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# synergy

Center for Health Research, University of California, Berkeley

## Changes in Center Leadership

After a decade of exemplary leadership service in a variety of campus organizations, Tom Rundall stepped down this past spring from his position as chair of the Center for Health Research in order to devote more time to his teaching and research. Rundall (Public Health) followed Stephen Shortell as chair of the Center in 2002 and served his three-year term with vision and style. David I. Levine, professor of Organizational Behavior and Industrial Relations in the Haas School of Business, assumed leadership of the Center in July.

Levine's appointment emphasizes the multi-disciplinary nature of the Center's membership and its commitment to bringing social scientists across the campus together for collaborative research. He has dedicated much of his research to the economics of health issues, including analyses of workers' compensation programs, social capital, and industrialization in developing countries.

The Center's Advisory Committee was pleased to turn its leadership over to Levine who brings many new ideas and energy to the program, the most exciting of which are its new "working groups" [See p. 2]. Levine is the editor of the journal *Industrial Relations* and research director for the Center for Responsible Business, as well as the recipient of several teaching awards

at the undergraduate and graduate level. He received his BA in computer science and economics from UC Berkeley and his PhD in economics from Harvard University. He has been a member of the Haas School of Business since 1987 and has also held visiting positions at the Sloan School of Management at MIT, the U.S. Department of Labor, and the Council of Economic Advisers

Rundall leaves his post after an accomplished term, which included a vast expansion of the Center's externally funded grants. When he assumed leadership in 2002, CHR managed 13 grants with a lifetime value of \$1.5 million. Today, the Center's portfolio includes 24 externally funded grants that bring in more than \$10.5 million to the university.

He envisioned the Center as an environment where UC Berkeley faculty could conduct world-class research on an ever-growing range of health-related issues. Rundall also fostered important research partnerships between CHR and the Kaiser Permanente Division of Research, and the Health Research and Education Trust. Both have stimulated research collaborations and helped create new opportunities for faculty.

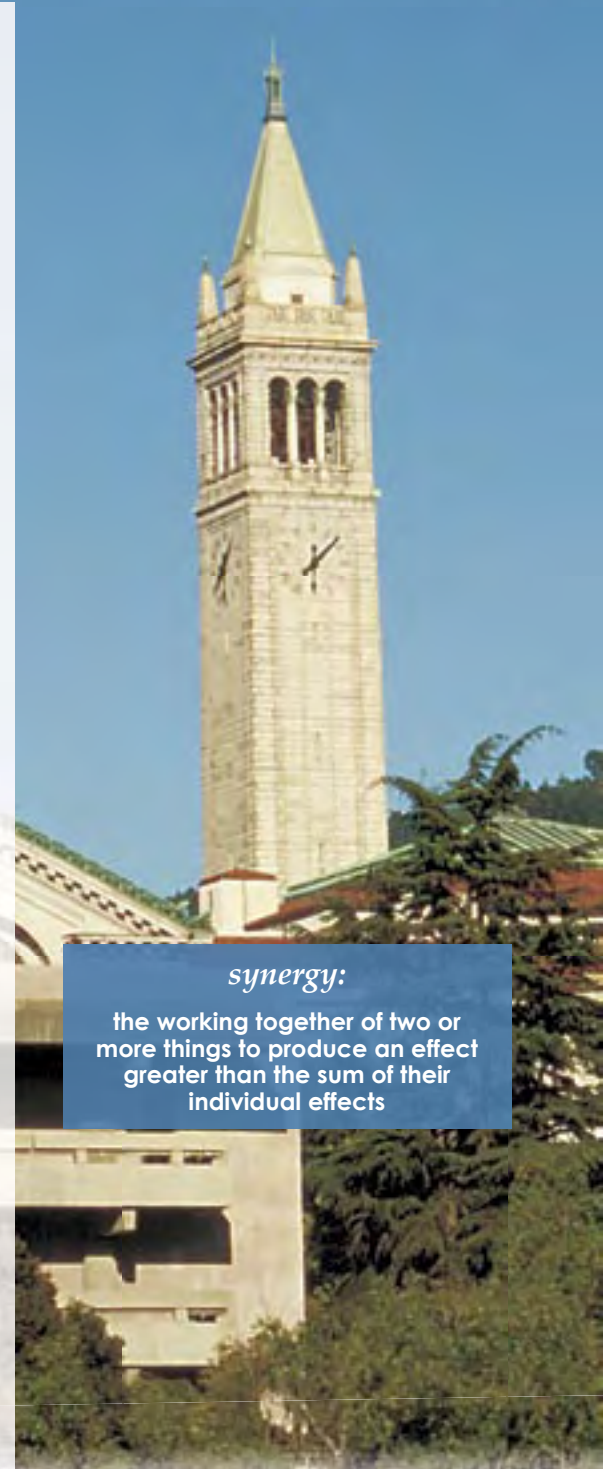
In addition, the Center expanded its relationships with other institutes and centers on campus—partnerships which have fostered synergy among health

