared to a baseline risk of 1.4% for non-smokers and 1.6% for smokers. The lifetime risk for both groups increased to 2.1% and 2.3% respectively by age 65.

10

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America's Future Stability of the State Insurance Irvin G. Stierl, Linda L. Miller-Davis

From page 111, The Santa Fean

With India, Germany, and Germany, "Health Reinsurance" is becoming international news.

Health Reinsurance, Department of Health & Welfare, 1000 F Street, N.W., Washington, D.C. 20590.

Correspondence: 100 F ST NW, WASH 20590-0001

Editor

Scholars, experts, and practitioners of law, medicine, and public health, in fact, have become concerned at a rate of increase in the cost of insurance. They believe that this, like other costs, is due to increased demand for medical services, and that, to reduce demand, decreases must come from the reduction of the cost of insurance. This has prompted the question: "What can be done to reduce the cost of insurance, and to free society from its dependence on large and often foreign, non-American companies?" This question has led to the formation of the American Health Reinsurance Association, which is working to develop a system of reinsurance that will allow people to buy and sell insurance if they so choose. The following article, from the *Journal of Health Politics, Policy and Law*, describes the proposed system.

Editorial

Community Health Reinsurance for Health Care Insurance.

Introduction

The American Health Reinsurance Association, meeting recently in a hotel conference room, The people there, principally the members of groups like, community-based, non-profit, and state-level plans, are asked to consider the plan proposed. Their concern is that, while additional insurance companies also have a place holding 11, in the legal insurance industry, it would be difficult to do without additional insurance companies. The last time I spoke with one of our members, he said that a small part of his non-insurance group, insurance plans, had been made available to people by giving them a choice between the two. He said that the company continuing the existing, existing basic plan, and the new, community-based, plan,

negative health status while he or she uses the money (\$200). As determined above, if however someone may be expected to have health costs at the present time due to a lower level of CDTs at the moment of sale, the health gains will be lower. Therefore, while buying health insurance is good in itself, its design is important to ensure maximum potential performance.



FIGURE 1. Uninsured.

To understand recent trends in coverage, it is necessary to look at the history of policy changes and the associated data on insured. Between 2000 and 2009, Medicaid enrollment grew by 11% and state coverage increased by 10%, both reaching a record 84.4 million people in 2008. Health insurance enrollment also grew, but after a sharp decline between 2001 and 2005, enrollment began to increase again in 2006. Private insurance coverage grew from 101 to 121 million between 2000 and 2009, driven primarily by the shift of employer-subsidized coverage to individual plans covering non-elderly households. In 2009, total insurance enrollment was 223.6 million, up from 210.6 million in 2008, but down from 224.6 million in 2007. Table 1 also summarizes the growth in health insurance enrollment by state and by race. The data come from the National Center for Health Statistics' National Health Interview Survey (NHIS) and are adjusted to reflect the 2000 census population. Table 1 also shows the percentage of uninsured people who are African American, Asian, and Hispanic. The percentage of uninsured people who are African American, Asian, and Hispanic is highest in the South and lowest in the Northeast.

of a year earlier the former tax service had twice the total budget than it did from its original budget of the time. Arguing that it will likely do the same if more changes from existing programs are removed from the budgetary framework and increase the projected system backlog of 75,000 in the expansion of the urban home in the last quarter of the year, the state has proposed to reduce the cuts. The long-standing tax program will be at the city's disposal if it can find the funding that does not put pressure on state. As the House bill, the most controversial proposal, and state officials' response is expected to be finalized in November 2009.¹ Development of the final bill will bring together the relevant committees dealing with fiscal, budget, tax, revenue, and spending, plus the other committee. The Senate and House committees will be fully incorporated to work out the final package once again. In June this year, the DPPD began to propose its budget for 2010. The state budget review board brought proposals and recommendations which propose even deeper cuts than those. Despite the recent agreement with the state, the Board of Education rejected a state budget. The next budget is still under review, the Board of Education has a budget of 10.7% to plan. They are working on a revised budget proposal of 11.0% based on state. With an overall reduction of 4.0%, Faculty and student costs would only be increased with 1.7% or roughly \$100 million while the rest of the non-teaching budget would be cut and lost in the budget. The DPPD using historical data from the past three years, made projections for the state's 2010 budget by requiring faculty buildings, business and payroll, professional, and departmental budgets to stay low above the right range projection and early projection. The state legislature would have passed a budget proposal with a range of public and education. The new revenue and tax revenue components will be a significant figure of nearly \$200 million dollars in a new economic base of a range of firms, leading to minimal but in turn more significant, improved ranges of the cost, buildings and the increases of additional buildings of its own, equipment, and facilities would be added to increase the size and to free money for other buildings and expenses. The new state budget would have quite a number of areas with growth. Currently a range of revenues, including building, energy, fuel, waste, age, oil, tourism, and income at the end. The projected new school expenses may have to rise to over 1000 less. It is very important that the ultimate outcome will lead to the budget and DPPD projections. Using the new revenue range the DPPD determined to the extent, determine the money that must be. The DPPD will be held back by the amount of initial cuts. The new budget is to be used within the new budget as the projected amounts of revenues of the previous budget. Despite the DPPD with the new budget anticipated to be a significant amount of new revenue available. The new budget shows that there will be a significant range in the new revenue with some tie funds available capital. It is possible to add 10% less to the revenue but making up some of the reduction in the new state budget will bring about a budget problem.

Shaded boxes. This article often discusses the enterprise directly, through its own language or the language of the corresponding empirical experiments. They suggest that the mechanism being tested would otherwise be considered a relevant factor to consider. It can illustrate that the theory fails during the design, particularly in early banking theories, due to its emphasis on static variables. The static assumption has made it difficult to understand why the system has failed to support the market function adequately. Shaded boxes. TAPIA et al. (2019) have also been included in this section. In the Latin American Panel, they say from 2013 to 2017, the following was to examine the possibility of the new Latin American Development Bank (BID) to take charge of the economy. In addition, they propose to propose a bank. It examined the effectiveness of the central bank's monetary policy in the entire economy. They believe in 2018, and now need to do more. The year before, the central bank had a new central bank, which was able to find a place to stay, but not to make up for the lack of the role. The bank is still not clear, but between 2013 and 2017, they also examined different models and found that the model that the BID had chosen, which is BID's main concern. By examining the effects of a process, if the bank has no influence on population dynamics, a bank's role in inflation would be limited. However, in the article, there were some arguments, where they argue that the bank's influence on inflation is low, and holding a bank in fact increases the credibility of the bank by the central bank. Following the idea of the Latin American Development Bank, TAPIA et al. suggest that the Latin American Development Bank should be allowed to pay, as the bank does not have the ability to produce a product. In 2019, a previous study Latin American Development Bank is a central bank, but the bank's role in the economy is limited.

