In 2006 AcademyHealth released a report, "Strengthening the Field of Health Services Research: A Needs Assessment of Key Producers and Users." The report summarized a year-long effort to interview leaders in health services research, policy, and practice to identify the needs and expectations of both producers and consumers of health services research. It highlighted the need for additional investment in the infrastructure of the field, particularly in the areas of workforce and data, as well as a need to better communicate the value of health services research and recognition of the field's important contributions to health policy and practice.

Over the last three years, AcademyHealth and our advocacy affiliate, the Coalition for Health Services Research, have undertaken a number of initiatives to address those needs. Although much remains to be done, the progress toward those initial goals represents a significant increase in programming and offers an example of how the diverse day-to-day activities of AcademyHealth come together to support key mission elements to improve the scientific basis of the field; to increase the capabilities and skills of researchers; and to develop the necessary financial, human, infrastructure, and data resources.

Workforce Development and Data
Building upon the recommendations of this needs assessment AcademyHealth conducted two summits. The first, a 2007 summit to assess the field's workforce needs, identified five goals for the field including improving the size and composition of the field, understanding the growth of HSR in the private, for-profit sector, improving the graduate training of health services researchers, expanding post-graduate training and continuing education opportunities, and increasing the demand and recognition of the field. The second, in June 2009, generated a set of proposals to strengthen the quality and accessibility of the data and the methods needed to produce high quality health services research in the United States.

Following the summits, AcademyHealth convened a consortium of educators, employers, and students in HSR with the objective of developing new ideas, resources, and projects to advance training and practice in HSR, both for students in degree-based programs and lifelong learners. The meeting was supported by the Agency for Healthcare Research and Quality (AHRQ) and facilitated by leaders from AcademyHealth’s Methods Council, a panel of leading researchers in disciplines that comprise HSR.

In three workgroups, the HSR Consortium focused on skills to advance the field of HSR in the following areas: communications, quantitative methods, and research translation and implementation. Among the top recommendations from this group were increased representation of communication and translation skills in AcademyHealth’s Annual Research Meeting (ARM) program, the development of more online methods and communication skills training webinars from AcademyHealth, and the submission of a large conference grant proposal on emerging quantitative methods in HSR. Each of those recommendations has come to fruition.
Letter from Leadership

It’s been an exciting year for the field of health services research as many of our domains of study—including insurance coverage, access, comparative effectiveness research, cost containment, and health information technology—have dominated the national health policy debate.

Our members and peers have contributed knowledge, insights, tools, leaders, and translators to help policymakers and the media address the complex issues that arise as we try to improve health care delivery in the United States and throughout the world.

Whether or not a health reform bill is enacted this year, the demand and need for what we do will continue. The myriad of challenges facing our health care system will continue if no new laws are enacted: health care spending will continue to rise at rates that outstrip the nation’s economic production and people’s wages; quality will remain suboptimal; and, increasing numbers of un- and under-insured Americans will face barriers to access. Health services researchers will be asked to help state and private policymakers address these challenges.

If, however, Congress does enact health reform legislation, there will be plenty of new opportunities to examine issues related to implementation, translation, and impact.

AcademyHealth and its advocacy affiliate, the Coalition for Health Services Research, are actively engaged in initiatives to advance the fields of health services research and health policy. AcademyHealth’s focus has been on building and promoting the capabilities of researchers and policy analysts through new training opportunities, improved communication about funding opportunities and post-doctoral training (see www.academyhealth.org), and maintaining the excellence of our meetings and networking opportunities. On a complementary track, the Coalition has worked to educate the administration, Congress, and key agencies about the need for fair and transparent access to information, maintaining an independent right to publish research, investments in developing the next generation of health services researchers, and broad-based, adequate support for health services research.

In 2010, we will continue to both advocate for the field and maintain our core strengths, including convening and facilitating research-based initiatives to build consensus around key policy issues and solutions.

As I take the Board Chair baton from John Colmers, I am grateful for his outstanding leadership and for the dedication and excellent work undertaken by David Helms and the AcademyHealth staff. I look forward to the continued success of our field and this organization in helping shape a better future for all of us.

