



AcademyHealth REPORTS

► Making an Impact: Knowledge Translation and Dissemination

Together with you, our members, AcademyHealth seeks to improve health and health care by generating new knowledge and moving knowledge into action. The first part of the mission, generating new knowledge, is something most of us embrace with ease and frankly, how most of the field is funded. What is often more challenging – given time, resources, and competing priorities – is ensuring that our research makes its way into the hands of decision makers, including federal and state policymakers, caregivers, and practitioners and helping each user apply that knowledge effectively.

Knowledge translation has emerged over the last decade as the term of art for the process of raising awareness among stakeholders and assisting them in applying and using research findings to address their needs.¹ This multi-faceted, multi-directional sharing of information between stakeholders and researchers is essential to AcademyHealth's mission and to the field's ability to have an impact, grow and thrive. Indeed, congressional leaders continually ask what difference the federal investment in health services research is making. Making knowledge translation (KT) a priority is one way that AcademyHealth helps the field and our federal partners respond to that imperative. We employ knowledge translation techniques in a number of programs designed to use research to improve policymaking, outcomes, access, quality and cost. In this month's issue of *AcademyHealth Reports*, we break down the knowledge translation process and share examples from various AcademyHealth programs.

Many review articles have appeared in the last five years on KT.² A notable resource on this topic is the SUPPORT Project, an international Collaboration Network, that published a series of 19 articles which describe processes to help ensure that relevant research is identified, appraised and used appropriately to inform health policymaking (www.support-collaboration.org). These and other reviews reveal that several frameworks have been used and some are quite complex. However, knowledge translation can be described simply as involving four key steps:

1. Identifying and understanding the target audience;
2. Articulating the goals of translation;
3. Selecting the approach; and
4. Measuring impact.

Identifying and Understanding the Target User Audience

Knowledge translation is not a one-size-fits-all process. The presentation of information is tailored to the needs of each audience, ensuring that the evidence presented is relevant whether the individual or organization has only a general knowledge and interest in the topic or has specific knowledge and needs assistance with implementation. The intent is to move individuals or organizations, starting anywhere along that continuum, closer to application of the research findings.

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Letter from Leadership



Greetings from Seattle and the 28th Annual Research Meeting! Our planning committee has put together a terrific program for you that touches on the key issues confronting

our national and state policymakers, including the numerous implementation challenges and opportunities created by the Patient Protection and Affordable Care Act. This year, we also have several new features at the meeting that I encourage you to enjoy: a strong emphasis on methods thanks to the leadership of our Methods Council and a terrific response to our call for methods papers; interactive polling to help identify poster presentations with wide appeal; and an innovation station, where you can interact with many new datasets and applications developed out of the federal Open Data initiative that promotes access to and use of data for research and translation. The ARM is truly our field's marquee event and we look forward to your participation. If you can't join us on site, I encourage you to follow the daily update on our blog – <http://blog.academyhealth.org> – and to look for members-only recordings of some of the most popular sessions later this summer.

This issue of *AcademyHealth Reports* is focused on translation. AcademyHealth seeks to improve health and health care by generating new knowledge and moving knowledge into action. Our field shines a light on the challenges facing health care, identifies effective strategies for addressing shortcomings and improving outcomes, and increasingly compares those interventions

to understand what works, for whom, under what circumstances. However, we will not succeed in improving health and health care if we are not equally dedicated to translating this knowledge into action. In a world of competing priorities and constrained resources, support for our field could diminish if we are not able to demonstrate our impact. Increasing our capacity to translate effectively depends on many factors, including: engagement by intended users from the outset to identify the relevant questions to study; explicit recognition and support by funders of translation activities in most if not all projects; research on the translation process itself to advance the science base of our actions; training of investigators and users on effective translation strategies; and a change in the culture of academic institutions so that time spent on translation – *beyond publication in peer reviewed journals* – is acknowledged, rewarded, and contributes to academic advancement. Having spent the last eight years in academic environments, I know this is clearly not the world most researchers live in today.

