Center for Health Policy & Center for Primary Care and Outcomes Research

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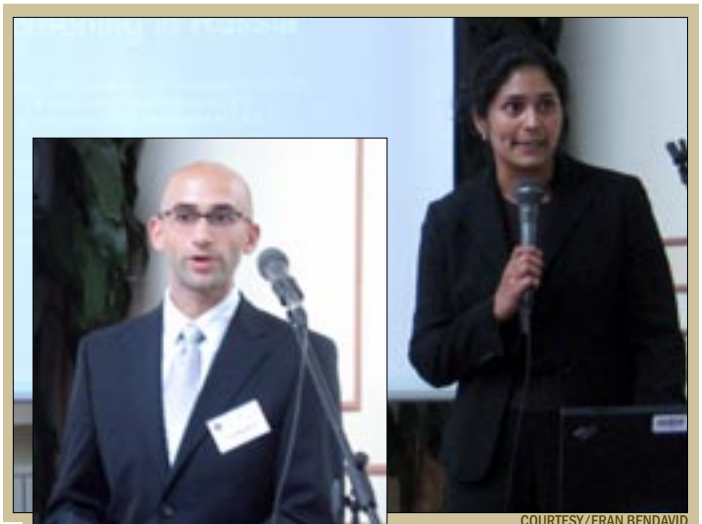
NIDA Team Presents Research Findings in Russia at HIV/AIDS International Conference

At the recent 16th International HIV/AIDS Conference entitled "AIDS, Cancer, and Public Health," hundreds of HIV/AIDS experts convened in St. Petersburg, Russia, to discuss modern-day approaches in dealing with the epidemic. The conference included sessions on topics such as medical care for HIV/AIDS patients, development of an HIV vaccine, sexual acquisition of HIV, and acquisition of HIV/AIDS by drug abuse, among other topics.

The CHP/PCOR National Institute on Drug Abuse (NIDA) project team was one of many groups who attended the meeting. The NIDA team consists of CHP/PCOR core faculty member **Douglas K. Owens**, associate **Margaret L. Brandeau**, who is a faculty member in the Stanford department of management science and engineering, trainees **Swati Tole** and **Eran Bendavid**, and PhD candidate Elisa Long, who is mentored by Brandeau and Owens. The team also includes David Paltiel at Yale University, Jim Kahn at the University of California, San Francisco, and Gregory S. Zaric at the University of Western Ontario.

"The conference provides a great opportunity for us to present our work relevant to Russia, to get feedback from investigators there, and to learn about the scientific research and policy issues in Russia," Owens explained. "Our work is among the first to formally evaluate the cost-effectiveness of HIV screening and treatment in Russia. We are extremely proud of the work done by our trainees."



COURTESY/ERAN BENDAVID

ERAN BENDAVID (left) and SWATI TOLE (top) present on the cost-effectiveness of HIV monitoring in resource-poor settings and in Russia, respectively.

The NIDA team organized a half-day symposium at the conference on "Advances for Modeling the AIDS Epidemic and Assessing the Impact of Related Interventions." Since the conference was held in Russian, one of their papers on expanding antiretroviral therapy in Russia was translated into Russian, with the goal of making it more broadly accessible

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Health Technologies Panel Addresses Demand-Side Health Challenges

The Stanford International Initiative's first symposium—"The Symposium on Technology and Culture"—brought together Stanford faculty, students, and community members at the end of April. The themes technology and culture are two of the six global challenges that the International Initiative focuses on.

The event sought to generate ideas and broaden an understanding of the interaction between technology and various spheres of daily life that impact technology, such as gender, culture, national security, and health technology adoption. The symposium series is designed primarily to promote collaborative interdisciplinary work among Stanford faculty members.

In the fourth and final session entitled "Health Technology Adoption," CHP/PCOR core faculty member **Grant Miller** served as the moderator, giving introductory remarks on the recent

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international focus on supply-side issues. He described how the costs of health technologies have decreased in order to make them available for developing countries, but demand-side issues are beginning to surface.

"The basic premise behind this panel is that if you look at what's really killing people in poor countries, a very striking thing you'll notice right away is that these are things we actually know how to address," Miller said. "Of course, cost and supply are big issues, and I think correctly so, and this has been a major area of efforts in international health. As supply has improved considerably, new challenges on the demand-side have occurred."

In spite of lower costs and potential benefits, the question of why it is that some technologies are under-used is still not well understood. Miller provided examples of simple-to-use technologies that are highly effective to illustrate his point: insecticide treated bed nets are effective for controlling malaria; chlorine and radiation can kill biological pathogens in drinking water to prevent diarrheal disease, while rehydration therapy can prevent deaths due to diarrheal disease; and nutrient-rich flavored drinks can be purchased at vegetable kiosks in developing countries.

PHOTO/ROB SEARCEY

From left to right, GRANT MILLER, LYNN HILDEMANN, DAVID KATZENSTEIN, and APRAJIT MAHAJAN discuss the difficulties of altering behaviors and changing cultural norms to improve the adoption of health technologies.

The three panelists invited to speak on the topic included Lynn Hildemann, associate professor of civil and environmental engineering (who has also collaborated with Miller on a project that looks at the impact of cook stove smoke in rural populations in Bangladesh); David Katzenstein, professor of medicine; and Aprajit Mahajan, assistant professor of economics.

The panelists analyzed why it is that health technologies that can benefit communities at a relatively low-cost are not being used to their fullest extent, drawing from various health issues, such as malaria, HIV, and tuberculosis.

Behavioral norms within a country were an important issue, as well as day-to-day priorities. Even if say, a cooking stove could significantly reduce the amount of harmful particulate matter inhaled by a woman in Bangladesh, obtaining a cleaner-burning cooking stove to reduce air pollution may not be among her top concerns. Rather, when a family's most basic needs are not met, it is difficult to even begin thinking about air pollution.

Likewise, improving access to HIV drugs could increase the number of people treated by antiretroviral (ARV) drugs and allow them to be more productive, but

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The CHP/PCOR *Quarterly Update* is written and designed by Amber Hsiao, Information Editor & External Relations Coordinator. Comments are welcome at amhsiao@stanford.edu.

SPRING MEDIA MENTIONS

Media Mentions are a compilation of select CHP/PCOR-relevant daily media reports produced by the Stanford School of Medicine's Office of Communication & Public Affairs. Media Mentions are edited by CHP/PCOR editor Amber Hsiao.

CHP/PCOR core faculty member Douglas K. Owens was featured and interviewed in segments that appeared in dozens of media outlets nationwide on the new American College of Physicians mammography guidelines. Owens chaired the committee that established the new guidelines, recommending that women in their 40s consult with their doctors on whether to get mammograms. Media outlets include the *Washington Post* (Apr. 3), Fox News (Apr. 2), CBS5 (Apr. 2), *U.S. News & World Report* (Apr. 3), and the *Orlando Sentinel* (June 12).

CHP/PCOR fellow Randall S. Stafford was quoted in a *HealthDay.com* (Apr. 2) article on a new study that found that the number of U.S. children being prescribed antidepressants appears to have dropped. The drop was observed following warnings about suicidal behavior associated with use of antidepressant drugs.

CHP/PCOR fellow Randall S. Stafford was one of the authors of a study mentioned in a *Detroit News* (Apr. 10) article that described the longest-ever comparison of four popular food diets, with the lowest-carbohydrates Atkins diet coming out on top.

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to investigators and policymakers, according to Owens. A total of seven abstracts were presented by the NIDA team, consisting of topics directly relevant to the Russian HIV/AIDS context and others to HIV/AIDS issues in general. §

"HIV/AIDS is one of the biggest medical and social challenges of our era. It is also one of the biggest opportunities to bridge disciplines and national boundaries in a concerted effort to confront an issue in a unified, global front." —Eran Bendavid

"It is important when evaluating potential HIV prevention programs to understand the relevant social, political, and cultural issues, in addition to the health and medical issues. Our trips to Russia have been invaluable in providing us with such insight."

