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Center for Health Research, University of California, Berkeley

Notes from the Chair

The Center for Health Research continues to facilitate cutting-edge research on a wide variety of health issues. Currently, the Center manages sixteen externally funded grants totaling over \$4.6 million in grant awards. An additional grant for nearly \$2.0 million has been approved for a July start-up, and there are seven other proposals totaling over \$8.0 million under review. I'd like to take a moment to describe the range of projects that have recently been submitted.

The principal investigators (and their project titles) are: Lia Fernald (*An Experiment in Poverty Alleviation and Stress in Mexico*); Paul Gertler (*Exploratory Center for Behavioral Epidemiology*); Denise Herd (*Reducing Disparities Through Strengthening Communities*);

Ted Miguel (*Experimental Evidence on Child Health and Long-run Outcomes in Kenya*; and *Health Education and Economic Development*); and Tom Rundall (*Impact of Health Information Technology on Clinical Care*).

The Center's funded and pending research projects reflect its three research emphases:

1. The social and behavioral determinants of health, health care-seeking behavior, and quality and outcomes of care.

2. The impact of markets, organizations, and professions and the relationships among them as they influence issues of cost, access, quality, and outcomes of care.

3. The causes and consequences of health care technological innovations, including biotechnology, genomic research, and e-health as

these are translated into delivery of care and services to influence the health of individuals and communities.

If the issues described above are of interest to you, please contact me to discuss both how the Center can help you locate

research colleagues with complementary theoretical perspectives and research skills, and how the Center's staff can assist you in the preparation of your grant proposal and the management of your grants.

Thomas G. Rundall
Chair

synergy:

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

Inside synergy

New Center
Grants Awarded
2

Member
Spotlight:
Denise Herd
5

Conference
Report:
"Confronting
Obesity" in
Berkeley
6

Focus on
Our Members
8

CaHealthIT
Conference
A Rousing
Success
12

New Center Grants Awarded



In its fourth year of funding, the Center for Health Research is pleased to award new small research grants to eight different investigators totalling \$39,530. These investigators come from a wide variety of schools and disciplines, including public health, business, and economics. Their topics range from social networks in Cuba to organizational behavior at the CDC, and from factors affecting cancer survival rates to the health consequences of the Vietnam War. A full listing of the awards and their investigators is provided below.

Assessing Change Readiness in a Large Health Care Organization

Health care organizations poised to embrace change—or those that score high on “change readiness”—are generally more likely to convert a variety of strategic changes into specific practices and behaviors sooner and more completely, and as a result, are also more likely to perform better than those who are lower on change readiness. “Change readiness” in this context is found within the cultural norms and values of medical departments within medical centers. In this study, **Jennifer Chatman** (Business; chatman@haas.berkeley.edu) and her research team will focus specifically on cultural norms that support change initiatives in health care organizations because of the substantial change occurring in the industry and the lack of an established “ideal model” of health care organizations, with the goal of developing a set of tools and metrics that would help health care organizations to become agile and able to change quickly and effectively.

Effects of Health Regulation on Condom Use and Economic Returns to Sex Work: Evidence from Ecuador

Each day close to 20,000 people are infected with the HIV virus worldwide; a large portion of whom are infected through unprotected sex with commercial sex workers in developing countries. While condoms are an effective defense against the transmission of HIV and other sexually transmitted infections, large numbers of sex workers are not using them with their clients. One policy response to stopping the transmission of HIV/AIDS in Latin America has been to regulate sex workers. **Paul Gertler** (Business/Public Health; gertler@haas.berkeley.edu) and his group will study these regulations and how they affect economic incentives to use condoms and economic returns to sex work in Ecuador, where it is legal and often regulated. The present study will test two hypotheses. First, that regulation increases sex worker incentives to use condoms, which if true, will result in decreased transmission of STIs/HIV/AIDS. Second, that if sex workers engage in less risky behavior (e.g. by enforcing condom use), then they are compensated less, decreasing their economic returns.

Models of Distributive Justice and Health: Can They Address How Early Social Disparities “Get into the Body” and Affect Long-Term Health?

