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synergy:

the working together of

two or more things

to produce an effect

greater than the sum

of their individual effects

Center for Health Research, University of California, Berkeley

## Notes from the Chair

Over the next two months, several Center initiatives will come to fruition. The Center's spring conference, *Advances in Genomics Research: Implications for Science and Society,* will be held in the Andersen Auditorium of the Haas School of Business on April 25<sup>th</sup>, an auspicious date—the 50th anniversary of the publication of Watson and Crick's paper proposing the double helix structure of DNA. Our conference will explore recent advances in human genomic research, the commercial applications of the findings of this research, and the ethical and public policy implications raised by these developments. Details on the conference themes and speakers can be found elsewhere in this issue of *synergy* 

and on the conference web site, <a href="http://gr-ss.berkeley.edu">http://gr-ss.berkeley.edu</a>.

I want to emphasize that the conference has been explicitly designed as a forum for the exchange of information and thoughtful commentary from several disciplinary perspectives. Scholars from the biological

and social sciences, bioethicists, business entrepreneurs, and clinicians will present their views on the present state of human genomic research, where the field is going in the future, and the ethical and societal issues associated with genomic research. I believe this conference will be a landmark event in building cross-disciplinary dialogue on the Berkeley campus. I urge you to register for this conference soon.

On May 22, the Center is co-sponsoring a second important conference: the Inaugural Bay Area Health Care Quality and Outcomes Conference (http://hcqo.berkeley.edu). We expect this conference to become an important annual meeting of health care researchers throughout Northern California. The conference location will rotate among the three co-sponsoring universities: UC Berkeley, Stanford, and UC San Francisco. This year the conference will be held on at the UCSF Laurel Heights campus.

Leading edge research on health care quality

and patient outcomes will be reported by researchers from Bay Area universities and research centers in health care delivery organizations such as Kaiser Permanente. Registration for this conference was limited in order to facilitate detailed discussion of each research

report and its implications for health care management and policy. Its timeliness is evident in the speed with which these spaces were filled.

While I have emphasized the important contributions these two conferences will make

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## **New Center Grants Awarded**

In its third round of funding, the Center for Health Research is pleased to award 9 new small research grants to 14 different investigators in the amount of \$41,425. These investigators come from a wide variety of schools and disciplines, including public health, business, sociology, and UC DATA. Their topics range from mental health services to organizational behavior, and from maternal health to AIDS/HIV prevention in sub-Saharan Africa. A full listing of the awards and their investigators is provided below.



# Assessing Change Readiness Across Medical Centers of a Large Health Care Organization

It is thought that health care organizations that are poised to embrace change—those who rank high on a "change readiness" scale—are generally more likely to convert strategic changes into specific practices and behaviors sooner and more completely than those who are lower on this scale. **Jennifer Chatman** (Business; *chatman@haas.berkeley.edu*) and her Stanford colleague, David Caldwell, hope to develop an "ideal" change readiness profile that could identify the specific conditions under which change efforts are most

likely be successful, and to anticipate resistance to such change. By assessing the gaps between the ideal and actual change readiness profile of a large health care organization, they hope to predict patient and physician satisfaction as well as patient health outcomes. The recommendations they will develop for closing these gaps could help other health care organizations become agile and able to change quickly and effectively.

# Assessing the Contribution of Maternal Morbidity, Selective Migration, and Acculturation to Pregnancy Outcomes in Mexico and California

Despite their more disadvantaged, high-risk socioeconomic and health profiles, Mexico-born women residing in California have pregnancy outcomes that are comparable to, or better than, those of white, non-Latina Californians. While the roles of maternal health behavior and lifestyle have been amply explored, the contribution of maternal morbidity has received scant attention. In a collaboration with Alejandro Reyes at the Instituto Mexicano del Seguro Social (IMSS), **Sylvia Guendelman** (Public Health; *sylviag@uclink.berkeley.edu*) will test the contribution of severe maternal morbidity during labor and delivery to the epidemiological paradox of favorable pregnancy outcomes of Mexico-born women residing in California. She and her team will also address the *Continued on page 3* 

The Center for Health Research is aided in its mission by an outstanding group of faculty and staff who meet at least once a semester to review the Center's activities and financial status. Current members of the Committee include Bob Barde, Ray Catalano, Peg Hardaway Farrell, Elizabeth Flora, Paul Gertler, Hal Luft, Ted Miguel, Geoffrey Owen, Mary Pittman, Kristi Raube, Jamie Robinson, Kathy Romain, Tom Rundall, Bill Satariano, Richard Scheffler, Joe Selby, Carl Shapiro, and Steve Shortell.