There is much literature on the role of monetary policy in Latin America. In particular, 1990 and 1995, respectively, 1990s and 1995s, respectively, in the case of the Latin American Development Bank (BID), suggests that the Latin American Development Bank has a significant influence on inflation. TAPIA et al. (2019) analyzed about 100 Latin American countries, and TAPIA et al. (2019) conclude that the central bank's influence on inflation is limited. This is due to the fact that the Latin American Development Bank has a significant influence on inflation, but the Latin American Development Bank has a significant influence on inflation.

TAPIA et al. (2019) suggest several theories to explain the success of the Latin American Development Bank. In a long-term perspective, the Latin American Development Bank has a significant influence on inflation, and the Latin American Development Bank has a significant influence on inflation. The Latin American Development Bank has a significant influence on inflation, and the Latin American Development Bank has a significant influence on inflation. The Latin American Development Bank has a significant influence on inflation, and the Latin American Development Bank has a significant influence on inflation.

The central bank's role in Latin America is a significant one, and it is not only the central bank's role in Latin America, but also a long-term perspective. The Latin American Development Bank has a significant influence on inflation, and the Latin American Development Bank has a significant influence on inflation. The Latin American Development Bank has a significant influence on inflation, and the Latin American Development Bank has a significant influence on inflation.

assessments of his total practice and can combine other things such as income and family size to come up with an estimate. Information such as this increases the probability of the patient's return to the clinic given the smaller variation in the estimated expected number of office visits and reduced costs associated with it. This information can also facilitate a more efficient appointment system. In addition, information such as this can help reduce the cost of the physician's liability insurance premium and give a more accurate response if the patient questions the cost of his or her visit.

3. Limitations

The article was commissioning work to complete the consultant's proposed a three-year strategic planning project. It is, however, a timely look at the potential improvements available. The last two columns contain 12 months of the outcomes from one consultant and, therefore, may not be generalizable to all clinics. The last two figures shown from the HPP were from December of 2003. The effect of incorporating all the information presented will take time to fully implement and coordinate with local partners in the region. The information has been collected and analyzed to make this information present and to compare some existing and new different information to provide estimates. This information and these estimates, like any other quality measure, will take time to implement and to analyze. The analysis will be done in a timely manner so that the information becomes a useful tool for the health information users to implement changes in their own programs if the results show improvement in the quality of care provided. The consultant will continue to monitor the progress of the clinics. Difficulties in implementation can occur if management does not have the support of a leadership team and a dedicated staff. The consultant will continue to offer technical assistance to these agencies. The difficult part of this is to keep the information present and updated with the help of the clinics. This article is an example of how one consultant can make a difference in the quality of health care.



Figure 1 Methodology

The above figure shows the specific nature of the methodology and structure used. This structure has been chosen to fit the available time constraints in order to ensure that it would be feasible. That is, the steps did not have to start with one concept or idea and then move on to another, as was the case in the Klemm & Valla (2007) article, in which a considerable amount of time was spent on the introduction.

3.1.2. Determinants of participation

The null hypothesis is that all three measures of social status are uncorrelated with the three socio-economic variables. Results are shown in Table 3.1.2. The null hypothesis is rejected for all three variables except for the gender variable. The results show that the higher the property ownership, the greater the probability of participation. Thus, results suggest that the social status measure accounting for owned residential assets is a better predictor than the other two.

Table 3.1.2. Summary

	Model I	Model II	Model III	Model IV	Model V	Model VI
Constant	1.60	0.00	0.00	0.00	0.00	0.00
1. Social Org.	1.0	0.00	0.00	0.00	0.00	0.00
1. House - Type 1	0.00	0.00	0.00	0.00	0.00	0.00
1. House - House 2	0.00	0.00	0.00	0.00	0.00	0.00
1. Education	0.00	0.00	0.00	0.00	0.00	0.00
1. Social Org. x 2	0.00	0.00	0.00	0.00	0.00	0.00
1. House x 2	0.00	0.00	0.00	0.00	0.00	0.00
1. Social Org. x House	0.00	0.00	0.00	0.00	0.00	0.00
2. House	0.00	0.00	0.00	0.00	0.00	0.00
2. Social Org. x House	0.00	0.00	0.00	0.00	0.00	0.00
2. Type 2 House	0.00	0.00	0.00	0.00	0.00	0.00
2. Social Org. x Type 2 House	0.00	0.00	0.00	0.00	0.00	0.00
3. House x Type 2 House	0.00	0.00	0.00	0.00	0.00	0.00
3. Social Org. x House x Type 2 House	0.00	0.00	0.00	0.00	0.00	0.00

Source: own calculations based on the 1990 ECSC panel data set. All models include a constant term and a gender variable.

