

DIVISION OF HEALTH SERVICES RESEARCH AND POLICY

Division • News

HSRP's Survey Center

Providing Sound Data for Health Services Research

Calling new mothers to find out how often they visit a doctor. Creating a questionnaire to get rural physicians' views on networks. Visiting nursing home residents to talk about their quality of life. These are just a few of the hundreds of projects undertaken by HSRP's survey center since its inception almost fifteen years ago.

Since that time, the center has played a critical role in supporting the research of HSRP faculty, and partnered with outside organizations to provide data on the effectiveness of their health services.



The core staff of HSRP's survey center are (back row, from left) Kevin McGauley, Marcy Samec, Linda Young, Keith Onken, (front row, from left) Todd Rockwood, and Colleen King.

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When Colleen King came to the University of Minnesota in 1987, she had no idea she would be charged with starting a health services research survey center.

"I was working on a project for [HSRP professors] Bob and Rosalie Kane," remembers King, who was to be the go-between for the University and a contracted market research firm, an arrangement that hadn't always resulted in good data.

"One day Bob called me into his office and told me he was tired of firing market research firms. I thought he was going to fire me, so in my defense I said, 'You can not effectively conduct health services research for a profit.' His response was, 'True, open our own survey center.'"

Creating Sound Methods

The view that health services research not be for profit is precisely what allows HSRP's center to craft surveys

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## From the division head

Today as I write this column, the balmy winter weather continues here in Minnesota. By the time *Division News* is distributed, however, I suspect winter will have arrived with a vengeance. The only blizzard we are currently facing is a flurry of paper, as exams, research papers, oral examinations, and administrative work pile up at the end of the fall semester.

The budget news at the state and federal level is enough to dampen spirits, in any case. The State of Minnesota, like most other states in the nation, is facing a significant budget shortfall. Was it only a year ago that our intrepid governor sent residents “Jesse checks”—tax rebates to the tune of \$3.8 billion! Given the recession, the war effort, and bioterrorism, the federal budget looks strained as well.

The consequences for health care access across the nation are potentially staggering. Layoffs leave many underinsured or uninsured and put additional strains on the Medicaid (Medical Assistance) program, which is dependent on both state and federal funds. Because long-term care is tied to Medicaid budgets, that aspect of the system is also at risk.

Meanwhile, costs of health care are escalating, and even those with health insurance provided at the employer level are likely to experience great cost shifting into their own pockets.

A silver lining to this cloud is, of course, the value of health services research to the understanding of our health care system’s components, whether it be long-term care, access, the uninsured, the role of technology, or structures and institutions for health care delivery. We know that our work here at the Division of Health Services Research and Policy really matters.

Another silver lining for us at HSRP is the announcement that Bryan Dowd has been awarded the Mayo Professor in Public Health. (See the story on page 8 for more details.) Friends of the Division and field of health services research know that Bryan’s work has had an enormous impact, and that there is no one more deserving of this honor. Congratulations, Bryan!

For those interested in Division research and other activities, our Annual Report describing faculty research activities and publications is now available. The report can be downloaded from our Web site at

[www.hsr.umn.edu](http://www.hsr.umn.edu). If you want a printed copy, please contact Kris Stouffer at 612-624-4460 or [stouffer@umn.edu](mailto:stouffer@umn.edu). We’re gearing up for our Sixth Annual Minnesota Health Services Research Conference, slated for February 26. (For more information about the conference see page 12.)

We have also revamped our M.S. program to ensure that it is relevant to the community, and hope to develop fellowship opportunities for our growing number of M.S. students. (See the story on page 5 for more details.) Professors Bryan Dowd, our director of graduate studies, and Doug Wholey, director of the Public Health Administration program, have recently sent out brochures describing our three degree programs. If you know interested students or would like to see the new materials, please call our academic program coordinator at 612-624-9432.

