

# annual report 2004



AcademyHealth

Advancing Research, Policy and Practice



# annual report 2004

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## Leadership

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# President's Message

**A**s AcademyHealth completes its fifth year, I am pleased and proud to relay our many accomplishments to you in the 2004 *Annual Report*. This report highlights the robust mix of programs and activities that comprise AcademyHealth. Our strengths are reflected in our programs, our strong member participation, our distinguished Boards of Directors, and in the expertise and commitment of our staff.

I encourage you to review the letters from David Blumenthal, chair of the AcademyHealth Board, and Donald Steinwachs, chair of the Coalition for Health Services Research Board. I am also pleased to report that we ended the year on sound financial footing, which will enable us to continue to provide our members and clients with an array of products and services valued by the health services research and health policy fields.

Sincerely,



W. David Helms, Ph.D.  
President & CEO



## Leadership

# Letter from 2004 AcademyHealth Board Chair

**A**s I approach the end of my tenure as your board chair, I want to reflect on the state of AcademyHealth as it approaches its five-year anniversary. The board is now involved in a process designed to reflect and learn from the first five years in order to chart a course and meet the challenges facing AcademyHealth in the future.

This fall, we have conducted a series of interviews with current and past board leaders as part of this effort. Board members have responded positively, noting especially AcademyHealth's success in creating a new identity and launching a number of new and successful programs and initiatives. In particular, board leaders cited the two excellent annual conferences—the Annual Research Meeting and the National Health Policy Conference—and our Cyber Seminar series on methods. They also value the accomplishments that have been made by our Coalition for Health Services Research in advocating broadly for the field of health services research and national health data and statistics.

I further applaud several critical and proactive initiatives AcademyHealth has completed this year. The board has just ratified the new Ethical Guidelines for Managing Conflicts of Interest in Health Services Research after a two-year, voluntary effort by a high-level committee of your peers. An equally prestigious committee will soon issue recommendations regarding the Placement, Funding, and Coordination of Federal

Health Services Research. In addition, AcademyHealth is working hard to establish a Council of Sponsors of Health Services Research, comprised of the leaders of federal agencies and national foundations, to oversee the ongoing development of a strategic plan for the field.

As a member of the Joint Management Committee that oversaw the merger of the Association for Health Services Research and the Alpha Center five years ago, it has been gratifying to see the progress we've made in realizing our mission to promote the use of research and information among health care decision makers and practitioners. As I said in my speech at the 2004 Annual Research Meeting in San Diego this past June, "This translational task is tough and important work. It frustrates, challenges, and inspires us."

AcademyHealth will continue to face a variety of challenges in achieving its mission. However, if past is prologue, I look forward to AcademyHealth's next five years as a major proponent for the translation of knowledge into health policy and practice.

It has been a pleasure to serve as your chair.

David Blumenthal, M.D., M.P.P.  
Partners HealthCare System



## Leadership

# Letter from the Chair of the Coalition for Health Services Research

2004 was a successful year for the Coalition for Health Services Research in its efforts to increase federal funding for the field. The congressional testimony, letter-writing campaigns, and ongoing educational outreach led to a \$22-million funding increase for the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), and a \$15-million funding increase for the Agency for Healthcare Research and Quality (AHRQ).

The success of the Coalition is contingent upon AcademyHealth's members. Delegations of members and other advocates from states with key legislators in the appropriation process have been enormously influential, as have those who have been responsive to our requests to contact their members of Congress. Members and other individuals can easily write letters to Congress using our Web site ([www.chsr.org](http://www.chsr.org)).

When the Coalition visits Capitol Hill to advocate on behalf of HSR, we are often asked what the current federal government expenditures are for HSR. For this reason, in 2003 the Coalition produced *Federal Funding for Health Services Research*, which provided a baseline of federal funding levels for HSR. In 2004, the Coalition produced the second annual funding report to continue tracking federal expenditures. The report found the federal government spent \$1.5 billion on health services research in 2004, for which NIH received almost 60 percent, AHRQ received 20 percent, and the VA and other agencies received the remainder. This report has proved to be a valuable tool for understanding the funding priorities across federal agencies and is something we will continue to do on an annual basis.

Our advocacy efforts continued to face great challenges in light of presidential and congressional efforts to limit discretionary spending to fund the war on terror. For example, in his fiscal year 2005 budget proposal, President Bush proposed flat funding of \$303 million for AHRQ. Due in part to our advocacy efforts, Congress increased AHRQ's funding to \$318 million, including \$15 million to fund comparative effectiveness studies authorized under the Medicare Prescription Drug, Improvement and Modernization Act.

As you may remember, in 2003 we initiated the Friends of the CDC's National Center for Health Statistics advocacy program. We are happy to report the advocacy efforts contributed to a \$22-million funding increase for NCHS in 2005. This funding increase, the first for NCHS in several years, will ensure the necessary updating of critical data sources for health services researchers and policymakers.

With 2004 behind us, the Coalition looks forward to the next budget cycle and pledges to remain committed to increasing support for HSR. We welcome advice and participation in our efforts, and thank all those who have taken the time to be advocates for our field.

I am grateful to AcademyHealth's membership and its leadership, who continue to expand our vision of what is possible and challenge decision makers to make it a reality.

Donald Steinwachs, Ph.D.  
Chair, Coalition for Health Services Research

As the advocacy arm of AcademyHealth, the Coalition works to increase federal funding for health services research (HSR), including funding for AHRQ; the Centers for Disease Control and Prevention (CDC) and its National Center for Health Statistics (NCHS); the Centers for Medicare and Medicaid Services (CMS) and its Office of Research, Development and Information; certain institutes within the National Institutes of Health (NIH); and relevant divisions within the Veterans Administration (VA).

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President & CEO  
AcademyHealth

## Who We Are

**A**cademyHealth is the professional home for health services researchers, policy analysts, and practitioners, and a leading, non-partisan resource for the best in health research and policy. The organization promotes interaction across the health research and policy arenas by bringing together a broad spectrum of players to share their perspectives, learn from each other, and strengthen their working relationships.

### Our Vision and Mission

AcademyHealth seeks to improve health and health care by generating new knowledge and moving knowledge into action.

As the preeminent professional society for health services researchers and health policy analysts, AcademyHealth collaborates with its members and other key stakeholders to:

#### Support the development of health services research by:

- ◆ Expanding and improving the scientific basis of the field;
- ◆ Increasing the capabilities and skills of researchers; and
- ◆ Promoting the development of the necessary data resources and financial and human infrastructure.

#### Facilitate the use of the best available research and information by:

- ◆ Translating research findings and the lessons of experience into useful information for clinical, management, and policy decisions;

- ◆ Enhancing communication and interaction between health services researchers and health policymakers; and
- ◆ Identifying areas in which additional research is needed to better inform decisions.

#### Assist health policy and practice leaders in addressing major health challenges by:

- ◆ Translating research findings and the lessons of experience into useful information for clinical, management, and policy decisions;
- ◆ Enhancing communication and interaction between health services researchers and health policymakers; and
- ◆ Identifying areas in which additional research is needed to better inform decisions.

#### AcademyHealth meets its mission by engaging in:

- ◆ Conferences
- ◆ Research support activities
- ◆ Professional development
- ◆ Knowledge transfer initiatives
- ◆ Advocacy

### Conferences

One of AcademyHealth's core strengths is its ability to bring together health care leaders from the research, policy, and practice worlds, and to foster meaningful discussion and learning among them. AcademyHealth convenes the nation's largest scientific conference showcasing health services research—the Annual Research Meeting. With the journal *Health Affairs*, AcademyHealth also co-sponsors the National Health Policy Conference, the premier forum for in-depth discus-

sion among decision makers of the most pressing health policy challenges.