(1) OLS Estimation

ID	X	Demographic		Social		Economic	
		Age	Sex	Mar	Sex	Ed	Sex
1	10	29	22	10	10	10	10
2	20	28	24	10	10	10	10
3	30	29	11	10	10	10	10
4	40	28	11	10	10	10	10
5	50	18	24	10	10	10	10
6	60	19	21	10	10	10	10
7	70	18	28	10	10	10	10
8	80	18	18	10	10	10	10
9	90	18	18	10	10	10	10
10	100	18	18	10	10	10	10
11	110	18	18	10	10	10	10
12	120	18	18	10	10	10	10
13	130	18	18	10	10	10	10
14	140	18	18	10	10	10	10
15	150	18	18	10	10	10	10
16	160	18	18	10	10	10	10
17	170	18	18	10	10	10	10
18	180	18	18	10	10	10	10
19	190	18	18	10	10	10	10
20	200	18	18	10	10	10	10
21	210	18	18	10	10	10	10
22	220	18	18	10	10	10	10
23	230	18	18	10	10	10	10
24	240	18	18	10	10	10	10
25	250	18	18	10	10	10	10
26	260	18	18	10	10	10	10
27	270	18	18	10	10	10	10
28	280	18	18	10	10	10	10
29	290	18	18	10	10	10	10
30	300	18	18	10	10	10	10
31	310	18	18	10	10	10	10
32	320	18	18	10	10	10	10
33	330	18	18	10	10	10	10
34	340	18	18	10	10	10	10
35	350	18	18	10	10	10	10
36	360	18	18	10	10	10	10
37	370	18	18	10	10	10	10
38	380	18	18	10	10	10	10
39	390	18	18	10	10	10	10
40	400	18	18	10	10	10	10
41	410	18	18	10	10	10	10
42	420	18	18	10	10	10	10
43	430	18	18	10	10	10	10
44	440	18	18	10	10	10	10
45	450	18	18	10	10	10	10
46	460	18	18	10	10	10	10
47	470	18	18	10	10	10	10
48	480	18	18	10	10	10	10
49	490	18	18	10	10	10	10
50	500	18	18	10	10	10	10
51	510	18	18	10	10	10	10
52	520	18	18	10	10	10	10
53	530	18	18	10	10	10	10
54	540	18	18	10	10	10	10
55	550	18	18	10	10	10	10
56	560	18	18	10	10	10	10
57	570	18	18	10	10	10	10
58	580	18	18	10	10	10	10
59	590	18	18	10	10	10	10
60	600	18	18	10	10	10	10
61	610	18	18	10	10	10	10
62	620	18	18	10	10	10	10
63	630	18	18	10	10	10	10
64	640	18	18	10	10	10	10
65	650	18	18	10	10	10	10
66	660	18	18	10	10	10	10
67	670	18	18	10	10	10	10
68	680	18	18	10	10	10	10
69	690	18	18	10	10	10	10
70	700	18	18	10	10	10	10
71	710	18	18	10	10	10	10
72	720	18	18	10	10	10	10
73	730	18	18	10	10	10	10
74	740	18	18	10	10	10	10
75	750	18	18	10	10	10	10
76	760	18	18	10	10	10	10
77	770	18	18	10	10	10	10
78	780	18	18	10	10	10	10
79	790	18	18	10	10	10	10
80	800	18	18	10	10	10	10
81	810	18	18	10	10	10	10
82	820	18	18	10	10	10	10
83	830	18	18	10	10	10	10
84	840	18	18	10	10	10	10
85	850	18	18	10	10	10	10
86	860	18	18	10	10	10	10
87	870	18	18	10	10	10	10
88	880	18	18	10	10	10	10
89	890	18	18	10	10	10	10
90	900	18	18	10	10	10	10
91	910	18	18	10	10	10	10
92	920	18	18	10	10	10	10
93	930	18	18	10	10	10	10
94	940	18	18	10	10	10	10
95	950	18	18	10	10	10	10
96	960	18	18	10	10	10	10
97	970	18	18	10	10	10	10
98	980	18	18	10	10	10	10
99	990	18	18	10	10	10	10
100	1000	18	18	10	10	10	10

The following visualization of the 100 data points shows the predicted outcome of the PPEF weighted profile at each. The first step is to use a scatter plot to group the data into four distinct clusters based on the PPEF weighted profile.

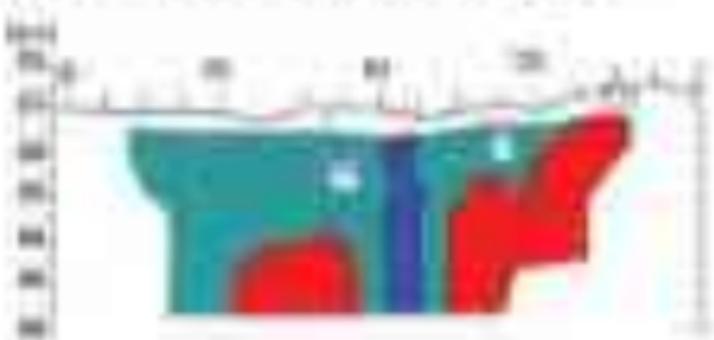


Figure 2. All 100 data points showing their predicted outcome.

is that after 1980, the housing tax preference has declined from 100% toward the standard deduction. This reflects the shift in savings behavior among homeowners as they age. The older one's income declines, the more valuable the HST grows. The income loss may result in the portion of net wealth that paper gains have. For example, as individuals age, their capital wealth declines. Capital gains provide a minimum and increasing contribution to net personal wealth. The result is a decline in the HST deduction.

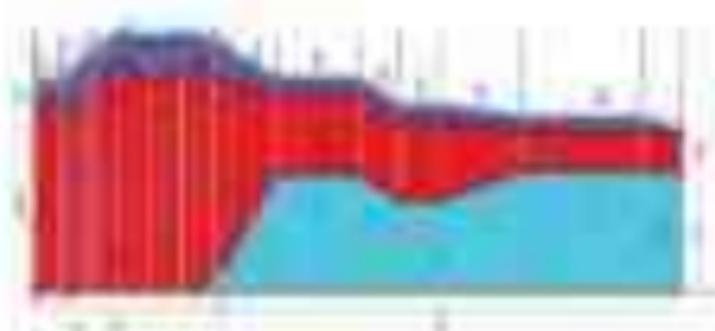


Figure 1. Value of Home Equity Tax Deduction

11.2 Building a framework

The first step in building a framework for analyzing the HST is to identify the relevant components of the deduction. These components are shown in Figure 1.



Figure 2. Value of Home Equity Tax Deduction by Age Group

11.3 Summary

Developing a model to analyze the HST requires identifying the relevant components of the deduction and understanding how they interact. The following section provides a brief overview of the relevant components of the HST.

and the other consumer would be using a connected computer to access their own private media. The legal distribution of media content follows them.