Joe Selby, Director of Kaiser Permanente's (KP) Division of Research, and Mary A. Pittman, President of the Health Research & Educational Trust (HRET), represent the Center's research partnerships with KP and HRET.

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impact of selective migration from Mexico to the U.S. on maternal morbidity and pregnancy outcomes and the impact of acculturation on maternal morbidity and pregnancy outcomes among Mexican immigrants to the U.S. Guendelman and her colleagues at IMSS have established a long-term collaborative relationship aimed at advancing research that promotes health monitoring and informs policy-makers and program planners about the health conditions of the Mexican population in California and Mexico. This project will ultimately provide recommendations for health policy, programming, and resource allocation to promote the health of pregnant women on both sides of the border.

#### Financial and Social Capital as Protection Against Health Shocks in Mexico

With good insurance or self-insurance, a child's health does not depend on shocks to his or her parents' health. In past studies, **David Levine** (Business; *Levine@haas.berkeley.edu*) found that health declines in Indonesia often reduce consumption. Moreover, this effect does not appear to be due to state-dependent preferences. He will test how well this model holds in Mexico using longitudinal data from the first five waves of the evaluation of the PROGRESA welfare program. He will also examine child health outcomes such as height-for-age and weight-for-height (BMI). Levine will specifically examine the role of the PROGRESA program in helping or hindering protection against shocks. Intuitively, having a safety net should help; however, some have argued that a safety net can help destroy a tradition of mutual insurance.

#### Archiving Cuban Health Care Data for Research

As a researcher of comparative systems, **Kamran Nayeri** (UC DATA; *knayeri@uclink.berkeley.edu*) has had a longstanding interest in the Cuban health care system, which has held the interest of health care researchers and advocates because of its accomplishments in providing broad-based effective health care. Yet, there has been little access to detailed administrative, survey, epidemiological, and other types of primary data on Cuban health care. As a result, much of U.S.-based research of the



Cuban health care system has relied only on the aggregate data available. The University of California Data Archive & Technical Assistance (UC DATA) has recently initiated an institutional collaboration with the *Instituto de Informacion Cientifica y Tecnologica* (IDICT), which holds all Cuban public use data. In the coming months, Nayeri will visit the IDICT offices to confirm the University's interest in archiving Cuban health care data, initiate communication leading to identification of datasets involved, and set up a series of meetings with Cuban stakeholders and archivists to finalize negotiations and effect the transfer of some of these public use health care data files to UC DATA. All acquired data will subsequently be archived and their availability publicized in the UC community, including through the websites of UC DATA and the Center for Health Research. UC DATA is UC Berkeley's

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principal archive of computerized social science and health statistics information. Its holdings are primarily machine-readable datasets, although many of its materials, such as codebooks or census reports, are available for browsing at its Berkeley offices.

# Prioritizing Resources for Safe Motherhood Interventions in Resource-Scarce Settings

The Safe Motherhood Initiative, jointly launched by the World Health Organization, the United Nations Children's Fund, and other organizations, set an ambitious goal: to reduce maternal mortality by 75 percent between 1990 and 2015. Unfortunately, little progress has been made to date, for three reasons. First, there is a lack of evidence-based knowledge of the effectiveness of safe motherhood interventions, such as the prevention, detection, and treatment of anemia during pregnancy. Second, the international health community failed to fully implement known effective practices and subsequently improve the coverage and quality of maternal health services. Finally, developing countries—which account for the majority of maternal and neonatal deaths but have scarce resources—lack the information required for mobilizing commitment and affecting policy. **Malcolm Potts** (Public Health; potts@socrates.berkeley.edu) will address this last factor by developing safe motherhood targets for three model countries, and by gathering and analyzing existing data—such as the Mother Baby Package Costing Spreadsheet—to determine the cost-effectiveness of safe motherhood interventions. This study will be a valuable contribution to policy decision makers, donors, and international agencies working to improve maternal health.

