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Center for Health Policy CENTER FOR PRIMARY CARE & OUTCOMES RESEARCH

CHP/PCOR

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This issue of CHP/PCOR Quarterly Update is dedicated to the memory of Robert Beebe, a dear friend and colleague.

Centers host infectious disease panel for SIIS conference

Though the study of infectious diseases was not long ago considered a dying field, thanks to developed countries' success in combating diseases such as polio and measles, the field is now seeing a resurgence, with the threat of bioterrorist attacks using infectious agents; the spread of emerging or re-emerging diseases such as HIV/AIDS, SARS, avian flu and Marburg; and the continued prevalence of older diseases (like polio) in developing countries.

David Heymann (right), chief of infectious diseases at WHO, answers a question during his talk at the SIIS conference. CHP/PCOR director Alan Garber (left) served as moderator.

And while sophisticated technologies and international collaboration have boosted the world's ability to detect and respond to infectious disease outbreaks, several realities of the global age — most notably increased international travel and trade — are posing huge challenges, enabling infectious diseases to spread farther and faster than ever before.

Those were the key messages of a May 6 panel discussion on "International Responses to Infectious Diseases," which featured CHP/PCOR director **Alan M. Garber** (moderator) and core faculty member **Douglas K. Owens** along with guest presenter **David Heymann**, chief of infectious diseases at the

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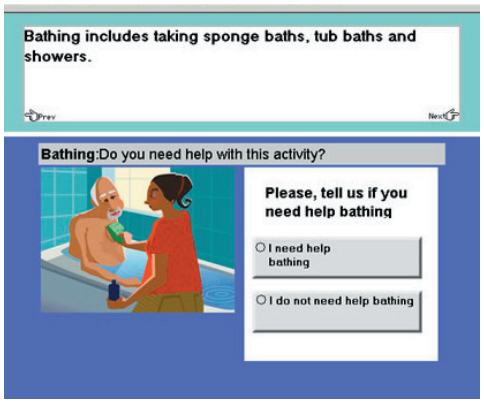
Study yields insight on how older adults value daily function

An ongoing CHP/PCOR study that examines older people's preferences regarding different health states — including those in which they would need help to perform basic tasks such as eating or bathing — is producing valuable information that could help researchers better value interventions aimed at improving older adults' day-to-day functioning. The project is also demonstrating that a computer-based survey can be successfully used by older adults, even those with no computer experience.



In this screen-shot from the FLAIR survey, respondents are asked whether they need help bathing, as part of an evaluation of their functional status.

The project, known as FLAIR (for Functional Life and Independence Research) is more than halfway to achieving its ambitious goal

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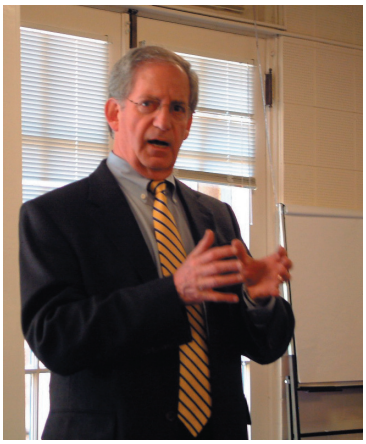
Director of health statistics agency covers range of topics at meeting

Edward J. Sondik, director of the National Center for Health Statistics (NCHS), met with some two dozen CHP/PCOR faculty, staff and affiliates on April 20 for a lunch meeting and discussion at which he addressed a variety of topics, including the importance of vital statistics, the benefits of electronic records, and the challenges of maintaining a high response rate for detailed health surveys. Sondik later met with CHP/PCOR core faculty member **Mary K. Goldstein** and her staff at the VA Palo Alto Health Care System, where he saw demonstrations of the ATHENA system and other medical informatics work led by Goldstein.



Edward Sondik addresses CHP/PCOR faculty, staff and affiliates at a lunch meeting hosted by the centers.

The meeting with Sondik, who advises the Secretary of Health and Human Services on health statistics matters, was organized in conjunction with a grand rounds talk he gave at the Stanford School of Medicine. Sondik has a PhD in electrical engineering from Stanford.

Describing NCHS in his introductory remarks, Sondik said the agency focuses on data collection, and — unlike the Centers for Disease Control and Prevention, of which NCHS is a part — it does not seek to change health behaviors. As a Federal Statistical Agency, he said, "We don't push not smoking. We report as accurately as possible how many people smoke, who smokes and why they smoke."

He emphasized the value of the agency's vital statistics (such as birth and death records) in providing a detailed picture of the nation's health. He acknowledged that many state vital statistics agencies have "antiquated" record-keeping, as many of their records are still on paper, and said his agency plans to implement an electronic records system in cooperation with state agencies once it secures the needed resources. "If the U.S. had a fully electronic system, we could do quality control to a much greater extent. The benefits would be enormous," he said.

Sondik discussed two major in-person surveys the NCHS conducts each year: the National Health Interview Survey, which gathers data on the health status and behaviors of 100,000 people annually; and the National Health and Nutrition Examination Survey (NHANES), a detailed survey of 5,000 Americans that includes a 90-minute interview and a series of clinical evaluations conducted in high-tech mobile trailers.

Asked by CHP/PCOR director **Alan M. Garber** how the agency maintains a high response rate particularly for the long and detailed NHANES survey, Sondik said this is a significant challenge to which his agency devotes considerable resources. "We work very hard to promote the survey," he said. "We get articles in the newspaper, we get on the local TV news, we work with healthcare organizations and community leaders." He noted that these outreach efforts are a change from the past, when NCHS was reluctant to publicize the survey due to public concerns around privacy (all identifying information from the survey is kept confidential, however).

Another recent change is the agency's emphasis on processing and releasing its data more promptly. For some parts of the National Health Interview Survey, NCHS now releases the data six months after they are gathered, compared with one to two years previously. "We're getting more information out there more rapidly. It's been a major culture change," Sondik said.

Sondik concluded by seeking attendees' input on how the CDC should proceed as it reorganizes and places greater emphasis on improving health outcomes. "What health outcomes should we be tracking? How can we structure programs at the national level to have the greatest impact on public health?" he asked.

CHP/PCOR executive director **Kathryn M. McDonald** said the first step should be determining which aspects of health can be readily influenced by providers and which cannot. CHP/PCOR associate **Ruth C. Cronkite** said the agency should focus on changing health behaviors such as diet, exercise and smoking, which contribute to most major health problems. Sondik agreed these areas are important, and said the CDC would work on them.

After the meeting at CHP/PCOR, Sondik went to the VA Palo Alto Health Care System, where Goldstein and her staff demonstrated the ATHENA computer-based decision-support system to improve hypertension care, as well as a system for rapid review of clinical data for quality assessment, using online analytic processing.

"It's impressive to see how the VA Palo Alto's electronic-records system can be coupled with decision-tools that make the system an integral part of patient care," Sondik said, noting that advancing public health informatics is of great interest to the CDC. Such systems, he said, "greatly expand physicians' ability to tailor patient care to specific patient populations." ❖

Antibiotics/vaccine combo is best response to anthrax attack: study

Anthrax first became a household name for many Americans in September 2001, when 22 cases of bioterrorism-related anthrax, including five deaths, were identified on the East Coast. Although the incidents were relatively isolated, they raised an important question: How should the healthcare system respond to a bioterrorist anthrax attack?