researchers across many disciplines.

[See inside for more on the Center's newest research partnership.] A centerpiece of this effort is the Center's conferences, symposia, and research seminars which provide researchers with opportunities to present their work—and for their ideas to be critiqued by expert colleagues, an essential dynamic for the production of high quality, cutting-edge research.

"I'm very grateful for the strong support the Center has received from our colleagues at the Institute of Business and Economic Research, and to Carl Shapiro, Bob Barde, and Kathy Romain for providing a welcoming and supportive home for us," Rundall said.

He also recognized the outstanding work of Elizabeth Flora and Dele Odus-Owen, who prepare the Center's grant proposals, steward them through the various UCB offices and committees that review and approve them, and then expertly manage the funds once grants have been awarded. Rundall commended Peg Hardaway Farrell, the Center's program manager, for her work producing the Center's website; organizing conferences, research meetings, and mini-grant programs; and for her relationship-building efforts with other organizations.



*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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### Upcoming Conferences

The **Eisenberg Legacy Lecture**—which features experts and topics relevant to health policy and healthcare quality—will be held this year on Wednesday, November 2 at 3:30 p.m. at Stanford University. The speaker will be John E. Wennberg, MD, MPH (Dartmouth Medical School), who is nationally recognized for his pioneering work studying variations in U.S. medical practice, having documented strikingly different patterns of care and rates of medical services utilization in different regions of the country and in different hospitals within the same region.

Dr. Wennberg will speak on the topic of "Understanding Practice Variations." Please contact Sara Selis (650-723-0759, selis@stanford.edu) for more information.

The Eisenberg Legacy Lecture honors Dr. John Eisenberg, a renowned internist and health services researcher who directed the Agency for Healthcare Research and Quality (AHRQ) from 1997 to 2002. The lecture is funded by the California HealthCare Foundation and is co-sponsored by the Center for Health Policy/Center for Primary Care and Outcomes Research at Stanford University; the Institute for Health Policy Studies at UC San Francisco; and the Center for Health Research and the School of Public Health at UC Berkeley. The event's location rotates each year among the three university campuses.

The Fourth Annual **Health Care Quality & Outcomes Conference** (HCQO4) will be hosted by the San Francisco VA Medical Center this coming May. Founded in 2003 by researchers at the VA, UCSF, Stanford, and the Center for Health Research, the conference presents an open and active discussion of several health care quality working papers and is hosted by each of the sponsoring organizations in turn.

Past conference abstracts may be downloaded from their respective websites: [HCQO.berkeley.edu](http://HCQO.berkeley.edu); [HCQO2.berkeley.edu](http://HCQO2.berkeley.edu); and [HCQO3.berkeley.edu](http://HCQO3.berkeley.edu). Please contact the Center (510-643-7211; [CHR\\_UCB@berkeley.edu](mailto:CHR_UCB@berkeley.edu)) for more information.





## New Working Groups Formed

The major benefit of organizations like the Center for Health Research is its ability to develop cross-disciplinary working groups—groups that bridge standard campus divisions, develop the intellectual life of the campus, and lead to interesting research collaborations. After broad discussions around campus, several topics generated excitement across schools and departments. We've organized several working groups around six of these topics.

Each group will host lunches, seminars, a web site, and other means to explore common interests and look for cross-researcher themes. We hope some of the groups will evolve into one or more larger research projects. If you have an interest in one of these areas, we encourage you to contact the group's leader for more information and/or to join the group's email list.