In addition to large, national conferences, in 2004 AcademyHealth and the programs it houses hosted an array of meetings and workshops for researchers and policymakers.

### Research Support Activities

A key part of AcademyHealth's mission is to support the best health services research. The organization provides technical and financial assistance for health services research, policy analysis, and state investigations on the uninsured. AcademyHealth also keeps investigators abreast of the newest research techniques and policy developments through seminars, issue briefs, conferences, workshops, and online tools.

Among AcademyHealth's projects and programs that provided support to researchers in 2004 were:

- ◆ The Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization program;
- ◆ The Health Services Research Projects in Progress database; and
- ◆ The Agency for Healthcare Research and Quality's User Liaison Program and Knowledge Transfer Initiative.

### Professional Development

AcademyHealth is an important resource for professional development, continuing education, and career advancement in the fields of health services research and health policy. In 2003, it offered an array of seminars, Web-based career tools, and educational opportunities, including:

- ◆ An online Career Center;
- ◆ A fellowship for researchers to work with national data sets that is jointly sponsored by AcademyHealth and the Centers for Disease Control and Prevention's National Center for Health Statistics;

- ◆ Health Policy and Politics: An Orientation to Decision Making in Washington;
- ◆ Seminars in Health Services Research Methods, including online and in-person courses.

### Knowledge Transfer Initiatives

AcademyHealth maintains its commitment to bridging the research and policy worlds. Through a variety of knowledge-transfer initiatives, AcademyHealth facilitates collaboration among researchers, policymakers, and practitioners to synthesize the latest research into formats that are understandable and useable for decision makers.

AcademyHealth's knowledge-transfer initiatives include:

- ◆ Research syntheses of policy-relevant health services research findings
- ◆ The Changes in Health Care Financing and Organization program
- ◆ The Agency for Healthcare Research and Quality's User Liaison Program and Knowledge Transfer Initiative
- ◆ The International Exchange for Health Services Research and Policy
- ◆ An HSR Impact series produced through the Connecting the Dots program, which . . . highlights examples of health services research that has been successfully translated into practice
- ◆ Health Policy and Politics: An Orientation . . . to Decision Making in Washington.

### Advocacy: Coalition for Health Services Research

As the advocacy arm of AcademyHealth, the Coalition for Health Services Research directs government relations and grassroots functions in order to build and advance the field of health services research. The Coalition advises federal agencies on appropriate funding and policies and mobilizes other advocates to support research to inform health policy and practice.

In this year of budget deficits and competing priorities for national defense and homeland security, the Coalition was able to expand funding for two critical agencies that support health services research. The Agency for Healthcare Research and Quality (AHRQ) saw its funding level jump from \$304 million to \$319 million—a 5 percent increase that will be used to fund comparative effectiveness research. The budget for the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) was also increased by \$22 million; this will allow the agency to continue its current sample size and number of questions for all of its annual surveys.

The Centers for Medicare and Medicaid Service's research arm received a slight increase, from \$26.6 million to \$28 million. The Coalition estimates that, under the new budget, the National Institutes of Health will spend approximately \$908 million on health services research, up from \$896 million, while overall Veteran's Health Administration research spending will be slightly reduced from \$408 million to \$406 million.

More AcademyHealth members than ever before used the Coalition's Web site ([www.chsr.org](http://www.chsr.org)) to send messages to their members of Congress. More than 500 letters were sent in 2004, compared with 125 in 2003.

The Coalition's efforts to build partnerships to assist in advocacy work has continued to pay dividends. The Friends of AHRQ, with more than 135 member organizations, played an important role in the AHRQ increase. By signing onto joint letters and making cooperative visits to Congress, the Friends helped increase AHRQ's visibility in Congress. Our first full year with the Friends of the CDC's NCHS was also successful. This group raised the advocacy visibility for this important agency, ensuring that Congress provided the increase requested in the President's budget.

The Coalition also remained active in ensuring that researchers maintained access to data following the implementation of the HIPAA health

information privacy regulation. The Coalition testified on the Privacy Rule before the National Committee on Vital and Health Statistics on the problems encountered by researchers in the first year of implementation and what changes are needed to make the privacy rule more workable for health services researchers. The Coalition held a retreat for researchers and members of Institutional Review Boards to help these two groups develop a greater understanding of each other.

In 2004, the Coalition also published the second edition of the *Federal Funding for Health Services Research* report. This report states current federal government spending levels for health services research. Developing this baseline is important so that the Coalition and others who advocate for health services research can answer Congress's questions about the state of the current federal investment in the field.

## Membership

AcademyHealth fosters networking and professional growth among a diverse membership of professionals and students in the health services research and health policy fields. Members have access to a broad range of services and resources through forums, journals, reports, and other venues.

The membership and communications teams jointly developed AcademyHealth's first organizational affiliate brochure and supporting materials. The new brochure, which outlines key benefits for a variety of potential institutional members, will be a key piece in growing the number of organizational affiliates.

A new member benefit was also added for organizational affiliates, the *AcademyHealth Partners* e-newsletter. Recognizing dissemination is a vital part of advancing research, policy, and practice, AcademyHealth established this newsletter to provide an opportunity for organizational affiliates to share key information with its members.

AcademyHealth's new Interest Groups were further developed in 2004. During the first half of the year, efforts focused on enrolling members in the Interest Groups through Web-based forums and membership renewal forms. By the end of the year, more than half of all AcademyHealth members had enrolled in at least one Interest Group and the combined enrollment of all Interest Groups exceeded 3,000. All 10 Interest Groups held either a substantive or organizing meeting during the Annual Research Meeting, and many planned to enhance the groups' visibility in 2005.

In the second half of the year, most Interest Groups worked to establish volunteer committees. These committees focused on developing priorities and activities for 2005, including plans for pre- or post-conference meetings at the ARM. The Interest Groups are providing many important opportunities for members to become involved with AcademyHealth.

### **AcademyHealth Interest Groups**

Behavioral Health Services Research  
Child Health Services Research  
Gender and Health  
Health Economics  
Health Information Technology  
Health Workforce  
Long-Term Care  
Interdisciplinary Research Group  
on Nursing Issues  
Public Health Systems Research  
State Health Research & Policy

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## Projects and Programs

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### Annual Research Meeting

The Annual Research Meeting (ARM) brings together members and key stakeholders to disseminate the latest health services research findings, debate current health policy issues, develop new skills and methodologies, showcase data resources and funding opportunities, and collaborate with peers—all in an effort to improve health and health care. This year's meeting in San Diego on June 6–8 captured both the conference's rich past as a platform to showcase important research and its future challenge to ensure that such research is effectively translated into health policy and practice.

The 2004 conference featured more than 120 sessions organized around 14 themes that span the full range of health services research topics. The meeting provided a diverse group of researchers the opportunity to meet and present their papers and posters.

In addition to research dissemination in panel and poster formats, the meeting featured lively interchange of ideas among researchers, policymakers, and providers. Participants discussed critical health care issues, such as patient safety, chronic care, emerging health threats, workforce, long-term care, and the uninsured. Some of the most well-attended sessions were methods workshops, such as those devoted to risk adjustment, applied multivariate methods, social network analysis, qualitative and quantitative methods, and measuring

aspects of organizations. Even senior researchers found these panels important for learning new methodologies and techniques.

This year's opening plenary featured keynote speaker Vinton Cerf, who discussed the role of computers and information technology (IT) in health care. That theme recurred in many of the breakouts, where panelists discussed adopting improved IT systems to enhance quality and patient safety and compared international developments in IT to improve efficiency in delivery systems. In his closing plenary speech, David Blumenthal stated that the development of computerized decision support should be "the highest possible priority for health services research."