Elizabeth A. McGlynn
Associate Director, RAND Health
National Health Policy Conference Goes on Amid Uncertainty, Blizzard

With the election of new Massachusetts Senator Scott Brown just weeks before the annual National Health Policy Conference, the essential question of the conference, “Where does health reform go from here,” became at once vastly more relevant and more uncertain. Despite a blizzard that dumped more than two feet of snow on the city, leaders from the administration, Congress, and academia convened in Washington February 8 and 9, 2010, to answer that question and more for the more than 400 participants who attended the conference. U.S. Department of Health and Human Services Secretary Kathleen Sebelius and FDA Commissioner Peggy Hamburg shared the administration’s perspective in the opening plenary; other plenaries featured Gov. Jim Doyle of Wisconsin, Uwe Reinhardt, Atul Gawande (by phone), and a panel of high-level congressional staff. To accommodate those who registered but who were unable to attend due to inclement weather, AcademyHealth recorded many of the sessions. The recordings are available to all registered participants via www.academyhealth.org. We will notify registered participants via email once the recordings are posted.

For additional NHPC updates, follow AcademyHealth (@academyhealth) and NHPC (@nhpc) on Twitter, become an AcademyHealth fan on Facebook, and/or update your profile settings to include the National Health Policy email list.

Robert Wood Johnson Foundation Seeks Evaluation Teams

The Robert Wood Johnson Foundation (RWJF) of Princeton, N.J., seeks evaluation teams for a wide variety of future evaluations. Please see the end of this announcement for instructions. RWJF is the fourth largest private foundation in the country and has conducted large scale evaluations of its initiatives since its inception in 1972. At any time, RWJF has about 30 evaluations in the field.

Evaluations are generally multi-site projects of three to five years duration, normally ranging in cost from $200,000 to $4 million. Visit the RWJF Web site at www.rwjf.org to learn more about the evaluations that the Foundation conducts.

Given the emerging nature of many Foundation strategies, successful teams will demonstrate a track record of balancing methodological rigor with flexibility in approach. Interdisciplinary teams are preferred. RWJF places a premium on timely submission of reports. Following the American Evaluation Association’s Guiding Principles for Evaluators, RWJF values independence of evaluation, defined as the absence of a real or apparent conflict of interest with the program. It also requires that the relationship with the programs balance independence with a realistic, collaborative relationship to answer the best questions in the most constructive way.

If you are interested in this opportunity:
1) Visit www.rwjf.org to understand the Foundation’s programs and their evaluations.
2) Send a query to evalqual@rwjf.org with your vita or résumé, statement of organizational capabilities, and two sample evaluation reports. Please do not share reports that are confidential.
3) We will review these materials and may contact you for an interview.
4) All email queries should be addressed to evalqual@rwjf.org.
Health Services Research Receives Increase in President’s Budget

Health services research and health data fare well in the President’s Fiscal Year (FY) 2011 Budget, released on February 1. The president requests $611 million for the Agency for Healthcare Research and Quality (AHRQ); a $214 million (54 percent) increase over FY 2010. A total of $286 million of AHRQ’s proposed budget is targeted for “patient-centered health research” or comparative effectiveness research (CER), making permanent most of the $300 million AHRQ received for this research through the American Recovery and Reinvestment Act.

The president’s request also includes $162 million for National Center for Health Statistics (NCHS); a $23 million (17 percent) increase over FY 2010. The NCHS budget request includes increased support for its surveys, including the National Health Interview Survey, among others. The proposed budget increases will also help the CDC improve its ability to monitor trends on critical health measures, monitor characteristics of health providers, and increase electronic reporting of birth and death records.

Also of note is a requested $110 million for CMS to implement a new, Health Care Data Improvement Initiative that would “transform CMS’ data environment from one focused primarily on claims processing to one focused on state-of-the-art data analysis and information sharing.” The president’s budget justification suggests that this initiative would make CMS’ data more easily accessible and useful to researchers.