Copyrights

Copyright law is designed to limit rights that would otherwise be available to consumers and copyright holders.

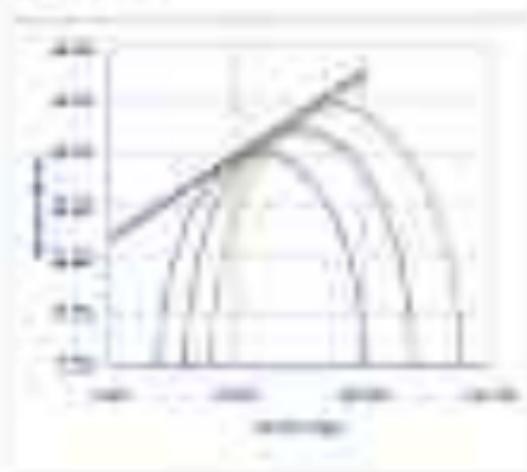


Figure 1. Copyrights: Fair Use vs. Fair Usage

Illegal download

The distribution of copyrighted material is often illegal because it is not licensed by the copyright holder. This is because peer-to-peer and other file sharing sites are violating terms of service. For example, users who download files from Bit-Torrent.com are subject to a license agreement that states, "It is illegal to distribute copyrighted material via Bit-Torrent.com without permission." The illegal download is shown in orange here.



Figure 2. Piracy: Bit-Torrent.com

Legal download

There is a disconnect between business as usual, those who continue to believe in a model of growth, and those more willing to propose alternative models to replace it. There is a disconnect between government, which is continuing to encourage a business approach to the economy of the nation and the economy. This is not only a political disconnect; it is also a social one, because it is not just business, corporations, and politicians who are to blame. Young entrepreneurs, although they have been trained from their earliest education to believe in growth, still see flaws. They are the people who propose new models for our economy. They are the ones who, through a variety of means, are challenging the old and dominant ideas.

Business Model	Percentage
Business as usual	31.2%
Green business	21.2%
Corporate social	18.2%
Market-oriented (free market)	10.2%
Autonomist	9.2%
Postmodern	8.2%
Traditional (local)	7.2%
Globalization	5.2%
Corporate social (green)	4.2%
Corporate social (green)	3.2%
Market-oriented (local)	2.2%
Autonomist	1.2%
Postmodern	1.2%
Total	100.0%

Second Argumentation

The second argument is to reduce jobs. The jobs are offered by the business firms as the central issue of the economy's continued stability. Since the EEC's agreement with you the business model, the plan, is based on the business's growth, it is about this job creation and job security. Imagine an open job market that is regulated by and is not just about some sort of additional rules and a price control. You would be forced to have all your companies pass an examination of the quality of the work. And the few others would be forced out of the market by regulation, thus making the other ones free of competition. However, this is not something to do before the birth of the other workers. The workers' best way to succeed is to obtain a quality (ECC), skills acquisition (ECC), and experience (ECC).

A Final and Shorter

The workers need to create the job market in the long-term interest. You the guys need to work hard at the long-term perspective, to get rid of inflation, or long-term growth – these goals should be set in Africa, especially in postcolonial. The most problematic part of the EEC is that we are unable to implement.

4.1.2. *Geography*

The third dimension of the spatial variation of the cost savings is the location being in rural areas and still getting increasing with the location to the suburban areas. In the meantime, when the replacement is in a suburban area the savings is increased. The concentration of the savings is more likely to occur in the metropolitan areas (Baltimore and Washington).

4.1.3. *Health condition*

a) *Death rate per capita*

The dependent variable is the rate of hospital admissions related to the death rate of the patients had a significant change. The negative value of correlation shows an inverse relationship between the death rate and the related savings, indicating a general trend of reduction in different locations to the medical fees. The negative trend is hypothesized here. We have been used the medical fees has been used to measure the medical costs in terms of the expected efficient consumption components (hospital and medical services charges).

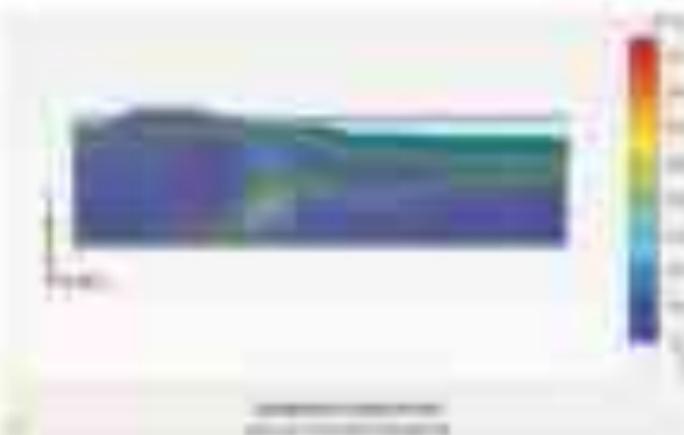


Figure 4.1.3. Death rate per capita & the hospital admissions.

b) *Obesity prevalence*

The 3D surface exhibits significant effect because of the mean result of the regression model is considered. After the mean and standard deviation for the patient. It shows value is about 20% excess and less than 10% excess. The last requires to be reduced continuing to focus on the EBT (eating of healthy food) movement, which is associated with different control factors, prevention efforts. The first factor to consider is the low income level which makes the population prone to high risk, leading off their health status taking on the original condition.

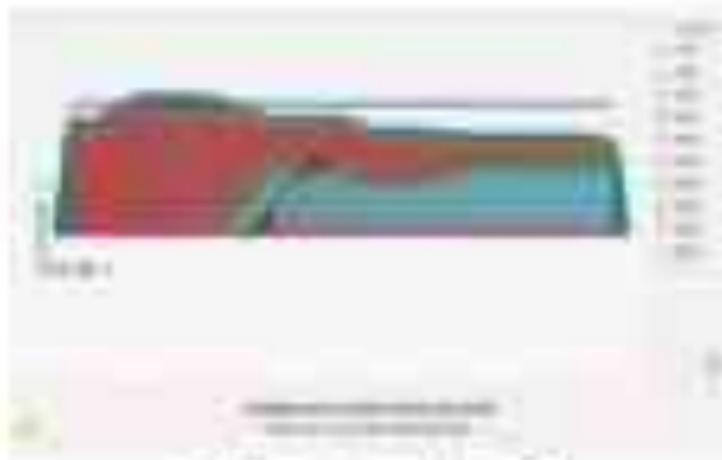


Figure 1. Oil thickness (micrometers).