AcademyHealth is working toward this future and we need your ideas, your constructive criticism, and your intellectual commitment to engaging in this translation challenge!

Lisa Simpson, M.B., B.Ch., M.P.H., FAAP
President and CEO, AcademyHealth

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As an AcademyHealth member, you are eligible for discounted subscription rates to our two official journals, *Health Affairs* and *HSR*, and more than 35 other leading health publications. The member subscription rates reflect discounts ranging from 10 to 50 percent. For details, visit www.academyhealth.org/membership.

AcademyHealth REPORTS

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Edward Brown..... Art Director/Designer
Elyse Phelps..... Communications Associate

If you have questions or comments about *AcademyHealth Reports*, please e-mail kristin.rosengren@academyhealth.org.

The Latest

Introducing my.academyhealth.org Social Networking and Resources for Members Only



AcademyHealth is excited to introduce a new online networking and collaboration website for members only, my.academyhealth.org. This new site offers expanded opportunities for members to access information and communicate with each other through issue-focused online communities, powers an expertise directory that helps members connect with colleagues, partners and mentors, and improves the discussion features and collaborative functions of our Interest Groups and student chapters.

Part of our overall Web presence, a key distinction of my.academyhealth.org is the ability for members to create communities,

add information to libraries, and contribute to conversations directly. Features include:

- Personal profiles you can update with your photo, bio, research interests and more;
- Communities and directories for networking around specific issues;
- Discussion groups for asking questions, sharing knowledge, and soliciting feedback on current projects; and
- Resource libraries with fully searchable documents, videos, and images.

Get Started

Log in with your AcademyHealth website username and password.

Go to my.academyhealth.org and find the login link at the top right of the screen. If you do not know your username or password, visit the login page and follow the link to retrieve your information or get help from the Membership department by calling 202.292.6754.

Manage Your Profile

Access the “My Profile” tab to enter a photo, bio and more. This feature is linked to your existing AcademyHealth profile but gives you the opportunity to provide more information about

your career and research interests. Any edits made here will be applied to your AcademyHealth profile and vice versa. Look for the “My Privacy Settings” link in the left hand navigation to control what you share with other members.

Start Networking

In the “Directory” tab, find members you know or want to know better and send them a contact request. It is easy to invite contacts to join your communities and build your network.

Join a Community

Under the “Communities” tab, find topical communities. Join by visiting a community’s main page and clicking on the “Members” tab to see who else is in the community and access the “Join Community” link.

Start or Join a Conversation

All communities have related discussion groups with e-mail alerts and digests. Find them under the “Discussions” tab where you will also see links to post a message and manage your subscriptions.

If you have questions or need assistance email membership@academyhealth.org or call 202.292.6700.

Tell Us How Your Work Improves Health and Health Care

This issue of *AcademyHealth Reports* is dedicated to the many ways health services research can be used to improve health and health care. From dissemination to translation, moving research into policy and practice is an essential part of what we do and the story we have to tell about why our research matters. Your work can and is being used to improve care and AcademyHealth wants to highlight those impact stories!

Our research informs practice, giving health care providers and patients better information to help them determine the best treatment options.

Our research informs policy, providing federal and state governments with evidence to inform

the debate, shape policy options, make policy choices and then measure and understand the impact of those choices..

Our research changes people’s lives. Whether at a population level or a personal level, the work we do gives decision makers some of the tools they need to change outcomes.

Help us explain the value of our field by sharing your impact story. Has your work...

- Led to a policy change?
- Been cited by local, state, or federal health programs?

- Inspired providers to change their practice pattern?
- Given a new population access to health care services?
- Informed care decisions for yourself or members of your family?

Help us share your story. Tell us how your research has improved health and health care in the comments section on the AcademyHealth blog (<http://blog.academyhealth.org>) or nominate the work for the HSR Impact Awards (www.academyhealth.org/awards).