#### Social Capital, Social Ties, and Mental Health in the United States

Various pathways between community-level social capital and mental health status have been proposed, including access to medical care, diffusion of healthy behaviors, and psychosocial support. However, no research to date has attempted to examine the effects of community-level social capital on mental health in the United States. Measures of social capital will include indices of social trust, diversity in friendships, and group involvement. **Richard M. Scheffler** (Public Health; <code>rscheff@uclink.berkeley.edu</code>) and his colleague Timothy Brown will investigate whether any correlation exists between social capital and mental health status after controlling for medical care use, healthy behaviors, and social ties. They expect to find that social capital is significantly and positively associated with mental health status and is largely mediated by the strength of an individual's social ties.

#### Effects of ADHD Diagnosis and Treatment on Academic Performance

Attention deficit hyperactivity disorder (ADHD) is a mental health disorder that presents a major public health problem. A 2002 CDC Report estimates that 3.5 percent of primary school children in the U.S. have been diagnosed with ADHD. ADHD children frequently suffer from serious impairments in relationships with parents, teachers, and peers, as well as difficulties in academic

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# Upcoming Conference: Genomic Research ~ Implications for Science and Society

On April 25, 1953, a short article in the journal *Nature* laid out theories regarding the double-helix structure of DNA. In doing so, it changed forever the way we look at our world.

Fifty years later, the Human Genome Project will complete the decoding of the human genome, the puzzle that is human DNA. Leaders in science and industry are poised to use this knowledge and its attendant technology in ways that have vast and deep societal implications. Yet there has been very little public discussion of how our new understanding of genomics can best serve the genuine public interest.

One of the most effective ways to shape humane and successful public policy for a new technology is for those directly involved in science and industry to develop their work in open communication with critical thinkers focused on the societal implications of this work. To bring the disparate parties of genomic research together productively requires from each a willingness to tolerate conflicting views and an openness to learning from the mistakes and limitations—as well as the successes—of genomic research and development.

It is with great excitement that the Center for Health Research announces **Advances** in **Genomic Research: Implications for Science and Society**. This one-day conference seeks to promote open and reflective communication among thinkers in science, industry, and bioethics. Our goal is to stimulate ongoing educational activities related to genomics in the academic and wider communities. The conference is organized around four modules, each representing a distinct voice in our dialogue on genomic research, and a closing summation:

#### The Science of Genomics

~ Richard M. Myers, PhD (Director, Stanford Human Genome Center)

#### The Business of Genomics

- ~ J. Leighton Read, MD (General Partner, Alloy Ventures)
- ~ Jamie Robinson, PhD (Professor, Health Economics, UC Berkeley)

#### **Society, Ethics, and Genomics**

- ~ Bonnie Steinbock, PhD (Professor, Philosophy, SUNY Albany)
- ~ Eric T. Juengst, PhD (Assoc Professor, Biomedical Ethics, Case Western, and first Chief of ELSI, the Ethical, Legal, and Social Implications Branch of the NIH National Center for Human Genome Research)

#### **Future Directsions and Issues**

- ~ Patricia Benner, RN, PhD, FAAN (Professor, Physiological Nursing, UCSF)
- ~ Gregory E. Kaebnick, PhD (Editor, Hastings Center Report)
- ~ Richard Strohman, PhD (Prof Emeritus, Molecular & Cell Biology, UC Berkeley)

#### What Now?

~ Edward E. Penhoet, PhD (Professor, Health Policy and Management, UC Berkeley)

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functioning. A considerable amount is known about individuals who have ADHD, but less is known about how well such individuals are treated and accommodated. **Richard Scheffler** (Public Health; *rscheff@udink.berkeley.edu*) and his colleagues Helen Citkina and Daniel Eisenberg will examine how being diagnosed with ADHD impacts a child's academic performance. The study will also provide information about how well ADHD children are being accommodated in school settings and how individual and contextual factors mediate this process. The results should prove valuable to policymakers, educators, families, and researchers interested in health and academic outcomes of school-age children.

#### Social Capacities for Combating HIV/AIDS in Sub-Saharan Africa

Why has Botswana, the best governed country in Africa, with a capable public health system, a strong economy, and a reputation for administrative competence, nonetheless failed to stem the AIDS epidemic? **Ann Swidler** (Sociology, *swidler@uclink.berkeley.edu*) will travel to Botswana this summer to continue her broad-based inquiry into that question. There, she will interview AIDS activists, government officials, and NGO workers, and attend a seminar on the role of condoms in AIDS prevention. Her goal is to understand what AIDS prevention activities were launched and when, how these were carried out, and what response they generated. The evidence suggests that no technocratic solution imposed by public health experts—neither abstinence campaigns nor public health advocacy of condom distribution—can succeed in the absence of widespread social movement activity, active mobilization of NGOs, churches, and community-based organizations, and the drawing of a moral connection between individual health behaviors and the survival of the wider community. Her analysis of developments in Botswana will be a crucial part of solving a critical intellectual puzzle and has the possibility of significantly influencing public policy.