Thanks to all of you for your support of the Division. ♦

—Susan Bartlett Foote, J.D., M.A.  
*Division head*

*Norman Daniels, Ph.D.*

## Setting Limits Fairly: Can We Learn to Share Medical Resources?

The Health Services Research Seminar Series is designed to promote dialogue and debate on issues surrounding health policy. The series provides an opportunity for leaders in the health services research field to discuss their work.

Tufts University Professor Norman Daniels, Ph.D., presented “Setting Limits Fairly: Can We Learn to Share Medical Resources?” on November 16, 2001.

Norman Daniels believes all societies set limits to health care, whether fairly or unfairly. Put simply, it’s impossible for a society to meet all medical needs, so it must decide which needs should be given priority.

In some countries, national commissions have been formed to establish priorities for the use of resources under their national health insurance plans. Unfortunately, in more decentralized and democratic countries, like the United States, there is no consensus on distributive justice principles for health care, and even in countries where commissions established principles, their application has produced moral controversy.

This lack of consensus contributes to what Daniels refers to as the “legitimacy problem.” Under what conditions of decision-making should the public—in either societies with or without universal coverage systems—accept the moral authority of those who set limits to care?

Faced with the changes in managed care coverage over the past two decades, Americans are much more likely to believe that when employers or health plans limit health care coverage, it is because they are mainly concerned with their own profits.



*Norman Daniels’ “accountability for reasonableness” model has been applied to several managed care contexts and has influenced thinking about limit setting in publicly administered systems in Canada, the United Kingdom, and Europe.*

“Under what conditions,” Daniels asks, “should the American public come to see managed care organizations as a legitimate locus for making limit-setting decisions, given the controversy surrounding them?”

Daniels suggests that four conditions be present to address the legitimacy problem. He says, “Meeting

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*Survey Center*  
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that are more thoughtfully prepared, thoroughly pre-tested, and appropriately administered than those of private research firms.

“Private firms are always going to be about making a profit,” says King, who explains that HSRP’s nonprofit status means it doesn’t have to skimp on the costs involved with pre-testing questions, targeting specific demographics, and training interviewers. “This is a special type of research and I want it done right. Having it done right, whether its interviewing face-to-face or by phone, is the biggest joy of my job,” she says.

“Colleen is the best interviewer I’ve ever seen and the best at training people how to interview,” says Todd Rockwood, HSRP professor, who facilitates the working relationship between the faculty and the center. “I’ve learned a lot about how interviews can affect the quality of the product. The quality of our interviews is the best of any survey center in the country.”

Rockwood’s own work in the center further helps to ensure a sound methodology as it focuses on studying error in survey methods. He says, “Part of what I get from the survey center is access to conduct experiments on the work we do.” Most people who conduct surveys, he explains, give little attention to how the phrasing of a question can affect the way people respond to it.

“For example,” he says, “you can get as much as a 50 percent variation in answer if you replace the word ‘welfare’ with the phrase ‘families in need.’”

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*“The quality of our interviews is the best of any survey center in the country.”*

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When Rockwood sees questions he thinks will give variations, he works with faculty on how questions are phrased. He says “Nobody likes to hear that they’re getting bad data. So if I see a question that could bring variations in responses, I’ll work with the faculty to phrase it a couple of different ways and then test it in interviews to see how the responses differ.” He says faculty appreciate the opportunity to improve their research methods.

### **Supporting HSRP Research**

The survey center has supported some of the most important work of HSRP faculty, especially in the areas of long-term care, rural health care, and access to health care by vulnerable populations.

One of the center’s largest projects supports the work of HSRP professor Kathleen Thiede Call. It consists of conducting more than 27,000 telephone interviews to determine characteristics of the uninsured in Minnesota.

The project began in 1996 to provide Minnesota’s Health Access Commission with data needed to design the state health plan.

Because many of the state’s uninsured are children, interviewers must be able to quickly gain the trust of parents, while asking personal questions about their children.

King says the key to this challenge is conveying the importance of the research. “We’re not asking people about Tide vs. Cheer,” she explains. “These are issues about health that affect everyone. And you, as the interviewer, must convey the importance of this work, along with the appropriate professionalism and sensitivity, or you’ll lose the interview.”

