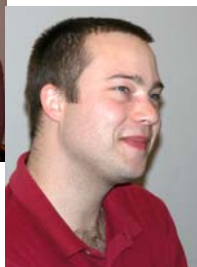




University of California  
San Francisco

e-IHPS NEWSLETTER!



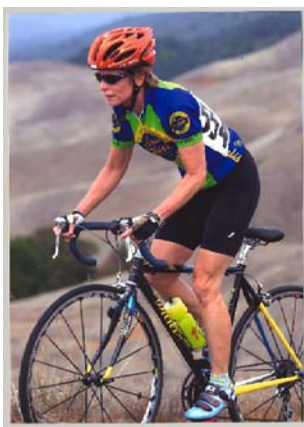
**Inside this issue:**

Awards & Publications Announcements	1
California Rural Indian Health board	2
Comings & Goings Artist's Corner	3
Calendar	4

**AWARDS AND PUBLICATIONS**

AHRO ACTION Award

IHPS has just been awarded a task order contract by the Agency for Healthcare Research and Quality (AHRO) under its ACTION initiative (Accelerating Change and Transformation in Organizations and Networks)! The contract is for three years with one two-year option, and 15 partnership groups were awarded contracts. Our partners are the Palo Alto Medical Foundation Research Institute and the Sutter Health Institute for Research and Education. This award means that IHPS and its two partners are eligible to respond to task orders from AHRO under its ACTION initiative, which emphasizes research that can be translated into practice. When AHRO has ACTION projects to be done, AHRO will issue Requests for Task Orders. Partnerships that have the expertise to carry out the projects will submit brief proposals, and AHRO will make award decisions based on those proposals. We want to thank everyone who worked on and contributed to the proposal. It was a great team effort, and we do hope to get some of the ACTION.



**Patti Katz** has two new NIH-funded projects starting this spring (thanks to good luck from those wishbones from the White Elephant exchange last year, courtesy of Richard Kite!). Both projects focus on the development of disability, using a "valued life activities" model of disability that she has developed and tested over the past 10 years. This model of disability entails assessment of a wide variety of life activities, rather than just assessing very basic activities of daily living (e.g., self-care) that most disability research uses.

The first project is examining the development of disability among individuals with chronic obstructive pulmonary disease (COPD). This project builds on an existing cohort of individuals with COPD who have been interviewed annually by telephone for 4 years. The new project will conduct home visits with approximately 300 of these people, during which assessments will be made of lung function, muscle strength, body composition, cognitive function, and functional limitations. The second project specifically examines the role of body composition and systemic inflammation in the development of disability among individuals with rheumatoid arthritis and lupus. This study also builds upon two existing panel studies for which annual telephone interviews have been conducted to follow the care and outcomes of panel members. The new study will add visits to the Moffitt General Clinical Research Center (GCRC), during which assessments of body composition, strength, functional limitations, and cognitive and psychological function will be conducted. The goal is to enroll 200 people from each panel over two years, and conduct follow-up visits at two-year intervals.

Patti and **Ed Yelin** are also the new co-editors-in-chief of *Arthritis Care & Research*, one of two journals published by the American College of Rheumatology.

Announcements

A very proud first time aunt, Meighan Schreiber, welcomes her niece, Zea Riley, born February 10, at 7lbs. 3 oz. and 21 inches, into the world. Congrats, Meighan!

Claire Brindis' son, Seth, is engaged to be married after dating girlfriend, Stephanie for 4 years. Since he and Stephanie are both divers, his creative style of "popping the question" included a dive off the coast of Xcalak, Mexico, where he proposed at 96ft. underneath the surface. His Zirconium diamond really "looked big and shiny" under water. Stephanie accepted, and the two continued their dive hand in hand which was shorter than expected because Seth had "sucked down most of his air in all the excitement."

The wedding date is set for June 18, 2006 in Avila, California.

On April 13, 2006, UCSF will be holding its fourth service milestone recognition event, "Celebrating Service!" in the Milberry Union Gym.

UCSF will recognize and celebrate campus employees who achieved in calendar year 2005 the service milestones.

The event will begin at 2:00 PM with a mixer/reception and lead into presentations by campus leadership. IHPS staff listed below who will receive formal recognition are:

- ◆ Mary Kreger, 15 yrs.
- ◆ Virginia McCarter, 15 yrs.
- ◆ Maureen Russo, 20 yrs.