Other features of the meeting included an Exhibit Program with nearly 90 exhibits, and the Career Center, used primarily by students and job seekers. Once again, the Cyber Center gave participants free access to e-mail and ARM abstracts. Nearly 50 affiliate meetings, ranging in size from 15 to 250 attendees, were scheduled in conjunction with the conference. Several of these meetings, such as the National Research Service Award Trainees Conference, the Child Health Meeting, and the Center Directors Meeting, have become annual events. A growing number of AcademyHealth Interest Group meetings were also held before and after the conference.

## Awards

The AcademyHealth Awards recognize individuals who have made significant contributions to the fields of health services research and health policy. In 2004 the following awards were presented during the Annual Research Meeting in San Diego:



The **Distinguished Investigator Award** recognizes individuals who have made significant and long-lasting contributions to the field of health services research.

In 2003 there were two Distinguished Investigator awardees: Stuart H. Altman, Ph.D., Sol C. Chaikin Professor of National



Health Policy, Heller School for Social Policy and Management, Brandeis University; and Uwe E. Reinhardt, Ph.D., James Madison Professor of Political Economy, Princeton University.



David M. Studdert, LL.B., SC.D., was awarded **The Alice S. Hersh New Investigator Award**, which acknowledges the contribution of new scholars to the field of

health services research. Studdert is associate professor of law and public health, School of Public Health, Harvard University. The award is given in honor of Alice Hersh, who, as the founding executive director of the Association for Health Services Research, sought to create opportunities for young scholars.



AcademyHealth honors the best scientific work that the field of health services research and health policy have produced and published through its **Article-of-the-Year Award**. Elizabeth A. McGlynn, Ph.D., received this award for her lead authorship on the article “The Quality of Health Care Delivered to

Adults in the United States,” which appeared in the June 26, 2003, *New England Journal of Medicine*. The article is coauthored by Steven M. Asch, M.D., M.P.H.; John Adams, Ph.D.; Joan Kessey; Jennifer Hicks, M.P.H., Ph.D.; Alison DeCristofaro, M.P.H.; and Eve A. Kerr, M.D., M.P.H.



Anita L. Tucker, D.B.A., from Harvard Business School received **The Dissertation Award** award for her outstanding doctoral thesis, “Organizational Learning from Operational

Failures.” Tucker is currently assistant professor of operations and information management, Wharton School, University of Pennsylvania.

The Student Poster Award recognizes the best poster presentation at the Annual Research Meeting of a student officially enrolled in a graduate university program. It went to Hongxia Liu, M.S.N., for the poster, “The Effects of Gender and Age on Health-Related Quality of Life and Overall Health in Renal Transplant Recipients.” Liu is a doctoral student at the Vanderbilt University School of Nursing.

## Agency for Healthcare Research and Quality User Liaison Program

The Agency for Healthcare Research and Quality’s (AHRQ) User Liaison Program (ULP) disseminates health services research findings and related information to state and local government officials and enhances their ability to apply research to public policies and programs. ULP conducts workshops, seminars, and audioconferences, and prepares issue briefs, summary reports, and research syntheses. At ULP meetings, AcademyHealth staff, leading researchers, and policy experts help decision makers work through various policy scenarios and implementation problems.

ULP produced one national workshop on bioterrorism and a series of issues briefs focusing on hospital planning, surge capacity, and regionaliza-

tion issues; these briefs are listed in the publications section of the report. The workshop was the third in a series of conferences held in partnership with the Health Resources and Services Administration's (HRSA) Bioterrorism Regional Hospital Planning Grant Program. It drew about 100 participants and focused on disseminating work from 10 AHRQ-funded research projects. ULP also produced a CD "tool kit" of technical assistance documents and products developed by AHRQ-supported researchers that was disseminated widely to HRSA grantees in all 50 states, major cities, and territories.

ULP conducted a workshop for the state of Washington on evidence-based decision-making for health policy leaders. The workshop engaged more than 60 state legislators, legislative staff, and senior executive agency staff in addressing real-life decision scenarios and included sessions on technology assessment, cost estimation, practice guidelines, and health benefits coverage decisions.

ULP created a training video for hospital emergency room personnel on an advanced, new system for triaging patients called the "Emergency Room Severity Index" (ESI). ESI uses a five-step system for categorizing and prioritizing patients who enter the emergency department and is a vast improvement over the traditional three-step approaches used in most facilities. The training video will be disseminated to more than 4,000 hospitals in 2005.

ULP concluded in 2004 and was succeeded by AHRQ's new Knowledge Transfer (KT) program, for which AcademyHealth is also serving as a contractor. The volume of activity was less than previous years, as we completed projects and segued into the new program. ULP produced workshops or written products in three major areas: bioterrorism planning, evidence-based decision-making, and emergency room triage.

## **Agency for Healthcare Research and Quality Knowledge Transfer Program**

The Agency for Healthcare Research and Quality's (AHRQ) Knowledge Transfer (KT) program is a new, three-year initiative to assist health care purchasers, health system leaders, and state and local policymakers in applying research-based evidence when developing their policies and programs. KT is intended to bring together these decision makers with peers, researchers, and other experts to devise evidence-based solutions to pressing health care issues. The program will use a variety of methods to disseminate information—including workshops, audioconferences, issue briefs, and Web-based tools—and cultivate communities of practice through ongoing learning networks.

During this first year, AcademyHealth assisted AHRQ in developing long-range strategies in four areas: care management, purchaser-provider synergies, high-reliability organizations (i.e., improving patient safety), and health care disparities. These strategies involve building partnerships with other national and local organizations to leverage existing efforts and position AHRQ as a "science partner" in these areas. AcademyHealth is collaborating with AHRQ's three other KT contractors to carry out this work, including the Delmarva Foundation for Medical Care, Health Systems Research, and The Lewin Group.

In fall 2004, KT conducted a two-part audio-conference series called "Buy Right for Health Care Quality." The first event focused on so-called pay-for-performance incentive programs and the second discussed ways to use AHRQ quality measures in pay-for-performance programs and public reporting. More than 300 people participated in these Web-assisted audioconferences, which featured live presentations by panels of researchers, purchasers, providers, and state officials, as well as call-in question-and-answer sessions.

### **Child Health Services Research Meeting**

The annual Child Health Services Research Meeting disseminates the work of child health services researchers and provides networking and skill-building opportunities for this field and its stakeholders. Approximately 180 child health services researchers and policy professionals attended the sixth annual Child Health Services Research Meeting, “CHSR Across Systems,” held on June 5 in San Diego.

The agenda for the 2004 meeting was developed with the guidance of leading experts in child health services research. The conference featured approximately 38 faculty who presented in one plenary and 12 breakout sessions. During the opening plenary, the 2004 Nemours Child Health Services Research Award was presented to Christopher Forrest, M.D., Ph.D., of Johns Hopkins University, for his contribution to the field. Another highlight of the 2004 meeting was the first-ever poster session featuring 40 poster presentations. Ninety-two percent of participants stated that their primary objective for attending was fulfilled to their satisfaction. The Agency for Healthcare Research and Quality (AHRQ) provided core funding for the meeting and several organizations dedicated to child health services provided additional support.

The 2005 Child Health Services Research Meeting will be held June 25 in Boston.

### **Changes in Health Care Financing and Organization (HCFO)**

An initiative of The Robert Wood Johnson Foundation, the HCFO program supports research and policy analysis, evaluation, and demonstration projects examining major changes in health care financing and their effects on cost, access, or quality. In addition to grantmaking, HCFO brings together the policy and research communities by convening meetings, translating research, and disseminating findings. HCFO’s grantmaking, convening,

translation, and dissemination activities contribute significantly to AcademyHealth’s commitment to strengthening the research base and promoting the use of this information in public and private decision-making.