—Margaret L. Brandeau

CHP/PCOR Investigator Presentations: HIV/AIDS in the Russia Context

Cost-Effectiveness of HIV Monitoring in Resource-Constrained Settings (presented by Eran Bendavid)
E Bendavid, SD Young, GD Sanders, DK Owens
Background: Although the number of HIV infected people receiving highly active antiretroviral therapy (HAART) has soared in the past few years, relatively little attention has been paid to disease management in resource-constrained settings
Conclusion: Expanding CD4 monitoring for management of HAART therapy in resource-constrained regions provides substantial health benefit with a modest investment in resources.

The Cost-Effectiveness of HIV Screening in Russia (presented by Swati Tole)
SP Tole, GD Sanders, AM Bayoumi, CM Galvin, TN Vinichenko, ML Brandeau, DK Owens
Background: Russia has had an extensive HIV screening program for several years. Our study evaluates the cost-effectiveness of HIV screening in Russia.
Conclusions: Our findings indicate that once-per-lifetime HIV screening in Russia is very cost-effective by World Health Organization guidelines. To improve the cost-effectiveness of screening, efforts should focus on reducing costs of HAART and ensuring that HIV-infected individuals receive treatment.

Evaluating the Cost-Effectiveness of Expanding Antiretroviral Therapy (ARV) in Russia and the Effect of Reduced ARV Price (presented by Elisa Long)
EF Long, ML Brandeau, CM Glavin, T Vinichenko, SP Tole, GD Sanders, DK Owens
Background: The HIV/AIDS epidemic is growing at an alarming rate in Russia and areas of Eastern Europe. Much of this growth is fueled by injection drug users (IDUs), who account for 70–85% of new HIV infections. Few HIV-infected IDUs and non-IDUs in Russia currently receive highly active antiretroviral therapy (HAART), which provides substantial health benefits by reducing disease progression and mortality, as well as reducing the chance of infecting others.
Conclusions: We find that strategies to expand antiretroviral therapy in Russia should include treatment of both IDUs and non-IDUs, are cost-effective at current treatment prices, and will become more favorable as treatment costs decrease.

CHP/PCOR Investigator Presentations: HIV/AIDS Resource Allocation & Screenings

Allocating HIV Prevention Funds at National and Local Levels (presented by Margaret L. Brandeau)
GS Zaric, ML Brandeau
Background: HIV prevention funds are often allocated by decision makers at multiple levels. High-level decision makers (e.g., at a national level) may allocate funds to local regions, while local decision makers then allocate those funds to specific programs. Often, funds are allocated proportionally (e.g., in proportion to HIV incidence) rather than efficiently (i.e., to maximize HIV infections averted). We investigate the impact of efficient and proportional allocation methods at two different decision levels.
Conclusions: Efficient allocation only at the higher level cannot overcome poor allocation decisions at lower levels. Moreover, efficient allocation at the lower level is likely to yield greater gains than efficient allocation at the higher level. Thus, rules by donor organizations that require very detailed planning by recipients may be justified.

Cost-Effectiveness of Screening for HIV in Older Patients in the U.S. (presented by Douglas K. Owens)
GD Sanders, AM Bayoumi, M Holodniy, DK Owens
Background: Early identification of HIV infection is essential if patients are to receive maximum benefit from antiretroviral therapy (ARV). In the U.S., the cost effectiveness of screening has been established for younger patients, but has not been well studied in patients 50 to 75 years old.
Conclusions: At a prevalence of greater than 0.1%, screening in patients aged 65 to 75 years reached acceptable levels of cost effectiveness in the U.S. if screening is done inexpensively, as with streamlined counseling. Clinicians should consider patients in this age group as potential candidates for screening, particularly when patients have sexual partners at risk. §

"HIV is a complicated illness—not only biologically, but also from a psychological, sociological, and economic perspective. My experiences at CHP/PCOR underline the importance of approaching the disease from a multidisciplinary perspective."

—Swati Tole

Wise Invited to Speak at National Summit on America's Children in Washington, DC

CHP/PCOR core faculty member Paul H. Wise was invited by the Speaker of the House Nancy Pelosi to lend his expertise on children's issues at the recent National Summit on America's Children. Wise took part in the panel on health and mental health, and his remarks appear below. An audio transcript and more information on the Summit is available on the Speaker's website.

My basic message here today is that there is a growing mismatch between current child health policies and the evolving science of childhood needs. It is important to recognize that there has been a transformation in the epidemiology of child health in the United States. This transformation has been fueled by two central arenas of change.

The first arena is the legacy of birth. Death in the first year of life—infant mortality—now accounts for almost 60 percent of all deaths in childhood, from birth through age 18. Patterns of a range of pathologic birth outcomes ripple across the full epidemiology of childhood. For much of the past 40 years, we have been relying on modern medicine, particularly neonatal intensive care to bail out the U.S. infant mortality rate by consistently improving the survival of extremely premature and other high-risk newborns. This care has been very successful in consistently bringing these rates down. But this phase pretty much came to an end in the late 1990s. The survival rates of extremely premature newborns are plateauing. [. . .]

The problem that we must now confront directly is our profoundly elevated birth rate of extremely premature babies. Although we do not understand fully the causes of extreme prematurity, most policy-based efforts have traditionally focused on enhancing prenatal care, an intervention that is, of course, essential.

However, it is important to remember that these babies who are dying are so premature that it is very difficult to intervene in the prenatal period in time, particularly since so many of the known risks are longstanding. Evidence suggests that factors that shape our elevated rates of poor birth outcomes are rooted in women's health problems that exist long before conception occurs.

While I understand that the focus today is on children, the data suggest strongly that birth outcomes and their impact throughout childhood are a legacy of the poor general health status of young women in the United States. Good quality prenatal care is critical, but we cannot confine our interest in women's health to this period alone. As we move forward we must transform prenatal care from what it is today—the first step in a baby's health care—into a component, albeit an important component, of women's health over a lifetime.

The second major trend transforming child health in the United States has been the rise of chronic disease. With the introduction of a host of new vaccines and therapies over the past four decades, we have seen a dramatic reduction in serious acute infectious disease in young children. At the same time, we have documented a slow but steady rise in the prevalence of serious chronic conditions in childhood. [. . .]

Chronic disorders now account for approximately 60 percent of all pediatric hospital bed days and almost 90 percent of nontrauma mortality in children. Chronic illness has been by far the fastest growing arena of social disparity creation in child health. The central problem is that current trends in child health policy are poorly suited to address this shift in serious child illness. As I travel around the country, looking at the data and talking to providers and families, I am seeing and hearing the same thing over and over: It is getting harder and harder for children with chronic disorders to get the care they need. I do not need to tell this group how many bureaucratic hurdles these families have to jump through, especially given increasing demands on proof of citizenship, which, of course, is reducing access to care primarily for U.S. citizens.

Also, reimbursement policies are so out of touch with this new epidemiologic reality that practitioners do not have the time or can't hire the necessary staff, or create needed linkages to schools and community-based agencies to provide high quality primary care to these children. This is particularly true for children with chronic mental illnesses.

The current financial base of child health care in the United States, a base constructed in the 60s and early 70s when the central problem was acute infectious disease, makes it exceedingly difficult for child health care practices to attend directly to the needs of chronically ill children in their communities.

The pressure to enhance our chronic care capacities will only be exacerbated by the growing recognition that many important adult diseases such as obesity, diabetes, hypertension, and other cardiovascular diseases, are influenced by events during gestation and early childhood. Moreover, there are a host of genetic predispositions for these diseases as well, many of which can be identified early in childhood.

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Major opportunities for preventive intervention are being created every day. Such a shift would make child health care increasingly about managing the precursors of adult onset disease, a push that will emphasize chronic care requirements, which in turn are poorly supported by current trends in child health care policy.

