



University of California, Davis
Center for Healthcare Policy and Research

2008 – 2009 Annual Report

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University of California Davis
Center for Healthcare Policy and Research

ANNUAL REPORT
2008-2009

The University of California Davis Center for Healthcare Policy and Research has now completed sixteen years of ongoing growth and development. The Center has developed a solid organizational and research base. Development of research and educational activities has been recognized and acknowledged within the University of California research community and externally. Careful self-analysis and development of our organizational structure continued throughout the 2008-2009 academic year. This annual report will provide an overview of the activities and accomplishments of the past year and highlight the Center's future goals.

I. Activities and Accomplishments of Current Academic Year

A. Administrative and Organizational Development

Center Leadership

During this reporting period the center was led by Dr. Klea D. Bertakis as the Center Director. She was assisted by Joy Melnikow, MD, MPH (Associate Director), Patrick Romano, MD, MPH (Education and Training Director), and Teresa Farley (Acting Operations Manager).

Reporting Relationships

Dr. Bertakis reported to Dr. Claire Pomeroy, Dean of the School of Medicine, concerning day-to-day administrative affairs. Dr. Bertakis continues to report to Vice Chancellor for Research Barry Klein (through Associate Vice Chancellor Bernd Hamann) for long-term programmatic affairs.

Center Space

The Center remains in the Grange Building which has allowed for consolidation of Center resources and more efficient performance as a Research Center. While this short-term solution has created more effective communication among Center staff, it has not solved the long-term issue of acquisition of additional space in response to the Center's continuing growth. We continue to face space constraints at the Grange Building. We continue to lease additional office and cubicle space at 3823 V Street, Sacramento (Grange I).

While the Center's current building spaces are adequate and meeting the needs of research and administrative staff, success in future grant funding brings expectations of growth and the addition of new staff and faculty. As we expand our research capability, we anticipate the need for additional space in 2009-2010. The Grange is an older building that is somewhat distant from the Center's core constituencies on the Sacramento campus. The additional sites have

recreated an earlier problem of lack of consolidation, sometimes hindering efficient project management. During the next few years, Center leadership hopes to work with UCDHS and campus administration to identify a larger, more attractive home that will allow the Center to continue to fulfill its research and training missions and perhaps occupy its staff in more contiguous space than current arrangements.

Computing Resources

Center Computing Mission Statement

Over the past year, the Center has made considerable improvements in its computing and information-technology operation capabilities. Upgrades have been made across the board: from increased average workstation processing power, to more rational and efficient network management and security measures, the implementation of remote office-access capabilities, a completely reconstructed website, and state-of-the-art teleconferencing capabilities.

All of the technological developments we have made over the past year have been with our focused intent on the following enhancements: improved interdepartmental as well as public relations, increased data security, maximal processing power, efficient and user-friendly remote access capabilities, separation of individual data from community data and regularly scheduled data backups. Even as new technologies become diffused into and through our center, these primary considerations will continue to steer our direction.

Oversight and Management

Ben Timmons continues to be our immediate network administrator and computer systems support provider. Physical network data storage and backup is provided by Dan Cotton and his allied School of Medicine IT staff. Access to any computer system located on our physical plants or within our network is regulated by means of secure login and password authentication assigned and controlled by the network administrator from within a Windows Active Directory console.

Standard Workstation Configuration

All CHPR computers are Microsoft Windows-based and have some version of Microsoft Office (2000, XP or 2003) installed. All staff have been provided with active Lotus Notes accounts to increase compatibility with the Health System technology and enhance e-mail security.

Data Access Management

The level of security assigned to local and network computing resources is determined by a balanced consideration of published UC Davis & UC Davis Health System security policies, HIPAA guidelines and the informed prudence of CHPR Network Resource Administrator Ben Timmons, Center Director Klea Bertakis, UCDHS Network Administrator Gordon Adams, and Acting Management Services Officer Teresa Farley. We are in compliance with UC Davis Cyber Safety Regulation.

Physical Resource Security

In addition to employing active directory mapping and resource access security to maintain network security, we ensure that all Windows-based computers (which all of our computers currently are) are locally protected by use of IPsec security policies that block external access to the computers. We are “doubly-secured,” falling under the protection of both the physical firewall protection and logical (Active Directory IPsec policy assigned) firewall protection. All network security is overseen by the Information Systems Unit of the UC Davis Health System. All workstations have physically secured with a computer lock for theft prevention.

Interdepartmental Data Management: Maximizing Resources without Security Degradation

The Center’s network-based data is hosted, secured and backed-up by UC Davis Health Systems domain administrators (located in the Administrative Services Building on the UCD Sacramento Campus). Ben Timmons is responsible for organizing and delegating access to all data and storage space on the CHPR-allocated portion of the UC Davis Health Systems data servers, using Windows Active Directory for account management and workstation administration.

While network data is stored on servers in the HS domain (physically located in Sacramento Administrative Services Building), all of the software-programs we run at the Center are physically installed on – and accessed from – local CHPR workstations (with the exception of LOTUS NOTES, EMR, and Citrix-based applications, which are hosted by the Health System). Data files containing personal or sensitive information, including information on patients, study participants and employees are kept in secure “private” sections of the network drive – accessible only to the file’s creators and legitimate viewers.

Software Purchasing and Licensing

All software installed and/or used on Center workstations has been properly licensed to the individual systems on which they reside (and to specific individual licensed user(s) when necessary). All center Windows and Office installations are licensed through the UC Davis Microsoft Consolidated Campus Agreement which we purchase annually through SHI on a UCOP contract. We also maintain several licenses for other software including, but not limited to Stata, SAS, TreeAge Pro, Microsoft Visio and Endnote. All staff have a secondary email source, through Lotus Notes to ensure their ability to communicate with faculty and project staff in the event of an interruption of campus email service.

Virus Protection

All workstations at the Center are protected through McAfee Virus Scan Enterprise 8.0. The policies and virus updates are managed by the Network Associates ePolicy Orchestrator Agent provided and controlled by UCDHS-IS. This scheme has been effective in protecting us against viral and malicious code.

Center Faculty

Current membership has grown to 93. Members include faculty from the School of Medicine, The Nursing School, other UCD campus schools, departments, and several organizations outside the University of California, Davis, including Kaiser and several State of California health

agencies. The current mix of Center faculty is 57 (61%) from the School of Medicine, 36 (39%) from non-School of Medicine appointments. A list of faculty members is appended in Appendix 1.

Executive Committee

The Executive Committee continues to provide guidance to the Director on the long-term development of the Center, as well as providing operational guidance, determining the allocation of Center resources, and reviewing and approving faculty membership applications.

The 2008-2009 Executive Committee included the following members:

Klea D. Bertakis, MD, MPH
Center Director and Professor and Chair, Family and Community Medicine

Joy Melnikow, MD, MPH
Center Associate Director, Professor Family and Community Medicine

Debora A. Paterniti, PhD
Assistant Adjunct Professor, Internal Medicine,
Assistant Adjunct Professor, Sociology

Richard L. Kravitz, MD, MSPH
Professor, Internal Medicine

Rahman Azari, PhD
Senior Lecturer, Department of Statistics

Anthony Jerant, PhD
Professor, Family and Community Medicine

Adela de la Torre, PhD
Professor and Director, Chicana/o Studies

Peter Franks, MD
Core Center Faculty and Professor, Family and Community Medicine

Donald M. Hilty, MD
Associate Professor, Department of Psychiatry and Behavioral Sciences

Paul Leigh, PhD
Core Center Faculty and Professor, Epidemiology and Preventive Medicine

John Robbins, MD, MHS
Professor, Internal Medicine

Patrick Romano, MD, MPH
Core Center Faculty and Associate Professor, Internal Medicine and Pediatrics

Advisory Board

The purpose of the Advisory Board is to provide CHPR leadership with advice on the direction of its programs. The Board consists of leading community members, state health policymakers, and an emeritus dean. The Board did not meet during this reporting period.

Administrative Support

CHPR Leadership

With recruitment of an ever-larger and more experienced staff, CHPR's internal management structure has been periodically reorganized and now depends on a team approach. Responsibility for executing CHPR's mission rests with a Director (Klea Bertakis, MD, MPH), an Associate Director (Joy Melnikow, MD, MPH), an Assistant Director for Education and Training (Patrick Romano, MD, MPH), and an Operations Manager (Wilhelmina Cottman). Because our Operations Manager has been on extended leave due to illness, this year we appointed an interim Operations Manager, Teresa Farley, to handle day to day Center operations. In addition, CHPR employs a financial team of one .75% time Financial Manager, one full-time Financial Assistant, and one full-time Analyst-Supervisor who serves as communications officer, Director's assistant and manager of special projects.

Project Management

Once a project has been funded, CHPR makes available to faculty a number of research support services. A team of experienced *Project Managers* provides expertise in optimizing project resources, supervising research staff, and preparing research reports. *Research Assistants* at the undergraduate, graduate, and post-doctoral levels format questionnaires, conduct telephone surveys, code interactional and qualitative data, assist with data entry and preliminary statistical analysis, and perform library searches. *Statistical Analysts* perform data management and analysis of health data. *Nurse Research Coordinators* assist with project management, instrument design, data collection and analysis of clinical data obtained from inpatient and outpatient medical records.

B. Outreach Activities

Intramural Outreach

In line with CHPR's commitment to facilitate interdisciplinary research on the Davis campus, CHPR faculty and staff provide mentorship to junior faculty and post-doctoral fellows whose interests and research fall under the umbrella of health services research. In addition, CHPR has continued its efforts to introduce faculty in the statistical and social sciences to the excitement of multidisciplinary applied health care research.