## IHPS PROFILE

### Carol Korenbrot: Update on the California Rural Indian Health Board (CRIHB)

Dr. Carol Korenbrot's research program from 1980 to 2002 focused on expanding the content, quality and Medicaid coverage of prenatal care for low income women of diverse racial and ethnic groups to reduce racial disparities in preterm and low weight births. The primary finding taken together with the findings of many others, was that expanding and improving prenatal care services did not reduce the huge racial disparities in preterm and low weight births in this country. While prenatal care has many other quantifiable benefits, reducing racial disparities in these related outcomes is not one of them. After reviewing the likely meaning of all these research findings as part of a paper for the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health of the Institute of Medicine, Dr. Korenbrot turned her research interests to more holistic thinking about where racial disparities come from, and what could possibly reduce them. From working with the California Rural Indian Health Board (CRIHB) on a study starting in 1999, she began to learn how Native Americans are unique among minority groups in the US because they have both the problem (disparities in health) and the potential means to solutions (holistic approaches to health, identifiable communities, and their own comprehensive health care system – the Indian Health Service, IHS). Though the challenges were enormous, Native American researchers, analysts and advocates throughout the country were demonstrating their efforts to reduce disparities with the help of new information from Native American health research centers and tribal epidemiology centers. CRIHB was among a handful of tribal organizations in the country that had made enormous efforts since 1969 to establish an American Indian owned and operated, comprehensive health care system to address health disparities, and in 2002 Dr. Korenbrot asked if she could contribute her efforts to CRIHB in facing their challenges in establishing a Native American health research centers and tribal epidemiology center in California.

Here's is an update on Carol's work with the California Rural Indian Health Board:

- ◆ In February, the Tribal Epidemiology center [described first] had its statewide kick-off meeting after 3 years of planning and fund-seeking. [By the way, Chi Kao PhD is the UCSF Biostatistician to the California EpiCenter; and Geraldine Oliva MD MPH of UCSF, Family and Community Medicine is on the Advisory Council to the California EpiCenter].
- ◆ CRIHB had its second joint article with IHPS published this month [see *Medicaid project description*]. Wong S., Kao, C., Crouch J., Korenbrot C.. Rural American Indian Medicaid Health Care Services Use and Health Care Costs in California. *American Journal of Public Health*, February, 2006. Vol. 96, No.2.

### Tribal Epidemiology

The California EpiCenter is a collaboration of tribal and academic organizations designed to reduce a persistent problem for American Indians in California whereby their health needs are ignored or treated as if they were the same as those of other groups because of a lack of health information specific to their needs. The EpiCenter is designed to obtain accurate and timely health information for American Indians in California and share health information with American Indian communities. The EpiCenter is designed to work with the tribes that have formed consortia to own and operate more than 25 Tribal Health Programs to interpret health information so they prioritize their health objectives and provide health information to planners, service providers, policymakers and emergency responders at the tribal, local, state and national levels to attain those objectives for improvement of disease control and prevention efforts.

### Disparities in Health Status and Health Care of American Indians in California

Disparities in health status need to be accurately documented to advocate for appropriate policies and programs for health improvement in American Indian communities served by Tribal Health Programs. Compared to other Indian Health Service (IHS) regions in the United States, the California Area is striking in its lack of reliable health status data for American Indians. Data linkage studies have shown that more than 30% of American Indians officially recognized by the IHS are miscoded as non-Indians. Data problems with miscoding of American Indians on state death certificates in California is among the highest of any in the country. Therefore the California Department of Health Services has agreed to link IHS California Area Registrants who are Active Users in the Tribal Health Programs in the state with many of its public health surveillance systems. The linked data files of IHS and health-related data are then sent to the CRIHB where native researchers collaborating with UCSF Institute for Health Policy Studies researchers (Korenbrot and Kao) prepare the databases for analyses by CRIHB, the comparing health status of American Indians in California to non-Indians.

### Variation in Health Outcomes for Users of Rural Tribal Health Programs on the Extent of Indian Health Service Funding

CRIHB is developing a Native American Research Center in Health (CRIHB-NARCH) supported with NIH and AHRO funding. The first AHRO-funded project has already demonstrated how health outcomes for rural Tribal Health Programs that are owned and operated by American Indian tribes depend on their IHS funding. Stacey Jolley, MD a research fellow at UCSF and Aleut Alaska Native, will join the project in July 2006.

### Implementation of Electronic Health Records in Rural Indian Clinic Healthcare Systems

CRIHB and its Indian owned and operated Tribal Health Program members have made it their goal to contribute to the improvement of the health status of American Indians and Alaska Natives in California. With this project three separate endeavors: health services research, clinic redesign and electronic health records, will become integrated into a single coordinated effort to reduce hospitalizations that are preventable through improvement in quality of care and reduction in medical and medication errors.

### Disparities in Medicaid and Medicare Utilization

There are barriers to receiving Medicaid and Medicare services and payments for American Indians/Alaska Natives in the rural Tribal Health Programs. If rural American Indians/Alaska Natives are to have resources comparable to those of Whites, these barriers must be reduced. To determine differences in Medicaid and Medicare service use and health care costs in a rural user population of American Indians and Alaska Natives we compare their data with that of Whites in the same areas. California Medicaid and Medicare eligibility and claims files are linked to Active User files to obtain a sample of American Indian/Alaska Native users. (*American Journal of Public Health*, February, 2006. Vol. 96, No.2).