Empirical findings calling for a new model of distributive justice include the following assumptions: first, social disparities in early life “get into the body” by affecting the autonomic nervous system of

Continued on page 3

Continued from page 2, New Center Grants Awarded

certain children, who then tend to take low positions in social hierarchies; second, “low-hierarchy” children have identifiable health vulnerabilities over their lifetime; third, once a child develops autonomic sensitivity, he or she faces a U-shaped curve of future health risks, so that under supportive social conditions children who might have had worse health can have better-than-average mental and physical health outcomes; fourth, parental behaviors and broader social influences play a critical role in which children will develop poor long-term health. **Jodi Halpern** (Public Health; jhalpern@socrates.berkeley.edu) hopes to extend current philosophical theories of justice to address the needs of socially disadvantaged children who develop long-term biologic vulnerabilities and to contextualize recent empirical findings

showing that parental factors play a critical role in the development of such vulnerabilities by examining how parental factors themselves are strongly related to pre-existing social disparities.

Implementing a Social Determinants Model for Addressing & Preventing Health Disparities

In 1999, the City of Berkeley Division of Public Health issued a health status report identifying disparities across a range of health indicators. For example, average lifespans for residents of South and West Berkeley ranged from 62 to 64 years; while those in North Berkeley, the Berkeley Hills, and the Claremont area lived approximately 20 years longer, with average lifespans ranging from 80 to 84 years. In response, the public health department in the City of Berkeley has been engaged in a process of community assessment and dialogue to address key health disparity issues. However, it has become clear that this process could be facilitated by a stronger grounding in the theoretical literature and in an analysis of existing survey data. **Denise Herd** (Public Health; tiara@berkeley.edu) plans to describe common pathways that might predict disparities in different types of health problems and to uncover common pathways for addressing such problems, such as whether key programmatic and or structural changes—improved recreational opportunities or civic services, for example—can help alleviate some health and social problems.

Who is Expert? Local-level Knowledge and Program Implementation at the Centers for Disease Control and Prevention

How do centralized, technically driven, federal bureaucracies account for and respond to local-level knowledge in implementing their programs? The answer, as a growing literature in the social sciences documents, is that most do not. Instead, this is a habitual arena for bureaucratic failure. The Centers for Disease Control and Prevention (CDC), on the other hand, has a long history of successful community-level program implementation. Unfortunately, there has been virtually no social science research on the CDC as an organization. **Ann Keller** (Public Health; ackeller@socrates.berkeley.edu) will address this remarkable gap in the literature and will evaluate CDC strategies in order to assess their relevance for other organizations that struggle with effective

Continued on page 4



Continued from page 3, New Center Grants Awarded

implementation at the local level. Keller will conduct her study by means of a series of in-depth interviews with CDC officials and community members currently participating in CDC programs.

Long-term Health and Economic Consequences of the Vietnam War

Warfare has a major impact on health and economic development, by destroying infrastructure—including hospitals, clinics, roads, and power lines—and by leaving deep physical and psychological scars on its survivors. Another widespread legacy of warfare is the presence of landmines/unexploded ordnance (UXO). In addition to the direct injuries sustained by those who inadvertently detonate them, landmines/UXO are likely to have other negative effects on health and well-being. Landmines/UXO make it dangerous for mobile vaccination teams to visit rural clinics, disrupt humanitarian relief efforts, and make it risky for farmers to plough and weed their fields, all of which adversely affect nutrition, overall health, and income. Yet despite some interesting case study evidence, and growing international attention, little systematic empirical research has examined this issue thoroughly. Using a recently declassified dataset containing detailed figures on ordnance used by the U.S. Navy and Air Force during the Vietnam War, **Edward Miguel** (Economics; emiguel@econ.berkeley.edu) hopes to provide credible quantitative evidence on the long-run effects of landmines/UXO on health and economic outcomes in Vietnam.

The Built Environment and Colorectal Cancer Survival: An Evaluation

Some colorectal cancer patients survive longer than others; these differences in survival are associated with a variety of factors, including health behaviors, demographic and socioeconomic characteristics, and characteristics of the tumor itself (e.g., site, stage, and grade). Although there is a growing body of research indicating that characteristics of the built environment are associated with health behaviors (e.g., physical activity) and different health outcomes, it is unknown whether these characteristics are associated with differences in survival among people diagnosed with colorectal cancer. **William Satariano** (Public Health; bills@berkeley.edu) will assess the feasibility and utility of incorporating measures of the built environment to enhance population-based studies of colorectal cancer survival. His major goals are to investigate the availability and accessibility of community-level data to characterize the neighborhood environment (defined here as the census block) of six Bay Area Counties (Alameda, Santa Clara, San Mateo, San Francisco, Marin, and Contra Costa counties) and whether selected measures of the built environment (including measures of social capital) explain differences in survival among colorectal cancer patients diagnosed in the San Francisco Bay Area between 1995-2000, after adjustment for traditional demographic and socioeconomic variables.