When taking on any new knowledge translation task, AcademyHealth assesses who, within the stakeholder group, makes decisions, the context in which they operate, their approach to decision-making, their facility with using evidence, and their learning style. In addition, how they share information within their organization, membership, or peer group, as well as whether they enjoy and value collaborating, are important factors when developing a knowledge translation strategy. AcademyHealth also assesses why it is important for the potential users to know the information, and gathers information about any existing mechanisms for evaluating uptake of evidence and change in practice or policy within the organization or among the individual members of an audience. Developing this in-depth knowledge of the audience, whether through a formal needs assessment process or informal interviews with key stakeholders, is critical to the development of a successful strategy promoting the uptake and use of new evidence.

This multi-faceted, multi-directional sharing of information between stakeholders and researchers is essential to AcademyHealth's mission and to the field's ability to have an impact, grow and thrive.

This focus on the end user also has emerged as a fundamental component of the growing field of comparative effectiveness research and several programs at the Agency for Healthcare Research and Quality (AHRQ) including the new Community Forum and the Effective Health Care Program.

Defining the Goal

A thorough understanding of the audience informs the goals and purpose of the knowledge translation strategy. For example, if general awareness is needed, the translation goals might include dissemination of new material or training in the use of a specific tool, such as a set of quality indicators, a clinical decisions support system, or a simulation model. In other cases, the goal may be solving a specific problem over a defined time period or creating a network or system for long-term interaction and improvement.

AcademyHealth's experience with knowledge translation over the years confirms Lavis, *et. al.*'s conclusion that while dissemination strategies like Web conferences, in-person meetings, and print media may be appropriate for those requiring an introduction to a topic, translational activities

HCFO – Bringing Researchers and Policymakers Together

The Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization (HCFO) program is perhaps best known for providing funding for investigator-initiated research on the financing and organization of care; but the program's role as a neutral convener is equally influential in translating that knowledge into policy and practice. Over its 20-year history, HCFO has conducted numerous briefings and meetings facilitating the dissemination of research and other information for policy audiences.

HCFO's convening includes grantee briefings which present findings to staff from intermediary policy organizations including CRS, GAO, CBO, and MedPAC, among others. This format provides researchers with feedback as they begin to draw out the policy implications of their work and it gives the policy audience a preview of new research findings. Over the last five years, HCFO has convened more than 20 grantee briefings.

Invitational meetings conducted by HCFO bring key audiences together to inform and advance the field on a particular topic area. The purpose of these meeting, whether conducted in person or virtually as webinars, is to gather many viewpoints, help shed light on critical policy issues, and fill gaps in information. For example, in June 2010, HCFO convened a meeting of industry analysts, insurers, actuaries, state regulators, federal health policy experts, and academic researchers to participate in a discussion of market destabilization and medical loss ratio standards in the individual insurance market. Following the meeting, HCFO disseminated a policy brief, which provided an overview of the discussion, including examples of relevant research and data, issues, perspectives, and topics for future policy and research to support the goals of insurance reform.

like interactive learning and technical assistance are essential for those closest to or engaged in implementation. In general, passive processes are relatively ineffective, while interactive engagement produces beneficial results.^{3,4}

Depending on the information to be disseminated and the knowledge and preferences of the audience, AcademyHealth chooses from a palette of approaches designed to share information and assist stakeholders with identifying and using the evidence they seek.

Selecting the Right Approach to Promote the Uptake and Use of Knowledge

In cases where the goal is to *disseminate new material or train people on how to use a particular product*, AcademyHealth frequently opts to conduct a single workshop or series of related events, such as Web conferences. Using this approach, there is no expectation that participants will have an ongoing relationship with each other either in between meetings or at the conclusion of the series of events. For example, the Robert Wood Johnson Foundation's State Coverage Initiatives (SCI) program, for which AcademyHealth serves as the national program office, provides timely, evidence and experience-based information and assistance to state leaders in order to help them move health care reform forward at the state level. Our team of policy experts tailors its approach to meeting decision makers' needs within the context of each state's unique fiscal and political environment. SCI holds meetings throughout the year that provide state officials with an opportunity to learn from one another and organizes technical workshops and small group consultations on an ongoing basis about issues

critical to advancing health care reform. At SCI's annual Summer Workshop for State Officials, state policymakers receive training focused on state-based models and best practices.