To learn more or to keep current on the latest budget and appropriations news, visit www.chsr.org/appropriations.htm

### Federal Funding for Health Services Research (in millions)

<table>
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<tr>
<th>Agency</th>
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<th>FY 2010 Enacted</th>
<th>FY 2011 Request</th>
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<td>$610.9</td>
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<td>Veterans Health Administration</td>
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Sources: Budget of the United States Government, Office of Management and Budget (FY 2011); NIH Research Portfolio Online Reporting Tool (RePORT)

### Talk the Talk...

**The Coalition’s legislative term of the quarter is: Byrd Rule.**

Budget reconciliation is a process by which Congress changes existing laws related to revenue and spending; Senate debate on reconciliation legislation is limited to 20 hours and therefore is immune to filibuster. The Byrd Rule, named after its author Senator Robert C. Byrd, prohibits the inclusion of extraneous issues—that is, provisions that have no direct budgetary effect—in a reconciliation measure under consideration in the Senate. Congressional leaders are considering using the reconciliation process to move health reform legislation forward. Doing so would likely result in scaled back legislation, in part because of the Byrd Rule.
Translation continues to be one of the selected themes of the ARM, with a robust set of presentations on research-based translation strategies. In 2009, the ARM also offered “Communicating your Research to Journalists,” a session coordinated by the Health Policy Communications Interest Group (IG). In 2010 and 2011, the agenda will add communications workshops chaired by the Research Translation IG chairs, Diane Flickinger and Lucy Savitz.

Methods Training

Building upon recommendations from the summits, AcademyHealth has released a series of methods and professional skill-building sessions as part of a larger online training initiative launched in tandem with AcademyHealth’s Web site redesign in April 2009. Much of this effort has responded to the charge from our 2006 needs assessment to provide more training in methods relevant to HSR.

To date, AcademyHealth, in collaboration with representatives of the methods council and others, has developed 16 on-demand seminars and four live webinars focusing on a range of methods for both new and experienced researchers. The sessions are offered at a discount to AcademyHealth members. All seminars and archived materials, including reading lists and relevant references are available on www.academyhealth.org and are linked to a discussion forum at www.hsrmethods.org.

In addition, professional skill-building seminars are available free to members. The sessions focus on presenting and communicating research for research and policy audiences. An additional session on “Research Resources in HSR,” featuring specialized searches for peer-reviewed HSR in PubMed, has also been developed by AcademyHealth under the auspices of the HSRProj program, funded by the National Library of Medicine. Additional archived sessions on “Best Practices forCommunicating with Policymakers,” developed by the Coalition for Health Services Research, are available at a reduced rate for members.

To keep the community up-to-date on training opportunities and methods resources in HSR, AcademyHealth also maintains the "Methods Minute," an e-newsletter that is available every other month. (Members can subscribe to the Methods Minute newsletter via the new profile management function of the Web site, see article on page 7, or by sending an email to hsrmethods@academyhealth.org.)

In keeping with the priorities outlined by the original HSR Consortium participants, in December 2009, AcademyHealth submitted a follow-on proposal to AHRQ to support the HSR Consortium Qualitative Methods Meeting to advance discussion and dissemination of emerging methods and consider approaches to speed the diffusion of methodological innovations in key areas across stakeholder groups, including public, private, and educational institutions.

During the workforce summit and HSR Consortium, there was also general agreement that the demographic composition of the field should better reflect society as a whole. In March 2010, in partnership with the Aetna Foundation, AcademyHealth will launch a new initiative focused on improving minority outreach and representation in the field, particularly among researchers interested in health disparities. The partnership includes professional development and mentoring opportunities for students and early career health services researchers from under-represented minorities; a webinar series on key issues in disparities research and emerging methods to address these topics; and support for the community of researchers studying disparities in health care quality via AcademyHealth’s Disparities Interest Group.

Communicating the Value of Health Services Research and Advocating for the Field

AcademyHealth has made a long-term commitment to communicating the value of health services research through our awards programs and HSR Impact series. AcademyHealth also provides testimony and expert input to support the education efforts of our advocacy affiliate, the Coalition for Health Services Research.