### Center in Behavioral Economic Epidemiology (BEE)

Chairs: **Paul Gertler**, Business, [gertler@haas.berkeley.edu](mailto:gertler@haas.berkeley.edu) & **Nancy Padian**, UCSF, [npadian@psg.ucsf.edu](mailto:npadian@psg.ucsf.edu) [[iber.berkeley.edu/bee/](http://iber.berkeley.edu/bee/)]

The Exploratory Center in Behavioral Economic Epidemiology (BEE) is dedicated to integrating perspectives from economics, epidemiology and behavioral science to develop new approaches to understanding and addressing the global problems of youth risk behavior and vulnerability to HIV/AIDS, other sexually transmitted infections, and unintended pregnancies. Its specific objectives include:

- Developing a theoretical model to better understand youth risk behavior and vulnerability to HIV, STI, and unintended pregnancy, with the ultimate goal of developing effective interventions.
- Generating research tools/analytic methods to be piloted among existing cohorts in developing country settings.
- Applying the BEE model to improve the effectiveness of programs designed to control HIV/AIDS in the developing world by providing policy makers with clear scientific results that help shape successful policies.
- Exploring plans for expanding and formalizing the BEE approach through training, analysis of required infrastructure and supports, and planning for future research.

### Health Care Quality and Safety

Chair: **Steve Shortell**, Public Health, [shortell@berkeley.edu](mailto:shortell@berkeley.edu)

In 1999, the Institute of Medicine estimated that between 44,000 and 98,000 Americans die each year because of medical errors. In 2001, the IOM issued a landmark report, *Crossing the Quality Chasm*, which proposed a broad outline for reducing the great variation in clinical quality of care that exists. This report highlighted the importance of system and organizational factors for improving quality as well as the need for external incentives and information technology.

This working group will examine current practices and best practices to evaluate their success in improving health care quality and safety.

### Health Information Technology

Chair: **Tom Rundall**, Public Health, [trundall@berkeley.edu](mailto:trundall@berkeley.edu)

Someone who is in a severe accident might need to fill out their name and address 100 times in the course of receiving emergency treatment, in-patient hospital care, physical therapy and other rehabilitation services, and follow-up out-patient care. If the health care system cannot associate a patient with his or her address, it is unlikely the system is associating all the health-related information either.

On the one hand, low use of integrated information technology leads to costly duplication and wasted time for patients and staff. More importantly, medical errors arise from mistakes in care processes that require the transfer and use of information, such as a pharmacist misreading a physician's handwriting; a nurse administering the wrong drug, or the right drug at the wrong time, to a patient; and a physician failing to check for harmful drug interactions when prescribing multiple drugs to a patient. On the other hand, when information systems are integrated, problems often arise with data security and privacy.

This working group, in cooperation with the Center for Information Technology Research in the Interest of Society (CITRIS), is examining the advantages and disadvantages of health information technologies and the complex web of obstacles to creating an effective, seamless information system for American's health care needs.

### Global Evaluation and Action Network (GLEAN)

Chair: **Ted Miguel**, Economics, [emiguel@econ.berkeley.edu](mailto:emiguel@econ.berkeley.edu)

Poor nations, donor nations, and others spend billions of dollars trying to improve the lives of the world's poor. Unfortunately, this spending takes place with little evaluation of which projects improve health, education, and other outcomes. UC Berkeley and UCSF researchers have participated in many of the few rigorous evaluations of development projects.

This working group will build on this experience and examine ways to increase the number and quality of evaluations of development projects.

### Health Care Disparities

Chair: **Denise Herd**, Public Health, [tiara@berkeley.edu](mailto:tiara@berkeley.edu)

"The rich are different from you and me," is Scott Fitzgerald's famous line to which Hemingway replied, "Yes, they have more money." They not only have more money, they also have more and better health care, more healthy environments, and better health. Rich people's communities, for example, have more high-technology health care services and fewer environmental hazards.

This working group will examine the interactions of income, health, and space in understanding disparities in health care between the rich and poor and among racial and ethnic groups.