Another example of a dissemination and training focused approach is a series of workshops and Web conferences offered by the Agency for Healthcare Research and Quality (AHRQ) to stimulate and support quality improvement at the state level. The workshops and Web conferences showcased a suite of AHRQ tools that could be used to diagnose state-specific (and in some cases region- or institution-specific) quality challenges and identify opportunities for enhancing the value of health care in those areas. In between events, AHRQ supported technical assistance to encourage the use of the tools that had been introduced at the workshops and Web conferences.

A thorough understanding of the audience informs the goals and purpose of the knowledge translation strategy.

Learning institutes or learning collaboratives are a good option when the goal is to *solve a specific problem over a relatively short period of time* (e.g., 8 to 15 months). A learning institute or collaborative brings stakeholders together to focus their combined energy and resources on learning about and applying a particular tool, model, or set of research findings in their local context. One example of the collaborative model that has been widely used is the Institute for Healthcare Improvement's Breakthrough Series.⁵

From 2008 to 2009, AcademyHealth supported AHRQ's establishment of the Quality Indicators Learning Institute. The purpose of that forum was to discuss and facilitate the use of AHRQ Quality Indicators in statewide and regional programs that report hospital quality measures to the public. Activities included sharing questions and information on promising practices through Web conferences, conference calls, and Web-based discussions. The learning institute included an ongoing Web-based forum where members discussed related topics with other participants, as well as quality improvement experts. They also shared relevant documents and resource on public reporting with each other using the Web-based forum.

It is important to fit the knowledge translation approach selected to the dissemination goals and target audience.

Finally, **learning networks** address members' desires for *ongoing relationships with their peers or professional colleagues*, as well as their need for some type of centralized mechanism and/or staffing to facilitate the interaction with their peers. Typically, learning networks focus on a particular set of topics or body of research. This approach is based on literature that shows that one of the most effective conduits of knowledge is peer groups. Peer exchanges are enhanced by non-hierarchical networks of individuals with common interests.⁶ The use of networks for geographically dispersed groups has also been supported by the increasing availability of online social networking tools. Now in its sixth year, AHRQ's Medicaid medical directors Learning Network (MMDLN) is a good example of this approach. The MMDLN brings together clinicians serving in a leadership capacity within their state Medicaid programs and is an opportunity for them to interact with their peers in similar positions. Medicaid Medical Directors serve at the intersection of clinical practice, quality improvement, and business operations, and play a critical role in the development and implementation of Medicaid health care policy for states.

The MMDLN is designed to assist these clinical leaders as they identify and apply the latest research findings and related information to address high priority policy and program issues, especially related to quality assurance, quality improvement, and coverage decisions. An important component of this sharing and learning is identifying the best health services researchers to come to the in-person meetings and share their expertise with the state leaders. Over the past year, AHRQ has shared more than 80 AHRQ resources with network members, focusing on topics such as such

PHSR: Translation as a Field Building Activity

To build the field of Public Health Systems and Services Research (PHSSR) more evidence that its findings are influencing the practice of public health is required. Such evidence may result in more funding for the field, greater understanding of successful practices, and ultimately, an improved public health system. AcademyHealth's PHSR Interest Group is committed to fostering the translation of PHSR and is doing so by promoting successful methods and best practices.

In 2010 the PHSR Interest Group (IG) hosted a research translation webinar featuring PHSR grantees. William Riley, Ph.D., University of Minnesota, discussed his work expanding the use of continuous quality improvement principles to public health agencies, with a focus on reducing health disparities. Danielle Varda, Ph.D., University of Colorado, discussed her research examining partnerships in public health. To highlight best practices for communicating findings to research users, the researcher's practice partners also presented, discussing their experience working with the investigators, describing the research's relevance for the field, and giving suggestions for translating research to its potential users.

