



Center for Health Research, University of California, Berkeley

Notes from the Chair

As the academic year comes to a close, it is opportune to reflect on the Center's first full academic year of operation. There have been many achievements that we can all celebrate. First, consistent with CHR's mission to stimulate health research across campus, Center investigators are already beginning to produce new knowledge as evidenced by the summaries of the initial round of small grants highlighted in this issue of **synergy** (*Follow-up on 2001 Small Grant Awardees*). Encouraged by these initial investments, CHR has recently awarded ten new grants to a diverse group of investigators across campus on topics ranging from an assessment of the health effects of the events of September 11 to several studies examining health issues in developing countries (*Center Funds New Research Projects*). A total of 24 Berkeley-affiliated investigators have now received support from the Center. In addition, Center members have received over \$1 million of externally funded research.

The Center has also had an opportunity this past year to play an important "knowledge brokering" role by hosting the **Symposium on eHealth and Technology Strategies to Improve Care Delivery in California**. Funded by the California HealthCare Foundation, this event helped participants

assess several promising new electronic technology approaches for improving patient care delivery. Based on the success of this first conference, the Foundation has agreed to fund a second this coming January, to be held in the Southern California area (*Planning Begins for eHealth 2003*). The Center has also played an important "knowledge brokering" role within the campus by co-sponsoring a bi-weekly Interdisciplinary Health Services and Policy Research Seminar series. A number of Center members and doctoral students, along with outside scholars, have presented papers at this seminar.

We have been able to augment University core support funding through the development of relationships with Kaiser Permanente and the

Health Research and Educational Trust of the American Hospital Association. Three research working groups have been established between Berkeley faculty and Kaiser Permanente investigators in the areas of vulnerable populations, information

technology, and quality and outcomes of care. Proposals are currently in the development stage. Part of HRET's support will be used to fund a pre-doc or postdoctoral student working on topics of mutual interest to the Center and HRET.

synergy:

*the working together of
two or more things
to produce an effect
greater than the sum
of their individual effects*

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Center Funds New Research Projects

The Center for Health Research is pleased to award 10 new pilot research grants to 19 different investigators in the amount of \$45,830. The investigators come from a wide variety of schools and disciplines, including economics, political science, sociology, medicine, public policy, public health, and social welfare. Several grantees will address issues of stress and mental health. Many will examine health issues in developing countries. A full listing of the awardees and their topics is provided below.

Defining and Assessing the Cultural Competence of Substance Abuse Services Targeting Asian Americans in the San Francisco Bay Area

One of the key issues in substance abuse service delivery to ethnic minority consumers and their families is the provision of culturally competent care that incorporates into treatment the unique cultural context of the individual. Such culturally competent services are more likely to engage individuals and their families and to foster retention in treatment, thus producing better outcomes of care and reducing the use of costly acute and inpatient services, as well as preventing the shifting of the costs of addiction onto social service, primary health care, and criminal justice systems. **Joan Bloom** (Public Health; jbloom@uclink.berkeley.edu) and her colleague Anne Morris will seek to define the practice of culturally competent services from the perspective of multiple stake-holders providing or receiving services through the Asian American Recovery Services, Inc. (AARS), a non-profit substance abuse treatment organization serving diverse Asian American communities in three Bay Area counties. Through key informant interviews with program administrators, clinicians, and other direct care staff—as well as with consumers of services and their families—they will develop, pilot, and validate a qualitative survey instrument that will then be used in an assessment of program practices.

Did September 11 Trigger Communal Bereavement?