The science says health insurance for children is essential. We do not need any more studies to tell us that health insurance is a critical requirement for the health of children. The science is clear. However, the real issue is insurance for what? I am very worried about what happens to the 3-year-old ex-premie in the Central Valley of California with deafness and seizures who needs careful monitoring and coordination with early intervention and a variety of community-based, social services. I am worried about the 5-year-old in Mississippi with severe asthma who requires specialty hospitalization and medications to participate fully in his new school.

The new epidemiology demands that health insurance for children be comprehensive in nature. I have heard too often lately children's health needs characterized as "basic"; in California and elsewhere, I have heard policymakers suggest that expansions in health insurance for children should be about "the basics." This approach contradicts directly the new epidemiology of childhood.

The mismatch between policy and the epidemiology is also putting a strain on one of the great success stories of modern child health care in the United States: regionalized specialty care—the construction in the 70s and 80s of well-organized, immediate, referral mechanisms to facilities with special capacities to deal with serious problems in children.

These systems have been proven highly effective in improving outcomes and saving children's lives and children need these systems more than adults do. Yet, this special requirement for child health care policy is in increasing jeopardy as financial contracting between health plans and hospitals preoccupied with costs rule policy and because it is about costs, are almost always determined by adult health concerns.

COURTESY/OFFICE OF THE SPEAKER

PAUL H. WISE & NANCY PELOSI convened at the National Summit on America's Children at the Capitol. Wise was invited to serve as an expert on children's health.

This is the context for the public deliberation of health insurance programs for children, particularly Medicaid and SCHIP. We do not need any more studies to tell us that these programs are beneficial to children and their families—we know this. Given the current discussions regarding the reauthorization of the SCHIP program it is important to state that there is little controversy about its impact: SCHIP works; it provides crucial access to children who would otherwise not be eligible for coverage. The science strongly supports reauthorization.

However, as we voice strong support for SCHIP, we must be cautious that we do not frame it as an alternative to Medicaid. Recent assaults on many of the central components of Medicaid coupled with the attractiveness of the nonentitlement nature and less comprehensive mandates of SCHIP have placed pressure on Medicaid.

I am concerned about the "SCHIPing away" of Medicaid if we are not careful. The reauthorization of SCHIP is essential, but any shift in public policies directed at child health must be comprehensive, ensuring that the needs of children with complex chronic disorders are effectively and humanely addressed.

Health care providers for children are always the ultimate inheritors of bad social policy. Sooner or later, we see it in our clinics, on the wards, or in the morgue. I ultimately see it in my numbers. There is a growing mismatch between our current system of child health care and emerging threats to children's health. This mismatch is as much a product of our success as it is our failures.

Regardless, the science suggests that a major reexamination of current child health care practices and policies is essential. Otherwise, we run the risk that the successful elements of our current systems and policies could go unprotected and the real opportunities to address current deficiencies could be lost for years to come. The science, if not the politics, demands action now. §

"The pressure to enhance our chronic care capacities will only be exacerbated by the growing recognition that many important adult diseases such as obesity, diabetes, hypertension, and other cardiovascular diseases are influenced by events during gestation and early childhood."
—Paul H. Wise

ZIMBABWE

Addressing HIV/AIDS: Allying Medicine and Infrastructure with Behavioral Change

While global funding for high-profile pandemics such as HIV/AIDS has experienced an upsurge in recent years, politics still remain a major barrier to reducing its prevalence and treating HIV/AIDS in many countries. In Zimbabwe especially, international isolation and social turmoil has reduced donor funding, leading to an epidemic of staggering proportions in the relatively small country, according to UNICEF.

Zimbabwe's population is now approximately 9 million, and nearly a quarter of its population is HIV-positive. Zimbabwe receives the lowest donor support for people living with HIV in the southern region of Africa at just $4 per person per year, while neighboring countries such as Zambia receive as much as $184 per person per year.

Even as development assistance programs focus on driving down costs for HIV tests and antiretroviral (ARV) drugs to treat HIV-positive individuals, research suggests that people don't always appear to use health technologies to their maximum benefit.

Grant Miller, a CHP/PCOR core faculty member, is one of six researchers beginning to look at the role that behavioral factors—along with funding and infrastructure development—play in finding a lasting solution to HIV/AIDS. Miller is collaborating with Jeremy Weinstein, Stanford assistant professor of political science, and Seema Jayachandran, Stanford assistant professor of economics, as well as Harsha Thirumurthy, professor of public health at the University of North Carolina; Godfrey Woelk, professor in the department of community medicine at the University of Zimbabwe; and David Katzenstein, Stanford professor of medicine.

Their project, "Behavioral Obstacles and Economic Impacts Associated with ART Scale-Up," will investigate behavioral obstacles and economic impacts associated with scaled-up combination antiretroviral treatment (ART) in Chitungwiza, Zimbabwe, located south of the capital city, Harare. The treatment is scaled-up in that the researchers plan to combine an enhanced "ARV treatment literacy" campaign with home-based HIV testing.

"We're going to try to design a greatly enhanced version of information and education about what HIV is and how you get it," Miller explained. "Most people seem to know that to some extent, so more importantly, if you get HIV, what can be done about it?"

He continues, "We'll address the logistics of getting treatment, how to comply, and what to expect in terms of side effects. It's hard to figure out how to navigate a complicated system, so we want to assess the role of providing people with information about where to go and what to do to enter the treatment process."

While emigration has depleted funding and the number of Zimbabwean health professionals, the country does have some local infrastructure and support from the few dedicated physicians left in the country who have developed treatment clinics to deliver care to HIV patients. The group's collaboration with these physicians will aid in the ARV treatment literacy campaign delivery.

"These clinics have worked in Chitungwiza because there are some very amazing doctors who stayed around to deliver care," Jayachandran said. "One of the most impressive aspects of the health infrastructure there is that the government officials dealing with AIDS policy and the doctors on the ground running these clinics are very talented and dedicated. For another town the size of Chitungwiza, they might not have an operable clinic of the same size."

The group is currently collecting baseline data on the cultural and social climate in Chitungwiza. Focus groups are being convened with locals to assess the extent of knowledge deficiencies about HIV/AIDS and AIDS care in order to better inform questionnaire design on HIV treatment modules.

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COURTESY NOVATUS MACHEKANO

A NUMBER OF TENTS & STANDS were displayed by various organizations at the town center. Groups distributed pamphlets with information on HIV/AIDS, gender, home-based care, use of contraceptives, and other topics. The event allowed for networking and raising awareness of HIV/AIDS.

PARTICIPANTS, including hospital nurses, school pupils, and police, march to Chitungwiza's town center for World AIDS Day, with the day's motto, "Stop AIDS and Keep the Promise." The Air Force band and drum Majorettes spiced up the march, attracting attention in the streets, as others joined in on the walk. COURTESY/NOVATUS MACHEKANO

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"A big thing that people talk about is stigma. One thing that we're hoping to do in this project is to do tests within the home," Miller said. "We have to figure out a way to deliver a literacy campaign in conjunction with home-based testing in a way that's not advertised as the bright shiny testing van parked in front of your house so everyone knows what's going on inside."

Although the project is not directly taking on issues of stigma, a number of ethical issues arise in doing home-based testing, such as domestic violence, pressure from spouses, and prevailing cultural norms, according to Jayachandran. Gender inequalities in access to health care are also a primary consideration.

"Because most women have kids at some point, in the process of going to prenatal clinics, they are—at least relative to men—getting tested," Miller explained. "So, men don't have this other regular touch point with the health care system. There's probably an important need where a lot of men are slipping through the cracks when women aren't when it comes to at least knowing their HIV status."