Nearly four years later, researchers may be closer to an answer. A study by researchers at CHP/PCOR, the VA Palo Alto Health Care System and the University of Toronto has found that the timely use of both antibiotics and vaccination is the most cost-effective way to treat people potentially exposed to anthrax.

"Our findings make clear that combination therapy with antibiotics and vaccination is better then either treatment alone. And the best strategy is the least expensive," said **Douglas K. Owens**, a CHP/PCOR core faculty member and a senior investigator at the VA Palo Alto.

"Anthrax has been weaponized; it's lethal and it's available. As we point out in our paper, a serious anthrax attack could be catastropic."
— Douglas Owens

Owens is senior author of the study paper that appeared in the April 19 issue of the *Annals of Internal Medicine.* As he and his co-authors note, their findings highlight "the critical need for distribution systems that can provide prophylaxis and vaccination rapidly for hundreds of thousands, perhaps millions, of exposed people."

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax spores can be used as a bioterrorist weapon, and the Centers for Disease Control and Prevention has identified anthrax as one of the few biological agents capable of crippling a developed region through death and disease.

"Anthrax has been weaponized; it's lethal and it's available," said Owens. "As we point out in our paper, a serious anthrax attack could be catastrophic."

If inhalational anthrax is left untreated, the mortality rate approaches 100 percent. A report from the World Health Organization estimated that the aircraft release of anthrax over a city of 5 million people (just over half the size of New York) would result in 250,000 deaths.

Owens and his colleagues — including CHP/PCOR research associate **Dena M. Bravata,** center director **Alan M. Garber** and adjunct associate **Gillian D. Sanders** — evaluated the cost-effectiveness of different methods of defending against such an attack. For their study, they simulated a large-scale aerosolized release over a U.S. metropolitan area. They then developed a decision model to compare the costs, harms and benefits of four post-attack strategies: no vaccination or antibiotics, vaccination alone, antibiotics alone, or vaccination and antibiotics. They also compared two pre-attack strategies: vaccination or no vaccination.

There are no well-established estimates of the probability of an attack or the probability of exposure for any given type of attack, so the researchers chose estimates based on reviews of literature and expert opinions. They estimated the probability of surviving clinical anthrax from past studies and recent U.S. anthrax cases.

After reviewing several strategies, the researchers found that the combination of vaccination and antibiotics was the most effective option for preventing death and disease and was the least costly. The combination, which cost $46,099 per person, resulted in a four-month gain of life and savings of $355 per person when compared with vaccination alone.

"The savings associated with preventing cases of inhalational anthrax offset the cost of using both vaccination and antibiotics," said lead author **Robert Fowler**, a former Stanford postdoctoral scholar who is now an assistant professor of medicine at the University of Toronto.

The researchers also determined that widespread pre-attack vaccination was not very cost-effective. For a city of 5 million people, assuming a low of probability of attack, the incremental cost of a vaccination plan could be $500 million to $1 billion without appreciable health benefits.

The authors emphasized that without an adequate distribution system, no strategy to combat bioterrorism can be effective. "There must be a way to get antibiotics to a very large number of people very rapidly; otherwise you won't get the benefits we predict," said Owens. His hope, he added, is that the findings will help the country become more prepared for a possible bioterrorist attack.

This study was funded by the Sunnybrook and Women's College Health Sciences Centre of the University of Toronto; the Homer Laughlin Fund; the Agency for Healthcare Research and Quality; and the U.S. Department of Veterans Affairs. The study findings were covered in news articles in the Atlanta Journal-Constitution, ABCNews.com, Reuters Health and HealthDay News. ❖

INFECTIOUS DISEASES, FROM PAGE 1

World Health Organization. The panel was part of the Stanford Institute for International Studies' first annual conference, a full-day event that featured seminars and keynote speeches on timely issues including nuclear arms proliferation, global warming, and the future of Europe.

The conference, called "International Day," was also a kickoff event for Stanford University's International Initiative, a recently announced campus-wide effort that will emphasize multidisciplinary collaboration in tackling global problems such as poverty, disease and terrorism. The initiative will focus on three broad themes: pursuing peace and security, reforming and improving governance, and advancing global health. Stanford president **John Hennessy** announced corresponding gifts of nearly $100 million to support the initiative.

The Institute for International Studies (of which the Center for Health Policy is a unit) is taking a lead role on the initiative, and CHP will be involved in the effort through its faculty and research. In honor of two major donors — Stanford alumni **Brad Freeman** and **Ron Spogli** — the institute will be renamed the Freeman Spogli Institute for International Studies, effective Sept. 1.

"The International Initiative is a tremendous opportunity for the university and for CHP/PCOR," Garber said. "The explicit emphasis on international studies has consequences for the research we do, the faculty we hire, and the students we attract." The initiative is particularly exciting for CHP, Garber noted, since the center has long planned to expand its activities in global health.

In opening remarks for the panel talk, Garber noted that while infectious diseases were once considered passé, the field is now recognized as critically important given the resurgence of fatal diseases that can be difficult or impossible to treat. He described Heymann as "the Indiana Jones of infectious diseases," noting that he helped lead the world response to SARS and has been at the forefront of efforts to eradicate polio worldwide.

In 90 minutes of presentations and dialogue, Garber, Owens and Heymann discussed today's most pressing infectious disease threats — including avian flu, polio and drug-resistant tuberculosis — and the factors that could make them more widespread and deadly. Biological advances, for example, could be used to manufacture bioterrorist agents as well as lifesaving drugs. And increasing international travel and trade is a particularly serious threat, enabling infectious diseases to spread quickly around the globe. Heymann discussed how Rift Valley Fever spread from Kenya to Saudi Arabia and Yemen in 2000 through livestock trade. And, it is well known that international travel accelerated the spread of SARS from China to other countries.

Heymann said special efforts must be made to prevent infectious diseases from taking hold in developing countries, as these countries are poorly equipped to store and administer vaccinations and therapies. "If new infectious diseases such as SARS get into developing countries, we could have have a huge problem," he said.

The panelists also noted that since reporting of infectious disease outbreaks is voluntary at the international level, many cases go unreported, or reporting is delayed. This means that detection of outbreaks is often delayed, contributing to increased morbidity and mortality. Prompt recognition of an outbreak would be particularly important in responding to bioterrorism, Owens explained. In responding to an anthrax outbreak, for example, "our analyses show there is a critical window of just a few days to deliver therapies to infected people," he said.

Even when outbreaks are detected early enough, Owens said, many public health systems (including those in the U.S.) have inadequate resources and fail to coordinate with other agencies. These weaknesses, he added, are critical at the local level, where quick and efficient distribution of therapies is the key to containing an outbreak.