Implied by the intersection of biological, social, and environmental research, communal bereavement posits that populations subjected to ambient threats to physical and emotional security will exhibit a higher than otherwise expected proportion of individuals, including pregnant women, in whom the corticosteroid response has been triggered. Among the suspected sequelae of the response in pregnant women is increased risk of spontaneous abortion among male fetuses in the first trimester of gestation and of premature delivery among fetuses in the third trimester. These two effects supposedly result in increased incidence of very low weight infants within two months of the ambient threat and in decreased sex ratios (i.e., males live births/female live births) eight and nine months later. **Ralph Catalano** (Public Health; rayc@uclink.berkeley.edu) and his colleague Brenda Eskenazi will test the hypothesis that cohorts in gestation in New York State at the time of the events of September 11 will exhibit lower than expected sex ratios and higher than expected odds of very low birthweight. It is hypothesized that the differences between expected and observed outcomes will decrease with distance of county of residence from New York City.

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Assessing the Stress/Preterm-Low Birthweight Relationship: The Role of Stress, Social, and Biological Factors Among Working Women

Strenuous working conditions and occupational fatigue in pregnancy have been associated with pre-term delivery (PTD) and low birthweight (LBW) among working women. Associations have also been reported between objective or perceived stressful life events, anxiety, depression, low levels of social support, and adverse pregnancy outcomes. Some studies have suggested that daily hassles and other chronic working conditions—such as those involved in poverty, racial discrimination, or poor working conditions—might be better predictors of health problems than more infrequent, severe life events.

The inconclusive findings from these studies point to the challenge of designing better research that more precisely examines the effect of multiple stressors and considers host reactivity, moderating resources, and the mediating role of biological factors on preterm deliveries. While recent studies suggest that the effects of stress on PTD may be mediated by increases in placental secretion of corticotropin-releasing hormone (CRH), no studies have looked at this relationship among working women specifically. **Sylvia Guendelman** (Public Health; sylviag@uclink.berkeley.edu), together with colleagues **Thomas Boyce** (Public Health; boyce@socrates.berkeley.edu), Martin Kharrazi, and Michelle Pearl, will examine race-ethnicity, socioeconomic status, and CRH levels and their relationship to stress and PTD/LBW in working women and will investigate whether antenatal leave may be a beneficial intervention for reducing adverse pregnancy outcomes, particularly in higher-risk subgroups in the U.S.

Are Investments in Daughters Lower When Daughters Move Away? Evidence from Indonesia

In much of the developing world, daughters receive lower education and other investments than do their brothers and may even be so devalued as to suffer differential mortality. Daughter disadvantage may be due in part to social norms that prescribe that daughters move away from their birth family upon marriage, a practice known as *virilocality*. Past research suggests that the health of daughters is lower in regions where daughters move away. If families in virilocal regions emphasize the importance of having sons, they will typically have children more often and more quickly after the birth of a daughter. **David I. Levine** (Business; levine@haas.berkeley.edu) and Michael Kevane will evaluate the effects of virilocality on female disadvantage using data from the Indonesia Family Life Survey. Based on an analysis of a number of health-related measures of son preference—including disadvantages in height-for-age for girls and women—they will test whether virilocal groups have “missing daughters.”



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Planning Begins for eHealth 2003

Held last December in Berkeley, the ***Symposium on eHealth and Technology Strategies to Improve Care Delivery in California*** was the Center's first major conference and, from all accounts, a grand success. Over 250 leaders of physician organizations, health systems, consumer groups, researchers, and policy makers came together to hear from a stellar group of speakers, including Kenneth Shine, president of the Institute of Medicine; Molly Joel Coye, president of the Health Technology Center; Joseph Scherger, dean of the Florida State University College of Medicine; Carolyn Stern from the Marion B. Folsom Center in Rochester, NY; Alan Greene from *DrGreene.com*; Michael Ann Beyer from the San Diego Council of Community Clinics; and Paul Tang, chief medical information officer of the Palo Alto Medical Foundation; among others.

Over 70 percent of the participants indicated that they planned to make changes in their practices as a result of the conference. Some typical participant goals: "Incorporate email in chronic disease management." "Explore care data exchange project further." "Explore using email with patients." And most heartening, "Move ahead faster (with technology implementation) than currently planned."