The public health program has also produced a number of briefs featuring hot topics for public health practice and policy, including accreditation, health impact assessment, quality improvement, partnerships, and disparities. The IG also features 'respondents' from public health practice on each panel at its annual meeting.

as cancer screening, biopsy for the diagnosis of breast lesions, lipid-modifying agents, elective induction of labor, and medical homes. These resources are shared through the group's listserv and website, as well as via Web conferences, and in-person workshops.

It is important to fit the knowledge translation approach selected to the dissemination goals and target audience. Elements of approaches may be combined or eliminated based on specific audience, project, or budget considerations, and almost all knowledge translation activities, regardless of the approach, incorporate some form of technical assistance.

Identify and Evaluate the Impact

In order to assess the effectiveness and refine the process of knowledge translation, it is important to identify and evaluate the impact of the approaches employed. There are many levels at which this evaluation can take place. Knott & Wildavsky⁷ developed an intuitive, ascending scale to assess the impact of dissemination and knowledge translation efforts:

- **Reception:** I received the research pertinent to my work.
- **Cognition:** I read and understood it.
- **Discussion:** We discussed the research in meetings.
- **Reference:** I cited the research in reports and presentations.
- **Effort:** I made an effort to favor the use of research.
- **Influence:** The research influenced decisions.

AcademyHealth typically collects and analyzes event-specific feedback following Web conferences and in-person meetings. This provides the audiences' immediate perceptions of the usefulness of the information shared and can also assist in identifying where individualized technical assistance might be

helpful in furthering the uptake and use of the evidence presented. In order to evaluate the actual impact of disseminated knowledge, one can also do case studies looking in-depth at how an individual or organization used to the information provided to influence change in policy or practice in that locality or organization. Recognition of behavior change or change in outcomes following the integration of new evidence into practice also can be garnered from systematic evaluations. However, systematic evaluation is a complex undertaking that is often prohibited by data availability or cost and is not often pursued in the United States. In addition, it is frequently difficult to isolate the impact of the evidence or intervention being studied.

Conclusion

Processes for disseminating and increasing the uptake of new evidence provide guidance for researchers and others working to effect change and inform decision-making. However, as noted above, the approach and tactics employed must always take into account both the specific information being conveyed and the audience one hopes to influence. While AcademyHealth has had much success in this area over more than three decades, it is important to always treat knowledge translation as a dynamic process, learning and adapting based on project-specific feedback, as well as case studies and more formal evaluation efforts. As a field, health services research should focus even more on the knowledge translation process – identifying, testing, and evaluating the most effective strategies for the range of audiences targeted. While knowledge generation in of itself is an impact of value, it is **not sufficient** to ensure that funding support for our field is sustained and grows. We must translate our knowledge and contribute to improving health and health care. ■

References for this article can be found on our website: www.academyhealth.org/611ahreports

Coalition Corner

Agreement Reached on Fiscal 2011 Spending; Audits of CER Funding Part of Compromise

After seven short-term continuing resolutions to keep the government running beyond September 30, 2010, Congress passed and the president signed a final fiscal 2011 spending package in April, narrowly averting a government shutdown. The spending bill includes the largest non-defense spending cut in U.S. history, reducing federal spending by \$38 billion.

Under the spending package, funding for discretionary health programs at the U.S. Department of Health and Human Services was reduced by 4 percent on average—a relatively small amount compared to other functions of the federal budget. However, the level of spending cuts varied widely across the health agencies. The Agency for Healthcare Research and Quality (AHRQ) is provided \$372 million for the remainder of fiscal year; a reduction of \$25 million (6 percent). The National Center for Health Statistics (NCHS) is expected to receive flat funding of \$138 million for its base budget. The budget of the National Institutes of Health (NIH) was cut by \$260 million (less than 2 percent), and that of the Centers and Disease Control and Prevention (CDC) by more than \$1 billion (16 percent). The Food and Drug Administration's (FDA) budget was actually increased by \$100 million (4 percent).

Under the spending legislation, all federal agencies are subject to an additional 0.2 percent across the board reduction in budget authority. AHRQ and NCHS are not subject to the 0.2 percent across the board cut, as they do not have budget authority. These agencies are funded through an “evaluation tap” on the budgets of other Public Health Service agencies that have direct budget authority, for example, NIH and CDC.