#### Determining the Provider Attributes Which Are Determinants of Client Satisfaction Among Private Clinicians in Kenya

The Kenyan Kisumu Medical and Education Trust (K-MET) began in 1995-96 by training private-sector professionals in safe abortion practices and post-abortion care; it subsequently expanded to include a health network with 206 private providers, peer education programs, research, child and maternal health, home-based care for people living with HIV/AIDS, and other programs. While the K-MET network has had well-established success in increasing the overall availability of reproductive health care services, no evaluation of client incomes has been done of its effectiveness at reaching difficult-to-serve groups. The Center's grant will enable **Julia Walsh** (Public Health, <code>jwalsh@socrates.berkeley.edu</code>) and her colleague Dominic Montagu conduct such an evaluation that includes a matched sample of non-K-MET providers for comparison of provider facilities and clients. This comparison will add important information regarding the "value added" of the K-MET organization in improving structural quality among members and in targeting at-risk groups for services.

## Member Spotlight: Jennifer Chatman Organizational Change in Health Care



Business Professor Jennifer Chatman's interest in health issues date as far back as her interest in research.

"I actually thought about getting a PhD in health psychology," she says, "because I somehow thought that if people were healthier in their lives in general, they would be happier at work."

No doubt Chatman's own experience influenced her thinking: While in college, she successfully took up running to combat anxiety-induced insomnia. Since then she has earned a PhD at Haas in organizational behavior, competed in marathons and triathlons, and even escorted Olympic torchbearers over the Golden Gate Bridge. Chatman still runs, swims, or bikes every day. It's her finely focused "yin" to the multitasking "yang" of research, she says.

And she still thinks in terms of psychology. One of her key interests is how organizational culture—shared values and norms—can aid or impede organizational goals. In that context, she has long focused on what she calls "personculture fit," meaning "the extent to which—above

and beyond how well you do your specific job—fitting the culture of the organization allows you to be more successful within that organization." She is especially interested in how person-culture fit applies to organizational change, and what she and her research team call "change readiness."

"Everybody talks about change and change management, but nobody really knows what it takes to be successful," Chatman says. "We think it's this generic capacity residing in the culture that has to do with how willing people are to challenge the status quo, take a risk, make a mistake; how able they are to do those things in their organizational context; and then how quickly they are able to implement the changes."

Lately Chatman has applied this framework to a study of a large health care organization undergoing a massive strategic shift from being the low-cost provider to being known for the highest-quality service and access.

The organization, whose identity is confidential, consists of multiple hospital-based medical centers and over 4,000 physicians. The first phase of the study involved in-depth interviews of the 60 top-level physician-managers in all specialties at four medical centers,

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"We can give back to the physicians some kind of 'best practices'
... the best ways of managing the change process..."

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## Focus on Our Members

The Center's 65 members come from 12 departments on the UC Berkeley campus, as well as the Institute for Health Policy Studies at UC San Francisco (UCSF) and the joint UC Berkeley-UCSF Global Health Institute. Each issue of *synergy* focuses on a representative sampling of our members.

**Paul Gertler** (Business/Public Health; gertler@haas.berkeley.edu) is director of the graduate program in health services management and is co-chair of the Center on the Economics and Demography of Aging. His



current research interests include the impact of family planning programs on fertility in Indonesia; the determinants of healthy aging; the impact of shifting financial risk to medical care providers as part of managed care; vertical integration in the hospital industry; and MediCal purchasing. Recent publications include "Do Microfinance Programs Help Families Insure Consumption Against Illness?" [Center for International and Development Economics Research (2003), Working Paper C03-129].

**Sylvia Guendelman** (Public Health; *sylviag@uclink.berkeley.edu*) has focused her research on the reproductive health of immigrant women; access to health care for disadvantaged populations, including the working poor; health along the U.S.-Mexico border; and juvenile asthma. She is the current chair of the WHO America's Reproductive Health Panel and serves as a member of the editorial boards of the journals *Maternal and Child Health* and the *Journal of Mexican Studies*. She has been awarded one of the Center's Small Grants in both 2002 and 2003 (see article on page 2). She has had a number of publications in the past year in journals as disparate as the *Archives of Pediatric and Adolescent Medicine* and the *Journal of Health and Social Policy*.