### Stem Cell Research

Chair: **Dana Welch**, Boalt School of Law, [dwelch@law.berkeley.edu](mailto:dwelch@law.berkeley.edu)

CHR is cooperating with the Berkeley Center for Law, Business, and the Economy (BCLBE)'s project "Assessing and Resolving the Ethical, Legal, Social, Political and Economic Issues Arising from Stem Cell Research in California." The goal of the initiative is to devise research-based policy recommendations for addressing the extraordinarily complex issues that will arise from California's investment of \$3 billion for stem cell research over the next ten years.

The group plans to present policy recommendations to the California legislature, the California Institute of Regenerative Medicine (CIRM), the Independent Citizen's Oversight Committee (ICOC, the governing Board of CIRM), federal lawmakers, and, eventually, other states that may be embarking upon similar stem cell research efforts.



# First Health Information Technology Grant Awards

The Center for Health Research, together with the *Center for Information Technology Research in the Interest of Society (CITRIS)*—a multi-campus center headquartered on Berkeley's campus—and TEKES, the National Technology Center of Finland, have joined together to offer several Health Information Technology (HIT) Small Research Grants.

These grants, each for as much as \$10,000, have been awarded to UC Berkeley faculty members from either the Center for Health Research or CITRIS for research in the area of wireless and embedded technology in health care. Their primary purpose is to support pilot or preliminary studies. There is an expectation that these small grants will lead to the submission of larger subsequent proposals to outside funding agencies. Three awards were made in the first grant cycle.

## Overcoming Barriers to the Adoption and Use of New Wireless Telehealth Technologies

The telecommunications research community has devoted substantial attention to eliminating barriers to knowledge sharing within and between organizations. In the wireless health care sector, communication systems are used to provide health care when distance separates the participants. These developments have the potential to revolutionize medical care and decrease health inequities. For example, rural patients may gain access to specialized services outside of their communities and fewer errors may arise in hospitals as information sharing across departments becomes instantaneous.

It appears, however, that many advanced wireless technologies have been less widely adopted and used less effectively than their potential would seem to merit. **Karlene Roberts** (Business; [karlene@haas.berkeley.edu](mailto:karlene@haas.berkeley.edu)) and her group will investigate the processes that facilitate or derail telehealth technology adoption by studying several organizations that do or do not adopt wireless health services. Her key goal will be to develop a theoretically guided taxonomic classification system that integrates her findings and provides guidance for health care industry decisions.

This taxonomic system will include two main components. The first will focus on interorganizational (e.g., regulatory) and organizational factors that influence the adoption of telehealth technologies. The second will focus on intraorganizational factors that influence the use of these technologies. Applications for this information include use in emergency room triage, remote monitoring, chronic disease management, post-operative follow-up, and medical records management.

Roberts plans to use the results of her preliminary research, sponsored by France Telecom, and the HIT grant project as the basis for an application in Fall 2005 to the National Institutes of Health for additional funding to expand the scope and impact of the projects.

## Cell Phones as Medical Data Collection Devices and Decision Support Systems for Rural Health Workers

**Eric Brewer's** (Computer Science; [brewer@cs.berkeley.edu](mailto:brewer@cs.berkeley.edu)) project is to develop and pilot-test Zambian-based applications for patient-owned cell phone SIM cards. These applications will enable medical data collection and decision support systems for non-physician health care workers, both at clinics and in the field. Brewer believes these high-tech—but user-friendly—applications will cost-effectively reduce the workload of scarce physicians and provide them with data that will help them make more effective health decisions.

Electronic data acquisition is essential for effective health care delivery. But most electronic data acquisition is performed using devices that are expensive, require high power consumption, have low battery life, and require expensive Internet or Wi-Fi connectivity that may not exist in rural areas.

Given the rapid spread of cellular infrastructure in Africa, cell phones could serve as a more appropriate device for data entry: they are ubiquitous and relatively inexpensive, have much longer battery life, can rely on intermittent power, and have a functional design that is already familiar and intuitive. This latter factor will help rural health workers adopt the technology for health data applications. Patient-owned SIM cards (or cell phone “memory” cards) allow for “real time” retrieval of data for immediate decision support and health care updates.