HCFO’s grantmaking activities have increased over the past year. Between January 1, 2004, and November 15, 2004, the program received 58 brief proposals and 33 small grant proposals. Team leaders hypothesize that increased outreach efforts, combined with the ease of submitting applications electronically, has resulted in the increased interest in the HCFO program. During this same period, HCFO awarded 26 grants, and a number more are in various stages of review.

Much of the grant monitoring and technical assistance that staff provides to grantees is now also done electronically, via e-mail submission of reports and communication with grantees. Periodically throughout the year, HCFO grantees brief a small audience on their preliminary findings and receive feedback on the substance and possible dissemination strategies. In July 2004, Peter Neumann of Harvard University presented his findings on how Medicare assesses and makes coverage decisions about new medical technologies.

Continuing its involvement with the issue of consumer driven health care, HCFO hosted a Cyber Seminar, “Consumer-Driven Health Plans: Potential, Pitfalls, and Policy Issues,” to share updated research results from three projects that examined consumer-driven health plans. In response to the growing interest in health savings accounts (HSAs), HCFO conducted a small meeting to explore the potential of HSAs to achieve various market and policy goals, as well as identify short- and long-term research and monitoring needs arising from the advent of HSAs. Participants also discussed the implications of HSAs for the chronically ill and within a changing public policy context.

In addition to the dissemination of findings undertaken by individual grantees and publication of papers emanating from convening activities, the program has continued with other electronic and paper publishing efforts. HCFO published two print issues of its newsletter in 2004, 12 e-newsletters (which feature monthly grantee spotlights and “hot topics”), five findings briefs, and one peer-reviewed special issue of *Health Services Research*. HCFO’s 2004 publications are listed on p. 24 of this report.

### **Diversity in Health Services Research**

This program is consistent with AcademyHealth’s mission to support the best health services research through expanding and improving the scientific basis of the field, increasing the capabilities and skills of researchers, and promoting development of the necessary financial, human, infrastructure, and data resources.

With the guidance and support of an advisory committee, AcademyHealth staff and its study advisors conducted qualitative and quantitative studies to explore how to increase diversity in the field of health services research. To accomplish this, staff focused on four goals:

1. To identify whether there are barriers to underrepresented students (African Americans, Hispanics, Native Americans, and Asians who are either U.S. citizens or permanent residents) entering the field, and if so, what they are;
2. To learn what HSR programs and universities are doing to address any barriers and identify “best practices” for student recruitment, retention, and placement;
3. To explore and evaluate whether the creation of a fellowship would have a significant impact in increasing the numbers of underrepresented individuals choosing HSR as their career option;
4. To evaluate the need for and identify possible major components of a national strategy promoting HSR as a viable career option to students, especially to the underrepresented students.

Interviews were conducted with graduate students, post-docs, faculty, and the department or program chair in a purposive sample of 10 academic institutions with HSR doctoral programs. Additional interviews took place with minority summer program directors. Focus groups were held with graduate students at two of the 10 institutions and at the AcademyHealth 2004 Annual Research Meeting. Staff administered an online survey to collect application, admission, and enrollment data and to gather information on graduate student/post-doc recruitment and retention programs from health services research departments. In addition, staff did an Internet review on diversity initiatives undertaken in the fields of medicine and public health.

### **Health Policy and Politics: An Orientation to Decision-Making in Washington**

This three-and-a-half-day program held each fall provides professional development opportunities for policy professionals and health services researchers with an interest in health policy development at the national level. The health policy orientation program, which launched in 2002, provides an opportunity to learn the fundamentals of health policy development and implementation and to gain an understanding of the Washington health policy environment. The orientation comprises presentations by well-known speakers, interactive discussions, hands-on tutorials, and a visit to Capitol Hill.

In 2004 the program had the largest cohort of attendees with 46 registered participants. A number of participants indicated that the orientation was one of the best, if not the best, of the meetings that they have attended. 2004 marked the final year of limited financial support for the orientation provided by the National Center for Health Statistics. AcademyHealth staff will identify and explore new potential funding sources beginning in 2005.

## Health Services Research Impacts

Health Services Research Impacts are part of an AcademyHealth communications effort to highlight the value of health services research and its impact on the health care system for policy professionals, funders, and other decision makers. The impacts are two-page information sheets that demonstrate specific examples of health services research that has been translated successfully into policy.

In 2004, AcademyHealth partnered with the U.S. Centers for Disease Control and Prevention (CDC) to produce two new impacts on “Health Care Worker Safety” and “Quality and Safety.” The former spotlighted CDC research that has helped hospitals nationwide to implement and evaluate strategies to prevent health care workers from sustaining accidental injuries with needles or other sharp objects; the latter emphasizes how CDC research into health-care associated infections has yielded strategies that combine monitoring, prevention, and control of such infections. The Web links to these impacts are listed in the Publications section of this report (see p. 26.)

Since 2002, AcademyHealth has produced seven other impacts on the following topics: aging, diabetes management, health care staffing, obesity, patient safety, racial disparities, and women’s health.

AcademyHealth will launch a new awards program to recognize specific research or a body of research that has significantly affected health and health care. In 2005, AcademyHealth will issue a call for nominations to its membership, and an advisory committee will select one or two “winning” research impacts. Each year, the winners will be announced at the annual National Health Policy Conference and the winning research impact will be widely disseminated.

## Health Services Research Projects in Progress (HSRProj)

HSRProj is a joint effort of AcademyHealth and the Cecil G. Sheps Center for Health

Services Research at the University of North Carolina, Chapel Hill, with funding from the National Library of Medicine (NLM), through the National Information Center on Health Services Research and Health Care Technology (NICHSR). With 6,500 detailed descriptions of ongoing health services research projects, funded by federal and state agencies and private organizations, HSRProj provides access to current research in the pipeline.

After submitting a proposal to NLM to continue to manage the HSRProj database, the staff was awarded a five-year contract (one year with four option years). In 2004, HSRProj also became accessible via two interfaces: HSRProj Direct and the NLM Internet Gateway. In response to user requests, the new HSRProj Direct interface provides specific searching from the search screen by the principle investigator’s last name, funding agency, and multiple fields. In addition, users can narrow searches to specific years and states.

Using a promotional card, staff publicized HSRProj and its new interface in 18 venues, including presentations at meetings, articles in newsletters and listservs, and on Web sites. In addition, HSRProj staff welcomed 14 new participating organizations this year, two of them federal agencies: the Office of Minority Health (OMH) and the Indian Health Service (IHS). OMH shared information on 17 awards and the IHS provide information on 12 awards. Staff continued to work with the CDC to obtain information on newly funded HSR and conducted outreach to state agencies. State outreach resulted in the participation of 20 state agencies sharing information on state-funded HSR projects. Identifying new organizations that fund HSR is critical to make the databases as representative of the field as possible.

## International Exchange for Health Services Research and Policy

The International Exchange for Health Services Research and Policy (IE) has a strong focus on bridging research to policy. Its goal is to bring an

international perspective to U.S. health services research and health policy by promoting cross-country comparative analysis. It also extends many of AcademyHealth's professional development services to other countries, and coordinates with and supports emerging health services and policy research associations around the world. Each year at the AcademyHealth Annual Research Meeting the IE organizes an affiliate meeting that focuses on lessons learned from abroad on a specific topic. The 2004 meeting focused on quality, with presentations from New Zealand, Australia, the United Kingdom, and Taiwan on the role of comparative indicators, and on paying for performance.