Through focus groups, the researchers are also trying to figure out how to frame questions about life expectancy. In an environment where life expectancy has been drastically affected by HIV/AIDS since 1990, dropping from the average 61 years to 42 years for women and 43 years for men, it is difficult to ask someone how long they think they will live. Furthermore, without prospects for the future, it is difficult for people to engage in forward-thinking behaviors such as saving and investing in education.

"We suspect that if there is a large increase in how long you think you're going to live, you're going to engage more in forward-looking behavior like saving—but how motivated are you in an environment where inflation sometimes exceeds 2000 percent per month?" Miller posed. "Are you buying durable assets; would you invest in some job training that would enable you to earn rates that negate inflation's impact on the money you stick under your mattress today? We have no idea how someone would even think about saving in an environment like that and have to figure out a lot of logistics."

The researchers have also hired someone in Zimbabwe to determine what the standard of care is by talking to locals and those involved in AIDS care.

"Chitungwiza now has ARVs and it didn't used to," Jayachandran said. "Now the bottleneck is getting people to come in and avail themselves of ARVs. That's a better problem to have but it's still a problem. We think counseling can do a better job of convincing and enabling patients to get started on treatment. Our project aims to do that."

The group plans to begin their literacy campaign treatment and home-based HIV testing in the fall to learn of better ways to connect HIV-positive people with treatment in places like Chitungwiza.

Miller is hopeful that the findings will help increase the knowledge and evidence base for what works in the southern Africa context to address HIV/AIDS.

Katzenstein provided much of the help and support in collaborating with the University of Zimbabwe and the Harare public hospitals, while Gerard Kadzirange of the Zimbabwe AIDS Prevention Program has helped link the group to the Chitungwiza General Hospital.

The funding for the project came from Stanford's Presidential Fund for Innovation in International Studies, in an award to Weinstein and Katzenstein to conduct research in combating HIV/AIDS in South Africa. §

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This article was prepared by Amber Hsiao for *Encina Columns*, a publication of the Freeman Spogli Institute for International Studies, Summer 2007.

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it may alter people's actions in negative ways. If ARVs allow people to live longer, they may engage in riskier behaviors, thereby spreading HIV/AIDS to others.

The panel and audience members engaged in discussion of how to best address such behavioral issues and considered how technologies might be best introduced and accepted by developing countries. To listen to an audio transcript of the panels, please visit the International Initiative First Annual Symposium: Technology and Culture event page. §

INFECTIOUS DISEASES

Public Health Security in the 21st Century: David Heymann Speaks at Payne Lectureship

The Payne Lectureship event series is named for Frank E. Payne and Arthur W. Payne, brothers who gained an appreciation for global problems through their international business operations. The Payne Distinguished Lecturer is chosen for his or her international reputation as a leader, with an emphasis on visionary thinking; a broad, practical grasp of a given field; and the capacity to clearly articulate an important perspective on the global community and its challenges.

PHOTO/STEVE CASTILLO

Dr. David Heymann, Assistant Director-General for communicable diseases and representative of the Director General for polio eradication of the World Health Organization (WHO), presented at the Payne Lectureship series at the Freeman Spogli Institute for International Studies. CHP/PCOR director and core faculty member **Alan Garber** gave the opening introduction, describing Heymann as the "Indiana Jones of the medical world."

Heymann began his talk describing the history and source of epidemics, and the reach of infectious diseases across borders and continents. While there are different hypotheses as to how international pandemics occur and spread, a mutation in the virus that combines the human and avian influenza virus allows this newly mutated virus to travel and infect human-to-human, usually infecting health workers first. Such was the case with the Spanish Flu of 1918, the Asian Flu of 1957, and the Hong Kong Flu of 1968.

Heymann also elaborated on the topic of "virus sharing" in efforts to produce influenza vaccinations for possible future outbreaks and pandemics. Vaccine development often relies on strains of viruses that infect humans in developing countries. However, vaccine production is currently limited by the number of vaccine production facilities, and no developing countries have the capacity to produce influenza vaccines.

The WHO tries to track emerging diseases and contain them before they have a chance to spread, so information on country outbreaks is crucial. However, developing countries such as Indonesia have been reluctant to share information on outbreaks with the international community, mainly because vaccines developed to treat these outbreaks are often unaffordable and inaccessible in developing countries. There is paradoxically a great disparity in access to vaccines by developing countries whose strain produced the drug in the first place—only industrialized countries can afford to purchase treatment drugs.

WHO is trying to build an international community that works toward universal access of vaccines. Heymann noted that the "most important thing today is to stop the pandemic at its source." In order to achieve this, WHO is working on agreements with the vaccine industry and individual countries in order to create an international stockpile of pandemic vaccines, in the case that a pandemic flu occurs.

While identifying, tracking, and containing infectious diseases is a continual struggle, Heymann concluded his talk with more hopeful news of new tools that are already proving to be effective, such as the Global Public Health Intelligence Network that is able to "gather preliminary reports of public health significance in seven languages on a real-time, 24/7 basis."

Such technologies and global agreements will help WHO and the international community make progress toward ensuring that both industrialized and developing countries will be properly equipped to address another outbreak. §

HIV/AIDS

A Global Pandemic: Overcoming Political Will to Address an International Issue

The Freeman Spogli Institute for International Studies welcomed Peter Piot, Executive Director of UNAIDS and Under Secretary-General of the United Nations, as the third Payne lecturer for the academic year. Following the opening introduction from CHP/PCOR director and core faculty member **Alan Garber**, Piot spoke of the impact of the HIV/AIDS pandemic, describing it as "one of the global make or break issues of our time."

Since early in his career, Piot has been involved in addressing global infectious diseases. As an international leader in the field of HIV/AIDS, Piot has raised awareness of HIV/AIDS as a major threat to international security and health, and has had a profound influence in the international realm.

"When he became the Executive Director of UNAIDS, Piot put AIDS on the political agenda," Garber pointed out. "And for someone with a very strong public health background, I dare say it must have felt more comfortable—easier, more routine—to talk to health ministers in various countries and enlist their support."

In contrast to this approach, Piot also reached out to activist groups and other constituencies. Piot was able to get the attention of people within and outside the field of public health to form, what Piot terms, a "brilliant alliance, getting out of the small circle of AIDS doctors, AIDS activists, and public health issues." He mobilized politicians, big business, trade unions, and churches to get involved in tackling the epidemic.

Piot described the historical timeline of the pandemic. HIV/AIDS has impacted all sectors of the economy and social life in an unprecedented way. It is the 4th leading cause of death worldwide, and has affected approximately 65 million people since its discovery in the 1980s—slightly less than double the population of California.

There are three major trends in the HIV/AIDS epidemic, as identified by Piot—globalization, feminization, and the economic impact. Eastern and southern Africa bear the highest burden of the epidemic, with HIV infecting as many as 30 to 40 percent of the population in some areas. Half of all people living with HIV are women, and in Africa specifically, 60 percent of women have HIV/AIDS.

At the household level, families are driven into poverty, and children orphaned by AIDS are forced to assume the responsibilities as the head of the household. Consequently, children cannot attend school—a crucial component in the development of any nation.

"Education is the cornerstone for development," Piot said. "Many of [these children] are out looking after sick relatives—or doing work that sick or dead relatives would normally be doing. The tragedy is that if they were able to go to school, they would be in a better position to support themselves later on in life—and protect themselves from HIV."

Piot also emphasized the growing importance of positioning HIV/AIDS as a security issue. Political leadership and money are needed in order to put HIV/AIDS on the political agenda, as effective solutions for addressing the problem lie in political will, according to Piot.

In spite of the many challenges to overcome, Piot left off on a more hopeful note, stating that "AIDS has given rise to a new culture of activism—health activism—that hardly existed before, accountability, and even promoting democracy."