Social Networks and Health-Care Seeking Behavior: A Pilot Study in Cuba

The American medical care system is under major strain. When the baby-boomer population enters the over-65-year-old age group between the years 2020 and 2030, the number of older people in the country will double, enormously increasing the burden on the nation's health care systems. While programs to prevent disease and to improve health-seeking health care have been

Continued on page 12

Member Spotlight: Denise Herd One of a Kind



Story by Elizabeth Flora & Peg Hardaway Farrell

No doubt about it: Professor Denise Herd is one of a kind. This triple-disciplinarian—medicine + anthropology + ethnography—is the only such professional affiliated with the Center for Health Research, or even with the School of Public Health, where she is both an associate professor of health and social behavior and the associate dean for public health practice. How she came to be her own multi-disciplinary task force is a story of academic serendipities.

Interested in anthropology and medicine as a Cal undergrad, Herd was considering medical school until a graduate class in medical anthropology at San Francisco State got her hooked on medical anthropology. Her first research assignment was with Westside Community Health Center in San Francisco, where she worked on the “Black Family Research Project.” Organized around a new social policy model—one that was based on cultural-based perspective elements—it developed a new

look at then-current anthropological theories.

“We were taking a different perspective than many people at the time,” she noted. “We were looking at the strengths and resiliency features of the Black family and trying to apply a whole new paradigm to it.”

By focusing on the African American family’s strengths, resiliency, and coping mechanisms, this new model contrasted sharply with the deficit model of social analysis popular at the time. Herd believes that it was also a more realistic and useful instrument; it certainly seemed more pertinent to her and those of her colleagues who came to academia from segregated Black communities.

She began work on the last of her three professional interests—ethnography—while a student in UCSF’s medical anthropology doctoral program. Her research on drinking behavior among African Americans in San Francisco revealed distinctions between Creole Catholic and fundamentalist Protestant attitudes toward alcohol consumption and led to her conducting a number of later studies on alcohol use among Black Americans.

Underlying much of her previous behavioral, epidemiological, and popular culture research projects has been the issue of health disparity. Recently, Herd submitted two externally funded research proposals through the Center for Health Research with the goal of developing a Center for Health Disparities at UC Berkeley.

“A lot of people [on the Berkeley campus] have a deep interest in health disparities and a deep interest in wanting to make a difference—especially when one of the worst health disparities in the country is at our doorstep.” Research done by the city of Berkeley has shown that men in South Berkeley have, on average, lifespans 20 years shorter than their neighbors in the Berkeley hills.

Continued on page 11

Conference Report: “Confronting Obesity” in Berkeley

The Center for Health Research, together with the UC Berkeley Center for Weight and Health and the Kaiser Permanente Institute for Health Policy, co-hosted the Second Annual Science and Society Research Conference, *Confronting Obesity: Science, Health, and Society*, held April 15, 2004, at the Berkeley City Club. Following the theme of the conference series, the day's speakers examined the connections between the research documenting a growing epidemic of obesity in this country and its ramifications for society, in terms of personal behavior and public policy.

Thirty percent of U.S. adults are obese—at a cost of \$117 billion a year on medical care for obesity-related problems—according to the Centers for Disease Control and Prevention. Conference organizers say society is only beginning to understand that obesity is a public health, rather than a personal choice, issue. They compare this shift to changes in attitudes towards smoking over the last thirty years. “The problem of obesity has moved beyond an issue of individual choice to become a societal problem that cries out for public policy change,” said Pat Crawford, conference co-chair and co-director of UC Berkeley’s Center for Weight and Health. “We need policies that make it easier for people to make healthy physical activity and dietary choices.”

William Dietz, director of the Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention and conference keynote speaker, noted: “We can’t limit our approaches to medical approaches. We have to change the meals that we serve to children in

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[Left to Right] **José Fernández** spoke on the links between genetics and obesity. **Pat Crawford** (conference co-chair; Berkeley’s Center for Weight and Health) presented a brief history of obesity research on the Berkeley campus. **Brian Raymond** (conference co-chair; Kaiser Permanente Institute for Health Policy) introduced the keynote speaker. **Kelly Brownell** called the audience to act to counter the influence of food advertisers and processors, ending with Ghandi’s encouraging words: “First they ignore you; then they laugh at you; then they fight you; then you win.” **Steve Blair** provided the conference participants with the current research on the effects of physical activity on obesity.