The Pan American Health Organization and the Canadian International Development Research Centre continue to fund AcademyHealth to coordinate an innovative Research Program in Latin America on Social Protection in Health. It is built on a required partnership between researchers and policymakers in each of the five participating countries.

The Bertelsmann Foundation and The Commonwealth Foundation have funded AcademyHealth to convene an expert meeting on coordination of chronic care in Germany and the United States. Case studies from these two countries served as the basis for this December 2004 expert meeting.

### **National Center for Health Statistics / AcademyHealth Health Policy Fellowship**

Sponsored by the National Center for Health Statistics (NCHS) in the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and AcademyHealth, this fellowship brings visiting scholars in health services research-related disciplines to NCHS for 13 to 24 months to use NCHS data systems and collaborate on studies of interest to policymakers and the health services research community. This fellowship reflects AcademyHealth's mission to support the best health services research by expanding and improving the scientific basis of the field and increasing the capabilities and skills of research-

ers. It advances the organization's commitment to both strengthening the research base and promoting the use of this information in public and private decision-making.

Marketing for the 2005 Fellowship began in October. The application deadline was January 10, 2005. Selected fellows will commence September 2005 to January 2006. Visit [www.academyhealth.org/nchs](http://www.academyhealth.org/nchs).

Hua Wang, was selected in April for the 2004 fellowship and began her fellowship in October. Ms. Wang is a doctoral candidate in the Department of Health Policy and Administration, School of Public Health, at the University of North Carolina, Chapel Hill. Her fellowship project will evaluate the effects of the State Children's Health Insurance Program (SCHIP) on children's health insurance coverage, access to and utilization of health services, and health outcomes.

The appointment of Judith Ann Shinogle, Ph.D., M.P.P., as one of the two 2003 fellows, was extended to June 2005 to work on factors related to employer health plan generosity. Dr. Shinogle is also collaborating with NCHS staff on a variety of projects including approaches for a publicly available classification system for pharmaceuticals, and research topics such as treatment for obesity. Jill Anne Marsteller, Ph.D., the other 2003 fellow, completed her 13-month appointment at NCHS. During that time, Dr. Marsteller wrote three manuscripts in collaboration with NCHS and CDC staff on: comparing Institute of Medicine criteria with the National Healthcare Quality Report; comparing establishment and person-based surveys for quality measure; and the influence of immunization in nursing homes. She also has several "in-progress" products, which include a "white paper" on the structure of missing race data in the National Hospital Discharge Survey and approaches for imputation of race, and a manuscript on factors influencing influenza and pneumococcal immunization.

## National Health Policy Conference

Co-sponsored by AcademyHealth and *Health Affairs*, the National Health Policy Conference lays out the critical health policy issues facing the nation for the coming year. This two-day conference is a unique forum at which public- and private-sector policymakers can learn how the latest research applies to timely health policy issues and researchers and policymakers can interact informally to foster communication.

Each year at the policy conference, leading experts from the administration, Congress, academia, states, and the health industry share their insight with participants, who are health policy professionals, health services and policy researchers, as well as representatives from major purchasers, managed care organizations, providers, and the pharmaceutical industry. The 2004 conference agenda was developed under the guidance of a prestigious advisory committee and featured such topics as obesity, consequences of uninsurance, hospital consolidation, and bioterrorism preparedness. Fifty speakers reflecting the who's who of American health policy presented in seven plenaries and nine breakouts, and more than 700 participants attended, including 40 members of the press.

The policy conference consistently receives high marks from attendees. For example, in 2004, 90 percent of attendees believed their primary objective for attending was achieved. Keeping up to date with cutting-edge health policy issues was the primary objective for 88 percent of attendees.

## Public Health Systems Research Meeting

The third Public Health Systems Research (PHSR) affiliate meeting was held in conjunction with AcademyHealth's 2004 Annual Research Meeting (ARM). The objectives of this half-day affiliate meeting were to highlight cutting-edge public health systems research, and organize an ongoing affiliate of the ARM to inform mainstream health services researchers about opportunities in the emerging field of public health systems research.

The meeting included a special session on PHSR Updates, two Call for Panels sessions featuring the eight best papers selected through a blind peer-review process, and a luncheon poster session displaying 10 posters. The Centers for Disease Control and Prevention provided partial support for the meeting, which drew about 45 participants.

In response to an invitation by The Robert Wood Johnson Foundation, AcademyHealth submitted a proposal for an 18-month grant to support the PHSR Interest Group and meeting at the 2005 Annual Research Meeting. A grant for \$70,000 was awarded on December 1, 2004.

## Research Synthesis/Policy Translation

AcademyHealth seeks to provide leadership to the field for synthesizing, translating, and disseminating the results of health services research and other information to key public and private policymakers. A research synthesis is a concise, objective, easily understood, and readily accessible summative review of a body of health services research for policy and practice. A policy translation is a one- or two-page, objective, easily understood, and readily accessible précis of research findings for policy and practice.

During the past year, AcademyHealth has been working to build its research synthesis/policy translation function to better serve the fields of health services research and health policy. Three key efforts were initiated:

- ◆ Research Synthesis Conference: Informing Medicare's Future—AcademyHealth received a small conference grant from AHRQ to develop syntheses that will inform Medicare's future. A working conference was held on January 8, 2004, where Medicare experts defined policy questions, identified the presence and absence of relevant literature, and identified target audiences and dissemination strategies for future synthesis. A final report was submitted to AHRQ in September; it included scopes of work for syntheses on the following topics: benefit design and cost

sharing, markets and private plans, financial and non-financial incentives for quality, and beneficiary education and information.

- ◆ AcademyHealth submitted a large conference grant proposal to fund a five-year series of activities, including identifying key synthesis questions, developing technical research syntheses and translation pieces, disseminating findings, and assessing impact.
- ◆ AcademyHealth has been working with experts to draft research syntheses and translation documents based on scopes of work developed from an AHRQ-supported conference in 2001. For these projects, AcademyHealth is using a collaborative model: staff contract with an expert in the subject area for writing the technical syntheses, and staff write the research translation pieces and develop the dissemination and impact assessment plans under the guidance of an advisory committee.

The two syntheses are:

- ◆ Employer responses to Health Care Inflation—Bryan Dowd is the subcontractor, and Deborah Chollet, Bob Galvin, Paul Ginsburg, and Mike Morrisey comprise the advisory group.
- ◆ Medicare and Prescription Drugs—Jack Hoadley is the subcontractor, and Steve Crystal, Richard Frank, David Gross, Stuart Guterman, and Mark Miller comprise the advisory group.

### **Seminars in Health Services Research Methods**

The Seminars in Health Services Research Methods are a core component of AcademyHealth's professional development activities. These seminars are offered in a variety of formats:

- ◆ Full-day methods seminars are offered each June in conjunction with the AcademyHealth Annual Research Meeting. In 2004, seminars focused on cost-effectiveness analysis, risk adjustment, qualitative data analysis software

options, and a tutorial on the Medical Expenditure Panel Survey (MEPS).

- ◆ Audio- and Web-based seminars are offered in a two-hour live format featuring a PowerPoint presentation by expert faculty, and supplemented by online polling, whiteboarding, Web browsing, and data manipulation. In 2004, AcademyHealth offered Cyber Seminars on the following topics: the Health-care Cost & Utilization Project (HCUP) data; geographic information systems; assessing technical quality in the health system; and MEPS. Once offered, the Cyber Seminars are archived and may be accessed on an ongoing basis.

AcademyHealth, in collaboration with the *HSR* journal, is currently seeking sponsorship to explore ways to improve the dissemination and use of new and existing health services research methods.