Extramural Outreach

CHPR continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, Dr. Melnikow has assembled a coalition to address cancer prevention in Latinos; and Dr. Paterniti serves on the editorial board of *HEALTH: An Interdisciplinary Journal for the Study of Health, Illness, and Medicine*.

C. Research Proposal Development

As a research center, one of our core activities is providing faculty with assistance in the development and submission of extramural research proposals. Proposals generally fall into three major categories: program-project proposals, junior faculty initiated proposals and senior faculty proposals. While program-project proposals impose the greatest demand on resources, a successful proposal will provide additional opportunities to enhance multidisciplinary collaboration.

During this fiscal year, a grants development team was organized and trained in order to provide fast and effective assistance in the area of grants submissions. This team prepared a significant number of the proposals that were submitted in 2008-2009, including the NIH Challenge Grants submissions which were completed simultaneously and under a very tight deadline.

Another major focal point is supporting the efforts of junior faculty members to develop their own areas of research. Particular emphasis is placed on development of proposals to initiate pilot projects as well as full research programs. The Center's grants development team, comprised of Center administrative and financial staff, is available to assist all faculty applicants with budget preparation, template sections, and to facilitate and ensure compliance with various submission guidelines and forms. Over time, CHPR has gradually shifted its focus from support of smaller pilot and "starter" proposals to larger multi-year federal grants. Nevertheless, we anticipate continued involvement with a variety of funding sources (federal, state, foundation and other organizations) on projects of varied scope. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this report.

D. Active Research Projects 2008-2009

Title:	A Culturally Targeted Approach to Medication Adherence among Southeast Asians
Principal Investigator:	Tonya L. Fancher
Grant/Contract Number:	
Source of Support:	UCD Health Systems
Approved/Proposed Dates:	7/1/2005-06/30/09
Total Costs:	\$75,000

The specific aims are to use qualitative methods to develop and refine a culturally targeted psychosocial intervention to improve adherence with antidepressant medication among Vietnamese patients. Over the past year, we have conducted five interviews with key informants from the local Vietnamese community. The informants included a professor, a clinical psychologist, a mental health specialist, a job placement specialist, and a community health program specialist. One patient with depression was interviewed. Lastly, a focus group with five Vietnamese participants, four males and one female, were conducted at a local community center (Boat People S.O.S.). Attempts were made to recruit participants for the Intervention phase of our project; the attempts were all unsuccessful. Furthermore, the transcripts from the interviews and focus group are currently being analyzed. For the second phase of the project, we plan to recruit participants from the Vietnamese Catholic Martyrs Church in Sacramento, distribute culturally sensitive flyers about depression, and screen for depression.

Title:	Patient Coaching for Care of Cancer Pain
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	KRPRACS
Source of Support:	American Cancer Society
Approved/Proposed Dates:	01/01/2006-12/31/2009
Total Costs:	\$1,531,562

An estimate of 90% of patients with cancer experience at least moderate pain at some point in their illness, and 42% of patients do not receive adequate palliation. The main objective of this research is to reduce barriers to pain control by creating more effective partnerships between patients and their health care providers. The aims of the study are: 1) to compare the effects on pain, cancer-related symptoms, and health-related quality of life of a standard cancer pain educational leaflet versus face-to-face, tailored education and coaching; 2) to estimate the effect of tailored education and coaching on patients' self-confidence for managing their pain and participating actively in care; and 3) to examine the mechanisms underlying the beneficial effects of the intervention. The proposed model will enhance research on pain management in that it is a pilot-tested intervention that is applicable in the outpatient setting, based on Social Cognitive Theory, and focused on patient activation and education.

Title:	Costs of Occupational Injury and Illness
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	RO1 OH008248
Source of Support	National Institute for Occupational Safety and Health
Approved/Proposed Dates:	06/01/05 – 05/31/10
Total Costs	\$644,813

We will estimate the national costs of occupational injury and illness. Costs will be estimated in: 1) specific economic categories of direct (medical, administrative) and indirect (lost earnings, fringe benefits, home production, employer costs); 2) demographic categories involving gender, race, ethnic, and age groups; 3) fatal diseases such as asthma, COPD, pneumoconiosis, bladder cancer, lung cancer, and coronary heart disease, renal disease; 4) non-fatal diseases such as dermatitis, carpal tunnel syndrome, hernia, poisoning, sprains and strains; 5) injuries such as amputations, burns, concussion, electric shock, fracture. Finally, we will conduct an extensive sensitivity analysis to determine how our estimates vary as key assumptions are altered.

Disease cost for fatal diseases will be estimated by aggregating and cross-classifying the National Hospital Discharge Survey, the Ambulatory Care Visits Survey, the Hospital Inpatient Statistics Reports, National Healthcare Expenditures Reports, and Vital and Health. We will use the prevalence-based approach. We will assign population-attributable risk percents (PAR%) based upon numerous studies that estimate the contribution of occupational exposures to the development of 16 fatal diseases. Costs of fatal occupational injuries will be estimated with the NIOSH/Biddle model, which will use medical cost data and a present value equation to estimate indirect costs. Non-fatal injury and illness estimates will combine data and models from many sources and use the “incidence” method. The BLS Annual Survey estimate of non-fatal injuries and illnesses will be adjusted to reflect the omissions of government workers and the self-employed as well as estimates of over- and under-reporting of injuries.

Data from the NCCI will be combined with Annual Survey data to estimate numbers of injuries and illnesses in the WC categories of cases: medical only, temporary partial and total disability, permanent partial disability, and permanent total disability. NCCI data on medical costs per case of injury or illness will be combined with modified Annual Survey data to estimate total medical costs. NCCI data on WC indemnity data, published statistics on wage-replacement rates and Annual Survey data to estimate lost earnings, lost fringe benefits and lost home production.

Title:	Surveillance Strategies Following Treatment for CIN
Principal Investigator:	Joy Melnikow, MD MPH
Grant/Contract Number:	1 R01 CA109142
Source of Support:	NIH/NCI
Approved/Proposed Dates:	6/1/05-4/30/09
Total Costs:	\$872,747

Though now less common in developed countries than previously, in 2003 cervical cancer is projected to result in 12,200 new cases and 4,100 deaths in the United States. These relatively low rates are attributed to the success of cervical cancer screening and treatment of cervical intraepithelial neoplasia (CIN). To reduce further the incidence and mortality of cervical cancer

in developed countries while avoiding unnecessary procedures and conserving resources is a challenge that confronts clinicians and health policy makers. The recent move away from recommending lifelong annual cervical cancer screening towards consistent screening every two to three years is one example of an effort to meet this challenge. Recent estimates for the US indicate that more than one million women are diagnosed with low-grade neoplasia (CIN I) annually, and that about 500,000 women will have higher-grade lesions (CIN 2 or CIN 3). Follow-up strategies must strike a balance between finding and treating persistent or recurrent lesions and potential overuse of procedures and resources. The recent publication of the findings from the ALTS trial has led to recommendations for the management and follow-up of CIN. These recommendations include follow-up after treatment at 4 to 6 month intervals until three negative cytology results are obtained, followed by annual screening. The duration of annual screening remains unspecified, however, and the long-term risk and time patterns of recurrence of CIN or invasive cancer after treatment remain unclear. The relative cost-effectiveness of these recommendations has not been evaluated. Given the large number of women diagnosed with CIN every year, over time a substantial number of women will be assigned to long-term annual cytology for post-treatment surveillance.

Our study will examine the long-term risks of recurrent CIN and changes in risk over time in a cohort drawn from a comprehensive, population-based dataset. Based on these data and previous work, we will conduct a cost-effectiveness analysis to compare strategies for long-term follow-up of women who have undergone evaluation and treatment of CIN. Data from the cohort study and a systematic review of the literature will be used for recurrence risks, costs will be estimated by coding of clinical pathways, and utilities obtained from diverse populations will be applied to a previously validated Markov model. Alternative strategies for post-treatment surveillance will be evaluated.

Title:	Agency for Healthcare Research and Quality (AHRQ) Support for Quality Indicators
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	290-04-0020
Source of Support:	Battelle Memorial Institute/AHRQ
Approved/Proposed Dates:	10/01/04-09/30/09
Total Costs:	\$1,169,085

The objectives of this project are to: 1) translate research into practice by providing technical assistance to users of the AHRQ Quality Indicators (QIs); 2) annually update, refine, and develop additional literature-based QIs based on administrative data; 3) evaluate the suitability of the QIs for public reporting by conducting and publishing validation studies based on linked data sets and medical record abstraction; and 4) provide administrative and management support to AHRQ in disseminating information, conducting workshops, and demonstrating and improving the value of the QIs.

Role: Principal investigator, subcontract to Battelle Memorial Institute

Title:	Quality Measures Evaluation Project
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	05MC-1A016
Source of Support:	State of California Dept. of Managed Health Care Office of the Patient Advocate
Approved/Proposed Dates:	06/01/06-04/30/09
Total Costs:	\$225,399

The objectives of this project are to conduct exploratory analyses of OPA data sets, to identify and analyze data elements in Quality Compass for potential inclusion in the California Quality of Care Report Card, and to develop recommendations for OPA regarding future activities in performance reporting.