Despite the somber outlook, the panelists also discussed signs of progress and promise in infectious diseases, such as the use of technology to detect outbreaks. One example Heymann discussed was the Global Public Health Intelligence Network (GPHIN), a system developed in Canada that detects possible outbreaks by monitoring Internet activity in seven languages and flagging unusual spikes in postings and communications involving infectious diseases. GPHIN, in fact, detected some of the first signs of SARS back in November 2002.

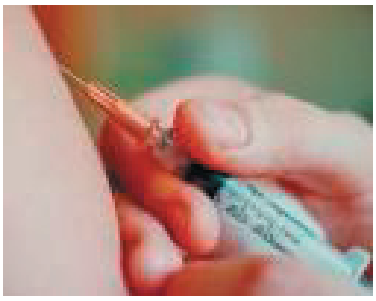
Another encouraging sign is increased international collaboration, which was a major factor in helping to contain the SARS outbreak. Heymann described how scientists from several countries quickly organized and worked together to study patients' blood samples, identify the SARS virus and develop treatment guidelines. Meanwhile, public health officials from several countries worked together to track caseloads, decide when travel restrictions were needed, and disseminate this information through multiple channels.

Compliance with the travel restrictions, and the public's trust in organizations like WHO, prevented many more SARS deaths, Heymann said. The panelists agreed that the global response to SARS offers valuable lessons that could help nations respond to future outbreaks or bioterrorist threats. ❖

Russia must treat drug users to contain HIV/AIDS, research shows

Findings from an ongoing CHP/PCOR research project on HIV/AIDS in Russia provide clear and urgent policy guidance for officials there: Injection drug use is central to Russia's rapidly expanding HIV/AIDS epidemic, and if the country continues with its current approach — largely failing to treat HIV-positive drug users with antiretroviral medications — the epidemic will spread rapidly among the general public as well as drug users.

The findings — which CHP/PCOR researchers presented at the 14th International Conference on AIDS, Cancer and Related Problems (May 23-27 in St. Petersburg, Russia) and in separate meetings with HIV/AIDS experts and organizations in St. Petersburg and Moscow — indicate that antiretroviral therapies should be given to as many of Russia's HIV-positive drug users as possible, preferably integrated with drug rehabilitation programs. In fact, the results indicate that devoting most of Russia's HIV/AIDS resources to treating injection drug users would do far more to limit infection rates among the general public than would efforts focused on non-drug users.



Injection drug use is believed to be responsible for transmission in more than half of Russia's HIV/AIDS cases.

"Our research shows that if they don't treat injection drug users, they'll never get a handle on the AIDS epidemic, and it will spiral out of control," said CHP/PCOR core faculty member **Douglas K. Owens**, principal investigator for the research project, which is funded by the National Institute on Drug Abuse**.** "We hope these results will provide compelling scientific evidence to help influence policymakers in Russia to make needed changes," he added.

Although HIV/AIDS is a relatively new problem for Russia — the epidemic began to take hold there just 10 years ago — today the country has one of the fastest-growing HIV/AIDS populations in the world. While official registered figures show 311,400 HIV cases to date, international experts believe the actual number is closer to 1 million. Until recently, the majority of cases have been concentrated among injection drug users. However, the increasing number of cases among women, along with infections transmitted heterosexually and from mother to child, indicate that the epidemic is shifting from high-risk groups to the general population.

While several countries have taken steps to effectively address their HIV/AIDS epidemics (such as Uganda and Brazil), Russia has lagged behind. There, denial and stigmatization of HIV/AIDS are widespread, the government is reluctant to seek assistance from outside organizations, and the country has scarce resources for HIV/AIDS prevention and treatment. Only about 1,500 HIV-positive individuals in Russia are receiving highly active antiretroviral therapy (HAART) — less than 5 percent of those who need the treatment. HAART is a powerful drug regimen that can add months or years to the lives of HIV-positive individuals.

"Going to Russia was sobering because they have a huge HIV/AIDS problem, a huge amount of denial, and very little resources to deal with it," said CHP/PCOR associate **Margaret L. Brandeau**, a member of the research team. The others are **Cristina Galvin**, **Elisa Long**, **Gillian Sanders**, **Adam Schwartz**, **Swati Tole** and **Tatyana Vinichenko**.

Russia has similarly failed to address the problem of injection drug use, which is believed to be responsible for transmission in over half the country's HIV/AIDS cases, through the sharing of HIV-contaminated needles as well as sexual contact. There are approximately 2-3 million injection drug users in Russia, and in the most heavily affected cities about a third of them are HIV-positive.

Few drug treatment programs exist in Russia, however, methadone clinics are illegal, and needle-exchange programs are discouraged. Injection drug users are instead regarded as criminals, and are often incarcerated. Those living with HIV/AIDS suffer double discrimination; confidentiality regarding HIV status is often breached in medical settings, and stigma is widespread. Owens said the combination of neglect and punishment "is a recipe for disaster" as it relates to the future of Russia's HIV/AIDS epidemic.

To provide guidance on how Russia could most effectively address the problem with its limited resources, the CHP/PCOR researchers developed decision models that evaluated the cost-effectiveness of different treatment strategies and predicted how each would affect the spread of HIV/AIDS in Russia. The model draws on data from St. Petersburg on HIV/AIDS infection rates, transmission rates and mortality rates among drug users and non-drug-users.

The researchers evaluated three treatment strategies: scenario 1, in which HAART is given to 80 percent of

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Obese workers paid less due to health costs, not prejudice, study finds

Studies have consistently shown that obese employees are paid less than normal-weight employees doing similar jobs, leading many people to attribute the gap to prejudice against workers based on their appearance.

But a study by CHP/PCOR researchers adds another wrinkle to understanding these pay differentials: Obese workers are paid less only when they have employer-sponsored health insurance, and the likely reason is not that employers are biased against them but that the lower pay is compensating for their higher expected medical costs.

The findings, published May 2 as a National Bureau of Economic Research working paper, suggest that employers — recognizing that obese workers are likely to have higher medical costs — compensate with lower pay for them. Given that employment-based health insurance requires that employees in the same plan make the same contributions to premiums, the employers adjust wages to account for the greater expense for obese workers' health care, according to the paper.

"A self-correcting mechanism is at work in the labor market," explained study co-author and CHP/PCOR fellow **Kate Bundorf**. The study doesn't address whether or not the wage disparity is fair, she noted; it simply demonstrates that there are strong economic incentives for employers to adjust for the varying costs of providing medical benefits to different types of workers. "Our findings reinforce that these market forces are powerful," she said.

The findings also shed light on the question of who bears the cost of obesity-related health care. While it is often assumed that obese workers' medical expenses are passed on to their employers and normal-weight co-workers, this study indicates that obese workers are paying for it themselves through their lower wages.

Understanding who bears the cost of obesity-related medical expenses has become more pressing, with a significant increase in the number of obese Americans. The proportion of American adults classified as obese rose from 12 percent in 1991 to 20.9 percent in 2001. Obese individuals are at much higher risk of costly chronic conditions like heart disease, diabetes and hypertension. Annual medical expenditures are $732 higher on average for obese adults than for normal-weight adults, according to a recent study published in *Health Affairs*.