### **State Health Policy Group**

The State Health Policy Group (SHPG) provides state policymakers with research and policy tools to help them provide health coverage to the uninsured. In 2004, the SHPG provided a range of technical assistance, through speaking engagements, national meetings, publications, and a Web site. In addition, the SHPG is responsible for The Robert Wood Johnson Foundation's (RWJF) State Coverage Initiatives (SCI) program and AcademyHealth's contract with the Health Resources and Services Administration to provide technical assistance to grantees of the State Planning Grant (SPG) program.

In 2004, SCI staff monitored and provided technical assistance to states with policy planning and demonstration grants. In addition, SCI funded an implementation grant for further design and implementation of Maine's Dirigo Health. SCI offers two annual meetings for state officials to share strategies for maintaining and expanding coverage. In January, SCI held "Health Care Reforms: Re-examining State Strategies," which examined ways in which states can address the erosion in their commercial insurance markets, approaches

to containing health care costs, and options for health care reform. SCI held “Pressing Forward: Cuts, Coverage, and Creativity,” in June in Chicago. The meeting explored state strategies for partnering with the private sector, examined state experiences to date with public-private partnerships, and provided the opportunity for states to hear about innovative coverage expansion proposals.

In August, SCI held a technical assistance meeting for public purchasers that included participants from six states. In September, SCI joined RWJF’s Changes in Health Care Financing and Organization (HCFO) initiative in hosting a Cyber Seminar to share research results examining consumer-driven health plans and explore policy implications of the plans. In October, SCI and the Rutgers Center for State Health Policy conducted an invitational summit for state health policy-

makers to address Medicare Part D implementation issues. In November, SCI hosted “Modeling: From the Back of the Envelope to Inside the Black Box,” a meeting held in conjunction with the HRSA State planning grant program.

SCI produced seven publications in 2004, which are listed in the Publications section of this report. In April, SCI launched its new monthly e-newsletter, *St@teside*. In addition, SCI’s Web site remains one of the program’s most important tools for policymakers.

Under AcademyHealth’s contract with HRSA, SHPG staff visited nine SPG grantees and met with key grant staff and stakeholders, sharing with them progress in other states, strategies for moving their process forward, and potential expansion options.

## Publications

### AcademyHealth

“Consumer-Driven Health Care—Beyond Rhetoric with Research and Experience,” *Health Services Research* special issue, August 2004.

*Ethical Guidelines for Managing Conflicts of Interest in Health Services Research*, September 2004.  
[www.academyhealth.org/ethics/index.htm](http://www.academyhealth.org/ethics/index.htm)

*Improving Federal Health Data for Coverage and Access Policy Development Needs*, October 2004.  
[www.academyhealth.org/publications/federalhealthdata.pdf](http://www.academyhealth.org/publications/federalhealthdata.pdf)

### Annual Research Meeting

#### Journal articles

Folz, C.E. “Health Policy Roundtable Panel Discussion: Translating Health Insurance Studies into Policy Proposals,” *Health Services Research*, Vol. 39, No. 3, pp. 433–44.

Hope, H.A. “Working Conditions of the Nursing Workforce: Excerpts from a Policy Roundtable at AcademyHealth’s Annual Research Meeting,” Vol. 39, No. 3, pp. 445–61.

#### Abstracts

Abstracts of the call for papers and poster presentations from 2004 ARM are available at [www.academyhealth.org/2004/abstracts/index.htm](http://www.academyhealth.org/2004/abstracts/index.htm).

### Agency for Healthcare Research and Quality, User Liaison Program

#### Issue briefs

AHRQ, *Addressing the Smallpox Threat: Issues, Strategies, and Tools*, Bioterrorism and

Health System Preparedness Issue Brief 1,  
[www.ahrq.gov/news/ulp/btbriefs/btbrief1.htm](http://www.ahrq.gov/news/ulp/btbriefs/btbrief1.htm).

AHRQ, *Disaster Planning Drills and Readiness Assessment*, Bioterrorism and Health System Preparedness Issue Brief 2,  
[www.ahrq.gov/news/ulp/btbriefs/btbrief2.htm](http://www.ahrq.gov/news/ulp/btbriefs/btbrief2.htm).

AHRQ, *Optimizing Surge Capacity: Hospital Assessment and Planning*, Bioterrorism and Health System Preparedness Issue Brief 3,  
[www.ahrq.gov/news/ulp/btbriefs/btbrief3.htm](http://www.ahrq.gov/news/ulp/btbriefs/btbrief3.htm).

AHRQ, *Optimizing Surge Capacity: Regional Efforts in Bioterrorism Readiness*, Bioterrorism and Health System Preparedness Issue Brief 4,  
[www.ahrq.gov/news/ulp/btbriefs/btbrief4.htm](http://www.ahrq.gov/news/ulp/btbriefs/btbrief4.htm).

AHRQ, *Surge Capacity—Education and Training for a Qualified Workforce*, Bioterrorism and Health System Preparedness Issue Brief 7,  
[www.ahrq.gov/news/ulp/btbriefs/btbrief7.htm](http://www.ahrq.gov/news/ulp/btbriefs/btbrief7.htm).

### Changes in Health Care Financing and Organization (HCFO)

#### Newsletters

HCFO *News and Progress*, January 2004,  
[www.hcfo.net/pdf/news0104.pdf](http://www.hcfo.net/pdf/news0104.pdf).

HCFO *News and Progress*, June 2004,  
[www.hcfo.net/pdf/news0604.pdf](http://www.hcfo.net/pdf/news0604.pdf)

(HCFO also issued monthly electronic newsletters to approximately 5,000 recipients.)

## Findings briefs

*State Variation in Insurance Laws a Major Driver of Employers' Self-Insurance Decisions*, AcademyHealth, Vol. 7, No. 1, February 2004 (Web only), [www.hcfo.net/pdf/findings0204.pdf](http://www.hcfo.net/pdf/findings0204.pdf).

*Pregnant and Poor: Did Medicaid and Welfare Policy Changes Improve Care for these Women as Intended?*, AcademyHealth, Vol. 7, No. 2, March 2004, [www.hcfo.net/pdf/findings0304.pdf](http://www.hcfo.net/pdf/findings0304.pdf).

*Safety Net "Crowding Out" Private Health Insurance for Childless Adults*, AcademyHealth, Vol. 7, No. 3, June 2004, [www.hcfo.net/pdf/findings0604.pdf](http://www.hcfo.net/pdf/findings0604.pdf).

*Children in Foster and Kinship Care at Risk for Inadequate Health Care Coverage and Access*, AcademyHealth, Vol. 7, No. 4, July 2004 (Web only), [www.hcfo.net/pdf/findings0704.pdf](http://www.hcfo.net/pdf/findings0704.pdf).

*Pharmaceutical Formularies: The Right Formula for Cost and Utilization?*, AcademyHealth, Vol. 7, No. 5, August 2004, [www.hcfo.net/pdf/findings0804.pdf](http://www.hcfo.net/pdf/findings0804.pdf).