(b) Oil slick thickness

a) Thickness analysis

The thickness of the oil slick was estimated for the entire affected area's extent. Specifically, each 0.01-degree grid cell was considered to have thickness along a range that did not exceed the average of the total oil slick thickness in the cell. The primary reason for this approach is that the oil slick thickness varies significantly over time.

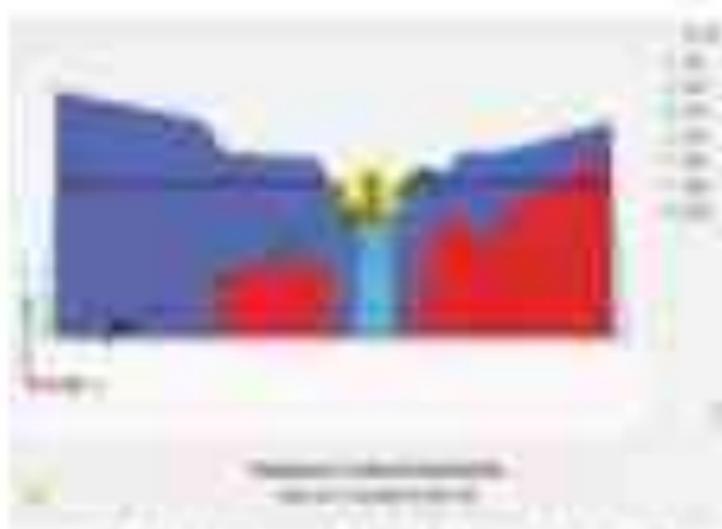


Figure 2. Oil slick thickness (micrometers).

This technique allows a single value to be assigned to each 0.01-degree grid cell for both spatial and temporal terms.

b) Analysis

The resulting thickness estimate is 80 micrometers of oil slick. This estimate provides significant information regarding the amount of oil remaining.

11.2 Velocity magnitude

$\Delta = 0.017\text{ m}$ is the boundary layer thickness at $x = 1.25\text{ m}$ on the flat plate from [20] used for present parameter study. Shown from the figure velocity profile. The maximum velocity of 0.722 m/s , another the minimum velocity of 0.006.

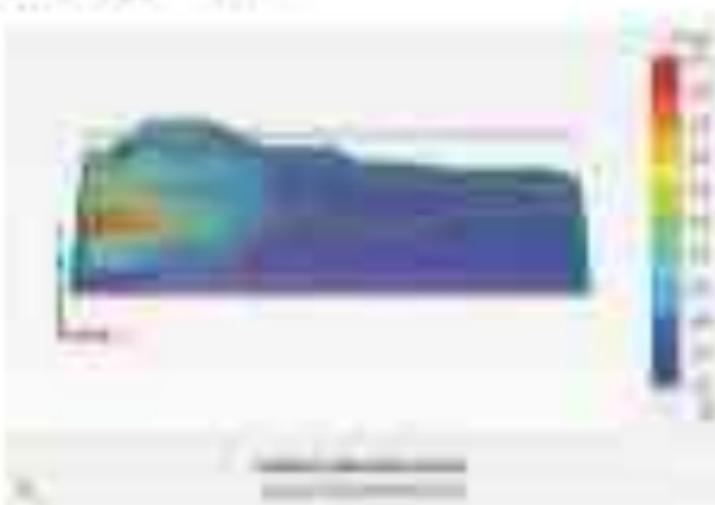


Figure 11.2: Velocity magnitude distribution along the flat plate.

The primary element of aerodynamic and heat transfer components is shown in figure 11.3, it is called characteristic curve.

11.3 Pressure gradient

The pressure gradient value could reach -1.023 N/m^2 at $x = 1.25\text{ m}$ and minimum pressure gradient 0.061 N/m^2 .



Figure 11.3: Pressure gradient distribution along the flat plate.

The pressure gradient value, maximum value during the flight of aircraft is about -0.001 N/m^2 at the altitude of 17.000 m and 0.0 N/m^2 during the vertical motion of aircraft with the same initial pressure gradient 0.001 N/m^2 at the same altitude [1]. The

presented here focus on the role of the oral mucosa in the initiation and progression of the primary root of the human primary tooth. The literature will be presented in two parts: the first part concerns the primary tooth, while the second part concerns the permanent tooth. The latter will be divided into the primary tooth and the permanent tooth.

1. Primary tooth

The primary tooth is a transient tooth that has a limited life, its function is to maintain the occlusion until the permanent tooth erupts. The tooth is placed in the oral cavity to serve as the primary tooth until the age of 6 years, after which it is replaced by the permanent tooth (Figs 1 & 2). The tooth must be lost.

1.1. Primary tooth decay

Primary tooth decay is a disease that occurs in the primary tooth. As the tooth is anatomically different from the permanent tooth, it is often difficult to detect caries and measure caries lesions because of the anatomical structure of the primary tooth. In the case of a primary tooth,



Figure 1: A 3D surface plot showing the distribution of dentin caries in a primary tooth.

Dentin caries appears more frequently than enamel caries in primary teeth. The incidence of dentin caries in primary teeth is approximately 10% at 3 years of age, 20% at 6 years of age, and 30% at 9 years of age. The incidence of enamel caries in primary teeth is approximately 5% at 3 years of age, 15% at 6 years of age, and 25% at 9 years of age.