Encouraged by this show of support, the Center has begun to plan a follow-up conference. Tentatively titled ***eHealth 2003***, it will be held at the Skirball Cultural Center (located in Los Angeles just north of the Getty Museum) on Tuesday and Wednesday, January 14 and 15, 2003. The planning committee, led by **Jamie Robinson** (Public Health; jamie@socrates.berkeley.edu), will be coordinating with potential speakers over the coming months.

As with the first eHealth conference, funding has been made possible through a generous grant from the California HealthCare Foundation.

HCOC4 Comes to Berkeley in June



The Fourth Annual Health Care Organizations Conference (HCOC4) will be held on the Berkeley campus in early June. Over 40 researchers and health care leaders will come together to discuss six papers on a range of topics from "Managed Care and the Professional Practice of Medicine," to "Adoption of Managed Care Practice Arrangements by VHA Facilities," to "Studying Closure Among Nonprofit Organizations Using Event Structure Analysis and Network Methods." The conference is sponsored by the Center for Health Management Research (CHMR) and coordinated by **Tom Rundall** (Public Health; trundall@uclink.berkeley.edu). More information is available at the conference web site: <http://hcoc4.berkeley.edu>.

Member Spotlight: Ann Swidler

Institutional Competence and Health

What is it that allows an organization—whether it be one as intimate as a marriage or one as impersonal as a government—to survive and flourish, while others around it founder? Sociologist **Ann Swidler** (swidler@uclink.berkeley.edu) believes that part of the answer lies in the “institutional competence” of the organization and its culture: how well it meets the needs of its members and unites them in a sense of collective purpose. She has explored this issue and the intersection of American culture and institutions in several books [*The Good Society* (1991); *Habits of the Heart: Individualism and Commitment* (1985, 1996); *Talk of Love: How Culture Matters* (2001)].

After studying the political, economic, and health choices that societies make in more developed nations, Swidler became fascinated by variations in institutional competence and vitality in the responses to HIV/AIDS in Sub-Saharan Africa.

Non-governmental organizations (NGOs) are the major health and welfare providers in many third-world countries and deliver much of the response to HIV/AIDS. Political capacity and political will at the national level—as well as such local infrastructure as health clinics, schools, and basic civic order—are crucial for combating AIDS in Africa. International NGOs and public health organizations such as the World Health Organization work with and through local and national institutions; they depend on national political cooperation and local social capital to implement their public health projects. They also have the ability to introduce new forms of social order.

As a researcher interested in institutional competence, Swidler was drawn to these organizations: why are NGOs more successful in some places than in others? What local differences exist? How can they insure that progress continues even after they leave? Some NGOs integrate themselves into the community hiring—by local workers, for example—while others operate independently of the local society. How do these differences affect their programs’ success in changing the health status of the local community?

Using her recently awarded CHR Small Research Grant as a springboard to this new research area, Swidler plans to interview current and former staff members from Africa-based NGOs and to explore the archival materials the NGOs themselves can provide. This research will form the basis for a data set that will help her understand what local conditions helped or hindered the work of these organizations and why.

In collaboration with UC Berkeley’s Electronic Cultural Atlas Initiative, she also plans to map a variety of background cultural data for Africa, including religion (especially the spread of Islam), language groups, ethnic fragmentation, and existing data sets on human rights, women’s rights, levels of political stability, democracy, and protections of private property, as well as epidemiological data from UNAIDS, the United Nation’s joint program on AIDS. She hopes to combine these maps with data on where NGOs have been able to operate effectively and where they have confronted insuperable difficulties.

In her prior work, Swidler had become increasingly preoccupied with the relationship of culture and institutions, but was frustrated at not being able to analyze that relationship more directly. As she moves toward a study of the variations in political and social responses to the AIDS crisis in Africa, and toward an analysis of the role international NGOs (and before them, missionaries and colonial powers) have played there, she has been encouraged by new possibilities for theoretical development, systematic explanation, and policy relevance at every turn.

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Changes in the Cuban Health Care System Since the Collapse of the Soviet Union: Is a Two-Tier System Emerging?