Over the course of the last three years, the Coalition has been a strong voice for the field, working tirelessly to communicate about the critical need for increased investments in the data and resources necessary to provide research-based insights for policymakers. Representatives of AcademyHealth and the Coalition have participated in more than 175 meetings with congressional and administration leaders, provided testimony on issues of concern to the field on five separate occasions, and provided official public comments on various topics multiple times.

Those efforts have resulted in the placement of recommended language in conference reports, increases in federal funding for agencies supporting health services research and health data, bills and regulations introduced to address policy priorities, and improved relationships with members of Congress and their staff. All of these reflect a growing recognition of the importance of and value gleaned from health services research. Never has this been more true than during the 2009 health reform debate.

Health services research played a significant role in informing policymakers’ perceptions about the state of our health system and the ramifications of various reform proposals. The Coalition has also successfully advocated for continued and increased investment in the research infrastructure, human capital, and investigator-initiated research that are the foundation for our field. Often, this takes the form of education campaigns conducted in partnership with AcademyHealth members and through collaboration with a number of “Friends” alliances that lobby for increased funding for the Agency for Healthcare Research and Quality, the National Center for Health Statistics, and other federal agencies that support health services research and health data.

Notable in these activities is the successful campaign that led to funding increases for comparative effectiveness research, investigator-initiated research, and health data through annual appropriations and American Recovery and Reinvestment Act.

In 2010, the Coalition’s policy priorities continue to reflect the critical infrastructure needs outlined in both the 2006 “Strengthening the Field” report and the 2007 Summit on Workforce Needs, namely: to work for the advancement of innovation and knowledge, fair and transparent access to information, investment in the next generation of health services researchers, broad-based and adequate funding for comparative effectiveness research, and accountability through a Coordinating Council for Health Services Research.

Looking Forward

Going forward, AcademyHealth and the Coalition will continue to pursue the priorities outlined in the initial infrastructure report and subsequent colloquia and summits. Future priorities include expanding the resources and support for master’s level researchers and improving translation and communication between researchers and policymakers. The recently introduced “Fellows” membership category and expansion of our online training directory to include master’s level training programs, are first steps in these efforts. For more information, please visit the “Building the Field” section of our Web site, www.academyhealth.org.
Rankings in Public Health

Rankings are used to compare everything from colleges to football teams. Recent rankings of public health systems have been provocative, attracting significant media attention. Proponents argue that rankings can be an effective catalyst for positive change, specifically, that those at the bottom may be motivated to make improvements. Critics point to methodological challenges that underlie these analyses and the ease with which the media and public can misinterpret the results.

The Public Health Systems Research (PHSR) Interest Group (IG) at AcademyHealth hosted a breakfast panel in conjunction with the National Health Policy Conference to explore the strengths and limitations of rankings. The panelists included Brenda Henry, Ph.D., Robert Wood Johnson Foundation (RWJF); Jeff Levi, Ph.D., Trust for America’s Health; and Michael Stoto, Ph.D., Georgetown University. The panel discussed some of the general strengths and weaknesses, including methodological concerns, in the use of rankings in public health.

Ranking’s Potential Strengths
Rankings have demonstrated their ability to attract media attention, often focusing on those areas that ranked highest and lowest in the group. This attention can be leveraged to emphasize areas that need improvement, to encourage quality improvement, and stimulate policy change. Advocates of rankings see them as a valuable tool that can create opportunities for those ranked to assess their indicators, to explain and examine their current policies, and make improvements.

In addition to attracting media attention, rankings are also viewed as a way to create accountability among states and counties. Rankings help to produce and publicize benchmarks for public health related performance indicators, which can include preparedness measures, quality of life measures, health behaviors, and other social, economic, and environmental factors. These measures provide a basis for comparison between jurisdictions. As public health continues to make the case for increased investments, it is crucial to be able to measure and demonstrate progress.