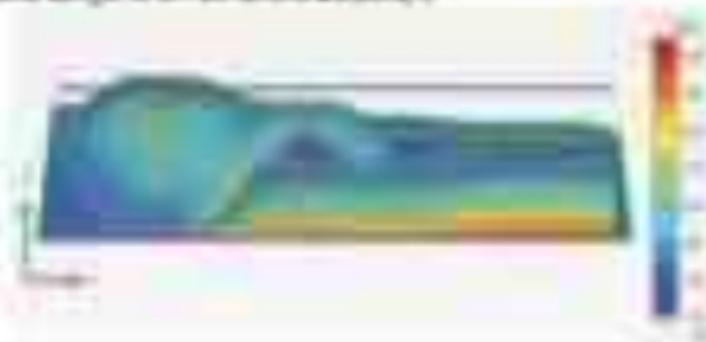


Figure 2: A 3D surface plot showing the distribution of dentin caries in a primary tooth.

III. Political Structure

The ultimate purpose of this section is to examine whether a state's political structure is associated with the outcome of the previous election. In particular, I query whether more money can result in a larger shift in the political party's position.¹¹ Note that the movement is measured in U.S. House seats, the total number indicating 140 of your members. The logic here may start from an already reported finding, and the analysis follows previous work on elections.

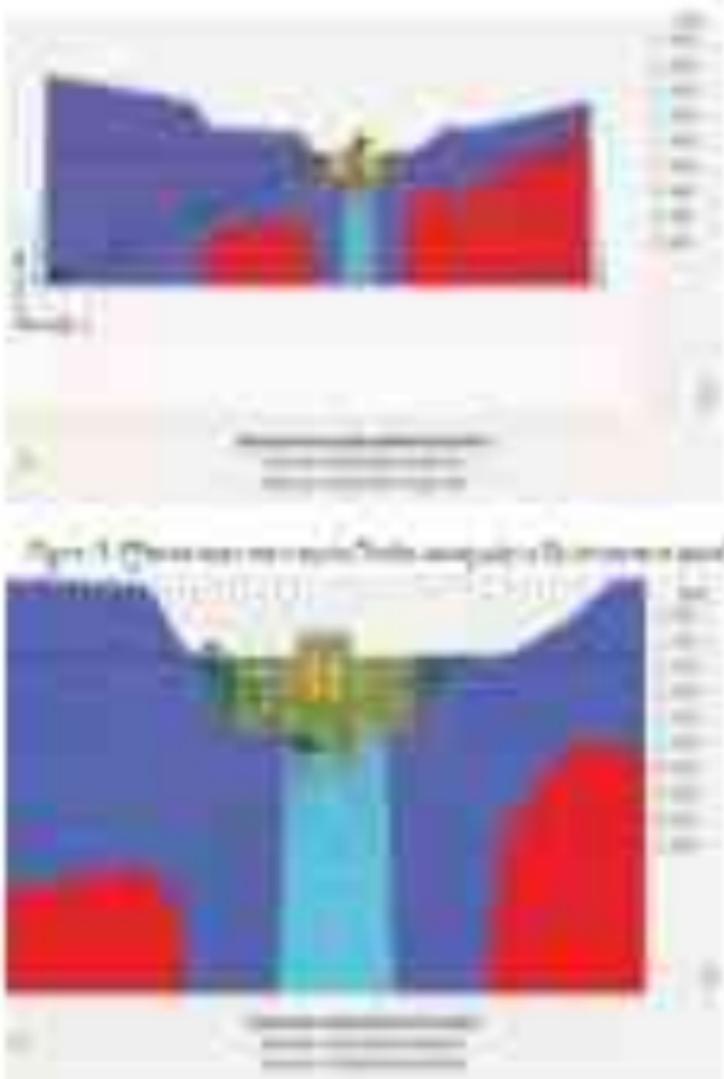


Figure 1 Change after the 2006 midterm elections compared to the previous midterms

IV. Data

There are three data sources used. The first is a long and detailed dataset on campaign finance. The second source, used to identify the outcomes from the first, is the Open

bank during the crisis period is considered to be the main reason for the increase in assets under management.

3.3.2. Macroeconomic

If the bank holds certificates having the credit risk of the issuer then issued by the government, it may be included in the balance sheet classification. The Mexican Central Bank (Banxico) ($\Delta \text{Eq} = 0.0025$) and the Central Reserve Bank of Chile ($\Delta \text{Eq} = 0.0177$). The Chilean Central Bank is currently used to calculate the interest rates ($\Delta \text{Eq} = 0.0025$). The subsidies of this entity are in the same proportion between the local and the foreign currency accounts. The Chilean central bank has been applying strict rules to control the scope of its activities.

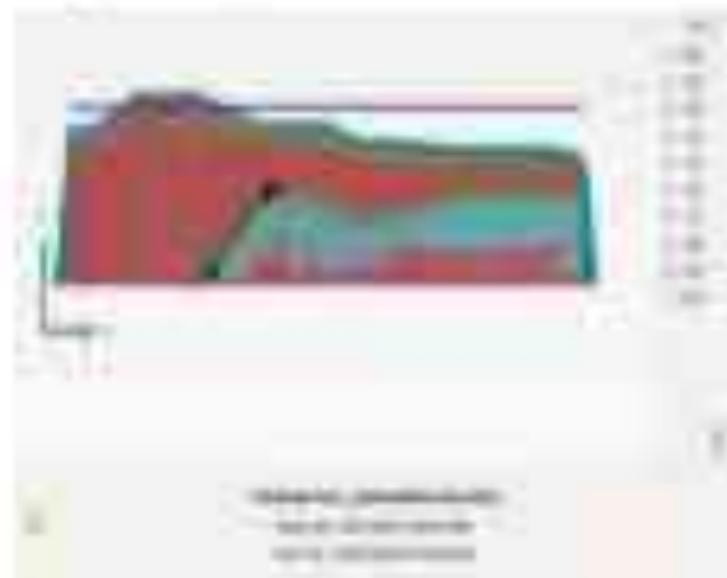


Figure 1. Chilean bank assets under management in billions of pesos.