Role: Principal investigator

Title:	Integrating Medicine into Basic Sciences
Principal Investigator:	Frederick J. Meyers, M.D.
Grant/Contract Number:	S-4904103
Source of Support:	Howard Hughes Medical Institute (Internal Funded Subcontract)
Approved/Proposed Dates:	07/01/06- 7/31/08
Total Costs:	\$84,460

CHPR is leading the evaluation of this 4-year training grant that aims to prepare basic scientists as collaborators in translational research. The program builds on traditional graduate training by providing pre-doctoral basic scientists with an array of clinical experiences and classroom activities. The evaluation includes both process-oriented activities for program improvement and outcomes assessment of scholars' research products and career paths. An application for competitive renewal was submitted in spring 2009.

Title:	Unleashing Clinical Experience through Evidence Farming
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	06-003031
Source of Support:	Pfizer Global Pharmaceuticals
Approved/Proposed Dates:	12/21/06- 12/20/08
Total Costs:	\$418,403

This study will develop user-friendly statistical analysis utilities to extract the clinical experience from electronic medical records (EMR) systems, enabling clinicians to learn systematically from their clinical experience, as recorded in the EMR systems. This bottom-up evidence production paradigm is referred to as "evidence farming."

In the first phase of the project, Dr. Kravitz, with the help of Drs. Paterniti and Niedzinski, will oversee the recruitment and conduct of two focus groups of clinicians and patients in the Sacramento area, with ten participants in each group. The data from this phase of the study will be collected, analyzed, and the key themes will be summarized. The product of this phase of the

project will yield an abstract that will be submitted to an upcoming national conference and a scientific publication to a peer-reviewed medical journal.

In the second phase, Drs. Kravitz, Paterniti, and Niedzinski will provide data and input to the team at UCLA, who will produce a 5 minute video on evidence farming. This video will then be used in a series of focus groups and semi-structured interviews. The team of researchers in Sacramento will conduct a series of four focus groups of clinicians and patients, with ten participants in each group. In addition to the focus groups, Dr. Kravitz will coordinate with Dr. Duan at UCLA to conduct a series of ten semi-structured interviews with participants from the following groups: practice administrators, IT experts, and health services researchers. The second phase is expected to yield three scientific abstracts that will be submitted to upcoming national conferences and three manuscripts that will be submitted to peer-reviewed medical journals.

Title:	N-of 1 Trials: Utility and Cost Effectiveness
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	KRPFZNB
Source of Support:	Pfizer Global Pharmaceuticals (Subaward with UCLA)
Approved/Proposed Dates:	12/21/06- 12/20/08
Total Costs:	\$225,000

This is a study examining the influences of cost-effectiveness for n-of-1 clinical trials. The study consists of three parts: (1) an exploration of the history and development; modeling assumption; and influential variables for n-of-1 trails and their cost effectiveness; (2) identification of influential variables and relevant ranges through an expert panel, and (3) quantifying those variables through sensitivity analysis.

The products of this study will include two scientific abstracts submitted for presentation at a national meeting in 2007 and 2008 and three scientific manuscripts submitted to a general medicine journal or a methods oriented journal such as *Controlled Clinical Trials*. The three papers will mirror the three parts detailed above.

Title:	Using Social Risk to Guide CHD Preventive Treatment
Principal Investigator:	Peter Franks, M.D.
Grant/Contract Number:	1 RO1 HL081066-01A2
Source of Support:	National Institutes of Health (Subcontract w/U of Rochester)
Approved/Proposed Dates:	9/01/07-8/31/10
Total Costs:	\$240,000

Subaward with University of Rochester (PI Kevin Fiscella). Study aims are: 1) To determine whether there are discrepancies between racial/ethnic disparities in mammography derived from self-report measures and those derived from Medicare claims. 2) To examine potential explanations for possible over-reporting of mammography by racial and ethnic minorities. 3) To examine potential explanations for possible under-representation of minorities in Medicare claims.

Title:	Targeted and Tailored Messages to Enhance Depression Care and Reduce Stigma
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	1 RO1 MH079387-01A1
Source of Support:	National Institutes of Mental Health
Approved/Proposed Dates:	9/27/07-7/31/12
Total Costs:	\$2,934,256

Surveys of patients and physicians show that direct-to-consumer advertising (DTCA) of prescription drugs influences public attitudes and patient behaviors. In a recent randomized controlled trial (RCT) (MH64683), we showed that patients' requests for antidepressants increase depression-related history-taking, inquiry about suicidal thoughts, and delivery of appropriate initial treatment. Two important questions follow. First, can messages designed to encourage patient participation reduce stigma and overcome barriers to optimal depression care in the clinic and beyond? Second, what is the comparative effectiveness of communication strategies based on targeting vs. tailoring? In this application, we propose a two-phase study to enhance delivery of initial treatment for depression. First, using approaches informed respectively by market research and psychological theory, we will develop two communication interventions aimed at working age adults at risk for depression: (1) demographically targeted Public Service Announcements (PSAs) and (2) a social-psychologically tailored interactive multimedia computer program (IMCP). Second, we will conduct an RCT in primary care offices to compare the two interventions with each other and with an "attention control" (video on sleep hygiene). This proposal comports with dissemination and implementation goals as articulated in the NIMH report Bridging Science and Service and in PAR-07-086.

Title:	AHRQ Quality Indicators Emergency Preparedness Measures
Principal Investigator:	Patrick Romano, MD, MPH.
Grant/Contract Number:	188866
Source of Support:	Batelle
Approved/Proposed Dates:	1/1/08-9/30/09
Total Costs:	\$980,672

The intent of this contract modification is to provide the necessary analytic and technical support to the Agency for Healthcare Research and Quality (AHRQ) for the purpose of 1) developing a template for a State Data Profile on Emergency Preparedness; and 2) developing evidence-based measures of emergency preparedness for use in a report to Congress. The support shall include providing technical and subject matter expertise in the area of emergency preparedness, measure development, evidence reviews, analytic and statistical support, database management, computer programming, user support, and technical assistance with analysis activities as requested by the Project Officer.

The proposal has separate tasks (1-3) for "base" and "optional" measures. Optional measures are those determined after initial evaluation and consultation with AHRQ and ASPR staff to be considered important for capturing an accurate representation of emergency preparedness, but that require more resource intensive development and validation and therefore are outside of the scope of the current technical proposal (e.g. measures that require the development of novel exercises or substantial site visits for validation and accurate data collection).

Title:	Pre-Treatment of contrast induced nephropathy
Principal Investigator:	Holly Walsh R.N., F.N.P.
Grant/Contract Number:	WHPR801
Source of Support:	Sigma Theta Tau
Approved/Proposed Dates:	10/01/07-9/30/08
Total Costs:	\$9,000

The goal of this research is to provide evidenced based practice findings that will improve assessment and outcomes for patients receiving radiographic contrast for procedures.

Title:	Choosing Quality Indicators: A Decision Guide for Chartered Valued Exchanges
Principal Investigator:	Patrick Romano, MD, MPH.
Grant/Contract Number:	290-04-0020
Source of Support:	CHI AHRQ
Approved/Proposed Dates:	9/01/08-3/31/09
Total Costs:	\$42,306

The UC Davis Center for Healthcare Policy and Research (CHPR) proposes to create a Decision Guide that focuses on choosing quality and efficiency measures for AHRQ's Chartered Value Exchanges (CVEs) and other local collaboratives. Services shall include limited CVE interviews for case studies, and research and evaluation of various quality measure data sources, culminating in a written Decision Guide for CVEs. This Decision Guide will include approximately 20 (but no more than 25) questions, detailed answers to each question, and a list of appropriate references and resources. This work will be performed under contract to the Center for Health Improvement (CHI), on behalf of the US Agency for Healthcare Research and Quality (AHRQ).

Title:	Support of ongoing work on the validity and usefulness of the AHRQ Patient Safety Indicators
Principal Investigator:	Patrick Romano, MD, MPH.
Grant/Contract Number:	2056-2069
Source of Support:	Moore Foundation
Approved/Proposed Dates:	08/01/08-09/30/09
Total Costs:	\$45,000

This gift was awarded to support ongoing work on the validity and usefulness of the AHRQ Patient Safety Indicators, including quality improvement collaborations between UCDCHPR and interested hospitals in the Bay Area and/or Greater Sacramento area.

Title:	Migrant agricultural workers' mental health needs and barriers to care: A pilot study
Principal Investigator:	Natalia Deeb-Sossa, PhD
Grant/Contract Number:	BTC-1
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

This Bridging the Causeway pilot award addresses issues of access to health care and disparities in service utilization in Yolo County. The pilot project is designed to lay the foundation for ongoing engagement and dialogue on health care issues with Mexican migrant agricultural workers.

Title:	Validation of a parent exit interview survey to assess physician counseling on diet and physical activity during pediatric well child visits
Principal Investigator:	Ulfat Shaikh, MD, MPH
Grant/Contract Number:	BTC-2
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Although healthcare provider counseling on diet and physical activity is associated with obesity risk reduction, healthcare providers infrequently provide such counseling to children. Rigorous assessment of the effectiveness of interventions to increase counseling on diet and physical activity by physicians requires quantifying baseline levels of such counseling, as well as validating counseling measures and instruments.

To achieve our goal of designing a valid measure of diet and physical activity counseling, we plan to address the following specific aims: (1) To determine if parent reported counseling of diet and physical activity, as measured by the Nutrition and Physical Activity Survey (NAPAS), correlates well with physicians' actual counseling, as measured by coding of audio-taped clinical encounters in a primary care pediatric setting; (2) To describe counseling practices for diet and physical activity, as well as factors associated with such practices, in a primary care pediatric setting.