Ranking’s Potential Weaknesses
A common concern with rankings is their potential ability to create bad feelings, especially amongst those ranked poorly. Dr. Levi stressed that rankings were not intended to be punitive tools, but rather to inspire action. He suggested that these reactions may initiate valuable discussions, particularly among lower ranked entities who respond by seizing the opportunity to identify areas and strategies for improvement.

Rankings may be constrained by the selected measures and available data. There remain gaps in the development of national standards, and jurisdictions may collect data differently, making comparisons difficult. Often, organizations that produce rankings rely on publicly available data, which may not provide the most comprehensive picture of the entities ranked. As a result of often limited data, critics reflect that indicators may not be measuring the right concepts, and may not measure them consistently. Rankings may also be too variable to adequately represent the areas ranked, and may not draw attention to all the areas that need it. Regardless; proponents of rankings argue that the absence of perfect data can not be a substitute for holding people accountable and encouraging change.

Takeaways
The debate continues about the validity and value of rankings in public health. In light of methodological challenges underlying the production of rankings, some may ask if this is the best approach to achieve goals of quality improvement and if there are alternative ways to benchmark. Additionally, critics continue to question if rankings are true reflections of an areas characteristics or performance. However, experiences have also highlighted positive impacts from rankings such as increased awareness of important issues, increased funding to address these issues, and policy changes to support improvements in public health.

For more information on the Public Health Interest Group, visit academyhealth.org/communities.

New Program Supports Minority Scholars and Disparities Research

With the generous support of the Aetna Foundation, AcademyHealth is pleased to announce a new program designed to encourage and support student scholars and fellows from minority populations underrepresented in the field of health services research (HSR). The program, which targets students and fellows who have a demonstrated interest in HSR and/or disparities research, includes scholarships for travel and registration to attend the AcademyHealth 2010 Annual Research Meeting in Boston, June 27-29. Enrollment in a pre-conference Methods Workshop of the scholars’ choice and registration for the AcademyHealth Disparities Interest Group Meeting are also included. Opportunities to meet with leaders in the field and develop mentoring relationships are key features of the program.

The program will also support a series of webinars planned for the fall of 2010, and provide ongoing support for the Disparities Interest Group. The disparities webinar series will focus on the intersection of key policy topics and methods in disparities research.

For more information or to submit a scholarship application, visit www.academyhealth.org.
Beginning with the 2010 Annual Research Meeting (ARM) in Boston, June 27-29, speakers who are AcademyHealth members receive additional savings on registration fees. The speaker registration rate for AcademyHealth members is $200 less than the non-member speaker rate. ARM speakers who are currently non-members can save as well by becoming AcademyHealth members for $175 (fellows can join for $100, and full-time students can join for just $40). Speakers can join AcademyHealth at www.academyhealth.org/membership or call 202.292.6700.

In addition to saving on registration fees, AcademyHealth members benefit from a wealth of opportunities for skill-building, networking, and career development. Members have access to online professional development courses, expanded funding and scholarship resources, a directory of HSR training programs, and discounts to *Health Affairs* and *HSR*, and more than 30 other health journals and newsletters.

AcademyHealth.org Launches Web Profile Management

We’ve upgraded AcademyHealth.org to better serve you. Check out the new “My Profile” section of the Web site and manage your membership and transactions online.

Now you can:
- Join or renew your membership online
- Update your contact information
- Change your username and password
- Add a bio and photo
- Review your invoice history
- Manage your email subscriptions
- Manage your Interest Group memberships
- View and complete online evaluations
- View and register for upcoming events
  (Reminder: Online registration for the ARM is now open)

To view your profile:
1. Go to www.academyhealth.org
2. Log in using your unique username and password. You can update your username and password once you are logged in.
3. Select “Update Profile” in the blue membership box in the upper right corner.

If you don’t know your unique username and password, have trouble logging in, or modifying your information, please contact member services at membership@academyhealth.org or 202.292.6700.

News from the Journals

AcademyHealth’s official journals, *Health Affairs* and *Health Services Research*, provide updates on recent issues in health services research and policy. AcademyHealth members may subscribe to the two journals at a discounted rate. For more information, visit the AcademyHealth Web site at www.academyhealth.org/membership.