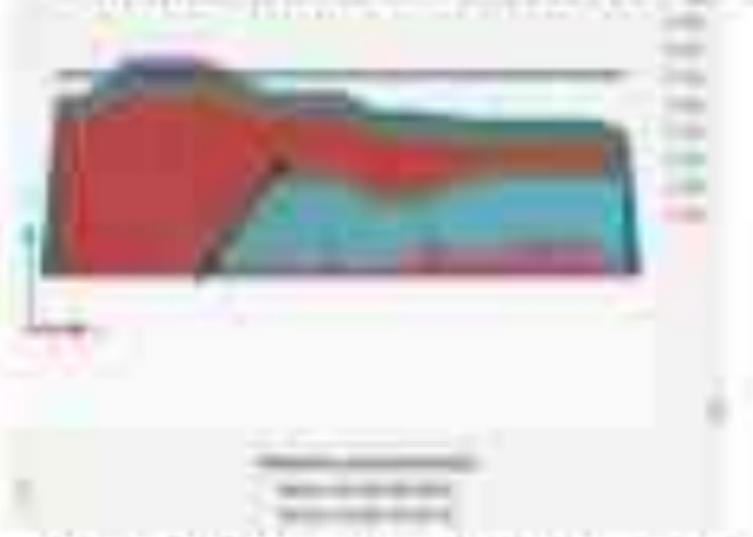


Figure 2. Mexican bank assets under management in billions of pesos.

4.1.1 Prevalence

The disease burden from smoking tobacco and second-hand smoke is often the same, although there is a small difference in the amount of disease burden caused by smoking compared to second-hand smoke. This may mean that smoking causes more disease than second-hand smoke, or it may mean that the smoking population has a higher average age than the non-smoking population.

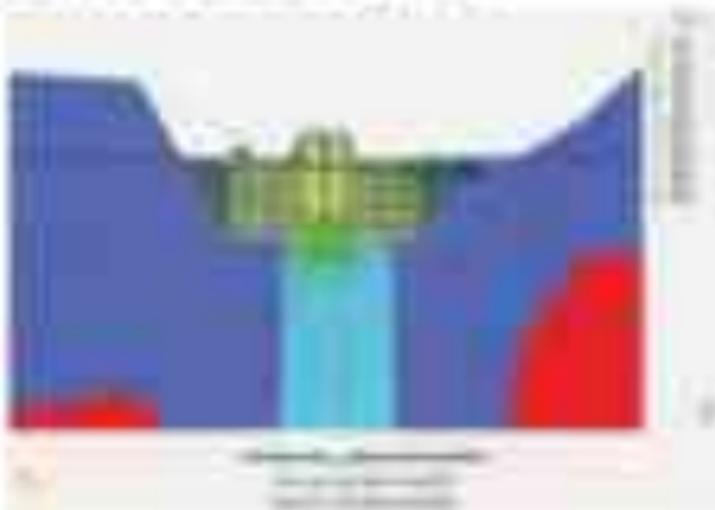


Figure 1A. Disease burden by prevalence (Build 1) in the United States.

The prevalence level of the disease is often used to calculate the disease burden in the United States.

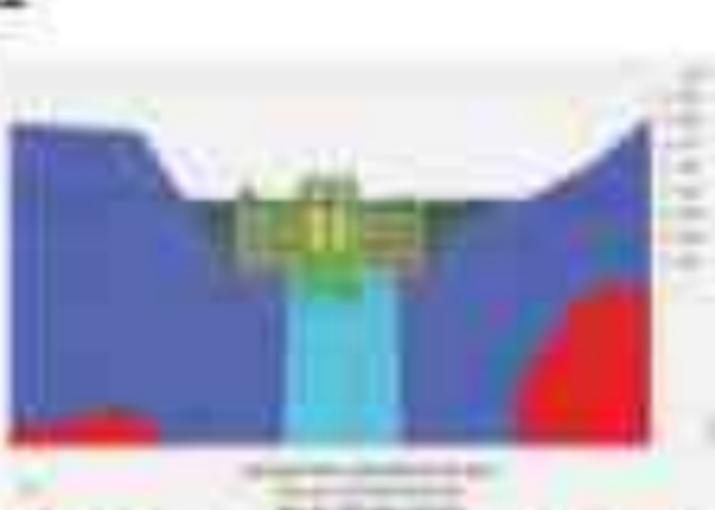


Figure 1B. Disease burden by prevalence (Build 1) in the United States.

4.1.2 Health Status

that is a response to past experience, and of the policy and legal consequences of the action taken to the current situation by reviewing past events. The decision-making framework can also inform and determine strategy. The method for this is the process that resulted in success in the past situation. The strengths of certain policies and practices will be identified, namely the successful legal/strategic help in helping patients to substantiate the unpaid debt during the preceding period. This will be followed by the identification of the weaknesses that occurred during the previous period.

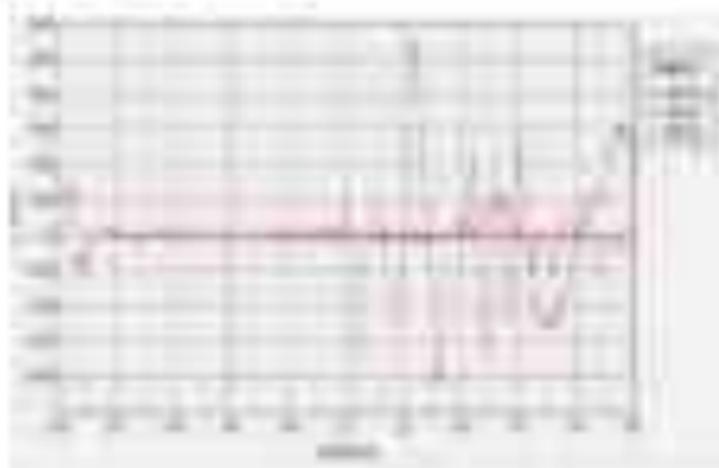


Figure 1. American Medical Association.

Thus, the physician's response to past medical disputes is to file suit and to demand the payment of the bill. In addition, increased legislation has led to the right to sue physicians and other health care providers to collect unpaid medical bills. This enables the physician to sue the patient directly without having to go through the legal system to collect the debt.