Projects with smaller, more targeted groups of respondents usually fall under the work of HSRP’s Ira Moscovice, whose research centers on issues surrounding the quality of rural health care. For these projects, the center conducts telephone surveys with pharmacists, hospital administrators, directors of networks, and physicians to determine how care is being delivered in rural areas.

To effectively interview these groups, the challenge isn’t a matter of trust but one of time. “You’re contacting very busy people at work and asking them to stop whatever they’re doing to talk to you,” says King.

To support the research on long-term care and aging by HSRP’s Robert and Rosalie Kane, the center has con-

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### Health Services Research Training Program

# New M.S. Program Offers Students ‘Real World’ Working Experience

HSRP faculty worked with leaders in the health care industry to redesign the Master of Science program in Health Services Research, Policy and Administration.

The result is an innovative curriculum that gives students the opportunity to work in local health care organizations and State of Minnesota government agencies.

**H**SRP’s Master of Science in Health Services Research, Policy and Administration is preparing students for dynamic careers in health care through the Health Services Research Training Program.

Through the program, and under the supervision of Twin Cities researchers and policy analysts, M.S. students will work a minimum of 12 hours a week in various health care organizations and state agencies.

“We recognize that class work alone is not enough to make students top health care experts,” says M.S. faculty member Roger Feldman. “Let’s face it—a lot of the ‘facts’ about today’s health care system will be obsolete in

five years. So our most important job is to prepare students to solve the problems they’ll face as applied researchers, policy analysts, and administrators.”

In addition to ‘real world’ learning opportunities, students in the training program will earn about 30 percent of a full-time salary, and receive a significant reduction in tuition.

Bryan Dowd, director of graduate studies for the M.S. program, believes the key to increasing the program’s enrollment is “a combination of marketing the opportunity for students to work in local organizations and funding to support students during their two years of coursework.”

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## HSRP’s M.S. Program

### Groundbreaking Changes

In addition to creating the Health Services Research Training Program, HSRP faculty members have substantially modified the “traditional” M.S. coursework.

The following list of changes was made based on what leaders in health care organizations said they look for when hiring:

- The theoretical statistics sequence has been replaced with an applied statistics sequence in the Division of Biostatistics, which trains the students in the use of SAS.
- Several new courses have been added, including:
  1. a course in database construction and management;
  2. an applied, masters-level course in sociology and organizations;
  3. a course in “the practice of health services research” that will give leaders of health services research organizations in the Twin Cities the opportunity to discuss current research projects, and the way in which the research function is staffed and funded in public and private organizations; and
  4. a course in the management of research projects that will introduce students to the concepts of budgeting, scheduling, and personnel management.

## Working on the front lines of public health

### Health Care for the Homeless

Helene Freint directs a program charged with providing health care services for homeless adults, children, and families in the Saint Paul area. She discusses the challenges of serving an extremely mobile, unstable, and growing population.

**H**ealth Care for the Homeless (HCH) is a program committed to providing accessible and respectful health care for people without permanent shelter in Ramsey county. Operating from eight different shelters and drop-in sites, HCH's staff consists of medical and social service providers who offer on-site primary care and links to a network of community clinics. Heading up HCH is Helene Freint, a 1997 graduate of the Public Health Administration program in the School of Public Health at the University of Minnesota.

Freint, who also received an undergraduate degree in women's health and social science from the University, worked in women's health clinics and in a community cancer oncology program prior to her time at HCH. What has interested her the most throughout her career is facilitating what she calls "the translation of

health services," or the process of helping the patient understand the provider.

"For some people, medical settings are an unfamiliar culture," says Freint. Processes and information that may be routine to those who work in medical settings can cause confusion and fear for patients, she explains, especially for homeless adults and children who don't regularly have access to health care.