**Global E-Health: Benefits and Challenges for The Developing World**

The promise of modern information and communications technologies, often dubbed e-health, to transform health care in developing nations is a central focus of the February 2010 edition of *Health Affairs*. As these nations struggle to address seemingly intractable health care issues, global experts discuss the potential role of e-health, covering urgent issues such as the need for long-term investment strategies to fund effective e-health implementations, interoperability standards so that various information systems can work together both within and among developing countries, and trained health informatics workforces with competencies tailored to various nations or regions.

Learn more at www.healthaffairs.org
Organizational Affiliates

Organizational affiliates are a vital part of AcademyHealth’s membership. We value these organizations for providing institutional support to our many programs and member services. University-based and private organizational affiliates also support the critical work of the Coalition for Health Services Research as it advocates for funding and datasets to support health services research. All our affiliates are essential partners in helping AcademyHealth fulfill its mission to facilitate the translation of research into policy and practice.

Organizational affiliates receive a variety of benefits including:

- Exclusive space in “AcademyHealth Partners” e-newsletter for organizational announcements.
- Organizational visibility through links on AcademyHealth’s Web site, and annual listing in AcademyHealth Reports and the Annual Research Meeting (ARM) agenda book.
- Discounts on registration fees for our conferences and seminars; advertising in the online Career Center, exhibit booths, and agenda books; and, subscriptions to more than 30 journals and newsletters.
- Complimentary uses of AcademyHealth’s membership list.
- A complimentary subscription to HSR (print and online) and The Milbank Quarterly (online only).
- Advocacy through the Coalition for Health Services Research.

If you would like to become an organizational affiliate of AcademyHealth, contact Membership Director Jane Brookstein at jane.brookstein@academyhealth.org, or 202.292.6754.

We thank and salute our organizational affiliates. New affiliates are listed in bold face type.

Contributing Affiliates

- Blue Cross Blue Shield Association
- Johnson & Johnson
- Robert Wood Johnson Foundation
- The Commonwealth Fund
- WellPoint, Inc.

Supporting Affiliates

- America’s Health Insurance Plans
- Arkansas Center for Health Improvement
- Association of American Medical Colleges
- Children’s Mercy Hospitals and Clinics
- Department of Veterans Affairs
- Eli Lilly and Company
- Geisinger Health System
- Kaiser Permanente
- LMI
- Merck and Company, Inc.
- Milbank Memorial Fund
- National Business Group on Health
- National Health Council