(Story and photos by Elizabeth Flora)

schools. We have to make it possible for children to walk to school, and we have to restore physical education in the schools. People make choices based on what's around them and we have not yet made healthful choices easy choices. It's much easier to take the escalator than the stairs. It's much easier to consume fast food than it is to consume fruits and vegetables."

Kelly Brownell, a Yale psychologist and author of *Food Fight*, said that government subsidies to agriculture play a significant part in the rising obesity rates. He observed that "a much greater percentage of the budget of the U.S. Department of Agriculture goes toward pushing dairy products and meat than it does pushing fruits and vegetables." Other speakers discussed the importance of having a "built environment"—buildings, streets, and communities—that allows for and encourages people to engage in safe and convenient physical activity over the course of the day.

The "take home" message for the 270 conference participants is that obesity is a complex problem requiring complex solutions. These range from science-based governmental economic policies, more effective clinical and community-based interventions, thoughtful community and building codes, and a better understanding of the genetic links to obesity.

Complete conference proceedings will be available later this summer from the conference website: ss2.berkeley.edu.



[Left to Right] **Larry Frank** presented arguments for changes in the built environment to encourage more physical activity. **Mark Fenton** (L) and **Larry Frank** (R) enthusiastically led the late-afternoon "stand and stretch" break. Berkeley researcher **Lorrene Ritchie** spoke on data linking changes in the American diet with the dramatic rise in obesity rates. **William Dietz**, the keynote speaker, in one of many conversations with conference participants. **Peg Hardaway Farrell** (conference co-chair; Center for Health Research) shared a quiet moment with **Van Hubbard**, who concluded the conference with his suggestions for future research.

Focus on Our Members

The Center's 70 members come from 12 departments on the UC Berkeley campus, as well as the Institute for Health Policy Studies at UC San Francisco (UCSF) and the joint UC Berkeley-UCSF Global Health Institute. Each issue of *synergy* focuses on a representative sampling of our members.

David Card (Economics; card@econ.berkeley.edu) is studying the response of college applicants to the elimination of affirmative action programs in California and Texas. He is also conducting research on Medicaid coverage of poor children, and on the role of technological change in the evolution of wage inequality in the U.S. and other countries.

John Freeman (Business, freeman@haas.berkeley.edu) is the Helzel Professor of Entrepreneurship and Innovation. His research interests include strategic alliances and evolution of technology in biotechnology, semiconductor manufacturing, and radio broadcasting; entrepreneurship in high technology; and the dynamics of firm growth and survival. He also serves as the faculty director of the Lester Center for Entrepreneurship and Innovation.

Edward Miguel (Economics; emiguel@econ.berkeley.edu) is an assistant professor of economics whose research interests include causal links between health status, education, and labor productivity in less developed countries, and the political economy of development. One of his research projects is an NSF-funded study that uses standard economic tools—including a detailed statistical analysis—to produce novel evidence of the role poverty plays in causing violent crime in developing countries. He is also the recipient of a 2004 Small Grant Award (see p. 4 for more details).

John Peabody (UCSF; peabody@psq.ucsf.edu) is an associate professor in the department of epidemiology and biostatistics at UCSF and at the School of Public Health at UCLA. He is an attending physician at SF Veterans Affairs Medical Center and also serves as deputy director of the Institute for Global Health, heading the health policy activities. He has published articles on international comparative health policy, quality of care, measuring and changing provider practice, changing financial incentives in primary care, and the organization and financing of health care systems.

Kaiping Peng (Psychology; kppeng@socrates.berkeley.edu) is an associate professor of psychology whose central theme of research interest is the relationship between cultures and social cognition. He has been studying cultural effects on causal inference, responsibility judgment, and decision-making. He also focuses on culture and social self, studying ambivalence and centrality of individual self and cultural identity. Currently, he is a visiting professor at Peking and Southeastern Universities.

Kristiana Raube (Business, raube@haas.berkeley.edu) is an adjunct professor at Haas and executive director of the graduate program in health management. She is a co-principal investigator of an evaluation of a statewide initiative to develop a common set of measures for physician group performance and provide significant health plan payments to these groups based on their performance. She is also a co-investigator of a study which uses information technology to improve quality of care for common chronic diseases.