As part of the spending compromise negotiated by the White House and congressional leaders, the fiscal 2011 spending legislation mandates

audits by the Government Accountability Office (GAO) on the implementation of the Affordable Care Act (ACA), including the Patient-Centered Outcomes Research Institute, and the allocation of comparative effectiveness research funds available through the American Recovery and Reinvestment Act (ARRA). Specifically, not later than 90 days after the enactment of the spending legislation, GAO must report on costs and processes of implementing ACA, providing a list of all contractors and consultants hired to assist in ACA implementation, and the amount of money received. GAO will also submit a separate report, not later than 60 days after the enactment of the spending legislation, on comparative effectiveness research expenditures by AHRQ, NIH, and HHS under ARRA and ACA. The report will include a description of expenditures made, entities receiving funding, and the purpose of the funding.

Fiscal 2012: Deeper Cuts Anticipated

On April 15, the House of Representatives passed the fiscal 2012 budget resolution (H.Con.Res. 34) prepared by Rep. Paul Ryan (R-WI), chairman of the House Committee on Budget. The budget resolution is an overall spending blueprint that, among other things, establishes an overall level of federal spending for the coming fiscal year. It does not require presidential approval to become law, but requires the House and Senate approve one agreed upon plan.

The House budget resolution caps funding for discretionary health programs at \$50 billion in fiscal 2012 and freezes funding at that level through 2016. This represents a 13.5 percent cut, bringing funding for discretionary health programs throughout the U.S. Department of Health and Human Services (HHS) below fiscal 2008 levels.

The Coalition for Health Services Research joined 470 organizations from the health community in seeking a 12 percent increase for discretionary health programs in fiscal 2012.

Prevention & Public Health Fund Repeal

The House in April passed H.R. 1217, a bill to repeal the Prevention and Public Health Fund established through ACA. The Coalition for Health Services Research has supported the Prevention and Public Health Fund as a source of potential funding for a new Public Health Services and Systems Research program at CDC, as authorized by ACA. The measure will not pass the Senate, and the White House indicated in a Statement of Administration Policy, “If the president is presented with legislation that would eliminate funding or repeal the Prevention and Public Health Fund, his senior advisors would recommend that he veto it.”

Enhancing our Communications and Advocacy Activities

The reality of the federal budget deficit will pose challenges for the funding of health services research for many more years. This only increases the importance of our ability to effectively educate members of Congress and their staff about what HSR is and how it makes a difference *in their own states*. We have updated our communications materials to showcase state examples (see <http://chsr.org/coalition2011.pdf>) and are meeting with many members' offices to offer up our field as expert resources for informing their deliberations. The more value they perceive to our research enterprise, the safer our funding levels can be. ■

Members Matter

Members to Elect Three New Directors for Board

This year, AcademyHealth will open voting for the Board of Directors member election to coincide with the start of the Annual Research Meeting. Voting will continue through the summer. Online voting will open on June 12 and close at 5 p.m. EDT on September 30. AcademyHealth members will receive voting instructions by email in advance of the election, along with information on the candidates. Members attending the ARM will be encouraged to vote at available on-site computers.

New this year, in addition to their bios and photos, each candidate has also provided a statement of interest for member's consideration.

This is your opportunity to help select AcademyHealth's leaders. Your vote matters.

Members active on June 1 may vote online for three of the following six candidates:

- Anne C. Beal, M.D., M.P.H. – president, Aetna Foundation
- José J. Escarce, M.D., Ph.D. - professor of medicine, UCLA School of Medicine; senior natural scientist, RAND
- Donald Goldmann, M.D. - senior vice president, Institute for Healthcare Improvement
- Mark Helfand, M.D., M.P.H., F.A.C.P. - professor of medicine and medical informatics and clinical epidemiology, Oregon Health & Science University
- Elizabeth A. McGlynn, Ph.D. - director, Kaiser Permanente Center for Effectiveness and Safety Research

- Stephen T. Parente, Ph.D., M.P.H., M.S. - Minnesota Insurance Industry Professor of Health Finance, Carlson School of Management; director, Medical Industry Leadership Institute, University of Minnesota.