The consequences for health care of the 35 percent drop in Cuban gross domestic product between 1989 and 1994 are not fully understood. Despite data suggesting that the Cuban primary care and health-promotion systems have continued to function rather well in the 1990s, it is possible that the quantity and quality of care in the secondary and tertiary care sectors serving Cubans (rather than foreigners) have suffered during this period. If this is true, an underground health care market might have developed for Cubans with hard currency. Additionally, as market-based economics reforms of the 1990s have resulted in self-interested behavior, there is concern that a two-tier system of health care based on ability to pay is developing in Cuba. **Jane Gilbert Mauldon** (Public Policy; jmauldon@socrates.berkeley.edu) and **Kamran Nayeri** (UC Data; knayeri@uclink.berkeley.edu) will explore the changes within and interactions between the tertiary, secondary, and primary care systems in Cuba, as well as the extent of health care rationing and its consequences and implications for health care services.

Pre-School Health and Education in Urban India

Anemia and intestinal helminth (worm) infections are major public health problems among pre-school-aged children in slum areas of Delhi; it has been hypothesized that these health problems may contribute to low pre-school attendance and enrollment. The Indian non-governmental organization PRATHAM has undertaken a project that provides a health and nutritional package—consisting of Vitamin A and iron supplementation and deworming with albendazole—to children in 268 urban Indian pre-schools in an ongoing health and nutrition program. Working with PRATHAM, **Ted Miguel** (Economics; emiguel@econ.berkeley.edu) will study how improvements in child health and nutritional status affect current pre-school attendance and enrollment among 3- to 5-year-old children and how program treatment effects differ by the gender, initial health and nutritional status, and socioeconomic status of the recipients. This project is closely related to Miguel's ongoing work on child health and education in rural Kenya—the focus of a 2001-2002 CHR Small Grant Award, which found that deworming has a major impact in boosting school attendance among primary school children—especially among the youngest primary school children. Exploring the relationship between child health and education in India will provide insight into the generality of his Kenyan results.

Chronic Disease, Patient Knowledge, and the Effect on the Demand for Physician Services

Medical sociologists have written widely about the relative decline in the power and dominance of physicians in recent decades. Part of this decline is attributed to increased health-care consumerism, as increased medical knowledge on the part of health care consumers (or patients) has led them to question medical decisions and challenge physician authority. The phenomenon of consumerism and the role of patients' medical knowledge in the purchase of health care services have largely been ignored by economists, despite the fact that prominent economists have characterized the consumption of health care services as essentially the purchase of medical knowledge by patients from physicians. **Richard Scheffler** (Public Health; rscheff@uclink.berkeley.edu) and his colleague Richard

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Smith will examine one possible mechanism by which consumer knowledge is increasing to determine how this may be affecting demand in the physician-services market. They hope to provide a better understanding of patient preferences in this era of chronic diseases, which in turn could provide guidance for a redesign of reimbursement policies that would provide greater incentives to physicians to deliver care that is both of high quality and low in cost.

Cross-cultural Variation in Mental Health Measurement: A Cognitive Approach

Standard measures of evidenced-based mental health interventions may be too long, complex, or confusing for use in routine practice settings and may not measure outcomes equivalently in all patient subgroups. In particular, inter-ethnic and inter-cultural differences in language use, communication styles, beliefs, and social desirability concerns may affect responses to outcome measures. If measures do not have the same meaning to all cultural, racial, and ethnic subgroups, differential measurement of outcomes may lead to inappropriate conclusions about the effectiveness of mental health interventions in minority populations and contribute to documented disparities in service access and utilization. **Lonnie Snowden** (Social Welfare; snowden@uclink.berkeley.edu) and Martha Shumway will extend their ongoing work on cognitive approaches to mental health measurement by specifically examining the cross-cultural variation in responses to standard outcome measures by testing cognitive models of question answering using outcomes data from two diverse community mental health settings. They will also develop and test an objective checklist for evaluating culture-related problems with standardized questions.