## UCSF COMINGS AND GOINGS

**Carol Korenbrot** Over the past few years, colleague Carol Korenbrot has been moving into several projects, to become the research advisor to the California Rural Indian Health Board (CRIHB) in the Sacramento area. Carol has taken a leave of absence from UCSF in December of 2005 to pursue this research area. *(See "Profile" on Dr. Korenbrot's work on Page 2).*

**Deborah Rennie** has retired! After almost 35 years at UCSF and 20 years with IHPS, Deb Rennie retired on February 23, 2006. Now, for a quiet life in southern Oregon? Not for our Deb. As you can see from her story in the **Artists' Corner**, Deb plans to do a lot more dancing, as well as more work with colleagues, a trip to Italy, and who knows what else! We just hope it includes lots of trips to the Bay Area.

**Lauren Sassoubre** is leaving IHPS as of February 22, 2006. Lauren is pursuing her Master's degree in Marine Biology at UC Monterey Bay. We wish Lauren all the best! And, who knows, maybe she'll be back.

### IHPS NEWS

On February 28, **Paul Newacheck, Dr PH** gave an invited lecture on Advocacy for Children at the Queen Sirikit National Institute of Child Health in Bangkok, Thailand. The talk was given to an audience of pediatricians and addressed how health care workers in Thailand can more effectively communicate with the media, policy makers and the public to improve health services for children.

**Dana Hughes, Dr. PH**, will brief California Policy Makers on April 6, 2006 at a session titled: "Improving Enrollment Procedures for Medi-Cal and Healthy Families-Evidence Based Approaches from California and other States," at the State Capitol in Sacramento. Dana's presentation will emphasize Implications for California Policy and the Context and Relevance of Case Studies for State Decision Makers.

*Did you know that many IHPS colleagues have International roots? Our next issue will look at all the places we come from around the world!!*

### Helene Lipton



Left to right: Helene Levens Lipton, Ph.D.; Marilyn Stebbins, Pharm. D., and Congresswoman Nancy Pelosi

Dr. Lipton Joined Congress woman Nancy Pelosi's office in a media event at the Dorothy Day Community Center in SF to discuss the new Medicare prescription drug benefit. Friday, February 10, 2006.

Asked to be a "resource person" to help her field questions from the audience and the press, Helene was part of a group including Pelosi and a panel of individuals, seniors' advocates, and Medicare expert Marilyn Stebbins, Pharm. D. (Professor, Dept. Of Clinical Pharmacy, UCSF). The seniors provided testimony to the havoc, frustration, and despair the new Medicare Part D rules have inflicted on their lives.

Pelosi is trying to drum up support for a Democratic plan to extend the Medicare Part D sign-up deadline six months beyond the May 15, 2006 cutoff, before rewriting the prescription drug plan completely. Among the provisions she would like to see changed are the: \* unlimited ability of private drug plans to change what drugs they cover "at will", and the \* ban that prevents Medicare from negotiating lower drug prices.

## ARTISTS' CORNER

### Deb Rennie

Deborah Rennie retired on Feb. 23, 2006. Although Deb worked at UCSF for almost 35 years, she was at IHPS for exactly 20 years, as of Feb. 23. Before coming to IHPS, Deb worked at Langley Porter Institute as a research associate on Dr. Reese Jones' marijuana research project. She has since worked as a Programmer/Analyst on Drs. Chuck Yingling and David Galin's dyslexia research project, Dr. Bill Hargreaves' program evaluation project, and on numerous projects for Hal Luft, Adams Dudley, Jon Showstack, and Patti Katz at IHPS. When she interviewed for the job with Hal and Deb Garnick 20 years ago, Deb G. asked whether she liked to cook and to share food. It was then that she knew she had come to the right place!

Deb's avocation and passion is Middle Eastern dance. She took her first class at Millberry Union in 1972, but pursued other dance forms until 1988, when she became serious about Middle Eastern dancing. She has performed numerous times, at dance shows and festivals. While in Mill Valley, she performed with Sherry Brier's Mystic East Dance Troupe. She now is a member of the award-winning troupe Ayasha's Oasis Dance Company in Oregon. In addition to the dance, Deb also loves the fun of being in a troupe and wearing beautiful costumes.

"You can't get rid of me that easily."

Deb feels incredibly privileged to have had the opportunity to work at IHPS. In addition to providing her with a livelihood, intellectual stimulation, and great friends, she also met her dear husband, Drummond at IHPS, when he joined the faculty in 1988. For those of you who know the name but not the face, Deb has been working from home in Southern Oregon, where she and Drummond moved 5 1/2 years ago. She has been coming to SF to work for a week every 3 months and plans to continue visiting the Bay Area regularly, which means dropping in to see old friends at IHPS. As Deb says "You can't get rid of me that easily."