Title:	Designing Sustainable Educational Materials for Community-based Programs
Principal Investigator:	Ben Rich, JD, PhD
Grant/Contract Number:	BTC-3
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Study aims to design interventions to increase women’s understandings of breast health and cancer prevention (a) using the Delphi-method in the context of a Community Advisory Board in order to develop breast health and cancer prevention materials for Slavic immigrant women in Sacramento; and (b) four focus group discussions with Slavic immigrant women to assess the relevance and potential use of materials in the Slavic community.

Title:	What should doctors say when giving prescriptions? The use of persuasive strategies in medical recommendations
Principal Investigator:	Bo Feng, PhD
Grant/Contract Number:	BTC-4
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$9,000

Using data collected in the Physician Patient Communication Project (1999), we plan to conduct a content analysis of physicians’ medical recommendations during problem-driven visits. More specifically, we aim to: (a) perform a descriptive analysis of doctors’ use (and nonuse) of persuasive strategies pertaining to the four dimensions of medical recommendations—problem seriousness, treatment effectiveness, patient’s self-efficacy, limitations with the recommended treatment, and (b) compare the outcomes (in terms of patient’s intention to comply with the medical recommendation and their satisfaction with the clinical visit) of addressing the four dimensions of medical recommendations with the outcomes of not addressing the four dimensions of medical recommendations.

Title:	Validating methods for assessing vitamin D status in different ancestry groups
Principal Investigator:	Sheri Zidenberg-Cherr, PhD
Grant/Contract Number:	BTC-5
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

African Americans have higher rates of many chronic diseases linked to vitamin D insufficiency (VDI) than do other population groups. African Americans are also at higher risk of VDI than other Americans primarily because their darker skin pigmentation decreases dermal synthesis of vitamin D from sunlight. Nutritionists typically provide advice to individuals on how to decrease risk of chronic disease by assessing diet and activity using recall questionnaires and then making individual recommendations for changes in diet and activity. However, a method to predict vitamin D status based on diet, sun exposure and skin pigmentation is not available. The research proposed here involves development of such a method.

Title:	Social attachment and neurocognitive function as predictors of parental dysfunction in at-risk mothers
Principal Investigator:	Michael J. Minzenberg, Jon Caldwell
Grant/Contract Number:	BTC-6
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$6,650

The proposed study aims to evaluate the relationships between childhood adversity, cognitive-affective processes, psychological symptoms, adult attachment style, and perceptions of parenting in a sample of mothers at risk for disrupted caregiving behavior. We hypothesize that childhood maltreatment will be associated with impaired cognitive control, especially under emotional conditions, and that this finding, together with adult social attachment and concurrent psychiatric symptoms, will mediate the effects of childhood maltreatment on parental efficacy and satisfaction.

E. Education and Training Activities

Seminar Series

CHPR sponsors a weekly seminar series for all interested faculty, staff and students. The goal of the weekly Seminars is to enhance the intellectual environment for health services research at UC Davis and to help faculty and trainees develop the skills to conduct first-class health services research projects. In addition, CHPR broadcasts occasional Seminars to the Davis campus via teleconference. Continuing Medical Education credit is available to practicing physicians for most sessions; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. Appendix 4 provides titles of the Seminar Series from visiting presenters and UCD faculty and staff presenters for 2008-2009.

Journal Club

CHPR's semi-weekly Journal Club is now being co-hosted by the Clinical and Translational Science Center. The journal club primarily targets junior faculty and fellows using guided discussion of recent articles in the health services research literature to illustrate important methodological or policy principles. A list of Journal Club articles for 2008-2009 may be found in Appendix 5.

Primary Care Outcomes Research Fellowship Program (PCOR)

The mission of PCOR is to prepare primary care physicians for careers as outstanding clinical investigators and primary care educators, especially in California's underserved communities. With start-up funds from the Dean of the SOM and participation from the Departments of Internal Medicine, Family Medicine, and Pediatrics, CHPR launched this unique, interdisciplinary research training fellowship in July 2002 and received a three-year federal award in 2003. A second award for 3 years from HRSA supports PCOR from 2008 through 2011. The PCOR program continues to flourish through additional support and internal development. Through training in the clinical, statistical, and social sciences, PCOR fellows will

make scholarly contributions in clinical epidemiology, health services research, and health policy, addressing issues of access, quality, efficiency and equity. Ultimately the goal is to have graduating fellows educate the next generation of primary care physicians and serve as role models and advocates in caring for culturally diverse, underserved populations as well as leaders in academic medicine and government. PCOR Fellows' affiliate departments and research interests as well as PCOR training seminar classes for 2008- 2009 are provided in **Appendix 6** and **Appendix 7**, respectively.

Academic Instruction

CHPR faculty have cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Paterniti, Romano), sociology (Paterniti), and health administration (Leigh, Troidl), as well as provide mentoring and serve on dissertation committees. A list of graduate students and undergraduates who have participated as interns or research assistants on CHPR projects during 2008-2009 is documented in **Appendix 8**.

F. Publications

Appendix 9 represents the scope of our faculty's publications in health services research. They demonstrate the multidisciplinary nature of our research with representative publications from all areas of expertise.

G. Translational Research

The CHPR, under the leadership of Dr. Bertakis, continues to be involved in translational research and to reach out to develop opportunities to collaborate with the UC Davis Clinical and Translational Science Center.

II. Summary of Progress and Future Plans

State Health Policy Unit

CHPR continues to develop its Health Policy Unit which has increased CHPR's visibility in policy-related activities, particularly within the state government. Multiple contracts/grants were executed in FY 2008-2009 including CHPR's policy analysis for the California Office of the Patient Advocate (OPA) on quality performance measurement in California. CHPR also analyzed language services, independent medical reviews, and HMO complaint rates for publication in OPA's HMO report card. CHPR initiated a cost-effectiveness analysis of mammography services that are supported by the California Cancer Detection Service's Every Woman Counts program. Additionally, CHPR staff continued to contribute both public health and medical effectiveness analyses to the California Health Benefits Reporting Program. This program, administered through the UCOP, responds to research requests from the California legislature about mandated health benefits bills.

Future initiatives include further development of CHPR's capacity to perform high quality, rapid turn-around, policy-relevant research for clients concerned with health care issues at the state and

national levels, and continuing to attract and maintain a growing portfolio of state-sponsored grants and contracts that could lead to one or more long-term agreements.

Proposed Initiatives

During this period the Center continues its national search for a new center Director.

In the Center's five-year plan, two sets of new initiatives were proposed. They were aimed at achieving two of CHPR's strategic goals established during CHPR's Strategic Planning Retreat on January 8, 2003. These strategic goals are: 1. to engage additional social, behavioral, and managerial scientists in health services research, and 2. to integrate CHPR's programs more effectively with the strategic plan of the UC Davis Health System.

Progress on Strategic Goal 1: Engage additional social, behavioral, and managerial scientists in health services research.

Collaboration with campus social science faculty: The performance of high-quality health services research depends on involvement of multiple disciplines, including the clinical, statistical, and social sciences. CHPR has been extremely successful in fostering interaction among faculty *within* the School of Medicine, but we lack a solid history of involvement with social scientists from the UC Davis campus. Under CHPR auspices, SOM faculties have enjoyed highly productive interactions with faculty from the departments of Communication, Economics, and Graduate School of Management, among others. Yet, more needs to be done to alleviate bottlenecks, obstacles, and disincentives that currently dissuade campus faculty from participating in collaborative ventures with CHPR. We continue to seek the talent of faculty from the social sciences and humanities on the UC Davis campus. Faculty in political science, statistics, and sociology have been identified and targeted for potential Center membership and participation in Center-related grants and affairs. Identification of specific incentives for faculty participation is necessary.

Scholar in Residence Initiative. To facilitate collaboration between clinicians and Davis-based social scientists, CHPR/PC prepared a proposal to Vice Chancellor Barry Klein that would create a "Scholar-in-Residence" program open to all Davis faculty in the social and behavioral sciences. The program would "buy out" teaching time, allowing Davis faculty to spend a full quarter in residence at CHPR/PC.

Ideally, the scholar would continue participation with the Center as a co- or lead investigator on grants and mentoring fellows and junior faculty. Such faculty could, no doubt, play important roles in the UCD Cancer Center, the Center for AIDS Research (CFAR), the Center for Reducing Health Disparities, and the program in vascular biology and medicine.

Progress on Strategic Goal 2: More effectively integrate CHPR's programs with relevant University strategic plans.

Establish a Program in Health Communication within CHPR. UCD has a strong core of faculty interested in health communication, including CHPR members Drs. Kravitz, Melnikow, Meyers, Bell, Paterniti, Callahan, Bertakis, Lara, Jerant, Alcalay, García, and Wilkes. Diana Cassady, PhD, directs the Social Marketing in Nutrition Program through the Department of Epidemiology and Preventive Medicine. These faculty are doing cutting-edge work in cancer

communication, patient-centered care, social marketing, and media outreach. At this time, initiatives to establish a Health Communication Program, as described in the 2003-2004 five-year report, have not been fully developed. However, acknowledgement of the number of faculty with an interest in communication has not only led to further collaboration on projects and grant proposals emphasizing improved communication and literacy as outcomes but also a heightened awareness of faculty expertise and strength in this area. Future Center initiatives will continue to consider the development of a Health Communication Program as resources allow.

Create strategic links with other departments. CHPR is working on a set of joint recruitments with the Department of Internal Medicine that would establish a program in Vascular Population Health and Outcomes research.