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

Please see the profile of **Ann Swidler** (Sociology; swidler@uclink.berkeley.edu) on page 5 for more information about her research project.

Optimizing the Provision of Medical Services in Developing Countries

Due to a variety of economic, social, and geographic barriers, the delivery of basic primary health care—immunizations, prenatal and delivery care, family planning, and treatment of the common illnesses of childhood—is practically impossible in the rural areas of many low-income countries. Several countries have developed focused programs in which minimally trained community health workers have provided a variety of services such as health education, family planning, oral rehydration therapy education, and directly observed tuberculosis treatment. **Julia Walsh** (Public Health; jawalsh@uclink.berkeley.edu), in collaboration with a not-for-profit health service provider in India and the BayArea International Group, plans to study the cost-effectiveness of providing basic health services by non-physicians in a variety of situations. Her report on this research will then be sent to health services donors such as the World Bank and USAID and will be used in the design of a pilot implementation plan in rural northern India.

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, John Peabody, Mary Pittman, Kristi Raube, Jamie Robinson, Kathy Romain, Tom Rundall, Bill Satariano, Richard Scheffler, Joe Selby, Carl Shapiro, and Lonnie Snowden.

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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of cognitive-behavioral therapy and social work case management in depressed low-income and minority primary care patients and examining issues of AIDS prevention in Mexican migrants.

May C. Wang (Public Health/Nutritional Sciences & Toxicology; maywang@uclink.berkeley.edu) has focused her research on the adolescent behavioral influences on bone health in ethnically diverse groups of young women, the impact of food assistance programs on bone health in adult women and men, and the social and neighborhood influences on obesity. Together with researchers at UC Berkeley's Center for Weight and Health, she is currently leading an evaluation study of the California Bone Health Campaign, which is tailored for low-income Latino families. She is also leading a study of neighborhood influences on dietary behavior and obesity being conducted in collaboration with the Stanford Center for Research in Disease Prevention.

John Wilmoth (Demography; jrw@demog.berkeley.edu) is affiliated with the Departments of Demography and Sociology and is a researcher in the Center on the Economics and Demography of Aging. His research focuses on changes in health and mortality in industrialized societies, in particular with trends in life expectancy and other indicators of longevity. Others areas of interest include population growth, immigration, and statistical theory and practice in the social sciences. In 1997 he established the Berkeley Mortality Database (BMD) as a means of advancing research on human longevity. BMD's goal is to assemble a large and detailed collection of mortality data for national populations and to make those data easily accessible to researchers around the world.

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To facilitate communication across campus and between the University and outside groups, Peg Hardaway Farrell, our program manager, has developed a highly readable and effective web site (*The Web Hits Just Keep Coming*). We have recently launched a new electronic working paper series as part of the web site. I also want to take this opportunity to thank our grants administrator, Elizabeth Flora, and Bob Barde, Kathryn Romain, and Carl Shapiro of the Institute for Business and Economics Research, for providing a welcome and effective home for the Center.

It is clear that the Center for Health Research has met an important need on campus by serving as a coordinating body for engaging and galvanizing the interest of a broad array of social scientists (now numbering 65) addressing challenging health issues facing our country and the world at large. A beginning for encouraging, facilitating, and coordinating campus-wide health research has been made. But our present success, justifiably, raises future expectations. There is great need, for example, for research which examines the impact of technological innovations in health, ranging from assessing the social, economic, ethical, and legal implications of new developments in the biological sciences, to assessing how these issues interact with new information technologies influencing care delivery. We can all think of other examples. We look forward to working with each of you to reach our individual and collective expectations.

Stephen M. Shortell
Chair

Follow-up on 2001 Small Grant Awardees

Do Microfinance Programs Help Families Insure Consumption After Illness?