Bundorf and co-author **Jay Bhattacharya**, a CHP/PCOR core faculty member, designed their study to find out who bears the brunt of obese workers' higher medical costs. In doing so, they also examined a broader, unsettled question in health economics: Who actually bears the cost of employer-sponsored health insurance — employers or employees? While many health economists assert that the costs of employer-sponsored health insurance are passed on to workers in the form of lower wages, the research findings on this question have been inconclusive.

To study both questions, the researchers compared the hourly wages of obese and non-obese workers with health insurance, adjusting for several factors including education, experience and job type. They found that obese insured workers earned significantly less per hour than non-obese insured workers — $3.41 less in 1998. They also found that the difference in the number of sick days taken by obese and non-obese workers could not explain the wage gap. And, they found that the gap is modest when these workers are young, but widens over time, meaning that this set of obese workers' pay rises more slowly than that of non-obese workers with employment-based health insurance.

"Why should there be discrimination against the obese only when they enroll in employer-provided health insurance?" the authors write in their paper.

The researchers then compared the hourly wages of obese and non-obese workers without on-the-job health insurance. This time, they found no significant difference in pay. This finding — that an obesity-related wage difference existed only for those with employer-sponsored health insurance — signaled that the obese workers' lower pay could be explained by their higher expected medical costs instead of outright prejudice.

To further test this hypothesis, the researchers examined whether a wage gap existed between obese and non-obese workers receiving other kinds of benefits, such as retirement plans or life insurance. They found no wage difference in those instances, thus reinforcing the idea that the pay adjustment results from greater healthcare costs. "Why should there be discrimination against the obese only when they enroll in employer-provided health insurance?" the authors write in their paper.

Bundorf noted that the study design did not allow the researchers to examine exactly how the obesity-related disparity in pay comes about. "We don't think this is a conscious process where the employer says, 'OK, Jane

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Kickoff meeting for Medicare reform project

Core researchers and advisers for the Medicare reform project discuss the key issues involved in the endeavor. Seated, from left, are SIEPR director John Shoven; CHP/PCOR core faculty member Victor Fuchs; Joseph Minarik of the Committee for Economic Development; and Dana Goldman of the RAND Corp.

CHP/PCOR and the Stanford Institute for Economic Policy Research (SIEPR) on May 19 held a day-long kickoff meeting for the Medicare reform project that the two entities are collaborating on, funded by a recently received $350,000 grant. The core researchers for the project are CHP/PCOR core faculty members **Alan M. Garber** and **Victor R. Fuchs**; SIEPR director **John B. Shoven**; and **Dana P. Goldman**, director of the Program in Health Economics at the RAND Corp.

At the meeting, held at SIEPR, the core research team met with outside health and economics experts — who will serve as advisers to the project — to discuss its scope and direction, and the key issues involved in Medicare reform. The attendees were from organizations including the Urban Institute, the Committee for Economic Development, and Harvard University.

OBESITY COSTS, FROM PAGE 6

is obese, and we're paying for her health coverage, so let's pay her this much less in wages,'" Bundorf said. The finding that obese insured workers' pay rises more slowly than that of their normal-weight counterparts, however, suggests that obese workers may be getting smaller and less frequent raises.

Aside from providing insight into the costs of obesity among workers, the study provides perhaps the strongest evidence to date that the costs of employer-sponsored health insurance are, in fact, passed on to workers through lower wages. By implication, insured workers should be just as alarmed by rising healthcare costs as their employers are.

"When employers give you health insurance, they're not giving you something for nothing," Bhattacharya said. "It's coming out of your paycheck."

This study was funded by the Center for the Demography and Economics of Health and Aging, the National Institute on Aging, and the Agency for Heath Care Research and Quality. Its findings were covered by several news outlets, including the San Francisco Chronicle, Marketwatch.com, the San Jose Business Journal, HealthDay News, and in TV segments that aired on KTVU-TV (San Francisco), KOMO-TV (Seattle), WFLD-TV (Chicago), and KRXI-TV (Reno, Nevada). ❖

CHP/PCOR grants, spring quarter

Grant awarded:

"The Impact of School Nutrition Programs"
Michigan State University
Principal investigator: Jay Bhattacharya
Project period: 7/1/04-6/30/05

Grants submitted:

"Diagnosis and Management of Pediatric Anthrax"
Agency for Healthcare Research and Quality
Principal investigator: Douglas Owens
Project period: 6/1/05-3/31/06

"Comparative Effectiveness Reviews for the Medicare Modernization Act"
Agency for Healthcare Research and Quality
Principal investigator: Douglas Owens
Project period: 9/1/05-8/31/07

"External Costs of Obesity"
National Institutes of Health
Principal investigator: Jay Bhattacharya
Project period: 4/1/06-3/31/08

CADMA grants seed projects, hosts Loewenstein talk on affect's role

The Center on Advancing Decision Making for Aging (CADMA), a multidisciplinary research effort administered by CHP/PCOR, is moving forward with two new seed projects for the 2005-06 academic year. The projects, which will begin in August, were selected June 3 at the first annual meeting of CADMA's 12-member advisory committee.

The first project, "Age Differences in Emotional and Cognitive Decision-Making," was awarded to **Elaine Robertson**, with **Ian Gotlib** as mentor. In the study, researchers will examine the behavioral and neural responses of younger and older adults during decision-making and during the resolution of cognitive and emotion-based conflicts.

The study results will shed light on age-related psychological and biological mechanisms that underlie basic decision-making processes. They will also have implications for understanding how the elderly make healthcare decisions, and how healthcare information might be presented most effectively to younger and older individuals.

The second project, "Risk-taking and Financial Decision-making in Older Adults," was awarded to Brian Knutson, **Camelia Kuhnen** and **Gregory Larkin**, with **George Loewenstein** as mentor. In the study, researchers will behaviorally examine how aging may influence risk-taking preferences in the context of investing behavior.

Using functional magnetic resonance imaging, the researchers will also explore whether the coupling of neural activation with risk preferences changes across the life span. The study results will illuminate the underlying components of financial decision-making over the life span, and foster the development of strategies that help adults make optimal financial decisions in late life.

The first three seed projects for CADMA, selected in January 2005, are still underway and will continue through January 2006. They are:

- "Incorporating Health Preferences of Older Adults into the Electronic Medical Record" — grantee **Amar Das**; mentors **Douglas Owens** and **Mary Goldstein**
- "Affective Forecasting and Decision Making in Older Adults" — grantees **Lis Nielsen** and **Brian Knutson**; mentor **Laura Carstensen**; and
- "Age Differences in the Processing of Health Care Information" — grantee **Joseph Mikels**; mentors **Mary Goldstein**, **Alan Garber** and **Laura Carstensen**

Preliminary findings from these projects will be presented at CHP/PCOR's Research in Progress seminars in the fall and winter quarters.