While Brewer's group will initially focus on applications to manage anti-retroviral treatment for HIV patients, they later expect to develop applications for a wide range of health concerns. They also plan to study how the new technology—and its security mechanisms—will affect patient privacy.

Brewer plans to use this initial study as a platform for a much larger NSF Engineering Research Center grant.



## Information Technology for Assisted Living at Home (ITALH)

**Shankar Sastry** (EECS; [sastry@eecs.berkeley.edu](mailto:sastry@eecs.berkeley.edu)), **Ruzena Bajcsy** (EECS; [bajcsy@eecs.berkeley.edu](mailto:bajcsy@eecs.berkeley.edu)), and **Steven Glaser** (CE; [glaser@ce.berkeley.edu](mailto:glaser@ce.berkeley.edu)) plan to develop information and computer technologies that will provide assisted living and remote health care monitoring for the elderly and other citizens. Their hope is that this suite of applications and devices will improve the quality of life of older persons and extend their ability to live at home. They plan to engage various stakeholders—including local service providers, user groups, and experts in social and health services—in a participatory design process that will lead to useful, novel solutions based on users' needs in real-life settings.

These new technological applications will have the power to provide an on-demand and direct link between a doctor and the patient's physiological status, thus greatly enhancing patient quality of life. Testing of the devices, done by Berkeley students, will provide baseline data for the system. Later testing and evaluation will be done by elderly volunteers from the Finnish American Heritage Association (FAHA) Manor in Sonoma, California.

ITALH is designed to be a four-year project that will result in a fully developed and tested system ready for use by private consumers and health care providers. The HIT Grant will provide funds for initial device development, data collection, and field studies. Sastry and his group will use these results to apply for subsequent funding from private foundations, including the Gordon Moore, Ford, and the Robert Wood Johnson Foundations, as well as federal agencies such as NSF and NIH.

## New Center Staff Members



Another new face belongs to the Center's first professional webmaster, **Sarah Bonet** ([bonet@haas.berkeley.edu](mailto:bonet@haas.berkeley.edu)). A 12-year veteran of the Internet/intranet/extranet worlds, she was a co-founder of the Digiratti Companies and developed Apple Computer's first intranet.

Raised in a family of graphic designers, Bonet brings an artist's eye as well as a social science perspective to her work, thanks to her BA in anthropology from Cal. With her help, the Center hopes to greatly expand its Web presence and functionality. Stay tuned for some amazing developments!

Summer was a time of growth for the Center, as it added a third grants administrator to help with its growing number of external grant awards. A recent transplant to the Bay Area, **Debbie Atlas** ([datlas@haas.berkeley.edu](mailto:datlas@haas.berkeley.edu)) earned her BA in Psychology from UCLA and previously worked in research administration at the UCLA Hatos Center for Neuropharmacology. Her background also includes experience in on-air marketing and media planning for the Disney Channel.

She joins the Center's other grant support team members, Elizabeth Flora and Dele Odus-Owen, in its Haas offices.

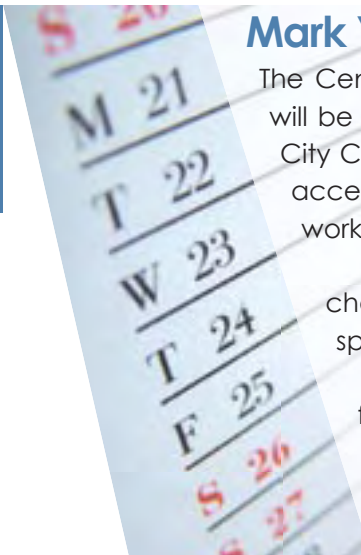


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## Mark Your Calendars

The Center's 4<sup>th</sup> Annual Science & Society conference will be held on Wednesday, April 19<sup>th</sup>, at the Berkeley City Club. The subject will be disparities in health care access and delivery, the focus of one of our new working groups [See p. 2].

As always, look for thought-provoking and challenging presentations by nationally recognized speakers from Berkeley and beyond.

Please drop a note to the Center to be notified when the conference registration process begins: [CHR\\_UCB@berkeley.edu](mailto:CHR_UCB@berkeley.edu); Center for Health Research, 423 Warren Hall #7360, Berkeley CA 94720-7360.