Families in developing countries face enormous financial risks from major illness both in terms of the cost of medical care and the loss in income associated with reduced labor supply and productivity. **Paul Gertler** (Business/Public Health; gertler@haas.berkeley.edu) and **David I. Levine** (Business; levine@haas.berkeley.edu) tested whether access to microfinancial savings and lending institutions helps Indonesian families smooth consumption after declines in adult health. In general, their results support the importance of these institutions in helping families to self-insure consumption against health shocks.

Social Networks and Health Choices in Kenya

Ted Miguel (Economics; emiguel@econ.berkeley.edu) investigated the impact of better information about deworming drugs on their adoption in rural western Kenya and unexpectedly found that individuals with more early “exposure” to the program had considerably lower participation rates when they were given a chance to take part in the program again. It appears that initial reports of the drugs—and particularly the issue of the minor drug side effects—may have played an important role in this “failed” social learning process. Deworming drug demand also appears to be very sensitive to price: the introduction of cost-sharing in a random sample of primary schools led to a nearly 70 percent reduction in program adoption.



Effects of Direct-to-Consumer Drug Advertising on Prescription Choice

There is a vigorous public debate on the effect of direct-to-consumer advertising on demand for pharmaceutical products. A core concern is that patients—the target audience for such ads—do not make brand-choice decisions, which are the legislated domain of physicians, nor are they fully responsible for prescription costs. PhD Candidate Marta Wosinska (Economics; wosinska@econ.berkeley.edu) tested whether direct-to-consumer advertising affects physicians’ prescription choice and whether it undermines the insurers’ efforts to make doctors more sensitive to the cost of the prescriptions they write. While direct-to-consumer advertising does have a significant positive influence on probability of choice, this effect exists only for drugs that have preferential status with the insurer (i.e., those that are listed on the formulary). Direct-to-consumer advertising affects physician choice substantially less than detailing (sales calls to physicians). This discrepancy is consistent with the ability of consumer advertising to increase total market size considerably more than what detailing can accomplish.

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** will focus on a representative sampling of our members.

David Card (Economics; card@econ.berkeley.edu) has pursued research activities in several areas over the past year, including a comparison of the U.S.-born adult children of immigrants in the mid-1990s with similar “second generation” individuals in 1940 and 1970. He has also continued to work on the issue of labor market competition between immigrants and natives. Other areas of investigation include the responses of youth in Canada and the United States to changes in labor market conditions; the effects of the 1992 rise in the New Jersey minimum wage on employment in the fast food industry in the state; and changes in the unemployment insurance system on the duration of unemployment insurance claims.

Jenny Chatman (Business; chatman@haas.berkeley.edu) is a member of the Haas Organizational Behavior and Industrial Relations Group. She is also an affiliate faculty member of UC Berkeley's Institute of Personality and Social Research and the Institute of Industrial Relations. She served this past academic year as a Marvin Bower Fellow at the Harvard Business School. Her research focuses on organizational culture and commitment; organizational selection, socialization, training, and reward systems; managing diverse professionals; and managing teams and cooperation.



Sandra Dratler (Public Health; sdratler@uclink4.berkeley.edu) has focused her research interests on building management capacity in less developed countries. She is project director for the Shantou University/UC Berkeley Collaboration, a joint effort of the two schools to establish the first MBA/MPH program in a private university in China. She also serves as a field program supervisor, overseeing the internships of the masters students in the health policy and management and maternal and child health programs of the School of Public Health.

Richard Feachem (UCSF; rfeachem@psg.ucsf.edu) is the founding director of the Institute for Global Health, a joint initiative of UCSF and UC Berkeley. He is also a professor of international health at both UCSF and UC Berkeley. His report in the January 19, 2002 issue of the *British Medical Journal* comparing the British National Health Service (NHS) and Northern California's Kaiser Permanente made news recently. After adjusting for age and socio-

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economic differences between the two populations, he found that health care costs per capita in Kaiser and the NHS were similar and that Kaiser's performance was significantly better in important areas. KP patients experience more comprehensive and convenient primary care services and much more rapid access to specialist services and hospitals. In addition, they spend one-third of the time in hospital than NHS patient do.