Earlier this spring, the Board elected two directors to the 2012 Board. Eduardo Sanchez, M.D., vice president and chief medical officer, Blue Cross and Blue Shield of Texas, was elected to a first term and Joseph Thompson, M.D. Arkansas Surgeon General, professor, University of Arkansas for Medical Sciences, will rejoin the Board for a second term.

Questions about the election process may be directed to Bonnie Austin, director, at 202.292.6756. ■

Student Chapters are on the Rise – Is Your School In?

The number of AcademyHealth student chapters has grown by almost 50 percent over the last year. We now have 26 active student chapters, with several more in formation.

In addition to all the AcademyHealth membership benefits student members enjoy, student chapters are offered these additional benefits:

- Enjoy free access to AcademyHealth's on-demand seminars when used as chapter events.
- Participate in monthly conference calls where significant articles on health services research and health policy are discussed, often with the article's author.
- Develop your leadership skills by becoming an officer of a student chapter.
- Connect with other student chapters nationwide at the annual student chapter roundtable event held during the Annual Research Meeting.
- Gain visibility through your chapter listing of officers and updates on the AcademyHealth website, and your chapter's own webpage.

AcademyHealth Student Chapters

Boston University
Brown University
Case Western Reserve University-Division of Health Policy
DePaul University
George Washington University
Harvard University
Johns Hopkins-Bloomberg School of Public Health
Meharry Medical College-Robert Wood Johnson Foundation Center for Health Policy
Penn State University
Saint Louis University
University of California-Los Angeles
University of Colorado-Denver
University of Florida
University of Illinois at Chicago
University of Kansas
University of Kentucky-College of Public Health
University of Maryland-School of Nursing
University of Michigan
University of Minnesota
University of North Carolina at Chapel Hill
University of North Carolina at Charlotte
University of Pennsylvania
University of Rochester-Division of Health Services Research and Policy
University of Texas School of Public Health-Houston
University of Washington
University of Wisconsin-Madison.

Is your school or program on the list?

Starting a student chapter at an accredited college or university is free and easy to do. A chapter toolkit provides everything you need to start a chapter. AcademyHealth staff will help you every step of the way. Each student chapter is composed of an elected leadership of students, a faculty advisor, and students enrolled in multidisciplinary programs related to health services research and/or health policy. Student

chapters are expected to establish and uphold bylaws and activities for the academic year.

If you do not see your university included in the listing above, email Eric Kokuma at eric.kokuma@academyhealth.org or call him at 202-292-6755 to start an AcademyHealth student chapter. For more information, visit www.academyhealth.org/students. ■

Learn How to Make an Impact in Health Policy

Health Policy Orientation, October 24-27, Washington, D.C.



The annual Health Policy Orientation is ideal for fellows, public officials, analysts, researchers, and consultants who want to learn how to make an impact in health policy. Participants gain an in-depth understanding of the formal and informal processes that shape the nation's health policy agenda.

With expert faculty members, group discussions, hands-on tutorials, and a congressional site visit, participants master the fundamentals of policy

development and implementation and experience the Washington health policy environment with insiders.

Space is limited to 50 participants, for a nearly one-to-one ratio of participants to faculty.

Expert faculty members share insights from years of experience advising the president, serving as staff to members of Congress, and administering federal health programs. The faculty also includes leading researchers, legal scholars, and public opinion experts.

The 2011 orientation is scheduled for October 24-27 in Washington, D.C. Registration opens July 15. Visit the orientation website at www.academyhealth.org/orientation for more information.

This program is organized with support from the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics. ■

Dates to Watch

July

15 Registration opens for Health Policy Orientation

29 Deadline to submit nominations for HSR Impact Award

October

24-27 Health Policy Orientation

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1150 17th Street, NW
Suite 600
Washington, DC 20036
202 292 6700 PHONE
202 292 6800 FAX
www.academyhealth.org