Because HCH staff members work with a population without regular access to health care, they are regularly confronted with chronic diseases and acute illnesses that have gone untreated for months or years. In these cases, HCH works to ensure that the patient receives care from a community health center or hospital. This process involves dogged attention to every detail, from arranging for transportation, to facilitating discussions between the patient and caregivers, to making sure referrals and appointments are made. Freint and her staff have tracked down referrals only to find them set aside because the patient has no home phone number to supply for the paperwork.

The highly mobile nature of homelessness means once a patient is successfully cared for, there's no assurance that the patient will return. "It's hard to get follow-up care and control of chronic conditions," says Freint. "We do robust exams on children as preventative care because we're not sure when they'll be back."



*PHA alumna Helene Freint at the Dorothy Day Center in downtown Saint Paul, a site where HCH services include well-child checkups, immunizations, TB testing, chemical health assessments, and mental health counseling.*

Problems with mental health and chemical dependency add to a patient's inability to get consistent and regular care. Freint says these problems, which have been estimated to exist in 30 percent of the homeless population, make for patients who are less

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## Helene Freint

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engaged, less trusting, and more likely to be noncompliant with medication.

Freint says HCH is very fortunate to have a stock supply of prescription and over-the-counter medications, and that donations from pharmaceutical companies help fill the gap in supply, especially for costly psychiatric medications. She highlights the “marvelous support” HCH receives in the form of an annual supply drive from St. Joseph’s Hospital and the Ramsey Medical Society.

Perhaps the most daunting of all HCH’s challenges is the staggering increase in the homeless population over the last decade. Freint cites a recent statewide survey that estimates

the rate of homeless families in Minnesota to have risen 325 percent since 1991.

To stop homelessness before it happens, the West Side Community Health Services program—the parent organization for HCH—established HouseCalls, another program that Freint directs. Under the HouseCalls program, social workers make home visits to Saint Paul area families who are experiencing housing crises. After a housing crisis is addressed, a health assessment is made of children living in the home. Priorities here include treating overdue immunizations, lead poisoning, child abuse or neglect, and unmonitored pregnancies.

“Family instability is a big issue on my horizon,” says Freint. “I’m really worried about children thinking it’s

normal to move three to four times a year.” She believes that the surge in instability has created a disturbing “subculture” in which children are disrupted in their education, parents are cut off from potential neighbors and friends, and families exist without attachments to any person or place. She says HouseCalls is on the “cutting edge of getting families to stay where they are,” but that the key is educating on the benefits of stability.

“Anyone who works in public health knows this is happening. Our challenge is to teach these families the benefits of routine and stability because they don’t have models for living their lives any differently.” ♦

To learn more about Health Care for the Homeless, call 651-290-6815 or email [homeless@westsidechs.org](mailto:homeless@westsidechs.org).

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## Survey Center

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ducted thousands of face-to-face interviews with residents of nursing homes and assisted living homes throughout the country.

This type of surveying is the most costly and time consuming but often

the most rewarding. “After working for the Kanes, I can see how our work affects national policy,” says King.

While the center has contributed greatly to HSRP research, King believes it wouldn’t exist without the support of the faculty: “Their respect and support is the reason we’ve survived and succeeded.”

## Serving the Health Services Community

In 1997, the survey center began collecting data on a contract basis for organizations outside of the University.

The impetus behind these contracted partnerships was the desire of HSRP professor and former director John Kralewski “to reach out to the health care community”—in King’s words. Kralewski, who was head of

HSRP at the time, funded the purchase of ten CATI (Computer Assisted Telephone Interviewing) stations to support the contract work.

The center’s first project under this initiative was to conduct telephone surveys evaluating users of urgent care services in the Park Nicollet system.

Park Nicollet—as well as other organizations, including county and state health departments—has since used the services of the center for other projects. King finds these “repeat customers” rewarding because they serve as an indication of the center’s good work.

Another indication of this good work may be that the center has received contract projects through referrals.