**Benjamin Hermalin** (Business; hermalin@haas.berkeley.edu) is co-editor of the B.E. Journals in Economic Analysis & Policy and serves on the editorial boards of the American Economic Review and the B.E. Journals in Theoretical Economics. His recent publications include the working paper, "Leading for the Long-Term" (March 2003).

**Robert Kagan** (Political Science/Law; rak@uclink.berkeley.edu) is the director of the Center for the Study of Law and Society, which recently hosted a conference to honor the work of Martin Shapiro. He has authored several books, including *Going by the Book: The Problem of Regulatory Unreasonableness* (reprinted 2002); *Adversarial Legalism: The American Way of Law* (2001); and *Regulatory Encounters: Multinational Corporations and American Adversarial Legalism* (2000).

**Ted Keeler** (Economics; *keeler@econ.berkeley.edu*) has interests in several health-related areas. Among them, hospital rates and regulation; smoking cessation; and the effect of price increases on cigarette *Continued on next page* 

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consumption. In a new project, funded by the California Tobacco-Related Disease Project, Keeler and **Teh-wei Hu** (Public Health; *thu@udink.berkeley.edu*) will analyze the effects of California's Proposition 10 and the nationwide tobacco settlement on cigarette prices in California, and, in turn, the effects of these price increases on cigarette consumption. Keeler's recent publications include "The Benefits of Switching Smoking Cessation Drugs to Over-the-Counter Status" [*Health Economics* (2002); 11(5):389-402].

**Ronald Lee** (Demography; *rlee@demog.berkeley.edu*) is the chair of the Center on the Economics and Demography of Aging at UC Berkeley, funded by the National Institute of Aging. He is working in a number of research areas, including demographic forecasting; analysis of intergenerational transfers; training in the demography and economics of aging; the fiscal impacts of population aging; and the evolution of aging. His most recent papers include "The Growth and Aging of California's Population: Demographic and Fiscal Projections, Characteristics, and Service Needs" [*Special Report* for the Technical Assistance Program, California Policy Research Center (2003)]; "Rising Longevity, Education, Savings, and Growth" [*Journal of Development Economics* (Feb 2003), 70(1):83-101]; and "Overlapping Generations Models with Realistic Demography" [*Journal of Population Economics* (2003), 16(1):135-160].

**Kristen Luker** (Sociology/Law; *luker@socrates.berkeley.edu*) a professor in the Jurisprudence and Social Policy Program in Boalt Hall School of Law and the author of many scholarly articles, as well as three books: *Taking Chances: Abortion and the Decision Not to Contracept* (1975), *Abortion and the Politics of Motherhood* (1984)—which was nominated for a Pulitzer Prize—and *Dubious Conceptions: The Politics of Teenage Pregnancy* (1996). She is currently at work on her fourth book, tentatively entitled *Bodies and Politics*, which is about sex education controversies in the United States.

**Hal Luft** (UCSF; *hluft@itsa.ucsf.edu*) is the director of the Institute for Health Policy Studies at UCSF and has examined medical care utilization, health maintenance organizations, risk adjusting payments to health plans, hospital market competition, quality and outcomes of hospital care (including surgical care), and health care market reforms in various states and communities. He is a member of the Institute of Medicine and served six years on its Council. He currently serves served as chair of the National Advisory Council of the Agency for Health Care Policy and Research, and is currently a board member of the Academy for Health Services Research and Health Policy. His recent publications include "The Best of Both Worlds? Potential of Hybrid Prospective/ Concurrent Risk Adjustment" [Medical Care (January 2003), 41(1):56-69] and "HMO Plan Performance Update: An Analysis of the Literature, 1997-2001" [Health Affairs (July/August 2002), 21(4):63].

**Christina Maslach** (Psychology; *mmasland@udink.berkeley.edu*) has conducted research in a number of areas within social and health psychology. However, she is best known as one of the pioneering *Continued on page 10* 

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researchers on job burnout, and the author of the Maslach Burnout Inventory (MBI), the most widely used research measure in the burnout field. In addition to her award-winning teaching in the psychology department, she also serves as the Vice-Provost for Undergraduate Education. Her recent publications include "Psychology of Burnout" [In NJ Smelser & PB Baltes (Eds.), International Encyclopedia of the Social and Behavioral Sciences (2002), 2:1415-18]; and "The Construct of Individuation: More Complex in Collectivist than in Individualist Cultures" [Personality and Social Psychology Bulletin (2002), 28:300-310].