## Newest CHR Small Research Grants

Now in its fifth year of funding, the Center for Health Research is pleased to award four new Small Research Grants. These competitive grants are awarded each spring to Center members on the Berkeley campus with PI status. The next award cycle will begin in January.

### **The Influence of Demographic Heterogeneity on the Emergence of Change Readiness Norms in a Large Health Care Organization**

Health care organizations, like other organizations, are becoming increasingly diverse. They are also presently adopting a number of change initiatives related to access to care and overall quality of service. Understanding how demographic heterogeneity affects the adoption of change readiness norms and a health care organization's ability to address change initiatives is of increasing importance. **Jennifer Chatman** (Business; [chatman@haas.berkeley.edu](mailto:chatman@haas.berkeley.edu)) will explore the antecedents to change readiness norms, specifically, whether the demographic heterogeneity within a health care department influences the content and strength of norms, and thus the department's ability to embrace change. She theorizes that greater demographic heterogeneity may be associated with more openness to change, while greater homogeneity may stifle such norms.

### **Environmental and Parental Factors Contributing to Obesity in Mexican Children**

Mexico has a rapidly growing overweight and obesity problem in children and adults that transcends

socioeconomic status and reflects a trend in Latin America that is reaching epidemic proportions. Several reasons have been given for this strikingly high prevalence, including changing dietary and energy expenditure patterns, and recent changes in economic development and market globalization. There is evidence that a variety of cultural factors—including parent/child interaction and food-related behavior—also contribute. Public Health researchers **Sylvia Guendelmann** ([sylviag@berkeley.edu](mailto:sylviag@berkeley.edu)) and **Lia Fernald** ([fernald@berkeley.edu](mailto:fernald@berkeley.edu)) plan to explore a variety of factors and pathways related to obesity in Mexican children, including parenting styles, family environment, economic factors, environmental stress, food consumption, and exercise.

### **Learning to Teach (and to Inoculate, Build Roads and...)**

Poor nations, donor nations, and other entities spend billions of dollars trying to improve the lives of the world's poor, yet the few of these development programs have been subjected to rigorous evaluation. **David I. Levine** (Business; [levine@haas.berkeley.edu](mailto:levine@haas.berkeley.edu)) plans to explore barriers to rigorous impact evaluations in foreign aid projects by means of interviews and analysis of standard operating procedures at USAID, the World Bank, one or more regional multilateral

bank (e.g., InterAmerican Development Bank), the U.S. Treasury, the State Department, and other related agencies. He then hopes to describe potential policies to address the bulk of them.

### **Biology as Destiny? Short and Long-Run Determinants of Intergenerational Correlations in Birth Weight**

Intergenerational correlations in socio-economic status and health capture an important dimension of inequality, but little is known about the mechanisms underlying the transfer of economic status between generations. Preliminary findings indicate that there is a strong intergenerational correlation in the birth weights of mother and child, and that children of low birth weight mothers are more likely to be low birth weight themselves. What is not known is the extent to which this correlation reflects social factors that may be susceptible to rapid change (maternal income, maternal education, etc.) rather than factors such as genetics or the mother's childhood family background, both of which change only slowly over time. **Enrico Moretti** (Economics; [moretti@econ.berkeley.edu](mailto:moretti@econ.berkeley.edu)) argues that this is a more important question for policy than whether these outcomes are predominantly due to nature or nurture.

## Health Research Colloquium

The Center's long-standing seminar series is changing both its name—to **Health Research Colloquium Series**—and its focus—to that of communication medium for our new working groups. Each group has been given a slot in the fall and in the spring to present a member's current research, "test drive" proposed collaborative work, or bring in someone from outside Berkeley who is of interest to the group. While still

open to the campus and local community audiences, these seminars will be especially useful for the Center's new working groups.

This promises to be a wonderfully interesting set of presentations. All colloquia will be held in 714-C University Hall from 12:30 to 2:00 PM. Please feel free to brown bag!

The full schedule is posted on the Center's website, [HealthResearch.berkeley.edu](http://HealthResearch.berkeley.edu).

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