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*“We’re not asking people about Tide vs. Cheer. These are issues about health that affect everyone.”*

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## Bryan Dowd Named Mayo Professor in Public Health

**H**SRP Professor Bryan Dowd was recently named Mayo Professor in Public Health, an appointment that honors the contributions of accomplished faculty from the University of Minnesota School of Public Health.

Through the three-year appointment, which begins in January 2002, Dowd will annually receive \$50,000 in discretionary funding from the Mayo Endowment to support his scholarly activities.

Dean of the School of Public Health, Mark Becker, who appointed and chaired a committee to review nominations, congratulated Dowd for a "distinguished career [that] has embodied the highest ideals of scholarship and citizenship."

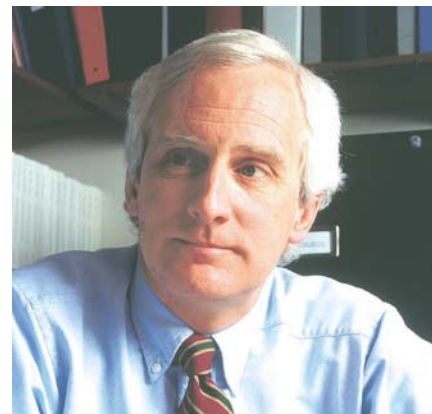
Criteria for selecting the appointment include accomplishment in

research; national and international reputation for scholarship; state of current research and the potential for still greater attainment; and contributions to a wider community.

The only official duty required of Dowd as a Mayo Professor is the presentation of a public seminar summarizing his scholarship.

HSRP Division Head Susan Foote believes that the Division's reputation as the best health services research program in the country "is due, in large part," to his work.

Dowd is the second Mayo Professor recipient. Professor Russell Luepker, head of the Division of Epidemiology, received the first appointment in July 2001. Two additional recipients will be named in 2003.



*Bryan Dowd is known nationally and internationally for his research in health economics, policy analysis, and econometrics.*

The Mayo Foundation established the Mayo Chair in Public Health in the 1950s. Becker, who became dean of the School of Public Health in January 2001, brought the program to the School in the form of multiple rotating professorships rather than one chair. ♦

### *Survey Center*

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The Bridge to Health project for the School of Nursing at the University of Minnesota, Duluth was referred to HSRP's survey center by the Minnesota Department of Health. For the project, the center conducted more than 6,000 telephone interviews asking people about their access to health care.

When the center bids for outside work, it's HSRP's Todd Rockwood

who facilitates the process. Recently, the center received a contract from Hennepin County for the SHAPE II survey, an examination of public health issues ranging from safety belt usage, to young adults' views on STDs, to the quality of the county's ambulance service.

Contracting with outside organizations has increased funding for the center, which has allowed it to improve its infrastructure. Most recently, the center doubled the number of its CATI stations and is developing the infra-

structure to implement the next wave of data collection and management strategies: scanning and electronic administration.

For King, the most valuable return on working with outside organizations isn't financial. She says, "The biggest reward I get from this type of work is when organizations look to us as experts who can help improve health care services." ♦

*Health Services Research  
Training Program  
Continued from page 5*

This opportunity is especially advantageous considering that Minnesota is recognized widely for excellent health policies and delivery systems, especially in the areas of managed care and health care access. Students in the program will gain first-hand knowledge of health care organizations and agencies that are recog-

nized nationally for their innovation and leadership.

M.S. faculty are currently identifying and contacting local health services organizations that have expressed interest in partnering with HSRP to employ students as part of the training program.

As partners in the program, local organizations will pay for a student's salary, fringe benefits, and 50 percent of his or her in-state tuition.

Once sponsoring organizations are established, the M.S. faculty will form an advisory committee consisting of representatives from the sponsoring organizations. These representatives will be featured speakers in the newly-added Practice of Health Services Research course in the fall of 2002. ♦

*If you are interested in learning more about the Health Services Research Training Program, or if you would like to become a partnering organization in the program, call Maureen Andrew at 612-624-9432.*

*Norman Daniels  
Continued from page 3*

these conditions will make those responsible for setting limits to health care accountable for the reasonableness of their decisions."