Affiliates

- Abt Associates, Inc.
- Agency for Healthcare Research and Quality
- AHIMA Foundation
- Alliance of Community Health Plans
- Altarum Institute
- American Academy of Actuaries
- American Academy of Nursing
- American Association of Nurse Anesthetists
- American College of Healthcare Executives
- American Institutes for Research
- American Medical Association
- American Medical Informatics Association
- American Osteopathic Association
- American Physical Therapy Association
- American Statistical Association
- Association of Public Data Users
- Association of State and Territorial Health Officials
- Baylor Health Care System
- Billings Clinic
- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield of Michigan Foundation
- Brandeis University
- Brown University School of Medicine
- California HealthCare Foundation
- Center for Mississippi Health Policy
- Center for Studying Health System Change
- Centers for Disease Control and Prevention
- Cincinnati Children’s Hospital Medical Center
- CNA Corporation
Colorado Health Institute
Columbia University, School of Nursing
Columbia University, Department of Health Policy & Management
Consumer Healthcare Products Association
Creighton University
Dartmouth Institute for Health Policy and Clinical Practice
Duke University, Fuqua School of Business
Federation of American Hospitals
George Mason University
George Washington University
Georgia Health Policy Center
Group Health Cooperative
Harvard Medical School
Health Management Associates
Health Research and Educational Trust
HealthPartners Research Foundation
Henry J. Kaiser Family Foundation
Hunter College of CUNY
Illinois Department of Public Health
IMPAQ International, LLC
Jefferson School of Population Health
Jewish Healthcare Foundation
John Snow, Inc.
Johns Hopkins University, Bloomberg School of Public Health
Johns Hopkins University, Health Services Research & Development Center
Kansas Health Institute
Keystone Hospice & KeystoneCare, LLC
KJT Group
Leonard Davis Institute of Health Economics
Macro International, Inc.
Massachusetts General Hospital
Mathematica Policy Research, Inc.
Mayo Clinic
Medical Industry Leadership Institute
Medicare Payment Advisory Commission (MedPAC)
Minnesota Department of Health
National Academy of Social Insurance
National Association for Public Health Statistics and Information Systems
National Association of Children’s Hospitals and Related Institutions (NACHRI)
National Association of Health Data Organizations
National Cancer Institute
National Center for Health Statistics
National Hospice and Palliative Care Organization
National Institute for Health Care Management Foundation
National Library of Medicine
National Pharmaceutical Council
National Quality Forum
Nemours Health and Prevention Services
New York Academy of Medicine
NORC at the University of Chicago
Northwestern University
Oklahoma University Health Science Center
Old Dominion University
Optimal Solutions Group, LLC
Outcome
Palo Alto Medical Foundation Research Institute
Park Nicollet Health Services
Partnership for Prevention
Pennsylvania State University
PhRMA
Prevent Blindness America
RAND
Regenstrief Institute, Inc.
Research!America
Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico
Rollins School of Public Health of Emory University
RTI International
Rutgers, The State University of New Jersey
Sanofi-Aventis
Simmons College School of Health Sciences
Social and Scientific Systems, Inc.
Society for Medical Decision Making
The Hilltop Institute, University of Maryland, Baltimore County
The Lewin Group, Inc.
Thomson Reuters
Tulane University, Department of Health Systems Management
United Hospital Fund of New York
University of Alabama at Birmingham
University of Arkansas for Medical Sciences
University of California, Los Angeles
University of California, San Francisco
University of Florida
University of Iowa
University of Kentucky
University of Massachusetts Medical School
University of Michigan
University of Minnesota
University of Missouri, Columbia
University of Nebraska Medical Center, College of Public Health
University of North Carolina at Charlotte
University of North Carolina, Chapel Hill
University of North Texas Health Science Center School of Public Health
University of Pittsburgh
University of Rhode Island
University of Southern Maine, Muskie School of Public Service, Cutler Institute for Health and Social Policy
University of Virginia School of Medicine
University of Washington
Urban Institute
VA Information Resource Center (VIReC)
W.K. Kellogg Foundation
Yale University

List current as of February 17, 2010.
The AcademyHealth 2010 Annual Research Meeting (ARM), June 27-29 at the Hynes Convention Center in Boston, offers a rich and exciting slate of invited and peer-reviewed research sessions, methods training workshops, and networking opportunities. With significant federal investments in new research grants, the ARM will feature the latest work from the field addressing issues of access, costs, and quality.

Recent efforts to reform the nation’s health care system highlighted the importance of health services research for informing policymakers and practitioners as they strive to improve the system. Special presentations during the 2010 ARM will examine successes in research translation in health care reform, lessons learned, and future research needs. Join more than 2,200 researchers, practitioners, and policy analysts to examine the critical challenges in health care. Early registration discounts are available. The preliminary agenda, travel details, and registration rates are available online at www.academyhealth.org/arm.

### Dates to Watch

**March**
- 11 & 25: Public Health Methods Webinar Series
- 15: Application deadline: Alice S. Hersh Student Scholarships
- 15: Application deadline: PHSR Student Scholarships
- 15: Nomination deadline: PHSR Article of the Year Award
- 31: Notifications sent for abstracts accepted for ARM 2010

**April**
- 28: Early registration deadline for ARM 2010

**May**
- 24: Reservation deadline: reduced hotel rates for ARM 2010
- 27: Standard registration deadline: ARM 2010

**June**
- 25-26: Seminars in HSR Methods, Boston
- 26-29: Interest Group Annual Meetings, Boston
- 27-29: Annual Research Meeting (ARM), Boston