III. Financial Reporting

The Center transitioned administrative management from the School of Medicine, Department of Internal Medicine, to an Organized Research Unit (ORU) under the Office of Vice Chancellor for Research (OVCR) in 2003-2004. This transition, deemed critical in sustaining the long-term success of the Center, allowed direct management of the Center's fiscal and personnel resources. Center administration has developed an infrastructure that allows the Director and Associate Director to manage the Center's administrative functions and support multidisciplinary research in an efficient and cost-effective manner by allowing sponsored research by investigators from varied schools and departments.

For efficiency, organizational charts, slips to track employee funding, and flow sheets describing work processes, including pre and post award grant tasks and responsibilities, have helped to make the work flow more transparent to Center-affiliated staff, PIs, and stake holders.

For Fiscal Year 2008-2009 Center expenditures were \$2,231,405 from research funds and \$288,689 from core funds. Eighteen new proposals were submitted seeking funding of \$16,106,746. At the time of this report, ten proposals submitted for the CHPR during the reporting period have been approved for funding, totaling ~\$3,127,419.

In 2009-2010, we project expenditures of \$1,635,272 in research funds and \$452,191 in core funds.

Accomplishments and Challenges

As the Center enters its tenth year as an officially-designated Organized Research Unit, it is fitting to reflect on several important accomplishments as well as several ongoing challenges.

Over the past nine years, the Center has:

- Facilitated a dramatic increase in funded health services research activity. This upswing in activity has occurred along several dimensions, including total research funding, federal funding, number of funded investigators, number and size of proposals submitted, and number of peer-reviewed publications. In fiscal year 1998-1999, the Center submitted 19 grant proposals requesting \$8,642,508--eleven to extramural agencies and eight for intramural funding opportunities resulting in four funded proposals totaling \$1,034,408. During fiscal year 2008-2009, eighteen new proposals were submitted seeking funding of \$16,106,746. At the time of this report, ten proposals submitted for the CHPR during the reporting period have been approved for funding, totaling ~\$3,127,419.
 - An additional proposal was prepared by our team for the Clinical and Translational Science Center seeking funding in the amount of \$599,019. This proposal was also approved for funding.
- Supported the career development of junior faculty through mentorship, seminars, journal clubs, assistance with research proposal development, mini-grant funding, and analytic assistance. Most beneficiaries (e.g., Fancher, Fong, Garcia, Geraghty, Hilty, Hodge, Hogarth, Jerant, Keenan, Marcin, Nuovo, Pan, Paterniti, Popova, Srinivasan, Yasmeen) have appointments in the School of Medicine.
- Created a unique, interdisciplinary research training program (the PCOR Fellowship). With start-up funds from the Dean of the SOM and participation from the Departments of Medicine, Family Medicine, and Pediatrics, the Center launched the fellowship in July 2002 and received a three-year federal award in 2003. This award was renewed for another three years during this reporting period, and several new fellowship tracks were developed and added to the program. A number of graduating fellows have since accepted faculty positions at UC Davis.
- Recruited a talented and dedicated staff of approximately 40 administrators, analysts, nurses, and research assistants who are available to help faculty conduct research and further the Center's mission. Several senior staff members have progressed to the point where they are PIs on their own grants. Additionally, several junior and senior staff members are actively pursuing undergraduate and graduate degrees (Master and Doctoral level) at UC Davis, California State University, and Los Rios Community College.
- Contributed to the development of new Health System faculty (Tonya Fancher and Estella Geraghty in Internal Medicine; Ronald Fong in Family & Community Medicine).
- Been involved with the recruitment of prestigious faculty in other departments, such as Lars Ellison in Urology, and continued participation in recruitment of faculty to the Program in Vascular Health and Disease.

- Led internal initiatives to create a practice-based research network (PC-AWARE) and a research program in patient safety (CROPS).
- Cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology and research (Kravitz, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl).
- Consulted with UCD Health System, campus, and UCOP administrators on issues related to the Center's expertise, including chronic disease management, program evaluation, health benefits mandates, implementation of the electronic medical record, residency training, and faculty development.
- Developed the State Health Policy Unit, which has increased CHPR's visibility within the state government, and begun to attract a growing portfolio of state-sponsored grants and contracts.
- Attracted several high-profile speakers to present at our Health Services Research Seminar, including the former Iranian Deputy Minister for Education and Technology, Hossein Malekafzali, who is also the winner of the United Nations Population Prize for 2007; and Stanton A. Glantz, tobacco policy expert, who gave a special summer update on state and national tobacco control policy to our group.

Notwithstanding our pride in these accomplishments, the Center faces several challenges:

- We have been more successful in engaging the interest and participation of faculty in the School of Medicine than other Schools and Colleges. In fact, the vast majority of Center-based grants have been led by SOM faculty. Many campus-based faculty (including Bell, Azari, Polonik, Drake, Helms, Cameron, Palmer, and Robins) have been enthusiastic collaborators. In addition, the Center has continued to develop internal strengths in the social sciences through recruitment of Drs. Leigh and Paterniti and through collaboration with social scientists Callahan and Gibson and statisticians Beckett and Harvey. The Center will continue to develop its own contingent of applied social and statistical sciences, but *we will also need to find ways to encourage campus-based faculty to take leadership roles in center-based proposals.*

A second challenge involves becoming an indispensable policy resource to the California State government. The Center has taken great strides in this direction: We have developed the State Health Policy Unit, including interactions with state officials during quarterly seminars and the CHPR State Policy conference; Dr. Romano has a longstanding relationship with the Office of Statewide Planning and Development; the Center conducted a major study for the Department of Health Services concerning nurse staffing ratios; we are working with the Department of Managed Care and the Office of the Patient Advocate on several smaller projects; and have a more concentrated presence due to the work of Dr. Bair. Nevertheless, *the Center needs to identify sources of flexible funding that can be used to recruit and temporarily support master's- and PhD-level applied scientists who are interested in state health policy work.*

In the coming year, Center leadership will focus on expanding upon our accomplishments and meeting the challenges noted above.

APPENDIX 1

UC Davis Center for Healthcare Policy and Research Membership List Fiscal Year 2008 - 2009

Name	Department
Alcalay, Rina, PhD*	Communication
Anders, Thomas, MD*	Psychiatry
Azari, Rahman, PhD	Statistics
Bair, Aaron, MD	Internal Medicine
Balsbaugh, Thomas A., MD	Family and Community Medicine
Beckett, Laurel, PhD	Epidemiology and Preventive Medicine
Bell, Robert, PhD	Communication
Berglund, Lars, MD, PhD	Clinical and Translational Science Center
Bertakis, Klea, MD, MPH	Family and Community Medicine
Breslau, Joshua PhD, ScD	Internal Medicine
Byrd, Robert, MD, MPH	Pediatrics
Callahan, Edward, PhD	Family and Community Medicine
Cameron, Colin, PhD	Economics
Chantry, Caroline, MD	Pediatrics
Deeb-Sossa, Natalia PhD	Sociology
de la Torre, Adela PhD	Chicano/Chicana Studies
Derlet, Robert, MD	Emergency Medicine
Drake, Christiana, PhD	Statistics Visiting Faculty/Niederrhein University of Applied Sciences
Droesler, Saskia MD	Pediatrics
Ducore, Jonathan, MD	Internal Medicine
Fancher, Tonya MD, MPH	Family and Community Medicine
Fenton, Joshua J, MD	Communications
Feng, Bo PhD	Pediatrics
Fernandez y Garcia, Erik MD, MPH	Family and Community Medicine
Franks, Peter, MD	General Medicine
Garcia, Jorge, MD, MS	Chicana/o Studies
Garcia, Lorena, MPH, DrPH	Sociology
Halfmann, Drew, PhD	Pediatrics
Hansen, Robin, MD	Economics
Helms, L. Jay, PhD	Psychiatry
Hilty, Donald M., MD	Psychiatry
Hinton, Ladson, MD	General Medicine
Hirsch, Calvin, MD	

Name	Department
Jerant, Anthony F., MD	Family and Community Medicine
Joye, Nancy, MD*	Pediatrics
Kravitz, Richard L., MD, MSPH	Internal General Medicine
Krener-Knapp, Penelope K., MD*	Psychiatry and Pediatrics
Kuppermann, Nathan, MD, MPH	Emergency Medicine and Pediatrics
Leigh, J. Paul, PhD	CHSR/PC
Li, Su-Ting, MD	Pediatrics
Li, Zhongmin, PhD	General Medicine
Lo, Ming-cheng PhD	Sociology
Loewy, Erich, MD*	General Medicine - Bioethics
Lowey-Ball, Albert, MS, MA	ALBA, Inc./Economics, Holy Names College
Lyman, Donald, MD, DTPH	California Department of Health Services
Marcin, James, MD, MPH	Pediatrics
McDonald, Craig, MD	Physical Medicine and Rehabilitation
Melnikow, Joy, MD, MPH	Family and Community Medicine
Meyers, Frederick J., MD	Internal Medicine Administration
Moore, Charles, MD, MBA	Kaiser Permanente Hospital System
Müller, Hans-Georg, PhD, MD	Statistics
Murray-Garcia, Jann, MD, MPH	Private health policy consultant
Nesbitt, Thomas, MD, MPH	Family and Community Medicine
Nuovo, James, MD	Family and Community Medicine
Palmer, Donald, PhD	Graduate School of Management
Pan, Richard J.D., MD, MPH	Pediatrics
Park, Jeanny, MD	Pediatrics
Paterniti, Debora, PhD	CHSRPC and Sociology
Raingruber, Bonnie, RN, PhD	Center for Nursing Research
Rainwater, Julie, PhD	General Medicine
Rich, Ben, PhD	General Medicine/Bioethics
Robbins, John, MD, MHS	General Medicine
Rocke, David M., PhD	Graduate School of Management
Romano, Patrick, MD, MPH	General Medicine & Pediatrics
Roussas, George, PhD	Statistics
Ruebner, Boris, MD*	Pathology
Sandrock, Christian, MD, MPH	Internal Medicine
Schenker, Marc, MD, MPH	Epidemiology and Preventive Medicine
Shaikh, Ulfat, MD, MPH	Pediatrics
Sherman, Jeffrey PhD	Psychology
Srinivasan, Malathi, MD	General Medicine
Styne, Dennis, MD	Pediatrics
Tabnak, Farzaneh, PhD	Office of AIDS, Calif. Dept. of Health Services
Tancredi, Daniel J. PhD	Pediatrics