Before the June 3 meeting, CADMA co-sponsored a special seminar given by George Loewenstein — professor of economics and psychology at Carnegie Mellon University — titled "Animal Spirits: Affective and Deliberative Processes in Human Behavior." In his talk, held at CHP/PCOR and also sponsored by the Stanford Center on Longevity, Loewenstein discussed the role of emotion (or affect) in decision-making; how this role has been viewed by scientists and political leaders over time; and how neuroscience technologies, such as brain imaging, are shedding new light on this area of inquiry.

Loewenstein discussed several research studies that demonstrate emotion's powerful influence on decision-making. For example, studies have shown that people tend to have more sympathy for, and will donate more money to, a specific, known victim — such as a hungry child shown in a pitch for a relief organization — rather than anonymous victims described in statistics.

Other studies have shown that when a person is in a particular emotional state, he has trouble relating to himself or others in a different state of mind, and his actions are most strongly influenced by his immediate emotional state.

One study, for example, dealt with drug addicts undergoing substitution therapy, and offered them the choice of receiving money or an extra dose of the treatment drug, to be received five days later. Those who were asked the question while in the throes of withdrawal were far more likely to choose the drug dose. But those who were asked after receiving a dose of drug therapy were less likely to remember the strength of their cravings, and were more likely to choose the money.

Such findings, Loewenstein said, show that "emotions are transformative; they change our perceptions and even our physical state." These findings, he noted, have important implications for healthcare decision-making, as this often involves emotional issues like life and death, dependence and independence.

Loewenstein's talk drew several dozen attendees, largely from economics and psychology — two disciplines that are key to Loewenstein's work and to CADMA. ❖

FLAIR, FROM PAGE 1

of conducting in-depth interviews with 600 Bay Area residents aged 65 or older. Principal investigator **Mary K. Goldstein** and project manager **Tamara L. Sims** presented preliminary findings from FLAIR in mid-May at the American Geriatrics Society's annual conference on behalf of the project team, which includes CHP/PCOR director **Alan M. Garber** as co-principal investigator. Goldstein is clinical director at the Geriatrics Research Education and Clinical Center at the VA Palo Alto Health Care System; Garber is a staff physician at the VA Palo Alto.

Mary Goldstein Tamara Sims

Begun in 2001 and conducted in collaboration with Kaiser Permanente of Northern California, FLAIR is among the first studies seeking to quantify how much older adults value independent function, or "functional status," for basic activities of daily living. The activities being studied are bathing, dressing, eating, toileting, continence, and transferring (moving from one place to another).

Previous studies have gathered such information, known as utilities, on the perceived value of curing specific diseases, but not on the value of functional status per se. The information could ultimately be used to help researchers estimate the cost-effectiveness of function-enhancing equipment or therapies.

"Older adults, particularly the very old, often have multiple health conditions, so what matters most to them may not be what specific disease they have, but whether they can carry out these daily functions," Goldstein said. "When we do a cost-effectiveness analysis, we want to make sure those functions are properly valued."

The FLAIR interviews last about two hours. In one portion, respondents are given a questionnaire that asks for their demographic information and assesses their overall physical and emotional well-being. In another portion, they complete a computer-based survey designed specifically for FLAIR, which deals with preferences and perceptions of various health states that involve limitations in daily-living activities.

Respondents are asked, for example, to imagine health states in which they would need help to dress, bathe, eat or use the toilet. They are then asked to imagine that an effective treatment is available that could restore them to perfect health from a particular health state, but with risks involved. Subsequent questions ask respondents how much risk they would be willing to accept if given the treatment, and how much money they would be willing to pay for it out-of-pocket. They are also asked to predict how happy or unhappy they think they and others would feel in the various health states.

Aside from its focus on functional status, FLAIR is notable in other respects. A concerted effort is being made to include racial and ethnic minorities, as well as frail and homebound individuals — groups that have been underrepresented in other studies. To reach Hispanics, for example, the FLAIR team developed a Spanish-language survey and hired a bilingual research assistant who conducts interviews in Spanish. To reach frail and home-bound individuals, the researchers give participants the option of completing the interview at home, instead of at a clinic. Preliminary results presented at the geriatrics conference show that the project has recruited a fairly diverse sample in terms of the respondents' age, health and functional status.

Another notable aspect of FLAIR is that participants complete one- and two-year follow-up interviews, unlike most utility studies which do just one interview (more than 200 participants have done follow-up interviews.) This allows researchers to examine how respondents' views on health change over time, and how they adapt if their health worsens during the course of the study.

Goldstein notes that FLAIR brings together the realms of utilities and emotion — an intersection of disciplines that is yielding some interesting preliminary findings. These early findings, for example, seem to confirm a phenomenon observed by behavioral economists: Individuals cannot accurately predict how they or others would feel in a given situation, because people tend to exaggerate both how negatively they would feel if something bad happened to them, and how positively they would feel if something good happened to them.

As reported at a Gerontological Society of America meeting by FLAIR collaborator and PCOR affiliate **Mara Mather** (associate professor of psychology at UC-Santa Cruz), the FLAIR respondents tend to predict that other (hypothetical) people with functional limitations will feel much less happy than do the individuals in the study who actually have those limitations.

The FLAIR study has involved several challenges, perhaps the biggest of which has been finding enough participants willing to complete the two-hour survey. "Recruitment is a real challenge," Goldstein said, "but we have incredible

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FLAIR, FROM PAGE 9

RAs who are enthusiastic and flexible. That has helped a lot." Recruitment has been made possible through collaboration with **Joe V. Selby**, MD, MPH, and the FLAIR staff at the Division of Research of the Kaiser Permanente Medical Care Program.

Since the project began in June 2001, 452 participants have completed interviews, including those conducted previously by Sims and other research assistants, and by former FLAIR project manager **Pam Mahlow**. FLAIR's three current RA's — **Katie Cameron**, **Karina Meneses** and **Sarah Songer** — have so far this year completed 185 interviews, including 86 follow-up interviews. Overall, the study has achieved an impressive retention rate of more than 70 percent for the follow-up interviews.

A key challenge for the project has been technical: how to design a computer-based survey for elderly people, who may have no computer experience and may have health problems (such as arthritis or poor eyesight) that can interfere with computer use. The FLAIR team enlisted the help of computer programmer **David Miller**, who designed the FLAIR program with older adults' needs in mind and later refined it based on respondents' feedback. The program's features include large, easy-to-read type; a simple screen layout; graphics that help illustrate key concepts; and a trackball instead of a mouse (the trackball was found to be easier for those with arthritis).

According to a poster presentation at this year's American Geriatrics Society conference, of the first 313 completed interviews, 92 percent of the respondents said they found the computer program easy to use, 76 percent said they enjoyed using it, and only 16 percent said they would have preferred using something other than a computer. This is despite the fact that 28 percent of the respondents had never used a computer before their FLAIR interview.

These results came as a pleasant surprise to some on the FLAIR team. "You'd think people in their 60s, 70s and 80s would be put off by a computer-based survey, but we found something very different," Sims said. "Even among those who've never used computers before, they're much more open than we expected. Some of them are apprehensive at first, but when it's over they say, 'That wasn't bad — it was kind of fun.'"