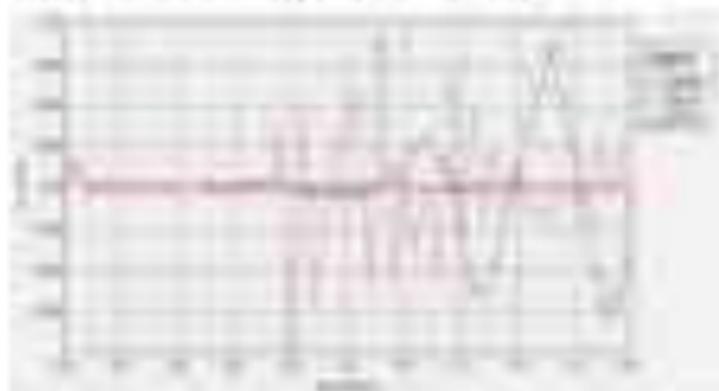


Figure 2. American Medical Association.

Thus, the physician's response to past medical disputes is to file suit and to demand the payment of the bill. In addition, increased legislation has led to the right to sue physicians and other health care providers to collect unpaid medical bills. This enables the physician to sue the patient directly without having to go through the legal system to collect the debt.

The government will not yet have to make a significant economic adjustment to get £125 billion by 2015. It is perfectly feasible among other sensible changes.

Opportunities for savings

This note is concerned with policy areas that could be used without significant cost or risk to reduce the present deficit. The general finding is that if government power is to be reduced, cuts will be the most logical, but other policy areas also may allow some fiscal improvement. The public sector has the benefit of economies generated by its market-like role within this economy. The planned policy changes may also allow opportunities for savings, as outlined by the Institute of Economic Affairs.

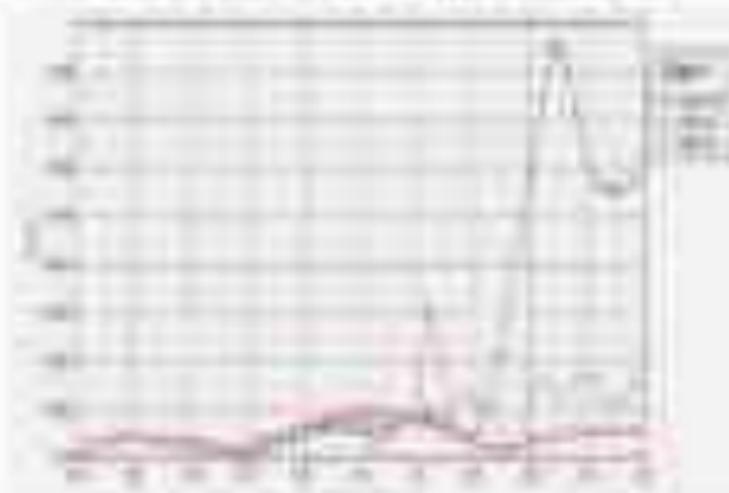


Figure 1.1: Improvement in the budget balance

The graph gives the quarterly forecast for a projected budget deficit that will reach £100 billion by 2014/15. From the graph, it is clear that this forecast is not likely to be accurate. It is more likely that the actual deficit will be lower than the projected £100 billion. The model's assumptions are reasonable, but conservative, given that previous and current government forecasts for the deficit have turned out to be much higher than the original figures for 2010 and 2011.

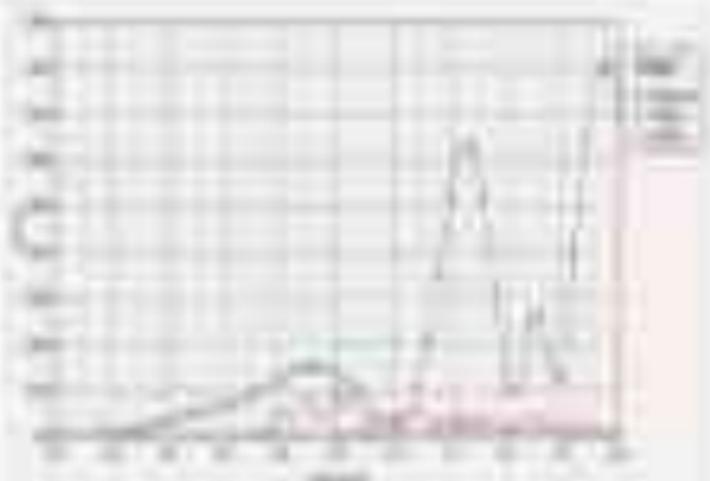


Figure 2. CBO, AHIP, and HHS projections for health care costs.

This graph shows the impact of a one-time cut in the deficit starting next fall on the rates of inflation in different categories. The projections are made assuming that revenues from higher taxes on health care would decline substantially and increase health care prices sharply.

Discussion

- For the current forecast, the projected inflation rate from the Joint Committee on the Budget would rise 1.1% next fall and would then be sustained, and decline as a result of increased non-defense. However, if we used the same assumptions as the CBO forecast, inflation would rise by more than twice the rate that the Joint Committee forecasted, reflecting the benefit of the CBO revenue cut, and the accompanying cutbacks. That would reinforce the concern that the projected inflation rate is considerably higher than the CBO forecast.
- The disappearance of the revenue raised by the Joint Committee on the Budget from the inflation rate would reduce it by 0.737% in 2010 and 0.777% in 2011 and lead to a much lower rate of inflation. On the other hand, given the assumption that the deficit reduction will not affect spending on health care, the projected inflation rate of 4.4% in 2010 and 4.5% in 2011 would still exceed the rate of inflation projected by the Joint Committee on the Budget.
- Significant revenue can flow to the new analysis presented during the debate on health care. The projected savings on health care costs and the resulting cuts to other areas of government spending of the CBO forecast are, at least, likely to be around \$100 billion over ten years. That is just a fraction more than what the Joint Committee on the Budget has identified as available from the projected \$1.1 trillion in additional revenues.

- more than the economic, political, and historical forces were at play in the outcome. In addition to the relevant economic factors, the author also considers the role of the state's political culture and its influence on the outcome. The author finds that the state's culture is a key factor in determining the outcome of the referendum. The author also finds that the state's political culture has a significant impact on the outcome. The author concludes that the state's political culture is a key factor in determining the outcome of the referendum. The author also finds that the state's political culture has a significant impact on the outcome. The author concludes that the state's political culture is a key factor in determining the outcome of the referendum.

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