Name	Department
Taylor, Laramie PhD	Communication
Tong, Elisa MD, MA	Internal Medicine
Urquiza, Anthony, PhD	Pediatrics
Utter, Garth MD	Surgery
Utts, Jessica, PhD	Statistics
vonFriederichs-Fitzwater, Marlene, PhD, FAAPP	California State University, Sacramento, Center for Healthcare Communication
Walsh, Donal*	Veterinary Medicine
Wang, Jane-Ling, PhD	Statistics
Ward, Debbie, PhD	School of Nursing
Warden, Nancy, MD	Pediatrics
West, Daniel C., MD	Pediatrics
White, Richard, MD	General Medicine
Wilkes, Michael S., MD, PhD.	Vice Dean, Medical Education
Wisner, David H., MD	Department of Surgery
Wydick, Richard, LLB*	School of Law
Yasmeen, Shagufta, MD, MRCOG	Obstetrics/Gynecology and Internal Medicine
Yellowlees, Peter, MD	Psychiatry and Behavioral Sciences
Young, Heather, PhD, RN, GNP, FAAN	School of Nursing
Zane, Nolan, PhD	Psychology

**Emeriti*

Last Update: 9/01/09

APPENDIX 2

UC Davis Center for Healthcare Policy and Research Board of Advisors Fiscal Year 2008 – 2009

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APPENDIX 3

UC Davis Center for Healthcare Policy and Research Summary of Grant Proposals Submitted Fiscal Year 2008 – 2009

PI	DEPARTMENT	PROJECT TITLE	AGENCY	SUBMISSION DATE	AMOUNT REQUESTED	OUTCOME
Fenton	Family and Community Medicine	Impact of Computer-Aided Detection on Screening Mammography Outcomes	American Cancer Society	10/14/2008	\$922,295	Pending
Fenton	Family and Community Medicine	Impact of Computer-Aided Detection on Screening Mammography Outcomes (resubmission)	American Cancer Society	3/19/2009	\$701,102	Pending
Fenton	Family and Community Medicine	Clinical and Economic Impact on Computer Aided Mammography	NIH	11/20/2008	\$2,552,363	Pending
Fenton	Family and Community Medicine	NIH Challenge (Computer-aided Mammography)	NIH	4/27/2009	\$984,567	Not Funded
Kravitz	Internal Medicine	SAMHSA Dissemination Conference	SAMHSA	9/27/2008	\$40,000	Funded
Kravitz	Internal Medicine	Developing Centers for Intervention and/or Services Research	NIH	6/15/2009	\$4,939,881	Pending
Melnikow	Family and Community Medicine	CIN1: Costs and Outcomes of Guidelines-based Care	NIH	4/27/2009	\$983,601	Not Funded
Melnikow	Family and Community Medicine	Adjuvant Hormone Therapy for Breast Cancer: Decision Making and Adherence	NIH	4/27/2009	\$907,832	Not Funded
Melnikow	Family and Community Medicine	New Technology for Breast Cancer Screening: Impact on the State Safety Net Program for the Underserved	California Program on Access to Care	5/23/2009	\$67,745	Funded
Melnikow	Family and Community Medicine	Translational Breast Cancer Research	UC Davis/Cancer Center	11/1/2008	\$30,000	Funded

Nuovo	Family and Community Medicine	Telemedicine/Diabetes	CA Medical Board (telemedicine)	4/8/2009	\$1,224,257	Funded
Paterniti	Internal Medicine/Sociology	Informing Consent by Improved Understanding of Patient Values	NIH	4/27/2009	\$987,686	Not Funded
Rainwater	CHPR	Administrative Supplement	UCDHS	5/8/2009	\$251,125	Funded
Romano	General Internal Med/Pediatrics	Battelle Scope of Work II	AHRQ	10/15/2008	\$305,711	Funded
Romano	General Internal Med/Pediatrics	Faculty Development Training in Primary Care	CHI AHRQ	10/22/2008	\$36,394	Funded
Romano	General Internal Med/Pediatrics	Support of ongoing work on the validity and usefulness of the AHRQ Patient Safety Indicators	Moore Foundation	7/1/2008	\$45,000	Funded
Romano	General Internal Med/Pediatrics	Primary Care Outcomes Fellowship Research	HRSA	7/1/2008	\$1,102,383	Funded
Romano	General Internal Med/Pediatrics	Acting to Reduce Variation and Utilization	California Health Care Foundation	12/1/2008	\$27,804	Funded

APPENDIX 4

**UC Davis Center for Healthcare Policy and Research
Seminar Series
Fiscal Year 2008 - 2009**

Visiting Presenters

Presenter	Title or Organization	Presentation	Date
Hossein Malek-Afzali, MD, PhD	Former Iranian Deputy Minister for Research and Technology	Primary Health Care and Reproductive Health in Iran	9/4/2008
Laura Mae-Baldwin, M.D., M.P.H	Family Medicine, University of Washington	Reflections of an occasional methodologist: Exploring Data Linkage, Comorbidity and Quality Indicators	10/16/2008
Domenico Moro Ph.D.	Warwick Medical school, University of Warwick (UK)	Who should be prioritized for renal transplantation?: Analysis of stakeholder group and altruistic preferences.	11/13/2008
David Baker, MD	Pfizer Visiting Professor	Designing Interventions to Improve Health Literacy and to Motivate Behavior Change	11/20/2008
Wayne Katon, MD	Psychiatry, University of Washington	Approaches to Improving Mental Illness Outcomes in Primary Care	1/09/2009
Sanjay Saint, MD	Internal Medicine, University of Michigan	Diffusion of Innovation: Translating Infection Prevention Research Into Practice	1/15/2009
Yuqing Zhang, DSc	Medicine and Epidemiology, Boston University	Novel approaches to studying pain in knee osteoarthritis: Two knee comparisons and case-crossover studies of pain within the same knee.	1/22/2009
Karen DeSalvo, MD, MPH, MSc	Internal Medicine, Tulane University	Predicting risk with a single question about self-rated health.	2/5/2009
Dian Baker R.N., M.A., C.P.N.P.,	Division of Nursing, CSUS	Developing culturally responsive methods for instrument translation	2/19/2009
Martin Shapiro, MD	Medicine and Health Services, UCLA	Bench, bedside and beyond: conceptualizing translational research from the perspective of the health services researcher.	3/19/2009

Lily Chaput, MD	Chief, California Heart Disease and Stroke Prevention Program, California Department of Public Health	Proposed statewide plan for stroke	04/02/09
Loriann DiMartini	CDPH Center for Healthcare Quality	Center for Health Care Quality: Programs and Strategic Plan	4/30/2009
Murray Ross, PhD	Kaiser Foundation	Update on Federal Health Reform	6/25/2009

UCD Faculty, Student and Staff Presenters

Presenter	Department Represented	Presentation	Date
Svetlana Popova, MD/Erik Fernandez y Garcia, MD	ObGyn/ Pediatrics	PCOR Graduation Presentation	9/11/2008
Marc Schenker, MD, MPH	Public Health Sciences	Global Immigration and Occupational Health	9/18/2008
Bonnie Raingruber, R.N., PhD. Marlene M. Von Friederichs-Fitzwater, PhD, C.S	Internal Medicine/ Cancer Center	Community-Based Participatory Research: The Practical Issues of Academic/Community Partnership.	9/25/2008
John Troidl / Stephen McCurdy	Public Health Sciences	Update on the UC Davis MPH Program	10/2/2008
Peter Franks, MD	Dept of Family and Community Medicine	Vitamin D, Race, and Cardiovascular Mortality: Explaining Disparities	10/9/2008
Thomas J. Stopka, M.H.S., PhD Student	UC Davis Graduate Group in Epidemiology	Sterile Syringe Access and HIV Prevention: Over-the- Counter Syringe Sales in California, 2004-2006	10/23/2008
Joy Melnikow, MD, MPH	Dept of Family and Community Medicine	HPV vaccine information: What do parents want?	11/6/2008
Paul Leigh, PhD	Public Health Sciences	Physician Career Satisfaction Across Specialties, 2004 – 2005	12/11/2008
Shagufta Yasmeen, MD	Obstetrics and Gynecology	A web-based survey of physician's beliefs and recommendations regarding screening mammography for elderly women	12/18/2008
Bruce Leistikow, MD	Public Health Sciences	A 2 Billion Death, Quadrillion \$ Epidemiologic BooBoo? Whodunit?	1/29/2009