These reactions bode well for the future of computer-based surveys, which have many advantages over human-administered surveys, Goldstein said. Computer-based surveys are portable, consistent, can facilitate understanding through graphics and multimedia, and can minimize interviewer bias. Computer-based surveys also make it much easier to do things such as randomizing the order of questions for each person, or following different pathways depending on the participant's responses. "There is enormous potential for computer-based surveys, as we're seeing with FLAIR," Goldstein said. ❖

CHP/PCOR in the news

In the spring quarter, the news media featured CHP/PCOR faculty and affiliates in the following articles:

• Less than half of adolescent medical checkups include preventive health counseling on issues such as diet and exercise, drug use and sexually transmitted diseases, despite the demonstrated effectiveness of doctor-delivered advice in promoting healthy behavior and reducing risky behavior in teens. That is the key finding of a study co-authored by CHP/PCOR fellow **Randall Stafford**, published in the May issue of the *Journal of Adolescent Health.* For the study, researchers examined the health services that teens received during nearly 337 million outpatient visits between 1993 and 2000, as reported by the National Center for Health Statistics.

The study results were covered by Marketwatch.com, *Forbes* magazine, HealthDay news, and in a segment that aired on KDKA-TV (Pittsburgh).

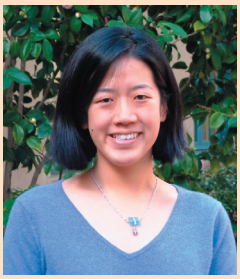
• CHP/PCOR fellow **David Gaba's** pioneering work in developing medical simulators was featured in the May 2 issue of *The New Yorker* magazine, in a lengthy article discussing the benefits of simulation and the way it is changing medical education. Gaba discussed how simulators help doctors improve not only their technical skills and medical knowledge, but also their communication and teamwork.

• CHP/PCOR core faculty member **Victor Fuchs** discussed the weaknesses of SB840 — a state bill that would have created a single-payer healthcare system for California — in a May 1 article in the *San Francisco Chronicle*.

• CHP/PCOR core faculty member **Douglas Owens** provided comment for a May 15 article in the *Pittsburgh Business Times* that discusses healthcare providers' increasing use of evidence-based protocols to help them make patient care decisions.

• A June 23 *USA Today* article on rising levels of drug abuse and drug trafficking in Iraq, discussed the work of CHP/PCOR associate and substance-abuse specialist **Keith Humphreys,** who is helping Iraq rebuild its mental health system, including its response to the drug problem. ❖

CHP/PCOR Profile: Nancy Lin



Research interests: quality improvement; immunization safety and policy; social and psychological factors that influence medical decision-making

Where she's from: born in Princeton, N.J.; raised in northern New Jersey

Education: received a BA in molecular biology from Princeton University, with a certificate in East Asian studies; received an MS and ScD in epidemiology from the Harvard School of Public Health.

Her work at CHP/PCOR: As a trainee with the AHRQ Health Care Research and Policy Fellowship, Lin is working with the Stanford-UCSF Evidence-based Practice Center on the "Quality-improvement Strategies for Care Coordination" project, helping to define and develop a framework for care coordination. She is also working with research associate Dena Bravata on a meta-analysis of studies evaluating the effectiveness of pedometers in boosting physical activity.

Research on childhood vaccines: For her dissertation research, Lin studied the policy and safety implications of recent increases in required childhood immunizations. In one study, she evaluated the impact of the introduction of pneumococcal conjugate vaccine (PCV) on immunization coverage. She found that while some children were more likely to experience a delay in receiving other childhood vaccinations following the introduction of PCV, these delays were not considered clinically important.

Previous research experience: After completing her undergraduate degree, Lin worked for two years at the healthcare consulting firm The Lewin Group, where she worked on projects that examined factors influencing the adoption of new medical technologies. She also completed summer internships at Tufts Health Plan — where she helped evaluate the validity of using administrative data to identify vaccination exposure for a vaccine safety study — and at the New York City Department of Health, where she helped assess the feasibility of using hospital administrative data for asthma surveillance.

What she likes about CHP/PCOR: "What attracted me to CHP/PCOR is the number of different disciplines that work together here, including economics, medicine and psychology. People here are very open to collaborating with other fields. That has helped me think more broadly about my own research."

Hobbies: photography, watercolor painting, hiking, traveling

Little-known fact: Her favorite hike is exploring the Cinqueterre, a region on the northwest coast of Italy.

Announcements from the spring quarter

The Centers for Medicare and Medicaid Services appointed CHP/PCOR director **Alan Garber** as chair of the Medicare Coverage Advisory Committee. The committee helps CMS to determine whether Medicare should cover specific medical services and technologies, based on a careful review of current research and discussion of relevant clinical and scientific issues.

CHP/PCOR core faculty member **Douglas Owens** was appointed as chair of the American College of Physicians' Clinical Efficacy Assessment Subcommittee, which develops clinical practice guidelines for the ACP. Owens has served on the subcommittee for several years, and now also serves on the ACP's Education Committee.

CHP/PCOR core faculty member **Paul Wise** was appointed the Richard E. Behrman Professor of Child Health and Society. This new endowed professorship was established by the Lucile Packard Foundation for Children's Health, in honor of Richard E. Behrman, MD, previously chairman of the board at Lucile Packard Children's Hospital. The professorship is intended for a leader in pediatric outcomes and health services research, health policy and prevention.

The editors of *The Forum for Health Economics and Policy* have created a new award in honor of CHP/PCOR core faculty member **Victor Fuchs.** Called the Victor Fuchs Research Award, the $10,000 prize is sponsored by

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ANNOUNCEMENTS, FROM PAGE 11

the RAND Corp. and will be given to the authors of a paper that has the potential to spawn new research in an underdeveloped area of health economics.

CHP/PCOR research associate and former CHP executive director **Sara Singer** was awarded a pre-doctoral fellowship by the Center for Public Leadership, at Harvard University's Kennedy School of Government. For the fellowship, which is for the 2005-06 academic year, she will study "Safety Leadership in U.S. Hospitals."

CHP/PCOR fellow **Michael Gould** received this year's Early Career Achievement Award from the Behavioral Science Assembly of the American Thoracic Society. Gould was recognized for his work in cost-effectiveness analysis and measurement of health-related quality of life with respect to lung disease.

CHP/PCOR trainee **Kaleb Michaud** received a Health Professional Graduate Student Research Preceptorship award for this summer, from the American College of Rheumatology Research and Education Foundation. The award supports full-time research by a graduate student in the area of rheumatic diseases.

CHP/PCOR core faculty member **Mary Goldstein** was elected as an alternate Department of Medicine senator to the Medical Faculty Senate, for a one-year term.

Hellos and goodbyes:

This spring CHP/PCOR welcomed new patient safety project manager **Alyson Falwell,** patient safety project intervention manager **Nikko Thompson,** and adjunct associate **Anita Tucker**.

Falwell previously worked with the University of Washington's End-of-Life Care Research Program on projects aimed at improving palliative care in the ICU and improving physician/patient communication around end-of-life issues. She received a BA in psychology and political science from Skidmore College, and an MPH from the University of Washington.