## Hot Topics featured monthly on the HCFO Web site

*Employer Responses to Rising Insurance Costs* [www.hcfo.net/topic0104.htm](http://www.hcfo.net/topic0104.htm)

*Will the New Medicare Legislation Stem the Flow of Eroding Benefits?* [www.hcfo.net/topic0204.htm](http://www.hcfo.net/topic0204.htm)

*Value-Based Purchasing: Can Medicare Be the Spark?* [www.hcfo.net/topic0304.htm](http://www.hcfo.net/topic0304.htm)

*Becoming an Educated Health Care Consumer in an Information-Filled World* [www.hcfo.net/topic0404.htm](http://www.hcfo.net/topic0404.htm)

*Association Health Plans Revisited: Jump-Starting Congress's Health Agenda* [www.hcfo.net/topic0504.htm](http://www.hcfo.net/topic0504.htm)

*Long-Term Care—Finally on its Way to the Altar?* [www.hcfo.net/topic0604.htm](http://www.hcfo.net/topic0604.htm)

*Reviving the Patient Rights Debate* [www.hcfo.net/topic0704.htm](http://www.hcfo.net/topic0704.htm)

*Do Other Countries Hold the Cure to Rising Prescription Drug Costs?* [www.hcfo.net/topic0804.htm](http://www.hcfo.net/topic0804.htm)

*FTC/DOJ Administer a Dose of Competition* [www.hcfo.net/topic0904.htm](http://www.hcfo.net/topic0904.htm)

*Coverage Decisions: How is Evidence Used? Why the Variation?* [www.hcfo.net/topic1004.htm](http://www.hcfo.net/topic1004.htm)

*Health Care Agenda for the New Administration* [www.hcfo.net/topic1104.htm](http://www.hcfo.net/topic1104.htm)

*Medicare Modernization Act Offers New End-of-Life Care Provisions* [www.hcfo.net/topic1204.htm](http://www.hcfo.net/topic1204.htm)

## Grantee Spotlight featured monthly on the HCFO Web site

Lisa Dubay, Sc.M., and Genevieve M. Kenney, Ph.D., January 2004, [www.hcfo.net/granteespotlight0104.htm](http://www.hcfo.net/granteespotlight0104.htm)

Linda J. Blumberg, Ph.D., February 2004, [www.hcfo.net/granteespotlight0204.htm](http://www.hcfo.net/granteespotlight0204.htm)

Gail Jensen, Ph.D., March 2004, [www.hcfo.net/granteespotlight0304.htm](http://www.hcfo.net/granteespotlight0304.htm)

Susan Bartlett Foote, J.D., April 2004, [www.hcfo.net/granteespotlight0404.htm](http://www.hcfo.net/granteespotlight0404.htm)

Donald Taylor, Ph.D., May 2004, [www.hcfo.net/granteespotlight0504.htm](http://www.hcfo.net/granteespotlight0504.htm)

Daniel Polsky, Ph.D., June 2004, [www.hcfo.net/granteespotlight0604.htm](http://www.hcfo.net/granteespotlight0604.htm)

Mark Doescher, M.D., and Barry Saver, M.D., July 2004, [www.hcfo.net/granteespotlight0704.htm](http://www.hcfo.net/granteespotlight0704.htm)

Sandra L. Decker, Ph.D., August 2004, [www.hcfo.net/granteespotlight0804.htm](http://www.hcfo.net/granteespotlight0804.htm)

Mary Zimmerman, Ph.D., September 2004,  
[www.hcfo.net/granteespotlight0904.htm](http://www.hcfo.net/granteespotlight0904.htm)

Peter J. Neumann, Sc.D., October 2004,  
[www.hcfo.net/granteespotlight1004.htm](http://www.hcfo.net/granteespotlight1004.htm)

Madonna Harrington Meyer, Ph.D.,  
November 2004,  
[www.hcfo.net/granteespotlight1104.htm](http://www.hcfo.net/granteespotlight1104.htm)

Andrew Coburn, Ph.D., December 2004,  
[www.hcfo.net/granteespotlight1204.htm](http://www.hcfo.net/granteespotlight1204.htm)

## Coalition for Health Services Research

### Reports

*Federal Funding for Health Services Research* report, The Coalition for Health Services Research, May 12, 2004, [www.chsr.org/pdf/fundingreport.pdf](http://www.chsr.org/pdf/fundingreport.pdf).

### Health Services Research Impacts

*Health Care Worker Safety*, AcademyHealth, 2004,  
[www.academyhealth.org/connectingthedots/healthcarestaffing.pdf](http://www.academyhealth.org/connectingthedots/healthcarestaffing.pdf).

*Quality and Safety*, AcademyHealth, 2004,  
[www.academyhealth.org/connectingthedots/quality.pdf](http://www.academyhealth.org/connectingthedots/quality.pdf)

## International Exchange

### Articles

Mackenbach, J.P. and K. Stronks. "The development of a strategy for tackling health inequalities in the Netherlands," *International Journal for Equity in Health*, 2004, Vol. 3,  
[www.equityhealthj.com/content/3/1/11](http://www.equityhealthj.com/content/3/1/11)

### Reports

Moynihan, R. *Using Health Research in Policy and Practice: Case Studies from Nine Countries*, Milbank Memorial Fund and AcademyHealth, October 2004, [milbank.org/reports/0409Moynihan/0409Moynihan.html](http://milbank.org/reports/0409Moynihan/0409Moynihan.html).

## Membership

### Newsletter, *AcademyHealth Reports*

March 2004, Issue 15  
[www.academyhealth.org/publications/academyhealthreports/mar04.pdf](http://www.academyhealth.org/publications/academyhealthreports/mar04.pdf).

June 2004, Issue 16  
[www.academyhealth.org/publications/academyhealthreports/jun04.pdf](http://www.academyhealth.org/publications/academyhealthreports/jun04.pdf).

September 2004, Issue 17  
[www.academyhealth.org/publications/academyhealthreports/sep04.pdf](http://www.academyhealth.org/publications/academyhealthreports/sep04.pdf).

December 2004, Issue 18  
[www.academyhealth.org/publications/academyhealthreports/dec04.pdf](http://www.academyhealth.org/publications/academyhealthreports/dec04.pdf).

(The Membership Team also issues an electronic monthly *Member Update*, and a bi-monthly *AcademyHealth Partners*, which features news and announcements from our organizational affiliates.)

## National Health Policy Conference

*Summary of the 2004 National Health Policy Conference*, AcademyHealth and Mathematica Policy Research, Inc.  
[www.academyhealth.org/nhpc/2004/summary.pdf](http://www.academyhealth.org/nhpc/2004/summary.pdf).

## State Health Policy Group

### Reports

Friedenzohn, I. et al. *State of the States 2004: Cultivating Hope in Rough Terrain*, AcademyHealth, January 2004,  
[www.statecoverage.net/pdf/stateofstates2004.pdf](http://www.statecoverage.net/pdf/stateofstates2004.pdf).

### Profiles in Coverage

(Web-based profiles of innovative state coverage programs)

Pennsylvania's HIPP Program, April 2004,  
[www.statecoverage.net/pennsylvaniaprofile.htm](http://www.statecoverage.net/pennsylvaniaprofile.htm).

### **Issue Briefs**

Friedenzohn, I. *Limited-Benefit Policies: Public and Private-Sector Experiences*, AcademyHealth, July 2004, [www.statecoverage.net/pdf/issuebrief704.pdf](http://www.statecoverage.net/pdf/issuebrief704.pdf).

Butler, P. *ERISA Update: The Supreme Court Texas Decision and Other Recent Developments*, AcademyHealth, August 2004, [www.statecoverage.net/pdf/issuebrief804.pdf](http://www.statecoverage.net/pdf/issuebrief804.pdf).

Kofman, M. *Health Savings Accounts: Issues and Implementation Decisions for States*, AcademyHealth, September 2004, [www.statecoverage.net/pdf/issuebrief904.pdf](http://www.statecoverage.net/pdf/issuebrief904.pdf).

Chollet, D. *The Role of Reinsurance in State Efforts to Expand Coverage*, AcademyHealth, October 2004, [www.statecoverage.net/pdf/issuebrief1004.pdf](http://www.statecoverage.net/pdf/issuebrief1004.pdf).