First, limit setting must be public. This means not only the decisions themselves be public but also the

rationale for making them. This public-ity condition assures transparency.

"Where fundamental issues about people are being discussed, people want to be involved," he explains.

Second, the limits set must be based on reasons and principles that fair-minded people find acceptable and relevant. This relevancy condition sets constraints on the kinds of reasons that can play a role in the rationale and assures that the deliberation will focus on a shared, common good.

Third, there must be a mechanism for challenging, revising, and appealing the limit-setting policies. An appeal process leaves room for decisions to be revised over time in light of better evidence, arguments, and deliberation.

Fourth, there must be voluntary or public regulation of the limit-setting process to ensure standards of fair procedure.

Daniels aligns the public process of limit setting with "case law." Over time, a set of rules for making deci-

sions would be accumulated as people "seek coherence or consistency in a set of rationales."

Daniels says that required openness will improve decision making because people and health care organizations will be held accountable for the choices they make. This public accountability will, in turn, contribute to the perceived legitimacy of the decision makers.

The "accountability for reasonableness" approach speaks directly to the public deliberation that is central to a democracy and seeks to educate the public about the need to set limits to health care: "Taken together, these four conditions bring managed care decision making out of a mysterious black box and connect health plan decisions to a broader democratic process." ♦

*The Health Services Research Seminar Series is co-sponsored with the Center for the Study of Healthcare Management, Carlson School of Management at the University of Minnesota. The seminars are free and open to the public. For information about upcoming seminars, call 612-624-6151.*

**Norman Daniels, Ph.D.**

- Goldthwaite Professor of Philosophy and Professor of Medical Ethics, Tufts University
- Member of the Institute of Medicine
- Fellow of the Hastings Center
- Founding Member of the National Academy of Social Insurance
- Founding Member of the International Society for Equity in Health
- Consultant for the United Nations, WHO, and the President's Commission for the Study of Ethical Problems in Medicine

## Recent Publications

Casey, M.M., J. Klingner, & I. Moscovice. (July 2001). **Access to Rural Pharmacy Services in Minnesota, North Dakota, and South Dakota.** Working Paper #36, prepared by the U of M Rural Health Research Center (RHRC), Division of Health Services Research and Policy.

Dowd, B.E., & R. Feldman. (Fall, 2001). **Some Observations About Risk Adjustment Research.** *Inquiry* 38:315-318.

Durenberger, D.F., & S.B. Foote. (2001). **Changing the Way We Think About Medical Technology Policy.** *Annals of Thoracic Surgery* 72:1113-1115.

Feldman, R., B.E. Dowd, & M. Maciejewski. (Fall, 2001). **A Demand-Side View of Risk Adjustment.** *Inquiry* 38:280-289.

Feldman, R., & J. Schultz. (2001). **Who Uses Flexible Spending Accounts: The Effects of Employee Characteristics and Employer Strategies.** *Medical Care* 39(7):661-669.

Gaugler, J.E., & R.A. Kane. (2001). **Informal Help in the Assisted Living Setting: A One-Year Analysis.** *Family Relation* 50(4):335-347.

Kane, R.A., & C.A. Levin. (2001). **Who's Safe? Who's Sorry?: The Duty to Protect the Safety of HCBS Consumers.** In M.B. Holstein, & P.B. Mitzen (eds.) *Ethics in Community-Based Elder Care.* New York: Springer, pp. 217-233.

Kane, R.L., & R.A. Kane. (2001). **What Older People Want from Long-Term Care, and How They Can Get It.** *Health Affairs* 20(6):114-127.

Kane, R.L. (2001). **Scaling the Heights of Quality of Life.** (commentary) *Journal of Clinical Epidemiology* 54:1079-1080.

Kane, R.L., S. Flood, G. Keckhafer, & T. Rockwood. (2001). **How EverCare Nurse Practitioners Spend Their Time.** *Journal of the American Geriatrics Society* 49(11):1530-1534.