Thompson previously worked at the Stanford Prevention Research Center, where she designed and managed implementation of interventions for studies aimed at preventing obesity in pre-adolescent girls. She received a BS in psychology from Stanford and a master of philosophy in African Studies from the University of Ghana in West Africa.

Tucker is an assistant professor in the Operations and Information Management department at The Wharton School of the University of Pennsylvania. She is a co-investigator for "Improving Safety Culture and Outcomes in Health Care," with responsibility for designing and implementing the project intervention. She received a BS and MS in industrial engineering (from the University of Massachusetts and Purdue University, respectively) and a Doctor of Business Administration from Harvard.

CHP/PCOR also said farewell to trainees **Melinda Henne, Jon-Erik Holty, Guohong Li and Mike Ong.**

Henne is going to Keesler Air Force Base, in Biloxi, Miss., where she will serve as chief of reproductive endocrinology and infertility at Keesler Medical Center. Holty is doing a fellowship in pulmonary and critical-care medicine at Stanford. Li is returning to Shanghai Second Medical University, where she will conduct her research project for the China-U.S. Health and Aging Research Fellowship. Ong is heading to UCLA, where he will be an assistant professor at the School of Medicine, in the Division of General Internal Medicine and Health Services Research. Best of luck to them all! ❖

Job openings

CHP/PCOR core faculty member **Mary Goldstein** is seeking full-time research assistants, through Sept. 30, to help with projects implementing clinical practice guidelines for hypertension. Tasks include deconstructing sequential versions of published guidelines for management of hypertension to identify changes from one version to the next; translating new elements in the guideline into specific rules for encoding into an automated system; upgrading an automated system to the new rules; offline testing of new systems; writing documentation of changes made; editing and revising documents describing the system; and assisting the research team with data analysis and report writing. Work is based at the VA Palo Alto and requires U.S. citizenship. For more information, contact Mary Goldstein at Goldstein@stanford.edu.

CHP/PCOR fellow **Michael Gould** is seeking a part-time research assistant to help with a new project on "Computerized decision support for managing lung nodules." Responsibilities include revising, refining and running a previously developed decision analysis model, validating the model predictions against two independent data sets, performing literature searches, summarizing evidence about the accuracy of tests for pulmonary nodule diagnosis, and preparing manuscripts and reports. For more information, contact Gould at Michael.Gould@med.va.gov.

HIV IN RUSSIA, FROM PAGE 5

HIV-positive non-drug users but is not given to any drug users; scenario 2, in which HAART is given to 80 percent of HIV-positive drug users and 1 percent of non-drug users; and scenario 3, in which 50 percent of both groups receive therapy. They also evaluated the course of the epidemic if the current low level of treatment with HAART continues. In that case, by 2025 the prevalence of HIV in St. Petersburg would be 60 to 80 percent among drug users and 7 percent among the general population — a whopping 10-fold increase from the current 0.7 percent prevalence.

Under scenario 1 (providing HAART to 80 percent of non-drug users only) the researchers' model indicates that by 2025, HIV prevalence would reach 77.8 percent among drug users and 5.4 percent among the general population.

Under scenario 2, however (providing HAART to 80 percent of drug users and 1 percent of non-drug users) the spread of HIV would be slowed significantly, with HIV prevalence reaching 69.3 percent among drug users and 3.2 percent among the general population. This analysis highlights how treating drug users with HAART would reduce the spread of HIV, among the general population as well as drug users.

While scenario 3 (providing HAART to 50 percent of both groups) would also significantly decrease the spread of HIV/AIDS over 20 years, the results are not as striking as for scenario 2; HIV prevalence by 2025 would reach 72 percent among drug users and 3.4 percent among the general population.

Regarding cost-effectiveness, the researchers' analysis found that treating 80 percent of drug users with HAART would prevent more than 100,000 infections over 20 years and would add millions of quality-adjusted life years (QALYs) to the population, at a cost of about $1000 per QALY gained, compared with current practice. Treating only non-drug users with HAART, however, would prevent fewer infections and would cost more per life-years gained.

In the third scenario, about the same number of infections would be prevented as when only injection drug users are treated. All three strategies would be cost-effective as judged by guidelines from the World Health Organization.

"What's most striking about our results is that the greatest impact on the general population comes from treating drug users, not the general population," said Owens, a senior investigator at the VA Palo Alto Health Care System. "It underscores the fact that injection drug users seem to be the critical link in the spread of HIV to other groups in Russia." This is not to suggest that HAART should be given primarily to drug users, Owens explained; rather, it highlights the importance of treating drug users *and* non-drug users aggressively.


Douglas Owens

The CHP/PCOR researchers said these messages were well-received in the meetings they held with leaders of several organizations addressing HIV/AIDS in Russia, including the World Health Organization and UNAIDS. "The people we talked to were very supportive and interested in our results," said CHP/PCOR research associate **Cristina Galvin**. "They have a strong interest in making sure this information reaches high-level policymakers in Russia."

One point the researchers emphasized in their meetings was the need to provide adequate support services to injection drug users taking HAART — a factor that was incorporated into their decision model. Treating any population with HAART is a challenging task, Owens explained, given the number of different medications involved and the importance of taking them on schedule.

Treating injection drug users with HAART is even more difficult, he added, because they tend to have inadequate healthcare access, high rates of Hepatitis C and other diseases, and conditions such as depression and homelessness — all factors that can reduce adherence to a medication regimen.

Still, Owens pointed out, studies have shown that HIV-positive drug users can adhere to a HAART regimen at rates similar to the general population if they have access to well-designed, supportive treatment programs, with features such as convenient hours and locations, HIV counseling, and protocols whereby staff members observe patients taking all doses of their medications.

"There are legitimate concerns about drug users' adherence to HAART," Owens said, "but if you gave them the services and support to help them take their medications, it could have a huge positive impact on the epidemic in Russia." ❖

Publications from the spring quarter

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Ong MK, Glantz SA. "Free nicotine replacement therapy programs vs. implementing smoke-free workplaces: a cost-effectiveness comparison." *American Journal of Public Health* 95, no. 6 (2005): 969-975.

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Presentations from the spring quarter

Laurence Baker
"Access to Neonatal Intensive Care and the Black-White Newborn Outcomes Difference." Poster presentation on behalf of co-authors Chris Afendulis, Ciaran Phibbs et al, at AcademyHealth annual research meeting, June 26-28, 2005 in Boston, Mass.

"Differences in Neonatal Mortality Among Whites and Asian Subgroups: Evidence from California 1991-2001." Poster presentation on behalf of co-authors Chris Afendulis, Ciaran Phibbs et al, at AcademyHealth annual research meeting.

Margaret Brandeau
"Evaluating the Cost-effectiveness of HIV Prevention and Treatment Programs." 14th International Conference on AIDS, Cancer and Related Problems, May 23-27, 2005 in St. Petersburg, Russia.

Kate Bundorf
"Measuring the Financial Protection from Health Insurance." Wharton Impact Conference: "Private Health Insurance in Developing Countries," March 15-16, 2005 at the Wharton School, University of Pennsylvania.