J. Paul Leigh, PhD	Public Health Sciences	Using a large nationally representative dataset to investigate correlations between occupation before retirement and hypertension among seniors	2/12/2009
Joy Melnikow, MD, MPH	Family and Community Medicine	Surveillance strategies following treatment for CIN: What is cost effective?"	2/26/2009
Julie Rainwater, PhD, Estella Geraghty, MD, Kent Anderson	Clinical and Translational Science Center	The informatics for integrating biology and the bedside (i2b2) cohort discovery tool.	3/5/2009
Peter Yellowlees, MD	Psychiatry and behavioral sciences	Is the internet becoming a 'third person' in today's doctor-patient relationship?	04/09/2009
J. Paul Leigh, PhD	Public Health Sciences	Using a large national data set to investigate income associations with visits to full service and fast food restaurant.	4/23/2009
Peter Franks, MD	Family and Community Medicine	Instrumental variables: another econometric shell game or useful tool for health services research?	5/07/2009
Chang Seon Lee	PhD Candidate, Economics	Employer provided health insurance status of obese workers: how it changes over time after job separation.	5/14/2009
Patrick Romano, MD, MPH	General Medicine and Pediatrics	Measuring the impact of resident work hours reform: Recent findings and next steps	5/21/2009
John Troidl, PhD, MBA	Public Health Sciences	Health reform: A review of the "fresh thinking" perspective	5/28/2009
Michael Grabner	PhD Candidate, Economics	Obesity and socio-economic status in the NHASNES, NHIS and BRFSS	6/04/2009
Ben Rich, JD, PhD	Bioethics	Brain death and public policy: 40 years and still confused	6/11/2009
Christopher Moreland, MD	Internal Medicine	Patients' understanding and management of warfarin-related adverse events: Qualitative interviews to explore their strategies	06/18/2009

APPENDIX 5

UC Davis Center for Healthcare Policy and Research Journal Club Articles Fiscal Year 2008– 2009

1. Generation of functional platelets from human embryonic stem cells in vitro via ES-sacs, VEGF-promoted structures that concentrate hematopoietic progenitors. Naoya Takayama, Hidekazu Nishikii, Joichi Usui, Hiroko Tsukui, Akira Sawaguchi, Takashi Hiroyama, Koji Eto and Hiromitsu Nakauchi
2. Nongenomic Transmission Across Generations of Maternal Behavior and Stress Responses in the Rat. Darlene Francis, Josie Diorio, Dong Liu, Michael J. Meaney
3. Genomic Strategy for Targeting Therapy in Castration-Resistant Prostate Cancer. Prateek Mendiratta, Elahe Mostaghel, Justin Guinney, Alok K. Tewari, Alessandro Porrello, William T. Barry, Peter S. Nelson, and Phillip G. Febbo
4. RhoA GTPase Activation by TLR2 and TLR3 Ligands: Connecting via Src to NF- κ B. Maria Manukyan, Perihan Nalbant, Sylvia Luxen, Klaus M. Hahn, and Ulla G. Knaus
5. DNA Methylation Markers and Early Recurrence in Stage I Lung Cancer. Malcolm V. Brock, Craig M. Hooker, Emi Ota-Machida, Yu Han, Mingzhou Guo, Stephen Ames, Sabine Glockner, Steven Piantadosi, Edward Gabrielson, Genevieve Pridham, Kristen Pelosky, Steven A. Belinsky, Stephen C. Yang, Stephen B. Baylin, and James G. Herman
6. Rosuvastatin to Prevent Vascular Events in Men and Women with Elevated C-Reactive Protein. Paul M. Ridker, Eleanor Danielson, Francisco A.H. Fonseca, Jacques Genest, Antonio Gotto Jr., John J.P. Kastelein, Wolfgang Koenig, Peter Libby, Alberto J. Lorenzatti, Jean G. MacFadyen, Borge G. Nordestgaard, James Shepherd, James T. Willerson, and Robert J. Glynn
7. Over-Expression of Secret Frizzled-Related Protein 1 Inhibits Bone Formation and Attenuates PTH Bone Anabolic Effects. Wei Yao, Zhiqiang Cheng, Mohammad Shahnazari, Stephanie Ravelo, Wewei Dai, Nancy E. Lane
8. Acute Doxorubicin Cardiotoxicity Is Associated With p53-Induced Inhibition of the Mammalian Target of Rapamycin Pathway. Wuqiang Zhu, Mark H. Soonpaa, Hanying Chen, Weihua Shen, R. Mark Payne, Edward A. Liechty, Randall L. Caldwell, Weinian Shou, Loren J. Field

9. Patterns of Cytomegalovirus Reactivation are Associated with Distinct Evolutive Profiles of Immune Reconstitution after Allogeneic Hematopoietic Stem Cell Transplantation. Helene Moins-Teisserenc, Marc Busson, Catherine Scieux, Veronique Bajzik, Jean-Michel Cayuela, Emmanuel Clave, Regis Peffault de Latour, Felix Agbalika, Patricia Ribaud, Marie Robin, Vanderson Rocha, Eliane Gluckman, Dominique Charron. Gerard Socie, and Antoine Toubert
10. Endogenous Human microRNAs that Suppress Breast Cancer Metastasis. Sohail F. Tavazoie, Claudio Alarcon, Thordur Oskarsson, David Padua, Qiongqing Wang, Paula D. Bos, William L. Gerald, and Joan Massague
11. Adolescent mental health literacy: Young people's knowledge of depression and help seeking. John R. Burns, and Ronald M. Rapee
12. Elevation of C-Reactive Protein Level Is Associated With Synchronous and Advanced Colorectal Neoplasm in Men. Han-Mo Chiu, Jaw-Town Lin, Tony H. H. Chen, Yi-Chia Lee, Yueh-Hsia Chiu, Jin-Tung Liang, Chia-Tung Shun, and Ming-Shiang Wu
13. Decontamination of the Digestive Tract and Oropharynx in ICU Patients. A.M.G.A. de Smet, et.al.
14. Glucose Control and Vascular Complications in Veterans with Type 2 Diabetes. William Duckworth, Carlos Abraira, Thomas Moritz, Domenic Reda, Nicholas Emanuele, Peter D. Reaven, Franklin J. Zieve, Jennifer Marks, Stephen N. Davis, Rodney Hayward, Stuart R. Warren, Steven Goldman, Madeline McCarren, Mary Ellen Vitek, William G. Henderson, and Grant D. Huang
15. Universal Screening for Methicillin-Resistant Staphylococcus aureus at Hospital Admission and Nosocomial Infection in Surgical Patients. Stephan Harbarth, Carolina Frankauser, Jacques Schrenzel, et al.

APPENDIX 6

**UC Davis Center for Healthcare Policy and Research
Primary Care Outcomes Research Program (PCOR) Fellows
Fiscal Year 2008-2009**

Name	Affiliated Department	Research Interests	Year of Matriculation
Christopher Moreland, MD	Internal Medicine		2008

APPENDIX 7

UC Davis Center for Healthcare Policy and Research
PCOR Seminar Series
Fiscal Year 2008-2009

Presenter	Department	Presentation	Date
Hossein Malek-Afzali, MD, PhD	Former Iranian Deputy Minister for Research and Technology	Primary Health Care and Reproductive Health in Iran	9/4/2008
Svetlana Popova, MD/Erik Fernandez y Garcia, MD	ObGyn/ Pediatrics	PCOR Graduation Presentation	9/11/2008
Marc Schenker, MD, MPH	Public Health Sciences	Global Immigration and Occupational Health	9/18/2008
Bonnie Raingruber, R.N., PhD. Marlene M. Von Friederichs-Fitzwater, PhD, C.S	Internal Medicine/ Cancer Center	Community-Based Participatory Research: The Practical Issues of Academic/Community Partnership.	9/25/2008
John Troidl / Stephen McCurdy	Public Health Sciences	Update on the UC Davis MPH Program	10/2/2008
Peter Franks, MD	Dept of Family and Community Medicine	Vitamin D, Race, and Cardiovascular Mortality: Explaining Disparities	10/9/2008
Laura Mae-Baldwin, M.D., M.P.H	Family Medicine, University of Washington	Reflections of an occasional methodologist: Exploring Data Linkage, Comorbidity and Quality Indicators	10/16/2008

Presenter	Department	Presentation	Date
Thomas J. Stopka, M.H.S., PhD Student	UC Davis Graduate Group in Epidemiology	Sterile Syringe Access and HIV Prevention: Over-the- Counter Syringe Sales in California, 2004-2006	10/23/2008
Joy Melnikow, MD, MPH	Dept of Family and Community Medicine	HPV vaccine information: What do parents want?	11/6/2008
Domenico Moro Ph.D.	Warwick Medical school, University of Warwick (UK)	Who should be prioritized for renal transplantation?: Analysis of stakeholder group and altruistic preferences.	11/13/2008
David Baker, MD	Pfizer Visiting Professor	Designing Interventions to Improve Health Literacy and to Motivate Behavior Change	11/20/2008
Paul Leigh, PhD	Public Health Sciences	Physician Career Satisfaction Across Specialties, 2004 – 2005	12/11/2008
Shagufta Yasmeen, MD	Obstetrics and Gynecology	A web-based survey of physician's beliefs and recommendations regarding screening mammography for elderly women	12/18/2008
Wayne Katon, MD	Psychiatry, University of Washington	Approaches to Improving Mental Illness Outcomes in Primary Care	1/09/2009
Sanjay Saint, MD	Internal Medicine, University of Michigan	Diffusion of Innovation: Translating Infection Prevention Research Into Practice	1/15/2009
Yuqing Zhang, DSc	Medicine and Epidemiology, Boston University	Novel approaches to studying pain in knee osteoarthritis: Two knee comparisons and case-crossover studies of pain within the same knee.	1/22/2009