Jamie Robinson (Public Health; jamie@socrates.berkeley.edu) is researching the strategy and structure of the health insurance industry by investigating product design, pricing, disease management, mergers,

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Continued from previous page, Focus on Our Members

acquisitions, and other components of strategy for national and regional health plans. His interests also include research in care management, information technology, and financial incentives in physician organizations. Together with fellow CHR member Stephen Shortell, he co-wrote a Medicare bill which was the first-ever to include a provision rewarding doctors and hospitals for demonstrably improving care of the chronically ill.

Martin Sanchez-Jankowsky (Sociology; sanjan@socrates.berkeley.edu) has research interests which include urban sociology, political sociology; poverty; race and ethnicity; youth culture; and survey research. He serves as an executive committee member of the Health Policy Research Training Program, and as director of the Center for Urban Ethnography. The research objective at the center is to provide in-depth understanding of issues and problems facing urban environments throughout the world

S. Leonard Syme (Public Health; slyme@berkeley.edu), professor emeritus of epidemiology, has studied the social determinants of disease in a variety of population groups around the world and is now attempting to develop effective community interventions based on findings from this research. He is the principal investigator of both the *Wellness Guide Project* and the *Behavioral Factors in Cardiovascular Disease* Training Grant. He is also a recipient of a 2004 CHR Small Research Grant (see p. 10 for more details).

John Wilmoth (Demography; jrn@demog.berkeley.edu) is an associate professor and principal investigator in a study funded by the National Institute on Aging on longevity and mortality in industrialized societies. He is also co-principal investigator on a measurement of adult mortality in the developing world.

CHR Externally Funded Grants

The Center for Health Research manages sixteen externally funded grants totaling over \$4.6 million in grant awards. An additional grant for nearly \$2.0 million has been approved for a July start-up, and there are seven other proposals totaling over \$8.0 million under review.

Kenneth Chay

“Sloan Research Fellowship” (Sloan Foundation; 09/01 - 09/04)

“The Effect of Airborne Particles on Infant Health” (NIH: National Institute of Child Health & Human Development; 03/02 - 08/05)

Lia Fernald

“The Effect on Mexican Anti-Poverty Program on Stress” (NIH: Fogarty International Center; 09/02 - 07/05)

Paul Gertler

“Health Management Training and Research in China: A Feasibility Study” (Li Ka Shing Foundation; 07/01 - 99/99)

“An Experiment in Poverty Reduction and Child Development” (NIH: National Institute of Child Health & Human Development; 09/01 - 08/05)

“Poverty and Adolescent Risk in Mexico” (NIH: Fogarty International Center; 05/02 - 04/05)

“Equity and Cost-effectiveness of Care for HIV/AIDS Patients in Mexico” (UC MEXUS; 07/03 - 12/04)

“Core Funding for PRIHME” (Roche Diagnostics; 2/1/04 - 99/99)

Sarah Barber and Paul Gertler

“The Mediating Influence of Care Quality on Health” (NIH: Fogarty International Center; 09/03 - 08/06)

Edward Miguel

“Child Health and Education Interactions in Western Kenya” (NIH: Fogarty International Center; 05/01 - 04/05)

“Ethnic Divisions, Social Capital and Public School Goods in East Africa” (National Science Foundation; 04/02 - 03/05)

Kristiana Raube

“Pay for Performance (P4P) Evaluation” (Rand Corporation; 10/02 - 08/05)

Thomas Rundall

“Collaborative Research on Health” (National Science Foundation; 08/01 - 07/06)

“Baseline Survey of Practice-Based Research” (University of Medicine and Dentistry of New Jersey; 04/03 - 6/04)

“Prescription for Health Independent Evaluation Unit” (University of Medicine and Dentistry of New Jersey; 01/04 - 1/05)

“CHR Core Support” (Kaiser Permanente; 04/04 - 03/05)

Continued from page 5, Member Spotlight

We wanted to go beyond studying the problems and to start looking towards solutions for them. To do that we had to both organize more as a research enterprise on the campus, connect more with community partners, and provide training in this area for students.”

This situation also prompted her to submit an application for a 2004 Small Research Grant from the Center for Health Research. Her successful proposal, entitled “Implementing a Social Determinants Model for Addressing and Preventing Health Disparities,” will be used to describe common pathways that might predict disparities in different types of health problems and to uncover common pathways for addressing such problems, such as whether key programmatic and or structural changes—improved recreational opportunities or civic services, for example—can help alleviate some health and social problems.