"Our immediate priority [at UNAIDS] is making the money work for people, to make sure it reaches the people on the ground, making sure it doesn't get stuck in capitals or bureaucracies, and that it's being used for the right things," Piot expressed. "That is the immediate priority. We want to make investments today that will guarantee the best possible outcomes 10 to 30 years from now when it comes to the AIDS response." §

PHOTO/ROB SEARCEY

RESEARCH IN BRIEF

HEALTH CARE FINANCING

A recent study commissioned by the World Bank gives an overview of health financing reforms in select countries since 1975. As part of a full report in a forthcoming book in the series of the European Observatory on Health Systems and Policies, the report compares 25 high-income countries based on financing structures.

The study—authored by CHP/PCOR visiting scholar Jonas Schreyögg and two of his colleagues at Berlin University and the University of Adelaide, Australia—identifies and evaluates the key policy lessons learned from compiling this data in order to apply methods to low- and middle-income countries.

High-income countries are defined as having a per capita gross domestic product of more than $16,000 in purchasing power parity. Such countries include Italy, Norway, Spain, Korea, Greece, Singapore, Japan, and the United States, among others.

The researchers grouped the different countries into three different categories based on country health care financing arrangements—social health insurance (SHI), taxes, and private financing.

"Generally, most countries use a mixed strategy of financing with health insurance, taxes, and private sources. However, looking at changing financing patterns over the last 30 years, we found that most countries gradually moved either toward social health insurance or taxes as predominant sources of financing," Schreyögg said. "Social health insurance or taxes account for less than 40 percent of the total revenue only in Greece, Singapore, and the United States."

Busse R, **Schreyögg J,** Gericke C. Analyzing changes in health financing arrangements in high-income countries: A Comprehensive Framework Approach. *Human Development Network, The World Bank* (February 2007).

One outcome associated with this finding is that in Greece, Singapore, and the United States, there is a lower life expectancy and the countries tend to have more households with catastrophic health expenditures, according to Schreyögg.

While financing is slightly more progressive in tax-financed countries compared to SHI countries, SHI countries have higher life expectancies and greater satisfaction with the health care system. SHI country

Health Financing, continued on page 15

McFall M, Saxon SJ, Thaneemit-Chen S, **Smith MW**, Joseph AM, Carmody TP, Beckham JC, Malte CA, Vertrees JE, Boardman KD, Lavori PW. Intregrating clinical practice guidelines for smoking cessation into mental health care for veterans with posttraumatic stress disorder. *Clinical Trials* 4, no. 2 (April 2007): 178–189.

SMOKING CESSATION

While smoking cessation programs have been around for years, such programs are not administered in tandem with mental health care treatment. Smoking is highly prevalent among veterans with posttraumatic stress disorder (PTSD), many of whom seek treatment at the VA.

Typically, those who want to quit smoking are referred to specialized VA clinics; few attend for long, however, and even fewer manage to quit permanently.

In response, a VA cooperative studies program (CSP) trial is currently evaluating the effectiveness of combining PTSD and smoking cessation treatments. Ten VA sites are comparing two approaches for delivering smoking cessation treatment for veterans with PTSD.

The first approach integrates smoking cessation treatment into mental health care for PTSD and is delivered by mental health providers. The second follows the usual standard of care, referring patients to specialized smoking cessation clinics. A pilot study found better quit rates among those receiving integrated PTSD and smoking therapy, most likely because those patients were exposed to the anti-smoking therapy more often.

The ongoing trial, known as CSP #519, is targeted at veterans who are in treatment for PTSD and are willing to set a smoking quit date. Getting people to quit smoking is difficult, especially for patients with PTSD, and it is unknown whether quitting smoking will worsen PTSD symptoms.

"It is harder to get someone with anxiety to quit smoking," explained CHP/PCOR associate Mark W. Smith, a health economist at the VA and a researcher on the project. "It gives PTSD patients a stronger attraction to nicotine." Still, he said, it's important to reach this population because they have high smoking rates. Among non-institutionalized adults the smoking rate is under 25 percent, but among people with anxiety disorders it is much higher—over 50 percent among PTSD patients in the VA, for instance.

The study design, recently published in *Clinical Trials*, outlines what is expected to be gained from the study. Its purpose is to produce reliable estimates of long-term quit rates under both usual care and the integrated approach. "We have a longer study period than most smoking cessation trials. The primary outcome is measured at 18 months, rather than the typical 6 or 12 months, because we know that some patients will relapse," said Smith. "We're also backing up self-reported quitting with two biological verification methods. Most people report accurately whether they have stopped smoking, but we wanted to verify it as much as was feasible."

"If [integrated care] turns out to be successful, it could be implemented at other VA sites," Smith said. "There is potential to spread it outside the VA as well." §

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Mark W. Smith is a CHP/PCOR associate who is also a health economist at the VA Palo Alto Health Care System. His research interests include cost-effectiveness of health interventions, and the use and cost of mental health services. This Research in Brief was reviewed by Mark W. Smith, Carol Malte, and Andrew Saxon.

STAFF SPOTLIGHT: Sally Horwitz

Sarah "Sally" Horwitz was recently appointed acting professor of pediatrics and joins the CHP/PCOR staff as a core faculty member. She has a long track record in health services research, and is an international authority on the epidemiology of mental health disorders in childhood.

PHOTO/AMBER HSIAO

Photo: Sally Horwitz (left) pictured with Vandana Sundaram and Swati Tole at the recent CHP/PCOR graduation party.

Sally Horwitz is one of those few people who knew reasonably quickly what she wanted to do when it came to the often difficult task of making major career decisions. As an undergraduate at Albright College in Reading, Pennsylvania, she explored the pre-med track, but soon enough found that psychology "was more of a natural fit," given her fascination with motivation and behavior.

Sally entered the master's program at Temple University immediately following her bachelor's program, and embarked on a career as a clinical psychologist and special educator first in central Pennsylvania at the child and adolescent services at the Royal Victoria Hospital in Quebec, and then later on in the same role in the Chelsea school system in Massachusetts.

"In the 8-year period between my master's and doctoral programs, I did a lot of public sector work," Sally says. "It became clear that while I could help families on my case load, as a practitioner, I did not have widespread influence. My observations suggested that to improve the lives of children—particularly poor children—the big drivers were systems issues."

"While the services that affect children tend to affect them one by one, if you can affect changes in services, then you can make a larger difference in children's lives," Sally explains. "So, I chose to get a more public health-oriented degree, and chase epidemiology as my discipline with a focus on psychosocial issues and health services."

With a PhD in epidemiology and health services, Sally has been able to address the interplay between formal systems and the populations they serve. For her dissertation, she examined the impact of social stresses and social networks on pediatric medical care use and subsequently, went on to explore the identification and management of psychosocial problems in primary care pediatrics.

A policy issue with major impacts for children was the 1996 Personal Responsibility and Work Opportunity Reconsideration Act. With colleagues from the State of Connecticut, Manpower Demonstration Research Corporation, and Yale, Sally examined the 18-month employment status of women who work, enrolled in Connecticut's welfare reform program compared to those who were maintained in the federal Aid to Families with Dependent Children program.

"It turns out, if you have a chronic health condition, you could not sustain employment regardless of the welfare reform program," Sally explains. "The welfare reform program changed the messages they were sending to women, changed the financial incentives to promote working, but did not consider whether personal circumstances had anything to do with why they were not working."

Sally has investigated just about every issue concerning vulnerable children, including teenage pregnancy, foster care, large community-based studies on mental health issues, and evaluations of special programs as well. Much of this research took place within various departments and centers at Yale—including the Institution for Social and Policy Studies, the School of Medicine, and the NIMH-funded Training Program in Mental Health Services. Sally eventually served as the head of the Division of Health Policy and Administration in the Department of Epidemiology and Public Health at Yale.

"Being the department head was fun; it was fun being in a School of Public Health," she expresses. "I was fortunate I had wonderful colleagues and as a group, we transformed a traditional health services administration program into a health policy program."