Moscovice, I., M. Casey, & A. Knott. (October 2001). **Medicare Minus Choice: How HMO Withdrawals Affect Rural Beneficiaries.** Supported by Grant No. 032659 from The Robert Wood Johnson Foundation, and prepared by the RHRC.

Schultz, J., K.T. Call, R. Feldman, & J. Christianson. (2001). **Impact of Performance Information on Health Care Choices: Do Employees Use Report Cards to Assess Health Care Provider Systems?** *Health Services Research* 36(3):509-530.

Stensland, J., & I. Moscovice. (October 2001). **Rural Hospitals' Ability to Finance Inpatient, Skilled Nursing and Home Health Care.** Working Paper #37, prepared by the RHRC.

Veninga, R.L. (2001). **Five Ways to Rebuild Trust.** *Executive Excellence* 18(10):13.

Virnig, B.A., E.S. Fisher, A.M. McBean, & S. Kind. (2001). **Hospice Use in Medicare Managed Care and Fee-for-Service Systems.** *American Journal of Managed Care* 7:777-786.

Wholey, D.R., R. Padman, R. Hamer, & S. Schwartz. (2001). **Determinants of Information Technology Outsourcing Among Health Maintenance Organizations.** *Health Care Management Science* 4:229-239.

Yacavone, R.F., G.R. Locke III, C.J. Gostout, T. Rockwood, S. Thieling, & A.R. Zinsmeister. (2001). **Factors Influencing Patient Satisfaction with GI Endoscopy.** *Gastrointestinal Endoscopy* 53(7):703-710.

## Recent Grants

PI: Todd Caldis  
**Quality-Adjusted Cost Functions for HMOs (dissertation grant).** Agency for Healthcare Research & Quality, 9/1/01-8/31/02.

PI: Roger Feldman  
**Second Generation of Buyers Health Care Action Group.** The Robert Wood Johnson Foundation, 10/1/01-9/30/03.

PI: Robert L. Kane  
**Development and Analysis of Disability and Long-Term Care Issues.** Department of Health and Human Services, 7/1/01-6/30/02.

PI: Principal Investigator

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# Notable HSRP faculty and student activities

## Faculty & staff

■ **Bryan Dowd**, professor, was named Mayo Professor in Public Health. See page 8 for full story.

■ **Susan Bartlett Foote**, division head and associate professor, delivered a speech, "Local Medicare Coverage Policy: Slouching Toward Consolidation," at an October Medical Alley/Medical Device Manufacturers Association joint conference in Minneapolis, Minn. She participated in an expert panel discussion, "Connecting Science and Activism: The Policy-makers' Perspective" in November. The discussion was sponsored by the Center for Women and Public Policy; the Center for Science, Technology, and Public Policy; and the Humphrey Institute Forum on The Politics of Breast Cancer. She provided a briefing for the health team at the U.S. General Accounting Office in Washington, D.C., on her research on local medical review policies in Medicare in November.

■ Gary E. Johnson, Governor of the State of New Mexico, issued a proclamation declaring November 9, 2001, as "University of Minnesota's Balancing Long-term Care Project Day." The Balancing Long-term Care Systems project, a state policy fellowship program funded by the Robert Wood Johnson Foundation, is directed by **Robert Kane**, professor. As part of the project, Fellows who are experts from different states met in Santa Fe, N.M., November 9-11, to explore strategies to shift funding from institutional nursing home care to home and community-based care.

■ **Robert and Rosalie Kane**, professors, joined a group of leading experts in long-term care and in health systems of developing countries to address key strategic issues in designing long-term care systems for developing countries at a WHO-sponsored meeting in Anney, France, November 4-9. Rosalie Kane presented a session on "Human

Resource Strategies in Long-term Care"; Robert Kane presented "Preventive, Acute, and Chronic Health Care."