John Freeman (Business; freeman@haas.berkeley.edu) is a member of the joint health management MBA/MPH program, co-sponsored by the Haas School of Business and the School of Public Health. He is also the Helzel Professor of Entrepreneurship and Innovation, the director of Research for the Lester Center for Entrepreneurship and Innovation, and a member of the Haas Organizational Behavior and Industrial Relations Group. His current research areas include strategic alliances and evolution of technology in biotechnology, semiconductor manufacturing, and radio broadcasting; entrepreneurship in high technology; and the dynamics of firm growth and survival.

Jodi Halpern (Public Health; jhalpern@socrates.berkeley.edu) is an assistant professor of bioethics, in the Joint UCSF/UC Berkeley Medical Program of the Division of Health and Medical Sciences. Her research interests include empathy and health care ethics, public health ethics and the distributive justice ethical implications of managed care, patient autonomy, and agency and human rights.

Lucy Canter Kihlstrom (IPSR; lucyck@uclink.berkeley.edu), a member of the Institute of Personality and Social Research, has established the Study of Health Organizations and Transactions, which examines both the organizations that comprise the health care system and the behavior of actors—consumers, providers, and third-party payers—within the system.

Botond Köszegi (Economics; botond@econ.berkeley.edu) has done research on addiction and the doctor-patient relationship. He was a recipient of a 2001 CHR Small Research Grant award.

Robert Levenson (Psychology; boblev@socrates.berkeley.edu) is the director of the Institute of Personality and Social Research and the Berkeley Psychophysiology Laboratory. His research is in the area of human psychophysiology, which studies the interplay between psychological and physiological processes. Much of his work focuses on the nature of human emotion, in terms of its physiological manifestations, variations in emotion associated with culture and gender, and the role emotion plays in interpersonal interactions. He is currently engaged in two major projects: a study of culture, ethnicity, and emotion and a study of emotion in long-term marriages.

Hal Luft (UCSF; hluft@itsa.ucsf.edu) is the Caldwell B. Esselstyn Professor of Health Policy and Health Economics and the director of the Institute for Health Policy Studies, a multidisciplinary research institute based in the School of Medicine at UCSF. His research interests include 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 also 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.

Kurt Organista (Social Welfare; drkwo@uclink.berkeley.edu) is particularly interested in Chicano/Latino psychosocial problems; acculturation and adjustment of ethnic minorities to American society; minority mental health; cognitive-behavioral therapy; depression in Latinos; and HIV prevention with Mexican migrant laborers/Latinos. He is currently conducting research examining the efficacy

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University of California, Berkeley
Center for Health Research
423 Earl Warren Hall #7360
Berkeley CA 94720-7360

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The (Web) Hits Just Keep Coming...

In Internet circles, counting your web site's hits—the requests for its pages or graphics—is somewhat analogous to counting the number of people who walk through your store's doors. We began tracking our web site statistics here at the Center for Health Research last November and have uncovered some interesting facts:

☞ The number of visitors to <http://healthresearch.berkeley.edu> during the first week of records: 536. The number of visitors to the site during the most recent week: 1,409.

☞ The web site for the **Symposium on eHealth and Technology Strategies** (see article on p. 4)—<http://ehealth2001.berkeley.edu>—is managed from the Center's site; requests for its pages are reflected in the Center's overall statistics. Over 60 percent of the 9,220 hits recorded for the week of December 10 through 14 originated from the conference's on-site Internet café. This web site is still active and many speakers' presentations are available for downloading.

☞ Although the greatest proportion of visitors to our web site come from educational (.edu), commercial (.com), and non-profit (.org) institutions in the United States, a growing number come by way of .au (Australia), .ca (Canada), .cn (China), .de (Germany), .jp (Japan), .no (Norway), .za (South Africa), and .uk (the United Kingdom). Welcome, all!