Sally has taken on numerous other roles since then, many of which were located at the Case University School of Medicine in Cleveland, Ohio, as a professor. Much of her current work involves tying up loose ends from her work at Case. One project in particular investigates whether a web-based program completed by parents can assist primary care pediatricians in the diagnosis and management of emotional and behavior problems.

Sally does research almost exclusively on mental health these days. Though all her work leaves little free time, Sally likes to garden and is an avid reader.

Sally is looking forward to exploring collaborations across many departments at Stanford and, in particular, working with CHP/PCOR core faculty Paul Wise. Sally also has colleagues in Los Angeles and San Diego and her relocation to Stanford will allow her for the first time to work closely with them. §

SPRING QUARTER PUBLICATIONS

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SPRING QUARTER ANNOUNCEMENTS

CHP/PCOR fellow Ingram Olkin completed a book (jointly with A.W. Marshall) on life distributions in survival analysis. The book will be published by Springer and will be in print in early August. Ingram visited Switzerland (Neuchatel and Zurich) and Freiburg im Breisgau, Germany, where he collaborated with the German group on meta-analytic methodology.

CHP/PCOR director and core faculty member Alan M. Garber was recently appointed to the Blue Health Intelligence Initiative Physician Advisory Group that is responsible for "contributing research-based insights into issues critical to the public's health," according to a BlueCross BlueShield Association news release. The aim of the initiative is to identify opportunities to form new health care solutions for employers, providers, and consumers.

CHP/PCOR executive director Kathryn McDonald and core faculty member Alain C. Enthoven advised undergraduate Theodora Chang on her honors thesis, entitled "Taking Care of our Own: Towards a Cross-Cultural Application of Long-Term Care for Chinese Elders." The thesis was presented at the honors conference in May. Theodora expressed, "Kathy and Alain were fantastic sources of support and expertise during my thesis writing and research process. Kathy, who was my main advisor for my international relations major, was instrumental in guiding me throughout the rest of my academic career at Stanford."

AWARDS & HONORS

CHP/PCOR associate Keith Humphreys was promoted to Professor (Research) of Psychiatry and Behavioral Sciences with continuing term.

CHP/PCOR senior research scholar Sara Singer officially graduated from the PhD program in Health Policy/Management at Harvard University on June 7, 2007.

CHP/PCOR adjunct affiliate Byung-Kwang Yoo, an assistant professor at the University of Rochester, was awarded a 5-year K-grant (May 2007 to April 2012) by the National Institutes of Health, entitled "Effects of individual behavioral responses on benefits of influenza vaccination." Co-mentors of this research include CHP/PCOR core faculty member Jay Bhattacharya and Charles Phelps at the University of Rochester.

CHP/PCOR fellow M. Kate Bundorf and adjunct associate Mark V. Pauly won the National Institute for Health Care Management Foundations Thirteenth Annual Health Care Research Award for "Is Health Insurance Affordable for the Uninsured?"

The abstract for the presentation, "Hospital Safety Climate: Relationship to Organizational Characteristics," won an award in June for best abstract at the Academy Health Annual Research Meeting in Orlando, FL. CHP/PCOR researchers involved in the study include senior research scholar Sara J. Singer, research assistant Tobias Rathgeb, project manager Alyson Falwell, and fellow Laurence C. Baker.

HELLOS AND GOODBYES

CHP/PCOR said a fond farewell to Minjung Kwok, Director of Administration and Finance. Her 5 years at CHP/PCOR have been invaluable, as she has taken on a role as a leader in ensuring that the day-to-day operations run smoothly at our Centers. Minjung has taken on the role as Assistant Chair in the Stanford University Department of Medicine where she has the principal responsibility of achieving integration across missions within the department, as well as represent the Chair's office in the implementation of programs and policies.

CHP/PCOR trainee Hau Liu completed his fellowship through the AHRQ training program. As a fellow, Hau applied health service methodologies to endocrinology issues, particularly related to aging. His projects included cost-effectiveness analysis of a new osteoporosis medication, a systematic review of growth hormone for anti-aging, and assessment of a new diagnostic test for high cortisol levels in veterans. Hau will be joining Valley Medical Center in San Jose as the Associate Chief of Endocrinology and the Co-Director of Chronic Care Management and will continue to collaborate with CHP/PCOR as an adjunct affiliate.

CHP/PCOR trainee Sharon Moayeri completed her fellowship through the AHRQ training program. As a fellow, Sharon examined the cost-effectiveness of diagnostic laparoscopy versus an empiric infertility treatment algorithm for managing couples with unexplained infertility. She has also explored whether state infertility insurance mandates alter utilization of in-vitro fertilization treatments. Starting in January 2008, Sharon will be joining Dr. Ilene Hatch, who has a private practice in Orange County, California. Additionally, she will be a volunteer faculty in the Department of Obstetrics and Gynecology at the University of California, Irvine Medical Center, where she completed her residency.

GRANT SUBMISSIONS

"Making Better Decisions: Policy Modeling for AIDS and Drug Abuse"
Funding: National Institute on Drug Abuse
Principal Investigator: Douglas K. Owens
Project Period: Dec. 1, 2007 to Nov. 30, 2012

"Engaging Leadership in Patient Safety Through Simulation"
Funding: Donaghue Foundation
Principal Investigator: Laurence C. Baker
Project Period: Oct. 1, 2007 to Sept. 30, 2009 §

Media Mentions, continued from page 2

A study on the efficacy of human growth hormone led by CHP/PCOR trainee Hau Liu was cited in a *New York Times* (Apr. 15) article that covered a Las Vegas convention on issues of aging and viewing it as a "treatable medical condition." The article describes the anti-aging industry and the impact of the use of treatments such as human growth hormone on the aging population. Liu's research suggests that there is no data to support claims that taking human growth hormone will reverse the signs of aging or make people live longer. The study was also cited in a Q&A piece in the *Arizona Republic* (May 22).

CHP/PCOR core faculty member Jay Bhattacharya was among four invited guests to speak on NPR's "Forum with Michael Krasny" (Apr. 16) on health insurance. Guests addressed the question of whether health care is an insurable risk and how this affects access to care.

CHP/PCOR core faculty member Jay Bhattacharya and fellow M. Kate Bundorf were cited in a *San Francisco Chronicle* (Apr. 24) article that looked at employee compensation for the obese versus non-obese, following a recent Duke University study that found that obese workers lost an average of 183.63 days of work per 100 employees compared to non-obese workers. Bhattacharya noted that the large difference in sick days was surprising, but that there is research that shows similar increases in medical costs resulting from sick days.

CHP/PCOR trainee Eran Bendavid was quoted in a recent Massachusetts General Hospital and Brigham and Woman's Hospital press release (Apr. 23) on his study in *Medical Care*. The study found that hospitals that operate at or over capacity may be at an increased risk of adverse events that insure patients.

In light of the new HIV screening guidelines released by the Centers for Disease Control and Prevention last October, a *New York Times* (May 1) article discussed the reasons for the new HIV screening guidelines, citing cost-effectiveness in key populations as a top reason. The guidelines were influenced by a study published in the *New England Journal of Medicine*, led by CHP/PCOR core faculty member Douglas K. Owens.

CHP/PCOR associate Keith N. Humphreys was quoted in a *San Jose Mercury News* (May 6) article that discussed Santa Clara County's proposal to cut its mental health budget. Humphreys noted that closing down some alcohol and drug services to save on costs would result in more emergency room visits, thereby driving costs back up.

CHP/PCOR core faculty member Victor Fuchs was mentioned in a *CNNMoney.com* (May 15) article on reforming the country's health care system. Fuchs advocates the use of vouchers to provide universal health care coverage.