Initially, the concept of health disparities was linked to access to health care because physicians dominate the health field and, Herd notes, because many of the leaders in minority communities are lawyers and doctors. “We’re only beginning to reframe the issue [of health disparities] away from simple access to health care to include the broader concepts of social determinants, civil rights, inequity, and social justice.”

“I don’t think we can address health disparities unless we talk about social inequity.

“We’re only beginning to reframe the issue [of health disparities] away from just simple access to health care to include the broader concepts of social determinants, civil rights, inequity, and social justice.”

Our overarching conceptual approach is to look at the relationship between social inequity and health inequity. There are not that many places doing that. ... We [here at Berkeley] always have been much more interested in a systems view or a broad ecological interpretation of health issues, where national politics and community life are as important as individual behavior and medical care issues.”

The early work she did as a graduate student helped Herd understand the importance of the social and political context of health behavior and shaped her attitude toward what it means to be “healthy”: “I feel that clinical work is important, but basically, people don’t need clinicians to be healthy. Clinicians are there to repair health and do some guiding for certain kinds of preventive behavior.

“Basically, people need decent housing, decent jobs, and the chance to live in a decent environment. Those kinds of things are the bottom line for health.”

The Center for Health Research is aided in its mission by an outstanding group of faculty and staff who meet at least once a semester to review the Center’s activities and financial status. Current members of the Committee include James Allison, Bob Barde, Ray Catalano, Jennifer Chatman, Peg Hardaway Farrell, Elizabeth Flora, Paul Gertler, Hal Luft, Dele Odus-Owen, Geoffrey Owen, Mary Pittman, Kristi Raube, Jamie Robinson, Kathy Romain, Tom Rundall, Bill Satariano, Richard Scheffler, Joe Selby, Carl Shapiro, and Steve Shortell. Joe Selby, Director of Kaiser Permanente’s (KP) Division of Research, and Mary A. Pittman, President of the Health Research & Educational Trust (HRET), represent the Center’s research partnerships with KP and HRET.

synergy is published each spring and fall by the Center for Health Research, an affiliate of the Institute for Business and Economic Research, at the University of California, Berkeley. ©2004, Regents of the University of California. Please direct all correspondence to the UC Berkeley Center for Health Research; 423 Earl Warren Hall #7360; Berkeley CA 94720-7360. Phone: 510-643-7211; fax: 510-643-6981; chr_ucb@berkeley.edu. Online at healthresearch.berkeley.edu. Thomas G. Rundall, PhD, Chair; Peg Hardaway Farrell, PhD, Editor. The programs and activities of the Center for Health Research are made possible in part by research partnerships with the Health Research & Educational Trust and the Kaiser Permanente Division of Research.



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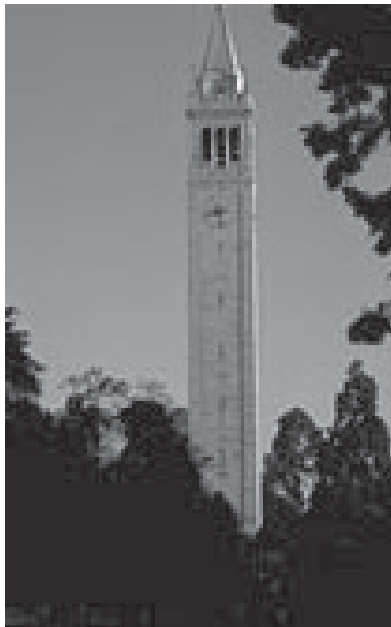
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Continued from page 4, New Center Grants Awarded

moderately successful in middle-class populations, they have been far less successful among people in lower-class positions. One of the most potent factors in improving health-seeking medical care and other prevention behavior is the influence of others in one's social network. What it is about social connections that results in these outcomes? **Leonard Syme** (Public Health; lsyme@berkeley.edu) and his colleagues plan to study this issue in Cuba, where many people have a set of rich social connections rarely observed in the United States and where health services are used very frequently and effectively. The "Cuban connection" will enable them to investigate, for the first time, the relative importance of social support and social settings for health outcomes. By examining these social network pathways that influence behavior, Syme hopes to broaden current understanding of how the determinants of network structure influence health.