We wish her the all the best, and to Keep on Dancing!



**A volunteer story by Michelle Barenbaum**

Like so many of us who watched our government's shameful response to the aftermath of Hurricane Katrina, I felt an incredible need to do something to help. I pursued training with the Red Cross to offer shelter and/or feeding assistance to the victims of the Hurricane, and then I waited to be called to action. I was called on November 3rd to be deployed to Florida as a result of Hurricane Wilma. I was really excited to be offered the chance to help, however, I was supposed to leave for a Mexico vacation with my husband, Daniel, the following week. Without sounding too dramatic, I was tormented on what to do. I was so looking forward to finally getting some quality alone time with Daniel (we have two young children), yet at the same time, it felt strange canceling the Red Cross opportunity. It seemed wrong to me to turn down this chance in order to have fun in the sun. Long story short, I ended up leaving three days later—to work with the Red Cross in the "sunny" location of Florida.

I worked on an ERV (Emergency Response Vehicle) delivering food to neighborhoods that were out of power and/or potable water. The Red Cross had several kitchens throughout Southern Florida. Mine was located on the air field at Opa Locka Airport. It was an incredible sight. The makeshift kitchen consisted of ONE truck that contained a stove and kitchen appliances, several refrigerated trucks filled with perishables, and piles and piles of dried goods and bottled water. Every day, the Southern Baptists from the community cooked thousands of meals. They worked unbelievably hard. At my kitchen ERV there were 34 people who had a set route with a specific number of servings of food they were responsible for every day. The number of residents each ERV could distribute food to ranged from 200 to over 1000. The meals were always hot and we always handed out additional bags of snacks, dessert, and water to each resident. In general, the ERVs distributed both lunch and dinner and, occasionally, a late afternoon snack. The ERV would drive through its neighborhood and announce on the loud speaker where it would be docking to distribute food and at what time. There was always a line by the time the ERV got to the designated place.

I always had mixed emotions while doing my job. I felt good about what I was doing, but, I felt sad and angry that it was necessary. I felt humbled by the fact that it was just a matter of circumstance that it was some other mother waiting in line to get food and water for her children and not me. I felt ashamed at how I take things for granted, while at the same time, I felt incredibly grateful for what I have. The list goes on and on. The greatest gift I took back was the dignity and respect I received from those that I served. The majority of residents exhibited such grace and appreciation. They offered me a greater perspective on life. For example, I spend so much time stressing about what private school my children should go to, or making sure that there is enough protein and iron for my kids' growth in the foods I give them. All of these things, while real and at times valid, just don't make me as anxious anymore. It's not that I didn't know there are fellow human beings who aren't able to afford the necessities of life or who don't have a support system, but I find that I can get so caught up in my day to day activities, that I don't think and/or do something about it as often as I should.

I am hoping that I won't allow myself to get so far removed from the bigger picture, and the realities that so many of our own citizens, let alone those in the developing world, face each day. Although I didn't get the vacation I had originally planned, I gained so much more than I lost.

**Coming in April—Local IHPS artist's events:**

*"Waiting for Fema"* a musical starring **Annie Larson & Karen Ripley**.  
 Original Joe's Restaurant—Fri/Sat at 9pm Apr 20 - May 6 For reservations: 415-673-3847 more info-  
<http://www.Theexit.org> and click on DIVA FEST.

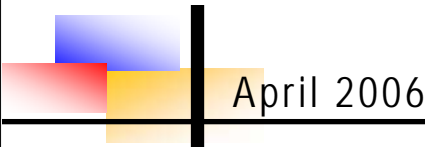
*The SF Scottish Fiddlers*, with **Vince Moulton**, April 28-30- <http://www.sfscottishfiddlers.org/gigs>

**Coming in May:**  
 An International issue of *e-IHPS!* profiling our colleagues from around the world!

**We Want you!**

- Please send in material for Issue #2 by May 21, 2006
- Feedback on our "newsletter? We want your input!
- Writers for *e-IHPS* columns
- Please contact: ([annie.larson@ucsf.edu](mailto:annie.larson@ucsf.edu))

- ♣ Health Policy Seminars Mondays 12-1:30 PM
- ♦ IHPS Grand Rounds Monthly at Noon Room 263



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	♣ 12- Gail Dobell, MS ♣ 12:45- Eduard Vasilevskis, MD	4	5	6	7	8
9	♣ 12-Laura Schmidt, PHD	11	12	13	14	15
16	♣ 12-Ed Yellin, PhD	18	19	20	21	22
23	♣ 12-Elliseo Perez-Stable, MD	25	26	27	28	29