Media Mentions, continued on page 15

SPRING PRESENTATIONS

KENNETH J. ARROW
CHP/PCOR fellow

"The Economic Rationale for the ACT Subsidy at Expert Workshop on a High-Level Buyer Subsidy for Artemisinin-Based Combination Therapies"
Presented at talk sponsored by the Ministry of Foreign Affairs of the Netherlands in collaboration with the Roll Back Malaria Partnership Secretariat and the World Bank in Amsterdam, Netherlands, Jan. 18, 2007.

DENA M. BRAVATA
CHP/PCOR senior research scholar

"Changing Role of Librarians in Health Services Research"
Presented lecture on the role of librarians in research at Lane Library, Stanford University in Palo Alto, CA, Mar. 30, 2007.

"Increasing Physical Activity: Do Pedometers Work? A Systematic Review"; "Comparative Effectiveness of Percutaneous Coronary interventions and Coronary Artery Bypass Grafting for Coronary Artery Disease"; and "Improvements in Sexual Satisfaction and Quality of Life After Bariatric Surgery"
Presented at the 30th Annual Meeting of the Society for General Internal Medicine, in Toronto, Canada, Apr. 24–27, 2007.

M. KATE BUNDORF
CHP/PCOR fellow

"The Benefits and Costs of Health Plan Choice"
Presented at the Federal Research Bank Symposium on Health Care, Federal Reserve Bank of Boston in Boston, MA, Mar. 29, 2007.

"Insurance Mandates and the Treatment and Outcomes of Infertility"
Presented at the 2007 Risk Theory Seminar, in College Station, PA, Apr. 20–22, 2007.

TERKEL CHRISTIANSEN
CHP/PCOR adjunct affiliate

"Adoption and Diffusion of New technologies for the Treatment of Aging-Related Diseases: A Case Study of Technologies Used to Treat Heart Attacks"
Presented at the conference on "The International Regulation of New Medical Technology: Health Technology Adoption in the European Union, North America, East Asia, and in the Developing World," organized by the European Science Foundation and Institute for World Economics, Kiel in Salzau, Kiel, Germany, May 7–9, 2007.

AMAR DESAI
previous CHP/PCOR trainee

"Traditional ESRD Biomarkers May Have Lower Predictive Value for Mortality than Non-Traditional Biomarkers: A Systematic Review of the Literature"
Presented at the National Kidney Foundation National Meeting in Orlando, FL, Apr. 10–11, 2007.

ALAN M. GARBER
CHP/PCOR director & core faculty member

"Cost Conscious Coverage"
Presented at the Lifelong Learning Web Seminar, Stanford Graduate School of Business in Palo Alto, CA, Apr. 4, 2007.

"Trends in Payment Policies: Evidence, Value, and Rising Costs"
Presented at the CEO Forum Session, BIO Annual Meeting in Boston, MA, May 7, 2007.

"The Future of Healthcare: Access and Affordability, Coverage and Cost"
Presented at the Healthcare Tomorrow Speaker Series in Palo Alto, CA, May 24, 2007.

"Cost Conscious Coverage for Medical Innovation."
Presented at the Symposium on the Costs and Value of New Medical Technologies, Federal Reserve Bank of San Francisco and Center for the Study of Innovation and Productivity, San Francisco Federal Reserve Bank in San Francisco, CA, May 25, 2007.

"Competition-Based Approaches to Health Care Reform"
Presented at the conference on China's Health Care System Reform, Tsinghua University in Beijing, China, June 9, 2007.

MARY K. GOLDSTEIN
CHP/PCOR core faculty member

"Using Technology to Improve Patient Care: Approaches to Evaluating and Improving the Quality of Care"
Presented at the Society for General Internal Medicine in Toronto, Canada, Apr. 27, 2007.

MICHAEL K. GOULD
CHP/PCOR fellow

"Are There Cost-Effective Therapies in COPD?"; "Validation of Two Models to Estimate the Pre-Test Probability of Malignancy in Patients with Solitary Pulmonary Nodules"; and "Validation of a Decision Model for Managing Solitary Pulmonary Nodules"
Presented at the international meeting of the American Thoracic Society in San Francisco, CA, May 23, 2007.

CORINNA HABERLAND
CHP/PCOR research associate

"Development & Evalution of the Potential AHRQ Neonatal Quality Measures"
Presented at the Academy Health Annual Research Meeting in Orlando, FL, June 3, 2007.

ELLEN THOMPSON
CHP/PCOR research assistant

"Validation of Two Models to Estimate the Pre-Test Probability of Malignancy in Patients with Solitary Pulmonary Nodules" and "Validation of a Decision Model for Managing Solitary Pulmonary Nodules"
Presented at the international meeting of the American Thoracic Society in San Francisco, CA, May 23, 2007.

KATHRYN MCDONALD
CHP/PCOR executive director

"Care Coordination—Evidence-based Practice Center's Report: Definitions, Theoretical Frameworks and Relationship to Transitions/Handovers and Information Exchange"
Presented at the ABIM Foundation's Stepping Up to the Plate Transitions/ Handovers Expert Meeting in Philadelphia, PA, Mar. 7, 2007.

GRANT MILLER
CHP/PCOR core faculty member

"Time vs. Money in Child Health Production: Coffee Price Fluctuations and Child Survival in Colombia"
Presented at the Population Association of America Annual Conference in New York, NY, Mar. 29–31, 2007. Also presented at the University of Illinois at Chicago Department of Economics in Chicago, IL, Apr. 11, 2007; Duke Economic Development Conference in Durham, NC, Apr. 21–22, 2007; and NBER Cohort Studies Meeting in Park City, UT, May 11–12, 2007.

"Women's Suffrage, Political Responsiveness, and Child Survival in American History"
Presented at the Penn State Center on Population Health and Aging in College Park, PA, Apr. 5, 2007. Also presented at the University of Wisconsin Center for Demography and Ecology in Madison, WI, Apr. 17, 2007; University of California, Berkeley, Department of Demography in Berkeley, CA, Apr. 25, 2007; University of California, Berkeley, Department of Economics in Berkeley, CA, May 7, 2007; and the Cliometric Society Annual Conference in Tuscon, AZ, Apr. 18–20, 2007.

DOUGLAS K. OWENS
CHP/PCOR core faculty member

"Biodefense"
Presented at the Annual Continuing Medical Education Symposium, Stanford University Medical Center Alumni Association, Stanford University in Palo Alto, CA, May 5, 2007.

Presentations, continued on page 15

Presentations, continued from page 14

"Grading Strength of Evidence for a Body of Literature"
Presented at the Evidence-Based Practice Centers Methods Meeting, Agency for Healthcare Research and Quality in Gaithersburg, MD, June 15, 2007.

SARA J. SINGER
CHP/PCOR senior research scholar

"Safety Climate in US Hospitals: Its Measurement, Variation, and Relationship to Organizational Safety Performance"
Presented dissertation defense at the Harvard Business School in Boston, MA, Apr. 25, 2007.

"Engaging Leaders in Patient Safety"
Presented at the Harvard Leadership Research Seminar, Center for Public Leadership at the Kennedy School of Government in Cambridge, MA, May 7, 2007.

"Safety Climate in U.S. Hospitals and its Relationship to Organizational Safety Performance"
Presented at research seminar at the Institute for Health Policy Studies, University of California, San Francisco, CA, May 17, 2007. Also presented for Organization Studies Workshop, Heller School, Brandeis University in Waltham, MA, May 22, 2007, and Health Policy and Management Seminar at Harvard School of Public Health in Boston, MA, May 24, 2007.

"Workforce Perceptions of Hospital Safety Culture: Development and Validation of the Patient Safety Climate in Healthcare Organizations Survey"
Presented at AcademyHealth Annual Research Meeting in Orlando, FL, June 3, 2007.

"Hospital Safety Climate: Relationship to Organizational Characteristics"; "An Intervention to Improve the Safety of Hospital Work Systems"; "Relationship of Safety Climate and Safety Performance in Hospitals"; and "Hospital Safety Climate: Variation by Management Level"
All presented at Academy Health Annual Research Meeting in Orlando, FL, June 5, 2007.