Presenter	Department	Presentation	Date
Bruce Leistikow, MD	Public Health Sciences	A 2 Billion Death, Quadrillion \$ Epidemiologic BooBoo? Whodunit?	1/29/2009
Karen DeSalvo, MD, MPH, MSc	Internal Medicine, Tulane University	Predicting risk with a single question about self-rated health.	2/5/2009
J. Paul Leigh, PhD	Public Health Sciences	Using a large nationally representative dataset to investigate correlations between occupation before retirement and hypertension among seniors	2/12/2009
Dian Baker R.N., M.A., C.P.N.P.,	Division of Nursing, CSUS	Developing culturally responsive methods for instrument translation	2/19/2009
Joy Melnikow, MD, MPH	Family and Community Medicine	Surveillance strategies following treatment for CIN: What is cost effective?"	2/26/2009
Julie Rainwater, PhD, Estella Geraghty, MD, Kent Anderson	Clinical and Translational Science Center	The informatics for integrating biology and the bedside (i2b2) cohort discovery tool.	3/5/2009
Martin Shapiro, MD	Medicine and Health Services, UCLA	Bench, bedside and beyond: conceptualizing translational research from the perspective of the health services researcher.	3/19/2009
Lily Chaput, MD	Chief, California Heart Disease and Stroke Prevention Program, California Department of Public Health	Proposed statewide plan for stroke	04/02/09

Presenter	Department	Presentation	Date
Peter Yellowlees, MD	Psychiatry and behavioral sciences	Is the internet becoming a 'third person' in today's doctor-patient relationship?	04/09/2009
J. Paul Leigh, PhD	Public Health Sciences	Using a large national data set to investigate income associations with visits to full service and fast food restaurant.	4/23/2009
Loriann DiMartini	CDPH Center for Healthcare Quality	Center for Health Care Quality: Programs and Strategic Plan	4/30/2009
Peter Franks, MD	Family and Community Medicine	Instrumental variables: another econometric shell game or useful tool for health services research?	5/07/2009
Chang Seon Lee	PhD Candidate, Economics	Employer provided health insurance status of obese workers: how it changes over time after job separation.	5/14/2009
Patrick Romano, MD, MPH	General Medicine and Pediatrics	Measuring the impact of resident work hours reform: Recent findings and next steps	5/21/2009
John Troidl, PhD, MBA	Public Health Sciences	Health reform: A review of the "fresh thinking" perspective	5/28/2009
Michael Grabner	PhD Candidate, Economics	Obesity and socio-economic status in the NHASNES, NHIS and BRFSS	6/04/2009
Ben Rich, JD, PhD	Bioethics	Brain death and public policy: 40 years and still confused	6/11/2009

Presenter	Department	Presentation	Date
Christopher Moreland, MD	Internal Medicine	Patients' understanding and management of warfarin-related adverse events: Qualitative interviews to explore their strategies	06/18/2009
Murray Ross, PhD	Kaiser Foundation	Update on Federal Health Reform	6/25/2009

APPENDIX 8

**UC Davis Center for Healthcare Policy and Research
Listing of Students Involved in Center Research Projects
Fiscal Year 2008 – 2009**

Graduate Students

Student	Project worked on
Nicole Bloser Gabler	Pfizer
David Chin	
Yun (Wendy) Jiang	CPAC
Naomi Saito	CA-Help Migrating Mental Health OPA

Undergraduate Students

Mario Flores	Colorectal Cancer Screening
Christina Yang	Colorectal Cancer Screening

* Volunteers

APPENDIX 9

UC Davis Center for Healthcare Policy and Research Publication List Fiscal Year 2008 – 2009

Objective sleep measurement in typically and atypically developing preschool children with ADHD-like profiles. Goodlin-Jones BL, Waters S, Anders TF. *Child Psychiatry Hum Dev*. 2009 Jun;40(2):257-68. Epub 2009 Jan 14.

A 2-year progress report of the AACAP-Harvard Macy Teaching Scholars Program. Hunt J, Stubbe DE, Hanson M, Al-Mateen CS, Cuccio A, Dingle AD, Glowinski A, Guthrie E, Kelley K, Malloy EM, Mehlinger R, O'Melia A, Shatkin J, Anders TF. *Acad Psychiatry*. 2008 Sep-Oct;32(5):414-9.

Sleep patterns in preschool-age children with autism, developmental delay, and typical development. Goodlin-Jones BL, Tang K, Liu J, Anders TF. *J Am Acad Child Adolesc Psychiatry*. 2008 Aug;47(8):930-8.

Sleep and napping patterns in 3-to-5-year old children attending full-day childcare centers. Ward TM, Gay C, Anders TF, Alkon A, Lee KA. *J Pediatr Psychol*. 2008 Jul;33(6):666-72. Epub 2007 Oct 23.

Results of a survey regarding perioperative antiseptic practices. Eisen DB, Warshawski L, Zloty D, Azari R. *J Cutan Med Surg*. 2009 May-Jun;13(3):134-9.

Training residents to employ self-efficacy-enhancing interviewing techniques: randomized controlled trial of a standardized patient intervention. Jerant A, Kravitz RL, Azari R, White L, García JA, Vierra H, Virata MC, Franks P. *J Gen Intern Med*. 2009 May;24(5):606-13. Epub 2009 Mar 19.

Cervical Intraepithelial Neoplasia Outcomes After Treatment: Long-term Follow-up From the British Columbia Cohort Study. Melnikow J, McGahan C, Sawaya GF, Ehlen T, Coldman A. *J Natl Cancer Inst*. 2009 May 12. [Epub ahead of print]

Posttreatment human papillomavirus testing for recurrent cervical intraepithelial neoplasia: a systematic review. Chan BK, Melnikow J, Slee CA, Arellanes R, Sawaya GF. *Am J Obstet Gynecol*. 2009 Apr;200(4):422.e1-9. Epub 2009 Jan 24. Review.

Tamoxifen for breast cancer risk reduction: impact of alternative approaches to quality-of-life adjustment on cost-effectiveness analysis. Melnikow J, Birch S, Slee C, McCarthy TJ, Helms LJ, Kuppermann M. *Med Care*. 2008 Sep;46(9):946-53.

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Patient-centered communication in primary care: physician and patient gender and gender concordance. Bertakis KD, Franks P, Epstein RM. *Journal of Women's Health (Larchmt)*. 2009 Apr;18(4):539-45.

Chronic pain management in the emergency department: a survey of attitudes and beliefs. Wilsey BL, Fishman SM, Ogden C, Tsodikov A, Bertakis KD. *Pain Medicine* 2008 Nov;9(8):1073-80. Epub 2008 Feb 5

An exploration of contextual factors that influence HIV risk in female sex workers in Mexico: The Social Ecological Model applied to HIV risk behaviors. Larios SE, Lozada R, Strathdee SA, Semple SJ, Roesch S, Staines H, Orozovich P, Fraga M, Amaro H, de la Torre A, Magis-Rodriguez C, Patterson TL. *AIDS Care*. 2009 Apr 16:1-8. [Epub ahead of print]

Associations between migrant status and sexually transmitted infections among female sex workers in Tijuana, Mexico. Ojeda VD, Strathdee SA, Lozada R, Rusch ML, Fraga M, Orozovich P, Magis-Rodriguez C, de La Torre A, Amaro H, Cornelius W, Patterson TL. *Sexually Transmitted Infections*. 2009 Feb 10. [Epub ahead of print]

Efficacy of a brief behavioral intervention to promote condom use among female sex workers in Tijuana and Ciudad Juarez, Mexico. Patterson TL, Mausbach B, Lozada R, Staines-Orozco H, Semple SJ, Fraga-Vallejo M, Orozovich P, Abramovitz D, de la Torre A, Amaro H, Martinez G, Magis-Rodríguez C, Strathdee SA. *American Journal of Public Health*. 2008 Nov;98(11):2051-7. Epub 2008 Sep 17.

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Personality and EQ-5D scores among individuals with chronic conditions. Jerant A, Chapman BP, Franks P. *Quality of Life Research.* 2008 Nov;17(9):1195-204. Epub 2008 Oct 7.

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Health Status Among US Hispanics: Ethnic Variation, Nativity, and Language Moderation Jerant A, Arellanes R, Franks P. *Medical Care* 2008 Jul;46(7):709-17.

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Barriers in Diagnosing and Treating Men With Depression: A Focus Group Report. Rochlen AB, Paterniti DA, Epstein RM, Duberstein P, Willeford L, Kravitz RL. *Am J Mens Health.* 2009 May 11. [Epub ahead of print]

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N. *Contemp Clin Trials*. 2009 Apr 16. [Epub ahead of print]

Survival enhancing indications for coronary artery bypass graft surgery in California. Li Z, Kravitz RL, Marcin JP, Romano PS, Rocke DM, Denton TA, Brindis RG, Dai J, Amsterdam EA. *BMC Health Serv Res*. 2008 Dec 16;8:257.

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Extended treatment of older cigarette smokers. Hall SM, Humfleet GL, Muñoz RF, Reus VI, Robbins JA, Prochaska JJ. *Addiction.* 2009 Apr 9. [Epub ahead of print]

Ginkgo biloba for prevention of dementia: a randomized controlled trial. DeKosky ST, Williamson JD, Fitzpatrick AL, Kronmal RA, Ives DG, Saxton JA, Lopez OL, Burke G, Carlson MC, Fried LP, Kuller LH, Robbins JA, Tracy RP, Woolard NF, Dunn L, Snitz BE, Nahin RL, Furberg CD; Ginkgo Evaluation of Memory (GEM) Study Investigators. *Journal of the American Medical Association.* 2008 Nov 19;300(19):2253-62.

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