"Effects of Insurance Mandates on Infertility Treatments and Outcomes." 16th annual Health Economics Conference, May 21-23, 2005 at State College, Penn.

"The Incidence of the Healthcare Costs of Obesity." 2005 Risk Theory Seminar, May 6-8, 2005 at the University of Mississippi, Oxford, Miss.

Ruth Cronkite
"The 23-year Outcomes of Remitted Depression: Health Outcomes, Health Care Utilization, and Work Productivity." Poster presentation on behalf of co-authors Rudolf Moos et al, at the American Psychiatric Association annual meeting, May 24, 2005, in Atlanta, Ga.

Alain Enthoven
"The U.S. Experience with Managed Care and Managed Competition." Federal Reserve Bank of Boston's 50th economic conference, "Wanting it All: The Challenge of Reforming the U.S. Health Care System," June 15-17, 2005 in Chatham, Mass.

Cristina Galvin
"HIV/AIDS in Russia: An Analysis of Statistics." 14th International Conference on AIDS, Cancer and Related Problems, May 23-27, 2005 in St. Petersburg, Russia.

Mary Goldstein
"Having IADL Dependency Does not Prevent People from Overestimating Impact of ADL Dependency." Presented on behalf of the FLAIR project at American Geriatrics Society Annual Meeting, May 12, 2005 in Orlando, Fla.

"Informatics Systems Supporting Collaborative Care of Chronic Illness" AcademyHealth annual research meeting, June 26-28, 2005 in Boston, Mass.

"Preference-Based Selection Effects in Elders with Long-Term Care Insurance." Poster presentation at AcademyHealth meeting.

Michael Gould
Cost-effectiveness analysis post-graduate course: "A guide to understanding clinical research: how to critically appraise published studies in pulmonary and critical care medicine." American Thoracic Society International Conference, May 2005 in San Diego, Calif. (*course co-chair*).

Hau Liu
"The Cost-Effectiveness of Alendronate and Parathyroid Hormone in High-risk Osteoporostic Women." Presented on behalf of co-author Kaleb Michaud at the 3rd annual Bay Area Health Care Outcomes and Quality Conference, May 26th, 2005 at Stanford.

"Late-night Salivary Cortisol in Elderly Male Type-2 Diabetic Veterans." Endocrine Society 2005, June 6, 2005 in San Diego, Calif.

Kathryn McDonald
"Development, Refinement and Ongoing Validation of the AHRQ Quality Indicators." Kaiser Permanente Division of Research Seminar, May 3, 2005 in Oakland, Calif.

Kaleb Michaud
"Reduced Mortality among Rheumatoid Arthritis Patients Treated with Anti-TNF Therapy and Methotrexate." European League Against Rheumatism, June 10, 2005 in Vienna, Austria.

Rudolf Moos
"Social Settings and Substance Use: Contextual Factors in Recovery." Annual meeting of the Research Society on Alcoholism, June 2005 in Santa Barbara, Calif.

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PRESENTATIONS, FROM PAGE 15

Douglas Owens
"Cost-effectiveness of Screening for HIV in the Era of Highly Active Antiretroviral Therapy in the United States." 14th International Conference on AIDS, Cancer and Related Problems, May 23-27, 2005 in St. Petersburg, Russia.

"Cost-effectiveness of the Implantable Cardioverter Defibrillator (ICD) for Secondary Prevention of Sudden Cardiac Death." ICD Cost-effectiveness Think Tank, sponsored by Duke University, March 21-22, 2005 in Washington, D.C.

"Future Directions for Screening Policy for HIV." 2005 National HIV Prevention Conference, June 12-15, 2005 in Atlanta, Ga.

Ciaran Phibbs
"Access to Neonatal Intensive Care and the Black-White Newborn Outcomes Differences." Presented on behalf of co-authors Chris Afendulis, Loren Baker et al, at the Pediatric Academic Societies meetings, May 15, 2005 in Washington, D.C.

"Differences in Neonatal Mortality Among Whites and Asian Subgroups: Evidence from California 1991-2001." Poster presentation on behalf of co-authors Chris Afendulis, Loren Baker et al, at the Pediatric Academic Societies meetings, May 17, 2005 in Washington, D.C.

"Women in the Veterans Health Administration: Medical Conditions, Utilization and Cost of Care." Poster presentation on behalf of co-authors Susan Frayne et al, at the AcademyHealth annual research meeting, June 2005 in Boston, Mass.

Tamara Sims
"Acceptability of Multimedia Survey Instrument among Older Adults." Poster presentation on behalf of the FLAIR project at American Geriatrics Society annual meeting, May 12, 2005 in Orlando, Fla.

"Attaining a Diverse Sample of Older Adults Through Internet-based Surveys in the Home." Poster presentation on behalf of the FLAIR project at American Geriatrics Society annual meeting.

Sara Singer
"Creating a Culture of Safety in Hospitals." AcademyHealth annual research meeting, June 26-28, 2005 in Boston.

Todd Wagner
"Conducting Cost-effectiveness Analyses of Behavioral Interventions." National Cancer Institute, May 11, 2005 in Rockville, Md.

"The Cost-effectiveness of an Outreach Intervention for High-risk Women with Abnormal Pap Smears." American Society for Preventive Oncology, March 14, 2005 in San Francisco.

"The Costs and Benefits of Using Tailored Health Guides and Telephone Counseling to Increase Use of Mammography and Pap Smear Screening in a Multi-ethnic Population." American Society for Preventive Oncology, March 14, 2005 in San Francisco. ❖

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CHP/PCOR Quarterly Update is written and designed by Sara Selis, outreach coordinator. Comments are welcome at Selis@Stanford.edu.

Spring quarter Research in Progress seminars

April 6: Renee Hsia, Jia Chan and Laurence Baker, "Has Prudent Layperson Legislation for Emergency Care Achieved its Goals?"

April 20: Hau Liu and Kaleb D. Michaud, "The Cost-effectiveness of Osteoporosis Treatment in High-risk Osteoporotic Women"

April 27: Will Dow, "Medicare and Longevity in International Perspective"

May 4: Guohong Li, "Feasibility study for establishing a multi-tier healthcare system for the elderly in China"

May 11: Yu-Chu Shen, "Hospital Ownership and Performance: An Integrative Research Review"

May 18: Jay Bhattacharya, "Smoking Decisions and the Welfare Economics of Myopia"

May 25: Kate Bundorf, "Health Risk and the Purchase of Private Insurance Coverage"

June 1: Melinda Henne, "The Effects of Competition among Clinics on IVF Outcomes"

About CHP/PCOR

The **Center for Health Policy** (CHP) and the **Center for Primary Care and Outcomes Research** (PCOR) are sister centers at Stanford University that conduct innovative, multi-disciplinary research on critical issues of health policy and healthcare delivery. Operating under the Stanford Institute for International Studies and the Stanford School of Medicine, respectively, the centers are dedicated to providing public- and private-sector decision-makers with reliable information to guide health policy and clinical practice.

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