ALLEN J. V AIDA
CHP/PCOR adjunct associate

"2006 IOM Report: Preventing Medication Errors—A Call to Action"
Presented session and served as a member of the program committee of the Union of Risk Management for Preventive Medicine 2nd American Congress for "Hospital Adverse Events" and chaired the session in Montreal, Canada, June 14–15, 2007.

PAUL H. WISE
CHP/PCOR core faculty member

"Panel on Health and Mental Health"
Presented on Health and Mental Health Panel at the National Summit on America's Children in Washington, DC, May 22, 2007. Read & listen to the speech here. §

Health Financing, continued from page 10

populations also place greater value on responsiveness, a term defined by the World Health Organization on the basis of criteria such as choice, autonomy, and prompt attention to patients.

Evaluating which health financing structure is most effective, however, depends on many factors and criteria. Schreyögg explained, "Most countries start with voluntary health insurance schemes, often in the form of community-financed schemes, which over time were transformed to mandatory schemes for selected parts of the population."

As more schemes were added for certain groups over time, the schemes began to merge together, creating one public health insurance. The time it takes to achieve universal coverage, however, differs. For example, Korea only took 26 years to achieve universal coverage, while Germany just recently achieved universal coverage after more than a century. The historical development of health care systems in high-income countries does, though, follow a certain standardized path.

"The most important factor to keep this process going is a strong political commitment to expand population coverage," Schreyögg said. "I think the U.S. clearly is on the path toward universal health care. Looking at the development of financing in other countries, it is likely that the existing public health insurance schemes are first expanded and others are added before universal coverage is achieved. The experience of other social health insurance countries might be interesting for the U.S. in this respect." §

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Jonas Schreyögg is an a 2006–2007 Commonwealth Fund Harkness Fellow in Health Care Policy, who is conducting research based at CHP/PCOR. His research interests include health financing, health care management, pharmaceutical regulation, and economic evaluation.

Media Mentions, continued from page 13

A Stanford/VA study led by CHP/PCOR associate Ciaran S. Phibbs was cited in the *San Francisco Chronicle* (May 24), *San Jose Mercury News* (May 24), *Chicago Tribune* (May 24), *Washington Post* (May 24), and the *New York Times* (May 29). The study that found that premature newborns face a higher risk of death when treated in smaller intensive care units at community hospitals. Other CHP/PCOR members involved in the study include fellow Laurence C. Baker and adjunct associate Roderic H. Phibbs.

CHP/PCOR associate Keith N. Humphreys published an Op/Ed in the *San Jose Mercury News* (May 28) on the merging of drug dealing and the Internet, resulting in non-medical use of prescription drugs. The piece describes a recent debate in the U.S. Senate Judiciary Committee hearing, with concerns voiced on non-partisan lines that "addictive and potentially legal medications are available without prescription from over 2 million Web sites around the world," according the Treatment Research Institute at the University of Pennsylvania.

CHP/PCOR fellow David M. Gaba is mentioned in a *Palo Alto Daily News* (June 2) and *San Jose Mercury News* (June 2) article that discussed the opening of the Goodman Simulation Center at Stanford that has mannequin patients used to simulate surgical procedures.

CHP/PCOR associate Keith N. Humphreys was quoted in a *New York Times* (June 12) article that describes the difficulties of helping patients with addictions without having been through similar experiences.

A study published in the *Annals of Internal Medicine* conducted by CHP/PCOR fellow Kanaka Shetty and core faculty member Jay Bhattacharya was cited in a *Medpagetoday.com* (June 12) article that looks at the effect of fewer hours in residency training on substandard care. Shetty and Bhattacharya's study found that work-hour regulations were associated with decreased short-term mortality among high-risk patients in teaching hospitals. However, the regulations were not associated with changes among surgical patients.

CHP/PCOR associate Thomas N. Robinson was interviewed during a KGO-AM (June 19) segment about the increased media consumption of kids. Kids are spending more time with new media, such as YouTube, MySpace, and Facebook, compared to watching television.

CHP/PCOR fellow Alain C. Enthoven was quoted in a *San Diego Tribune* (June 21) article that describes the costs associated with providing health care for automaker employees and retirees. Enthoven discusses the implications of the cost and sustainability of this financing structure. §

RESEARCH IN PROGRESS SEMINARS



Free and open to the public, the seminars are interactive forums at which attendees may ask questions and offer input on the research being discussed.

WINTER 2007 SESSIONS

April 4, 2007
HIV Pandemic, Medical Brain Drain and Economic Development in sub-Saharan Africa
Alok Bhargava, PhD, University of Houston

April 11, 2007
Patient Knowledge of Deductible Health Plans and the Effect of Deductibles on Health Care Utilization
Nancy Benedetti, Stanford University

April 18, 2007
The Double-Edged Sword: Efficient and Equitable Medical Technology Diffusion
Peter Groeneveld, MD, MS, University of Pennsylvania

April 25, 2007
The Trouble with Fructose
Robert Lustig, MD, University of California, San Francisco

May 2, 2007
Age, Affect Valuation, and Health-Related Decision-Making
Tamara L. Sims, Stanford University

May 9, 2007
Improving Chronic Illness Care: Linking Evidence-Based Medicine and Evidence-Based Management
Stephen Shortell, PhD, MPH, Dean of the School of Public Health at the University of California, Berkeley

May 16, 2007
Can We Better Understand the Value of New Medications by Creating Incentives for Better Clinical Trial Design?
Todd H. Wagner, CHP/PCOR Fellow

May 23, 2007
Evaluating the Quality of Care for Heart Attacks in California
Kirsten Bibbins-Domingo, MD, PhD, University of California, San Francisco

May 30, 2007
Prius-Style Health Care: A Hybrid Approach to Financing, Paying for, and Delivering Care
Hal Luft, PhD, University of California, San Francisco

CHP/PCOR hosts this weekly event series, at which the Centers' faculty, affiliates, and invited guests discuss their research on a relevant health policy or health services research topic.

Past Research in Progress Seminars have featured topics like the health care costs of obesity, the effects of insurance mandates on infertility treatments and outcomes; case studies of multi-drug-resistant tuberculosis, universal healthcare vouchers to pay for medical care, creating a culture of safety in U.S. hospitals, and family planning.

The summer quarter seminars will be held at 117 Encina Commons, in the first floor conference room on Wednesdays, 1:30 pm – 3:00 pm unless otherwise noted.

SUMMER 2007 SESSIONS

July 11, 2007
A Multilevel Approach to Explain Variation in Costs and Quality for Treatment After AMI Among Hospitals of the U.S. Veteran Health Administration and Germany
Jonas Schreyögg, CHP/PCOR Visiting Scholar

July 17, 2007
Wages and Weight in Europe: Evidence Using IV Quantile Treatment Effect Model
Noemi Pace, CHP/PCOR Visiting Scholar

July 18, 2007
Developing World Drug Access: A New Approach
John H. Barton, CHP/PCOR Associate §

Please visit the event series webpage for the most up-to-date session information.

ABOUT the CENTER FOR HEALTH POLICY and CENTER FOR PRIMARY CARE AND OUTCOMES RESEARCH

The Center for Health Policy and the Center for Primary Care and Outcomes Research are sister centers at Stanford University that conduct innovative, multidisciplinary research on critical issues of health policy and health care delivery. Operating under the Freeman Spogli Institute for International Studies and the Stanford School of Medicine, respectively, the Centers are dedicated to providing public- and private-section decision makers with reliable information to guide health policy and clinical practice.

CHP and PCOR sponsor seminars, lectures, and conferences to provide a forum for scholars, government officials, industry leaders, and clinicians to explore solutions to complex health care problems. The centers build on a legacy of achievements in health services research, health economics, and health policy at Stanford University. For more information, visit our web site at http://healthpolicy.stanford.edu.