*States Issues and Concerns with Implementation of Medicare Part D Prescription Drug Coverage*, July 2004, [www.statecoverage.net/pdf/medicarepartd.pdf](http://www.statecoverage.net/pdf/medicarepartd.pdf).

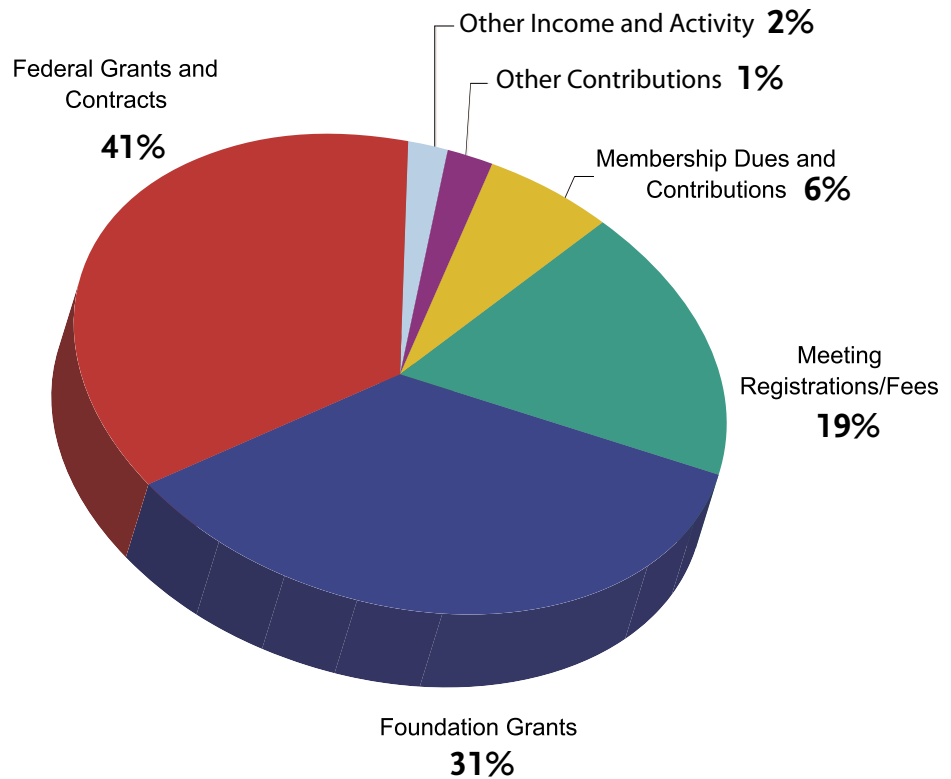
### **Premium-Assistance Toolbox**

*Premium-Assistance Toolbox for States*, funded by the Centers for Medicare and Medicaid Services and State Coverage Initiatives [www.patoolbox.org](http://www.patoolbox.org).

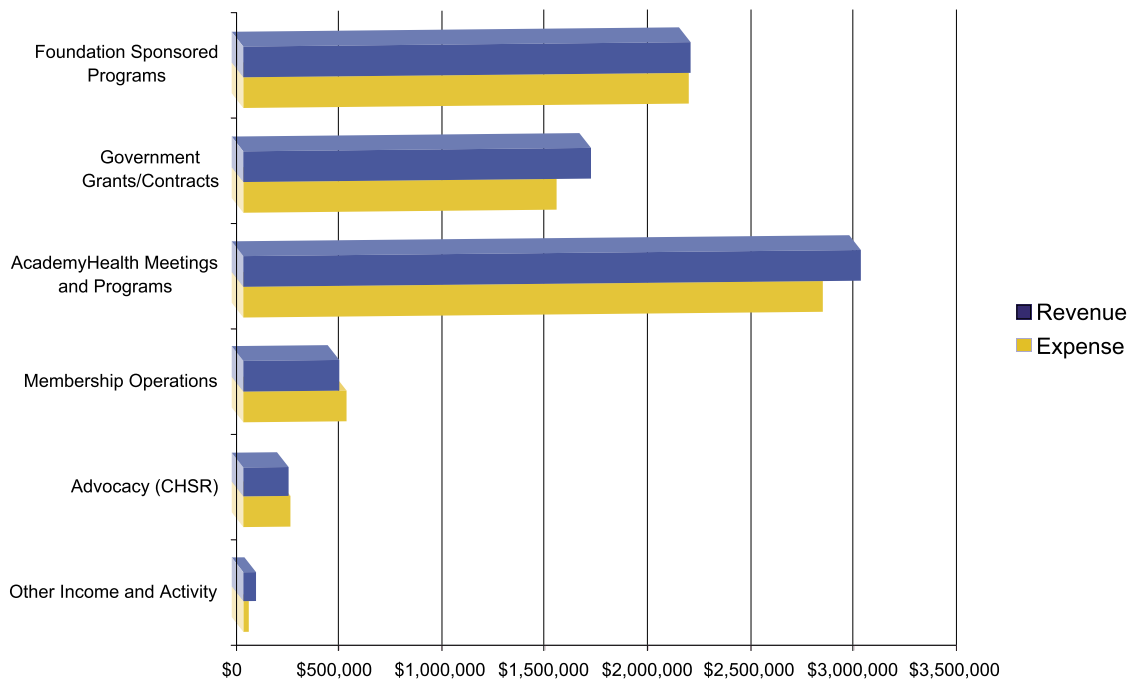
## Financial Information

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**AcademyHealth 2004 Sources of Revenue**  
(total revenue for 2004: \$7.6 million)



## Revenue & Expenses for Major AcademyHealth Activities



## Funders and Supporters

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### Federal Government

Agency for Healthcare Research and Quality  
Centers for Disease Control and Prevention  
    National Center for Health Statistics  
Centers for Medicare & Medicaid Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau  
National Institutes of Health  
National Cancer Institute  
National Institute on Alcohol Abuse and  
    Alcoholism  
National Institute on Drug Abuse  
National Institute of Mental Health  
Substance Abuse and Mental Health Services  
    Administration  
Department of Veterans Affairs Health Services  
    Research & Development Service

### Foundations

American Board of Pediatrics Foundation  
American Legacy Foundation  
Bertelsmann Foundation  
California HealthCare Foundation  
The California Wellness Foundation  
The Commonwealth Fund  
The Henry J. Kaiser Family Foundation  
Kansas Health Foundation  
The Milbank Fund  
Nemours  
The Robert Wood Johnson Foundation  
UnitedHealth Foundation

### Health Care Payers & Providers

Federation of American Hospitals  
Harvard Pilgrim Health Care  
Kaiser Permanente  
Mayo Clinic, Division of Health Care  
    Policy & Research

### Pharmaceutical Industry

Johnson & Johnson  
National Pharmaceutical Council  
Novartis  
Pfizer

### Associations

AARP  
American Academy of Pediatrics (AAP)  
Association of American Medical Colleges  
AUPHA  
Biotechnology Industry Organization  
National Association of Children's Hospitals  
    and Related Institutions

### Universities

University of California, Berkeley  
    Center for Health Research  
University of California, San Francisco  
    Institute for Health Policy Studies,  
    School of Medicine  
George Washington University  
    Department of Health Policy  
    School of Public Health and Health Services  
John Hopkins Bloomberg School  
    of Public Health, Department of Health Policy  
    and Management

### Other

Battelle  
Center for Studying Health System Change  
Georgia Health Policy Center  
The Lewin Group  
Pan American Health Organization  
Park Nicollet Institute  
Polidais, LLC  
Project Hope  
RAND Health  
Robert Betz Associates, Inc.  
    Health Policy Resources