■ **Ira Moscovice**, professor, is the recipient of a 2001 Investigator Award in Health Policy Research, which is funded by the Robert Wood Johnson Foundation. Moscovice will serve as co-investigator with George Wright, Ph.D., associate professor in the Department of Family Medicine at the University of Washington. Their topic is "Rural Models for American Health Care: Is Our Problem the Solution?"

■ **Robert Veninga**, professor, was recently named a Fellow in the World Academy of Productivity Science. The award is for "significant and longstanding contributions to the improvement of quality of work, quality of work life and productivity." The award was presented at the 12th Annual World Productivity Congress held in Hong Kong, China, on November 6.

## Students

■ **George Avery**, Ph.D. student, presented a paper, "Cost Effectiveness Analysis of Laboratory Information Systems," at the Institute for the IIR conference "Effective Implementation of Laboratory Information Management Systems (LIMS)" in Chicago, Ill., in October.

■ **Margaret Brown**, Ph.D. student, presented "Welfare Leavers' Access to Employer-Sponsored Health Coverage" at the American Public Health Association (APHA) conference in Atlanta, Ga., in October. She was one of five students chosen for the Medical Care Section's Student Paper Award.

■ **Amer Kaissi**, Ph.D. student, was an instructor and advisor for the Executive Study Program in the Department of Healthcare Management at the Carlson School of Management, University of Minnesota. He taught a course,

"Organizing: External Forces Affecting Healthcare Delivery," for national and international health care managers. He also advised students on their final projects.

■ **Suying Li**, Ph.D. student, presented an abstract, "Higher Hematocrit Level Associated Long-term Outcomes" at the 34th Annual Meeting of American Society of Nephrology in San Francisco, Calif., October 10-17. The abstract was published in the *Journal of the American Society of Nephrology*, P220A, V12, 2001. She also co-wrote "Death, Hospitalization, and Economic Associations in Incident Hemodialysis Patients with Hematocrit 36-39%" in the *Journal of the American Society of Nephrology*, 12(11): 2465-2473, 2001.

■ **Leul Mulugeta, Yogi Samant, and Jeff Young**, PHA students, received travel awards to attend the APHA conference in Atlanta, Ga.

■ **Yogi Samant**, PHA student, received a Colonial Dames Scholarship from the International Students and Scholastic Services, University of Minnesota for contributing to work in a developing country.

## Division News

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## Mission Statement

The mission of the University of Minnesota Division of Health Services Research and Policy is to stimulate, coordinate, and conduct high-quality research focused on the organization, financing, and effectiveness of health services, and to provide a broad range of training programs for those interested in these issues.

Our purpose is to provide research-based information and educational programs that will enhance the provision of cost-effective health services to improve the quality of life.

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# Upcoming HSRP events

## Health Services Research Seminars

Wednesday, February 6, 2002

**David E. Bloom, Clarence James Gamble Professor of Economics and Demography, School of Public Health, Harvard University**

*Sponsored by Division of Health Services Research and Policy, School of Public Health; Center for the Study of Healthcare Management, Carlson School of Management; and Minnesota Population Center, University of Minnesota*

Monday, February 25, 2002

**Peter Kemper, Professor, Health Policy and Administration, Pennsylvania State University**

*Sponsored by Division of Health Services Research and Policy, School of Public Health; and Center for the Study of Healthcare Management, Carlson School of Management*

*For information contact Jessica Haupt at 612-626-8795 or [jhaupt@csom.umn.edu](mailto:jhaupt@csom.umn.edu).*

## Sixth Annual Minnesota Health Services Research Conference

Tuesday, February 26, 2002 • Four Points Hotel Minneapolis

**Keynote Speaker, Kenneth W. Kizer, M.D., M.P.H.**

President and CEO, The National Quality Forum, Washington, D.C.

Keynote Address, "Pursuing Perfection and the Promise of Performance Improvement"

*More information is available at [www.hsr.umn.edu](http://www.hsr.umn.edu), or contact Ann Reilly at 612-626-0969 or [areilly@umn.edu](mailto:areilly@umn.edu).*



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