**Leonard Miller** (Social Welfare; *Ismiller@uclink.berkeley.edu*) is particularly interested in integrating economic theory and quantitative methods to estimate the efficacy of social service and health delivery systems. He is most noted for his work estimating the state-by-state total Medicaid expenditures attributable to cigarette smoking. The analysis, published in the journal *Public Health Reports*, demonstrated that the landmark tobacco settlement—through which the tobacco industry would pay \$368.5 billion to 40 states over 25 years—was not high enough to cover any medical claims other than Medicaid. Smoking-related Medicaid costs amount to \$12.9 billion per year, or \$322 billion in 25 years without inflation, a figure that did not include the financial impact of cigarette smoking on Medicare or private insurance companies.

**William Satariano** (Public Health; bills@uclink.berkeley.edu) has focused his current research in two areas—aging, health, and functioning; and the epidemiology of disablement and recovery following diagnosis and treatment of cancer. He is currently involved in a longitudinal study to examine the effects of physical activity on health and functioning in a cohort of older residents of Sonoma, California. He and his colleagues are beginning to examine to what extent the health and vitality of an older person's spouse affects levels of his or her own health, functioning, and physical activity. He is also involved in the development of a study to examine the effects of biological, behavioral, and environmental factors on quality of life following diagnosis and treatment for colorectal cancer. He serves on the Program Leadership Committee of the Robert Wood Johnson Health & Society Scholars Program.

**Richard Scheffler** (Public Health/Public Policy; rscheff@uclink.berkeley.edu) is director of the Nicholas C. Petris Center on Health Care Markets and Consumer Welfare. He also directs the Health Policy Research Program and the National Institutes of Mental Health (NIMH) and the Agency for Healthcare Research and Quality (AHRQ) pre- and post-doctoral training programs. He is currently serving as president and program chair of the *International Health Economics Association 4th World Congress* to be held in San Francisco this coming June (details are available at <a href="http://www.healtheconomics.org">http://www.healtheconomics.org</a>). His research interests include the role of government in health care financing and insurance, health care markets, health insurance, the health work force, mental health economics, and international health system reforms in Western and Eastern Europe.

[Sources include the Institute for Business and Economic Research (IBER) web site, http://iber.berkeley.edu.]

#### Continued from page 7, Member Spotlight

chosen for their varying levels of overall performance. Most of the questions focused on the progress they had made on these change initiatives, and what they thought were resources for or impediments to success. Based on those results, Chatman will conduct a mail survey of all of the physicians. Out of that will come practical ways to better manage the organization's strategic shift.

"We can give back to the physicians some kind of 'best practices'—the best ways of managing the change process," Chatman says. "We can give the top administrators some clue about the comparative progress that different parts of the organization have made, and what the constraints are, to help them remove the constraints so that those that have been slow to gravitate towards this change initiative can do a better job" of implementing it.

Having taught leadership classes for most of the physician-executives at this organization, Chatman enjoys working with them. "They are quick studies and hugely appreciative," she says. "What could be better?"



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to research and scholarship, the Center staff has been hard at work on our other programs and activities, including our Spring Seminar series, our small grant program, and, of course, on providing grants management and support to the investigators with grants administered by the Center.

We are eager to work with you. Please contact me or any of the Center staff for more information on these or any of our other programs.

Thomas G. Rundall Chair

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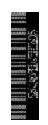


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## CaHealthIT Conference a Rousing Success



This past January the Center hosted its largest and most successful conference to date. Over 300 clinicians, researchers, and other health care professionals and policy makers came to the Skirball Cultural Center in Los Angeles to hear Kenneth Kizer, Mark Smith, Jeremy Nobel, Yvonne Bice, and many others speak on current California health care technology initiatives. Participants gave the conference rave reviews, with many asking about the possibility of a follow-up event next year.

The Center owes a debt of graditude to the conference organizers and planners—Jamie Robinson, Margaret Laws, Peter Grant, and Linda Jenkins—for their efforts to bring together an optimal mix of topics, speakers, and facilities. Many of the Conference presentations are still available at <a href="http://caHealthIT.berkeley.edu">http://caHealthIT.berkeley.edu</a>.